Postgraduate Diploma

Speech Therapy Intervention

tech global university

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Postgraduate Diploma

Speech Therapy Intervention

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

Website: www.techtitute.com/us/education/postgraduate-diploma/postgraduate-diploma-speech-terapy-intervention

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01

Introduction

Difficulties related to breathing, voice, speech, language, communication and swallowing are very present in today's society. This type of condition is usually detected at an early age, which is positive for patients, since the sooner it is diagnosed, the sooner it is possible to apply specialized therapeutic techniques to manage it and even work towards a cure. This program covers, precisely, all the new developments related to speech therapy intervention in the current context, paying special attention to the most effective psychological and pedagogical strategies to alleviate these deficits in infant-juvenile patients. All this in a 100% online format and through an academic experience that will also allow students to deal with cases of dyslalia, from its previous evaluation to its eradication, contributing to their professional improvement and improving their skills to the highest level.

Would you like to get up to date on the basics of speech and language therapy? Then, enroll now in this Postgraduate Diploma and in only 6 months you will have managed to improve the most innovative test kits"

Speech therapy includes a wide range of relaxation, self-control, myofunctional, cognitive, respiratory or swallowing techniques, among others, focused on alleviating difficulties related to voice, speech, communication or swallowing, as well as disorders affecting reading, writing and learning skills. It is, therefore, a fundamental discipline for the cognitive-behavioral development of patients who suffer from them, since the intervention of its professionals allows them to develop strategies and tools to reinforce their skills, contributing to a positive evolution of their abilities and even achieving results such as the cure for the anomaly.

As in all health disciplines, the time factor is very important, so an early diagnosis contributes to a faster therapy implementation and, therefore, a faster evolution. For this reason, TECH has developed this comprehensive program, aimed at professionals in this field and designed so students who access it can get up to date with the most innovative techniques of speech therapy intervention in the current context. In addition, it focuses on Dyslalia and the characteristics of this inability to pronounce certain phonemes, as well as the most effective exercises to alleviate the ability to produce specific sounds.

For this purpose, you will have 450 hours of theoretical, practical and additional material, elaborated by a teaching team specialized in this field, which will be in charge of directing the program, as well as resolving any doubts that may arise during the course. However, the most important feature of this program is undoubtedly its convenient and flexible 100% online format, which allows students to connect whenever they want and can from any device with an Internet connection, without schedules or face-to-face classes.

This **Postgraduate Diploma in Speech Therapy Intervention** contains the most complete and up-to-date 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

You will work with the most comprehensive and detailed information on dyslalia, so that you can always address these cases early and effectively"

Having a set of psychological skills to deal with certain cases will help you to offer a higher quality and more specialized service"

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.

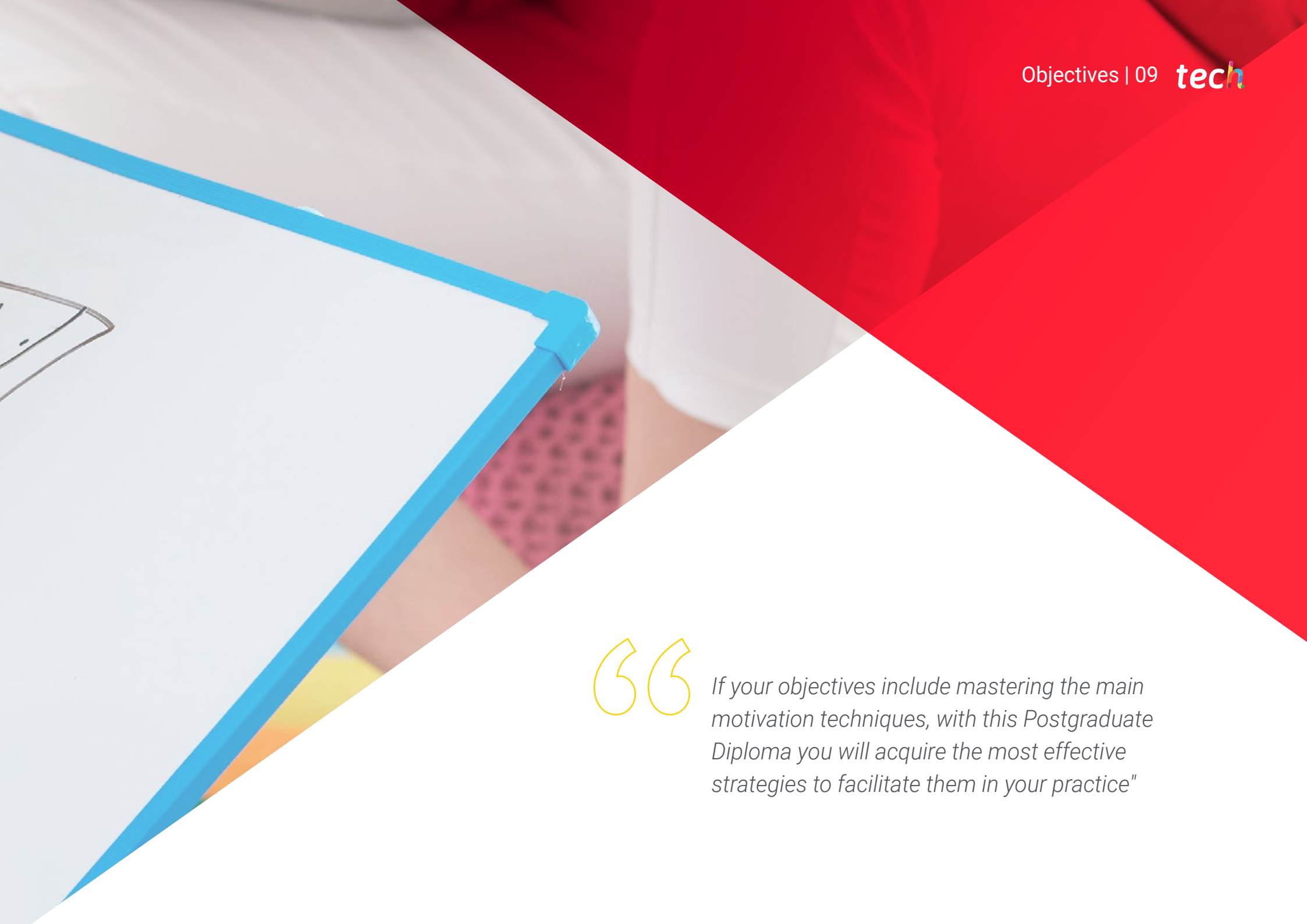
A program that will give you thePostgraduate Diploma distinction, demonstrating not only your high professional level, but also your commitment to the development of Speech Therapy.

