LINKS

Logopedists Interact for New Knowledge and Skills

Co-funded by the
Erasmus+ Programme
of the European Union

CONTENT

INTRODUCTION

About 25% of elementary school age children in Bulgaria have communication impairments – articulation and phonological disorders, dyslexia, stuttering, autism spectrum disorders and many others. Unfortunately, during the last 10 years there is a permanent tendency for increasing of their number in Bulgaria and in Europe as whole.

Inability to communicate fully leads to accumulation of various deleterious mental layers in young people - low self-esteem, fear, anxiety, depression, or vice versa - hatred, aggression, tendency to negative reactions. In turn, this leads to various negative deviations in formation of their personality, and ultimately to their social marginalization.

Every child or youngster with a communication problem needs additional support in order to have a chance for normal personal and socio-educational development. Unfortunately, in the rural areas of Eastern Europe youth workers often continue to work with them using outdated methodologies. The main reasons for this are relatively limited access to quality information on the latest working methods and lack of international interaction and exchange between organisations involved in this mission.

In response to these problems "Youth movement for development of the rural areas in Bulgaria" in partnership with the Romanian, Lithuanian, Latvian and Estonian associations of speech and language therapists implemented project „LINKS - Logopedists Interact for New Knowledge and Skills" (Ref. No. 2018-2-BG01-KA105-048115) co-funded by the Erasmus+ Programme of the European Union. The project provided quality training to those working with children and youngsters with communication problems in order to increase their professional capacity and to improve the quality of the services they provide.

The main project activity was an international training course held from 23.08.2019 to 01.09.2019 in Kranevo, Bulgaria. The training brought together 50 speech and language therapists from Bulgaria, Romania, Lithuania, Latvia and Estonia who work with children and youngsters.

The training was conducted by an international team of experts – one trainer from each country involved. The activities were entirely based on methods of non-formal education, including: presentations, mixed working groups, workshops, group discussions, field visit and others. During the course the participants learnt about the essence and applicability of contemporary methods and systems for work with children and youngsters with communication impairments – early intervention, stuttering, articulation and phonological impairments, interactive tools in speech and language therapy, the power of sound, music and movement for sensory processing, language and learning, and others.

Moreover, the participants developed new professional contacts and exchanged ideas, experiences and good practices. Opportunities offered by "Erasmus+" Programme to youth workers and organisations which work with youngsters with fewer opportunities were presented and planning of ideas for further interaction and cooperation took place.

At the end of the course, the participants summarized the training results. In mixed working groups they created the articles published in this brochure. We hope it will be an interesting and useful tool for different kind of interested people (speech and language therapists, parents, teachers, youth workers) and responsible institutions (kinder gardens, schools, health and social centers).

By the Project Team

EARLY INTERVENTION

Trainer: Ms. Dorina Anca Talas from Romania

### 1. Early Intervention – definition and key principles

Google Classroom was used to connect the participants from different countries and to share experiences. Application https://www.sli.do/ was used to interact with the audience.

The term "**early intervention**" is used to refer to services provided to children from birth up to age 3 years who are at risk for or have developmental disabilities or delays (ASHA, 2008).

Early Intervention **Key Principles** (ASHA, 2008):

