Hybrid Master's Degree
Speech, Language and Communication Disorders

tech global university

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Hybrid Master's Degree

Speech, Language and Communication Disorders

Modality: **Hybrid (Online + Internship)**
Duration: **12 months**
Certificate: **TECH Global University**
Credits: **60 + 4 ECTS**
Website: **www.techtitute.com/us/education/hybrid-master-degree/hybrid-master-degree-speech-language-communication-disorders**

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Introduction to the Program

In the educational environment, Speech, Language and Communication Disorders can go unnoticed, seriously affecting the learning and well-being of students. Early intervention is key to mitigating these impacts. For this reason, it is essential that specialists have advanced skills both to recognize and address these conditions and to facilitate more inclusive teaching. With this idea in mind, TECH presents an innovative university program focused on the most sophisticated strategies for addressing Speech, Language and Communication Disorders in the classroom.

With this Hybrid Master's Degree, you will implement personalized therapeutic interventions to help students overcome their Speech, Language and Communication Disorders"

According to a new study by the World Health Organization, Speech and Communication Disorders affect 10% of school-age children and can seriously hinder their academic and social development. In view of the growing prevalence of these disorders, it is crucial that teachers are equipped with the knowledge and tools necessary to identify them and intervene appropriately.

In this scenario, TECH has developed an exclusive Hybrid Master's Degree in Speech, Language and Communication Disorders. Designed by leading experts in the field, the academic program will delve into issues ranging from the neurological principles of language development or the identification of common disorders such as dyslalia to the creation of personalized intervention plans. In this way, graduates will obtain advanced skills to diagnose, treat and monitor the evolution of Speech, Language and Communication Disorders at different ages and in different contexts. In addition, they will be trained to implement innovative techniques adapted to the needs of each student, using advanced technology tools.

As regards the methodology of this university program, it consists of two parts. The first stage is theoretical and is taught in a convenient 100% online format, allowing the experts to plan their own schedules. Afterwards, the graduates will carry out a practical internship in a prestigious organization related to the educational field. In this way, students will be able to put into practice everything they have learned and hone their skills.

In addition, a renowned International Guest Director will deliver 10 intensive Masterclasses.

This **Hybrid Master's Degree in Speech, Language and Communication Disorders** contains the most complete and up-to-date educational program on the market. The most important features include:

- More than 100 case studies presented by professionals in Speech, Language, and Communication Disorders.
- Its graphic, schematic and practical contents provide essential information on those disciplines that are indispensable for professional practice.
- All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- Content that is accessible from any fixed or portable device with an Internet connection
- Furthermore, you will be able to carry out a internship in one of the best companies

A prestigious International Guest Director will offer 10 rigorous Masterclasses to delve into the approach to Speech, Language and Communication Disorders"

You will be able to detect signs of low motivation among students, which will enable you to design strategies to increase their interest and commitment"

You will have a solid understanding of the fundamental aspects of speech therapy, language theories and the neurological development of language.

You will learn valuable lessons through real cases in simulated learning environments.

In this vocationally-oriented, Hybrid Master's Degree, the aim is to provide professionals working with Speech, Language and Communication Disorders with the latest knowledge. The content is based on the latest scientific evidence and is didactically oriented to integrate theoretical knowledge into regular teaching practice.

Thanks to its multimedia content, developed with the latest educational technology, it will allow professionals in Speech, Language and Communication Disorders to have situated and contextual learning, that is, a simulated environment that will provide immersive learning programmed to prepare them for real situations. This program is designed around Problem-Based Learning, whereby the physician must try to solve the different professional practice situations that arise during the course. For this purpose, students will be assisted by an innovative interactive video system created by renowned and experienced experts.

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Why Study at TECH?

TECH is the world's largest online university. With an impressive catalog of more than 14,000 university programs available in 11 languages, it is positioned as a leader in employability, with a 99% job placement rate. In addition, it relies on an enormous faculty of more than 6,000 professors of the highest international renown.

Study at the world's largest online university and guarantee your professional success. The future starts at TECH"

The world's best online university, according to FORBES

The prestigious Forbes magazine, specialized in business and finance, has highlighted TECH as "the best online university in the world" This is what they have recently stated in an article in their digital edition in which they echo the success story of this institution, "thanks to the academic offer it provides, the selection of its teaching staff, and an innovative learning method oriented to form the professionals of the future".

The best top international faculty

TECH's faculty is made up of more than 6,000 professors of the highest international prestige. Professors, researchers and top executives of multinational companies, including Isaiah Covington, performance coach of the Boston Celtics; Magda Romanska, principal investigator at Harvard MetaLAB; Ignacio Wistumba, chairman of the department of translational molecular pathology at MD Anderson Cancer Center; and D.W. Pine, creative director of TIME magazine, among others.

The world's largest online university

TECH is the world's largest online university. We are the largest educational institution, with the best and widest digital educational catalog, one hundred percent online and covering most areas of knowledge. We offer the largest selection of our own degrees and accredited online undergraduate and postgraduate degrees. In total, more than 14,000 university programs, in ten different languages, making us the largest educational institution in the world.

The most complete syllabuses on the university scene

TECH offers the most complete syllabuses on the university scene, with programs that cover fundamental concepts and, at the same time, the main scientific advances in their specific scientific areas. In addition, these programs are continuously updated to guarantee students the academic vanguard and the most demanded professional skills. and the most in-demand professional competencies. In this way, the university's qualifications provide its graduates with a significant advantage to propel their careers to success.

A unique learning method

TECH is the first university to use Relearning in all its programs. This is the best online learning methodology, accredited with international teaching quality certifications, provided by prestigious educational agencies. In addition, this innovative academic model is complemented by the "Case Method", thereby configuring a unique online teaching strategy. Innovative teaching resources are also implemented, including detailed videos, infographics and interactive summaries.

The official online university of the NBA

TECH is the official online university of the NBA. Thanks to our agreement with the biggest league in basketball, we offer our students exclusive university programs, as well as a wide variety of educational resources focused on the business of the league and other areas of the sports industry. Each program is made up of a uniquely designed syllabus and features exceptional guest hosts: professionals with a distinguished sports background who will offer their expertise on the most relevant topics.

Leaders in employability

TECH has become the leading university in employability. Ninety-nine percent of its students obtain jobs in the academic field they have studied within one year of completing any of the university's programs. A similar number achieve immediate career enhancement. All this thanks to a study methodology that bases its effectiveness on the acquisition of practical skills, which are absolutely necessary for professional development.

Google Premier Partner

The American technology giant has awarded TECH the Google Premier Partner badge. This award, which is only available to 3% of the world's companies, highlights the efficient, flexible and tailored experience that this university provides to students. The recognition not only accredits the maximum rigor, performance and investment in TECH's digital infrastructures, but also places this university as one of the world's leading technology companies.

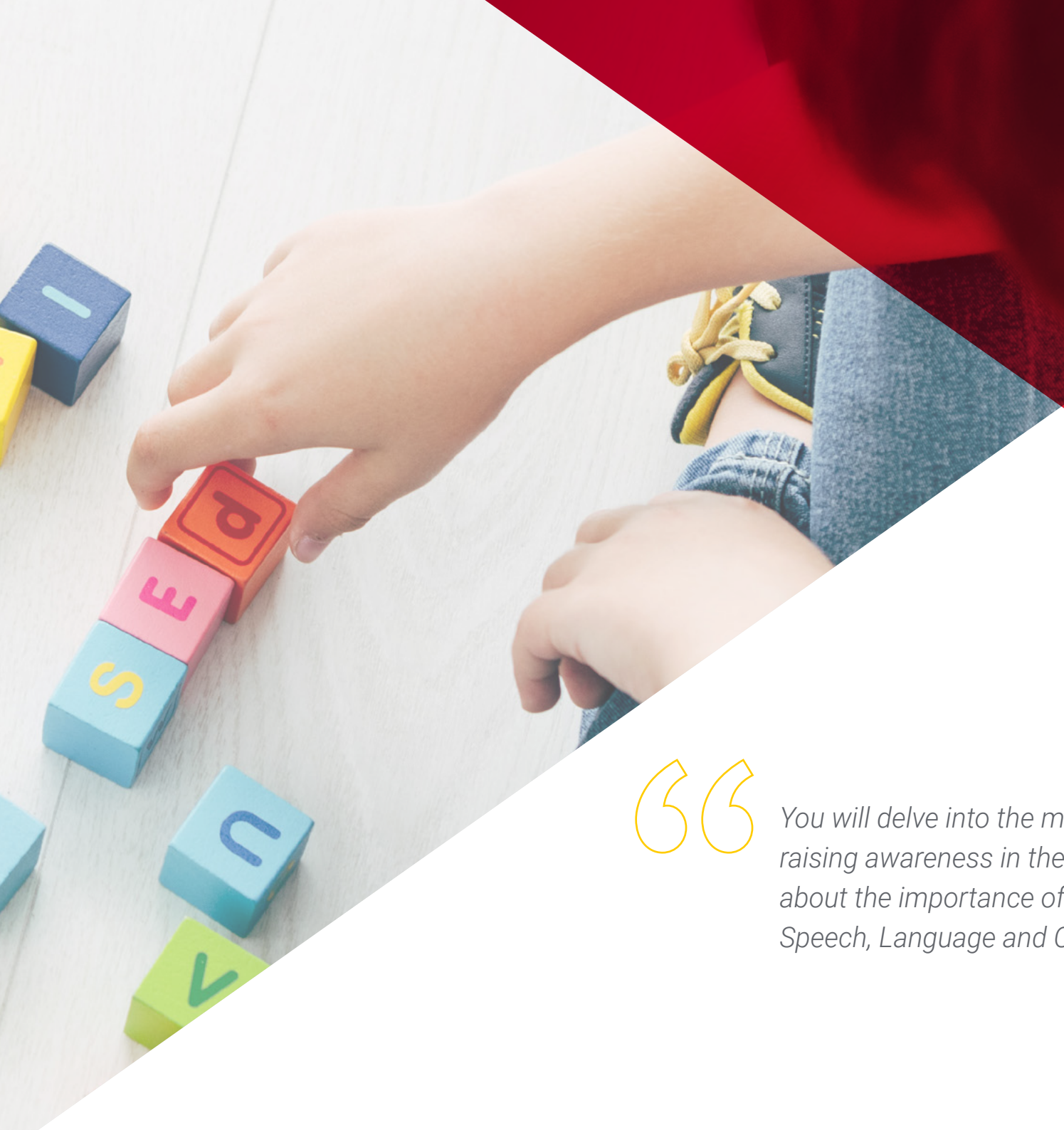
The top-rated university by its students

Students have positioned TECH as the world's top-rated university on the main review websites, with a highest rating of 4.9 out of 5, obtained from more than 1,000 reviews. These results consolidate TECH as the benchmark university institution at an international level, reflecting the excellence and positive impact of its educational model.

03

Syllabus

The teaching materials that make up this Hybrid Master's Degree have been developed by renowned experts in the management of Speech, Language and Communication Disorders. In this way, the syllabus will delve into issues ranging from the basics of speech therapy or the identification of learning difficulties in the classroom to the creation of personalized intervention plans based on the specific needs of individuals.



You will delve into the most modern strategies for raising awareness in the educational community about the importance of supporting students with Speech, Language and Communication Disorders"

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- 1.10.7. The Different Types of Education in Spain
  - 1.10.7.1. Normal School
    - 1.10.7.1.1. Concept
    - 1.10.7.1.2. How Does it Benefit the Child with Special Educational Needs?
  - 1.10.7.2. Special Education School
    - 1.10.7.2.1. Concept
    - 1.10.7.2.2. How Does it Benefit the Child with Special Educational Needs?
  - 1.10.7.3. Combined Education
    - 1.10.7.3.1. Concept
    - 1.10.7.3.2. How Does it Benefit the Child with Special Educational Needs?
- 1.10.8. Methodological Bases for Classroom Intervention
  - 1.10.8.1. Strategies to Favor the Child's Integration
- 1.10.9. Curricular Adaptation
  - 1.10.9.1. Concept of Curricular Adaptation
  - 1.10.9.2. Professionals who Apply it
  - 1.10.9.3. How Does it Benefit the Child with Special Educational Needs?
- 1.10.10. Final Conclusions

Module 2. Dyslalias: Assessment, Diagnosis and Intervention

2.1. Module Presentation
- 2.1.1. Introduction

2.2. Introduction to Dyslalia
- 2.2.1. What are Phonetics and Phonology?
  - 2.2.1.1. Basic Concepts
  - 2.2.1.2. Phonemes
- 2.2.2. Classification of Phonemes
  - 2.2.2.1. Preliminary Considerations
  - 2.2.2.2. According to the point of Articulation
  - 2.2.2.3. According to the mode of Articulation
- 2.2.3. Speech Emission
  - 2.2.3.1. Aspects of Sound Emission
  - 2.2.3.2. Mechanisms Involved in Speech
- 2.2.4. Phonological Development
  - 2.2.4.1. The Implication of Phonological Awareness
- 2.2.5. Organs Involved in Phoneme Articulation
  - 2.2.5.1. Breathing Organs
  - 2.2.5.2. Organs of Articulation
  - 2.2.5.3. Organs of Phonation
- 2.2.6. Dyslalias
  - 2.2.6.1. Etymology of the Term
  - 2.2.6.2. Concept of Dyslalia
- 2.2.7. Adult Dyslalia
  - 2.2.7.1. Preliminary Considerations
  - 2.2.7.2. Characteristics of Adult Dyslalia
  - 2.2.7.3. What is the Difference Between Childhood Dyslalia and Adult Dyslalia?

2.2.8. Comorbidity
2.2.8.1. Comorbidity in Dyslalia
2.2.8.2. Associated Disorders
2.2.9. Prevalence
2.2.9.1. Preliminary Considerations
2.2.9.2. The Prevalence of Dyslalia in the PreSchool Population
2.2.9.3. The Prevalence of Dyslalia in the School Population
2.2.10 Final Conclusions
2.3. Etiology and Classification of Dyslalias
2.3.1. Etiology of Dyslalias
2.3.1.1. Preliminary Considerations
2.3.1.2. Poor Motor Skills
2.3.1.3. Respiratory Difficulties
2.3.1.4. Lack of Comprehension or Auditory Discrimination
2.3.1.5. Psychological Factors
2.3.1.6. Environmental Factors
2.3.1.7. Hereditary Factors
2.3.1.8. Intellectual Factors
2.3.2. Classification of Dyslalias according to Etiological Criteria
2.3.2.1. Organic Dyslalias
2.3.2.2. Functional Dyslalias
2.3.2.3. Developmental Dyslalias
2.3.2.4. Audiogenic Dyslalias
2.3.3. The classification of Dyslalias according to Chronological Criteria
2.3.3.1. Preliminary Considerations
2.3.3.2. Speech Delay
2.3.3.3. Dyslalia
2.3.4. Classification of Dyslalia According to the Phonological Process involved
2.3.4.1. Simplification
2.3.4.2. Assimilation
2.3.4.3. Syllable Structure
2.3.5. Classification of Dyslalia Based on Linguistic Level
2.3.5.1. Phonetic Dyslalia
2.3.5.2. Phonological Dyslalia
2.3.5.3. Mixed Dyslalia
2.3.6. Classification of Dyslalia According to the Phoneme Involved
2.3.6.1. Hotentotism
2.3.6.2. Altered Phonemes
2.3.7. Classification of Dyslalia According to the Number of Errors and their Persistence
2.3.7.1. Simple Dyslalia
2.3.7.2. Multiple Dyslalias
2.3.7.3. Speech Delay
2.3.8. The Classification of Dyslalias According to the Type of Error
2.3.8.1. Omission
2.3.8.2. Addiction/Insertion
2.3.8.3. Substitution
2.3.8.4. Inversions
2.3.8.5. Distortion
2.3.8.6. Assimilation
2.3.9. Classification of Dyslalia in Terms of Temporality
2.3.9.1. Permanent Dyslalias
2.3.9.2. Transient Dyslalias
2.3.10 Final Conclusions
2.4. Assessment Processes for the Diagnosis and Detection of Dyslalia
2.4.1. Introduction to the Structure of the Assessment Process
2.4.2. Medical History
2.4.2.1. Preliminary Considerations
2.4.2.2. Content of the Anamnesis
2.4.2.3. Aspects to Emphasize of the Anamnesis
2.4.3. Articulation
2.4.3.1. In Spontaneous Language
2.4.3.2. In Repeated Language
2.4.3.3. In Directed Language
2.4.4. Motor Skills
2.4.4.1. Key Elements
2.4.4.2. Orofacial Motor Skills
2.4.4.3. Muscle Tone

2.4.5. Auditory Perception and Discrimination
2.4.5.1. Sound Discrimination
2.4.5.2. Phoneme Discrimination
2.4.5.3. Word Discrimination
2.4.6. Speech Samples
2.4.6.1. Preliminary Considerations
2.4.6.2. How to Collect a Speech Sample?
2.4.6.3. How to Make a Record of the Speech Samples?
2.4.7. Standardized tests for the Diagnosis of Dyslalia
2.4.7.1. What are Standardized Tests?
2.4.7.2. Purpose of Standardized Tests
2.4.7.3. Classification
2.4.8. Non-Standardized Tests for the Diagnosis of Dyslalias
2.4.8.1. What are Non-Standardized Tests?
2.4.8.2. Purpose of Non-Standardized Tests
2.4.8.3. Classification
2.4.9. Differential Diagnosis of Dyslalia
2.4.10 Final Conclusions
2.5. User-centered Speech-Language Pathology Intervention
2.5.1. Introduction to the Unit
2.5.2. How to set Goals during the Intervention?
2.5.2.1. General Considerations
2.5.2.2. Individualized or Group Intervention, which is more effective?
2.5.2.3. Specific Objectives that the Speech Therapist has to Take into Account for the Intervention of Each Dyslalia
2.5.3. Structure to be followed during Dyslalia Intervention
2.5.3.1. Initial Considerations
2.5.3.2. What is the order of Intervention for Dyslalia?
2.5.3.3. In Multiple Dyslalia, which Phoneme Would the Speech Therapist Start Working On and What Would Be the Reason?
2.5.4. Direct Intervention in Children with Dyslalia
2.5.4.1. Concept of Direct Intervention
2.5.4.2. Who is the Focus of this Intervention?
2.5.4.3. The importance of Direct Intervention for Dyslexic Children
2.5.5. Indirect Intervention for Children with Dyslalia
2.5.5.1. Concept of Indirect Intervention
2.5.5.2. Who is the Focus of this Intervention?
2.5.5.3. The Importance of Carrying Out Indirect Intervention in Children with Dyslexia
2.5.6. The Importance of Play during Rehabilitation
2.5.6.1. Preliminary Considerations
2.5.6.2. How to use Games for Rehabilitation?
2.5.6.3. Adaptation of Games to Children, Necessary or Not?
2.5.7. Auditory Discrimination
2.5.7.1. Preliminary Considerations
2.5.7.2. Concept of Auditory Discrimination
2.5.7.3. When is the Right Time During the Intervention to Include Auditory Discrimination?
2.5.8. Making a Schedule
2.5.8.1. What is a Schedule?
2.5.8.2. Why should a Schedule be used in the Speech Therapy Intervention of the Dyslexic Child?
2.5.8.3. Benefits of Making a Schedule
2.5.9. Requirements to Justify Discharge
2.5.10 Final Conclusions
2.6. The Family as a Part of the Intervention of the Children with Dyslalia
2.6.1. Introduction to the Unit
2.6.2. Communication Problems with the Family Environment
2.6.2.1. What Difficulties does the Dyslexic Child Encounter in their Family Environment to Communicate?
2.6.3. Consequences of Dyslalias in the Family
2.6.3.1. How do Dyslalias Influence the Child in their Home?
2.6.3.2. How do Dyslalias Influence the Child's Family?
2.6.4. Family Involvement in the Development of the Dyslalic Child
2.6.4.1. The Importance of the Family in the Child's Development
2.6.4.2. How to Involve the Family in the Intervention?
2.6.5. Recommendations for the Family Environment
2.6.5.1. How to Communicate with the Dyslexic Child?
2.6.5.2. Tips to Benefit the Relationship in the Home