You will have 450 hours of diverse material, from complementary readings, research articles and news to use cases, so that you can delve into the subject in a personalized way.

02

Objectives

The objective of this Postgraduate Diploma is none other than to serve as a guide for students in their efforts to keep up to date with the most avant-garde and exhaustive content in the current speech therapy sector. In this way, and through the detailed knowledge of the main techniques and strategies, students will be able to implement the best tools in their practice, allowing them to transmit them to their patients in order to contribute to the improvement of the condition they suffer from.



If your objectives include mastering the main motivation techniques, with this Postgraduate Diploma you will acquire the most effective strategies to facilitate them in your practice"

General Objectives

- Promote the modernization of speech therapy intervention through the coherent and applied use of new technologies within a digital speech therapy framework
- Know in detail the advances that have been made from the speech therapy perspective in relation to the diagnosis and treatment of the different types of dyslalias

TECH's goal with this type of program is for students to achieve their own goals through access to the best content and the most innovative academic tools"

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. Psychological knowledge of interest in the Speech-Language Pathology Fiel

- Understand the area of knowledge and work of child and adolescent psychology: object of study, areas of action, etc
- Become aware of the characteristics that a professional working with children and adolescents should have or enhance
- Acquire the basic knowledge necessary for the detection and referral of possible Psychological Problems in children and adolescents that may disturb the child's well-being and interfere in the Speech Therapy rehabilitation and to reflect on them
- Know the possible implications that different psychological problems (emotional, cognitive, and behavioral) may have on speech therapy rehabilitation
- Acquire knowledge related to attentional processes, as well as their influence on Language and intervention strategies to be carried out at the Speech Therapy level together with other professionals
- Delve into the subject of Executive Functions and to know their implications in the area of Language, as well as to acquire strategies to intervene on them at a Speech Therapy level together with other professionals
- Acquire knowledge on how to intervene at the level of Social Skills in children and adolescents, as well as to deepen in some concepts related to them, and to obtain specific strategies to enhance them
- Know different Behavior Modification strategies that are useful in consultation to achieve both the initiation, development, and generalization of appropriate behaviors, as well as the reduction or elimination of inappropriate behaviors
- Delve into the concept of motivation and to acquire strategies to promote it in consultation
- Acquire knowledge related to School failure in children and adolescents
- Know the main study habits and techniques that can help to improve the performance of children and adolescents from a Speech Therapy and Psychological point of view

03

Course Management

For the elaboration of the teaching staff of this Postgraduate Diploma, TECH has selected a group of professionals specialized in Speech Therapy Intervention, just as it could not be otherwise. Therefore, they will be able to bring an added value to the academic experience based on their trajectory and successful strategies, allowing students to implement them in their practice and contribute effectively to the development of this discipline. In addition, it will be at your disposal to answer any questions that may arise during the course of the program.

