

Αγγλική Ορολογία

Ενότητα 12: Η Αγγλική Ορολογία των Διαταραχών Επικοινωνίας στην Δυσαρθρία & Απραξία.

Μελπομένη (Μελίνα) Νησιώτη









Ανοιχτά Ακαδημαϊκά Μαθήματα στο ΤΕΙ Ηπείρου





Τμήμα Λογοθεραπείας

Αγγλική Ορολογία

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Μελπομένη (Μελίνα) Νησιώτη Μ.Sc., Καθηγήτρια Εφαρμογών

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Χρηματοδότηση

- Το έργο υλοποιείται στο πλαίσιο του Επιχειρησιακού Προγράμματος «Εκπαίδευση και Δια Βίου Μάθηση» και συγχρηματοδοτείται από την Ευρωπαϊκή Ένωση (Ευρωπαϊκό Κοινωνικό Ταμείο) και από εθνικούς πόρους.
- Το έργο «**Ανοικτά Ακαδημαϊκά Μαθήματα στο ΤΕΙ Ηπείρου**» έχει χρηματοδοτήσει μόνο τη αναδιαμόρφωση του εκπαιδευτικού υλικού.
- Το παρόν εκπαιδευτικό υλικό έχει αναπτυχθεί στα πλαίσια του εκπαιδευτικού έργου του διδάσκοντα.











Σκοποί ενότητας

- Εισαγωγή στο βασικό λεξιλόγιο που αναφέρεται στις διαταραχές της δυσαρθρίας και της απραξίας.
- Η ανάπτυξή του γίνεται μέσω ασκήσεων ακρόασης (listening), αναγνωστικής κατανόησης επιστημονικών κειμένων (reading comprehension), συγγραφής (writing) και μετάφρασης (translation).





Περιεχόμενα ενότητας

- Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)
- Άσκηση Συγγραφή Περίληψης στην Αγγλική
 Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)
- Άσκηση Μετάφρασης (Translation)
- Άσκηση Ακρόασης (Listening)



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (1 από 93)

 Please underline the terminology you can seek in the text, on the following templates.





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (2 από 93)

Overview – Childhood Apraxia of Speech

"Childhood apraxia of speech (CAS) is a neurological childhood 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). CAS may occur as a result of known neurological impairment, in association with complex neurobehavioral disorders of known and unknown origin, or as an idiopathic neurogenic speech sound disorder. (ASHA, 2007a, Definitions of CAS section, para. 1). [1] 9





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (3 από 93)

Overview – Childhood Apraxia of Speech

"Childhood apraxia of speech (CAS) is a neurological childhood 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). CAS may occur as a result of known neurological impairment, in association with complex neurobehavioral disorders of known and unknown origin, or as an idiopathic neurogenic speech sound disorder.(ASHA, 2007a, Definitions of CAS section, para. 1). [1] 10





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (4 από 93)

 The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (American Psychiatric Association [APA], 2013) uses the term verbal dyspraxia to describe this disorder and discusses it within the Speech Sound Disorders category, under the subheading, "Associated Features Supporting Diagnosis." Verbal dyspraxia is described in the DSM-5 as a disorder in which "other areas of motor coordination may be impaired as in developmental coordination disorder" (p. 44).[1]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (5 από 93)

 The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (American Psychiatric Association [APA], 2013) uses the term verbal dyspraxia to describe this disorder and discusses it within the Speech Sound Disorders category, under the subheading, "Associated Features Supporting Diagnosis." Verbal dyspraxia is described in the DSM-5 as a disorder in which "other areas of motor coordination may be impaired as in developmental coordination disorder" (p. 44).[1]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (6 από 93)

 The term childhood apraxia of speech (CAS) is being used in the page as a unifying cover term for all presentations of apraxia of speech in childhood, whether congenital or acquired or associated with a specific etiology. CAS is preferred over other terms that have been used for this disorder, including developmental apraxia of speech and developmental verbal dyspraxia, which have typically been used to refer only to idiopathic presentations and not to acquired neurologic etiologies. [1]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (7 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (8 από 93)

 Additionally, inclusion of the term developmental in reference to childhood apraxia may be incorrectly interpreted as indicating that apraxia is a disorder that children "grow out of." Unlike speech delay, the characteristics of CAS are likely to persist past the developmental period (Lewis, Freebairn, Hansen, Iyengar, & Taylor, 2004).



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (9 από 93)

 Additionally, inclusion of the term developmental in reference to childhood apraxia may be incorrectly interpreted as indicating that apraxia is a disorder that children "grow out of." Unlike speech delay, the characteristics of CAS are likely to persist past the developmental period (Lewis, Freebairn, Hansen, Iyengar, & Taylor, 2004).





