

Московский педагогический
государственный университет



И. В. Андерсен
АНГЛИЙСКИЙ ЯЗЫК ДЛЯ ЛОГОПЕДОВ

Irina Andersen
ENGLISH FOR SPEECH-LANGUAGE PATHOLOGISTS

Учебное пособие в 3 частях

Часть 1

Москва 2024



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Учебное пособие по английскому языку предназначено для магистрантов, обучающихся по направлению подготовки 44.04.03 Специальное (дефектологическое) образование (направленность – логопедия), аспирантов, студентов, ведущих научно-исследовательскую работу на разных этапах обучения, профессиональных логопедов, а также для широкого круга лиц, интересующихся проблемами нарушений речи. Учебное пособие опирается на корпус исследований и публикаций по дисциплине, отвечающих актуальной повестке и соответствующих тематике, предусмотренной рабочей программой дисциплины «Иностранный язык для специальных целей». Методологической основой разработки пособия является синергетический подход, предполагающий интеграцию технологии тезаурусного моделирования профессиональных терминов логопедии и корпусные инструменты для организации проблемного подхода к формированию иноязычного научно-профессионального дискурса.

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ПРЕДИСЛОВИЕ ОТ РЕДАКТОРА

Предлагаемое вниманию студентов и преподавателей пособие выпускается на этапе перехода российского образования к суверенной национальной модели высшей школы. Важной и актуальной научно-методической задачей этого процесса является разработка современных концептуальных, содержательных и технологических компонентов иноязычной подготовки будущих специалистов.

Изучение иностранного языка является важнейшей составляющей высшего образования, обеспечивающей формирование коммуникативной, культурологической, исследовательской и других компетенций в их связи с компетенциями профессиональными. В системе подготовки логопедов это изучение имеет свою специфику. Она связана с необходимостью компаративного анализа терминологии в отечественной и зарубежных научных школах, сопряжения профессионального тезауруса, сопоставления схожих и уникальных примеров практической деятельности логопеда в России и других странах, а также широкого привлечения данных смежных наук (медицина, лингвистика, нейропсихология и др.).

Все это определило новый подход к преподаванию профессионального английского языка и созданию учебного пособия. Этот подход основан на синергии, сочетании различных аспектов: тезаурусного, позволяющего изучать профессиональную терминологию в системе, и корпусного, предлагающего инструменты для анализа типичных языковых явлений.

Пособие направлено на развитие навыков профессионального общения на иностранном языке в устной и письменной формах. Изучение языка происходит при погружении в профессиональный контекст, который связан с квалификацией, диагностикой и коррекцией речевых и языковых нарушений, доказательностью данных, междисциплинарным изучением и сопровождением людей с такими нарушениями в различных институциональных условиях,

этическими аспектами работы логопеда и возможностями непрерывного профессионального развития.

Реализованный в пособии подход способствует формированию профессиональной языковой личности будущего логопеда, позволяет студентам глубже понять специфику осваиваемой профессии, расширить свой кругозор, обогатить методический инструментарий. Разнообразные коммуникативные задания помогут студентам освоить англоязычный научно-профессиональный дискурс, приобрести навыки работы с научно-методической литературой. Все тексты и задания в пособии подобраны с опорой на современные исследования в области логопедии и смежных областей, представленные в научной и учебно-методической отечественной и зарубежной литературе.

Пособие разработано в соответствии с программой изучения английского языка для специальных целей, которая включена в образовательные программы магистратуры, а в 2024 г. существенно обновлена для программ специализированного высшего образования по направлению 44.04.03 Специальное (дефектологическое) образование (направленность – логопедия) в МПГУ.¹

Подход, предложенный в пособии, является продуктивным и перспективным для изучения профессионального английского языка не только в магистратуре. Пособие может быть полезным в рамках дисциплин по выбору, практикумов, факультативов, учебно-исследовательской работы студентов на уровне базового высшего образования, а также в аспирантуре.

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¹ Согласно Указу Президента РФ от 12.05.2023 N 343 «О некоторых вопросах совершенствования системы высшего образования» МПГУ в 2023–2025 гг. реализует пилотный проект, направленный на изменение уровней профессионального образования.

PREFACE

This is the first installment of “English for Speech-Language Pathologists,” a coursebook designed to enhance the English language proficiency of master’s students undertaking professional training in the field of SLP. The initial volume is structured into four modules, each exploring essential topics within the discipline: the scope of SLP, the anatomy and physiology of speech, diagnostic frameworks, and communication disorders in paediatric populations.

Each module comprises 9 hours of guided auditory work, complemented by additional hours allocated for independent study. The content encompasses theoretical foundations, practical applications, analysis of clinical cases, and critical discussions within professional contexts. The integrated independent study component is designed to foster self-directed learning and application of concepts.

The coursebook employs advanced pedagogical strategies to facilitate a dynamic and engaging learning experience. Its methodological foundation is rooted in the synergy between thesaurus modelling and a corpus-based approach to developing professional language proficiency. The coursebook’s design reflects a commitment to fostering a comprehensive understanding of SLP within an international context. A deliberate emphasis on comparative analysis of Russian and foreign traditions and approaches offers a cross-cultural perspective, contributing to a global professional understanding of SLP.

Upon completion of this installment, students are expected to demonstrate enhanced proficiency in English communication within various professional SLP contexts. They will develop competencies in analysing the scope of SLP, understanding the anatomical and physiological bases of speech, applying diagnostic frameworks, and addressing communication disorders in paediatric populations.

We are confident that this coursebook will serve as a practical and beneficial tool in students’ pursuit of excellence in the field of SLP, equipping them with the linguistic and professional competencies necessary for success in an increasingly interconnected world.

Author

MODULE 1. INTRODUCTION TO SPEECH-LANGUAGE PATHOLOGY

In this module, you will practise:

Skills focus

Reading	Speech-Language Pathology Across Countries
Listening	Med SLP Inside Look. What Does a Med SLP Do?
Writing	A professional blog post on a specific problem faced by AAC users in school settings
Speaking	<p>Collaborative project: A practical guide for enhancing academic English skills for Russian SLP students</p> <p>Speed networking event: Discussing academic backgrounds, interests, and research experiences</p> <p>Role-play: SLP networking at a conference</p>

Language focus

<p>Professional terminology</p> <p>Speech-language pathology, speech-language pathologist, speech therapy, diagnosis, treatment, disorder, voice, swallowing, articulation, speech, language, communication, resonance, occupational therapist, physician, counterparts, communication disorder, organs of speech, speech disorders, mechanisms of speech activity, universal approach, scope of practice, health care system, professional standards, provide services, educational institutions, rehabilitation centres, etc.</p>
<p>Functional language for academic and professional writing</p> <p>Program words into a device, the AAC system with a built-in keyboard, teach AAC users literacy skills, the focus should be on having a meaningful and positive interaction, setting up a regular time for shared reading, start cultivating a child's interest in reading and writing, start practising independent reading and writing, provide kids with motivating experiences with text, keyboard or alternative pencil, choose activities that have an authentic purpose, etc.</p>
<p>Functional language for academic and professional speaking</p> <p>I would be interested to hear about your experiences and areas of interest. From an academic standpoint, I've found the research on neuroplasticity and its implications for speech-language pathology particularly interesting, etc.</p>

Unit 1. Overview of Speech-Language Pathology

Activity 1. Work in pairs. Discuss the questions.

1. Do you work as a speech-language pathologist now? Where?
2. Do you think it is possible to work as a speech-language pathologist internationally?

Activity 2. Read the definitions and answer the questions.

1. Which definition(s) do you find most accurate? Why?
2. Are there any differences between the terms *логопедия*, *speech-language pathology* and *speech therapy*?

Логопедия - это наука, изучающая людей с речевыми нарушениями и разрабатывающая методы коррекционно-педагогической работы с ними.²

Speech and language pathology is a study of speech, language and voice disorders for the purposes of diagnosis and treatment.³

Speech-language pathology is the scientific study of speech, fluency, feeding and swallowing, and all the mechanisms of speech and language, along with the therapeutic application of corrective and augmentative measures to help people with speech disorders speak and communicate better. It falls under the communication sciences and disorders discipline, which also include the closely aligned - but separate - study of audiology. Speech-language pathology is focused on a range of human communication and swallowing disorders affecting people of all ages.⁴

Speech therapy - therapeutic treatment of impairments and disorders of speech, voice, language, communication, and swallowing.⁵

² Понятийно-терминологический словарь логопеда / под ред. В.И. Селиверстова. М.: ВЛАДОС, 1997. 400 с.

³ Nicolosi L., Harryman E., & Kresheck J. Terminology of Communication Disorders: Speech-language-hearing. Lippincott Williams & Wilkins, 2004. P. 411.

⁴ URL: <https://www.speechpathologygraduateprograms.org/what-is-speech-language-pathology> (Accessed 10.01.2024, 20:40h).

⁵ URL: <https://www.merriam-webster.com/dictionary/speech%20therap> (Accessed 10.01.2024, 20:45h).

Activity 3. Work in pairs. Look at the pictures⁶ and discuss the questions.

1. What do you know about these scientists? Share any background information you have about them.

2. What are their significant contributions to the field of speech-language pathology? Provide specific examples if possible.



⁶ URL: <https://museum.ikprao.ru/peoples> (Accessed 10.01.2024, 20:20h), URL: <https://www.logopedgu.ru/kafedra/about/specialists/grinshpun-b.m.html>(Accessed 10.01.2024, 20:40h), URL: <https://logopedpro.net/persons/>, <https://mgppu.ru/news/7684> (Accessed 10.01.2024, 20:40h), URL: <https://gefter.ru/archive/author/vygotsky> (Accessed 10.01.2024, 20:43h), URL: <https://ashaarchives.omeka.net/exhibits/show/pioneers/vanriper>, <https://logopedpro.net/persons> (Accessed 10.01.2024, 20:44h).

Activity 4. Read the text. What qualifications are required to pursue a career in SLP in the USA?

Speech-Language Pathology Across Countries

Speech-language pathology, also known as speech therapy, is a multidisciplinary field that focuses on the assessment, diagnosis, and treatment of communication disorders in individuals of all ages. These disorders may include speech, language, voice, fluency, and swallowing difficulties. Speech-language pathologists (SLPs) work with clients to improve their communication skills, enhance their quality of life, and promote their overall well-being.

The field of speech-language pathology has its roots in ancient civilisations, where individuals with communication disorders were treated using various methods, including vocal exercises and physical manipulation of the speech organs. However, it was not until the late 19th and early 20th centuries that the profession began to take shape. Numerous eminent scientists have made significant contributions to the understanding and treatment of speech disorders.

*Rosa Evgenievna Levina*⁷, born in 1908 in Orsha, Belarus, was a pioneering researcher in child speech and a student of L.S. Vygotsky. She began her work in experimental psychology in 1928, focusing on children's speech disorders. In 1941, she defended her PhD dissertation on alexia and agraphia, introducing new approaches to treating reading and writing disorders. R.E. Levina developed a psycho-pedagogical classification of speech and language disorders in the 1950s and 1960s, identifying systemic disordered development of speech and language in children⁸. Her significant contributions advanced both theoretical and practical foundations in speech therapy.

*Charles Van Riper*⁹, born in 1905 in Michigan, became a leading expert on stuttering, driven by his own experiences. He earned his PhD in clinical psychology from the University of Iowa in 1934 and founded the Western Michigan University Speech Clinic in 1936. His influential works include "*Speech Correction: Principles and Methods*" (1939) and numerous

⁷ URL: <https://museum.ikprao.ru/peoples/levina-roza-evgenevna/> (Accessed 10.01.2024, 21:20h).

⁸ Tumanova T., Filicheva T. (2017). Russian Scientific Trends on Specific Language Impairment in Childhood. InTech. doi: 10.5772/intechopen.69932 pp. 37-54.

⁹ URL: <https://ashaarchives.omeka.net/exhibits/show/pioneers/vanriper/> (Accessed 10.01.2024, 20:40h).

publications on stuttering. Van Riper's legacy includes extensive contributions to the field and recognition by ASHA.

John Thelwall, a pioneering elocutionist, focused on remediating speech impairments rather than enhancing normal speech. His transition to speech science was informed by his medical training at Guy's Hospital and personal experiences overcoming speech challenges. Thelwall's work combined physiological, anatomical, and social perspectives, laying the foundation for modern speech therapy and emphasising practical experience and physiological understanding¹⁰.

Scope of Practice

The scope of practice for speech-language pathologists varies by country. In Russia, known as logopedists, SLPs primarily work in educational settings, hospitals, and rehabilitation centres, addressing communication disorders in both children and adults. In the USA, SLPs are certified by the American Speech-Language-Hearing Association (ASHA), must meet specific educational and clinical requirements and work across various settings, including schools and hospitals, treating a wide range of communication and swallowing disorders. British SLPs, regulated by the Health and Care Professions Council (HCPC), similarly focus on communication and swallowing disorders, working in the NHS, schools, and private practices. They collaborate with other healthcare professionals to provide comprehensive care.

Disorders Addressed by SLPs¹¹

Speech-language pathologists address a wide range of communication and swallowing disorders affecting both children and adults. They treat articulation disorders, where individuals struggle to form sounds physically, and phonological disorders, which involve errors in sound patterns. SLPs also manage cognitive-communication disorders that impair one's ability to think, remember, and communicate. They work with those suffering from language disorders, such as selective language impairment and aphasia, affecting the ability to understand and express language. Social communication disorders are another area of focus, assisting those who have difficulties with the social aspects of communication, like interpreting

¹⁰ URL: https://www.acsu.buffalo.edu/~duchan/new_history/thelwall/thelwall_contributions.html (Accessed 10.01.2024, 20:40h).

¹¹ URL: <https://my.clevelandclinic.org/health/articles/24602-speech-language-pathologist> (Accessed 10.01.2024, 20:40h).

cues and conversing appropriately. Additionally, SLPs handle resonance disorders caused by anatomical anomalies like cleft palate, various speech impairments like stuttering and dysarthria, and voice disorders that affect vocal cord function. They also specialise in treating swallowing disorders (dysphagia), ensuring safe and effective swallowing mechanisms. Through their expertise, SLPs support individuals in improving their quality of life by enhancing their communication and swallowing functions.

Education Requirements¹²

To become certified in speech-language pathology in the United States, aspiring professionals must pursue the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). This certification requires the completion of a graduate degree, alongside specific clinical experiences, and the passing of a national examination. The academic and practical training must be undertaken at an institution accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), ensuring that the program meets the high standards expected in the field. This accreditation guarantees that both the academic and clinical training provided align with national requirements. For those interested in roles that extend into academia, research, or private practice, obtaining a PhD may also be beneficial.

Compiled from: URL: <https://www.asha.org> (Accessed 10.01.2024, 20:40h),

URL: <https://www.my.clevelandclinic.org> (Accessed 10.01.2024, 20:40h),

URL: <https://www.museum.ikprao.ru> (Accessed 10.01.2024, 20:40h),

URL: <https://www.acsu.buffalo.edu> (Accessed 10.01.2024, 20:40h).

Activity 5. Read the text and complete the table.

	Statements	True	False
1	The field of speech-language pathology only began to be formally recognised in the 20th century.		
2	Rosa Y. Levina, a Soviet psychologist, focused exclusively on adult speech therapy.		
3	Charles Van Riper developed a method that emphasised the physiological treatment of speech disorders without addressing psychological aspects.		

¹² URL: <https://www.asha.org/students/speech-language-pathologists/> Accessed 10.01.2024, 20:40h).

	Statements	True	False
4	Speech-language pathologists in the United States have a scope of practice that includes treating neurological conditions such as dementia.		
5	Voice disorders treated by SLPs do not include conditions related to vocal cord paralysis.		
6	All certified speech-language pathologists in the United States must complete their clinical experiences in hospital settings.		
7	Certification for speech-language pathologists in the USA does not include any form of the examination process.		

Activity 6. Work in pairs. Discuss why the following things were mentioned in the text.

1. Personal experience with stuttering
2. ASHA
3. The Council on Academic Accreditation
4. Swallowing mechanisms
5. Guy's Hospital
6. AAC Systems

Activity 7. Choose the topics to talk about. Prepare your ideas, then work in pairs and share your perspectives.

1. Some of John Thelwall's major contributions to the field of speech therapy in England.
2. The historical evolution of speech-language pathology from ancient times to the 20th century.
3. The significance of accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology for speech-language pathology programs.
4. The importance of interdisciplinary collaboration in the practice of speech-language pathology.

5. Speech-language pathologists use Augmentative and Alternative Communication systems to assist individuals with severe expressive and/or language comprehension disorders.

Activity 8. Translate each Russian term into its English equivalent. Provide an explanation of the equivalence, similar to the example.

Russian term	English equivalent
логопедия	speech-language pathology

Equivalence explanation: the English term “speech-language pathology” encompasses a broader field that includes the assessment, diagnosis, and treatment of communication and swallowing disorders, which is equivalent to the scope covered by the Russian term.

One-word terms:

логопедия, логопед, диагностика, лечение, нарушение, голос, глотание, артикуляция, речь, язык, коммуникация, резонанс, эрготерапевт, врач, коллега, охриплость, словарь, терапия.

Terminological units:

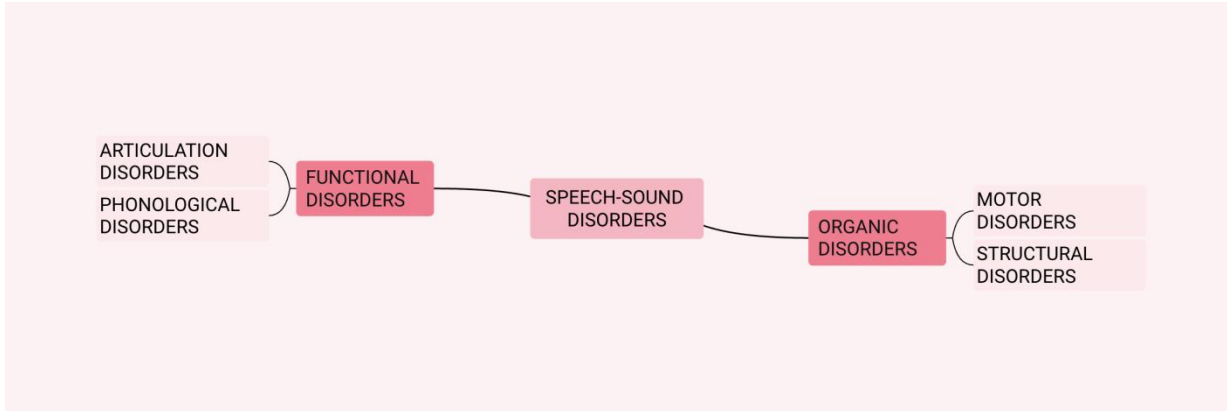
нарушение коммуникации, органы речи, речевые расстройства, диагностика речевых нарушений, механизмы речевой деятельности, нарушение плавности речи, нарушение экспрессивной речи, структура предложения, универсальный подход, сфера деятельности, система здравоохранения, профессиональные стандарты, оказывать услуги, образовательные учреждения, реабилитационные центры.

Activity 9. Work in groups. Answer the questions.

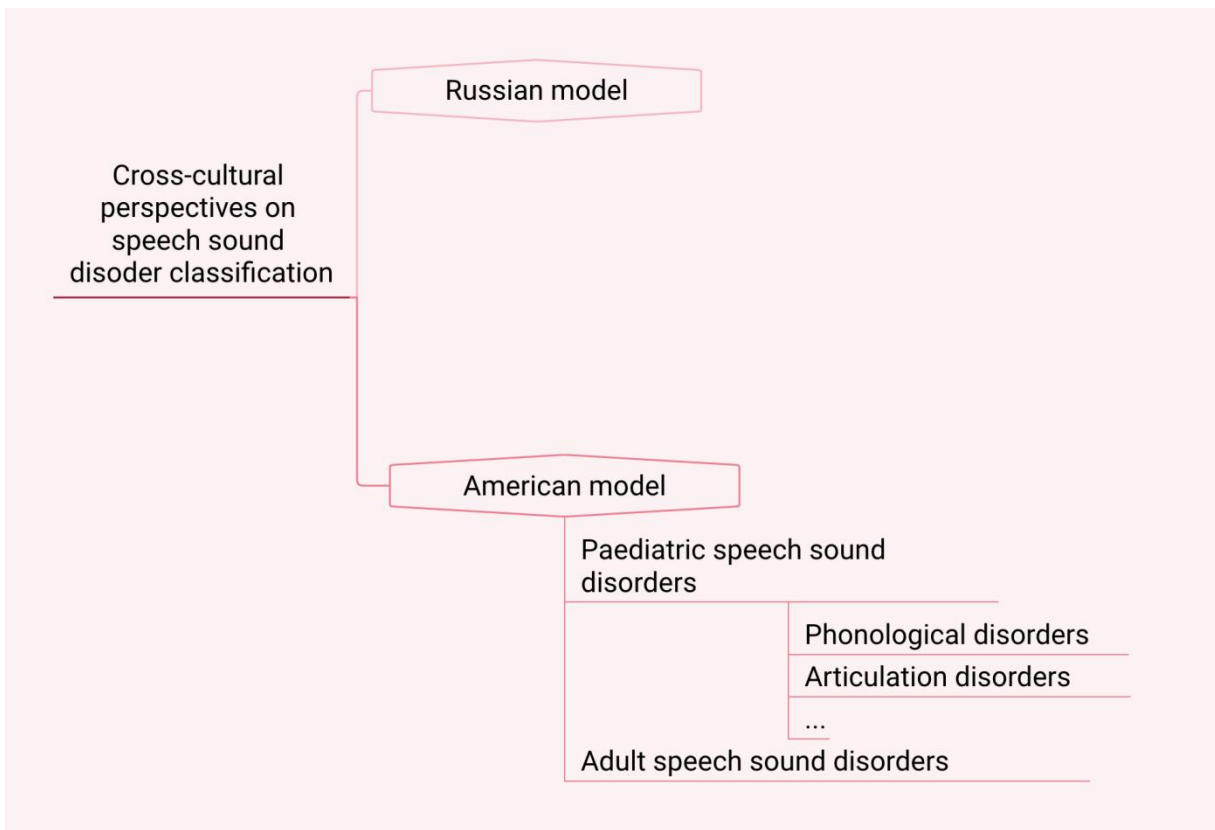
1. How are speech disorders identified and diagnosed within the scope of SLP?
2. What specific strategies are employed by SLPs to address language disorders in children compared to adults?
3. How do SLPs incorporate cultural and linguistic considerations into their assessment and treatment plans?
4. What are the emerging areas of specialisation within SLP?

5. What role do interdisciplinary teams play in treating neurogenic disorders in SLP?

Activity 10. Identify primary domains within the field of SLP according to the American standards. Create a mind map and incorporate the provided fragment into it.



Activity 11. Compare classifications of speech-sound disorders used in Russia and the USA. Consider how cultural, linguistic, and healthcare system influences affect the terminology used in both countries.



Activity 12. Present your findings. Engage in a class discussion about the insights gained from the comparative analysis.

Activity 13. Consult a reliable online dictionary (e.g., *Cambridge Online Dictionary*, *Oxford Learner's Dictionaries*) and complete the table.

Word	Definition
communication	
treatment	
diagnosis	
assessment	
impairment	
disorder	

Activity 14. Complete the collocations with the words from the table below. Then, consult a free corpus, such as the Corpus of Contemporary American English (COCA), to check your answers.

needs	perform	neurological
skills	confirm	symptom-based
protocols	facilitate	sensory
symptoms	suffer	nonverbal
mobility	manifest	formative
disorder	require	symptomatic

Word	Collocations		
	noun	verb	adjective
communication			
treatment			
diagnosis			
assessment			
impairment			
disorder			

Activity 15. Consult COCA to fill in the table with relevant examples for each term. Then complete the sentences with the correct words.

Word	Sentence bank		
	Context 1	Context 2	Context 3
communication			
treatment			
diagnosis			
assessment			
impairment			
disorder			

1. Good communication _____ can help facilitate effective nonverbal communication.

2. The treatment _____ requires a symptomatic approach to confirm the diagnosis.

3. The assessment of needs involves performing formative _____ to identify the impairment.

4. The disorder _____ neurological symptoms that need to be diagnosed.

5. Communication skills are essential for _____ nonverbal communication in various situations.

6. Treatment protocols require a _____ approach to confirm the diagnosis of the disorder.

7. The diagnosis of a neurological _____ involves identifying the symptoms and their manifestations.

Activity 16. Reflect on the importance of adapting and understanding local terminologies in the global field of SLP.

Unit 2. What's Within the Scope of Medical SLP?

Activity 1. Work in groups. Discuss the questions.

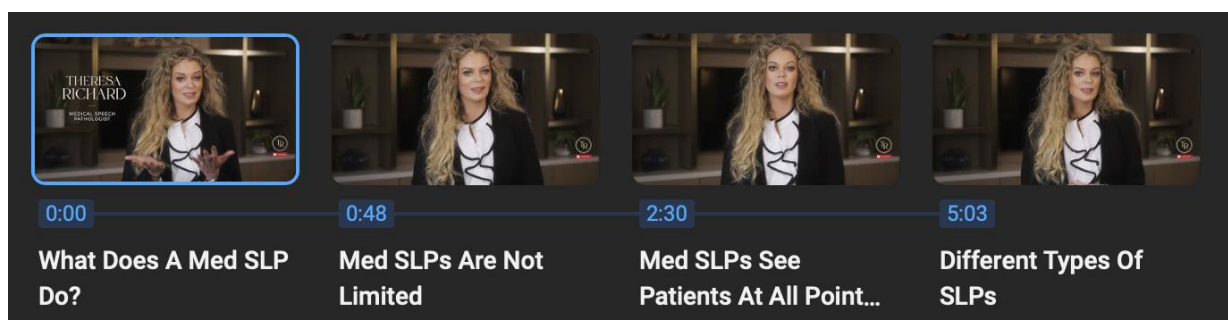
1. What skills are essential for a medical SLP to succeed?

Essential skills for a medical SLP	Rating of importance		
	High	Medium	Low
knowledge of medical terminology			
ability to work in various healthcare environments			
strong communication skills			
ability to perform minor medical procedures			
patience and empathy with patients			
knowledge of swallowing mechanisms			
expertise in speech and language assessment tools			
crisis management skills			
knowledge of multiple languages			

2. In which of the following patient scenarios would an SLP be necessary? Discuss why their involvement is crucial.

Stroke recovery, premature infants in the neonatal intensive care unit, rehabilitation after traumatic brain injury, voice rehabilitation for professional singers, management of progressive neurological disorders, treatment of children with cleft palate and craniofacial anomalies, cognitive rehabilitation in elderly patients with dementia

Activity 2. Watch the video “Med SLP Inside Look | What Does a Med SLP Do?”¹³ What roles and settings in which a medical SLP might work does Theresa Richard describe in the video?



Activity 3. Work in pairs. Compare your ideas and discuss.

Based on the roles and settings described in the video, which roles do you think you would enjoy performing the most? Why?

Activity 4. Watch the video again and complete the table.

	Statement	True	False
1	Training medical SLPs receive in graduate school fully equips them for the challenges encountered in different work settings.		
2	The diversity of work settings for medical SLPs requires continuous skill adaptation.		
3	It is uncommon for medical SLPs to		

¹³ URL: <https://www.youtube.com/watch?v=B5cWPwBPq5s> (Accessed 10.01.2024, 21:40h).

	Statement	True	False
	manage patients with tracheostomy tubes at home.		
4	Medical SLPs mainly treat adult patients in residential healthcare facilities.		

Activity 5. Choose the best answers. Watch again and check your answers.

1. According to Theresa Richard, what factors significantly contribute to the newly graduated SLPs' feeling of being underprepared to handle the demands of their professional roles?

- A. Inadequate exposure to diverse clinical settings during training
- B. Insufficient theoretical knowledge
- C. Limited practical experience
- D. Outdated teaching methods in their training programs

2. Theresa discusses the involvement of medical SLPs in specialised procedures. Which of the following is an example she provides?