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts;
- All families, with the necessary supports and resources, can enhance their children's learning and development;
- The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life;
- The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs;
- IFSP outcomes must be functional and based on children's and families' needs and priorities;
- The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support;
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Working groups – *the participants described how the Early intervention sector in speech and language therapy works in each country.*
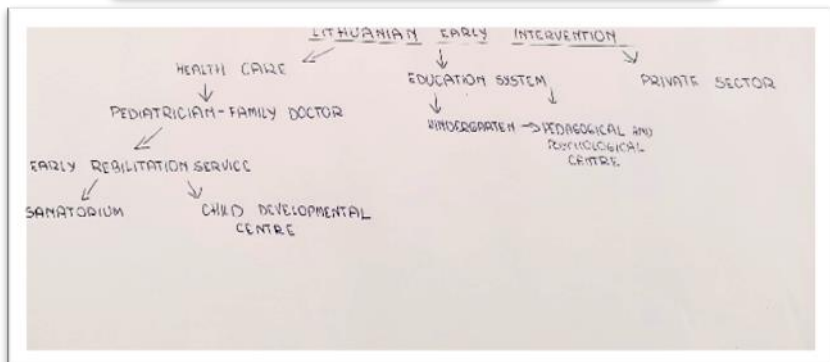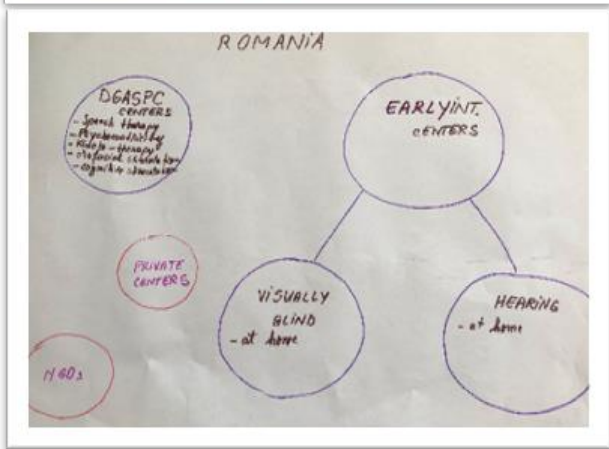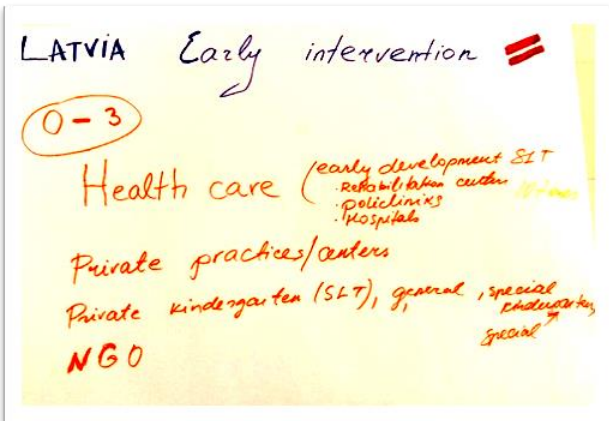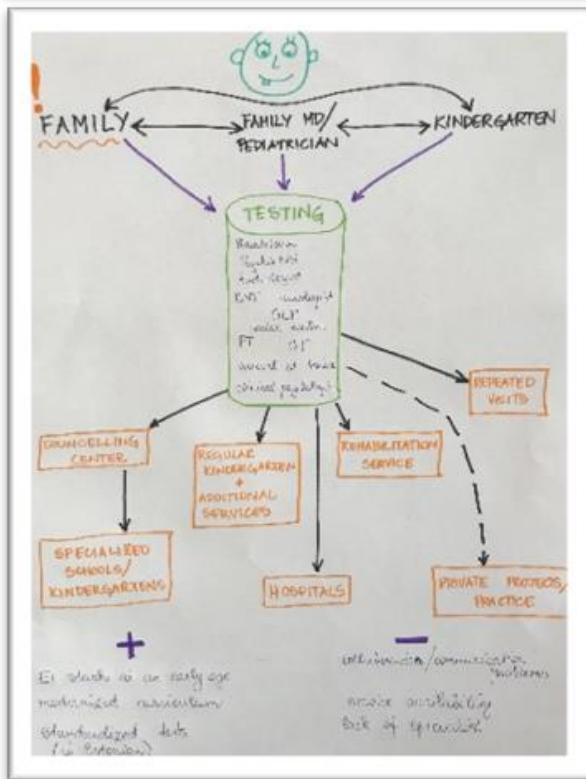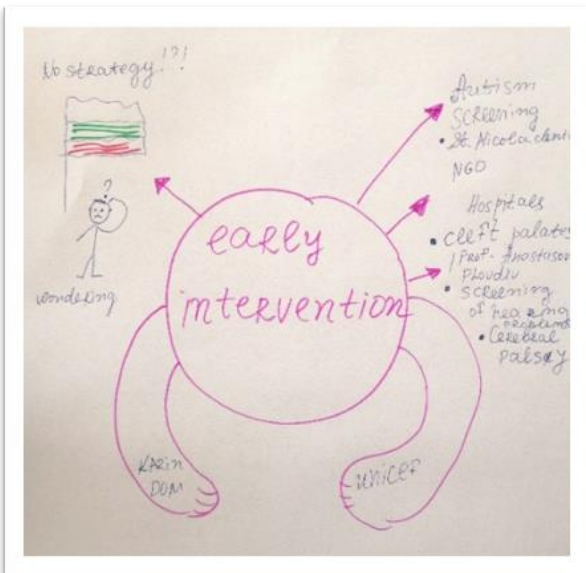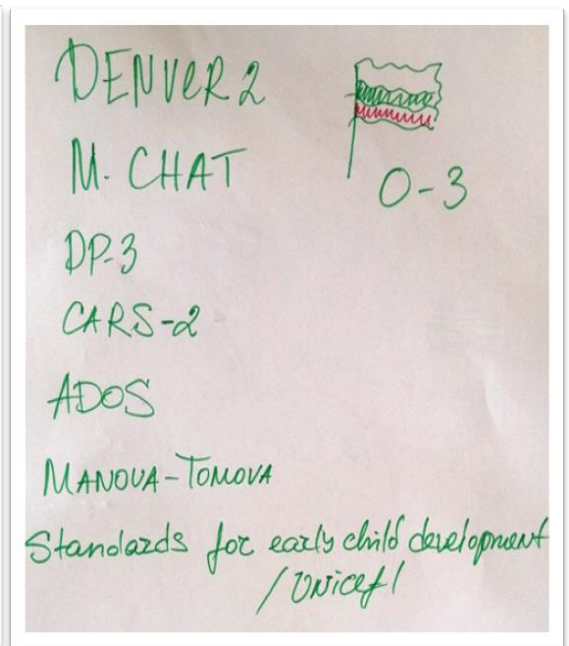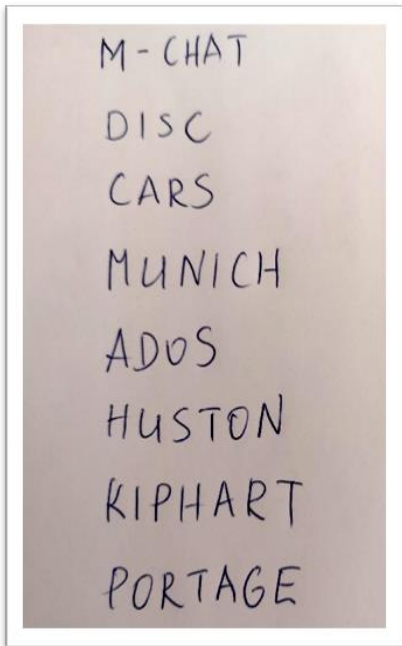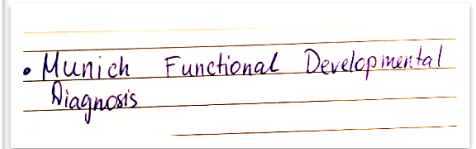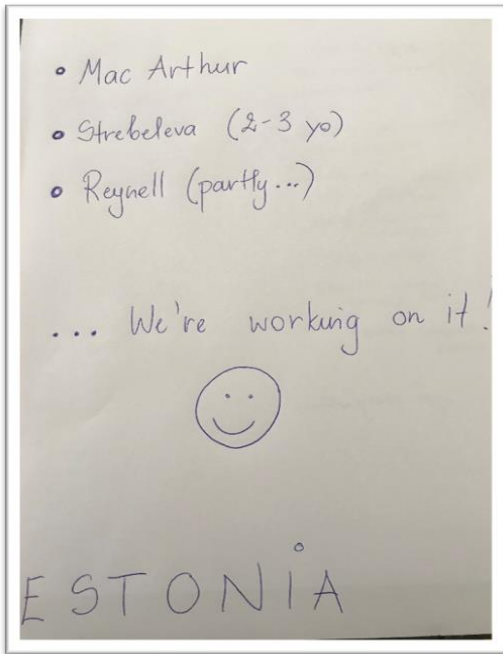
2. **List of diagnostic and therapeutic instruments used in Romania**

