

Content Of Developing Monological Speech In The Process Of Correctional-Logopaedic Work With Children With Mild Dysarthria Speech Deficiency

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Received: 12 October 2025; **Accepted:** 04 November 2025; **Published:** 09 December 2025

Abstract: This article is devoted to the study of the development of monologue speech in children with mild dysarthria in the process of corrective speech therapy. The article describes scientists who developed a system of correctional work with children with mild dysarthric speech disorders, and describes children with dysarthric speech disorders in preschool age.

Keywords: Dysarthria, monologic, communicative, phonetic, polymorphic, intonational, motor, corrective-speech therapy.

Introduction: It is known that children develop at different rates depending on their abilities, and in turn, the guidance of the teacher also has a gradual nature. Didactic games and exercises with grammatical content - games related to children's speech, are an important means of stimulating their activity in the grammatical sphere. The teacher must teach children the ability to think over a word combination, and then correctly connect words with each other in a sentence. In the process of forming the grammatical system of speech, the skill of performing actions with syntactic units is formed, a conscious choice of language means is ensured in certain communication situations and in the process of constructing fluent monological thoughts. A child's speech serves as a reliable means of communication only if it is understandable to those around it. This depends on the consistent, fluent and complete expression of thought in words, the choice of precise words, the purity and correctness of pronunciation. The educator develops children's thinking and all aspects of their speech, including imagery, to the extent that they can get acquainted with the surrounding life, the everyday life of the family and preschool educational organization, people's work,

social events and phenomena, living nature and the world of objects. Preschool children actively perceive existence and become integrated into the life of the environment, which leads to a rapid increase in their vocabulary. One of the most pressing problems in recent years is the increase in the number of children with various speech defects. Speech disorders, limited speech communication can negatively affect the formation of a child's personality, cause non-existent mental disorders, specific features of the emotional-volitional sphere, and pave the way for the development of negative qualities in his character. Among them, a very common disorder is dysarthria - a violation of the phonetic side of speech, which occurs as a result of organic damage to the central nervous system. When this disorder occurs, the motor mechanism of speech is disrupted. The authors' work shows that the complex system of speech disorders in dysarthria requires an integrated approach to the implementation and organization of corrective measures. A. Kussmaul, M.E. Khvatsev, K.A. Semenova, O.V. Pravdina, L.A. Danilova, Ye.M. Mastjukova, E.F. Arkhipova, E.N. Vinarskaya and other scientists conducted research on the classification of dysarthria,

logopedic examination and development of a system of corrective work.

The depth and complexity of the problem of dysarthria lies, first of all, in the fact that there is a direct connection with the level of development of speech and the level of development of basic cognitive functions, as well as the level of intellectual development. In other words, a child with a speech defect may experience serious difficulties in mastering literacy and writing, may have problems with the development of attention and thinking, imagination and perception, memory. In this regard, there is a need for additional study of primary and secondary problems arising from speech defects, as well as the development of methods for their elimination and correction. In recent years, due to the widespread prevalence of dysarthria, many theoretical and practical studies have been conducted on this speech defect, and a system of speech therapy work on its correction is being developed by many scientists. M.B. Yedinova, K.A. Semenova, E.M. Mastjukova, E.F. Arkhipova, G.V. Chirkina and others have shown ways to eliminate this speech defect.

Preschool children are observed to have voice disorders (80%), impaired tone-intonation aspects of speech (100%), and reduced speech breathing (90%). As a result, speech intelligibility is impaired. All children have one or another specific deficit in the pronunciation of speech. In some children, these indicators differ significantly from the norm, while in others they are less pronounced. In most children, the deficits in the pronunciation of sounds are polymorphic, that is, sounds belonging to different phonetic groups are impaired. Phonetic disorders are manifested in anthropophonic and phonological defects characteristic of dysarthria. For children with mild dysarthria, it is difficult to pronounce whistling, whispering, and sonorous sounds. In such children, phonemic hearing impairments have also been identified. Therefore, the following areas of speech therapy work have been identified:

1. Formation of the motor sphere: development of general movement, facial mimic muscles, articulatory movements, fine movements of the fingers.
2. Correction of sound pronunciation: development of articulatory movements and articulatory praxis, formation of the ability to quickly switch from one articulatory position to another, setting and strengthening the sound being corrected.
3. Normalization of the prosodic side of speech: tempo and rhythm, tone and intonation aspects of speech, elimination of voice disorders.
4. Development of phonemic hearing

Speaking about the features of speech therapy work for dysarthria, it should be noted that it is based on the following theoretical principles:

1. Modern scientific ideas about the signs and structure of speech defects in dysarthria are based on the recognition of the leading role in the structure of speech, which has its own mechanism of speech disorders, speech disorders in children, and the phonetic side of speech.
2. The role of kinesthesia in controlling movements, the position on the interaction of the kinesthetic and kinetic bases of movements, is based on the understanding that for the implementation of motor movement there must be two components: its kinesthetic basis, which is a differentiated composition of complex movements, and its kinetic structure based on the formation of smooth motor skills.
3. It is based on the development of the relationship between the state of speech and the state of the child's general motor sphere.
4. The psychophysiological mechanisms of mastering sound pronunciation are normal, indicating the relationship between the perception of sounds and their reproduction.
5. The specific relationship between the articulatory and acoustic properties of speech sounds in normal and pathological conditions.

The duration of work at each stage of speech therapy is determined individually and involves the use of exercises that are appropriate for the child in accordance with the type of speech disorder. Based on the tasks of correctional speech therapy and the age characteristics of older preschool children, the following methods were used: oral (storytelling, conversation), practical (exercises, games), and demonstrative (pictures, drawings, stimulating materials, toys).

"Create a story based on a picture"

Goal: To develop monologue speech, to learn to tell a story in a coherent manner.

Materials: Cards with pictures arranged in a sequence (for example: a child wakes up in the morning - brushes his teeth - has breakfast - goes to kindergarten).

Game progress:

The child is given 3-4 consecutive pictures.

First, he names each picture.

Then, placing them in the correct sequence, he composes a story.

Option: The speech therapist models the child's speech and directs it with questions at the right places ("What

happened next?”, “Who was involved in this?”).

“Find the mistakes”

Goal: Listening comprehension, logical analysis, and constructing sentences in the correct form
Game progress:

The speech therapist deliberately reads a wrong story (“The cat is swimming in the water”).

The child finds the mistake and says the correct option.

Then he composes his own story on that topic.

CONCLUSION

In conclusion, the development of monologic speech in children with mild dysarthria is associated with the development of logical thinking. The development of monologic speech in children with mild dysarthria is the future of our future.

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