

ORGANIZATION OF RESTORATIVE TRAINING IN APHASIA

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The basis of the organization of correctional work in aphasia is the modern understanding of higher mental functions as functional systems, their systemic and dynamic localization, their lifetime formation and mediated structure. Based on these theoretical positions, psychologists, physiologists, neurologists and defectologists have developed a way of restructuring functional systems by the method of restorative learning in this violation.

Theoretical and practical aspects of the problem of aphasia in adults have been studied in the works of a number of authors: T.V. Akhutina, E.S. Bein, T.G. Wiesel, A.R. Luria, V.V. Oppel, V.K. Orfinskaya, L.G. Stolyarova, L.S. Tsvetkova and others [1]. The following principles of restorative learning in aphasia are distinguished: – the principle of defect qualification; – the principle of using preserved analyzer systems as a support during training; – the principle of creating new functional systems based on links that have not previously taken a direct part in the administration of the affected function; – the principle of relying on different levels of organization of mental functions, including speech; – the principle of relying on mental sphere of a person as a whole and individual preserved mental processes.

The purpose of the study is to determine the theoretical and practical aspects of the use of restorative learning in various types of aphasia.

Material and methods. The material of this study was based on theoretical conclusions and approaches to complex medical, psychological and pedagogical rehabilitation of persons with aphasia, including using restorative training (L.O. Badalyan, G.A. Pedachenko, N.K. Korsakova, T.V. Akhutina, M.K. Burlakova, A.Yu. Obukhovskaya, etc.). We've applied theoretical research method known as a comparative scientific analysis.

Findings and their discussion. Depending on the affected area of the cerebral cortex, the following forms of aphasia are distinguished:

- afferent motor aphasia is caused by a lesion of the lower parts;
- efferent motor aphasia occurs when the lower parts of the premotor gyrus of the left hemisphere are affected;
- dynamic aphasia is caused by the defeat of the posterior frontal divisions located in front of the "Broca's zone";
- sensory aphasia occurs when the upper temporal divisions, the "Wernicke zone" are affected;
- acoustic – mnesic aphasia is caused by damage to the middle and posterior parts of the temporal region;
- semantic aphasia occurs when the parietal – occipital regions of the dominant hemisphere are affected [2].

Recovery after aphasia is based on the most important property of the brain, i.e., the ability to compensate for damage. In order to resume the disrupted work, direct or bypass mechanisms of pathology compensation are used. Correctional work with aphasia is almost always carried out by a speech therapist individually, but the attending physician may recommend simultaneous attendance of group classes to patients. The predominance of the individual form of correctional work is due to the fact that the processes of speech restoration in each patient occur at different speeds. Also, a speech therapist, implementing an individual approach of rehabilitation training, can make different work plans for each patient, taking into account the characteristics of a personality, the characteristics of the lesion and the age group.

One of the important aspects of rehabilitation training is the involvement of the patient's relatives in correctional work. Their responsibilities include repeating homework and consolidating achieved goals, as well as providing support in the process of rehabilitation training and raising the patient's self-esteem. The first stage of correctional work is to determine the affected areas of the brain. Thus, when the parietal and temporal zones in the left hemisphere are damaged, the speech therapist is based on the patient's desire to restore speech. With the support and desire of the patient, the correction takes less time, and the recovery is much faster. Then the specialist should establish the stage of restoration of speech functioning. In the presence of extensive lesions, at first will correction be based on the patient being able to speak – that is, disinhibition of speech work is carried out. At this stage, the defectologist helps to restore passive and active vocabulary. He is faced with a complex goal that is the implementation of the process of restoring impaired brain function or assisting in the development of compensation, namely, the transfer of lost functions as a result of damage to other areas of the brain. During classes, the doctor helps the patient to use conversation as the main means of communication again, and subsequently to control speech activity. This is required to teach the patient to correct mistakes on their own, correct vocabulary, build sentences, etc. In addition, the specialist uses exercises in the classroom to restore the semantic load on words, thereby training the patient to include them in sentences and phrases [3].

Recovery can last from six to seven months to two to three years. The time when the condition improves depends on the extent of the lesion, on its localization and on the age of the patient. In children aged five to six years, the correction takes place at a faster rate compared to other patients of other age groups. Correction of aphasia is based on one of the most important properties of the brain – the ability to compensate. Both direct and bypass compensatory mechanisms are used to restore impaired functions. Direct disinhibiting methods of work are mainly used in the individual stage of the disease and are designed to activate reserve intra-functional capabilities. Workarounds imply compensation based on the reconstruction of the most violated function due to cross-functional rearrangements. Thus, the restorative effect is achieved by introducing new, "roundabout" ways of performing certain speech or gnostic-praxic operations.

Special mobile applications can also be considered as means of forming speech communication of persons with special educational needs [4].

Conclusion. The organization of correctional work includes restorative training, for aphasia is carried out according to a special, pre-developed program. The program should include certain tasks and their corresponding methods of work, differentiated

depending on the form of aphasia (apraxia, agnosia), the severity of the defect, the stage of the disease, individual characteristics of speech disorders, but restorative work in it should be carried out on all sides of the impaired function, and not only on those who suffered primarily. Thus, rehabilitation training should primarily be aimed at restoring the communicative abilities of patients. It is necessary to involve the patient in communication not only in the classroom, but also in the family.

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CORRECTION OF SOUND REPRODUCTION VIOLATIONS IN PRESCHOOL CHILDREN BY MEANS OF PHONETIC RHYTHMICS

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One of the most important scientific and pedagogical problems in modern speech therapy remains the choice of an effective model of corrective action in case of sound reproduction violations. T.M. Vlasova, A.N. Pfafenrodt, A.E. Savvina, etc. emphasize that it is not enough to take into account only the mechanisms of articulation (speech production) in speech therapy work, it is necessary to focus attention on the process of speech perception by ear. In this case it's important to consider the system of corrective action which ensures the development of oral speech in the process of speech communication. The authors call the development of those components of speech that make up its communicative function the ultimate goal of this work [1], [2].

Speech therapy work overcomes the shortcomings of sound pronunciation, for it is a complex dynamic process of restructuring pronunciation skills with different patterns and mechanisms compared to the primary formation of pronunciation. N.V. Nischeva points out that sound reproduction disturbance in almost all cases is included in the symptom complex of speech disorder, vividly manifesting itself in the picture of speech dysontogenesis and attracting the attention of others [2]. Phonetic rhythmics is considered to be an effective means of correctional work with preschool children, contributing not only to the activation of sound reproduction, but also