# Postgraduate Diploma

## Medical Approach to Dyslalia and Dysphasia

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# Postgraduate Diploma

## Medical Approach to Dyslalia and Dysphasia

- Modality: **Online**
- Duration: **6 months.**
- Certificate: **TECH Global University**
- Accreditation: **18 ECTS**
- Schedule: **at your own pace**
- Exams: **online**

Website: www.techtitute.com/us/medicine/postgraduate-diploma/postgraduate-diploma-medical-approach-dyslalia-dysphasia

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# Introduction

The latest advances in both clinical and educational speech therapy are bringing about a significant shift in new methodological approaches related to the detection, assessment, and intervention in speech disorders, which also have the highest incidence among the child school population, affecting up to 20 percent of individuals in this stage. A thorough understanding of the latest diagnostic and intervention techniques in these cases provides the medical professional with an essential tool, which we offer in this comprehensive training.

*This Postgraduate Diploma will provide you with a sense of confidence in surgical praxis, which will help you grow personally and professionally"*

Understanding the specific educational needs that arise from speech disorders, how to identify them, their idiosyncratic observable signs or characteristics, and which direct and indirect intervention models are most appropriate, are all key aspects of the speech therapy re-education process. Bringing the contributions of neuroscience into daily practice in classrooms and therapy rooms, in relation to the latest research on the brain and physiology, is both a necessity and a responsibility that educational agents must assume, particularly specialists in both clinical and educational speech therapy. These professionals must be able to address the diversity of situations and speech pathologies encountered in different educational contexts.

The goal of this program is for you, upon completion, to be able to identify, assess, and intervene in the different disorders covered here. To achieve this, we provide a specific and comprehensive explanation of these disorders from the speech therapy perspective, with occasional collaboration from professionals in other healthcare disciplines.

The program will equip you with the knowledge and resources necessary to identify, assess, and intervene in speech disorders, utilizing an interdisciplinary team approach and involving families in these interventions. A particular focus is given to the approach to dysphasia, one of the most challenging conditions for any speech therapist due to its etiology and progression. Dysphasia has a wide incidence in children, potentially affecting up to one-third of the population, but it generally evolves favorably in most cases as it is physiological in nature. We can discuss a prevalence of 1% in the adult population. The origin of dysphasia is varied and multifactorial.

This **Postgraduate Diploma in the Medical Approach to Dyslalia and Dysphasia** contains the most complete and up-to-date scientific program on the market" The most important features of the program include:

- Development of case studies presented by experts in Dysarthria and Hearing Impairment. The graphic, schematic, and practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional practice.
- Recent developments in Dyslalia and Dysphasia.
- It contains practical exercises where the self-evaluation process can be carried out to improve learning.
- With special emphasis on innovative methodologies in Dysarthria and Hearing Impairment.
- All 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.

*Update your knowledge through the Postgraduate Diploma in the Medical Approach to Dyslalia and Dysphasia"*

*This Postgraduate Diploma can be the best investment you make when selecting a professional development program for two reasons: in addition to updating your knowledge on dyslalia and dysphasia, you will receive a university diploma from TECH Global University"*

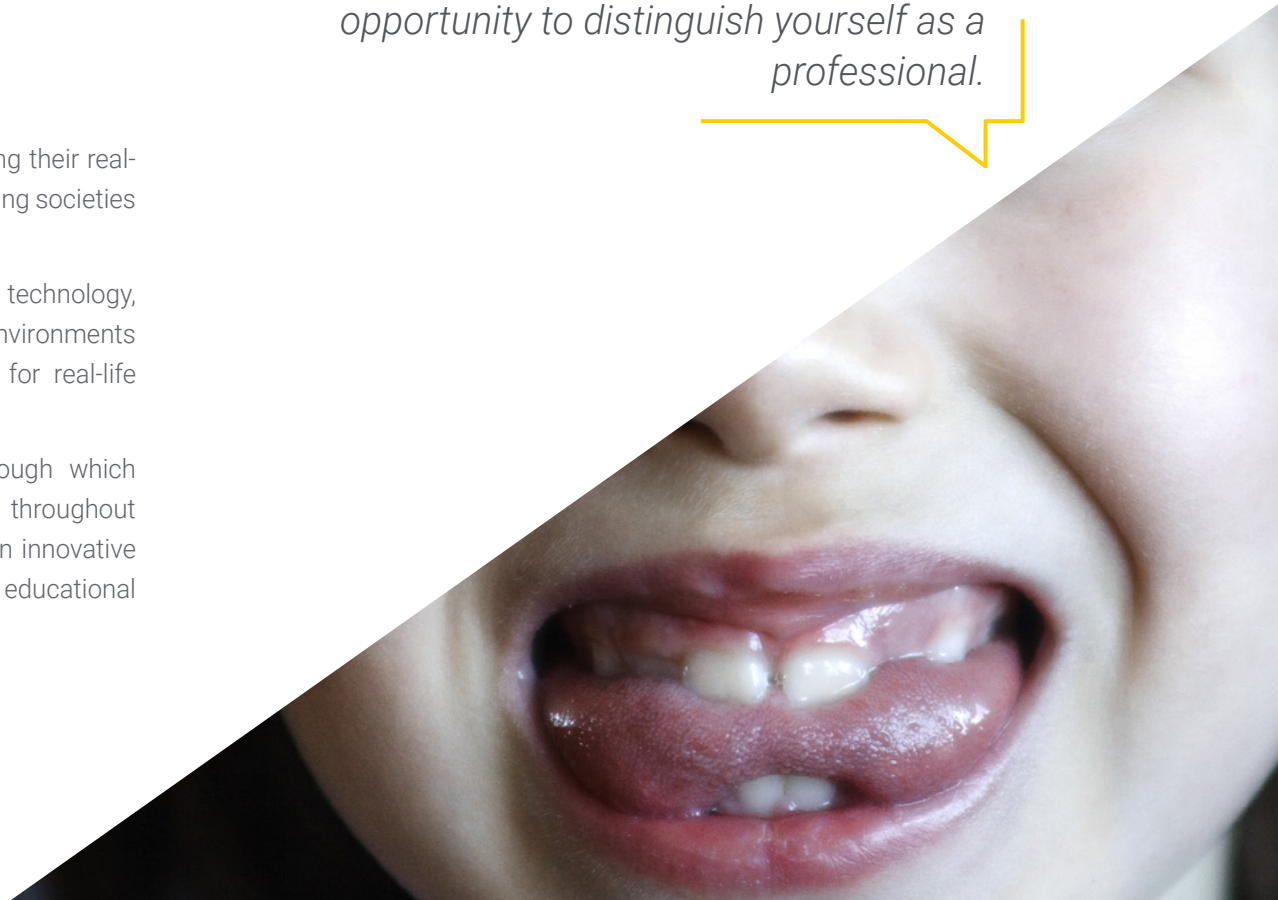
*A training created to be versatile and flexible, allowing you to combine your personal or professional life with the best online training.*

*Join the forefront of this field with a competitive master's degree recognized for its quality and prestige: a unique opportunity to distinguish yourself as a professional.*

The program's teaching staff includes professionals from the field, who bring their real-world experience into this training, alongside renowned specialists from leading societies and prestigious universities.

Thanks to its multimedia content, developed with the latest educational technology, professionals will benefit from situated and contextual learning—simulated environments designed to provide immersive learning experiences that prepare them for real-life situations.

The design of this program is based on problem-based learning, through which students must solve various professional practice situations presented throughout the Postgraduate Diploma. To support this, students will have access to an innovative interactive video system created by renowned experts in the application of educational coaching in classrooms, with extensive teaching experience.



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# Objectives

The **Postgraduate Diploma in the Medical Approach to Dyslalia and Dysphasia** is designed to facilitate the work of professionals dedicated to working with children and students, responding to their needs in this area with advanced and up-to-date knowledge.

*This training will open new paths for both your professional and personal development"*

## General Objective

- Provide advanced, specialized training based on theoretical and practical knowledge that will qualify you as a professional in speech therapy re-education, with competencies in the detection, prevention, assessment, and intervention of speech pathologies addressed in the program.
- Consolidate basic knowledge of the intervention process in classrooms and other spaces, based on the latest advancements in neuroscience regarding the neuropsychological processes involved in communication.
- Update and develop strategies for adaptation and problem-solving through scientific research in speech therapy processes and other associated variables.
- Promote the neurocognitive and functional foundations of normal development to enhance the personal and social improvement of students within the framework of School Integration.

