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THE MAIN DIRECTIONS OF THE WORK ON THE CORRECTION OF APHASIA

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Abstract

Aphasia is a disorder of already formed speech, in which a person cannot speak and/or does not understand spoken speech, while hearing is preserved. The topic of "Main Directions in the Correction of Aphasia" is highly relevant today, as aphasia represents a significant disability often resulting from traumatic brain injuries, particularly strokes and other neurological conditions. Aphasia, an acquired speech disorder, can impair the ability to speak, comprehend, read and write, all of which are crucial for maintaining social relationships and achieving independent living. Recent research and clinical experience indicate that aphasia treatment focuses not only on enhancing speech and language abilities but also on addressing the psychological and social dimensions of the recovery process.

Keywords

Aphasia, speech disorder, traumatic brain injury, neurological conditions, aphasia treatment, recovery process.

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1. Introduction

Aphasia is a significant speech disorder characterized by one of two symptoms: impaired speech perception or an inability to synthesize speech. The first case is referred to as sensory aphasia, while the second is known as motor aphasia. In sensory aphasia, the patient can easily produce logically coherent sentences but perceives the speech of others as if it were a foreign language, even though their hearing apparatus is intact. In motor aphasia, the patient understands spoken language but is unable to respond (Burlakova, 1992a; 1992b). This condition occurs without any organic damage to the vocal cords or larynx.

The issue of medical-psychological and comprehensive correction of speech in patients with aphasia has increasingly garnered significant interest among neurologists, physicians, psychologists, speech therapists and specialists in related fields. Publications and studies from the period before the First World War, as well as works published during and after the Second World War, have provided valuable insights into the complex nature of this issue (Bein, 1947).

The effectiveness of corrective interventions in all forms of aphasia can be categorized into two primary areas:

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Medical approach: This involves the direct mitigation of affected functions through the use of medications. The prescribed treatment is administered under the supervision of medical professionals.

Speech therapy approach: This entails specially organized remedial sessions within a structured training process.

Observations indicate that the effectiveness of speech therapy is generally higher in children than in adults. In adults, full recovery of speech is rare, whereas children often achieve significant improvement or even a return to normative speech levels within a relatively short period. Early initiation of speech therapy is strongly recommended to prevent secondary complications and to reinforce progress.

For children with motor and sensory aphasia, there are general guidelines for the restoration of speech. During rehabilitation, the preserved unconditioned reflexes associated with speech functions are utilized in various ways. A key aspect of therapy is the restoration of both passive and active vocabulary. Speech therapy exercises should primarily be individualized, as patients' speech abilities and impairments vary significantly, requiring tailored approaches.

Additionally, the methods employed for speech restoration may differ across children. Parental, educator and familial involvement is critical during this process to provide emotional support and encouragement, which are essential for the child's successful rehabilitation. To ensure lasting improvement, regular practice and reinforcement of speech skills acquired during therapy are necessary.

Medical interventions: Aphasia treatment is typically conducted in a clinical setting, taking into account the specific type of aphasia, the patient's physical and neurological condition and the underlying disease. Treatment is implemented gradually and follows a differentiated approach. Speech therapy continues during hospitalization and is adapted based on the duration and progression of the condition.

Instrumental studies in aphasia: Diagnostic tools such as computed tomography (CT) scans and magnetic resonance imaging (MRI) are used to determine the location and nature of brain damage. Additionally, angiography assists in accurately identifying specific vascular syndromes associated with aphasia (Gilman *et al*., 2014).

2. Directions of corrective work in motor aphasia

Motor aphasia is a symptom that rarely occurs in its pure form. The condition in which a patient can speak but struggles to find the right words is referred to as dysphasia or elements of aphasia. The following types of this symptom are distinguished:

Efferent motor aphasia - manifests as articulation disorders and an inability to perform purposeful motor activities (apraxia).

Afferent motor aphasia - characterized by difficulty in pronouncing individual sounds.

Speech therapy interventions for motor aphasia focus on several key areas:

- Articulation differentiation examination: Assessing the child's ability to differentiate between various articulatory movements.
- Examination of pronunciation: Evaluating the pronunciation of words with varying syllable structures.
- Vocabulary activation and agrammatism correction: Expanding vocabulary and addressing existing grammatical errors.
- Improvement of speech formation skills: Enhancing the processes involved in speech production.

- Correction of reading and writing disorders: Addressing and mitigating difficulties in reading and writing.

From the very first lessons, developing phonemic hearing should occur alongside efforts to build the child's sound analysis skills. This involves teaching children to identify individual sounds in words and recognize how they differ in various contexts.

