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RULES FOR COMMUNICATING WITH PRESCHOOL CHILDREN WHO STUTTER

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ABSTRACT

The article discusses psychological and pedagogical support of, and care for children with severe speech disorders, i.e. stuttering. The article deals with questions concerning the time when stuttering occurred, the forms in which stuttering was expressed and the main causes of this severe speech disorder. It considers a therapeutic and pedagogical complex to be recommended in order to overcome stuttering. Of practical significance to preschool center teachers and parents of children with stuttering are 'the speech rules' which the article offers for stuttering children. Implementation and further compliance with "the speech rules" are necessary to eliminate stuttering in children and to form a new fluent speech skill. Useful tips are also offered to teachers and parents who provide psychological and pedagogical help and support to children with stuttering during their complex remedial work.

KEYWORDS

Severe speech disorders, stuttering, logophobia, speech rules for stutter elimination.

INTRODUCTION

World Stuttering Awareness Day is celebrated on October 22 every year. Millions of people around the

world suffer from this problem. According to the psychological-pedagogical definition adopted in

speech therapy, this is a violation of the use of communication tools.

Stuttering is considered a severe speech disorder. Textbooks on speech therapy give the following definitions of this speech defect. Stuttering is a violation of the tempo-rhythmic aspect of speech due to the contraction of the muscles of the speech apparatus.

Stuttering is caused by muscle spasms of the speech apparatus. Seizures can occur in some children in the articulation department, in others - in the voice or breathing departments. Three forms (or types) of stuttering are distinguished according to the type of seizures that occasionally appear in the process of oral communication in different parts of the peripheral speech apparatus: clonic, tonic, mixed.

THE MAIN RESULTS AND FINDINGS

The earliest and mildest form of stuttering is clonic, which is manifested by seizures in the speech process - repetition of sounds or syllables. At this stage, timely and sufficient psycho-pedagogical support to the child can stop the further development of stuttering. Comprehensive psychological-pedagogical support to the child should be provided not only by specialists, but also by pedagogues of preschool educational institutions (defectologist, music director, physical education instructor, teacher) and parents. Adherence to a certain "speech mode", "speech rules" by all

participants and compliance with corrective recommendations regarding psycho-emotional loads helps to reduce the frequency and activity of seizures that cause stuttering in speech.

If a child with a clonic form of stuttering is not provided with comprehensive psychological and pedagogical support, then stuttering will strengthen and a permanent pathological stereotype of speech will be formed. Later, over time, the clonic form of stuttering turns into a more severe form - tonic, in which long stops and pauses appear at the beginning or in the middle of speech. This stage indicates that the child has stuttering for a long time and has not received special psychological and pedagogical help aimed at preventing stuttering. In the child's speech, a persistent pathological stereotype is formed. Eliminating such stuttering requires a long-term complex medical-psychological-pedagogical approach and treatment. Therefore, experts in this field argue that it is easier to prevent stuttering than to cure it.

Stuttering is mixed: there is also a clonic-tonic or tonic-clonic type, depending on the predominant nature of seizures. This type of stuttering indicates that there are two types of seizures, worsening and strengthening of stuttering.

Stuttering is a complex speech disorder in which the integrity and fluency of a person's speech is impaired. It is the repetition or lengthening of sounds, syllables

or words, appearing in the form of pauses between words. Stuttering can often manifest itself in the form of hesitation when stopping or starting to speak. Stuttering makes it difficult for a child to fully communicate verbally with others.

Along with various speech impediments, there are also a number of pathological signs in children who stutter. For example, a violation of the tempo-rhythmic organization of general motor skills. Synkinesis or even hyperkinesis in the skeletal muscles, as well as tricks that help the child hide stuttering and rhythmize speech. For example, if a child stutters on the first "s" sound in the word "water", then he will look for another word without the "s" sound and replace it with other words such as "tea, to drink". Gradually, the child develops a psychological fixation on the defect. From this moment, the fear of speaking - logophobia - can be formed, which manifests itself by the end of preschool age.

Stuttering can occur in children and adults of any age. Stuttering is most common in children between 2 and 5 years of age. Some children with fast language development begin to stutter at the age of 2-3 years. In children with late general speech development, stuttering may appear after 4-5 years. In any case, stuttering in some children appears during the formation of sentence speech, when speech becomes a means of communication.

In determining ways to prevent or eliminate stuttering, it is important to determine the causes that led to speech disorders. For this, specialists conduct a comprehensive examination and identify clonic or tonic convulsions that lead to speech interruptions with unexplained pauses. Examination to identify genetic predisposition to stuttering, improper upbringing, traumatic situations and other important factors it is possible After receiving the results of the examination, the speech therapist creates an individual program of corrective and speech therapy work sessions with the child.

In addition to specialist training, it is important to maintain a corrective speech regime both in a preschool educational institution for children and at home: it is permissible to strictly follow the "rules of speech" and correctional recommendations regarding psycho-emotional loads. Such recommendations, determined by a specialist dealing with a stuttering child, include: "default mode", "speech restriction mode", "speech protection mode", "special protection mode" and others.

