بنام ایزد یکتا

شناسایی زودهنگام اختلالات گفتار و زبان در کودکان

امید محمدی

عضو هیئت علمی دانشگاه علوم پزشکی شهرکرد

Omohamadi8@gmail.com

Speech-Language Pathology

- ***Evaluate and diagnose*** speech, language, cognitive-communication and swallowing disorders.
- ***Treat*** speech, language, cognitive-communication and swallowing disorders in individuals of all ages, from infants to the elderly.

❖ ***Speech-language pathologists often work as part of a team.***

William Osler once said:

“Listen to the patient; he is trying to tell you the diagnosis.” One rule of thumb is: never ignore a parent's concerns.

Early Identification

- **Early Brain Development *(From Conception to Age 6 Particularly the First 3 years)***
- **Set the Base for Competence and Coping Skills that will Affect Learning, Behavior and Health.**
- **Must be Identified *as Quickly as Possible* and *Referred* to the Appropriate Services**
- **Early Intervention During the Period of the Greatest Development of Neural Pathways when Alternative Coping Skills are Most Easily Built is Critical.**

A *“ Wait and See”!*

Approach is no

Longer an

Acceptable Option.

Know the signs! Act early!

A child's healthy development including ***Social, Emotional, Communication, and Behavior*** must be monitored by parents, physicians and other health professionals at every well visit.

Early

HELP

makes a difference!

What is the Red Flags Guide?

- A Quick Reference Guide to Early Assessment of Children .
- **Red Flags** Help Professionals to Better Understand When and where to make Referrals for Further Investigation or Intervention.
- **Red Flags** Will Assist Professionals in Identifying When a Child could be at Risk of not Meeting his or her Expected Developmental Milestones.

Sharing Sensitive News!

- Shock, Anger, Disbelief, Fear, distressed, disagree, rejecting and overwhelmed.
- You want parents to feel capable and to be empowered to make decisions.
- Share concerns in a Clear, Informative, Sensitive and Supportive manner acknowledging the parents 'perspectives and feelings.
- Presenting information in a Professional manner lends credibility to your concerns.

How to Talk to Parents/Caregivers about Sensitive Issues

- ***Empathize:*** **Put yourself in the parents 'shoes!**
- **Set up the meeting in *private space* without interruption.**
- **Developing a *warm, trusting relationship* with the parents.**
- **Give the family time to talk about *how they feel*.**
- **Be *Genuine* and *Caring*.**
- **Your *body language* is important.**
- **Offer reasons *why* it is not appropriate to *" Wait and See"!***
- **Be sensitive to a *parent's readiness* for information.**
- **Only suggest *further assessment*!**
- **Be sure to value to parents' knowledge, *The final decision is theirs!***

" نگران نباشید"!!

- نگران نباشید . . .رشد و تکامل پسرها بطور کلی کندتر از دخترهاست. نگران نباشید . . دختر شما در این جنبه رشد خواهد کرد.... نگران نباشید ... انیشتین هم خیلی دیر صحبت کرد. نگران نباشید.... فقط چند ماه به او فرصت دهید."
- این کلمات اغلب والدین را دلسرد می کند و بسیاری از کودکان مبتلا به تأخیر در روند رشد را از دریافت آنچه نیاز دارند محروم می سازد.

