



COURSE DATA

DATA SUBJECT

Code: 35295
Name: Speech Therapy Intervention in Developmental Disorders
Cycle: Undergraduate Studies
ECTS Credits: 6
Academic year: 2026-27

STUDY (S)

Degree	Center	Acad. year	Period
1203 - Degree in Speech Therapy	Facultat de Psicologia i Logopèdia	3	First quarter

SUBJECT-MATTER

Degree	Subject-matter	Character
1203 - Degree in Speech Therapy	Speech therapy intervention in development disorders	COMPULSORY

COORDINATION

YGUAL FERNANDEZ DESAMPARADOS

SUMMARY

Speech Therapy Intervention in Developmental Disorders is taught in the third year of the Speech Therapy Degree with a workload for students of 150 hours, equivalent to 6 ECTS credits.

It is a compulsory subject taught in the first semester of the course. Its objective is to provide students with basic knowledge of general speech therapy intervention in children. It covers the basic framework of intervention and basic intervention techniques in neurodevelopmental disorders involving language and communication disorders.

Speech therapy is a symptomatic intervention, i.e. the fundamental focus of the intervention is based on the semiology of the disorders observed in language or communication. This fundamental focus of the intervention is modulated according to the main disorder suffered by the child and the characteristics, mainly cognitive, that define it. The subject Speech Therapy Intervention in Developmental Disorders provides training in this fundamental aspect of speech therapy intervention. Hence its importance in the curriculum, as it is one of the core subjects in speech therapy training, because the knowledge acquired is applicable to all childhood disorders involving language or communication difficulties.

PREVIOUS KNOWLEDGE

RELATIONSHIP TO OTHER SUBJECTS OF THE SAME DEGREE



1203 - Degree in Speech Therapy

Obligation to have previously passed the subject(s)

35272 - Anatomy of Language and Hearing Organs

35273 - Physiology of Language and Hearing Organs

35288 - Developmental Disorders

OTHER REQUIREMENTS

Essential prerequisites.

Knowledge of the subjects 'Developmental Psychology' and 'Language Acquisition and Developmental Disorders' is considered essential and recommended as a prerequisite.

COMPETENCES / LEARNING OUTCOMES

1203 - Degree in Speech Therapy

Advise families and other persons in the social environment of users, encourage their participation and collaboration in the speech therapy, address the peculiarities of each case and bear gender perspective in mind.

Be able to develop skills such as regulating their own learning, solving problems, reasoning critically and adapting to new situations.

Communicate findings and conclusions to patients, their families and other professionals involved in their care, both orally and in writing, considering the sociolinguistic characteristics of the environment.

Design, implement and evaluate actions to prevent communication and language disorders.

Design and conduct speech therapy treatments, both individual and collective, by setting targets and stages, with the most effective and adequate methods, techniques and resources, and bearing in mind the different life developmental stages as well as gender perspective.

Have an adequate speech production, language structure and voice quality.

Know the limits of their field of activity and learn to identify when an interdisciplinary treatment is necessary.

Know the principles, functions and procedures of speech intervention in developmental disorders.

Manage the technologies of communication and information.

Prepare and write reports of assessment, diagnosis, monitoring, completion of treatment and referral to another professional.

Select, implement and facilitate the learning of augmentative communication systems, as well as the design and use of prostheses and technical aids adapted to the physical, psychological and social conditions of the patient.

Select appropriate alternative and augmentative systems of communication considering the needs of children with developmental communication and language disorders.



Students must be able to apply their knowledge to their work or vocation in a professional manner and have acquired the competences required for the preparation and defence of arguments and for problem solving in their field of study.

Students must be able to communicate information, ideas, problems and solutions to both expert and lay audiences.

Students must have developed the learning skills needed to undertake further study with a high degree of autonomy.

Students must have the ability to gather and interpret relevant data (usually in their field of study) to make judgements that take relevant social, scientific or ethical issues into consideration.

Understand and evaluate the scientific production underpinning the professional development of the speech therapist.

