OPEN ACCESS
INTERNATIONAL JOURNAL
EIJMRMS
Next Scientists
European International Journal of Multidisciplinary Research and Management Studies
SJIF 5.954 2022

EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND MANAGEMENT STUDIES
ISSN: 2750-8587
DOI: https://doi.org/10.55640/eijmrms-02-03-12
https://eipublication.com/index.php/eijmrms
Volume: 02 Issue: 03 March 2022
Published Date:- 31-03-2022

Page No.-71-81

CORRECTIVE VALUE IN OVERCOMING SPEECH DEFICIENCIES IN SECONDARY SCHOOL STUDENTS

Achilova Sevara Jasirkulovna

(Phd)

Philosophy Of Pedagogical Sciences Tvchdpi Doctoral, V.B. Docent, Uzbekistan

Rakhmatullaeva Muxayyo

1 Year Master's Degree, Uzbekistan

ABSTRACT: - This article discusses the correctional work of schoolchildren with speech disorders dyslalia and dysarthria.

KEYWORDS: Dyslalia, dysarthria, correction, staging, automation, differentiation, phoneme, fine motor skills.

INTRODUCTION

As you know, each speech disorder has its own specific corrective work. Including speech disorders dyslalia and dysarthria. A practical speech therapist knows that dyslalia and dysarthria are more common in children of preschool and school age. In order to start corrective work, it is necessary to unearth the meanings of speech disorders.

Dyslalia is a violation of sound pronunciation with intact hearing and intelligence. Incorrect pronunciation with dyslalia is manifested in the absence, mixing or replacement of sounds, which leads to speech distortion.

Such a deviation is considered a natural phenomenon for the speech development of children from birth to five years of age due to the physiological immaturity of the articulatory apparatus.

There is a nuance here: if the child is three years old, then he must clearly pronounce the sounds [s], [z], [c], if four - [w], [g], [h], [u], five - [l]. Problems with pronunciation in a child older than 5 years (absence, incorrect pronunciation, for example, the tongue is between the teeth when pronouncing sounds [s], [z], [c]; replacing them with others, for example, s-sh, s-zh, h-th - a reason for an urgent visit to a speech therapist.)

When diagnosing dyslalia, a specialist studies the state of phonemic processes, general, manual motor skills, the structure and mobility of the speech apparatus. To restore normal sound pronunciation in a child, it may be necessary to consult other specialists - a dentist, an otolaryngologist, a neuropathologist.

Without special training, it is difficult to determine the causes of dyslalia and select corrective exercises that correspond to the structure of the defect, so parents of children with such a pathology rarely manage to correct the child's pronunciation on their own. It is best to address this problem to a specialist who owns corrective techniques. For example, there are about 50 ways to produce the sound P, each of which can be both effective and useless for a particular child with such a defect.

Below we will describe what dyslalia is in children and what methods of its elimination exist (sometimes the term “treat” is used, but this is not entirely correct).

Depending on the cause of the violation, the following types of dyslalia are distinguished:

1. The functional form is characterized by age-related immaturity of the articulatory apparatus. The muscles of the tongue, lips, and soft palate are not yet strong enough to perform the precisely coordinated movements necessary to pronounce individual sounds. This form of dyslalia also occurs in children who are in contact with adults or children with speech defects, with the "lisping" of parents, in families where the speech development of the child is not given due attention.

2. Functional dyslalia, in turn, is divided into acoustic-phonemic, articulatory-phonemic and articulatory-phonetic forms. In the first case, the perception and reproduction of sounds on an acoustic basis

(hard-soft, deaf-voiced), in the second case, their part is replaced by phonemes similar in articulation (machine-masina, ripple-lyaba) are disturbed. With the articulatory-phonetic form of dyslalia, the distortion of the correct pronunciation is due to incorrect positions of the organs of articulation (burr).

3. Mechanical (organic) dyslalia occurs as a result of a violation of the structure of the speech apparatus - a narrow and high "Gothic" palate, a short frenulum of the tongue, which prevents the articulation of sounds of the upper rise and other defects. This form of defect may be hereditary. Quite often, along with the mechanical appearance, physiological dyslalia is diagnosed.