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (10 από 93)

Incidence and Prevalence

• Incidence of CAS refers to the number of new cases identified in a specified time period. Prevalence of CAS refers to the number of people who are living with the condition in a given time period. [2]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (11 από 93)

Incidence and Prevalence

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (12 από 93)

 Efforts to determine epidemiologically sound estimates of the incidence and prevalence of CAS have been hindered by a number of factors, including a lack of clear and consistent diagnostic guidelines (Shriberg, Aram, & Kwiatkowski, 1997) and adequately validated diagnostic tools (McCauley & Strand, 2008). These same factors may also play a role in the frequent overidentification of CAS by clinicians (Davis, Jakielski, & Marquardt, 1998; Shriberg & McSweeney, 2002). [2]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (13 από 93)

 Efforts to determine epidemiologically sound estimates of the incidence and prevalence of CAS have been hindered by a number of factors, including a lack of clear and consistent diagnostic guidelines (Shriberg, Aram, & Kwiatkowski, 1997) and adequately validated diagnostic tools (McCauley & Strand, 2008). These same factors may also play a role in the frequent overidentification of CAS by clinicians (Davis, Jakielski, & Marquardt, 1998; Shriberg & McSweeney, 2002). [2]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (14 από 93)

Signs and Symptoms

Currently, there is no validated list of diagnostic features differentiating CAS from other childhood speech sound disorders, including those due to phonological-level delay or neuromuscular disorder (dysarthria). However, three segmental and suprasegmental features consistent with a deficit in the planning and programming of movements for speech have gained some consensus among those investigating CAS: [3]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (15 από 93)

Signs and Symptoms

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού **Κειμένου (Reading Comprehension) (16 από 93)**

"Importantly, these features are not proposed to be the necessary and sufficient signs of CAS" (ASHA, 2007a, Definitions of CAS section, para. 1). The frequency of these and other signs may change depending on task complexity, the age of the child, and the severity of symptoms (Lewis, Freebairn, Hansen, Iyengar et al., 2004). [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (17 από 93)

"Importantly, these features are not proposed to be the necessary and sufficient signs of CAS" (ASHA, 2007a, Definitions of CAS section, para. 1). The frequency of these and other signs may change depending on task complexity, the age of the child, and the severity of symptoms (Lewis, Freebairn, Hansen, Iyengar et al., 2004). [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (18 από 93)

 Other Characteristics that have been reported in children diagnosed with CAS and that represent the difficulty with planning and programming movement gestures for speech include:

- high incidence of vowel distortions;
- limited consonant and vowel phonetic inventory in young children; [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (19 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (20 από 93)

- frequent sound distortions and distorted consonant substitutions;
- initial consonant deletions;
- voicing errors;
- schwa additions/insertions to consonant clusters, within words and on the ends of words;
- predominant use of simple syllable shapes;
- difficulty with smooth, accurate movement gestures; [3]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (21 από 93)

- frequent sound distortions and distorted consonant substitutions;
- initial consonant deletions;
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- difficulty with smooth, accurate movement gestures; [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (22 από 93)

- greater ease in producing automatic (e.g., frequently used phrases, such as "I love you") versus volitional utterances (e.g., novel phrase or sentence);
- better performance on speaking tasks that require single postures versus sequences of postures (e.g., single sounds such as [a] vs. words such as [mama]);
- difficulty achieving accurate articulatory movement gestures when trying to imitate words not yet mastered; [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (23 από 93)

- greater ease in producing automatic (e.g., frequently used phrases, such as "I love you") versus volitional utterances (e.g., novel phrase or sentence);
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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (24 από 93)

- presence of groping behaviors when attempting to produce speech sounds or coordinate articulators for purposeful movement;
- altered and/or inconsistent suprasegmental characteristics (rate, pitch, loudness);
- increased difficulty with longer or more complex syllable and word shapes (often resulting in omissions, including word-initial consonant deletion);
- predominant errors of consonant, vowel, syllable, and/or word omissions; [3]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (25 από 93)

- presence of groping behaviors when attempting to produce speech sounds or coordinate articulators for purposeful movement;
- altered and/or inconsistent suprasegmental characteristics (rate, pitch, loudness);
- increased difficulty with longer or more complex syllable and word shapes (often resulting in omissions, including word-initial consonant deletion);
- predominant errors of consonant, vowel, syllable, and/or word omissions; [3] 32





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (26 από 93)

- atypical levels of regression (e.g., words or sounds) mastered, then lost);
- sequencing errors affecting sounds (e.g., metathesis, migration), syllables, morphemes, or words. (Campbell, 2003; Caruso & Strand, 1999; Davis et al., 1998; Davis & Velleman, 2000; McCabe, Rosenthal, & McLeod, 1998; Shriberg et al., 1997; Strand, Shriberg, & Campbell, 2003) [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (27 από 93)

