

Université Abderrahmane Mira-Bejaia

Faculté des Sciences Humaines et Sociales

Département : Psychologie et d'Orthophonie

Module : Anglais Technique

Support de cours

1^{er} et 2éme Année Master LMD Option : Pathologie du Langage

L'enseignante :

Mme : laichouchen Saida

E-mail :vsaida.iaichouchen@shs.univ-bejaia.dz

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PROGRAM

I. PART ONE:

A-/ Basic Terminologies:

- > Speech therapy
- > Physical therapy
- Applied behaviour analysis therapy

II. PART TOW:

A-/ Link words:

- Coordinate Conjunction
- Correlative Conjunction
- Subordinate Conjunction
- Conjunctive Adverbs

What we work on?

Types of therapies:

- Speech
- > Therapy
- Language
- Communication
- Disorder
- Fluency
- > Articulation
- Swallowing
- > Sounds
- > Voice





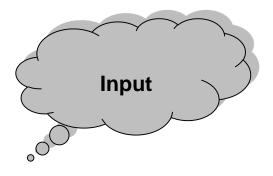
- Improving movement and strength
- Restoring function and mobility
- Decreasing pain
- Physical impairments
- (Podiatry; dyspraxia; Aphasia; Optometry; Audiology; Logopedie; physiotherapy; Ergo therapy).



- Safely performing daily tasks
- independence Promoting
- Using assistive devices



- Communication and social interactions
- Reducing harmful behaviours
- Functional and adaptive skills training
- Caregiver support



Speech disorders:

A speech disorder refers to a problem with making sounds. Speech disorders include:

- Articulation disorders: these include problems with making sounds in syllables, or saying words incorrectly to the point that listeners cannot understand what is being said.
- Fluency disorders: these include problems such as stuttering, in which the flow of speech is interrupted by unusual stops, partial-word repetitions (b-b-boy), or prolonging sounds and syllables (sssssnake).
- Resonance or voice disorders: these are problems with the pitch, volume, or quality of the voice that distract listeners from what's being said. These types of disorders may also cause pain or discomfort for a child when speaking.

Language disorders:

A language disorder refers to a problem understanding or putting words together to communicate ideas. Language disorders can be either receptive or expressive.

- ✓ **Receptive disorders:** are problems with understanding or processing language.
- Expressive disorders: are problems with putting words together, having a limited vocabulary, or being unable to use language in a socially appropriate way.
- Cognitive-communication disorders: are problems with communication skills that involve memory, attention, perception, and problem solving.

Feeding disorders:

Dysphagia/oral feeding disorders are disorders in the way someone eats or drinks. They include problems with chewing and swallowing, coughing, gagging, and refusing foods.

Who gives speech-language therapy?

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Speech-language pathologists (SLPs), often-called speech therapists, are educated in the study of human communication, its development, and its disorders. SLPs assess speech, language, cognitive-communication, and oral/feeding/swallowing skills. This lets them identify a problem and the best to treat it.

Therapists use a variety of strategies, including:

- Language intervention activities: the SLP will interact with a child by playing and talking, using pictures, books, objects, or ongoing events to stimulate language development. The therapist may model correct vocabulary and grammar, and use repetition exercises to build language skills.
- Articulation therapy: articulation, or sound production, exercises involve having the therapist model correct sounds and syllables in words and sentences for a child, often during play activities. The level of play is age-appropriate and related to the child how to make certain sounds, and may show to move the tongue to specific sounds.
- Oral/motor /feeding and swallowing therapy: the SLP may use a variety of oral exercisesincluding facial massage –to strengthen the muscles of the mouth for eating, drinking, and swallowing. The SLP may also introduce different food textures and temperatures to increase a child's oral awareness during eating and swallowing.

How can parents help?

⁷ Parents are key to the success of a child's progress in speech or language therapy. Kids who finish the program quickest and with the longest-lasting results are those whose parents were involved.

Ask the therapist what you can do. For instance, you can help your child do the at-home activities that the SLP suggest. This ensures the continued progress and carry-over of new skills.

Overcoming a speech or language disorder can take time and effort. So it's important that all family members be patient and understanding with the child.

