



THE MAIN ASPECTS OF CORRECTING SPEECH DEFECTS ASSOCIATED WITH DYSARTHRIA

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Abstract

The article provides information about the system of speech therapy interventions to eliminate dysarthria, the tasks of speech therapy work with dysarthric children, methods and techniques of correctional work. In addition, the clinical features of dysarthria, its forms and the main directions of the correctional process are analyzed, as well as effective methods and technologies for organizing speech therapy work are highlighted.

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

Introduction

One of the most relevant areas of modern speech therapy is the in-depth study of pathologies accompanied by neurological disorders of the motor activity of the speech apparatus and their complex correction. One of such disorders, dysarthria, is a severe speech disorder that occurs as a result of damage to the central or peripheral nervous system and is characterized by a general violation of the articulatory, phonatory and prosodic components. The clinical manifestation of dysarthria is often closely related to organic defects in brain function, which distinguishes it from other phonetic-phonematic disorders.

This speech disorder creates serious obstacles not only to the child's ability to engage in verbal communication, but also to his general mental development, intellectual activity and social adaptation. That is why the issue of early detection of dysarthria and the systematic organization of effective speech therapy work aimed at it is of great practical importance.

Speech therapy correction aimed at eliminating dysarthria is usually a multi-stage process based on an individual approach and requiring medical and pedagogical



cooperation. The effectiveness of speech therapy work is directly related, first of all, to the correct choice of methodological approaches aimed at activating articulatory motor skills, forming speech breathing, restoring phonation functions, and developing a normative speech structure in terms of rhythm and intonation.

A better understanding of dysarthria was greatly influenced by the work of M.S. Margulis (1926), who was the first to clearly distinguish dysarthria from motor aphasia and divide it into bulbar and cerebral forms. The cerebral form of dysarthria was further divided into cortical and subcortical. The author introduced a classification of the cerebral form of dysarthria based on local lesions of the brain, which was later reflected in the neurological literature, and then in speech therapy textbooks (O.V. Pravdina, 1969). L.B. Litvak (1959) paid attention to the local diagnostic aspect of dysarthria. The author understands dysarthria as a violation of articulation, but he explains this vaguely: he includes various violations of the tempo, rhythm and intonation of speech in the violation of articulation. According to Grewell, dysarthria is a speech disorder caused by damage to various parts of the brain, therefore it includes not only articulation disorders, but also speech breathing disorders, voice and prosody disorders. Harard Hugot (1964) includes articulation disorders associated with pyramidal, extrapyramidal, and general motor disorders of a cerebral nature in the concept of dysarthria. The author calls speech motor disorders anarthria.

The system of speech therapy interventions to eliminate dysarthria is carried out in a comprehensive manner, 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 helps to fully develop 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 - to teach the correct pronunciation of sounds, that is, to develop articulatory motor skills, speech breathing, and to place and consolidate sounds in speech;
- 2 - to develop phonemic perception, to form the skills of sound analysis;
- 3 - to eliminate deficiencies in the rhythm, melodiousness, and expressiveness of speech.
- 4 - to correct the general underdevelopment of the resulting speech.

Elimination and correction of deficiencies in the pronunciation of sounds in dysarthric children is one of the main tasks of the work. The main reason for the deficiencies in the pronunciation of sounds is the observed deficiencies in the mobility of the organs of the speech apparatus. Therefore, the speech therapist should focus on 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 age of the child.
- 2 - the development of speech communication. The formation of the pronunciation of sounds should be aimed at the development of communication.
- 3 - the development of motivation, the desire to eliminate existing disorders, self-awareness, self-confidence, self-management and control, self-esteem and belief in one's own strength.
- 4 - re-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 articulation disorders, work is carried out primarily 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 – It is important to prevent complex disorders in the pronunciation of sounds by conducting regular speech therapy in children with central nervous system damage 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 early 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 – development of sensory function, especially auditory perception and analysis of sounds.

The use of correctional methods and techniques depends on the level of speech development. The absence 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 primary 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 the 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 in downward movements the lower gums are opened.

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: with the mouth



closed, half-open, wide open.

After relaxing exercises, after a strengthening massage at low tone, passive-active movements of the lips are practiced. As a result of this massage and exercises, the child achieves the ability to hold wooden objects of different diameters, candies with his lips, learns to drink water through a straw.

It can be concluded that after the general relaxation exercises of the above-mentioned muscles, the tongue muscles are trained. When relaxing them, it should be remembered 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 accompanied by the downward movement of the lower jaw, the exercise will be easier for the child to perform.

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