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TREATMENT OF EMOTIONAL-VOLITIONAL DISORDERS IN CHILDREN WITH ALALIA UNDER THE CONDITIONS OF REHABILITATION CENTER

Abstract. Speech development disorders in children lead to negative consequences for the development of their cognitive processes, emotional-volitional sphere, as well as cause isolation, restraint, feelings of inferiority and other psychological conditions. Alalia, which is one of the most severe disorders of speech development, has a significant negative effect on the psychosocial functioning of children. Inability to understand the child's speech by adults, and the rejection of their own speech by the children themselves lead to difficulties in establishing and maintaining contact with others, which leads to a secondary defect, which manifests itself in impairment of the development of the emotional sphere. Early speech correction of preschoolers is necessary to ensure harmonious development of the child. The paper characterizes a rehabilitation program worked out on the basis of practical experience and aimed at prevention and rehabilitation of secondary developmental disorders, specifically, at the formation and development of the emotional-volitional sphere in senior preschool children with alalia, under the conditions of a rehabilitation center. Within the framework of this program, a whole range of various psychological methods of rehabilitation are used, including such modern technologies as the training complex "OptiMusic", "Sensory Room", specialized computer programs, and play complexes "Montessori" and "Pertra". Neuropsychological rehabilitation procedures, including those involving biofeedback equipment ("BFB training"), methods of special pedagogy such as game and art therapy are used along with these methods. It is assumed that this program can be considered as one of the effective means of complex intervention in cases of children with alalia for normalization of their emotional state and treatment of a number of speech and intellectual disorders.

Keywords: senior preschool children; preschool logopedics; speech disorders; children with speech disorders; alalia; emotional-volitional sphere; speech development; rehabilitation work.

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Speech development disorders in children lead to negative consequences for the development of their cognitive processes, emotional-volitional sphere, as well as cause isolation, restraint, feelings of inferiority and other psychological conditions [1]. Early speech correction of preschoolers is necessary to ensure harmonious development of the child. The efficiency of speech stimulation is determined by a wide range of determinants. Special role is played by individual predisposition, educational environment impact, and professionalism and competence of the specialists in the usage of intervention methods. Alalia, which is one of the most severe disorders of speech development, has a significant negative effect on the psychosocial functioning of children. The attitude of the typical children to same-age peers with severe speech disorders does not only influence the cognitive and motivational processes including perception, attention, memory, and thinking but also transforms social behavior. It is believed that rehabilitation work needs planned, purposive and regular cooperation with

various spheres to achieve the desired goals and to ensure all-round individual development.

The term “systemic speech and language underdevelopment” (SLU) is regularly used in Russian logopedics. Alalia is looked upon as a most complicated disorder of speech and language development [16]. It is noted that children with this speech disorder have normal hearing and safe preconditions for intellectual development. In alalia, the process of formation of the components of the whole linguistic system – vocabulary, grammar, phonetics and, as a consequence, of dialogic and monologic speech is impaired in the structure of speech defect [3; 7].

Severity and systemic nature of the speech function underdevelopment in children of the given category may cause specific behavior, including negativism, which distinguishes them from the peers with typical speech development [2; 3; 10; 12]. This opinion about the formation of behavior in cases of general speech underdevelopment (GSU) differing from the norm was expressed as far back as in 1968 by

R. E. Levina. She wrote about the GSU (of which, children with alalia form the core group) as follows: "It is quite evident that deviations in speech development cannot but tell on the formation of the whole psychological life of the child. They hamper communication with the surrounding people ... Personality traits change in response to the defect – there emerge isolation, lack of self-confidence, and negativism which aggravate the impact of underdeveloped speech on the formation of the child's psyche" [11, p. 7]. The ideas about the specificity of personal development, as well as about specific development of the cognitive sphere in severe systemic speech underdevelopment, match the concept of specific tendencies of development of children with speech dysontogenesis [9].

Inability to understand the child's speech by adults, and the rejection of their own speech by the children themselves lead to difficulties in establishing and maintaining contact with others, which leads to a secondary defect, which manifests itself in impairment of the development of the emotional sphere [6]. And it is communication with adults and peers that facilitates the development of emotional sphere. We cannot but mention such specific kind of anxiety as "speech anxiety" appearing in the situation of speech failure of children with alalia, which is actually a response to the problem [1].

