THE EDUCABILITY OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN) – BEHAVIOUR INTERVENTION PLAN FOR DYSLALIA

Letiţia-Nadia Dogaru[1]

[1]"Aurora" School Centre For Inclusive Education, Resita, Romania

Corresponding author: Letiţia-Nadia Dogaru, letitiadogaru@yahoo.com

ABSTRACT: Human beings are dependent on the activity carried out with the others. The special educational needs – SEN – represent the requirements of certain categories of people from an educational point of view, as a result of intellectual, sensory, psychomotor, physiological dysfunctions or deficiencies or which appeared as a consequence of some psycho-affective, socio-economic background or otherwise.

This paper aims to demonstrate that every child, even the one with an intellect deficiency, is trainable with patience and by using specific methods, that this is a challenge from a psycho-pedagogical view and that nothing can eventually prevent the his progress when assessed from his own performance perspective. The results obtained refer to progress as far as the development of the phonetic-articulator apparatus is concerned, in terms of being able to issue clearly and accurately affected sounds, to pronounce correctly words containing the affected sounds, to form sentences containing those sounds, to read, to tell stories, to carry free discussions on any topic which would, why not, ultimately increase his self-esteem and become aware of his own abilities and skills.

KEYWORDS: educability, specific education needs, learning difficulties, dyslalia.

1. INTRODUCTION

Many people are reticent when talking about people with disabilities, because of misconceptions. Still it must be understood that they are people just like the others, being the unique product of their heredity and of the environment.

These special educational needs ask for an educational approach starting from the state of deficient student's capacity or who needs to understand and improve the content of learning, and not from the teacher or educator's perspective, who performs educational activities in front of a homogeneous or pseudo-homogeneous class. Every child has the constant need to communicate and cooperate.

Special educational needs represent those requirements or special needs in education which are additional and complementary to the overall educational goals for the child (Verza, 1999.) Without a proper approach of these special needs one cannot speak about equal opportunities, participation and social and school integration.

Every child has particular features when taken individually or interacting with the environment, features which require a personalized assessment and a customized approach. These children with deficiencies have special needs and requirements in their development as persons. Children, even if they share the same type of deficiency, are different in terms of behaviour, motivation, skills and abilities (Ionescu, 1998).

Educability or inclusive school utterly implies the overall development of the school and of the society, in order to receive and properly respond to the involvement of disabled people in custom schools and in social environments, as components of the natural human diversity, with its specific differences (Radu, 2002).

It appears that many students have academic failures due to limitation in processing certain types of information, which determines various difficulties: lack of organization, difficult socialization, accident-prone, difficulty to adapt to changes, hyperactivity or lethargy and lack of attention.

Although they have skills for certain areas, these students perform inconsistently and are often not included in custom classes. The phrase *Learning Disabilities* refers to a very heterogeneous group of students.

Recent studies show that they can be divided into three categories, depending on the difficulties of visual-spatial perception, language and attention (Treaty of school pedagogy, 1996). Verza listed some characteristics of students with SEN (Verza, 2002):

- they often lack maturity and develop a narcissistic and egocentric behaviour;
- they are often scared of school, but peers can help them overcome this fear;
- they have the ability to understand, but lack the ability to show what they know;

- they are sometimes overwhelmed by the tasks they have to perform.
- they may know how to solve a problem, but they cannot actually solve it.

These issues can be successfully dealt with when detected at an early stage

There are two main criteria for detecting learning difficulties (Radu, 2002). The first is the exclusion criterion.

With its help, one can determine if a student has a specific learning difficulty or if the difficulties are associated with other dysfunctions. Learning difficulties don't always have clearly defined causes.

A common feature of students with learning difficulties is the gap that exists between the skills and their achievements. For example, a student may have superior skills in spoken language, but present serious deficiencies in written language.

This gap is the second traditional criterion for tracing down learning difficulties. The gap is generally taken into consideration in order to establish the student's profile, when analyzing the most important differences between students who have learning difficulties and those who have other problems (Verza, 1988). For example, students with mental disabilities generally have low skills in all areas; instead, those with learning difficulties are challenged only in certain areas (Verza, 1973).

If a student meets these two general criteria, the teacher has the responsibility to study deeper learning difficulties and to determine changes in the student's program, for it to meet its requirements (Musu, 2000.)