- atypical levels of regression (e.g., words or sounds mastered, then lost);
- sequencing errors affecting sounds (e.g., metathesis, migration), syllables, morphemes, or words. (Campbell, 2003; Caruso & Strand, 1999; Davis et al., 1998; Davis & Velleman, 2000; McCabe, Rosenthal, & McLeod, 1998; Shriberg et al., 1997; Strand, Shriberg, & Campbell, 2003)





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (28 από 93)

 The presence of error patterns in the child's speech does not indicate a phonological rather than motoric problem. Many patterns can have either linguistic or motoric bases. For example, a child may consistently reduce consonant clusters either because of lack of understanding of the phonological rule or because of a motoric inability to sequence consonants. [1]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού **Κειμένου (Reading Comprehension) (29 από 93)**

 The presence of error patterns in the child's speech does not indicate a phonological rather than motoric problem. Many patterns can have either linguistic or motoric bases. For example, a child may consistently reduce consonant clusters either because of lack of understanding of the phonological rule or because of a motoric inability to sequence consonants. [1]

Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (30 από 93)

Co-Occurring Characteristics/Symptoms

 The behavioral features reportedly associated with CAS place a child at increased risk for problems in expressive language and weakness in the phonological foundations for literacy (Lewis, Freebairn, Hansen, Iyengar et al., 2004; McNeill, Gillon, & Dodd; 2009a). These problems may reflect the consequences of CAS, nonrelated cooccurring problems (e.g., learning disabilities and attentional difficulties), or even the effects compensatory strategy use and include. [3] 37



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (31 από 93)

Co-Occurring Characteristics/Symptoms

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (32 από 93)

- delayed language development;
- expressive language problems, like word order confusion and grammatical errors;
- problems when learning to read, spell, and write (literacy);
- problems with social language/pragmatics. [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (33 από 93)

- delayed language development;
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- problems with social language/pragmatics. [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (34 από 93)

Nonspeech sensory and motor problems include

- gross and fine motor delays; motor clumsiness, oral apraxia; limb apraxia; feeding difficulties;
- abnormal orosensory perception (hyper- or hyposensitivity) in the oral area).(Crary & Anderson, 1991; Davis et al., 1998; Dewey, Roy, Square-Storer, & Hayden (1988); McCabe et al., 1998; Shriberg et al., 1997) [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (35 από 93)

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- gross and fine motor delays; motor clumsiness, oral apraxia; limb apraxia; feeding difficulties;
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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (36 από 93)

Causes

 CAS can be congenital, or it can be acquired during speech development. Both congenital and acquired onsets can be idiopathic or can occur in the context of complex neurodevelopmental disorders association with a neurological event (Shriberg, 2010). The neurologic deficits underlying CAS are different from those that underlie dysarthria. [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (37 από 93)

Causes

 CAS can be congenital, or it can be acquired during speech development. Both congenital and acquired onsets can be idiopathic or can occur in the context of complex neurodevelopmental disorders or association with a neurological event (Shriberg, 2010). The neurologic deficits underlying CAS are different from those that underlie dysarthria. [3]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (38 από 93)

- CAS, as defined in ASHA, 2007a, can occur
 - association with known neurological etiologies intrauterine or early childhood stroke, infection, trauma, brain cancer/tumor resection; e.g., Brown et al., 2000);
 - as an idiopathic neurogenic speech sound disorder (i.e., children with no observable neurologic abnormalities or neurobehavioral disorders or conditions). [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (39 από 93)

- CAS, as defined in ASHA, 2007a, can occur
 - in association with known neurological etiologies (e.g., intrauterine or early childhood stroke, infection, trauma, brain cancer/tumor resection; e.g., Brown et al., 2000);
 - as an idiopathic neurogenic speech sound disorder (i.e., children with no observable neurologic abnormalities or neurobehavioral disorders or conditions). [3]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (40 από 93)

- as primary or secondary signs within complex neurobehavioral disorders (e.g., autism, epilepsy, and syndromes, such as fragile X, Rett syndrome, and Prader-Willi syndrome; Bashina, Simashkova, Grachev, & Gorbachevskaya, 2002; Boyar et al., 2001; Scheffer et al., 1995; Spinelli et al., 1995); [3]
- Also findings suggest that deficits in the FOXP2 gene may negatively affect the development of neural networks (e.g., Lai et al., 2000; Lai, et al., 2001; Liégeois, et al., 2003).





