

Postgraduate Diploma Dyslalia and Dysphemia





Postgraduate Diploma Dyslalia and Dysphemia

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Technological University
- » Schedule: at your own pace
- » Exams: online

Website: www.techitute.com/pk/education/postgraduate-diploma/postgraduate-diploma-dyslalia-dysphemia

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01

Introduction

Among the most common speech disorders are Dyslalia and Dysphemia, the former caused by an auditory problem and the latter by an oral morphology disorder. Both cause complex difficulties in using language fluently, leading to comprehension problems and generating insecurity and stress in patients. However, thanks to the development of speech therapy, today there are hundreds of exercises to alleviate this type of situation, allowing these people to work on improving their oral production. And with the aim that students find everything they need to delve into this subject in a single program, TECH has developed a comprehensive 100% online program that is perfect for this purpose. Throughout the 450 hours, students will be able to work on the basics of language and the key to early diagnosis and treatment of Dyslalia and Dysphemia.





Q M W C E O N A W K P

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Would you like to become a professional expert in Dyslalia and Dysphemia? Then, opt for a program like this one, which will provide you with everything you need to achieve it in just 6 months"

Speech problems often lead to a deterioration of the relationship capacity of individuals, especially in the case of children, due to their inability to communicate easily. A frequent example of this is those patients suffering from dysphemia, commonly known as stuttering, who know exactly what they want to say, but the inability to pronounce certain sounds, syllables or words causes them to get stuck when speaking. The same is true for people suffering from dyslalia, which, in addition, is often accompanied by hearing problems.

In this type of case, the role played by speech therapy professionals is essential, since, thanks to the use of relaxation, pronunciation, communication, mouth modulation and breathing techniques, they are able to achieve a positive evolution in a short period of time. And so that specialists in this field can be brought up to date on the advances that have been made, as well as on the most effective and innovative diagnostic, evaluation and treatment techniques, TECH has designed this Postgraduate Diploma in Dyslalia and Dysphemia, a comprehensive program that includes the most exhaustive information in relation to Speech Therapy and language applied to these pronunciation problems. Therefore, throughout 450 hours of theoretical, practical and additional content, you will be able to work on improving your functions, as well as on the specialized knowledge of both conditions for a more effective approach.

For this purpose, you will have access to a wide range of material, from the syllabus, designed by professionals with expertise in this sector who are also part of the teaching team, to detailed videos, case studies, complementary readings, research articles, self-knowledge exercises, dynamic summaries and much more! All compacted in a convenient and flexible 100% online format, which will give students the possibility to connect to the Virtual Campus where the contents are stored from any device with an Internet connection. This way, students can design their own study plan and participate in an academic experience totally adapted to their needs and requirements.

This **Postgraduate Diploma in Dyslalia and Dysphemia** contains the most complete and up-to-date educational program on the market. The most important features include:

- ♦ Case studies presented by experts in Pedagogy and Education
- ♦ The graphic, schematic and practical contents of the program provide technical and practical information on those disciplines that are essential for professional practice
- ♦ The practical exercises where the self-evaluation process can be carried out to improve learning
- ♦ Its special emphasis on innovative methodologies
- ♦ 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



A program that will enable you to excel in the field of Speech Therapy thanks to your comprehensive knowledge of dyslalia etiology and classification"

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Do you know the characteristics of Hottentottism? With this Postgraduate Diploma you will work on each of them, as well as on the most effective therapeutic strategies to prevent and treat them"

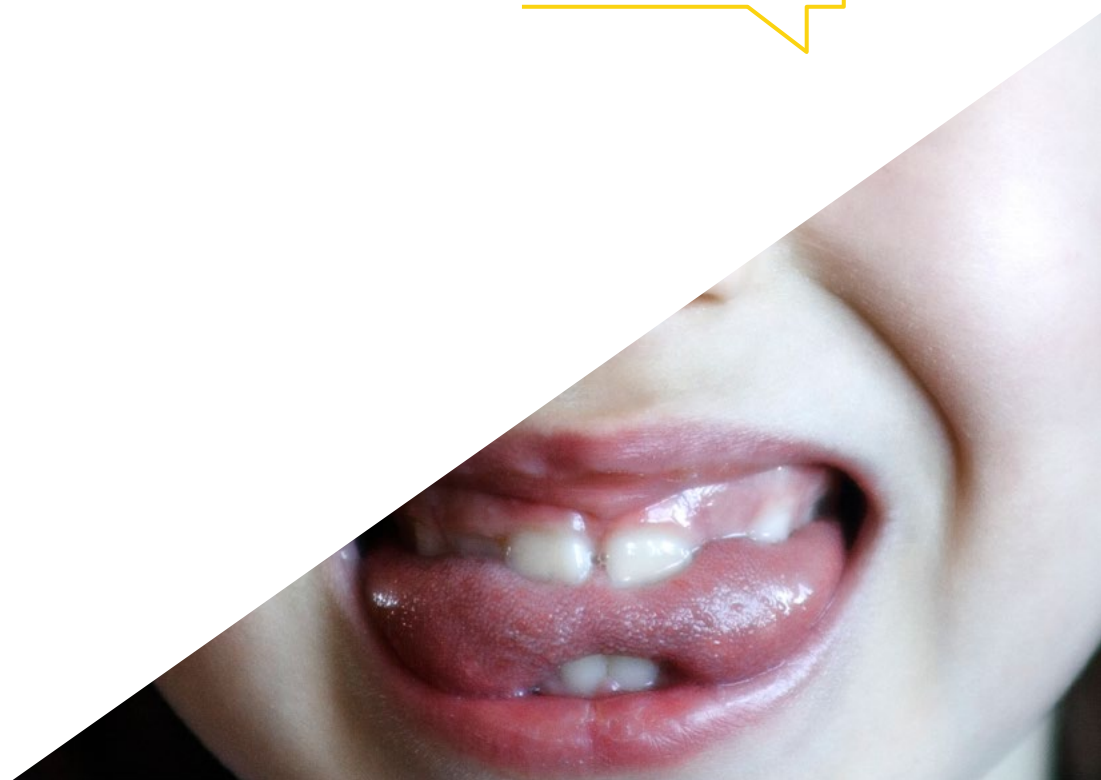
The program's teaching staff includes professionals from the sector who contribute their work experience to this educational program, as well as renowned specialists from leading societies and prestigious universities.

