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Personification in Speech Therapy Work with Children Having Specific Language Impairment

SUMMARY

The concept of “personification” is sufficiently strengthened in pedagogy. At the same time, in the special pedagogy, and in speech therapy, in particular, there is an acute need for personification of the corrective-developing effect in specific language impairment. The substantiation of personification of speech therapy work with children who have specific language impairment is presented. The relevant scientific positions of the authors regarding the personification in the field of differential diagnosis, corrective-developing effects, prevention of systemic consequences of specific language impairment in children are indicated. The directions of the further development of the indicated problem of personification of speech therapy work are determined.

Keywords: personification, children of primary school age, personalized means of speech therapy work, specific language impairment in children, personalized diagnostic profile, comorbidity of speech, language and motor disorders.

INTRODUCTION

Historically, Russian speech therapy has developed a steady interest in the problem of the differential diagnosis of specific language impairment (SLI) in children (R. I. Lalaeva, R. E. Levina, L. V. Lopatina, E. M. Mastjukova, N. V.

Serebryakova G.V. Chirkina, TB Filicheva and others) [1,3]. The manifestations and symptoms revealed by the authors determine the understanding of the underlying mechanisms of such a state as “specific language impairment”, allow to study in detail the structure of impaired development, to determine strategies and directions of developmental effects of speech therapy. At the same time, the search for further ways of interdisciplinary study of the problem of assisting children with SLI remains very relevant in special pedagogy in general, and speech therapy, in particular. Thus, in theory and practice of speech therapy there is a number of contradictions between the needs of finding new and improving existing approaches to the speech therapy work with children with SLI on the one hand, and insufficiently developed methodological, substantive, organizational and other aspects of new and modernized approaches to solving the designated problem – on the other hand. The resolution of the existing contradictions, of course, occurs, and will continue to take place in scientific research of several generations. However, today we can confidently say that a personalized approach in speech therapy work with children with language impairment meets the above-mentioned social challenges and contributes to effectively overcoming pressing contradictions in general, inclusive and special education.

PERSONIFICATION IN THE HUMANITARIAN SCIENCES

The concept of personification (from the Latin. *Persona* - person, person and *facere* - to do) is consolidated in the conceptual apparatus of philosophy, psychology, sociology, medicine. The concept of “personification” was consolidated in management, law, as a justification of personal responsibility of a person working in this area in accordance with personal professional attitudes. In recent years, develops a personalized approach to the patient in medicine, a personalized approach to clients in management has been actively developed, too. Historically, the development of a personalized approach can be traced in the works of scientists from the nineteenth century (C. Jung, G. Sullivan, V. Stern, V. A. Petrovsky, etc.). The analysis of scientific data on the problem of personification in Russian education allowed us to state that this concept is interpreted in different directions: as a special form of organization of the educational process, taking into account the peculiarities of personal differences of students (E.I. Ogarev); one of the directions of modernization of the system of continuous education (Ye.A. Melekhina); a process aimed at the development of students’ abilities and interests (I.E. Unt); factor of development of cognitive activity of trainees (I.M.Osmolovskaya); means of building an personal educational route (VG Yerykova). V.G.Onushkin considers the personification of education as a didactic principle, according to which the content and all other elements of the educational process should be

determined and built on the basis of the interests, needs and aspirations of persons involved in educational activities (TE Galkina, 2008, 2011) [3].

In modern conditions, personification is demanded in education as a whole, the more logical is its relevance in the field of evaluation, assessment and developmental work with children with SLI.

MODERN TENDENCIES IN SPEECH THERAPY IMPACT AT SLI IN RUSSIA

It is traditionally considered that the algorithms of speech therapy with SLI take into account an individual approach to working with children. The individual approach is an important psychological and pedagogical principle, according to which the educational characteristics of children take into account the individual characteristics of the development of each child (psychological features, abilities, psychological characteristics, the child's perception of the impact on him, etc.). In the context of speech therapy work with SLI children, a personalized approach is an equally important principle according to which medical, psychological, pedagogical and social markers and criteria for its impaired development are taken into account in working with each child from the standpoint of further prediction and implementation of optimally effective speech therapy. With this understanding of the problem, there is no equal sign between the individual and personified approaches in speech therapy work with children with specific language impairment. The need for a holistic algorithm-based work with these children is determined to reasonably take into account the combination of individual and personalized approaches [1,3, 8].

