

Communication Between A Speech Therapist And A Child With Dyslalia As A Necessary Component Of Successful Pedagogical Activity

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Abstract: The content of the organization of correctional-pedagogical and social-psychological support for a child with a developmental disability was explained by a speech therapist. Communication of a speech therapist with a child with developmental disabilities is analyzed as a necessary component for successful pedagogical activity.

Keywords: Speech therapist, child with developmental disabilities, communication, pedagogical activity, component, correctional-pedagogical system, social-psychological support.

Introduction: It was necessary to distinguish the component that is part of the professional competence of a speech therapist and ensures the effective implementation of the specialist's professional activities. To this end, we studied the specific features of the professional activity of a speech therapist and conducted a survey among practitioners, during which it was necessary to identify the most important skills, abilities, and qualities of a specialist of this type, which, in their opinion, determine success in professional activity. The content of the work of a speech therapist consists in promoting the mental and physical development of the child, correcting and compensating for existing defects in the child's development, and its success is largely determined by the speech therapist's ability to establish pedagogical interaction with the child.

Thus, the interaction of people in all its forms is a complex and multifaceted process, which can simultaneously act as a process and a relationship of people to each other, their interaction with each other, and a process of their sympathy and mutual understanding. It is clear that joint activity and interaction are mutually conditioned: on the one hand, joint activity is possible if people interact, on the other hand, the interaction of individuals is ensured by joint

activity. Activity is the most important feature that reveals the specificity and essence of interaction.

Communicative unity is the action of a person entering into communication, which, from a philosophical point of view, becomes interaction when the action is complemented by a response from the other side. A set of actions creates a communicative process, which includes "action-effect" and "action-response". S.L. Rubinstein notes the consciousness and purposefulness of actions performed as an expression of the main specific attitude of a person to the world. Each action of a person is not only a technical operation in relation to an object, but also an action in relation to another person who expresses his attitude towards it [3,56].

The relations manifested in interpersonal communication are always a system of communicative actions, the main feature of which is the presence of a subjective meaning of the actions of people communicating. Thus, the communication of a speech therapist with a child with dyslalia is a necessary component and condition for successful pedagogical activity.

B.F. Lomov understands communication as an active intersubjective interaction. He believed that communication is a specific form of interaction

between a person and another, with other people. In his opinion, it implies not only the influence of one subject on another (although this is not excluded), that is, interaction. [2,98].

B.D. Parigin, describing communication as a complex and very multifaceted process, noted that communication can act simultaneously as a process of interaction between people, as an information process, as a relationship between people and a process of their interaction with each other. interprets it as a process of mutual experience and mutual understanding [1,60].

Taking into account the above, it should be said that the determining condition for competent pedagogical interaction with a child with dyslalia is the perfect mastery of the pedagogical-defectologist's means of pedagogical influence - pedagogical techniques, all verbal and non-verbal means of communication with children. To implement competent interaction with a child, the pedagogical-defectologist needs certain skills and knowledge. From the position of the competency approach, they form competencies that characterize a certain level of competence (incompetence) of a specialist teacher-defectologist in organizing and implementing interactions with this category of children.

Principles of speech therapy work with children with dyslalia:

The principle of taking into account leading activity. Classes should be organized in an interesting way for the child: in the form of a game, with elements of competition for schoolchildren.

The principle of development. Speech therapy classes should not only eliminate incorrect sound pronunciation, but also stimulate the child's cognitive activity, which will contribute to his development.

Ontogenetic principle. When eliminating polymorphic dyslalia, the sequence of occurrence of sounds in ontogenesis is taken into account.

The principle of a person-oriented approach. It is necessary to see the child as a person, adhere to a partner style of communication, and create an emotionally comfortable environment.

The principle of alternating different activities (methods) in the lesson. Fatigue should not be allowed.

The principle of using all analyzers. In addition to acoustic supports, the child uses visual, tactile and muscular sensations.

The main goal in dyslalia is to form the skills and abilities to pronounce sounds correctly. Speech therapy includes three stages: preparation, formation of primary pronunciation skills, formation of communicative skills.

The competence of interaction with a child with dyslalia speech impairment is an integral structural education of a speech therapist, which is distinguished as a separate type of professional and pedagogical competence of a specialist in this field. It determines the effectiveness of solving professional tasks (development of the child's personality, his socialization, prevention and correction of disorders of the child's mental and physical systems, compensation for defects in the child).

The definition of the essence of the interactive-pedagogical component included in professional competence is determined based on the specific characteristics of the speech therapist's activities and his professional tasks. The professional competence of a speech therapist is determined not only by a system of special knowledge aimed at eliminating speech disorders, but also by a set of pedagogical, psychological and communicative capabilities that provide an integrated approach to the development of the child. Therefore, the professional training of a speech therapist is directly related not only to his theoretical knowledge, but also to his practical skills in effectively establishing interaction with children, establishing psychological contact, managing the pedagogical process and providing motivational support for speech activity.

According to modern competence paradigms (J. Raven, A. Markova, L. M. Mitina), the competence of a teacher-specialist includes both the cognitive process and the ability to organize practical activities, as well as the communicative culture of a person. From this point of view, the professional competence of a speech therapist is considered as a complex integrative structure, in which the following main components are distinguished:

Cognitive (theoretical) component - deep scientific knowledge of speech development, speech pathologies, neuropsychological mechanisms, pedagogical and psychological laws;

Operational-practical component - skills in the use of diagnostic, correctional, pedagogical technologies, design and conduct of classes;

Communicative component - skills in effective communication, pedagogical cooperation, emotional contact, stimulating the child's activity through verbal-nonverbal means;

Reflective component - the ability to analyze, evaluate one's own activities, identify errors and eliminate them;

Personal-communicative qualities - tolerance, empathy, patience, flexibility, initiative.

All these components allow the speech therapist to organize pedagogical interaction based on the principles of humanism, consistent with the individual development needs of the child.

It should be noted that the practice of speech therapy, especially the process of working with dyslalia, is directly dependent on the quality and structural organization of communication. As researchers have noted (S.L. Rubinstein, A.V. Petrovsky, B.F. Lomov), each human action has a social content, and the process of interaction in turn forms psychological relationships. Therefore, speech therapist-child communication is not only an information exchange, but also a process of goal-oriented pedagogical cooperation of two subjects.

A high level of organization of pedagogical communication in the correction of a child's speech defect determines the following results:

the child is emotionally involved in the training process;
a positive motivational environment is created;
psychological readiness for the development of speech activity is formed;
the stability of the corrective effect is ensured.

Thus, in the content of the speech therapist's competence, communicative competence appears as a specific central component, since it is this competence that determines the activation of the child's speech activity, the establishment of pedagogical cooperation and the effectiveness of the correctional process.

The principles used in working with dyslalia (ontogenetic, person-oriented, developmental, alternating activities, involving all analyzers) constitute the scientific and methodological foundations of the professional activity of the speech therapist, aimed at the harmonious development of the child's cognitive, emotional and psychomotor spheres. These principles are directly compatible with the competency approach and require the specialist to have such high-level professional skills as:

systematic planning of complex correctional tasks;
taking into account the individual level of development of the child;
management of the communicative environment;
establishing an active pedagogical-psychological relationship

Thus, the interactive-communicative competence of a speech therapist when working with dyslalia is a basic condition for the successful organization of the educational and pedagogical process, and is interpreted as the main indicator that determines the level of professional training of the specialist,

pedagogical skills, humane approach to the child, and the ability to eliminate speech defects.

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