2.6.6. Benefits of Involving the Family in the Intervention
2.6.6.1. The Fundamental Role of the Family in Generalization
2.6.6.2. Tips for Helping the Family Achieve Generalization
2.6.7. The Family as the Center of the Intervention
2.6.7.1. Supports That Can be Provided to the Family
2.6.7.2. How to Facilitate these Aids during the Intervention?
2.6.8. Family Support to the Dyslalic Child
2.6.8.1. Preliminary Considerations
2.6.8.2. Teaching Families how to Reinforce the Dyslexic child
2.6.9. Resources Available to Families
2.6.10 Final Conclusions
2.7. The School Context as Part of the Dyslalic Child's Intervention
2.7.1. Introduction to the Unit
2.7.2. The involvement of the School during the Intervention Period
2.7.2.1. The Importance of the Involvement of the School
2.7.2.2. The Influence of the School on Speech Development
2.7.3. The Impact of Dyslalias in the School context
2.7.3.1. How Can Dyslalias influence the Syllabus?
2.7.4. School Supports
2.7.4.1. Who Provides Them?
2.7.4.2. How Are They Carried Out?
2.7.5. The Coordination of the Speech Therapist with the School Professionals
2.7.5.1. With Whom Does the Coordination Take Place?
2.7.5.2. Guidelines to be Followed to Achieve such Coordination
2.7.6. Consequences in Class of the Children with Dyslalia
2.7.6.1. Communication with Classmates
2.7.6.2. Communication with Teachers
2.7.6.3. Psychological Repercussions of the Child
2.7.7. Orientations
2.7.7.1. Guidelines for the School, to Improve the Child's Intervention
2.7.8. The School as an Enabling Environment
2.7.8.1. Preliminary Considerations
2.7.8.2. Classroom Care Guidelines
2.7.8.3. Guidelines for improving Classroom Articulation
2.7.9. Resources Available to the School
2.7.10 Final Conclusions

2.8. Bucco-phonatory Praxias
- 2.8.1. Introduction to the Unit
- 2.8.2. The Praxias
  - 2.8.2.1. Concept of Praxias
  - 2.8.2.2. Types of Praxias
    - 2.8.2.2.1. Ideomotor Praxias
    - 2.8.2.2.2. Ideational Praxias
    - 2.8.2.2.3. Facial Praxias
    - 2.8.2.2.4. Visoconstructive Praxias
  - 2.8.2.3. Classification of Praxias according to Intention. (Junyent Fabregat, 1989)
    - 2.8.2.3.1. Transitive Intention
    - 2.8.2.3.2. Esthetic Purpose
    - 2.8.2.3.3. With Symbolic Character
- 2.8.3. Frequency of the Performance of Orofacial Praxias
- 2.8.4. What Praxias are used in the Speech Therapy Intervention of Dyslalia?
  - 2.8.4.1. Labial Praxias
  - 2.8.4.2. Lingual Praxias
  - 2.8.4.3. Velum of Palate Praxias
  - 2.8.4.4. Other Praxias
- 2.8.5. Aspects that the Child Must Have to Be Able to Perform the Praxias
- 2.8.6. Activities for the Realization of the Different Facial Praxias
  - 2.8.6.1. Exercises for the Labial Praxias
  - 2.8.6.2. Exercises for the Lingual Praxias
  - 2.8.6.3. Exercises for Soft Palate Praxias
  - 2.8.6.4. Other Exercises
- 2.8.7. Current Controversy over the use of Orofacial Praxias
- 2.8.8. Theories in favor of the use of Praxias in the Intervention of the Dyslexic Child
  - 2.8.8.1. Preliminary Considerations
  - 2.8.8.2. Scientific Evidence
  - 2.8.8.3. Comparative Studies
- 2.8.9. Theories against the realization of Praxias in the intervention of the Dyslexic Child
  - 2.8.9.1. Preliminary Considerations
  - 2.8.9.2. Scientific Evidence
  - 2.8.9.3. Comparative Studies
- 2.8.10 Final Conclusions

2.9. Materials and Resources for the Speech Therapy Intervention of Dyslalia: part I
- 2.9.1. Introduction to the Unit
- 2.9.2. Materials and Resources for the Correction of the Phoneme /p/ in All Positions
  - 2.9.2.1. Self-made Material
  - 2.9.2.2. Commercially Available Material
  - 2.9.2.3. Technological Resources
- 2.9.3. Materials and Resources for the Correction of the Phoneme /s/ in All Positions
  - 2.9.3.1. Self-made Material
  - 2.9.3.2. Commercially Available Material
  - 2.9.3.3. Technological Resources
- 2.9.4. Materials and Resources for the Correction of the Phoneme /r/ in All Positions
  - 2.9.4.1. Self-made Material
  - 2.9.4.2. Commercially Available Material
  - 2.9.4.3. Technological Resources
- 2.9.5. Materials and Resources for the Correction of the Phoneme /l/ in All Positions
  - 2.9.5.1. Self-made Material
  - 2.9.5.2. Commercially Available Material
  - 2.9.5.3. Technological Resources
- 2.9.6. Materials and Resources for the Correction of the Phoneme /m/ in All Positions
  - 2.9.6.1. Self-made Material
  - 2.9.6.2. Commercially Available Material
  - 2.9.6.3. Technological Resources
- 2.9.7. Materials and Resources for the Correction of the Phoneme /n/ in All Positions
  - 2.9.7.1. Self-made Material
  - 2.9.7.2. Commercially Available Material
  - 2.9.7.3. Technological Resources
- 2.9.8. Materials and Resources for the Correction of the Phoneme /d/ in All Positions
  - 2.9.8.1. Self-made Material
  - 2.9.8.2. Commercially Available Material
  - 2.9.8.3. Technological Resources
- 2.9.9. Materials and Resources for the Correction of the Phoneme /z/ in All Positions
  - 2.9.9.1. Self-made Material
  - 2.9.9.2. Commercially Available Material
  - 2.9.9.3. Technological Resources
- 2.9.10. Materials and Resources for the Correction of the Phoneme /k/ in All Positions
  - 2.9.10.1. Self-made Material
  - 2.9.10.2. Commercially Available Material
  - 2.9.10.3. Technological Resources

2.10. Materials and Resources for the Speech Therapy Intervention of Dyslalia: part II
- 2.10.1. Materials and Resources for the Correction of the Phoneme /f/ in All Positions
  - 2.10.1.1. Self-made Material
  - 2.10.1.2. Commercially Available Material
  - 2.10.1.3. Technological Resources
- 2.10.2. Materials and Resources for the Correction of the Phoneme /ñ/ in All Positions
  - 2.10.2.1. Self-made Material
  - 2.10.2.2. Commercially Available Material
  - 2.10.2.3. Technological Resources
- 2.10.3. Materials and Resources for the Correction of the Phoneme /g/ in All Positions
  - 2.10.3.1. Self-made Material
  - 2.10.3.2. Commercially Available Material
  - 2.10.3.3. Technological Resources
- 2.10.4. Materials and Resources for the Correction of the Phoneme /ll/ in All Positions
  - 2.10.4.1. Self-made Material
  - 2.10.4.2. Commercially Available Material
  - 2.10.4.3. Technological Resources
- 2.10.5. Materials and Resources for the Correction of the Phoneme /b/ in All Positions
  - 2.10.5.1. Self-made Material
  - 2.10.5.2. Commercially Available Material
  - 2.10.5.3. Technological Resources
- 2.10.6. Materials and Resources for the Correction of the Phoneme /t/ in All Positions
  - 2.10.6.1. Self-made Material
  - 2.10.6.2. Commercially Available Material
  - 2.10.6.3. Technological Resources
- 2.10.7. Materials and Resources for the Correction of the Phoneme /ch/ in All Positions
  - 2.10.7.1. Self-made Material
  - 2.10.7.2. Commercially Available Material
  - 2.10.7.3. Technological Resources

2.10.8. Materials and Resources for the Correction of the Phoneme /l/ in All Positions
2.10.8.1. Self-made Material
2.10.8.2. Commercially Available Material
2.10.8.3. Technological Resources
2.10.9. Materials and Resources for the Correction of the Phoneme /r/ in All Positions
2.10.9.1. Self-made Material
2.10.9.2. Commercially Available Material
2.10.9.3. Technological Resources
2.10.10. Final Conclusions

Module 3. Dyslexia: Assessment, Diagnosis and Intervention

3.1. Basic Fundamentals of Reading and Writing
3.1.1. Introduction
3.1.2. The Brain
3.1.2.1. Anatomy of the Brain
3.1.2.2. Brain Function
3.1.3. Methods of Brain Scanning
3.1.3.1. Structural Imaging
3.1.3.2. Functional Imaging
3.1.3.3. Stimulation Imaging
3.1.4. Neurobiological Basis of Reading and Writing
3.1.4.1. Sensory Processes
3.1.4.1.1. The Visual Component
3.1.4.1.2. The Auditory Component
3.1.4.2. Reading Processes
3.1.4.2.1. Reading Decoding
3.1.4.2.2. Reading Comprehension
3.1.4.3. Writing Processes
3.1.4.3.1. Written Coding
3.1.4.3.2. Syntactic Construction
3.1.4.3.3. Planning
3.1.4.3.4. The Act of Writing
3.1.5. Psycholinguistic Processing of Reading and Writing
3.1.5.1. Sensory Processes
3.1.5.1.1. The Visual Component
3.1.5.1.2. The Auditory Component
3.1.5.2. Reading Process
3.1.5.2.1. Reading Decoding
3.1.5.2.2. Reading Comprehension
3.1.5.3. Writing Processes
3.1.5.3.1. Written Coding
3.1.5.3.2. Syntactic Construction
3.1.5.3.3. Planning
3.1.5.3.4. The Act of Writing
3.1.6. The Dyslexic Brain in the Light of Neuroscience
3.1.7. Laterality and Reading
3.1.7.1. Reading with the Hands
3.1.7.2. Handedness and Language
3.1.8. Integration of the outside World and Reading
3.1.8.1. Attention
3.1.8.2. Memory
3.1.8.3. Emotions
3.1.9. Chemical Mechanisms Involved in Reading
3.1.9.1. Neurotransmitters
3.1.9.2. Limbic System
3.1.10 Conclusions and Appendices
3.2. Talking and organizing time and Space for Reading
3.2.1. Introduction
3.2.2. Communication
3.2.2.1. Oral Language
3.2.2.2. Written Language
3.2.3. Relations between Oral Language and Written Language
3.2.3.1. Syntactic Aspects
3.2.3.2. Semantic Aspects
3.2.3.3. Phonological Aspects

3.2.4. Recognize Language Forms and Structures
3.2.4.1. Language, Speech and Writing
3.2.5. Develop Speech
3.2.5.1. Oral Language
3.2.5.2. Linguistic prerequisites for Reading
3.2.6. Recognize the structures of Written Language
3.2.6.1. Recognize the Word
3.2.6.2. Recognize the Sequential Organization of the Sentence
3.2.6.3. Recognize the Meaning of Written Language
3.2.7. Structure Time
3.2.7.1. Organizing Time
3.2.8. Structuring Space
3.2.8.1. Spatial Perception and Organization
3.2.9. Reading Strategies and their Learning
3.2.9.1. Logographic Stage and Global Method
3.2.9.2. Alphabetic Stage
3.2.9.3. Orthographic Stage and learning to Write
3.2.9.4. Understanding to be able to Read
3.2.10 Conclusions and Appendices

3.3. Dyslexia
3.3.1. Introduction
3.3.2. Brief History of the Term Dyslexia
3.3.2.1. Chronology
3.3.2.2. Different Terminological Meanings
3.3.3. Conceptual Approach
3.3.3.1. Dyslexia
3.3.3.1.1. WHO Definition
3.3.3.1.2. DSM-IV Definition
3.3.3.1.3. DSM-V Definition
3.3.4. Other Related Concepts
3.3.4.1. Conceptualization of Dysgraphia
3.3.4.2. Conceptualization of Dysgraphia
3.3.5. Etiology
3.3.5.1. Explanatory Theories of Dyslexia
3.3.5.1.1. Genetic Theories
3.3.5.1.2. Neurobiological Theories
3.3.5.1.3. Linguistic Theories
3.3.5.1.4. Phonological Theories
3.3.5.1.5. Visual Theories
3.3.6. Types of Dyslexia
3.3.6.1. Phonological Dyslexia
3.3.6.2. Lexical Dyslexia
3.3.6.3. Mixed Dyslexia
3.3.7. Comorbidities and Strengths
3.3.7.1. ADD or ADHD
3.3.7.2. Dyscalculia
3.3.7.3. Dysgraphia
3.3.7.4. Visual Stress Syndrome
3.3.7.5. Crossed Laterality
3.3.7.6. High Abilities
3.3.7.7. Strengths
3.3.8. The Person with Dyslexia
3.3.8.1. The Child with Dyslexia
3.3.8.2. The Adolescent with Dyslexia
3.3.8.3. The Adult with Dyslexia
3.3.9. Psychological Repercussions
3.3.9.1. The feeling of injustice
3.3.10 Conclusions and Appendices

3.4. How to identify the Person with Dyslexia?
3.4.1. Introduction
3.4.2. Warning Signs
3.4.2.1. Warning Signs in Pre-School Education
3.4.2.2. Warning Signs in Primary Education

3.4.3. Frequent Symptomatology
3.4.3.1. General Symptomatology
3.4.3.2. Symptomatology by Stages
3.4.3.2.1. Infant Stage
3.4.3.2.2. School Stage
3.4.3.2.3. Adolescent Stage
3.4.3.2.4. Adult Stage
3.4.4. Specific Symptomatology
3.4.4.1. Dysfunctions in Reading
3.4.4.1.1. Dysfunctions in the Visual Component
3.4.4.1.2. Dysfunctions in the Decoding Processes
3.4.4.1.3. Dysfunctions in Comprehension Processes
3.4.4.2. Dysfunctions in Writing
3.4.4.2.1. Dysfunctions in the Oral-Written Language Relationship
3.4.4.2.2. Dysfunction in the Phonological Component
3.4.4.2.3. Dysfunction in the Encoding Processes
3.4.4.2.4. Dysfunction in Syntactic Construction Processes
3.4.4.2.5. Dysfunction in Planning
3.4.4.3. Motor Processes
3.4.4.3.1. Visuoperceptive Dysfunctions
3.4.4.3.2. Visuoconstructive Dysfunctions
3.4.4.3.3. Visuospatial Dysfunctions
3.4.4.3.4. Tonic Dysfunctions
3.4.5. Dyslexia Profiles
3.4.5.1. Phonological Dyslexia Profile
3.4.5.2. Lexical Dyslexia Profile
3.4.5.3. Mixed Dyslexia Profile
3.4.6. Dysgraphia Profiles
3.4.6.1. Visuoperceptual Dysgraphia Profile
3.4.6.2. Visoconstructive Dysgraphia Profile
3.4.6.3. Visuospatial Dysgraphia Profile
3.4.6.4. Tonic Dysgraphia Profile
3.4.7. Dysorthographic Profiles
3.4.7.1. Phonological Dysorthography Profile
3.4.7.2. Orthographic Dysorthographic Profile
3.4.7.3. Syntactic Dysorthography Profile
3.4.7.4. Cognitive Dysorthography Profile
3.4.8. Associated Disorders
3.4.8.1. Secondary Disorders
3.4.9. Dyslexia versus other Disorders
3.4.9.1. Differential Diagnosis
3.4.10 Conclusions and Appendices
3.5. Assessment and Diagnosis
3.5.1. Introduction
3.5.2. Evaluation of Tasks
3.5.2.1. The Diagnostic Hypothesis
3.5.3. Evaluation of Processing Levels
3.5.3.1. Sublexical Units
3.5.3.2. Lexical Units
3.5.3.3. Suplexical Units
3.5.4. Assessment of Reading Processes
3.5.4.1. Visual Component
3.5.4.2. Decoding Process
3.5.4.3. Comprehension Process
3.5.5. Evaluation of Writing Processes
3.5.5.1. Neurobiological Skills of the Auditory Component
3.5.5.2. Encoding Process
3.5.5.3. Syntactic Construction
3.5.5.4. Planning
3.5.5.5. The Act of Writing
3.5.6. Evaluation of the Oral-Written Language Relationship
3.5.6.1. Lexical Awareness
3.5.6.2. Representational Written Language

3.5.7. Other Aspects to be Assessed
3.5.7.1. Chromosomal Assessments
3.5.7.2. Neurological Assessments
3.5.7.3. Cognitive Assessments
3.5.7.4. Motor Assessments
3.5.7.5. Visual Assessments
3.5.7.6. Linguistic Assessments
3.5.7.7. Emotional Appraisals
3.5.7.8. School Ratings
3.5.8. Standardized Tests and Evaluation Tests
3.5.8.1. TALE
3.5.8.2. PROLEC-R
3.5.8.3. DST-J Dyslexia
3.5.8.4. Other Tests
3.5.9. The Dytective Test
3.5.9.1. Content
3.5.9.2. Experimental Methodology
3.5.9.3. Summary of Results
3.5.10. Conclusions and Appendices
3.6. Intervention in Dyslexia
3.6.1. General Aspects of Intervention
3.6.2. Selection of objectives based on the Diagnosed Profile
3.6.2.1. Analysis of Collected Samples
3.6.3. Prioritization and Sequencing of Targets
3.6.3.1. Neurobiological Processing
3.6.3.2. Psycholinguistic Processing
3.6.4. Adequacy of the Objectives to the Contents to be Worked On
3.6.4.1. From the Specific Objective to the Content
3.6.5. Proposal of Activities by Intervention Area
3.6.5.1. Proposals based on the Visual Component
3.6.5.2. Proposals based on the Phonological Component
3.6.5.3. Proposals based on Reading Practice
3.6.6. Programs and Tools for Intervention
3.6.6.1. Orton-Gillingham Method
3.6.6.2. ACOS Program
3.6.7. Standardized Materials for Intervention
3.6.7.1. Printed Materials
3.6.7.2. Other Materials
3.6.8. Space Organization
3.6.8.1. Lateralization
3.6.8.2. Sensory Modalities
3.6.8.3. Eye Movements
3.6.8.4. Visuoperceptual Skills
3.6.8.5. Fine Motor Skills
3.6.9. Necessary Adaptations in the Classroom
3.6.9.1. Curricular Adaptations
3.5.10. Conclusions and Appendices
3.7. From Traditional to Innovative. New Approach
3.7.1. Introduction
3.7.2. Traditional Education
3.7.2.1. Brief description of Traditional Education
3.7.3. Current Education
3.7.3.1. The Education of Our Days
3.7.4. Process of Change
3.7.4.1. Educational Change. From Challenge to Reality
3.7.5. Teaching Methodology
3.7.5.1. Gamification
3.7.5.2. Project-based Learning
3.7.5.3. Others
3.7.6. Changes in the Development of the Intervention Sessions
3.7.6.1. Applying the New Changes in Speech Therapy Intervention
3.7.7. Proposal of Innovative Activities
3.7.7.1. "My Logbook"
3.7.7.2. The Strengths of Each Student
3.7.8. Development of Materials
3.7.8.1. General Tips and Guidelines
3.7.8.2. Adaptation of Materials
3.7.8.3. Creating our Own Intervention Material

