



Research Article

CURRENT STATUS OF STUDYING THE PROBLEM OF COMMUNICATION IN CHILDREN WITH CEREBRAL PALSY

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ABSTRACT

The article deals with the problem of the current state of studying the problem of communication in children with cerebral palsy. Inconsistencies and contradictions of speech therapy work on the research problem are identified. The main tasks, content and methods of speech therapy work are substantiated.

KEYWORDS

Children with cerebral palsy, speech therapy assistance, pedagogical technologies, communication, means of communication, communication mechanisms.

INTRODUCTION

Over the past decades, in connection with socio-political changes in society and the humanization of education, there has been an increase in interest in the education and upbringing of children with cerebral palsy, combined with impaired speech and intellectual development. Most researchers (M.V. Ippolitova, E.M. Mastuykova, I.I. Panchenko and others) note the

variability of manifestations of disorders of motor, cognitive, speech, emotional and personal development in cerebral palsy.

In the psychological and pedagogical literature, there are data on the lack of formation of the prerequisites for communicative activity and indirect indications of

the presence of persistent communication disorders in children with cerebral palsy (E.F. Arkhipova, I.Yu. Levchenko, E.M. Mastjukova, O.G. Prihodko, I.A. Smirnova, L.M. Shipitsyna and others).

THE MAIN RESULTS AND FINDINGS

The combination of neurological and mental disorders causes in some cases the unformedness of even the initial communication skills by the preschool age. In this regard, it seems important to study the features and possibilities of purposeful formation of communicative skills in this category of children. In the existing system of speech therapy assistance to children of 6-7 years of age with cerebral palsy, the main attention is paid to the correction of phonetic-phonemic and lexical-grammatical means of the language, and the formation of both verbal and non-verbal means of communication and communication skills is not given due attention.

At the socio-pedagogical level, the relevance of the study is due to the need for social rehabilitation and adaptation of children with cerebral palsy, accompanied by impaired speech and intellectual development, which until recently were ousted from education.

Opportunities - social rehabilitation and adaptation of such children are largely determined by the degree of formation of their verbal and non-verbal means of communication and communication skills. Undoubtedly, the most sensitive period for the formation of initial communication skills is the early and preschool age, but, unfortunately, the medical approach still prevails in helping a child of early and preschool age with cerebral palsy in some cases. Asking for help from teachers and psychologists is often observed only when reaching preschool or school age.

An analysis of Russian literature has shown that there are no special studies on the problem of the formation of initial communication skills in children of 6-7 years of age with cerebral palsy.

As a result of the analysis of literature data and the study of the experience of speech therapy work on the research problem, discrepancies and contradictions between:

- the need for further targeted study of the symptoms of communication disorders in children aged 6-7 years with cerebral palsy and the absence of reliable criteria for assessing the means of communication and communication skills in this category of children;

- the need to identify the mechanisms of communication disorders in children with cerebral palsy and the lack of consideration of the relationship between communicative development and the development of motor skills, speech and intelligence in theoretical literature;

- practical demand in speech therapy work and insufficient development of speech therapy technology for the formation of initial communication skills in children of 6-7 years of age with cerebral palsy.

An analysis of the literature on the research problem and the results of the ascertaining experiment led to the conclusion that it is necessary to develop speech therapy technology for the formation of initial communication skills in children aged 6–7 with cerebral palsy, which was the goal of experimental training.

By communicative skills, following E.G. Fedoseeva [7], we meant the desire to make contact and the ability to organize and maintain communication. The ability to organize and maintain communication included: possession of verbal and non-verbal means of communication; the ability to understand, analyze and

communicate information; be active, initiate and maintain communication; to be understood in communication (and to do this, use simultaneous combinations of signs of various categories, combine several signs into successive successive complexes); the ability to regulate and influence communication, empathize and express one's attitude, mastery of various forms of communication. At the stage of initial skill, it is only assumed that the goal of the action is realized and the search for ways to perform it, the performance of activities through trial and error [6].

We proceeded from the understanding of pedagogical technology as “a set of means and methods for reproducing theoretically substantiated processes of education and upbringing that allow us to successfully achieve our goals” [4].

Pedagogical technologies imply appropriate scientific design, in which these goals are set quite unambiguously and the possibility of objective gradual changes and a final assessment of the results achieved is retained [1, 2].

We also took into account studies in the field of psycholinguistics and • speech therapy on the stages of generating an utterance and the gradual formation of deep levels of syntax (A.R. Luria, T.V. Akhutina, G.N. Naumova, J. Bruner, etc.), on the gradual inclusion speech sign into the system of signs of pre-verbal communication (E.I. Isenina), the importance of non-verbal means in providing communication (I.N. Gorelov, V.A. Labunskaya) and for the further speech development of the child (E.V. Kirillova, E. G. Fedoseeva, K.V. Yakunina and others), data on the development of the child's speech system (A.N. Gvozdev, R.E. Levina and others).