*Take advantage of this opportunity and update your knowledge on the latest developments in the Medical Approach to Dyslalia and Dysphasia"*

## Specific Learning Objectives of Each Module

**Module 1. Basis of Speech and Language Therapy**

- Deepen the understanding of speech therapy and the areas of practice for professionals in this discipline
- Acquire knowledge about the concept of language and the different aspects that comprise it
- Explore typical language development, recognizing the stages involved, and be able to identify warning signs in this development
- Understand and classify different language pathologies from the various current approaches
- Become familiar with the different assessment batteries and tests available in the field of speech therapy, to conduct a proper evaluation of the various language areas
- Be able to develop a clear and precise speech therapy report, both for families and for other professionals
- Understand the importance and effectiveness of working with an interdisciplinary team, whenever necessary and beneficial for the child's rehabilitation



**Module 2. Dyslalias: Assessment, Diagnosis, and Intervention**

- Acquire knowledge of the aspects involved in the articulation of the phonemes
- Delve into the study of dyslalia and the different classifications and subtypes that exist
- Understand the entire evaluation process, enabling you to carry out the most effective speech therapy intervention possible
- Learn and apply the processes involved in intervention, as well as gain the skills to create your own effective material for different dyslalia cases that may arise
- Be aware of the importance of involving the family in the child's intervention, ensuring they are an integral part of the process and that the collaboration is as effective as possible

**Module 3. Dysphemia and/or Stuttering: Assessment, Diagnosis, and Intervention**

- Understand the concept of dysphasia, including its symptoms and classification
- Be able to differentiate between normal disfluency and a verbal fluency disorder, such as dysphasia
- Acquire sufficient knowledge to assess a verbal fluency disorder
- Delve into setting objectives and the depth of intervention required for a child with dysphasia, ensuring the most effective and efficient work possible
- Understand and recognize the need for keeping a record of notes from all sessions, documenting everything that happens in them
- Understand the need for an intervention that is supported and backed by both the family and the child's school teaching team

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# Structure and Content

The structure of the content has been designed by a team of professionals from the best centers and universities worldwide, aware of the importance of up-to-date training and committed to providing quality education through the use of new educational technologies.

*This Postgraduate Diploma in Medical Approach to Dyslalia and Dysphasia contains the most complete and up-to-date scientific program on the market"*

## **Module 1.** Basis of Speech and Language Therapy

1.1. Introduction to the Postgraduate Diploma and the Modules
- 1.1.1. Introduction to the Postgraduate Diploma
- 1.1.2. Introduction to the Module
- 1.1.3. Preliminary Aspects of Language
- 1.1.4. History of the Study of Language
- 1.1.5. Basic Theories of Language
- 1.1.6. Research on Language Acquisition
- 1.1.7. Neurological Foundations in Language Development
- 1.1.8. Perceptual Foundations in Language Development
- 1.1.9. Social and Cognitive Foundations of Language
  - 1.1.9.1. Introduction
  - 1.1.9.2. The Importance of Imitation
- 1.1.10 Final Conclusions

1.2. What is Speech Therapy?
- 1.2.1. Speech Therapy
  - 1.2.1.1. Concept of Speech Therapy
  - 1.2.1.2. Concept of Speech Therapist
- 1.2.2. History of Speech Therapy
- 1.2.3. Speech Therapy Worlwide
  - 1.2.3.1. Importance of the Speech Therapy Professional Worldwide
  - 1.2.3.2. What Are Speech Therapists Called in Other Countries?
  - 1.2.3.3. Is the Speech Therapist Valued in Other Countries?
- 1.2.4. Functions of the Speech Therapy Professional
  - 1.2.5.1. The Reality of Speech Therapy
- 1.2.5. Areas of Intervention for Speech Therapists
  - 1.2.5.1. The Reality of Speech Therapy Intervention Areas
- 1.2.6. Forensic Speech Therapy
  - 1.2.6.1. Initial Considerations
  - 1.2.6.2. Concept of Forensic Speech Therapy
  - 1.2.6.3. The Importance of Forensic Speech Therapists

1.2.7. The Teacher of Hearing and Language
1.2.7.1. Concept of Teacher of Hearing and Language
1.2.7.2. Areas of Work for the Teacher of Hearing and Language
1.2.7.3. Differences Between Speech Therapist and Teacher of Hearing and Language
1.2.9. Final Conclusions
1.3. Language, Speech, and Communication
1.3.1. Preliminary Considerations
1.3.2. Language, Speech, and Communication
1.3.2.1. Concept of Language
1.3.2.2. Concept of Speech
1.3.2.3. Communication Concept
1.3.2.4. What Are the Differences Between Them?
1.3.3. Dimensions of Language
1.3.3.1. Formal or Structural Dimension
1.3.3.2. Functional Dimension
1.3.3.3. Behavioral Dimension
1.3.4. Theories Explaining Language Development
1.3.4.1. Preliminary Considerations
1.3.4.2. Theory of Determinism: Whorf
1.3.4.3. Theory of Behaviorism: Skinner
1.3.4.4. Theory of Innatism: Chomsky
1.3.4.5. Interactionist Positions
1.3.5. Cognitive Theories Explaining Language Development
1.3.5.1. Piaget
1.3.5.2. Vigotsky
1.3.5.3. Luria
1.3.5.4. Bruner
1.3.6. Influence of the Environment on Language Acquisition
1.3.7. Components of Language
1.3.7.1. Phonetics and Phonology
1.3.7.2. Semantics and Lexicon
1.3.7.3. Morphosyntax
1.3.7.4. Pragmatics
1.3.8. Stages of Language Development
1.3.8.1. Prelinguistic Stage
1.3.8.2. Linguistic Stage
1.3.9. Summary Table of Typical Language Development
1.3.10 Final Conclusions
1.4. Communication, Speech, and Language Disorders
1.4.1. Introduction to the Unit
1.4.2. Communication, Speech, and Language Disorders
1.4.2.1. Concept of Communication Disorder
1.4.2.2. Concept of Speech Disorder
1.4.2.3. Concept of Language Disorder
1.4.2.4. How Do They Differ?
1.4.3. Communication Disorders
1.4.3.1. Preliminary Considerations
1.4.3.2. Comorbidity with Other Disorders
1.4.3.3. Types of Communication Disorders
1.4.3.3.1. Social Communication Disorder
1.4.3.3.2. Unspecified Communication Disorder
1.4.4. Speech Disorders
1.4.4.1. Preliminary Considerations
1.4.4.2. Origin of Speech Disorders
1.4.4.3. Symptoms of a Speech Disorder
1.4.4.3.1. Mild Delay
1.4.4.3.2. Moderate Delay
1.4.4.3.3. Severe Delay
1.4.4.4. Warning Signs in Speech Disorders
1.4.5. Classification of Speech Disorders
1.4.5.1. Phonological Disorder or Dyslalia
1.4.5.2. Dysphemia
1.4.5.3. Dysglossia
1.4.5.4. Dysarthria
1.4.5.5. Tachyphemia
1.4.5.6. Others

1.4.6. Language Disorders
- 1.4.6.1. Preliminary Considerations
- 1.4.6.2. Origin of Language Disorders
- 1.4.6.3. Conditions Related to Language Disorders
- 1.4.6.4. Warning Signs in Language Development

1.4.7. Types of Language Disorders
- 1.4.7.1. Receptive Language Difficulties
- 1.4.7.2. Expressive Language Difficulties
- 1.4.7.3. Receptive-Expressive Language Difficulties

1.4.8. Classification of Language Disorders
- 1.4.8.1. Clinical Approach
- 1.4.8.2. Educational Approach
- 1.4.8.3. Psycholinguistic Approach
- 1.4.8.4. Axiological Perspective

1.4.9. Affected Skills in a Language Disorder
- 1.4.9.1. Social Skills
- 1.4.9.2. Academic Problems
- 1.4.9.3. Other Affected Skills