- A. Assisting in an awake craniotomy
- B. Lecturing at medical schools
- C. Conducting pharmaceutical research
- D. Managing hospital administration

3. Which of the following best describes the involvement of medical SLPs in the care of patients with swallowing disorders?

- A. Conducting independent surgical procedures
- B. Prescribing and managing medications
- C. Assessing and treating swallowing difficulties
- D. Providing nutritional counselling

Activity 6. Work in groups. Identify 20 key terms from the video you watched.

Disorders	Settings	Approaches	Equipment

Activity 7. Use a reliable online dictionary to find definitions for the terms you identified. Draw lines between terms within and across categories in the table, explaining the relationship:

e.g., dysphagia is a disorder often treated in skilled nursing facilities

Activity 8. Work in pairs.

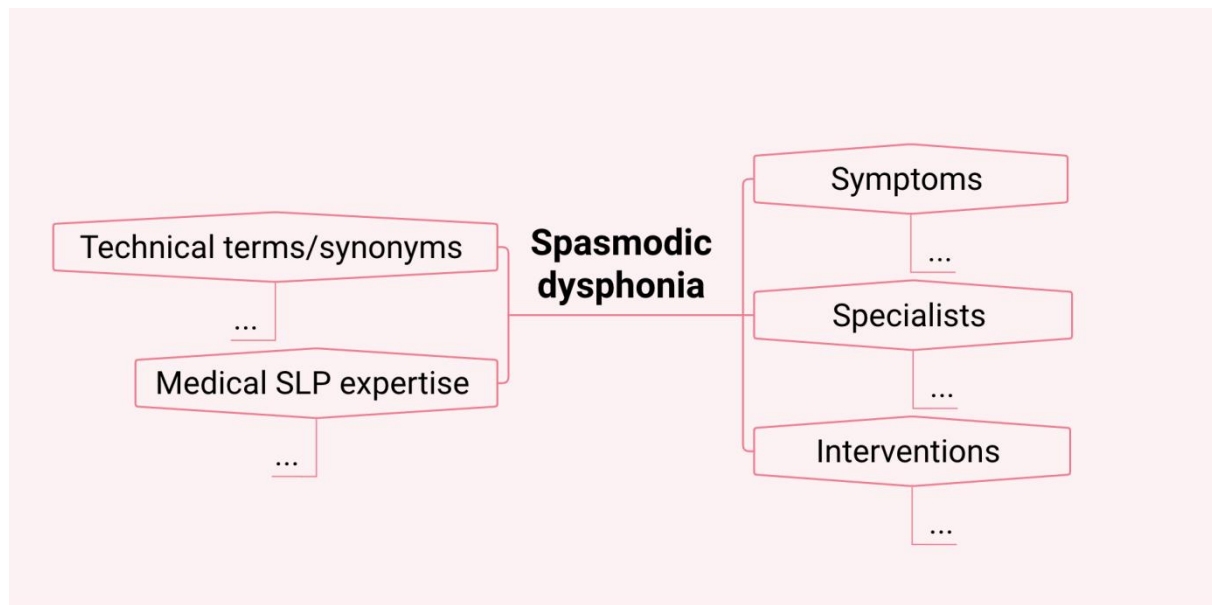
Imagine you are an SLP suspecting spasmodic dysphonia in a patient. Discuss and take notes on the following aspects:

1. Specific symptoms you will look for during evaluation.
2. How will you assess these symptoms?
3. What types of speech samples would you elicit from the patient to observe the presence of a strangled-sounding voice?
4. What other areas will you assess besides voice quality?
5. Which specialists might be a part of the patient's care team?

Explain their role.

6. What interventions will you recommend? Why?

Activity 9. Work in groups. Organise your ideas about spasmodic dysphonia and expand the mind map.



Activity 10. Work in groups. Choose one setting in the table. Discuss.

1. What might an SLP face in this setting?

2. What does an SLP need to succeed in this setting?
3. How does an SLP help patients in this setting?
4. Would you work in that setting? Explain why or why not.

Setting	Type of patients	Key role	Typical tasks
Hospital			
Private practice			
NICU			
Skilled nursing facility			
Home health care			

Activity 11. Organise your ideas into a collaborative presentation “Roles and Settings of Medical SLPs” and prepare to present your slides.

Presentation plan:

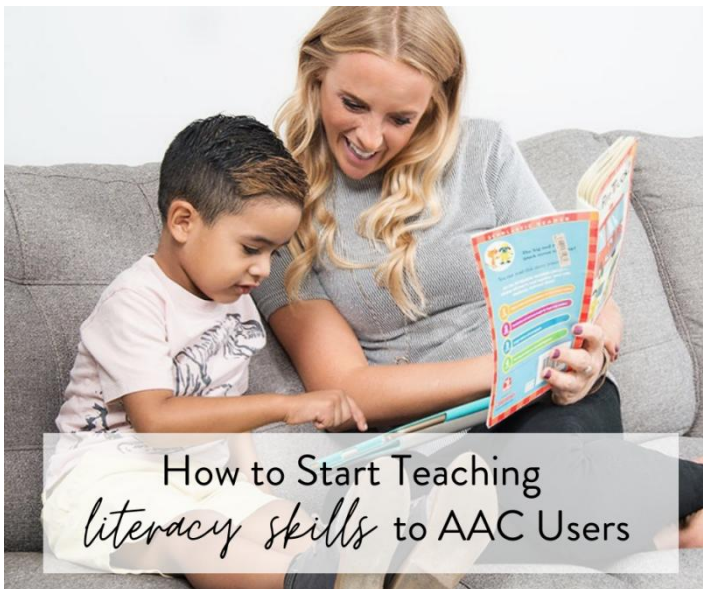
1. Setting overview.
2. Patient demographics.
3. Medical SLP’s key roles in the setting.
4. Typical tasks and challenges.
5. Conclusions.

Unit 3. Augmentative and Alternative Communication and Its Implications in SLP

Activity 1. Discuss in groups.

1. What challenges do AAC users often face when learning literacy skills?
2. How can educators and parents adapt literacy activities to promote deeper engagement and critical thinking for AAC users?

Activity 2. Read the blog post and identify the problem discussed in it. How to Start Teaching Literacy Skills to AAC Users



The reality with any AAC system is that we can only program so many words into a device. Inevitably, we can't possibly know or program every word an AAC user might want to use.

That's one of the reasons having an AAC system with a built-in keyboard is so important, and to use that keyboard, we need to teach AAC users literacy

skills.

Source: URL: <https://www.rachelmadel.com/blog/how-to-teach-literacy>

All children, regardless of their disability, can be taught how to read and write. Here are some ideas if you're not quite sure how to get an AAC user started with literacy:

1. *Set up a regular time for shared reading*

Find your child's favourite book, sit down and read together. You don't have to get caught up in reading all of the words on the page. You can simply talk about what you see. The focus should be on having a meaningful and positive interaction with your child where there are lots of communication opportunities.

2. *Teach letter sounds and names*

During shared reading, you can also start building out letter sounds and names. This can be done by highlighting a specific word or letter on a page and opening up a child's keyboard to type it. We can do lots of talking about letters and sounds so a child can begin to understand these concepts.

3. *Start practising independent reading and writing*

We need to start cultivating a child's interest in reading and writing. This can be done by scheduling specific times to practise. Make sure your child gets to choose what they want to read or write about. If your child struggles sitting and reading traditional books, you can try using digital books where the text is read out loud. You can even try short video clips on YouTube with the closed captioning on. We want to give kids motivating experiences with text in whatever modality they're most interested in. If your child isn't able to hold a pencil or doesn't enjoy the process of writing, then you can have them write using a keyboard or alternative pencil. When it comes to independent writing, it's important not to tell a child what to write or to have them copy or trace words. We want them to write completely independently and give them feedback on whatever they put on paper. When we are thinking about our literacy instruction, there are two things to keep in mind: **choose activities that have an authentic purpose and follow a child's lead**. If you let a child decide what they want to read and write about, they are more motivated and invested in learning to become better readers and writers.

Would love to know what you think...

Leave a comment below - I'd love to hear from you!

Compiled from: URL: [https:// www.rachelmadel.com/blog/how-to-teach-literacy](https://www.rachelmadel.com/blog/how-to-teach-literacy) (Accessed 12.01.2024, 20:30h).

Activity 3. Work in pairs. Why were the following things mentioned in the blog? Support your ideas by referring to the text.

1. Letter sounds and names
2. Shared reading
3. Interest in reading and writing
4. Authentic purpose
5. Motivating experiences with text
6. Feedback

7. Follow a child's lead

Activity 4. Discuss in pairs.

1. What advantages does shared reading offer in teaching literacy to AAC users?
2. How can teaching letter sounds and names enhance the communication abilities of AAC users?
3. Do you agree that independent writing should be encouraged without specific prompts or tracing words? Why or why not?
4. How does the author define *authentic purpose*? How can it be integrated into literacy instruction?
5. In what ways can providing motivating experiences with text improve the literacy skills of AAC users?
6. Why is following a child's lead crucial when developing literacy instruction?
7. Does the blog offer practical approaches to initiating literacy education for AAC users? How effectively does it fulfil this purpose? Explain your reasoning.

Activity 5. Analyse the genre and discursive features of the SLP blog. Discuss in groups and complete the table.

Category	Findings
Genre	Educational blog
Purpose	
Audience	
Tone (attitude)	
Style	
Register	
Structure	
Language features	

Discursive strategies	
Effectiveness	

Activity 6. Examine the following phrases from the blog and explain their meanings and implications.

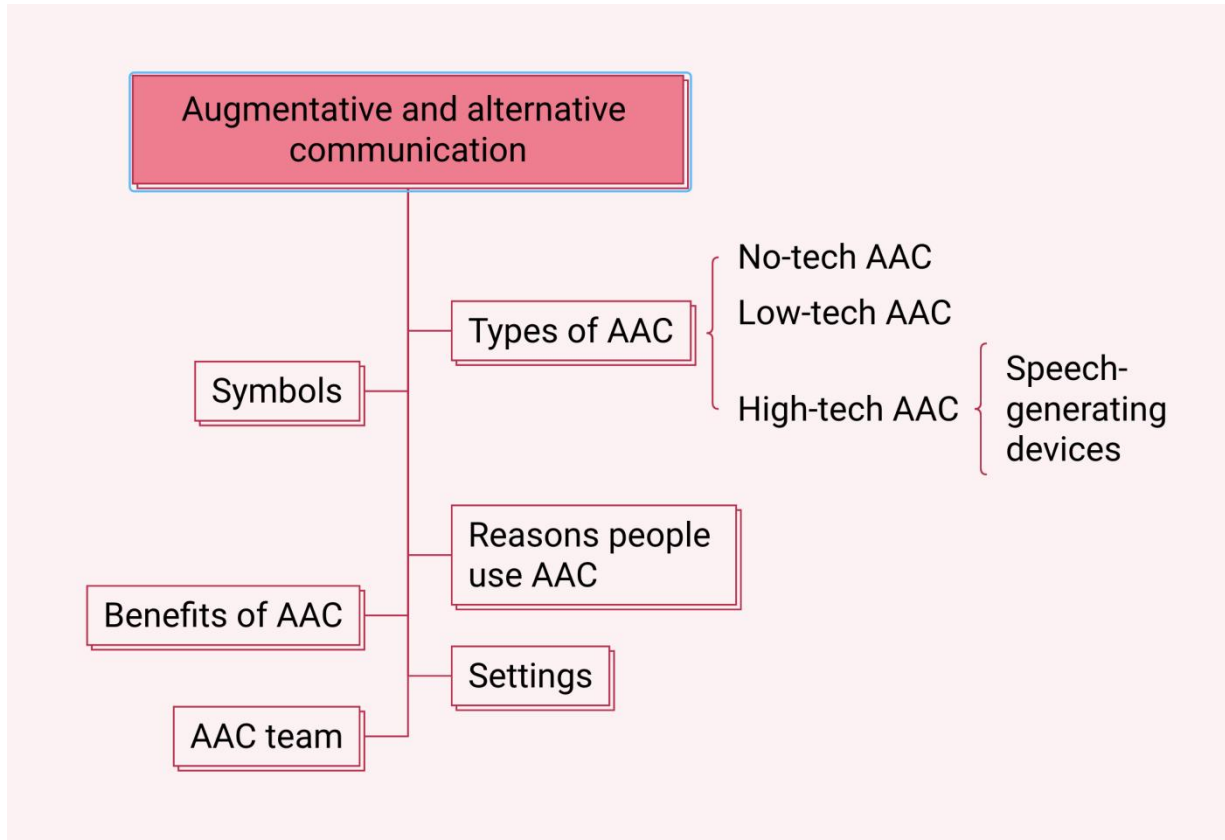
1. Program words into a device
2. AAC system with a built-in keyboard
3. Teach AAC users literacy skills
4. The focus should be on having a meaningful and positive interaction
5. Set up a regular time for shared reading
6. Start cultivating a child's interest in reading and writing
7. Start practising independent reading and writing
8. Provide kids with motivating experiences with text
9. Try short video clips on YouTube with closed captioning on
10. Keyboard or alternative pencil
11. Choose activities that have an authentic purpose

Activity 7. Explore the contextual usage of field-specific phrases in the Corpus of Contemporary American English (COCA). Answer the questions.

1. Explore instances of *Augmentative and Alternative Communication*. How is this phrase used in various contexts?
2. Investigate the contextual usage of *literacy skills* across different academic disciplines. How does its usage vary between education, linguistics, psychology and speech-language pathology?
3. Search for examples demonstrating the *activities that have an authentic purpose*. Which fields or disciplines frequently use this phrase?
4. Search for blog texts in COCA and find instances of the phrase *set up a regular time for shared reading*. What practical strategies for shared reading do the blog authors discuss? In what contexts are these strategies applied?

Activity 8. Work in groups. Brainstorm terms related to AAC. Discuss how the terms relate to each other. Use arrows or lines to show the connections:

e.g., AAC systems → include → picture boards



Activity 9. Organise your ideas and expand the mind map.

Activity 10. Choose a specific problem faced by AAC users in school settings. Research it and draft a blog post that offers practical advice.

Activity 11. Write your blog entry and allow other students to comment.

Activity 12. Comment on 2-3 posts of other students. Evaluate clarity, suitability for the audience, convincing arguments, effectiveness, etc.

Unit 4. English Proficiency in Russian SLP Students

Activity 1. Discuss in pairs.

1. What challenges have you encountered in developing your professional (academic) speaking skills in English as a non-native speaker?
2. How do you currently address these challenges?

Activity 2. Read the text. What challenges do non-native English-speaking students face in U.S. universities?

Supporting Non-Native English Speakers at the University

Non-native English-speaking students (NNESs) encounter unique challenges in higher education, particularly in navigating academic English. In a study conducted by Peters and Anderson, faculty and staff at a U.S. public research university detailed various challenges faced by NNESs and highlighted potential strategies to support them. The study sought to explore the difficulties these students encounter, how faculty and staff perceive these challenges, and what resources could be provided to ensure the success of NNESs.

Language proficiency remains a central challenge for many NNESs. While these students often arrive with a strong grasp of English, the academic environment introduces specific demands that can be difficult to meet. They struggle with understanding complex academic texts, acquiring discipline-specific terminology, and writing clearly in their respective fields. This results in difficulties meeting course requirements and reduces their participation in classroom discussions. Moreover, NNESs often have to read dense academic texts, engage in critical analysis, and present their ideas in a clear, structured manner - tasks that can overwhelm students who are still mastering English. The issue is further exacerbated by cultural differences. NNESs might be unaccustomed to American academic norms like active participation and critical thinking, which are often emphasised in U.S. classrooms.

This cultural disconnect can lead to hesitance in seeking assistance, resulting in students feeling isolated. According to Peters and Anderson, many students refrain from asking for help because they worry about losing credibility or inadvertently offending faculty. This reluctance to engage

with faculty or staff and make use of campus resources contributes to a cycle where students are unable to overcome their challenges effectively. Instead, they tend to study harder to make up for perceived deficits or remain silent in class discussions. Cultural norms in many countries discourage asking questions or challenging authority figures, which can discourage NNEs from actively participating in class or utilising office hours.

Faculty and staff also face challenges when working with NNEs. Many struggle with grading assignments fairly, considering the language barriers that NNEs encounter. They often find it challenging to provide constructive feedback without reinforcing stereotypes or stigmas, aiming to help students improve without making them feel marginalised. There is also a sense of uncertainty regarding what resources are best suited to assist NNEs, and how to refer students to them without implying that their current efforts are insufficient.

Additionally, communication barriers create friction in interactions, where faculty might not always be able to gauge the understanding of students or interpret their non-verbal cues accurately. Moreover, grading policies and expectations for academic performance can sometimes conflict with the faculty's desire to accommodate these students, creating a sense of tension about maintaining academic rigour while providing support.

The study emphasised that comprehensive support services are needed to address these challenges effectively. One approach involves reframing language support as an opportunity for continued learning rather than remedial education. Faculty should receive training on the natural process of language acquisition and how to differentiate between grammatical errors and more significant language barriers. This will help them provide accurate feedback to NNEs and facilitate improvement.

Moreover, collaboration across disciplines could create a more inclusive environment where different faculties recognise the diverse needs of students. Enhanced faculty training on effective communication strategies can also empower instructors to better engage with NNEs and refer them to appropriate resources, such as writing centres or tutoring services while fostering a supportive classroom culture.

In addition, the study proposed developing campus-wide resources such as online guides, resource websites, and workshops that can provide

consistent information to NNEs and normalise the process of seeking help. Encouraging collaboration between NNEs and their peers through peer support groups or mentorship programs could also build confidence, promote cross-cultural understanding, and help students feel more integrated into the academic community.

Ultimately, a shift in mindset is required, one that recognises multilingualism as an asset rather than a challenge. Supporting students in continuing their English language development and empowering them to contribute diverse perspectives can enhance the educational experience for all. Providing nuanced training for faculty and staff on navigating cultural norms, offering practical communication tips, and developing grading strategies can help them guide NNEs more effectively without compromising academic standards. When universities treat second language development as a continual process, they can foster a more inclusive environment that empowers non-native English-speaking students to thrive.

Compiled from: Peters B., Anderson M. Supporting Non-Native English Speakers at the University: A Survey of Faculty and Staff. Journal of International Students. 2021. № 11 (1). Pp. 103-121.

Activity 3. Discuss in groups.

1. How do the challenges faced by non-native English-speaking students in U.S. universities compare to the challenges faced by Russian students when learning English?
2. In what ways could the comprehensive support services proposed for U.S. universities be adapted to better suit the needs of Russian students studying English?
3. What are some strategies that Russian universities currently use to support their students learning English?

Activity 4. Collaborative project. Create a comprehensive guide that addresses the most common linguistic and academic challenges faced by Russian SLP students seeking to enhance their proficiency in English.

You are a group of master's students at a university in Moscow. As part of your coursework, you need to improve your academic English skills, which are crucial for accessing international research, participating in global

conferences, and collaborating with colleagues worldwide. Your project aims to create a practical guide to help yourselves and your peers overcome these challenges and enhance your proficiency in academic English.

Guidelines:

1. Collectively research and identify common challenges faced by Russian SLP students in improving their academic English skills. Conduct surveys or interviews within the Russian SLP community to collect ideas on the specific needs and preferences of professionals seeking to improve their academic English skills.

2. Based on the findings, compile a list of best practices and effective strategies for improving academic English skills, taking into account the context of Russian SLP.

3. Create a detailed guide that includes step-by-step instructions, resources, and tips for Russian SLP students aiming to enhance their academic English skills.

Activity 5. Present your findings and key recommendations to the class.

Activity 6. Arrange the following phrases for conducting therapy sessions according to their function. Add more examples to the table.

1. I'm currently in my second year of the speech therapy master's program.

2. During my studies, I have had the opportunity to engage in clinical work and internships related to paediatric speech disorders.

3. I am particularly interested in early intervention strategies.

4. One interesting technique I've encountered is the use of AAC devices to support non-verbal children.

5. I would be interested to hear about your experiences and areas of interest.

6. I'd love to hear your perspective on integrating technology into traditional speech-language pathology practices.

7. I appreciate your insights into how different techniques can be adapted for various age groups.

8. From an academic standpoint, I've found the research on neuroplasticity and its implications for speech-language pathology particularly interesting.

9. Building upon that idea, I'm exploring how targeted interventions can enhance neurodevelopmental outcomes in children with speech delays.

10. I look forward to continuing our conversation in the future.

Functions	Phrases
Introducing yourself	
Sharing work experience	
Discussing areas of interest	
Mentioning approaches	
Expressing curiosity	
Establishing credibility	
Using transition phrases	
Concluding the conversation	

Activity 7. Attend a speed networking event. Briefly discuss your academic background, interests, and research experiences. Use the phrases.

Guidelines:

1. You have 1 minute to talk to one person (one round).
2. When you hear the signal, you should switch to the next participant.
3. Each round will focus on a specific topic, e.g., your academic background.
4. After the speed networking event, write information about other participants into your feedback cards using a note form.

Feedback card

Name: _____
Discussion topic: _____

Activity 8. Prepare for the role-play according to the guidelines in your role-play card.

Scenario

You are attending an SLP conference as part of your master's program, where you have the opportunity to network with your peers from various specialisations within the field. During the conference, you participate in a networking interaction.

Role card 1	Role card 2
<p>Role: you are a second-year speech therapy master's student called Sarah. Your primary areas of interest within SLP focus on paediatric speech and language disorders.</p> <p>Goal: introduce yourself, ask about Mike's specialisation, share insights from recent projects, and network effectively by exchanging contact information and discussing potential collaborations.</p>	<p>Role: you are a second-year speech therapy master's student called Mike. Your primary areas of interest within SLP focus on stroke survivors and adult neurogenic communication disorders.</p> <p>Goal: introduce yourself, ask Sarah about her experiences and recent projects with paediatric speech and language disorders, share insights from your work with stroke survivors and adult neurogenic communication disorders, and ask for Sarah's contact hoping for a future collaboration.</p>

Activity 9. Work in pairs and role-play a situation at the conference. Use the phrases.

Activity 10. Discuss in groups. What specific strategies did you find most helpful in conveying your professional expertise during the role-play?

Activity 11. Reflect on specific challenges you faced during the collaborative project and role-play stages of the unit. What coping strategies did you find most useful in overcoming these challenges?

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MODULE 2. ANATOMY AND PHYSIOLOGY OF SPEECH

In this module, you will practise:

Skills focus

Reading	Systems in Speech Production
Listening	Intro to Speech-Generating Devices for Therapists
Writing	A professional newsletter about the significance of the tongue in speech mechanism
Speaking	<p>Collaborative project: An interdisciplinary treatment plan for a post-stroke and Alzheimer's patient</p> <p>Clinical case discussion: Speech and language disorders in the neurological conditions</p> <p>Role-play: A therapy session with a patient with a neurological disease</p>

Language focus

Professional terminology
Lungs, epiglottis, uvula, larynx, pharynx, diaphragm, lips, tongue, glottis, trachea, nasal cavity, jaw, alveolar ridge, oral cavity, teeth, hard palate, soft palate, cheeks, cartilage, abduction, adduction, vibration, voiced (sound), unvoiced (sound), sub-glottal (pressure), supra-glottal (pressure), viscosity, airflow, pharynx, mobile/active (organs of articulation), stationary/passive (organs of articulation), constriction, neural impulses, muscle movements in the vocal tract, outbound acoustic signal, acoustic, auditory system, respiratory system, phonation system, articulation system, muscles of the rib cage, abdominal muscles, etc.
Functional language for academic and professional writing
Enhancing the functionality of the soft palate, proper functioning of this muscular flap ensures effective separation of nasal and non-nasal sounds, targeted exercises can strengthen this area, engages and strengthens the speech-related muscles, expert consultation available, look forward to our next issue, which will explore techniques in voice modulation, etc.
Functional language for academic and professional speaking
Hello, Mr Johnson. How are you today? Let me know if there's anything you'd like to address. This activity is designed to stimulate your communication-cognitive functions. Your performance on remembering names has improved. Let's set goals for the upcoming sessions, etc.

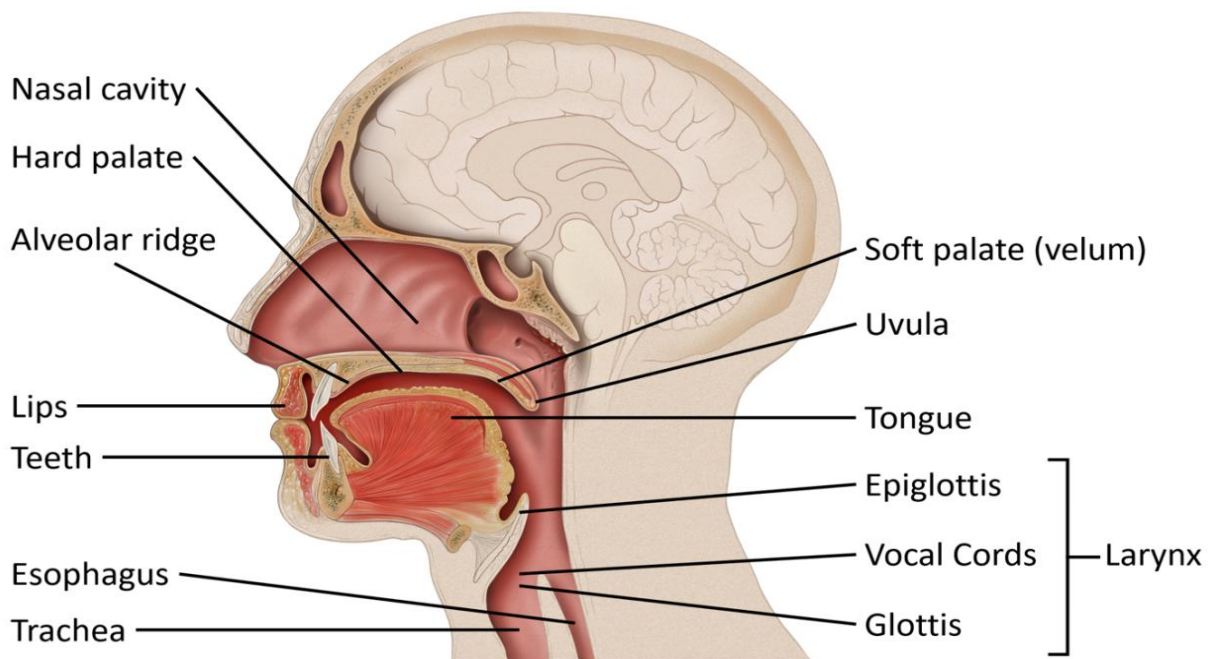
Unit 5. Anatomical Structures Involved in Speech Production

Activity 1. Work in pairs. Answer the questions.

1. How does understanding the anatomical and physiological aspects of speech mechanisms help assess and treat communication disorders?

2. In what ways does knowledge of the neurobiological foundations of language processing enhance our understanding of speech and language disorders?

Activity 2. Work in groups. Study the labelled diagram of anatomical structures involved in speech production. Identify three critical structures for treating articulatory disorders and explain their roles.



Source: URL: <https://opentextbc.ca/psyclanguage/>

Activity 3. Work in pairs. Match terms with their definitions.

