

**Language and Hearing Disorders and their Effects  
on Early Childhood Education**

Code: 101686  
ECTS Credits: 6

Degree	Type	Year	Semester
2500893 Speech therapy	OT	4	1

## Contact

Name: Rocio Daniela Concha Ortiz

Email: rocio.concha@uab.cat

## Teaching groups languages

You can check it through this [link](#). To consult the language you will need to enter the CODE of the subject. Please note that this information is provisional until 30 November 2023.

## Prerequisites

It is advisable to revise the subjects

1st year: "Evolutionary Psychology I: Childhood" / 2nd year: "Disorders and assessment of oral and written language acquisition" / 3rd year: "Intervention in oral and written language disorders", "Language alterations associated with other pathologies" and "Hearing disorders: Assessment and intervention."

## Objectives and Contextualisation

The main educational objectives of the subject are to:

1. Know the language acquisition processes of deaf children and children with language disorders comparatively with children with typical development
2. Evaluate the informational, educational and psychological support needs of families with language disorder
3. Apply appropriate family counseling strategies
4. Prepare and apply the strategies to stimulate communication and the acquisition of oral language in early childhood
5. Apply appropriate guidance and counseling strategies at education centers.

## Competences

- Act with ethical responsibility and respect for fundamental rights and duties, diversity and democratic values.

- Communicate orally and in writing to the patient, family members and other professionals involved in the case, the relevant observations and conclusions, adapting these to the socio-linguistic characteristics of the environment.
- Demonstrate an understanding of disorders in communication, language, speech, hearing, voice and non-verbal oral functions.
- 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.
- Design, implement and evaluate actions aimed at preventing communication and language disorders.
- Ethically commit oneself to quality of performance.
- Have a strategic and flexible attitude to learning.
- Identify, analyze and solve ethical problems in complex situations.
- Innovate in the methods and processes of this area of knowledge in response to the needs and wishes of society.
- Students can apply the knowledge to their own work or vocation in a professional manner and have the powers generally demonstrated by preparing and defending arguments and solving problems within their area of study.
- Students must be capable of collecting and interpreting relevant data (usually within their area of study) in order to make statements that reflect social, scientific or ethical relevant issues.
- Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
- Students must develop the necessary learning skills in order to undertake further training with a high degree of autonomy.
- Students must have and understand knowledge of an area of study built on the basis of general secondary education, and while it relies on some advanced textbooks it also includes some aspects coming from the forefront of its field of study.
- Take sex- or gender-based inequalities into consideration when operating within one's own area of knowledge.
- Understand, integrate and relate new knowledge deriving from autonomous learning.

## Learning Outcomes

1. Analyse a situation and identify points for improvement.
2. Analyse human communication systems as a basis for understanding communication and language disorders.
3. Communicate in an inclusive manner avoiding the use of sexist or discriminatory language.
4. Consider how gender stereotypes and roles impinge on the exercise of the profession.
5. Critically analyse the principles, values and procedures that govern the exercise of the profession.
6. Ethically commit oneself to quality of performance.
7. Explain orally and then prouce in written format observations and conclusions directed to other professionals, adapting these to the sociolinguistic characteristics of the environment.
8. Explain the explicit or implicit code of practice of one's own area of knowledge.
9. Guide families with deaf children throughout the process of speech therapy to encourage their development.
10. Have a strategic and flexible attitude to learning.
11. Identify situations in which a change or improvement is needed.
12. Identify the different modes of communication for people with hearing impairments and explain their implications for speech therapy directly with children and indirectly with their family.
13. Identify the principal forms of sex- or gender-based inequality and discrimination present in society.
14. Identify, analyze and solve ethical problems in complex situations.
15. Propose new experience-based methods or alternative solutions.
16. Propose new ways of measuring visibility, success and failure in the implementation of innovative proposals or ideas.
17. Propose projects and actions that are in accordance with the principles of ethical responsibility and respect for fundamental rights and obligations, diversity and democratic values.
18. Students can apply the knowledge to their own work or vocation in a professional manner and have the powers generally demonstrated by preparing and defending arguments and solving problems within their area of study.

