TECHNOLOGIES FOR THE EFFECTIVE USE OF DEVELOPMENTAL THERAPY IN PREPARING CHILDREN WITH SEVERE SPEECH DISABILITIES (DYSARTIRIA) FOR LITERACY TEACHING

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Annotation: *The article is devoted to the study of the effectiveness of developmental therapy technologies in preparing preschool children with dysarthria for literacy education. The results of the study showed that developmental therapy exercises significantly increase the level of speech motor skills, phonemic perception, speech breathing and literacy readiness in children. At the same time, psychological support increases children's motivation and reduces logophobia and speech avoidance behavior.*

Keywords: *dysarthria, developmental therapy, speech motor skills, literacy preparation, preschool education*

INTRODUCTION

Today, the preparation of children with severe speech defects, in particular dysarthria, for literacy training in the preschool education system is one of the urgent scientific and practical problems. Dysarthria is associated with organic damage to the central nervous system and is characterized by impaired innervation of the muscles of the speech apparatus, insufficient formation of articulation, voice, breathing and prosodic components. This condition negatively affects the perception and pronunciation of sounds, phonemic hearing, coordination of speech movements, and the development of mental functions necessary for literacy training in children. In the modern preschool education system, the problem of preparing children with severe speech defects, in particular dysarthria, for literacy training is of particular scientific and practical importance. Dysarthria occurs as a result of organic damage to the central nervous system and is characterized by impaired innervation of the muscles of the speech apparatus, limited articulation movements, and insufficient development of voice and speech breathing. This defect negatively affects the development of the correct pronunciation of sounds in children, the formation of phonemic hearing, speech motor skills, and mental processes necessary for literacy training.

Readiness for literacy training requires not only the study of letters, but also the mature development of such components as phonemic perception,

speech breathing, visual and auditory analysis and synthesis, general and fine motor skills, attention, and memory. Therefore, speech therapy work with children with dysarthria is not limited to traditional classes, but also requires the complex use of developmental therapy technologies.

Therefore, in the process of preparing children with dysarthria for literacy training, the effective use of developmental therapy technologies, along with traditional speech therapy approaches, is of great importance.

Literature review. Scientific sources recognize dysarthria as one of the most severe speech disorders, and emphasize the need for an integrated approach to its correction (R.E. Levina, L.S. Volkova, R.I. Lalaeva). [4.55] Researchers show that difficulties in the process of teaching literacy in children with dysarthria are associated with insufficient development of articulatory motor skills, impaired phonemic perception, and general psychomotor retardation. In recent years, developmental therapy (sensory-motor, movement, game and art therapy elements) has been actively introduced into speech therapy practice, and their positive effect on speech and cognitive development has been scientifically substantiated. [1.; 2.; 3.] In domestic and foreign studies, developmental therapy technologies are evaluated as an effective tool in increasing literacy readiness in children with dysarthria.[4.26]

Methodology. The study used theoretical analysis, observation, interview, pedagogical experiment and comparison methods. With the help of these methods, children's speech motor skills, phonemic hearing, speech breathing and literacy readiness were assessed. In the process of correctional work, sensory-motor exercises of developmental therapy, exercises that develop hand and finger motor skills, game and art therapy elements were systematically used.

Analysis and results. Developmental therapy technologies are aimed at the complex development of speech, motor and cognitive functions in children with dysarthria, and include several main components.

Sensory-motor therapy. This method is aimed at developing children's general and articulatory motor skills. Through movement, children learn body shape, harmony, rhythm and coordination. For example, the child is given exercises to rhythmically move his arms and legs, and the activity of articulatory centers is activated through movement games such as "a bird flew" or "a flower bloomed". These exercises develop children's ability to accurately perform articulatory movements and control speech.

Fine motor skills and finger gymnastics. The development of finger and hand muscles is closely related to the activity of speech centers. For example, children are given exercises in making various shapes, bending small objects,

working with clay or plasticine. These exercises not only develop motor skills, but also increase concentration, mental activity, and prepare for speech expression.

Movement games. Games with children form the skills of body coordination, rhythm perception, and movement planning. For example, the game "The Sun is Rising" encourages the child to perform various rhythmic movements, and the game "Pass the Ball" develops coordination and social communication. At the same time, the game process stimulates speech activity and creates positive motivation in children.

