

## THE ARTICULATION DISORDERS IN MENTALLY RETARDED CHILDREN

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The paper discusses the frequency of occurrence, etiology and character of the articulation disorders in mentally retarded children and presents the specific character of the job of speech pathologist in special school.

### 1. The frequency of articulation disorders.

The mental retardation is most frequently accompanied by the speech disorders /1, 2, 3, 11/. Among these disorders the articulation disorders constitute the majority /above 81%/.

The frequency depends on the degree of mental retardation, its etiology, the child's age and the educational background.

It has been assumed /3, 4, 12/ that the deeper the mental retardation, the more retarded and disordered the development of articulation. It has been also estimated /8/ that the articulation disorders appear most frequently in the case of Down's syndrome /95%/, less often in the organic syndromes /84%/ and in the family mental retardation. It has been observed /5, 10, 12/ that the number of the disorders decreases

with the age of the children.

The articulation disorders seem to appear more frequently in children living in special care institution in comparison with the children living in their families.

### 2. The etiology of the articulation disorders.

In the case of the mentally retarded children one has to deal with the articulation disorders of the organic origins caused by the occlusion and dental defects, cleft palate, lips and tongue, dysarthria, aphasia, dyspraxia, impaired hearing, as well as with articulation disorders of functional origins caused by the lowered phonemic audition, accepting the incorrect pronunciation, emotional disorders. The articulation disorders of origins are assumed to occur more often in mentally retarded children than in children normally developed.

Dealing with the pathogenesis of mental retardation and the articulation disorders, it is possible to distinguish the following relationships between them:

a/ common etiology, e.g. infantile ce-

rebral palsy

b/ different etiology, e.g. mental retardation and dysglossia

c/ some of the features of mental retardation /e.g. lower concentration of attention and low learnability/ constitute the cause of the delayed development of articulation.

### 3. The character of articulation disorders

A unified view on the character of development and disorders of articulation does not exist. On one hand, it has been noticed /4/ that the general pattern of articulation in underdeveloped reminds the articulation pattern in mentally retarded. It has been also assumed that this pattern is analogical in both pupils living in the special education institutions and pupils living with their families.

On this basis the development of articulation in children retarded and in children normally developed is considered to proceed according to the identical phases and rules, with the only difference that in the case of mentally retarded it proceeds slower and with greater number of errors. As far as the kind of errors is concerned, the children do not differ /1, 6/.

On the other hand, it is claimed that the distinctive features of the mentally retarded are constituted by the phonetic deficiencies indicating the possibilities of appearance of the structural defects.

In our opinion, the characteristic phe-

nomenon is very frequent occurrence of complex speech disorders covering mostly dyslalia, voice disorders and stuttering /8/. The disorders, of course, possess different degree of intensity /1, 3, 5/.

### 4. Logopedical procedure.

The specific character of the logopedic therapy in special school results from the factors:

- a/ the character of mental retardation
- b/ complex speech disorders
- c/ the parental attitude
- d/ the organization of teaching

To the factors which hamper the therapy belong the following features of retardation: poor verbal memory, low concentration, disordered visual and auditory perception, paliphrasia, limited transfer, low degree of self-criticism, slow pace of learning and low motivation in correcting the articulation.

The above characteristics accompany the complex speech disorders. The process of eliminating these disorders assumes the active role of parents, which is very often unsatisfactory.

Because of the lack of supervision over the articulation of the mentally retarded children its condition becomes worse after the holidays.

Everything what has been said above makes the elimination of the speech disorders in special school difficult and long process aimed, what is worth emphasizing, at

the realization of realistic goals. The goals are determined in an educational institution by the Individual Revalidation Teams, which members are, among others, the speech pathologists as well.

They are responsible for designing and putting into practice the programmes of the therapy including:

- a/ the preliminary diagnosis
- b/ the individual programme of eliminating the speech disorders /including the articulation disorders/
- c/ diagnosis in the course of the therapy and the final diagnosis

The programme provides space for the co-operation between the speech pathologist, the psychologist, the teacher and the corrective physical exercises instructor.

So, for example, the therapy of a mentally retarded child with dyslalia, stuttering and low motor activity efficiency consists in the speech pathologist taking care of improving the articulation and the fluency of speaking, the psychologist reducing the muscular tone and the emotional tension by means of relaxation, the corrective physical exercises instructor stimulating the development of the motoric skills and finally the teacher fulfilling the prescriptions of the above to the best of his abilities.

The effects of the complex therapy depend on the accuracy of the diagnosis and the accepted programme of the therapy, the degree of complexity of the speech di-

sorders the pace and motivation of learning, the depth of mental retardation, the co-operation of the speech therapist with the remaining members of the team, the involvement of parents.

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