Ass. and intervention in the prelingustic period.

Prelinguistic ⇒ before useing real words for communication
period → 0 time to starting to use lang. and words for comm.

- من ← ما يطلع ال first word. يكون هو خصوصي مرحلة prelinguistic

Family-Centered Practice

- in cases that the children have problem or at risk of developing it we focus on the family's role (in this period)

- Some kind of indirect therapy
- we need to think about the needs of the fam.
- multidicplinary team to deal with case
  - ↳ ① evaluation of the current level of the child
    - ↳ areas of deficits ⇒ areas in need for intervention
  - ↓ ② build up therapy plan ⇒ centered on fam
  - → ② to coach the parents to become at home SLP

- إذا ما رضيت العائلة او مش قادرة تتعامل مش لازم توظف شخص يظل قاعد مع الطفل بدالهم عشان يكون بعرف بالموضوع.

Service Plans for Prelin. clients

* individuals with disability educational ~~App~~ act (IDEA)
* act → قانون او تشريع
↳ تلزم الاهل والمؤسسات بأنه يقدم لهم خطة علاجية فردية للطفل

IFSP → individualized family service plan.

← إذا ما بارد بخطة علاجية حسب القانون ← للأطفال من (0-3 years)

elements of IFSP

① information about the child's current level
② a statment of the family's resources, priorities and concerns.
لـ خطة العلاج واولويات / اهتمامات واولويات العائلة

③ a statment of the major outcomes expected / procedures and time
↳ the maximum time frame is to 3 years of age
after 3 years we make IEP → individualized educational plan.

④ ~~any~~ a statment of the specific early intervention services, frequency and environments
لـ وإذا لسه عنده

⑤ a list of other services
⑥ Projected date for initiation of the services
⑦ the name and discipline of the service coordinator and team mem.
⑧ A plan for transition to pre school services.
↳ IEP → 3 years → School entrance.

Risk factors
① Prenatal factors
② Prematurity and low birth weight
③ genetic and congenital Disorders
④ other risks after the newborn period.

NICU
- 12% ~~10%~~ of infants start their L.E in the "NICU"
- SLP has arole enhancing the comm. for those children
- indirect ⇒ with the fam. or staff that deal with child
  ↳ consuling

Hearing conv. and Aural habilitation

(more than 85dB) ... NICU ...

causes - Some kind of noise induced hearing loss.
- non reversable SNHL ⇒ cochlear damage.
- they need hearing screening ⇒ (more important to make them normal new borns.)

Child bch. and development
- * major goal for anyone deal with the child at this period
  ⇒ what is the current status of the child and Not he will become in the future.

- physical and physiological status of the child
  ↳ dealing with the medical conditions
- Physiological ⇒ how the systems work
  ↳ especially respiratory / CV

⇒ Know if the child have ~~homeo stasis~~ homeostasis

→ the goal
① reach homeostasis
② minimize any sec. disorders

* SLP can work with NICU cases → working with the fam / Nurses / Dr → consulting
- they can make some kind of intubation.
↳ Slp must warn the staff that intubation could make laryngeal damage

- we can train aural parts for a general motric movements (sucking for ex)

- They could use some medicines that have some kind of ototoxicity

3 Stages:- for the children in the NICU

① turning in → medical / بكون التركيز على / مرحلة حرجة
Physiological status.
- مركزين كل جهودهم على إنقاذ حياة الطفل
- لحد ما يوصلوا ال homeostasis
- بكون تدخل ال SLP قليلة جداً يكاد تكون معدومة

② Coming Out → Physiological status become better
- feedback that the child become better
↳ ممكن يبلشو يقيمو الأجهزة عن الطفل
- ما ممكن ولو بشكل بسيط التواصل ← non verbal comm.

③ Reciprocity → لما يوصل homeost. وممكن يطلع من المستشفى فممكن إني أدرب الأهل كيف يتعاملو مع الطفل عن طريق تدريبهم على non verbal لأن الطفل بكون المفروض بلش يطورها

34

- we must make skin-to-skin contact b/w the child and the mother ⇒ Child-Parent interaction starts

-SLP must draw the parents attention about the child comm (when he is willing to make interaction)

Preintentional intents (1-8 mon)

Speech act

① locution ⇒ the exact verbal output that the child said literally.

② perlocution ⇒ Speaker's intentions ⇒ at adults they must match

③ illocution ⇒ intent of comm. from the child.

⇒ even if the child use nonverbal comm these the fun. answers as he is intentionally using it

↳ reciprocity

Hearing and aural habilitation.

- may cause noise-induced SNHL
  - must be aware of signs of otitis media
    - must be managed
- Hearing aids must be maintained properly.

→ Cochlear implantation

1. 8-12 months
2. Some kind of residual hearing
3. one or both deaf ear. ~~TT~~
4. he didn't benifit from hearing aids
5. Profound HL in both ears.
6. Have support from their educational program.
7. Families sign informed content and know their role

Child behavior and Development

- we must use tools to ass their current level.
- enhancement program → focus on motor and cognitive Dev.
  (fine motors / muscles الكبار) physyologest ↓ ↳ Psycologest / cognitive

Management

→ provide general motor / cogn. dev.
→ and we must coach the fam how to deal with his child.
→
→ mostly home-based.

