

Speech Disorders: Case Study

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Abstract: The purpose of this study is to analyse the progress throughout a year of therapy of an eight-year old girl suffering from several speech disorders or speech associated disorders such as dyslalia, stuttering, dyslexia and dysgraphia. As it often happens for teachers to have children with special needs in their classes, the present study can offer those who lack qualifications or experience a few guidelines to follow in order to help them integrate these children into their learning process. Aspects like speech, memory, attention, thinking and affectivity were taken into consideration, but the priority was the achievement of a psychical balance so as to increase the subject's trust in her own abilities.

Keywords: case study, speech disorders, dyslalia, dyslexia, dysgraphia, dumbness.

I. INTRODUCTION

There was a very special child, Petronela, in one of the classes where I was teaching a while ago. She was a pretty girl, but unfortunately she had a mental handicap. She had difficulties in learning and her development was completely different from the other children's development. It was often difficult for someone to cope with her behaviour disorder. Although she was enthusiastic when school started, she ended up by not trusting her own skills anymore because of her frequent failure. She then started to be afraid of failing and her entire behaviour started to be characterized by total refusal, which was essential while making a decision to pay increased attention to Petronela in terms of a specialized intervention.

II. BODY OF ARTICLE

Subject of the study:

G. Petronela, born on 20 February 2006, in Trusesti town, Botosani county. She started speech therapy when she was 8 years old in the first grade at school.

History:

She was born in the scheduled period. During the pregnancy, her mother (diagnosed as oligophrenic) had different conflicts and went through several pressure moments. The child had birth defects in the oral cavity, which led to her speech difficulty. She started living in a foster care home on the date 10.03.2006. She uttered the first words when she was 9 months old, then her language evolution was slow. She uttered the first meaningful words when she was about 2 years old. After this age, her speech stagnated for a long period and strong stuttering occurred. The words she learnt afterwards were distorted and had to do with immediate necessities.

She was enrolled in 2012 in school where her impossibility to adjust to school was soon noticed as it was determined by biological, psychological and social factors: sensorial and motor deficiencies, anxiety and shyness. She was really interested in the first school days but, because of her psychical instability and of the other sensorial disorders, she was not able to cope with the school requirements even from the beginning (she could not write in the adequate paragraph or on the same line, she could not write the graphic signs correctly, she could not memorize them). Her failure led to her lack of

trust in her own skills whenever she was afraid of making mistakes, then she refused to write, to read and to speak; afterwards an elective dumbness settled in.

Social investigation:

Petronela is the second child of the family. She has a sister born on 26 December 1994. When she was born, her mother was 33 years old. Her mother left school at the age of 11 and she has no occupation at the moment. They live together in a house that belongs to a retired person who is 80 years old (they are not related). According to the medical certificate issued by the general practitioner, the mother is oligophrenic. According to the medical certificates issued by the same general practitioner, the other daughter does not have the same diagnosis as her mother. The living conditions are not adequate since there is only one living-room with an area of about 9 square metres and another room with clay floor and dankness, without any lights. They do not own any assets or lands. The psychological conditions are also inadequate because of the mother who is oligophrenic and because of the 80-year-old retired person who suffers from different diseases specific to her age.

1. Psychological assessment (psychical diagnosis):

Intellectual development – average mental deficiency (IQ - 48); lack of attention, weak ability to focus, frequent intellectual fatigue, weak memory, slow thinking, poor weak speech.

Psychomotor development – space representation and weak relationships, slow response and slow movements.

Affective – psychomotor development – lack of motivating effort, instability and affective frailty, emotiveness, irascibility lack of balance and self-isolation.

Skills, special interests, difficulties and/or specific behaviour traits and personality:

She is interested in what she wants to do (practical activities), speech difficulties (dyslalia, dumbness). She also has social behaviour disorders, namely she is against everything and she refuses to communicate. Although she is aware of the required adequate behaviour, she succeeds in responding adequately only when she is not in an unusual surrounding that could cause her a negative affective mood. She behaves very strangely in such situations, she is fussy and she speaks incoherently, with numerous onomatopoeia and improper gestures that have nothing to do with the topic.

