# Therapeutic Priority for Developing Communication in Children with Special Educational Needs: Speech Therapy Intervention

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***Abstract***— *The verbal behaviour of persons with special educational needs features delayed speech evolution compared to normally developed persons. In the speech therapy process for children with SEN, it is necessary to delimit strictly the objectives proposed, the responsibilities for each factor involved, and the corresponding priorities. The paper focuses on the importance and necessity of speech therapy activities, conducted for students with special educational needs. Speech therapy activities are based on a systematic process of learning or re-learning correct language structures, of gradually consolidating these structures in current speech. There is no typical model in the education of disabled children, because any proposition is first defined by a team, in an attempt to understand the child's needs, the family's availability, and the assistance service functioning. In conclusion, disability can always be compensated by the child's capacities within his psychophysical potential.*

***Keywords : Disability, Special Educational Needs, Speech Therapy, Speech Communication***

## I. INTRODUCTION

Speech is the individual activity of communication through language, while communication (transmitting information) involves conveying significations between an emitter and a receptor, which is possible through codes that allow the materialization of messages. Human communication is considered the fundamental method of psychosocial interaction through symbols and social generalized significations of reality; it expresses the essence of human connections, the meaning of social contacts. The verbal behaviour of persons with special educational needs features delayed speech evolution compared to normally developed persons. This delay is due to the specifics of mental processes, which make linguistic acquisitions and the development of relations with the social setting more difficult. Therefore, in disabled persons communication is perturbed by the presence of speech disorders that require speech therapy (Roffey, S., Parry, J., 2001).

Their personality features a simplified, unorganized verbal conduct, while information exchange is incomplete from the perspective of both reception and production.

### 1. Speech therapy strategies for developing communication in children with special educational needs

### A. Objectives of speech therapy

In the speech therapy process for children with special educational needs, it is necessary to delimit strictly the objectives proposed, the responsibilities for each factor involved, and the corresponding priorities. From this perspective, within speech therapy for children with special educational needs, speech therapists aim to attain the following objectives:

**a. Primarily speech-related objectives of the therapy:**

- correcting pronunciation disorders;
- correcting rhythm and fluency disorders;
- correcting hypernasal speech;
- correcting voice disorders;
- correcting written language disorders, such as dyslexia and dysgraphia;
- eliminating or mitigating non-development phenomena such as alalia, autism, undeveloped speech, etc.

The speech therapist is the most responsible for attaining these goals; he must also ask for assistance from teachers, elaborate a schedule for students who benefit from speech therapy, and suggest to the collaborators the right verbal register to use and of which students must benefit not only in his cabinet, but also outside it.

**b. Objectives of general stimulation of children with special educational needs, with direct implications in speech therapy:**

- stimulating sensory acuity, mainly phonematic hearing and sight;
- stimulating the breathing capacity;
- developing psychomotricity, mainly fine motor skills, the motricity of phonoarticulatory organs; teaching the sense of rhythm, the spatial orientation capacity; accelerating the lateralization process, etc;
- developing the capacity of focusing attention and memorizing new words within the communication process.

For accomplishing these goals, the speech therapist collaborates with specialists from the medical practice, the special psychopedagogy practice (psychodiagnosis and counselling), as well as with physical education teachers, with instructors, with teachers and educators, and with people in charge of the social aspects.

**c. Priority objectives of speech therapy within instructive and educative activities:**

- structuring, developing, and stirring up the vocabulary;
- stimulating the need for communication;
- forming the ability of listening;
- forming the ability of participating to dialogue;
- forming the capacity of phonetic and graphic analysis and synthesis;
- acquiring correct grammar structures and correcting the ones acquired wrongly;
- practicing optimal speech rhythm and ensuring proper tone, in various communication situations: monologue; dialogue; conversation; reading, reciting, singing a text.

For attaining these objectives, the speech therapist supports the teaching personnel members in their teaching activities and in the current communication process, in the most diverse daily contexts (Guidetti, M., Tourette C., 1996).

### B. Principles of speech therapy activity, conducted with pupils with special educational needs

Speech therapy activities conducted with students of special schools are based on a systematic process of learning or re-learning correct language structures, of gradually consolidating these structures in current speech (Beukelman, D., Mirenda, P., 2012). Hence, for them to be effective, the design and unfolding of speech therapy activities must observe general methodological requirements, fundamental for all school activities. In other words, all speech therapy activities must respect general didactic principles, but these principles must be adapted to the specific working methods applied to disabled students with both language development disorders and speech impairments (McCauley, R., Fey, M., Kamhi, A., Carter, E. 2012).

Among these principles, adapted to the specifics of special education, it is worth highlighting the following:

- intuitive–practical orientation of speech therapy activities;
- ensuring the variety and accessibility of intuitive–verbal materials used during such activities;
- organizing exercises used within speech therapy from simple to complex;
- differentiating and individualizing the demonstrative material and the exercises Susing verbal material;
- the conscious participation of students to the speech therapy activity, in close connection with the demand to consolidate and make automatic (by practicing) the correct speech abilities in the communication process;
- affective mobilization and stirring children's interest for the activity of correction, by relating this activity to practical situations and ludic exercises;
- ensuring the thoroughness of verbal acquisitions, etc.

The communication has several main purposes, as follows: the receptor must read/listen carefully the message; understand the message; accept the communication with us; the emitter must produce changes in the receptor (enriching knowledge, attitudinal changes). Communication does not take place only during therapy sessions or during evaluations; the child must communicate permanently (Kelly, S., 2001). Speech and communication abilities are developed especially in school and in the community; thus, the child manages to advance from a less integrated level to a level meeting the demands of his/her development.