Parent-Child Comm. ⇒ may use formal or informal tests.

- how to enhance the ↑ parent-child Comm by making IFSP:- (we look to the following) :-

1- positive feedback from the parents to the Child's vocal plays / non intentional communicative behaviors ⇒ the parents act as they are intentional.

2. pleasure and positive affect ⇒ يعني الام تستغل اللحظات اللي يكون الطفل فيها مبسوط

3. Responsiveness the child's cues of readiness and unreadiness to interact → يعني هي اللحظة لما احس ان الطفل جاهز انه يتفاعل

4. accept the Child temperament → اتقبل الطفل وشخصيته زي ما هي وما احاول اغيرها

5. Reciprocity and mutuality ⇒ التبادلية بين الام والطفل [→ back and forth Kind of comm ⇒ back and forth Kind of comm]

6. using appropriate objects ⇒ must be safe and intresting for the child

7. lang. stimulation and responsiveness :- choral babb. لما يبعبع babab. نعيد (الام والطفل)

8. encourage joint attention:- direct the child to attention to a certain object → to extent his responsiveness.

* Managment

3 componants :-

1.- تدريب الام والاهل على وسائل التواصل المختلفة اللي بحكوها الاطفال وتعزيزه
في هاي المرحلة بكون مطلوب من الام انه تضبط كلامها مع لتناغم مع قدرات الطفل

2. the mother must be agood model
adult - infant ⇒ I must train the ~~tod~~ caregiver how the infants comm.

3- لازم اتعلم مهاراتها بحيث تقدر تمسك كل مرة الطفل بحاول يحكي
بحيث تحسن comm self-mon. لها evaluating وتقويم لذاتها.

Awareness of infant comm. Patterns.

- a this stage we coach the parent
- interact once he catch the moments of readiness → smile /vocalize

* we have to help Parents to learn that all behaviors of the child are for physiological need not ~~to~~ for intentional ~~interaction~~ comm.

* need to enjoy their baby ⇒ through their actions / Vocalization / interaction they make

*
2 major charac. to enhance the Comm:-

① Enriching :- • Visual → يشوف الام وهي بتحكي معه وهي بتضحك
- Audiotry → بسمع الطفل الاصوات
- tactile → لمس (دغدغة الطفل)

② Responsive :- parents have to respond to the child s behaviors ⇒ must be contingent (مرتبطة)

Modeling interactive behaviors.
↳ model to our interactions to make these behaviors more intentional and sophasticated.
the child's and

4 types of interactive beh:-

① turntaking ② imitations ③ Establishing JA ④ Developing anticipatory.

↳ we make them when the child is ready to comm.

- Anticipatory → actions happens at a certain sequance.
↳ like playing peaka-boo.
↳ after conditioning the child learn the sequance

some kind of response.

Prelinguistic 9-18mon

illocutionary stage => the beginning the intentional comm.

- we must take in consideration the gestational age (if it is incorrect)
  ↳ prematurity. => because we talk about ages in mon

Chronological Age = D.O.E - D.O.B

```
    18
_ 9 / 6 / 2022      1 ⟶ الفحص
                     تاريخ
  7 / 11 / 2021   ( ... ) الولادة
  2 / 7   0
```

مولود بالشهر السابع =)

CGA = Chronological - = 7 - 2 = 5 mon

* Ass.
  - parents interview is very important
  - checklist from parents
  - we have increase the verbal comm. and decrease as possible the non verbal comm.

at this level
1. children request obj. and actions
2. get adults attention
3. initiating social interaction

Management
- we coach the parents on "upping the ante" technique.
  ↳ احنا بنحكي انو بتعمل ال sequance في ال anticipatory
  ↳ لما الام ~~ ~~ تغطي وجهها في (peek-a-poo) ما بتكشف الا لما يصير يحكي

Poo

=) we are pushing them to verbal comm

Prelinguistic milieu teaching
↳ rearrange the environment to become comm. facilitat

beside arranging we must :-
- Contingent motor imitation → when the child make any motoric movement (like smiling, moving limbs ..) the mother must imitate this motoric mov. (she smile too)
⇒ may be the ~~same mov.~~ complete imitation or with some modification

- contingent verbal imitation ⇒ the mother imitate every vocalization either complete or with some modification

- Prompots :- ① time delay :- أتحرك بالحركة المتوقعة له عشان يطلع أي شكل من comm.

② verbal :- لما ينتج من الطفل أي نوع من أشكال ال comm ~~الـ ...~~ أنا بعيد صوت الاشي اللي حكاه او بنطقه اياه.

③ gaze intersection ⇒ ~~..~~ I have to move my eye gaze toward the same obj. he is looking at

- Modeling :- ① verbal modeling
② gestural modeling

- Natural consequances :- rewards we give to the child for every verbal output.

