

PECULIARITIES OF ORGANIZING THE EDUCATION OF CHILDREN WITH SPEECH DISORDERS FROM THE PERSPECTIVE OF SPEECH THERAPY ASSESSMENT AND INTERVENTION

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ABSTRACT

Early diagnosis of various speech disorders and the process of timely organization of speech therapy intervention has remained in the limelight. Using the sensitive areas of child development for effective speech therapy intervention period, taking into consideration the fact that each stage of development creates a basis for further development was highly recommended.

It is known that the diagnosis or assessment is based on the examination of the child, detailed anamnestic data collected, which presents the features of the child's early development, starting from prenatal, natal, and postnatal development. In this case, it is very important to pay attention to the existence of harmful effects that occurred during pregnancy, traumas occurred, asphyxia, etc. It is a fact that early diagnosis of various speech disorders in children, as well as the organization of appropriate speech therapy intervention, allows avoiding more complex problems that may arise already at school age.

Based on this the main aim of this paper is to review the existing literature in regards to organization education of children with speech disorders and speech therapy assessment and intervention within this frame and analyze the standpoint of different authors and sources.

Keywords: speech disorders, children with speech disorders, speech therapy assessment, speech therapy intervention, education, early diagnosis,

REVIEW OF THE LITERATURE

In the modern literature, a certain sequence of speech diagnosis or assessment is distinguished as follows: orientation, diagnosis, analytical, output, and final stage is awareness (providing information about the child to the parents) (Harutyunyan & Hovyan, 2018; Hovyan, 2015; Babina, 2014; Paramonova, 2002). During the analysis of the scientific-methodological literature carried out within the framework of this research, it was referred to the peculiarities of each stage: starting from the orientation stage, when anamnestic data are still collected through interviews with parents, the study of pedagogical and medical documents is conducted. Early diagnosis and assessment of various speech disorders allow avoiding more complex problems that may arise already at school age. In other words, it can be confidently said that the main goal of psycho-pedagogical assessment is to contribute to the most effective course of speech therapy intervention, as well as the selection of appropriate methods and techniques (Harutyunyan, Hovyan, Saratikyan, Azaryan, Muradyan, & Tanajyan, 2019; Artyomova, 2014). It provides an opportunity to identify the type, severity, nature of the existing speech disorder. The below-described principles are distinguished in the process of speech therapy assessment while working with children with a speech disorder.

Principle of the child's systematic assessment.

In this case, the cause of the speech disorder can also be investigated. The principle of systemic approach presupposes the examination of the child by different specialists: doctor, psychologist, educator. In other words, the cooperation of these specialists is possible and necessary not only during the intervention but also during the assessment and evaluation process. For example, effective assessment of rhinolalia and further intervention actions may require not only the participation of a speech therapist, but also a psychologist, maxillofacial surgeon, dentist, orthodontist, and otorhinolaryngologist.

Principle of a comprehensive approach.

It involves a comprehensive, thorough examination of the child. In this case, not only the study of verbal and cognitive activities is conducted, but also emotions, behavior, as well as the state of sight, hearing is observed. For example, in the case of differential diagnosis of autism, by studying only

the verbal symptoms (speech perception, early speech development, echolalia, expressive speech, etc.), the speech therapist will not be able to identify what problem he/she is dealing with, so the specialist should pay attention to it. The child's behavior, emotional sphere, psychopathological symptoms, peculiarities of mental development, use of facial expressions, gestures, motor skills should be assessed and evaluated. Taking into account the above-mentioned principle, it is necessary to consider speech as a complete system (vocabulary, grammar, phonetic side).

Principle of dynamic assessment.

This principle involves not only the use of diagnostic methods but also the identification of the child's potential - the nearest developmental zones (Volkova, 2014). Adherence to this principle is especially important in the assessment and evaluation of children with systemic speech disorders because it allows for a differential diagnosis. For example, to distinguish general speech impairment from speech disorders due to mental retardation (difficulties with learning skills and abilities). In addition, the observance of this principle is also important when the assessment is performed with a stuttering child, in this case, it is necessary to distinguish the type of stuttering: neurotic or neurosis alike. Studies have shown that children with neurosis-like stuttering have a slower mental development than those with neurotic stuttering.