## 2. Early psychopedagogical assistance of children with special educational needs

When parents come to accept that their child is different from the others, it is important that they find early psychopedagogical assistance institutions available for listening and guiding the parents; the goal is the child's development and rehabilitation. The fundamental elements of the first meetings between

parents and therapists are listening carefully, providing simple advice, and offering clear and precise information on the questions concerning the child. These first meetings is organized to obtain information on the child's disability, to listen to parents' pain, to comfort them, and to give them hope by the possibilities proposed; informing parents on the existing assistance structures and on the help they can provide to the family and the child (Greenspan, I.S., Wieder, S., Simons, R.,1998).

The objectives of early assistance services can be synthesized as follows:

- ensuring the provision of information on the services available when the disability diagnostic is set. Specialized personnel must announce to the parents – as kindly as possible – the disability diagnostic of their child.
- Helping the family elaborate an educational project that is dynamic and child-centred. Assistance centres should be places where parents get support and where somebody listens to their demands.
- The existence of a multidisciplinary team that monitors the child in the same setting, thus ensuring the integrity of his/her needs.

This way, specialists will be able to observe – through multiple functions and interdisciplinary personnel – most necessities of the child and of his/her family (Vrăsmaş, E.,A.,2002). This global observation of the child through the same structure represents a positive solution of interpreting systematically the child's evolution within the complex therapy.

**Guiding and informing the parents***:* When parents arrive to the assistance centre, they express more or less their need for help. In a more or less explicit manner, parents admit their lack of competence in being the parents of such a child. Demands of special education include the following: kinesiotherapy for hypotonia, speech therapy for speech impairments, and love for reading to prevent school abandonment. Parents often try to hire professionals for these educational and therapeutic actions. Professionals' helping means encouraging hope, not by denying the existing disability, but by the recovery possibilities of the child (Eddy, L., 2013). Depending on the child, the team defines early education protocol, also by including parents within therapy, in order to ensure they become competent and they help professionals in whatever way necessary. Each development phase is accompanied by new announcements, by new realities to consider, and by new family balances to establish. The long-term care of a child with special educational needs (including therapy sessions) requires investing a significant amount of time.

There is no typical model for early education because any proposition is defined within a team initially, in an attempt to understand the child's needs, the family's availability, and the assistance service functioning. The global project involves a long-term perspective that allows us to focus on a certain aspect at a certain point in time.

The therapy sessions contain the following elements:

- **Kinesiotherapy** – to reduce the child's hypotonia; to restore the normal dynamic of muscles/joints, and to ensure a better preparation of the child's body for the future development stages;
- **Speech Therapy** – it accompanies the development of speech and early communication. Generally, speech therapy sessions can be conducted in the presence or

with the participation of one or both parents. Speech therapy concerns the correction of pronunciation and articulation, through games and reading, in an attempt to co-interest the child to use words and to develop and organize representations and imagination (Crystal,D., 1986). The work related to correcting the vocabulary and syntax is a long-term one, because it is meant to improve the expression deficits of the child; the goal of these sessions is for the child to be comprehended by the other at the end of the sessions;

- **Psychomotricity**. Generally, children with special educational needs are slow, sloppy, and they have difficulties handling objects. In order to develop, they need the help of an adult that encourages them to carry on an activity, thus enabling them to have their first successful experiences in this field. Such experiences are indispensable for the development of curiosity and will to succeed. Another side of the kinesiotherapist's activity is represented by helping the child learn his/her body schema, as well as develop fine motor skills, abilities, and gesture precision.

**Solutions and recommendations**

The educational process for children with special educational needs involves the collaboration of people within several fields: family, therapists, specialized professionals, teaching personnel, etc. Often, parents find it hard to seek help from various institutions specialized in the recovery of such children (geographic distance, incompatibility between their work schedule and the parents' availability). In these cases, the paediatricians and general physicians who monitor the child must be included in certain assistance and therapeutic intervention centres, which may help them organize a better schedule for the children and for their families.

The global therapy project must be designed on a long-term basis, which allows us to focus or eliminate a certain aspect to the detriment of another, depending on the evolution and integration of the child in all fields comprised within the educational and therapeutic program.

**Future research directions**

In children with special educational needs, in order to develop speech and communication skills, it is necessary to conduct speech development therapy (with clear objectives, proper methods, and gradual unfolding).

More precisely, such programs must contain long-term general and operational objectives adapted to the intellectual capacitates and to the possibilities of these children. This is a way to create the basic framework for one of the speech functions: regulating and influencing behaviour, which features precisely the pragmatic side of communication. This can lead to attaining the main goal of the instruction and education activity for children with special educational needs: social adjustment and integration.

## CONCLUSION

The child with special educational needs requires particular care, specific support and various types of stimulation. Within the therapy, they must cover diverse and multiple recovery possibilities, ensured by

the participation of various specialists: physicians, social workers, speech therapists, kinesiotherapists, psychologists, etc.

Therapists must provide high quality correcting methods and procedures, thus providing differentiated education for these children, in agreement with the individual needs of each child.

Furthermore, one must encourage the collaboration between all specialists involved within the educational and therapeutic process; the goal must always involve informing, counselling, and involving the family within the therapeutic process.

It must be highlighted that integration does not mean for every child with SEN to find a place in regular schools, but it rather means that we should find the best suitable school for valorising his/her capacities.

People with special needs have always existed, reason for which it must be considered that this involves a certain life standard, which means that it is necessary to prepare the society through proper education and legislation. The goal is to accept the others the way they are and to contribute to the integration of persons with SEN in the professional and social context of each community. Only under such circumstances will the disability be compensated by other capacities of the persons in question, capacities included in his/her psychophysical potential.

## CONFLICT OF INTEREST

None declared till now.

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