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DEVELOPMENT OF SOUND PRONUNCIATION OF SPEECH IN CHILDREN WITH EXPRESSIVE ALIA

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ABSTRACT

This article describes ways to develop speech sound pronunciation in children with expressive alia. The correctionallogopedic purpose of the exercises to develop the sound pronunciation of speech in children with expressive alalia is indicated. Also, the games used in the development of sound pronunciation in children of this category are covered from a technological point of view.

KEYWORDS

Expressive alalia, phonetic pronunciation, articulation, focus, perception, gliding, noisy, sonorous, back of tongue and deep back of tongue sounds.

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INTRODUCTION

It is known that speech is of particular importance in the perfect development of a person. Correct speech is an important condition for the comprehensive development of a child. The more correct the child's speech and the clearer the pronunciation of sounds, the easier it is for him to express his thoughts, the opportunity to perceive the environment expands, and his relationship with adults and his peers improves. will be meaningful, his mental development will also take place actively.

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Alalia affects one percent of preschool children and o.6-o.2% of school-aged children. On average, alalia is observed in o.1% of the population. Recent successes in the study of alalia have been achieved due to the fact that researchers have relied more on the "methodology of comprehensive syndromic approach to defect analysis" in their work. In this case, the psycholinguistic aspect of learning is one of the first, and this is expressed in the works of Ye.F. Sobotovich, V.A. Kovshikov, B.M. Grinshpun and other researchers. At the same time, all the issues of studying alalia have not been fully revealed yet.[4,5]

Some authors schematically described the origin and development dynamics of alalia as follows: one reason or another causes damage to the entire sensorimotor area of the cerebral cortex. As a result of this, total alalia occurs. In recent years, under the influence of the development of the brain substance and compensatory factors, the main focus of injury is shifted to the side of the sensory or motor areas of the cortex. Therefore, in the early stages of the child's development, it is necessary to separate the alalia into sensory and motor forms, and then the leading component of the disorder can be distinguished.

The research conducted in recent years is aimed at clarifying the terms of expressive and receptive alalia, analyzing the speech deficits that belong to this category. In the studies, the psychological approach is emphasized in the qualification of these terms, not the physiological one.

Information given in the literature on the problem of alalia is multifaceted and contradictory. Speech as a complex functional system has a dynamic location and involves different areas of the brain structure in speech activity. Children with alalia are characterized not only by the slow development of expressive speech, but also by the pathological course of its development. A child with alalia has a limited ability to acquire the system of language signs. Articulation creation, decoration operations are unformed, in particular, phoneme selection, as well as intrasyllabic and intersyllabic programming (ie, articulatory programming) and deep-syntactic and deep-semantic levels. augmentative operations, that is, internal speech is impaired.

In expressive alalia, speech disorders are of a systematic nature and are characteristic of all its components: phonetic-phonemic lexicaland grammatical. In alalia, children learn complex articulatory movements with difficulty, dynamic articulatory stereotypes are not formed - it becomes difficult to combine sounds when repeating sounds correctly or incorrectly. A.R. According to Luria, difficulties in denervation of past articulations and difficulties in smooth transition from one articulation to another have been identified in alalia. This leads to changes in the place of sounds and syllables, simplification and distortion of word structure.[6]

In neurophysiologically-approached studies, articulation disorders are shown to be associated with the malformation of certain cortex zones of the brain (R.A. Belov - David, A.N. Traugatt).[3]

In works with a psychological-pedagogical approach (R.E. Levina, V.K. Orfinskaya, A.K. Markova, Ye.G. Koritsskaya, V.A. Minashina, Ye.F. Sobotovich, Usanova v.h.) phonemic disorders of speech in children with alalia are considered to be correlated with features of lexical and grammatical development. is stated. The phonetic development of speech depends on the level of vocabulary development.[7]

The purpose of the study was to determine the level of sound pronunciation in children with expressive alia. In order to achieve the set goal, we spent with 10 children



of the 480th multidisciplinary specialized pre-school education organization in the Yunus Obod district of Tashkent.

