



MODELING SPEECH THERAPY ACTIVITY IN SPEECH CORRECTION OF CHILDREN WITH PSEUDOBULBAR DYSARTHRIA

Toshturdiyeva Zoyira Dusmurod kizi

Trainee teacher of the Department of Special Pedagogy

At the Jizzakh State Pedagogical University

Abstract. This article discusses the modeling of speech therapy activities in correcting the speech of children with pseudobulbar dysarthria. The strategic and tactical tasks of correctional work are described, the stages and directions of organizing speech therapy work for the correction of speech disorders with pseudobulbar dysarthria in preschool children are considered. In modern society, speech pathologies in preschool children are often found. A more common form of dysarthria in preschool children is pseudobulbar dysarthria, which makes it urgent to study the psychological and pedagogical features of the development of preschool Children with pseudobulbar dysarthria and the work of a speech therapist.

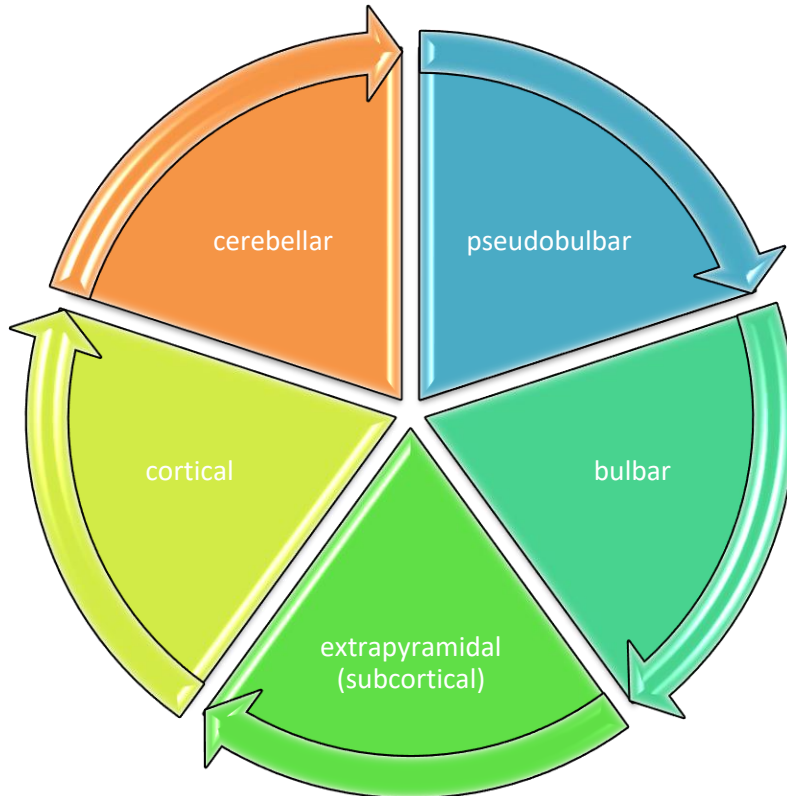
Key words: speech therapy, pseudobulbar dysarthria, speech correction, speech disorders, articulation, fine and gross motor skills, speech correction.

The relevance of the chosen research problem is due to the tendency to increase the birth rate of children with a burdened medical history (the presence of harmful prenatal, natal and early postnatal development), as well as the complex structure of the speech defect in pseudobulbar dysarthria, which requires the creation of a set of psychological and pedagogical conditions that ensure its maximum correction. The study of pseudobulbar dysarthria, as well as its correction, in our country was dealt with by such scientists as: O.V. Pravdina, E.M. Mastjukova, T.B. Filicheva, G.V. Chirkina, E.N. Vinarskaya, L.A. Danilova, K.A. Semenova, I.I. Panchenko, L. V. Lopatina, E. F. Arkhipova, E. F. Sobotovich and others.

Well-known scientist in the field of speech therapy T.B. Filicheva, gives the following definition of such a disorder as dysarthria. According to the scientist, “dysarthria is a violation of the pronunciation and prosodic aspects of speech, caused by an organic insufficiency of innervation of the speech muscles” [2].

It is important to realize that a speech therapist teacher must be competent in the correction of dysarthria in children of different age categories and in the selection of effective speech correction technologies.

Based on the principle of localization of brain lesions G.R. Shashkina [5] identifies five forms of dysarthria:



Pseudobulbar dysarthria occurs with bilateral damage to the motor corticonuclear pathways running from the cerebral cortex to the nuclei of the cranial nerves of the trunk (glossopharyngeal, vagus and hypoglossal) [4].

