

**Intervention in Language Disorders Associated with
Other Pathologies: Interaction and Communicative
Factors in Augmentative and Alternative
Communication**

Code: 104148
ECTS Credits: 9

Degree	Type	Year	Semester
2500893 Speech therapy	OB	3	2

The proposed teaching and assessment methodology that appear in the guide may be subject to changes as a result of the restrictions to face-to-face class attendance imposed by the health authorities.

Contact

Name: Cristina Andrés Carrillo
Email: Cristina.Andres@uab.cat

Use of Languages

Principal working language: catalan (cat)
Some groups entirely in English: No
Some groups entirely in Catalan: Yes
Some groups entirely in Spanish: No

Other comments on languages

The student may request that the examination be translated from Catalan to Spanish whenever addressed formally and in writing to the coordinator / time of the faculty and do it for a maximum of four week semester course.

Teachers

Eulàlia Noguera Llopart
Sonia Vilaltella Verdes

Prerequisites

Students are recommended to review the concepts of the following subject: Language Disorders related to other Pathologies and Interventions on Oral and Written Language.

Objectives and Contextualisation

The subject comprises two main parts:

Part A: Early intervention

Part B: Intervention in language disorders related to other pathologies and Augmentative and Alternative Communication Systems

GOALS:

Part A:

Broaden knowledge of the method of direct and systematic observation in children between 0 and 6 years.

Know how to prepare a therapeutic plan, learn strategies and intervention procedures, and finally, find out how the care process ends in a CDIAP.

Get to know the Hanen Program and know how to apply it in collaboration with the family.

Understand the field of early care in Catalonia and work at the Early Childhood and Early Childhood Development Centers (CDIAP), the care process from the initial demand to the abatement process.

Broaden knowledge of diagnosis and its most important procedures and techniques in this field.

Learn the main intervention tools for children and their families.

Resolution of doubts and other questions in the preparation of the final project.

Part B:

Provide knowledge, resources and procedures with the aim of carrying out correct assessment and intervention of patients that require support, whether alternative or complementary, that enable their communication and their language.

Provide students with an approach to knowledge of the alternative and augmentative systems of communication so that he is able to select the most suitable at the time of exposing his intervention.

Develop a global perspective on the difficulties of patients with motor disorders, delays and language disorders, intellectual disability and autistic spectrum disorders.

Learn to identify the difficulties in the environment that these patients present and to generate solutions within the field of speech therapy.

Manage communication and information technologies. Understand the origin and the theoretical foundations of the Picture Exchange Communication System (PECS)

Learn the phases on which the PECS system is based and its purpose

Know how to select candidates to work PECS and the peculiarities of their intervention in different populations

Resolution of doubts and other questions for the preparation of the final project.

Competences

- Act appropriately with respect to the professions ethical code: respect professional confidentiality, apply professional criteria in the completion and referral of treatment.
- Demonstrate knowledge of the limits of competence and be able to identify whether interdisciplinary treatment is required.
- Design and carry out speech-therapy treatment, whether individual or at group level, establishing objectives and phases, with more efficient and suitable methods, techniques and resources, attending to the distinct developmental phases of human beings.
- Ethically commit oneself to quality of performance.
- Explain and justify the selected treatment.
- Manage sociocultural diversity and the limitations associated with distinct pathologies.
- Managing communication and information technologies.
- Master the terminology that facilitates effective interaction with other professionals.
- Organise and plan with the aim of establishing a plan for development within a set period.
- Prepare and write reports on examination and diagnosis, monitoring, termination and referral
- Project design and management.

- Select, implement and facilitate the learning of augmentative communication systems and the design and use of prostheses and necessary technical aid adapted to the physical, psychological and social conditions of the patients concerned.
- Use the exploratory techniques and instruments pertaining to the profession, and register, synthesise and interpret the data provided by integrating this into an overall information set.

Learning Outcomes

1. Describe alternative and augmentative communication systems.
2. Describe and explain in a reasoned manner appropriate speech-therapy treatment for studied cases.
3. Establish criteria for termination and referral in cases under discussion.
4. Ethically commit oneself to quality of performance.
5. Explain the limitations associated with the distinct language pathologies secondary to other disorders, as well as the cultural and socioeconomic status of the patient.
6. Explain the main aspects of the code of ethics for speech therapists.
7. Explain the terminology of other professions related to patients subject to their intervention.
8. In a well-argued manner, explain situations that require the participation of and referral to other professionals.
9. In a well-argued manner, explain what intervention techniques seem most appropriate to the particular cases presented.
10. Issue both a probable diagnosis and possible differential diagnoses, from cases presented via video or through reading reports.
11. Managing communication and information technologies.
12. Organise and plan with the aim of establishing a plan for development within a set period.
13. Project design and management.
14. Select the most appropriate alternative and augmentative communication systems in each case.
15. Write examination and diagnosis reports as well as treatment guidelines adapted to each user according to their pathology.