The teaching team has worked intensively on the composition of an avant-garde and comprehensive program based on the latest developments in Speech Therapy Intervention"

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

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

Management

Ms. Vázquez Pérez, Maria Asunción

- 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

04

Structure and Content

For the development of this Postgraduate Diploma's theoretical content, TECH and its team of professionals have used the prestigious and effective pedagogical methodology of Relearning, which consists of reiterating the most important concepts throughout the syllabus, offering the possibility of acquiring a broad and specialized knowledge without having to invest extra hours. In addition, this strategy contemplates the resolution of practical cases based on real situations, allowing students to perfect their skills through a 100% online program.

The course of this Postgraduate Diploma will give you the keys to develop clear and accurate speech therapy reports, both for families and for the different professionals involved in patient treatment"

Module 1. Basis of Speech and Language Therapy

1.1. Introduction to the Postgraduate Diploma and to 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 the rest of the World
  - 1.2.3.1. Importance of the Speech Therapy Professional in the rest of the World
  - 1.2.3.2. What are Speech Therapists called in other countries?
  - 1.2.3.3. Is the Figure of the Speech Therapist Valued in other Countries?
- 1.2.4. Functions of the Speech-Language Pathologist
  - 1.2.4.1. Functions of the Speech Therapist according to the BOE
  - 1.2.4.2. The Reality of Speech Therapy
- 1.2.5. Areas of Intervention of the Speech Therapist
  - 1.2.5.1. Areas of Intervention According to the BOE
  - 1.2.5.2. The Reality of the Speech-Language Therapist Areas of intervention
- 1.2.6. Forensic Speech Therapy
  - 1.2.6.1. Initial Considerations
  - 1.2.6.2. Concept of Forensic Speech Therapist
  - 1.2.6.3. The Importance of Forensic Speech Therapists
- 1.2.7. The Hearing and Speech Teacher
  - 1.2.7.1. Concept of Hearing and Speech Teacher
  - 1.2.7.2. Areas of work of the Hearing and Speech Teacher
  - 1.2.7.3. Differences between Speech-Language Therapist and Hearing and Speech Teacher
- 1.2.8. The Autonomous Communities
- 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 that explain the development of Language.
  - 1.3.5.1. Piaget
  - 1.3.5.2. Vygotsky
  - 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 Evaluation
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

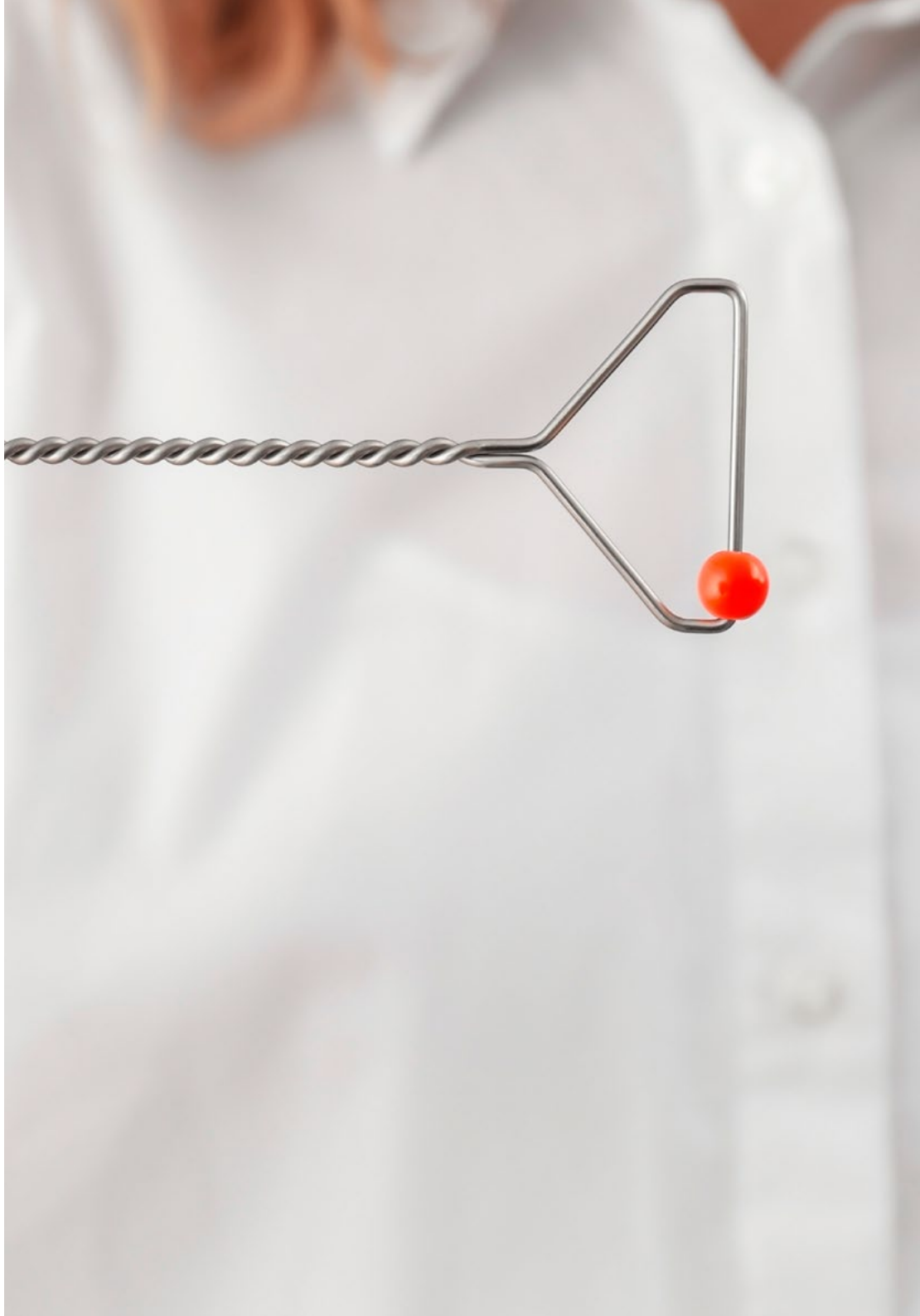
1.5.8. Test for Reading and Writing Assessment
1.5.8.1. PROLEC-R
1.5.8.2. PROLEC-SE
1.5.8.3. PROESC
1.5.8.4. TALE
1.5.9. Summary Table of the Different Tests
1.5.10. Final Conclusions
1.6. Components That Must be Included in a Speech-Language Pathology Report
1.6.1. Introduction to Unit
1.6.2. The Reason 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 Therapist Judgement
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. 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. Concept of Augmentative Communication System
1.8.2.2. Concept of Alternative Communication System
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. AACS 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. Picto Selector
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 Therapist 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. Methodological bases for Classroom Intervention.
1.10.7.1. Strategies to favor the child's Integration
1.10.8. Curricular Adaptation
1.10.8.1. Concept of Curricular Adaptation
1.10.8.2. Professionals who Apply it
1.10.8.3. How does it benefit the child with Special Educational Needs?
1.10.9. Final Conclusions

