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SPECIAL NEEDS EDUCATION

Учебно-практическое пособие
по английскому языку



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All kids need is a little help,
a little hope, and somebody
who believes in them.
Magic Johnson

ПРЕДИСЛОВИЕ

Английский язык в сфере психологии, педагогики, дефектологии и других дисциплин, связанных с обучением и воспитанием, насыщен специальными терминами, в том числе заимствованными из других языков. Так, слова «логопедия», «дефектология», «дислалия» пришли из греческого и латыни не только в русский язык, но и в английский. «Компетенция», «бихевиоризм», «лаборатория», «технология», «компонент» – эти и многие другие слова можно найти в английском языке, но в несколько измененном виде. Остается научиться правильно произносить их.

Это пособие для тех, кто изучает английский язык одновременно с профессиональным освоением психологии и дефектологии. Здесь представлены аутентичные тексты, которые знакомят с историей логопедии, задачами, которые она решает, проблемами отрасли. Упражнения помогут научиться коммуникации, в том числе деловой, в устной и письменной формах на английском языке для решения задач межличностного и межкультурного взаимодействия, будут способствовать активному усвоению новой лексики и грамматики английского языка.

Тематика учебного пособия предполагает использование не только печатных, но и мультимедийных источников как в аудиторной, так и в самостоятельной работе, что позволяет существенно углубить знания в профессиональной сфере.

Надеемся, что пособие расширит кругозор тех, кто будет учиться с его помощью, подготовит к чтению специальной литературы и профессиональному общению на английском языке.

Желаем творческих успехов!

Unit 1

SPEECH AND LANGUAGE. DEVELOPMENT AND PROBLEMS

1. Do you know what logopedics is? Here are various meanings and all the characteristics of the word:

- the study, and correction, of speech defects, especially in children;
- the study and treatment of speech defects;
- the study and treatment of speech disorders; speech-language pathology;
- the study, and correction, of speech and language defects, disorders in communication and swallowing disorders.

You can find these definitions of the noun in different dictionaries.

See at: <https://www.definitions.net/definition/LOGOPEDICS>

<https://www.collinsdictionary.com/dictionary/english/logopedics>

<https://wordpanda.net/definition/logopedics>

<https://www.dictionary.com/browse/logopedics>

<https://glosbe.com/en/en/logopedics>

It is uncountable and used with a singular verb.

You can also come across *logopedia*, *logopaedia*.

Derived forms: *logopedic*, *logopaedic* (adjective).

Origin of logopedics

First appearance: before 1920.

One of the 12 % newest English words.

First recorded in 1920 – 1925; logo- + (ortho)pedics.

Etymology: from Ancient Greek λόγος (lógos, “speech, oration, discourse, quote, story, study, ratio, word, calculation, reason”) and Ancient Greek παιδεία (paideiā, “rearing of a child, education”).

Synonyms for logopedics: speech therapy.

2. Learn the words.

- | | | |
|------------------------|---|-----------------------------------|
| 1) babbling | ➤ | лепет, детский лепет |
| 2) check for | ➤ | проверять на (наличие/отсутствие) |
| 3) glaucoma | ➤ | глаукома |
| 4) eyesight | ➤ | зрение |
| 5) healthcare provider | ➤ | лечащий врач |

6) hearing	➤	слух
7) immature	➤	несформированный
8) infant	➤	младенец
9) newborn	➤	новорожденный
10) nursery	➤	палата новорожденных
11) uterus	➤	матка
12) vision	➤	зрение, острота зрения
13) visual acuity test	➤	проверка остроты зрения
14) voice quality	➤	фонация, тембр голоса

3. Match English word combinations in A to their Russian equivalents in B.

A. 1) develop the ability to focus; 2) growing child's health; 3) vision screening; 4) eye disorders; 5) well-baby visits; 6) formal; 7) eye exam.

B. а) проверка зрения; б) приобретать способность сосредоточиться; в) соответствующий правилам; г) медосмотры в первый год жизни ребенка; д) офтальмологическое обследование; е) здоровье растущего ребенка; ж) нарушения зрения.

4. What makes an important part of a child's life? When do children develop speech, language and hearing skills? Read the text to find it out.

Vision, Hearing, and Speech Overview

Vision, hearing, and speech are an important part of a child's life. When a baby is born, their **eyesight** is **immature**. The baby later develops the ability to focus. Hearing appears early as a baby develops in the mother's **uterus**. Hearing is needed for correct speech and language development. Watching a child's ability to see, hear, and speak is an important part of growing child's health.