Its multimedia content, developed with the latest educational technology, will allow the professional a situated and contextual learning, that is, a simulated environment that will provide an immersive training programmed to train in real situations.

The design of this program focuses on Problem-Based Learning, in which the professional will have to try to solve the different professional practice situations that will arise throughout the academic course. For this purpose, the student will be assisted by an innovative interactive video system created by renowned experts.

You will have unlimited access to the Virtual Campus, without timetables, from wherever you want and through any device with an Internet connection.

You will be up to date on the most effective exercises to improve articulation in spontaneous, repeated and directed speech.



02

Objectives

Given the very important role played by speech therapy professionals in clinical and therapeutic management of patients with dyslalia and dysphemia, TECH has developed this Postgraduate Diploma with the aim of providing them with a comprehensive guide that will help them to catch up on developments that have arisen in this field. In this way, they will have access to the best theoretical, practical and additional material, as well as the most innovative academic tools to help you exceed even your most ambitious expectations.





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You have the perfect opportunity to work intensively on the processes for the diagnosis and early detection of speech disorders. Don't let it pass you by”



General Objectives

- Consolidate basic knowledge of the intervention process in the classroom and other spaces based on the latest advances in neuroscience on the neuropsychological processes involved in communication
- Develop a broad and specialized knowledge of Dyslalia and Dysphemia and their therapeutic approach from a speech therapy point of view



Whatever your goals are, TECH will provide you with everything you need to not only achieve them, but exceed them successfully"





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
- ♦ Acquire knowledge about the concept of Language and the different aspects that compose it
- ♦ Delve into the typical development of language, knowing its stages, as well as being able to identify the warning signs of language development
- ♦ Understand and be able to classify the different Language pathologies, from the different approaches currently existing
- ♦ Know the different batteries and tests available in the discipline of Speech Therapy, to be able to carry out a correct evaluation of the different areas of Language
- ♦ Be able to develop a Speech Therapy report in a clear and precise way, both for the families and for the different professionals
- ♦ Understand the importance and effectiveness of working with an interdisciplinary team, whenever necessary and favorable for the child's rehabilitation

Module 2. Dyslalias: Assessment, Diagnosis, and Intervention

- ♦ Acquisition of 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
- ♦ Understand and be able to apply the processes involved in the intervention, at the same time, to acquire knowledge to be able to intervene and to make own and effective material for the different Dyslalias that can be presented

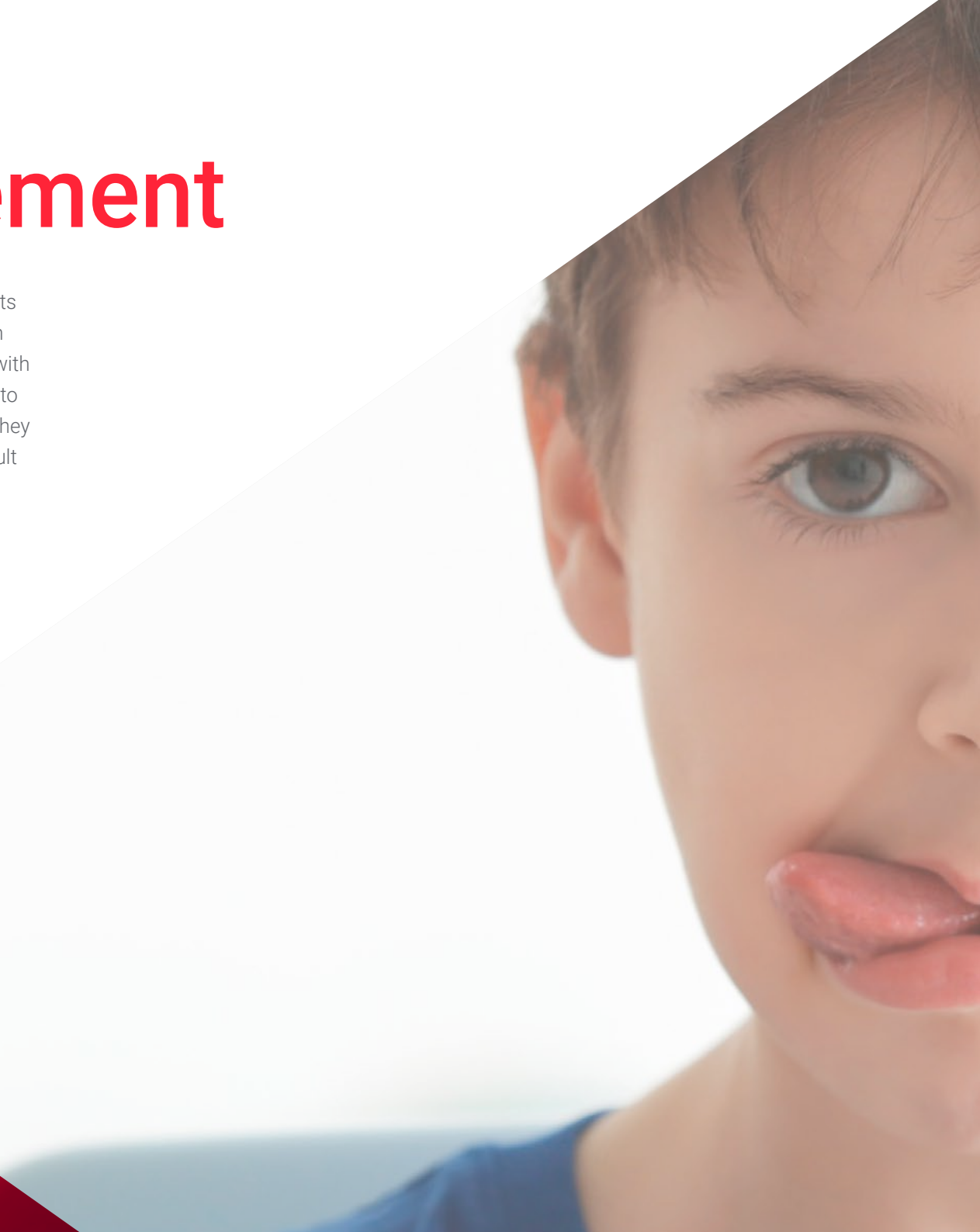
Module 3. Dysphemia and/or stuttering: Assessment, Diagnosis, and Intervention

