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SPEECH DISORDERS IN CHILDREN OF PRIMARY SCHOOL AGE AND WAYS OF THEIR CORRECTION IN SPEECH THERAPY

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Annotation. As a rule, a child with speech disorders is very critical of his pathology, but one of the main dangers posed by speech disorders is the inhibition of intellectual development, because speech is one of the main intellectual tools. Normalization of the development of the intellect occurs as the speech difficulty is eliminated and normal word pronunciation is formed; That is why it is so important to diagnose speech pathologies in time and begin their correction.

Key words: speech defects, speech therapy, defectology, age periods, children of junior school age.

Characteristics of the main speech disorders encountered in primary school age and ways of their correction in speech therapy work.

Most often, speech disorders in children of primary school age occur in childhood. In severe cases of speech disorders, the child not only cannot speak clearly and clearly on his own - he does not perceive and assimilate someone else's sounding speech, has difficulty building phrases and sentences, and has a limited vocabulary. This applies to both the active vocabulary (words meaningfully used in speech) and the passive one (words of other people's speech perceived by ear). If proper measures to correct speech are not taken in a timely manner, the child has serious communication problems with peers and adults, and, as a result, the development of all kinds of complexes that impede learning, the disclosure of mental and creative potential

Speech disorders in children are classified depending on whether a child with impaired speech activity can attend a regular general education school, or whether he needs to study at a specialized educational institution (severe speech disorders). Severe forms of speech organization pathologies include dysarthria, alalia, anarthria caused by speech disorders associated with organic damage to the central nervous system.

The clinical and pedagogical classification is based on the principle "from general to particular", focused on detailing the types and forms of speech disorders,

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developing a differentiated approach to overcome them. Disorders in the development of oral speech are divided into two types: phonation (external) design of the utterance, which are called violations of the pronunciation side of speech, and structural-semantic (internal) design of the utterance.

Violations of the phonation of an utterance include:

- dysphonia (aphonia) - a disorder (or absence) of phonation due to pathological changes in the vocal apparatus; dysphonia is manifested in violations of the strength, height and timbre of the voice;
- bradilalia - a pathologically slow rate of speech, manifested in the slow implementation of the articulatory speech program;
- takhilalia - a pathologically accelerated rate of speech, manifested in the accelerated implementation of the articulatory speech program;
- stuttering - a violation of the tempo-rhythmic organization of speech, due to the convulsive state of the muscles of the speech apparatus;
- dyslalia - a violation of sound pronunciation with normal hearing and intact innervation of the speech apparatus (synonyms: defects in sound pronunciation, phonetic defects, shortcomings in the pronunciation of phonemes). In the psycholinguistic aspect, pronunciation disorders can occur due to three main reasons: shortcomings in the operations of distinguishing and recognizing phonemes (defects in perception); unformed operations of selection and implementation of pronounced sounds; violations of the conditions for the implementation of sounds in anatomical defects of the speech apparatus

In most children, sound pronunciation reaches the language norm by 4-5 years. Most often, speech defects are due to the fact that the child has not fully formed the articulatory base (the entire set of articulatory positions necessary for pronouncing sounds has not been mastered) or the articulatory positions have not been formed correctly, as a result of which distorted sounds are produced;

Psychological and pedagogical classification is built on the opposite principle - "from the particular to the general." Such an approach is focused on the impact as a pedagogical process, the development of methods of psychological and pedagogical correction for working with a group of children (study group, class). For this purpose, common manifestations of various forms of speech disorders are determined. In accordance with this classification, speech disorders are divided into two groups: violation of the means of communication and violations in the use of means of communication. Disorders of the means of communication

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include phonetic-phonemic underdevelopment and general speech underdevelopment (OHP).

Phonetic and phonemic underdevelopment of speech is a violation of the processes of formation of the pronunciation system of the native language in children with various speech disorders due to defects in the perception and pronunciation of phonemes. The following main manifestations of this condition are distinguished:

undifferentiated pronunciation of pairs or groups of sounds. In these cases, the same sound can serve as a substitute for two or even three other sounds for the child. For example, a soft sound t is pronounced instead of sounds s, h, sh: "tyumka" (bag), "task" (cup), "chopper" (hat);

replacing one sound with another. Sounds that are difficult to pronounce are replaced by easier ones that are characteristic of the early period of speech development. For example, the sound l is used instead of the sound p, the sound f is used instead of sh. In some children, a whole group of whistling and hissing sounds can be replaced by sounds t and d: "tobacco" (dog);

mixing sounds. This phenomenon is characterized by the unstable use of a number of sounds in various words. The child can use sounds correctly in some words, and in others - replace them with those close in articulation or acoustic features. So, a child, knowing how to pronounce the sounds r, l or s in isolation, in speech utterances says, for example: “Storal is building a plank” instead of “Joiner is planing a board”

Such violations indicate an underdevelopment of phonemic hearing (the ability to distinguish between phonemes), which is confirmed during the examination. The underdevelopment of phonemic hearing prevents the full implementation of the sound analysis of words. That is why at school age this group of children has insufficient prerequisites for learning to read and write.

Speech disorders in children of primary school age include various complex speech disorders in which the formation of all components of the speech system related to the sound and semantic side suffers. Under speech disorders in children of primary school age is understood the impaired formation of all components of the speech system in their unity (sound structure, phonemic processes, vocabulary, grammatical structure, semantic side of speech) in children with normal hearing and primary preserved intelligence.

Speech disorders in children of primary school age are heterogeneous in terms of developmental mechanisms and can be observed in various forms of oral speech

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disorders. As common features, a late onset of speech development, a poor vocabulary, agrammatisms, pronunciation defects, and phoneme formation defects are noted. Violation can be expressed in varying degrees: from the absence of speech or its babble state to expanded speech, but with elements of phonetic and lexical and grammatical underdevelopment. Depending on the degree of violations of the formation of means of communication, OHP is divided into three levels. According to A.R. Luria, these levels of speech underdevelopment are designated as:

- ✓ lack of common speech (the so-called "speechless children");
- ✓ rudiments total or partial lack of speech lack of speech caused by damage to the muscles or nerves involved in pronunciation;
- ✓ extended speech with elements of underdevelopment throughout the speech system.

Thus, the development of ideas about speech disorders in children of primary school age is focused on the development of correction methods for groups of children with similar manifestations of various forms of speech disorders. At the same time, it should be taken into account that speech disorders in children of primary school age can be observed with various CNS lesions and deviations in the structure and functions of the articulatory apparatus, i.e. in various clinical forms of oral speech disorders.

It is important to take into account the fact that with low speech activity, the general cognitive activity of the child suffers. Speech in speech disorders is not a full-fledged means of communication, organization of behavior and individual development. Intellectual insufficiency and a limited stock of knowledge, observed in many children with speech disorders at various age periods, are thus of a secondary nature.

In some cases, children with speech disorders develop pathological personality traits, neurotic character traits. As a reaction to speech insufficiency, they have isolation, negativism, self-doubt, stress, increased irritability, touchiness, and a tendency to tears. Some children use speech only in emotional situations. The fear of making a mistake and causing ridicule of others leads to the fact that they try to bypass speech difficulties, refuse speech communication. Speech inferiority "turns off" the child from the children's team and injures his psyche more and more with age.

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