



## DELAYED SPEECH DEVELOPMENT IN CHILDREN: AN INTRODUCTION TO TERMINOLOGY

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### ABSTRACT

*Currently, the number of children diagnosed with delayed speech development has increased. With age, the delay is compensated, but mild insufficiency often remains for life. Delayed speech development is more common in boys than in girls. In most cases, its etiology is unknown, therefore, dynamic monitoring of the child is necessary for accurate diagnosis. Often, the development of speech is influenced by hereditary predisposition or environmental factors. The course of the delays is different. With a number of disorders (disintegrative disorder of childhood, Landau—Kleffner syndrome), there are indications in the anamnesis of normal speech development up to a certain age, and then speech development is suspended or even regresses. For comparison: with autism, speech development, as a rule, is changed even at the pre-speech stage (a complex of animation is not formed, walking is poor, little emotional, "bird" language, at the same time the child pronounces whole phrases, while not using them for communication). Such speech disorders are defined not as a delay, but as a developmental deviation. It is necessary to diagnose speech disorders in children as early as possible in order to start corrective measures in time. At the same time, the diagnosis is carried out by a doctor, and the correctional work is carried out by a special teacher. The quality of a child's life in the future depends on the successful cooperation and mutual understanding of specialists in these areas. This article is devoted to the terminology and classification of speech delays necessary for doctors and teachers to understand each other correctly.*

### INTRODUCTION

Currently, the number of children with a history of speech development delay is noticeably increasing. As a rule, a violation of motor and sometimes psychomotor development is added to the structure of the ontogenesis of such children. Historically, the term "delay" was used to single out a special group of children when assessing their readiness for school. However, today it is increasingly used to describe the state of higher mental functions in children with various kinds of organic, genetic and psychological developmental pathologies.

The purpose of this article is to systematize the accumulated medical and pedagogical experience of understanding the structure of the above problem.

The very idiom "speech development delay", in our opinion, cannot be a diagnosis, but is a fact of stating the need for medical and pedagogical intervention in the development of a child.

### **MATERIALS AND METHODS**

In most cases, a pronounced delay in speech development is accompanied by a violation of visual-spatial skills and / or motor awkwardness. It is characterized by an improvement in speech development as the child grows up, but mild developmental insufficiency often remains for life. The delay in speech development is several times more common in boys than in girls. Developmental delay is characterized by hereditary burden of similar or related disorders, which suggests an important role of genetic factors in the etiology of many (but not all) cases. Environmental factors often cause developmental delay, but most often they are not of paramount importance. In most cases, the etiology of developmental delay is unknown, therefore, without constant dynamic monitoring, it is impossible to predict the possibilities of further development.

There are 2 types of developmental delay (which does not fully meet the broad conceptual definition given above, but makes it easier to systematize them). Firstly, these are disorders in which there was an undoubted phase of previous normal development, such as disintegrative childhood disorder, Landau-Kleffner syndrome, some cases of autism. These conditions are classified as type 1 because although their onset is different, but the characteristic features and course are largely similar to the group of speech development disorders; in addition, they may have a similar etiology. Secondly, there are disorders primarily defined as abnormalities, not a delay in the development of functions; this is especially applicable to autism. Although autistic disorders are defined as deviations, a delay in the development of some degree in them is detected almost constantly, therefore, the development of speech in autism is a special topic on which we will not dwell in detail in this article.

The total prevalence of mental retardation in the general structure of mental illnesses in children is 8-10%. Delayed speech development is one of the types of delayed speech development. Currently, there is an increase in the prevalence of speech development delay, but there are no accurate statistical data to assess it.

When we talk about the "normal course of development", it is necessary to clarify whether a stage was formed when the child's speech function carried a social burden. If a child simply repeated individual syllables or even phrases and sentences, but did not fill them with social meaning: he turned into emptiness, did not use them in relation to some specific life situation, we cannot talk about a delay in speech development. Rather, it is possible to state a deviant way of forming higher mental functions, since the main function of speech is symbolic support of thought processes and their social realization.

It is customary to divide the delay of psychorechological development into primary and

secondary. The primary delay is formed with structural damage to the brain or a violation of its function due to various reasons. Secondary delay occurs against the background of a primary intact brain in chronic somatic diseases (heart disease, etc.), accompanied by cerebral insufficiency. As a rule, such a delay is systemic in nature and differs by the algorithm: "the norm is minus 1, in rare cases minus 2 epicrisic periods", whereas the primary delay is characterized by uneven development. There are also terms general and systemic speech underdevelopment. General underdevelopment of speech is a delay in speech development in a child with normal intelligence. Systemic speech underdevelopment is a speech disorder against the background of underdevelopment of other higher mental functions.