Recommendations for creating a correction regime for a stuttering child should be implemented both in a preschool and at home. Following the recommendations of parents and educators will help to eliminate stuttering and develop proper fluency.

Speech rules for children who stutter

Pedagogical staff, educators and parents should carefully master these rules of speech and show the child who stutters correct examples of speech. You need to speak slowly and calmly, pronounce all vowels clearly. When pronouncing vowel sounds, you need to clearly articulate them and open your mouth. All vowel sounds should be pronounced with clear and active movements of the lips. For example, for the sound "i" the lips are stretched to the sides and brought to a smile, for the sound "u" the lips are stretched in the form of a tube.

During speech, relying on vowel sounds, they should be pronounced without reduction (not shortened) with emphasis and clearly, and consonants, on the contrary, should be pronounced lightly, easily, superficially and without emphasis. All sounds are pronounced only when exhaling. Before saying a sentence, it is permissible to think about what you want to say, how to ask a question, how to answer, and then speak in a clear, complete and complete form.

It is recommended to look into the eyes of the interlocutor, the person you are addressing. When answering a question, first of all, you should look into the eyes of the person who asked the question, and answer without haste.

Choose the optimal volume during speech, do not speak too low or too loud. During the speech, it is necessary to control the height, the position of the

head and limbs. If you need to speak standing up, then you should straighten your height and stand, feet should be shoulder width apart. If you have to sit down and talk, then you should stand with your feet shoulder width apart under the table. It is also important to sit with your back straight, your back resting on the back of your chair, and your shoulders not raised. Hands should not be clenched into fists. It is not recommended to throw your head back, to lower the chin to the chest, the chin should be at a right angle to the neck.

You should start speaking on exhalation. It is recommended not to speak loudly and, if possible, lower the tone of the voice. If the first word of the sentence begins with a vowel, you should start speaking slowly and in a slightly lowered tone of voice.

Long sentences should be broken into meaningful parts. Each such part should be pronounced as a short sentence. It is recommended to make pauses between parts of the sentence. In order for the speech to be calm and confident, it is necessary to lengthen the pronunciation of the first vowels in the sentence and connect all the words of the sentence with each other.

A very important means of expressiveness of speech is the use of intonation tools (pauses, logical emphasis, expressive intonations, volume and strength modulations, clear diction, restrained speech tempo and soft voice timbre).

Kinetics plays an important role in verbal communication, it includes various expressive gestures, facial movements, smiles, etc. It is important to provide additional means of expression to stutterers who have a communicative side of speech.

To develop new correct skills of fluent and expressive speech, the following conditions should be observed in order to make corrective work with a stuttering child more successful.

Tips for teachers and parents

If the child stutters, it is impossible to give him speech reprimands such as "speak correctly", "speak slowly", "leave yourself free", "take a deep breath before speaking". Do not talk about stuttering in front of the child. If a child who stutters attends a group in a preschool education organization, then educators should not pay attention to the confused speech of a child who stutters in front of other children, and should not say a sentence that he could not finish because of his stuttering. If the pedagogue ignores the child's speech stuttering, other children will not notice the problem.

The teacher should prevent and prevent the stuttering child from being teased by peers, nicknamed or excluded from common games. During the conversation, it is important to let the child who stutters feel that he is being listened to carefully and calmly, while the listeners are not paying attention to

how the child is speaking at all. Allow the child to finish speaking, do not interrupt or rush. It is necessary to maintain contact with the child through constant gaze and patiently wait for the child to finish speaking.

It is not recommended to ask the child a lot of questions. In the process of communication with the child, the speech of the pedagogue and parents should be restrained and slowed down ("lazy"). A stuttering child should be encouraged and praised as often and appropriately as possible. In this case, it is not recommended to pat the child's head and touch the head at all. When working with a child who stutters, it is necessary to take into account his interests and support his initiative in the game. You should not ask the child to do things that he cannot do because of his characteristics. The child should be accepted and loved as much as possible.

Eliminating stuttering is a medical-psychological-pedagogical complex work consisting of two blocks. The first block is focused on medical and wellness activities. These events are organized by a doctor who administers treatment with special drugs, prescribes medical procedures, physical therapy exercises, etc.

The second block is devoted to the corrective pedagogical effect. All participants of the correctional-pedagogical process in preschool education organizations, as well as parents of stuttering children, participate in this effect. The main correctional work is

carried out by speech therapists and psychologists. Logarithmic training should be mandatory and regular. Pedagogical staff of all pre-school education organizations carry out psychological and pedagogical corrective measures according to the recommendations of speech therapists, psychologists and doctors.

Stuttering affects not only speech, rather, it can be concluded that stuttering is easier to prevent than to correct, as it is one of the most severe speech disorders affecting other areas of the child's life - somatic, neurological, psychological, motor, personal, etc.

CONCLUSION

Therefore, early detection of stuttering, preventive psycho-pedagogical support of pedagogues and doctors can prevent the consolidation of stuttering.

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