At the beginning of our research, we got acquainted with the anamnestic information of the children. 10 children diagnosed with alalia participated in the experiment. First, we studied the children's anamnestic data. According to anamnestic data, 3 out of 10 children were not born on time, that is, they were born prematurely, 7 months, 2 were born by surgery, and 5 were born on their own was born on time, however, it turned out that he received various injuries during childbirth. According to the information of their mothers, almost all mothers had moderate to severe toxicosis, all of them had flu and colds during pregnancy. experienced. 6 children were born wrapped in their own arrows. 2 children under the age of 1 had chronic colds. Children's cooing appeared at 3-4 months, while some children's first words appeared after 3 years and even at 5 years. Almost all children use their own gestures.

When analyzing the speech activity of the parents, it was noted that there are no gross defects in the speech of the parents. After anamnestic data, we examined the state of pronunciation of sounds based on selected methods. The results were as follows.

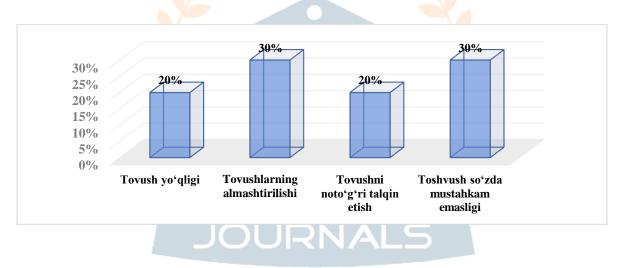


Figure 1. Manifestation of defects in sound pronunciation

As shown in the above table, according to the lack of sound pronunciation, 3 (30%) children have cases of sound substitution, 2 (20%) children have unsoundness of sounds in words, and 3 children have misinterpretation of sounds. (30%) was observed in children. In sound pronunciation deficits, we observed

the state of not being able to pronounce sounds at all (lack of sound) in 2 (20%) children.

In children with expressive alalia, speech deficits are not limited to the incorrect pronunciation of sounds, but also include insufficient differentiation of sounds and difficulties in sound analysis and composition of words.



It is recommended to eliminate defects in children with alalia at preschool age. In this, training is widely used. Classes are held face-to-face, in groups and individually.

The purpose of correctional and speech therapy work carried out in the classes is as follows:

- correcting incorrect pronunciation in speech;
- formation of correct pronunciation skills;
- teach children to listen carefully to their speech;
- development of phonemic perception;
- formation of skills of analysis and composition of sounds.

The system for eliminating phonetic speech defects includes:

Formation of perception of oral speech;

Development of motor skills of articulating apparatus;

Educating the correct articulation of sliding, noisy, sonorous, tongue back and deep tongue back sounds.

The system of eliminating the shortcomings in the phonetic perception of speech includes the following:

Determining sound articulation, separating sounds from syllables and words;

Finding the place of the given sound in the word (at the beginning, middle and end of the word);

Determining the sequence and number of sounds from words.

The work on the pronunciation of sounds is closely related to the work on the syllabic structure of the word. For children with a low level of speech development, it is difficult to separate the individual sounds of speech and understand them as a separate unit of meaning. The speech therapist complicates the work on the syllabic structure of the word, adding consecutive consonant words to the list of words that the speech therapist is working on.

The work on the pronunciation of sounds is closely related to the work on the syllabic structure of the word. For children with a low level of speech development, it is difficult to separate the individual sounds of speech and understand them as a separate unit of meaning. The speech therapist complicates the work on the syllabic structure of the word, adding consecutive consonant words to the list of words being worked on by the speech therapist [2].

It is recommended to explain that when dividing words into syllables, collisions of morphemes must occur, for example: koptok (koptok), bolg'a (bolg'a).

Several games were created during the research. Special attention was paid to the coverage of game processes from a technological point of view. Below is one of these games and the process of creating them.

"Dot on the fingers of the left hand" game. This game helps to improve the sensitivity of the fingers of the left hand and the mobility of the fingers of the right hand, to pronounce the sounds "s", "l", "r", "d", "t" correctly. develops skills.

The goal of the game: using the fingers of the right hand, alternately draw a picture of a dot on the fingertips of the left hand.

Participants of the game: defectologists and students.

Game tool: left palm, left and right fingers.

Game time: up to 2 minutes.