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (41 από 93)

- as primary or secondary signs within complex neurobehavioral disorders (e.g., autism, epilepsy, and syndromes, such as fragile X, Rett syndrome, and Prader-Willi syndrome; Bashina, Simashkova, Grachev, & Gorbachevskaya, 2002; Boyar et al., 2001; Scheffer et al., 1995; Spinelli et al., 1995); [3]
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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (42 από 93)

Roles and Responsibilities

 SLPs play a central role in the screening, assessment, diagnosis, and treatment of persons with childhood apraxia of speech (CAS). The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment); prevention and advocacy; and education, administration, and research. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2007b). [4] 49





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (43 από 93)

Roles and Responsibilities

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (44 από 93)

Assessment – Screening

 Screening is conducted by an SLP whenever a speech sound disorder is suspected or as part of a comprehensive speech and language evaluation for a child with communication concerns. The purpose of the screening is to identify those who require further speech-language/communication assessment referral to other professional services. [5]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (45 από 93)

Assessment – Screening

 Screening is conducted by an SLP whenever a speech sound disorder is suspected or as part of a comprehensive speech and language evaluation for a child with communication concerns. The purpose of the screening is to identify those who require further speech-language/communication assessment or referral to other professional services. [5]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (46 από 93)

Assessment – Screening

For a more detailed list of screening components, see
the assessment section of speech sound disorders:
articulation and phonology. To date, there are no CASspecific standardized screening tools available. In
addition, CAS may not be identified during screening,
as the diagnosis is sometimes the result of
observations made over the course of treatment. [5]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (47 από 93)

Assessment – Screening

For a more detailed list of screening components, see the assessment section of speech sound disorders: articulation and phonology. To date, there are no CASspecific standardized screening tools available. In addition, CAS may not be identified during screening, as the diagnosis is sometimes the result observations made over the course of treatment. [5]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (48 από 93)

Comprehensive Assessment

 Children suspected of having CAS based on screening results are referred to an SLP for a comprehensive assessment. The assessment takes into account cultural and linguistic speech differences across communities. [5]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (49 από 93)

Comprehensive Assessment

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (50 από 93)

Comprehensive Assessment

 Assessment is accomplished using a variety of measures and activities, including both standardized and nonstandardized measures, as well as formal and informal assessment tools. SLPs select assessments that are culturally and linguistically sensitive and ensure that standardized measures used in assessment show robust psychometric properties that provide strong evidence of their quality (Dollaghan, 2004). 5





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (51 από 93)

Comprehensive Assessment

 Assessment is accomplished using a variety of measures and activities, including both standardized and nonstandardized measures, as well as formal and informal assessment tools. SLPs select assessments that are culturally and linguistically sensitive and ensure that standardized measures used in assessment show robust psychometric properties that provide strong evidence of their quality (Dollaghan, 2004). [5]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (52 από 93)

Differential Diagnosis

 A number of instruments have been proposed for use in assessing the speech motor planning and programming skills considered to represent the core deficit in CAS; however, the rigor of their psychometric characteristics has been called into question (e.g., McCauley & Strand, 2008). Dynamic assessment can be used as a method for examining both the question of differential diagnosis and the value of particular types of cues (Strand et al., 2013).





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (53 από 93)

Differential Diagnosis

• A number of instruments have been proposed for use in assessing the speech motor planning and programming skills considered to represent the core deficit in CAS; however, the rigor of their psychometric characteristics has been called into question (e.g., McCauley & Strand, 2008). Dynamic assessment can be used as a method for examining both the question of differential diagnosis and the value of particular types of cues (Strand et al., 2013).





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (54 από 93)

Treatment

 Reduced intelligibility and comprehensibility (i.e., the ability to convey intended messages within communicative contexts; Yorkston, Strand, & Kennedy, 1996) are seen as especially debilitating for many children with CAS (e.g., Hall, 2000a, 2000b). [7]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (55 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (56 από 93)

Treatment goals for children with CAS focus on facilitating overall communication and language skills by

- increasing speech production and intelligibility or, when indicated, using augmentative and alternative forms of communication (AAC), such as gestures, manual signs, voice output devices, and context-specific communication boards.
- Motor speech disorders require repetitive planning, programming, and production practice; therefore, intensive and individualized treatment of childhood apraxia is often necessary. [7]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (57 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (58 από 93)

 To the extent possible, treatment takes place naturalistic environments, is provided in a culturally appropriate manner, and involves as many important people in the child's life as possible to facilitate carryover and generalization of skills. Involving significant others in treatment also facilitates home practice by helping these individuals understand and target goals with the child outside the treatment setting. [7]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (59 από 93)

 To the extent possible, treatment takes place naturalistic environments, is provided in a culturally appropriate manner, and involves as many important people in the child's life as possible to facilitate carryover and generalization of skills. Involving significant others in treatment also facilitates home practice by helping these individuals understand and target goals with the child outside the treatment setting. [7]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (60 από 93)