1.4.10 Types of Language Disorders
- 1.4.10.1. Specific Language Impairment (SLI)
- 1.4.10.2. Aphasia
- 1.4.10.3. Dyslexia
- 1.4.10.4. Attention Deficit Hyperactivity Disorder (ADHD)
- 1.4.10.5. Others

1.4.11 Comparative Table of Typical Development and Developmental Disorders

1.5. Speech Therapy Assessment Tools

1.5.1. Introduction to the Unit

1.5.2. Key Aspects to Highlight During Speech Therapy Assessment
- 1.5.2.1. Fundamental Considerations

1.5.3. Orofacial Motricity Assessment: The Stomatognathic System

1.5.4. Speech Therapy Assessment Areas, Regarding Language, Speech, and Communication
- 1.5.4.1. Anamnesis (Family Interview)
- 1.5.4.2. Pre-verbal Stage Assessment
- 1.5.4.3. Phonetics and Phonology Assessment
- 1.5.4.4. Morphology Assessment
- 1.5.4.5. Syntax Assessment
- 1.5.4.6. Semantics Assessment
- 1.5.4.7. Pragmatics Assessment

1.5.5. General Classification of the Most Commonly Used Speech Therapy Evaluation Tests
- 1.5.5.1. Development Scales: Introduction
- 1.5.5.2. Tests for Oral Language Assessment: Introduction
- 1.5.5.3. Tests for Reading and Writing Assessment: Introduction

1.5.6. Developmental Scales
- 1.5.6.1. Brunet-Lézine Developmental Scale
- 1.5.6.2. Battelle Developmental Inventory
- 1.5.6.3. Portage Guide
- 1.5.6.4. Haizea-Llevant
- 1.5.6.5. Brayley Infant Development Scale
- 1.5.6.6. McCarthy Scale (Aptitudes and Psychomotor Skills for Children)

1.5.7. Tests for Oral Language Assessment
- 1.5.7.1. BLOC
- 1.5.7.2. Monfort-Induced Phonological Record
- 1.5.7.3. ITPA
- 1.5.7.4. PLON-R
- 1.5.7.5. PEABODY
- 1.5.7.6. RFI
- 1.5.7.7. ELA-R
- 1.5.7.8. EDAF
- 1.5.7.9. CELF 4
- 1.5.7.10. BOEHM
- 1.5.7.11. TSA
- 1.5.7.12. CEG
- 1.5.7.13. ELCE

1.5.8. Tests for Reading and Writing Assessment
1.5.8.1. PROLEC- R
1.5.8.2. PROLEC-SE
1.5.8.3. PROESC
1.5.8.4. TALE
1.5.9. Summary Table of the Different Tests
1.5.10 Final Conclusions
1.6. Components of a Speech Therapy Report
1.6.1. Introduction to the Unit
1.6.2. Reason for the Assessment
1.6.2.1. Request or Referral by the Family
1.6.2.2. Request or Referral by School or External Center
1.6.3. Anamnesis
1.6.3.1. Anamnesis with the Family
1.6.3.2. Meeting with the Educational Center
1.6.3.3. Meeting with Other Professionals
1.6.4. The Patient's Clinical and Academic History
1.6.4.1. Medical History
1.6.4.1.1. Developmental History
1.6.4.2. Academic History
1.6.5. Context of the Different Environments
1.6.5.1. Family Context
1.6.5.2. Social Context
1.6.5.3. Educational Context
1.6.6. Professional Assessments
1.6.6.1. Assessment by the Speech Therapist
1.6.6.2. Assessments by Other Professionals
1.6.6.2.1. Assessment by the Occupational Therapist
1.6.6.2.2. Assessment by the Teacher
1.6.6.2.3. Assessment by the Psychologist
1.6.6.2.4. Other Assessments
1.6.7. Assessment Results
1.6.7.1. Results of the Speech Therapy Evaluation
1.6.7.2. Results of Other Evaluations
1.6.8. Clinical Judgment and/or Conclusions
1.6.8.1. Judgment by the Speech Therapist
1.6.8.2. Judgment by Other Professionals
1.6.8.3. Joint Judgment with Other Professionals
1.6.9. Speech Therapy Intervention Plan
1.6.9.1. Objectives to Address
1.6.9.2. Intervention Programs
1.6.9.3. Guidelines and/or Recommendations for the Family
1.6.10 Why is the Speech Therapy Report So Important?
1.6.10.1. Preliminary Considerations
1.6.10.2. Contexts Where a Speech Therapy Report Can Be Key
1.7. Speech Therapy Intervention Program
1.7.1. Introduction
1.7.1.1. The Need to Develop a Speech Therapy Intervention Program
1.7.2. What is a Speech Therapy Intervention Program?
1.7.2.1. Concept of the Intervention Program
1.7.2.2. Foundations of the Intervention Program
1.7.2.3. Considerations for the Speech Therapy Intervention Program
1.7.3. Fundamental Aspects for Developing a Speech Therapy Intervention Program
1.7.3.1. Characteristics of the Child
1.7.4. Planning the Speech Therapy Intervention
1.7.4.1. Methodology for Intervention to Be Implemented
1.7.4.2. Factors to Consider in Planning the Intervention
1.7.4.2.1. Extracurricular Activities
1.7.4.2.2. Child's Chronological and Corrected Age
1.7.4.2.3. Number of Sessions per Week
1.7.4.2.4. Family Collaboration
1.7.4.2.5. Family's Economic Situation
1.7.5. Objectives of the Speech Therapy Intervention Program
1.7.5.1. General Objectives of the Speech Therapy Intervention Program
1.7.5.2. Specific Objectives of the Speech Therapy Intervention Program

1.7.6. Speech Therapy Intervention Areas and Techniques for Their Intervention
- 1.7.6.1. Voice
- 1.7.6.2. Speech
- 1.7.6.3. Prosody
- 1.7.6.4. Language
- 1.7.6.5. Reading
- 1.7.6.6. Writing
- 1.7.6.7. Orofacial
- 1.7.6.8. Communication
- 1.7.6.9. Hearing
- 1.7.6.10. Breathing

1.7.7. Materials and Resources for Speech Therapy Intervention
- 1.7.7.1. Proposal for Custom-Made Materials Essential in a Speech Therapy Room
- 1.7.7.2. Proposal for Essential Market Materials for a Speech Therapy Room
- 1.7.7.3. Essential Technological Resources for Speech Therapy Intervention

1.7.8. Methods of Speech Therapy Intervention
- 1.7.8.1. Introduction
- 1.7.8.2. Types of Intervention Methods
  - 1.7.8.2.1. Phonological Methods
  - 1.7.8.2.2. Clinical Intervention Methods
  - 1.7.8.2.3. Semantic Methods
  - 1.7.8.2.4. Behavioral-Speech Therapy Methods
  - 1.7.8.2.5. Pragmatic Methods
  - 1.7.8.2.6. Medical Methods
  - 1.7.8.2.7. Other Methods
- 1.7.8.3. Choosing the Most Appropriate Intervention Method for Each Individual

1.7.9. The Interdisciplinary Team
- 1.7.9.1. Introduction
- 1.7.9.2. Professionals Who Collaborate Directly with the Speech Therapist
  - 1.7.9.2.1. Psychologists
  - 1.7.9.2.2. Occupational Therapists
  - 1.7.9.2.3. Teachers
  - 1.7.9.2.4. Teachers of Hearing and Language
  - 1.7.9.2.5. Others
- 1.7.9.3. The Role of These Professionals in Speech Therapy Intervention