The American Academy of Ophthalmology, the American Optometric Association, and the American Academy of Pediatrics (AAP) have advised the following vision screening stages:

- **Newborn.** All newborns are examined in the **nursery** for eye infections and other eye disorders, such as **glaucoma**.

- Age 6 months. **Infant** visual screenings should be done during well-baby visits, particularly **checking for** how the eyes work together.
- Age 3 to 4 years. Formal **visual acuity tests** and the complete eye exam should be done.
- Age 5 years and older. Annual visual screening tests and eye exams should be done.

Children develop speech, language, and hearing skills at different ages. But hearing loss can lead to delays in your child's ability to make sounds, learn to speak, and communicate. The AAP advises hearing screening for all newborns before they leave the hospital. Talk with the child's **healthcare provider** if you're concerned about your child's hearing or speech, or if you notice any of the following:

- No response to sound at any age.
- Baby doesn't move or jump when a loud sound is made.
- No **babbling** by the time the baby is 9 months old.
- No words spoken by age 18 to 24 months.
- Doesn't follow simple commands by age 2.
- Poor **voice quality** at any age.

<https://wheatonmychartib.staywellsolutionsonline.com/Library/Encyclopedia/85,P09510>

5. Read the text again and answer the questions.

1. Which institutions mentioned in the text advise both visual and hearing screening? 2. Which skill appears the first and plays crucial role in the development of other skills? 3. What can make parents talk to a healthcare provider?

6. Learn the words.

- | | |
|------------------------|---|
| 1) apraxia | ➤ апраксия |
| 2) companionship | ➤ общение |
| 3) consistent | ➤ устойчивый, систематический |
| 4) developmental | ➤ возрастной, связанный с развитием |
| 5) exposure | ➤ воздействие, пребывание под воздействием |
| 6) expressive language | ➤ экспрессивная речь, языковые навыки передачи информации |

7) hesitate	➤ стесняться, запинаться
8) mature	➤ взрослеть, развиваться
9) milestone	➤ веха, этап, ключевой момент
10) on track	➤ в норме
11) receptive language	➤ рецептивная речь, языковые навыки восприятия
12) sight	➤ зрительный образ, изображение
13) sort out	➤ разбирать(ся)
14) speech disorder	➤ расстройство речи
15) stutter	➤ заикаться, запинаться, говорить неуверенно
16) stuttering	➤ заикание
17) syllable	➤ слог

7. Match English word combinations in A to their Russian equivalents in B.

A. 1) acquire skills; 2) speech skills; 3) exposure to the speech and language; 4) speech and language development; 5) absorb language; 6) recognize sounds; 7) primary caretaker; 8) sort out the speech sounds; 9) follow a natural progression; 10) master skills; 11) hearing loss; 12) language skills; 13) speech or language disorder; 14) receptive and expressive language; 15) specific language impairment; 16) mastery of language skills.

B. а) ответственный за уход/лечение; б) естественное развитие, естественная последовательность; в) языковые навыки восприятия и передачи информации; г) специфическое расстройство речи; д) овладеть навыками; е) языковые навыки и умения; ж) речевые навыки и умения; з) воздействие речи и языка; и) развитие речевых и языковых навыков; я) распознавать звуки; к) осваивать язык; л) потеря, ухудшение слуха; м) классифицировать звуки речи; н) расстройство речи; о) развивать навыки; п) владение языковыми навыками.

8. Skim the text and answer the questions.

1. How do speech and language develop? 2. What helps doctors and other health professionals determine if a child is on track or if they may need extra help? 3. What is the difference between a speech disorder and a language disorder?

Speech and Language Developmental Milestones

The first 3 years of life, when the brain is developing and **maturing**, is the most intensive period for acquiring speech and language skills. These skills develop best in a world that is rich with sounds, **sights**, and **consistent exposure** to the speech and language of others.

There appear to be critical periods for speech and language development in infants and young children when the brain is best able to absorb language. If these critical periods are allowed to pass without exposure to language, it will be more difficult to learn.

The first signs of communication occur when an infant learns that a cry will bring food, comfort, and **companionship**. **Newborns** also begin to recognize important sounds in their environment, such as the voice of their mother or primary caretaker. As they grow, babies begin to **sort out** the speech sounds that compose the words of their language. By 6 months of age, most babies recognize the basic sounds of their native language.