DESCRIPTION OF CONTENTS

1. Introduction. Theoretical basis of speech-therapy in developmental disorders.

Introduction. Intervention in etiology versus intervention in semiology. Theoretical basis of speech-therapy treatments of language development disorders. Influence of different theoretical orientations in current treatments: contributions of conductism, contributions of generativism, cognitive theories, social theories.

2. Methodological principles and components of speech-therapy in developmental disorders (DD)

Methodological classifications. Syntomatologic procedures versus global or generative procedures. Timely approach to evolutionary approach. Therapist-centered interventions versus child-centered interventions. Formal versus functional teaching strategies. Highly structured procedures versus interactive procedures. The model of naturalistic intervention. Specific strategies of naturalistic intervention.

3. Global models of action and decision-making in speech-therapy in DD. (I)

Multidimensional structural model of intervention. Intervention objectives. Coping strategies. Procedures and activities. Intensity of treatment. Intervention agents. Intervention contexts.



Evaluation of the intervention.

Interactive three-level model of Juarez and Monfort. First level: Reinforced and systematized stimulation. Concept of communicative adjustment. High quality dual interactions. Agents and contexts of the intervention. Counseling programs for parents and caregivers.

Interventions targeting emerging communication and language.

4. Global models of action and decision-making in speech-therapy in DD. (II)

Interactive three-level model of Juarez and Monfort.

Second level: Functional exercises. Concept. Criteria for intervention through functional exercises. Objectives assumed with this methodology. Instructional scheme of a functional exercise: The situation. Complexity variables. Support systems. Evaluation of results.

Third level: formal exercises. Criteria for intervention through the exercisers. Objectives that can be assumed with this intervention methodology. Agents and contexts of the intervention.

5. Treatment in language levels: The intervention in morphosyntactic level.

Intervention in the morphosyntactic level. Treatment Approach: interactive approaches, naturalistic intervention, Intervention based in functional exercises, formal approaches.

Intervention in stage combination of first words. Intervention in the acquisition of simple sentence, morphosyntactic development intervention, augmentative communication applied to morphosyntactic deficit.

6. Treatment in language levels: Intervention in semantic component.

Treatment in the lexical-semantic: Introduction. Treatment approach: Interactive approaches, naturalistic treatments, treatment based on functional exercises, formal approaches.

Lexical level treatment. Treatments at the semantic level and verbal reasoning.



7. Pragmatic language deficits treatment

Intervention in the pragmatics of communication. Introduction. Treatment approach: Definition of objectives. Support system. Training of basic communication skills. Joint attention and eye contact. The game. Verbal comprehension. Training tasks of theory of mind. Training in communication functionality. Comprehension of humor and irony. Understanding of rules and moral judgments. Discursive skills training. Conversational skills. The story. Argumentation.

8. Specific intervention in communication development of children with Autism Spectrum Disorders.

The intervention in the communication of children with autism spectrum disorders. Ethodological approaches to intervention. Traditional behavioral approaches. Naturalistic behavioral interventions. Intervention with alternative and augmentative systems of communication. The effectiveness of the intervention: evidence-based treatments. Intervention in the prelinguistic level. Treatments at the beginning of language. Treatments for advancing the language development. The communication intervention for children with autism spectrum disorder high level of functioning. Treatment approaches.

WORKLOAD

PRESENCIAL ACTIVITIES

Activity	Hours
Theory	45,00
Laboratory	15,00
Total hours	60,00

NON PRESENCIAL ACTIVITIES

Activity	Hours
Attendance at other activities	3,00
Individual or group project	20,00
Independent study and work	30,00
Preparation of lessons	0,00
Preparation for assessment activities	27,00
Resolution of case studies	10,00
Total hours	90,00

TEACHING METHODOLOGY



An active methodology will be used, based on theoretical presentations by the teacher and a set of activities related to the theoretical presentation that will encourage students to reflect and take initiative.

The activities consist of reflective learning of intervention techniques, case studies, analysis of materials, analysis of images from intervention sessions, design of intervention programmes, as well as reflections on important aspects of professional practice itself, such as evidence-based practice and related ethical issues.

This entire process is accompanied and guided by tutorial action, which will seek to guide students in their independent study and in resolving any doubts they may have about the activities proposed.