There are concepts of simple and complex dyslalia. When making a diagnosis, monomorphic dyslalia is distinguished, which includes a minimum number of simple pronunciation defects and a polymorphic variety. Polymorphic dyslalia is based on impaired articulation and discrimination of a large number of sounds.

Classification of dyslalia depending on the distortion of articulation:

• Rotacism - characterized by incorrect pronunciation of hard and soft [r].

• Jotacism - a defect in the pronunciation of yot [j].

• Hitism - the wrong pronunciation of hard and soft [x].

• Cappacism - broken pronunciation of hard and soft [k].

• Gammacism - broken pronunciation of hard and soft [g].

• Sigmatism - a violation of the articulation of whistling and hissing [s, s, c, w, w, h, u].

• Lambdacism - a defect in the pronunciation of hard and soft [l].

Organic and mechanical dyslalia develops under the influence of a physical defect in the articulation apparatus, which prevents the correct pronunciation of sounds.

In most cases, this diagnosis is made to those children who have problems in the structure of the speech apparatus:

• cleft palate - "wolf mouth";

• cleft of the upper jaw - "cleft lip";

• malocclusion - progeny or prognathia;

• absence of teeth, their wrong arrangement, distances between teeth;

• short hyoid ligament ("bridle");

• tongue too large or too small (macro- and microglossia);

• incorrect structure of maxillofacial bones;

• underdevelopment of the lower jaw.

To eliminate a speech defect in the presence of one of the possible pathological conditions, the patient needs the comprehensive assistance of various specialists.

Causes of functional dyslalia:

• weakness of the child caused by somatic and infectious diseases;

• violation of phonetic perception;

• MMD, history of mental retardation;

• delayed speech development;

• unfavorable social environment: pedagogical neglect, close contact with carriers of incorrect speech, limited contacts with society.

• An adult can easily notice a deviation from the norm in the perception and reproduction of sounds by children, although in the practice of a speech therapist there are more cases when parents do not notice all deviations in the pronunciation of their child.

• When replacing sounds, children do not distinguish between similar phonemes in sound and replace one sound with another. Most often, the symptomatology is manifested by tongue-tied tongue. For example, a child confuses deaf and voiced consonants, soft and hard (tree-tree, paw - blunder). If the difference in articulation is insignificant, and sounds are formed in the same place, for example: instead of [R] it can sound [L] or [D] (fish - fish), instead of C - CH (chicken - chiplenok), etc. .

• Sometimes a child has difficulty choosing a sound, although he can pronounce it correctly in separate words (Shapka says, but makes mistakes in the word porridge), that is, the same sound is pronounced differently depending on the situation. In some cases, children pronounce the sounds of the Russian language in an atypical way for the language system - throat (French) [P], specific [3], similar to English the.

• Substitutions and mixing of phonemes refers to phonemic defects, distortion of sounds - to phonetic types of pathology.

• To identify defective sounds, the speech therapist invites the child to repeat the words after him or name what is shown in the picture. This material is selected in such a way that it covers all groups of sounds. Moreover, the sound must be in different positions: at

the beginning, at the end, and in the middle of the word, soft and hard consonants are also taken into account.

• Parents should prepare for the fact that the speech therapist may need information about the presence or absence of pathologies of pregnancy and childbirth. The specialist may prescribe additional examinations from other specialists (checking vision, hearing, mental development). When diagnosing hearing loss in a child, in addition to a speech therapist, he will need the help of an otolaryngologist.

• Diagnostics includes a number of phonemic tests, which are aimed at testing the ability to distinguish sounds close in pronunciation. With a mechanical form of pathology, it is impossible to get rid of a defect in the pronunciation of certain sounds if the source of their appearance is not eliminated. Therefore, the treatment of dyslalia begins with this.

Stages of setting sounds:

1. preparatory;

2. staging;

3. phoneme automation in syllables, words, phrases, sentences, coherent speech;

4. differentiation of mixed or replaced sounds.