The principle of dynamic assessment implies that it is necessary to single out not only the child's problems, difficulties, or weak points but also his/her strengths, based on which effective work can be organized. In the case of stuttering, such qualities can be the child's purposefulness, organization, independence, high efficiency, etc.

Principle of age and individual characteristics accounting.

In this case, both the assessment and the further speech therapy intervention are organized based on the individual and age characteristics of the child. For example, referring to the above-mentioned problem, Gvozdev (2007) linked the importance of speech therapy work with children with speech disorders to the more intense development of the brain during the first years of life.

Many authors emphasize the use of different forms of activity in diagnostic, *интержентивон* with children with speech disorders: object-play,

play, educational, etc. (Babina, 2014; Hovyan, Vardanyan, Amirbekyan, Grigoryan, 2008; Kalyagin, 2004). But more attention needs to be paid to the age-leading activities of the child. It is necessary to organize the speech assessment process based on the following requirements:

- given the age and individual characteristics of the child, it would be more appropriate if the assessment takes only 5-10 minutes.
- to avoid tension, it is necessary to organize the process of speech assessment in the educational process.
- to avoid fatigue, assessment is done giving the child possibility to be in different positions (sitting, standing, around the table, etc.).
- it is necessary to consider the availability of speech material, which should be appropriate for the age characteristics of the child.
- if the child does not follow the instructions immediately, it should be repeated.
- the speech therapist can keep an “Observation Diary”.
- parents can have a “Mother Diary”, where peculiarities of different stages of verbal development will be presented.

Principle of qualitative analysis of the received data.

In this case, the correct diagnosis and assessment of speech disorders are essential because certain conditions or symptoms such as speech disorders can be confusing. In this case, it is necessary to correctly combine the available data to determine the type of speech disorder.

The clarification of the above-mentioned principles that stand out in the process of assessing a child with a speech disorder below, for example, is given from the point of view of the assessment of sound pronunciation disorders.

As it is known, the effectiveness of their educational activities is conditioned by the correct position of the speech therapy works aimed at overcoming the verbal problems of children with speech disorders in the educational institutions of the Republic of Armenia (Grigoryan, 2021; Hovyan, 2019; Hovyan, 2011; Paylozyan & Tadevosyan, 2009; Volkova, Lalaeva & Mastjukova, 2009; Karapetyan 2001), as the speech therapy work carried out in these institutions pursues one important goal - the development of the ability to reproduce the sounds of speech correctly.

Studies conducted in public schools show that many professionals find it expedient to apply the psychological-pedagogical classification of speech disorders in their work, according to which there are developed perspective plans. According to that classification, the following are separated: (a) sound underdevelopment (SU); (b) phonological underdevelopment (PhU); speech general underdevelopment (SGU).

The perspective plans for the correction of speech disorders in elementary school children include in detail the sequence, content, shapes, and accessories of the speech therapy work with children with speech disorders. Plans can be applied to both individual and group exercises. The length of work on each topic depends on the child's knowledge and skills, the next topic is passed only if the previous one is fully mastered. Experience shows that the correction of PhU takes 1 academic year on average (Paylozyan & Tadevosyan, 2007).

Some authors, to organize speech therapy intervention in educational institutions, first of all, use perspective plans for the organization of that work, aimed at developing the abilities of students with speech disorders. According to the plan, children with speech disorders should be able to perceive, differentiate sounds according to acoustic features, master the regulated pronunciation of a given language, as well as perform auditory control over one's pronunciation, and after all evaluate the quality of pronunciation of one's speech sounds (Volkova, 2014; Hovyan, Vardanyan, Amirbekyan, Grigoryan, 2008; Paylozyan & Tadevosyan, 2007).

The issue becomes more complicated when it comes to the organization of speech therapy assessment and intervention in the regions of the Republic of Armenia, to the existence of appropriate programs for the development of children's speech, to the availability of speech therapists, and ensuring the sufficient training of native language teachers.