1.7.10. Final Conclusions

1.8. Augmentative and Alternative Communication Systems (AAC)
- 1.8.1. Introduction to the Unit
- 1.8.2. What Are AAC Systems?
  - 1.8.2.1. Concept of Augmentative Communication Systems
  - 1.8.2.2. Concept of Alternative Communication Systems
  - 1.8.2.3. Similarities and Differences
  - 1.8.2.4. Advantages of AAC Systems
  - 1.8.2.5. Disadvantages of AAC Systems
  - 1.8.2.6. How Did AAC Systems Emerge?
- 1.8.3. Principles of AAC Systems
  - 1.8.3.1. General Principles
  - 1.8.3.2. Common Myths about AAC Systems
- 1.8.4. How to Determine the Most Suitable AAC System
- 1.8.5. Communication Support Products
  - 1.8.5.1. Basic Support Products
  - 1.8.5.2. Technological Support Products
- 1.8.6. Strategies and Support Products for Access
  - 1.8.6.1. Direct Selection
  - 1.8.6.2. Mouse Selection
  - 1.8.6.3. Dependent Scanning or Exploration
  - 1.8.6.4. Encoded Selection
- 1.8.7. Types of AAC Systems
  - 1.8.7.1. Sign Language
  - 1.8.7.2. Complemented Speech
  - 1.8.7.3. PECS



1.8.7.4. Bimodal Communication
1.8.7.5. Bliss Symbolics
1.8.7.6. Communicators
1.8.7.7. Minspeak
1.8.7.8. Schaeffer System
1.8.8. How to Foster the Success of Intervention with AAC
1.8.9. Assistive Technologies Adapted to Each Person
1.8.9.1. Communicators
1.8.9.2. Switches
1.8.9.3. Virtual Keyboards
1.8.9.4. Adapted Mouse
1.8.9.5. Information Input Devices
1.8.10 AAC Resources and Technologies
1.8.10.1. Araboard Constructor
1.8.10.2. Talk up!
1.8.10.3. #IamVisual
1.8.10.4. SPQR
1.8.10.5. Dictapicto
1.8.10.6. AraWord
1.8.10.7. PictoSelector
1.9. The Family as Part of the Intervention and Support for the Child
1.9.1. Introduction
1.9.1.1. The Importance of the Family in the Proper Development of the Child
1.9.2. Consequences in the Family Context of a Child with Atypical Development
1.9.2.1. Difficulties Present in the Closest Environment
1.9.3. Communication Problems in the Child's Closest Environment
1.9.3.1. Communication Barriers the Child Encounters at Home
1.9.4. Speech Therapy Intervention Focused on the Family-Centered Model
1.9.4.1. Concept of Family-Centered Intervention
1.9.4.2. How to Carry Out Family-Centered Intervention
1.9.4.3. The Importance of the Family-Centered Model
1.9.5. Family Integration into Speech Therapy Intervention
1.9.5.1. How to Integrate the Family into the Intervention
1.9.5.2. Guidelines for the Professional

1.9.6. Advantages of Family Integration in All Contexts of the Child
1.9.6.1. Advantages of Coordination with Educational Professionals
1.9.6.2. Advantages of Coordination with Healthcare Professionals
1.9.7. Recommendations for the Family Context
1.9.7.1. Recommendations for Facilitating Oral Communication
1.9.7.2. Recommendations for a Healthy Relationship in the Family Environment
1.9.8. The Family as a Key Component in the Generalization of Established Goals
1.9.8.1. The Importance of the Family in Generalization
1.9.8.2. Recommendations for Facilitating Generalization
1.9.9. How Do I Communicate with My Child?
1.9.9.1. Modifications in the Family Environment of the Child
1.9.9.2. Tips and Recommendations for the Child
1.9.9.3. The Importance of Keeping a Record Sheet
1.9.10 Final Conclusions
1.10. The Child's Development in the Educational Context
1.10.1. Introduction to the Unit
1.10.2. The Role of the Educational Center in Speech Therapy Intervention
1.10.2.1. The Influence of the Educational Center on the Child's Development
1.10.2.2. The Importance of the Educational Center in Speech Therapy Intervention
1.10.3. Educational Support
1.10.3.1. Concept of Educational Support
1.10.3.2. Who Provides Educational Support in the Center?
1.10.3.2.1. Teacher of Hearing and Language
1.10.3.2.2. Special Education Teacher (PT)
1.10.3.2.3. Guidance Counselor
1.10.4. Coordination with Educational Professionals
1.10.4.1. Educational Professionals with Whom the Speech Therapist Coordinates
1.10.4.2. Bases for Coordination
1.10.4.3. The Importance of Coordination in the Child's Development
1.10.5. Consequences of a Child with Special Educational Needs in the Classroom
1.10.5.1. How the Child Communicates with Teachers and Peers
1.10.5.2. Psychological Consequences
1.10.6. Educational Needs of the Child
1.10.6.1. Considering Educational Needs in the Intervention
1.10.6.2. Who Sets the Educational Needs of the Child?
1.10.6.3. How Are They Established?
1.10.8. Methodological Bases for Intervention in the Classroom
1.10.8.1. Strategies to Promote the Integration of the Child
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 It Benefits the Child with Special Educational Needs
1.10.10. Final Conclusions

## **Module 2.** Dyslalias: Assessment, Diagnosis, and Intervention

2.1. Introduction to the Module
2.1.1. Introduction
2.2. Introduction to Dyslalias
2.2.1. What Do Phonetics and Phonology Involve?
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. By Articulation Point
2.2.2.3. By Articulation Manner
2.2.3. Speech Production
2.2.3.1. Aspects of Sound Production
2.2.3.2. Mechanisms Involved in Speech
2.2.4. Phonological Development
2.2.4.1. The Role of Phonological Awareness

2.2.5. Organs Involved in Phoneme Articulation
2.2.5.1. Respiratory Organs
2.2.5.2. Articulatory Organs
2.2.5.3. Phonatory Organs
2.2.6. Dyslalias
2.2.6.1. Etymology of the Term
2.2.6.2. Concept of Dyslalia
2.2.7. Dyslalia in Adults
2.2.7.1. Preliminary Considerations
2.2.7.2. Characteristics of Dyslalias in Adults
2.2.7.3. How Does Dyslalia in Adults Differ from Dyslalia in Children?
2.2.8. Comorbidity
2.2.8.1. Comorbidity in Dyslalias
2.2.8.2. Associated Disorders
2.2.9. Prevalence
2.2.9.1. Preliminary Considerations
2.2.9.2. Prevalence of Dyslalias in Preschool Population
2.2.9.3. Prevalence of Dyslalias in 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. Limited Motor Skills
2.3.1.3. Respiratory Difficulties
2.3.1.4. Lack of Auditory Comprehension or 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. 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 Dyslalias 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 Dyslalias 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 Dyslalias Based on the Involved Phoneme
2.3.6.1. Hotentotism
2.3.6.2. Altered Phonemes
2.3.7. Classification of Dyslalias Based on 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. Classification of Dyslalias Based on the Type of Error
2.3.8.1. Omission
2.3.8.2. Addition/Inclusion
2.3.8.3. Substitution
2.3.8.4. Inversion
2.3.8.5. Distortion
2.3.8.6. Assimilation
2.3.9. Classification of Dyslalias Based on Temporality
2.3.9.1. Permanent Dyslalias
2.3.9.2. Transitory Dyslalias
2.3.10 Final Conclusions

2.4. Evaluation Processes for Diagnosis and Detection of Dyslalias
- 2.4.1. Introduction to the Evaluation Process Structure
- 2.4.2. Anamnesis
  - 2.4.2.1. Preliminary Considerations
  - 2.4.2.2. Anamnesis Content
  - 2.4.2.3. Key Aspects of 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. Motricity
  - 2.4.4.1. Key Elements
  - 2.4.4.2. Orofacial Motricity
  - 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 Record Speech Samples
- 2.4.7. Standardized Tests for Dyslalia Diagnosis
  - 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 Dyslalia Diagnosis
  - 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 Dyslalias
- 2.4.10 Final Conclusions