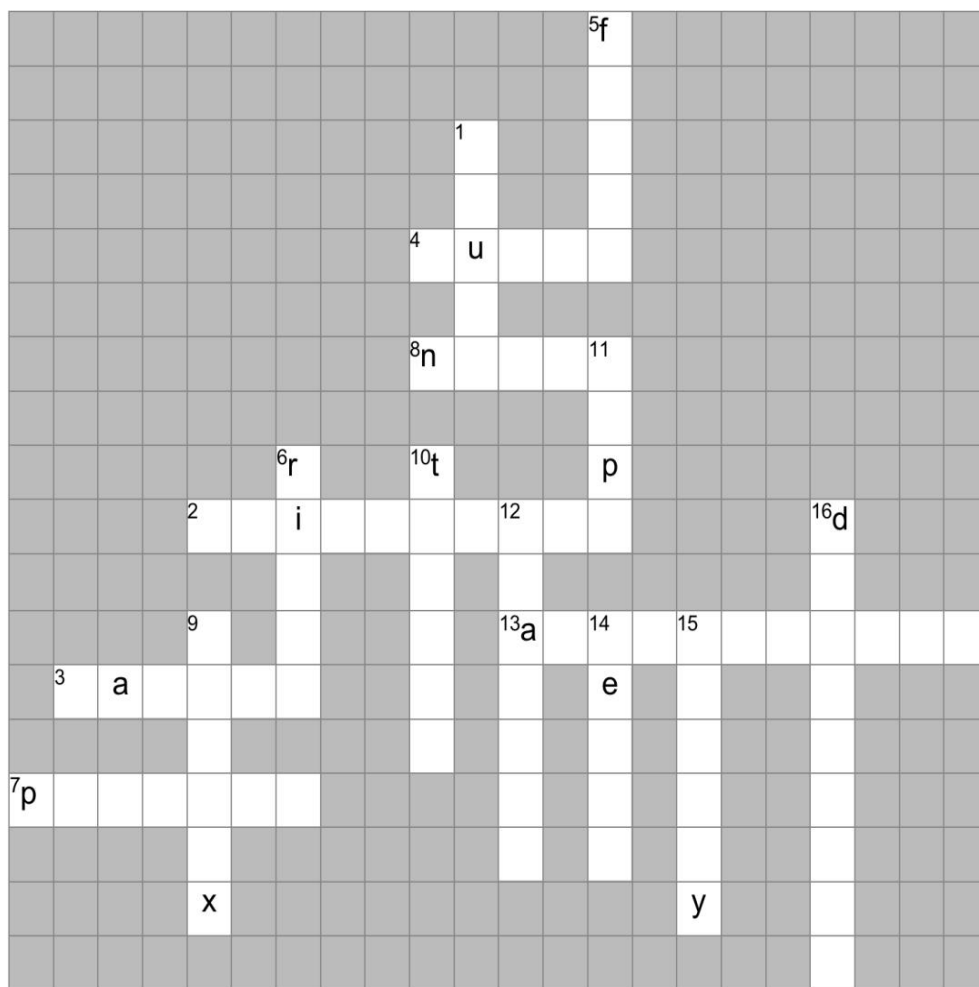
1	Lungs	A	The voice box containing the vocal folds, responsible for sound production during speech.
2	Diaphragm	B	The space, where various articulators shape sounds into speech.

3	Trachea	C	A flexible muscular organ crucial for articulating different speech sounds.
4	Larynx	D	A muscle beneath the lungs that contracts and expands to facilitate breathing.
5	Vocal folds	E	The space behind the nose that contributes to the production of nasal sounds and resonance.
6	Pharynx	F	The muscular tube behind the oral and nasal cavities, connecting the mouth and nose to the oesophagus.
7	Oral cavity	G	Play a significant role in shaping sounds, especially in producing bilabial sounds.
8	Nasal cavity	H	The muscular tube behind the oral and nasal cavities, connecting the mouth and nose to the oesophagus.
9	Tongue	I	The fleshy part at the back of the roof of the mouth that helps control airflow and resonance.
10	Lips	J	A small, fleshy structure hanging down from the soft palate.
11	Teeth	K	The primary respiratory system organs responsible for inhaling oxygen and exhaling carbon dioxide.
12	Soft palate	L	The bony ridge located just behind the upper front teeth, playing a role in the articulation of certain sounds.
13	Hard palate	M	The bony ridge located just behind the upper front teeth, playing a role in the articulation of certain sounds.
14	Uvula	N	The windpipe connecting the larynx to the bronchi, allowing air to pass to and from the lungs.
15	Alveolar ridge	O	Movable speech organs involved in shaping the oral cavity to produce distinct speech sounds.
16	Articulators	P	Contribute to the production of certain speech sounds by influencing tongue placement.
17	Epiglottis	Q	A complex biological system responsible for the exchange of gases, primarily oxygen and carbon

			dioxide, between the body and the environment.
18	Respiratory system	R	A leaf-shaped cartilaginous structure located at the base of the tongue, in the throat region. It is a crucial component of the larynx.
19	Phonatory system	S	The system that involves structures that contribute to the modification and amplification of sound produced by the phonatory system.
20	Resonatory system	T	The anatomical and physiological components involved in sound production, especially voice.

Compiled from: URL: <https://my.clevelandclinic.org/health/body/21828-trache>, URL: <https://www.britannica.com/topic/articulation-speech> (Accessed 24.01.2024, 17:45h).

Activity 4. Fill in the crossword puzzle with the correct terms from the table above.



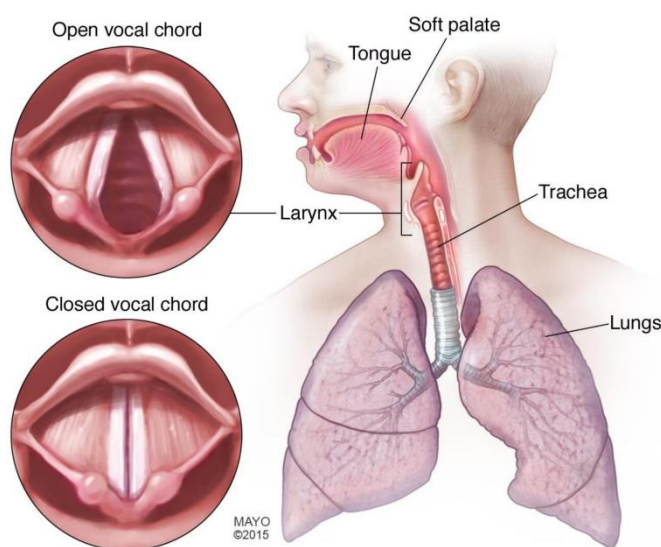
Activity 5. Categorise speech organs into groups.

Some terms in the list may have overlapping functions and fall into multiple categories, e.g., the nasal cavity is integral to both the respiratory and resonatory systems.

Lungs, epiglottis, uvula, larynx, pharynx, diaphragm, lips, tongue, glottis, trachea, nasal cavity, jaw, alveolar ridge, oral cavity, teeth, hard palate, soft palate, cheeks

Respiratory system	Phonatory system	Resonatory system	Articulators

Activity 6. Read the text. What are the primary systems involved in speech production?



Systems in Speech Production

In physical terms, speaking is simply the act of making air moving through the mouth and the nose audible to communicate thoughts. It is not a random act, but one that is planned and controlled by the speaker's linguistic knowledge of his or her language and neurally coded in the brain.

Source: URL:

<https://www.mayoclinic.org>.

Speech production begins with a speaker's desire to communicate a thought to a listener. The thought is converted into linguistic representations and coded as neural impulses in the brain. These neural impulses are converted into muscle movements in the vocal tract, generating an outbound acoustic signal. The acoustic signal is picked up by the listener's auditory system and decoded by the brain for meaning. In linguistics, meaning refers

to the information (i.e., the concept, the referent, the action, etc.) that the speaker intends to convey to the listener.

Speech production involves three systems in the body: the respiratory system, the phonation system, and the articulation system.

The respiratory system supplies the air needed to initiate speech sounds. It consists of parts of the body that allow us to breathe, including the lungs, the diaphragm, the muscles of the rib cage, and the abdominal muscles. To initiate speech, air has to be drawn in and forced out of the lungs. However, since the lungs do not have muscles of their own, they must rely on muscles of the ribcage and the abdomen to expand or to contract. The diaphragm is a large dome-shaped muscle separating the chest cavity from the stomach. The dome flattens when the diaphragm contracts to allow the lungs to expand during inhalation. Air is squeezed out as the diaphragm and the muscles of both the rib cage and the abdomen contract during exhalation. Air flows upward from the lungs and is then modified by the phonation system.

The phonation system comprises the larynx and its internal structure. Formed by two major cartilages, the thyroid and the cricoid, the larynx (commonly known as the Adam's apple) sits on a ring of connecting cartilage known as the trachea, or the windpipe. Inside the larynx are the vocal folds. They are made up of layers of tissue attached to a pair of arytenoid cartilages at the back end and to the thyroid cartilage at the front end. Movements of the arytenoids either bring the vocal folds together (adduct) and close off the airflow from the lungs or move them apart (abduct) to allow the upward flow of air without obstruction. The spacing between the vocal folds is the glottis.

Voicing occurs when the air from the lungs pushes the closed vocal folds apart, causing them to vibrate. Sounds produced with vocal fold vibration are voiced. In contrast, voiceless sounds are those made without vibration of the vocal folds.

First, the vocal folds are adducted, closing off the airflow from the lungs. Air pressure builds up underneath the closed vocal folds (sub-glottal pressure). When the sub-glottal air pressure becomes greater than the air pressure above the vocal folds (supra-glottal pressure), the vocal folds are pushed apart, from the bottom layer to the top layer, and set into vibration. According to the myoelastic-aerodynamic theory, the elasticity of the vocal

folds and the aerodynamic mechanism known as the *Bernoulli principle* cause the vocal folds to close, again from the bottom layer to the top layer, and the whole cycle repeats until the air in the lungs is exhausted. However, current theories contend that the vocal folds would vibrate when there is an asymmetry between the aerodynamic forces created within the glottis and the opening and closing phases of the vocal folds and that the Bernoulli effect plays only a secondary role.

The Bernoulli principle, named after the Swiss-Dutch mathematician Daniel Bernoulli, is invoked to explain why the vocal folds close after they are blown open by the force of sub-glottal pressure. Originally applied to fluid dynamics, the Bernoulli principle states that, for the flow of a fluid that has no viscosity, when the speed of the fluid increases, its pressure or its fluid potential energy decreases. The Bernoulli principle is also applicable to the flow of gas or air. In other words, as the speed of airflow increases, the pressure of the flowing air decreases. In a vocal fold vibratory cycle, to maintain a steady rate of airflow below and above the glottis, the airflow rate at the glottis increases because of the narrowing of the passage, causing a drop in air pressure at the glottis. This drop in air pressure and the elastic property of the vocal folds allow the vocal folds to close. This pattern of the vocal folds closing and opening continues as long as the air supply lasts.

Airflow through the glottis is further modified inside the vocal tract, which consists of three main cavities: the pharyngeal cavity, the oral cavity, and the nasal cavity. The upper surface of the oral cavity contains relatively stationary or passive articulators, including the upper lip, the teeth, the alveolar ridge, the hard palate, the soft palate (also called the velum), and the uvula. The lower lip and the tongue are the main mobile or active articulators on the lower surface of the vocal tract. Different parts of the tongue are involved in speech production, and it is divided into different areas: tongue tip, blade, front, mid, body, back, and root. Active articulators move toward passive articulators to form varying degrees of constriction, which shape the airflow before it leaves the vocal tract as distinct speech sounds.

*Resource: Wayland, R. Phonetics: A Practical Introduction.
Cambridge University Press. 2019.*

Activity 7. Read the text and complete the table.

	Statements	True	False
1	Speaking is a spontaneous act, not entirely planned or controlled by linguistic knowledge, and is partially influenced by neural coding.		
2	The phonation system includes the vocal folds, which are primarily responsible for determining the resonance properties of speech sounds.		
3	During speech production, the glottis remains consistently open to allow uninterrupted airflow from the lungs to the vocal tract.		
4	The elasticity of the vocal folds and the Bernoulli effect cause the vocal folds to close, leading to voiceless sound production.		

Activity 8. Choose the correct answers. Then read again and check your answers.

1. In the respiratory system, what specifically initiates speech sounds by providing the necessary airflow?

- A. Vocal folds
- B. Diaphragm
- C. Larynx
- D. Abdominal muscles

2. After leaving the lungs, which main cavity of the vocal tract is primarily responsible for modifying airflow?

- A. Oral cavity
- B. Pharyngeal cavity
- C. Nasal cavity
- D. Alveolar ridge

3. Voiced sounds are produced when the vocal folds are positioned in which state?

- A. Adducted
- B. Abducted
- C. The tongue is raised
- D. The diaphragm contracts

4. In speech production, which of the following is not considered an active articulator?

- A. Tongue
- B. Lips
- C. Teeth
- D. Alveolar ridge

5. According to the myoelastic-aerodynamic theory, what initiates the vibration of vocal folds during speech?

- A. Air pressure below the glottis
- B. Sub-glottal air pressure
- C. Supra-glottal air pressure
- D. Elasticity of the vocal folds

Activity 9. Discuss in pairs.

1. What challenges might a speaker face if there is a dysfunction in one of the three speech production systems?
2. How do the airflow modifications in the pharyngeal, oral, and nasal cavities relate to the production of different speech sounds?
3. Why is it important for the respiratory system, phonation system, and articulation system to work together in speech production?

Activity 10. Work in groups.

Conduct a literature review to identify key brain areas involved in speech-motor control. Consider areas responsible for planning, initiating, and coordinating the muscle movements in the vocal tract during speech production. Create a visual representation highlighting the identified brain areas.

Activity 11. Translate each Russian term into its English equivalent. Provide an explanation of the equivalence, similar to the example.

Russian term	English equivalent
органы артикуляции	articulators

Equivalence explanation: both terms refer to the physiological structures involved in the production of speech sounds.

One-word terms:

гортань, хрящ, трахея, диафрагма, абдукция, аддукция, (голосовая) щель, вибрация, звонкий (звук), глухой (звук), подгортанное (давление), надгортанное (давление), вязкость, скорость, поток (воздуха), глотка, органы артикуляции, подвижные/активные (органы артикуляции), неподвижные/пассивные (органы артикуляции), кончик (языка), передняя (часть языка), средняя (часть языка), тело (языка), спинка (языка), задняя (часть языка), корень (языка), сужение.

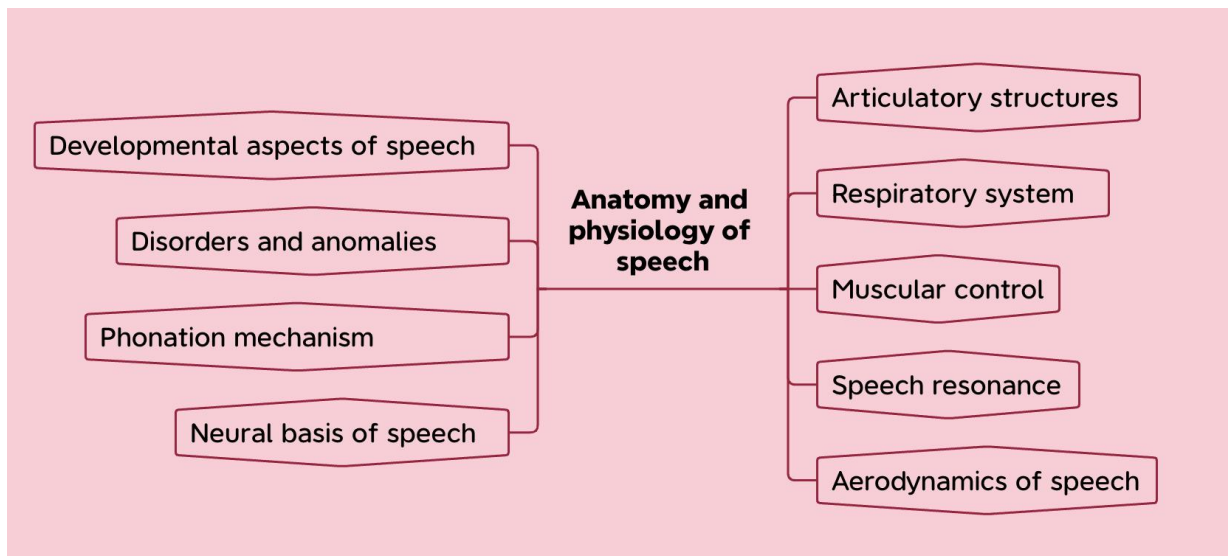
Terminological units:

закодирован в мозге, донести мысль до слушателя, нейронные импульсы, мышечные движения в голосовом тракте, исходящий акустический сигнал, дыхательная система, фонационная система, артикуляционная система, мышцы грудной клетки, мышцы живота, куполообразная мышца, грудная полость, во время вдоха, во время выдоха, мышцы живота сокращаются, внутренняя структура гортани, щитовидный хрящ, перстневидный хрящ, дыхательное горло, черпаловидные хрящи, сводят голосовые складки вместе, разводят голосовые складки в стороны, без препятствий, голос возникает, нарастает давление воздуха, голосовые складки раздвигаются, голосовые складки смыкаются, фаза открытия и закрытия голосовых складок, сужение прохода, пока хватает воздуха.

Activity 12. Analyse the fragment of the mind map below. Discuss in pairs.

1. How does each subcategory contribute to understanding the broader topic?
2. Are there common themes or shared principles among different subcategories?

3. How do these subcategories interact with each other within the domain?
4. How do these subcategories relate to practical applications in SLP?
5. Can you identify any interdisciplinary connections with other fields or domains?



Activity 13. Create a comparative framework of Russian and American SLP practices focusing on the anatomical structures involved in speech production. Complete the table below by researching and comparing the following aspects.

Aspect	Russian SLP	American SLP
Theoretical foundations		
Diagnostic methods		
Treatment strategies		
Healthcare system		
Professional training		
Research and innovations		

Activity 14. Present your findings and the identified differences. Articulate their potential impact on the SLP field.

Activity 15. Match the verbs with suitable noun phrases to create collocations. Consult the text if necessary.

1	to push	A	a thought to a listener.
2	to close	B	into muscle movements
3	to form	C	an outbound acoustic signal
4	to expand	D	an acoustic signal
5	to generate	E	information to a listener
6	to communicate	F	the air needed for sound production
7	to convert	G	speech sounds
8	to shape	H	during inhalation
9	to convey	I	the vocal folds together
10	to bring	J	off the airflow from the lungs
11	to supply	K	the closed vocal folds apart
12	to pick up	L	varying degrees of constriction
13	to initiate	M	the airflow before it leaves the vocal tract

Activity 16. Work in groups. Analyse the inflections and derivatives of selected verbs using the Corpus of Contemporary American English (COCA). Answer the questions.

Verbs: communicate, convey, generate, convert, initiate.

1. Which meanings are associated with the selected verbs in the corpus?
2. Which verbs and their derivatives appear most frequently in the corpus?
3. Are there specific contexts or genres where certain derivatives are more prevalent?

Activity 17. Compare the usage of the verbs *communicate* and *convey* in the Corpus of Contemporary American English (COCA). Answer the questions in pairs.

1. Compare the overall frequency of *communicate* and *convey* in COCA. Which verb appears more frequently, and in what contexts?

2. Explore the different meanings associated with *communicate* and *convey*. Are there specific aspects that distinguish one from the other?

Look at the examples of sentences in the table and add more from concordance. Compare and make conclusions:

Communicate	Convey
It is crucial to effectively communicate with team members to achieve project goals.	The painting skillfully conveys the artist's perspective on societal issues.

Source: URL: <https://www.english-corpora.org>

3. Investigate the contexts in which each verb is used. Are there specific genres, registers, or situations where one verb is preferred over the other?

4. Analyse common collocations for both verbs. Do they tend to appear with specific nouns, adjectives, or adverbs that contribute to their meanings?

Activity 18. Reflect on the importance of understanding the cultural variations in SLP practices. Discuss how such insights could enhance more culturally sensitive and effective SLP practices globally.

Unit 6. Speech-Generating Devices in SLP Practice

Activity 1. Work in groups. Discuss the questions.

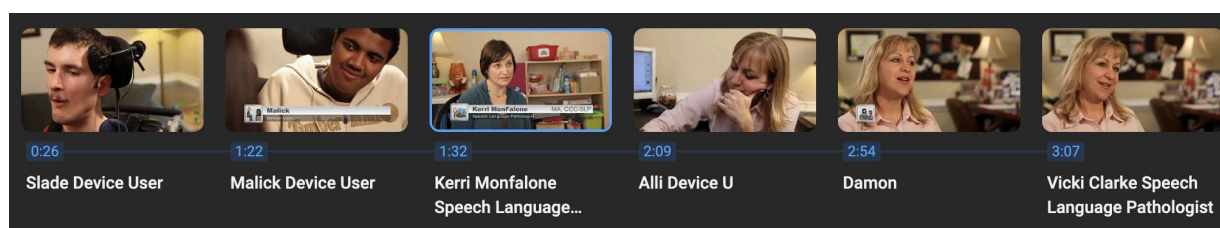
1. What challenges do individuals with severe speech impairments face in their daily communication?
2. How might speech-generating devices help address these challenges?

Activity 2. Classify the following terms according to their role in speech-language pathology and communication assistance.

Speech-generating devices (SGD), augmentative communication, eye gaze technology, user Interface, direct selection, scanning, customisation, synthesised speech, evaluation process, trials, assistive technology, Medicare¹⁴, accessibility, funding process

Type of technology	Interaction method	Technology features	Assessment and implementation	Finance and accessibility

Activity 3. Watch the video “Intro to Speech-Generating Devices for Therapists.”¹⁵ What challenges might therapists face when implementing speech-generating devices?



¹⁴ Medicare is a federal health insurance program in the United States that primarily serves individuals aged 65 and older, regardless of income, medical history, or health status. The program also provides coverage to younger individuals with certain disabilities and those with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant). Source: URL: <https://www.kff.org/medicare/issue-brief/an-overview-of-medicare/> (Accessed 23.01.2024, 10:35h).

¹⁵ URL: <https://youtu.be/KaG5Wi1yj30?si=nOGUzzc-KyprkK7p> (Accessed 25.01.2024, 09:15h).

Activity 4. Work in pairs. Compare your ideas and discuss.

Consider the practical implications of incorporating such devices into your therapy practice. How might it change your treatment strategies?

Activity 5. Watch the video again and complete the table.

	Statement	True	False
1	According to recent research, the most effective way to improve speech is through a combination of speech therapy and augmentative communication therapy.		
2	The evaluation process for determining the need for a communication device is the initial step in a three-step process.		
3	Communication devices are typically funded by the individual or their family without any assistance from insurance companies.		
4	The speaker mentions that one of their career highlights is when a child gets in trouble for using a communication device to speak inappropriately.		

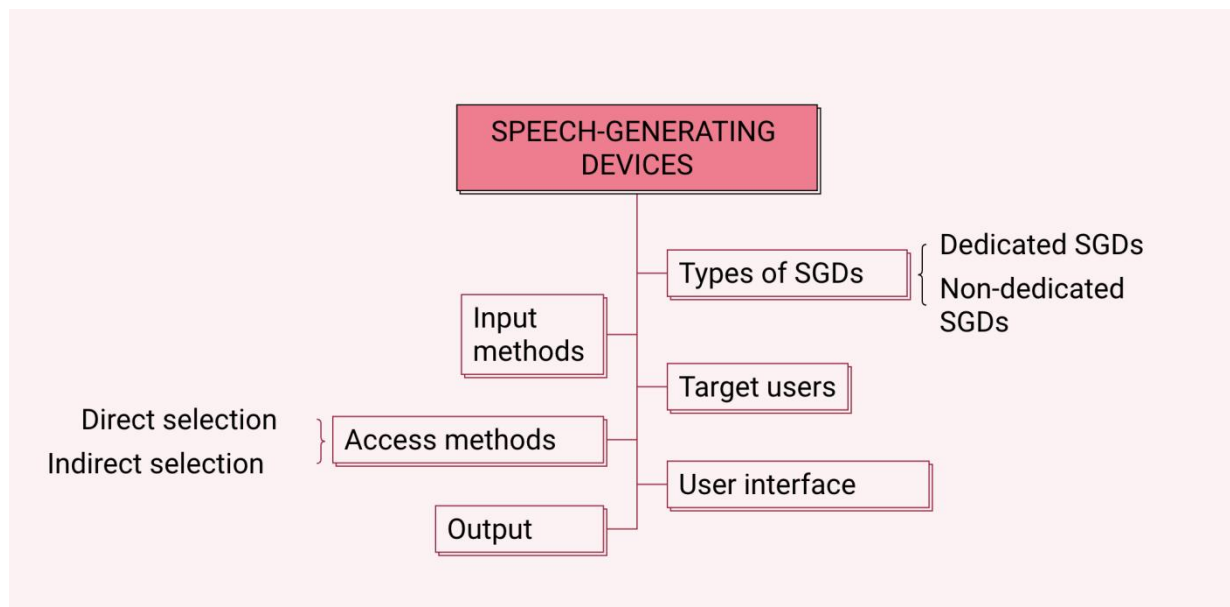
Activity 6. Choose the best answers. Watch again and check your answers.

- Which of the following describes a method of accessing communication devices as mentioned in the video?
 - Voice activation
 - Manual entry
 - Eye gaze technology
 - Motion sensors
- According to the speaker, what is the potential impact of introducing communication systems to individuals?
 - It complicates their lives
 - It has no significant impact on their lives

- C. It can profoundly transform their lives
 - D. It creates communication barriers
3. What is emphasised as a crucial part of the process before selecting a specific communication device for a client?
- A. Conducting thorough trials with different devices
 - B. Purchasing the latest available technology
 - C. Consulting with a technology expert
 - D. Ensuring the device is covered by insurance

Activity 7. Use online resources to find definitions of the given terms. Explain the relationship between the terms.

Augmentative communication, speech-generating devices, eye gaze technology, direct selection, scanning, evaluation process, and funding process.



Activity 8. Work in groups. Organise your ideas about SGDs and expand the mind map.

Activity 9. Present your findings to the class. Use any available platform.

Activity 10. Pick a role card, study the patient profiles, and role-play the situation.

Work collaboratively to choose the most suitable speech-generating device for both patients. Assess various options, consider necessary customisations, and address the training needs of the patients and their family members. Explore funding solutions.

Role card 1	Role card 2	Role card 3	Role card 4
<p>Role: SLP Goal: assess communication needs and recommend SGDs.</p>	<p>Role: parent Goal: provide insights into the patient's daily life, preferences, and practical needs.</p>	<p>Role: expert in technology Goal: advise on the latest SGD technologies, customisation options, and access methods.</p>	<p>Role: funding advisor Goal: inform the group about potential funding sources and insurance details.</p>

Patient profiles

<p>Patient A Condition: cerebral palsy Age: 8 years old Communication needs: limited verbal output, a good understanding of language, use of gestures Environment: home and school Personal interests: cartoons, interactive stories.</p>	<p>Patient B - aphasia Age: 65 years old Communication needs: aphasia, difficulty in forming words, inability to write Environment: home, occasionally social gatherings Personal interests: former teacher, reading and socialising.</p>
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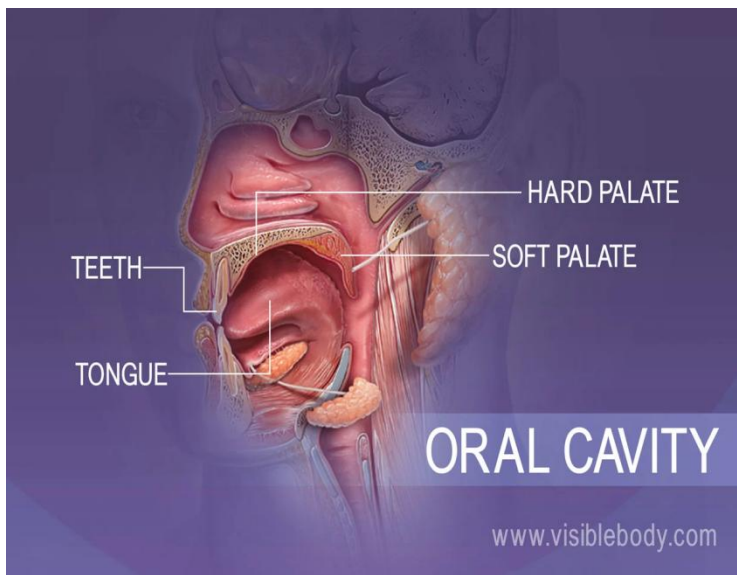
Activity 11. Reflect on the role of technology in accessibility. How has your understanding of communication aids changed after studying this unit?