- ♦ Know the concept of Dysphemia, including its symptoms and classification
- ♦ Be able to differentiate between Normal Dysfluency and Verbal Fluency impairment, such as Dysphemia
- ♦ Delve into in the marking of objectives and in the depth of the intervention of a Dysphemic child, in order to be able to carry out the most efficient and effective work possible
- ♦ Understand and be aware of the need to keep a record of all the sessions and everything that happens in them

03

Course Management

In accordance with its maxim of offering an elite education for all, TECH counts on renowned professionals in order for students to acquire solid knowledge in Dyslalia and Dysphemia. Therefore, this program has a highly qualified team with extensive experience in the sector, which will offer the best tools for students to develop their skills during the course. This way, students have the guarantee they need to specialize at an international level in a booming sector that will catapult them to professional success.





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Having the support of a team specialized in Pedagogy and Speech Therapy will help you implement their own successful strategies in your practice and make them your own in order to help your patients"

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.



Dra. Rosenzweig, Elizabeth Anne

- ♦ Director of the Communication Disorders Clinic at Columbia University, New York, United States
- ♦ Professor, General Hospital Institute of Health Professions, New York, United States
- ♦ Director of Private Practice AuditoryVerbalTherapy.net
- ♦ Department Head, Yeshiva University
- ♦ Attending Specialist at Teachers College, 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

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

Management



Ms. Vázquez Pérez, María Asunción

- ◆ Forensic speech therapist
- ◆ Forensic Speech Therapist with teaching experience in Attention Deficit Hyperactivity Disorder (ADHD)
- ◆ Diploma in Speech Therapy with training and experience in hearing impairment, autism spectrum disorders, augmentative communication systems

Professors

Ms. Mata Ares, Sandra María

- ◆ Speech therapist
- ◆ Specialist in Speech Therapy Intervention in Childhood and Adolescence
- ◆ Master's Degree in Speech Therapy intervention in childhood and adolescence
- ◆ Specific training in disorders related to Speech and Language in childhood and adulthood

Ms. Rico Sánchez, Rosana

- ◆ Speech therapist
- ◆ Director and Speech Therapist in the Speech Therapy and Pedagogy Center "Words and More"
- ◆ Training and experience in clinical and educational Speech Therapy

Ms. Cerezo Fernández, Ester

- ◆ Speech therapist
- ◆ Speech therapist specialized in Neurology
- ◆ Graduate in Speech Therapy
- ◆ Master's Degree in Clinical Neuropsychology, expert in Myofunctional Therapy, and Early Care. Neurological Logopedics



04

Structure and Content

The syllabus of this program has been designed based on the new therapeutic developments in Speech Therapy, focusing its content, specifically, in relation to the approach of children and adolescents with Dyslalia and Dysphemia. In addition to this program's theoretical material, students will find hours of detailed videos, research articles, complementary readings, use cases and self-knowledge exercises. This way, students will be able to go into the different sections in a personalized way, as well as contextualize all the information they need.





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In the Virtual Campus you will find detailed videos, research articles, complementary readings and much more additional material to delve into the different sections of the syllabus in a personalized way"

Module 1. Basis of Speech and Language Therapy

- 1.1. Introduction to the Postgraduate Diploma and the Module
 - 1.1.1. Introduction to the Postgraduate Diploma
 - 1.1.2. Introduction to the Module
 - 1.1.3. Previous Aspects of the Language
 - 1.1.4. History of the Study of Language
 - 1.1.5. Basic Theories of Language
 - 1.1.6. Research in Language Acquisition
 - 1.1.7. Neurological Bases of Language Development
 - 1.1.8. Perceptual Bases in Language Development
 - 1.1.9. Social and Cognitive Bases 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 in Spain
 - 1.2.3.1. Importance of the Speech Therapy professional in Spain
 - 1.2.3.2. Is the Speech Therapist valued in Spain?
 - 1.2.4. Speech Therapy in the rest of the World
 - 1.2.4.1. Importance of the Speech Therapy Professional in the rest of the World
 - 1.2.4.2. What are Speech Therapists called in other countries?
 - 1.2.4.3. Is the figure of the Speech Therapist valued in other Countries?
 - 1.2.5. Functions of the Speech-Language Pathologist
 - 1.2.5.1. Functions of the Speech Therapist according to the BOE
 - 1.2.5.2. The Reality of Speech Therapy
 - 1.2.6. Areas of Intervention of the Speech Therapist
 - 1.2.6.1. Areas of Intervention According to the BOE
 - 1.2.6.2. The Reality of the Speech-Language Pathologist's areas of intervention



