



FEATURES OF CORRECTION OF SPEECH DISORDERS IN CHILDREN WITH EARLY CHILDHOOD AUTISM

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Abstract: The article examines speech disorders in children with autism in early childhood and the psychopedagogical foundations of their correction. Studies have identified echolalia, jargon, and grammatical disorders as the main symptoms. The authors emphasize the importance of individual and group approaches, coordination of motor, sensory systems, and visual-perceptual activities in the process of correctional training. Also, practical recommendations are given on the sequence of stages of speech development, expansion of vocabulary, and the formation of phonemic hearing.

Keywords: Early childhood autism, speech disorders, echolalia, speech therapy, psychocorrection, motor, visual-perception, logopedic work

Introduction. Currently, early childhood autism is considered within the framework of dissociated dysontogenesis, one of the main manifestations of which is impaired speech development. L. Kappeg (1943) indicated a violation of speech development, the use of specific verb forms and pronouns as one of the signs of autism syndrome. He singled out the phenomenon of "late echolalia", which is expressed in word-for-word repetition of questions, preserving not only words, but also intonations.

L. Bender (1952) described a specific "wooden", "belly-talking" quality of speech, mechanical modulation of the voice, features in its pitch and timbre. V. Hermelin and N. O'Connor (1970), studying the characteristics of speech, thinking, children with developmental delays and children with autism against the background of hearing and vision deficiencies, found that children with autism do not integrate current experience with previous schemes and representations, and their memory, "echo-cell" are better than others. At the same time, remembering meaningful text is no different for them than remembering meaningless text.

Literature review. The level of assessment of grammatical structure in children with autism is also low. T. Shapiro and G. Ginsberg (1971), analyzing the qualitative and quantitative differences in the speech of children with autism and those who are behind in development, showed the predominance of echolalia in the former, and the importance of imitation in the latter. In their opinion, the most characteristic feature of the speech of children with autism is the simultaneous presence of "jargon", "incomplete" and "mature" speech. V. M. Bashina (1974) explains this phenomenon by saying that in children with autism, the development of speech and other areas of activity is uneven, within each functional system the hierarchical relationship between simple and complex structures is disrupted, and cases of displacement of simple structures by complex structures do not occur, as is observed in normals. Therefore, in each area of activity (speech, motor, etc.), primitive and complex functions are chaotically mixed, which distinguishes them from the norm. In the

author's opinion, these phenomena reflect the division and dissociation of personality development.

Some experts argue that such speech disorders, such as violations of grammatical forms in sentences, the absence of logical connections between individual sentences, fragmentation and disconnection of associations, are a clear manifestation of thinking disorders characteristic of autism. The presence of a linguistic-cognitive defect in autism and its prognostic significance have been confirmed by clinical and catamnetic studies. Cognitive disorders are the basis of the defect in autism, and the pathology of speech development is its central part. Speech disorders are manifested in the inability to understand oral speech, the inability to understand the content of the read text, which leads to a sharp lag in speech development and, as a result, social isolation.

A special program was developed for children with autism, aimed at restoring the main areas affected by autism, correcting the child's asynchronous development, socializing him, improving his mental and somatic health, preparing the child for transfer to a public institution such as kindergarten, school, or increasing the adaptation of a sick child to life at home, as well as providing mothers of such children with the opportunity for socialization and employment.

Discussion. The principle of training was based on the systematic implementation of corrective measures in all rehabilitation blocks (by psychiatrists, psychotherapists, speech therapists, special educators, psychologists, music therapists, etc.). Each child should be worked with individually every day, and then in small groups of children whose mental and speech development is relatively close. In this, the main place is given to the development of speech and motor skills - as means of communication.

The initial stage of work is the child's adaptation to new conditions, getting used to the place. The mental age of the patients, the level of development of the main areas of the personality should be determined immediately, and the difference between the current state and the actual (corresponding to the chronological mental age) state should be calculated.

Although most children have well-developed gross motor skills, coordination is impaired, they look clumsy, have convulsive movements, and lack fine motor skills, while fine motor skills are not developed to the level appropriate for their age. A lack of focused attention with vision and hearing may be detected, interaction with peers is lost, attachment to loved ones is weakened, and overall activity is reduced.

Speech changes in children with autism are very diverse, including disorders of different origins and pathogenetic levels:

Disorders resulting from delayed speech development (indistinct speech, physiological echolalia, limited vocabulary, etc.);

Speech disorders associated with a delay in the formation of the "I" consciousness - incorrect use of pronouns and verb forms;

Speech disorders of a catatonic nature (verbification, echolalia, egocentric, fading, internal speech, mutism, chanting, prolonged or accelerated sound pronunciation, impaired timbre, intonation and speed of speech, etc.);

Disorders resulting from mental regression (the emergence of speech at the phonemic level); speech disorders associated with the pathology of the associative process (violation of the substantive side: incomplete, inconsistent associations, contaminations, etc.).

Thus, "developmental dyspraxia" was observed in children with autism. In the corrective work to overcome the "global imbalance" observed in all areas of activity, the morphological and functional formation of speech in ontogenesis is based on the fact that it occurs under the influence of kinesthetic impulses, especially the special importance of proprioceptive impulses in childhood, during the period of physiological formation of the speech and motor areas of the brain. The physiological capabilities of the child and their development potential were taken into account, which increases the possibility of restoring functions.