19. Students must be capable of collecting and interpreting relevant data (usually within their area of study) in order to make statements that reflect social, scientific or ethical relevant issues.
20. Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
21. Students must develop the necessary learning skills in order to undertake further training with a high degree of autonomy.
22. Students must have and understand knowledge of an area of study built on the basis of general secondary education, and while it relies on some advanced textbooks it also includes some aspects coming from the forefront of its field of study.
23. Understand, integrate and relate new knowledge deriving from autonomous learning.
24. Use sign language as a resource and support language development in patients with difficulties with oral language development.
25. Weigh up the impact of any long- or short-term difficulty, harm or discrimination that could be caused to certain persons or groups by the actions or projects.

## **Content**

### THE FIRSTS YEARS

1. Detection, diagnosis and initial reception of the child with deafness and their families
2. The impact of deafness on the families of children with hearing impairment
3. The stage from 0 to 3 years. Evolution and valuation
4. Assessment of the emotional, communicative and linguistic development of the child in the 3-6 stage
5. Intervention methodologies for communication and oral language

### FAMILY CONTEXT

6. The impact of deafness in the family context of the child with deafness
7. Family stress and maternal conversational sensitivity
8. Methodology of attention and accompaniment to families
9. Family-centered therapies. Intervention Strategies
10. Preparation for the interview and family anamnesis.

### EDUCATIONAL INTERVENTION AND RESEARCH

11. The educational context of the deaf preschool child
12. Intervention strategies with scientific evidence
13. Lines of research

## **Methodology**

### LEARNING BASED ON LEARNING OUTCOMES

### AUTONOMOUS ACTIVITIES

STUDY: Individual study time for dynamic, personal, strategic and flexible learning of the content taught in practical and theoretical classes, as well as the material shared through the Moodle Virtual Classroom.

READING OF ARTICLES: Comprehensive reading of specialized articles.

PARTICIPATION IN COMMUNICATION FORUMS AMONGST STUDENTS: Active and weekly participation in a debate forum and group discussion, based on clinical cases.

GROUP WORK PREPARATION: Preparation of a digital portfolio.

#### DIRECTED ACTIVITIES

Practices sessions: Seminars for the analysis and discussion of specialized articles, clinical cases and intervention methodologies, with the active participation of the students.

Theoric sessions: Lectures with ICT support.

#### SUPERVISED ACTIVITIES

Follow-up tutorials for group work (EV2)

Note: 15 minutes of a class will be reserved within the calendar established by the center or by the degree for students to fill in the surveys to assess the performance of the teaching staff and to assess the subject or module.

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 sessions	12	0.48	5, 1, 3, 8, 13, 11, 16, 15, 17, 22, 21, 20, 18, 19, 4, 25
Theoric sessions	24	0.96	2, 23, 6, 7, 12, 14, 9, 10, 24
Type: Supervised			
Follow-up	17	0.68	23, 6, 3, 7, 10
Type: Autonomous			
Estudy	30	1.2	2, 23, 7, 12, 14, 9, 10
Participation in communication forums between students	12	0.48	1, 23, 3, 7, 11, 15
Preparing group work	24	0.96	2, 23, 6, 7, 12, 14, 9, 21, 20, 18, 10, 24
Reading articles	25	1	2, 23, 7, 12, 14, 9, 24

### Assessment

The continuous assessment system is based on the following learning evidence:

EV1: Written test. 35% final course grade. theoretical. First evaluation period. Individual and face-to-face.

EV2: Digital portfolio. 30% final course grade. Practice. First and second evaluation periods. Group and online.

EV3: Written test. 35% final course grade. Theoretical-Practical. Second evaluation period. Individual and face-to-face.

The student will pass the course after obtaining at least a grade of 5.0 (0-10 scale) **as the average of the three evidences, and having passed** (grade of 5.00 or more) **two of the three evidences**.