Module 2. Dyslalias: Assessment, Diagnosis, and Intervention

2.1. Module Presentation
2.1.1. Introduction
2.2. Introduction to Dyslalia
2.2.1. What are Phonetics and Phonology?
2.2.1.1. Basic Concepts
2.2.1.2. Phonemes
2.2.2. Classification of Phonemes
2.2.2.1. Preliminary Considerations
2.2.2.2. According to the point of Articulation
2.2.2.3. According to the mode of Articulation

2.2.3. Speech Emission
2.2.3.1. Aspects of Sound Emission
2.2.3.2. Mechanisms Involved in Speech
2.2.4. Phonological Development
2.2.4.1. The Implication of Phonological Awareness
2.2.5. Organs Involved in Phoneme Articulation
2.2.5.1. Breathing Organs
2.2.5.2. Organs of Articulation
2.2.5.3. Organs of Phonation
2.2.6. Dyslalias
2.2.6.1. Etymology of the Term
2.2.6.2. Concept of Dyslalia
2.2.7. Adult Dyslalia
2.2.7.1. Preliminary Considerations
2.2.7.2. Characteristics of adult Dyslalia
2.2.7.3. What is the difference between childhood Dyslalia and adult Dyslalia?
2.2.8. Comorbidity
2.2.8.1. Comorbidity in Dyslalia
2.2.8.2. Associated Disorders
2.2.9. Prevalence
2.2.9.1. Preliminary Considerations
2.2.9.2. The Prevalence of Dyslalia in the Preschool Population
2.2.9.3. The Prevalence of Dyslalia in the School Population
2.2.10. Final Conclusions

2.3. Etiology and Classification of Dyslalias
2.3.1. Etiology of Dyslalias
2.3.1.1. Preliminary Considerations
2.3.1.2. Poor Motor Skills
2.3.1.3. Respiratory Difficulties
2.3.1.4. Lack of Comprehension or Auditory Discrimination
2.3.1.5. Psychological Factors
2.3.1.6. Environmental Factors
2.3.1.7. Hereditary Factors
2.3.1.8. Intellectual Factors
2.3.2. Classification of Dyslalias according to Etiological Criteria
2.3.2.1. Organic Dyslalias
2.3.2.2. Functional Dyslalias
2.3.2.3. Developmental Dyslalias
2.3.2.4. Audiogenic Dyslalias
2.3.3. The classification of Dyslalias according to Chronological Criteria
2.3.3.1. Preliminary Considerations
2.3.3.2. Speech Delay
2.3.3.3. Dyslalia
2.3.4. Classification of Dyslalia according to the Phonological Process involved.
2.3.4.1. Simplification
2.3.4.2. Assimilation
2.3.4.3. Syllable Structure
2.3.5. Classification of Dyslalia based on Linguistic Level
2.3.5.1. Phonetic Dyslalia
2.3.5.2. Phonological Dyslalia
2.3.5.3. Mixed Dyslalia
2.3.6. Classification of Dyslalia according to the Phoneme involved.
2.3.6.1. Hotentotism
2.3.6.2. Altered Phonemes