گزارش یک مورد

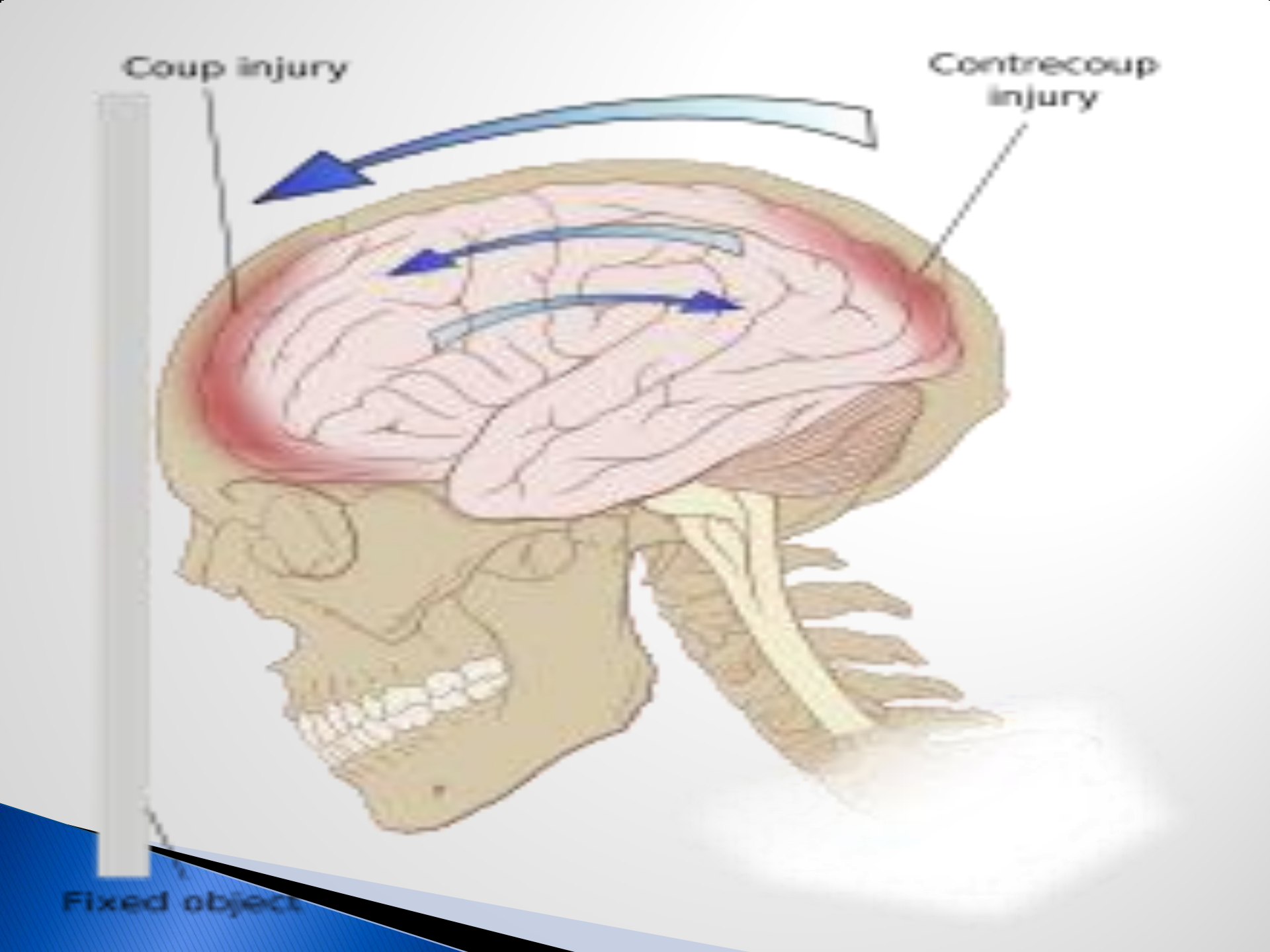
"در ابتدا متوجه شدم که بعد از گذشت بیش از یکسال پسرم هنوز صحبت نمی کند، او به همه مایلستونهای رشد و مهارتهای متناسب با سن خود خودبخوبی دست یافته بود اما گفتارش هنوز رشد نکرده بود....ما نزد پزشک رفتیم و نگرانی های خود را بیان کردیم و پزشک گفت" نگران نباشید او پسر است و پسرها معمولا دیرتر صحبت می کنند، شما فقط با او صحبت کنید و برایش کتاب بخوانید، به زودی شروع به صحبت خواهد کرد."(والدین کودکی که در سن ۱۵ ماهگی نگران کودک خود بودند، توصیه های پزشک بی نتیجه بود و۲ سال بعد تشخیص اختلال رشدی در این کودک داده شد).

گزارش یک مورد

مارگارت باومن، نورولوژیست اطفال، می گوید: " یکی از لذت بخش ترین لحظات روزی است که شما کودکی را ویزیت می کنید که شش ماه قبل اخبار بدی را به خانواده او داده اید و آنها در این مدت کارهایی را انجام دادند که شما به آنها گفته بودید. هم اکنون مجددا مراجعه کرده اند و شما مشاهده می کنید که کودک به شما نگاه می کند، کلماتی را می گوید و مهارتهای بازی در وی شروع به توسعه کرده اند....."