2.5. Speech Therapy Intervention Focused on the User
- 2.5.1. Introduction to the Unit
- 2.5.2. How to Set Objectives During Intervention
  - 2.5.2.1. General Considerations
  - 2.5.2.2. Individual or Group Intervention: Which is More Effective?
  - 2.5.2.3. Specific Objectives the Speech Therapist Must Consider for Each Dyslalia Intervention
- 2.5.3. Structure to Follow During the Intervention for Dyslalias
  - 2.5.3.1. Initial Considerations
  - 2.5.3.2. What is the order of Intervention for Dyslalia?
  - 2.5.3.3. In the Case of Multiple Dyslalia, Which Phoneme Should the Speech Therapist Start with and Why?
- 2.5.4. Direct Intervention for Children with Dyslalia
  - 2.5.4.1. Concept of Direct Intervention
  - 2.5.4.2. Who Is This Intervention Focused On?
  - 2.5.4.3. The Importance of Direct Intervention for Children with Dyslalia
- 2.5.5. Indirect Intervention for Children with Dyslalia
  - 2.5.5.1. Concept of Indirect Intervention
  - 2.5.5.2. Who Is This Intervention Focused On?
  - 2.5.5.3. The Importance of Indirect Intervention for Children with Dyslalia
- 2.5.6. The Importance of Play During Rehabilitation
  - 2.5.6.1. Preliminary Considerations
  - 2.5.6.2. How to Use Play for Rehabilitation
  - 2.5.6.3. Is Adapting Games for Children Necessary?
- 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 Moment to Include Auditory Discrimination During Intervention?
- 2.5.8. Creating a Schedule
  - 2.5.8.1. What is a Schedule?
  - 2.5.8.2. Why Create a Schedule in the Speech Therapy Intervention for Children with Dyslalia?
  - 2.5.8.3. Benefits of Creating a Schedule
- 2.5.9. Requirements for Justifying Discharge
- 2.5.10 Final Conclusions

2.6. The Family as Part of the Intervention for 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 Child with Dyslalia Encounter in Communicating with Their Family?
- 2.6.3. Consequences of Dyslalia in the Family
  - 2.6.3.1. How Dyslalia Affects the Child at Home
  - 2.6.3.2. How Dyslalia Affects the Family of the Child
- 2.6.4. Family Involvement in the Development of the Child with Dyslalia
  - 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 Child with Dyslalia
  - 2.6.5.2. Tips for Enhancing Family Relationships
- 2.6.6. Benefits of Involving the Family in the Intervention
  - 2.6.6.1. The Family's Fundamental Role 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. Support That Can Be Provided to the Family
  - 2.6.7.2. How to Facilitate These Supports During the Intervention
- 2.6.8. Family Support for the Child with Dyslalia
  - 2.6.8.1. Preliminary Considerations
  - 2.6.8.2. Teaching Families How to Reinforce the Child with Dyslalia
- 2.6.9. Resources Available to Families
- 2.6.10 Final Conclusions

2.7. The School Context as Part of the Intervention for the Child with Dyslalia
- 2.7.1. Introduction to the Unit
- 2.7.2. The School's Involvement During the Intervention Period
  - 2.7.2.1. The Importance of the School's Involvement
  - 2.7.2.2. The Influence of the School on Speech Development
- 2.7.3. Impact of Dyslalias in the School Context
  - 2.7.3.1. How Dyslalias Can Affect the Curriculum

2.7.4. School Supports
2.7.4.1. Who Provides Them?
2.7.4.2. How Are They Provided?
2.7.5. Coordination Between the Speech Therapist and the Educational Professionals
2.7.5.1. Who Does the Coordination with?
2.7.5.2. Guidelines to Follow to Achieve Coordination
2.7.6. Consequences in the Classroom for the Child with Dyslalia
2.7.6.1. Communication with Peers
2.7.6.2. Communication with Teachers
2.7.6.3. Psychological Effects on the Child
2.7.7. Guidelines
2.7.7.1. Guidelines for the School to Improve the Intervention for the Child
2.7.8. The School as a Supportive Environment
2.7.8.1. Preliminary Considerations
2.7.8.2. Classroom Attention Guidelines
2.7.8.3. Guidelines to Improve Articulation in Class
2.7.9. Resources Available to the School
2.7.10 Final Conclusions
2.8. Orofacial Praxis
2.8.1. Introduction to the Unit
2.8.2. Praxis
2.8.2.1. Concept of Praxis
2.8.2.2. Types of Praxis
2.8.2.2.1. Ideomotor Praxis
2.8.2.2.2. Ideatory Praxis
2.8.2.2.3. Facial Praxis
2.8.2.2.4. Visuoconstructive Praxis
2.8.2.3. Classification of Praxis Based on Intention. (Junyent Fabregat, 1989)
2.8.2.3.1. Transitive Intention
2.8.2.3.2. Aesthetic Goal
2.8.2.3.3. Symbolic Character
2.8.3. Frequency of Orofacial Praxis
2.8.4. Which Praxis Are Used in Speech Therapy for Dyslalia?
2.8.4.1. Labial Praxis
2.8.4.2. Lingual Praxis
2.8.4.3. Palatal Velum Praxis
2.8.4.4. Other Praxis
2.8.5. Aspects the Child Must Have to Perform the Praxis
2.8.6. Activities for Performing Various Facial Praxis
2.8.6.1. Exercises for Labial Praxis
2.8.6.2. Exercises for Lingual Praxis
2.8.6.3. Exercises for Palatal Velum Praxis
2.8.6.4. Other Exercises
2.8.7. Current Controversy over the Use of Orofacial Praxis
2.8.8. Theories Supporting the Use of Praxis in Dyslalia Intervention
2.8.8.1. Preliminary Considerations
2.8.8.2. Scientific Evidence
2.8.8.3. Comparative Studies
2.8.9. Theories Against the Use of Praxis in Dyslalia Intervention
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 Speech Therapy Intervention for Dyslalias: Part I.
2.9.1. Introduction to the Unit
2.9.2. Materials and Resources for Correcting the /p/ Phoneme in All Positions
2.9.2.1. Self-Made Materials
2.9.2.2. Materials Available on the Market
2.9.2.3. Technological Resources
2.9.3. Materials and Resources for Correcting the /s/ Phoneme in All Positions
2.9.4. Materials and Resources for Correcting the /r/ Phoneme in All Positions
2.9.4.1. Self-Made Materials
2.9.4.2. Materials Available on the Market
2.9.4.3. Technological Resources

2.9.5. Materials and Resources for Correcting the /l/ Phoneme in All Positions
2.9.5.1. Self-Made Materials
2.9.5.2. Materials Available on the Market
2.9.5.3. Technological Resources
2.9.6. Materials and Resources for Correcting the /m/ Phoneme in All Positions
2.9.6.1. Self-Made Materials
2.9.6.2. Materials Available on the Market
2.9.6.3. Technological Resources
2.9.7. Materials and Resources for Correcting the /n/ Phoneme in All Positions
2.9.7.1. Self-Made Materials
2.9.7.2. Materials Available on the Market
2.9.7.3. Technological Resources
2.9.8. Materials and Resources for Correcting the /d/ Phoneme in All Positions
2.9.8.1. Self-Made Materials
2.9.8.2. Materials Available on the Market
2.9.8.3. Technological Resources
2.9.9. Materials and Resources for Correcting the /z/ Phoneme in All Positions
2.9.9.1. Self-Made Materials
2.9.9.2. Materials Available on the Market
2.9.9.3. Technological Resources
2.9.10. Materials and Resources for Correcting the /k/ Phoneme in All Positions
2.9.10.1. Self-Made Materials
2.9.10.2. Materials Available on the Market
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 Correcting the /f/ Phoneme in All Positions
2.10.1.1. Self-Made Materials
2.10.1.2. Materials Available on the Market
2.10.1.3. Technological Resources
2.10.2. Materials and Resources for Correcting the /ñ/ Phoneme in All Positions
2.10.2.1. Self-Made Materials
2.10.2.2. Materials Available on the Market
2.10.2.3. Technological Resources
2.10.3. Materials and Resources for Correcting the /g/ Phoneme in All Positions
2.10.3.1. Self-Made Materials
2.10.3.2. Materials Available on the Market
2.10.3.3. Technological Resources
2.10.4. Materials and Resources for Correcting the /ll/ Phoneme in All Positions
2.10.4.1. Self-Made Materials
2.10.4.2. Materials Available on the Market
2.10.4.3. Technological Resources
2.10.5. Materials and Resources for Correcting the /b/ Phoneme in All Positions
2.10.5.1. Self-Made Materials
2.10.5.2. Materials Available on the Market
2.10.5.3. Technological Resources
2.10.6. Materials and Resources for Correcting the /t/ Phoneme in All Positions
2.10.6.1. Self-Made Materials
2.10.6.2. Materials Available on the Market
2.10.6.3. Technological Resources
2.10.7. Materials and Resources for Correcting the /ch/ Phoneme in All Positions
2.10.7.1. Self-Made Materials
2.10.7.2. Materials Available on the Market
2.10.7.3. Technological Resources
2.10.8. Materials and Resources for Correcting the /l/ Clusters in All Positions
2.10.8.1. Self-Made Materials
2.10.8.2. Materials Available on the Market
2.10.8.3. Technological Resources
2.10.9. Materials and Resources for Correcting the /r/ Clusters in All Positions
2.10.9.1. Self-Made Materials
2.10.9.2. Materials Available on the Market
2.10.9.3. Technological Resources
2.10.10. Final Conclusions