2.3.7. Classification of Dyslalia according to the number of errors and their persistence
2.3.7.1. Simple Dyslalia
2.3.7.2. Multiple Dyslalias
2.3.7.3. Speech Delay
2.3.8. The Classification of Dyslalias according to the type of error
2.3.8.1. Omission
2.3.8.2. Addiction/Insertion
2.3.8.3. Substitution
2.3.8.4. Inversions
2.3.8.5. Distortion
2.3.8.6. Assimilation
2.3.9. Classification of Dyslalia in terms of Temporality
2.3.9.1. Permanent Dyslalias
2.3.9.2. Transient Dyslalias
2.3.10. Final Conclusions
2.4. Assessment Processes for the Diagnosis and Detection of Dyslalia
2.4.1. Introduction to the Structure of the Assessment Process
2.4.2. Medical History
2.4.2.1. Preliminary Considerations
2.4.2.2. Content of the Anamnesis
2.4.2.3. Aspects to emphasize of the Anamnesis
2.4.3. Articulation
2.4.3.1. In Spontaneous Language
2.4.3.2. In Repeated 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 Dyslalic 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 Dyslalic child.
2.6.4.1. The Importance of the family in the child's Development
2.6.4.2. How to Involve the Family in the Intervention?
2.6.5. Recommendations for the Family Environment
2.6.5.1. How to Communicate with the Dyslexic child?
2.6.5.2. Tips to Benefit the Relationship in the Home
2.6.6. Benefits of Involving the Family in the Intervention
2.6.6.1. The Fundamental Role of the Family in Generalization
2.6.6.2. Tips for Helping the Family Achieve Generalization

2.6.7. The Family as the Center of the Intervention
2.6.7.1. Supports That Can be Provided to the Family
2.6.7.2. How to Facilitate these Aids during the Intervention?
2.6.8. Family Support to the Dyslalic child
2.6.8.1. Preliminary Considerations
2.6.8.2. Teaching Families how to Reinforce the Dyslexic child
2.6.9. Resources Available to Families
2.6.10. Final Conclusions

2.7. The School Context as Part of the Dyslalic child's Intervention
2.7.1. Introduction to 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 Dyslalic 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. Psychological knowledge of interest in the Speech-Language Pathology Field

3.1. Child and Adolescent Psychology
3.1.1. First approach to Child and Adolescent Psychology
3.1.1.1. What does the area of knowledge of Child and Adolescent Psychology study?
3.1.1.2. How has it evolved over the years?
3.1.1.3. What are the different theoretical orientations that a Psychologist can follow?
3.1.1.4. The Cognitive-Behavioral Model
3.1.2. Psychological Symptoms and Mental Disorders in Childhood and Adolescence
3.1.2.1. Difference between Sign, Symptom, and Syndrome
3.1.2.2. Definition of Mental Disorder
3.1.2.3. Classification of Mental Disorders: DSM 5 and ICD-10
3.1.2.4. Difference between Psychological Problem or Difficulty and Mental Disorder
3.1.2.5. Comorbidity
3.1.2.6. Frequent problems object of Psychological Attention

3.1.3. Skills of the Professional working with children and adolescents
- 3.1.3.1. Essential Knowledge
- 3.1.3.2. Main Ethical and Legal issues in working with children and adolescents
- 3.1.3.3. Personal Characteristics and Skills of the Professional
- 3.1.3.4. Communication Skills
- 3.1.3.5. The Game in Consultation

3.1.4. Main procedures in Psychological Assessment and Intervention in childhood and adolescence
- 3.1.4.1. Decision Making and Help Seeking in Children and Adolescents
- 3.1.4.2. Interview
- 3.1.4.3. Establishment of Hypotheses and Assessment Tools
- 3.1.4.4. Functional Analysis and Explanatory Hypotheses of the Difficulties
- 3.1.4.5. Establishment of Objectives
- 3.1.4.6. Psychological Intervention
- 3.1.4.7. Monitoring
- 3.1.4.8. The Psychological Report: Key Aspects

3.1.5. Benefits of Working with Other Persons Related to the Child
- 3.1.5.1. Fathers and Mothers
- 3.1.5.2. Education Professionals
- 3.1.5.3. The Speech Therapist
- 3.1.5.4. The Psychologist
- 3.1.5.5. Other Professionals

