



Speech Therapy Technologies in Working with Dysarthric Children

Tasbaeva Gulbaxar Muratovna

Nukus State Pedagogical Institute named after Ajiniyaz, Faculty of Preschool Education, Department of Preschool Education and Defectology

ABSTRACT

To see if any speech and language therapy intervention aimed at improving the speech of children with dysarthria is more effective than no intervention in increasing children's speech intelligibility or communicative participation, and to compare the efficacy of different types of speech language therapy in improving children's speech intelligibility or communicative participation.

Keywords:

Speech, Technologies, Therapy, Dysarthric Children, Communicative Participation

The depth and complexity of the dysarthria problem stems primarily from the fact that there is a direct link between speech development and the development of the basic functions of the psyche, as well as the level of development, about the mind. To put it another way, a youngster with a speech impediment may struggle to learn to read and write, as well as have issues with attention and thinking, imagination and vision, and memory development. In this context, more research into speech issues, as well as techniques to overcome and correct them, is required. Children with dysarthria can be categorized into groups based on a combination of features that differ in the severity and complexity of the disease. At present, the work to eliminate dysarthria is of a complex nature and includes three blocks: medical, psychological and pedagogical, and speech therapy. The content of medical work to overcome dysarthria is determined by a neurologist. It is based on identifying the organic causes of dysarthria, studying all the factors of its occurrence and trying to eliminate the root cause of the disorders. As a rule, in the medical work to overcome dysarthria are used drugs,

physiotherapy and reflexology, physiotherapy exercises and massage.

The psychological-pedagogical block includes the system of work of teachers (teachers), psychologists and parents. Often, children with a picture of similar organic diseases show significant differences in speech content for pedagogical reasons. Working with children with dysarthria involves the development of their general mental functions, the teaching of sensory qualities. Thus, the development of cognition - auditory and visual - is the basis for the formation of phonemic hearing and visual memorization of correct spelling in the future. The work of teachers and psychologists also includes the development and correction of spatial images, the basics of construction, and combinatorics. Dysarthria, as a complex disorder of speech, manifests itself to varying degrees in different situations. Here are the basics of this defect in children. The third block includes speech therapy work, which is always done individually and developed directly for each child. Speech therapy work, as a rule, involves the following steps:

1. Preparation (where the speech apparatus is prepared to form the correct articulation). This stage includes the normalization of muscle tone, motor skills of the articulatory apparatus, breathing, sound, prosodic and fine motor skills of the hands.

2. The stage of development of new pronunciation skills and abilities (during this period the development of basic articulatory patterns, the development of phonemic hearing, the adjustment, automation and differentiation of problem sounds continues). The general motor skills of children with dysarthria are characterized by limited active movements. With functional loads, children get tired quickly. Engine failure is especially evident in the classroom, which requires coordination of movements, adherence to tempo and rhythm, and transition from one movement to another.

3. The stage of development of communication skills and abilities (at this stage the acquired speech skills are taught and the child's ability to pronounce the set sounds is developed).

4. A stage involving the elimination or prevention of secondary violations.

5. The stage of preparation for school (includes the formation of graphomotor skills, the development of coherent speech, the development of cognitive activity and the expansion of the child's horizons).

The duration of work at each stage of speech therapy is determined individually and the use of exercises appropriate to the child, depending on the type of speech disorder. Articulation therapy is unique in that when employing this technique, therapists will focus on helping the patient produce certain sounds and articulate different parts of speech correctly. This type of speech therapy is used to help with many problems that arise as a consequence of injury, illness, or delays. Language intervention therapy is employed to help the patient develop speech abilities. This technique is frequently used with children who are exhibiting speech delays, and in adults who require encouragement to help with their language abilities. This less formal approach to therapy focuses on helping the patient to pronounce words properly. Oral motor therapy