Children vary in their development of speech and language skills. However, they follow a natural progression or timetable for mastering the skills of language. **Milestones** for the normal development of speech and language skills in children from birth to 5 years of age help doctors and other health professionals determine if a child is **on track** or if he or she may need extra help. Sometimes a delay may be caused by hearing loss, while other times it may be due to a speech or language disorder.

Children who have trouble understanding what others say (**receptive language**) or difficulty sharing their thoughts (**expressive language**) may have a language disorder. Specific language impairment (SLI) is a language disorder that delays the mastery of language skills. Some children with SLI may not begin to talk until their third or fourth year.

Children who have trouble producing speech sounds correctly or who **hesitate** or **stutter** when talking may have a **speech disorder**. **Apraxia** of speech is a speech disorder that makes it difficult to put sounds and **syllables** together in the correct order to form words.

<https://www.nidcd.nih.gov/health/speech-and-language>

9. Read the text again and decide if the statements are true or false.

Correct the false ones.

1. The brain is developing and maturing during the first three years.
2. Speech and language skills develop best if they are exposed to the speech and language of people.
3. There are critical periods for speech and language development in infants and young children which means they can't absorb language.
4. The first signs of communication occur when an infant begins to recognize the voice of their mother or primary caretaker.
5. Children follow a natural progression or timetable for mastering the skills of language.
6. Hearing loss as well as a speech or language disorder may cause a delay.
7. A language disorder may cause troubles in receptive and expressive language.
8. A speech disorder means that children have trouble producing speech sounds correctly or hesitate or stutter when talking.

10. Learn the words.

- | | |
|---------------------------|---|
| 1) autism | ➤ аутизм, преобладание внутренней жизни |
| 2) concern | ➤ беспокойство |
| 3) deafness | ➤ глухота |
| 4) dyslexia | ➤ дислексия |
| 5) evaluate | ➤ оценивать |
| 6) fine-tune | ➤ точно подобрать |
| 7) language impairment | ➤ расстройство речи |
| 8) refer to | ➤ направлять |
| 9) speech deficit | ➤ дефект/расстройство речи |
| 10) speech-sound disorder | ➤ нарушение звуков речи |
| 11) treat | ➤ лечить |

11. Before reading the text, match each term with the definition.

- | | |
|---------------------------------|---|
| 1. Speech-language pathologists | a) study the human growth and development that occurs throughout the entire lifespan. |
|---------------------------------|---|

- | | |
|---|--|
| 2. Audiologist | b) is a person or company that provides a healthcare service to you. |
| 3. Developmental psychologists | c) assess, diagnose, treat, and help to prevent communication and swallowing disorders in children and adults. |
| 4. Healthcare provider | d) is a scientist or doctor who deals with the sense of hearing. |
| 5. Primary caretaker or primary caregiver | e) a person who works in healthcare, for example a doctor or nurse. |
| 6. Health professional | f) is a person assisting an underaged child or a sick, elderly, or disabled relative. |

12. Read the second part of the text. Three sentences have been removed from the text. Choose from the sentences A – E the one which best fits each gap. There is one extra sentence which you do not need to use.

Speech and Language Developmental Milestones

What should I do if my child’s speech or language appears to be delayed?

Talk to your child’s doctor if you have any **concerns**. Your doctor may **refer** you **to** a speech-language pathologist, who is a health professional trained to **evaluate** and **treat** people with speech or language disorders. The speech-language pathologist will talk to you about your child’s communication and general development. He or she will also use special spoken tests to evaluate your child. 1. _____ Depending on the result of the evaluation, the speech-language pathologist may suggest activities you can do at home to stimulate your child’s development. They might also recommend group or individual therapy or suggest further evaluation by an audiologist (a health care professional trained to identify and measure hearing loss), or a developmental psychologist (a health care professional with special expertise in the psychological development of infants and children).

What research is being conducted on developmental speech and language problems?

The National Institute on **Deafness** and Other Communication Disorders (NIDCD) sponsors a broad range of research to better understand the development of speech and language disorders, improve diagnostic capabilities, and **fine-tune** more effective treatments.

2. _____ A large study following approximately 4,000 children is gathering data as the children grow to establish reliable signs and symptoms for specific speech disorders, which can then be used to develop accurate diagnostic tests. Additional genetic studies are looking for matches between different genetic variations and specific **speech deficits**.