- DENVER
- PORTAGE
- COMMUNICATION MATRIX
- AUDITORY DEVELOPMENTAL SCALE: 0-6 YEARS (Rev. 10/14)
- INTEGRATED SCALE FOR DEVELOPMENT
- M-CHAT™ - *Diana L. Robins, PhD*

Working groups - the participants described the early childhood assessment tools used in their countries.

- Mac Arthur
- Strebeleva (2-3 yo)
- Reynell (partly...)

... We're working on it!

:)

ESTONIA

- Munich Functional Developmental Diagnosis

The trainer introduced the following resources:

➢ **READING PEN**
https://www.amazon.com/Wizcom-WRP2-ReadingPen-Assistive-Scanning/dp/B004BD3KTU

➢ **http://www.zapreader.com/**

➢ LEAPFROG QUANTUM PAD

https://www.worthpoint.com/worthopedia/leapfrog-quantum-pad-complete-159119141

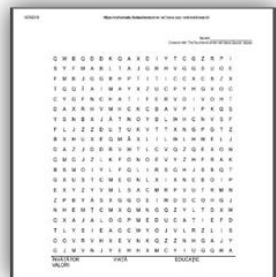## ➢ KINDLE

https://slickdeals.net/g00/f/11625015-amazon-kindle-6-wifi-e-reader-49-99-or-kindle-paperwhite-6-wifi-e-reader-w-special-offers-89-99-free-shipping-via-amazon?i10c.encReferrer=aHR0cHM6Ly93d3cuZ29vZ2xlLnJvLw%3D%3D&i10c.ua=1&i10c.dv=14
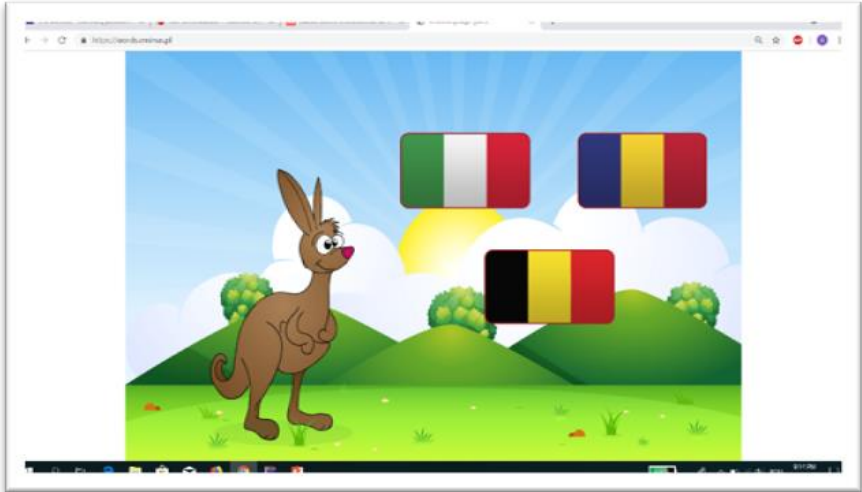

➢ WORDSEARCH GENERATOR

https://worksheets.theteacherscorner.net/make-your-own/word-search/

➢ OZOBOT

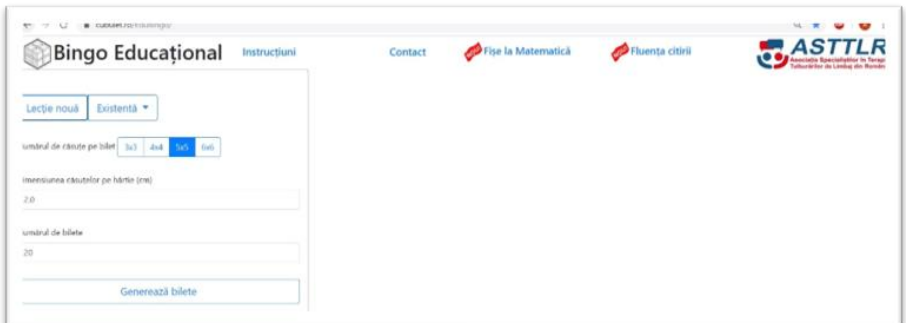https://ozobot.com/products

3. Interdisciplinary links on the topic

- Early Intervention in reading
- Emergent Literacy Development - Developmental Milestones-Reading
- The platform TALK https://words.eminus.pl/

- BINGO Game - www.cubulet.ro

4. Applicability in practice

"It was really interesting sessions. Our trainer Dorina Talas gave us a lot of useful ideas how to use technologies in our work, especially when it comes to Early Intervention. We love the idea of instant sharing between professionals and parents."
(Arpi Anzhilian Masihi and Lilyana Bogatsevska-Grigorova from Bulgaria)

"We like the idea that both parents should take part in the therapy and counseling sessions. SLTs should explain to the parents how they can support their child through everyday activities and what means the quality time with a child."
(Kristi Sarapuu and Riina Leok from Estonia)

"Early Intervention training got us thinking more about importance of counseling both parents how to work with their child instead of SLT just working with a child. Dorina gave us not only theoretical ideas but also a lot of practical examples. We will return to our jobs with different point of view!"
(Donata Stankute and Madara Riekstina from Latvia)

"Collaboration between professionals and families is crucial, if you want effective results. I am still learning how to teach parents in speech language therapy. Dorina shared interesting ideas and modern tools, which I can apply in my practice."
(Julija Grigenaite from Lithuania)

"Early Intervention is a very important topic for me and Dorina came with a lot of new theoretical things but also practical which made me understand better how to approach it. She made her training sessions interactive and gave us examples to understand better the topics. I loved all the instruments and tools and I am looking forward to use all of them in my practice and in my future projects."
(Minodora Stef from Romania)

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https://words.eminus.pl/

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STUTTERING

Trainer: Ms. Helena Oselin from Estonia

1. Introduction

➢ Assessment of stuttering
➢ Introduction of stuttering therapy with children:
- Palin PCI therapy
- Lidcombe therapy
- Ch. Van Riper's therapy
- Carl Dell's therapy
- Barry Guitar's therapy

2. List of diagnostic instruments

- Stuttering Severity Instrument (SSI)
- Communication Attitude Test (CAT)

3. Interdisciplinary links on the topic

Cooperation with psychologist (if needed)

4. Example from practice

Child (3 years, severe stuttering according to Stuttering Severity Instrument) has got 12 weeks therapy. Speech therapist conducted Palin PCI based approach. Therapy period (once a week meetings with speech therapist) consisted parents' counselling and direct work with the child. Parents followed speech therapist's instructions in child's daily life and practiced special exercises. After 12 weeks therapy with clinician and 8 weeks home consolidation period the child's speech appeared fluent and any remissions were not noticed after two years period.