3.1.6. The Interest of Psychology from the Point of View of a Speech-Language Therapist
- 3.1.6.1. The Importance of Prevention
- 3.1.6.2. The influence of Psychological Symptoms on Speech Therapy Rehabilitation
- 3.1.6.3. The relevance of knowing how to detect possible Psychological Symptoms
- 3.1.6.4. Referral to the appropriate Professional

3.2. Internalizing problems: Anxiety
- 3.2.1. Concept of Anxiety
- 3.2.2. Detection: Main Manifestations
  - 3.2.2.1. Emotional Dimension
  - 3.2.2.2. Cognitive Dimension
  - 3.2.2.3. Psychophysiological Dimension
  - 3.2.2.4. Behavioral Dimension
- 3.2.3. Anxiety Risk Factors
  - 3.2.3.1. Individual
  - 3.2.3.2. Contextual
- 3.2.4. Conceptual Differences
  - 3.2.4.1. Anxiety and Stress
  - 3.2.4.2. Anxiety and Fear
  - 3.2.4.3. Anxiety and Phobia
- 3.2.5. Fears in childhood and adolescence
  - 3.2.5.1. Difference between Developmental Fears and Pathological Fears
  - 3.2.5.2. Developmental Fears in infants
  - 3.2.5.3. Developmental Fears in the Preschool stage.
  - 3.2.5.4. Developmental Fears in the School stage
  - 3.2.5.5. The main Fears and Worries in the adolescent stage
- 3.2.6. Some of the main Anxiety Disorders and problems in children and adolescents
  - 3.2.6.1. School Rejection
    - 3.2.6.1.1. Concept
    - 3.2.6.1.2. Delimitation of Concepts: Anxiety, Rejection, and School Phobia
    - 3.2.6.1.3. Main Symptoms
    - 3.2.6.1.4. Prevalence
    - 3.2.6.1.5. Etiology
  - 3.2.6.2. Pathological Fear of the dark
    - 3.2.6.2.1. Concept
    - 3.2.6.2.2. Main Symptoms
    - 3.2.6.2.3. Prevalence
    - 3.2.6.2.4. Etiology
  - 3.2.6.3. Separation Anxiety
    - 3.2.6.3.1. Concept
    - 3.2.6.3.2. Main Symptoms
    - 3.2.6.3.3. Prevalence
    - 3.2.6.3.4. Etiology
  - 3.2.6.4. Specific Phobia
    - 3.2.6.4.1. Concept
    - 3.2.6.4.2. Main Symptoms
    - 3.2.6.4.3. Prevalence
    - 3.2.6.4.4. Etiology
  - 3.2.6.5. Social Phobia
    - 3.2.6.5.1. Concept
    - 3.2.6.5.2. Main Symptoms
    - 3.2.6.5.3. Prevalence
    - 3.2.6.5.4. Etiology
  - 3.2.6.6. Panic Disorder
    - 3.2.6.6.1. Concept
    - 3.2.6.6.2. Main Symptoms
    - 3.2.6.6.3. Prevalence
    - 3.2.6.6.4. Etiology
  - 3.2.6.7. Agoraphobia
    - 3.2.6.7.1. Concept
    - 3.2.6.7.2. Main Symptoms
    - 3.2.6.7.3. Prevalence
    - 3.2.6.7.4. Etiology
  - 3.2.6.8. Generalized Anxiety Disorder
    - 3.2.6.8.1. Concept
    - 3.2.6.8.2. Main Symptoms
    - 3.2.6.8.3. Prevalence
    - 3.2.6.8.4. Etiology

3.2.6.9. Obsessive Compulsive Disorder
3.2.6.9.1. Concept
3.2.6.9.2. Main Symptoms
3.2.6.9.3. Prevalence
3.2.6.9.4. Etiology
3.2.6.10. Post-Traumatic Stress Disorder
3.2.6.10.1. Concept
3.2.6.10.2. Main Symptoms
3.2.6.10.3. Prevalence
3.2.6.10.4. Etiology.
3.2.7. Possible interference of Anxious Symptomatology in Speech Therapy Rehabilitation
3.2.7.1. In Articulation Rehabilitation
3.2.7.2. In Literacy Rehabilitation
3.2.7.3. In Voice Rehabilitation
3.2.7.4. In Dysphemia Rehabilitation
3.3. Internalizing Type Problems: Depression
3.3.1. Concept
3.3.2. Detection: Main Manifestations
3.3.2.1. Emotional Dimension
3.3.2.2. Cognitive Dimension
3.3.2.3. Psychophysiological Dimension
3.3.2.4. Behavioral Dimension
3.3.3. Depression Risk Factors
3.3.3.1. Individual
3.3.3.2. Contextual
3.3.4. Evolution of Depressive Symptomatology throughout development
3.3.4.1. Symptoms in Children
3.3.4.2. Symptoms in Adolescents
3.3.4.3. Symptoms in Adults
3.3.5. Some of the Major Disorders and problems of childhood and adolescent Depression
3.3.5.1. Major Depressive Disorder
3.3.5.1.1. Concept
3.3.5.1.2. Main Symptoms
3.3.5.1.3. Prevalence
3.3.5.1.4. Etiology
3.3.5.2. Persistent Depressive Disorder
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Take a step further in your professional career and opt for a program that will elevate your talent to the top of the speech therapy sector after only 6 months of multidisciplinary education"

