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QUALITY OF SPEECH THERAPY OBJECT OF PSEUDOBULBAR CHILDREN OF PRESCHOOL AGE

Toshturdiyeva Zoyira Dusmurod kizi
Trainee teacher of the Department of Special Pedagogy
At the Jizzakh State Pedagogical University

Abstract. This article examines pseudobulbar children of preschool age as an object of quality in speech therapy activities. The author reveals the concept of pseudobulbar dysarthria and the causes of its occurrence in children. The structure of the defect in pseudobulbar dysarthria is described, primary and secondary disorders are identified. The study also identified sound and voice defects in children. The influence of pseudobulbar dysarthria on the general development of preschool children was studied.
Key words: Preschooler, pseudobulbar dysarthria, speech development, speech disorders, speech therapy.

The history of a preschooler with symptoms of mild pseudobulbar dysarthria usually includes increased motor restlessness, frequent and causeless crying, sleep disturbances, weakness of cry (often with a nasal tint) or its absence, refusal of the breast, difficulty holding the nipple, lethargy of the act of sucking. , frequent choking, excessive regurgitation, fatigue [1]. Indicators of psychomotor development of preschoolers with a mild degree of dysarthria range from normal to pronounced delay (at a later stage, sits up independently, crawls, walks, and manipulates objects). The child, as a rule, is somatically weakened, the readiness of the hand to write is delayed, and convulsive syndrome is sometimes observed.

A significant proportion of preschool children have slow speech development:

- first words appear at the age of 1.5-2 years;
- phrasal speech appears at 2-3 years;
- after 5 years, children's speech remains phonetically unformed [3].

With mild pseudobulbar dysarthria, neurological symptoms are present, which are identified during a special examination using functional loads. The presence of symptoms of organic damage to the central nervous system in preschool children is the main criterion for diagnosing dysarthria [5]. Symptoms manifest themselves in the form of a disorder of the motor sphere - in the state of general and fine motor skills, articulatory and facial muscles.

The general motor sphere of preschoolers with mild dysarthria is characterized by constrained, slow, awkward, poorly coordinated movements. There is a limitation in the range of movements of the upper and lower extremities, mainly on one side, synkinesis and disturbances in muscle tone occur. Sometimes mobility is pronounced, but the movements are unproductive and aimless. The Romberg position in most preschoolers is positive (which means that the motor zones of the cerebral cortex and cerebellum are not formed) - there is an increase in muscle tone in the hands when lifting them up, a slight tremor of the fingers, a withdrawal of the tongue to the painful side, and slight hyperkinesis of the tongue. The most pronounced deficiency of general motor skills in preschool children with a mild form of dysarthria manifests itself when performing complex motor acts that require precise control of

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movements, precise work of various muscle groups, and correct spatio-temporal organization of movements.

Preschoolers in this group are characterized by impairments in manual motor skills, which manifest themselves primarily in impairments in accuracy, speed, and coordination of movements. Finger tests are ineffective, since kinesthetic memory is significantly reduced. Meanwhile, researchers have established a significant relationship between the level of immaturity of manual and articulatory motor skills [2]. As for the articulatory and facial muscles, preschoolers with a mild form of dysarthria experience changes in muscle tone, paresis or hyperkinesis, a search for an articulatory pattern and difficulties in maintaining it. All these symptoms in mild dysarthria in children without musculoskeletal disorders appear in a mildly expressed form. Features of speech motor skills in preschool children with mild dysarthria are caused by impaired functioning of those motor nerves that are involved in articulatory acts [4]. When the glossopharyngeal (XI pair) and vagus (X pair) nerves are damaged, there is insufficient contraction of the soft palate, deviation of the small uvula to the side with slight paresis of the velum on the opposite side.

Insufficiency of innervation of the organs of articulation affects not only articulation when pronouncing individual sounds, but also the switchability of individual movements. With asymmetry of the facial nerves (VII pair), there is a slight smoothing of the nasolabial folds on the right and left, which causes a slight inflation of the cheeks on one side. Due to weak innervation of the lower jaw, the mouth may be slightly open. When examining the state of the facial muscles, difficulties were most often identified in performing such tasks as raising the eyebrows and alternately closing the eyes (closing two eyes at once or closing only the right eye), which is associated with damage to the facial nerve (VII pair).