## **Module 3.** Dysphemia and/or Stuttering: Assessment, Diagnosis, and Intervention

3.1. Introduction to the Module
- 3.1.2. Presentation of the Module

3.2. Dysphemia or Stuttering
- 3.2.1. History of Stuttering
- 3.2.2. Stuttering
  - 3.2.2.1. Concept of Stuttering
  - 3.2.2.2. Symptoms of Stuttering
    - 3.2.2.2.1. Linguistic Manifestations
    - 3.2.2.2.2. Behavioral Manifestations
  - 3.2.2.3. Physical Manifestations
    - 3.2.2.3.1. Characteristics of Stuttering
- 3.2.3. Classification
  - 3.2.3.1. Tonic Stuttering
  - 3.2.3.2. Clonic Stuttering
  - 3.2.3.3. Mixed Stuttering
- 3.2.4. Other Specific Disorders of Verbal Fluency
- 3.2.5. Development of the Disorder
  - 3.2.5.1. Preliminary Considerations
  - 3.2.5.2. Developmental and Severity Levels
    - 3.2.5.2.1. Initial Phase
    - 3.2.5.2.2. Borderline Stuttering
    - 3.2.5.2.3. Initial Stuttering
    - 3.2.5.2.4. Intermediate Stuttering
    - 3.2.5.2.5. Advanced Stuttering
- 3.2.6. Comorbidity
  - 3.2.6.1. Comorbidity in Dysphemia
  - 3.2.6.2. Associated Disorders
- 3.2.7. Recovery Prognosis
  - 3.2.7.1. Preliminary Considerations
  - 3.2.7.2. Key Factors
  - 3.2.7.3. Prognosis According to the Timing of Intervention



3.2.8. Incidence and Prevalence in Stuttering
3.2.8.1. Preliminary Considerations
3.2.8.2. BORRAR
3.2.8.3. BORRAR
3.2.9. Etiology of Stuttering
3.2.9.1. Preliminary Considerations
3.2.9.2. Physiological Factors
3.2.9.3. Genetic Factors
3.2.9.4. Environmental Factors
3.2.9.5. Psychosocial Factors
3.2.9.6. Linguistic Factors
3.2.10 Warning Signs
3.2.10.1. Preliminary Considerations
3.2.10.2. When to Evaluate?
3.2.10.3. Is It Possible to Prevent the Disorder?
3.3. Assessment of Dysphemia
3.3.1. Introduction to the Unit
3.3.2. Dysphemia or Normal Disfluencies?
3.3.2.1. Initial Considerations
3.3.2.2. What Are Normal Disfluencies?
3.3.2.3. Differences Between Dysphemia and Normal Disfluencies
3.3.2.4. When to Act?
3.3.3. Objective of the Evaluation
3.3.4. Evaluation Method
3.3.4.1. Preliminary Considerations
3.3.4.2. Outline of the Evaluation Method
3.3.5. Information Gathering
3.3.5.1. Interview with Parents
3.3.5.2. Gathering Relevant Information
3.3.5.3. Clinical History
3.3.6. Additional Information Gathering
3.3.6.1. Parent Questionnaires
3.3.6.2. Teacher Questionnaires

3.3.7. Child Evaluation
3.3.7.1. Observation of the Child
3.3.7.2. Child Questionnaire
3.3.7.3. Parent-Child Interaction Profile
3.3.8. Diagnosis
3.3.8.1. Clinical Judgment of the Collected Information
3.3.8.2. Prognosis
3.3.8.3. Type of Treatment
3.3.8.4. Treatment Objectives
3.3.9. Feedback
3.3.9.1. Feedback to the Parents
3.3.9.2. Informing the Child of the Results
3.3.9.3. Explaining the Treatment to the Child
3.3.10 Diagnostic Criteria
3.3.10.1. Preliminary Considerations
3.3.10.2. Factors That May Affect Speech Fluency
3.3.10.2.1. Communication
3.3.10.2.2. Language Development Difficulties
3.3.10.2.3. Interpersonal Interactions
3.3.10.2.4. Changes
3.3.10.2.5. Excessive Demands
3.3.10.2.6. Self-Esteem
3.3.10.2.7. Social Resources

3.4. Speech Therapy Intervention in Dysphemia Focused on the User: Direct Treatment
3.4.1. Introduction to the Unit
3.4.2. Direct Treatment
3.4.2.1. Characteristics of the Treatment
3.4.2.2. Therapist's Skills
3.4.3. Therapy Objectives
3.4.3.1. Objectives with the Child
3.4.3.2. Objectives with the Parents
3.4.3.3. Objectives with the Teacher
3.4.4. Objectives with the Child: Speech Control
3.4.4.1. Objectives
3.4.4.2. Techniques for Speech Control
3.4.5. Objectives with the Child: Anxiety Control
3.4.5.1. Objectives
3.4.5.2. Techniques for Anxiety Control
3.4.6. Objectives with the Child: Thought Control
3.4.6.1. Objectives
3.4.6.2. Techniques for Thought Control
3.4.7. Objectives with the Child: Emotional Control
3.4.7.1. Objectives
3.4.7.2. Techniques for Emotional Control
3.4.8. Objectives with the Child: Social and Communication Skills
3.4.8.1. Objectives
3.4.8.2. Techniques for Promoting Social and Communication Skills
3.4.9. Generalization and Maintenance
3.4.9.1. Objectives
3.4.9.2. Techniques for Generalization and Maintenance
3.4.10 Recommendations for User Discharge

3.5. Speech Therapy Intervention in Dysphemia Focused on the User: Lidcombe Early Intervention Program
3.5.1. Introduction to the Unit
3.5.2. Program Development
3.5.2.1. Who Developed It
3.5.2.2. Where It Was Developed
3.5.3. Is it Really Effective?
3.5.4. Fundamentals of the Lidcombe Program
3.5.4.1. Preliminary Considerations
3.5.4.2. Age of Application

3.5.5. Essential Components
3.5.5.1. Parental Verbal Contingencies
3.5.5.2. Stuttering Measurement
3.5.5.3. Treatment in Structured and Unstructured Conversations
3.5.5.4. Programmed Maintenance
3.5.6. Evaluation
3.5.6.1. Evaluation Based on the Lidcombe Program
3.5.7. Stages of the Lidcombe Program
3.5.7.1. Stage 1
3.5.7.2. Stage 2
3.5.8. Session Frequency
3.5.8.1. Weekly Visits to the Specialist
3.5.9. Individualization in the Lidcombe Program
3.5.10. Final Conclusions
3.6. Speech Therapy Intervention in the Child with Dysphemia: Suggested Exercises
3.6.1. Introduction to the Unit
3.6.2. Exercises for Speech Control
3.6.2.1. Self-Made Resources
3.6.2.2. Market Available Resources
3.6.2.3. Technological Resources
3.6.3. Exercises for Anxiety Control
3.6.3.1. Self-Made Resources
3.6.3.2. Market Available Resources
3.6.3.3. Technological Resources
3.6.4. Exercises for Thought Control
3.6.4.1. Self-Made Resources
3.6.4.2. Market Available Resources
3.6.4.3. Technological Resources
3.6.5. Exercises for Emotional Control
3.6.5.1. Self-Made Resources
3.6.5.2. Market Available Resources
3.6.5.3. Technological Resources
3.6.6. Exercises to Improve Social and Communication Skills
3.6.6.1. Self-Made Resources
3.6.6.2. Market Available Resources
3.6.6.3. Technological Resources
3.6.7. Exercises to Promote Generalization
3.6.7.1. Self-Made Resources
3.6.7.2. Market Available Resources
3.6.7.3. Technological Resources
3.6.8. How to Use the Exercises Properly
3.6.9. Implementation Time for Each Exercise
3.5.10. Final Conclusions
3.7. The Family as an Intervention Agent and Support for the Child with Dysphemia
3.7.1. Introduction to the Unit
3.7.2. The Importance of the Family in the Development of the Child with Dysphemia
3.7.3. Communicative Difficulties the Child with Dysphemia Faces at Home
3.7.4. How Communicative Difficulties at Home Affect the Child with Dysphemia
3.7.5. Types of Intervention with Parents
3.7.5.1. Early Intervention. (Brief Review)
3.7.5.2. Direct Treatment (Brief Review)
3.7.6. Early Intervention with Parents
3.7.6.1. Orientation Sessions
3.7.6.2. Daily Practice
3.7.6.3. Behavioral Records
3.7.6.4. Behavior Modification
3.7.6.5. Environmental Organization
3.7.6.6. Session Structure
3.7.6.7. Special Cases