- 1.2.7. Forensic Speech Therapy
 - 1.2.7.1. Initial Considerations
 - 1.2.7.2. Concept of Forensic Speech Therapist
 - 1.2.7.3. The Importance of Forensic Speech Therapists
- 1.2.8. Hearing and Speech Teachers
 - 1.2.8.1. Hearing and Speech Teacher Concept
 - 1.2.8.2. Work Areas of Hearing and Speech Teachers
 - 1.2.8.3. Differences between Speech-Language Pathologist and Hearing and Speech Teachers
- 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. Concept of Communication
 - 1.3.2.4. How do they differ?
 - 1.3.3. Language Dimensions
 - 1.3.3.1. Formal or Structural Dimension
 - 1.3.3.2. Functional Dimension
 - 1.3.3.3. Behavioral Dimension
 - 1.3.4. Theories that explain 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. Language Components
 - 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 Normative Language Development
 - 1.3.10. Final Conclusions
- 1.4. Communication, speech, and language disorders
 - 1.4.1. Introduction to 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. From the Clinical Approach
 - 1.4.8.2. From the Educational Approach
 - 1.4.8.3. From the Psycholinguistic Approach
 - 1.4.8.4. From the Axiological point of view
 - 1.4.9. What skills are affected 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. TEL
 - 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 Disturbances
- 1.5. Logopedic Evaluation Instruments
 - 1.5.1. Introduction to Unit
 - 1.5.2. Aspects to be Highlighted during the Logopedic Evaluation
 - 1.5.2.1. Fundamental considerations
 - 1.5.3. Evaluation of Orofacial Motor Skills: The Stomatognathic System
 - 1.5.4. Areas of Speech-Language, Speech, and Communication Speech-Language Assessment:
 - 1.5.4.1. Anamnesis (family interview)
 - 1.5.4.2. Evaluation of the Preverbal Stage
 - 1.5.4.3. Assessment of Phonetics and Phonology
 - 1.5.4.4. Assessment of Morphology
 - 1.5.4.5. Syntax Evaluation
 - 1.5.4.6. Evaluation of Semantics
 - 1.5.4.7. Evaluation of Pragmatics
 - 1.5.5. General Classification of the Most Commonly Used Tests in Speech Assessment
 - 1.5.5.1. Developmental Scales: Introduction
 - 1.5.5.2. Oral Language Assessment Tests: Introduction
 - 1.5.5.3. Test for the Assessment of Reading and Writing: 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. Bayley Scale of Child Development
 - 1.5.6.6. McCarthy Scale (Scale of Aptitudes and Psychomotor Skills for Children)
 - 1.5.7. Oral Language Assessment Test
 - 1.5.7.1. BLOC
 - 1.5.7.2. Monfort Induced Phonological Register
 - 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. ALS-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. Test 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 That Must be Included in a Speech-Language Pathology Report
 - 1.6.1. Introduction to Unit
 - 1.6.2. The Reason for the Appraisal
 - 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. Medical History
 - 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 Medical and Academic History
 - 1.6.4.1. Medical History
 - 1.6.4.1.1. Evolutionary Development
 - 1.6.4.2. Academic History
 - 1.6.5. Situation of the Different Contexts
 - 1.6.5.1. Situation of the Family Context
 - 1.6.5.2. Situation of the Social Context
 - 1.6.5.3. Situation of the School 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. Teacher Assessment
 - 1.6.6.2.3. Psychologist's Assessment
 - 1.6.6.2.4. Other Assessments
 - 1.6.7. Results of the Assessments
 - 1.6.7.1. Logopedic Evaluation Results
 - 1.6.7.2. Results of the other Evaluations
 - 1.6.8. Clinical Judgment and/or Conclusions
 - 1.6.8.1. Speech-Language Pathologist's Judgment
 - 1.6.8.2. Judgment of Other Professionals
 - 1.6.8.3. Judgment in Common with the Other Professionals
 - 1.6.9. Speech Therapy Intervention Plan
 - 1.6.9.1. Objectives to Intervene
 - 1.6.9.2. Intervention Program
 - 1.6.9.3. Guidelines and/or Recommendations for the Family
 - 1.6.10. Why is it so Important to Carry Out a Speech Therapy Report?
 - 1.6.10.1. Preliminary Considerations
 - 1.6.10.2. Areas 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 elaborate 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. Intervention Program Fundamentals
 - 1.7.2.3. Speech Therapy Intervention Program Considerations
 - 1.7.3. Fundamental Aspects for the Elaboration of a Speech Therapy Intervention Program
 - 1.7.3.1. Characteristics of the Child
 - 1.7.4. Planning of the Speech Therapy Intervention
 - 1.7.4.1. Methodology of Intervention to be Carried Out
 - 1.7.4.2. Factors to Take Into Account in the Planning of the Intervention
 - 1.7.4.2.1. Extracurricular Activities
 - 1.7.4.2.2. Chronological and Corrected Age of the Child
 - 1.7.4.2.3. Number of Sessions per Week
 - 1.7.4.2.4. Collaboration on the Part of the Family
 - 1.7.4.2.5. Economic Situation of the Family
 - 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. Areas of Speech Therapy Intervention and Techniques for its 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. Proposition of Materials of Own Manufacture and Indispensable in a Speech Therapy Room
 - 1.7.7.2. Proposition of Indispensable Materials on the Market for a Speech Therapy Room
 - 1.7.7.3. Indispensable 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-Logopedic Methods
 - 1.7.8.2.5. Pragmatic Methods
 - 1.7.8.2.6. Medical Methods
 - 1.7.8.2.7. Others
 - 1.7.8.3. Choice of the Most Appropriate Method of Intervention for Each Subject
- 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. for Psychologists
 - 1.7.9.2.2. Occupational Therapists
 - 1.7.9.2.3. Professors
 - 1.7.9.2.4. Hearing and Speech Teachers
 - 1.7.9.2.5. Others
 - 1.7.9.3. The Work of these Professionals in Speech-Language Pathology Intervention
- 1.7.10. Final Conclusions
- 1.8. Augmentative and Alternative Communication Systems (AACs)
 - 1.8.1. Introduction to Unit
 - 1.8.2. What are AACs?
 - 1.8.2.1. Augmentative Communication System Concept
 - 1.8.2.2. Alternative Communication System Concept
 - 1.8.2.3. Similarities and Differences
 - 1.8.2.4. Advantages of AACs
 - 1.8.2.5. Disadvantages: of AACs
 - 1.8.2.6. How do AACs arise?
 - 1.8.3. Principles: of AACs
 - 1.8.3.1. General Principles
 - 1.8.3.2. False myths about AACs
 - 1.8.4. How to Know the Most Suitable AACs
 - 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 Sweeping
 - 1.8.6.4. Coded Selection
 - 1.8.7. Types of AACs
 - 1.8.7.1. Sign Language
 - 1.8.7.2. The Complemented Word
 - 1.8.7.3. PECs
 - 1.8.7.4. Bimodal Communication
 - 1.8.7.5. Bliss System
 - 1.8.7.6. Communicators
 - 1.8.7.7. Minspeak
 - 1.8.7.8. Schaeffer System
 - 1.8.8. How to Promote the Success of the AACs Intervention?