Researchers sponsored by the NIDCD have discovered one genetic variant, in particular, that is linked to specific **language impairment** (SLI), a disorder that delays children’s use of words and slows their mastery of language skills throughout their school years. 3. _____ Further research is exploring the role this genetic variant may also play in **dyslexia, autism, and speech-sound disorders**.

A long-term study looking at how deafness impacts the brain is exploring how the brain “rewires” itself to accommodate deafness. 4. _____ This ongoing research continues to explore the concept of “brain plasticity” – the ways in which the brain is influenced by health conditions or life experiences – and how it can be used to develop learning strategies that encourage healthy language and speech development in early childhood.

<https://www.nidcd.nih.gov/health/speech-and-language>

- A. So far, the research has shown that adults who are deaf react faster and more accurately than hearing adults when they observe objects in motion.
- B. An ongoing area of study is the search for better ways to diagnose and differentiate among the various types of speech delay.
- C. Studies of stuttering that have focused on specific populations, including Americans, Europeans, and Africans, have indicated that the prevalence of the disorder among these populations is highly variable.

- D. A hearing test is often included in the evaluation because a hearing problem can affect speech and language development.
- E. The finding is the first to tie the presence of a distinct genetic mutation to any kind of inherited language impairment.

13. Summarize the text “Speech and Language Developmental Milestones” (exercises 8 and 12). See Appendix I for useful tips and phrases.

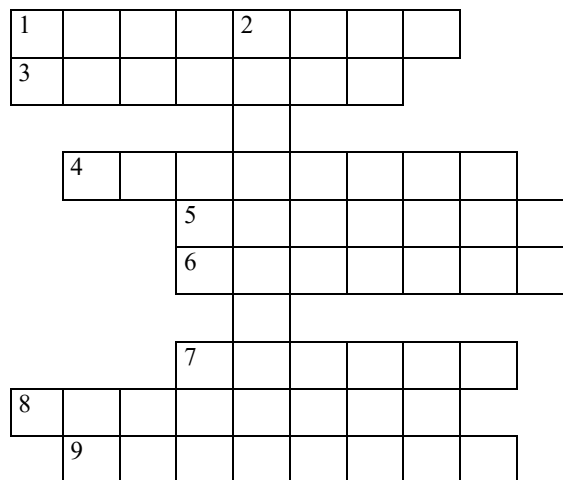
14. Complete the crossword puzzle.

Across

- 1) the production of meaningless strings of speech sounds by infants
- 3) recently born
- 4) an abnormal physical or mental condition
- 5) loss or impairment of the ability to execute complex coordinated movements without muscular or sensory impairment
- 6) the ability to hear sounds
- 7) the ability to see*
- 8) a disease of the eye that can cause a person to gradually lose their sight
- 9) the ability to see*

Down

- 2) the scientific study and treatment of speech defects



* Слова 7 и 9 – синонимы.

15. It's interesting to know. Below you'll find some common assumption about young children's speech and language development, and the research that debunks it.

You should never use "baby talk" with babies.

► **False**

Baby talk, also known as "motherese", "parentese" or "infant-directed speech", refers to the very recognizable speech patterns people use when speaking to babies. Baby talk has a higher-than-normal and more varied pitch, a slower rate of speaking, simpler vocabulary, lots of repetition, emphasis of important words, and exaggerated, positive facial expression. For example, "Are you looking at the *light*? D'you *like* that *light*? It's a *bright light*!"

It has been well-established that babies prefer "baby talk" as it helps them pay closer attention to speech, especially amidst background noise. "Baby talk" makes it easier for babies to figure out how language works and which words are most important to the meaning of what's being said. This helps them learn what words mean and, in time, helps them learn to say words. Therefore, don't be afraid to use baby talk with your baby – it's helping him tune in to you and what you are saying!