3.7.7. Direct Treatment with Parents
3.7.7.1. Modify Attitudes and Behaviors
3.7.7.2. Adapt Language to the Child's Difficulties
3.7.7.3. Daily Practice at Home
3.7.8. Advantages of Family Integration in the Intervention
3.7.8.1. How the Family's Involvement Benefits the Child
3.7.9. The Family as a Means of Generalization
3.7.9.1. The Importance of the Family in Generalization
3.7.10. Final Conclusions
3.8. The School as an Intervention Agent and Support for the Child with Dysphemia
3.8.1. Introduction to the Unit
3.8.2. The Involvement of the School During the Intervention Period
3.8.2.1. The Importance of School Involvement
3.8.2.2. The School's Influence on the Development of the Child with Dysphemia
3.8.3. Intervention According to the Student's Needs
3.8.3.1. The Importance of Considering the Student's Needs with Dysphemia
3.8.3.2. How to Establish the Student's Needs
3.8.3.3. Who Is Responsible for Establishing the Student's Needs
3.8.4. Consequences in Class for the Child with Dysphemia
3.8.4.1. Communication with Peers
3.8.4.2. Communication with Teachers
3.8.4.3. Psychological Impact on the Child
3.8.5. School Support
3.8.5.1. Who Provides It
3.8.5.2. How It Is Provided
3.8.6. Coordination of the Speech Therapist with the School's Professionals
3.8.6.1. Who the Speech Therapist Coordinates With
3.8.6.2. Guidelines for Achieving Coordination
3.8.7. Guidelines
3.8.7.1. Guidelines for the School to Improve the Child's Intervention
3.8.7.2. Guidelines for the School to Improve the Child's Self-Esteem
3.8.7.3. Guidelines for the School to Improve the Child's Social Skills
3.8.8. The School as a Supportive Environment
3.8.9. Resources Available to the School
3.8.10. Final Conclusions
3.9. Associations and Foundations
3.9.1. Introduction to the Unit
3.9.2. How Can Associations Help Families?
3.9.3. The Essential Role of Stuttering Associations for Families
3.9.4. The Help of Stuttering Associations and Foundations for Healthcare and Educational Professionals
3.9.5. Stuttering Associations and Foundations Worldwide
3.9.5.1. Argentine Stuttering Association (AAT)
3.9.5.1.1. Association Information
3.9.5.1.2. Contact Information

3.9.6. Websites for General Stuttering Information
3.9.6.1. American Stuttering Foundation
3.9.6.1.1. Contact Information
3.9.6.2. Speech Therapy Space
3.9.6.2.1. Contact Information
3.9.7. Stuttering Information Blogs
3.9.7.1. Subject Blog
3.9.7.1.1. Contact Information
3.9.8. Speech Therapy Journals for Information
3.9.8.1. Speech Therapy Space Journal
3.9.8.1.1. Contact Information
3.9.8.2. Neurology Journal
3.9.8.2.1. Contact Information
3.9.9. Final Conclusions
3.10. Appendices
3.10.1. Example of Anamnesis for the Assessment of Dysphemia
3.10.2. Fluency Questionnaire for Parents
3.10.3. Questionnaire for Parents on Emotional Responses to Stuttering
3.10.4. Record for Parents
3.10.5. Fluency Questionnaire for Teachers
3.10.6. Relaxation Techniques
3.10.6.1. Instructions for the Speech Therapist
3.10.6.2. Relaxation Techniques Adapted for Children
3.10.7. Discrimination Suffered by People with Stuttering
3.10.8 Truths and Myths About Stuttering

*A unique, essential, and decisive learning experience to enhance your professional development"*

05

# 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.

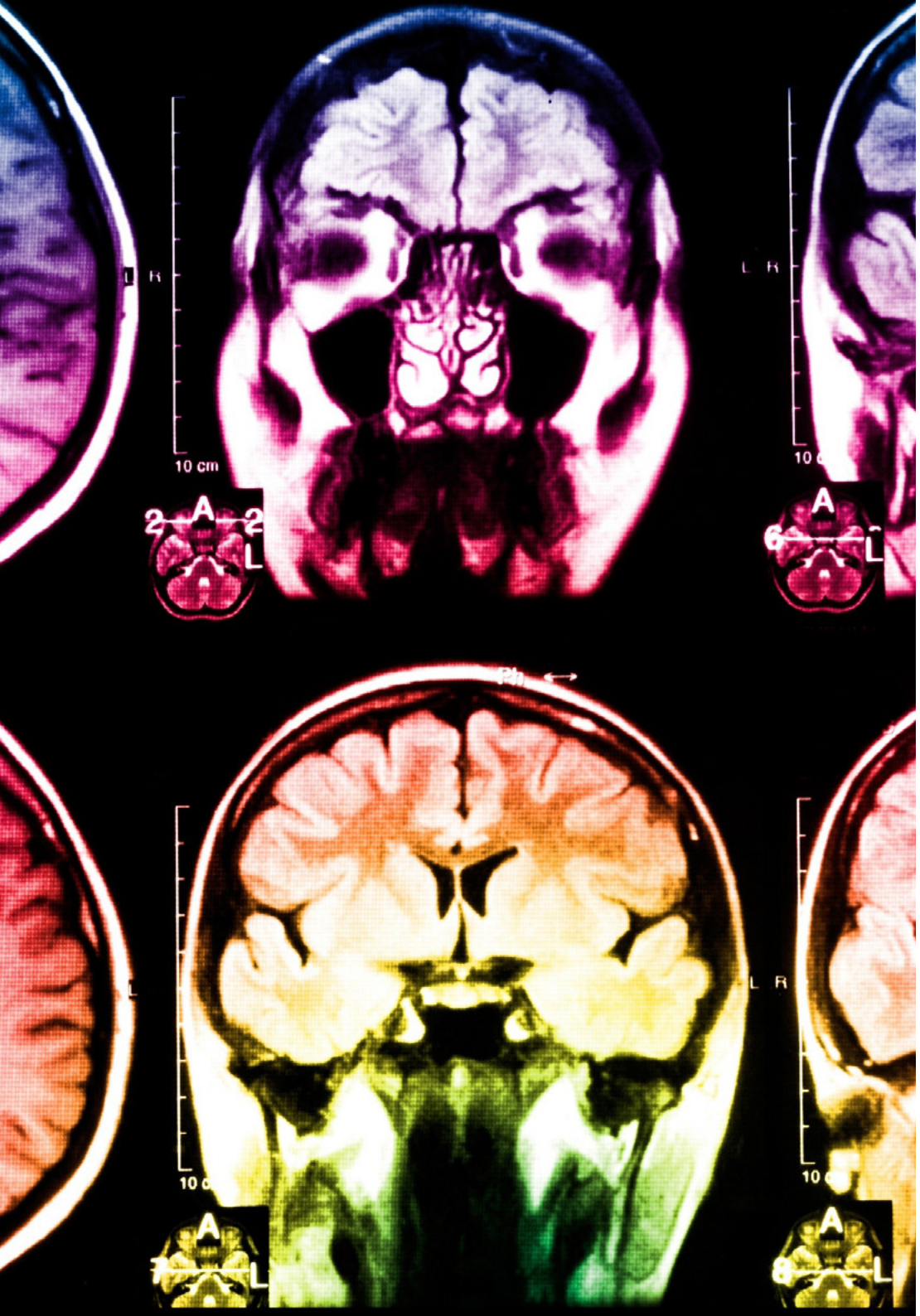
In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

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.