3.7.9. The Use of Current Intervention Tools
3.7.9.1. Android and iOS Operating System Applications
3.7.9.2. The Use of Computers
3.7.9.3. Digital Whiteboard
3.7.10. Conclusions and Appendices
3.8. Strategies and Personal Development of the Person with Dyslexia
3.8.1. Introduction
3.8.2. Study Strategies
3.8.2.1. Study Techniques
3.8.3. Organization and Productivity
3.8.3.1. The Pomodoro Technique
3.8.4. Tips on How to Face an Exam
3.8.5. Language Learning Strategies
3.8.5.1. First Language Assimilation
3.8.5.2. Phonological and Morphological Awareness
3.8.5.3. Visual Memory
3.8.5.4. Comprehension and Vocabulary
3.8.5.5. Linguistic Immersion
3.8.5.6. Use of ICT
3.8.5.7. Formal Methodologies
3.8.6. Development of Strengths
3.8.6.1. Beyond the Person with Dyslexia
3.8.7. Improving Self-concept and Self-esteem
3.8.7.1. Social Skills
3.8.8. Eliminating Myths
3.8.8.1. Student with Dyslexia. I am not lazy
3.8.8.2. Other Myths
3.8.9. Famous People with Dyslexia
3.8.9.1. Well-known People with Dyslexia
3.8.9.2. Real Testimonials
3.8.10. Conclusions and Appendices
3.9. Guidelines
3.9.1. Introduction
3.9.2. Guidelines for the Person with Dyslexia
3.9.2.1. Coping with the Diagnosis
3.9.2.2. Guidelines for Daily Living
3.9.2.3. Guidelines for the Person with Dyslexia as a Learner
3.9.3. Guidelines for the Family Environment
3.9.3.1. Guidelines for collaborating in the Intervention
3.9.3.2. General Guidelines
3.9.4. Guidelines for the Educational Context
3.9.4.1. Adaptations
3.9.4.2. Measures to be taken to facilitate the Acquisition of Content
3.9.4.3. Guidelines to be Followed to Pass Exams
3.9.5. Specific Guidelines for Foreign Language Teachers
3.9.5.1. The Challenge of Language Learning
3.9.6. Guidelines for other Professionals
3.9.7. Guidelines for the Form of Written Texts
3.9.7.1. Typography
3.9.7.2. Font Size
3.9.7.3. Colors
3.9.7.4. Character, Line, and Paragraph Spacing
3.9.8. Guidelines for Text Content
3.9.8.1. Frequency and Length of Words
3.9.8.2. Syntactic Simplification
3.9.8.3. Numerical Expressions
3.9.8.4. The Use of Graphical Schemes
3.9.9. Writing Technology
3.9.10. Conclusions and Appendices
3.10. The Speech Therapist's Report on Dyslexia
3.10.1. Introduction
3.10.2. The Reason for the Evaluation
3.10.2.1. Family Referral or Request
3.10.3. The Interview
3.10.3.1. The Family Interview
3.10.3.2. The School Interview
3.10.4. The History
3.10.4.1. Clinical History and Evolutionary Development
3.10.4.2. Academic History
3.10.5. The Context
3.10.5.1. The Social Context
3.10.5.2. The family context

3.10.6. Assessments
3.10.6.1. Psycho-Pedagogical Assessment
3.10.6.2. Speech Therapy Assessment
3.10.6.3. Other Assessments
3.10.7. The Results
3.10.7.1. Logopedic Assessment Results
3.10.7.2. Results of Other Assessments
3.10.8. Conclusions
3.10.8.1. Diagnosis
3.10.9. Intervention Plan
3.10.9.1. The Needs
3.10.9.2. The Speech Therapy Intervention Program
3.10.10 Conclusions and Appendices

Module 4. Specific Language Disorder

4.1. Background Information
4.1.1. Module Presentation
4.1.2. Module Objectives
4.1.3. Historical Evolution of SLD
4.1.4. Late Language Onset vs. SLD SLD
4.1.5. Differences between SLD and Language Delay
4.1.6. Difference between ASD and SLD
4.1.7. Specific Language Disorder vs. Aphasia
4.1.8. SLD as a predecessor of Literacy Disorders
4.1.9. Intelligence and Specific Language Disorder
4.1.10 Prevention of Specific Language Disorder
4.2. Approach to the Specific Language Disorder
4.2.1. Definition of SLD
4.2.2. General characteristics of SLD
4.2.3. Prevalence of SLD
4.2.4. Prognosis of SLD
4.2.5. Etiology of SLD
4.2.6. Clinically based classification of SLD
4.2.7. Empirically based classification of SLD
4.2.8. Empirical-clinical based Classification of SLD
4.2.9. Comorbidity of SLD
4.2.10 SLD, not only a Difficulty in the Acquisition and Development of Language
4.3. Linguistic Characteristics in Specific Language Disorder
4.3.1. Concept of Linguistic Capabilities
4.3.2. General Linguistic Characteristics
4.3.3. Linguistic Studies in SLD in Different Languages
4.3.4. General Alterations in Language Skills Presented by People with SLD
4.3.5. Grammatical Characteristics in SLD
4.3.6. Narrative Features in SLD
4.3.7. Pragmatic Features in SLD
4.3.8. Phonetic and Phonological Features in SLD
4.3.9. Lexical Features in SLD
4.3.10. Preserved Language Skills in SLD
4.4. Terminological Change
4.4.1. Changes in the Terminology of SLD
4.4.2. Classification According to DSM
4.4.3. Changes Introduced in the DSM
4.4.4. Consequences of Changes in Classification with the DSM
4.4.5. New Nomenclature: Language Disorder
4.4.6. Characteristics of Language Disorder
4.4.7. Main Differences and Concordances between SLD and SL
4.4.8. Altered Executive Functions in SLD
4.4.9. Preserved Executive Functions in SL
4.4.10 Detractors of Terminology Change
4.5. Assessment in Specific Language Disorder
4.5.1. Speech-Language Evaluation: Prior Information
4.5.2. Early identification of SLD: Prelinguistic Predictors
4.5.3. General Considerations to take into account in the Speech Therapy Evaluation of SLD
4.5.4. Principles of Evaluation in Cases of SLD
4.5.5. The Importance and Objectives of Speech-Language Pathology Assessment in SLD
4.5.6. Evaluation Process of SLD
4.5.7. Assessment of Language, Communicative Skills and Executive Functions in SLD
4.5.8. Evaluation Instrument of SLD
4.5.9. Interdisciplinary Evaluation
4.5.10 Diagnosis of TEL

4.6. interventions in Specific Language Disorder
- 4.6.1. The Speech Therapy Intervention
- 4.6.2. Basic Principles of Speech Therapy Intervention
- 4.6.3. Environments and Agents of intervention in SLD
- 4.6.4. Intervention Model in Levels
- 4.6.5. Early Intervention in SLD
- 4.6.6. Importance of Intervention in SLD
- 4.6.7. Music Therapy in the intervention of SLD
- 4.6.8. Technological Resources in the Intervention of SLD
- 4.6.9. Intervention in the Executive Functions in SLD
- 4.6.10 Multidisciplinary Intervention in SLD

4.7. Elaboration of a Speech Therapy Intervention Program for Children with Specific Language Disorder
- 4.7.1. Speech Therapy Intervention Program
- 4.7.2. Approaches on SLD to design an Intervention Program
- 4.7.3. Objectives and Strategies of SLD Intervention Programs
- 4.7.4. Indications to follow in the Intervention of Children with SLD
- 4.7.5. Comprehension Treatment
- 4.7.6. Treatment of Expression in Cases of SLD
- 4.7.7. Intervention in Reading and Writing
- 4.7.8. Social Skills Training in SLD
- 4.7.9. Agents and Timing of Intervention in cases of SLD
- 4.7.10 SAACs in the Intervention in cases of SLD

4.8. The School in Cases of Specific Language Disorder
- 4.8.1. The School in Child Development
- 4.8.2. School Consequences in children with SLD
- 4.8.3. Schooling of children with SLD
- 4.8.4. Aspects to take into account in School Intervention
- 4.8.5. Objectives of School Intervention in cases of SLD
- 4.8.6. Guidelines and Strategies for Classroom Intervention with Children with SLD
- 4.8.7. Development and Intervention in Social Relationships within the School
- 4.8.8. Dynamic Playground Program
- 4.8.9. The School and the Relationship with other Intervention Agents
- 4.8.10. Observation and Monitoring of School Intervention

4.9. The Family and its Intervention in cases of children with Specific Language Disorder
- 4.9.1. Consequences of SLD in the Family Environment
- 4.9.2. Family Intervention Models
- 4.9.3. General Considerations to be taken into account
- 4.9.4. The importance of Family Intervention in SLD
- 4.9.5. Family Orientations
- 4.9.6. Communication Strategies for the Family
- 4.9.7. Needs of Families of Children with SLD
- 4.9.8. The Speech Therapist in the Family Intervention
- 4.9.9. Objectives of the Family Speech Therapy Intervention in the SLD
- 4.9.10 Follow-up and Timing of the Family Intervention in SLD

4.10. Associations and Support Guides for Families and Schools of Children with SLD
- 4.10.1. Parent Associations
- 4.10.2. Information Guides
- 4.10.3. AVATEL
- 4.10.4. ATELMA
- 4.10.5. ATELAS
- 4.10.6. ATELCA
- 4.10.7. ATEL CLM
- 4.10.8. Other Associations
- 4.10.9. SLD Guides aimed at the Educational Field
- 4.10.10 SLD Guides and Manuals Aimed at the Family Environment

Module 5. Understanding Autism

5.1. Temporal Development in its Definition
- 5.1.1. Theoretical Approaches to ASD
  - 5.1.1.1. Early Definitions
  - 5.1.1.2. Evolution Throughout History
- 5.1.2. Current Classification of Autism Spectrum Disorder
  - 5.1.2.1. Classification according to DSM-IV
  - 5.1.2.2. DSM-V Definition
- 5.1.3. Table of Disorders pertaining to ASD
  - 5.1.3.1. Autism Spectrum Disorder
  - 5.1.3.2. Asperger's Disorder
  - 5.1.3.3. Rett's Disorder
  - 5.1.3.4. Childhood Disintegrative Disorder
  - 5.1.3.5. Pervasive Developmental Disorder

5.1.4. Comorbidity with other Disorders
5.1.4.1. ASD and ADHD (Attention and/or Hyperactivity Disorder)
5.1.4.2. ASD AND HF (High Functioning)
5.1.4.3. Other Pathologies of Lower Associated Percentage
5.1.5. Differential Diagnosis of Autism Spectrum Disorder
5.1.5.1. Non-Verbal Learning Disorder
5.1.5.2. NPDD (Perturbing Disorder Not Predetermined)
5.1.5.3. Schizoid Personality Disorder
5.1.5.4. Affective and Anxiety Disorders
5.1.5.5. Tourette's Disorder
5.1.5.6. Representative Table of Specified Disorders
5.1.6. Theory of Mind
5.1.6.1. The Senses
5.1.6.2. Perspectives
5.1.6.3. False Beliefs
5.1.6.4. Complex Emotional States
5.1.7. Weak Central Coherence Theory
5.1.7.1. Tendency of Children with ASD to Focus their Attention on Details in Relation to the Whole
5.1.7.2. First Theoretical Approach (Frith, 1989)
5.1.7.3. Central Coherence Theory today (2006)
5.1.8. Theory of Executive Dysfunction
5.1.8.1. What Do We Know as "Executive functions"?
5.1.8.2. Planning
5.1.8.3. Cognitive Flexibility
5.1.8.4. Response Inhibition
5.1.8.5. Mentalistic Skills
5.1.8.6. Sense of Activity
5.1.9. Systematization Theory
5.1.9.1. Explanatory Theories Put Forth by Baron-Cohen, S
5.1.9.2. Types of Brain
5.1.9.3. Empathy Quotient (EQ)
5.1.9.4. Systematization Quotient (SQ)
5.1.9.5. Autism Spectrum Quotient (ASQ)
5.1.10. Autism and Genetics
5.1.10.1. Causes potentially responsible for the Disorder
5.1.10.2. Chromosomopathies and Genetic Alterations
5.1.10.3. Repercussions on Communication

5.2. Detection
5.2.1. Main Indicators in Early Detection
5.2.1.1. Warning Signs
5.2.1.2. Warning Signs
5.2.2. Communicative Domain in Autism Spectrum Disorder
5.2.2.1. Aspects to take into Account
5.2.2.2. Warning Signs
5.2.3. Sensorimotor Area
5.2.3.1. Sensory Processing
5.2.3.2. Dysfunctions in Sensory Integration
5.2.4. Social Development
5.2.4.1. Persistent Difficulties in Social Interaction
5.2.4.2. Restricted Patterns of Behavior
5.2.5. Evaluation Process
5.2.5.1. Developmental Scales
5.2.5.2. Tests and Questionnaires for Parents
5.2.5.3. Standardized Tests for Evaluation by the Professional
5.2.6. Data Collection
5.2.6.1. Instruments used for Screening
5.2.6.2. Case Studies M-CHAT
5.2.6.3. Standardized Tests
5.2.7. In-session Observation
5.2.7.1. Aspects to Take into Account within the Session
5.2.8. Final Diagnosis
5.2.8.1. Procedures to be Followed
5.2.8.2. Proposed Therapeutic Plan
5.2.9. Preparation of the Intervention Process
5.2.9.1. Strategies for Intervention on ASD in Early Care
5.2.10. Scale for the Detection of Asperger's Syndrome
5.2.10.1. Stand-alone Scale for the Detection of Asperger Syndrome and High-functioning Autism (HF)

5.3. Identification of Specific Difficulties
- 5.3.1. Protocol to be Followed
  - 5.3.1.1. Factors to Consider
- 5.3.2. Needs Assessment based on Age and Developmental Level
  - 5.3.2.1. Protocol for Screening from 0 to 3 Years of Age
  - 5.3.2.2. M-CHAT-R Questionnaire. (16-30 months)
  - 5.3.2.3. Follow-up Interview M-CHAT-R/F
- 5.3.3. Fields of Intervention
  - 5.3.3.1. Evaluation of the Effectiveness of Psychoeducational Intervention
  - 5.3.3.2. Clinical Practice Guideline Recommendations
  - 5.3.3.3. Main Areas of Potential Work
- 5.3.4. Cognitive Area
  - 5.3.4.1. Mentalistic Skills Scale
  - 5.3.4.2. What Is It? How do we apply this Scale in ASD?
- 5.3.5. Communication Area
  - 5.3.5.1. Communication Skills in ASD
  - 5.3.5.2. We Identify the Demand Based on Developmental Level
  - 5.3.5.3. Comparative Tables of Development with ASD and Normotypical Development
- 5.3.6. Eating Disorders
  - 5.3.6.1. Intolerance Chart
  - 5.3.6.2. Aversion to Textures
  - 5.3.6.3. Eating Disorders in ASD
- 5.3.7. Social Area
  - 5.3.7.1. SCERTS (Social-Communication, Emotional Regulation, and Transactional Support)
- 5.3.8. Personal Autonomy
  - 5.3.8.1. Daily Living Therapy
- 5.3.9. Competency Assessment
  - 5.3.9.1. Strengths
  - 5.3.9.2. Reinforcement-based Intervention
- 5.3.10. Specific Intervention Programs
  - 5.3.10.1. Case Studies and their Results
  - 5.3.10.2. Clinical Discussion

5.4. Communication and Language in Autism Spectrum Disorder
- 5.4.1. Stages in the Development of Normotypical Language
  - 5.4.1.1. Comparative Table of Language Development in Patients with and without ASD
  - 5.4.1.2. Specific Language Development in Autistic Children
- 5.4.2. Communication Deficits in ASD
  - 5.4.2.1. Aspects to take into account in the Early Stages of Development
  - 5.4.2.2. Explanatory Table with Factors to Take into Account During these Early Stages
- 5.4.3. Autism and Language Pathology
  - 5.4.3.1. ASD and Dysphasia
- 5.4.4. Preventive Education
  - 5.4.4.1. Introduction to Prenatal Infant Development
- 5.4.5. From 0 to 3 years old
  - 5.4.5.1. Developmental Scales
  - 5.4.5.2. Implementation and Monitoring of Individualized Intervention Plans (IIP)
- 5.4.6. CAT Means-Methodology
  - 5.4.6.1. Nursery School (NS)
- 5.4.7. From 3 to 6 years old
  - 5.4.7.1. Schooling in Normal Center
  - 5.4.7.2. Coordination of the Professional with the Follow-up by the Pediatrician and Neuropediatrician
  - 5.4.7.3. Communication Skills to be Developed within this Age Range
  - 5.4.7.4. Aspects to take into Account
- 5.4.8. School Age
  - 5.4.8.1. Main Aspects to Take into Account
  - 5.4.8.2. Open Communication with the Teaching Staff
  - 5.4.8.3. Types of Schooling
- 5.4.9. Educational Environment
  - 5.4.9.1. Bullying
  - 5.4.9.2. Emotional Impact
- 5.4.10. Warning Signs
  - 5.4.10.1. Guidelines for Action
  - 5.4.10.2. Conflict Resolution

5.5. Communication Systems
- 5.5.1. Available Tools
  - 5.5.1.1. TIC Tools for Children with Autism
  - 5.5.1.2. Augmentative and Alternative Communication Systems (AACS)
- 5.5.2. Communication Intervention Models
  - 5.5.2.1. Facilitated Communication (FC)
  - 5.5.2.2. Verbal Behavioral Approach (VB)
- 5.5.3. Alternative and/or Augmentative Communication Systems
  - 5.5.3.1. PEC's (Picture Exchange Communication System)
  - 5.5.3.2. Benson Schaeffer Total Signed Speech System
  - 5.5.3.3. Sign Language
  - 5.5.3.4. Bimodal System
- 5.5.4. Alternative Therapies
  - 5.5.4.1. All Mixed Up
  - 5.5.4.2. Alternative Medicines
  - 5.5.4.3. Cognitive-Behavioral
- 5.5.5. Choice of System
  - 5.5.5.1. Factors to Consider
  - 5.5.5.2. Decision Making
- 5.5.6. Scale of Objectives and Priorities to be Developed
  - 5.5.6.1. Assessment, based on the Resources available to the student, of the system best suited to their capabilities
- 5.5.7. Identification of the Appropriate System
  - 5.5.7.1. Implementing the Most Appropriate Communication System or Therapy Taking into Account the Strengths of the Patient
- 5.5.8. Implementation
  - 5.5.8.1. Planning and Structuring of the Sessions
  - 5.5.8.2. Duration and Timing
  - 5.5.8.3. Evolution and Estimated Short-term Objectives
- 5.5.9. Monitoring
  - 5.5.9.1. Longitudinal Assessment
  - 5.5.9.2. Re-assessment Over Time
- 5.5.10. Adaptation Over Time
  - 5.5.10.1. Restructuring of Objectives Based on Demanded Needs
  - 5.5.10.2. Adaptation of the Intervention According to the Results Obtained

5.6. Elaboration of an Intervention Program
- 5.6.1. Identification of Needs and Selection of Objectives
  - 5.6.1.1. Early Care Intervention Strategies
  - 5.6.1.2. Denver Model
- 5.6.2. Analysis of Objectives Based on Developmental Levels
  - 5.6.2.1. Intervention Program to Strengthen Communicative and Linguistic Areas
- 5.6.3. Development of Preverbal Communicative Behaviors
  - 5.6.3.1. Applied Behavior Analysis
- 5.6.4. Bibliographic Review of Theories and Programs in Childhood Autism
  - 5.6.4.1. Scientific Studies with Groups of Children with ASD
  - 5.6.4.2. Results and Final Conclusions based on the Proposed Programs
- 5.6.5. School Age
  - 5.6.5.1. Educational Inclusion
  - 5.6.5.2. Global reading as a facilitator of Integration in the Classroom
- 5.6.6. Adulthood
  - 5.6.6.1. How to intervene/support in Adulthood?
  - 5.6.6.2. Elaboration of a Specific Program
- 5.6.7. Behavioral Intervention
  - 5.6.7.1. Applied Behavior Analysis (ABA)
  - 5.6.7.2. Training of Separate Trials
- 5.6.8. Combined Intervention
  - 5.6.8.1. The TEACCH Model
- 5.6.9. Support for University Integration of Grade I ASD
  - 5.6.9.1. Best Practices for supporting students in Higher Education
- 5.6.10. Positive Behavioral Reinforcement
  - 5.6.10.1. Program Structure
  - 5.6.10.2. Guidelines to Follow to Carry Out the Method

5.7. Educational Materials and Resources
- 5.7.1. What can we do as Speech Therapists?
  - 5.7.1.1. Professional as an active role in the Development and Continuous Adaptation of Materials
- 5.7.2. List of Adapted Resources and Materials
  - 5.7.2.1. What Should I Consider?
  - 5.7.2.2. Brainstorming