From "Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development" by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

Unit 2

SPEECH DISORDER

1. Learn the words.

- | | |
|----------------------|-----------------------------------|
| 1) auditory system | ➤ слуховая система |
| 2) cleft palate | ➤ волчья пасть, расщепленное нёбо |
| 3) deformities | ➤ патология |
| 4) deviation from | ➤ отклонение от |
| 5) faculty of speech | ➤ дар речи |
| 6) impair | ➤ наносить ущерб, поражать |

- | | |
|-------------------------|---|
| 7) impediment | ➤ затрудненность |
| 8) incidence | ➤ уровень заболеваемости, число случаев |
| 9) intact | ➤ здоровый |
| 10) larynx | ➤ гортань, дыхательное горло |
| 11) prevalence | ➤ частота заболеваний |
| 12) sound-generating | ➤ звукообразующий |
| 13) speech impediment | ➤ дефект речи |
| 14) speech pathology | ➤ расстройство речи |
| 15) vocal | ➤ голосовой |
| 16) vocal communication | ➤ устная коммуникация |

2. Translate conjugate words or words with the same roots.

Order – disorder, communicate – communication, produce – production; possible – impossible; large – largely; inform – information – informative; health – healthy; deaf – deafness; detect – detectable; able – unable; normal – normally; articulate – articulation; populate – population; rely – reliable; distribute – distribution.

3. Match English word combinations in A to their Russian equivalents in B.

A. 1) human speech; 2) rely on; 3) sound waves; 4) convey specific information; 5) properly functioning; 6) speech and sound production.

B. а) зиждется, опираться на; б) передавать конкретную информацию; с) человеческая речь; д) порождение речи и звуков; е) нормально функционирующий; ф) звуковые волны.

4. Read the text. What is speech disorder? What can cause speech disorders?

Speech Disorder*

By Godfrey Edward Arnold

Speech disorder means any of the disorders that **impair** human speech.

Human communication relies largely on the **faculty of speech**, supplemented by the production of certain sounds, each of which is unique

* Alternate titles: **speech impediment, speech pathology**

in meaning. Human speech is extraordinarily complex, consisting of sound waves of a diverse range of frequencies, intensities, and amplitudes that convey specific information. The production and reception of these sounds require a properly functioning ear and **auditory system**, as well as **intact** and healthy **vocal** and **sound-generating** structures, including the **larynx**, the tongue, and the lips.

Vocal communication can be rendered difficult or impossible by **deformities** in the physical structures used in speech and sound production or by disorders affecting areas of the brain that process speech and sound.

<https://www.britannica.com/science/speech-disorder/Major-types-of-speech-disorders>

5. Read the text. Find out if there is similar statistics in Russia. Get ready to discuss the difference or similarity.

The Study of Speech Disorders. Prevalence of speech disorders

In the United States, statistics from the early 21st century compiled by the National Institute on Deafness and Other Communication Disorders revealed that approximately 5 percent of American children had detectable speech disorders by age of six or seven. About 7.5 million Americans were found to be unable to use their voice normally. Disorders of articulation among young children were frequent.

Studies in Germany, Austria, and other central European countries suggest that the **incidence** and prevalence of speech disorders in these countries follow patterns similar to those observed among other Western countries. There are, however, **deviations from** these trends. For example, the incidence of **cleft palate** is very high among Native Americans, while it is much lower among blacks than in whites. Studies of stuttering that have focused on specific populations, including Americans, Europeans, and Africans, have indicated that the prevalence of the disorder among these populations is highly variable. However, generalization of the data suggests that roughly 2.5 percent of children under age five are affected by stuttering. For some speech disorders, reliable data on global prevalence and distribution are lacking.

<https://www.britannica.com/science/speech-disorder>

6. Learn the words.

- | | |
|----------------------------------|---|
| 1) abuse | ➤ отклонение |
| 2) adjust to | ➤ приспособляться |
| 3) appropriate function | ➤ необходимая/желаемая функция |
| 4) appropriate treatment | ➤ оптимальное лечение |
| 5) articulated speech | ➤ членораздельная речь |
| 6) brain stroke | ➤ инсульт, острое нарушение мозгового кровообращения |
| 7) caused by | ➤ происходящий по вине, происходящий в результате (действий) |
| 8) cluttering | ➤ агитолалия (невнятная речь под влиянием волнения) |
| 9) considerations | ➤ факторы, которые необходимо учитывать, факторы и условия |
| 10) derangement | ➤ расстройство |
| 11) disturbance | ➤ отклонение |
| 12) habitual abuse | ➤ врожденное отклонение |
| 13) label | ➤ относить к (какой-либо категории) |
| 14) lesion | ➤ повреждение, очаговое поражение |
| 15) lisping | ➤ сигматизм (нарушение произношения шипящих и свистящих звуков) |
| 16) make the best of | ➤ сделать все возможное |
| 17) mumbling | ➤ невнятная речь |
| 18) outgrow | ➤ перерасти, избавиться с возрастом |
| 19) predominant | ➤ доминирующий, преобладающий |
| 20) prevalent | ➤ преобладающий |
| 21) respiration | ➤ дыхание |
| 22) secondary structural changes | ➤ вторичные структурные изменения |
| 23) stammering | ➤ заикание, логоневроз |
| 24) the remainder | ➤ остальная часть, остаток |
| 25) underlying basis | ➤ основа |
| 26) vocal cords | ➤ ГОЛОСОВЫЕ СВЯЗКИ |