EVALUATION

The information used to determine the final grade for the course will be obtained through two basic procedures: individual final assessment (final exam) and continuous or progress assessment (activities carried out in class, reports and/or individual and group assignments, other activities carried out in class, attendance at lectures, seminars or conferences, etc.).

The individual final assessment will be in line with the specific objectives of the teaching guide. This assessment, which will reflect the level achieved at the end of the course, will take place at the end of the face-to-face period and will account for 70% of the course grade, with a maximum value of 7. The final exam to assess the specific objectives of the course will be written, theoretical-practical, with multiple-choice and essay questions.

The continuous assessment or progress assessment of the work carried out by students throughout the course will be based on written and oral reports and comments made in class and/or tutorials, as well as on the various activities carried out in the theoretical and practical sessions. This part of the assessment is formative in nature, as it allows for a feedback process for both the teacher and the student. This assessment will account for 30% of the course grade. The continuous assessment is divided into two distinct parts:

- 1.- Reports on the practical sessions. A single practical report will be submitted, with a maximum value of 2.25 points.
- 2.- Other activities carried out in class: reports and/or individual and group work, access to content available in the virtual classroom, active participation in class activities, etc. This part is worth a maximum of 0.75 points.

Attendance at practical classes is compulsory and in order to pass the course, students must attend at least 80% of the classes.

Absence must be due to well-documented reasons of force majeure (sudden illness, death of a relative up to the third degree, court summons, official exam, accompanying a first-degree relative for medical reasons). The contents of the practical classes can be recovered through a written test to be taken at the end of the official final exam. Students who do not attend or fail this part of the assessment may recover it in the second exam session.

The marks for the practical activities will be maintained in the second sitting.

The final mark is obtained from the weighted sum of the marks for each part of the assessment, provided that the part corresponding to the officially announced written tests and the continuous assessment has been passed, i.e. it is necessary to pass each of the parts that make up the assessment in order to pass the course.

Honours (MH) may be awarded to students whose mark is equal to or higher than 9, the highest mark in their group. The award of honours is subject to the completion of an extraordinary oral exam in the event that two students have the same mark and only one MH can be awarded. Under no circumstances will the exam reduce the mark.

In the event of fraudulent practices, the procedures set out in the Protocol for dealing with fraudulent



practices at the University of Valencia (ACGUV 123/2020) will be followed: <https://www.uv.es/sgeneral/Protocols/C83sp.pdf>

REFERENCES

Basic

- Juárez, A. y Monfort, M. (2015). Estimulación del lenguaje oral. Madrid: Entha Ediciones.
- Cervera-Mérida, J. y Ygual-Fernández, A. (2006). Intervención logopédica en los niveles de la lengua. En: Garayzábal, E. (Ed.) Lingüística clínica y logopedia. Madrid: A. Machado Libros.
- Mendoza, E. (2016). Trastorno específico del lenguaje (TEL). Avances en el estudio de un trastorno invisible. Madrid. Ed: Pirámide.
- Monfort, M., Juárez, A. y Monfort, I. (2004). Niños con trastornos pragmáticos del lenguaje y de la comunicación. Madrid: Entha Ediciones.
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- McCauley, R.J., Fey, M.E. & Gillam, R. B. (2017) Treatment of Language Disorders in Children. Baltimore. Paul H. Brookes Publishing Co. Inc.
- Acosta Rodríguez, V. Ramirez Santana, G. (Coord.) (2024) Intervención en lenguaje y alfabetización temprana del alumnado con Trastorno del Desarrollo del Lenguaje. Aljibe.

Supplementary

- Martos, J. y Pérez, M (2002). Autismo. Un enfoque orientado a la formación en logopedia. Valencia: Nau Llibres.
- Prelock P. A. y McCauley, R. J. (2012) Treatment of Autism Spectrum Disorders. Baltimore, MD: Paul H. Brookes Publishing Co
- Reichow, B., Doehring, P., Cichetti, D.V., & Volkmar, F.R. (Eds.) (2011). Evidence-based practices and treatments for children with autism. New York, NY: Springer.
- (La profesora indicará bibliografía complementaria para cada tema).