I.Yu. Kondratenko carried out a special study of specific features of development of emotional vocabulary in children with speech underdevelopment. She considered the formation of vocabulary as a special semantic system which depends on the intellectual level of the child and the development of their cognitive processes: thinking, memory, attention, as well as communicative activity and motivational sphere [7; 8]. The author came to the conclusion that possession of emotional vocabulary is necessary for preschoolers because it functions as a means of communication, and it is therefore imperative to carry out systematically organized rehabilitation work aimed at the formation of emotional vocabulary in senior preschool children with speech underdevelopment, which would allow raising the level of their communication both qualitatively and quantitatively.

The chief peculiarity of the emotional sphere in preschool children consists in the fact that the children begin to distinguish a wide range of emotions, to control their mood, and their psyche forms arbitrariness. The rehabilitation work aimed at the formation and development of the emotional-volitional sphere in children with alalia should be built with consideration of this fact. L.S. Vygotskiy believed that prevention of secondary defects was the principal task of rehabilitation

work with children [5]. D.B. El'koin argued that it was possible while developing the creative potential of the child [13].

Drawing on many years of practical experience of the rehabilitation center "Childhood" of the Ministry of Health of Russian Federation, we have worked out a rehabilitation program aimed at prevention and rehabilitation of secondary developmental disorders, specifically, at the formation and development of the emotional-volitional sphere in senior preschool children with alalia, under the conditions of a rehabilitation center.

Program goals:

- creation of preconditions for intellectual, speech and emotional development of the child and stimulation of this development;
- prevention and rehabilitation of secondary developmental disorders;
- formation of the personality traits providing conditions for social adaptation and integration of children.

Program tasks:

1. Creation of preconditions for intellectual, speech and emotional development of the child and stimulation of this development.
2. Rehabilitation of defects of psychological developments via creation of optimal conditions for harmonic development of the personality.
3. Development of the skills of interpersonal interaction (establishing

contact, emotional well-being, non-verbal support).

4. Rehabilitation of affective response manifestations.
5. Abilitation.

We will present now the statistical data collected among the patients with disorders of speech development (alalia) over the period from 2016 to 2018 on the base of the psycho-neurological department of the Russian Rehabilitation Center "Childhood" of the Ministry of Health of Russian Federation. In 2016, the total of 76 children with alalia aged 3-7 (17 children with sensory alalia, 25 children with motor alalia, and 39 children with sensory-motor alalia) took a rehabilitation course at the Center. In 2017, the rehabilitation course was taken by 67 children of the same age group with alalia (9 children with sensory alalia, 28 children with motor alalia, and 30 children with sensory-motor alalia) [3]. During the greater period of 2018, rehabilitation was granted to 58 children with alalia (11 children with sensory alalia, 23 children with motor alalia, and 24 children with sensory-motor alalia). The data presented demonstrate the urgency of design of the rehabilitation program for children with developmental speech disorders of the given category.

We have worked out a rehabilitation program targeting preschool children aged 5-8 with the speech development diagnosis "alalia",

taking a rehabilitation course at the psycho-neurological department of the Russian Rehabilitation Center "Childhood". The duration of the course is 14 days. The course is held once every three months.

After a complex examination by the medical psychologist, qualified specialists schedule rehabilitation lessons, design an individual rehabilitation route for each child, and give recommendations on lesson support for other specialists, such as tutor, teacher-defectologist, and physical therapy instructor. They fill in the list of recommended lessons which contains information about the level of formation of higher psychological functions and emotional-volitional sphere of the child. The medical psychologist defines the most feasible form of training: individual, group, or mixed (combining individual and group activity). The logopedist also conducts an examination, plans rehabilitation classes, and, with consideration to the actual level of development of the communicative skills of the patient, issues recommendations on speech support for other specialists: medical psychologists and tutors.

Psychological group or individual classes within the given course are recommended with reference to age and intellectual, verbal and communicative skills of the child.

1. Individual classes are prescribed for children with severe speech un-

derdevelopment (GSU of Levels I-II in accordance with speech disorder classification by R.E. Levina) and intellectual disability, aggressive behavior or affective emotional-volitional sphere who are older than 5 years of age.

2. Group classes are designated for children with non-severe speech underdevelopment (GSU of Levels II-III) and disorders of psychological development or mild intellectual disability, older than 5 years of age.

3. A combination of individual and group forms of work is recommended for children with non-severe speech underdevelopment (GSU of Levels II-III), high level of anxiety with a low level of motivation, and for children with mild intellectual disability, older than 5 years of age.