A brief reflection on a parabola is demanded, which dates back from the thirteenth century: *I was walking. I saw a leaf at my feet. It was half dry, but spreading a very pleasant smell. I picked it up and smelled it with great pleasure …"You, that spreads such a pleasant smell" I asked, "are you a rose?" "No", it replied, "I'm not a rose, but some time ago I used to live near a rose. There's where the smell I spread comes from"* (Barrau, in Radu, 2002).

These beautiful words reveal that any genuine educational approach occurs as a result of a unique meeting between the teacher and the learner. To evolve, the child needs a model, a point of reference to guide him on the right path in life. It is known that a person can be appreciated not only for his/ her actual deeds, but also for what he/ she could have done should he/ she have met and be influenced by other people in certain periods of his/ her life…

By dyslalia or language disorder one could understand all deviations from normal standardized language, from standardized verbal events, universally accepted in the common language, both in terms of reproduction, and in terms of perception, starting from the disorder of the components of the word and to the total impossibility of oral or written communication (Gutu, 1975).

Language disorders differ from the peculiarities of individual speech; the latter represent variations of language in the normal range. Language handicaps occur as a result of complex processes in the intrauterine period of the development of the foetus, during childbirth or after birth.

Causes of language disorders can appear during pregnancy (e.g. different poisoning and infections, toxic pregnancy, with vomiting and frequent fainting, infectious diseases of the pregnant woman etc), during childbirth (heavy and prolonged deliveries, leading to injuries of the central nervous system, suffocations, which can cause bleeding in the brain crust, prolonged bleeding during pregnancy etc.), causes occurring after birth (postnatal) (organic, functional, psycho-neurological, psychosocial, other causes).

A classification of language disorders is presented by E. Verza (1982), who takes into account several criteria simultaneously: anatomical and physiological, linguistic, etiological, symptomatically and psychological: the pronunciation disorders (dyslalia , rhinolalia, dysarthria), disturbances of rhythm and fluency of speech (stuttering, logoneurosis, tachylalia, bradylalia, aphthongia, chorea disorders), voice disorders (aphonia , dysphonia, phonasthenia), read and written language disorders (total disorders - agraphia and alexia and partial disorders – dysgraphia and dyslexia) polymorphous language disorder (aphasia, alalia), language development disorders (psychogenic mutism and retardation or delay in the general development of speech) and language disorders based on mental dysfunctions (dyslogy, echolalia, bradyphasia).

Any deviation from the default pronunciation is situated in the pronunciation disorders area, of which dyslalia (commonly known as "pelticia") is the most common and represents 90% of total language disorders (Pânișoară, 2007).

The therapeutic operational objectives for language disorders are the following: unlocking of phonetic-articulator apparatus; development of the phonetic-articulator organs for pronunciation; child's preparing for receiving speech by focusing on the speaker and training his auditory attention; learning language components: phonetics, vocabulary, grammar structure; development of motor coordination; learning how to coordinate oneself in space and the body scheme.

At the same time the acquisition, organization and language development involve a series of steps:

- the phonemic stage consists of strengthening the already existing sounds, imitation of new sounds, emission of onomatopoeia;
- the naming stage, in the case of motor alalia, implies the pronunciation of words made up of double syllables: *mama, baba, papa*, words with double syllables where the consonant is repeated with different vowels: *mami, pipa, pupa*, words with one syllable starting with a vowel and ending with a consonant: *am, an, ac* etc. In the case of sensory alalia, the therapy begins with the words designating concrete objects, around the subject, forming part of his life: body parts (head, eyes, nose, and mouth), family (mother, father), toys (cube, ball) foods they eat, poultry (chicken, duck), animals (cow, horse, cat), furniture (table, chair, closet). The name is taught using toys, pictures etc.
- he synthesis stage consists of structuring the speech into sentences (after the child has learned about 30 words);
- sentence extension stage involves learning the sentence structure: the subject – predicate - object.
- the extended expressive language stage refers to learning prepositions, personal pronouns, nouns, verbs, with the dialogue stage, storytelling after pictures, filmstrips and free conversation as other key phases in the treatment of the children suffering from alalia

Specialized literature provides general and special recovery techniques namely (Golu, Verza & Zlate, 1992):

- Exercises for understanding speech meaning (pointing to the parts of the body, pointing to certain objects, performing simple tasks etc);
- Identification of sound stimuli (recognizing after hearing – without facing it – the source of the sound, the voice of someone familiar, the direction where the sound comes from);
- Phonetic structures – exercises with vowels (height, intensity, duration), exercises to differentiate between the voiced and the voiceless vowels, exercises to differentiate between the confusing sounds: c-t, p-f, s-t etc. These exercises may be accompanied by clapping or music and they adapt to the children's needs;
- Non-inhibition and motor training consist in mobility exercises of the mouth, tongue and face, exercises to practice the simple useful gestures, gymnastic exercises of the limbs and the trunk. (Cerghit, 2002)

2. OBJECTIVE AND HYPOTHESES

2.1. The objective of the personalized intervention plan

General and specific therapies represent the hypothesis of this study and determine the general objectives – reference, cognitive and attitudinal objectives.

