



SPECIFIC ASPECTS OF SPEECH THERAPY CORRECTION OF DYSARTHRIA

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Abstract

The article provides information about the system of speech therapy to eliminate dysarthria, the tasks of speech therapy work with dysarthric children, methods and techniques of correctional work.

Keywords. Dysarthria, speech, articulation, phonemic hearing, lexical-grammatical, motor, speech therapy, correction.

Introduction

The system of speech therapy to eliminate dysarthria is carried out comprehensively, namely, articulatory apparatus massage and gymnastic exercises, work on voice and breathing, general treatment, therapeutic physical education, physiotherapy and drug treatment.

The main attention is paid to the state of speech development in the child, the lexical-grammatical side of speech and the characteristics of the communicative function of speech. In school-age children, the state of written speech is also taken into account. Regular training over a long period of time gradually normalizes the articulatory apparatus, apparatus motor skills, develops articulatory movements, forms the ability to transition voluntary movements from one movement to another in the articulation organs, and contributes to the full development of phonemic hearing.

Methods of speech therapy work with dysarthric children were developed by AG. Ippalitova, O.V. Pravdina, V.V. Ippalitova, Ye.M. Mastjukova, G.V. Chirkina, I.I. Panchenko, and others.

The tasks of speech therapy work with dysarthric children are as follows:

- 1 - teaching the correct pronunciation of sounds, that is, developing articulatory motor skills, speech breathing, and the introduction and consolidation of sound into speech;
- 2 - developing phonemic perception, forming sound analysis skills;



3 - eliminating deficiencies in the rhythm, melodiousness and expressiveness of speech.

4 – correction of the general underdevelopment of the emerging speech.

Elimination and correction of defects in the pronunciation of sounds in dysarthric children is one of the main tasks of the work. The main cause of defects in the pronunciation of sounds is the observed defects in the mobility of the organs of the speech apparatus. Therefore, the speech therapist should pay primary attention to the development of the mobility of the articulatory apparatus.

Work on the pronunciation of sounds is organized taking into account the following:

1 – taking into account the form of dysarthria, the state of development of the child's speech and the child's age.

2 – development of speech communication. The formation of the pronunciation of sounds should be aimed at the development of communication.

3 – development of motivation, striving to eliminate existing disorders, self-awareness, self-confidence, self-management and control, self-esteem and belief in one's own strength.

4 – development of differential auditory perception and the ability to analyze sounds.

5 – strengthening the articulatory order and articulatory movement through the development of visual-kinesthetic perception.

6 – step-by-step organization of work. Correctional work begins with sounds whose pronunciation is preserved in the child. Sometimes sounds are selected according to the principle of simpler motor coordination, but taking into account articulatory disorders, work is primarily carried out on the sounds of early ontogenesis.

7—In the most severe disorders, that is, when the child's speech is completely incomprehensible to those around him, corrective work begins with isolated sounds and syllables. If the child's speech is relatively understandable to those around him and he can correctly pronounce defective sounds in some words, then work begins with "base" words. In any case and in various speech situations, sounds must be strengthened in speech.

8—In children with central nervous system damage, it is important to prevent complex disorders in the pronunciation of sounds by regularly conducting speech therapy in the pre-speech period.

Speech therapy in dysarthria is carried out in stages.

Stage 1 preparatory stage - the main goal of this stage is:



- preparation for the formation of the articulatory apparatus, articulatory order;
- in the first years of the child - education of the need for speech communication;
- identification and development of passive vocabulary
- correction of breathing and voice defects.

The most important tasks of this stage are the development of sensory functions, especially auditory perception and analysis of sounds.

The use of correctional methods and techniques depends on the level of speech development. The lack of communicative speech means in a child accelerates the initial sound reaction and leads to imitation of sounds, and gives it a communicative meaning.

Speech therapy is carried out in combination with drug exposure, physiotherapy, therapeutic physical education and massage.

Stage 2 is the stage of formation of initial communicative pronunciation skills.

The main goal of this stage is:

- development of speech communication and sound analysis skills;
- relaxation of the muscles of the articulatory apparatus;
- control of the position of the mouth;
- development of articulatory movements;
- development of voice;
- correction of speech breathing;
- development of perception of articulatory movements and goal-directed articulatory movements.

In the next exercise, the speech therapist's index fingers are in the same position as above, only the movements are made upwards along the upper lip, in which the gums are visible, and the movements downwards open the lower gums.

Then the speech therapist's index fingers are placed on the corners of the mouth and the lips are pulled together (smile). With the help of repeated movements, the lips return to their original position.

Such exercises are performed in different positions of the mouth: closed, half-open, wide open.

After relaxing exercises, a low-tonus strengthening massage is performed, followed by passive-active movements of the lips. As a result of this massage and exercises, the child achieves the ability to hold wooden objects of different diameters, candies with his lips, and learns to drink water through a tube.



It can be concluded that after the general relaxation exercises for the above-mentioned muscles, the tongue muscles are trained. When relaxing them, it is important to remember that the tongue is interconnected with the muscles of the lower jaw. Therefore, if the downward movement of the spastically raised tongue in the oral cavity is combined with the downward movement of the lower jaw, the exercise will be easier for the child to perform.

References

1. Жукова Н.С., Мастюкова Е.М., Филичёва Т.Б. Преодоление общего недоразвития речи у дошкольников. – М., 1990.
2. Жукова Н.С. Преодоление недоразвития речи у детей. – М., 1994.
3. Иваненко С.Ф. Формирование восприятия речи у детей с тяжёлыми нарушениями произношения. – М., 1994.
4. Картушина М.Ю. Логоритмические занятия в детском саду. – М., 2004.