As the development of speech of children with speech disorders is often complicated by a variety of problems with the external articulative organs, many authors recommend the use of expressive, articulative exercises in speech therapy, which mainly help to strengthen the position of the speech articulation external organs, their participation in the pronunciation of each sound, as well as in the implementation of conscious actions aimed at sound analysis in the development of this or that property of sounds (Harutyunyan

& Hovyan, 2016; Babina, 2014; Volokova, 2014; Hovyan, Vardanyan, Amirbekyan, Grigoryan & 2008; Paylozyan & Tadevosyan, 2007; Paramonova, 2002).

In contrast to this analysis, the World Health Organization International Classification of Functioning and Disability, Children and Youth (2008) present the International Classification of Functioning, Disability, and Health (ICF) as a basis for assessing a person's disability level and needs, and in this case, from the point of view of the assessment of speech disorders, it refers mainly to the assessment of abilities and skills, and the ICF database, with sufficient fields, component, and the corresponding codes give possibilities:

1. to have more accurate, comparable statistics to assess the current level of learning ability of a child with a speech disorder to explore his/her speech development opportunities;
2. to monitor the services provided to a child with a speech disorder;
3. to develop a policy based on data analysis;
4. to make an assessment and identify a need.

At the same time it is essential to mention, that as the first step of implementation in the Republic of Armenia, the ICF is called to serve as a new model for defining disability, which will help to implement legislative reforms enshrining social inclusion policy, as well as to create equal and accessible conditions through the introduction of a social model, taking into account that it should not be based only on the existing status of a person with a disability, as different people with the same diagnosis may have different needs and participation in public life due to individual and environmental factors.

Depending on the person and environment's relationship, speech disorder and communication limitation can affect human activities in different ways. Consequently, as a result of a comprehensive assessment of a person, by his/her abilities and needs, it is necessary to provide appropriate professional services to ensure his/her participation and social inclusion (WHO, 2008).

Based on the reforms, recently, Armenia has changed its positions and approaches to addressing the issues of persons with disabilities. As with the prevailing stereotypes in society, disability is no longer seen as a problem of

the individual or only one department in state policy, it requires a multidisciplinary approach (Harutyunyan, Hovyan, Saratikyan, Azaryan, Muradyan, & Tanajyan, 2019). Within this scope, the most important issue is that the settlement of disability issues is based on the priority of human rights protection and the idea of accepting people as a supreme value (Unicef Armenia, 2012).

According to the Protocol Decision No. 1 of the Government of the Republic of Armenia of January 9, 2014, a new concept, suggested by WHO (2008) for the introduction of a disability definition model is based on the principles of a comprehensive assessment of a person, which is currently used in general education to assess speech disorders also. After this Decision, many structural changes have taken place in the regard to children's evaluation within the context of education and social protection. According to the RA Law on General Education, Article 17.1, point 1 for implementing universal inclusive education policy in RA, Services of pedagogical and psychological support for the organization of education are provided in 3 levels: school level, regional level, and republican level (13.04.2017, N 370-N Order of RA Minister of Education and Science cited from Harutyunyan, Hovyan, Saratikyan, Azaryan, Muradyan, & Tanajyan, 2019, p. 17).

Within the framework of educational reforms, in terms of regional level assessment, certain problems arise in the process of speech therapy (assessment or diagnosis), as such assessment process is currently based on five main dysfunctions: voice and speech, hearing, sight, intellectual (mental), motor (13.04.2017, N 370-N Order of RA Minister of Education and Science, Form 4). Still, functional classification cannot be used as a basis for determining the type, duration, period, and scope of pedagogical and psychological support services provided, as function assessment is itself a medical process that requires narrow professional intervention. Assessment of speech disorders is a key precondition for organizing speech therapy intervention; and consequently, the effectiveness of speech therapy assessment depends on the accurate organization of the whole intervention process.