S.T. Rustomova, A.A. Pavlova [3], using publications of leading experts on the problem of dysarthria and based on her own long-term psychological and clinical-psychological research and observations, the following variants of pseudobulbar dysarthria are identified:

❖ spastic variant of dysarthria. In this form, the leading syndrome manifests itself in increased muscle tone in the articulatory muscles (high tone of the muscles of the peripheral speech apparatus is observed):

✓ respiratory muscles are pathologically tense (breathing is shallow and arrhythmic, not synchronized with speech);

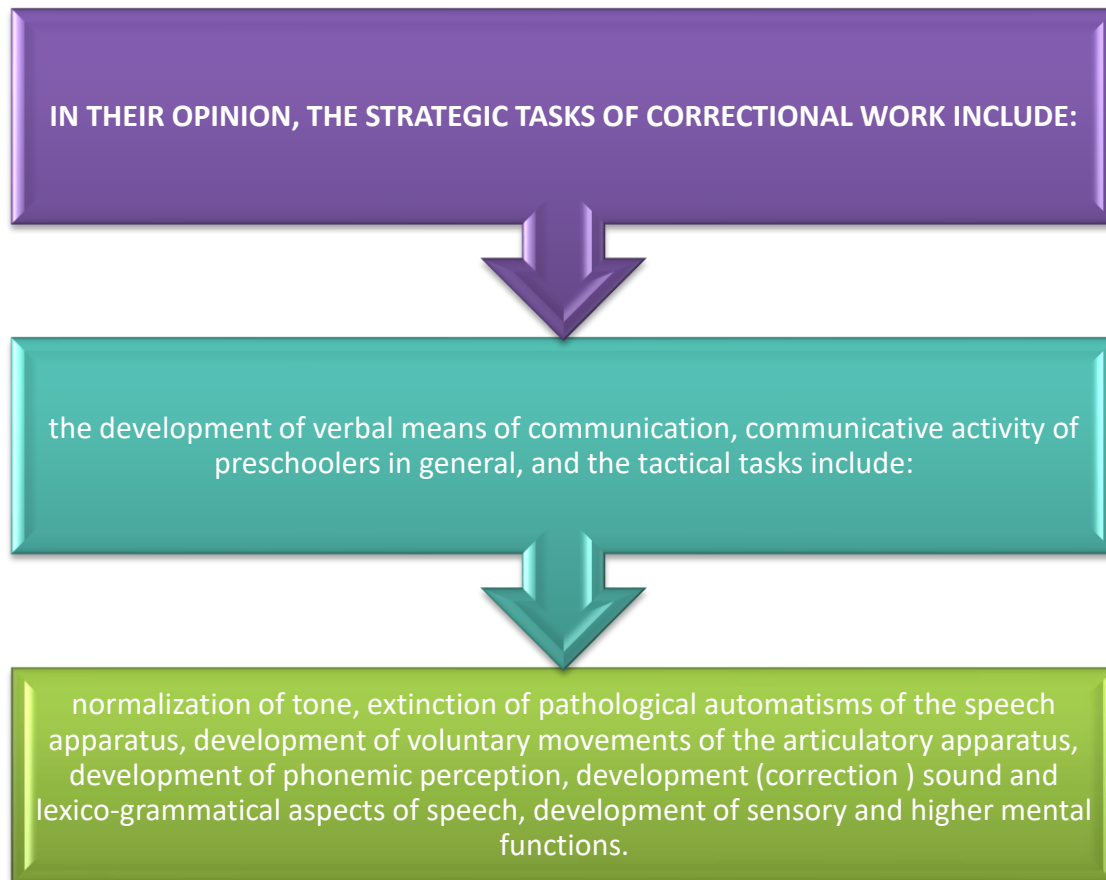
✓ the functions of the tongue muscles and the tone of the soft palate are impaired, the motor activity of the tongue is reduced, the lips are tense;

✓ hypersalivation and multiple oral synkinesis are noted;

✓ speech sounds slurred, monotonous and inexpressive, the pace of speech is slow, the voice is hoarse, creaky, often with a nasal tint);

❖ paretic variant of dysarthria (the most common); the leading syndrome manifests itself in a combination of high muscle tone with low tone of individual muscle groups of the speech apparatus (accompanied by paralysis, paresis or hypotonia of the speech muscles; characterized by a violation of the muscle tone of the tongue, soft palate and lips, due to which breathing is impaired and asynchrony of articulation is observed; the voice is nasal, speech is slow, aphonic, poorly modulated, fading, salivation, hypomimia and facial animia are pronounced);

❖ hyperkinetic variant of dysarthria; the leading syndrome is manifested in high muscle tone, as well as in the presence of violent movements, mainly in the form of tremor (speech is slurred, the voice has a strangled tone due to laryngeal dyskinesia; often with this form of dysarthria, the most severe degree of pseudobulbar dysarthria is observed - anarthria) [1]. In our opinion, interesting is the study by S.T. Rustamova and A.A. Pavlova, who in their works identified the main directions of speech therapy work on the correction of speech disorders with dysarthria in preschool children, formulating the strategic and tactical tasks of correctional work.