Brain Injury

- Traumatic Brain Injury (TBI)
- Cerebrovascular Accident (CVA) or Stroke
- Congenital Malformation of the Neural Blood Vessels
- Convulsive Disorders
- Encephalopathy such as Infection or Tumors


Coup injury
Contrecoup injury
Fixed object

Deficits

- Cognitive
- Physical
- Behavioral/Emotional
- Linguistic
- Academic

Language Characteristics of Children With Brain Injury

- ***Pragmatics:*** Difficulty with organization and expression of complex idea, off-topic and inappropriate comments, less complex narrative, fewer words and shorter, less sentences complexity.
- ***Semantic:*** Word retrieval, naming, object description difficulty, although vocabulary relatively intact.
- ***Syntax/Morphology:*** Sentences may be lengthy or fragmented
- ***Phonology:*** There may be some Dysarthria or Apraxia due to injury
- ***Comprehension:*** Poor Auditory and reading comprehension, problems due to inattention and speed of processing, vocabulary comprehension affected for abstract terms.

Sensory Integration Disorders(SID)
or
Sensory Processing Disorders(SPD)

Ability to receive input through all of the senses – taste, smell, auditory, touch, movement and body position and the ability to process this sensory information into automatic and appropriate adaptive responses.

- Difficulty with grooming tasks
- Picky eater
- Extreme difficulty with messy during feeding and play activities.
- Disliking playing in the sand, having lotion on skin, or wearing certain fabrics.
- Showing fear when having head tilted backward (when changing diapers or playing at the park).

- Showing fear with having feet off of the ground
- Constant climbing / jumping/ crash such that the child has difficulty sitting
- Seeking spinning, swinging or other movement activities excessively.
- Muscles that seem loose or floppy, such that the child slouches or struggles with sitting upright for long periods of time.
- Difficulty with transitions and sleep can be related to processing delays at times.

Red Flags of Sensory Integration Disorder

- ***Infants and toddlers***
  - _____ Problems eating or sleeping
  - _____ Refuses to go to anyone but me
  - _____ Irritable when being dressed; uncomfortable in clothes
  - _____ Rarely plays with toys
  - _____ Resists cuddling, arches away when held
  - _____ Cannot calm self
  - _____ Floppy or stiff body, motor delays

- ***Pre-schoolers***
  - _____ Over-sensitive to touch, noises, smells, other people
  - _____ Difficulty making friends
  - _____ Difficulty dressing, eating, sleeping, and/or toilet training
  - _____ Clumsy; poor motor skills; weak
  - _____ In constant motion; in everyone else's face and space
  - _____ Frequent or long temper tantrums