According to the Order of the Minister of Education and Science of the Republic of Armenia of November 23, 2016, N 1202-A (Annex 1), the criteria of pedagogical-psychological assessment of the need for special

educational conditions of a child are applied to the organization of education of children with special educational needs to determine the increased amount of funding. These criteria have been developed by the requirements of the Law of the Republic of Armenia "On General Education".

Assessment of the need for special educational conditions at different stages of a child's development is a process of collecting a variety of information about the child and coordinating this data. Assessment is carried out in the normal environment of the child to ensure proper planning of the child's curriculum and implementation of necessary professional services. Speech therapy assessment is also done similarly (Harutyunyan, Hovyan & Harutyunyan, 2018).

FOLLOW-UP AND CONCLUSION

Existing scientific studies aimed at organizing speech assessment according to the peculiarities of functional assessment are not completely sufficient for the diagnosis of speech disorders in Armenian-speaking children, and then for the organization of speech therapy intervention organized based on that diagnosis (assessment), still need multilevel and large-scale studies.

The above-mentioned review is relevant in the sense that for the first time in Armenia the model used in the speech assessment process in regional pedagogical-psychological centers is scientifically substantiated.

The new model of speech therapy assessment (based on WHO ICF CY, 2008) will enable the diagnosis of speech disorders from the point of view of functional assessment, and the implementation of the process of overcoming the speech difficulties of children with speech disorders in educational institutions, supporting opportunities to raise new research issues.

To solve the problem, it is necessary to first analyze the current system of education for children with special educational needs, to determine the increased amount of funding, and apply the criteria of pedagogical-psychological assessment of the child with special educational needs by clarifying the characteristics, qualifications of the above-mentioned problems, proposing a new model of speech therapy assessment. To provide speech therapy support at the proper level, professionals in the field must be able to assess the child's speech problems first. This process needs to be

organized according to the general criteria for the classification of speech disorders accepted in modern speech therapy. At the regional level, pedagogical-psychological support centers the above-mentioned patterns are not considered, which justifies the need for further research and situation analysis.

Of course, the Order N 370-N of the RA Minister of Education and Science of April 13, 2017, on approving the procedure for providing pedagogical-psychological support services for the organization of education refers to the provision that regional support centers should support the child and organize professional intervention at school at least once a week (13.04.2017, N 370-N Order of RA Minister of Education and Science, Part III, point 16). But this point of the above order is more than tricky, especially because there are schools that do not have a support team, or there is a teacher assistant in the school who is, for example, an English or biology teacher. In this regard, specialized support for children with special educational needs become not possible. This indicates that children who need professional, in this case, speech therapy support does not receive adequate quality and quantity of appropriate services, which in itself contradicts the ideology of full inclusion (Harutyunyan, Hovyan, Saratikyan, Azaryan, Muradyan, & Tanajyan, 2019).

Protocol Decision No. 6 of the Government of the Republic of Armenia (18.02.2016) on approving the action plan for the implementation of the full inclusive education system defined the transition to full inclusive education starting from 2016 in 3 regions in Armenia: Syunik, Lori, and Tavush. Then, already in 2017, the order N 370-N of the RA Minister of Education and Science of April 13 defined the type, period, line, and volume of support services envisaged by the individual education plan. Here the degree of need for special conditions of education is defined as mild, moderate, severe, and profound.

The order clearly states that in case of a mild degree, control is established, in case of moderate degree - frequent support is needed, in case of severe problems - support of high frequency is needed, and in case of profound degree - permanent support should be provided (13.04.2017, N 370-N Order of RA Minister of Education and Science, Annex 1). Inappropriately, the same order does not specify the grounds on which, for example, in the

case of a mild degree, a total of 90 minutes of weekly support is provided (including special pedagogical (45 minutes), psychological (20 minutes), and socialization services (25 minutes); in case of moderate cases frequent support provides 180 minutes per week (including special pedagogical (90 minutes), psychological (40 minutes) and socialization services (50 minutes); in case of high-frequency support - 250 minutes (including special pedagogical (100 minutes), psychological (60 minutes) - socialization services (90 minutes), and at last, for permanent support - 390 minutes (including special pedagogical (130 minutes), psychological (60 minutes) and socialization services (200 minutes). If someone tries, for example, to divide the service period for a child who needs frequent support into days of the week, it will be 25.7 minutes per day, and in the case of a child who needs high-frequency support, it will be calculated as 35.7 minutes per day. Several questions arise here. First, is support provided to these children on time, and second, is it sufficient, even if it is provided? The expert opinion is negative. Especially because the families living in the rural, why not in the urban areas of the region have serious socio-economic problems, in most cases, the school becomes the only institution providing support services to the child with special educational needs (Harutyunyan, Hovyan, Saratikyan, Azaryan, Muradyan, & Tanajyan, 2019).