 Many children with CAS also exhibit phonologic impairment and language impairment, and the relative contribution of motoric to linguistic deficits is considered when planning treatment. If a child has mild motoric deficits and significant phonologic deficits, then linguistic approaches may need to be prioritized. One may also want to bring in some principles of motor learning to facilitate movement accuracy (McCauley & Strand, 1999). [7]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (61 από 93)

 Many children with CAS also exhibit phonologic impairment and language impairment, and the relative contribution of motoric to linguistic deficits is considered when planning treatment. If a child has mild motoric deficits and significant phonologic deficits, then linguistic approaches may need to be prioritized. One may also want to bring in some principles of motor learning to facilitate movement accuracy (McCauley & Strand, 1999). [7]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (62 από 93)

 Dysarthria represents a group of motor speech disorders characterized by weakness, slowness, and/or lack of coordination of the speech musculature as the result of damage to the central or peripheral nervous system. Diversity is the hallmark of this group of disorders because the dysarthrias vary along a number of dimensions, including age of onset, natural course, site of lesion, neuropathology, severity, and so on. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (63 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (64 από 93)

 Historically, the field of dysarthria has moved through a series of phases. The first phase, which culminated in the mid-1970s with the Mayo Clinic studies, was the era of diagnosis when classic types of dysarthria were distinguished from one another and the speech characteristics associated with neurologic conditions were documented. The second phase was characterized by the development, description, and testing of various types of assessment and intervention procedures. This phase led to an arsenal of potential interventions.[8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού **Κειμένου (Reading Comprehension) (65 από 93)**

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (66 από 93)

 During this phase, it became apparent that intervention for dysarthria was clearly not a "one size fits all" solution. It was also clear that some interventions, although popular and potentially effective for some clients, were not supported empirically or by the authoritative experts for other clients. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (67 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (68 από 93)

 For example, strengthening exercises appropriate for speakers with severe weakness associated with traumatic brain injury but not for those with severe weakness associated with amyotrophic lateral sclerosis. Thus, the field of dysarthria is now entering into a phase of decisionmaking in which logic must be provided to the clinician for selection and timing of the various interventions.[8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (69 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (70 από 93)

Clinical decision-making is a process by which facts are gathered, options considered, and a course of action selected. Clinicians working with speakers with dysarthria must make many decisions. For example: What aspects of the disorder will be responsive to treatment? What type of intervention is best? How much intervention is needed? [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (71 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (72 από 93)

When should the intervention be undertaken? In a lecture to a group of medical educators at the University of Washington, Arthur Elstein (1999) suggested that medical students do the wrong things in a clinical setting not because of a deficiency in knowledge but because they do not make good decisions. They know a lot, but they do not think systematically. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (73 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (74 από 93)

Every profession needs tools. The carpenter needs a hammer, the scholar needs books, and the speechlanguage pathologist needs tools for systematic decision-making. The first is a model of disablement that provides a framework for understanding a broad range of consequences of dysarthria and the second is evidence-based practice (EBP) guidelines that provide up-to-date and systematic reviews of intervention-related issues. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού **Κειμένου (Reading Comprehension) (75 από 93)**

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (76 από 93)

 Before decisions can be made, it is necessary to organize the facts upon which they are made. The World Health Organization model of disablement, now called the International Classification of Function, Disability, and Health (ICF), is a helpful way to organize the consequences of chronic conditions. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (77 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (78 από 93)

• It is a framework organizing many aspects of disablement including structure and function, activity and participation, and environmental context. The ICF represents a true advancement over earlier models in that it integrates the various dimensions of disablement into a biopsychosocial approach.[8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (79 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (80 από 93)

Using ICF terminology, the consequences of dysarthria include impairment or changes in structure or function such as respiratory, phonatory, or velopharyngeal dysfunction, limitations in activity such as changes in speech intelligibility naturalness, and restrictions in participation such as role restrictions in areas such as personal or household management, work, leisure, relationships, and community life. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (81 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (82 από 93)

EBP Guidelines

In 2001 the Academy of Neurologic Communication Disorders and Sciences (ANCDS), with support from ASHA and the Department of Veterans' Affairs, initiated a project to develop and disseminate EBP guidelines for a range of neurological conditions including dysarthria, aphasia, cognitivecommunication disorders associated with traumatic brain injury, dementia, and apraxia of speech (Frattali et al., 2003). [8] 89



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (83 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (84 από 93)

Management of Velopharyngeal Function

The first module focused on management velopharyngeal function in dysarthria. A total of 33 intervention studies were identified in the categories of prosthetics, surgery, and exercise. Based on evidence in the literature and expert opinion, a flowchart for clinical decision-making was developed. Using this flowchart, clinicians can identify characteristics of speakers with velopharyngeal impairment who are good candidates for interventions such as palatal lifts. [8]



στο ΤΕΙ Ηπείρου

Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (85 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (86 από 93)

