

PECULIAR ASPECTS OF DETERMINING THE PEDAGOGICAL AND PSYCHOLOGICAL CHARACTERISTICS OF THE DEVELOPMENT OF CHILDREN WITH SEVERE SPEECH IMPAIRMENT

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Abstract

The article discusses the pedagogical and psychological features of the development of children with severe speech disorders.

Keywords: Motivation, coordination, emotional and volitional sphere, fine motor skills, defect, speech formation, communication, verbal and logical thinking, and adaptation.

Introduction

Children with severe speech disorders (SSD) experience psychological difficulties, such as low self-esteem, anxiety, irritability, and communication problems, which can lead to social isolation. Pedagogical features include delayed development of verbal-logical thinking, impaired attention and memory, and difficulties with coordination and the formation of complex motor programs. These children require comprehensive correctional work using special educational programs and techniques. Psychological features:

Emotional and volitional sphere: Emotional immaturity, difficulties with voluntary behavior, high fatigue, low motivation, self-doubt, increased sensitivity, anxiety, and aggression.

Self-esteem and socialization: Low self-esteem is often observed, and as a result, fear of social interaction, which can lead to social isolation.

Communication: Limited communication abilities, difficulties in establishing contacts, orientation in communication situations, negativism, and a low level of development of play activities.

Attitude towards the defect: Children with TNR may have varying degrees of fixation on the defect. Some may not have any fixation, while others may develop a negative attitude towards themselves and others, which further exacerbates their communication difficulties.

Pedagogical features:

Cognitive functions: Unstable attention, reduced verbal memory, lag in the development of verbal-logical thinking, and difficulties with memorization.

Perception: Insufficient accuracy and speed of perception (visual, auditory, tactile-motor) with physiologically intact sensory organs, which makes it difficult to form images and make decisions.

Motor sphere: Lag in the development of the motor sphere, which manifests itself in poor coordination of movements, difficulties in performing complex motor programs and articulatory movements.

Speech development: Limited ability to perceive and reproduce the syllabic structure of words, especially polysyllabic words, and impaired sound syllabic structure of words.

The need for correctional work: Special educational programs, textbooks, manuals, and methods are required that take into account all these features.

Pedagogical and psychological conditions for successful development

Comprehensive approach: It is important to use a comprehensive and multifaceted approach that includes not only speech correction but also psychological support.

Self-confidence development: It is necessary to help children develop self-confidence and communication skills so that they can successfully integrate into society and the educational process.

Cooperation: Close cooperation between all specialists and parents is essential, as well as constant attention to the child's emotional state.

Adaptation of teaching methods: It is important to take into account the specific needs of children when working in kindergartens and schools, and to use modern teaching methods in accordance with the requirements of state educational standards.

Children with severe speech disorders (SSD) are children whose speech development is systematically impaired in all aspects: sound, vocabulary, grammar, coherent speech, etc. Such features affect not only speech development, but also mental, cognitive, and personal development of the child.

Psychological features of the development of children with SSD

1. Disorders of cognitive activity

A slow pace of perception and processing of information.

Difficulties in analysis, synthesis, and classification of objects.

Insufficient formation of conceptual thinking.

The prevalence of visual-practical and visual-figurative thinking over verbal-logical thinking.

Memory disorders, especially verbal-logical and auditory-speech memory.

2. Attention features

Low stability and concentration.

Rapid fatigue during speech activity.

Difficulties in switching from one activity to another.

3. Features of the emotional and volitional sphere

Increased anxiety, shyness, and uncertainty.

Sometimes, aggression or withdrawal as a defensive reaction.

Emotional immaturity, impulsiveness.

Difficulties in self-regulation and volitional efforts.

4. Features of interpersonal communication

Limited vocabulary and pronunciation defects make it difficult to express thoughts, which leads to difficulties in communication.

This can result in conflicts with peers, feelings of isolation, and low self-esteem.

Communication passivity is often observed.

Pedagogical features and educational needs

1. The need for an individual and differentiated approach

Educational tasks should be selected based on the child's speech capabilities.

It is important to regulate the amount of speech activity and use visual supports (illustrations, diagrams, and flashcards).

2. The focus on correction during the learning process

Education should be combined with systematic speech therapy.

Correctional classes develop not only speech, but also thinking, attention, and memory.

3. Development of communicative competence

The formation of speech communication skills is one of the main areas of pedagogical work.

The use of game and situational-role teaching methods.

4. Cooperation of specialists

Effective assistance is possible through the joint work of a speech therapist, psychologist, defectologist, teacher, and parents.

5. Creation of an emotionally favorable educational environment

It is important for a teacher to support a child, praise for successes, and avoid focusing on speech shortcomings.

An atmosphere of trust and acceptance contributes to the development of confidence and activity.

Typical difficulties of children with TNR

Underdevelopment of lexical and grammatical means of speech.

Errors in sentence construction.

Reduced pace of learning.

Difficulties in mastering reading and writing (disgraphia and dyslexia often occur).

Difficulties in retelling and formulating thoughts.

Tasks for teachers and psychologists

Diagnosis of speech and mental development.

Development of cognitive processes (attention, memory, and thinking).

Correction of speech disorders in play and educational activities.

Formation of positive self-esteem and motivation for communication.

Development of emotional stability and self-confidence.

Psychological characteristics of children with TNR.

K.D. Ushinsky said that the native word is the basis of all mental development and the treasury of all knowledge. Timely and correct mastery of speech by a

child is the most important condition for full-fledged mental development and one of the areas of pedagogical work in a preschool institution. Without well-developed speech, there is no real communication, and there is no genuine success in learning.

