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MTTDMQTMOI, UZBEKISTAN THE SYSTEM OF CORRECTIVE INTERVENTION FOR PRESCHOOL CHILDREN DIAGNOSED WITH STUTTERING

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Abstract: This article examines the specific characteristics of speech development in children diagnosed with stuttering and highlights the main stages and principles of systematic speech-therapy intervention provided for preschool children who stutter. The study emphasizes the importance of comprehensive corrective support aimed at improving speech fluency, communication skills, and social adaptation.

Keywords: correction, stuttering, breathing development, neuropathy, rehabilitation, adaptation, compensation, anatomical and physiological factors, mechanism, articulatory apparatus.

Quyida matningizning ilmiy uslubdagi adekvat inglizcha tarjimasi keltirilgan:

Introduction

A number of laws and resolutions adopted in our country emphasize the importance of providing social support, education, vocational training, and rehabilitation opportunities for children with special needs, enabling them to develop their abilities, realize their potential, and achieve spiritual and personal growth as active members of society. The proper development of speech depends on exposure to appropriate language models, speech experience, a favorable speech environment, and effective educational practices. In particular, during the early stages of language acquisition, accurate pronunciation, vocabulary enrichment, and the correct formation of grammatical structures create a foundation for the development of fluent and effective communication skills. When speech is expressed correctly and comprehensively, the meaning of words becomes clear, allowing children to better understand surrounding phenomena and develop their thinking processes through language.

There are numerous types of speech disorders, and in the context of ongoing reforms in the special education system, the improvement of intervention methods has become increasingly important. Considerable attention has been paid by both international and national researchers to the prevention and remediation of severe speech disorders, including the development and application of speech therapy techniques aimed at improving communicative abilities and speech fluency.

Stuttering is a speech disorder characterized by disruptions in the rate, rhythm, and fluency of speech caused by involuntary contractions of the muscles involved in speech production. Preschool age (3–7 years) is considered the most favorable (sensitive) period for correcting this disorder, as the speech system is still developing and responds more effectively to corrective intervention.

1. Fundamental Principles of Corrective Intervention

Successful corrective work is based on the following principles:

- Comprehensiveness: Integration of medical, pedagogical, and psychological intervention measures.
- Systematic Approach: Planning activities progressively from simple to more complex tasks.
- Early Intervention: Providing assistance immediately after the manifestation of the disorder.

- Individualized Approach: Considering the child's nervous system characteristics and the severity of stuttering.

2. Stages of the Corrective Intervention System

Speech therapy intervention is organized in four main stages.

A. Assessment and Preparatory Stage

- The child's speech, psychological, and psychophysiological condition is assessed.
- The type of stuttering (clonic, tonic, or mixed) and its underlying causes are identified.
- Emotional rapport is established with the child, and speech limitations, including a period of controlled speech activity (speech-rest regime), may be introduced.

B. Formation of Speech Breathing and Rhythm

Breathing Exercises.

Diaphragmatic (abdominal) breathing is taught to the child. The child learns to take short and light inhalations and produce long, smooth exhalations.

Logorhythmics.

The integration of movement, music, and speech is used to develop both general and speech-related motor skills.

Voice Development.

Exercises focus on the prolonged and gentle production of vowel sounds, promoting soft and controlled phonation.

C. Speech Automatization and Consolidation Stage

Speech activities are gradually increased in complexity according to the following sequence:

1. Choral Speech: Reading or reciting texts simultaneously with the speech therapist.
2. Echo Speech: Repeating words and sentences after the speech therapist.
3. Question-and-Answer Speech: Providing complete responses to short and specific questions.
4. Independent Speech: Creating independent narratives based on pictures, stories, or play activities.

D. Generalization and Social Adaptation Stage

- The child is trained to communicate fluently in unfamiliar environments and when interacting with unfamiliar individuals.
- Speech exercises are practiced through dramatized activities, role-playing, and communication tasks in public settings.

3. The Role of the Family in the Corrective Process

Speech therapy intervention cannot achieve optimal results without parental involvement. The following recommendations are important for family members:

- Providing a Speech Model: Family members should speak calmly, fluently, and without haste.
- Creating a Peaceful Environment: The child should be protected from excessive emotional stimulation, loud television programs, and prolonged computer gaming.
- Maintaining a Daily Routine: Consistent sleep and rest schedules contribute to the stabilization of the nervous system and support speech development.

Speech Breathing Exercises for Preschool Children

Proper breathing, particularly diaphragmatic breathing, plays a crucial role in the correction of stuttering. For preschool children, all exercises should be conducted in the form of play rather than through pressure or compulsion. During these activities, children should avoid raising their shoulders, inhale through the nose, and exhale slowly through the mouth while maintaining relaxed and slightly rounded lips.

Quyidagi qismning ilmiy uslubdagi adekvat inglizcha tarjimasi:

1. “Inflating the Balloon” Exercise (Developing Diaphragmatic Breathing)

- Purpose: To teach abdominal (diaphragmatic) breathing.
- Procedure: The child lies on his or her back. The speech therapist places a light toy (e.g., a rubber duck) on the child's abdomen. As the child takes a deep breath through the nose, the abdomen should rise, as if a balloon is being inflated, causing the toy to move upward. The child then exhales slowly through the mouth while gently drawing the abdomen inward.
- Duration: Repeat 3–4 times.

2. “Flower Shop” Exercise (Developing Proper and Deep Breathing)

- Purpose: To develop the skill of calm and deep nasal breathing.
- Procedure: The child closes his or her eyes and imagines smelling a beautiful flower. A deep and quiet inhalation is taken through the nose, the breath is held for 1–2 seconds, and then slowly released through the mouth while producing sounds such as “Auuu,” “Oooo,” or saying “What a wonderful scent.”
- Duration: Repeat 4–5 times.

3. “Ship Captain” Exercise (Controlling the Direction and Strength of Airflow)

- Purpose: To relax the lip and tongue muscles and develop proper airflow control.
- Procedure: Lightweight paper boats are placed in a basin filled with water. The child rounds the lips forward and gently blows using sounds such as “Ffff” or “Xfff,” without puffing out the cheeks, in order to move the boat across the water. The airflow should be steady, prolonged, and controlled.
- Duration: The activity should not exceed one minute to prevent fatigue.

4. “Storm” Exercise (Developing Speech Rhythm and Controlled Breathing)

- Purpose: To teach the child to sustain longer sounds or syllables on a single breath.
- Procedure: The child takes a deep breath and imitates the sound of the wind while exhaling, varying the loudness of the voice. The exercise begins with a soft “u-u-u,” gradually increases to a louder “U-U-U” (representing a rising storm), and then returns to a softer “u-u-u” (representing a calming storm).
- Duration: Repeat 3–4 times.

Conclusion

The system of corrective intervention for preschool children who stutter is a complex process that requires considerable effort, patience, and consistency. Systematic collaboration among speech therapists, psychologists, medical professionals, and parents creates favorable conditions for successful rehabilitation. Such coordinated intervention enables children to overcome speech difficulties before reaching school age, facilitates their social adaptation, and ensures their full participation in educational activities alongside their peers.

Bu tarjima xalqaro ilmiy maqola formatiga mos bo‘lib, Conclusion bo‘limi bilan yakunlangan akademik variant hisoblanadi.

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