Content

Part A: Early intervention

Part I: Theoretical framework Origins of Early Care. The White Paper on Early Attention.

Goals: Early care in Catalonia. Characteristics and evolution of the Catalan model. New decree of law 261/2003 of October 21.

Areas of action and functions of the professionals

Specific model of a CDIAP.

Part II:

Entrevista d'acollida, història clínica i història social Exploració neuropediàtrica Diagnòstic biopsicosocial Classificació 0-6 de l'ODAT Entrevista de devolució a la família

Part III:

INITIAL ASSISTANCE PROCESS, EVALUATION AND DIAGNOSIS

Intervention goals with the child. Intervention goals with the family, Discharge from CDIAP. Report.

PART B: Intervention in Language Disorders related to other pathologies and AACs.

Part I:

Content Module I:

Historic evolution of the concept of disability: deficiency, disability and handicap. Skill building approach and model of participation.

Content Module II:

Assistance process, evaluation and diagnosis. Historic evolution of the concept of special educational needs.

Content Module III:

Naturalistic and Interactive Intervention. Implication for therapeutic family participation

Part II:

Content module IV:

La discapacitat intel·lectual. Treball amb casos.

Content module V:

Physical disability. Cases

Content module VI:

Intervention in ASD on Communication and Language.

Content module VII:

Picture Exchange Communication System (PECS)

Methodology

The different program topics will be introduced by an explanation given by the corresponding teacher and will be looked at in more depth with documents that students will have to read individually and with examples of materials and assessment activities.

Students must read the documents corresponding to the compulsory readings before or after the same week in which the subject has been introduced.

Practical seminars consist of monitoring cases based on video views and group work undertaken during the sessions.

A space will be enabled in Moodle to complement these practical work readings.

Given that the subject comprises a significant amount of practical work, it is essential that students participate actively and follow the classes.

They will carry out all mandatory practical activities, which will be carried out in groups.

Methodology of the lectures:

The different subjects of the program will be introduced by an explanation by the corresponding teacher, and will be looked at in more depth with documents that the students will have to read individually and with examples of materials and activities.

The personal work of the student will consist in the reading and study of the obligatory works reviewed in each teaching unit.

Practical activities will be carried out comprehensively and will consist of preparing material that will mean a need for comprehensive readings of different documents (reports, evaluation protocols, etc.) and articles or chapters of books, drafting of work and group work.

Practice

Several group practice activities will be carried out.

These will be organized around the application and use of the knowledge obtained in lectures and the analysis of cases reported in the literature or video footage.

The comprehensive practices will be carried out in groups of 4 students, and will remain fixed throughout the course.

Each group must submit each work or work report on the corresponding and specified date.

The proposed teaching and assessment methodologies may experience some modifications as a result of the restrictions on face-to-face learning imposed by the health authorities. The teaching staff will use the Moodle classroom or the usual communication channel to specify whether the different directed and assessment activities are to be carried out on site or online, as instructed by the Faculty.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
practices	12	0.48	4, 1, 2, 13, 10, 3, 8, 6, 7, 5, 12, 14, 11
theoric concepts	55.5	2.22	9, 5, 12, 11
Type: Supervised			
Follow-up tutorials for group work	18	0.72	4, 1, 2, 10, 11
One to one attention (in person or online) for the students that ask for it	16.5	0.66	4, 6, 12, 11
Participation on the activities and forums on the Virtual Campus	10	0.4	4, 1, 2, 13, 8, 6, 14, 11
Type: Autonomous			
Autonomy search for information	10	0.4	4, 8, 15, 14, 11
Reading articles and chapters of books	34	1.36	4, 3, 6, 11
Study of the subject and preparation for the test	34	1.36	1, 2, 13, 12, 14, 11
Team work for the completion of the final work	35	1.4	4, 2, 13, 10, 3, 8, 9, 6, 7, 5, 12, 15, 14

Assessment

Terminology: EV = Evidence

Individual Test:

In order to pass this part of the subject, two tests on Part A -EV3A- (Early Intervention) during the first assessment period of the second semester and Part B - EV3B- (Intervention and SAACS) during the second period, will be required. These exams will represent 50% of the final grade.