- ***Grade schoolers***

___ Over-sensitive to touch, noise, smells, other people

___ Easily distracted, fidgety, craves movement; aggressive

___ Easily overwhelmed

___ Difficulty with handwriting or motor activities

___ Difficulty making friends

___ Unaware of pain and/or other people

- ***Adolescents and adults***

___ Over-sensitive to touch, noise, smells, and other people

___ Poor self-esteem; afraid of failing at new tasks

___ Lethargic and slow

___ Always on the go; impulsive; distractible

___ Leaves tasks uncompleted

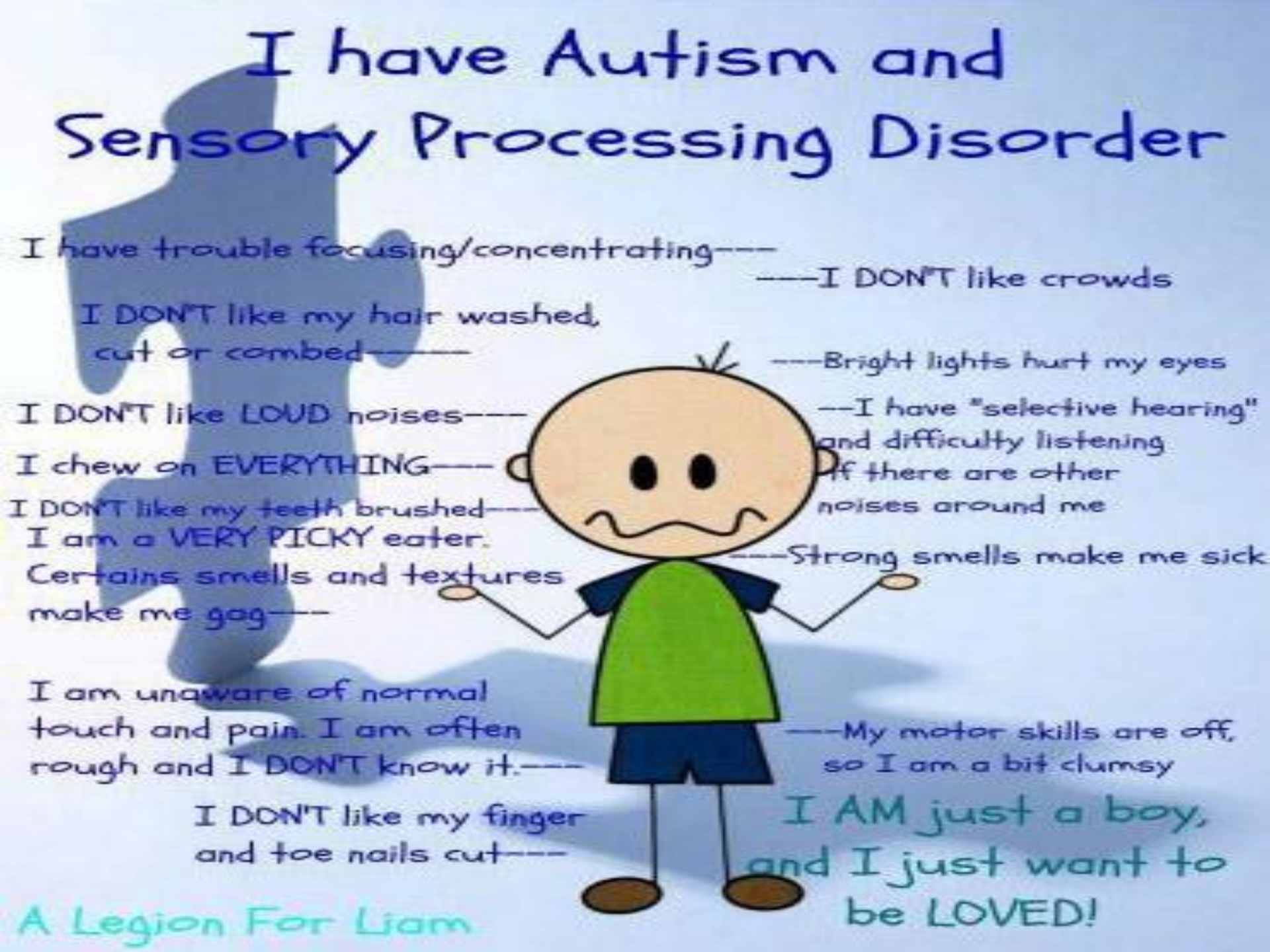
___ Clumsy, slow, poor motor skills or handwriting

___ Difficulty staying focused at work and in meetings

- SID in up to 70% of children who are considered learning disabled by schools. .
- all age groups, as well as intellectual levels and socioeconomic groups.
- ***Factors that contribute to SID include***

- ✓ Premature birth
- ✓ Autism and other developmental disorders
- ✓ Learning disabilities
- ✓ Stress-related disorders and brain injury
- ✓ *Two of the biggest contributing conditions are Autism and Attention-Deficit Hyperactivity Disorder (ADHD).*

I have Autism and Sensory Processing Disorder



Feeding & Swallowing Disorders

- ***Feeding Disorders:*** Difficulty in placement and manipulation of food prior to initiation of the swallowing
- ***Swallowing Disorders:*** Also called "Dysphagia" can occur at different stages in the swallowing process: Oral Phase, Pharyngeal Phase & Esophageal Phase.