The general objective refers to the development of the child's capacity to pronounce clearly, through correct articulation of the phonemes, syllables, words, simple statements while paying attention to the accent and intonation.

Reference objectives for breathing could be: increase of lung capacity; training of breathing and of the exhale and inhale rhythm; and a compliance with the phases and the normal respiratory rate.

Objectives regarding the overall motor capacity of the phonetic-articulator apparatus:

- Improvement of the overall motor capacity disorders of speech organs;
- Creating opportunities for proper articulation of sounds; jaw movement are needed, using of the palate bone for processing nasal sounds. Development of phonemic hearing, training of attention, auditory and visual memory;
- Correct perception of sounds, as well as their identification in different verbal structures and their storage.

Correct articulation of sounds:

- Understanding the articulation of sounds as well as the means of its production;
- Visual and auditory recognition of sound in words;
- Reproduction and production of words with the sound pronounced correctly.

The cognitive objectives of this study refer to:

- Knowledge of the optical, acoustic and movement particularities of the phenomena and their differentiation;
- Knowledge of the semantic role of the sound in the communication process;
- Knowledge of the techniques used for a correct utterance in terms of phonetic, lexical and grammatical aspect.

Attitudinal objectives refer to:

- Forming a correct attitude towards their own language development and to verbal communication in general;
- Reasoned involvement in the correction process;

- Obeying correct pronunciation rules in all shapes and communication situations.

All these objectives, as mentioned above frame, reference, cognitive and operational, provide a personalized intervention plan, explicitly for speech disorders therapy (dyslalia)

2.2. Personalized intervention plan

The child involved in this study is named: SM and he was born on 23. 12. 2008. he attends the R. School, being registered in the 2nd grade. His teacher of Special Psychology is DLN and his teacher CN.

Problems the child / student is facing (resulted after a complex assessment):

- instrumental disorders; learning disorders; speech disorder
- development of skills to express himself/ herself grammatically correct as well as vocabulary development;
- development of reading and writing skills;
- development of numeracy skills between 0 and 100, with or without concrete support.
- development of general psycho-motricity;
- correction of speech disorders.

The fields/areas of intervention were: cognitive, psycho-motric, language.

2.3. Hypotheses

As hypotheses, the development and further operationalizing of a personalized intervention plan in the case of a child with speech disorders can cause the correction to a greater or lesser degree of the speech disorder is demanded.

The assumptions that determine the intervention plan are therapies with a general and specific nature, both leading to improved speech and recovery of the concerned student. The two types of therapies are detailed as follows:

General Therapy refers to the following:

- development of mobility - general gymnastics;
- involvement of all body parts; phonetic-articulator mobility development - articulator gymnastics;
- training and development of a correct breathing, of a balance between inspiration and expiration - respiratory gymnastics;
- development of the phonemic hearing; and the development of abilities of correct pronunciation of sounds and words.

Specific recovery therapy refers to:

- sound emission strengthening and differentiating of the correct sound;
- the introduction of the sound in syllables; the differentiation of the sound in syllables;
- the introduction of the sound in words;
- the development of the ability to produce correct sentences that contain words with the corrected sound;
- automation of the sound, correct pronunciation and the introducing the correct sound in everyday speech.

3. METHOD

A range of methods, means and tools that will provide the plan of intervention with the desired results have been used and studied during a period of a number or years.

In terms of methods and means of achieving the following were applied: conversation, explanation, demonstration, exercise, and as a means of intervention worksheets, chips, syllables game, words game, mirror, books, various objects.

All of these were evaluated throughout the intervention by means of: practical tests, worksheets, chips, game with rules, syllables game, observation and answer assessment.

The exercises were applied to other children with the same type of problem, usually over a given period of time (several months) and were later repeated until the correction of the affected sound (sounds) was obtained.