Written work- EV1-:

Students will have to do group work on one of the pathologies treated in the theoretical classes. They will have to develop a proposal for intervention and the work will be evaluated by means of two activities: from an oral presentation (10% of the note) where the sessions are mandatory and by means of the writing of the written work (30% of the note). The delivery of this evidence is scheduled between week 14 and 15 of the semester

The grade of these two assessments will represent 35% of the mark of this part of the subject.

Groups Works on the practical classes -EV2-:

The average obtained in the grade of the activities carried out during the practical seminar sessions, represents the 20 % of the final grade. A minimum of 90% of attendance at the practical classes (seminars + exhibitions) is required to opt for the evaluation of this part of the subject. The delivery of these works will be done through the Moodle platform and will be done every 15 days.

Students who have submitted assessments with a weight equal to or greater than 4 points (40%) will be evaluated.

Students who obtain a course mark of 5 or more points (scale 0-10) will achieve a pass in the subject, as long as they have attended 90% of the practical sessions and handed in all the work.

It will be essential to have obtained at least one 5-point grade in each exam (Part A and Part B).

Re-assessment:

Re-assessment tests:

Those students that have not met the criteria to pass the subject and who have previously been assessed on a set of activities will be able to undertake any of the re-assessment tests whose weight is equal to a minimum of two thirds of the total grade of the subject. The maximum grade that students can obtain in re-assessment is 5 points.

No unique final synthesis test for students who enrol for the second time or more is anticipated.

<https://www.uab.cat/web/estudiar/graus/graus/avaluacions-1345722525858.html>

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Part A and B. Evidence 1- Written work and oral presentation in group	30%	0	0	4, 1, 2, 13, 10, 3, 8, 9, 6, 7, 5, 12, 15, 14, 11
Part A and B: Evidence 2- Oral and written presentational works applied to practical classes	20%	0	0	4, 1, 2, 13, 10, 3, 8, 9, 6, 7, 5, 12, 15, 14, 11
Part A: Evidence 3A- Written theoretic presentational test	15%	0	0	4, 1, 2, 13, 10, 3, 8, 9, 6, 7, 5, 12, 15, 14, 11
Part B: Evidence 3B- Face-to-face theoretical written test	35%	0	0	4, 1, 2, 13, 10, 3, 8, 9, 6, 7, 5, 12, 15, 14, 11

Bibliography

Bloc A

Fonamental Bibliography:

- MILLÉ M. GRACIA; MULAS, F. (2005) *Atención Temprana: Desarrollo infantil, diagnóstico, trastornos e intervención*. Valencia: PROMOLIBRO.
- PEPPER, J. I WEITZMAN, E. (2007). *Hablando nos entendemos los dos. Una guía práctica para padres de niños con retraso del lenguaje*. Toronto: The Hanen Program.
- SUSSMAN, F. (2012). *More than words. A parent's guide to Building interaction and Language skills for children with Autism Spectrum Disorder or social communication difficulties*. Toronto: The Hanen Program

Complementary Bibliography:

- AIMARD, P; ABADIE, C. (1992) *Intervención precoz en los trastornos del lenguaje del niño*. Barcelona: Masson.
- CABRERA, M.C., SÁNCHEZ, C. (1985). *La estimulación precoz - Un enfoque práctico*. Madrid: Siglo XXI
- CAMPO, A.J., RIBERA, C. (1992). *El juego de los niños y el diagnóstico "La hora de juego"*. Barcelona: Ediciones Paidós.
- DEL RIO, M.J. (1997) *Lenguaje y comunicación en personas con necesidades especiales*. Barcelona: Martínez Roca.
- DIPUTACIÓ DE BARCELONA (2001) *Llibre blanc de l'atenció precoç*. Diputació de Barcelona.
- FEDERACIÓN ESTATAL DE ASOCIACIONES DE PROFESIONALES DE ATENCIÓN TEMPRANA (GAT) (2004). *Organización diagnóstica para la atención temprana (ODAT)*. Real Patronato sobre Discapacidad.
- FERRARI, P. (2000) *El autismo infantil*. Madrid: Biblioteca Nueva.
- FEY, M. (1995) *Language Intervention, Preschool Through the Elementary Years*. Boston: Allyn and Bacon
- FUNDACIÓ VIDAL I BARRAQUER (1995) *Nous models de família en l'entorn urbà*. Editat per la Generalitat de Catalunya. Departament de Benestar Social.
- GARDINI, M.; MAS, C. (2001) *Observar, conocer y actuar. Método de intervención en la relación y el comportamiento del niño*. Madrid: PIRÁMIDE.
- GASSIER, J. (1990) *Manual del desarrollo psicomotor del niño*. Barcelona: Masson.
- GENERALITAT DE CATALUNYA (2010). *Recull de procediments d'atenció directa per als centres de desenvolupament infantil i atenció precoç (CDIAP). Taula Tècnica d'Atenció Precoç*. Col·lecció eines 10. ICASS
- GENERALITAT DE CATALUNYA (2005) *Créixer amb tu; Els infants de 0 a 18 mesos. Els infants de 18 a 36 mesos*.
- GENERALITAT DE CATALUNYA (2003) *L'ús del llenguatge a l'escola*.
- GOMEZ, VIGUER, CANTERO (2003) *Intervención Temprana. Desarrollo óptimo de 0-6 años*. Psicología Pirámide.
- HEGDE, M. N., & MAUL, C. A. (2006). *Language Disorders in Children: An Evidence-based Approach to Assessment and Treatment*. Boston: Pearson/Allyn & Bacon.
- JANÉ, M.C. (2001) *Llenguatge i psicopatologia de la infantesa i l'adolescència. Clínica i avaluació. Materials 101*. Barcelona: Edicions UAB.
- JIMÉNEZ, J.; ALONSO, J. (2000) *Corregir problemas de lenguaje*. Barcelona: RBA Libros.
- LÓPEZ, G.; MONSALVE, C.; ABAD, J. *Necesidades educativas en el Síndrome X Fràgil*. Asociación Síndrome X Fràgil
- MARTIN BORREGUERO, P. (2004) *El síndrome de Asperger*. Madrid: Alianza Editorial.
- MCCAULEY, R. J., & FEY, M. E. (2006). *Treatment of language disorders in children*. Boston: Paul H. Brookes Pub.
- MORTON, J. (2004) *Understanding Developmental Disorders: A Causal Modelling Approach*. Malden: MA: Blackwell Publishers.
- NARBONA, J.; CHEVRIE-MULLER (1997) *El lenguaje del niño*. Barcelona: Masson.

- NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS (1998) *Clasificación diagnóstica: 0-3*. Paidós.
- OWENS,R.(1991/2004). *Language Disorders, a Functional Approach to Assessment and Intervention*, Boston: Pearson.
- SIEGEL, D., PAYNE, T. (2012). *El cerebro del niño*. Barcelona: Alba Editorial
- STERN, D. (2000) *Diari d'un bebè. Tot allò que l'infant veu, sent i experimenta*. Barcelona: Columna Assaig.
- ZULETA MOLLÉ (2001) *Programa para la estimulación del desarrollo infantil: 1º-2º-3º-4º año de vida*. CEPE.

Referents manuals:

- Llibre Blanc de l'Atenció Precoç

- Grupo de Atención Temprana (2011). *La realidad actual de la Atención Temprana en España*. Madrid: Real Patronato de Prevención y atención a la minusvalía.

- Piñeiro, J., Pérez-López J., Vargas F. Candela A.B. (Coords) (2014). *Atención Temprana en el ámbito hospitalario*. Madrid. Pirámide.

- Perpiñán S. (2009). *Atención Temprana y familia: cómo intervenir creando entornos competentes*. Madrid: Narcea.

Links:

<http://www.uccap.com/> (Unió Catalana de Centres de Desenvolupament Infantil i Atenció Precoç)

<http://www.acapcat.com/> (Associació Catalana d'atenció Precoç).

<http://www.gat-atenciontemprana.org> (Federación Estatal de Asociaciones de Profesionales de Atención Temprana -GAT).

<http://www.um.es/atemp/> (Asociación Atenció Temprana Murcia).

<http://www.um.es/facpsi/maltrato/> (Asociación Murciana de apoyo infancia maltratada).

<http://www.asperger.es/catalunya> (Associació síndrome d'Asperger)

<http://www.xfragilcatalunya.org> (Associació catalana SXF)

<http://www.ctv.es/USERS/jgab/> (Asociación Síndrome X Fràgil de Madrid)

<http://paidos.rediris.es/genysi/> (Grupo de estudios natalógicos)

<http://zerotothree.org> (National Center for Clinical Infants Programs)

<http://biblioteca.consultapsi.com/DSM/Dsm.htm> (Manual Diagnóstico y estadístico de los trastornos mentales)

<http://biblioteca.consultapsi.com/ICD10/cie1.htm> (Sistema clasificación internacional de enfermedades)

<http://www.gencat.net/benestar/apreco> (Generalitat de Catalunya)

<http://www.gencat.net/diari/4002/03294122.htm> (Decret 261/2003 del 21 d'octubre)

http://iier.isciii.es/autismo/pdf/aut_lbap.pdf (Libro Blanco de la Atención Precoç)