Unit 7. Enhancing Soft Palate Sensations

Activity 1. Discuss in groups.

1. What are the primary challenges of working on articulation?
2. Can you think of specific articulation exercises that have worked well in your own experiences or observations?

Activity 2. Read the newsletter and identify the core problem discussed in it.



Soft Palate Strengthening Exercises

Dear Subscribers,
This edition focuses on the soft palate, a crucial yet often overlooked component in speech production mechanisms. Enhancing the functionality of the soft palate is essential for anyone looking to improve their speech clarity and articulation.

Source: URL: <https://www.visiblebody.com>.

Role of the Soft Palate in Speech

The soft palate, or velum, controls the airflow and resonance necessary for clear speech. Proper functioning of this muscular flap ensures effective separation of nasal and non-nasal sounds, which is vital for professional communication and everyday interactions.

Challenges in Speech Articulation

Issues such as muffled speech or excessive nasality can often be attributed to soft palate dysfunction. Targeted exercises can strengthen this area, leading to improved speech quality.

Recommended Exercises for Soft Palate Enhancement

Sustained humming: strengthens the soft palate, enhancing vocal resonance.

Controlled yawning: elevates and stretches the soft palate, relaxing the throat.

Nasal airflow control: improves the distinction between nasal and oral sounds.

Blowing exercises: engages and strengthens the speech-related muscles.

Gargling: activates and strengthens the soft palate and associated throat muscles.

The Importance of Soft Palate Functionality

Enhanced soft palate control not only improves speech articulation but is also crucial for effective communication in professional settings. Ensuring clear and precise speech can greatly impact professional interactions and overall communication effectiveness.

Expert Consultation Available

Our SLP team is available to provide professional consultations and personalised exercise plans. For those experiencing significant speech issues or seeking expert guidance, we encourage you to contact our office.

Upcoming Topics

Advanced techniques in voice modulation.

Look forward to our next issue, which will explore techniques in voice modulation to improve your speaking abilities further.

Please share this newsletter within your professional networks. Do not hesitate to contact us for further information or to schedule a consultation.

Contact Information:

Speech and Language Hub

Address: 123 King Lane, CA 90210

Phone: (555) 123-4567

Email: contact@speechlanguagehub.com

Sincerely,

Madison Turner, M.Sc, Speech-language pathologist

Compiled from: URL: <https://www.mywellnesshub.in/blog/oral-motor-exercises-soft-palate-sensations/> (Accessed 23.01.2024, 24:45h).

Activity 3. Work in pairs. Discuss why the following things were mentioned in the newsletter. Support your ideas by referring to the text.

1. Enhancing soft palate function
2. Sustained humming
3. Controlled yawning
4. Nasal resonance
5. Alternating breathing between the nose and mouth
6. Blowing through a straw into water
7. Muscles of the soft palate

Activity 4. Discuss in pairs. Complete the table.

1. What is the purpose of this text?
2. Does it capture and maintain the interest of its intended audience? How? Can it be improved? How?
3. Is the content directly applicable to the audience's needs and interests? Prove your point.
4. Does the format enhance overall message delivery? How?

	Category	Findings
1	Type of text/genre	
2	Structure elements	
3	Tone, style, register	
4	Content elements	
5	Visual elements	
6	Effectiveness	

Activity 5. Examine the following phrases from the newsletter and explain their meanings and implications.

1. Enhancing the functionality of the soft palate
2. Proper functioning of this muscular flap ensures effective separation of nasal and non-nasal sounds
3. Targeted exercises can strengthen this area
4. Engages and strengthens the speech-related muscles
5. Expert consultation available
6. Look forward to our next issue, which will explore techniques in voice modulation
7. Do not hesitate to contact us for further information or to schedule a consultation

Activity 6. Explore how these terms are used in various genres and contexts in the Corpus of Contemporary American English (COCA). Answer the questions and complete the table.

Soft palate, nasal sounds, speech articulation, targeted exercises, muscular flap

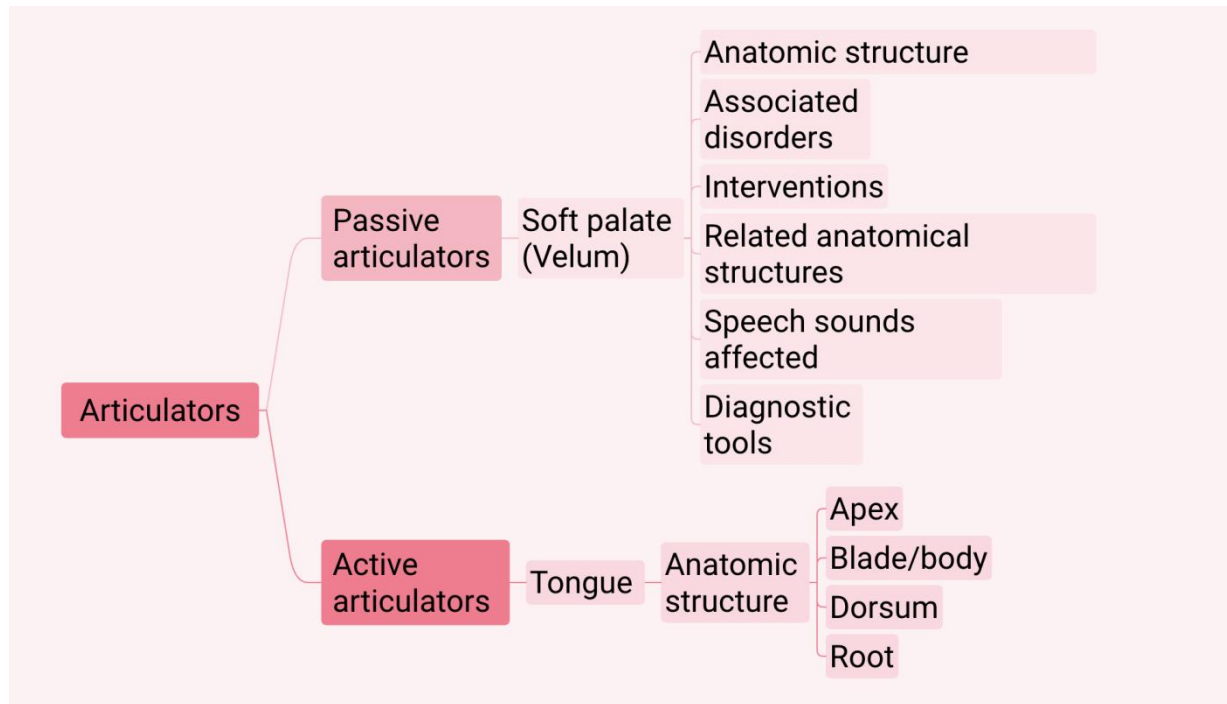
1. How frequently do these terms appear in COCA?
2. In which genres do they most commonly appear?
3. What are the common collocations associated with each term?
4. What functional role do these terms play in sentences within different genres?
5. Does context influence the meaning or use of these terms? How?

Terms	Frequency	Genres	Collocations	Functions	Influence on meaning
Soft palate					
Nasal sounds					
Muscular flap					

Activity 7. Work in groups. Brainstorm terms related to *articulators*. Discuss how the terms relate to each other. Use arrows or lines to show the connections:

e.g., soft palate → aids in → production of sounds.

Activity 8. Work in groups. Organise your ideas and expand the mind map below. Each group should work on two key concepts.



Activity 9. Research the role of the tongue in articulation and ways to enhance its function. Draft a newsletter that offers information about the significance of the tongue in speech mechanism. Use the template below.

1. Title
2. Introduction
3. Main body: anatomy and structure of the tongue, common disorders associated with tongue dysfunction, exercises to improve tongue functionality.
4. Conclusion
5. Call for action
6. Contact information

Activity 10. Write an informative newsletter. Use headings and subheadings to organise information. Include infographics and bullet points to highlight key points or tips. Use an email list to share your newsletter.

Activity 11. Review 1–2 newsletters of other students. Use the following template to provide your feedback.

Information accuracy and relevance	
Clarity and organisation	
Engagement of the audience	
Tone, style and register	
Visual appeal	
Linguistic accuracy	
Overall impression	Strengths
	Areas for improvement

Unit 8. Speech and Language Disorders in the Neurological Conditions

Activity 1. Discuss in pairs.

1. How does understanding of neurological foundations contribute to the overall assessment and treatment of speech and language disorders?
2. Can you recall any specific cases that highlighted the impact of neurological factors on speech and language?

Activity 2. Read the provided case study and identify neurological manifestations in the patient. Discuss the questions in groups.

1. How did the disruption of specific neural pathways contribute to Jane's speech and language difficulties?
2. Which healthcare professionals could contribute to a more comprehensive treatment plan for Jane?
3. Considering the motor and cognitive-linguistic aspects of Jane's case, how would you address both motor and language-related challenges?

Neurological Manifestations in a First-Time Stroke Patient Patient Profile

Name: Jane Matthews.

Age: 45

Occupation: accountant

History of Presenting Condition

Jane Matthews, a 45-year-old woman, experienced a sudden onset of speech difficulties at home. She is unable to articulate words clearly and frequently experiences slurred speech. Additionally, Jane struggles with word finding and often substitutes similar-sounding words in her conversations. Her husband noticed these changes and called for medical assistance. Previously healthy with no significant medical history. No regular medications.

Acute Hospital Assessment

Vitals:

Blood Pressure: 140/90 mmHg

Pulse: 80

Physical Exam:

Mild confusion, especially noticeable in complex conversations.

Persisting right-side weakness.

Right upper limb weaker than left, assessed at 3/5 strength.

Decreased tone and altered sensation were noted primarily on the right side.

Mild right-sided neglect.

Acute Assessment Scale:

NIH stroke scale: scored 14 on admission, showing significant acute neurological impairment.

Neurological Exam:

Motor impairments: Jane exhibits weakness on the right side of her face, particularly in the muscles involved in speech production. This asymmetry is more noticeable when she attempts facial expressions, such as smiling or raising her eyebrows.

Decreased coordination: a neurological examination reveals diminished coordination and control over the muscles responsible for precise articulation. Jane struggles to perform rapid alternating movements, such as sticking out her tongue and moving it from side to side.

Cognitive-linguistic challenges: in addition to motor difficulties, Jane demonstrates mild cognitive-linguistic challenges. She has difficulty following complex instructions and frequently loses her train of thought mid-sentence.

Investigations

Labs: INR: 1.1 (within normal limits)

Imaging:

CT Scan: indicated a small area of infarction in the region responsible for language processing in the left hemisphere.

MRI: confirmed acute ischemic stroke in the left cerebral hemisphere affecting language areas.

Stroke Unit

Admission: Jane was admitted to the acute stroke unit for close monitoring and comprehensive care.

Multidisciplinary team referral: within 24 hours, referrals to occupational therapy, speech-language therapy, and physiotherapy were made.

Adapted from “Stroke: Case Study Section 2” at Physiopedia. URL: https://www.physio-pedia.com/Stroke:Case_Study_Section_2 (Accessed 26.01.2024, 23:15h).

Activity 3. Work in groups. Design an interdisciplinary treatment plan for the patient. Ensure a holistic approach that addresses her diverse needs.

An Interdisciplinary Treatment Plan

Discipline	Areas of concern	Goals of therapy	Collaboration strategies
Neurology			
Speech-language pathology			
Physical therapy	Motor impairments	Strengthen facial muscles, improve coordination	Collaborative exercises, joint assessment sessions
Occupational therapy			
Psychology			

Activity 4. Work in pairs. Analyse clinical case details for Mr Johnson and discuss clinical manifestations related to Alzheimer’s disease. Answer the questions.

1. Are Mr Johnson's symptoms typical of an Alzheimer's patient?
2. What are the implications of Mr Johnson's language impairments on his daily life and social interactions?
3. What role might Mr Johnson's behavioural changes play in managing his condition?

Clinical Case Details

Patient Profile

Mr Johnson, a 70-year-old man, has a history of progressive cognitive decline. His family reports noticeable changes in his language abilities and memory over the past two years.

Clinical Observations

Mr Johnson exhibits pronounced cognitive decline, particularly in memory, language, and problem-solving skills. He frequently forgets names, faces, and everyday tasks, leading to increased frustration and disorientation.

1. Observations reveal significant language impairments, including difficulty finding and forming words. Mr Johnson often pauses mid-sentence, struggles to express himself coherently, and experiences challenges in understanding complex language.

2. While Mr Johnson doesn't display overt motor impairments related to speech production, there are subtle changes in the coordination of fine motor skills. This is evident in tasks like buttoning shirts or handling small objects.

3. Family members report notable behavioural changes, including increased agitation and frustration. Mr Johnson may become easily upset when faced with unfamiliar situations or tasks.

Diagnosis and Implications

Further diagnostic assessments confirm an Alzheimer's diagnosis. The neurological examination reveals significant atrophy in key brain regions associated with memory and language processing. The progressive degeneration of neural connections contributes to observed cognitive and language impairments.

Activity 5. Collaborative project. Work in two groups.

Researches different discipline's roles in managing Alzheimer's, focusing on evidence-based practices. Develop a treatment plan that addresses the cognitive, behavioural, and physical needs of an Alzheimer's

patient, integrating multiple disciplines: medical management, speech and language therapy, cognitive therapy, occupational therapy, psychological therapy and caregiver support.

Activity 6. Conduct a multidisciplinary team meeting and present your treatment plan to other student groups. Focus on the rationale behind chosen strategies, the integration of disciplines, and the anticipated outcomes.

Activity 7. Arrange the following phrases for conducting therapy sessions according to their function. Add more examples to the table.

1. Hello, Mr Johnson. How are you today?
2. Let me know if there's anything you'd like to address or any activities you particularly enjoy.
3. This activity is designed to stimulate your cognitive-communication functions by engaging you in conversation practice.
4. Your performance on remembering names has improved.
5. Thank you for your active participation today, Mr Johnson. It's great to see your dedication.
6. Based on our progress, let's set goals for the upcoming session to focus on expressing our needs clearly.
7. Great effort, Mr Johnson! You're doing very well with today's tasks.
8. Let's discuss the difficulties you faced during our last session. It was rather challenging to find the right words during the conversation, right?
9. Let's revisit our therapy goals. Today, we'll be working on improving your verbal communication and language skills.

Functions	Phrases
Greeting and establishing rapport	
Reviewing goals	
Explaining activities	

Functions	Phrases
Giving encouragement	
Providing feedback	
Setting goals	
Concluding and identifying next steps	

Activity 8. Prepare for the role-play according to the guidelines in your role-play card.

Scenario

You are an SLP professional assigned to conduct a therapy session with Mr Andrews, a 65-year-old patient recovering from a stroke. Mr Andrews has mild speech and language impairments, primarily affecting articulation and word finding. The goal of the session is to engage Mr Andrews in conversation, assess his current communication abilities, and implement targeted exercises to address specific challenges.

Role card 1	Role card 2
<p>You are Sarah Thompson Background: SLP with extensive neurological rehabilitation experience. Goal: conduct a therapy session to assess and address Mr Andrew’s speech and language challenges following a stroke. Professional approach: patient-centred, empathetic.</p>	<p>You are Mr Andrews Background: a 65-year-old patient recovering from a recent stroke with mild speech and language impairments. Goal: engage in a therapy session with the SLP to improve articulation and word-finding skills. Expectations: seeking improvement, willing to communicate.</p>

Activity 9. Work in pairs and role-play the therapy session. Use the phrases.

Activity 10. Discuss in groups.

What strategies did you use during the role-play to convey professional expertise in the context of handling neurological speech and language problems? Was it a challenging experience?

Activity 11. Reflect on the most significant challenges you faced while creating a multidisciplinary treatment plan for a patient with neurological manifestations.

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MODULE 3. DIAGNOSTIC FRAMEWORKS FOR SPEECH- LANGUAGE PATHOLOGIES

In this module, you will practise:

Skills focus

Reading	What Are Communication Disorders?
Listening	What Are the Signs of a Language Disorder?
Writing	A diagnostic case report for a bilingual patient
Speaking	<p>Expert discussion: A comprehensive diagnostic approach for evaluating ADHD with comorbid learning disabilities</p> <p>Collaborative project: A problem-solving workshop on diagnosing CAS</p> <p>Role-play: Assessment session</p>

Language focus

Professional terminology	Stand-alone speech disorder, manifest early in a child’s development, comorbid conditions, mild to severe impairment, articulate sounds, fluency of speech, hearing impairment, partial hearing loss, central auditory processing disorders, intellectual disability, written language, oral language, sign language, speech sound disorder, prevent effective communication, verbal communication, non-verbal communication, language disorder, risk factor, early intervention, DSM-5, ICD 10, AAP, NICE, IDEA, etc.
Functional language for academic and professional writing	was referred for a speech and language assessment by her teacher due to concerns about, the child was observed during play-based and structured activities in, the child demonstrates age-appropriate language skills with no significant deviations noted, she exhibits difficulty with the production of certain speech sounds, etc.
Functional language for academic and professional speaking	We’ll start by looking at how you say certain sounds; How has your son’s/daughter’s communication been in different situations? We may recommend some therapy sessions to work on specific speech sounds. Can you say ‘rabbit’? Based on this input and our observations, we can start formulating some initial impressions, etc.

Unit 9. Language Disorder Taxonomies

Activity 1. Work in pairs. Discuss the questions.

1. How do the classification systems for speech and language disorders differ between medical and educational contexts in the field of SLP?

Activity 2. Analyse the following frequency reports from COCA. What is the typical usage context for the terms *hypernasality* and *DLD*?

Results for *hypernasality*

CLICK TO SEE CONTEXT (CLICK COLUMN HEADER FOR SECTIONS)

SECTION	ALL	BLOG	WEB	TV/M	SPOK	FIC	MAG	NEWS	ACAD	1990-94	1995-99	2000-04	2005-09	2010-14	2015-19
FREQ	22	0	0	0	0	0	0	0	22	0	0	0	0	1	21
WORDS (M)	993	128.6	124.3	128.1	126.1	118.3	126.1	121.7	119.8	121.1	125.2	124.6	123.1	123.3	122.8
PER MIL	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.18	0.00	0.00	0.00	0.00	0.01	0.17
SEE ALL SUB-SECTIONS AT ONCE															

SECTION	History	Education	Geog/SocSci	Law/PolSci	Humanities	Phil/Rel	Sci/Tech	Medicine	Misc	Business
FREQ	0	0	0	0	1	0	0	21	0	0
WORDS (M)	13.4	15.8	20.0	12.3	16.2	7.8	17.5	10.8	4.8	1.2
PER MIL	0.00	0.00	0.00	0.00	0.06	0.00	0.00	1.94	0.00	0.00
CLICK FOR CONTEXT										

Results for *DLD*

CLICK TO SEE CONTEXT (CLICK COLUMN HEADER FOR SECTIONS)

SECTION	ALL	BLOG	WEB	TV/M	SPOK	FIC	MAG	NEWS	ACAD	1990-94	1995-99	2000-04	2005-09	2010-14	2015-19
FREQ	4	0	0	0	0	0	0	0	4	0	0	0	0	2	2
WORDS (M)	993	20.7	20.1	20.7	20.4	19.1	20.4	19.6	19.3	22.5	23.8	23.6	23.3	23.5	23.3
PER MIL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.00	0.00	0.00	0.00	0.09	0.09
SEE ALL SUB-SECTIONS AT ONCE															

SECTION	History	Education	Geog/SocSci	Law/PolSci	Humanities	Phil/Rel	Sci/Tech	Medicine	Misc	Business
FREQ	0	1	0	0	1	0	0	2	0	0
WORDS (M)	13.4	15.8	20.0	12.3	16.2	7.8	17.5	10.8	4.8	1.2
PER MIL	0.00	0.06	0.00	0.00	0.06	0.00	0.00	0.19	0.00	0.00
CLICK FOR CONTEXT										

Source: URL: <https://www.english-corpora.org/coca/x.asp>

Activity 3. Consult COCA and decide which of the following terms are normally used in the medical context, educational context or both. Complete the table.

Terms: *aphasia, hypernasality, cleft palate, language-based learning disability (LBLD), dysphagia, developmental language disorder (DLD), articulation disorder, auditory processing disorder (APD), apraxia of speech (AOS), social (pragmatic) communication disorder, dysarthria, expressive language disorder, phonological disorder, dysphonia, Childhood Apraxia of Speech (CAS), language delay, stuttering, receptive language disorder, voice disorders, ankyloglossia, rhinolalia, palilalia.*

Terms used in a medical context	Terms used in an educational context	Terms used in both contexts

Activity 4. Discuss Russian terms that reflect the approaches and practices within the Russian scientific school of SLP.

Activity 5. Complete the comparative analysis table for the use of terms in English and Russian within the field of SLP.

English term	High-frequency contexts	Russian equivalent (if applicable)	High-frequency contexts
Aphasia			
Phonological disorder			
CAS			
Dysphagia			
DLD			
Cleft palate			

English term	High-frequency contexts	Russian equivalent (if applicable)	High-frequency contexts
Stuttering			
Hypernasality			

Activity 6. Read the text. What communication disorders are described in the text? How are they classified?

What Are Communication Disorders?

Communication disorders are a group of conditions involving problems with receiving, processing, sending, and comprehending various forms of information and communication, including concepts, verbal, nonverbal, graphic language, and speech. They can result from any condition that affects hearing, speech, and language to the extent that it can disrupt a person's ability to communicate properly. A communication disorder can manifest early in a child's development, or a medical condition can cause it to develop at an older age. It can be a stand-alone condition or co-occur with other communication and developmental disorders. The severity of communication disorders can range from mild to profound.

The *ASHA* classifies communication disorders into four groups:

Speech disorders affect a person's ability to articulate speech sounds. These conditions can affect fluency, meaning the rate, rhythm, and flow of speech, or voice, meaning the pitch, volume, or length of speech.

Language disorders impair a person's ability to comprehend or use spoken, written, or other symbol systems. They may involve problems with phonology, morphology, syntax, language content, and language function.

Hearing disorders result from impaired auditory sensitivity. They involve difficulties detecting, recognising, discriminating, comprehending, and perceiving auditory information. A person with a hearing disorder may be deaf or have partial hearing loss.

Central auditory processing disorder (CAPD), according to the *ASHA*, results from problems processing auditory information in the brain area responsible for interpreting auditory signals. These problems are not due to intellectual disability or hearing sensitivity problems of the ear.

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* classifies communication disorders into four categories:

Language disorder	A person has difficulty acquiring and using spoken, written, or sign language or other language modalities.
Speech sound disorder	These disorders involve difficulty producing speech sounds, which can make sounds challenging to understand or prevent effective communication.
Child-onset fluency disorder (stuttering)	This term refers to speech flow and fluency problems that are not appropriate for a child's age.
Social (pragmatic) communication disorder	A person has trouble understanding and using verbal and nonverbal communication for social purposes.

Most communication disorders have an unknown cause, but they may be developmental or acquired. Possible causes include:

- exposure to toxins and substances while in the womb
- traumatic brain injuries or tumours in the brain area responsible for communication
- stroke and other neurological disorders
- structural impairments, such as cleft lip or cleft palate
- vocal cord injury due to misuse and abuse
- viral disease

These disorders may also be genetic. A 2015 case study found that some genetic variants may make specific individuals susceptible to communication disorders.

The type of communication disorder will determine the possible symptoms:

Disorders	Symptoms
Speech disorders	<ul style="list-style-type: none"> • repeating words, vowels, or sounds • difficulty making sounds, even when the person knows what they want to say

	<ul style="list-style-type: none"> ● elongating or stretching words ● adding, omitting, or substituting words or sounds ● jerky head movements or excessive blinking while talking ● frequently pausing while talking
Language disorders	<ul style="list-style-type: none"> ● overusing fillers such as “um” and “uh” because of the inability to recall words ● knowing and using fewer words than their peers ● trouble understanding concepts and ideas ● difficulty learning new words ● problems using words and forming sentences to explain or describe something ● saying words in the wrong order ● difficulty understanding instructions and answering questions
Hearing disorders	<ul style="list-style-type: none"> ● being behind their peers in terms of oral communication ● asking others to repeat what they said in a slower, clearer manner ● talking louder than is typical ● muffled speech and other sounds ● withdrawal from social settings and conversations ● difficulty understanding words, especially in noisy environments
CAPD	<ul style="list-style-type: none"> ● difficulty localising sounds ● difficulty understanding words that people say too fast or against a noisy background ● problems understanding and following rapid speech ● difficulty learning songs ● lack of musical and singing skills ● difficulty learning a new language ● problems paying attention ● getting easily distracted

Communication disorders are common in children. Nearly 1 in 12 children¹⁶ in the U.S. have some form of communication disorder. The rates are highest among children aged 3 - 6 years and drop at an older age.

According to a 2016 study¹⁷ there is strong evidence that language disorders run in families. Family history is, therefore, a significant risk factor for developing communication disorders. The same study suggests that males are more likely to develop language disorders than females.

Certain conditions put a person at risk of communication disorders such as aphasia, apraxia, and dysarthria. The National Aphasia Association notes that 25 - 40% of people who have experienced a stroke will have aphasia.

A 2021 study also found that a more severe traumatic brain injury puts a person at a higher risk of receiving a communication disorder diagnosis.

A doctor will need to perform a physical exam to diagnose communication disorders. This exam will involve examining a person's mouth, ears, and nose. If the doctor suspects a communication disorder, they will work with other specialists, such as neurologists and speech-language pathologists, to make an accurate diagnosis.

Common tests include:

- hearing tests
- neurological exam
- nasopharyngolaryngoscopy, which uses a flexible fibre-optic tube with a camera to view the voice box
- psychometric testing to assess thinking performance and logical reasoning abilities
- psychological testing to assess cognitive abilities
- psychiatric evaluation, if emotional and behavioural problems are also present
- speech and language assessments
- imaging tests, such as an MRI or CT scan

¹⁶ "Quick Statistics About Voice, Speech, Language," National Institute on Deafness and Other Communication Disorders. URL: <https://www.nidcd.nih.gov/health/statistics/quick-statistics-voice-speech-language> (Accessed 29.01.2024, 09:01h).

¹⁷ NIDCD Epidemiology and Statistics Program. "Prevalence and predictors of communication disorders in children." *Journal of Communication Disorders*. URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322585/> (Accessed 29.01.2024, 10:00h).

Doctors may also compare a child's language with age and communication milestones and checklists.

Treatment for communication disorders involves working with a speech-language pathologist. The specific approach will depend on the type and severity of the communication disorder. Therapy might take place in a one-on-one or group setting.

A speech-language pathologist will work with the rehabilitation team, including a physical and occupational therapist, to address other relevant skills before or in parallel with speech therapy sessions. Underlying causes, like infections, will also require treatment.

Treatment often involves the entire family, other healthcare professionals, and teachers for a highly individualised approach.

Depending on the goal, a speech-language pathologist may remediate and promote skills or teach alternative forms of communication, such as Augmentative and Alternative Communication (AAC) or sign language.

Communication disorders are various disorders that affect any aspect of communication. They can occur at any age, and there are various possible causes, although the cause is often unknown.

Communication disorders commonly appear in children in the early phase of their development, whereas adults often acquire communication disorders from other conditions, such as stroke or brain injury.

The best way to treat communication disorders in children is through early intervention. Early detection and treatment can help address the child's developmental needs and prevent further delays.

Compiled from: Medical News Today. Communication disorders. URL: <https://www.medicalnewstoday.com/articles/communication-disorders#summary> (Accessed 29.01.2024, 12:05h).

Activity 7. Complete the summary with the words from the box.

Language disorders involve persistent challenges in using and learning different forms of linguistic communication such as [1], written, and sign language. Individuals with these disorders typically have a reduced [2], struggle with grammar, and are unable to form coherent sentences. This affects their ability to communicate effectively and

Cluttering, job, vocabulary, sensory, oral, distinguishing
--

follow conversations. Phonological disorders are marked by difficulties in [3] and articulating phonemes, making speech unintelligible. Childhood fluency disorders, or [4], are characterised by repetitive speech patterns, such as prolongations of sounds and excessive physical strain in verbalisation. These conditions, which are noticeable from early development, lead to poor academic performance, social relationship challenges, and [5] finding difficulties. Notably, these disorders are not associated with [6] problems or intellectual disabilities.