5. Applicability in practice

"This was a great lecture! The lecturer was speaking fluently in English. She explained the material in easy terms so it was easy to understand. There was a perfect balance between theoretical and practical knowledge."
(Jelena Guskova from Lithuania)

"The sessions were interactive and involving. The content of the presentation was rich with practical information and examples from everyday practice. The presentation helped to create a systematic view about stuttering and especially working methods, for example catching up method (pull-out technique by Ch. Van Riper's therapy). The participants had a chance to read the lecture material before the presentation and could prepare some questions in advance."
(Saule Grigaliunaite from Lithuania)

"The lecturer introduced good ideas about parent counselling and highlighted the importance of positive environment. The participants discussed about multiple factors what causes stuttering – physiological, emotional, neurological and environmental factors."
(Laura Ronkaite from Latvia)

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SPEECH SOUND DISORDERS IN CHILDREN

Trainer: Ms. Daiva Kairiene from Lithuania

1. Introduction

The concept of speech sound disorders (SSD) in children was suggested by ASHA (Bernthal et. al., 2009).

Children with SSD comprise the largest number of individuals on caseloads of school-based practitioners (over 90% of SLT in schools serve individuals with speech sound disorders) (ASHA, 2004; 2006).

SSD is an umbrella term referring to any combination of difficulties with perception, motor production, and / or the phonological representation of speech sounds and speech segments (including phonotactic rules that govern syllable shape, structure, and stress, as well as prosody) that impact speech intelligibility (Ruscello, 2016, p. 2).
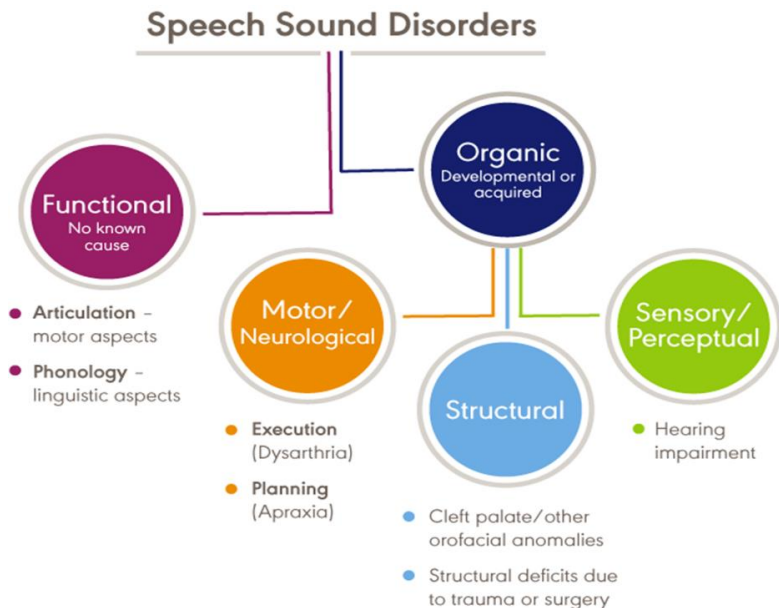
To name **motor origin speech sound disorders** in children, concepts of articulatory disorders (in the international context) and phonetic disorders (in the national context) are used.

Articulation disorders in children:

- *Dyslalia* – functional difficulties due to finding the correct position of the tongue, lips or jaw, in pronunciation of the sounds.
- *Speech / verbal dyspraxia* - oral and speech motor planning disorder due to movement position, imitation, dynamics and coordination difficulties.
- *Dysarthria* – motor speech execution disorder due to inappropriate muscle tone.