5.7.3. Methods
5.7.3.1. Theoretical Approach to the Most Commonly Used Methods
5.7.3.2. Functionality Comparative Table with the Methods Presented
5.7.4. TEACCH Program
5.7.4.1. Educational Principles Based on this Method
5.7.4.2. Characteristics of Autism as a basis for Structured Teaching
5.7.5. INMER Program
5.7.5.1. Fundamental Bases of the Program. Main Function
5.7.5.2. Virtual Reality Immersion System for People with Autism
5.7.6. ICT-Mediated Learning
5.7.6.1. Software for Teaching Emotions
5.7.6.2. Applications that Favor Language Development
5.7.7. Development of Materials
5.7.7.1. Sources Used
5.7.7.2. Image Banks
5.7.7.3. Pictogram Banks
5.7.7.4. Recommended Materials
5.7.8. Free Resources to Support Learning
5.7.8.1. List of Reinforcement Pages with Programs to Reinforce Learning
5.7.9. SPC
5.7.9.1. Access to the Pictographic Communication System
5.7.9.2. Methodology
5.7.9.3. Main Function
5.7.10. Implementation
5.7.10.1. Selection of the Appropriate Program
5.7.10.2. List of Advantages and Disadvantages
5.8. Adapting the Environment to the Student with Autism Spectrum Disorder
5.8.1. General Considerations to be Taken into Account
5.8.1.1. Possible Difficulties within the Daily Routine
5.8.2. Implementation of Visual Aids
5.8.2.1. Guidelines to have at home for Adaptation
5.8.3. Classroom Adaptation
5.8.3.1. Inclusive Teaching
5.8.4. Natural Environment
5.8.4.1 General Guidelines for Educational Response
5.8.5. Intervention in Autism Spectrum Disorders and Other Severe Personality Disorders
5.8.6. Curricular Adaptations of the Center
5.8.6.1. Heterogeneous Groupings
5.8.7. Adaptation of Individual Curricular Needs
5.8.7.1. Individual Curricular Adaptation
5.8.7.2. Limitations
5.8.8. Curricular Adaptations in the Classroom
5.8.8.1. Cooperative Education
5.8.8.2. Cooperative Learning
5.8.9. Educational Responses to the Different Needs demanded
5.8.9.1. Tools to be Taken into Account for Effective Teaching
5.8.10. Relationship with the Social and Cultural Environment
5.8.10.1. Habits-autonomy
5.8.10.2. Communication and Socialization
5.9. School Context
5.9.1. Classroom Adaptation
5.9.1.1. Factors to Consider
5.9.1.2. Curricular Adaptation
5.9.2. School Inclusion
5.9.2.1. We All Add Up
5.9.2.2. How to Help from our Role as Speech Therapist?
5.9.3. Characteristics of Students with ASD
5.9.3.1. Restricted Interests
5.9.3.2. Sensitivity to the Context and its Constraints
5.9.4. Characteristics of Students with Asperger's
5.9.4.1. Potentialities
5.9.4.2. Difficulties and Repercussions at the Emotional Level
5.9.4.3. Relationship with the Peer Group
5.9.5. Placement of the Student in the Classroom
5.9.5.1. Factors to be Taken into Account for Proper Student Performance
5.9.6. Materials and Supports to Consider
5.9.6.1. External Support
5.9.6.2. Teacher as a Reinforcement Element within the Classroom

5.9.7. Assessment of Task Completion Times
5.9.7.1. Application of Tools Such as Anticipators or Timers
5.9.8. Inhibition Times
5.9.8.1. Reduction of inappropriate Behaviors through Visual Support
5.9.8.2. Visual Schedules
5.9.8.3. Time-Outs
5.9.9. Hypo- and Hypersensitivity
5.9.9.1. Noise Environment
5.9.9.2. Stress-generating Situations
5.9.10 Anticipation of Conflict Situations
5.9.10.1. Back to School. Time of Entry and Exit
5.9.10.2. Canteen
5.9.10.3. Vacations
5.10. Considerations to be Taken into Account with Families
5.10.1. Conditioning Factors of parental Stress and Anxiety
5.10.1.1. How does the Family Adaptation Process Occur?
5.10.1.2. Most Common Worries
5.10.1.3. Anxiety Management
5.10.2. Information for Parents when a Diagnosis is Suspected
5.10.2.1. Open Communication
5.10.2.2. Stress Management Guidelines
5.10.3. Assessment Records for Parents
5.10.3.1. Strategies for the Management of Suspected ASD in Early Care
5.10.3.2. PED. Questions about Parents' Developmental Concerns
5.10.3.3. Situation Assessment and Building a Bond of Trust with Parents
5.10.4. Multimedia Resources
5.10.4.1. Table of Freely Available Resources
5.10.5. Associations of Families of People with ASD
5.10.5.1. List of Recognized and Proactive Associations
5.10.6. Return of Therapy and Appropriate Evolution
5.10.6.1. Aspects to take into account for Information Exchange
5.10.6.2. Creation of Empathy
5.10.6.3. Creation of a Circle of Trust between Therapist-Relatives-Patient
5.10.7. Return of the Diagnosis and Follow-up to the Different Healthcare Professionals
5.10.7.1. Speech Therapist in their Active and Dynamic Role
5.10.7.2. Contact with the Different Health Areas
5.10.7.3. The Importance of Maintaining a Common Line
5.10.8. Parents, how to Intervene with the Child?
5.10.8.1. Advice and Guidelines
5.10.8.2. Family Respite
5.10.9. Generation of Positive Experiences in the Family Environment
5.10.9.1. Practical Tips for Reinforcing Pleasant Experiences in the Family Environment
5.10.9.2. Proposals for Activities that Generate Positive Experiences
5.10.10. Websites of Interest
5.10.10.1. Links of Interest

Module 6. Genetic Syndromes

6.1. Introduction to Genetic Syndromes
6.1.1. Introduction to the Unit
6.1.2. Genetics
6.1.2.1. Concept of Genetics
6.1.2.2. Genes and Chromosomes
6.1.3. The Evolution of Genetics
6.1.3.1. Basis of Genetics
6.1.3.2. The Pioneers of Genetics
6.1.4. Basic Concepts of Genetics
6.1.4.1. Genotype and Phenotype
6.1.4.2. The Genome
6.1.4.3. DNA
6.1.4.4. RNA
6.1.4.5. Genetic Code. Smith-Magenis
6.1.5. Mendel's Laws
6.1.5.1. Mendel's 1st Law
6.1.5.2. 2nd Mendel's Law
6.1.5.3. 3rd Mendel's Law

6.1.6. Mutations
6.1.6.1. What are Mutations?
6.1.6.2. Levels of Mutations
6.1.6.3. Types of Mutations
6.1.7. Concept of Syndrome
6.1.8. Classification
6.1.9. The Most Frequent Syndromes
6.1.10 Final Conclusions
6.2. Down Syndrome
6.2.1. Introduction to the Unit
6.2.1.1. History of Down Syndrome
6.2.2. Concept of Down Syndrome
6.2.2.1. What is Down Syndrome?
6.2.2.2. Genetics of Down Syndrome
6.2.2.3. Chromosomal Alterations in Down Syndrome
6.2.2.3.1 Trisomy 21
6.2.2.3.2. Chromosomal Translocation
6.2.2.3.3. Mosaicism or Mosaic Trisomy
6.2.2.4. Prognosis of Down Syndrome
6.2.3. Etiology
6.2.3.1. The Origin of Down Syndrome
6.2.4. Prevalence
6.2.4.1. Prevalence of Down Syndrome in Spain
6.2.4.2. Prevalence of Down Syndrome in Other Countries
6.2.5. Characteristics of Down Syndrome
6.2.5.1. Physical Characteristics
6.2.5.2. Speech and Language Development Characteristics
6.2.5.3. Motor Developmental Characteristics
6.2.6. Comorbidity of Down Syndrome
6.2.6.1. What is Comorbidity?
6.2.6.2. Comorbidity in Down Syndrome
6.2.6.3. Associated Disorders
6.2.7. Diagnosis and Evaluation of Down Syndrome
6.2.7.1. The Diagnosis of Down Syndrome
6.2.7.1.1. Where it is Performed
6.2.7.1.2. Who Performs it
6.2.7.1.3. When it can be Performed
6.2.7.2. Speech Therapy Evaluation of Down Syndrome
6.2.7.2.1. Medical History
6.2.7.2.2. Areas to Consider
6.2.8. Speech Therapy Based Intervention
6.2.8.1. Aspects to take into Account
6.2.8.2. Setting Objectives for the Intervention
6.2.8.3. Material for Rehabilitation
6.2.8.4. Resources to be Used
6.2.9. Guidelines
6.2.9.1. Guidelines to the Person with Down Syndrome to Consider
6.2.9.2. Guidelines For the Family to Consider
6.2.9.3. Guidelines for the Educational Context
6.2.9.4. Resources and Associations
6.2.10. The Interdisciplinary Team
6.2.10.1. The Importance of the Interdisciplinary Team
6.2.10.2. Speech Therapy
6.2.10.3. Occupational Therapy
6.2.10.4. Physiotherapy
6.2.10.5. Psychology
6.3. Hunter Syndrome
6.3.1. Introduction to the Unit
6.3.1.1. History of Hunter Syndrome
6.3.2. Concept of Hunter Syndrome
6.3.2.1. What is Hunter Syndrome?
6.3.2.2. Genetics of Hunter Syndrome
6.3.2.3. Prognosis of Hunter Syndrome
6.3.3. Etiology
6.3.3.1. The Origin of Hunter Syndrome

6.3.4. Prevalence
6.3.4.1. Hunter Syndrome in Spain
6.3.4.2. Hunter Syndrome in Other Countries
6.3.5. Main Impacts
6.3.5.1. Physical Characteristics
6.3.5.2. Speech and Language Development Characteristics
6.3.5.3. Motor Developmental Characteristics
6.3.6. Comorbidity of Hunter Syndrome
6.3.6.1. What is Comorbidity?
6.3.6.2. Comorbidity in Hunter Syndrome
6.3.6.3. Associated Disorders
6.3.7. Diagnosis and Evaluation of Hunter Syndrome
6.3.7.1. The Diagnosis of Hunter Syndrome
6.3.7.1.1. Where it is Performed
6.3.7.1.2. Who Performs it
6.3.7.1.3. When it can be Performed
6.3.7.2. Speech Therapy Evaluation of Hunter Syndrome
6.3.7.2.1. Medical History
6.3.7.2.2. Areas to Consider
6.3.8. Speech Therapy Based Intervention
6.3.8.1. Aspects to take into Account
6.3.8.2. Setting Objectives for the Intervention
6.3.8.3. Material for Rehabilitation
6.3.8.4. Resources to be Used
6.3.9. Guidelines
6.3.9.1. Guidelines to the Person with Hunter Syndrome to Consider
6.3.9.2. Guidelines For the Family to Consider
6.3.9.3. Guidelines for the Educational Context
6.3.9.4. Resources and Associations
6.3.10. The Interdisciplinary Team
6.3.10.1. The Importance of the Interdisciplinary Team
6.3.10.2. Speech Therapy
6.3.10.3. Occupational Therapy
6.3.10.4. Physiotherapy
6.3.10.5. Psychology

6.4. Fragile X Syndrome
6.4.1. Introduction to the Unit
6.4.1.1. History of Fragile X Syndrome
6.4.2. Concept of Fragile X Syndrom
6.4.2.1. What Is Fragile X Syndrome?
6.4.2.2. Genetics of Fragile X Syndrome
6.4.2.3. Prognosis of Fragile X Syndrome
6.4.3. Etiology
6.4.3.1. The Origin of Fragile X Syndrome
6.4.4. Prevalence
6.4.4.1. Fragile X Syndrome in Spain
6.4.4.2. Fragile X Syndrome in Other Countries
6.4.5. Main Impacts
6.4.5.1. Physical Characteristics
6.4.5.2. Speech and Language Development Characteristics
6.4.5.3. Characteristics in the Development of Intelligence and Learning
6.4.5.4. Social, Emotional, and Behavioral Characteristics
6.4.5.5. Sensory Characteristics
6.4.6. Comorbidity of Fragile X Syndrome
6.4.6.1. What is Comorbidity?
6.4.6.2. Comorbidity of Fragile X Syndrome
6.4.6.3. Associated Disorders
6.4.7. Diagnosis and Evaluation of Fragile X Syndrome
6.4.7.1. The Diagnosis of Fragile X Syndrome
6.4.7.1.1. Where it is Performed
6.4.7.1.2. Who Performs it
6.4.7.1.3. When it can be Performed
6.4.7.2. Logopedic Evaluation of Fragile X Syndrome
6.4.7.2.1. Medical History
6.4.7.2.2. Areas to Consider
6.4.8. Speech Therapy Based Intervention
6.4.8.1. Aspects to take into Account
6.4.8.2. Setting Objectives for the Intervention
6.4.8.3. Material for Rehabilitation
6.4.8.4. Resources to be Used

6.4.9. Guidelines
6.4.9.1. Guidelines to the Person with Fragile X Syndrome to Consider
6.4.9.2. Guidelines For the Family to Consider
6.4.9.3. Guidelines for the Educational Context
6.4.9.4. Resources and Associations
6.4.10. The Interdisciplinary Team
6.4.10.1. The Importance of the Interdisciplinary Team
6.4.10.2. Speech Therapy
6.4.10.3. Occupational Therapy
6.4.10.4. Physiotherapy

6.5. Rett Sydrome
6.5.1. Introduction to the Unit
6.5.1.1. History of Rett Syndrome
6.5.2. Concept of Rett Syndrome
6.5.2.1. What is Rett Syndrome?
6.5.2.2. Genetics of Rett Syndrome
6.5.2.3. Prognosis of Rett Syndrome
6.5.3. Etiology
6.5.3.1. The Origin of Rett Syndrome
6.5.4. Prevalence
6.5.4.1. Rett Syndrome in Spain
6.5.4.2. Rett Syndrome in Other Countries
6.5.4.3. Stages in the Development of Rett Syndrome
6.5.4.3.1. Stage I: Early Onset Stage
6.5.4.3.2. Stage II: Accelerated Destruction Stage
6.5.4.3.3. Stage III: Stabilization or Pseudo-stationary Stage
6.5.4.3.4. Stage IV: Late Motor Impairment Stage
6.5.5. Comorbidity of Rett Syndrome
6.5.5.1. What is Comorbidity?
6.5.5.2. Comorbidity in Rett Syndrome
6.5.5.3. Associated Disorders
6.5.6. Main Impacts
6.5.6.1. Introduction
6.5.6.2. Physical Characteristics
6.5.6.3. Clinical Characteristics
6.5.7. Diagnosis and Evaluation of Rett Syndrome
6.5.7.1. The Diagnosis of Rett Syndrome
6.5.7.1.1. Where it is Performed
6.5.7.1.2. Who Performs it
6.5.7.1.3. When it can be Performed
6.5.7.2. Speech Therapy Evaluation of Rett Syndrome
6.5.7.2.1. Medical History
6.5.7.2.2. Areas to Consider
6.5.8. Speech Therapy Based Intervention
6.5.8.1. Aspects to take into Account
6.5.8.2. Setting Objectives for the Intervention
6.5.8.3. Material for Rehabilitation
6.5.8.4. Resources to be Used
6.5.9. Guidelines
6.5.9.1. Guidelines to the Person with Rett Syndrome to Consider
6.5.9.2. Guidelines For the Family to Consider
6.5.9.3. Guidelines for the Educational Context
6.5.9.4. Resources and Associations
6.5.10 The Interdisciplinary Team
6.5.10.1. The Importance of the Interdisciplinary Team
6.5.10.2. Speech Therapy
6.5.10.3. Occupational Therapy
6.5.10.4. Physiotherapy

6.6. Cornelia de Lange Syndrome
6.6.1. Introduction to the Unit
6.6.1.1. History of Cornelia de Lange Syndrome
6.6.2. Concept of Cornelia de Lange Syndrome
6.6.2.1. What is the Cornelia de Lange Syndrome?
6.6.2.2. Genetics of Cornelia de Lange Syndrome
6.6.2.3. Typology of Cornelia de Lange Syndrome
6.6.2.3.1. Classical
6.6.2.3.2. Milder
6.6.2.3.3. Cornelia de Lange Spectrum
6.6.2.4. Prognosis of Cornelia de Lange Syndrome

6.6.3. Etiology
6.6.3.1. The Origin of Cornelia de Lange Syndrome
6.6.4. Prevalence
6.6.4.1. Cornelia de Lange Syndrome in Spain
6.6.4.2. Cornelia de Lange Syndrome in Other Countries
6.6.5. Main Impacts
6.6.5.1. Introduction
6.6.5.2. Physical Characteristics
6.6.5.3. Clinical Characteristics
6.6.6. Comorbidity of Cornelia de Lange Syndrome
6.6.6.1. What is Comorbidity?
6.6.6.2. Comorbidity of Cornelia de Lange Syndrome
6.6.6.3. Associated Disorders
6.6.7. Diagnosis and Assessment of Cornelia de Lange Syndrome
6.6.7.1. The Diagnoses of Cornelia de Lange Syndrome
6.6.7.1.1. Where it is Performed
6.6.7.1.2. Who Performs it
6.6.7.1.3. When it can be Performed
6.6.7.2. Speech Therapy Assessment of Cornelia de Lange Syndrome
6.6.7.2.1. Medical History
6.6.7.2.2. Areas to Consider
6.6.8. Speech Therapy Based Intervention
6.6.8.1. Aspects to take into Account
6.6.8.2. Setting Objectives for the Intervention
6.6.8.3. Material for Rehabilitation
6.6.8.4. Resources to be Used
6.6.9. Guidelines
6.6.9.1. Guidelines to the Person with Lange Syndrome to Consider
6.6.9.2. Guidelines For the Family to Consider
6.6.9.3. Guidelines for the Educational Context
6.6.9.4. Resources and Associations
6.6.10 The Interdisciplinary Team
6.6.10.1. The Importance of the Interdisciplinary Team
6.6.10.2. Speech Therapy
6.6.10.3. Occupational Therapy
6.6.10.4. Physiotherapy

6.7. Cri Du Chat Syndrome
6.7.1. Introduction to the Unit
6.7.1.1. History of the Cri Du Chat Syndrome
6.7.2. Concept of the Cri Du Chat Syndrome
6.7.2.1. What is the the Cri Du Chat Syndrome?
6.7.2.2. Genetics of the Cri Du Chat Syndrome
6.7.2.3. Prognosis of the Cri Du Chat Syndrome
6.7.3. Etiology
6.7.3.1. The Origin of the Cri Du Chat Syndrome
6.7.4. Prevalence
6.7.4.1. The Cri Du Chat Syndrome in Spain
6.7.4.2. The Cri Du Chat Syndrome in Other Countries
6.7.5. Main Impacts
6.7.5.1. Introduction
6.7.5.2. Characteristics of the Cri Du Chat Syndrome
6.7.5.3. Development of People with Cri Du Chat Syndrome
6.7.6. Comorbidity of the Cri Du Chat Syndrome
6.7.6.1. What is Comorbidity?
6.7.6.2. Comorbidity of the Cri Du Chat Syndrome
6.7.6.3. Associated Disorders
6.7.7. Diagnosis and Assessment of the Cri Du Chat Syndrome
6.7.7.1. Diagnosis of the Cri Du Chat Syndrome
6.7.7.1.1. Where it is Performed
6.7.7.1.2. Who Performs it
6.7.7.1.3. When it can be Performed
6.7.7.2. Speech Therapy Assessment of the Cri Du Chat Syndrome
6.7.7.2.1. Medical History
6.7.7.2.2. Areas to Consider
6.7.8. Speech Therapy Based Intervention
6.7.8.1. Aspects to take into Account
6.7.8.2. Setting Objectives for the Intervention
6.7.8.3. Material for Rehabilitation
6.7.8.4. Resources to be Used

6.7.9. Guidelines
6.7.9.1. Guidelines to the Person with Cri Du Chat Syndrome to Consider
6.7.9.2. Guidelines For the Family to Consider
6.7.9.3. Guidelines for the Educational Context
6.7.9.4. Resources and Associations
6.7.10. The Interdisciplinary Team
6.7.10.1. The Importance of the Interdisciplinary Team
6.7.10.2. Speech Therapy
6.7.10.3. Occupational Therapy
6.7.10.4. Physiotherapy