In the initial stages, massage of the palms of the hands, fingertips and toes, forearms, facial muscles, hypoglossal, neck area, heels, and stimulation of active speech points played an important role. Against the background of massage, finger movements become more precise and differentiated, the muscle tone of the palm approaches normal, and difficulties in performing more complex movements and movements are eliminated. Touching with appropriate force is necessary for the child's perception of the environment.

At the next stage, work was carried out aimed at forming the gnosis and praxis necessary for perceiving objects, their shape, size, magnitude and color. In this, the visual-motor complex was always used. Objects were outlined with the child's index finger, described in words, and the properties of objects were determined. Gradually, the child, using these methods, begins to recognize and name individual objects (for example, a cube, a ball, etc.). After that, they move on to constructing these objects from parts, the sequence of these actions is first shown, and new examples are not introduced all at once. Children with autism have difficulty moving from real objects to understanding their flat image. At first, they recognize only the unpainted outlines of familiar objects, and then they achieve the perception of a flat image of the same color. Colorful plot pictures (their general content) remain incomprehensible to them for a long time - they only identify individual parts or elements of different colors with words. For a better perception of a flat image, these pictures were divided into parts and assembled in the necessary order. Here, along with visual perception, tactile and kinesthetic sensations were always involved - by examining them with fingers and moving them in space. Repeatedly assembling the picture from parts gradually leads the child to understand its integrity and express it in words. To consolidate the subject images and children's memory, as well as to develop fine motor skills and speech, applications, drawing, and working with plasticine were carried out. Thus, the restoration and development of speech were carried out sequentially. First, tactile sensations are formed through manipulation with a toy, then a visual perception of the object, and then the object is designated by the word (i.e., several analyzers are involved), after which a connection is formed between the word and the object. At the next stage, the child is required to pronounce the word he heard correctly, that is, to be able to say it. To do this, the word is divided into syllables, the initial, final and stressed syllables are repeated repeatedly, and then they are combined to form the desired word. Children are taught to independently pronounce ready-made oral phrases. All children have a tendency to repeat words. Vocabulary is gradually expanded. As ready-made phrases accumulate, a "crack" is observed in spontaneous speech. To maximize understanding, the form of the language - its grammar - is shortened and simplified. This was done by shortening the length of the sentence, addressing with separate words ("sit", "stand"), and building short and then longer sentences. To facilitate understanding, key words that convey the main information are retained in the sentence, and

secondary words are removed. From session to session, the language content is complicated, that is, moving from concrete, visible objects and actions to abstract concepts. Questions were asked many times in the same form, without changing them. Changing the form of the address was carried out through verbal preparation, focusing on timely switching attention to something else. Sign language was simplified in the same way as spoken language. For example, "put on your shoes" was said and indicated with this gesture.

As language comprehension develops, the structure of sentences becomes more complex and expanded. Sentences are taught to be constructed through events in the picture. Words are associated with a specific situation. Then, based on individual pictures or their sequence, a whole story is built. Later, activities with related texts were carried out - conversations on a given topic, storytelling, dramatization, role-playing games, as well as work on poetic speech: its fluency, pitch, intonation.

A very important direction was the development of auditory attention, phonemic and oral hearing. For this, vocal and mimic exercises were performed, work was carried out on the placement and automation of sounds.

An attempt was made to teach children conversational skills (social use of speech), topics that were interesting and important to the child were selected. Then, from individual classes, there was a gradual transition to small group classes with children with approximately the same level of intellectual development. The classes were conducted at a level that was understandable to most children. In this case, additional information was given to a child with a high level of understanding, and the amount of information was reduced for a child with a lower level of development. For example, during the story, the group was addressed: "Look, the girls are playing ball." - "The girl is playing" or "ball" - for a weak child. "The girl is kicking the ball, the boy is catching the ball" - for a strong child. Children sought to actively participate in group classes with a speech therapist, rejoiced in their achievements, autistic behavior was alleviated, and the emotional sphere developed. They began to help each other complete tasks, and game skills were formed. The main principle of education is to constantly repeat speech communication on the topic being studied in group classes with a speech therapist, consolidate knowledge in the game with a teacher, and work with parents at home.

With the implementation of individual and group classes on speech development, children's speech becomes more and more understandable and communicative. At first, sounds appear that are only partially related to the current context, and then the volume of speech that poorly corresponds to the context increases. Autistic children begin to move from echoic (repetitive) speech to the voluntary use of words, from appeals, simple object names and demonstrative phrases ("this is mother", "this is a doll") to extended sentences built in the present tense.

Nevertheless, despite the correction carried out, the speech fragments accumulated in most children remain strictly limited for a long time, patients cannot use previously mastered ready-made phrases in new sentences, they are not able to use them in a new context. There is practically no information transfer at the social and symbolic level. Time relations are formed with difficulty, questions cannot be answered in the past or future tense.

The results of the work (positive dynamics were observed in 2/3 of the observed cases) showed that special speech therapy is one of the most important areas in the

correction of autistic behavior, emotional and mental development disorders among patients with autism in early childhood.

Conclusion. Speech development disorders in children with autism in early childhood have a serious impact on their socialization and mental health. Through special corrective approaches, in particular, on the basis of the harmonious development of speech and motor skills, it is possible to form communication, understanding and expression skills in children. As a result of the work, positive dynamics were observed, which confirms the effectiveness of correcting speech disorders.

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