Russian studies in this area show the variable correlation of the speech-language capabilities of SLI children with emotional-volitional, communicative, motor, spatial-orienting, visual (as later acquired) disorders (S.Yu. Benilova, N.Yu. Boryakova, L.R. Davidovich, O.A. Eliseenkova, R.I. Lalaeva., L.B. Baryaeva, T. V. Sokolova, T. A. Gareva, E.Yu. Rau, T.B. Filicheva, T.V. Tumanova and etc.). For example, the data of recent years allow us to speak about the multi-level comorbidity of symptoms and components (in the context of the co-dependence of speech, language, motor, and other processes) in children with language disorders. The levels of comorbidity states identified in younger schoolchildren with SLI were determined (based on the results of the analysis of data from a survey of language, motor, optical-spatial, graphic processes). The level of microcomorbidity is characterized by a slightly pronounced correlation of motor and speech\ language disorders with the relative safety of spatial possibilities. The level of mesocomorbidity indicates a persistent, pronounced correlation of violations of speech-language processes (intonation, prosodic, pronunciation, phonological,

lexical-grammatical) and motor sphere (myofunctional and motility of the fingers) along with partial violation of spatial possibilities. The macrocomorbidity characterizes stable correlation, systemic combination and pronounced correlation of manifestations of speech\ language disorders covering all speech processes and language components, and motor disorders covering differentiated myofunctional abilities and movements in the shoulder girdle, hands and fingers with the accompanying pronounced impairment of spatial capabilities (Yu.R. Guschina 2014, T.A. Gareva, T.V. Tumanova, T.B. Filicheva 2017, 2018) [5,6].

Table 1. Characteristics of comorbidity levels of speech-language and motor-spatial capabilities of younger schoolchildren with SLI

Levels of comorbidity states	Presence of conjugate / co-dependent violations
Level of microcomorbidity	Insignificant degree of correlation of violations of pronunciation and distinction of sounds, weak correlation of indicators of reduced understanding of the lexical and grammatical meanings of words and their use in self-expression mainly with indicators of violations of articulation, weak correlation between indicators of impaired speech, language processes and movements of fingers, wrists, shoulder girdle; spatial gnosis and praxis relatively preserved
Level of mesocomorbidity	pronounced correlation of speech language processes (intonation, prosodic, pronunciation, phonological, lexical and grammatical) correlating with the indices of motor sphere insufficiency (myofunctional and motility of fingers, wrists) along with partial violation of spatial gnosis and praxis
Level of macrocomorbidity	systemic combination and confidently pronounced persistent correlation of manifestations of speech-language impairments, covering all speech processes and components of the language, and motor impairments, covering differentiated myofunctional abilities and movements in the shoulder girdle, hands and fingers with associated pronounced disorders of spatial gnosis and praxis

At the same time, objective data were obtained on the originality of the development of children with SLI who have identified visual impairment (myopia or strabismus), namely, on the combination of speech-language, motor, spatial and visual features (T.B. Filicheva, T.V. Sokolova , T.V. Tumanova 2014, 2017). The variability of correlation of communicative\speech and spatial disorders with

disorders of game activity has been established (O.A. Eliseenkova, O.N. Lykova, T.V. Tumanova, T.B. Filicheva and others) [4]. Active studies are conducted in the field of grafomotor skills of such children. Studies of this direction are aimed at personalizing the diagnostic profile of children with SLI, which maximally demonstrates the manifestation of the state of underdevelopment not only of language components, but also of related (conjugate) markers of impaired speech, language, motor, spatial, communication and other processes. The introduction of personalized teaching aids shows a significant increase in the success of children's tasks already at the stage of conducting diagnostic procedures, i.e. before conducting focused training. As an example, we present indicators of the state of coherent utterances of a schoolchild with SLI, who performed the first experimental tests without relying on personalized support tools, while the second tests (similar to the first one) were performed using personalized support tools (without targeted training).

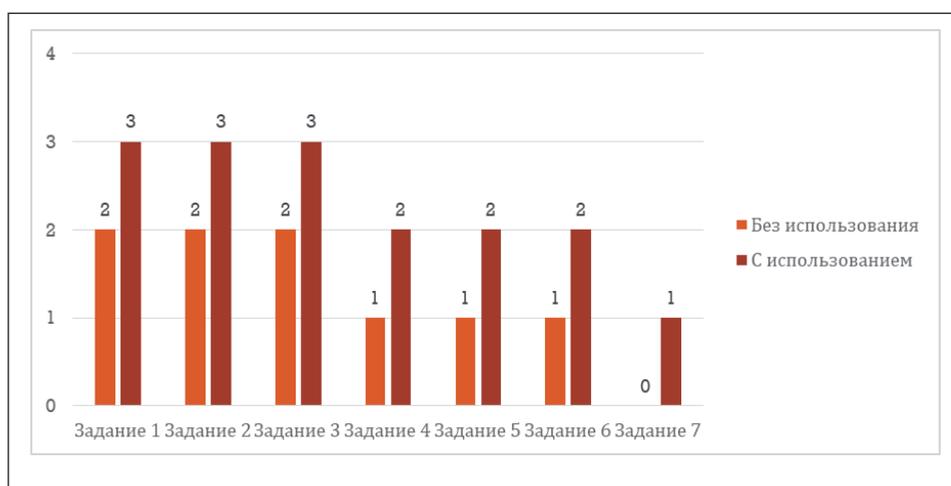


Figure 1. Profile of diagnostics of the state of coherent speech of a child with SLI using and without using personalized teaching aids (score) (at the stage of conducting the primary diagnostic procedures)