6.8. Angelman Syndrome
6.8.1. Introduction to the Unit
6.8.1.1. History of Angelman Syndrome
6.8.2. Concept of Angelman Syndrome
6.8.2.1. What is Angelman Syndrome?
6.8.2.2. Genetics of Angelman Syndrome
6.8.2.3. Prognosis of Angelman Syndrome
6.8.3. Etiology
6.8.3.1. The Origin of Angelman Syndrome
6.8.4. Prevalence
6.8.4.1. Angelman Syndrome in Spain
6.8.4.2. Angelman Syndrome in Other Countries
6.8.5. Main Impacts
6.8.5.1. Introduction
6.8.5.2. Frequent Manifestations of Angelman Syndrome
6.8.5.3. Rare Manifestations
6.8.6. Comorbidity of Angelman Syndrome
6.8.6.1. What is Comorbidity?
6.8.6.2. Comorbidity in Angelman Syndrome
6.8.6.3. Associated Disorders
6.8.7. Diagnosis and Evaluation of Angelman Syndrome
6.8.7.1. The Diagnosis of Angelman Syndrome
6.8.7.1.1. Where it is Performed
6.8.7.1.2. Who Performs it
6.8.7.1.3. When it can be Performed
6.8.7.2. Speech Therapy Evaluation of Angelman Syndrome
6.8.7.2.1. Medical History
6.8.7.2.2. Areas to Consider
6.8.8. Speech Therapy Based Intervention
6.8.8.1. Aspects to take into Account
6.8.8.2. Setting Objectives for the Intervention
6.8.8.3. Material for Rehabilitation
6.8.8.4. Resources to be Used
6.8.9. Guidelines
6.8.9.1. Guidelines to the Person with Angelman Syndrome to Consider
6.8.9.2. Guidelines For the Family to Consider
6.8.9.3. Guidelines for the Educational Context
6.8.9.4. Resources and Associations
6.8.10. The Interdisciplinary Team
6.8.10.1. The Importance of the Interdisciplinary Team
6.8.10.2. Speech Therapy
6.8.10.3. Occupational Therapy
6.8.10.4. Physiotherapy

6.9. Duchenne Disease
6.9.1. Introduction to the Unit
6.9.1.1. History of Duchenne Disease
6.9.2. Concept of Duchenne Disease
6.9.2.1. What Is Duchenne Disease?
6.9.2.2. Genetics of Duchenne Disease
6.9.2.3. Prognosis of Duchenne Disease
6.9.3. Etiology
6.9.3.1. The Origin of Duchenne Disease

6.9.4. Prevalence
6.9.4.1. Prevalence of Duchenne Disease in Spain
6.9.4.2. Prevalence of Duchenne Disease in Other Countries
6.9.5. Main Impacts
6.9.5.1. Introduction
6.9.5.2. Clinical Manifestations of Duchenne Disease
6.9.5.2.1. Speech Delay
6.9.5.2.2. Behavioral Problems
6.9.5.2.3. Muscle Weakness
6.9.5.2.4. Stiffness
6.9.5.2.5. Lordosis
6.9.5.2.6. Respiratory Dysfunction
6.9.5.3. Most common Symptoms of Duchenne Disease
6.9.6. Comorbidity of Duchenne Disease
6.9.6.1. What is Comorbidity?
6.9.6.2. Comorbidity of Duchenne Disease
6.9.6.3. Associated Disorders
6.9.7. Diagnosis and Evaluation of Duchenne Disease
6.9.7.1. The Diagnosis of Duchenne Disease
6.9.7.1.1. Where it is Performed
6.9.7.1.2. Who Performs it
6.9.7.1.3. When it can be Performed
6.9.7.2. Speech Therapy Evaluation of Duchenne Disease
6.9.7.2.1. Medical History
6.9.7.2.2. Areas to Consider
6.9.8. Speech Therapy Based Intervention
6.9.8.1. Aspects to take into Account
6.9.8.2. Setting Objectives for the Intervention
6.9.8.3. Material for Rehabilitation
6.9.8.4. Resources to be Used
6.9.9. Guidelines
6.9.9.1. Guidelines to the Person with Duchenne Disease to Consider
6.9.9.2. Guidelines For the Family to Consider
6.9.9.3. Guidelines for the Educational Context
6.9.9.4. Resources and Associations
6.9.10. The Interdisciplinary Team
6.9.10.1. The Importance of the Interdisciplinary Team
6.9.10.2. Speech Therapy
6.9.10.3. Occupational Therapy
6.9.10.4. Physiotherapy
6.10. Usher Syndrome
6.10.1. Introduction to the Unit
6.10.1.1. History of Usher Syndrome
6.10.2. Concept of Usher Syndrome
6.10.2.1. What is Usher Syndrome?
6.10.2.2. Genetics of Usher Syndrome
6.10.2.3. Typology of Usher Syndrome
6.10.2.3.1. Type I
6.10.2.3.2. Type I
6.10.2.3.3. Type III
6.10.2.4. Prognosis of Usher Syndrome
6.10.3. Etiology
6.10.3.1. The Origin of Usher Syndrome
6.10.4. Prevalence
6.10.4.1. Usher Syndrome in Spain
6.10.4.2. Usher Syndrome in Other Countries
6.10.5. Main Impacts
6.10.5.1. Introduction
6.10.5.2. Frequent Manifestations of Usher Syndrome
6.10.5.3. Rare Manifestations
6.10.6. Comorbidity of Usher Syndrome
6.10.6.1. What is Comorbidity?
6.10.6.2. Comorbidity in Usher Syndrome
6.10.6.3. Associated Disorders
6.10.7. Diagnosis and Evaluation of Usher Syndrome
6.10.7.1. The Diagnosis of Usher Syndrome
6.10.7.1.1. Where it is Performed
6.10.7.1.2. Who Performs it
6.10.7.1.3. When it can be Performed
6.10.7.2. Speech Therapy Evaluation of Usher Syndrome
6.10.7.2.1. Medical History
6.10.7.2.2. Areas to Consider

6.10.8. Speech Therapy Based Intervention
6.10.8.1. Aspects to take into Account
6.10.8.2. Setting Objectives for the Intervention
6.10.8.3. Material for Rehabilitation
6.10.8.4. Resources to be Used
6.10.9. Guidelines
6.10.9.1. Guidelines to the Person with Usher Syndrome to Consider
6.10.9.2. Guidelines For the Family to Consider
6.10.9.3. Guidelines for the Educational Context
6.10.9.4. Resources and Associations
6.10.10. The Interdisciplinary Team
6.10.10.1. The Importance of the Interdisciplinary Team
6.10.10.2. Speech Therapy
6.10.10.3. Occupational Therapy
6.10.10.4. Physiotherapy

Module 7. Dysphemia and/or Stuttering: Assessment, Diagnosis and Intervention

7.1. Introduction to the Module
7.1.2. Module Presentation
7.2. Dysphemia or Stuttering
7.2.1. History of Stuttering
7.2.2. Stuttering
7.2.2.1. Concept of Stuttering
7.2.2.2. Symptomatology of Stuttering
7.2.2.2.1. Linguistic Manifestations
7.2.2.2.2. Behavioral Manifestations
7.2.2.3. Bodily Manifestations
7.2.2.2.3.1 Characteristics of Stuttering
7.2.3. Classification
7.2.3.1. Tonic Stuttering
7.2.3.2. Clonic Stuttering
7.2.3.3. Mixed Stuttering
7.2.4. Other Specific Disorders of Fluency of Verbal Expression
7.2.5. Development of the Disorder
7.2.5.1. Preliminary Considerations
7.2.5.2. Levels of Development and Severity
7.2.5.2.1. Initial Phase
7.2.5.2.2. Borderline Stuttering
7.2.5.2.3. Initial Stuttering
7.2.5.2.4. Intermediate Stuttering
7.2.5.2.5. Advanced Stuttering
7.2.6. Comorbidity
7.2.6.1. Comorbidity in Dysphemia
7.2.6.2. Associated Disorders
7.2.7. Prognosis of Recovery
7.2.7.1. Preliminary Considerations
7.2.7.2. Key Factors
7.2.7.3. Prognosis according to the moment of Intervention
7.2.8. The incidence and prevalence of Stuttering
7.2.8.1. Preliminary Considerations
7.2.8.2. Incidence in Spain at School Age
7.2.8.3. Prevalence in Spain at School Age
7.2.9. Etiology of Stuttering
7.2.9.1. Preliminary Considerations
7.2.9.2. Physiological Factors
7.2.9.3. Genetic Factors
7.2.9.4. Environmental Factors
7.2.9.5. Psychosocial Factors
7.2.9.6. Linguistic Factors
7.2.10. Warning Signs
7.2.10.1. Preliminary Considerations
7.2.10.2. When to Evaluate?
7.2.10.3. Is it possible to prevent the Disorder?

7.3. Evaluation of Dysphemia
- 7.3.1. Introduction to the Unit
- 7.3.2. Dysphemia or normal Dysfluencies?
  - 7.3.2.1. Initial Considerations
  - 7.3.2.2. What are normal Disfluencies?
  - 7.3.2.3. Differences between Dysphemia and normal Dysfluencies
  - 7.3.2.4. When to Act?
- 7.3.3. Objective of the Evaluation
- 7.3.4. Evaluation Method
  - 7.3.4.1. Preliminary Considerations
  - 7.3.4.2. Outline of the Evaluation Method
- 7.3.5. Collection of Information
  - 7.3.5.1. Interview with Parents
  - 7.3.5.2. Gathering Relevant Information
  - 7.3.5.3. Medical History
- 7.3.6. Collecting Additional Information
  - 7.3.6.1. Questionnaires for Parents
  - 7.3.6.2. Questionnaires for Teachers
- 7.3.7. Evaluation of the Child
  - 7.3.7.1. Observation of the Child
  - 7.3.7.2. Questionnaire for the Child
  - 7.3.7.3. Parent-Child Interaction Profile
- 7.3.8. Diagnosis
  - 7.3.8.1. Clinical Judgment of the Information Collected
  - 7.3.8.2. Prognosis
  - 7.3.8.3. Types of Treatment
  - 7.3.8.4. Treatment Objectives
- 7.3.9. Return
  - 7.3.9.1. Return of Information to Parents
  - 7.3.9.2. Informing the Child of the Results
  - 7.3.9.3. Explain Treatment to the Child
- 7.3.10. Diagnostic Criteria
  - 7.3.10.1. Preliminary Considerations
  - 7.3.10.2. Factors that May Affect the Fluency of Speech
    - 7.3.10.2.1. Communication
    - 7.3.10.2.2. Difficulties in Language Development
    - 7.3.10.2.3. Interpersonal Interactions
    - 7.3.10.2.4. Changes
    - 7.3.10.2.5. Excessive Demands
    - 7.3.10.2.6. Self-Esteem
    - 7.3.10.2.7. Social Resources

7.4. User-centered Speech Therapy Intervention in Dysphemia: Direct Treatment
- 7.4.1. Introduction to the Unit
- 7.4.2. Direct Treatment
  - 7.4.2.1. Treatment Characteristics
  - 7.4.2.2. Therapist Skills
- 7.4.3. Therapy Goals
  - 7.4.3.1. Goals with the Child
  - 7.4.3.2. Objectives with the Parents
  - 7.4.3.3. Objectives with the Teacher
- 7.4.4. Objectives with the Child: Speech Control
  - 7.4.4.1. Objectives
  - 7.4.4.2. Techniques for Speech Control
- 7.4.5. Objectives with the Child: Anxiety Control
  - 7.4.5.1. Objectives
  - 7.4.5.2. Techniques for Anxiety Control
- 7.4.6. Objectives with the Child: Thought Control
  - 7.4.6.1. Objectives
  - 7.4.6.2. Techniques for Thoughts Control
- 7.4.7. Objectives with the Child: Emotion Control
  - 7.4.7.1. Objectives
  - 7.4.7.2. Techniques for Emotion Control

7.4.8. Objectives with the Child: Social and Communication Skills
7.4.8.1. Objectives
7.4.8.2. Techniques for the Promotion of Social and Communication Skills
7.4.9. Generalization and Maintenance
7.4.9.1. Objectives
7.4.9.2. Generalization and Maintenance Techniques
7.4.10. Recommendations for User Discharge

7.5. Speech Therapy Intervention in User-centered Dysphemia: Lidcombe Early Intervention Program
7.5.1. Introduction to the Unit
7.5.2. Program Development
7.5.2.1. Who Developed it?
7.5.2.2. Where was it Developed?
7.5.3. Is it Really Effective?
7.5.4. Fundamentals of the Lindcombe Program
7.5.4.1. Preliminary Considerations
7.5.4.2. Age of Application
7.5.5. Essential Components
7.5.5.1. Parental Verbal Contingencies
7.5.5.2. Stuttering Measures
7.5.5.3. Treatment in Structured and Unstructured Conversations
7.5.5.4. Scheduled Maintenance
7.5.6. Assessment
7.5.6.1. Evaluation Based on Lindcombe Program
7.5.7. Stages of the Lindcombe Program
7.5.7.1. Stage 1
7.5.7.2. Stage 2
7.5.8. Frequency of Sessions
7.5.8.1. Weekly Visits to the Specialist
7.5.9. Individualization in the Lindcombe Program
7.5.10. Final Conclusions

7.6. Speech Therapy Intervention in the Child with Dysphemia: Proposed Exercises
7.6.1. Introduction to the Unit
7.6.2. Exercises for Speech Control
7.6.2.1. Self-made Resources
7.6.2.2. Resources Found on the Market
7.6.2.3. Technological Resources
7.6.3. Exercises for Anxiety Control
7.6.3.1. Self-made Resources
7.6.3.2. Resources Found on the Market
7.6.3.3. Technological Resources
7.6.4. Exercises for Thought Control
7.6.4.1. Self-made Resources
7.6.4.2. Resources Found on the Market
7.6.4.3. Technological Resources
7.6.5. Exercises for Emotion Control
7.6.5.1. Self-made Resources
7.6.5.2. Resources Found on the Market
7.6.5.3. Technological Resources
7.6.6. Exercises to improve of Social and Communication Skills
7.6.6.1. Self-made Resources
7.6.6.2. Resources Found on the Market
7.6.6.3. Technological Resources
7.6.7. Exercises that Promote Generalization
7.6.7.1. Self-made Resources
7.6.7.2. Resources Found on the Market
7.6.7.3. Technological Resources
7.6.8. How To Use the Exercises Properly
7.6.9. Implementation time for each Exercise
7.6.10. Final Conclusions

7.7. The family as Agent of Intervention and Support for Children with Dysphemia
- 7.7.1. Introduction to the Unit
- 7.7.2. The Importance of the Family in the Development of the Children with Dysphemia
- 7.7.3. Communication Difficulties Encountered by the Children with Dysphemia at Home
- 7.7.4. How do Communication Difficulties in the Family Environment Affect the Children with Dysphemia?
- 7.7.5. Types of Intervention with Parents
  - 7.7.5.1. Early Intervention. (Brief Review)
  - 7.7.5.2. Direct Treatment (Brief Review)
- 7.7.6. Early Intervention with Parents
  - 7.7.6.1. Orientation Sessions
  - 7.7.6.2. Daily Practice
  - 7.7.6.3. Behavioral Records
  - 7.7.6.4. Behavior Modification
  - 7.7.6.5. Organization of the Environment
  - 7.7.6.6. Structure of Sessions
  - 7.7.6.7. Special Cases
- 7.7.7. Direct Treatment with Parents
  - 7.7.7.1. Modifying Attitudes and Behaviors
  - 7.7.7.2. Adapting Language to the Child's Difficulties
  - 7.7.7.3. Daily Practice at Home
- 7.7.8. Advantages of Involving the Family in the Intervention
  - 7.7.8.1. How Family Involvement Benefits the Child?
- 7.7.9. The Family as a Means of Generalization
  - 7.7.9.1. The Importance of the Family in Generalization
- 7.7.10. Final Conclusions

7.8. The School as Agent of Intervention and Support for the Child Dysphemia
- 7.8.1. Introduction to the Unit
- 7.8.2. The involvement of the School during the Intervention Period
  - 7.8.2.1. The Importance of the Involvement of the School
  - 7.8.2.2. The Influence of the School Center on the Development of the Dysphemic Child
- 7.8.3. Intervention According to the Student's Needs
  - 7.8.3.1. Importance of taking into account the needs of the Student with Dysphemia
  - 7.8.3.2. How to Establish the Needs of the Student?
  - 7.8.3.3. Responsible for the Elaboration of the Student's needs
- 7.8.4. Classroom Consequences of the Dysfemic Child
  - 7.8.4.1. Communication with Classmates
  - 7.8.4.2. Communication with Teachers
  - 7.8.4.3. Psychological Repercussions of the Child
- 7.8.5. School Supports
  - 7.8.5.1. Who provides them?
  - 7.8.5.2. How are they carried out?
- 7.8.6. The coordination of the Speech Therapist with the School Professionals
  - 7.8.6.1. With whom does the Coordination take place?
  - 7.8.6.2. Guidelines to be followed to achieve such Coordination
- 7.8.7. Orientations
  - 7.8.7.1. Guidelines for the School to improve the child's Intervention
  - 7.8.7.2. Guidelines for the School to improve the child's Self-esteem
  - 7.8.7.3. Guidelines for the School to improve the Child's Social Skills
- 7.8.8. The School as an Enabling Environment
- 7.8.9. Resources Available to the School
- 7.8.10. Final Conclusions

7.9. Associations and Foundations
- 7.9.1. Introduction to the Unit
- 7.9.2. How can Associations help Families?
- 7.9.3. The fundamental role of Stuttering Associations for families
- 7.9.4. The help of Stuttering Associations and Foundations for Health Care and Educational Professionals
- 7.9.5. Spanish Stuttering Associations and Foundations
  - 7.9.5.1. Spanish Stuttering Foundation (TTM)
    - 7.9.5.1.1. Foundation Information
    - 7.9.5.1.2. Contact Information
- 7.9.6. Stuttering Associations and Foundations around the World
  - 7.9.6.1. Argentine Association of Stuttering (AAT)
    - 7.9.6.1.1. Association Information
    - 7.9.6.1.2. Contact Information

7.9.7. Websites for General Information on Stuttering
7.9.7.1. Spanish Stuttering Foundation (TTM)
7.9.7.1.1. Contact Information
7.9.7.2. American Stuttering Foundation
7.9.7.2.1 Contact Information
7.9.7.3. Speech-Therapy Space
7.9.7.3.1. Contact Information
7.9.8. Stuttering Information Blogs
7.9.8.1. Subject Blog
7.9.8.1.1. Contact Information
7.9.8.2. Blog of the Spanish Foundation of Stuttering (TTM)
7.9.8.2.1. Contact Information
7.9.9. Speech Therapy magazines where information can be obtained
7.9.9.1. Speech Therapy Space magazine
7.9.9.1.1. Contact Information
7.9.9.2. Neurology Journal
7.9.9.2.1. Contact Information
7.9.10. Final Conclusions
7.10. Annexes
7.10.1. Guidelines for Dysphemia
7.10.1.1. Guide for Parents of the Spanish Stuttering Foundation
7.10.1.2. Guide for Teachers of the Spanish Stuttering Foundation
7.10.1.3. White Paper on "People with Stuttering in Spain"
7.10.2. Example of Anamnesis for the Assessment of Dysphemias
7.10.3. Fluency Questionnaire for Parents
7.10.4. Questionnaire for Parents of Emotional Responses to Stuttering
7.10.5. Parent Record
7.10.6. Fluency Questionnaire for Teachers
7.10.7. Relaxation Techniques
7.10.7.1. Instructions for the Speech Therapist
7.10.7.2. Relaxation Techniques Adapted to Children
7.10.8. Social Reality of People with Stuttering in Spain
7.10.9. Discriminations Suffered by People that Stutter
7.10.10. Truths and Myths of Stuttering

Module 8. Dysarthria in Children and Adolescents

8.1. Initial Considerations
8.1.1. Introduction to the Module
8.1.1.1. Module Presentation
8.1.2. Module Objectives
8.1.3. History of Dysarthrias
8.1.4. Prognosis of Dysarthrias in Children and Adolescents
8.1.4.1. The Prognosis of Child Development in children with Dysarthrias
8.1.4.1.1. Language Development in children with Dysarthria
8.1.4.1.2. Speech Development in children with Dysarthria
8.1.5. Early Care in Dysarthria
8.1.5.1. What is Early Care?
8.1.5.2. How does Early Care Help Dysarthria?
8.1.5.3. The Importance of Early Care in Dysarthria Intervention
8.1.6. Prevention of Dysarthria
8.1.6.1. How Can it be Prevented?
8.1.6.2. Are there any Prevention Programs?
8.1.7. Neurology in Dysarthria
8.1.7.1. Neurological Implications in Dysarthria
8.1.7.1.1. Cranial Nerves and Speech Production
8.1.7.1.2. Cranial Nerves Involved in Phonorespiratory Coordination
8.1.7.1.3. Motor Integration of the Brain related to Speech
8.1.8. Dysarthria vs. Apraxia
8.1.8.1. Introduction to the Unit
8.1.8.2. Apraxia of Speech
8.1.8.2.1. Concept of Verbal Apraxia
8.1.8.2.2. Characteristics of Verbal Apraxia
8.1.8.3. Difference between Dysarthria and Verbal Apraxia
8.1.8.3.1. Classification Table
8.1.8.4. Relationship between Dysarthria and Verbal Apraxia
8.1.8.4.1. Is there a relationship between both Disorders?
8.1.8.4.2. Similarities between both Disorders

