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SPEECH DISORDERS IN CHILDREN OF PRIMARY SCHOOL AGE AND WAYS FOR THEIR CORRECTION IN SPEECH THERAPY

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ABSTRACT

The article reveals the features of speech therapy work with children 4-5 years old. Presentation of the theoretical aspects of the normally developing speech of a child of 4-5 years old. Also a representation of the degree of general underdevelopment of speech. The plan of the working program for the development of different aspects of the speech of children 4-5 years old with general underdevelopment of speech is considered. By the age of 6, a child should have formed a grammatical structure, phonemic hearing, a dictionary by age, as well as coherent speech - simple sentences and short stories. But in children with speech disorders, these spheres are violated, therefore, correction of the impaired spheres of speech and the development of unformed spheres are needed. For this, many programs are being developed. The presented program describes the blocks, the tasks of which are solved in the classroom, which contributes to the development of these areas of speech, and without which it would be difficult to achieve the desired results. Each of the blocks is revealed in the classroom, in any of the areas, whether it is completing tasks at the table or in a joint game with children and / or a teacher, as well as when performing creative tasks.

KEYWORDS

Correction, dysarthria, alalia, anarthria, phonetic and phonemic underdevelopment, general underdevelopment of speech, primary school age.

INTRODUCTION

Characteristics of the main speech disorders encountered in primary school age and ways of their correction in speech therapy work.

As a rule, a child with speech disorders is very critical of his pathology, but one of the main dangers that speech disorders pose is inhibition of intellectual development, because speech is one of the main intellectual tools. Normalization of intellect development occurs as speech difficulties are eliminated and normal word pronunciation is formed; This is why it is so important to diagnose speech pathologies in a timely manner and begin their correction.

Most often, speech disorders in children of primary school age arise in childhood. In severe cases of speech disorders, the child not only cannot speak clearly and distinctly himself, but he poorly perceives and assimilates the sound of someone else's speech, has difficulty constructing phrases and sentences, and has a limited vocabulary. This applies to both active vocabulary (words meaningfully used in speech) and passive (words of other people's speech, perceived by ear). If proper measures are not taken to correct speech in a timely manner, the child will have serious problems communicating with peers and adults, and, as a result, the development of all kinds of complexes that impede learning, the development of mental and creative potential.

The main results and findings

Speech disorders in children are classified depending on whether a child with speech impairment can attend a regular secondary school, or whether he requires training in a specialized educational institution (severe speech impairment). Severe forms of pathologies of speech organization include dysarthria, alalia, anarthria, caused by speech disorders associated with organic damage to the central nervous system.

Depending on the level of damage to the speech system, they are divided into the following forms:

aphasia - the collapse of all components of speech as a result of damage to the cortical speech areas;

alalia - systemic underdevelopment of speech as a result of damage to cortical speech zones in the pre-speech period;

dysarthria - a violation of the sound pronunciation side of speech as a result of a violation of the innervation of the speech muscles. Depending on the location of the lesion, several variants of dysarthria are distinguished: pseudobulbar, bulbar, subcortical, cerebellar.

In domestic science, two classifications of speech disorders are used: clinical-pedagogical and psychological-pedagogical. These classifications, although they consider the same phenomena from different points of view, do not contradict, but complement one another and are focused on solving

different problems of a single, but multifaceted process of correction of speech development disorders. It should be noted that both classifications relate to primary speech underdevelopment in children, i.e. to those cases when speech development disorders are observed with intact hearing and normal intelligence.

The clinical and pedagogical classification is based on the principle “from general to specific” and is focused on detailing the types and forms of speech disorders and developing a differentiated approach to overcoming them. Disorders of the development of oral speech are divided into two types: phonation (external) design of the utterance, which are called disorders of the pronunciation side of speech, and structural-semantic (internal) design of the utterance.

Violations of phonation registration of utterances include:

dysphonia (aphonia) - disorder (or absence) of phonation due to pathological changes in the vocal apparatus; dysphonia manifests itself in disturbances in the strength, pitch and timbre of the voice;

bradylalia - a pathologically slow rate of speech, manifested in the slow implementation of the articulatory speech program;

tachylalia - a pathologically accelerated rate of speech, manifested in the accelerated implementation of the articulatory speech program;

stuttering is a violation of the tempo-rhythmic organization of speech, caused by the convulsive state of the muscles of the speech apparatus;

dyslalia - a violation of sound pronunciation with normal hearing and intact innervation of the speech apparatus (synonyms: sound pronunciation defects, phonetic defects, phoneme pronunciation defects).