- 1.8.9. Technical Aids Adapted to Each Person
 - 1.8.9.1. Communicators
 - 1.8.9.2. Pushbuttons
 - 1.8.9.3. Virtual Keypads
 - 1.8.9.4. Adapted Mice
 - 1.8.9.5. Data Input Devices
- 1.8.10. AACCS Resources and Technologies
 - 1.8.10.1. AraBoard Builder
 - 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 Correct 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 Immediate Environment
 - 1.9.3. Communication Problems in the Immediate Environment
 - 1.9.3.1. Communicative Barriers Encountered by the Subject at Home
 - 1.9.4. Speech Therapy intervention aimed at the Family-Centered Intervention Model
 - 1.9.4.1. Concept of Family Centered Intervention
 - 1.9.4.2. How to carry out the Family Centered Intervention?
 - 1.9.4.3. The importance of the Family-Centered Model
 - 1.9.5. Integration of the family in the Speech-Language Pathology Intervention
 - 1.9.5.1. How to integrate the family in the Intervention?
 - 1.9.5.2. Guidelines for the Professional
 - 1.9.6. Advantages of family integration in all contexts of the subject
 - 1.9.6.1. Advantages of coordination with Educational Professionals
 - 1.9.6.2. Advantages of coordination with Health Professionals

- 1.9.7. Recommendations for the Family Environment
 - 1.9.7.1. Recommendations to Facilitate Oral Communication
 - 1.9.7.2. Recommendations for a Good Relationship in the Family Environment
- 1.9.8. The Family as a Key Part in the Generalization of the Established Objectives
 - 1.9.8.1. The Importance of the Family in Generalization
 - 1.9.8.2. Recommendations to facilitate Generalization
- 1.9.9. How do I communicate with my child?
 - 1.9.9.1. Modifications in the child's family environment
 - 1.9.9.2. Advice and Recommendations from the child
 - 1.9.9.3. The Importance of keeping a Record Sheet
- 1.9.10. Final Conclusions
- 1.10. Child Development in the School context
 - 1.10.1. Introduction to Unit
 - 1.10.2. The Involvement of the School center during the Speech Therapy Intervention
 - 1.10.2.1. The Influence of the School Center in the child's development
 - 1.10.2.2. The Importance of the Center in the Speech Therapy Intervention
 - 1.10.3. School Supports
 - 1.10.3.1. Concept of School Support
 - 1.10.3.2. Who Provides School Support in the Center?
 - 1.10.3.2.1. Hearing and Speech Teacher
 - 1.10.3.2.2. Therapeutic Pedagogy Teacher (PT)
 - 1.10.3.2.3. Counselor
 - 1.10.4. Coordination with the Professionals of the Educational Center
 - 1.10.4.1. Educational Professionals with whom the Speech-Language Pathologist coordinates with
 - 1.10.4.2. Basis for Coordination
 - 1.10.4.3. The Importance of Coordination in the child's Development
 - 1.10.5. Consequences of the Child with Special Educational Needs in the classroom
 - 1.10.5.1. How the Child Communicates with Teachers and Students?
 - 1.10.5.2. Psychological Consequences
 - 1.10.6. School Needs of the child
 - 1.10.6.1. Taking Educational Needs into account in Intervention
 - 1.10.6.2. Who determines the child's Educational Needs?
 - 1.10.6.3. How are they established?