Thus, in accordance with the structure of defect and rehabilitation opportunities, an individual plan of rehabilitation lessons is worked out for each child. Lessons with the psychologist are aimed both at the formation of verbal and nonverbal vocabulary in children with alalia, and specifically emotional lexical means, and at leveling behavioral peculiarities and establishing emotional contact.

Below is an example of a lesson aimed at the formation of emotional vocabulary in children with alalia: "Lesson for 5-8 year-old children; lesson duration is 20-30 minutes. *Aims:* development of emotional

vocabulary via basic notions about emotions; development of the emotional-volitional sphere of the child. *Tasks*: to teach the child to differentiate between basic emotional states by lexical means; to train the skill to express one's emotions and to correlate them with images. *Equipment*: pictograms, pictures, plot-driven pictures with images of basic emotional states (joy, fear, rage, fright, sorrow, and surprise), a cube, and a mirror. *Lesson description*: The child comes to the lesson. After the greeting, the psychologist inquires about the child's mood.

— I am in high spirits (*a smile on the face*), because everything is all right, and I am glad to see you. And what mood are you in? Show us, please. (*The child shows their mood with a facial expression standing at the mirror.*)

— Have a look! I've got a cube, it feels soft. And some mood is drawn on each side of the cube. Let's see if your mood is drawn on it. Show us your mood once again.

— Yes, "A Smile".

— Let us find situations in which you may feel joy. (The child is offered plot-driven pictures showing situations with different emotional states. Then the teacher describes each picture or shows it if the child cannot say what lexical units are to be used to describe each emotional state.)

Then we must praise the child and say what he did correctly.

After that, we use the same procedure to analyze each basic emotion. Farewell."

Individual lessons are held 5 times a week and last 20-30 minutes each. Within the group form of training, lessons in a group of 6-8 pupils are conducted 3 times a week and last 30-40 minutes each. In the combination of individual and group forms of training, individual lessons take place 3 times a week and last 20-30 minutes, and group lessons are given twice a week in a group of 6-8 patients and last 30-40 minutes.

The possibility of complex rehabilitation including medicamentous therapy prescribed by the neurologist is an important advantage of the given program. Nootropics (pantogam, piracetam, aminalon, encephabol, phenibut, picamilon) in combination with biotics (glycine, amino acids) are used for treatment of speech and emotional disorders. Various drugs and rehabilitation methods can combine in one rehabilitation course depending on the real state of the patient.

Psychological rehabilitation methods.

1. Lessons on the basis of the training complex "OptiMusic" offering an interactive light system allowing optimization of the process of rehabilitation of formation, restoration and development of psychomotor functions. The main advantage of the equipment consists in long-term preservation of stable motivation to

activity, which makes it possible to solve the following rehabilitation problems in the work with the children:

- to develop playing and didactic activity;
- to activate speech in children with severe speech disorders and impairments of intellectual development and behavior (development of arbitrary vocalizations on the basis of onomatopoeia; development of impressive and expressive vocabulary; development of arbitrary, playing and perceptive activity; development of communication skills).

2. Lessons in the “Sensory Room” – on multisensory equipment, aimed at overcoming problems with establishing emotional contact, emotional relaxation and rehabilitation of behavior.

3. Work with playing complexes “Montessori” and “Pertra” which help to enhance speech and cognitive activity of the patients.

4. A series of computer programs in the ICT room aimed at development of cognitive processes and stable motivation towards learning.

5. Neuropsychological and rehabilitation procedures [4], including those on biofeedback equipment (“BFB training”) adapted to children’s age, are used along with these methods.

The modern rehabilitation technologies do not substitute in

practice the methods of special pedagogy such as game and art therapy: music therapy, game therapy, sand therapy, fairy tale therapy, theater therapy, etc.

Rehabilitation work also includes the methods of *individual and family counseling* the aim of which is to create a favorable psycho-emotional atmosphere in the families caring for children with alalia. Engagement of the parents in active forms of interaction, development of confidence in their own competence, as well as reflection – comprehension of the current events, their own feelings and thoughts – is an important task of such work [15; 14].

On completion of the rehabilitation course, the psychologist and the logopedist carry out a summative complex examination to assess the effectiveness of the rehabilitation measures taken and to figure out the dynamics of the child’s state and recommendations for further rehabilitation work.

From the psychological point of view, the complex rehabilitation program has a positive effect on the processes of formation and development of the higher psychological functions. Simultaneously, the emotional-volitional sphere of the child becomes improved, the motivation towards learning is raised, the level of cognitive activity goes up, and activation of speech also becomes evident.

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