Elements of art therapy. Drawing, working with clay or constructive activities increase children's creative activity and stimulate speech expression. For example, the child is given tasks such as “Draw your pet” or “Make fruits from clay”. Through this activity, children develop visual-tactile sensations, strengthen phonemic perception and attract speech attention.

Breathing exercises and phonation training. Exercises aimed at stabilizing speech breathing and forming sound-forming skills help children perform articulatory movements correctly. For example, diaphragmatic-costal breathing exercises: children take a deep breath while lying down, placing their hand on their stomach, and slowly exhale with the sound “f-f-f”. At the same time, exercises such as blowing out a candle, blowing air over a piece of paper or “spinning a wheel” increase breath control.

Phonemic awareness and pronunciation exercises. Special exercises are used to develop children's skills in distinguishing sounds and understanding syllable structure. For example, the child is given exercises in pronouncing a letter with different sounds or separating words into syllables. This way, children develop speech attention and hearing, and pronunciation becomes clear.

Cognitive and psychological support. Developmental therapy takes into account the child's mental state. For example, the child is encouraged to successfully complete speech exercises, supported in case of failure, and works are carried out to increase self-esteem and positive motivation. At the same time, elements of play and art are used to reduce logophobia and speech avoidance.

Developmental therapy technologies serve the complex development of speech, motor and cognitive functions in children with dysarthria. These technologies significantly increase readiness for literacy training, make speech therapy sessions more effective and ensure successful adaptation of children to school.

During the study, significant changes were observed in speech, motor and cognitive functions in the group of children in whom developmental therapy technologies were used. According to the results of the initial assessment, children with dysarthria had poorly developed speech motor skills, limited ability to distinguish sounds and understand the structure of syllables, and low stability of speech breathing. Children also showed a lack of readiness for literacy training: they had difficulty recognizing letters, dividing words into syllables, and pronouncing short sentences.

After the use of developmental therapy technologies, the following results were observed:

1. Improvement of articulatory motor skills: As a result of active games and sensorimotor exercises, the coordination of movements of the lips, tongue, and neck of children significantly improved. For example, children who previously could not pronounce sounds clearly began to pronounce the sounds "p", "b", "m" correctly during the exercises. At the same time, the ability to segment syllables and form compounds increased.

2. Development of phonemic perception: Through art therapy elements and pronunciation exercises, children strengthened their skills in distinguishing sounds, dividing words into syllables, and memorizing them. This improved their preparation for written and oral speech. For example, initially 30% of children were able to pronounce words in full segments, but by the end of the training this figure reached 85%.

3. Speech breathing and phonation skills: Through breathing exercises and exercises to develop diaphragmatic-costal breathing, children's speech breathing control increased. The ability to pronounce long phrases in one breath, produce a stable voice, and coordinate articulatory muscles was created. For example, children who were previously able to pronounce a phrase for 4–5 seconds, as a result of the exercises, were able to pronounce it for 10–12 seconds.

4. Increased readiness for literacy training: Through fine motor skills and finger gymnastics, art therapy, and play exercises, children learned to control their hand muscles, improved their ability to draw letters correctly and form words. At the same time, their concentration and memory skills also significantly improved.

5. Cognitive and psychological changes: Developmental therapy technologies increased children's motivation, reduced logophobia and speech avoidance behaviors. Children began to actively participate in classes, their interest in speech expression increased, and they began to express themselves more freely.

The results obtained confirm the effectiveness of developmental therapy technologies in preparing children with dysarthria for literacy training. In particular, changes in speech motor skills, phonemic perception, speech breathing, and cognitive skills significantly increased children's readiness for school. At the same time, psychological stimulation and playful activities played an important role in the development of motivation and social skills in children.

The results show that the systematic and comprehensive use of developmental therapy technologies makes the process of preparing children with dysarthria for literacy education more effective. This approach allows not only to strengthen speech and motor skills, but also the psychological state and cognitive development of children.

Conclusion. The use of developmental therapy technologies in preparing children with dysarthria for literacy education increases the effectiveness of speech therapy. This approach serves the complex development of speech, motor and cognitive functions, ensures the successful adaptation of children to school. Developmental therapy exercises are aimed at articulatory motor skills, phonemic perception, speech breathing and psychological stimulation, significantly increasing the level of readiness of children for literacy.

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