Rules of the game: 1) all fingers of the right hand are involved in expressing the point;



2) the point is drawn on the palm of the left hand alternately using all the fingers of the right hand.

Game progress:

Stage 1. Hands are slightly stretched forward.

Stage 2. The palms are opened, and in this position the hands are facing each other.

Stage 3. The left hand is held in this position.

Step 4. With the help of the fingers of the right hand, a picture of a dot is drawn on the tip of the fingers of the left hand.

Step 5. Defectologist: Now we will finish by making a fist again with our right hand. We open the 2nd finger of our right hand. With this finger, we make a "point" on all the fingers of our left hand. We repeat "Lam-lam" while drawing the "dot".

Step 6. Defectologist: Now we will finish by making a fist again with our right hand. We open the 3rd finger of our right hand. With this finger, we make a "point" on all the fingers of our left hand. We repeat "Ram-ram-ram" while drawing the "dot".

Step 7. Defectologist: Now we will finish by making a fist again with our right hand. We open the 4th finger of our right hand. With this finger, we make a "point" on all the fingers of our left hand. We repeat "Damdam-dam" while drawing the "dot".

Step 8. Defectologist: Now we will finish by making a fist again with our right hand. We open the 5th finger of our right hand. This is left q with our finger we form a "point" on all the fingers of our body [1].

Individual training on the pronunciation of sounds started from the 3rd week of September, after the completion of the speech therapy diagnosis, and continued until June 1. Development of the phonetic aspect of speech was carried out in 3 stages:

Preparation stage. The goal is to develop general speech skills, to prepare the articulation apparatus for the pronunciation of sounds. At this stage, the following activities were carried out: formation of interest and need for speech therapy training; development of auditory memory with the help of games and special exercises, work on focusing (comprehension) of conscious attention to speech, training in differentiating sounds, finding the source of sound; development of articulation motor skills; development of fine motor skills during finger exercises and systematically organized exercises; strengthening the child's physical condition, preventing secondary defects.

Formation of pronunciation skills and competencies. Purpose: to eliminate the shortcomings of sound pronunciation, to develop the skills and abilities of articulation and to distinguish acoustically similar and different sounds, to teach the correct pronunciation of vowels and consonants and to distinguish them in speech.

Planning the work on the use of sound in speech, taking into account the sequence of the rules of putting sound into speech, with the main focus on consciously strengthening the articulation of sound, children see the position of the tongue, lips, teeth. they were asked to be able to show and tell. Imitation of sounds in speech was done based on the use of embossed profiles using mechanical and mixed methods. The formation of the phonetics of the native language was organized as a sequential naturalphysiological process of sound acquisition. Work on the pronunciation of sounds is carried out during individual training, with 10-15 minutes allocated to each child. Methods of using sounds in speech are chosen in



each specific case. When choosing them, attention was paid to the personality of the child, the lack of pronunciation and the characteristics of speech. Articulation exercises were replaced by exercises for speaking consonants in a sequence, and these exercises included sounds that the child pronounced correctly. Therefore, at first attention was paid to the sounds p, b, m, soft tongue t, d, n, sonorous I. Gliding, noisy, affricate sounds, "r" sound were worked on.

At the 3rd stage, development of sound analysis and synthesis was carried out. Children with this level have mastered the skills of using numbers and nouns appropriately, creating diminutive forms of nouns, making adjectives from nouns, using consonants, using auxiliary words in speech, lexical-grammatical, phonetic- elimination of phonemic defects has been achieved.

We can make the following conclusions based on the study, analysis and investigation of the literature on the issue:

- the analysis of the literature on the problem revealed that the specific aspects of the development of children's phonemic perception are not sufficiently studied in the Republic of Uzbekistan;

- phonemic perception defects in children with autism cannot be eliminated without special logopedic work;

- as a result of the examination of sound analysiscomposition skills in children of preschool age, it was found that these skills (analysis and composition of sounds) are almost not formed in children;

- good results will be achieved only if it is carried out in conjunction with works aimed at eliminating sound pronunciation defects, developing phonemic perception, the effectiveness of logopedic work will increase; - if children are not specially trained for this, there is a possibility that they will have writing defects. That is why it is important to develop phonemic awareness in special institutions.

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