8.1.9. Dysarthria and Dyslalia
8.1.9.1. What are Dyslalias? (Short Review)
8.1.9.2. Difference between Dysarthria and Dyslalias
8.1.9.3. Similarities between both Disorders
8.1.10. Aphasia and Dysarthria
8.1.10.1. What is Aphasia? (In Brief)
8.1.10.2. Difference between Dysarthria and Infantile Aphasia
8.1.10.3. Similarities between Dysarthria and Infantile Aphasia
8.2. General Characteristics of Dysarthria
8.2.1. Conceptualization
8.2.1.1. Concept of Dysarthria
8.2.1.2. Symptomatology of Dysarthrias
8.2.2. General Characteristics of Dysarthrias
8.2.3. Classification of Dysarthrias According to the Site of the Lesion Caused
8.2.3.1. Dysarthria due to Disorders of the Upper Motor Neuron
8.2.3.1.1. Speech Characteristics
8.2.3.1.2. Dysarthria due to Lower Motor Neuron Disorders
8.2.3.1.2.1. Speech Characteristics
8.2.3.1.3. Dysarthria due to Cerebellar Disorders
8.2.3.1.3.1. Speech Characteristics
8.2.3.1.4. Dysarthria due to Extrapyramidal Disorders
8.2.3.1.4.1. Speech Characteristics
8.2.3.1.5. Dysarthria due to Disorders of Multiple Motor Systems
8.2.3.1.5.1. Speech Characteristics
8.2.4. Classification according to Symptoms
8.2.4.1. Spastic Dysarthria
8.2.4.1.1. Speech Characteristics
8.2.4.2. Flaccid Dysarthria
8.2.4.2.1. Speech Characteristics
8.2.4.3. Ataxic Dysarthria
8.2.4.3.1. Speech Characteristics
8.2.4.4. Dyskinetic Dysarthria
8.2.4.4.1. Speech Characteristics
8.2.4.5. Mixed Dysarthria
8.2.4.5.1. Speech Characteristics
8.2.4.6. Spastic Dysarthria
8.2.4.6.1. Speech Characteristics
8.2.5. Classification according to the Articulatory Intake
8.2.5.1. Generalized Dysarthria
8.2.5.2. Dysarthric State
8.2.5.3. Dysarthric Remnants
8.2.6. Aetiology of Child and Adolescent with Dysarthria
8.2.6.1. Brain Lesion
8.2.6.2. Brain Tumor
8.2.6.3. Cerebral Accident
8.2.6.4. Other Causes
8.2.6.5. Medication
8.2.7. Prevalence of Dysarthria in Children and Adolescents
8.2.7.1. Current Prevalence of Dysarthria
8.2.7.2. Changes in Prevalence over the years
8.2.8. Language Characteristics in Dysarthria
8.2.8.1. Are there Language difficulties in children with Dysarthria?
8.2.8.2. Characteristics of the Alterations
8.2.9. Speech Characteristics in Dysarthria
8.2.9.1. Are there Language Abnormalities in children with Dysarthria?
8.2.9.2. Characteristics of the Alterations
8.2.10. Semiology of Dysarthria
8.2.10.1. How to Detect Dysarthria?
8.2.10.2. Relevant Signs and Symptoms of Dysarthria
8.3. Classification of Dysarthria
8.3.1 Other Disorders in children with Dysarthria
8.3.1.1. Motor Disturbances
8.3.1.2. Physiological Alterations
8.3.1.3. Communicative Disturbances
8.3.1.4. Alterations in Social Relations
8.3.2. Infantile Cerebral Palsy
8.3.2.1. Concept of Cerebral Palsy
8.3.2.2. Dysarthria in Infantile Cerebral Palsy
8.3.2.2.1. Consequences of Dysarthria in Acquired Brain Injury
8.3.2.3. Dysphagia
8.3.2.3.1. Concept of Dysphagia
8.3.2.3.2. Dysarthria in relation to Dysphagia
8.3.2.3.3. Consequences of Dysarthria in Acquired Brain Injury

8.3.3. Acquired Brain Injury
8.3.3.1. Concept of Acquired Brain Injury
8.3.3.2. Dysarthria in relation to Acquired Brain Injury
8.3.3.2.1 Consequences of Dysarthria in Acquired Brain Injury
8.3.4. Multiple Sclerosis
8.3.4.1. Concept of Multiple Sclerosis
8.3.4.2. Dysarthria in Multiple Sclerosis
8.3.3.2.1 Consequences of Dysarthria in Acquired Brain Injury
8.3.5. Acquired Brain Injury in Children
8.3.5.1. Concept of Acquired Brain Injury in children
8.3.5.2. Dysarthria in Infantile Acquired Brain Injury
8.3.5.2.1. Consequences of Dysarthria in Acquired Brain Injury
8.3.6. Psychological Consequences in Dysarthric children
8.3.6.1. How does Dysarthria Affect the Psychological Development of the Child?
8.3.6.2. Psychological Aspects Affected
8.3.7. Social Consequences in Dysarthric children
8.3.7.1. Does it Affect the Social Development of Dysarthric Children?
8.3.8. Consequences on Communicative Interactions in Dysarthric Children
8.3.8.1. How does Dysarthria affect Communication?
8.3.8.2. Communicative Aspects Affected
8.3.9. Social Consequences in Dysarthric children
8.3.9.1. How does Dysarthria Affect Social Relationships?
8.3.10. Economic Consequences
8.3.10.1. Professional Intervention and the Economic Cost to the Family

8.4. Other Classifications of Dysarthrias in Children and Adolescents
8.4.1. Speech-Language Assessment and its Importance in Children with Dysarthria
8.4.1.1. Why should the Speech Therapist Assess Cases of Dysarthria?
8.4.1.2. Why Assess Cases of Dysarthria by the Speech Therapist?
8.4.2. Clinical Speech Therapy Assessment
8.4.3. Assessment and Diagnostic Process
8.4.3.1. Medical History
8.4.3.2. Document Analysis
8.4.3.3. Interviewing Family Members
8.4.4. Direct Examination
8.4.4.1. Neurophysiological Examination
8.4.4.2. Exploration of the Trigeminal Nerve
8.4.4.3. Exploration of the Accessory Nerve
8.4.4.4. Examination of the Glossopharyngeal Nerve
8.4.4.5. Examination of the Facial Nerve
8.4.4.5.1. Exploration of the Hypoglossal Nerve
8.4.4.5.2. Exploration of the Accessory Nerve
8.4.5. Perceptual Examination
8.4.5.1. Breathing Examination
8.4.5.2. MRI
8.4.5.3. Oral Motor Control
8.4.5.4. Articulation
8.4.6. Other Aspects to be Assessed
8.4.6.1. Intelligibility
8.4.6.2. Automatic Speech
8.4.6.3. Reading
8.4.6.4. Prosody
8.4.6.5. Intelligibility/Severity Scan
8.4.7. Assessment of the Dysarthric Child in the Family Context
8.4.7.1. Persons to be Interviewed for the Assessment of the Family Context
8.4.7.2. Relevant Aspects in the Interview
8.4.7.2.1. Some Important Questions to Ask in the Family Interview
8.4.7.3. Importance of the Assessment in the Family Context
8.4.8. Assessment of the Dysarthric Child in the School Context
8.4.8.1. Professionals to Interview in the School Context
8.4.8.1.1. The Tutor
8.4.8.1.2. The Hearing and Language Teacher
8.4.8.1.3. The School Counselor
8.4.8.2. The Importance of School Assessment in Children with Dysarthria
8.4.9. Assessment of Dysarthric Children by Other Health Professionals
8.4.9.1. The Importance of Joint Assessment
8.4.9.2. Neurological Assessment
8.4.9.3. Physiotherapeutic Assessment
8.4.9.4. Otolaryngological Assessment
8.4.9.5. Psychological Assessment

8.4.10. Differential Diagnosis
8.4.10.1. How to make the Differential Diagnosis in Children with Dysarthria?
8.4.10.2. Considerations in Establishing the Differential Diagnosis

8.5. Characteristics of Dysarthrias
8.5.1. The Importance of Intervention in Juvenile Dysarthria
8.5.1.1. Consequences in Children Affected by Dysarthria
8.5.1.2. Evolution of Dysarthria through Intervention
8.5.2. Goals of Intervention for Children with Dysarthria
8.5.2.1. General Goals in Dysarthria
8.5.2.1.1. Psychological Goals
8.5.2.1.2. Motor Goals
8.5.3. Intervention Methods
8.5.4. Steps to be carried out during the Intervention
8.5.4.1. Agree on the Intervention Model
8.5.4.2. Establish the Sequencing and Timing of the Intervention
8.5.5. The child as the Main Subject during the Intervention
8.5.5.1. Supporting the Child's Skills in Intervention
8.5.6. General Intervention Considerations
8.5.6.1. The Importance of Motivational Involvement in Intervention
8.5.6.2. Affectivity During the Intervention
8.5.7. Proposal of Activities for Speech Therapy Intervention
8.5.7.1. Psychological Activities
8.5.7.2. Motor Activities
8.5.8. The Importance of the Joint Rehabilitation Process
8.5.8.1. Professionals Involved in Dysarthrias
8.5.8.1.1. Physiotherapist
8.5.8.1.2. Psychologist
8.5.9. Alternative and Augmentative Communication Systems as support for Intervention
8.5.9.1. How can these systems help Intervention with children with Dysarthria?
8.5.9.2. Choice of System Type: Augmentative or Alternative?
8.5.9.3. Settings in Which its Use Will be Established
8.5.10. How to Establish the end of Treatment?
8.5.10.1. Criteria for Indicating the End of Rehabilitation
8.5.10.2. Fulfillment of Rehabilitation Objectives

8.6. Assessment of Dysarthrias
8.6.1. Speech Therapy Interventions in Dysarthrias
8.6.1.1. Importance of Speech Therapy Intervention in Child and Adolescent Dysarthrias
8.6.1.2. What does Speech Therapy Intervention in Dysarthria Consist Of?
8.6.1.3. Objectives of the Speech Therapy Intervention
8.6.1.3.1. General Objectives of the Speech Therapy Intervention Program
8.6.1.3.2. Specific Objectives of the Speech Therapy Intervention Program
8.6.2. Swallowing Therapy in Dysarthria
8.6.2.1. Swallowing Difficulties in cases of Dysarthria
8.6.2.2. What Does Swallowing Therapy Consist Of?
8.6.2.3. Importance of the Therapy
8.6.3. Postural and Body Therapy in Dysarthria
8.6.3.1. Body Posture Difficulties in Cases of Dysarthria
8.6.3.2. What does Postural and Body Therapy Consist Of?
8.6.3.3. The Importance of Therapy
8.6.4. Orofacial Therapy in Dysarthria
8.6.4.1. Orofacial difficulties in cases of Dysarthria
8.6.4.2. What does Orofacial Therapy Consist Of?
8.6.4.3. The Importance of Therapy
8.6.5. Breathing Therapy and Phonorespiratory Coordination in Dysarthria
8.6.5.1. Difficulties in Phonorespiratory Coordination in Cases of Dysarthria
8.6.5.2. What does Therapy Consist Of?
8.6.5.3. The Importance of Therapy
8.6.6. Articulation Therapy in Dysarthria
8.6.6.1. Difficulties in Articulation in Cases of Dysarthria
8.6.6.2. What does Therapy Consist Of?
8.6.6.3. The Importance of Therapy
8.6.7. Speech Therapy in Dysarthria
8.6.7.1. Phonatory Difficulties in Cases of Dysarthria
8.6.7.2. What does Therapy Consist Of?
8.6.7.3. The Importance of Therapy

8.6.8. Resonance Therapy in Dysarthria
8.6.8.1. Difficulties in Resonance in Cases of Dysarthria
8.6.8.2. What does Therapy Consist Of?
8.6.8.3. The Importance of Therapy
8.6.9. Vocal Therapy in Dysarthria
8.6.9.1. Difficulties in Voice in Cases of Dysarthria
8.6.9.2. What does Therapy Consist Of?
8.6.9.3. The Importance of Therapy
8.6.10. Prosody and Fluency Therapy
8.6.10.1. Difficulties in Prosody and Fluency in Cases of Dysarthria
8.6.10.2. What does Therapy Consist Of?
8.6.10.3. The Importance of Therapy
8.7. Speech Therapy exploration in Dysarthrias
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  - 8.8.1.1 What Barriers do they Encounter in the Home Environment?
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  - 8.8.4.1. The Importance of the Family in the Development of the Children with Dysphemia
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- 8.9.2. The Importance of the Involvement of the School During the Intervention Period
  - 8.9.2.1. The School as a Means of Development of the Children with Dysarthria
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- 8.9.3. School Supports, Who Offers Support to the Child at School and How?
  - 8.9.3.1. The Hearing and Language Teacher
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  - 8.9.4.1. Who to Coordinate With?
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8.10.6.3. Ministry of Education, Culture, and Sport. Government of Spain
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8.10.7. Journals for information about Dysarthria
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Module 9. Understanding Hearing Impairments

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9.5.7. Success and Failure of Cochlear Implantation
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9.6.6.2.7. Monosyllable Recognition Test
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9.10.10.1. ILSE Associations in Spain
9.10.10.2. ILS Associations in Europe
9.10.10.3. ILS Associations in the Rest of the World

Module 10. Psychological Knowledge of Interest in the Field of Speech Therapy

10.1. Child and Adolescent Psychology
10.1.1. First approach to Child and Adolescent Psychology
10.1.1.1. What Does the Area of Knowledge of Child and Adolescent Psychology Study?
10.1.1.2. How Has it Evolved Over the Years?
10.1.1.3. What are the Different Theoretical Orientations that a Psychologist Can Follow?
10.1.1.4. The Cognitive-Behavioral Model
10.1.2. Psychological Symptoms and Mental Disorders in Childhood and Adolescence
10.1.2.1. Difference between Sign, Symptom, and Syndrome
10.1.2.2. Definition of Mental Disorder
10.1.2.3. Classification of Mental Disorders: DSM-5 and CIE-10
10.1.2.4. Difference between Psychological Problem or Difficulty and Mental Disorder
10.1.2.5. Comorbidity
10.1.2.6. Frequent Problems Object of Psychological Attention
10.1.3. Skills of the Professional Working with Children and Adolescents
10.1.3.1. Essential Knowledge
10.1.3.2. Main Ethical and Legal Issues in Working with Children and Adolescents
10.1.3.3. Personal Characteristics and Skills of the Professional
10.1.3.4. Communication Skills
10.1.3.5. The Game in Consultation

10.1.4. Main procedures in Psychological Assessment and Intervention in Childhood and Adolescence
- 10.1.4.1. Decision Making and Help Seeking in Children and Adolescents
- 10.1.4.2. Interview
- 10.1.4.3. Establishment of Hypotheses and Assessment Tools
- 10.1.4.4. Functional Analysis and Explanatory Hypotheses of the Difficulties
- 10.1.4.5. Establishment of Objectives
- 10.1.4.6. Psychological Intervention
- 10.1.4.7. Monitoring
- 10.1.4.8. The Psychological Report: Key Aspects

10.1.5. Benefits of Working with Other Persons Related to the Child
- 10.1.5.1. Fathers and Mothers
- 10.1.5.2. Education Professionals
- 10.1.5.3. Speech Therapist
- 10.1.5.4. The Psychologist
- 10.1.5.5. Other Professionals

10.1.6. The Interest of Psychology from the Point of View of a Speech Therapist
- 10.1.6.1. The Importance of Prevention
- 10.1.6.2. The influence of Psychological Symptoms on Speech Therapy Rehabilitation
- 10.1.6.3. The Relevance of Knowing How to Detect Possible Psychological Symptoms
- 10.1.6.4. Referral to the Appropriate Professional

10.2. Internalizing Problems: Anxiety

10.2.1. Concept of Anxiety

10.2.2. Detection: Main Manifestations
- 10.2.2.1. Emotional Dimension
- 10.2.2.2. Cognitive Dimension
- 10.2.2.3. Psychophysiological Dimension
- 10.2.2.4. Behavioral Dimension

10.2.3. Anxiety Risk Factors
- 10.2.3.1. Individual
- 10.2.3.2. Contextual

10.2.4. Conceptual Differences
- 10.2.4.1. Anxiety and Stress
- 10.2.4.2. Anxiety and Fear
- 10.2.4.3. Anxiety and Phobia

10.2.5. Fears in Childhood and Adolescence
- 10.2.5.1. Difference Between Developmental Fears and Pathological Fears
- 10.2.5.2. Developmental Fears in infants
- 10.2.5.3. Developmental Fears in the Pre-School Stage
- 10.2.5.4. Developmental Fears in the School Stage
- 10.2.5.5. The Main Fears and Worries in the Adolescent Stage

10.2.6. Some of the Main Anxiety Disorders and Problems in Child and Adolescent
- 10.2.6.1. School Rejection
  - 10.2.6.1.1. Concept
  - 10.2.6.1.2. Delimitation of Concepts: Anxiety, Rejection, and School Phobia
  - 10.2.6.1.3. Main Symptoms
  - 10.2.6.1.4. Prevalence
  - 10.2.6.1.5. Etiology
- 10.2.6.2. Pathological Fear of the dark
  - 10.2.6.2.1. Concept
  - 10.2.6.2.2. Main Symptoms
  - 10.2.6.2.3. Prevalence
  - 10.2.6.2.4. Etiology
- 10.2.6.3. Separation Anxiety
  - 10.2.6.3.1. Concept
  - 10.2.6.3.2. Main Symptoms
  - 10.2.6.3.3. Prevalence
  - 10.2.6.3.4. Etiology
- 10.2.6.4. Specific Phobia
  - 10.2.6.4.1. Concept
  - 10.2.6.4.2. Main Symptoms
  - 10.2.6.4.3. Prevalence
  - 10.2.6.4.4. Etiology
- 10.2.6.5. Social Phobia
  - 10.2.6.5.1. Concept
  - 10.2.6.5.2. Main Symptoms
  - 10.2.6.5.3. Prevalence
  - 10.2.6.5.4. Etiology
- 10.2.6.6. Panic Disorder
  - 10.2.6.6.1. Concept
  - 10.2.6.6.2. Main Symptoms
  - 10.2.6.6.3. Prevalence
  - 10.2.6.6.4. Etiology
- 10.2.6.7. Agoraphobia
  - 10.2.6.7.1. Concept
  - 10.2.6.7.2. Main Symptoms
  - 10.2.6.7.3. Prevalence
  - 10.2.6.7.4. Etiology
- 10.2.6.8. Generalized Anxiety Disorder
  - 10.2.6.8.1. Concept
  - 10.2.6.8.2. Main Symptoms
  - 10.2.6.8.3. Prevalence
  - 10.2.6.8.4. Etiology
- 10.2.6.9. Obsessive Compulsive Disorder
  - 10.2.6.9.1. Concept
  - 10.2.6.9.2. Main Symptoms
  - 10.2.6.9.3. Prevalence
  - 10.2.6.9.4. Etiology
- 10.2.6.10 Post-Traumatic Stress Disorders
  - 10.2.6.10.1. Concept
  - 10.2.6.10.2. Main Symptoms
  - 10.2.6.10.3. Prevalence
  - 10.2.6.10.4. Etiology