CAUSES:

- ✓ **Nervous system disorders (e.g., CP)**
- ✓ **Prematurity and/or low birth weight**
- ✓ **Cleft lip and/or palate**
- ✓ **Muscle weakness in the face and neck**
- ✓ **Problems with parent-child interactions at meal times**

Red Flags for Feeding & Swallowing Disorders

1.Stressful Mealtimes

2. Need less than 10 minute or more than 25 minutes to eat age-appropriate foods.

3. Certain types of food

4. Coughing, gagging or choking

5. Failure to gain weight/height for expected age.

6. Cannot progress from liquids to purees after 6 months, or from purees to pieces by 14 – 16 months

7. Omits complete food groups from his diet (e.g., no meats; no vegetables).

8. Will not feed himself (at least partially) by 14-15 months

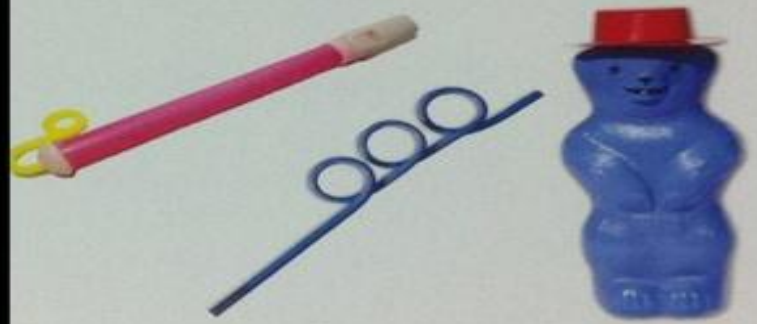
9. Cannot suck for more than 5 minutes at a time.

10. Drooling

Sara Rosenfeld-Johnson M.S., CCC-SLP

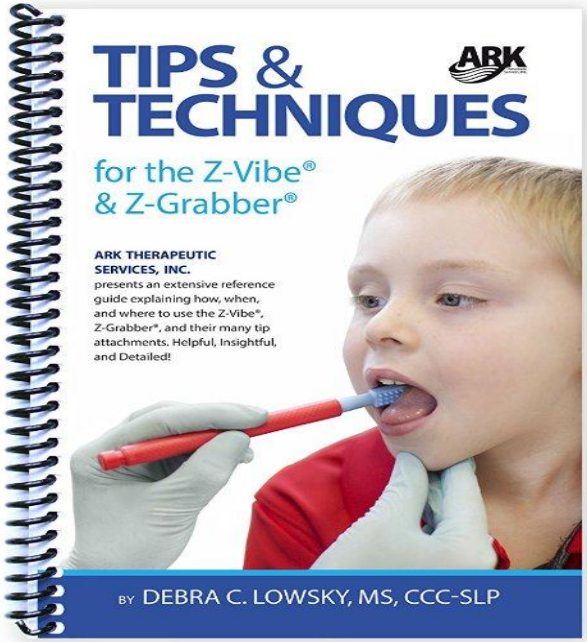
Drooling Remediation Program

for Children and Adults



Appropriate for individuals with Down syndrome and other low tone diagnoses, cerebral palsy, post CVA, Parkinson's disease, as well as those with habitual open-mouth postures.

For use by parents or therapists


TIPS &
TECHNIQUES
ARK
for the Z-Vibe®
& Z-Grabber®
ARK THERAPEUTIC
SERVICES, INC.
presents an extensive reference
guide explaining how, when,
and where to use the Z-Vibe®,
Z-Grabber®, and their many tip
attachments. Helpful, Insightful,
and Detailed!
BY DEBRA C. LOWSKY, MS, CCC-SLP


TALKTOOLS
STRAW KIT
Oral Placement Therapy
for
Speech Clarity and Feeding
THE
Horns, straws, bubbles & other
Oral Placement Activities
Most
Effective
With
Oral
Remediation for
Kids
TALKTOOLS
HORN KIT
TALKTOOLS
TALKTOOLS

Disorders of Articulation & Phonology

Difficulty in correct production and use of speech sounds

Functional Disorder if no cause is known……Related factors:

- Hearing Loss
- Otitis Media during first few years of life
- Diminished speech-sound perception and discrimination ability
- Atypical alignment and missing teeth
- Impaired oral-motor skills
- Eating problems
- Tongue thrust swallow after 6 years of age
- Neuromotor Disabilities (Dysarthria – Apraxia of speech)
- Mental retardation
- Language difficulties
- Male sex
- Family history of speech delay
- Low mental education

Voice Disorders

Deviations in voice quality, pitch, loudness and flexibility that interfere with communication.