- 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 Children 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. Addition/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 Speech
 - 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 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-Language Pathologist 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-Language Pathologist 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 Dyslexic Children
 - 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 Dyslexic Child
 - 2.6.1. Introduction to 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 Dyslexic 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 Intervention?
 - 2.6.8. Family Support to the Dyslexic child
 - 2.6.8.1. Preliminary Considerations
 - 2.6.8.2. Teaching Families How to Reinforce Dyslexic Children
 - 2.6.9. Resources Available to Families
 - 2.6.10. Final Conclusions

- 2.7. The School Context as Part of the Dyslexic child's Intervention
 - 2.7.1. Introduction to 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 curriculum?
 - 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 Dyslexic child
 - 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 Praxis
 - 2.8.1. Introduction to Unit
 - 2.8.2. The 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. Ideational Praxis
 - 2.8.2.2.3. Facial Praxis
 - 2.8.2.2.4. Visoconstructive Praxis

- 2.8.2.3. Classification of Praxis 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 Praxis
- 2.8.4. What Praxis are used in the Speech Therapy Intervention of Dyslalia?
 - 2.8.4.1. Labial Praxis
 - 2.8.4.2. Lingual Praxis
 - 2.8.4.3. Velum of Palate Praxis
 - 2.8.4.4. Other Praxis
- 2.8.5. Aspects that the Child must have, to be able to Perform the Praxis
- 2.8.6. Activities for the Realization of the Different Facial Praxis
 - 2.8.6.1. Exercises for the Labial Praxis
 - 2.8.6.2. Exercises for the Lingual Praxis
 - 2.8.6.3. Exercises for Soft Palate Praxis
 - 2.8.6.4. Other Exercises
- 2.8.7. Current Controversy over the use of Orofacial Praxis
- 2.8.8. Theories in favor of the use of Praxis 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 Praxis 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 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. Dysphemia and/or stuttering: Assessment, Diagnosis, and Intervention

- 3.1. Introduction to the Module
 - 3.1.1. Module Presentation
- 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. Symptomatology of Stuttering
 - 3.2.2.2.1. Linguistic Manifestations
 - 3.2.2.2.2. Behavioral Manifestations
 - 3.2.2.3. Bodily Manifestations
 - 7.2.2.3.1. 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 Fluency of Verbal Expression
 - 3.2.5. Development of the Disorder
 - 3.2.5.1. Preliminary Considerations
 - 3.2.5.2. Levels of Development and Severity
 - 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. Prognosis of Recovery
 - 3.2.7.1. Preliminary Considerations
 - 3.2.7.2. Key Factors
 - 3.2.7.3. Prognosis according to the moment of Intervention
 - 3.2.8. The incidence and prevalence of Stuttering
 - 3.2.8.1. Preliminary Considerations
 - 3.2.8.2. Incidence in Spain at School Age
 - 3.2.8.3. Prevalence in Spain at School Age
 - 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. Evaluation of Dysphemia
 - 3.3.1. Introduction to 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. Collection of Information
 - 3.3.5.1. Interview with Parents
 - 3.3.5.2. Gathering Relevant Information
 - 3.3.5.3. Medical History
 - 3.3.6. Collecting Additional Information
 - 3.3.6.1. Questionnaires for Parents
 - 3.3.6.2. Questionnaires for Teachers
 - 3.3.7. Evaluation of the Child
 - 3.3.7.1. Observation of the Child
 - 3.3.7.2. Questionnaire for the Child
 - 3.3.7.3. Parent-Child Interaction Profile
 - 3.3.8. Diagnosis
 - 3.3.8.1. Clinical Judgment of the Information Collected
 - 3.3.8.2. Prognosis
 - 3.3.8.3. Types of Treatment
 - 3.3.8.4. Treatment Objectives
 - 3.3.9. Return
 - 3.3.9.1. Return of Information to Parents
 - 3.3.9.2. Informing the Child of the Results
 - 3.3.9.3. Explain Treatment to the Child