10.2.7. Possible interference of Anxious Symptomatology in Speech Therapy Rehabilitation
10.2.7.1. In Articulation Rehabilitation
10.2.7.2. In Literacy Rehabilitation
10.2.7.3. In Voice Rehabilitation
10.2.7.4. In Dysphemia Rehabilitation
10.3. Internalizing Type Problems: Depression
10.3.1. Concept
10.3.2. Detection: Main Manifestations
10.3.2.1. Emotional Dimension
10.3.2.2. Cognitive Dimension
10.3.2.3. Psychophysiological Dimension
10.3.2.4. Behavioral Dimension
10.3.3. Depression Risk Factors
10.3.3.1. Individual
10.3.3.2. Contextual
10.3.4. Evolution of Depressive Symptomatology throughout Development
10.3.4.1. Symptoms in Children
10.3.4.2. Symptoms in Adolescents
10.3.4.3. Symptoms in Adults
10.3.5. Some of the Major Disorders and Problems of Child and Adolescent Depression
10.3.5.1. Major Depressive Disorder
10.3.5.1.1. Concept
10.3.5.1.2. Main Symptoms
10.3.5.1.3. Prevalence
10.3.5.1.4. Etiology
10.3.5.2. Persistent Depressive Disorder
10.3.5.2.1. Concept
10.3.5.2.2. Main Symptoms
10.3.5.2.3. Prevalence
10.3.5.2.4. Etiology
10.3.5.3. Disruptive Mood Dysregulation Disorder
10.3.5.3.1. Concept
10.3.5.3.2. Main Symptoms
10.3.5.3.3. Prevalence
10.3.5.3.4. Etiology
10.3.6. interference of Depressive Symptomatology in Speech Therapy Rehabilitation
10.3.6.1. In Articulation Rehabilitation
10.3.6.2. In Literacy Rehabilitation
10.3.6.3. In Voice Rehabilitation
10.3.6.4. In Dysphemia Rehabilitation
10.4. Externalizing from Type Problems: the Main Disruptive Behaviors and their Characteristics
10.4.1. Factors that Contribute to the Development of Behavioral problems
10.4.1.1. In Childhood
10.4.1.2. In Adolescence
10.4.2. Disobedient and Aggressive Behavior
10.4.2.1. Disobedience
10.4.2.1.1. Concept
10.4.2.1.2. Manifestations
10.4.2.2. Aggressiveness
10.4.2.2.1. Concept
10.4.2.2.2. Manifestations
10.4.2.2.3. Types of Aggressive Behaviors
10.4.3. Some of the Main Child and Adolescent Conduct Disorders
10.4.3.1. Oppositional Defiant Disorder
10.4.3.1.1. Concept
10.4.3.1.2. Main Symptoms
10.4.3.1.3. Facilitating Factors
10.4.3.1.4. Prevalence

10.4.3.1.5. Etiology
10.4.3.2. Conduct Disorder
10.4.3.2.1. Concept
10.4.3.2.2. Main Symptoms
10.4.3.2.3. Facilitating Factors
10.4.3.2.4. Prevalence
10.4.3.2.5. Etiology
10.4.4. Hyperactivity and Impulsivity
10.4.4.1. Hyperactivity and its Manifestations
10.4.4.2. Relationship between Hyperactivity and Disruptive Behavior
10.4.4.3. Evolution of Hyperactive and Impulsive Behaviors throughout Development
10.4.4.4. Problems Associated with Hyperactivity/Impulsivity
10.4.5. Jealousy
10.4.5.1. Concept
10.4.5.2. Main Manifestations
10.4.5.3. Possible Causes
10.4.6. Behavioral Problems at Mealtime or Bedtime
10.4.6.1. Common Bedtime Problems
10.4.6.2. Usual Problems at Mealtimes
10.4.7. Interference of Behavioral problems in Speech Therapy Rehabilitation
10.4.7.1. In Articulation Rehabilitation
10.4.7.2. In Literacy Rehabilitation
10.4.7.3. In Voice Rehabilitation
10.4.7.4. In Dysphemia Rehabilitation

10.5. Attention
10.5.1. Concept
10.5.2. Brain areas involved in Attentional Processes and Main Characteristics
10.5.3. Classification of Attention
10.5.4. Influence of Attention on Language
10.5.5. Influence of Attention Deficit on Speech Rehabilitation
10.5.5.1. In Articulation Rehabilitation
10.5.5.2. In Literacy Rehabilitation
10.5.5.3. In Voice Rehabilitation
10.5.5.4. In Dysphemia Rehabilitation
10.5.6. Specific Strategies to promote different types of Care
10.5.6.1. Tasks that favor Sustained Attention
10.5.6.2. Tasks that favor Selective Attention
10.5.6.3. Tasks that favor Divided Attention
10.5.7. The importance of coordinated Intervention with other Professionals
10.6. Executive Functions
10.6.1. Concept
10.6.2. Brain areas involved in Executive Functions and Main Characteristics
10.6.3. Components of Executive Functions
10.6.3.1. Verbal Fluency
10.6.3.2. Cognitive Flexibility
10.6.3.3. Planning and Organization
10.6.3.4. Inhibition
10.6.3.5. Decision Making
10.6.3.6. Reasoning and Abstract Thinking
10.6.4. Influence of the Executive Functions on Language

10.6.5. Specific Strategies for training Executive Functions
10.6.5.1. Strategies that Favor Verbal Fluency
10.6.5.2. Strategies that Favor Cognitive Flexibility
10.6.5.3. Strategies that Promote Planning and Organization
10.6.5.4. Strategies that Favor Inhibition
10.6.5.5. Strategies that Favor Decision Making
10.6.5.6. Strategies that Favor Reasoning and Abstract Thinking
10.6.6. The Importance of Coordinated Intervention with Other Professionals
10.7. Social Skills I: Related Concepts
10.7.1. Social Skills
10.7.1.1. Concept
10.7.1.2. The Importance of Social Skills
10.7.1.3. The Different Components of Social Skills
10.7.1.4. The Dimensions of Social Skills
10.7.2. Communication
10.7.2.1. Communication Difficulties
10.7.2.2. Effective Communication
10.7.2.3. Components of Communication
10.7.2.3.1. Characteristics of Verbal Communication
10.7.2.3.2. Characteristics of Non-Verbal Communication and its Components
10.7.3. Communicative Styles
10.7.3.1. Inhibited Style
10.7.3.2. Aggressive Style
10.7.3.3. Assertive Style
10.7.3.4. Benefits of an Assertive Communication Style
10.7.4. Parental Educational Styles
10.7.4.1. Concept
10.7.4.2. Permissive-Indulgent Educational Style
10.7.4.3. Negligent Permissive Style
10.7.4.4. Authoritative Educational Style
10.7.4.5. Democratic Educational Style
10.7.4.6. Consequence of the Different Educational Styles in Children and Adolescents
10.7.5. Emotional Intelligence
10.7.5.1. Intrapersonal and Interpersonal Emotional Intelligence
10.7.5.2. Basic Emotions
10.7.5.3. The Importance of Recognizing Emotions in Oneself and Others
10.7.5.4. Emotional Regulation
10.7.5.5. Strategies to Favor an Adequate Emotional Regulation
10.7.6. Self-Esteem
10.7.6.1. Concept of Self-esteem
10.7.6.2. Difference between Self-concept and Self-esteem
10.7.6.3. Characteristics of Self-esteem Deficit
10.7.6.4. Factors associated with Self-esteem Deficit
10.7.6.5. Strategies to Promote Self-esteem
10.7.7. Empathy
10.7.7.1. Concept of Empathy
10.7.7.2. Is Empathy the Same as Sympathy?
10.7.7.3. Types of Empathy
10.7.7.4. Theory of Mind
10.7.7.5. Strategies to promote Empathy
10.7.7.6. Strategies to work on Theory of Mind

10.8. Social Skills II: Specific Guidelines for Handling Different Situations
- 10.8.1. Communicative Intention
  - 10.8.1.1. Factors to Take into Account when Starting a Conversation
  - 10.8.1.2. Specific Guidelines for Initiating a Conversation
- 10.8.2. Entering an Initiated Conversation
  - 10.8.2.1. Specific Guidelines for entering an Initiated Conversation
- 10.8.3. Maintaining the Dialogue
  - 10.8.3.1. Active Listening
  - 10.8.3.2. Specific Guidelines for Maintaining Conversations
- 10.8.4. Conversational Closure
  - 10.8.4.1. Difficulties Encountered in Closing Conversations
  - 10.8.4.2. Assertive Style in Conversational Closure
  - 10.8.4.3. Specific Guidelines for Closing Conversations in Different Circumstances
- 10.8.5. Making Requests
  - 10.8.5.1. Non-assertive Ways of Making Requests
  - 10.8.5.2. Specific Guidelines for Making Requests in an Assertive Manner
- 10.8.6. Rejection of Requests
  - 10.8.6.1. Non-assertive ways of Rejecting Requests
  - 10.8.6.2. Specific Guidelines for Rejecting Requests in an Assertive Manner
- 10.8.7. Giving and Receiving Compliments
  - 10.8.7.1. Specific Guidelines for Giving Compliments
  - 10.8.7.2. Specific Guidelines for Accepting Compliments in an Assertive Manner
- 10.8.8. Responding to Criticism
  - 10.8.8.1. Non-assertive Ways of Responding to Criticism
  - 10.8.8.2. Specific Guidelines for Reacting Assertively to Criticism
- 10.8.9. Asking for Behavioral Changes
  - 10.8.9.1. Reasons for requesting Behavioral Changes
  - 10.8.9.2. Specific Strategies for Requesting Behavioral Changes
- 10.8.10. Interpersonal Conflict Management
  - 10.8.10.1 Types of Conflicts
  - 10.8.10.2. Non-assertive Ways of Dealing with Conflicts
  - 10.8.10.3. Specific Strategies for Dealing Assertively with Conflicts

10.9. Strategies for Behavior Modification in Consultation and for Increasing the Motivation of the Youngest Children in Consultation
- 10.9.1. What are Behavior Modification Techniques?
- 10.9.2. Techniques based on Operant Conditioning
- 10.9.3. Techniques for the Initiation, Development, and Generalization of Appropriate Behaviors
  - 10.9.3.1. Positive Reinforcement
  - 10.9.3.2. Token Economy
- 10.9.4. Techniques for the Reduction or Elimination of Inappropriate Behaviors
  - 10.9.4.1. Extinction
  - 10.9.4.2. Reinforcement of Incompatible Behaviors
  - 10.9.4.3. Response Cost and Withdrawal of Privileges
- 10.9.5. Punishment
  - 10.9.5.1. Concept
  - 10.9.5.2. Main Disadvantages
  - 10.9.5.3. Guidelines for the Application of Punishment

10.9.6. Motivation
- 10.9.6.1. Concept and Main Characteristics
- 10.9.6.2. Types of Motivation
- 10.9.6.3. Main Explanatory Theories
- 10.9.6.4. The Influence of Beliefs and Other Variables on Motivation
- 10.9.6.5. Main Manifestations of Low Motivation
- 10.9.6.6. Guidelines to Promote Motivation in Consultation

10.10. School Failure: Study Habits and Techniques from a Speech Therapy and Psychological Point of View
- 10.10.1. Concept of School failure
- 10.10.2. Causes of School failure
- 10.10.3. Consequences of School Failure in Children
- 10.10.4. Influencing Factors in School Success
- 10.10.5. The Aspects that We Must Take Care of to Obtain a Good Performance
  - 10.10.5.1. Sleep
  - 10.10.5.2. Nutrition
  - 10.10.5.3. Physical Activity
- 10.10.6. The Role of Parents
- 10.10.7. Some Guidelines and Study Techniques that Can Help Children and Adolescents
  - 10.10.7.1. The Study Environment
  - 10.10.7.2. The Organization and Planning of the Study
  - 10.10.7.3. Calculation of Time
  - 10.10.7.4. Underlining Techniques
  - 10.10.7.5. Schemes
  - 10.10.7.6. Mnemonic rules
  - 10.10.7.7. Review
  - 10.10.7.8. Breaks

You will achieve your objectives thanks to TECH's teaching tools, including explanatory videos and interactive summaries"

04

Teaching Objectives

The design of this Hybrid Master's Degree will enable teachers to acquire the necessary skills to effectively address Speech, Language and Communication Disorders in the classroom. Through the syllabus, their skills will be strengthened to intervene in a personalized way, promoting the inclusion and communicative development of students, guiding them towards an inclusive and up-to-date teaching practice.

You will create personalized strategies that help users with speech and language disorders to overcome barriers to learning"

General Objective

- The objective of the Hybrid Master's Degree in Speech, Language and Communication Disorders is to update the pedagogical skills of teachers, providing practical knowledge in the diagnosis and intervention of these disorders. Through innovative methodologies and the support of experts, teachers will develop skills to apply personalized strategies that optimize the learning of students with communication difficulties

A unique, key and decisive learning experience to boost your professional development"

Specific Objectives

Module 1. Basis of Speech and Language Therapy

- Delve into the concept of Speech Therapy and in the areas of action of the professionals of this discipline
- Delve into the typical development of language, knowing its stages, as well as being able to identify the warning signs of language development

Module 2. Dyslalias: Assessment, Diagnosis and Intervention

- Acquire the aspects involved in the articulation of the phonemes used in spanish
- Delve into the knowledge of dyslalia and the different types of classifications and subtypes that exist

Module 3. Dyslexia: Assessment, Diagnosis and Intervention

- Get to know everything involved in the asessment process, in order to be able to carry out the most effective speech therapy intervention possible
- Learn about the reading process from vowels and syllables to paragraphs and complex texts
- Analyze and develop techniques for a correct reading process
- Be aware and be able to involve the family in the child's intervention, so that they are a part of the process and that this collaboration is as effective as possible

Module 4. Specific Language Disorder

- Identify the main language disorders and their therapeutic treatment
- Be aware of the need for intervention supported and backed by both the family and the teaching staff at the child's school

Module 5. Understanding Autism

- Get to know what is necessary when making contact with the disorder Identify myths and false beliefs
- Know the different areas affected, as well as the first indicators within the therapeutic process

Module 6. Genetic Syndromes

- Be able to know and identify the most frequent genetic syndromes currently in use
- Learn about and gain a deeper understanding of the characteristics of each of the syndromes described in the program

Module 7. Dysphemia and/or Stuttering: Assessment, Diagnosis and Intervention

- Get to know the concept of Dysphemia, including its symptoms and classification
- Be able to differentiate between Normal Dysfluency and Verbal Fluency impairment, such as Dysphemia

Module 8. Dysarthria in Children and Adolescents

- Acquire a basic understanding of childhood and adolescent dysarthria, both conceptually and in terms of classification, as well as its particularities and differences with other disorders
- Be able to differentiate the symptomatology and characteristics of verbal apraxia and dysarthria, being able to identify both pathologies by carrying out an adequate assessment process

Module 9. Understanding Hearing Impairments

- Understand the anatomy and functionality of the organs and mechanisms involved in hearing
- Delve into the concept of hearing loss and the different types that exist

Module 10. Psychological Knowledge of Interest in the Field of Speech Therapy

- Learn about the field of child and adolescent psychology: the subject of study, areas of activity, etc
- Become aware of the characteristics that a professional working with children and adolescents should have or develop

05

Internship

After passing the online theoretical period, the syllabus includes a period of practical internship at a leading center. Throughout this immersive experience, graduates will have the support of a tutor who will assist them throughout the process, both in the preparation and in the development of the internship. In this way, students will get the most out of this immersive experience and optimize their daily teaching practice.

You will undertake an Internship Program at a prestigious company, where you will delve into the latest advances in the treatment of Speech, Language and Communication Disorders"

The Internship Program period of this Speech, Language and Communication Disorders program consists of a 3-week practical stay at a leading Institution, from Monday to Friday with shifts of 8 consecutive hours of practical training alongside an assistant specialist.

In this completely practical Internship Program, the activities are aimed at developing and honing the skills necessary for the provision of teaching practice. In this way, graduates will develop personalized intervention plans to help students overcome their Speech, Language and Communication Disorders.

It is undoubtedly a unique opportunity to learn while working in an innovative educational environment, where the development and improvement of the linguistic and communication skills of students with speech and language disorders are the focus of attention. This is a new way of understanding and integrating communication processes in the classroom, and makes the school environment the ideal setting for this practical experience, aimed at honing the pedagogical skills of teachers in caring for students with difficulties in the 21st century.

The practical part will be carried out with the active participation of the student performing the activities and procedures of each area of competence (learning to learn and learning to do), with the accompaniment and guidance of professors and other fellow trainees who facilitate teamwork and multidisciplinary integration as transversal competencies for the practice of Speech, Language and Communication Disorders (learning to be and learning to relate).

The procedures described below will be the basis of the practical part of the program, and their implementation will be subject to the center's own availability and workload, the proposed activities being the following:

Module	Practical Activity
Approaching Dyslexia	Analyze student behavior during reading and writing activities
	Use simple tests or activities to assess reading and writing skills, such as reading fluency, word recognition and text comprehension
	Modify the learning environment to meet the needs of the student with dyslexia, such as providing more time to complete tasks
	Apply intervention programs designed to address reading and writing difficulties, such as multisensory programs
Specific Language Impairment Techniques	Identify signs of language delays compared to other children of the same age, such as difficulty forming complete sentences
	Modify teaching to facilitate the student's language learning
	Use visual aids (such as pictograms, graphics or concept maps) to support oral and written comprehension and expression
	Create opportunities for the student to actively participate in conversation, both orally and in writing
Verbal Fluency Disorders	Conduct an initial assessment of the student's verbal fluency using specific tools that detect patterns of interruption in speech, such as repetitions, blocks and prolongations of sounds
	Implement strategies to support the student in oral situations, such as giving more time to respond, offering the option to respond in writing or allowing for smaller presentations in less intimidating environments
	Create a judgment-free classroom environment where students feel comfortable expressing themselves without fear of ridicule, helping to reduce the anxiety associated with Stuttering
	Applying relaxation techniques to help students manage the stress associated with stuttering
Psychological Support	Identify emotional problems that interfere with language development, such as extreme shyness, social anxiety or low self-esteem, which can affect the student's willingness to communicate
	Offer emotional support to students with communication difficulties, helping to reduce the fear and anxiety associated with the act of speaking
	Create an inclusive environment that minimizes barriers for students with speech or language difficulties
	Use psychological principles, such as social learning theory and modeling, to teach communication skills

Civil Liability Insurance

The university's main concern is to guarantee the safety of the interns, other collaborating professionals involved in the internship process at the center. Among the measures dedicated to achieve this is the response to any incident that may occur during the entire teaching-learning process.

To this end, the university commits to purchasing a civil liability insurance policy to cover any eventuality that may arise during the course of the internship at the center.

This liability policy for interns will have broad coverage and will be taken out prior to the start of the Internship Program period. That way professionals will not have to worry in case of having to face an unexpected situation and will be covered until the end of the internship program at the center.

General Conditions of the Internship Program

The general terms and conditions of the internship agreement for the program are as follows:

1. TUTOR: During the Hybrid Master's Degree, students will be assigned two tutors who will accompany them throughout the process, answering any doubts and questions that may arise. On the one hand, there will be a professional tutor belonging to the internship center who will have the purpose of guiding and supporting the student at all times. On the other hand, they will also be assigned with an academic tutor whose mission will be to coordinate and help the students during the whole process, solving doubts and facilitating everything they may need. In this way, the student will be accompanied and will be able to discuss any doubts that may arise, both practical and academic.

2. DURATION: The internship program will have a duration of three continuous weeks, in 8-hour days, 5 days a week. The days of attendance and the schedule will be the responsibility of the center and the professional will be informed well in advance so that they can make the appropriate arrangements.

3. ABSENCE: If the students does not show up on the start date of the Hybrid Master's Degree, they will lose the right to it, without the possibility of reimbursement or change of dates. Absence for more than two days from the internship, without justification or a medical reason, will result in the professional's withdrawal from the internship, therefore, automatic termination of the internship. Any problems that may arise during the course of the internship must be urgently reported to the academic tutor.

4. CERTIFICATION: Professionals who pass the Hybrid Master's Degree will receive a certificate accrediting their stay at the center.

5. EMPLOYMENT RELATIONSHIP: the Hybrid Master's Degree shall not constitute an employment relationship of any kind.

6. PRIOR EDUCATION: Some centers may require a certificate of prior education for the Hybrid Master's Degree. In these cases, it will be necessary to submit it to the TECH internship department so that the assignment of the chosen center can be confirmed.

7. DOES NOT INCLUDE: The Hybrid Master's Degree will not include any element not described in the present conditions. Therefore, it does not include accommodation, transportation to the city where the internship takes place, visas or any other items not listed

However, students may consult with their academic tutor for any questions or recommendations in this regard. The academic tutor will provide the student with all the necessary information to facilitate the procedures in any case.

06

Internship Centers

This Hybrid Master's Degree includes a practical internship at a prestigious organization, where students will put into practice everything they have learned about the treatment of Speech, Language and Communication Disorders in the educational context. In this sense, and to make this degree more accessible to professionals, TECH offers students the opportunity to complete it at different centers from around the world. In this way, this institution strengthens its commitment to quality and affordable education for all.