Preparatory stage

At this stage, the articulatory apparatus is preparing for the perception and reproduction of the phoneme.

Areas of work:

• practicing speech breathing;

• development of phonemic hearing;

• development of the correct articulation structure of the speech apparatus;

• work on fine motor skills of hands;

• development of reference sounds.

A child, under the guidance of a speech therapist, learns and practices a set of articulation exercises that train the movements of the lips, tongue, cheeks, soft palate, and lower jaw. They are joined by exercises for working out a directed air jet. At the same time, the baby through various exercises develops perception, memory, attention, thinking, general and fine motor skills.

Staging

At this stage, all the achievements in mastering the correct articulation, directed air jet, and voice are combined. There is a game way of setting the sound, a conscious way of imitating and a mechanical way of

putting the organs of articulation into the desired position with the help of special tools. The speech therapist avoids naming the sound on which he is working with the child, so that the old, incorrect stereotype is not fixed in the mind of the child. The result of this stage is the correct pronunciation of the sound by the child without any help.

Automation

To fix the set sound in speech, it is first practiced either in open syllables in combination with the vowels A, O, U, Y (la, cha, ly, shi), or in closed syllables (as, ar, ats, esch). Further, the sound is put in a position between two vowels (asha, wushu, ozo, uzu), in syllables with several consonants nearby (shka, sku, tla, rba).

After automation in syllables, comes the turn of automation of sound at the beginning, end, middle of a word. Each word or picture name is spoken up to 5 times and this lesson is repeated at home. At the beginning of automation, the sound being worked on is slightly distinguished by the strength of the voice and the duration of the pronunciation, then this technique is not used.

After working out the sound in words, speech material is selected for its automation in sentences, poems, in prose, in ordinary speech.

Differentiation

At this stage, the child is taught to distinguish the sounds that he mixes and pronounce them correctly. The speech therapist draws his attention to the difference in the position of the organs of articulation when pronouncing sounds that are similar acoustically and in motor characteristics, to distinguish them by ear.

Differentiation occurs sequentially - sounds are distinguished first in isolation, then in syllables, in words, in phrases and sentences.

Parents need to remember that the underdevelopment of phonemic hearing will turn during schooling into such complex pathologies as dyslexia (reading disorder) and dysgraphia (writing disorder). Their correction is much more difficult and longer than the correction of dyslalia. Speech disorders negatively affect the development of memory, attention, thinking, speech hearing, so parents of a child with defective pronunciation should seek professional help as soon as possible.

Considering dyslalia, we must learn what dysarthria is. And why dyslalia and dysarthria are being studied in parallel.

Dysarthria is the most severe speech disorder, as it is associated with disorders in the central nervous system. This disease is manifested by a violation of the pronunciation of sounds, the replacement of some sounds by others, a change in the pace of speech, the strength of the voice. All this leads to the fact that speech becomes slurred, difficult to understand. Children with dysarthria understand that their speech is different from the speech of their peers, it is difficult for them to communicate, it is difficult to find common topics for conversation. In addition, young children are quite cruel to those who are somewhat different from them. All this in total leads to the fact that children with dysarthria do not make good contact, they withdraw into themselves and try not to talk.

Symptoms of dysarthria develop due to the disorganized work of the muscles of the vocal apparatus. In some particularly severe cases, children may experience complete paralysis of the vocal muscles. In addition to the symptoms of dysarthria, children are concerned about the violation of swallowing processes, they "choke" when eating liquid and solid food. Paralysis of the muscles can be not only the vocal apparatus, but also the muscles of the face. In this case, children have a puppet facial expression, drooping lower jaw, increased salivation, inability to stretch their lips into a tube, roll their tongue into a tube, stick out their tongue, and the nasolabial triangle is smoothed out.

A feature of dysarthria is that children not only cannot pronounce words correctly, but it is also difficult for them to perceive words. In the words they hear, the children, just as in conversation, replace letters that are difficult for them to pronounce. So if a child is asked to choose a table from the proposed pictures, he chooses a picture that shows a chair. This makes the process of teaching such children at school very difficult, since they cannot perceive the school curriculum correctly.