The differentiated movements of the lips, tip and back of the tongue are especially often disrupted. In some cases, there is some stiffness of movements, the inability to perform complex movements, in others - motor restlessness, hyperkinesis of the tongue and facial muscles, difficulty or impossibility of finding and holding given articulatory poses, synkinesis: lowering of the eyelids when opening the mouth, movements of the lower jaw when lifting the tongue up etc. The speed of switching articulatory movements changes, which is caused by a violation of the perception of the motor series, the occurrence of perseverations and rearrangements [5]. Thus, the movements of the facial, facial muscles and articulatory apparatus in preschool children with a mild form of dysarthria are characterized by rapid exhaustion, low quality, do not have sufficient accuracy, smoothness, some of them are performed sluggishly, with insufficient muscle strength, in insufficient volume.

In preschoolers with mild dysarthria, not only the motor part of the speech system suffers. Disorders of kinesthetic perception of articulatory postures and movements are noted. Until recently, the study of the state of the motor analyzer was limited only to the study of the anatomical structure and motor function of the articulatory apparatus [1]. Today, speech therapy examination of children with speech disorders is supplemented with methods for determining the state of general and fine motor skills; in addition, during the examination, the neurological status of the child is established. This is of great importance for making a speech therapy diagnosis and for determining the optimal method of speech correction.

R.I. Martynova, [3] having examined the physical, neurological and psychological-pedagogical status of children with dysarthria, revealed the following table:

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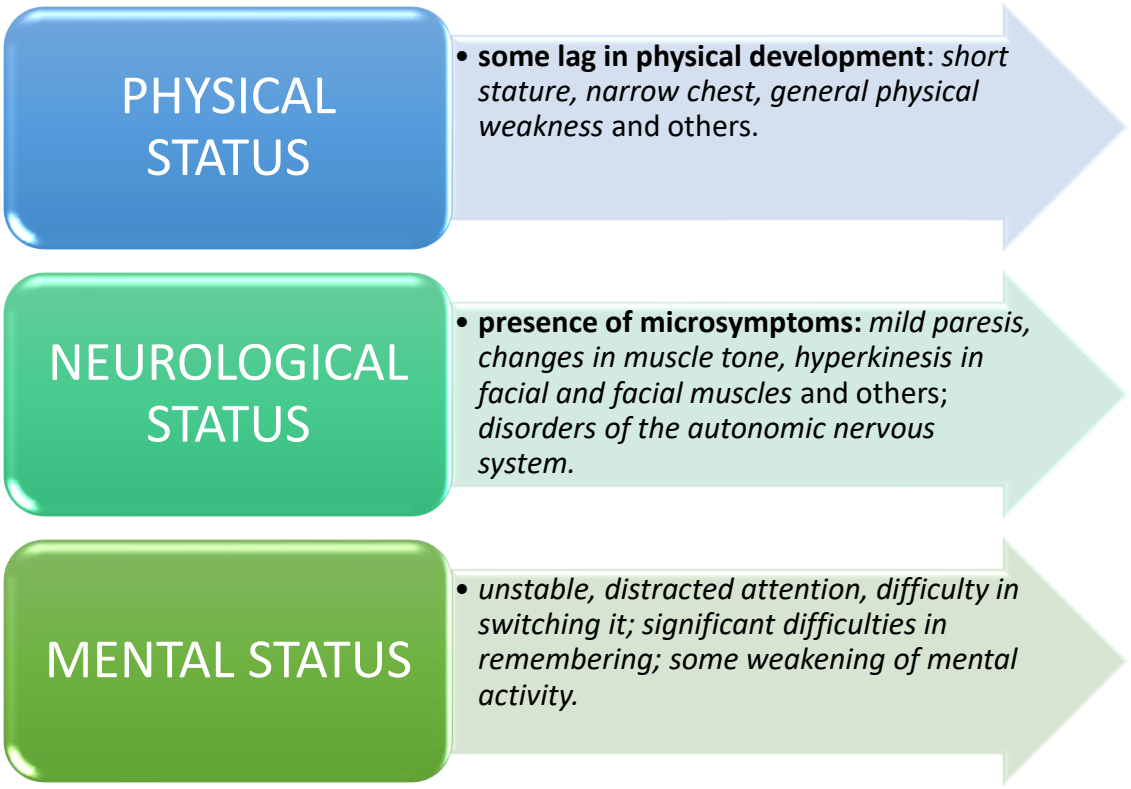

FEATURES OF MENTAL DEVELOPMENT:

➢ **Attention**. In preschool children with a mild form of pseudobulbar dysarthria, mental development features are manifested in insufficient stability and concentration of attention, in limited possibilities for its distribution. When performing tasks, children are insecure, passive, quickly exhausted, show negativism, and at the slightest provocation, such children may have outbursts of affect.