Medical Interventions for Spasmodic Dysphonia

• In the second module, "Medical Interventions for Spasmodic Dysphonia," a systematic review of the literature was conducted in which 103 intervention studies were identified in the categories of recurrent laryngeal nerve (RLN) section (20 articles), the use of botulinum toxin (Botox) injections for the management of SD (58 articles), and miscellaneous interventions (25 articles). [8]



Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (87 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (88 από 93)

Management of Respiratory/Phonatory Dysfunction

 Three general areas of respiratory/phonatory dysfunction are identified to provide an organizing framework for a approach to respiratory/ phonatory clinician's management. Those areas include: decreased respiratory support, decreased respiratory/phonatory coordination and control, and reduced phonatory function. Within each area, behavioral techniques are delineated in terms of the available support from the dysarthria literature or from expert opinion.[8] 95





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (89 από 93)

Management of Respiratory/Phonatory Dysfunction

 Three general areas of respiratory/phonatory dysfunction are identified to provide an organizing framework for a approach to respiratory/ phonatory clinician's management. Those areas include: decreased respiratory support, decreased respiratory/phonatory coordination and control, and reduced phonatory function. Within each area, behavioral techniques are delineated in terms of the available support from the dysarthria literature or from expert opinion.[8] 96





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (90 από 93)

Speech Supplementation

 Three general types of speech supplementation are represented in this review: alphabet supplementation, semantic or syntactic supplementation, and illustrative gestures. A total of 19 studies were identified, obtained, and rated. Strategies include alphabet supplementation, in which the speaker indicates the first letter of the word spoken; [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (91 από 93)

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Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (92 από 93)

 topic supplementation, in which the speaker indicates the topic of the message, or gestures accompanying and illustrating speech. Selection among the various strategies must be made on an individual basis because each strategy has unique advantages and disadvantages. Some strategies may have the benefit of improving speech production, especially in cases where rate reduction is an appropriate target for intervention. [8]





Άσκηση Αναγνωστική Κατανόηση Επιστημονικού **Κειμένου (Reading Comprehension) (93 από 93)**

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Ερωτήσεις (Students Questions)

- 1. What are the symptoms that must be treated during therapy?
- 2. What are the symptoms of this disorder?
- 3. What is the impact of the disorder to patient's life?
- 4. Is there a final cure to this disorder or we just cope with it for life time?
- 5. In text what are the to evaluation and diagnostic procedures?



Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)





Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)

Please make a summary/abstract of the text given in templates No 89 till No 93.



Άσκηση Μετάφρασης (Translation)



Άσκηση Μετάφρασης (Translation)

Please translate templates No 2 till No 26.



Άσκηση Ακρόασης (Listening)



*

Άσκηση Ακρόασης (Listening) (1 από 3)

 Differentiating Apraxia from other Motor Speech Disorders

https://www.youtube.com/watch?v=aeALLzKTPMM

 Dysarthria Profile - Steven Salyard - Motor Speech Disorders

https://www.youtube.com/watch?v=iaC7qymyWnU





Άσκηση Ακρόασης (Listening) (2 από 3)

- 1. Please collect all the terminology you can here during this video.
- 2. What is the end point of this video?
- 3. What are the techniques that there used during therapy?
- 4. What are the symptoms of this disorder?
- 5. What is the impact of the disorder to client's life?
- 6. What are the causes of this disorder?





Άσκηση Ακρόασης (Listening) (3 από 3)

- 7. What are the clinical symptoms of this disorder?
- 8. Is there a final cure to this disorder or we just cope with it for life time?
- 9. In this video the speakers referred to evaluation and diagnostic procedures?
- 10. What are the benefits of speech and language therapy upon the disorder mentioned in these videos?





Αναφορές Κειμένων

- 1. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Overview
- 2. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Incidence
 e_and_Prevalence
- 3. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Signs_and_Symptoms
- 4. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Causes
- 5. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Roles_and_Responsibilities
- 6. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Assessment
- 7. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Treatme
 nt
- 8. http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=References
- 9. http://leader.pubs.asha.org/article.aspx?articleid=2292266



Βιβλιογραφία (1 από 6)