Activity 8. Read the text again and complete the table.

	Statements	True	False	Not stated
1	Issues with language disorders are confined to understanding spoken words.			
2	Central auditory processing disorders are primarily due to deficiencies in the ear's ability to detect sounds.			
3	Prenatal exposure to harmful substances is identified as a possible cause of communication disorders in children.			
4	Communication disorders are most frequently observed in children between the ages of 7 and 10.			
5	The role of family members and educators is typically considered minimal in the treatment plan for children with communication disorders.			

Activity 9. Choose the topics to talk about. Prepare your ideas, then work in pairs and share your perspectives.

1. The impact of language disorders on educational achievement.

2. Social challenges associated with phonological disorders.
3. Therapeutic approaches for childhood fluency disorders.
4. Role of early diagnosis in managing communication disorders.
5. Cultural and linguistic considerations in diagnosing communication disorders.

Activity 10. Translate each Russian term into its English equivalent. Provide an explanation of the equivalence, similar to the example.

Russian term	English term
ограниченный словарный запас	reduced vocabulary

Equivalence explanation: both phrases describe the same concept of having a limited range of words available for use in language.

One-word terms:

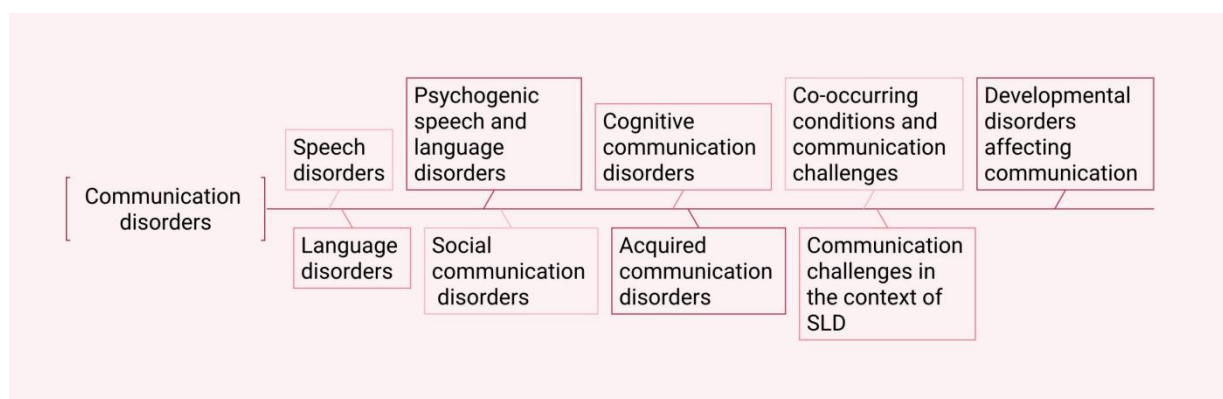
речь, слух, язык, синтаксис, морфология, фонология, темп (речи), ритм, высота (голоса), глухой, ЧМТ, инсульт, слог, гласный (звук), согласный (звук), повторение (слогов), удлинение (слогов), пропуск, замена, моргание, сверстники, слово, предложение, избегание (общения, социального взаимодействия), внимание, апраксия, дизартрия, афазия.

Terminological units:

самостоятельное нарушение речи, проявиться на ранних этапах развития ребенка, сопутствующие нарушения, легкая и тяжелая степень выраженности нарушения, артикулировать звуки, плавность речи, языковые расстройства, нарушение слуха, частичная потеря слуха, расстройства процессов центральной слуховой обработки, нарушение интеллекта, письменная речь, устная речь, жестовая речь, нарушение звукопроизношения, препятствовать коммуникации, вербальная и невербальная коммуникация, нарушения речевого развития, расщелина губы, расщелина неба, неправильный порядок слов, высокие показатели, в старшем возрасте, фактор риска, психометрический тест, раннее вмешательство.

Activity 11. Work in pairs. Answer the questions.

1. How are speech disorders differentiated from language disorders?
2. What is the difference between developmental speech-language disorders and acquired speech-language disorders?
3. What role do phonological disorders play within the broader category of speech disorders? How are they related to articulation disorders?
4. Where would you place emerging disorders like digital communication disorders? Why?



Activity 12. Expand the mind map. Include additional disorders, emerging issues, or interdisciplinary influences, reflecting contemporary challenges and emerging trends in the field.

Activity 13. Consult the Corpus of Contemporary American English (COCA) and other reliable sources to explore the following abbreviations and acronyms. Expand them to their full forms and provide comments on their context and meaning.

Abbreviations	Full form	Context
IEP		
SGD		
OT		
AOS		

Abbreviations	Full form	Context
RTI		
TBI		
PDD-NOS		
ASD		
CBT		
FAS		

Activity 14. Analyse the usage and contextual variations of the terms *comorbid*, *co-occurring*, and *associated* in the context of speech-language disorders within COCA. Answer the questions.

Comorbid	Co-occurring	Associated

1. How often do the terms appear in medical or psychological contexts within the corpus?
2. In what contexts are the terms typically used when discussing disorders?
3. What are common collocations?
4. Do the uses of these terms differ across medical, psychological, and other professional disciplines? How?

Activity 15. How can you incorporate cultural and linguistic diversity in evaluating and classifying speech-language disorders?

Unit 10. Symptoms That May Signal Concern

Activity 1. Work in pairs. Match terms with their definitions.

1	Articulation disorder	A	Ability to understand information in spoken language.
2	Phonological disorder	B	Disorders characterised by difficulties with the pitch, volume, or quality of the voice.
3	Fluency disorder	C	Challenges with phoneme differentiation and usage affecting speech intelligibility.
4	Receptive language	D	The ability to use words, phrases, and sentences to communicate ideas and feelings.
5	Expressive language	E	The actions taken to improve a condition or disorder, often involving professional therapies.
6	Intervention	F	A fluency disorder where speech involves frequent and significant disruptions.
7	Stuttering	G	Difficulties in using language effectively to express thoughts and needs.
8	Voice disorders	H	Difficulties in physically producing speech sounds.
9	Expressive language disorder	I	Disorders affecting speech flow and speed, including stuttering and cluttering.
10	Receptive language disorder	J	Challenges understanding and processing language input, affecting comprehension.

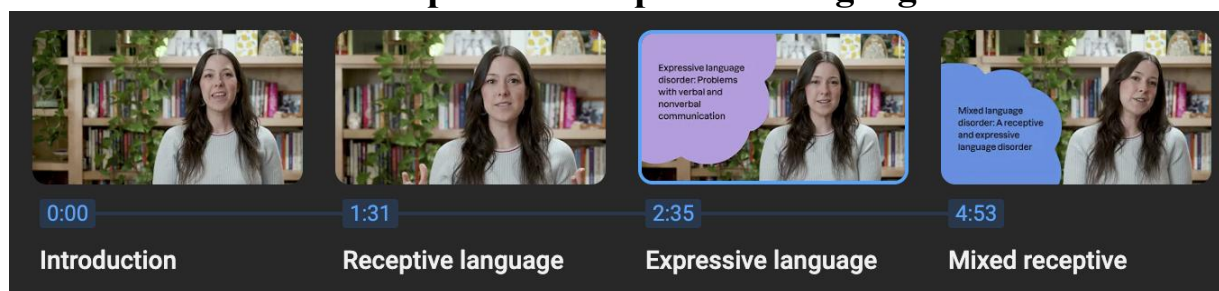
Compiled from: URL: <https://www.asha.org/practice-portal> (Accessed 02.02.2024, 10.01h), URL: <https://thehearinginstitute.org> (Accessed 02.02.2024, 10.10h).

Activity 2. Work in pairs. Complete the K-W-L chart by listing what you already know about language disorders and noting your questions on the topic. After completing the unit, fill in what you have learnt in the third column.

K-W-L chart on language disorders

K - Know	W - Want to know	L- learnt

Activity 3. Watch the video “What Are the Signs of a Language Disorder?”¹⁸ According to Leanne Sherred, what are the key differences between receptive and expressive language disorders?



Activity 4. Work in pairs. Compare your ideas and discuss.

How do approaches for diagnosing and treating disorders described by Leanne Sherred compare between Russian classifications and international standards? Discuss the potential impacts of these differences on treatment outcomes.

Activity 5. Watch the video again and choose two letters A-E that the speaker mentions about early intervention and the effects of expressive language disorders.

Early intervention by a speech-language pathologist is crucial for children with language disorders because ...

A. Intervention strategies become less effective as the child ages.

¹⁸ URL: https://www.youtube.com/watch?v=pnnPkpno_4k (Accessed 05.02.2024, 13:10h).

B. It helps mitigate the developmental impacts of the disorder, enhancing communication skills early on.

C. Most children outgrow language disorders without any professional help.

D. Timely support can significantly improve educational outcomes and social interactions.

E. Parents typically lack the necessary skills to address these disorders themselves.

Children with expressive language disorders often experience heightened frustration when attempting to communicate because...

A. Their cognitive abilities to form thoughts are impaired.

B. They can mentally formulate their messages but face barriers to verbal expression.

C. Social interactions tend to overwhelm them easily.

D. This barrier can lead to emotional distress and lower confidence in social settings.

E. Their understanding of language is too limited to engage in conversations.

Activity 6. Complete the table, using one word in each gap.

Aspect	Description	Impact on child	Intervention focus
Receptive language	Involves the ability to (1) _____ and process spoken words.	May struggle with (2) _____ directions.	Enhance comprehension skills.
Expressive language	Ability to use words to (3) _____ thoughts and needs.	Leads to (4) _____ when communicating.	Improve verbal (5) _____.
Combined disorders	Both receptive and expressive abilities are (5) _____.	Affects (6) _____ understanding and expression.	Holistic language therapy.

Activity 7. Work in pairs. Discuss the questions.

1. How do receptive and expressive language disorders differ in terms of symptoms and challenges faced by individuals?
2. What are some potential causes of language disorders? How do these causes influence treatment approaches?
3. What are the social and emotional impacts of language disorders on children? How can speech-language pathologists support these areas?
4. In cases of mixed receptive-expressive language disorders, what integrated strategies might be necessary to address both aspects?

Activity 8. Work in groups. Place the following key terms from the video under the most appropriate category below.

Receptive language, expressive language, language disorder, premature birth, autistic, Down syndrome, cerebral palsy, genetics, language impairment, comprehension, verbal communication, vocabulary, grammar, non-verbal expressions, consonant-vowel combinations, frustration, self-esteem, mixed receptive-expressive disorder, early intervention

Disorder	Symptoms	Causes and risks	Treatment

Activity 9. Work in groups. Answer the questions.

1. Examine the shift from DSM-IV¹⁹ to DSM-V²⁰. What does this tell you about the changing perspectives on language impairments globally?
2. Compare ICD 10²¹ and ICD 11²² approaches to language disorders. How do these systems differ in their definitions? What does this indicate?

¹⁹ Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC, 1994.

²⁰ Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing, 2013.

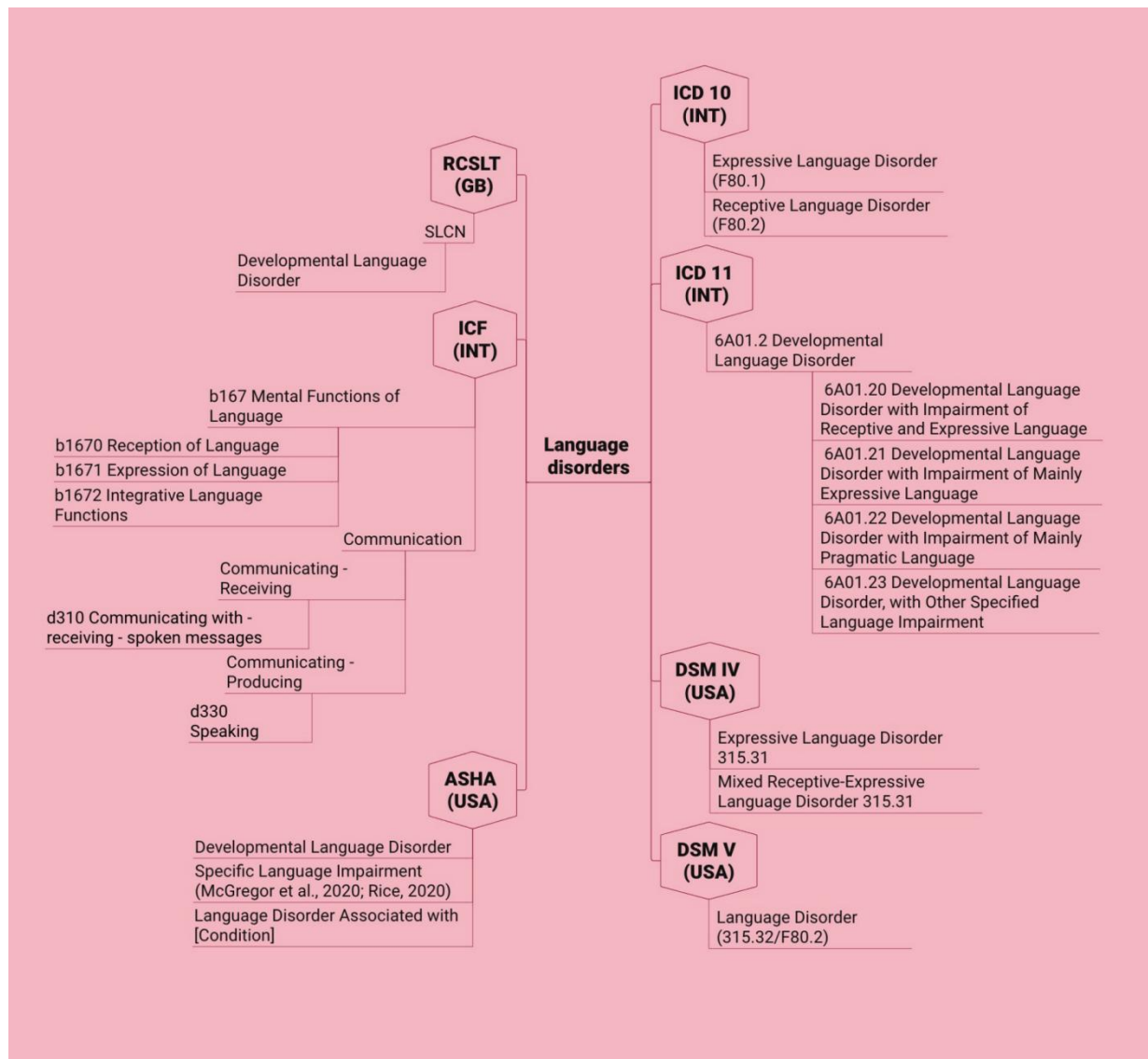
²¹ International Statistical Classification of Diseases and Related Health Problems (10th revision). Geneva: World Health Organization, 1992.

²² International Classification of Diseases for Mortality and Morbidity Statistics (11th revision). Geneva: World Health Organization, 2019.

3. How do ASHA and RCSLT define developmental language disorder? What does this comparison reveal about the influence of professional bodies on understanding language disorders?

4. How does ICF contribute to understanding language disorders differently than diagnostic tools like DSM and ICD?

5. What are the practical implications of classifying language disorders in multiple ways (ICD, DSM, ASHA, ICF, RCSLT)?



Activity 10. Work in groups.

Choose one classification system on the map, (e.g., ICD-10) and identify five potential additions to the chosen classification system, e.g., disorders that are not listed, diagnostic criteria, emerging areas of research, cultural considerations, etc. Research your identified elements. Organise

your research findings into a mind map using a digital mind mapping tool or draw the map.

Activity 11. Present your mind maps to the class.

Activity 12. Discuss in groups.

1. Reflect on your understanding of language disorders before starting the mind-mapping activity. What aspects of language disorders were you aware of and how did you expand this knowledge?

2. Analyse how visualising the relationships and categories of language disorders in a mind map format helped clarify complex concepts. Which challenges did you face and how did you overcome them?

Activity 13. Based on the evolution seen in these classification systems, reflect on how future trends can be anticipated in diagnosing and understanding language disorders.

Unit 11. Cultural Competence in Diagnostic Practices

Activity 1. Discuss in groups.

1. Why is cultural competence essential in the field of SLP?
2. Can you think of any challenges that may arise when assessing and diagnosing communication disorders in individuals from diverse cultural backgrounds?
3. What are some key terms or concepts related to cultural competence that you believe should be integrated into diagnostic case reports?

Activity 2. Explore cultural competence terminology in diagnostic case reports. Work in groups.

Terms: cultural identity, cultural competence, cultural sensitivity, and cultural awareness.

Guidelines:

1. Access COCA and search each of the key terms separately. Explore multiple contexts where these terms are used in real-world discourse.
2. Collect at least two examples for each key term from COCA. These examples should be sentences or phrases that demonstrate how the terms are used in various contexts.
3. Analyse the context in which the key term is used. Are there any patterns in using these terms in real-world language?
4. Summarise your findings and draw conclusions. Are there variations in meaning or connotations?

Activity 3. Read the diagnostic case report and identify the core problem discussed in it.

Diagnostic Case Report

Patient Information:

Patient's name:	Maria Esparza
Age:	7 years old
Cultural background	Mexican-American
Referral source:	local elementary school

Background:

Maria was referred for a speech and language assessment by her second-grade teacher due to concerns about her communication development. Maria comes from a Mexican-American family and primarily speaks Spanish at home. Her parents have expressed concerns about her difficulty articulating certain sounds in both English and Spanish. Additionally, Maria's teacher has noticed occasional struggles with vocabulary and comprehension during classroom activities.

Assessment Procedures:

Case history interview: was conducted with Maria's parents to gather information about her cultural background, language use at home, and concerns related to her communication development.

Standardised language assessments:

The Clinical Evaluation of Language Fundamentals – Spanish (CELF-S; Semel, Wiig, & Secord, 2004²³).

The Clinical Evaluation of Language Fundamentals – English (CELF-E; Semel, Wiig, & Secord, 2003²⁴).

Observations: Maria was observed during play-based and structured activities in both languages to assess her speech production, vocabulary, grammar, and language use.

Assessment Results:

Maria demonstrates age-appropriate language skills in Spanish, with no significant deviations noted in vocabulary, grammar, or comprehension. In English, Maria exhibits difficulty with the production of certain speech sounds, including /r/ and /l/. These articulation challenges impact her intelligibility in English. Receptive and expressive language skills in English fall within the low-average range for her age group.

²³ Semel, E., Wiig, E. H., & Secord, W. A. (2004). Clinical Evaluation of Language Fundamentals - Spanish (4th ed.). The Psychological Corporation.

²⁴ Semel, E., Wiig, E. H., & Secord, W. A. (2003). Clinical Evaluation of Language Fundamentals - English (4th ed.). The Psychological Corporation.

Cultural Competence Considerations:

Bilingual assessment	Maria's assessment was conducted in both Spanish and English to ensure a comprehensive evaluation of her language skills, respecting her bilingualism.
Cultural sensitivity	The assessment materials were culturally sensitive and adapted to Maria's Mexican-American background to minimise cultural bias.
Parent involvement	Maria's parents were actively involved in the assessment process, providing insights into their cultural practices and language use at home.

Diagnostic Impressions:

Maria presents with an articulation disorder in English, characterised by difficulty with /r/ and /l/ sounds, impacting her intelligibility in English-speaking contexts. Her Spanish language skills are within the typical range for her age.

Recommendations:

Maria should receive speech therapy sessions targeting the articulation of /r/ and /l/ sounds in English. These sessions should be culturally sensitive and incorporate materials that reflect her cultural identity.

Maria's parents should be actively involved in her therapy sessions to ensure the carryover of skills at home and to address any cultural concerns related to language development.

Maria should continue to receive academic support in both English and Spanish to facilitate her language and literacy development in both languages.

Follow-up:

A follow-up assessment will be conducted in six months to monitor Maria's progress and adjust intervention goals as needed.

Designed using "Culturally Responsive Practice Checklist": URL: <https://www.asha.org/siteassets/uploadedfiles/multicultural/culturally-responsive-practice-checklist.pdf> (Accessed 03.02.2024, 09:00h).

Activity 4. Discuss in groups. Assess the potential of the diagnostic report to provide a culturally sensitive intervention that respects her linguistic diversity and identity.

1. How does the diagnostic case report ensure that Maria’s cultural and linguistic background is respected throughout the assessment process?
2. How does the report address Maria’s bilingual abilities in Spanish and English?
3. How effectively does the report incorporate the involvement of Maria’s parents in the assessment and intervention process?
4. Do the proposed intervention strategies align well with Maria’s cultural and linguistic needs?

Activity 5. Analyse the structure and contents of the provided case report. Complete the table.

Section	Purpose	Key elements	Transition phrases	Cultural sensitivity considerations
Patient information				
Background				
Assessment procedures				
Assessment results				
Cultural competence considerations				
Recommendations				
Follow-up				

Activity 6. Examine the following phrases from the diagnostic report and explain their meanings and implications.

1. Maria was referred for a speech and language assessment by her second-grade teacher due to concerns about her communication development.

2. Her parents have expressed concerns about her difficulty articulating certain sounds in both English and Spanish.

3. Maria was observed during play-based and structured activities in both languages to assess her speech production, vocabulary, grammar, and language use.

4. Maria demonstrates age-appropriate language skills in Spanish, with no significant deviations noted in vocabulary, grammar, or comprehension.

5. In English, Maria exhibits difficulty with the production of certain speech sounds, including /r/ and /l/.

6. Receptive and expressive language skills in English fall within the low-average range for her age group.

7. Maria should receive speech therapy sessions targeting the articulation of /r/ and /l/ sounds in English.

8. Maria's parents should be actively involved in her therapy sessions to ensure the carryover of skills at home and to address any cultural concerns related to language development.

Activity 7. Using the Corpus of Contemporary American English (COCA), explore the collocations for the following phrases from the diagnostic case report. Complete the table.

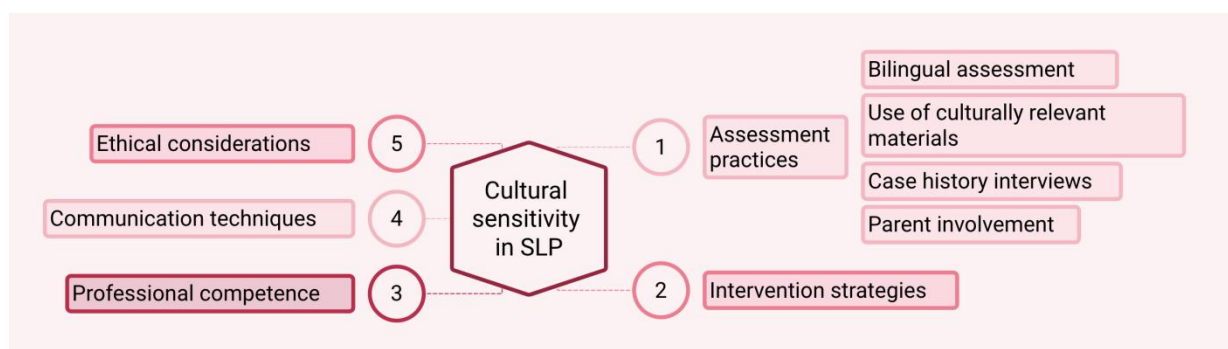
Phrases	Collocates before	Collocates after	Context	Genre
speech and language assessment				
family-centred care				

Phrases	Collocates before	Collocates after	Context	Genre
family involvement				
assessment procedures				
case history interview				
play-based activities				
cultural practices				

Activity 8. Work in groups. Brainstorm terms related to *cultural sensitivity in SLP*. Discuss how the terms relate to each other. Use arrows or lines to show the connections:

e.g., bilingual assessment → ensures → accurate language evaluation.

Activity 9. Work in groups. Organise your ideas and expand the mind map below. Each group should work on two key concepts.



Activity 10. Design a hypothetical patient profile with a different cultural background (e.g., Russian-English, etc.).

Activity 11. Write a detailed diagnostic case report for your hypothetical patient. Ensure each section is comprehensive and follows the structure of the provided case report for Maria Esparza.

Activity 12. Work in groups. Review each other's reports and discuss the following questions within your group:

1. How well does each report address the patient's cultural and language background?
2. Are the assessment procedures and results detailed and appropriate?
3. How effectively are cultural competency considerations integrated into reports?
4. Do the recommendations reflect a thorough understanding of the patient's needs?
5. What additional suggestions or improvements can be made to each report?

Unit 12. Educational and Clinical Strategies for Speech and Language Disorders

Activity 1. Discuss in pairs.

1. What are the key benefits of combining clinical and educational tools when diagnosing various developmental and learning challenges?
2. How do clinical diagnoses and educational diagnoses differ in their approaches? Might it be advantageous to use both types of tools together? Why?

Activity 2. Read the provided diagnostic plan and explain how the holistic understanding of the client's condition is achieved.

Diagnostic Plan for a Child with ADHD and Comorbid Learning Disabilities

Child's Information	
Name	Emily
Age	9 years old
Grade	4 th grade
Referral source	teacher's concern about inattention, hyperactivity, and academic struggles
Diagnosing Plan	
Clinical assessment	1) a comprehensive clinical assessment to evaluate ADHD symptoms using the Conners Comprehensive Behaviour Rating Scale (CBRS) ²⁵ ; 2) interviews with parents and teachers to gather information about Emily's behaviour in different settings; 3) assessment for the presence of comorbid conditions (anxiety or depression); 4) collaboration with a child psychiatrist or clinical psychologist for a thorough clinical evaluation.

²⁵ URL: <https://greatist.com/health/rating-scale-adhd> (Accessed 03.02.2024, 12.05h).

<p>Educational assessment</p>	<p>1) standardised educational assessments to identify specific learning disabilities: reading (e.g., <i>Woodcock-Johnson Tests of Achievement</i>²⁶), writing (e.g., <i>Test of Written Language</i>²⁷) mathematics (e.g., <i>KeyMath-3 Diagnostic Assessment</i>²⁸); 2) evaluation of Emily’s academic progress and compare her performance to grade-level expectations; 3) classroom observations and informal assessments to assess her academic behaviours.</p>
<p>Behavioural observation</p>	<p>1) systematic classroom observations; 2) validated behavioural observation tools to track attention span, impulsivity, and hyperactivity in real-life situations; 3) collaboration with teachers to gather information on Emily’s behaviour in various classroom settings.</p>
<p>Parent and teacher interviews</p>	<p>1) interviewing Emily’s parents and teachers separately to gain a comprehensive understanding of her behaviour and academic performance; 2) exploration of her developmental history, family dynamics, and any significant life events that may contribute to her challenges; 3) the use of validated ADHD-specific interview guides to gather information about her symptoms and their impact on her daily life.</p>

²⁶ Texas Autism Resource Guide. The Woodcock-Johnson IV Tests of Achievement (WJ IV ACH). Texas Autism Resource Guide. URL: [https://www.txautism.net/evaluations/woodcock-johnson-iv-tests-of-achievement#:~:text=Overview,The%20Woodcock%2DJohnson%20IV%20Tests%20of%20Achievement%20\(WJ%20IV%20ACH,ages%20%2D90%2B%20years](https://www.txautism.net/evaluations/woodcock-johnson-iv-tests-of-achievement#:~:text=Overview,The%20Woodcock%2DJohnson%20IV%20Tests%20of%20Achievement%20(WJ%20IV%20ACH,ages%20%2D90%2B%20years) (Accessed 03.02.2024, 14:12h).

²⁷ Smart Speech Therapy LLC. Test Review: Test of Written Language-4 (TOWL-4). Smart Speech Therapy LLC. URL: <https://www.smartspeechtherapy.com/test-review-test-of-written-language-4-towl-4/> (Accessed 03.02.2024, 14:46h).