➢ **Memory.** While semantic and logical memory is relatively intact, preschoolers have reduced verbal (speech) memory, productivity and the volume of memorization of material suffer. They forget complex instructions, elements and the sequence of tasks, have difficulty repeating a sentence of 4-6 words after an adult, and have difficulty memorizing poems and counting.

➢ **Perception**. Deficiencies in perception are manifested in difficulties in mastering the size and shape of objects: preschoolers have difficulty differentiating similar shapes - a circle and an oval, a square and a rectangle; they confuse wide and narrow, long and short objects, find it difficult to put parts together into a whole, for example, to assemble a picture from several parts or to design according to a model.

➢ **Thinking**. The connection between speech disorders and other aspects of mental development determines specific features of thinking. Possessing, in general, complete prerequisites for mastering mental operations available to them by age, preschoolers with a mild form of dysarthria lag behind in the development of verbal and logical thinking, without special training they have difficulty mastering comparison and generalization, analysis and synthesis, find it difficult to establish cause-and-effect relationships, and poorly master quantitative counting and counting operations [4].

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Features of the speech defect of preschoolers with dysarthria affect the development of spatiotemporal concepts; it is difficult for them to learn the signs and sequence of parts of the day and seasons, as well as some spatial concepts (“in front”, “about”, “between”). Children have difficulty differentiating the right and left sides of the body, which subsequently affects the development of writing skills.

Due to a speech defect, preschoolers find it difficult to establish contacts with peers and have difficulty communicating with adults. Often parents and teachers are faced with behavioral disorders that manifest themselves in the form of aggression and protest reactions towards others. The listed shortcomings indicate the peculiarities of the neuropsychic health of children with dysarthria and require the close attention of specialists [2]. Motor praxis disorders in children with mild pseudobulbar dysarthria. Given the difficulty of diagnosing mild forms of dysarthria, the relationship between the state of speech and the child’s motor sphere should be taken into account. This refers not only to the degree of formation of articulatory motor skills, but also to the level of development of fine differentiated motor skills of the hands and fingers. The general motor sphere of children with mild dysarthria is characterized by slow, awkward, constrained and undifferentiated movements. Manifestations of gross motor deficits in children with mild dysarthria are variable and qualitatively heterogeneous. Some children experience motor awkwardness, inactivity, stiffness, slowness of all movements, sometimes with a limitation in the range of movements of one half of the body. Other children are hyperactive, restless, have a fast pace of movements, a large number of unnecessary movements when performing voluntary and involuntary motor acts.

Insufficiency of general motor skills in preschoolers with dysarthria most clearly manifests itself when performing complex motor acts that require precise control of movements, precise work of various muscle groups, and correct spatio-temporal organization of movements. All these symptoms appear in a mild form. Preschoolers with a mild degree of pseudobulbar dysarthria late and have difficulty mastering self-care skills (they experience difficulties in dressing, putting on shoes, constructing, they run, jump, sculpt and draw worse than their peers), since they are characterized by impaired fine motor skills, which manifests itself mainly in impaired accuracy and speed and coordination of movements [5]. Violation of fine differentiated movements of the hands is manifested when performing sample tests of finger gymnastics. Preschoolers find it difficult or simply cannot perform imitation movements without outside help, for example, “lock” - put their hands together, intertwining their fingers. Most preschoolers with a mild degree of dysarthria cope with tasks aimed at performing simultaneously organized movements, but make numerous mistakes; when performing the task, dysmetria (excess or insufficiency of the amplitude of purposeful movements) and the presence of unnecessary movements are noted. All of the above motor disorders complicate the process of adaptation of children of older preschool age with mild dysarthria to school education and prevent full communication with peers and adults. This determines the need for a more thorough study of the problem of motor skills in preschool children with dysarthria, as one of the most important factors in a child’s readiness for school. Practice shows that preschoolers with mild dysarthria have difficulty mastering the program requirements of kindergarten and find themselves poorly prepared for school [4]. This is due not only to speech disorders in children, but also to specific deviations in their mental development.