- American Speech-Language-Hearing Association. (2007a). *Childhood apraxia of speech [Technical report]*. Available from www.asha.org/policy.
- American Speech-Language-Hearing Association. (2007b). Scope of practice in speech-language pathology [Scope of practice]. Available from www.asha.org/policy.
- (2010). *Code* American Speech-Language-Hearing Association. of ethics [Ethics]. Available from www.asha.org/policy.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. Washington, DC: Author.
- Bashina, V. M., Simashkova, N. V., Grachev, V. V., & Gorbachevskaya, N. L. (2002). Speech and motor disturbances in Rett syndrome. Neuroscience and Behavioral Physiology, 32, 323-327
- Boyar, F. Z., Whitney, M. M., Lossie, A. C., Gray, B. A., Keller, K., Stalker, H. J., ... Driscoll, D. J. (2001). A family with a grand-maternally derived interstitial duplication of proximal 15q. Clinical Genetics, 60, 421-430.
- Brown, T., Cupido, C., Scarfone, H., Pape, K., Galea, V., & McComas, A. (2000). Developmental apraxia arising from neonatal brachial plexus palsy. Neurology, 55(1), 24-30.
- Campbell, T. F. (2003). Childhood apraxia of speech: Clinical symptoms and speech characteristics. In L. D. Shriberg & T. F. Campbell (Eds.), Proceedings of the 2002 Childhood Apraxia of Speech Symposium (pp. 37-40). Carlsbad, CA: The Hendrix Foundation.



Βιβλιογραφία (2 από 6)

- Caruso A., & Strand E. A. (1999). Motor speech disorders in children: Definitions, background and a theoretical framework. In A. Caruso & E. A. Strand (Eds.), Clinical management of motor speech disorders in children (pp. 1-27). New York, NY: Thieme.
- Crary, M. A., & Anderson, P. (1991, November). Speech and motor performance in developmental apraxia of speech. Technical session presented at the Annual Convention of the American-Speech-Language-Hearing Association, Atlanta, GA.
- Darley, F. L., Aronson, A. E., & Brown, J. R. (1975). *Motor speech disorders*. Philadelphia: W. B. Saunders.
- Davis, B., Jakielski, K., & Marquardt, T. (1998). Developmental apraxia of speech: Determiners of differential diagnosis. *Clinical Linguistics and Phonetics*, 12(1), 25-45.
- Davis, B. L., & Velleman, S. L. (2000). Differential diagnosis and treatment of developmental apraxia of speech in infants and toddlers. Infant-Toddler Intervention: The Transdisciplinary Journal, 10(3), 177-92.
- Dewey, D., Roy, E. A., Square-Storer, P. A., & Hayden, D. (1988). Limb and oral praxic abilities of children with verbal sequencing deficits. *Developmental Medicine and Child Neurology, 30, 743-751*.
- Dollaghan, C. (2004). Evidence-based practice in communication disorders: What do we know and when do we know it? *Journal of Communication Disorders*, 37, 391-400.
- Elstein, A. (April 27, 1999). Clinical decision-making: Teaching evidence-based practice to medical students. A lecture presented at University of Washington.



Βιβλιογραφία (3 από 6)

- Frattali, C., Bayles, K. A., Beeson, P., Kennedy, M. R. T., Wambaugh, J., & Yorkston, K. M. (2003). Development of evidence-based practice guidelines: Committee update. Journal of Medical Speech-Language Pathology, 11(3), ix-xvii.
- Hall, P. K. (2000a). A letter to the parent(s) of a child with developmental apraxia of speech. Part I: Speech characteristics of the disorder. Language, Speech, and Hearing Services in Schools, 31, 169-172.
- Hall, P. K. (2000b). A letter to the parent(s) of a child with developmental apraxia of speech. Part IV: Treatment of DAS. Language, Speech, and Hearing Services in Schools, 31, 179-181.
- Hayden, D. A., Eigen, J., Walker, A., & Olsen, L. (2010). PROMPT: A tactually grounded model. In A. L. Williams, S. McLeod, & R. J. McCauley (Eds.), Interventions for speech sound disorders in children (pp. 453-474). Baltimore, MD: Brookes.
- Lai, C. S. L., Fisher, S. E., Hurst, J. A., Levy, E. R., Hodgson, S., Fox, M., ... Monaco, A. P. (2000). The SPCH1 region on human 7g31: Genomic characterization of the critical interval and localization of translocations associated with speech and language disorder. *American Journal of Human Genetics*, 67, 357-368.
- Lai, C. S. L., Fisher, S. E., Hurst, J. A., Vargha-Khadem, F., & Monaco, P. (2001). A forkhead-domain gene is mutated in a severe speech and language disorder. *Nature*, 413, 519-523.
- Lewis, B. A., Freebairn, L. A., Hansen, A. J., Iyengar, S. K., & Taylor, H. G. (2004). School-age follow-up of children with childhood apraxia of speech. Language, *Speech, and Hearing Services in Schools, 35,* 122-140.