<http://www.xtec.es/recursos/socials/50dh/infant.htm> (Drets de l'infant 1959)

<http://www.autismo.com/>

<http://www.wlearning.com/products/language-is-the-key/> El lenguaje es la clave (Interaccions constructives al voltant dels llibres i del joc amb materials i mètodes dissenyats especialment pels pares).

www.hanen.org

www.fundmaresme.com/elementgaleria/index/id/44 (Jocs del Falda)

www.teachmetotalk.com

www.touchpoints.org (Brazelton Touchpoints Center)

<http://abansprimeresparaules.upf.edu/>

<http://www.firstsigns.org/> (Informació exemplificada amb vídeos sobre els indicadors de risc de dificultats de comunicació basats en investigacions científiques)

<http://www.zerotothree.org/> (Informació per a pares, professionals i responsables polítics sobre el desenvolupament primerenc).

<https://gatatenciontemprana.files.wordpress.com/2014/01/cartelcalendario-desarrollo-0-a-18.pdf>

(Fulletó sobre les fites del desenvolupament en infants de 0a 18 anys).

<http://www.parentingscience.com/baby-development.html> (Informació sobre el desenvolupament infantil basada en la investigació científica)

www.thecommunicationtrust.org.uk/whatworks (Es poden trobar estratègies d'intervenció comprovades empíricament, per dificultats de comunicació, parla i llenguatge per diferents edats).

Part B:

Fonamental Bibliography:

- BASIL C., SORO CAMATS E., ROSELL C. (1998): Sistema de signos y ayudas técnicas para la comunicación aumentativa y la escritura: principios teóricos y aplicaciones. Barcelona: Masson.
- BAUMGART, D.: JOHNSON, J. Y HELMSTETTER, E. (1996). Sistemas alternativos de Comunicación para personas con discapacidad. Madrid: Alianza.
- SOTILLO, M. (1993): Sistemas alternativos de comunicación. Madrid. Trotta
- STEPH
- Bondy, A., Frost, L. (2009). *Manual de PECS (Sistema de Comunicación por Intercambio de Imágenes)* 2ª Edición. Estados Unidos: Pyramid Educational Products, Inc.
- Bondy, A. (2011). *The Pyramid Approach to Education (A guide to Functional ABA)*, 2ª Edición. Estados Unidos: Pyramid Educational Products, Inc.
- N VON TETCHZNER (2001): Introducción a la enseñanza de signos y ayudas técnicas. Ed. Antonio Machado.
- STEPHEN VON TETCHZNER Y MARTISSEN H. (1993): Introducción a la enseñanza de signos y uso de ayudas técnicas para la comunicación. Madrid: Visor.
- TORRES, S. Y GARCÍA-ORZA, J. (1998): Discapacidad y Sistemas de comunicación. Madrid. Real Patronato de prevención y atención a personas con minusvalía.
- URRUTIA, J. (1990): Sistemas de comunicación. Bases para su estudio. Sevilla. Alfar.
- GINÉ C. (2006): Trastorns del desenvolupament i necessitat educatives especials. 2a ed. Barcelona: Edicions de la Universitat Oberta de Catalunya.
- GALLARDO MV, SALVADOR ML. (1999): Discapacidad motórica: aspectos psicoeducativos y educativos. Málaga: Aljibe.
- CHAEFFER B, RAPHAEL A, KOLLINZAS G (2005). Habla signada: para alumnos no verbales. Madrid. Alianza.

Complementary Bibliography:

- Revista Española sobre Discapacidad Intelectual Vol 45 (3), Núm. 251, 2014 Pág. 6 a pág. 27

- JOSÉ LUIS BACCO, FANNY ARAYA, NATALIAPENA , JENNIFFER GARCÍA(2016) .Trastornos de la alimentación y deglución en niños con parálisis cerebral: presencia y severidad. Rehabil. integral 2016; 11 (1): 15-24
- Esther Moraleda (2011): Análisis del desarrollo morfosintáctico en personas con Síndrome de Down en el periodo infantil y adolescente. Revista de Investigación en Logopedia 1 (2011) 121-129. ISSN-2174-5218

Books/Referents Manuals:

- https://www.pluralpublishing.com/publication_wfslp.htm
- <http://products.brookespublishing.com/Routines-Based-Early-Intervention-P229.aspx>
- <https://www.sintesis.com/guia-de-intervencion-132/guia-de-intervencion-logopedica-en-las-dislalias-ebook>

Software

Not applicable or without specific software