- Book-reading situation → written material لـ أبلشهم الأم بتبد يعرض عليه

Emerging lang ⇒ toddler age (18-36 mon)

Eligibility for services

⇒ screening ... identification ...

⇒ in screening the risk factors appears

but still some children may not be at risk but developed comm. delay

⇒ Criteria at 24mon ⇒ ① less than 50 word expressly
② no word comb.

- beside lang, evaluation of social / motor / cognitive is impo

how to predict that this child is at risk

Language

① lang. production ⇒ small expressive vocabulary
- few verbs
② of general verb

② lang. comprehension ⇒ 6 mon comp. delay

③ phonology → ① few prelinguistic vocalization
② limited # of constant ⇒ repritoar is restricted
③ ↳ variety of babbling
④ reduced rate of babbling
⑤ fewer than 50% consonant correct (12)

⑥ restricted syllable structure
⑦ vowel errors

50% ... consonants ...

(4) imitation:- (1) relay on direct modeling ⇒ Cues   عدم اشكال الاحتشار كامل
وما بتعتمد على ال

non lang.
(1) play   deficits in symbolic playing

(2) Gestures
(3) Social skills

norms for toddlers:-

18 mon ⇒ 2 communicative acts per min
⇒ (1) request obj. or actions
(2) joint atten
(3) Social interaction

. 24 mon ⇒ 5-7 communicative acts per min.

24-36 mon
- 98% produce 2 word / 90% 3 word
84% 4 word

- syllable shapes CV CVC

ASS. comm. act

(1) Range of Comm functions   declarative / rejecting
(2) كم مرة عمل comm بالدقيقة
(3) non-non / V-non verba / verbal-verbal

(13)

Range of Comm Functions

- proto-imperative ⇒ ① Request obj
  - ② " actions
  - ③ " protests

- proto-declarative ⇒ commenting (preverbally)
  to make the adult focus on an obj or event

- Discourse Fun.

Forms of com

① gestures ② gestures with word-like vocaliz ③ conventional words

* Ass. comp.

Determine whether the child understand single words by :-

① be carful not to look at the obj / point toward / obj. in his hand.

② must demonstrate comp. of each word 2 to 3 times

* الأشياء لازم تكون نفس الأشياء ونفس الخصائص ومتماثلين بكل اشي عشان يكون الجواب صح.

* if the child faild in more than 50% of trials ⇒ I do step back

⇒ We use ~~base~~ "identification" to ass. Lang. comprehension

~~base~~ identification by → ① ~~touching~~ pointing ② eye gaze ③ Bringing object

the therapy goal → the child will be able to identify
red color
familiar animal
⋮

- the child start to make semantic relations → for words combinat.

↳ especially action - obj semantic relation. (18-24 mon)

action - obj → actions on objects بعرض أمامه صور فيها
وبسأل الطفل مثلاً وين الولد اللي بشرب ~~...~~؟ ⇐ وشو بتوقع منه
انه يأشر، يحط عينه eye gaze، يعطيني الصورة ⇐ وبكون أكيد وأكررها كم مرة حتى

↳ إذا الطفل أعطاني +50% صح معناها الطفل pass الـ level
أما إذا أقل من 50% معناها هو fail الـ level

(24 - 36) ⇒ agent - action - obj semantic relation
↳ وين الولد اللي بشرب حليب؟

⇐ كل ما الطفل step back لازم أزيد prompts و cues

Ass. Phonological Skills

- Lang. Deve. ... PS ... الكلمات ...

- Phonetic inventory → consonants ... Phoneme ... Syllable ...

- ... consonants ... Phonemes ... Lexican ...

- Index of severity → consonants ... severity ...

- PCC → Percentage of Consonants Correct

syllable shapes:-

— level 1 → * Voiced Vowel + Voiced Syllabic Consonant ⇒ CV

Syllabic consonants → Can stand as a syllable unit
([l] , [w] , [j] , [m] , [n]) ∈ semi Vowels

* glottal Stop syllables [ʔa].

— level 2 → CVC ⇒ in this level the Consonant is dupliated ⇒ ex: [bi:b] , [kʊ:k]

* Voicing feature does not matter [bi:d] , [gi:k]
d → Voiced t → Voiceless

- level 3 → 2 or more different consonants في CVCV

واذا level 3 نسبتها أقل من 25% معناها رح عنده

- Atypical errors → glottalization خاصة ال glottal

- we see changeover 24-36mon → إنه بظهر consonants خلال هاي الفترة

Ass. semantic - syntactic production

- mlu generally is a very good indicator

-

Aspects of word comb.

→ Relative f of word comb.

لـ إذا اخذنا عينة كم في word comb دخلوهم

بعد كم جملة من كلمة و كم من 2 ....

وكل وحدة

mLU ≥ 1.5 or half the utterances contain word comb.

→ Semantic Relation ⇒ ll semantic relation and others,

others time / manner / sequence / Causality] higher level

لـ كل قدم يكونو 30%.

لـ إذا عنده معظمها نسبة ال Comb. سريعة.