The development of speech in a child is much more complex. General speech underdevelopment affects the formation of children's intellectual, sensory and volitional spheres. The child develops defects, that is, he has all the prerequisites for mastering mental

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operations, but lags behind in the development of verbal-logical thinking and has difficulty mastering mental operations. This is a general underdevelopment of speech. Many experimental studies have been carried out, the authors of which tried to identify the prerequisites for the development of general speech underdevelopment, what contributes to the development of this defect, how it proceeds and how to correct it. Based on the results of these experimental studies, the authors identified several groups:

Group 1 – this includes children who have verbal and non-verbal skills in logical operations, cognitive activity and interest in tasks, and normal (with minor deviations) speech development.

Group 2 – children's speech activity is already reduced, they experience difficulties in constructing verbal structures, and it is difficult for them to remember words.

Group 3 – children have low speech activity; activity is severely impaired when performing both verbal and non-verbal tasks. Children of this group have short-term memory, low activity, it is difficult for them to establish connections between words, they know little about the world around them and, accordingly, their vocabulary is poor.

Group 4 – children have a pronounced underdevelopment of logical operations. The logical activity of children is characterized by extreme instability, lack of planning, children's cognitive activity is low, and there is no control over the correctness of completing tasks [3].

So, general underdevelopment of speech is characterized by a violation of the formation in children of all components of the speech system: phonetic, phonemic and lexico-grammatical. In the work of the author S.A. Khromova studied speech functions in children. The results of a study of the mental functions of children showed that for children with general speech underdevelopment, recognizing an object during eye contact is very difficult due to a poor vocabulary or lack of speech. They need more time for this process than an ordinary child, since they are not confident and often make mistakes. A study of mnestic functions in children led to the conclusion that the memorization of verbal stimuli in children is significantly worse than in children without speech pathology. A study of the function of attention led to the conclusion that children with speech pathology quickly get tired, find it difficult to choose productive tactics, and make mistakes. So, children with a mild degree of pseudobulbar dysarthria are less active, it is difficult for them to remember and convey knowledge about the world around them through words, it is difficult for them to communicate, since they cannot remember much, their vocabulary is poor [1]. General underdevelopment of speech leads to disruption of the child's communication, resulting in problems in interpersonal interaction, problems in learning and development in general as an individual. As studies show, children with mild pseudobulbar dysarthria have insufficient coordination of movements in all types of motor skills - general, facial, fine and articulatory. Data from psychological and pedagogical diagnostics of children with mild pseudobulbar dysarthria allow the speech therapist to determine the most adequate system for organizing children in the learning process and to find the most appropriate individual methods and correction techniques for each.

The lack of formation and instability of speech mental activity, a decrease in the level of abstraction and generalization, difficulty in the structure of speech utterances, poverty of logical operations, and insufficiency of thought processes cause difficulties in the development of vocabulary in children with a mild degree of pseudobulbar dysarthria. The specific features of the vocabulary of children of middle preschool age with a mild degree of pseudobulbar dysarthria, associated with its quantitative and qualitative inferiority, are due to the fact that these children cannot spontaneously, without providing special correctional assistance, take the

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path of ontogenetic development of the speech of normal children. The effectiveness of correctional and developmental training in eliminating general speech underdevelopment is achieved provided that it is complex and systemic in nature, carried out differentially, taking into account the symptoms, mechanisms, structure and severity of speech disorder and the characteristics of cognitive activity of children with mild pseudobulbar dysarthria. Thus, we can conclude that the level of development of coherent speech in preschoolers with general speech underdevelopment is characterized by the following features:

- ✓ use of simple or distorted phrases;
- ✓ vocabulary is predominantly passive, everyday;
- ✓ use of pronouns, conjunctions, some prepositions in their elementary meanings;
- ✓ children do not have word formation skills;
- ✓ make gross mistakes in the use of grammatical structures.

Timely formation of speech (dictionary, vocabulary) of a child is the most important condition for his full speech and general mental development, since language and speech perform a leading function in the development of thinking and verbal communication, in planning and organizing the child's activities, self-organization of behavior, and in the formation of social connections . Inadequate speech activity has a negative impact on all areas of the child's personality, which is manifested in difficulties in the development of his cognitive activity, in a decrease in memorization productivity, and in impaired logical and semantic memory. Children master mental operations poorly, all forms of communication and interpersonal interaction among children are disrupted, and the development of play activities is significantly inhibited.

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