Red flags in Perceptual signs:

- Monopitch, pitch breaks, Inappropriate pitch
- Monoloudness, Inappropriate loudness
- Hoarseness / roughness, Breathiness, Tremor, Strain / struggle
- Stridor
- Excessive throat clearing
- Consistent or Episodic Aphonia

Autistic Spectrum Disorder (ASD)

Autism spectrum disorders are lifelong developmental disorders characterized by impairments in all of the following areas of development: communication, social interaction, restricted repertoire of activities and interests.

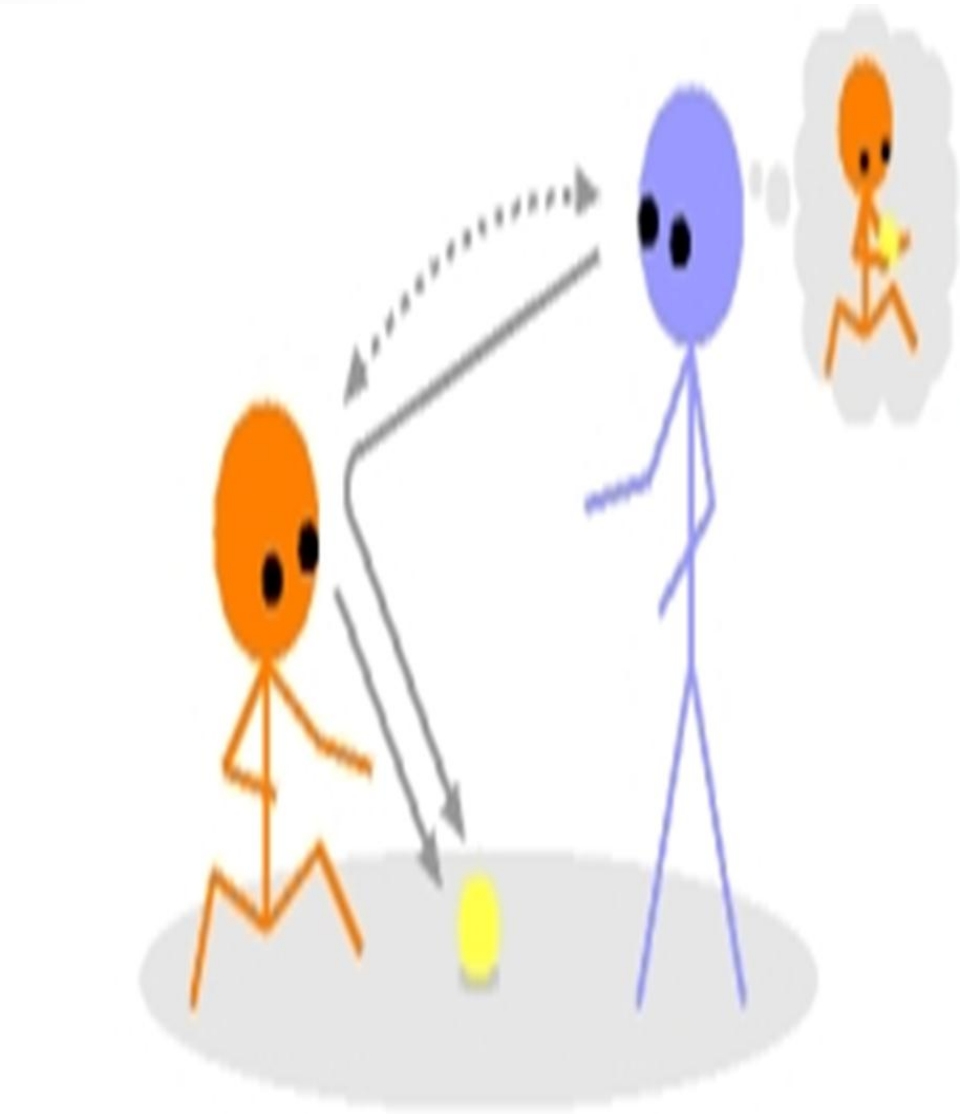
difficulties in eating and/or sleeping, unusual fears, learning problems, repetitive behaviors, self injury and peculiar responses to sensory input.