7. Match English word combinations in A to their Russian equivalents in B.

A. 1) phonic respiration; 2) disorder of language/language disorder; 3) communication disorder; 4) local lesion; 5) regulating brain centres; 6) underlying physiological functions; 7) emotional disorder; 8) clearly recognizable; 9) structural abnormalities; 10) empirical grouping; 11) polyps and nodules; 12) vocal abuse; 13) adjust to the limitation; 14) audible result; 15) recognizable phenomenon; 16) in the case of; 17) at autopsy.

B. а) в случае с; б) регуляторные центры головного мозга; в) при аутопсии; д) фоническое дыхание; е) легко узнаваемый; ф) языковое расстройство; г) эмпирическая классификация; h) локальное повреждение; и) аномалии строения; j) глубинные физиологические функции; к) эмоциональное расстройство; л) коммуникативное расстройство; м) полипы и узелки; н) узнаваемое/различимое явление; о) нарушение речи; р) приспособляться к ограничениям; q) воспринимаемый на слух, слышимый результат.

8. Read the text and answer the questions.

1. What disorders do disorders of communication comprise? 2. What group of disorders is labeled as functional? 3. How is another group of communication disorders labeled? 4. What are certain functional disorders of the voice **caused by**? What can they lead to? 5. What can organic disorders result in? 6. Are the various types of communication disorders described by the underlying basis? 7. What caused better systems of classification?

Classification of Speech Disorders

In accordance with physiological **considerations**, disorders of communication are first classified into disorders of voice and phonic **respiration**, disorders of **articulated speech**, and disorders of language. It has been known for a long time that the majority of communication disorders are not caused by local **lesions** of the teeth, tongue, **vocal cords**, or regulating brain centres. Since these **predominant** disorders of voice and speech develop from **derangements** of the underlying physiological functions of breathing, use of the voice, speaking habits, or emotional

disorders, this group has been **labeled** as functional. **The remainder** of the communication disorders with clearly recognizable structural abnormalities in the total speech mechanism has been labeled organic.

While this empirical grouping has certain implications for the selection of the **appropriate treatment**, it is not satisfactory because organic structure and living function can never be separated. Certain functional disorders of the voice caused by its **habitual abuse** may very well lead to **secondary structural changes**, such as the growths (polyps and nodules) of the vocal cords, which develop as a result of vocal abuse. On the other hand, all the obviously organic and structural lesions, such as loss of the tongue from accident or surgery, will almost inevitably be followed by emotional and other psychological reactions. In this case, the functional components are of a secondary nature but to a great extent will influence the total picture of **disturbance**, including the patient's ability to **adjust to** the limitation, to relearn a new mode of **appropriate function**, and to **make the best of** his or her condition.

Within these major groups, the various types of communication disorders have for a long time, and in most parts of the world, been described by the listener's perceptual impression. Most languages employ specific words for the various types of abnormal speech, such as stuttering, **stammering, cluttering, mumbling, lisping**, whispering, and many others. The problem with such subjective and symptomatic labels is the fact that they try to define the final, audible result, the recognizable phenomenon, and not by any means the **underlying basis**.

The various approaches of medical, psychiatric, psychological, educational, behavioral, and other schools of speech pathology have made great advances in the recent past and better systems of classification continue to be proposed. They aim at grouping the observable symptoms of speech disorders according to the underlying origins instead of the listener's subjective impressions. While this is relatively easy in the case of language loss from, for example, a **brain stroke** because the destroyed brain areas can be identified at autopsy, it is more difficult in the case of the large group of so-called functional speech disorders for two reasons: first, they are definitely not caused by gross, easily visible organic lesions,

and, second, many functional disorders are **outgrown** through maturation or appropriate learning (laboratory study of the involved tissues in such cases would reveal no detectable lesions). It is hoped that refined methods of study in the areas of both “functional” psychology and “organic” neurophysiology will eventually reveal the structural bases for the **prevalent** disorders of voice and speech.