²⁸ Rosli R. Test Review: A. J. Connolly KeyMath-3 Diagnostic Assessment: Manual Forms A and B. Minneapolis, MN: Pearson. *Journal of Psychoeducational Assessment*. 2007. № 29 (1). Pp. 94-97.

Interdisciplinary collaboration	<p>1) interdisciplinary collaboration among clinicians, educators, and parents to share assessment findings and observations;</p> <p>2) integrating the clinical and educational perspectives to develop a holistic understanding of Emily’s condition.</p>
Diagnosis	<p>1) reviewing the data from clinical assessments, educational assessments, behavioural observations, and interviews;</p> <p>2) collaboratively diagnosing Emily’s condition, taking into account the presence of ADHD and comorbid learning disabilities;</p> <p>3) consulting diagnostic criteria from the DSM-5 for ADHD and consult relevant guidelines for learning disabilities diagnosis.</p>
Recommendations	<p>1) preparing a comprehensive report that includes the diagnosis, a summary of assessment findings, and recommendations for both clinical and educational interventions;</p> <p>2) providing specific strategies and accommodations to address Emily’s ADHD symptoms and learning difficulties;</p> <p>3) collaborating with the school’s IEP²⁹ team to develop an Individualised Education Plan that includes goals and interventions.</p>
Monitoring:	<p>1) implementation of the recommended interventions and monitoring of Emily’s progress.</p> <p>2) conducting periodic reviews of her diagnosis and treatment plan to ensure ongoing support and adjustment as needed.</p>

Designed using “Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and

²⁹ American Speech-Language-Hearing Association. “IDEA Part B Issue Brief: Individualized Education Programs and Eligibility for Services.” URL: <https://www.asha.org/advocacy/idea/idea-part-b-issue-brief-individualized-education-programs-and-eligibility-for-services/> (Accessed 04.02.2024, 13:09h).

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Activity 3. Discuss in groups.

1. How do the integrated clinical and educational assessments contribute to a more comprehensive view of the patient’s condition?
2. What specific components of the diagnostic plan focus on understanding the patient’s behaviour in different contexts?
3. How does the collaborative approach enhance the depth of information collected and its relevance to the patient’s daily life?
4. In what ways do the behavioural observations and interviews provide qualitative insights into the patient’s symptoms?
5. Identify specific assessment tools or strategies mentioned in the plan designed to address the needs of a child with comorbid ADHD and learning disabilities. How do they contribute to the holistic understanding of her condition?

Activity 4. Collaborative project. Develop a diagnostic plan for a child with Childhood Apraxia of Speech (CAS), incorporating both clinical and educational tools.

You, as a team of speech-language pathologists undergoing in-service training in the USA, are presented with a case study of a child named Alex who exhibits significant speech and language difficulties suggestive of CAS. You aim to research and devise evidence-based clinical and educational tools and strategies for diagnosis, focusing on integrating both clinical and educational elements into the plan.

Guidelines:

1. Study the case description of a child with significant speech and language difficulties suggestive of CAS.
2. In groups choose one aspect of the diagnostics plan:
Group 1: Speech sound assessment and criteria for CAS diagnosis.

Group 2: Language assessment and identifying CAS-specific language features.

Group 3: Family-centred observations and assessments.

Group 4: Educational assessments and classroom observations.

3. Research evidence-based clinical and educational tools and strategies related to assessing CAS while incorporating both clinical and educational elements.

4. Present your findings to the class and collaboratively discuss how each aspect fits into the overall plan.

5. Back in groups, based on the collaborative discussion, refine your part of the plan. Compile your findings and recommendations into a comprehensive diagnostic plan.

Case Description of a Child

Child's Name: Alex

Age: 4 years

Background: Alex's parents have expressed concerns about his limited speech development and difficulty communicating effectively. Alex is an only child, and his parents report that his older cousins and peers can communicate more fluently than he can.

Medical and family history: Alex's birth was uneventful, and he reached all his developmental milestones within the typical range until his speech and language development started to lag. There is no family history of speech or language disorders, and Alex's overall health is good. He has no known hearing impairments or significant medical conditions.

Presenting concerns: Alex's parents have observed the following concerns related to his speech and language development:

Limited speech sounds	Alex's speech is characterised by limited consonant and vowel sounds. He often produces sounds incorrectly, and his speech is difficult to understand even by familiar communication partners.
Inconsistent speech errors	Alex's speech errors appear inconsistent. He may pronounce a word correctly one moment and then struggle to produce it the next time.

Limited vocabulary	Alex's vocabulary is smaller than expected for his age. He has difficulty finding and using words to express his needs, feelings, and thoughts.
Sequencing	Alex has difficulty sequencing sounds and syllables, which affects his ability to pronounce longer words and phrases.
Limited expressive language	Alex's expressive language skills are delayed. He often resorts to gestures, pointing, or simple words to communicate.
Communication breakdowns	Alex becomes frustrated when he cannot effectively communicate his wants and needs. This frustration sometimes leads to tantrums or withdrawal.

Activity 5. Present your diagnostic plans and key recommendations.

Activity 6. Arrange the following phrases for conducting therapy sessions according to their function. Add more examples to the table.

1. We'll start by looking at how you say certain sounds.
2. Our plan today includes some tests, a discussion, and setting up a follow-up plan.
3. How has your son's/daughter's communication been in different situations?
4. We may recommend some therapy sessions to work on specific speech sounds.
5. Hello, I'm Jane Brooks, your speech-language pathologist. How are you today?
6. Can you say "rabbit?"
7. Thank you for your hard work today!
8. Apparently your son/daughter may have difficulty with specific speech sounds.
9. Based on this input and our observations, we can start formulating some initial impressions.

Functions	Phrases
Beginning the session	
Explanation and preparation	
Speech sound assessment	
Parent interview	
Data sharing and discussion	
Analysis and diagnostic impressions	
Next steps and recommendations	
Closing the session	

Activity 7. Prepare for the role-play according to the guidelines in your role-play card.

Scenario

You are a team of three SLPs working in a paediatric speech and language clinic. You have a new referral for a 4-year-old child named Peter. Peter's parents have noted that he struggles with articulating certain sounds and has difficulty being understood by others. Your task is to conduct an assessment session to determine the nature and severity of Peter's speech sound disorders.

Role card 1	Role card 2	Role card 3
SLP 1 - assessor Goal: administer standardised speech sound assessments to Peter, including articulation and phonological assessments. Observe	SLP 2 - parent interviewer Goal: conduct a parent interview with Peter's parents to gather information about his speech and language development, family	SLP 3 - observer Goal: observe the assessment and parent interview, and take notes about Peter's responses, behaviours, and any relevant information provided

Peter's speech production during play-based activities.	history, and any concerns they have. Share this information with the assessment team.	by the parents. Assist in summarising the findings and forming initial diagnostic impressions.
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Role card 4	Role card 5	Role card 6
<p>Peter Goal: participate in speech and language assessments. Answer the assessor's questions and tasks during standardised tests and play-based activities.</p>	<p>Peter's mother Goal: provide detailed information about Peter's speech and language development, family history, and any concerns during the parent interview. Share your observations and concerns.</p>	<p>Peter's father Goal: collaborate with your wife to provide additional insights into Peter's daily communication behaviours and any relevant family history. Share your observations and concerns.</p>

Activity 8. Role-play the assessment session. Use the phrases.

Activity 9. Discuss in groups. Share your observations from the role-play activity evaluating a child with an articulation disorder.

Activity 10. Reflect on how teamwork influenced the assessment outcome.

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MODULE 4. PAEDIATRIC COMMUNICATION DISORDERS

In this module, you will practise:

Skills focus

Reading	Evaluation Strategies in Speech Sound Assessment
Listening	What Is Developmental Language Disorder?
Writing	An abstract for an academic article
Speaking	<p>Collaborative project: Planning intervention strategies for a child with orofacial conditions</p> <p>Role-play: Multidisciplinary team briefing on a child with orofacial conditions</p>

Language focus

<p>Professional terminology</p> <p>Speech sound disorders; speech sound assessment; in single words; in connected speech; sound production in words; connected speech assessment; describing pictures; sound production in various word positions (initial, medial, final, and in consonant clusters); syllable structure; severity of speech disorder; rating scales; quantitative measures; PCC; voice quality; the complexity of utterance; nonverbal cues from the speaker; test batteries; auditory discrimination; picture stimuli; incorrect pronunciation; spontaneous speech sample, etc.</p>
<p>Functional language for academic and professional writing</p> <p>A retrospective chart review was conducted; demographic data, diagnosis, and in-office laryngoscopies were reviewed; all patients were evaluated by the same work team consisting of two otolaryngologists specialised in vocal pathology and a speech voice therapist; 40% of the diagnosis corresponded to vocal nodules, 26% to vocal cord cysts; the second group evaluated between the years 2015-2019 with distal chip flexible videolaryngoscopy, distal chip flexible VLS and rigid VLS, etc.</p>
<p>Functional language for academic and professional speaking</p> <p>We should design a treatment plan focusing on improving Jimmy's articulation; Thank you for your collaboration. We will schedule our next session in a few weeks to review Jimmy's progress in his speech and language development. Addressing any potential emotional impacts is crucial for Jimmy's overall progress and confidence, etc.</p>

Unit 13. Speech Sound Disorders in Children

Activity 1. Work in pairs. Answer the questions.

1. What are the common causes of speech sound disorders in children?
2. How might speech sound disorders in children affect their social interactions?
3. Can you think of any strategies or interventions that might help children overcome speech sound disorders?

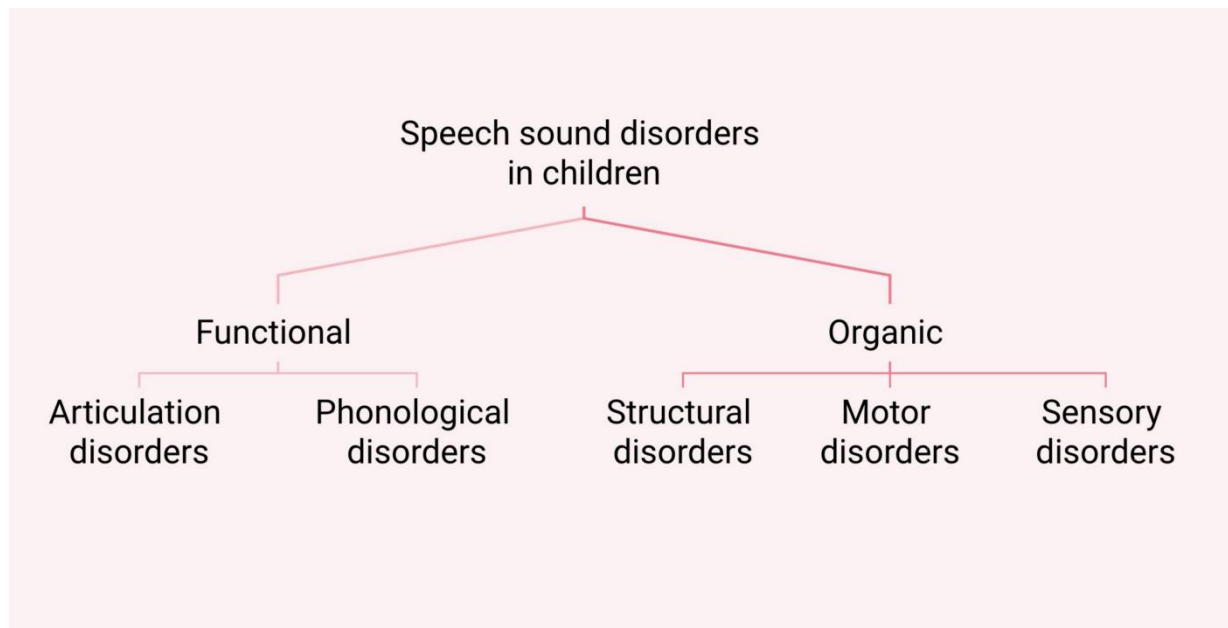
Activity 2. Research and write definitions for each term below.

articulation disorders	
phonological processes	
expressive language delay	
receptive language disorder	
speech intelligibility	
oral motor skills	
auditory discrimination	
dysarthria	
cleft palate	
auditory processing disorder	
otitis media with effusion	
developmental apraxia of speech	
developmental phonological disorder	
prosody errors	
functional phonological disorder	

Activity 3. Work in groups. Apply diagnostic criteria to differentiate between developmental phonological disorders and functional phonological disorders in children exhibiting the cluster reduction process. Complete the table.

	Developmental cluster reduction	Functional cluster reduction
Age-appropriateness		
Consistency and generalisation of errors		
Idiosyncratic or atypical errors		
Impact of intervention		
Associated factors		

Activity 4. Use the terms from the glossary above and incorporate them into the following mind map. Add any missing subcategories and links.



Activity 5. Read the text. What are the key components and methods used to comprehensively assess speech sound disorders in children?

Evaluation Strategies in Speech Sound Assessment

The speech sound assessment uses both standardised assessment instruments and other sampling procedures to evaluate production in single words and connected speech. Single-word testing provides identifiable units of production and allows most consonants in the language to be elicited in several phonetic contexts. However, it may or may not accurately reflect the production of the same sounds in connected speech. Connected speech sampling provides information about the production of sounds in connected speech using a variety of talking tasks (e.g., storytelling or retelling, describing pictures, normal conversation about a topic of interest) and with a variety of communication partners (e.g., peers, siblings, parents, and clinician).

Assessment of speech includes evaluating the accurate production of sounds in various word positions (e.g., initial, within word, and final) and different phonetic contexts. It also involves examining sound combinations such as vowel combinations, consonant clusters, blends, and syllable shapes ranging from simple CV to complex CCVCC structures. Additionally, it encompasses the identification of speech sound errors, including consistent sound errors, various error types (e.g., deletions, omissions, substitutions, distortions, additions), and their distribution (e.g., position of sound in a word). Moreover, it assesses error patterns, or phonological patterns, which are systematic sound changes or simplifications affecting a class of sounds (e.g., fricatives), sound combinations (e.g., consonant clusters), or syllable structures (e.g., complex syllables or multisyllabic words).

Severity is a qualitative judgement made by the clinician indicating the impact of the child's speech sound disorder on functional communication. It is typically defined along a continuum from mild to severe or profound. There is no clear consensus regarding the best way to determine the severity of a speech sound disorder - rating scales and quantitative measures have been used.

A numerical scale or continuum of disability is often used because it is time-efficient. Prezas and Hodson (2010) use a continuum of severity

from *mild* (omissions are rare; few substitutions) to *profound* (extensive omissions and many substitutions; extremely limited phonemic and phonotactic repertoires). Distortions and assimilations occur in varying degrees at all levels of the continuum.

A *quantitative approach* (Shriberg & Kwiatkowski, 1982a, 1982b) uses the percentage of consonants correct (PCC) to determine severity on a continuum from *mild* to *severe*. To determine PCC, collect and phonetically transcribe a speech sample. Then count the total number of consonants in the sample and the total number of correct consonants. Use the following formula: $PCC = (\text{correct consonants} / \text{total consonants}) \times 100$. A PCC of 85 - 100 is considered *mild*, whereas a PCC of less than 50 is considered *severe*. This approach has been modified to include a total of 10 such indices, including the percent vowels correct (PVC; Shriberg, Austin, Lewis, McSweeney, & Wilson, 1997).

Intelligibility is a perceptual judgement that is based on how much of the child's spontaneous speech the listener understands. Intelligibility can vary along a continuum ranging from *intelligible* (message is completely understood) to *unintelligible* (message is not understood; Bernthal et al., 2017). Intelligibility is frequently used when assessing the severity of the child's speech problem (Kent, Miolo, & Bloedel, 1994; Shriberg & Kwiatkowski, 1982b) and can be used to determine the need for intervention.

Intelligibility can vary depending on several factors, including the number, type, and frequency of speech sound errors (when present); the speaker's rate, inflexion, stress patterns, pauses, voice quality, loudness, and fluency; linguistic factors (e.g., word choice and grammar); the complexity of utterance (e.g., single words vs. conversational or connected speech); the listener's familiarity with the speaker's speech pattern; communication environment (e.g., familiar vs. unfamiliar communication partners, one-on-one vs. group conversation); communication cues for the listener (e.g., nonverbal cues from the speaker, including gestures and facial expressions); and signal-to-noise ratio (i.e., amount of background noise).

Rating scales and other estimates that are based on perceptual judgments are commonly used to assess intelligibility. For example, rating scales sometimes use numerical ratings like 1 for *totally*

intelligible and 10 for *unintelligible*, or they use descriptors like *not at all*, *seldom*, *sometimes*, *most of the time*, or *always* to indicate how well speech is understood (Ertmer, 2010).

Several quantitative measures also have been proposed, including calculating the percentage of words understood in conversational speech (e.g., Flipsen, 2006; Shriberg & Kwiatkowski, 1980). See also Kent et al. (1994) for a comprehensive review of procedures for assessing intelligibility.

Coplan and Gleason (1988) developed a standardised intelligibility screener using parent estimates of how intelligible their child sounded to others. Based on the data, expected intelligibility cutoff values for typically developing children were as follows: 22 months - 50%, 37 months - 75%, 47 months - 100%.

Stimulability is the child's ability to accurately imitate a misarticulated sound when the clinician provides a model. There are few standardised procedures for testing stimulability (Glaspey & Stoel-Gammon, 2007; Powell & Miccio, 1996), although some test batteries include stimulability subtests. Stimulability testing helps determine how well the child imitates the sound in one or more contexts (e.g., isolation, syllable, word, phrase); the level of cueing necessary to achieve the best production (e.g., auditory model; auditory and visual model; auditory, visual, and verbal model; tactile cues); whether the sound is likely to be acquired without intervention; and which targets are appropriate for therapy (Tyler & Tolbert, 2002).

Speech perception is the ability to perceive differences between speech sounds. In children with speech sound disorders, speech perception is the child's ability to perceive the difference between the standard production of a sound and his or her error production - or to perceive the contrast between two phonetically similar sounds (e.g., r/w, s/f, f/θ).

Speech perception abilities can be tested using the following paradigms:

Auditory Discrimination - syllable pairs containing a single phoneme contrast are presented. The child is instructed to say "same" if the paired items sound the same and "different" if they sound different.

Picture Identification - the child is shown two to four pictures representing words with minimal phonetic differences. The clinician says one of these words, and the child is asked to point to the correct picture.

Pronunciation Accuracy/Inaccuracy:

Speech production-perception task - using sounds that the child is suspected of having difficulty perceiving, picture targets containing these sounds are used as visual cues. The child is asked to judge whether the speaker says the item correctly (e.g., a picture of a ship is shown; the speaker says, “ship” or “sip”; Locke, 1980).

Mispronunciation detection task - using computer-presented picture stimuli and recorded stimulus names (either correct or with a single phoneme error), the child is asked to detect mispronunciations by pointing to a green tick for “correct” or a red cross for “incorrect” (McNeill & Hesketh, 2010).

Lexical decision/judgement task - using target pictures and single-word recordings, this task assesses the child’s ability to identify words that are pronounced correctly or incorrectly. A picture of the target word (e.g., “lake”) is shown, along with a recorded word - either “lake” or a word with a contrasting phoneme (e.g., “wake”). The child points to the picture of the target word if it was pronounced correctly or to an “X” if it was pronounced incorrectly (Rvachew, Nowak, & Cloutier, 2004).

Young children might not be able to follow directions for standardised tests, might have limited expressive vocabulary, and might produce unintelligible words. Other children, regardless of age, may produce less intelligible speech or be reluctant to speak in an assessment setting.

Strategies for collecting an adequate speech sample with these populations include obtaining a speech sample during the assessment session using play activities; using pictures or toys to elicit a range of consonant sounds; involving parents/caregivers in the session to encourage talking; asking parents/caregivers to supplement data from the assessment session by recording the child’s speech at home during spontaneous conversation; and asking parents/caregivers to keep a log of the child’s intended words and how these words are pronounced.

When a speech sound disorder is severe, the child’s intended message may be incomprehensible. However, even in cases of unintelligible speech, it is usually possible to gather information about the child’s speech sound production. For example, a single-word articulation test allows for the production of identifiable sound units, which can typically be transcribed. Additionally, understanding and transcribing a spontaneous speech sample can be facilitated by (a) using structured situations to provide context during sampling and (b) annotating the recorded sample by repeating the child’s utterances to aid later transcription.

Assessing a bilingual individual requires an understanding of both linguistic systems, as the sound system of one language can influence that of another. The assessment process must distinguish between true speech sound disorders and normal variations caused by the first language. Clinicians typically gather information about language history and use, phonemic inventory, phonological and syllable structures of the non-English language, and the individual’s dialect. They assess phonological skills in both languages, accounting for dialectal differences, and identify common and uncommon substitution patterns and cross-linguistic effects, where phonetic traits from the native language influence the production of sounds in English, resulting in an accent.

Compiled from: American Speech-Language-Hearing Association. “Articulation and Phonology.” URL: https://www.asha.org/practice-portal/clinical-topics/articulation-and-phonology/#collapse_5 (Accessed 15.03.2024, 12:00h).

Activity 6. Read the text and complete the table.

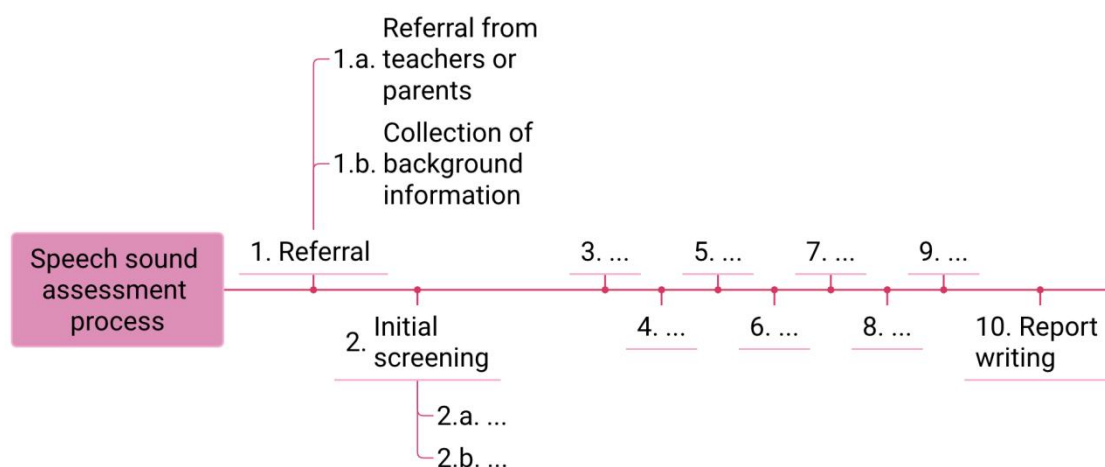
	Statements	True	False
1	Evaluating speech sounds in isolated words consistently mirrors their accuracy in conversational speech.		
2	A child’s speech disorder severity can be quantitatively assessed using a metric where scores above 85% indicate mild impairment.		

	Statements	True	False
3	Determining how understandable a child's speech is involves only counting the number of mispronunciations they make.		
4	During stimulability testing, children are evaluated on their ability to produce sounds without any external prompts or models.		
5	Collecting speech samples for young children may involve asking parents to record conversations at home to capture natural speech patterns.		
6	When assessing speech sound disorders in bilingual children, understanding the phonological rules of both languages is unnecessary.		

Activity 7. Work in pairs. Discuss why the following things were mentioned in the text.

1. Sampling procedures
2. Connected speech sampling
3. Identification of speech sound errors
4. Severity of a speech sound disorder
5. PCC
6. Intelligibility
7. Rating scales
8. Speech perception abilities
9. Lexical decision/judgement task
10. Spontaneous speech sample
11. Bilingual individual

Activity 8. Create a diagram that outlines the steps in the speech sound assessment process.



Activity 9. Translate each Russian term into its English equivalent. Provide an explanation of the equivalence, similar to the example.

Russian term	English term
стечение согласных	consonant cluster

Equivalence explanation: both terms refer to combinations of two or more consonant sounds occurring together within a word. In both languages, these clusters can vary in complexity and can sometimes present pronunciation challenges.

One-word terms:

звукопроизношение, рассказ, пресказ, беседа, фрикативные, слог, многосложный, искажения, ассимиляция, разборчивость речи, вмешательство, темп речи, интонация, ударения, паузы, громкость, плавность речи, восприятие, предьявлять, нормотипичный, акцент.

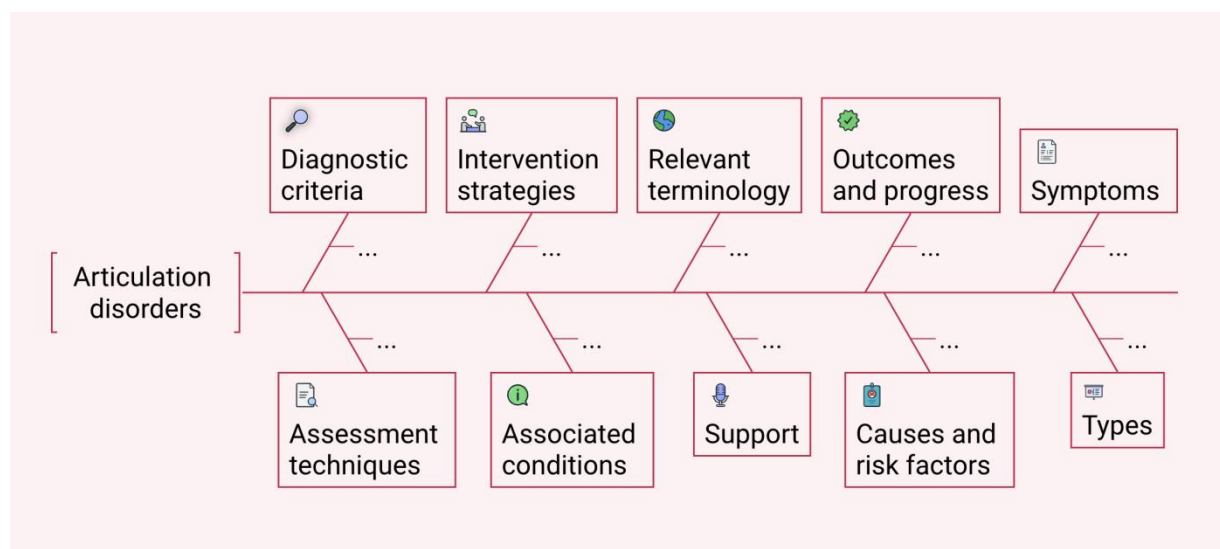
Terminological units:

нарушения звукопроизношения, обследование звуковой стороны речи, в отдельных словах, в связной речи, произношение звука в словах, обследование связной речи, описание картинок, произнесение звука в составе слова в различных позициях (в начале слова, в середине, в конце слова и в стечениях согласных), слоговая структура,

тяжесть речевого нарушения, рейтинговые шкалы, количественные показатели, процент правильных согласных (ППС), качество голоса, сложность высказывания, невербальные сигналы говорящего, тестовые батареи, слуховая дискриминация, картинки-стимулы, неправильное произношение, образец спонтанной речи.

Activity 10. Work in pairs. Answer the questions.

1. How do the definitions of articulation disorders vary across different cultures or languages?
2. What emerging research might reveal previously unknown causes or risk factors for articulation disorders?
3. Are there specific symptoms of articulation disorders that are more prevalent in certain age groups or populations?
4. How have diagnostic criteria for articulation disorders evolved over the last decade?
5. What innovative assessment techniques or tools have been developed recently? How do they compare to traditional methods in terms of effectiveness and accuracy?
6. Are there new terms or concepts that have emerged in the field of speech pathology related to articulation disorders that should be included?



Activity 11. In groups choose two specific categories from the diagram above and do research. Compile your findings and integrate them into the existing diagram.

Activity 12. Conduct a frequency analysis to identify the prevalence of key SSD terms in general English and specialised SSD discourse using COCA. Complete the table.

SSD term	Frequency in COCA	Frequency per million words	Conclusions
Apraxia			
Dysarthria			
Articulation			
Phonological			
Cleft lip			

Activity 13. Explore and identify common collocations associated with intervention strategies for SSDs, using COCA. Complete the table.