3.1. Instruments

The instruments, stimuli and materials used for the recovery of children were numerous and different, according to each child personality, still a few are presented:

- Gymnastic exercises;
- Motion games accompanied by speech (imitating the actions of washing, playing the piano, rhythmic walking);
- The swelling and the simultaneous withdrawal of cheeks;
- The alternative swelling of cheeks;
- Passing the air from side to side, suction of the cheeks, mimicking laughter, mimicking forehead wrinkling and un-wrinkling;
- The opening and closing of the mouth freely and with strength.
- Pushing forward and then pulling the lower jaw from right to left, lowering and raising of the jaw, imitating the animal ruminant, biting;
- Sticking out of the tongue followed by the withdrawal of the tongue, shovel-shaped tongue, arrow-shaped tongue, moving the tongue over the teeth and upper and lower lip;
- Whistling, blowing;

- Contraction of the lips and blowing the air powerfully;
- Swelling of the lips and retention of air in the mouth, mimicking the snoring of a horse;
- Mimicking yawing with the withdrawal of the tongue and the lower jaw;
- Imitation of cough, snoring, horses' trot, swallowing;
- Non-verbal respiratory gymnastic exercises;
- Blowing the lit candle, blowing in a handkerchief, with a straw in water, blowing the trumpet, blowing the ratchet, blowing on the back of the hand, inflation of a balloon, fogging the mirror, smelling of a perfume bottle;
- Alternately inhaling and exhaling through the mouth;
- Blowing of pieces of paper;
- Verbal respiratory gymnastic exercises;
- Slow, rhythmical and prolonged pronunciation of vowels, rhythmic pronunciation of consonants, pronunciation of groups of vowels in a single exhalation, pronunciation of groups of sounds (vocal and consonant in a single breath);
- Exercises of recognition and imitation of the sounds found in the environment (onomatopoeia), pronunciation in a hushed then loud voice;
- Exercises of recognition and pronunciation of a series of opposed syllables taken from paronyms or of simple opposed syllables;
- Exercises to distinguish the sounds produced by different objects;
- Exercises of transformation of words by replacing the sounds or syllables;
- Exercises of phonetic analysis indicating the first or the last word;
- Word completion with the first syllable pronounced by the speech therapist;
- Emphasis of an omitted sound;
- Rhythmic pronunciation of riddles and poems;
- Exercises before issuing sounds - hissing of the serpent and of the drake, silence request, flying insects, the movement of leaves, the sound of the wind, the sound of cutting with the scissors, the sound of mice;
- Exercises for auditory and visual recognition of the sounds;
- Demonstration exercises of correct pronunciation of the sound in front of a mirror;
- Exercises of pronunciation of a sound by imitation and then independently;
- Exercises of pronunciation of a sound by increasing the pitch of the voice;
- Self-correcting exercises by reference to the provided acoustic model.

The correspondence between letter and sound was carefully verified during the application of these exercises (Cerghit, 2006).

3.2. Procedure

The actual procedure for the correction of dyslalia is made for each particular sound, by means of specific exercises, as for example: For the R sound:

- Lips slightly open;
- The tongue takes the form of a teaspoon, its tip being raised to the upper incisors and the edges rest on the upper molars;
- The tongue vibrates when expelling warm air jet;
- The vocal cords vibrate;
- One can start from the sound "Z" and during pronunciation short pulses will be given under the chin;
- One can get the "R" also by quick pronunciation of "td" then proceeds to "tr". Then certain direct and indirect syllables are pronounced, and syllables containing voiced and unvoiced consonants are formed and pronounced.
- Syllables are associated forming mono, bi, poly syllabic words in which the sound is situated in different positions (initial, middle, final): Rama-ocRotit –jaR;
- The pronunciation of words where the sound is preceded or followed by a consonant;
- The determination of the place of a sound within a syllable or a word;
- Examples of words that contain the impostor sound;

New words are formed by omitting, adding or replacing the sound learned, exercises are realized using the list of paronyms.

Simple sentences are being created, which contain words with the corrected sound in different positions: *„S-a trudit sărăcuţa de ea, s-a învăţat singură să citească şi să scrie, ca să ne poată învăţa şi pe noi puţină carte.*Stories were also used, retold following pictures, paintings, texts read, dictations, copying, memorizing of verses and riddles; content-rich stories; self assessment on the story; free discussion or dialogue on various topics.