- 3.3.10. Diagnostic Criteria
 - 3.3.10.1. Preliminary Considerations
 - 3.3.10.2. Factors that May Affect the Fluency of Speech
 - 3.3.10.2.1. Communication
 - 3.3.10.2.2. Difficulties in Language Development
 - 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. User-centered Speech Therapy Intervention in Dysphemia: Direct Treatment
 - 3.4.1. Introduction to Unit
 - 3.4.2. Direct Treatment
 - 3.4.2.1. Treatment Characteristics
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 - 3.4.3. Therapy Goals
 - 3.4.3.1. Goals with the Child
 - 3.4.3.2. Objectives with the Parents
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 - 3.4.4.1. Objectives
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 - 3.4.5.1. Objectives
 - 3.4.5.2. Techniques for Anxiety Control
 - 3.4.6. Goals for Children: Thought Control
 - 3.4.6.1. Objectives
 - 3.4.6.2. Techniques for Thoughts Control
 - 3.4.7. Goals for Children: Emotional Control
 - 3.4.7.1. Objectives
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 - 3.4.8. Goals for Children: Social and Communication Skills
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 - 3.5.5.3. Treatment in Structured and Unstructured Conversations
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 - 3.5.9. Individualization in the Lindcombe Program
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 - 3.6.2. Exercises for Speech Control
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- 3.6.3. Exercises for Anxiety Control
 - 3.6.3.1. Self-made Resources
 - 3.6.3.2. Resources Found on the Market
 - 3.6.3.3. Technological Resources
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 - 3.6.4.1. Self-made Resources
 - 3.6.4.2. Resources Found on the Market
 - 3.6.4.3. Technological Resources
- 3.6.5. Exercises for Emotion Control
 - 3.6.5.1. Self-made Resources
 - 3.6.5.2. Resources Found on the Market
 - 3.6.5.3. Technological Resources
- 3.6.6. Exercises to improve of Social and Communication Skills
 - 3.6.6.1. Self-made Resources
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 - 3.6.6.3. Technological Resources
- 3.6.7. Exercises that Promote Generalization
 - 3.6.7.1. Self-made Resources
 - 3.6.7.2. Resources Found on the Market
 - 3.6.7.3. Technological Resources
- 3.6.8. How To Use the Exercises Properly
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- 3.7. The Family as Agents of Intervention and Support for the Child with Dysphemia
 - 3.7.1. Introduction to Unit
 - 3.7.2. The Importance of the Family in the Development of the Dysphemic Child
 - 3.7.3. Communication Difficulties Encountered by the Dysphemic child at Home
 - 3.7.4. How do Communication Difficulties in the Family Environment Affect the Dysphemic child?
 - 3.7.5. Types of Intervention with Parents
 - 3.7.5.1. Early Intervention. (Brief Review)
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 - 3.7.6.5. Organization of the Environment
 - 3.7.6.6. Structure of Sessions
 - 3.7.6.7. Special Cases
 - 3.7.7. Direct Treatment with Parents
 - 3.7.7.1. Modifying Attitudes and Behaviors
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 - 3.7.7.3. Daily Practice at Home
 - 3.7.8. Advantages of Involving the Family in the Intervention
 - 3.7.8.1. How Family Involvement Benefits the Child?
 - 3.7.9. The Family as a Means of Generalization
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- 3.8. The School as Agent of Intervention and Support for the Child with Dysphemia
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 - 3.8.2.1. The Importance of the Involvement of the School
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 - 3.8.3. Intervention According to the Student's Needs
 - 3.8.3.1. Importance of taking into account the needs of the Student with Dysphemia
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 - 3.8.4. Classroom Consequences of the Dysphemic Child
 - 3.8.4.1. Communication with Classmates
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 - 3.8.5. School Supports
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- 3.8.6. The coordination of the Speech Therapist with the School Professionals
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- 3.8.7. Orientations
 - 3.8.7.1. Guidelines for the School, to Improve the Child's Intervention
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- 3.8.8. The School as an Enabling Environment
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 - 3.9.1. Introduction to Unit
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 - 3.9.4. The help of Stuttering Associations and Foundations for Health Care and Educational Professionals
 - 3.9.5. Spanish Stuttering Associations and Foundations
 - 3.9.5.1. Spanish Stuttering Foundation (TTM)
 - 3.9.5.1.1. Foundation Information
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 - 3.9.6. Stuttering Associations and Foundations around the World
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 - 3.9.6.1.1. Association Information
 - 3.9.6.1.2. Contact Information
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 - 3.9.7.1. Spanish Stuttering Foundation (TTM)
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 - 3.9.7.2.1. Contact Information
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- 3.9.8. Stuttering Information Blogs
 - 3.9.8.1. Subject Blog
 - 3.9.8.1.1. Contact Information
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- 3.9.9. Speech Therapy magazines where information can be obtained
 - 3.9.9.1. Speech Therapy Space magazine
 - 3.9.9.1.1. Contact Information
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 - 3.9.9.2.1. Contact Information
- 3.9.10. Final Conclusions
- 3.10. Annexes
 - 3.10.1. Guidelines for Dysphemia
 - 3.10.1.1. Guide for Parents of the Spanish Stuttering Foundation
 - 3.10.1.2. Guide for Teachers of the Spanish Stuttering Foundation
 - 3.10.1.3. White Paper on "People with Stuttering in Spain"
 - 3.10.2. Example of Anamnesis for the Assessment of Dysphemias
 - 3.10.3. Fluency Questionnaire for Parents
 - 3.10.4. Questionnaire for parents of emotional responses to Stuttering 7.10.5.
 - 3.10.5. Parent Record
 - 3.10.6. Fluency Questionnaire for Teachers
 - 3.10.7. Relaxation Techniques
 - 3.10.7.1. Instructions for the Speech Therapist
 - 3.10.7.2. Relaxation Techniques Adapted to Children
 - 3.10.8. Social Reality of People with Stuttering in Spain
 - 3.10.9. Discriminations Suffered by People that Stutter
 - 3.10.10. Truths and Myths of Stuttering

05

Methodology

This training program offers a different way of learning. Our methodology uses a cyclical learning approach: **Relearning**.

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.





“

Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH Education School we use the Case Method

In a given situation, what should a professional do? Throughout the program students will be presented with multiple simulated cases based on real situations, where they will have to investigate, establish hypotheses and, finally, resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method.

With TECH, educators can experience a learning methodology that is shaking the foundations of traditional universities around the world.



It is a technique that develops critical skills and prepares educators to make decisions, defend their arguments, and contrast opinions.

“

Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”

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

1. Educators who follow this method not only grasp concepts, but also develop their mental capacity, by evaluating real situations and applying their knowledge.
2. The learning process is solidly focused on practical skills that allow educators to better integrate the knowledge into daily practice.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life teaching.
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.



Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

Our University is the first in the world to combine case studies with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, which represent a real revolution with respect to simply studying and analyzing cases.



Educators will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology we have trained more than 85,000 educators with unprecedented success in all specialties. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

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.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.



