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System of Speech Therapy Rehabilitation Work with Patients with Efferent Aphasia

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Abstract: This article discusses the content, stages and methodological features of speech therapy rehabilitation work with patients with efferent aphasia. The clinical and pedagogical characteristics of efferent aphasia, the mechanisms of speech impairment, and speech therapy methods aimed at restoring speech in patients are analyzed. The system of corrective exercises aimed at uninhibiting speech, eliminating perseveration and agrammatism, forming articulatory shifts, developing coherent speech, and restoring communicative activity in the rehabilitation process is described. The importance of a comprehensive multidisciplinary approach in speech therapy rehabilitation is also substantiated.

Keywords: Efferent aphasia, speech therapy rehabilitation, speech restoration, corrective work, perseveration, agrammatism, coherent speech, articulation, neurorehabilitation, communicative activity, speech therapy exercises, patients with aphasia.

Introduction: Speech therapy work with adults is necessary mainly in cases of speech disorders as a result of various local brain lesions. Such lesions include the consequences of brain injuries, strokes, brain tumors, and the like. These disorders usually manifest themselves in the form of aphasia and are often accompanied by other disorders of higher mental activity.

Aphasia leads to a change in a person's social status, which can change his entire lifestyle. The patient cannot return to his previous work, sometimes his movements are limited, his social contacts change, and his mental peace is lost. As a result, people with aphasia react to this condition in such ways as depression, apathy, a sharp decrease in emotional state, fear and panic attacks appear. The study of the problem of aphasia is of great importance today. This is due to the widespread nature of efferent aphasia and the variety of clinical manifestations of this disease. The doctrine of aphasia was developed by P. Broca, K. Wernicke, L.S. Vygotsky, A. R. Luria, T. G. Wiesel, L. S. Svetkova and others made a great contribution to the study.

Aphasia is a systemic acquired disorder of already formed speech that occurs in organic lesions of the cortex of the cerebral hemispheres; speech disorders (expressive speech, impressive speech, reading and writing); covers various levels of speech organization (phonetics, lexis, grammar, semantics); affects its connection with other mental processes and leads to a violation of the entire mental process of a person, primarily to a violation of the communicative function of speech.

In the process of speech therapy rehabilitation, it is very important to provide comprehensive assistance, that is, to involve not only neurologists, but also kinesitherapists, physiotherapists, occupational therapists, speech therapists, psychologists, therapists, psychiatrists, social workers, masseurs and other specialists in this process.

The main method of restoring impaired speech activity is training with a speech therapist. Speech recovery can

take up to 2-3 years. When working on oral speech, it is necessary to include tasks and exercises aimed at restoring reading, writing, and other higher mental functions. If the motor activity of the main (leading) hand is impaired, the speech therapist teaches the patient to write with the working hand.

The goal of speech therapy rehabilitation is to restore oral speech, writing and reading, that is, to restore oral forms of communication. It can be carried out in solving specific tasks:

– general disinhibition of speech;

– overcoming perseveration, echolalia;

– restoring the patient's general mental and verbal activity.

The initial learning stage. The task of speech therapy rehabilitation at this stage is to restore the patient's ability to actively distinguish and pronounce words or a series of words from a consolidated, automated speech string. For this, corrective speech therapy methods are necessary that help the patient transfer his speech to a voluntary level, that is, to understand his own speech and speak voluntarily.

The system of speech therapy correction work begins with the general activation of the speech apparatus. Already at this stage of speech therapy correction work, the task of actively distinguishing a separate word from a speech string is specifically set. This skill can be trained in the process of performing a certain system of methods. The work begins with passive repetition of certain speech lines in the method of joint reflection. Perseverations are eliminated by repeating each word in the line clearly and protractedly, thus pushing the repetition back in time. These exercises develop in the patient a method of eliminating perseveration through slowed, protracted and clear speech.

The patient can move on to practicing operations that require some speech activity, not passive repetition. For this, a method known in practice of completing the phrase is used. The patient is required to independently complete the oral phrase with one missing word. This method is necessary to prepare for the restoration of active pronunciation of individual words in the phrase. It is also advisable to use sentences from poems, proverbs and songs.

At this stage, the restoration of simple and automated speech occurs quickly, if the speech therapy exercises are correctly structured - their methodological aspect and form of conduct. The sessions should be interesting, "lively" in nature, not boring. At this stage, the patient learns to actively and consciously pronounce a series of words, a series of lines from poems, can recite a verse from a song, but he cannot yet actively single out a separate word, a separate sentence from the same speech line.

Stage I - the task of this stage of speech therapy is to restore the active pronunciation of individual words.

The material for the work is initially simple dialogue. If at the stage of releasing inhibition, automated speech complexes served to restore the pronunciation of entire lines of words and phrases, then at this stage they are used to isolate and actively pronounce individual words of these lines. For this purpose, the patient is initially taught an expanded method of active pronunciation of words in a speech line. It allows the patient to gradually move from passive repetition of words to active pronunciation of them. The work is carried out using the following tasks:

Task No. 1. A card with numbers (days of the week, names of months, etc.) written in a large column is placed in front of the patient. The speech therapist counts to 10 (or says the days of the week, names of months, etc.), and the patient repeats it aloud after the teacher. After that, the patient, following the teacher's instructions, must repeat the same numbered row discretely (out loud - in a whisper, one by one) after the teacher, who says the entire row aloud.

Instructions: Read the names of the numbers (days of the week, seasons, months, etc.) with me.