<https://www.britannica.com/science/speech-disorder>

9. Summarize the texts on speech disorders (exercises 4, 5 and 8). See Appendix I for useful tips and phrases.

10. It's interesting to know. Below you'll find some common assumption about young children's speech and language development, and the research that debunks it.

Speaking “telegraphically” helps young children learn to talk.

► ***False***

Telegraphic speech involves using only content words with little or no grammar. Examples of telegraphic speech include “Where coat?” (instead of “Where’s your coat?”), or “This Mama spoon” (instead of “this is Mama’s spoon”). Some people believe that telegraphic speech makes it easier for babies to learn to talk because it allows babies to hear only the important words in a sentence. But the experts disagree.

According to Marc Fey, PhD., Professor at the University of Kansas Medical Center, Department of Hearing and Speech, telegraphic speech may hinder children’s learning of grammar and word meanings as it deprives children of the helpful cues and information that come from grammatical speech. For example, babies realize that words that end in “-ing” are verbs, making it easier to figure out the word’s meaning.

So when you use “baby talk”, make sure it’s grammatical. Try to use short, simple phrases or sentences with proper grammar. A good rule of thumb when deciding if your sentence is appropriate is to think about whether you would say the same thing to an adult. If the answer is no, then you are probably using telegraphic speech.

From “Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development” by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

Unit 3

MAJOR TYPES OF SPEECH DISORDERS. VOICE DISORDERS. DISORDERS OF LANGUAGE DEVELOPMENT

1. Learn the words.

- | | |
|--------------------------|---------------------------------------|
| 1) acoustical alteration | ➤ акустическое изменение |
| 2) afflict | ➤ поражать |
| 3) breathy | ➤ голос с придыханием |
| 4) constricted | ➤ сжатый, сдавленный |
| 5) degenerative disease | ➤ прогрессирующее заболевание |
| 6) depressed | ➤ угнетенный |
| 7) distinguish | ➤ различать, проводить различие |
| 8) dysphonia | ➤ дисфония |
| 9) exaggerated | ➤ чрезмерный, излишний |
| 10) excessive | ➤ избыточный, чрезмерный |
| 11) forceful | ➤ сильный, резкий, энергичный |
| 12) gagging | ➤ рвотные движения, поперхивание |
| 13) glottis | ➤ голосовая щель |
| 14) grating | ➤ скрипучий |
| 15) gravelly | ➤ резкий, грубый |
| 16) gritty | ➤ жесткий |
| 17) habitual dysphonia | ➤ привычная дисфония |
| 18) harsh | ➤ резкий |
| 19) hoarse | ➤ хриплый |
| 20) husky | ➤ сиплый |
| 21) hyperkinetic | ➤ гипертонусный |
| 22) hypokinetic | ➤ гипотонусный |
| 23) injury | ➤ повреждение, травма |
| 24) laryngeal | ➤ ларингальный, относящийся к гортани |
| 25) local | ➤ очаговый |
| 26) pattern | ➤ модель поведения |

- | | |
|---------------------------|--|
| 27) phonation | ➤ фонация, образование звука/голоса |
| 28) pituitary | ➤ гипофиз |
| 29) psychogenic dysphonia | ➤ психогенная дисфония |
| 30) regress | ➤ ухудшаться |
| 31) sluggish | ➤ инертный, вялый |
| 32) sphincter | ➤ сфинктер, запирательная мышца, сжиматель |
| 33) stemming from | ➤ вызванный, являющийся результатом |
| 34) subdued | ➤ вялый, слабый |
| 35) systemic disease | ➤ системное заболевание, общее заболевание организма |
| 36) underlying cause | ➤ истинная причина |

2. Match English word combinations in A to their Russian equivalents in B.

A. 1) paralysis of the larynx; 2) paralytic dysphonia; 3) traumatic dysphonia; 4) endocrine dysphonia; 5) local laryngeal changes; 6) visible symptomatology; 7) perceptual impression; 8) abnormal voice; 9) vocal spectrum; 10) visible laryngeal causes; 11) organic origin; 12) functional voice disorder; 13) faulty speaking habits; 14) emotional disorder; 15) physiological activity.