Work on pronunciation skills requires a highly individualized and innovative approach. It is recommended to begin with intact sounds, as the primary goal is to stimulate and rehabilitate the impaired motor speech analyzers.

The next stage involves the restoration of lost sounds. In addition to focusing on the child's vocal characteristics, attention is also given to their articulation and the expressiveness of their speech (if the child is of school age). To achieve the best results, dual exercises prove beneficial. In this process, the automatic repetition of sounds (together with the speech therapist) or conversely, the patient's independent repetition (under the speech therapist's supervision) is highly effective. In the future, this sequence should be transformed into words and short sentences.

If the child attended school before developing aphasia, it is necessary to utilize their retained writing skills during the recovery process. For this reason, many exercises are conducted in written form (e.g., the child writes numbers, words and sentences sequentially in a notebook). Various methods are employed in the direction of restoring writing skills, such as writing the required letter, completing a sentence or answering a question (in written form) and so on.

At the initial stages of the speech restoration process, it is advisable to integrate activities from other areas of the child's development. Widely used methods, such as different games, drawing and puzzles, contribute to achieving effective results.

3. Corrective work directions in sensory aphasia

Sensory aphasia is a speech disorder that shares common features with alalia. However, alalia is diagnosed in children, while aphasia occurs in adults, typically after a stroke. With this speech impairment, a person cannot understand spoken language directed at them and is unable to communicate with others. Specialists in defectology and speech therapy study this issue to propose the most effective methods of correction.

The success of treating a person with aphasia (any form) depends on whether the specialist will build his work on the principles identified by L.S. Tsvetkova based on the ideas of A.R. Luria. It is necessary to take into account not only the state of a person's speech, but also the characteristics of his personality, since with aphasia there is a violation of the emotional-volitional sphere (Rustamova, 2011).

Patients with sensory aphasia are generally in a more severe condition compared to those with motor aphasia, as their ability to comprehend speech is significantly impaired.

It is essential to involve preserved functions during therapy sessions, as this approach facilitates the recovery process and helps create a sense of success to motivate further participation. Naturally, all work should be based on diagnostic results and the specific structure of the defect. In the learning process, the specialist should rely on the functioning of preserved analyzers and establish new functional connections based on them.

Corrective and pedagogical work in acoustic-mnestic aphasia: patients with acoustic-mnestic aphasia often exhibit emotional instability and frequent episodes of depression, even in response to minor errors in their speech. When developing a plan for

corrective and pedagogical work, the speech therapist collaborates with the physician to assess the form of aphasia, the extent of damage to the parietal regions of the brain and the preservation of specific functions (Burlakova, 1992a; 1992b). This assessment helps determine the appropriate corrective approach before starting speech therapy sessions.

To address vocabulary impairment and mitigate verbal memory dysfunction, it is necessary to use visual aids related to the topic, emphasize key distinguishing features and gradually expand the capacity of verbal memory.

In patients with acoustic-mnestic aphasia, speech therapists work to eliminate speech impairments by relying on the patient's comprehension codes. This involves helping the patient articulate words in different ways, write symbols and use vocabulary at varying levels of complexity. In the process of restoring speech functions in acoustic-mnestic aphasia, written speech plays a particularly important role.

In such cases, mnestic aphasia requires the analysis of sound-letter-word structures, monitoring the use of words, stimulating auditory functions, eliminating the tendency toward verbal paraphasia and addressing characteristic features of speech, such as agrammatism.

4. Conclusion

In conclusion, the primary directions of aphasia correction work emphasize the importance of a modern, multifaceted approach to restoring the speech and communication skills of individuals with aphasia. From speech-language therapy and cognitive rehabilitation to the application of technology and family and social support, all these elements enhance the effectiveness of the treatment process. With the development of new technologies and approaches like teletherapy, access to these supports has significantly improved.

The integration of these approaches ensures a comprehensive treatment program aimed at restoring the quality of life and social integration of individuals with aphasia. Efforts in aphasia correction are not limited to the recovery of language skills but also focus on improving the quality of life for patients who require social, emotional and cognitive support. Various therapeutic methods-including intensive speech-language therapy, constraint-induced language therapy and the use of alternative communication tools-enable patients to maximize their remaining functional potential.

Furthermore, the active involvement of family members and the availability of social support groups are crucial for helping individuals with aphasia find their place in society and regain self-confidence. The application of modern technologies, such as teletherapy and remote services, eliminates geographical barriers, ensuring that more people have access to high-quality services.

This multidimensional approach to aphasia correction not only accelerates the functional recovery process for individuals suffering from neurological disorders but also facilitates their reintegration into social life. The integration of these approaches plays a significant role in enhancing the independence, quality of life and emotional well-being of individuals with aphasia, transforming them into active participants in their own lives.

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