Speech sound disorder of the **cognitive-linguistic origin** is a **phonological disorder**. The phonological disorder includes speech and listening abilities (knowledge of phonology, speech production and speech perception).
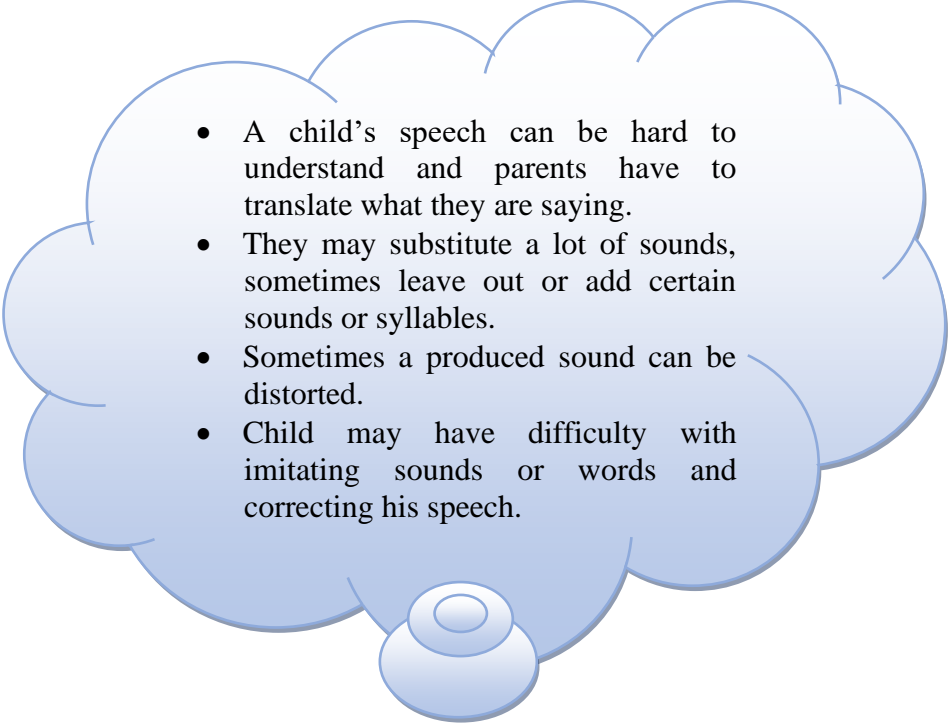
The phonological disorder is characteristic of atypical having a certain structure mistakes of misarticulation, which enable recognition of the deficit of phonological awareness: weak / unstressed syllable deletion; reduplication of the first syllable; final consonant deletion; stopping of continuously articulated sounds; cluster reduction; final consonant deletion; fronting, e.g. substitution of velar [k], [g] with alveolar [t], [d]; backing, e.g. substitution of alveolar [t], [d] with velar [k], [g]; gliding, substitution of sounds [l], [r] with a sound [j]; other characteristic mistakes (voicing of unvoiced consonants, stopping of long-syllable words).

2. Applicability in practice

"As young speech and language therapists the main topics about Articulation and Phonological disorders were fascinating and found them very science based and practically useful. Exchanging experience with another country though us that all speech and language therapists share a passion for helping children and each other to make this human based science more precise. The presentations about identification of Articulation and Phonological disorders showed definitions, main characteristics, differentiation and assessment tools that were particularly fascinating. The working groups about identification and treatment revealed that our knowledge is a lot but we need more research. We work mainly with preschool-aged children with phonological disorders and the presentation gave us fresh intervention ideas. We really enjoyed the differentiation of dislalia, dyspraxia and dysarthria. In Bulgaria the classification of Speech and Sound disorders is quite different and the topic was very thought provoking. The explanation of motor learning was innovative and inspired us to revise our approach. The discussion about Phonological disorders was extremely helpful because we heard a lot of treatment plans and ideas from more experienced specialists."

Emanuela Marinova and Gabriela Hristova
from Bulgaria

3. Case of speech sound disorder in children

- A child's speech can be hard to understand and parents have to translate what they are saying.
- They may substitute a lot of sounds, sometimes leave out or add certain sounds or syllables.
- Sometimes a produced sound can be distorted.
- Child may have difficulty with imitating sounds or words and correcting his speech.

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INTERACTIVE TOOLS IN SPEECH AND LANGUAGE THERAPY

Trainer: Ms. Egija Laganovska from Latvia

1. Information and Communication Technologies (ICT) in Speech and Language Therapy in Latvia (pilot study)

The purpose of this pilot study is to reveal the opinions of SLT's about ICT's in Speech and Language Therapy.

Respondents: 76 parents and 93 SLT's

Questionnaires were used for this pilot study.

Conclusions:

- The ICTs in Speech and Language Therapy use two main categories: assessment and intervention;

- The ICTs – accurate and effective administrative tool for the SLTs;

- More practice at home. Child can work independently too;

- All practitioners recognize the value of technology in SLT and promote, as part of their competence, the efficiency of digital resources in SLT;

- The biggest problem – very little apps in Latvian language, very little ICTs in SLT cabinets;

- SLTs don't want to use ICTs and don't know how to use it;

- So little time for SLT session.