In the psycholinguistic aspect, pronunciation disorders can arise due to three main reasons: deficiencies in the operations of discrimination and recognition of phonemes (perception defects); unformed operations of selection and implementation of pronounced sounds; violation of the conditions for the realization of sounds in anatomical defects of the speech apparatus

In most children, sound pronunciation reaches the language norm by 4-5 years. Most often, speech defects are caused by the fact that the child's articulatory base has not been fully formed (the entire set of articulatory positions necessary to pronounce sounds has not been mastered) or the articulatory positions have not been formed correctly, as a result of which distorted sounds are produced;

rhinolalia - disturbances in voice timbre and sound pronunciation caused by anatomical and physiological defects of the speech apparatus. With rhinolalia, distorted pronunciation of all speech sounds is observed, and not individual ones, as with dyslalia.

The psychological and pedagogical classification is built on the opposite principle - "from the particular to the general." This approach is focused on impact as a pedagogical process, the development of methods of psychological and pedagogical correction for working with a group of children (study group, class). For this purpose, the general manifestations of various forms of speech disorders are determined. In accordance with this classification, speech disorders are divided into two groups: impairment of means of communication and impairments in the use of means of communication. Communication disorders include phonetic-phonemic underdevelopment and general speech underdevelopment (GSD)).

Phonetic-phonemic underdevelopment of speech is a violation of the processes of formation of the pronunciation system of the native language in children with various speech disorders due to defects in the perception and pronunciation of phonemes. The following main manifestations of this condition are distinguished:

undifferentiated pronunciation of pairs or groups of sounds. In these cases, the same sound can serve as a

substitute for two or even three other sounds for the child. For example, the soft sound t is pronounced instead of the sounds s, ch, sh: "tyumka" (bag), "tyaska" (cup), "hoe" (hat);

replacing some sounds with others. Sounds that are difficult to pronounce are replaced by easier ones, which are characteristic of the early period of speech development. For example, the sound l is used instead of the sound r, the sound f - instead of w. In some children, a whole group of whistling and hissing sounds can be replaced by the sounds m and d: "tabaka" (dog);

mixing sounds. This phenomenon is characterized by the unstable use of a number of sounds in different words. A child can use sounds correctly in some words, but in others, replace them with similar ones in articulation or acoustic characteristics. Thus, a child, able to pronounce the sounds r, l or s in isolation, in speech utterances says, for example: "The carpenter is planing a board" instead of "The carpenter is planing a board."

Such violations indicate underdevelopment of phonemic hearing (the ability to distinguish phonemes), which is confirmed during the examination. Underdevelopment of phonemic hearing prevents the full implementation of sound analysis of words. That is why at school age this group of children

has insufficient prerequisites for learning to write and read.

Speech disorders in children of primary school age include various complex speech disorders, in which the formation of all components of the speech system related to the sound and semantic side is affected. Speech disorders in children of primary school age are understood as impaired formation of all components of the speech system in their unity (sound structure, phonemic processes, vocabulary, grammatical structure, semantic aspects of speech) in children with normal hearing and primary preserved intelligence.

Speech disorders in children of primary school age are heterogeneous in terms of developmental mechanisms and can be observed in various forms of oral speech disorders. Common signs include a late onset of speech development, a poor vocabulary, agrammatisms, pronunciation defects, and phoneme formation defects. The disorder can be expressed to varying degrees: from the absence of speech or its babbling state to extensive speech, but with elements of phonetic and lexico-grammatical underdevelopment. Depending on the degree of impairment in the formation of means of communication, ONR is divided into three levels. According to A.R. Luria, these levels of speech underdevelopment are designated as:

lack of common speech (so-called “speechless children”);

the beginnings of complete or partial absence of speech absence of speech caused by damage to the muscles or nerves involved in pronunciation;

developed speech with elements of underdevelopment in the entire speech system.

Thus, the development of ideas about speech disorders in children of primary school age is focused on the development of correction methods for groups of children with similar manifestations of various forms of speech disorders. It is necessary to take into account that speech disorders in children of primary school age can be observed with various lesions of the central nervous system and deviations in the structure and functions of the articulatory apparatus, i.e. for various clinical forms of oral speech disorders.

It is important to take into account the fact that with little speech activity, the child's general cognitive activity suffers. Speech with speech disorders is not a full-fledged means of communication, organization of behavior and individual development. Intellectual deficiency and a limited supply of knowledge, observed in many children with speech disorders at different age periods, are therefore secondary in nature.

CONCLUSION

In some cases, children with speech disorders develop pathological personality traits and neurotic character traits. As a reaction to speech impairment, they experience isolation, negativism, self-doubt, tension, increased irritability, touchiness, and a tendency to cry. Some children use speech only in emotionally charged situations. The fear of making a mistake and causing ridicule from others leads to the fact that they try to get around speech difficulties and refuse verbal communication. Speech disability “excludes” the child from the children’s group and, with age, increasingly traumatizes his psyche.

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