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:

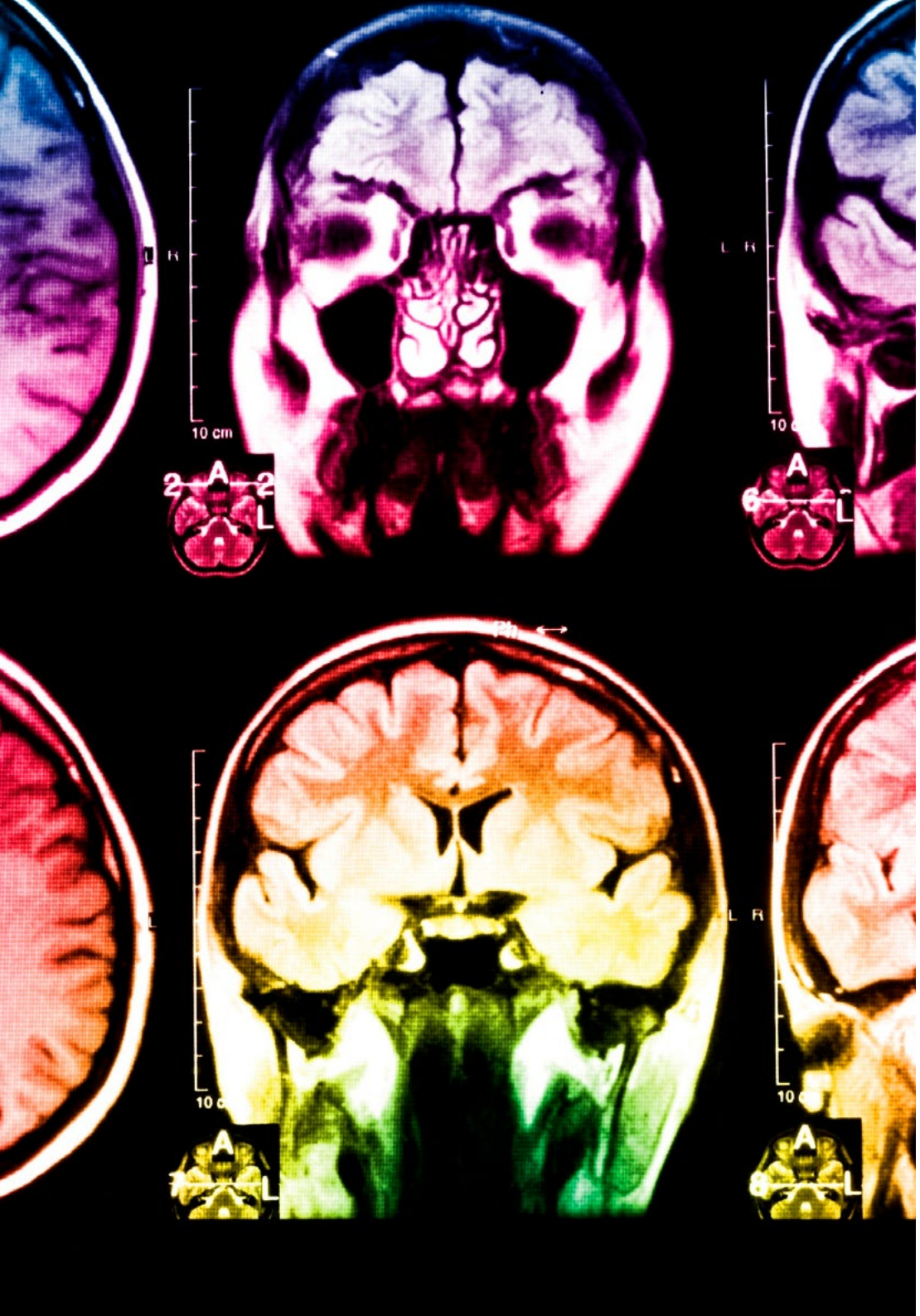
1. Educators who follow this method not only grasp concepts, but also develop their mental capacity, by evaluating real situations and applying their knowledge.
2. The learning process is solidly focused on practical skills that allow educators to better integrate the knowledge into daily practice.
3.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