Βιβλιογραφία (4 από 6)

- Lewis, B. A., Freebairn, L. A., Hansen, A., Taylor, H. G., Iyengar, S. K., & Shriberg, L. D. (2004). Family pedigrees of children with suspected childhood apraxia of speech. Journal of Communication Disorders, 37, 157-175.
- Liégeois, F., Baldeweg, T., Connelly, A., Gadian, D. G., & Vargha-Khadem, F. (2003). Language fMRI abnormalities associated with FOXP2 gene mutation. *Nature Neuroscience*, 6, 1230-1237.
- McCabe, P., Rosenthal, J. B., & McLeod, S. (1998). Features of developmental dyspraxia in the general speech impaired population. Clinical Linguistics and Phonetics, 12, 105-126.
- McCauley, R. J., & Strand, E. A. (1999). Treatment of children exhibiting phonological disorder with motor speech involvement. Clinical management of motor speech disorders in children, 187-208.
- McCauley, R. J., & Strand, E. A. (2008). A review of standardized tests of nonverbal oral and speech motor performance in children. American Journal of Speech-Language Pathology, 17, 81-91.
- McLeod, S., & McCormack, J. (2007). Application of the ICF and ICF-Children and Youth in children with speech impairment. Seminars in Speech and Language, 28(4), 254-264.
- McNeil, M. R., Robin, D. A., & Schmidt, R. A. (1997). Apraxia of speech: Definition, differentiation, and treatment. In M. R. McNeil (Ed.), Clinical management of sensorimotor speech disorders (pp. 311-344). New York, NY: Thieme.
- McNeill, B. C., Gillon G. T., & Dodd B. (2009b). Effectiveness of an integrated phonological awareness approach for children with childhood apraxia of speech (CAS). Child Language and Teaching Therapy, 25(3), 341-366.



Βιβλιογραφία (5 από 6)

- Moriarty, B., & Gillon, G. T. (2006). Phonological awareness intervention for children with childhood apraxia of speech. International Journal of Language and Communication Disorders, 41, 713-734.
- Shriberg L. D. (2010). A neurodevelopmental framework for research in childhood apraxia of speech. In B. Maassen & P. van Lieshout (Eds.), Speech motor control: New developments in basic and applied research (pp. 259-270). Oxford, UK: Oxford University Press.
- Shriberg, L. D., Aram, D., & Kwiatkowski, J. (1997). Developmental apraxia of speech: I. Descriptive and theoretical perspectives. Journal of Speech, Language, and Hearing Research, 40, 273-285.
- Shriberg, L. D., & McSweeny, J. L. (2002). Classification and misclassification of childhood apraxia of speech (Tech. Rep. No. 11). Madison, WI: Phonology Project, Waisman Center, University of Wisconsin.
- Shriberg, L. D., Campbell, T. F., Karlsson, H. B., Brown, R. L., McSweeny, J. L., & Nadler, C. J. (2003). A diagnostic marker for childhood apraxia of speech: The lexical stress ratio. Clinical Linguistics and Phonetics 17, 549-574.
- Shriberg, L. D., Potter, N., & Strand, E. A. (2011). Prevalence and phenotype of childhood apraxia of speech in youth with galactosemia. Journal of Speech, Language, and Hearing Research, 54, 487-519.
- Spinelli, M., Rocha, A., Giacheti, C., & Richieri-Costa, A. (1995). Word-finding difficulties, verbal paraphasis, and verbal dyspraxia in ten individuals with fragile x syndrome. *American Journal of Medical Genetics, 60,* 39-43.



Βιβλιογραφία (6 από 6)

- Strand, E. A., Shriberg, L. D., & Campbell, T. F. (2003). Childhood apraxia of speech: Suggested diagnostic markers for the younger child. In L. D. Shriberg & T. F. Campbell (Eds.), Proceedings of the 2002 childhood apraxia of speech symposium (pp. 75-79). Carlsbad, CA: The Hendrix Foundation.
- Strand, E. A. & Debertine, P. (2000). The efficacy of integral stimulation intervention with developmental apraxia of speech. Journal of Medical Speech-Language Pathology, 8, 295-300.
- Strand, E. A., McCauley, R. J., Weigand, S., Stoeckel, R., & Baas, B. (2013). A motor speech assessment for children with severe speech disorders: Reliability and validity evidence. Journal of Speech, Language, and Hearing Research, 56, 505-520.
- Strand, E. A., & Skinder, A. (1999). Treatment of developmental apraxia of speech: Integral stimulation methods. In A. Caruso & E. Strand (Eds.), Clinical management of motor speech disorders in children (pp. 109-148). New York, NY: Thieme.
- Strand, E. A., Stoeckel, R., & Baas, B. (2006). Treatment of severe childhood apraxia of speech: A treatment efficacy study. Journal of Medical Speech-Language Pathology, 14(4), 297-307.
- World Health Organization. (2001). International Classification Of Functioning, Disability and Health. Geneva, Switzerland: Author.
- Yorkston, K. M., Strand, E. A., & Kennedy, M. R. (1996). Comprehensibility of dysarthric speech: Implications for assessment and treatment planning. American Journal of Speech-Language Pathology, 5(1), 55-66.





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Ιωάννινα, 2015











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