Intervention term	Collocating word	Frequency	Example contexts
Phonological therapy			
Articulation exercises			
Cueing hierarchies			
Visual feedback technologies			

Unit 14. What Is Developmental Language Disorder?

Activity 1. Discuss in pairs.

1. What do you know about Developmental Language Disorder (DLD)?
2. Explain the difference between SLI and DLD. Why is the term DLD now preferred?

Activity 2. Classify the following terms according to their relation to DLD.

ADHD, difficulty understanding language, peer support programs, dyslexia, IEP, speech-language pathology, use of visual aids, standardised language assessment, language screening tests, ASD, repetition, diagnostic evaluation, difficulty expressing thoughts, learning disabilities, poor sentence structure, simplified instructions, visual aids, observation in different settings, limited vocabulary, explicit teaching of language rules, difficulty following instructions

Symptoms	Assessment	Interventions	Associated disorders	Support strategies

Activity 3. Watch the video “What Is Developmental Language Disorder?”³⁰ What key points about DLD does Ysanne Yeatman discuss in the interview?



³⁰ URL: <https://www.youtube.com/watch?v=3Nrxo66KtdA&t=3s> (Accessed 13.03.2024, 13:00h).

Activity 4. Work in pairs. Compare your ideas and discuss.

1. How does DLD affect a child's daily life and academic performance?
2. What strategies can be used to support children with DLD in both home and school settings?

Activity 5. Watch the video again and complete the table.

	Statements	True	False
1	DLD is often called a hidden disability because children with this disorder can mask their difficulties.		
2	Research indicates that DLD is equally common across all languages and cultures.		
3	Children with DLD primarily struggle with understanding language, while their speaking ability remains unaffected.		
4	Creating a communication-supportive environment is beneficial only for children with DLD in school settings.		
5	It is uncommon for children with DLD to have other co-occurring neurodevelopmental conditions such as ADHD or dyslexia.		

Activity 6. Work in pairs. Discuss why the following things were mentioned in the video.

1. Developmental Language Disorder (DLD) Awareness Day
2. Cornwall Partnership NHS Trust
3. Specific language impairment (SLI)
4. Prevalence compared to autism
5. One in fourteen children
6. Persisting into adulthood
7. Co-occurrence with ADHD and dyslexia
8. Creating a communication-supportive environment
9. Open referral system in Cornwall

10. Self-advocacy skills

Activity 7. Use reliable sources such as ASHA and scholarly articles to find definitions and explanations for each term related to DLD diagnostics. Complete the table.

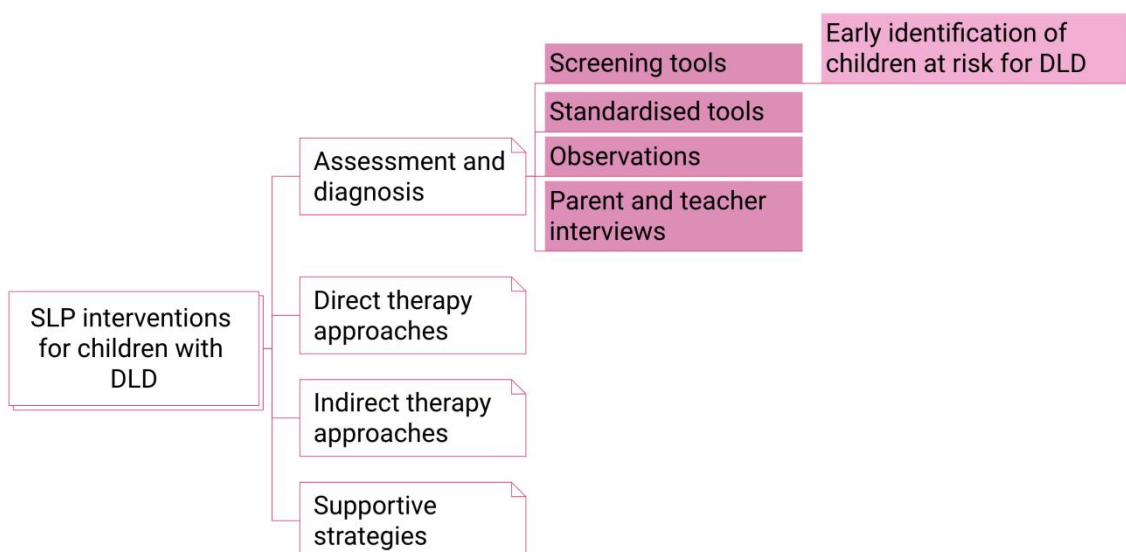
Term	Definition	Relevance to DLD	Synonyms
Language delay			
Language disorder			
Expressive language disorder			
Receptive language disorder			
Phonological disorder			
Pragmatic language disorder			
Specific language impairment			
Morphosyntactic deficits			

Activity 8. Work in groups. Categorise the impacts of DLD into the appropriate categories below.

Reading comprehension, peer relationships, following instructions, self-esteem, class participation, behavioural issues, anxiety, conflict resolution, frustration, group work, homework, daily routines, language development, listening skills, independence, attention span, speech clarity, problem-solving skills, vocabulary development, self-advocacy, coping strategies, task management, expressive language skills.

Academic performance	Social interaction	Emotional well-being	Daily life skills

Activity 9. Work in groups. Choose one branch and conduct a mini-research project. Expand the mind map given below.



Activity 10. Prepare a presentation on your research. Include definitions, examples, and real-world applications of the chosen intervention strategy or practice.

Activity 11. Discuss in groups.

1. Which intervention strategies do you believe are most effective in addressing the different DLD impacts?
2. What challenges might educators and therapists face when implementing these interventions?
3. How important is collaboration between parents, teachers, and SLPs in the intervention process?

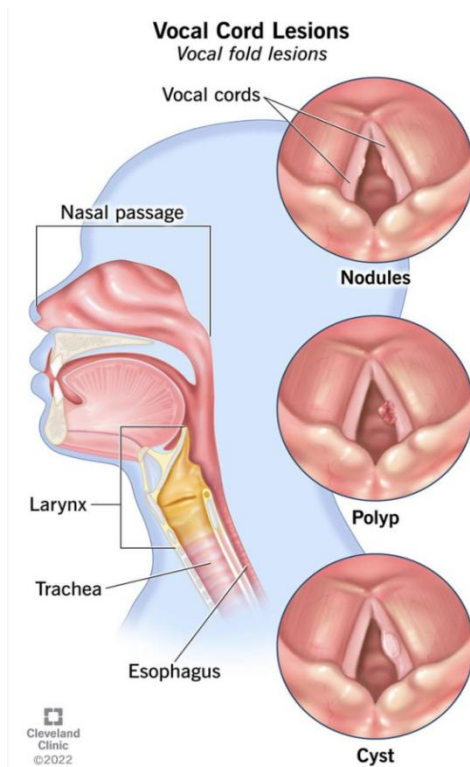
Activity 12. Reflect on how you can apply the knowledge gained from this unit in a real-world setting.

Unit 15. Voice Disorders in Paediatric Patients

Activity 1. Discuss in pairs.

1. Why are abstracts important in academic and clinical research?
2. Create a list of 5–8 keywords for an article about voice disorders in paediatric patients.

Activity 2. Match voice disorders with their definitions.



Laryngitis, subglottic stenosis, PVFM, vocal cord lesions, phoniatrics, vocal fold paralysis, puberphonia, aphonia, dysphonia, laryngomalacia, spasmodic dysphonia, ventricular dysphonia

Source: *My.clevelandclinic.org*

1. Inflammation of your voice box (larynx) from overuse, irritation or infection is called _____.

2. _____ is the medical speciality for communicative disorders. It is related to the normal, pathological, and professional processes that involve voice, speech, language, swallowing, and hearing.

Besides being a specific discipline, it is also a discipline that combines the accumulation of knowledge from both medical and nonmedical fields of science.

3. _____ is a birth defect characterised by the softening of the tissues above the larynx (voice box). Babies with this condition usually have stridor (noisy or high-pitched breathing). Generally, laryngomalacia goes away on its own by the time your baby is one year old.

4. _____ is the narrowing of the airway and can either be congenital or acquired.

5. _____, or laryngeal dystonia, is a disorder affecting the voice muscles in the larynx, also called the voice box.

6. _____, also known as vocal fold lesions, can be benign (noncancerous) or malignant (cancerous) growths that can form on your vocal cords.

7. _____ is a common condition where the vocal folds inappropriately adduct during inspiration. This results in dyspnea and occasionally significant distress. The condition is primarily functional, with behavioural therapy considered a mainstay in the non-acute setting.

8. _____ is characterised by a typical rough, low-pitched voice quality resulting from false vocal fold vibration. It may be compensatory when true vocal folds are affected (resection, paralysis).

9. _____ is a voice disorder characterised by the inability to produce vocal sounds. This condition results in the complete loss of voice, meaning the person cannot speak above a whisper or may be unable to speak at all. It can affect anyone but is commonly seen in individuals who frequently strain their voice. Treatment typically involves voice therapy exercises administered by healthcare providers.

10. _____ is a general term to describe various changes in voice quality or production. This impairment of voice production diagnosed by a clinician is often used interchangeably with the complaint of hoarseness, a symptom of altered voice quality noticed by a patient.

11. _____ (also known as vocal cord paralysis) is a voice disorder that occurs when one or both of the vocal folds don't open or close properly. Single vocal fold paralysis is a common disorder. Paralysis of both vocal folds is rare and can be fatal.

12. _____ is also called "functional falsetto." Normally during puberty, the male voice lowers by approximately one octave, while the female voice lowers by one to three semitones. However, if this natural change does not occur, the person has functional falsetto. This condition occurs more frequently in males.

Compiled from:

*NCBI: URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4630343/>
(Accessed 15.03.2024, 12:00h),*

*Mayo Clinic: URL: <https://www.mayoclinic.org/diseases-conditions/laryngitis/symptoms-causes/syc-20374262> (Accessed 15.03.2024,
13:55h), Cleveland Clinic: URL:*

*<https://my.clevelandclinic.org/health/diseases/22076-laryngomalacia>
(Accessed 15.03.2024, 13:55h),
Columbia Doctors: URL: <https://www.columbiadoctors.org/specialties/ear-nose-throat/conditions/puberphonia> (Accessed 15.03.2024, 14:00h).*

Activity 3. Read the abstract. Identify objectives, methods and materials, results and conclusions.

Abstract

Dysphonia in children is a common symptom. Its prevalence varies between 6% and 23%. There is a broad differential diagnosis and the recommendation is to evaluate dysphonic children with an adequate laryngeal visualisation method to achieve an accurate diagnosis and treatment. Describe the experience of diagnosing dysphonia in children in the voice unit at Universidad Católica Clinical Hospital Santiago, Chile. A retrospective chart review was conducted of all new paediatric patients treated in the voice unit at Universidad Católica Clinical Hospital between 2012 and 2019. Demographic data, diagnosis, and in-office laryngoscopies were reviewed. All patients were evaluated by the same work team consisting of two Otolaryngologists specialised in vocal pathology and a speech-voice therapist. A total of 126 new paediatric patients aged 0 to 18 years were evaluated in the voice unit at Universidad Católica Clinical Hospital Santiago, Chile. The majority were males (54%) with an average age of 9 years. 40% of the diagnosis corresponded to vocal nodules, 26% to vocal cord cysts, and the remaining to a group of less frequent diagnosis. Two different groups were studied, the first group evaluated during the years 2012-2015 with flexible fibre-optic laryngoscopy and rigid videolaryngostroboscopy (VLS); the second group evaluated between the years 2015-2019 with distal chip flexible videolaryngoscopy, distal chip flexible VLS and rigid VLS. In the second group, the diagnosis of vocal nodules decreased, and the diagnosis of vocal cord cysts increased in comparison to the first group. Paediatric patients with dysphonia must be evaluated by a multidisciplinary team of experts and adequate equipment. VLS should be considered the gold standard in diagnosing vocal cord pathology in the paediatric population.

Source: Ramos P.H., Álvarez M.L., León N.I., Badía P.I., Napolitano C.A. Voice Disorders in Children: Experience in the Voice Unit at Universidad Católica Clinical Hospital. J Voice. 2022. № 36 (2). Pp. 293.e1-293.e5.

Activity 4. Discuss in pairs. Analyse the structure and the key elements of the abstract.

1. What are the key elements of this abstract?
2. How does the abstract introduce the research topic and its significance?
3. What specific methods were used in this study?
4. What key findings are reported in the abstract?
5. Does the abstract suggest implications for future research? How?

Activity 5. Based on the provided abstract, create a suitable title that accurately reflects the content and main findings of the abstract.

Activity 6. Extract and list 5-8 keywords from the given abstract that summarise the main themes of the research.

Activity 7. Examine the following phrases from the abstract and explain their meanings and implications.

1. A retrospective chart review was conducted.
2. Demographic data, diagnosis, and in-office laryngoscopies were reviewed
3. All patients were evaluated by the same work team consisting of two Otolaryngologists specialised in vocal pathology and a speech-voice therapist
4. A total of 126 new paediatric patients aged 0 to 18 years were evaluated
5. 40% of the diagnosis corresponded to vocal nodules, 26% to vocal cord cysts
6. Two different groups were studied, the first group evaluated during the years 2012–2015 with flexible fibre-optic laryngoscopy and rigid videolaryngostroboscopy (VLS); the second group evaluated between the years 2015–2019 with distal chip flexible videolaryngoscopy, distal chip flexible VLS and rigid VLS
7. VLS should be considered the gold standard in diagnosing vocal cord pathology in the paediatric population

Activity 8. Discuss in groups.

1. What is the purpose of using passive voice in the abstract?
2. Which phrase contributes to the clarity and conciseness of the abstract?
3. Why is it necessary to include details about the evaluation team in the abstract?
4. Why are percentages used to present the results in the abstract?
5. Why is it important to include a recommendation or implication in the abstract? What impact do they have?

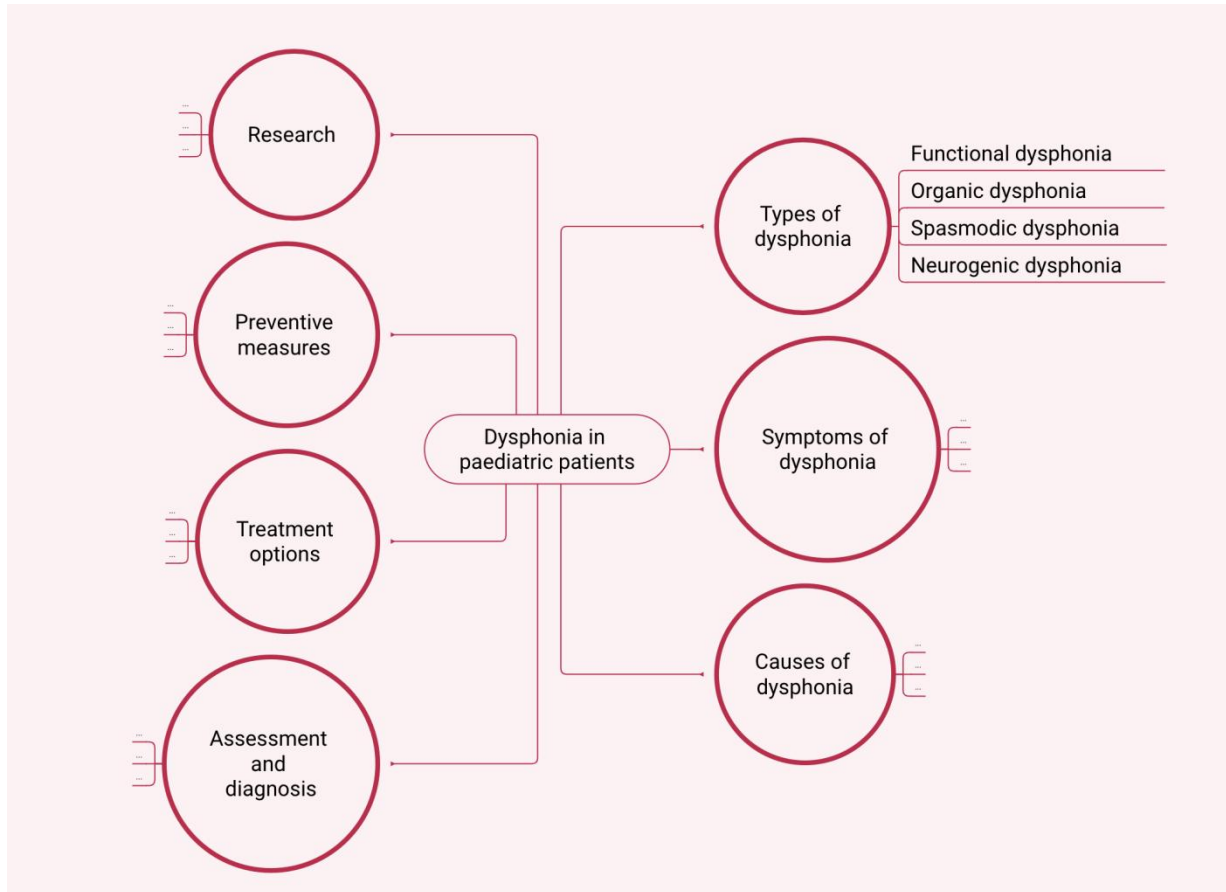
Activity 9. Using the Corpus of Contemporary American English (COCA), explore the frequency, collocations, and contextual usage of the following phrases from the abstract. Complete the table.

Phrases	Discipline	Collocations	Frequency	Contextual usage
A retrospective chart review was conducted	Medicine			
	Psychology			
	Education			
Demographic data was reviewed	Medicine			
	Psychology			
	Education			
All patients were evaluated by the same work team	Medicine			
	Psychology			
	Education			

Activity 10. Work in groups. Brainstorm terms related to *dysphonia in children*. Discuss how terms relate to each other. Use arrows or lines to show connections:

e.g., spasmodic dysphonia → results in → involuntary vocal cord spasms.

Activity 11. Work in groups. Organise your ideas and expand the mind map below.



Activity 12. Think about a specific aspect of voice disorders in paediatric patients. Design a hypothetical research topic and consider factors such as diagnosis, treatment, prevalence, or specific case studies.

Activity 13. Write a 150–250 word abstract summarising the hypothetical research.

Your abstract should include:

1. Introduction
2. Methods
3. Results
4. Conclusion

Activity 14. Work in groups. Share your abstracts and brainstorm informative titles for each abstract. Create a list of 5-8 relevant keywords for each abstract.

Unit 16. Interventions for Cleft Lip and Palate

Activity 1. Discuss in pairs.

1. What are the main speech and language challenges for children with cleft lip and palate?
2. How do various speech-language pathology interventions address the needs of these children?

Activity 2. Read the case study report of a child with a cleft palate.

Discuss key issues from the case.

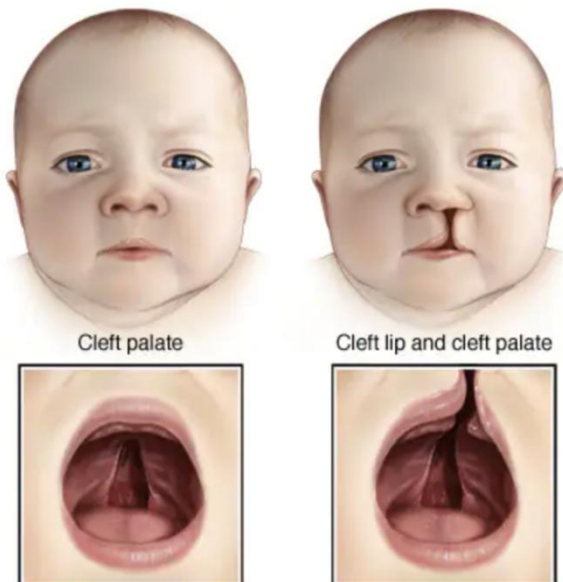
Patient profile	Name: Emma Smith Age: 4,5 years old Condition: cleft palate Referral: referred to a speech-language pathologist due to concerns about speech intelligibility and language development
Medical history	Surgery: underwent cleft palate repair surgery at 1 year old Hearing: no hearing impairments were reported Development: met typical physical developmental milestones
Assessment findings	Speech: hypernasal speech with nasal emission, compensatory articulation errors Language: age-appropriate receptive language skills, mildly delayed expressive language skills Social skills: socially active but struggles with being understood by peers
Key issues	Hypernasality and nasal emission Compensatory articulation errors Mild delay in expressive language skills Social interaction difficulties due to speech intelligibility

Compiled from: Cummings L. Girl aged 6 years with cleft palate. In: Case Studies in Communication Disorders. Cambridge University Press. 2016. Pp. 3–10.

Activity 3. Discuss in groups.

1. What specific intervention strategies can be used to address Emma's hypernasality and nasal emission?
2. How can SLP help Emma with her compensatory articulation errors?
3. What techniques can be used to support Emma's delayed expressive language skills?
4. What interventions might help Emma improve her peer interactions?
5. How can a multidisciplinary approach enhance the effectiveness of Emma's treatment plan?

Activity 4. Collaborative project. Plan intervention strategies for a child with craniofacial conditions.



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You are a team of speech-language pathologists. You aim to develop a treatment plan for a child named Jimmy, a 5-year-old boy with cleft lip and palate who has undergone surgical repair. Your task is to create a plan that addresses Jimmy's speech, language, and social interaction needs.

Source: <https://www.mayoclinic.org>

Guidelines:

1. Review Jimmy's medical history and current condition. Discuss key issues identified during the evaluation.
2. Set short-term goals and long-term goals of the therapy.
3. Plan intervention strategies related to speech, language and social skills improvement.
4. Identify which specialists are required to join the multidisciplinary team.
5. Define methods for tracking progress. Set timelines for evaluations.

Case Study Report

Patient profile	Name: Jimmy O'Connor Condition: cleft lip and palate Referral: referred to a speech-language pathologist due to concerns about speech intelligibility
Medical history	Surgery: underwent cleft lip repair at 9 months and cleft palate repair at 14 months Hearing: no hearing impairments were reported Development: slight delay in early motor skills, caught up by age 3
Assessment findings	Speech: moderate to severe hypernasal speech with occasional nasal emission, frequent articulation errors (sibilants and fricatives) Language: below-average receptive language skills, significantly delayed expressive language skills Social skills: avoids speaking in group settings due to speech difficulties
Key issues	Persistent hypernasality and nasal emission Frequent articulation errors Significant delay in expressive language skills Social withdrawal

Compiled from: Cummings L. Girl aged 6 years with cleft palate. In: Case Studies in Communication Disorders. Cambridge University Press. 2016. Pp. 3–10.

Activity 5. Present your treatment plans and key recommendations.

Activity 6. Arrange the following phrases according to their function. Add more examples of phrases to the table.

1. We should design a treatment plan focusing on improving Jimmy's articulation.
2. Thank you for your collaboration. We will schedule our next session in a few weeks to review Jimmy's progress in his speech and language development.
3. Addressing any potential emotional impacts is crucial for Jimmy's overall progress and confidence.

4. Social skills training can significantly benefit Jimmy by enhancing his ability to play with other children.

5. We should use visual aids as a part of Jimmy's speech therapy sessions.

6. It's important to re-evaluate Jimmy's velopharyngeal function post-surgery to ensure there are no complications affecting his speech.

7. I recommend scheduling a follow-up laryngoscopy to monitor any changes in Jimmy's vocal cord function.

8. First, I'd like to review the key issues identified in Jimmy's initial evaluation regarding his speech and language development.

9. We need to conduct a comprehensive hearing assessment to rule out any potential hearing issues.

10. How can we support Jimmy's speech practice at home to reinforce the articulation exercises he's learning in therapy?

Functions	Phrases
Opening the discussion	
Proposing the main focus	
Suggesting specific intervention techniques	
Emphasising the importance of post-surgical evaluation	
Proposing a specific follow-up procedure	
Highlighting the need for further diagnostic assessments	
Suggesting an intervention to improve social skills	
Stressing the importance of addressing emotional well-being	
Inviting suggestions for home-based support strategies	
Closing the discussion	

Activity 7. Prepare for the role-play according to the guidelines in your role-play card.

Scenario

You are a multidisciplinary team working in a paediatric speech and language clinic. You have a new referral for a 5-year-old child named Jimmy. Jimmy's parents are concerned about his current speech and language issues. Your task is to discuss intervention strategies and their implementation to address Jimmy's needs and create a collaborative treatment plan.

Role card 1	Role card 2	Role card 3
<p>Role: SLP Goal: suggest therapy techniques to address hypernasality and articulation problems. Propose methods for improving receptive and expressive language skills.</p>	<p>Role: otolaryngologist Goal: discuss recent laryngoscopy results. Suggest interventions for structural issues. Plan for evaluations of velopharyngeal function.</p>	<p>Role: paediatrician Goal: Share insights on Jimmy's health. Address any general health concerns impacting speech and language development.</p>
Role card 4	Role card 5	Role card 6
<p>Role: audiologist Goal: present the results of the comprehensive hearing assessment. Address any hearing issues detected.</p>	<p>Role: clinical psychologist Goal: provide recommendations based on assessing Jimmy's emotional well-being. Suggest strategies to manage emotional challenges. Offer counselling support to Jimmy and his family.</p>	<p>Role: parent Goal: express concerns and observations about Jimmy's development. Collaborate with the team.</p>

Activity 8. Role-play the multidisciplinary team briefing on a child with craniofacial conditions. Use the phrases.

Activity 9. Discuss in groups. Share your observations and insights from the role-play activity on planning interventions for a child with cleft lip and palate.

Activity 10. Reflect on how the role-play helped you understand different intervention strategies for a child with orofacial conditions.

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GLOSSARY

AAMD – American Association of Mental Deficiency.

Abduction – a drawing away from the midline of the body or a moving away from each other, e.g., he has two vocal folds.

Ability Test – a test designed to measure maximum performance that reveals the present level of functioning, e.g., a test of motor ability.

Acquired Communication Disorder – a problem with speech, language, voice, pragmatics, or fluency that develops after a person has developed language. Contrasted with a *developmental* communication disorder. Typically refers to aphasia, dysarthria, apraxia of speech, cognitive-communication disorders that occur after an acquired brain injury.

Augmentative and Alternative Communication (AAC) – all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. This includes facial expressions, gestures, symbols, pictures, writing, and speech-generating devices.

Adduction – a drawing toward the middle of the body or a bringing toward each other, e.g., the two vocal folds.

Attention Deficit Hyperactivity Disorder (ADHD) – a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

Advanced Instrumentation – use of sophisticated tools and technology to assess and diagnose speech and language disorders.

Agnosia – inability to recognise or attach meaning to sensory information, although the physiologic receptor mechanism is intact. Usually associated with a central nervous system disorder.

Alexia – the inability to read or understand written words, typically caused by brain damage.

Alveolar – a class of sounds made when the tongue touches or is close to the bumpy front part of the roof of the mouth, called the alveolar ridge. English alveolar consonants include /n, t, d, s, z, ch, l, r/.

Alzheimer’s Disease – the most common type of dementia, often recognised by declining short-term memory in the early stages. Like all dementias, people with Alzheimer’s get worse over time as it is a degenerative condition.

Amyotrophic Lateral Sclerosis (ALS) – a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord, leading to loss of muscle control and speech difficulties.

Aphasia – an acquired language disorder caused by damage to the language centres of the brain. Aphasia can impact auditory comprehension, verbal expression, reading, writing, and use of symbols. It does not affect intelligence.

Apraxia of Speech (AOS) – an acquired motor speech disorder that impairs the ability to form and execute the motor plans for speech.

Articulation – the movement of the tongue, lips, and jaw to make speech sounds. Articulation is one part of the whole speech process that includes respiration, phonation, articulation, resonance, and prosody. Articulation problems are common after a stroke or brain injury as part of dysarthria.

Articulation Disorder – a type of speech disorder where a person has difficulty pronouncing certain sounds.