Let us consider in more detail the areas of speech therapy work on the correction of speech disorders when correcting dysarthria in preschool children.

First direction. Normalization of muscle tone and development of movements of the organs of the articulatory apparatus, motor skills in general and in particular movements of the fingers. Methodological techniques for solving the problems of this stage are massage of the organs of the articulatory apparatus and muscles of the hands, as well as passive and active gymnastics of these organs. If necessary, speech therapy work begins with inhibition of hyperkinesis and the formation of voluntary swallowing of saliva.

Second direction. Development of respiratory function. as well as strength, modulation and expressiveness of the voice. At this stage, various complexes of breathing exercises, voice and photogenic exercises are used, which allow you to increase the volume of inhaled air, develop phonation exhalation and voice production.



Third direction. Correction of the phonetic side of speech. Exercises are used to develop phonemic awareness and various techniques for producing sounds and their automation.

Fourth direction. Development of sensory and higher mental functions as the basis of speech.

Fifth direction. Development of vocabulary and grammatical structure of speech. Development of oral speech, speech breathing, formation of the prosodic side of the utterance. The above areas of speech therapy work on the correction of speech disorders when correcting dysarthria in preschool children are implemented in various combinations (sometimes simultaneously), without being strictly sequential stages.

In the textbook on speech therapy L.I. Belyakova and N.N. Voloskova, the authors come to the conclusion that all work on speech correction of preschool children with pseudobulbar dysarthria should be divided into three periods, each of which has its own main task:

I period. The main task: freeing the child's speech and his psyche from secondary phenomena (overcoming violent movements, excessive salivation, passivity), which are less persistent, but prevent the beginning of systematic work on speech according to a pre-thought-out plan.

II period. The main task: overcoming the main disorder, which is phonetic speech deficiency. She is now in the foreground. The education of the child and the organization of his leisure time should be largely subordinated to this task.

III period. The main task: to make the child's speech understandable to others and to include him in the children's team [1].

Obviously, correcting the speech of a child with pseudobulbar dysarthria requires a lot of patience, perseverance and time from both the speech therapist and the child.

Polokhova V.S points out some features of the production of individual sounds and emphasizes that the time required to work on each sound in children with pseudobulbar dysarthria is much longer than those that are usual, for example, in working with dysleptics. The author points out that when working with children with these speech disorders, the following factors must be taken into account:

- 1) it is necessary to simultaneously work on several sounds belonging to different articulatory settings;
- 2) it is not recommended to immediately achieve complete sound purity; polishing each sound should be carried out for a long time, against the backdrop of ever-developing, increasingly complex work on other sounds;
- 3) the sequence of work on sounds is dictated by the gradual complication of articulatory settings [2].

Automation of assigned sounds in speech also requires a long period of work. The methodology of speech therapy work varies significantly depending on the age of the patient in general and depending on the age at which dysarthria arose in the child. The earlier in a child's life dysarthria occurs, the more in the clinical picture the symptoms of primary motor failure begin to be accompanied by symptoms of systemic underdevelopment of speech as a whole. Accordingly, speech therapy methods are becoming more and more multifaceted, aimed, for example, not only at training paralyzed speech muscles, but also at developing and automating articulation skills, developing phonemic analysis of words, enriching the vocabulary, etc.

Thus, due to the fact that the severity of pseudobulbar dysarthria in children is different. In his work with children with dysarthria, a speech therapist teacher must take into account the degree of damage to the speech muscles, the age and individual psychological characteristics of preschool children, select effective methods and techniques for working with preschoolers,



speech material and the pace of correctional work. In addition, it is necessary to take into account that skills must be consolidated under the control of parents and teachers in the process of various activities (play, study, work, etc.). The work of a speech therapist teacher will be the more effective the more contact he can establish with the above-mentioned persons.

References

1. Belyakova L.I., Voloskova N.N. Speech therapy. Dysarthria. — M.: VLADOS, 2019.
2. Polokhova V.S. (2020). Psychological and pedagogical features of development of preschool children with pseudobulbar dysarthria. Theory and practice of modern science, (4 (58)), 243-247.
3. Rustamova S.T., Pavlova A.A. (2023). The use of breathing techniques to form speech breathing in children with pseudobulbar dysarthria. Special Education, (2), 44-50.
4. Filicheva T. B. Speech therapy. Theory and practice. - M.: Eksmo, 2022.
5. Shashkina G.R. Speech therapy work with preschoolers: textbook. – M.: Academy, 2022.