

INTEGRATIVE-PEDAGOGICAL STRATEGIES FOR THE DEVELOPMENT OF CONNECTED SPEECH IN CHILDREN WITH IMPAIRED SPEECH IN INCLUSIVE EDUCATION

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Abstract

The article analyzes integrative-pedagogical strategies aimed at the development of connected speech in children with anxiety in the context of inclusive education. The psycholinguistic mechanisms of cognition, its influence on communicative activity, as well as ways of speech formation based on logopedic-pedagogical approaches adapted in an inclusive classroom are substantiated. The factors of multimodal teaching, the phased development of dialogical and monological speech, the creation of an emotionally supportive environment and the effectiveness of teacher-speech therapist-parent cooperation are highlighted.

Keywords: Bilingualism, inclusive education, connected speech, integrative approach, logopaedial correction, multimodal methods, psycholinguistics.

Introduction

In the global education system, the inclusive education model is shaping a new paradigm aimed at supporting the individual potential of all children. In the case of Uzbekistan, inclusion has been identified as one of the priority areas of state policy. In accordance with the decree "Measures to further improve the education system for children with special educational needs" signed by President Shavkat Mirziyoyev on October 13, 2020, the Concept and Roadmap for the Development of Inclusive Education for 2020-2025 was adopted.

In addition, the legal framework for education is strengthened by the new Law on Education, adopted in 2020, which officially recognizes an inclusive form of education and guarantees the right of children to an equal education, taking into account individual opportunities.

The decision and political initiatives are also bearing fruit in practical terms: from the 2021/2022 school year, inclusive classrooms will be introduced in 42 secondary schools. In addition, the government planned the introduction of a certification system for teachers

working with students with special educational needs within the framework of the Uzbekistan-2030 strategy.

For children with speech development deviations, in particular students with speech development, the establishment of the right pedagogical approach in an inclusive environment is not limited to the promotion of social inclusion – this strategy is invaluable in ensuring their communicative, social and emotional development.

Wheezing, is a condition characterized not only by disruption of speech rhythm, tempo, articulation and respiratory coordination, but also is considered **in the science of speech therapy as a phenomenon associated with complex psycholinguistic and cognitive mechanisms of speech formation**. Special pedagogical and logopedic studies show that the origin of deafness consists **of a complex combination of functional, physiological and psychogenic factors**, which is an important inhibitory factor in the development of connected speech.

In children with hearing loss, the speed of thought transmission in communication decreases due **to the inharmonious functioning of the thinking and speech mechanisms**. From the point of view of speech therapy, this condition requires additional exercises in the formation **of phonological memory, articulatory training and logical sequencing**. Speech and language intervention is therefore necessary, not limited to articulatory exercises, but also cognitive and linguistic training.

In children with wheezing, **a lack of synchronization between the respiratory and articulatory muscles** disrupts the rhythm and intonation of connected speech. With the help of **rhythmic breathing exercises, articulatory gymnastics and the "soft start" technique** in speech therapy practice, these brakes are reduced. At the same time, breath control and the integration of the articulation process are the main part of special pedagogical methods.

Psychogenic reactions such as fear, stress, low self-esteem **in children with delusions** significantly limit speech initiation and connected speech. In speech therapy approaches, emotional supportive **strategies**, such as encouragement, pressure reduction, positive reinforcement techniques, are widely used to alleviate this condition. This increases the child's sense of confidence in the process of forming a connected speech.

The structural discontinuity of connected speech is mainly **due to difficulties in maintaining a logical sequence**. From a speech therapy perspective, this is **overcome through phonological and syntactic training, text segmentation, and story-building exercises**. At the same time, supporting the reader's speech using visual and kinesthetic means is an effective way to reinforce the consistency of the support-connected speech. In this way, integrative classroom logopedic approaches **harmonize the psycholinguistic, physiological, and emotional components of connected speech formation in children with deafness**. This serves not only to develop speech, but also to increase the child's social interactivity and personal communicative competence.

An effective mechanism for the formation of connected speech in children with deafness in the inclusive classroom is a **multidisciplinary and integrative approach**. Modern speech therapy and surdopedagogy research shows that speech development should not be limited to articulation exercises, but should be accomplished through the harmonization of **sensory, cognitive, emotional, and social components**. Below we will focus on the basic integrative principles:

The principle of multimodal impact. In the process of speech comprehension and expression, several sensory channels—**vision, hearing, kinesthetic perception**—are activated together. Studies show that a multimodal approach significantly improves the psycholinguistic and cognitive preparation of speech in a child (Brinton et al., 2019). For example, when verbal exercises are done in combination with story cards or visual images, a child's sentence formation ability and level of logically connected speech increases. At the same time, kinesthetic exercises - articulatory gymnastics and hand movements play an important role in strengthening the rhythm and intonation of speech.

