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PECULIARITIES OF LOGOPEDIC WORK WITH BLIND CHILDREN

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Abstract: In this article, the speech development of blind and visually impaired children has its own characteristics due to the malfunction of the vision analyzer, which is reflected in this speech, and issues such as echolalia and word structure disorders are discussed.

Key words: Echolalia, formalism, children with profound defects, speech defects, blind, expressive speech, early natal, postnatal, mental processes in anamnesis.

The speech development of visually impaired children due to the malfunction of the visual analyzer is reflected in this speech (echolalia, "formalism", vocabulary disorder, etc.).

The existing researches of speech therapy are mainly devoted to the pronunciation defects of children with profound visual impairment (M. Ye. Khvatsev, S. L. Shapirova, A. D. Shipilo, S. V. Yakhontova). Only in the 1960s and 1970s, with the development of the systematic study of speech defects in speech therapy (R.Ye. Levina, V.K. Orfinskaya), researches on identifying defects in the speech of blind and visually impaired children, not only in the pronunciation of sounds, but also in the development of speech, appeared. Specialists and speech therapists worked on the method of teaching the mother tongue (O. L. Jiltsova, S. L. Kitabni, N. S. Kostyuchek, N. A. Karimova, T. P. Sviridyuk). For example, S. L. Korobko distinguishes a large group of visually impaired children whose speech is not fully developed.

At present, it has been proven in theoretical and practical research that speech deficiency in blind and partially sighted children is a complex defect and the interrelationship between speech and visual activity. Children with visual impairments have different speech deficits. They are complex in terms of structure and level, and R. Ye. As Levina points out, a single systematic covers gan, and speech defects are not the only core of speech defects. The development of speech in such children takes place in complex conditions. Among them, there are congenital forms of visual anomalies, and this condition also causes disruption of other functions related to the formation of speech. Statistical materials show that speech defects are more common in children with profound visual impairments than in sighted children. The conducted research allows children of this category to be divided into four levels of speech development.

First level. It is expressed by the presence of some defects in pronunciation.

Second level. Active vocabulary is limited. Mistakes are made in creating stories based on generalizing concepts when comparing the image of a word and an object. Defects in pronunciation are manifested in various forms of sigmatism: lamdatism, parasigmatism, pararotism, paralamdatism. There are deficits in the development of auditory differentiation of sound pronunciation and phonemic perception. Phonemic analysis will not be formed.

Third level. Expressive speech is characterized by a lack of vocabulary. Knowledge of generalizing concepts, the level of comparison of word and object image is low. The grammatical aspect of independent speech is broken, it consists only of naming objects and one-word sentences. Telling complex stories is undeveloped pronunciation and deferential word formation.

Fourth level. Expressive speech has very limited generalizing concepts and there are serious shortcomings in comparing the image of the word object. Connected speech echolalias of some words are observed. They cannot perform tasks aimed at determining the grammatical structure of speech and tasks related to auditory differentiation. It is observed that phonemic analysis and synthesis are not developed at all. Analysis of speech development of visually impaired children shows that most of them have systematic defects and sufficient components of speech are disturbed (phonetics, lexicon, grammar). If we compare the speech defects of children with normal vision and those with visual impairment, we can observe their similarity. At the same time, speech has a great difference in terms of the level of defects and the factors of their formation. As a result of the lack of subject images, difficulties in grammatically correct construction of complex sentences and sentences are observed in the verbal memory. As a result of the first notary and postnatal pathological changes in the mother, general and specific factors have been identified, the presence of defects in their vision is the reason for the underdevelopment of children's speech and significantly retards the development of a number of functions that affect the formation of speech (praxis, gnosis, coordination, guess). Therefore, in the early postnatal period, congenital or early acquired visual impairment remains a primary defect affecting the development of non-verbal functions. Visually impaired children have many defects that limit their movement activity and make them unable to communicate with the world around them. The microsocial environment has a great influence on the quality of speech communication in the development of mental processes (including speech).

Thus, the polymorphism of the factors that cause systemic speech disorders, covering one or another speech component, causes a more complex defect to appear.

Congenital or early-acquired visual impairment is the main reason for the lack of speech development, and depending on the presence of other pathological factors, the effect can be strengthened or weakened.

Studying the speech deficits of blind and visually impaired children requires taking into account and analyzing not only all components of speech, but also many non-speech functions. This constitutes a complex logopedic examination methodology.

The peculiarity of the comprehensive examination methodology is that the study of speech deficits in children and the factors that cause them is carried out taking into account the methods of visual reception and, based on this, the methods of transmitting materials. It should be taken into account that most of the children with such a profound visual impairment do not have the skills of play activities and have limited knowledge about the world of objects. Therefore, during the examination, before performing the tasks, the child is given specific instructions and examples of joint performance are given.

The main focus should be on expressive speech.

Correctional work with blind and visually impaired preschool and school-age children takes place in a natural pedagogical process. It is organized taking into account the leading didactic and special principles. Special principles include corrective education, taking into account primary and secondary defects, relying on existing analyzers and forming a polysensory framework, forming a comprehensive understanding of the world around us, taking into account the degree of formation of speech, relying on preserved components of speech activity, taking into account the increasing complexity of the volume of novelty of verbal material.

In the process of correctional education, a comprehensive comprehensive effect is shown. This effect is carried out by the speech therapist teacher in the school, kindergarten teacher and educators during various trainings. This effect is carried out in specially organized training sessions. Classes are conducted taking into account the speech perception methods and individual characteristics of children's vision. According to this, lagopedic groups are organized. Due to the unique nature of the difficulties in working with deaf children, training is conducted individually for a long time. More individual training is conducted with children who have not developed non-speech functions together with a complex speech deficiency, i.e. have the fourth speech level. Educators and typlo-pedagogues, school teachers together with a speech therapist determine the tasks of eliminating speech defects. corrective logopedic tasks in the development of speech culture are carried out in games, educational and work activities, as well as in practical and music classes. When organizing speech therapy activities with visually impaired children, the main attention is paid to the possibility of using preserved visual activities (didactic materials in the necessary amount of color), relief pictures, "wonderful bags", cubes and pencils (sound, used to mark syllables and sentences). Natural visual aids are very important in forming ideas about the vastness of the world of objects. Lessons must be conducted through play, because children with profound visual impairment develop play activities very late.

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