The development of dysarthria in children occurs due to damage to certain structures of the brain. A similar condition develops due to brain damage during pregnancy or at an early age. During pregnancy, intrauterine infections, chronic fetal hypoxia due to uteroplacental insufficiency, maternal smoking, and Rh blood conflict between mother and child often lead to the

development of dysarthria. In early childhood, this condition develops due to damage to the brain by various infectious agents.

Depending on which structural elements of the brain are affected, it is customary to distinguish bulbar, subcortical, cerebellar, cortical and pseudobulbar dysarthria. Each of these types of speech disorders has its own specific symptoms.

So with the bulbar form of dysarthria, the phenomena of paralysis of the muscles of the face and the vocal apparatus are observed. This is due to the fact that it is in this zone (medulla oblongata) that the centers of the glossopharyngeal, vagus and hypoglossal nerves are located, which are responsible for the innervation of this type of muscle. In children with a similar speech disorder, slurred speech is observed, when talking, air freely passes into the nasal cavity, since the soft palate is not able to prevent this due to paresis. As a result, children speak as if through their noses. This form of dysarthria very often develops with tumor lesions of the brain.

With a subcortical form of speech impairment in children, the phenomena of hyperkinesis will be observed. Hyperkinesias are involuntary violent contractions of individual muscle groups. In dysarthria, these muscles are the mimic muscles of the face and the muscles of the vocal apparatus. In this case, the child has a calm, correct speech, which “breaks down” when such bursts of hyperkinesis appear. Most often this happens when the child is excited. In some cases, involuntary cries may be observed.

Violation of speech perception is observed due to the lack of smoothness in the narration, the constantly changing timbre and power of the voice. Sometimes children with such a speech disorder may experience hearing loss, which further exacerbates the manifestation of dysarthria.

The cerebellar form of dysarthria in an independent form is quite rare, most often it accompanies some other form of speech impairment. In an isolated form, it manifests itself in the form of chanted speech, which is, as it were, "chopped", accompanied by cries.

With a cortical form of speech impairment, children are able to pronounce individual sounds without problems, but when it comes to pronouncing a word, especially if it contains a combination of consonant sounds, then problems arise with pronunciation. Children stutter, speech stops, sounds in

words begin to fall out, some sounds are replaced by others. In some cases, this form of dysarthria may resemble stuttering.

Pseudobulbar dysarthria is the most common speech disorder. This condition develops as a result of brain damage by infection, hypoxia during pregnancy or in early childhood. In this case, there is an organic damage to the structures of the brain. In its manifestation, this form of dysarthria is very close to the bulbar one, but differs in that it is much easier to correct and treat. Children retain the structure of the word, correctly set the stress, but when several vowels or consonants are combined in a row, they fall out or are replaced.

For example, the table is ol, the ribbon is summer, the perfume is duhi. In some cases, one word is replaced by another, similar in meaning: a desk - a table, a branch - a stick, a vase - a jug. It is customary to distinguish three degrees of severity of the pseudobulbar form of dysarthria.

1. Mild severity is characterized by minor disturbances in the pronunciation of sounds. Only complex sounds are difficult for children, such as w, w, p, c, h. The rest of the sounds are pronounced with insufficient participation of the voice. When writing, such children very often replace one letter with another. Children with this type of disease have good hearing, with proper treatment, they attend a comprehensive school without any problems.

2. Moderate severity of dysarthria are most common. For children with this degree of speech impairment, the absence of movements of the mimic muscles of the face is characteristic. The tongue moves very badly. The child cannot roll it up into a tube, lift it up and hold it in this position. Very often, children "choke" when eating. Difficulty chewing and swallowing. Speech is very slurred, has a "nasal" tone due to paralysis of the soft palate. When pronouncing, sounds at the end of a word and when several consonants are combined in a row are lost and dropped out. Children with such speech disorders cannot study in general education schools, as they are not able to correctly perceive school material. Training should be carried out in specialized speech therapy schools.