The principle of transition from dialogue to monologue. The basic principle of speech development is the step-by-step planning of speech methodology. The **level of confusion is significantly reduced by first creating a simplified Q&A, then short texts, and then a logical story**. This principle strengthens the child's **ability to form an opinion and enter into communication**. In the process of speech pedic intervention, language and speech skills are individually measured at each stage, and the results are integrated into the individual development program.

The principle of emotional support. Speech anxiety and fear in a child, especially in an inclusive classroom, prevents the full formation of connected speech. In speech therapy practice, **emotional support**, i.e. speech by the teacher in a gentle tone, a strategy of patient waiting, and a "not finished" approach, builds a child's confidence. Research shows that in a positive emotional environment, speech initiation and communicative activity increase significantly.

Adapting the tempo and rhythm of speech. The tempo and rhythm of speech are very important **in the development of connected speech**. The teacher and speech therapist use **slow, fluent and rhythmic speech as an example**, which facilitates articulation and rhythmic adaptation to the child. Studies show that a slowed tempo of speech increases children's ability to form sentences, to express an idea consistently in communication.

The principle of positive reinforcement. Each recognition of success increases the **communicative motivation** in the child. Giving a positive stimulus to the child, constant note and stimulation during speech pedic exercises will strengthen speech activity. Research shows that **motivational and positive reinforcement** accelerates the process of consolidating connected speech in children with deafness and stabilizes the outcome.

The integrative principles of connected speech development in the inclusive classroom are **a multimodal approach, which includes a step-by-step transition from dialogue to monologue, emotional support, adaptation of the tempo and rhythm of speech, as well as positive reinforcement.** Speech therapy strategies based on these principles serve to effectively form connected speech in children with diarrhea and stimulate their communicative, cognitive, and social development.

The formation of connected speech in children with deafness in an inclusive educational setting requires a multi-component and integrative approach. Research shows that effective strategies for speech development are based on the harmonization of several pedagogical and logopedic mechanisms.

To form the physiological foundation of cohesive speech, rhythmic breathing exercises, articulation gymnastics and the "light start" techniques are used. These techniques help to harmonize respiratory and articulatory coordination in the child, stabilize the rhythm of speech and increase articulation training. At the same time, rhythmic exercises reduce stress and fear, stimulating the child's speech activity.

Picture sequences, story cards, and graphic diagrams are effective tools for strengthening logical connections. Studies show that visual tools greatly facilitate internal planning of speech, the preservation of logical sequences, and the expression of sentences in a coherent form.

A story is formed based on the following questions so that children can learn to construct text algorithmically: Who? Where is? When? What happened? Why? How did it end?. This approach helps the child develop skills for the consistent expression of connected speech, creating logical and structured sentences.

Script-based small roles allow the child to communicate freely in speaking situations without pressure. Studies show that role-playing games are an effective tool for developing children's communication and social skills, as well as reducing anxiety-related stress.

In the inclusive classroom, children increase speech activity by interacting with their peers, while individual speech therapy sessions provide special correction. In this way, the combination of group and individual work serves the stable development of the child's connected speech.

A strategic model of cooperation between the school, speech therapist and parent is important in the process of forming a connected speech. The tasks of each component are as follows:

Teacher's job

- develop adapted learning tasks;
- Control and reduction of speech load;
- Providing social support in an inclusive classroom.

Logoped vazifasi

- Development of an individual correctional program;
- Conduct exercises that develop connected speech;
- Providing elements of psychological support.

Regular contact with parents

- Do and observe exercises at home;
- Formation of a culture of careful and encouraging communication;
- Strengthening the child's speech self-confidence.

The development of connected speech in children with deafness in an inclusive educational setting requires a multicomponent, science-based, integrative approach. The multimodal learning system, adapted speech therapy technologies, the gradual development of dialogical and monological speech, as well as an emotionally supportive pedagogical environment are some of the most effective factors in the formation of connected speech. And the success of inclusive education is manifested not only in the correction of the child's speech, but also in the development of the child as a free, socially active and ready person for communication. In this context, the combination of teacher-speech therapist-parent interaction, individual and group lessons, as well as the systematic use of speech therapy technologies increases the effectiveness of the inclusive educational process.

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