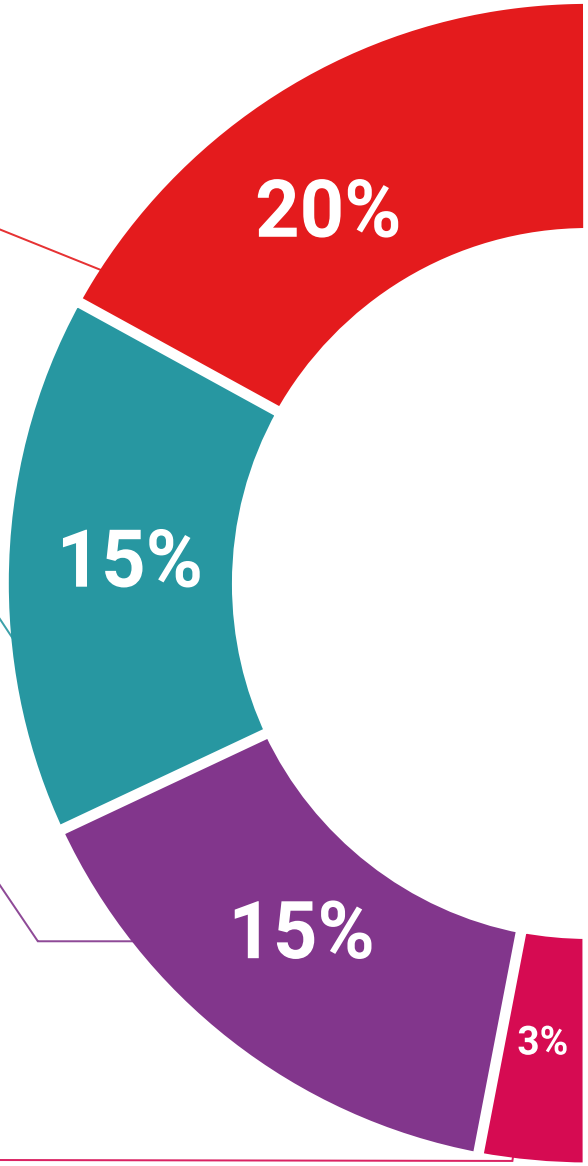
### Interactive Summaries

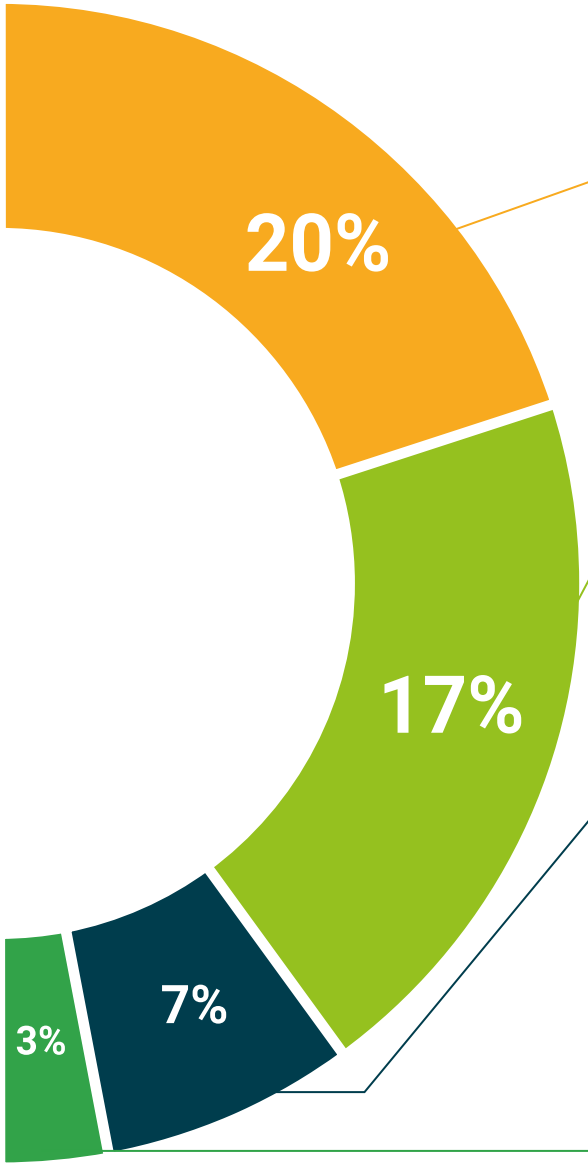
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

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.

05

# Certificate

The Postgraduate Diploma in Medical Approach to Dyslalia and Dysphasia guarantees students, in addition to the most rigorous and up-to-date education, access to a diploma for the Postgraduate Diploma 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 **Postgraduate Diploma in Medical Approach to Dyslalia and Dysphasia** 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.

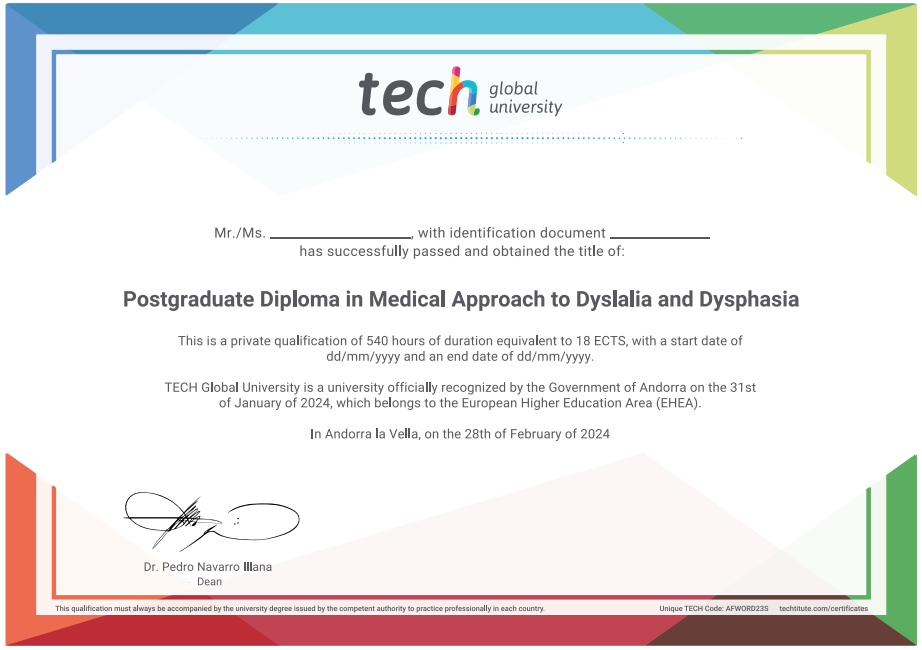
This private qualification from **TECH Global University** is a European continuing education and professional development program that guarantees the acquisition of competencies in its area of expertise, providing significant curricular value to the student who successfully completes the program.

Title: **Postgraduate Diploma in Medical Approach to Dyslalia and Dysphasia**

Modality: **online**

Duration: **6 months.**

Accreditation: **18 ECTS**


tech global university

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

**Postgraduate Diploma in Medical Approach to Dyslalia and Dysphasia**

This is a private qualification of 540 hours of duration equivalent to 18 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

This qualification must always be accompanied by the university degree issued by the competent authority to practice professionally in each country. Unique TECH Code: AFWORD23S techtitute.com/certificates

*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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# Postgraduate Diploma

## Medical Approach to Dyslalia and Dysphasia

- Modality: **Online**
- Duration: **6 months.**
- Certificate: **TECH Global University**
- Accreditation: **18 ECTS**
- Schedule: **at your own pace**
- Exams: **online**

# Postgraduate Diploma

## Medical Approach to Dyslalia and Dysphasia

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