The above mentioned becomes a subject of serious consideration for both state and non-state institutions of the Republic of Armenia, which operate within the framework of inclusive education, social and educational issues of children with special educational needs, and/or children with disabilities. As the process of transition to full inclusion has changed, the process of determining the type, period, duration, and scope of pedagogical and psychological support services, questions related to a child's speech problems, and the type and degree of speech disorder should be assessed by a speech therapist.

The support group includes the institution's teacher assistant (s), special pedagogue (s), psychologist, social pedagogue, and nurse (13.04.2017, N 370-N Order of RA Minister of Education and Science). If the mentioned specialists are not present in the institution, they are invited from the regional center to serve the given institution. The support team at the school level, in close cooperation with the teachers and the student's parents,

organizes the need assessment of children with special educational needs at the school level and the effective organization of education.

After summarizing the results of the school level assessment of the child's needs within a maximum of 15 days, the support group, with the participation of the parent, develops a learner's Individual Learning Plan. The type, duration, line, and scope of support services included in the Individual Learning Plans are determined based on the information gathered during the child's school or regional level assessment. The schedule of support services provided to the learner is approved by the director of the school, and the copy is provided to the learner's parent.

Usually, support services are provided to the learner after classes, according to a set amount, but not more than 1.5 hours per day. The support group conducts observations during lessons (at least 3 lessons per day), adjusts educational materials, develops suggestions for the next day's lesson plans related to the pedagogical methods and tasks implemented other works provided by the support services of learner (Harutyunyan & Hovyan, 2018).

After conducting the regional level assessment within at least 5 days, specialists of the regional center responsible for the assessment, conclude and submits it to the regional center director for approval. Still, based on the existing situation, it becomes clear that the modern educational system must become flexible and innovative in nature to solve the problems it faces. The innovation system must provide functions in accordance disclosure of changes and urgent needs in the pedagogical system; design of innovative activity system; as well as the practical implementation of innovations.

Perception of developmental tendencies is a feature of an educational institution, which shows his ability to identify the objective possibilities of educational activity, to evaluate them adequately. Modern society is facing several global issues, and the world community is looking for solutions (in particular, the UN Children's Fund - UNICEF, EU).

Based on the analyses presented above, it is ordinary that the principles and concepts of these programs must be reflected in the content of pedagogical education in the form of a content supplement for individual subjects or separate courses. But there is a danger of a constant increase in the volume of programs, therefore, is more preferable the approach to integrate the ideas in the existing courses. Current educational standards of

pedagogical education do not fully reflect the standards of education and the principle of continuity in the dynamics of the pedagogical education system development. Therefore, they do not always correspond to the substantive reforms in the field of general education, to the requirements of the teaching profession. At the same time, there are no effective levers to bring the pedagogical professional programs in line with the educational outcomes, which significantly complicates the control of educational outcomes and objective assessment of the quality of the specialists.

In this regard, it is important to emphasize the involvement of the scientific potential leading experts of the Faculty of Special and Inclusive Education, in this ongoing process of these educational reforms, as only scientific-based research can be the basis for legislative changes that will solve problems in the field.

Emphasizing the rights of children with special educational needs on the way to spreading the ideology of full inclusion and moving to this curriculum are ignored quite serious problems, such as speech and language pathology research, peculiarities of its prevention, organization of speech therapy intervention according to the functional assessment. The organization of speech therapy intervention based on that diagnosis (assessment) and needs still, requires multilevel and large-scale studies.

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