Articulators – organs of the speech mechanism which produce meaningful sound by interrupting the flow of exhaled air or by narrowing the space for its passage; i.e. lips, lower jaw, velum, tongue, and pharynx. Some authorities include the cheeks, hyoid bone, larynx, uvula, alveolar ridge, nose, teeth, and sinuses.

Autism Spectrum Disorder (ASD) – a developmental disorder that affects communication and behaviour, often characterised by difficulties in social interaction and communication.

ASHA – the American Speech-Language-Hearing Association is the organisation that certifies Speech-Language Pathologists in the United States. The annual ASHA convention is held every year in November in various locations around the country, featuring continuing education and an exhibit hall for 10,000–14,000 attending speech pathologists, audiologists, and students.

Assessment – the evaluation phase of therapy in which a speech therapist determines whether an impairment exists, the degree and nature of the impairment, and sets the direction for therapy, usually with a written report summarising the findings. Assessments may include formal or standardised tests or may be informal, consisting of an interview or a variety of non-standardised tasks. Many assessments include a combination of formal and informal measures.

Ataxic Dysarthria – dysarthria associated with cerebellar damage, affecting coordination.

Auditory Comprehension – understanding words through listening. Auditory comprehension is often impaired in aphasia. It can be relatively intact for single words or simple sentences, but impaired for complex sentences, grammatical words, or when there are background distractions.

Auditory Processing Disorder (APD) – a condition in which the brain has difficulty processing and interpreting auditory information. Individuals with APD typically have normal hearing but struggle to understand and make sense of sounds, especially in noisy environments.

Auditory Rehabilitation Therapy (ART) – a type of therapy designed to help individuals with hearing loss develop or regain listening skills and improve communication abilities.

Augmentative and Alternative Communication (AAC) – communication methods used by a person with a communication disorder to enhance or replace spoken or written communication. AAC can be *unaided* or *aided* by a device or communication tool. AAC can be *low-tech* (paper or equivalent) or *high-tech* (computer, smartphone, or dedicated device).

Babbling – prelinguistic verbal conduct of infants during the second half of the first year of life.

Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI) assesses the integration of visual and motor skills. It involves copying geometric shapes to evaluate how well the visual and motor systems coordinate.

Blends – see *consonant clusters*

Broca's Aphasia – primarily an expressive language impairment, meaning it mostly affects speaking and writing – the two ways we produce, or express, language. Comprehension of language remains relatively intact in Broca's aphasia, while repetition of words and sentences is usually poor. People with Broca's aphasia are often very aware of their difficulties, and that can lead to high levels of frustration and sometimes depression.

Caregiver – a person who provides care for a person with a disability. A caregiver can be a spouse, sibling, parent, or friend and a paid caregiver hired to care for a person. Also called a carer or care partner.

Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5) is a standardised assessment tool used by speech-language pathologists to evaluate a child's expressive and receptive language skills. It includes a battery of tests to assess various aspects of language, such as semantics, morphology, syntax, and pragmatics.

Central Auditory Processing Disorder (CAPD) – a breakdown of auditory information processing in the central nervous system, despite normal peripheral hearing. It affects the brain's ability to process or interpret auditory information effectively, leading to difficulties in understanding speech, especially in challenging listening environments.

Central Nervous System – the part of the nervous system consisting of the brain and spinal cord.

Cerebral Palsy – a group of disorders that affect movement and muscle tone or posture, caused by damage that occurs to the immature brain as it develops, most often before birth.

Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) – a nationally recognised professional credential that represents a level of excellence in the field of Speech-Language Pathology.

Childhood Apraxia of Speech (CAS) – is a neurological childhood (paediatric) speech sound disorder in which the precision and consistency of movements underlying speech are impaired in the absence of neuromuscular deficits (e.g. abnormal reflexes, abnormal tone).

Clinical Expertise – the knowledge and skills that clinicians acquire through training and practice in the field of speech-language pathology.

Clinical Fellowship Year (CFY) – a supervised postgraduate professional experience required for speech-language pathologists to obtain their Certificate of Clinical Competence (CCC-SLP).

Clinical Swallowing Examination (CSE) – a bedside evaluation that includes a comprehensive history, physical examination, and observation of swallowing with different consistencies of food and liquid. It helps identify signs and symptoms of dysphagia and the need for further instrumental assessment.

Cognition – the mental processes related to knowledge, including awareness, attention, perception, reasoning, memory, language, and judgement.

Cognitive Behavioural Therapy (CBT) – a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. CBT is based on several core principles, including that psychological problems are based, in part, on faulty or unhelpful ways of thinking and on learned patterns of unhelpful behaviour.

Communication – the transmission of a message from a sender to a recipient through a medium (e.g. verbal, non-verbal, written).

Communication Disorder – any disorder that impairs communication. Communication disorders may affect speech (speech-sound disorder, articulation disorder, motor speech disorder, apraxia of speech), language (aphasia, expressive language disorder), pragmatics (autism, frontal head injury), fluency

(stuttering), literacy (dyslexia, agraphia, alexia), cognition (dyscalculia, dementia), or voice.

Comorbid Conditions – the presence of one or more additional conditions co-occurring with a primary condition.

Conners Comprehensive Behaviour Rating Scales (CBRS) – a tool used to assess a wide range of behavioural, emotional, and social issues in children and adolescents. It is used in various settings, such as schools and clinics, to support diagnosis and guide intervention for conditions like ADHD.

Consonant – a speech sound in which the air is partially obstructed. Consonants combine with vowels to make syllables or with other consonants to form clusters.

Consonant Cluster – two or more consonant sounds appearing next to each other with no vowel separation.

Conversation - the exchange of ideas through language. The end goal of speech therapy in many cases.

Co-occurring Conditions – co-occurring disorder refers to having a co-existing mental illness and substance use disorder. While commonly used to refer to the combination of substance use and mental disorders, the term can also refer to other combinations of disorders, such as a mental disorder and an intellectual disability.

Coping Strategies – techniques and methods that individuals use to manage stress, adapt to challenges, and maintain emotional well-being. In the context of speech and language difficulties, coping strategies can include seeking support from speech-language therapists, using communication aids, and practising relaxation techniques.

Craniofacial Conditions, including **cleft lip** and **palate**, – congenital structural anomalies caused by atypical embryological development.

Cyclic Schedule – a therapy approach where different speech or language targets are addressed in rotation over a period of time, allowing for distributed practice across multiple skills.

Diadochokinetic (DDK) Rates – a measure of how quickly and accurately a person can produce rapid, alternating movements with their speech muscles. DDK rates are often used to assess the functionality and coordination of the speech musculature and are useful in diagnosing motor speech disorders, such as dysarthria and apraxia of speech.

Degenerative Disease – a medical condition that gets worse, or progresses, over time. Often speech therapy for people with degenerative disorders will focus on teaching strategies that can be used by the person or family as skills deteriorate. Dementia, Parkinson's, ALS, cancer, and PPA are progressive conditions that can affect communication.

Dementia – an umbrella term for a set of degenerative brain disorders that often affect memory and thinking skills first, before impacting language, emotions, and motivation.

Developmental Coordination Disorder (DCD) – a motor skills disorder that affects coordination and the ability to perform daily activities.

Developmental Coordination Disorder Questionnaire (DCDQ) – a parent-report measure used to screen for coordination disorders in children aged 5 to 15 years. It assesses functional motor skills in various contexts.

Developmental Language Disorder (DLD) – a communication disorder that interferes with learning, understanding, and using language. These language difficulties are not explained by other conditions, such as hearing loss or autism, or by extenuating circumstances, such as lack of exposure to language.

Digital Therapeutics in SLP are evidence-based therapeutic interventions driven by high-quality software programs to prevent, manage, or treat speech and language disorders. These may include mobile apps or computer-based programs designed to support speech and language development.

DSM-5-TR – the standard classification of mental disorders used by mental health professionals in the United States.

Dysarthria – term for a collection of motor speech disorders due to impairment originating in the central or peripheral nervous system. Respiration, articulation, phonation, resonance, or prosody may be affected. Violation and automatic

actions, such as chewing and swallowing, and movements of the jaw and tongue may also be deviant. It excludes apraxia and functional or central language disorders.

Dysarthria Examination Battery (DEB) – assesses speech characteristics and the physiological bases of dysarthria.

Dyscalculia – a learning disability that affects the ability to understand and perform mathematical calculations.

Dysgraphia – a learning disability that affects writing abilities, including handwriting, typing, and spelling.

Dyslalia – 1. Articulatory disorder for which no physiologic cause can be determined. 2. Functional articulatory disorders.

Dyslexia – a learning disorder characterised by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities.

Dysphagia – difficulty in swallowing; may include inflammation, compression, paralysis, weakness, or hypertonicity of the oesophagus.

Dysphonia – the loss of the normal timbre of the voice due to a functional or organic disorder of the larynx.

Evidence-Based Practice (EBP) – an approach to clinical practice that values research and evidence of efficacy above tradition when making treatment decisions. Evidence exists along a hierarchy of strength, from clinical expertise and case studies to randomised controlled trials and meta-analyses.

Executive Functioning – the term for the overall management of tasks, including planning, reasoning, monitoring, adjusting, problem solving, and evaluating. This is the highest level of cognitive functioning and often impaired in brain injury survivors.

Expressive Aphasia – a type of aphasia characterised by effortful, non-fluent (fewer than 5 words per utterance), and agrammatic (omitting function words) speech with relatively good auditory comprehension. Syntax and grammar are often impaired for both verbal expression and auditory comprehension. Writing is

frequently more impacted than reading, though both are likely to be decreased from previous abilities.

Expressive Language Disorder – one in which the child struggles to get their meaning or messages across to other people.

Eye Gaze Technology – assistive technology that allows individuals to control a computer, tablet, or other electronic devices using their eye movements. This technology uses an **eye-tracking device** to detect where the user is looking on the screen and translates those eye movements into commands, enabling users to interact with the device without the need for physical touch.

Family Educational Rights and Privacy Act (FERPA) – a federal law that protects the privacy of student education records. In SLP, it applies to educational institutions and governs the handling of student information, including speech and language assessments and interventions conducted in school settings.

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) – procedure that involves the insertion of a flexible endoscope through the nose to visualise the pharynx and larynx during swallowing. It helps assess the presence of aspiration, residue, and the effectiveness of various swallowing manoeuvres.

Flaccid Dysarthria – a type of dysarthria characterised by weakness or reduced muscle tone.

Fluency of Speech – the flow and ease of speech output, which can be disrupted in aphasia, leading to halting, effortful speech, or excessive, nonsensical output.

Fluency Disorder – when you have a fluency disorder it means that you have trouble speaking in a fluid, or flowing, way. You may say the whole word or parts of the word more than once, or pause awkwardly between words. This is known as **stuttering**. You may speak fast and jam words together, or say “uh” often. This is called **cluttering**.

Foetal Alcohol Syndrome (FAS) – a congenital syndrome caused by excessive consumption of alcohol by the mother during pregnancy, characterised by retardation of mental development and of physical growth, particularly of the skull and face of the infant. Implications for speech and language include receptive and expressive language delays, speech disorders such as deficits in

fluency, voice, intonation, and articulation, and verbal learning and memory deficits.

Frenchay Dysarthria Assessment (FDA-2) – evaluates the severity and type of dysarthria.

Functional Behavioural Assessment (FBA) – a process for gathering information about behaviours of concern, whether the behaviours are academic, social or emotional.

Functional Phonological Disorder – a type of speech sound disorder where a child has difficulty using sounds correctly in words. This disorder is not due to any physical or neurological cause but rather involves problems with the mental representation of sounds and the rules for sound patterns in speech.

GFTA-3 (Goldman-Fristoe Test of Articulation - 3rd Edition) – a standardised assessment designed to evaluate speech sound production skills in children from ages 2 to 21 years 11 months. It measures the client's ability to produce consonant and vowel sounds across word positions and helps diagnose articulation and phonological disorders.

Global Development Delay – the term is used when a child takes longer to reach certain development milestones than other children their age.

Hearing Impairments – partial or total inability to hear, affecting communication and language development.

Health Insurance Portability and Accountability Act (HIPAA) – a federal law that sets national standards for the protection of individuals' medical records and other personal health information. In SLP, it governs the privacy and security of patient information in healthcare settings.

Hyperkinetic Dysarthria – characterised by abnormal involuntary movements affecting respiratory, phonatory, and articulatory structures impacting speech and deglutition.

Hypernasality – occurs when there is abnormal sound energy in the nasal cavity during production of voiced, oral sounds. Hypernasality is primarily a vowel phenomenon but can occur on other voiced sounds.

Hypokinetic Dysarthria – primarily associated with Parkinson’s disease, is characterised by symptoms like reduced vocal loudness, monotone speech, and imprecise articulation. These conditions lead to decreased speech intelligibility and challenges in communication.

Hyponasality – occurs when there is reduced nasal resonance or energy associated with nasal sounds, typically due to a blockage or an obstruction in the nasopharynx or nasal cavity or related to a neurological condition.

ICD-10 – International Classification of Diseases, Tenth Revision (ICD-10).

ICD-11 – International Classification of Diseases, Tenth Revision (ICD-11).

ICF – the WHO framework for measuring health and disability at both individual and population levels. It was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001.

Individuals with Disabilities Education Act (IDEA) – a federal law in the United States that ensures services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 8 million eligible infants, toddlers, children, and youth with disabilities.

Individualised Education Program (IEP) – a written document for each child with a disability that is developed, reviewed, and revised in accordance with the Individuals with Disabilities Education Act (IDEA). The IEP includes the special education and related services that are designed to meet the unique needs of the child and ensure their educational progress.

Informed Consent – the process of obtaining permission from a client or their legal representative before providing assessment or treatment, after fully explaining the nature, risks, and benefits of the proposed services.

Intervention – the strategies and therapies used to treat speech, language, and communication disorders.

Intonation – the rise and fall of pitch in the voice during speech. A component of **prosody**.

Kaufman Brief Intelligence Test - Second Edition (KBIT-2) – a brief measure of verbal and nonverbal intelligence used with individuals ages 4 through 90 years. It assesses cognitive abilities through verbal and nonverbal subtests.

Kaufman Speech Praxis Test (KSPT) – a norm-referenced assessment designed to identify and treat Childhood Apraxia of Speech. It evaluates a child’s ability to plan and execute oral movements for speech production.

Language-Based Learning Disorders – disorders that affect the ability to acquire, use, and understand language, impacting reading, writing, and spelling skills.

Language Comprehension – the ability to understand spoken or written language.

Language Delay – a condition where a child’s language development is significantly behind that of their peers. This can involve difficulties with understanding and using spoken language, including problems with vocabulary, sentence structure, and communication.

Language Intervention – techniques used to improve language skills in individuals with communication disorders.

Language Profiles – comprehensive descriptions of an individual’s language abilities, including strengths and weaknesses.

Least Restrictive Environment (LRE) – principle that requires students with disabilities to be educated with non-disabled peers to the maximum extent appropriate.

Morphology – the study of the structure and form of words in a language, including the use of prefixes, suffixes, and root words.

Morphosyntactic Deficits refer to difficulties in understanding and using the morphological and syntactic aspects of language. This includes problems with

word formation, grammatical structures, and sentence construction, which can affect both expressive and receptive language skills.

Motor Speech Disorder – a problem producing speech, typically a type of dysarthria or apraxia. Results from neurological, neuromuscular, or musculoskeletal problems with respiration, phonation, articulation, resonance, or prosody.

Movement Assessment Battery for Children (MABC) – a standardised test used to identify motor difficulties in children and adolescents aged 3 to 16 years. It assesses manual dexterity, aiming and catching, and balance.

Nasality – the quality of voice that results from the sound resonating in the nasal cavity. Excessive nasality can occur when the velopharyngeal mechanism fails to close the nasal passage during the production of non-nasal sounds, leading to hypernasal speech.

Nasalance – a measure of the acoustic correlate of nasality, typically quantified using a nasometer. It represents the ratio of nasal acoustic energy to the total acoustic energy (nasal plus oral) emitted by the speaker. Nasalance is used to assess the degree of nasal resonance in speech.

Nasalisation – the process by which nasal airflow is added to sounds, typically vowels, due to the lowering of the velum. This can occur normally, as in the production of nasal sounds like [m], [n], and [ŋ], or abnormally, in cases of velopharyngeal dysfunction, leading to hypernasality.

Nasometry – a diagnostic tool used to measure nasal resonance during speech.

National Early Childhood Inclusion Act (NECIA) – a federal law that promotes the inclusion of young children with disabilities in early childhood programs alongside their non-disabled peers.

Neurogenic Speech Disorders – speech disorders that result from damage to the nervous system.

Neurotechnology in SLP refers to the use of advanced technologies that interface with the nervous system to assess, treat, or enhance communication abilities. This may include brain-computer interfaces or neurofeedback systems.

Neonatal Intensive Care Unit (NICU) – a specialised area within a hospital designed to provide intensive medical care for newborn infants who are premature, have low birth weight, or have health conditions that require close monitoring and specialised treatment.

Non-Academic Accommodations – modifications or supports provided to students with communication disorders outside of direct academic instruction. These may include environmental adjustments, assistive technology, or behavioural supports to facilitate participation in school activities.

Nonverbal Learning Disabilities – disorders characterised by significant deficits in motor, visual-spatial, and social skills, despite strong verbal abilities.

Occupational Therapy (OT) – a field of therapy that rehabilitates people with physical or mental illness through the performance of everyday tasks. Occupational Therapists often focus on the upper extremity (arm and hand), wheelchair mobility, activities of daily living, and visual-spatial skills in the rehab setting.

Oral Motor Exercises – exercises aimed at improving the strength, coordination, and function of the muscles used in speech.

Oral Reading for Language in Aphasia (ORLA) – a definition treatment approach for individuals with aphasia that involves repeated reading of sentences and paragraphs to improve reading comprehension and verbal expression.

Paediatric Communication Disorders – disorders that affect the ability to communicate effectively, occurring in children.

Paradoxical Vocal Fold Movement (PVFM) – a condition where the vocal folds involuntarily close during inhalation, leading to breathing difficulties, stridor, and sometimes voice changes. PVFM is often mistaken for asthma but is a distinct condition that requires specific speech therapy techniques to manage.

Parkinson's Disease – a progressive or degenerative medical condition that affects movement by affecting dopamine systems in the brain. People with Parkinson's Disease, or Parkinson's symptoms, can have speech and swallowing problems that can be helped by speech therapy.

Patient Outcome Tracking involves systematically collecting and analysing data on the progress and results of speech and language interventions. It helps SLPs measure the effectiveness of their treatments and make data-driven decisions about patient care.

Peer Support – strategy where students with similar abilities or experiences provide assistance, encouragement, and feedback to each other in the therapy or classroom setting.

Percentage of Consonants Correct (PCC) – a metric used to measure the accuracy of consonant production in speech. It is calculated by dividing the number of correctly produced consonants by the total number of consonants attempted, then multiplying by 100 to get a percentage.

Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) – one of several previously separate subtypes of autism that were folded into the single diagnosis of Autism Spectrum Disorder (ASD) with the publication of the DSM-5 diagnostic manual in 2013.

Pharyngeal Flap – a surgical procedure used to correct velopharyngeal insufficiency (VPI), which is the inability of the soft palate to close completely against the back of the throat during speech, resulting in air escaping through the nose and causing hypernasal speech. During the procedure, a flap of tissue is taken from the posterior pharyngeal wall and attached to the soft palate. This creates a bridge that helps close the velopharyngeal port during speech while allowing for nasal breathing and the production of nasal sounds.

Phonation – sound made when air vibrates the vocal folds in the larynx to produce speech. In some motor speech disorders, phonation is absent, impaired, or mis-timed.

Phonemes – the sounds that are distinct in a language. The word “cat” has 3 phonemes: k + æ + t. Phonemes can be written using the International Phonetic Alphabet, or IPA.

Phoniatrics – a medical specialty focused on the study, diagnosis, and treatment of voice, speech, and language disorders.

Phoniatricians – medical doctors who specialise in the medical and surgical management of these conditions, often working closely with speech-language pathologists.

Phonological Awareness – a set of skills that enable a person to hear and manipulate the sounds in words regardless of the meaning. Rhyming, alliteration, segmenting, and blending are all phonological awareness skills.

Phonological Disorder – a type of speech sound disorder. Speech sound disorders are the inability to correctly form the sounds of words. Speech sound disorders also include articulation disorder, disfluency, and voice disorders.

Physical Therapy (PT) – a field of therapy that rehabilitates people with physical impairments through exercise, massage, heat, or other treatments that are not surgery or medication. Physical Therapists often focus on transfer skills (e.g. moving from bed to chair), walking, and climbing stairs in a rehabilitation setting.

Pragmatics – the social use of language, including tone of voice, taking turns in a conversation, providing context to a story, and using words appropriate to the audience or situation. Pragmatic skills are often impaired after a brain injury or a stroke on the right side of the brain.

Pragmatic Language Disorder (also known as social communication disorder) involves difficulties with the social use of language. This includes challenges with using language for different purposes, changing language according to the listener or situation, and following rules for conversation and storytelling.

Primary Referral Resource in SLP is the initial point of contact or source of information for identifying and referring individuals who may need speech and language services. This could include paediatricians, teachers, or other healthcare professionals.

Prosody – the melody of speech, including suprasegmental features such as rate, rhythm, intonation, volume, stress, and pitch. Prosody can convey emotion, sarcasm, a question vs a statement, and energy. Brain damage can impair a person's ability to produce or understand prosody. People with Broca's aphasia or apraxia are often dysprosodic. Those with right-hemisphere damage may not understand the speaker's intent if sarcasm is used, called sensory or receptive aprosodia.

Pull-Out Model – a service delivery approach where students are removed from their regular classroom to receive speech-language therapy services in a separate location.

Push-In Model – a collaborative classroom-based service delivery model where the speech-language pathologist provides therapy within the student's regular classroom setting.

Randomised Controlled Trials – research studies that randomly assign participants to different treatment groups to compare the effectiveness of interventions. They are considered the gold standard for evaluating the efficacy of speech and language therapies.

Rapid Automatised Naming (RAN) – a task that measures how quickly individuals can name a series of familiar items, such as letters, numbers, colours, or objects. It is used to assess processing speed and is often linked to reading abilities.

Receptive Aphasia – another name for *fluent aphasia* or *Wernicke's aphasia*, used because of the marked difficulty with comprehension.

Receptive Language Disorder – is one in which a child struggles to understand and process the messages and information they receive from others. Some children have a mixed receptive-expressive language disorder in which they have symptoms of both types of disorders.

Remote Intervention in SLP, also known as telepractice, refers to the delivery of speech and language services using telecommunications technology. It allows SLPs to provide assessment, treatment, and consultation remotely when in-person services are not feasible.

Resonance – the flow of air through the nose or mouth during speech. The velum prevents air from going through the nose in all but the nasal sounds (m, n, ng) in normal speech. Cleft palate, stroke, and progressive diseases can cause disorders in resonance in speech.

Resonance Disorders – disorders that affect the quality of the voice due to abnormal airflow in the oral and nasal cavities.

Respiration – breathing, and the first component of speech production.

Response to Intervention (RTI) Process – is a type of Multi-Tiered System of Support (MTSS) for providing services and interventions to struggling learners at increasing levels of intensity. It includes: universal screening, high-quality instruction.

Royal College of Speech and Language Therapists (RCSLT) – the professional body for speech and language therapists in the United Kingdom. It promotes the study and practice of speech and language therapy, supports research, and provides guidance and resources for its members.

Screening – a pass/fail procedure to identify individuals who may need a comprehensive speech and language evaluation or referral for other services.

Self-Advocating involves effectively communicating one’s needs, desires, and rights. It is a crucial skill for individuals with communication disorders, empowering them to seek appropriate support and accommodations in various settings, including educational and healthcare environments.

Sensory Processing Disorder (SPD) – a condition where the brain has difficulty receiving and responding to information that comes in through the senses. It can affect one or more of the sensory systems and may result in over- or under-sensitivity to sensory stimuli.

Specific Language Impairment (SLI) is characterised by difficulty with language that is not caused by known neurological, sensory, intellectual, or emotional deficit. It can affect the development of vocabulary, grammar, and discourse skills, with evidence that certain morphemes may be especially difficult to acquire (including past tense, copula be, third person singular). *In recent years, the term Specific Language Impairment (SLI) has been replaced with Developmental Language Disorder (DLD).*

Speech-Generating Device (SGD) – electronic augmentative and alternative communication (AAC) systems used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally

communicate. SGDs can produce electronic voice output by using digitised recordings of natural speech or through speech synthesis.

Spastic Dysarthria – a type of dysarthria related to bilateral damage of the upper motor neuron tracts of the pyramidal and extra- pyramidal tracts. Speech of affected individuals is slow, effortful, and has a harsh vocal quality.

Speech – expressing language through articulated sounds. Speech consists of respiration, phonation, articulation, resonance, and prosody. Disorders of speech may include problems with any of these areas, including fluency (stuttering or stammering) and voice.

Speech Clarity – the clearness and distinctness of speech sounds.

Speech Intelligibility – the degree to which speech is understood by a listener.

Speech and Language Therapist (SLT or SALT) – the same as a speech-language pathologist. This title is used for professionals who are trained to evaluate and treat communication and swallowing disorders in many countries such as the UK.

Speech-Language Pathologist (SLP) – the official title given to professionals who are trained to evaluate and treat communication and swallowing disorders. The term ‘Speech-Language Pathologist’ is meant to better reflect the scope of practice of professionals commonly referred to as ‘speech therapists.’ In the US and Canada, entry-level education to qualify to be a SLP is a Master’s degree.

Speech-Language Resource Room – designated space within a school where students receive specialised speech and language services, often in small groups or individually.

Speech Therapy – treatment for communication and swallowing disorders.

Stroke – an event inside the brain in which there is a sudden loss of function, also known as a brain attack or cerebrovascular attack (CVA). A stroke occurs when a part of the brain is deprived of the oxygen it needs to function properly.

Structured Classroom Layout – an organised physical environment designed to support students with communication disorders. It typically includes clearly

defined areas for different activities, visual supports, and minimised distractions to enhance learning and communication.

Stuttering – a speech disorder characterised by frequent disruptions in the flow of speech.

Subglottic Stenosis – a narrowing of the airway below the vocal cords (subglottis) and above the trachea. This condition can be congenital or acquired and can cause breathing difficulties, stridor, and voice changes. Treatment often involves surgical intervention to widen the airway.

Syntax – the rules for combining words in a language. Syntax is often impaired in non-fluent aphasia.

Tachylalia – excessively rapid speech.

Technology-Assisted Tools – devices and software used to aid in the assessment and treatment of speech and language disorders.

Test of Early Written Language (TEWL) – a standardised assessment that measures the early writing skills of children aged 4 to 10 years. It evaluates both the writing process and the written product.

Traumatic Brain Injury (TBI) – an injury to the brain caused by external force, leading to cognitive, physical, and speech impairments.

Videofluoroscopic Swallow Study (VFSS) – an imaging technique used to evaluate the swallowing process.

Vineland Adaptive Behaviour Scales (VABS) is a standardised assessment tool used to measure adaptive behaviours, including communication, daily living skills, socialisation, and motor skills, in individuals from birth to adulthood.

Visual-Spatial Skills – the ability to understand and remember the spatial relations among objects.

Voice Disorders – disorders that affect the pitch, loudness, or quality of the voice.

Vowel – a speech sound made with an open vocal tract that forms the nucleus of a syllable.

Wernicke's Aphasia is characterised by fluent speech that does not make sense. Because of this, Wernicke's aphasia is also known as fluent aphasia and receptive aphasia. Wernicke's aphasia is sometimes referred to as "word salad" because speech tends to include random words and phrases thrown together.

Woodcock Reading Mastery Tests (WRMT) – a comprehensive assessment that evaluates reading skills, including word identification, reading fluency, and comprehension, in individuals from kindergarten through adulthood.

Writing Difficulties – problems with writing skills, often related to language-based learning disorders.

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Часть 1

Irina Andersen

ENGLISH FOR SPEECH-LANGUAGE PATHOLOGISTS

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