Task No. 2. Help the patient to “sing” the first verse of a familiar song three or four times, looking at the teacher’s lips.

After practicing this skill, it is possible to move on to a more active level of speech activity: whispering in connection with the teacher and continuing the speech sequence independently, out loud. The part of the speech sequence that the patient repeats aloud is gradually minimized: the entire sequence is repeated by the patient in a whisper, and only one word is repeated aloud.

After a long period of work on mastering this method of pronouncing individual words in a sequence, the patient

is given the following program of operations, which no longer involves repetition, but independent pronunciation of the entire given speech sequence in a whisper. The patient must immediately say out loud only the day (or day of the week, or month) indicated by the teacher. The numbers are not shown randomly, but strictly following the sequence of the sequence. These operations directly help the patient to repeat the words in the speech sequence leads to a shortened method of active pronunciation.

The described methods help to restore temporarily lost speech and form an active vocabulary. Also, at this stage of training, the methodology of activating speech through hearing with the help of pictures, gestures and active responses of the patient is used.

Stage II - The task at this stage of speech therapy is to carry out special work on eliminating violations in the pronunciation side of speech, which consists in developing articulation shifts within the syllable: vowels opposite in articulation pattern ("a" - "u", etc.). When developing articulatory shifts within the word: combining syllables into words with a simple, and then complex sound structure. For this, the following tasks are used:

- reading syllables with different vowels based on schemes;

- combining syllables into words based on a drawing;

- the joining of syllables into complex syllable words, based on schemes4.

- building words based on schemes

The next task of this stage is to eliminate expressive agrammatism. For this purpose, it is necessary to work on the actualization of words denoting action.

The method of semantic and auditory activation of verb-words involves the level of conscious voluntary speech, mental operations of generalization. A series of pictures depicting the same action is placed in front of the patient. The plot of the pictures is expressed by the teacher in clear short phrases, which necessarily include the word being practiced. The patient must first repeat this word, and then independently select various subject and plot pictures corresponding to this word-concept, reflecting the different meanings of this word. The patient is offered the following tasks:

- Based on the plot pictures, the patient is offered to choose a word-action that suits him;

- to insert a dropped word;

- to finish proverbs, sayings

For the same purpose, methods related to poetry, singing songs, proverbs are used, which contain verbs that are being practiced. Work on the active pronunciation of words and verbs extracted from poems and songs is carried out according to the method described above.

At the second stage, the words to be studied should be consolidated in various exercises - conscious analysis of the sound-letter composition of the word, building words from the letters of the cursive alphabet, writing and reading words, etc. All exercises should end with active pronunciation of words.

A special place is occupied by work on the prevention of agrammatisms. The task of this work is to restore the patient's connection between word suffixes and a specific situation. For this, the method of active movements of the patient with the subject according to speech instructions is used, in which the same word denoting the subject is used in different grammatical means. The patient's attention is focused on different suffixes of this word. The resulting picture is consolidated in exercises performed with a series of pictures, in which the subject is depicted in different relationships with other elements of the picture.

The patient also independently divides the plot pictures into different groups with appropriate endings. Much attention is paid to combining words with certain movements of the patient, which helps to strengthen the connection of words.

Stage III - the task of this stage of speech therapy is to restore coherent phraseological speech. For this purpose, the following system of methods is used:

- constructing phrases based on plot pictures. Plot pictures and schemes gradually become more complex. Complexification occurs both in terms of the quantitative composition of the sentence and in terms of its lexical composition, which prevents the violation of the grammatical structure and semantic integrity of speech;

- constructing sentences according to a series of plot pictures. This method involves the restoration of a coherent thought;

- analyzing sentences by word groups. This method requires the patient to be able to ask the necessary question to each part of the sentence.

The restoration of this skill helps to restore the impressive-expressive structure of the sentence. After this work, the process of restoring purely communicative speech begins. For this purpose, the following system of methods is used:

1. The method of writing and reading, that is, reading and writing in this case are presented not as objects that need to be restored, but as a method of restoring and strengthening connected phrase speech: writing phrases and texts with omitted words, later - composing phrases according to a given plot picture, later - composing phrases from words given in written form, selecting plot pictures corresponding to the recorded phrases from 3-4 phrases proposed by the teacher, etc.

2. The dialogic method is used throughout the entire educational cycle, starting from the initial stage. This method solves the task of restoring the pronunciation of connected speech, not individual phrases in the system of other methods. The patient is taught to pronounce phrases that are related in content to the speech of his interlocutor.

3. The use of role-playing speech games continues the dialogue, but increases the element of independence and activity in the patient's speech. Initially, the situations and roles of the conversation are determined by the plot picture. The teacher distributes the roles, and the plot of the picture is told to the roles.

This system of methods is aimed at restoring the method of using connected speech - knowing the context, using the lexical and grammatical construction of the partner's replicas, using simple compound sentences. The material for the work should initially be sentences with a simple grammatical structure. Verbal and pictorial material should gradually become more complex. All material should meet the requirements of the patient's emotionality and individuality, take into account his profession and level of education.

CONCLUSION

In conclusion, it should be said that speech therapy rehabilitation using direct methods (not only at the level of highly automated speech lines, but also within the framework of a consolidated vocabulary and communicative expression) is the only means of eliminating speech defects and rehabilitating patients. In organic local brain lesions, spontaneous recovery of speech is not observed and is replaced only by insignificant compensatory changes, which is often unfavorable for the subsequent recovery of function.

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