We relied on the data of E.M. Mastjukova, L.A. Danilova, M.V. Ippolitova, I.I. Panchenko and other

researchers on the features of the motor, cognitive and speech development of children with DCC; about the system of defects and their hierarchy, as well as the complex, combined nature of violations in DDP; about the pathogenetic commonality of general motor and speech motor disorders.

Experimental training was carried out for one academic year (from 2021 to 2022) on the basis of preschool educational institution No. 560 Yunus, Abad district of Tashkent. The experimental training involved 48 subjects aged 6 to 7 years with cerebral palsy. The experiential learning program was designed for one academic year (9 months).

When conducting experimental training, we used various types of exercises. We widely used imitative-performing exercises in the development of motor mechanisms of speech (respiratory, vocal, articulation exercises), as well as in the formation of gestures and facial expressions. In the process of performing constructive exercises (building from cubes, working with mosaics, drawing up an image on a blackboard from colored oilcloth, etc.), we intensified the use of verbal and non-verbal means of communication. In addition, we repeatedly exercised children in the use of formed means in various communicative situations (variative exercises).

Below we consider in more detail the main tasks, content and methods of speech therapy work that we use in various areas.

Direction I. Development of motor mechanisms of speech.

Tasks: development of neatness skills, development of articulation, breathing and voice, synchronization of breathing, voice and articulation, rhythmization of phonation, development of fine motor skills.

The sequence of speech therapy work in this direction was distinguished by relative autonomy, was not “tied” to the stages we identified, but depended on the formation of the motor mechanisms of speech in a particular child.

Task 1. Development of neatness skills.

Content. Swallowing the saliva accumulated in the mouth, the ability to close the mouth and keep it closed, the use of a handkerchief to wipe the saliva.

2. Development of articulatory motility.

Content. Normalization of muscle tone, development of kinesthetic sensations; development of the ability to take and hold an articulatory posture; development of strength, accuracy, speed and differentiated performance of articulatory movements.

The content and techniques are differentiated depending on the form and severity of the dysarthria disorder. We also took into account contraindications to massage: epiactivity, pronounced allergic reactions, enlargement and induration of lymph nodes, posterior and anterior cervical glands, problems of adaptation [5].

Task 3. Correction of speech breathing.

Content. Working out the type of breathing, the ability to carry out and differentiate oral and nasal inhalation and exhalation, forced and fixed exhalation, the direction of the exhaled stream, its smoothness.

Task 4. Development of the voice.

Content. Activation of voice reactions (for children with minimal voice activity), development of a long phonation exhalation, development of the ability to speak loud and soft, high and low. voice, change the

strength of the voice, the height of the voice, mastery of basic intonations, logical stress.

Task 5. Synchronization of breathing, voice and articulation.

Content: a) development of speech breathing; b) teaching the synchronous supply of the respiratory stream and movements of the organs of articulation (reception of silent articulation of vowels and fricative unvoiced consonants); c) training in synchronous delivery of the respiratory stream and voice (prolonged phonation expiration during the pronunciation of vowels); d) training in synchronous delivery of the voice-respiratory jet and movements of the tongue and lips [3,4].

Task 6. Rhythmic phonation.

It should be noted that the areas and methods of speech therapy proposed by us, in addition to the contingent of children of 6-7 years of age with cerebral palsy, are also focused on preventive work with younger children who are at risk for the occurrence of communication disorders. Of course, the earlier start of speech therapy and preventive work allows us to predict its greater effectiveness. Thus, the results of the control experiment confirmed the effectiveness of the speech therapy technology proposed by us in the formation of initial communication skills in 6-7-year-old children with cerebral palsy.

CONCLUSION

In general, the results of experimental training led to the following conclusions:

1. Children of 6-7 years of age with cerebral palsy, combined with speech and intellectual disorders, do not have spontaneous formation of means of communication and communication skills.

2. In comparison with the generally accepted system of speech therapy work on the formation of phonetic-phonemic and lexical-grammatical means of the language, the proposed speech therapy technology, which takes into account the symptoms of communication disorders and the relationship between the formation of communication skills and the levels of development of intelligence, expressive and impressive speech, is more effective.

3. Depending on the type of communication disorder, various strategies for overcoming violations of communicative development were noted. For subjects with a leading lack of formation of communicative skills

- with the relative safety of verbal means, the main means of overcoming violations of communicative development is the expansion and activation of verbal means of communication, combining them into sentences. Even minimal improvements in the use of verbal means of communication in speechless children that do not reach the level of statistical significance, for example, the activation of vocalizations in communication that have the nature of communicative significance, we consider as a significant positive effect in the communicative development of the child.

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