4. RESULTS

The results that were visible, achieved in time were the following:

- the child properly performs the exercises specific for the development of mobility;

- he/she performs appropriately specific exercises to develop phonetic-articulator apparatus;
- he/she performs appropriately the specific exercises for the respiratory gymnastics;
- he/she identifies the audible signals and reproduces various sounds without help;
- he/she performs correctly the proposed exercises;
- he/ she issues clearly and accurately the affected sounds;
- correctly pronounces the sounds and words that contain the affected sound;
- he/she makes up simple sentences with words that contain the affected sound;
- he/she reads stories, narrates after the pictures, memorizes poems and riddles; retells a read text, gets involved into free discussions on any topic.

The conclusions obtained after a study applied during many years, by means of generalizing an intervention plan useful for a child, suggest that this approach is also helpful for a category of children, helping them to develop, to develop their language, cognition, affect and motivation, thus resulting the development of skills in general and their later development in becoming reliable individuals in particular.

The pedagogical work with children with learning difficulties must present and even imposes a double effect:

- Having a corrective – formative aspect, it has as its main purpose the reduction and correction of the deficiencies occurred during the development process;
- By maintaining and stimulating non-intellectual factors of the personality such as learning motivation, interest, sense of competence, verbal communication skills, etc.

Through games, children with SEN can express their abilities. Thus, in the context of a game, the child receives information about the world in which he lives, gets in contact with people and objects from the environment and learns to guide himself in space and time.

Because the game is mostly conducted within a group, it provides socialization. Social games are needed for people with disabilities, as they give them the opportunity to play with other children, any game demanding at least two people to be carried out.

But games need to be tailored for the child's deficiency. Thus, children with behaviour disorders should be constantly under observation and for those with ADHD games must be as varied as possible.

From a psycho-pedagogical point of view, children with SEN need a differentiated planned curriculum, linguistic therapy programs, therapy provided by a specialised speech therapy specialist, specific programs of teaching, learning and assessment, tailored for their skills in reading, writing and numeracy, therapeutic programs for motric disorders.

They also benefit from school and vocational counselling both individually and within their families. The teaching style should be as close to the style of learning as possible, so that a larger volume of information is collected within the same period of time. Also children need extra help from their teachers and peers, being necessary to receive during their school activities simplified content and tasks.

These children are not special; they just need a personalized approach regarding the steps undertaken in their education process.

Inclusive education (following the definition given by UNESCO) is an education adapted and customized according to the needs of all children within the groups and classes that are equivalent in terms of age, where one can find children with very different needs, skills and competence levels.

Inclusive education is a worldwide approach based on basic human rights. According to the human rights principles, every child, regardless of their origins or their level of skills development, is entitled to a good quality education, leading to the greatest extent in improving their cognitive and social integration abilities.

Behind these problems lies also the inefficient functioning level of the cognitive processes, aggravated by the fact that neither within the family nor in school, they do not receive a proper cognitive stimulation.

Cognitive deficit arisen from inadequate education is still reversible and can be compensated even in the case of organic disorders, provided that the child's potential is properly activated.

5. CONCLUSIONS

In conclusion, according to the teaching experience, the proposal regarding the use of expository methods (story-telling, presentation, explanation, description) as well as active – participative methods (brainstorming, group work and pair work, etc.) that stimulate their growth and development, following some minimum requirement, during teaching activities with these children is underlined:

- To use language appropriate for a level of verbal communication;
- The presentation should be clear, precise, concise;

- Ideas should be systematised;
- Rely on intuitive processes and materials;
- Train students with the help of control questions, to check their level of understanding the content and to intervene with further explanations when appropriate.

Simulation methods (game, role-playing) have a very important role in the education of children with specific educational need; they must and can be successfully applied both in terms of content of certain subjects and in terms of the training and development of communication in the case of the students with mental and sensory deficiencies.

Their involvement in simulated life situations awaken the students' motivation and active and emotional involvement, thus becoming a means of socializing and relating with the others. The demonstration method helps students with disabilities to understand the basics of a phenomenon or process. Along with the method of demonstration, the exercise is a method with broad applicability in special education, particularly during the activities meant to reinforce the knowledge and to develop the skills.

During the educational activity of the children with special educational needs cooperative learning can be used with maximum efficiency.

Certainly, students with learning disabilities need help to adapt, integrate and develop as other pupils - with successes and failures, achievements and non-fulfilment but also with encouraging results. *(*Oprea, 2009)

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