Such data on the impact of personalized teaching aids, which have multiple reproducibility, subsequently provide weighty reasons for substantial optimization of general, particular, and specific algorithms of speech therapy and developmental influence. At the same time, a personified approach to it should be understood as a harmonious component of the general scientific and methodological support of the holistic process of psychological and pedagogical assistance for specific language impairment. The effectiveness of this approach seems to be optimal when the following conditions are met: reasonable integration with

other approaches strengthened in science and practice, competent use of classical and modern scientific data from the field of speech therapy and related sciences, taking into account variable and combinatorial components in the structure of SLI, based on understanding personalized needs and capabilities of children, the relationship in the interdisciplinary team. As an example, let us cite the personification of the content and means of speech therapy work with schoolchildren with SLI and visual impairment (squint and myopia) in the direction associated with the improvement of their coherent expressions. The content of this speech therapy area is traditionally algorithm-driven, based on the appropriate techniques adopted in speech therapy. In parallel, in the context of the joint work of a speech therapist, parents, teachers of physical culture, music, drawing, an ophthalmologist, personalized exercise programs were developed and implemented for such children (depending on the states of comorbidity of speech-language, spatial and motor processes identified for each child) as well as personal plans to perform special visual exercises and workouts. The directions of speech therapy were carried out with the support of conditionally selected groups of personalized teaching aids for children, depending on their content, materialized, technological, visualized, audio, motor saturation.

It is necessary to clarify the interpretation of the concept of “personalized aids that ensure the effectiveness of the formation of coherent utterances in children with SLI with visual impairment” as a system of various ideal and material objects, including artificially created ones, in order to optimally form coherent utterances in children of the specified category in the special pedagogical process, as carriers of the necessary information and instrument of the teacher and children. They are integrated at the linguodidactic, optico-ophthalmological (as prescribed by the ophthalmologist), motor-spatial and information-technological levels of the problem under study. The identified groups of personalized aids used in the formation of coherent statements in school children with SLI with visual impairment can be presented below. Table 2.

The effectiveness of speech therapy work, combining algorithmic, individual and personalized approaches is much higher than with standard work. There are confirmed results demonstrating the significant potential of such approaches as being extremely significant in the light of the accomplishment of tasks to improve the quality of life of children with language impairment and their families.

CONCLUSION

The use of a personalized approach in speech therapy seems optimal when the conditions for rational integration with other approaches strengthened in science and practice, competent use of classical and modern scientific data from the field of speech therapy and related sciences, accounting for variable and combina-

Table 2. Personalized aids of forming coherent utterances in children with SLI and visual impairment

Groups of personalized aids	Characteristics of aids
Lingvodidactic	<p>aids that are designed to teach children who have SLI (means to ensure optimal motivation to express, generate intention, plan, select speech means, implement and control speech). These means are personalized depending on what type of statements is “starting” for each child (simple or complex sentence, fragmentary or holistic dialogue, etc.), what are the personal indicators of language capabilities (in terms of diagnostic parameters) and preferences of the child on the subject of statements («Game», «Animal Care», «Sport», «Television», etc.), what are the personal indicators of each child when performing diagnostic tests (reflected in the appropriate personal m diagnostic profile). On this basis, for each child, separate models of statements are selected, objects that motivate the statement, graphic images and problematic communicative situations, individually take into account the variable set of words denoting objects, signs, actions, phenomena; solved a range of problems of grammatical and phonetic nature.</p>
Optical-spatiale	<p>means that allow optimizing the training of schoolchildren with SLI and visual impairment, taking into account the peculiarities of the optical-spatial capabilities of these children. These tools provide a linear organization of the stimulus material, its location in space, the possibility of correlating eye movements with hand movements (with tactile and visual row tracking), a fixed increased image size, its contour, detail, etc. These aids are personalized, for example, depending on the recommendations of the ophthalmologist. So children with squint (depending on the squinting eye) are invited to have visual rows on the left (or right), for children with one type of squint, verticalization of images is suggested, and another is their horizontal position. Children in the process of occlusion are given the location of the stimulus material from the «better seeing» eye. Children who are in the process of pleoptic and orthoptic treatment (associated with correcting squint and restoring the ability to fusion-merging two images together) can be offered optical-spatial conditions that are close to those that are suitable for children with myopia (for example, the increased size of images and their spatial image). The angle of visual stimulus material for children with squint and amblyopia - 90 degrees, for children with myopia - 40 degrees. When teaching children with myopia, you should monitor the wearing of glasses during class, set a timer that regulates visual loads in time, use “visual pauses” and visual exercises, determine the optimal distance between the eyes of the child and the stimulus material, spatial arrangement of cards relative to each other, etc.</p>

torial components in the structure of a systemic speech and language impairment understanding of the personalized needs and opportunities of children (social, activity, educational, etc.), the relationship in the work ezhdistsiplinarnoy team of specialists, attracting justified technological solutions, etc.

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