In the first years of life, due to the immaturity of the nervous system, children often have features of maturation of motor and speech functions. Therefore, usually in early childhood, we can talk about a general delay in psychomotor development with a greater severity of a lag in the psycho-emotional or psycho-speech sphere.

In children over 3 years of age, the clinical picture becomes more obvious. The main clinical signs of mental retardation (according to M.S. Vrono) are: delay in the development of basic psychophysical functions (motor skills, speech, social behavior); emotional immaturity; uneven development of individual mental functions; functional, reversible nature of disorders.

## **RESULTS AND DISCUSSION**

If intellectual disability at preschool age is masked by speech disorders, then at school age it manifests itself clearly and is expressed in a poor stock of information about the world around us, slow formation of concepts about the shape and size of objects, difficulties in counting, retelling what was read, in misunderstanding the hidden meaning of simple stories. In such children, a concrete-figurative type of thinking prevails. Mental processes are inert. Exhaustion and satiety are expressed. The behavior is immature. The level of visual-imaginative thinking is quite high, and abstract-logical thinking, inextricably linked with inner speech, is insufficient.

V.V. Kovalev identifies intellectual disability in a separate form, which arose as a result of a defect in analyzers and sensory organs (in the absence of adequate and timely corrective intervention) in cerebral palsy and early childhood autism syndrome. Let's consider the above problem from the perspective of the current classification.

### **P80. Specific disorders of speech and language development**

Speech development disorders are characterized by underdevelopment of verbal intelligence in comparison with other cognitive functions. Speech development delay is formed in a neurologically healthy child with a normal perinatal history. He has no hearing or vision damage. He is brought up in a normal environment. The child may be able to communicate or understand in certain well-known situations, but speech is impaired. As with other developmental disorders, the first difficulty in diagnosis is differentiation from normal developmental variants. The rate of development and the rate of solid assimilation of speech skills is a very broad concept, the age of the first one can vary from 1 to 3 years. Such variations in the time of acquisition of speech skills have insignificant or non-clinical significance, since most "late speakers" continue to develop completely normally. Unlike them, children with specific speech and language development disorders, although they achieve satisfactory speech development, but also retain personality traits in adulthood:

delayed speech development is often accompanied by difficulties in reading and writing, violations of interpersonal connections, emotional and behavioral disorders. Therefore, early and thorough diagnosis of specific disorders in the development of speech is very important. When diagnosing a delay speech development adheres to the following criteria: severity, course, type and related problems.

Speech delay is considered pathological when a lag of 2 standard deviations is detected. Usually, with this degree of delay, there are related problems. However, the older the child, the degree of delay is less, since, fortunately, speech improves with natural human development.

In case of pathological speech delay, it is useful to take into account the "flow" criterion. If the current level of impairment is relatively mild, but there is a severe degree of impairment in the anamnesis, then it is more likely that the current development is a consequence of a serious disorder, and not a variant of the norm.

It is necessary to pay attention to the type of speech functioning. Speech may simply be delayed, as in a younger child, or it may be pathologically delayed if it is qualitatively different from normal. For example, it contains echolalia, perseverations, or stamps. Moreover, if a delay in some specific aspects of speech development is accompanied by a lack of school skills (a specific lag in reading and writing), disturbances in interpersonal relationships and/or emotional or behavioral disorders, then it is unlikely that this is a variant of the norm.

Acquired aphasia occurs after the beginning of speech formation, namely after 2 years. In the past, purulent meningitis most often led to acquired aphasias in children, currently injuries and strokes with damage to the dominant hemisphere predominate among the causes. If the damage is not bilateral, then children with acquired aphasia are more likely to recover oral speech compared to adults, and speech is restored the better the younger the child. The loss of spontaneous speech under stress should be distinguished from aphasia.

## **CONCLUSION**

Thus, the diagnosis of speech disorders should be based on the results of diagnostic training and the following examination algorithm.

1. Consultation of a neurologist, neurological status.
2. Consultation of a psychologist, assessment of intellectual development, assessment of non-verbal intelligence.
3. Audiometry and auditory evoked potentials.
4. Electroencephalography (routine and with the inclusion of sleep) in order to identify some cases of subclinical epileptic seizures that adversely affect cognitive functions.
5. Neuroimaging (magnetic resonance imaging of the brain, computed tomography of the skull, temporal bones).
6. Consultation of a geneticist with special genetic tests.

Against the background of developmental and correctional classes, children with speech development delay, as a rule, require medication support from time to time, which significantly improves the results of correctional work. The expediency of medical support for children with speech delays is associated with the presence of a large number of concomitant neurological and behavioral features.

This article, which reveals the terminology and classification of speech development delay, is an introduction to further study of the problem, which, we hope, will be reflected in a series of

publications devoted to certain types of speech disorders in children and the problems of their joint medical and pedagogical correction.

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