VARIOUS ICT FOR USE IN SLT

2. Models – Correction Tools of Children Sound Pronunciation Disturbances in Pre-school Age (Latvian experience)

Speaker: Ms. Inese Smirnova from Latvia

Irēna Miltiņa «Modelling in Speech Therapy»: Modelling - A Practical Work Method for Preventing Childhood Speech Disorders of Pre-school Children
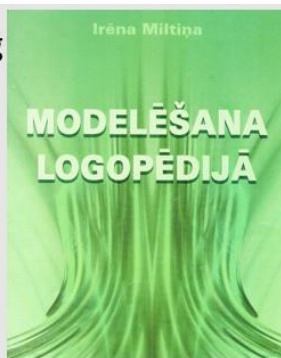
- **Modelling** is a cognitive method where the subject is replaced by a model.
- **A model** is a sample, a benchmark, either reduced increased or simplified representation of an object.
- **Articulation models** - alternates of the object reflect the location of the peripheral part (object) of the speech apparatus for individual organs (lips, tongue, vocal cords) corresponding to the articulation of a specific sound at the time of the pronunciation.
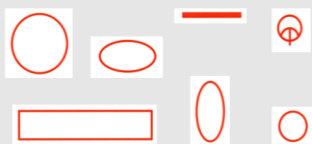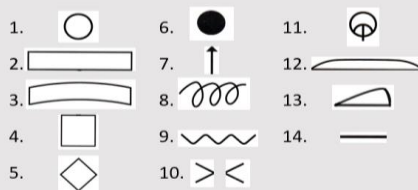
- **Modelling** is a new method that can be used for articulation disorders correction work. Sound articulation models reflect the position of the peripheral part of the speech apparatus - lips, tongue, soft palate, voice cords - during the specific sound pronunciation.
- **Modelling** is a meaningful and inclusive working method. Sound articulation models are visual indications that help children to learn the correct articulating movements of sound and improve phonological perception.
- **Modelling** is an additional working method for sounds recognition and teaching, models are mirror images of sounds that contribute to learning the pronunciation of correct sounds, especially consonants.
- **Vowel models** can be used when working with 3-year-olds, consonant models are more successfully acquired by children 4-5-years-old.
- **Sound articulation models** can be used in different ways, not only by speech therapists, but also by teachers and children's parents.

Game, Play in Speech and Language Therapy

3. **Model of intervention for pre–school children 5–6 year of age with phonological insufficiency**
   Speaker: Ms. Ilze Vilka from Latvia

Research aim – to analyze (theoretically and practically), evaluate and update the role of games in promoting the phonological perception of children at the senior preschool age (the age of 5-6 year).

The oldest pre-school age (5-6 years of age) is defined as the optimum age for full-value development of phonological perception.

Most characteristic features of the game:

- the game is based on the instinct of imitation given to man by nature;
- game organization is based on rules, limits can be set both in time and space;
- the game is played voluntarily, however, it has a productive and rational in nature;
- the game is diversity, which expresses in emotions, imagination and activities in a relationship;
- the game has its mysterious character;
- the game allows one to express himself;
- the game allows one to feel pleasure and joy.

Game in intervention

Preforming and repeating systematic exercises (Gross, 1901)

Getting rid of overactivity and tension in practical activities (Spensers, 2012; Scott G. Eberle, 2014)

With the help of the game the child learns to perceive and analyze reality and gain experience (Эльконин, 1999; Dimitrios Karagiorgas, Shari Niemann, 2017)

Whilst playing, children's thinking gradually becomes more logical (Piaget, 1951; Jeffrey Goldstein, 2012)

Practical activities are based on rules (Выготский, 2004; António Andrade, David Gouveia, Paula Escudeiro, Carlos Vaz de Carvalho, 2014)

Psychic processes develop during the game (Леонтьев,1981; Meenu Kumari, Simarnjeet Kaur, Ajesh Kumar (2016)

Game

Intervention

Game is an activity with special rules and techniques, a set of specific actions that is focusing on the determined result. To achieve the results, specific knowledge, skills or coincidence of circumstances are used (Skujiņa et al. 2011).

Games for improvement of phonological perception (Vilka, 2017)

Game		The aim of all the games is to improve the skills of the child:
Phonematic apprehension	• Be careful! • Remember the arrangements! • Listen to the word! • Listen, found, take!	• name words with a certain sound • name words with a specific number or sounds
Phonematic analysis	• Listen to the hand flap! • What sounded? • Vowel children. • Who is a better listener?	• determine word sound composition • determine the sound sequence in word
Phonematic synthesis	• Find the friend! • Create a new word! • Guess the word! • Tell me, what it is!	• unite separate component to wholeness (syllable from sounds, word from syllable, et cetera).