Age of Detection

- شدت اختلال و تأخیرهای رشدی در توانایی ارتباطی
- بندرت قبل از ۱۸ ماهگی تشخیص داده می شود
- نوزادان مبتلا علایمی از قبیل بیحالی، تمایل به تنها بودن، درخواستهای کم، بسیار تحریک پذیر همراه با مشکلات خواب، گریه کردن و جیغ زدن
- بین ۱۸ تا ۳۶ ماهگی: کج خلقی های مکرر، حرکات تکراری و بازیهایی با آداب خاص، عکس العمل شدید به تحریکات معین، فقدان بازی اجتماعی و نمادین، مشکلات ارتباطی، اشکال در Joint Attention و ضعف در استفاده از اشارات.
- در ۲۰٪ موارد رشد و تکامل تا سن ۲۴ ماهگی طبیعی است خصوصا در دختران.

Early Identification

- عدم غان غون کردن تا ۱۲ ماهگی
- عدم استفاده از اشارات تا ۱۲ ماهگی
- عدم استفاده از تک کلمات تا ۱۶ ماهگی
- عدم استفاده از عبارات ۲ کلمه ای بطور هدفمند در ۲۴ ماهگی
- کاهش و پسرفت مهارتهای زبانی و اجتماعی در هر سنی
- نقص در توجه مشترک (بطور طبیعی در ۹ ماهگی بوجود می آید)
- نبود یا فقدان لبخند اجتماعی



چه زمانی باید نگران اوتیسم باشید؟

- کودک در سن ۶ ماهگی لبخندی نداشته باشد
- در سن ۹ماهگی هیچگونه تعاملی از طریق لبخند، صداسازی و حالات چهره ای با والدین نداشته باشد
- در سن ۱۲ ماهگی به نام خود پاسخ ندهد، غان و غون نکند، از اشاره استفاده نکند و دست خود را به علامت بای بای تکان ندهد
- در ۱۶ ماهگی از تک کلمه و نهایتا در ۲۴ ماهگی از عبارات دو کلمه ای استفاده نکند.

تأخیرهایی که نیازمند ارزیابی فوری هستند!

- در سن ۶ ماهگی: خندیدن و یا سایرحالات چهره ای گرم و بیانگر لذت وجود ندارد.
- در سن ۹ ماهگی: کودک از طریق صداها، لبخند زدن و سایر حالات چهره ای با اطرافیان تعامل دوجانبه ندارد.
- در سن ۱۲ ماهگی: عدم پاسخ به نام خود (مشخصه بارز کودک اوتیستیک)
- در سن ۱۲ ماهگی: عدم تولید غان و غون و یا "گفتار کودکانه"
- در سن ۱۲ ماهگی: عدم وجود اشاراتی از قبیل نشان دادن، باز کردن دستها، تکان دادن دست به علامت بای بای و اشاره کردن با دست
- در سن ۱۶ ماهگی: عدم تولید تک کلمات
- در سن ۲۴ ماهگی: عدم تولید عبارات ۲ کلمه ای معنادار بطور هدفمند

علایم شایع اوتیسم در سال دوم زندگی:

- عدم استفاده از اشارات، حرکات، تکان دادن دست به معنای بای بای و عدم نشان دادن اشیاء یا افراد در سن ۱۲ تا ۲۴ ماهگی
- عدم علاقه به مطرح کردن علایق خود با دیگران
- حرکات تکراری با اشیاء
- عدم تماس چشمی مناسب
- عدم پاسخ به نام خود (موردی که والدین خیلی گزارش می کنند).
- نداشتن حالات چهره ای شاد و گرم
- آهنگ غیر عادی گفتار
- حرکات تکراری یا دادن وضعیت خاصی به بدن

