

METHODOLOGICAL RECOMMENDATIONS FOR PARENTS ON THE PREVENTION AND CORRECTION OF FACTORS CONTRIBUTING TO SPEECH DISORDERS IN PRESCHOOL CHILDREN

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Abstract

This article discusses methodological recommendations for parents on the prevention and correction of factors that cause speech disorders in preschool children, as well as the use of fairy tale therapy to eliminate speech disorders in children.

Keywords: Correctional work, speech impairment, development, communication, fairy tale therapy, cooperation, factor, cognitive activity.

Introduction

Today, speech disorders in preschool children are increasing, and in the process of involving these children in speech therapy and correctional work together with their parents based on scientific and theoretical foundations, on eliminating some problems and shortcomings. As a result of cooperation in preschool educational organizations and with the family, the importance of parents in raising children has been highlighted. In this regard, a number of reforms are being carried out by the President of the Republic of Uzbekistan Shavkat Mirziyoyev on the basis of inclusive education in preschool and school organizations. In particular, in the process of educating children with speech disabilities in "Preschool Education" organizations, speech therapy and correction work are being carried out together with their parents, and systematic work is being carried out to implement large-scale practical projects to shape the socialization of children, strengthen cooperation between families and preschool educational organizations, and provide medical, psychological, and economic assistance to families in need of prevention and rehabilitation. In Aktope, research is being carried out on the development of speech therapy and correctional assistance in the upbringing of children with speech disorders, improving technologies for medical and psychological methods, creating educational resources, and organizing family relationships. At the same time, special attention is paid to scientific research on improving speech therapy and correctional development and psychological, social and somatic levels, strengthening auditory, kinesthetic and auditory analyzers, creating new, innovative models of medical, psychological, pedagogical, correctional and developmental



work, and developing socialization and integration into society. In our republic in recent years ensuring opportunities for children's socialization, their comprehensive development and radically improving the quality of their preparation for school, expanding state and non-state networks of preschool educational organizations, strengthening the material and technical base, normative legal-Regulatory frameworks are being created.

DISCUSSION AND CONCLUSION

Coherent, coherent speech is a semantically detailed statement (a series of logically connected sentences) that ensures communication and mutual understanding of people. Coherent speech reflects all the features of the underdevelopment of higher mental functions, vocabulary, grammar, phonetics. In the majority of children with speech disorders, we can observe a low level of development of coherent speech. Sometimes it is very difficult for children to compose a brief descriptive story about an object, and it is even more difficult for them to compose creative stories. Children experience difficulties in conducting communication, composing stories from pictures, and spontaneous statements. Failure to form coherent speech in children negatively affects the development of all speech thinking activities, limits their communicative needs and cognitive capabilities. The formation of coherence of speech, the development of skills in meaningful and logical construction of words is one of the main tasks of speech education of a preschool child.

The need to involve parents in the correctional and educational process to the maximum extent and provide them with professional assistance is becoming an increasingly important issue. The development of pedagogical and organizational methods for involving parents raising children with speech disabilities in individual programs of correctional and developmental education is one of the urgent problems. Efforts are being made to model effective directions in the process of working with the family by a specialist - a defectologist, in order to form an adequate educational position of parents in the "We and our child" system.

The form and content of work with parents in the family upbringing and development of a child with a speech disorder is determined by the level of their cooperation with speech therapists (defectologists). We rely on the following principles in organizing work with parents:

- Differentiated assistance that takes into account the level of readiness of parents to receive special needs assistance;
- Availability of feedback from parents;
- The priority of one or another form (appearance) of work carried out at different periods of corrective reading.

The greatest difficulty in implementing the plan for organizing cooperation arises with parents who are not interested. The most effective way to work with such families is an individual form of formal influence, including individual counseling (consultation). Individual counseling was carried out in several stages. At each stage, specific and appropriate issues were raised and specific methods were used. The task of the first stage was to establish an open and trusting relationship with parents who refused cooperation and had a negative attitude towards it. For this purpose, one of the acceptable forms of individual counseling was used - a conversation. The content of the conversation was based on the task of this stage. In the initial short



conversation, criticism of the parents' low pedagogical abilities and their incorrect behavior is avoided. At the first meeting, an attempt is made to pretend that the parents did not notice their mistakes and to justify their trust. The second stage of individual work with parents is carried out in the form of a consultation-recommendation, planned depending on the severity of the speech defect. When applying, parents should be familiar with the diagnosis of the child, the social environment and methods of corrective and developmental work. Family members also do not stand aside from educational and upbringing work and actively participate in this work. The recommendations are designed to conduct corrective and educational work with children in need of special education in the family, and can be applied to children of any age (from early childhood to school age) who are lagging behind in development and with any type of defect. It should cover all the main areas of development of a child with a speech defect:

speech, cognitive, socio-economic, motor and self-service, as well as treatment and medical rehabilitation. The individual development program solves the following tasks:

- diagnostic tasks: continuous and comprehensive study of the child's psychophysical state, taking into account the different periods of formation of individual functional systems;
- Assess the impact of medical and social risk factors on the child's development; -Predict the child's individual educational situation;
- correctional and developmental tasks: overcoming and compensating for deficiencies, achieving the child's adaptation in the social environment;
- educational tasks: to teach children the methods of mastering social experience, to develop their cognitive activity, to form all types of children's activities characteristic of each age period; - educational tasks: to adapt to the social environment, to increase the child's independence in the family, to form spiritual and moral criteria in the activities and morality of a preschool child, as well as to cultivate positive human qualities in a child.
- the cognitive activity section includes familiarization with the environment, mathematics, and activities such as games, labor, drawing, and applications; - the speech development section includes elimination of speech defects, development, and cultivation, and training in free communication;
- the motor development section includes morning gymnastics and physical education classes, and active games;
- the social-emotional section includes holidays, music lessons, and other activities; - the self-service section includes referrals to social and domestic services and work training.
- musical education work is carried out in the following areas: listening to music, singing, dancing, playing musical instruments. An individual program for the formation of cooperation between parents and their children involves the implementation of the following goals. To form an active and reliable method of upbringing, to teach parents to organize subject-game activities with a young child with disabilities in psychophysical development. The parents' corner provides useful information for them. It is advisable to include organizational information: group composition, exact names and surnames of teachers, agenda, schedule of classes. Such information allows parents to have accurate information about the life of children in a preschool institution. Consistency, systematicity, and taking into account their capabilities are very important in working with parents. Mutual understanding, joint participation and



activity of the speech therapist and parents largely determine the overall result of developmental and correctional work.

Timely prevention of speech defects in children begins with the prevention of neuropsychiatric diseases. In order for human speech to be understandable and meaningful, the movements of the speech organs must be clear and correct. Incomplete speech development manifests itself at different levels. Level I of speech development is characterized by the absence of general speech, the absence of sentence-based speech (children without speech). Children at this level use simple words for communication, imitation of sounds, individual nouns and verbs of everyday meaning, simple fragments of speech, the sound composition of which is unclear and unstable. The child reinforces his "statement" with mimicry and gestures. These children are characterized by great initiative in speech research in the process of communication and a critical attitude to their own speech. At the II level of speech development - in addition to gestures and simple words, broken, but constantly common words appear. At the same time, some grammatical forms are distinguished. However, this process is unstable, and the gross underdevelopment of speech is clearly expressed in these children. Children's statements are usually poor, limited to listing objects and actions perceived by the child. Under the influence of special corrective education, children move to a new III level of speech development. This level is characterized by the presence of wide-sentenced speech with elements of lexico-grammatical and phonetic-phonemic underdevelopment, which allows children to expand their speech communication with others. Children at this level enter into communication with others only in the presence of their parents, educators, and people who are able to make appropriate comments on their speech. During speech therapy, it is possible to eliminate the underdevelopment of speech in many children, but in some cases this process was not effective enough, which required the allocation of the IV level of speech development. TB Filicheva defined the IV level of speech development as follows - a wide-sentence speech with not clearly expressed elements of lexical-grammatical and phonetic-phonemic underdevelopment of speech. Speech therapy groups for children with underdeveloped speech accept children with disorders of the lexical-grammatical aspects of speech, with different levels of speech development. In addition, the role of therapy in correctional speech therapy for preschool children with underdeveloped speech is invaluable. For example, let's consider the example of fairy tale therapy. First, let's dwell on what a fairy tale is. A fairy tale is an imaginary action, but it contains information about the life around it, which helps the child correctly assess real situations and make certain decisions. Fairy tales are a versatile material that can be used to educate and develop children. Fairy tale therapy for preschool children is an inexpensive and very effective way to correct children's psychological problems. Fairy tale therapy is a psychological method that is carried out together with the child. Fairy tales are used to solve the child's personal emotional problems and correct the child's moral reactions. The sources of the fairy tale therapy concept are the works of LS Vygotsky, DB Elkonin. The history of fairy tale therapy as a school of applied psychology, which included elements of art, fantasy and the specifics of the cultural context of human interaction in its content, began in the 90s of the 20th century. However, if we consider it as a method of active influence on a specific individual, then its history has much more ancient roots. Types of fairy tales used in fairy tale



therapy:—Didactic fairy tale - created to tell children about new concepts (home, nature, family, rules of behavior in society, etc.). The tasks in such fairy tales give the child the opportunity to immediately apply the knowledge gained in practice. A didactic fairy tale can be told in any convenient form (a story, a cartoon, or just a game). This is a didactic fairy tale that can arouse interest in a child and enliven regular classes.

- Psychological fairy tale - designed to guide and enrich the child's personal development.
- An artistic fairy tale introduces children to the aesthetic principles and traditions of humanity.
- Diagnostic fairy tale - helps to determine the character of the child and reveals his attitude to the world.
- A meditative tale is a special type of tale that emphasizes creating vivid vivid images in the listener's imagination by communicating with their subconscious.
- Fairytale therapy for hyperactive children. Fairytale therapy is often used when working with children with attention deficit hyperactivity disorder, which reduces excessive activity and normalizes the child's emotional state. Through fairy tales, a hyperactive child learns to control his behavior and becomes calmer.

CONCLUSION

In conclusion, it can be said that emotional disorders in a child's behavior can be corrected, of course, with the help of games, toys, the child's visual activity, music, theater, and art in general. However, the most understandable and favorite method for children is a fairy tale. With the help of a correctly chosen fairy tale, many problems in a child - fear, capriciousness, etc. - are eliminated, and the child develops determination and willpower. Consistency, systematicity, and consideration of their capabilities are very important when working with parents. Mutual understanding, joint participation and activity of the speech therapist and parents largely determine the overall result of developmental and correctional work.

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