Phonological apprehension Acoustically similar word naming
Game "Match the Rhyming Words"

Phonematic analysis First sound determination
Game "Who is a better listener?"

Phonematic synthesis Compound word formation
Game "Create a new word!"

1.		+		=	foot + ball = football
2.		+		=	lip + stick = lipstick
3.		+		=	sun + flower = sunflower
4.		+		=	rain + bow = rainbow
5.		+		=	snow + men = snowmen
6.		+		=	ear + ring = earring

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THE POWER OF SOUND, MUSIC AND MOVEMENT FOR SENSORY PROCESSING, LANGUAGE AND LEARNING

Trainer: Ms. Olga Georgieva-Ruskovska from Bulgaria

1. Move, Learn, Grow

Contemporary children find it difficult to listen, learn, comprehend and remember information. It also covers the links between movement, coordination, listening, language and executive skills. The processing auditory information is a critical component of social communication for people with ASD, SPD, SpL Disabilities, ADHD and other development problems. Autism is described as a social communication problem. Children with autism have significant difficulties with socialization and language development. One of the main reasons for problems with language and verbal communication may be related to auditory processing skills and linked to other autistic characteristics, such as anxiety or confusion in social situations, and inattentiveness.

The core of the difficulties of these conditions can be recognized on time and the therapy will achieve better results. Tools as test of Auditory and Visual Skills (TAVS) can be useful to professional practice to both screen for auditory and visual processing skills, and to measure changes in these areas when using therapeutic interventions such as The Listening Program® and/or inTime™. The test is not dependent on any language.

For child development the movement is as a door for future learning. The same idea is used as a core in Brain Gym® program. When practice it the children repeat certain simple movements such as crawling, yawning, making symbols in the air and drinking water. These are intended to "integrate", "repattern", and increase blood flow to the brain.

The main idea is that the exercises are meant to "balance" the brain hemispheres so the two "sides" work together better. There is also a notion of integrating the "top" parts of the brain with the "lower" parts of the brain to in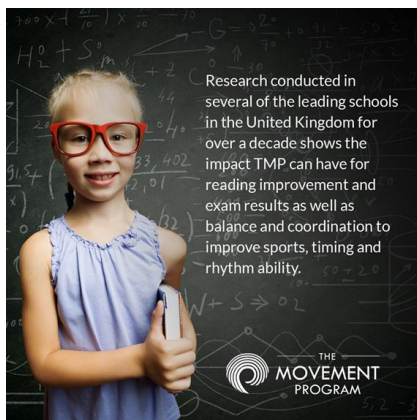tegrate thought and emotion, as well as integrating visual, auditory, and motor skills. Another set of underlying ideas is psychomotor patterning, also known as the Doman-Delacato theory of development.

In this relation movement and rhythm may improve the brain timing which collaborates with executive skills, speed of

processing and working memory. All of these can result in better performance. We can improve the skills by using Interactive Metronome in practice.

2. The Movement Program®

They are very useful for practice by SLTs, Teachers, OT therapists, SEN teachers, specialized centers for Sen children, Special schools. Can be applied for all kind of children and level of functioning. The programs are very adaptive. The benefits of the programs are home based approach. The assess for TMP is free 3 hours.

Research conducted in several of the leading schools in the United Kingdom for over a decade shows the impact TMP can have for reading improvement and exam results as well as balance and coordination to improve sports, timing and rhythm ability.

THE
MOVEMENT
PROGRAM

31

Training course for specialists. The knowledge of these courses is applicable for huge range of needs and therapeutic aims. Exercises are easy to understand and practice.

3. The Listening Program®

The Listening Program® (TLP) is a music listening method, personalized just for you to improve your brain health, at any age or level of ability. TLP has global effects on the brain, and is commonly used to support changes in a wide range of brain performance areas.

4. Applicability in practice

"The sessions for auditory processing and the power of sound, music and movement for improving language and learning was full of relevant and practical information and also theoretical information that made me want to learn more about this specific topic in order to use the information in my personal work with children with autism." (Alexandra Simionas from Romania)

"The Movement Program is very interesting. It has good structure and I will apply it in my music and movement classes with children with visual disabilities. A lot of the programs exercises I can apply in my private work as a speech therapist and special education teacher with children autism and Down syndrome."
(Maria Mosora from Romania)

"I received a lot of theoretical and practical knowledge about movement and listening integration in learning and behavioral problems." (Eike Betlem from Estonia)

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- **Lithuanian Logopedists' Association - www.logopeduasociacija.lt**
- **Latvian Association of Logopedists - www.logopedi.lv**
- **Estonian Logopedists' Union - www.elu.ee**