علایم بیانگر خطر ابتلا به اوتیسم در کودک ۱۲ تا ۲۴ ماهه:

- کاهش تماس چشمی و یا تماس چشمی غیر عادی
- نقص در پیوند دادن تماس چشمی با سایر رفتارهای ارتباطی از قبیل لبخند اجتماعی
- کاهش یا فقدان لبخند اجتماعی
- نقص در اشاره کردن به منظور نشان دادن یا به اشتراک گذاشتن
- نقص در تعقیب چشمی یک نقطه
- عدم پاسخ به نام خود
- کاهش و یا فقدان رفتارهای تقلیدی مانند: تکان دادن دست به علامت بای بای.
- عدم انجام بازی های نمادین (بطور طبیعی از ۱۲ تا ۲۴ ماهگی باید مشاهده گردد).


HOSPITAL


D
Mother's
Helper

Maltreatment: Neglect & Abuse

- Physical Neglect: Inadequate supervision, (nutrition, clothing, personal hygiene, medical care)
- Emotional neglect: No normal living experience, attention and affection
- Physical Abuse: Bodily injury, such as neurological damage or death from shaking, beating, or burning
- Sexual Abuse: Non physical abuse (indecent exposure or verbal attack) and physical abuse.
- Emotional Abuse: Excessive yelling, teasing/verbal attack, and overt rejection

Language Characteristics

- Pragmatics: poor conversation skills, inability to discuss feelings, shorter conversations, fewer descriptive utterance, Language with little social exchange or affect
- Semantics: Limited expressive vocabulary, more talk about now and here
- Syntax/Morphology: Shorter, less complex utterances
- Phonology: Similar to peers
- Comprehension: Receptive vocabulary similar to peers, auditory and reading comprehension problems.

Attachment Disorder

- ***Definition***

A broad term intended to describe *disorders* of *mood*, *behavior*, and *social relationships* arising from a failure to bond between parent and baby – A secure model for future relationships.

Causes:

- Unusual early experiences of neglect, abuse
- Separation from caregivers after about *6 months* of age but before about three years of age
- Frequent change of caregivers or excessive numbers of caregivers
- Lack of caregiver responsiveness to child communicative efforts.

- *A problematic history of social relationships occurring after about age 3 may be distressing to a child, but does not result in attachment disorder.*

Red Flags for Attachment Behavior

- **Numerous relational breaks and shifts during infancy or brought up in institutions**
- **In situations of separation, they do not react with protest.**
- **In obviously dangerous situations these children do not turn toward a preferred figure.**

- ***0-8 months:*** **Is difficult to comfort by physical contact such as rocking or holding, Does things or cries just to annoy you.**
- ***8-18 months:*** **Does not reach out to you for comfort, Easily allows a stranger to hold him/her.**

Red Flags for *Exaggerated* Attachment Behavior

- excessive clinging
- In unfamiliar surroundings or stranger, react far more anxious
- want to be held at an age that would not be expected, e.g. school age
- Even when an attachment figure is holding them, they appear anxious, tense, and suspicious
- They react to separation with excessive emotional distress –they cry, rage, and panic, and are inconsolable

- *4-5 years:* Becomes aggressive for no reason (e.g. with someone who is upset), Is too dependent on adults for attention, encouragement and help.

Problem Signs . . . . .

- ***if a mother or primary caregiver is frequently displaying any of the following, consider this a* Red flag:**
  - Being insensitive to a baby's communication cues.
  - Often unable to recognize baby's cues
  - Frequently ignores or rejects the baby.
  - Speaks about the baby in negative terms.
  - Often appears to be angry with the baby.
  - Often expresses emotions in a fearful or intense way.

Treatments for Attachment Disorder

- Medication: Depression, *Anxiety*, or *Hyperactivity*

- A mix of *Psychotherapy*, Family therapy, Individual psychological counseling, Play therapy, Special education services and Parenting skills classes and *SPEECH THERAPY!*

Other Language Impairments:

- Intellectual Disability
- Specific Language Impairment (SLI)
- Nonspecific Language Impairment (NLI)
- Late Talkers
- Childhood Schizophrenia
- Selective Mutism
- Otitis Media
- Deafness