Social and affective behaviour – she wants to take part in group activities but she does not adapt to the speech requirements. Her slow speech caused her increased inhibition, isolated character and irascibility.

2. Physical development – the child has a normal body development from a somatic point of view.

Speech conclusions:

Speech retard and slight dyslalia occur because of the temporal organization disorders and they sometimes prevent her from following the correct order of the words in a sentence. The stuttering occurs partly because of the affective unbalance which even leads to modifications in her speech. This stuttering occurred as a consequence of the affective conflicts determined by frequent failure. The low marks and other traumatizing events at school worsened her stuttering and then, the dumbness settled in some periods. The dyslalia, the stuttering and the dumbness occurred due to her neurosis: lack of sleep, quick intellectual fatigue, excessive emotional sensitiveness and the fear from failure. All that led to the modification of her relationship with the school and with the society. She has no fluent speech because she has difficulty in making the verbal movements and because she has serious issues about the phonematic analysis and syntax. Her phoneme hearing is badly injured. Therefore, she does not notice the speech signs and she does not make any difference among them. Her attention and her memory for the oral speech are very slow whereas the phonetic images are labile and diffuse. She has speech disturbance because of a mental deficiency (retard in the psychological development), which led to the recommendation and to enrolment within a special needs school. She has certain aphasic difficulties, namely she cannot understand well, she cannot learn the speech and she cannot repeat it. Generally, she understands the meaningful words of the daily life as well as some simple sentences. It is obvious that she does not understand complicated words from a structural and semantic point of view.

Speech diagnosis:

Dyslalia, stuttering, dumbness, dyslexia, dysgraphia.

Prognosis:

Slow evolution, with limited recovery possibilities because of her psychological problems.

The evolution during the speech therapy:

The complexity of her disorder imposed the initiation of a complex therapy aimed at improving different aspects: speech, memory, attention, thinking and affectivity. The achievement of a psychological balance was considered a priority and it was made by removing the traumatizing factors and by increasing the trust in the own skills. The purpose was to modify the affective and mental attitudes towards the school activity as well as to the relationship with the school teachers and with the classmates. All these were done in order to remove the impossibility to adapt so as to create the necessary surrounding for good results. Three fundamental affections were taken into consideration and therefore, the methods were outlined and gradually applied according to the immediate necessities.

The first stage aimed at the following aspects:

- To develop her phonetic hearing in order to notice the sounds and to make the difference among them;
- To educate her auditory attention and memory that could enable her to do the speech exercises actively and consciously, that could help her speak fluently and imitate the verbal speech;
- To arouse her interest and to create a positive affective tonus.

The child is addressed with affection, she receives the necessary support on time, she does not hear any negative commentaries about her, she does not notice any sternness, and thus she manages to increase her trust in her own skills. She was assigned different tasks during this stage in order to be taken out of isolation, in order to feel useful and in order to develop her sense of responsibility. As she likes to be tidy and disciplined, she was appointed responsible to order, to divide and to gather notebooks, to clean the blackboard, to arrange the posters etc.

The requirements were more and more difficult while the possibility to meet them was increased in order to avoid failure. The child started answering the questions gradually whereas her shy whispering voice became stronger and more self-confident. The first answers included one syllable or did not exist in the beginning of the therapy but later on, they became more complex. The mistakes she made in this period were considered with apparent indifference and there were no commentaries about them in order not to suppress her first attempts to answer. Her fuss decreased in intensity whereas her behaviour deviations were more temperate and less frequent.