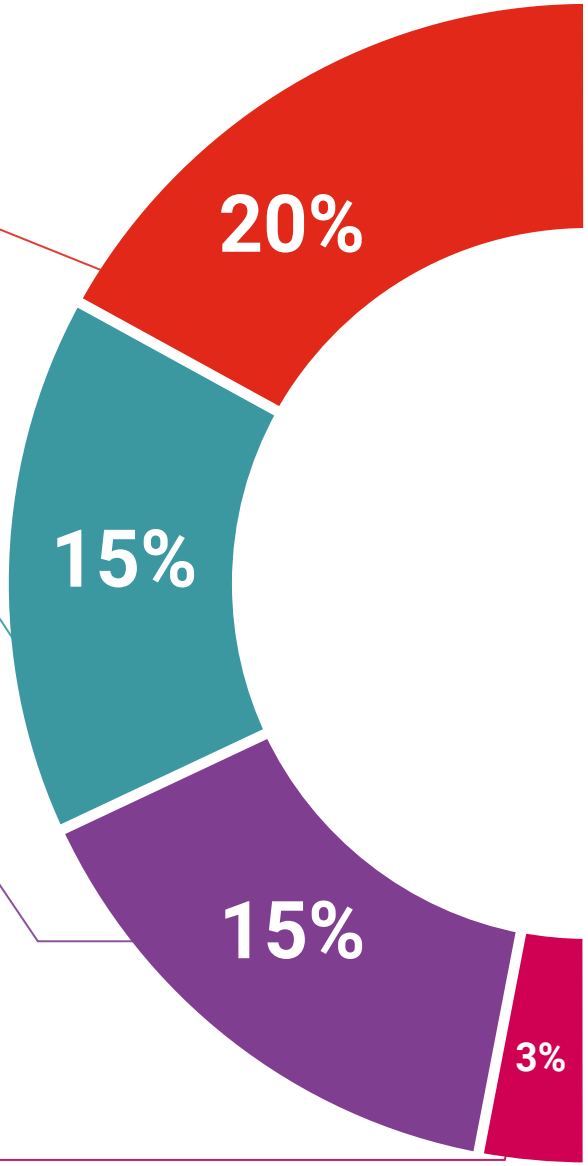
Interactive Summaries

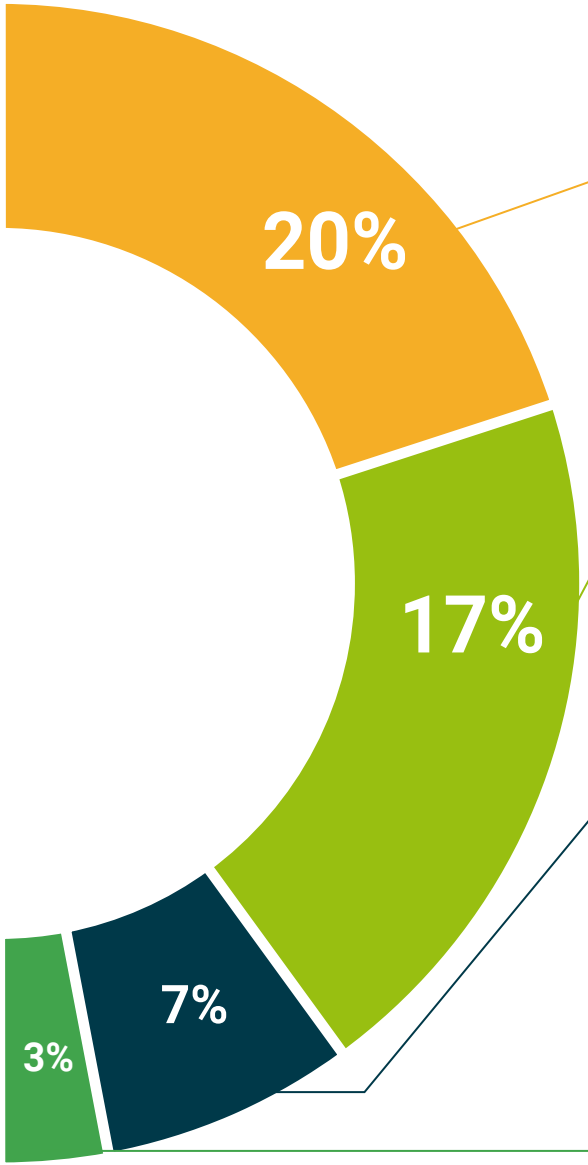
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

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 Speech Therapy Intervention guarantees students, in addition to the most rigorous and up-to-date education, access to a 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 program will allow you to obtain your **Postgraduate Diploma in Speech Therapy Intervention** endorsed by **TECH Global University**, the world's largest online university.

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

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

Title: **Postgraduate Diploma in Speech Therapy Intervention**

Modality: **online**

Duration: **6 months**

Credits: **18 ECTS**

tech global university

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

Postgraduate Diploma in Speech Therapy Intervention

This is a program of 450 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
Rector

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.

tech global university

Postgraduate Diploma

Speech Therapy Intervention

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

Postgraduate Diploma

Speech Therapy Intervention

tech global university