You will undertake an Internship Program at a renowned institution, where you will help individuals overcome their Speech, Language and Communication Disorders"

The student will be able to complete the practical part of this Hybrid Master's Degree at the following centers:

anda CONMIGO Majadahonda

Country
Spain

City
Madrid

Address: C. del Sacrificio, 8, 28220 Majadahonda, Madrid

Child and adolescent therapy centers specialized in Early Care and Stimulation

Related internship programs:
- Educational Psychopedagogy

Boost your career path with holistic teaching, allowing you to advance both theoretically and practically"

07

Career Opportunities

This TECH university program offers a unique opportunity for all teachers interested in updating their knowledge of speech, language and communication disorders. Through a practical and specialized approach, graduates will acquire effective tools to identify and treat these difficulties in the classroom, improving their capacity for intervention and considerably expanding their professional opportunities.

Do you want to work as a Supervisor of Educational Projects in Communication Disorders? This university program will give you the keys to achieve it in just 12 months"

Graduate Profile

Graduates of this Hybrid Master's Degree in Speech, Language and Communication Disorders from TECH will be prepared to identify and effectively address communication difficulties in the classroom. They will also have practical tools to design personalized strategies, collaborate with interdisciplinary teams and lead educational projects that promote inclusion and the development of communication skills in students.

You will adapt the syllabus to students with Speech and Language difficulties, ensuring their integration into the learning process.

- **Early Identification of Communication Difficulties:** Ability to recognize signs and symptoms of speech, language and communication disorders in students, facilitating timely interventions
- **Inclusive Pedagogical Adaptation:** Ability to adjust teaching methodologies and strategies to attend to students with speech and language difficulties, ensuring their integration and active participation in the classroom
- **Emotional Management and Psychological Support:** Aptitude to identify and manage emotional aspects related to communication disorders, promoting a safe and stimulating learning environment for all students
- **Continuous Progress Assessment:** Ability to monitor and assess the progress of students with Speech and Language Disorders, adjusting pedagogical strategies according to their needs and results

After completing the program, you will be able to use your knowledge and skills in the following positions:

1. **Teacher specialized in Speech and Language Disorders:** Responsible for identifying and addressing speech and language difficulties in the classroom, applying inclusive pedagogical approaches adapted to the needs of the students.
2. **Consultant in Diagnosis and Assessment of Speech Disorders:** Dedicated to conducting detailed assessments to identify Speech, Language and Communication Disorders in the educational environment, providing reports and recommendations to school institutions.
3. **Teacher specialized in Alternative and Augmentative Communication:** Focuses on the design and implementation of alternative communication methods for students with severe speech and language disorders, using technology and visual resources.
4. **Coordinator of Interdisciplinary Teams in Language Disorders:** Leads work teams that include speech therapists, psychologists and other professionals to offer a holistic approach to students with Speech and Language Disorders.
5. **Specialist in Prevention of Language Difficulties in Childhood:** This specialist is dedicated to the early identification and prevention of Speech and Language Disorders in children, providing early interventions to reduce their impact on academic development.
6. **Supervisor of Educational Projects in Communication Disorders:** Responsible for directing educational projects that effectively address Speech, Language and Communication Disorders, improving the educational quality of the students affected.

08

Study Methodology

TECH is the world's first university to combine the **case study** methodology with **Relearning**, a 100% online learning system based on guided repetition.

This disruptive pedagogical strategy has been conceived to offer professionals the opportunity to update their knowledge and develop their skills in an intensive and rigorous way. A learning model that places students at the center of the educational process giving them the leading role, adapting to their needs and leaving aside more conventional methodologies.

TECH will prepare you to face new challenges in uncertain environments and achieve success in your career"

The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.
The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.

"At TECH you will NOT have live classes (which you might not be able to attend)"

The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.

> *TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want"*

Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.

Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

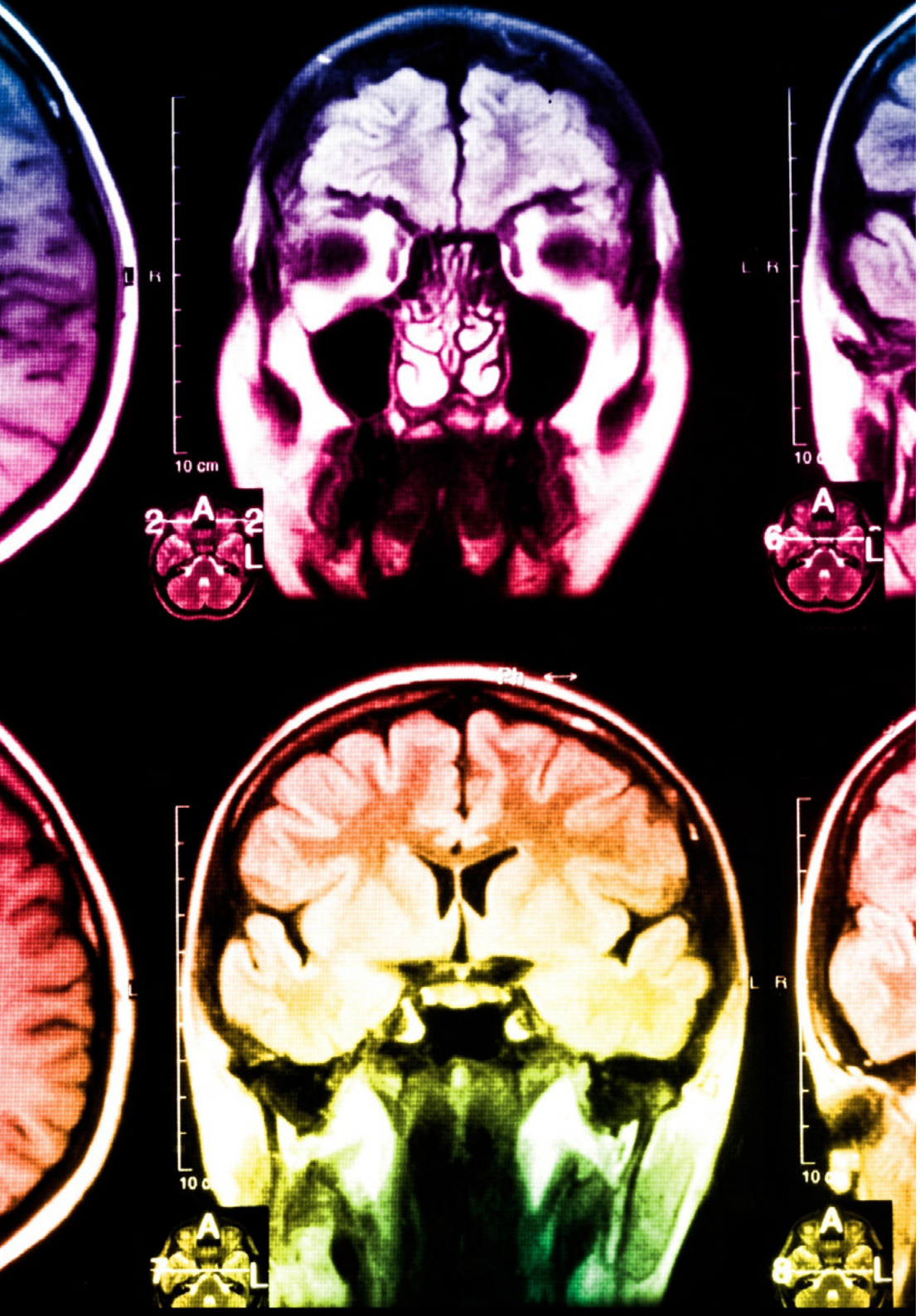
In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.

The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule"

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



The university methodology top-rated by its students

The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.

As such, the best educational materials, thoroughly prepared, will be available in this program:

Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.

Practicing Skills and Abilities

You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.

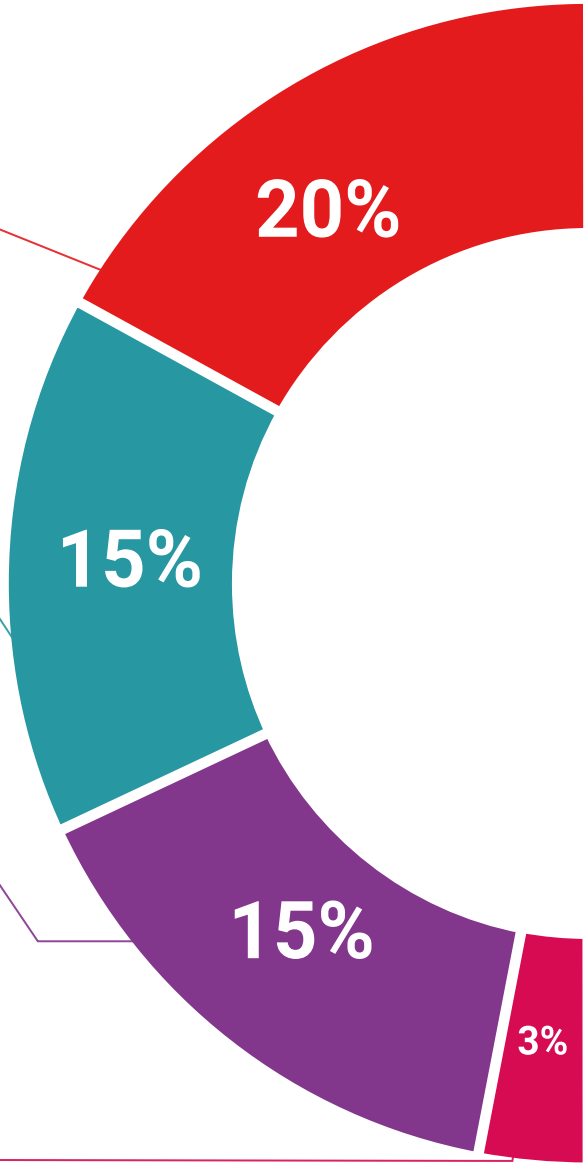
Interactive Summaries

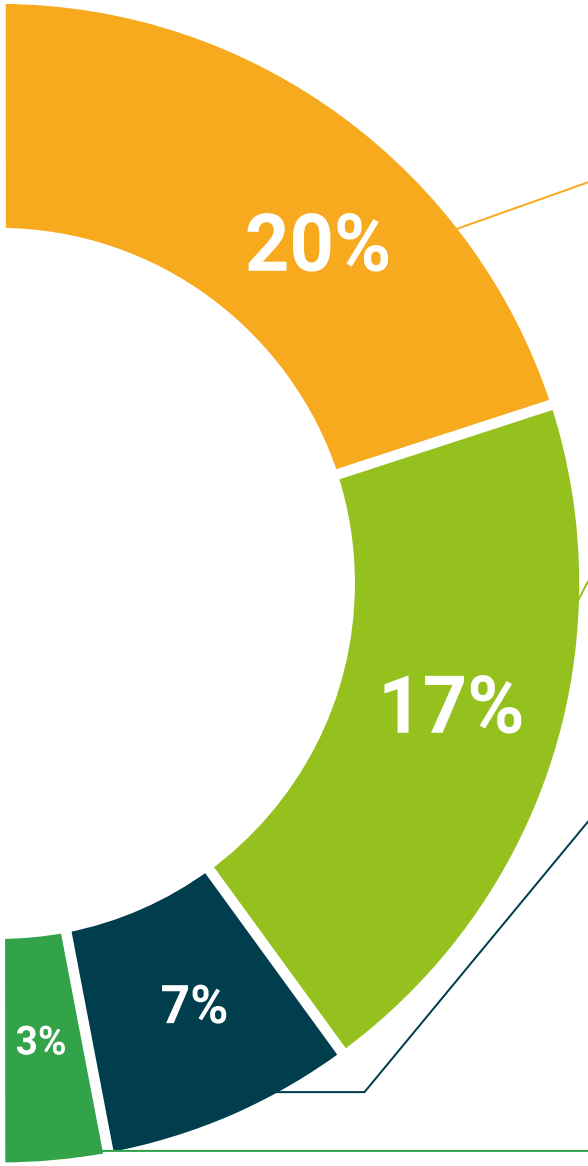
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".

Additional Reading

Recent articles, consensus documents, international guides... In our virtual library you will have access to everything you need to complete your education.





Case Studies

Students will complete a selection of the best case studies in the field. Cases that are presented, analyzed, and supervised by the best specialists in the world.

Testing & Retesting

We periodically assess and re-assess your knowledge throughout the program. We do this on 3 of the 4 levels of Miller's Pyramid.

Classes

There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an expert strengthens knowledge and memory, and generates confidence for future difficult decisions.

Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical and effective way to help students progress in their learning.

09

Teaching Staff

TECH's philosophy is based on providing the most complete and up-to-date university programs on the educational market, which is why it rigorously selects its teaching staff. For the teaching of this Hybrid Master's Degree, the services of authentic references in the approach to Speech, Language and Communication Disorders have been secured. In this way, they have produced various teaching materials that stand out for their high quality and full adaptation to the demands of the current labor market. Students will thereby enjoy an immersive experience that will significantly broaden their professional horizons.

An experienced teaching group specialized in Speech, Language and Communication Disorders will guide you throughout the learning process"

International Guest Director

Dr. Elizabeth Anne Rosenzweig is an internationally renowned specialist dedicated to the **care of children with hearing loss**. As a **Speech Language Expert** and **Certified Therapist**, she has pioneered several telepractice-based early assistance strategies of broad benefit to patients and their families.

Dr. Rosenzweig's research interests have also focused on trauma support, culturally sensitive auditory-verbal practice and personal coaching. Her active scholarly work in these areas has earned her numerous awards, including Columbia University's Diversity Research Award.

Thanks to her advanced skills, she has taken on professional challenges such as the leadership of the **Edward D. Mysak Communication Disorders Clinic** at Columbia University. She is also known for her academic career, having served as a professor at Columbia's Teachers College and as a collaborator with the **General Institute of Health Professions**. On the other hand, she is an official reviewer of publications with a high impact in the scientific community such as *The Journal of Early Hearing Detection and Intervention* **and** *The Journal of Deaf Studies and Deaf Education*.

In addition, Dr. Rosenzweig manages and directs the AuditoryVerbalTherapy.net project, from where she offers **remote therapy services** to patients located in **different parts of the world**. She is also a **speech and audiology consultant** for other **specialized centers** located in different parts of the world. She has also focused on developing non-profit work and participating in the **Listening Without Limits Project** for children and professionals in Latin America. At the same time, the **Alexander Graham Bell Association for the Deaf and Hard of Hearing** relies on her as its **vice-president**.

Dr. Rosenzweig, Elizabeth Anne

- Director of the Communication Disorders Clinic at Columbia University, New York, United States
- Professor at the General Hospital Institute of Health Professions
- Director of Private Practice AuditoryVerbalTherapy.net
- Department Head, Yeshiva University
- Attending Specialist at Teachers College from the Columbia University
- Reviewer for The Journal of Deaf Studies and Deaf Education and The Journal of Early Hearing Detection and Intervention
- Vice-President, Alexander Graham Bell Association for the Deaf and Hard of Hearing
- Ph.D. in Education from Columbia University
- Master's Degree in Speech Therapy from Fontbonne University
- B.S. in Communication Sciences and Communication Disorders from Texas Christian University
- Member of: American Speech and Language Association, American Cochlear Implant Alliance, National Consortium for Leadership in Sensory Impairment

Thanks to TECH you will be able to learn with the best professionals in the world"

Management

Ms. Vázquez Pérez, Maria Asunción

- Speech Therapist Specialist in Neurologopedia
- Speech therapist at Neurosens
- Speech therapist in Rehabilitation Clinic Rehasalud
- Speech Therapist at Sendas Psychology Office
- Graduate in Speech Therapy from the University of A Coruña
- Master's Degree in Neurology Therapy

Professors

Ms. Berbel, Fina Mari

- Speech Therapist Specialist in Clinical Audiology and Hearing Therapy
- Speech therapist at the Federation of Deaf People of Alicante
- Degree in Speech Therapy from the University of Murcia
- Master's Degree in Clinical Audiology and Hearing Therapy from the University of Murcia
- Training in Spanish Sign Language Interpretation (LSE)

Ms. Plana González, Andrea

- Founder and Speech Therapist at Logrospedia
- Speech therapist at ClínicActiva and Amaco Salud
- Degree in Speech Therapy from the University of Valladolid
- Master's Degree in Orofacial Motricity and Myofunctional Therapy from the Pontifical University of Salamanca
- Master's Degree in Vocal Therapy from the CEU Cardenal Herrera University
- University Expert in Neurorehabilitation and Early Care by CEU Cardenal Herrera University

Ms. Cerezo Fernández, Ester

- Speech therapist at the Neurorehabilitation Clinic Paso a Paso
- Speech therapist at the San Jerónimo Residence
- Editor of the magazine Zona Hospitalaria
- Graduate in Speech Therapy from the University of Castilla-La Mancha
- Master's Degree in Clinical Neuropsychology by Iteap Institute
- Expert in Myofunctional Therapy by Euroinnova Business School
- Expert in Early Childhood Care by Euroinnova Business School
- Expert in Music Therapy by Euroinnova Business School

Ms. López Mouriz, Patricia

- Psychologist at FÍSICO - Physiotherapy and Health
- Psychologist Mediator at the ADAFAD Association
- Psychologist at Centro Orienta
- Psychologist at Psicotécnico Abrente
- Degree in Psychology from the University of Santiago de Compostela (USC)
- Master's Degree in General Health Psychology from the USC
- Training in Equality, Brief Therapy and Learning Difficulties in Children

10

Certificate

The Hybrid Master's Degree in Speech, Language and Communication Disorders guarantees students, in addition to the most rigorous and up-to-date education, access to a diploma for the Hybrid Master's Degree issued by TECH Global University.

Successfully complete this program and receive your university qualification without having to travel or fill out laborious paperwork"

This private qualification will allow you to obtain a diploma for the **Hybrid Master's Degree in Speech, Language and Communication Disorders** endorsed by TECH Global University, the world's largest online university.

TECH Global University, is an official European University publicly recognized by the Government of Andorra (***official bulletin***). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** private qualification, is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Hybrid Master's Degree in Speech, Language and Communication Disorders**

Modality: **online**

Duration: **12 months**

Accreditation: **60 + 4 ECTS**


tech global university

Mr./Ms. _____, with identification document _____
has successfully passed and obtained the title of:

Hybrid Master's Degree in Speech, Language and Communication Disorders

This is a private qualification of 1,920 hours of duration equivalent to 64 ECTS, with a start date of dd/mm/yyyy and an end date of dd/mm/yyyy.

TECH Global University is a university officially recognized by the Government of Andorra on the 31st of January of 2024, which belongs to the European Higher Education Area (EHEA).

In Andorra la Vella, on the 28th of February of 2024

Dr. Pedro Navarro Illana
Dean

Unique TECH Code: AFWORD23S techtitute.com/certificates


Hybrid Master's Degree in Speech, Language and Communication Disorders

General Structure of the Syllabus

Subject type	ECTS
Compulsory (CO)	60
Optional (OP)	0
External Work Placement (WP)	4
Master's Degree Thesis (MDT)	0
	Total 64

General Structure of the Syllabus

Year	Subject	ECTS	Type
1º	Basis of Speech and Language Therapy	6	CO
1º	Dyslalias: Assessment, Diagnosis and Intervention	6	CO
1º	Dyslexia: Assessment, Diagnosis and Intervention	6	CO
1º	Specific Language Disorder	6	CO
1º	Understanding Autism	6	CO
1º	Genetic Syndromes	6	CO
1º	Dysphemia and/or Stuttering: Assessment, Diagnosis and Intervention	6	CO
1º	Dysarthria in Children and Adolescents	6	CO
1º	Understanding Hearing Impairments	6	CO
1º	Psychological Knowledge of Interest in the Field of Speech Therapy	6	CO

Dr. Pedro Navarro Illana
Dean

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*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH Global University will make the necessary arrangements to obtain it, at an additional cost.

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Hybrid Master's Degree

Speech, Language and Communication Disorders

Modality: **Hybrid (Online + Internship)**
Duration: **12 months**
Certificate: **TECH Global University**
Credits: **60 + 4 ECTS**

Hybrid Master's Degree
Speech, Language and Communication Disorders

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