consists of exercise routines with the goal of exercising and strengthening the muscles in and around the mouth, which helps focus control of speech. Although this therapy type can help patients with delays, it is more commonly used with patients who have suffered a physical injury or ailment that caused them to be unable to speak properly. When patients suffer from medical conditions such as a stroke, they may develop an inability to swallow, referred to in medical terms as dysphagia. Sufferers of dysphagia may have trouble eating, drinking, and speaking, but VitalStim therapy can work in tandem with other therapies to help patients regain the ability to swallow, and their independence. Using electrical stimulation along the neck along with other exercises. It is not uncommon for children with dysarthria to learn fine motor skills late and with difficulty. In addition, they may not hold the pen well, squeeze their hands while drawing, work awkwardly with plasticine, or put on an applique. Difficulties in the spatial arrangement of elements are also observed in the application work. Disruption of the delicate movements of the hand is manifested in the conduct of standard tests of finger gymnastics. Children have an imitation movement without outside help, such as "locking" - tying the brushes together, tying the fingers together or not; "rings" - connect the index finger, middle, ring and little fingers, respectively, with the thumb and other finger gymnastic exercises. In this regard, such children often refuse to play with small details, constructors, puzzles, and so on. When entering school, children face difficulties in mastering graphic skills. The pathological features of the articulatory apparatus are determined. Pareticity of the muscles of the articular organs is manifested as follows: facial hypomimic, facial muscles weak during palpation; many children do not hold a closed mouth position, tk. The lower jaw is not set high due to lethargy of the masticatory muscles; lips smooth, corners down; the lips become sluggish during speech and the necessary labialization of sounds is not performed, which worsens the prosodic side of speech. The tongue with paretic symptoms is thin, located

in the lower part of the oral cavity, loose, the tip of the tongue is not active. With functional loads (articulation exercises), muscle weakness increases. Spasticity of the muscles of the articular organs is manifested as follows: facial amygdala, facial muscles stiff and tense during palpation. The lips of such a child are always in a half-smile: the upper lip is pressed against the gums. Lips do not participate in the expression of sounds during speech. Many children with similar symptoms do not know how to perform a "tubule" articulation exercise, ie. to stretch the lips forward, and so on. Spastic symptomatic tongue often changes shape: thick, without a sharp tip, motionless. Hyperkinesis with disabling dysarthria manifests itself in the form of tremor, tremors of the tongue and vocal cords. Vibration of the tongue occurs during functional tests and loads.

Dysarthria off Apraxia is defined as the inability to perform arbitrary movements with the hands and articulatory organs at the same time. In articulatory apparatus, apraxia is manifested when it is impossible to perform certain movements or when moving from one movement to another. If the child does not move smoothly from one movement to another, kinetic apraxia may be observed. In other children, kinesthetic apraxia is noted, if the child makes chaotic movements, "shaking" the desired articulatory position. Turn, that is, deviation of the tongue from the midline also manifests itself during functional tests, during articulation tests. The twisting of the tongue is combined with the asymmetry of the lips when smiling with the smoothness of the nasolabial fold.

In conclusion, the difficulty of speech therapy work with dysarthria, one of the most frequent speech problems in preschool and primary school-aged children, is investigated in this study. We arrived to the following findings based on our experience analyzing and shaping the theoretical foundations of the problem. Dysarthria is a voice pronouncing condition caused by a lack of biological innervation of the speech apparatus muscles and injury to the central and peripheral nervous systems. Dysarthria comes in a variety

of types, each with its own set of symptoms and location of the injury in the cerebral cortex.

References:

1. M.Y. Ayupova, Speech Therapy. National Society of Philosophers of Uzbekistan. T.: 2007 y.
2. Speech therapy (under the editorship of A.S. Volkovoy). M.: Vldos. 2003
3. L. Muminova, M. Ayupova LogopediY. T.: Teacher 1993.
4. V.A. Kalyagin Logopsychology: ucheb. posobie dlya stud. vqssh. ucheb. zavedeniya / V.A. Kalyagin, T.S. Ovchinnikova. - M.: Akademiya, 2006.
5. L.I. Aksenova Social pedagogy in special education. Izdatelstvo. Academy. M., 2001 g.
6. E.N. Kruze Speech Therapy. M., 2003 g.
7. I.M. Nazarova Special pedagogy. M., 2002
8. Source:
<https://muegn.ru/uz/gosty/logopedicheskaya-rabota-s-legkoi-stepenyu-dizartrii-etapy-i.html> © muegn.ru
9. А.Бекимбетова, Ж.Ергалиева - "Development of intellectual and cognitive skills in preschool children through improvement of pedagogical potential"
<https://scholarzest.com/index.php/ejha/article/view/1246>
10. Ж.Ергалиева - "Специфика психолого-педагогического сопровождения одаренных детей" eLibrary.ru ISSN 2541-8084
11. Nurjanova Raykhan Urazbaevna Methodology Of Teaching English In Preschool Educational Institutions <https://www.scholarzest.com> Vol. 2 No. 10, October 2021 ISSN: 2660-5589
12. Nurjanova Raykhan Urazbaevna Biysembaeva Aray Kuralbaevna Pedagogical Bases Of Preparation Of Future Educators For Professional Activity <https://www.scholarzest.com> Vol. 2 No. 4, April 2021, ISSN: 2660-5562