Children with TNR are a special category of children with developmental disorders who do not have primary intellectual impairments, have normal hearing, but have significant speech defects that affect their mental development. Defects can affect various components of speech, such as a decrease in the clarity of speech, while others affect the phonemic aspect of language and manifest themselves in defects of sound production, insufficient mastery of the sound composition of a word, which leads to impaired reading and writing. Other defects represent communicative impairments that affect a child's education in a regular school. Complex speech disorders encompass all aspects of speech and result in general underdevelopment.

Typically, there are groups with the following characteristics: 1) phonetic-phonemic disorders (PFD, children with predominant defects of sound pronunciation: with functional and mechanical dyslalia, rhinolalia, mild forms of dysarthria);

2) general underdevelopment of speech (GDS, children with predominant defects of the lexical-grammatical side of speech, with different levels of speech underdevelopment: complex forms of dysarthria, alalia, aphasia, dyslexia and alexia, dysgraphia and agraphia);

3) melodic and intonational defects

Psychological characteristics of children with TNR

The characteristics of speech activity affect the formation of children's sensory, intellectual, and affective-volitional spheres.

Severe speech disorders have different effects on a person's mental activity, which manifests itself in the disruption of a person's cognitive, emotional, and volitional spheres, as well as their interpersonal relationships.

Features of perception development:

Auditory-phonemic hearing disorders, low recall activity.

Visual-poor and undifferentiated visual representations. Violation of the synthesis operation when folding a picture from parts.

Spatial-spatial orientation disorders, difficulties in differentiating the concepts of "left", "right", "between", "above", "under".

All children with TNR have impaired perception. For example, impaired function of the speech-motor analyzer in rhinolalia negatively affects the auditory perception of phonemes, which manifests itself in the violation of phonemic hearing. TNR is the main obstacle to mastering literate reading and writing. The most severe disorders of auditory perception are observed in sensory alalia. In some cases, the child does not understand the speech of others at all, does not react even to his own name, and does not differentiate speech sounds and non-speech noises. A prerequisite for teaching children to read and write is the development of visual perception, which in children with TNR lags behind the norm and is characterized by a number of features.

They typically have a disorder of letter gnosia, which manifests itself in difficulties in recognizing similar graphic letters that are depicted in dotted form, in conditions of overlapping, noise, etc. They also have extremely limited knowledge of their surroundings and a slow development of word comprehension, which is of a completely different nature than in sensory alalia.

Features of memory development:

There is a decrease in the efficiency of memorization

-Long memorization and rapid forgetting are characteristic

-The volume of visual memory is almost the same as normal

-The volume of auditory memory is significantly reduced (difficulties in memorizing poems)

-The possibilities of semantic and logical memorization are relatively preserved.

The structure of memory disorders depends on the form of speech disorder. For example, children with rhinolalia have better visual memory than auditory memory. However, compared to normally speaking children, they have poorer memory for words and objects, and their logical memory is significantly impaired. Children with dysarthria sometimes exhibit lower visual memory scores than their auditory memory scores, which is associated with significant impairments in visual perception and spatial representation. This is particularly evident when they are asked to remember a series of geometric shapes. It is worth noting that memory levels, particularly auditory memory levels, tend to decline as speech development levels decrease.

Features of attention in children with TNR:

- instability
- difficulties in switching and distribution
- difficulties in planning and controlling their actions
- difficulties in focusing on verbal material

For example, children with dysarthria have difficulty in sustained attention and fatigue, especially during intellectual activities, due to their increased excitability. Children with motor alalia have a low level of voluntary attention. At the same time, all the main links of activity suffer: the instruction is perceived inaccurately and fragmentarily; tasks are performed with errors, which are not always noticed and corrected by children; all types of activity control (anticipatory, current, and subsequent) are disrupted. Moreover, the anticipatory (related to the analysis of the task conditions) and current (during the execution of the task) types of control are the most affected.

Features of the development of thinking:

- difficulty in mastering analysis and synthesis, comparison and generalization.
- verbal tasks of a logical nature cause persistent difficulties.
- Characterized by an insufficient amount of information about the world around them, the properties of objects.

Due to motor and sensory disorders, the development of visual-practical and visual-figurative thinking is insufficient. Delayed formation of verbal-logical thinking, which manifests itself in difficulties in establishing similarities and differences between objects, the lack of formation of many generalizing concepts, and difficulties in classifying objects according to essential features.

Features of the emotional and volitional sphere:

Emotional immaturity

- Difficulties with voluntary behavior
- Dependence on others, tendency to spontaneous behavior
- Disruption of the communicative function, inability to navigate the situation of communication, negativism)
- Low self-esteem
- Increased sensitivity, vulnerability
- Anxiety
- Aggressive behavior of varying severity

TNR has a negative effect on personality development and causes specific features of the emotional and volitional sphere. In children with rhinolalia, speech disorders contribute to the development of personality traits such as shyness, indecisiveness, isolation, negativism, avoidance of communication, and a sense of inferiority. In children with dysarthria, emotional and volitional disorders manifest as increased emotional excitability and nervous system exhaustion. Some children are irritable, restless, and often rude and disobedient, while others are inhibited, fearful, and avoid difficulties, and have difficulty adapting to changes in their environment. Most children are characterized by low initiative and dependence on others.

In working with children with speech disorders, it is necessary to combine exercises for the development of various cognitive processes. These include games and exercises for the development of attention, memory, speech, thinking, fine motor skills, and self-control. Since cognitive processes develop in close interconnection with each other, each developmental exercise aimed at developing a specific cognitive process also affects other processes. For example, finger games additionally develop auditory and motor memory, and teach children to concentrate and shift their attention. The exercise on the correction test develops not only the qualitative characteristics of attention (concentration, volume, and distribution), but also memory and fine motor skills.

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