There were attempts at dealing with her dyslexia and dysgraphia. The child had great difficulty in writing in the adequate paragraph and on the same line; she could not draw the shapes of all the letters, she tried to write them in a small size or in a big size, she could not write neatly, she erased or she doubled the letters whereas her hand was shaking. She did a lot of writing exercises and her hand was really helped in order to write correctly. In the beginning she refused to write by herself and she needed someone to move her hand on the copybook; nevertheless, after a while, she gradually had the tendency to release her hand and to write by herself.

She did physical exercises for the phonation-articulation apparatus, exercises for the hands and for the entire body associated to the speech, as well as breathing exercises. These exercises aimed at improving the speech spasms, educating the breath and the balance between inhaling and exhaling in order to achieve a correct pronunciation.

The phonetic, analytic and synthetic method was used for this child in order to correct her reading and her writing. The kinaesthetic and optical analysis was used a lot in order to develop her phonematic hearing. Also for this purpose, certain illustrations were used because their names included identical sounds in different positions. There were also exercises that aimed at making the difference among the almost similar sounds in pronunciation: p/b, f/v, c/g, by using the opposition exercise; these words sound alike, but have different meanings (fata/vata, sare/zare, varza/vaza etc.). The child was shown either the objects or their images that enabled her to focus better and helped her learn the semantic role of the speech sounds.

The visual analyzer was used in written in order to make the analysis and to help her read each syllable on the lips. In order to avoid the mistakes made while writing longer words, the latter were previously analyzed and split into syllables

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which were counted; their order was established before and after they were written. First of all, these words were read separately and then they were read on the whole.

While the letters were being learnt, the syllables and the words were made up: first the words had one syllable, two syllables, three syllables and even four syllables; their difficulty was gradually increased the words were made up by the letters of the cut-out alphabet. According to the phonetic analysis of the words, they were made up of coloured syllables that were read and then written on the notebook and read again, which helped the analysis and the synthesis. The words that had been written on the notebook and on the blackboard were first read as a model, then associated and finally individually; the pronunciation was corrected at all times.

In order to shape the attention and the auditory memory, in order to adapt to the speech activity, first there was a series of non verbal methods, coloured objects with different shapes were matched, colouring drawings, drawings on squares, imitation of gestures, attention exercises etc. As the possibility to listen and to understand speech increased, more complicated activities were initiated: by developing the ability to listen to stories by watching illustrations, by taking part in games according to some rules, by directing her attention and hearing towards those objects in different ways (How does it do? Who does it?), how by showing and naming objects at the same time. All these exercises were aimed at learning how to listen, to understand and to take part in different activities.

III. CONCLUSIONS

Due to the complexity of Petronela's disorder the therapy had multiple aspects to consider. The main purpose was to achieve psychical balance leading to raising self-esteem by improving her speech, memory, attention, thinking and affectivity. Another aim of the study was attaining a change in the attitude towards school activity therefore throughout the whole study the child is affectionately talked to and negative feedback is avoided. In order to socially integrate her, the tasks she was assigned to were not only meant to ameliorate her speech disorder, but also to make her feel useful and responsible. The tasks difficulty was gradually increased so as to avoid failure.

The efforts that were made in dealing with dysgraphia and dyslexia led to a certain degree of success as the child became more independent in her attempts. Moreover, physical exercises for the phonation-articulation apparatus reduced the speech spasms thus gaining improvements in her pronunciation. In order to improve her reading and writing the techniques that were used aimed at developing her phonematic hearing. Shaping the child's attention and auditory memory was part of a process that involved non-verbal methods, matching coloured objects with different shapes, colouring, the imitation of gestures, attention exercises etc.

After a year of speech therapy, the girl succeeded in reading and writing quite well. Her speech improved, she became more relaxed and her affective reactions were better. But the evolution of the therapy was made little by little because the good results periods alternated with complete failure periods. The dyslexia and the dysgraphia were improved but could not be completely removed. Once a better affective balance was obtained and the speech rhythm was better, the stuttering was improved considerably. The slow evolution and the leaping one as well as the other issues impose that the speech therapy be continued.

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