This program offers the best educational material, prepared with professionals in mind:



Study Material

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

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Educational Techniques and Procedures on Video

TECH introduces students to the latest techniques, with the latest educational advances, and to the forefront of Education. All this, first-hand, with the maximum rigor, explained and detailed for your assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

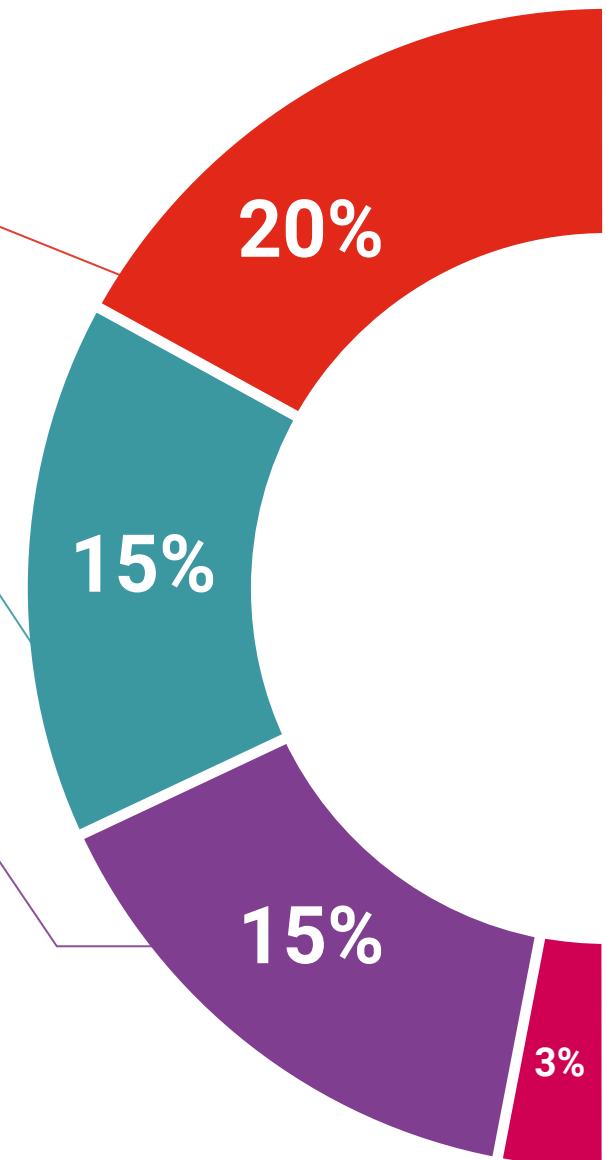
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

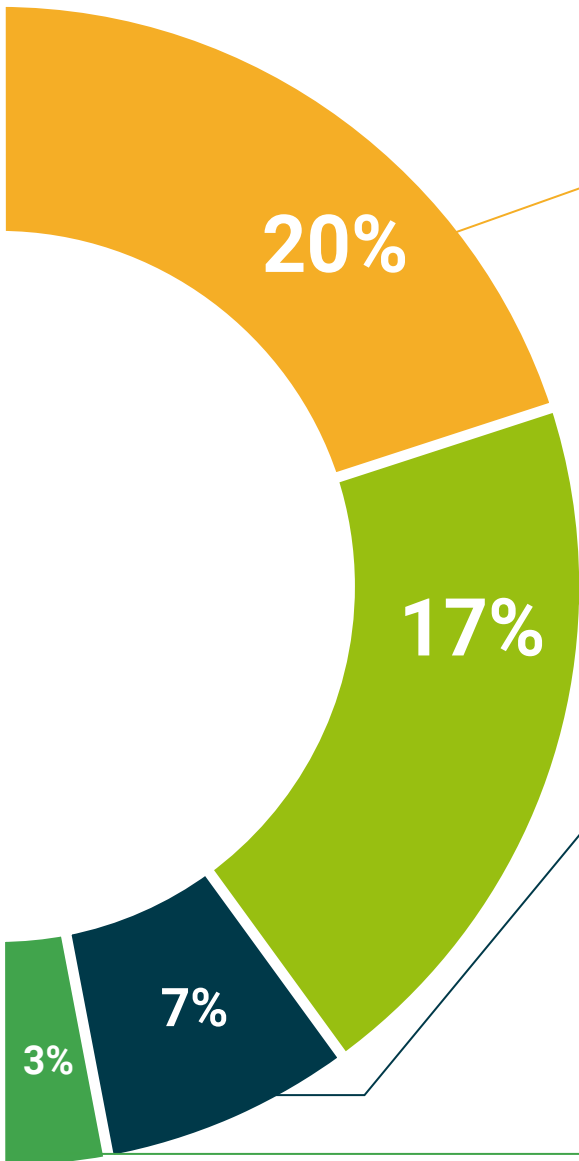
This exclusive multimedia content presentation training Exclusive system was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises: so that they can see how they are achieving your goals.



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 in 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.



06

Certificate

The Postgraduate Diploma in Dyslalia and Dysphemia guarantees students, in addition to the most rigorous and up-to-date education, access to a Postgraduate Diploma issued by TECH Technological University.



“

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

This **Postgraduate Diploma in Dyslalia and Dysphemia** contains the most complete and up-to-date program on the market.

After the student has passed the assessments, they will receive their corresponding **Postgraduate Diploma** issued by **TECH Technological University** via tracked delivery*.

The certificate issued by **TECH Technological University** will reflect the qualification obtained in the Postgraduate Diploma, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: **Postgraduate Diploma in Dyslalia and Dysphemia**



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

future
health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning
community commitment
personalized service innovation
knowledge present
development language
virtual classroom



Postgraduate Diploma Dyslalia and Dysphemia

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Technological University
- » Schedule: at your own pace
- » Exams: online

Postgraduate Diploma Dyslalia and Dysphemia