A student who has delivered evidence of learning with a weight equal to or less than 4.0 points (40%) will be considered 'not evaluable'.

Recovery test: Students who have not reached the established criteria to pass the subject and who have been evaluated with a minimum of 2/3 evidence of learning may choose to take the recovery test. The maximum grade that can be obtained in the recovery test is 5.0.

The single evaluation will be carried out on the same day and place as the written test of the second evaluation period of the subject. All the contents of the subject will be evaluated.

Students must present themselves with the digital portfolio (EV2 - 30% final grade for the course) in printed format to begin developing the single assessment.

Both partial exams (EV1 + EV3 - 70% final course grade) will be carried out with multiple choice questions and short questions on clinical cases. Total duration of the EU: 4 hours.

The final grade for the course will be obtained as described by the continuous assessment. The same recovery process as that of the continuous evaluation will be applied.

In the cases of second or higher registrations, the evaluation of the subject (continued or unique) will be the same as in the cases of first registration.

In the event that the student has difficulties understanding the statements of the tests written in Spanish (for example, because they are an exchange student, etc.) they can request the test in Catalan or English as long as they do so in writing to the coordinator of the subject, with a minimum of 4 weeks before the respective evaluation.

Link to the faculty evaluation guidelines: <https://www.uab.cat/web/estudiar/calendaris-1345721956986.html>

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
EV1 - INDIVIDUAL. Written test. Face-to-Face	35%	2	0.08	2, 23, 3, 7, 12, 13, 9, 22, 21, 20, 18, 10, 4
EV2 - GRUPAL. Digital briefcase. Online	30%	2	0.08	5, 2, 1, 23, 6, 3, 8, 7, 12, 11, 14, 9, 16, 15, 17, 20, 18, 19, 10, 24, 25
EV3 - INDIVIDUAL. Written test. Face-to-face	35%	2	0.08	5, 2, 1, 23, 11, 14, 9, 15, 17, 22, 21, 18, 19, 25

## Bibliography

Mandatory bibliography:

Balakrishnan, S., & Thangaraj, M. (2023). Parental Support for Postoperative Intervention of Children with Cochlear Implantation. *Indian Journal of Otolaryngology, and Head, and Neck Surgery*, 1-10. <https://doi.org/10.1007/s12070-023-03762-w>

Baraquiso Pazos, M., & Guier Bonilla, L. (2020). Childhood hearing loss, frequent sensory deficit. *Synergy Medical Journal*, 5(9), e576. <https://doi.org/10.31434/rms.v5i9.576>

Concha, R., Serrano, C., & Silvestre, N. (2022). Understanding of emotions in students with cochlear implants from 3 to 6 years old. Influential factors. *Journal of speech therapy, speech therapy and audiology*, 42(3), 134-146. <https://doi.org/10.1016/j.rlfa.2021.03.012>

Majorano, M., Brondino, M., Morelli, M., Ferrari, R., Lavelli, M., Guerzoni, L., Cuda, D., & Persici, V. (2020). Preverbal Production and Early Lexical Development in Children With Cochlear Implants: A Longitudinal Study Following Pre-implanted Children Until 12 Months After Cochlear Implant Activation. *Frontiers in Psychology*, 11, 591584-591584. <https://doi.org/10.3389/fpsyg.2020.591584>

Muller, L., Goh, B. S., Cordovés, A. P., Sargsyan, G., Sikka, K., Singh, S., Qiu, J., Xu, L., Graham, P. L., James, C. J., & Greenham, P. (2023). Longitudinal outcomes for educational placement and quality of life in a prospectively recruited multinational cohort of children with cochlear implants. *International Journal of Pediatric Otorhinolaryngology*, 170, 111583-111583. <https://doi.org/10.1016/j.ijporl.2023.111583>

Throughout the course, more specific complementary bibliography will be provided.

## Software

No specific software needed