3. With a severe degree of speech impairment in children, a condition is observed that is called anartria. This condition is characterized by a complete absence of movements of the mimic muscles of the face and muscles of the speech apparatus. The

tongue of such children lies motionless at the bottom of the oral cavity, the lower jaw is drooping. Speech in this state is completely absent or separate inarticulate sounds are observed. Children with severe dysarthria can study in specialized speech therapy schools only if their mental capacity is preserved.

During treatment, it is very important that parents are interested in this, since the treatment methods are designed not only for the time of classes in a speech therapy room, but also at home. For children with dysarthria, the main focus in treatment is the development of speech muscles (lips, tongue, soft palate). For these purposes, it is advisable to carry out gradually becoming more difficult exercises. This can be compared to teaching a child to walk: first we crawl, then we sit, then we learn to stand up, walk by the handle, and finally walk on our own.

The first thing to do daily is to massage the muscles of the face. It is necessary to lightly stroke, then pinch the muscles of the cheeks, lips, lower jaw. It is also necessary to bring the lips closer together in the horizontal and vertical direction. You can also massage the soft palate, but no more than 2 minutes. To do this, stroke it with the pads of the index and middle fingers in the direction from front to back. A very good effect is achieved when the child studies independently in front of a mirror, when he sees how his lips and tongue are located and tries to independently give them the shape that he saw earlier when talking with adults.

The next step in the treatment of dysarthria in children is the use of active gymnastics of the speech apparatus. For these purposes, it is necessary to open and close the mouth, keep the mouth open or half open. It is possible to pull out a bitten gauze bandage from the child's mouth. For gymnastics of the lips, it is necessary to make a grin of the teeth, stretching the lips into the proboscis. It is very good for such gymnastics to use a lollipop on sticks, which the child should clamp with his lips, and you try to get it. This exercise is very effective, since when the diameter of the candy is reduced, more effort must be applied.

"Sweet" gymnastics can also be used to train the tongue. In this case, sweet candy is used to lubricate alternately one corner of the mouth, then the other, which the child must subsequently lick with his tongue. To help lift the tongue up, you can lubricate the upper lip with a sweet candy.

All these exercises can be easily done at home. The task of a speech therapist is reduced to the gradual setting of the pronunciation of various sounds.

REFERENCES

1. Achilova, S. J. (2020). WAYS TO DEVELOP FINGER MOVEMENT IN CHILDREN WITH DYSARTHRIAN SPEECH DISORDER. Science and Education, 1 (Special Issue 4), 177-185.
2. Paramonova L.G. Speech therapy for everyone / L.G. Paramonov. - St. Petersburg: Pi-ter, 2004.
3. Achilova Sevara Zhasurkulovna (2020). Features of speech therapy work with dysarthria in specialized preschool institutions. International scientific review, (LXVII), 88-91.
4. Achilova, S. D. (2022). HISTORY COLLECTION AND EXAMINATION OF THE ARTICULATION DEVICE IN ELIMINATED DYSARTRIA. Academic Journal of Digital Economics and Stability, 15, 91-100.
5. Achilova, S. D., & Akhmedova, M. H. (2022). USE OF PROJECT TECHNOLOGY IN TEACHING A FOREIGN LANGUAGE TO FUTURE DEfectologists. Innovative Society: Problems, Analysis and Development Prospects, 208-209.
6. Achilova, S. D. (2017). Monologue speech of children with dysarthria disorders. Young Scientist, (10), 397-399.
7. Achilova, S. (2020). PHONETIC AND PHONEMIC DISORDERS AND THEIR CORRECTION IN CHILDREN WORN OUT DYSARTHRIA. European Journal of Research and Reflection in Educational Sciences Vol, 8(3).
8. Achilova, S. J. (2020). CORRECTIONAL LOGOPEDIC WORK IN DYSARTRIA OF PRESCHOOL AGE. In European research: innovation in science, education and technology (pp. 109-111).