B. а) паралич гортани; б) видимая симптоматика/совокупность симптомов; в) эмоциональное расстройство; г) видимые, связанные с гортанью (ларингальные) причины; д) очаговые изменения гортани; е) паралитическая дисфония; ж) физиологическая активность, жизнедеятельность; з) неправильный/патологический речевой навык; и) травматическая дисфония; я) дисфония, вызванная нарушениями эндокринной системы; к) функциональное нарушение голоса; л) субъективное восприятие; м) необычный/атипичный голос; н) органическое происхождение; о) звуковой/голосовой диапазон.

3. Read the text. Answer the questions.

1. What is the term for voice disorders? 2. List the types of dysphonia depending on the underlying cause. 3. What origin can dysphonias have? 4. What main types of functional voice disorders can be distinguished? What are their causes? 5. What are subtypes of dysphonia?

Voice Disorders

In international terminology, disorders of the voice are described as **dysphonia**. Depending on the **underlying cause**, the various types of dysphonia are subdivided by the specifying adjective. Thus, a vocal disorder **stemming from** paralysis of the larynx is a paralytic dysphonia; **injury** (trauma) of the larynx may produce traumatic dysphonia; endocrine dysphonia reflects the voice changes resulting from disease of the various endocrine glands such as the **pituitary**. The various dysphonias of clearly organic origin from **systemic disease** (e.g., muscular, nervous, or **degenerative disease afflicting** the entire body) or from **local laryngeal** changes differ in their visible symptomatology, as well as in the perceptual impression produced by the abnormal voice. Nevertheless, it has not yet been possible to define the **acoustical alterations** in the vocal spectrum that would allow a clear and objective differentiation among the subjective graduations of an abnormal voice as **hoarse, harsh, husky, breathy, grating, gravelly, or gritty**.

Because a large group of dysphonias have no visible laryngeal causes, they are grouped as nonorganic. Two main types of these so-called functional voice disorders may be **distinguished**: the **habitual dysphonias** that arise from faulty speaking habits and the **psychogenic dysphonias** that stem from emotional causes. Both of these types of dysphonia again occur in two basic subtypes, the **hyperkinetic** (overactive) and the **hypokinetic** (underactive) since emotional disorders interfere with voluntary vocal function by causing either **excessive** or **depressed** physiological activity. In the hyperkinetic disorders, the highly coordinated **patterns** of **phonation regress** to the primitive, **forceful**, and **exaggerated sphincter** action of the larynx as seen during **gagging**. The result is hyperkinetic dysphonia, the gratingly harsh vocal disorder due to excessive muscular action in a **constricted** larynx. In the second subtype, the movements for phonation regress even more deeply to the original function of respiration; the **sluggish** larynx remains more or less open, and the **glottis** is incompletely closed for phonation, leading to hypokinetic dysphonia with subdued, breathy huskiness.

<https://www.britannica.com/science/speech-disorder>

4. Fill in the blanks with the words from the list that follows to complete the text: glottis (2), larynx, cords, breathing (2), swallowing (2).

Key Glossary Terms

... Highly specialized structure atop the windpipe responsible for sound production, air passage during ... and protecting the airway during

Vocal Folds (also called Vocal ...). “Fold-like” soft tissue that is the main vibratory component of the voice box; comprised of a cover (epithelium and superficial lamina propria), vocal ligament (intermediate and deep laminae propria), and body (thyroarytenoid muscle).

... (also called **Rima Glottides**). Opening between the two vocal folds; the ... opens during ... and closes during ... and sound production.

5. Summarize the texts on vocal disorders (exercises 3 and 4). See Appendix I for useful tips and phrases.

6. Learn the words.

- | | |
|----------------------------|--|
| 1) acquisition | ➤ научение, усвоение |
| 2) articulatory immaturity | ➤ артикуляционная инфантильность |
| 3) auditory area | ➤ слуховая область |
| 4) birth injury | ➤ родовая травма |
| 5) cerebral | ➤ мозговой, умственный |
| 6) cerebral dominance | ➤ контролирующая роль мозга |
| 7) clumsiness | ➤ неловкость, неуклюжесть |
| 8) congenital | ➤ врожденный |
| 9) damage | ➤ нарушение, поражение |
| 10) delayed growth | ➤ задержка роста |
| 11) deviation | ➤ отклонение, нарушение |
| 12) encompass | ➤ охватывать, включать |
| 13) endowment | ➤ одаренность, талант, способность |
| 14) environmental | ➤ обусловленный окружающей обстановкой |
| 15) familial | ➤ семейный, наследственный |
| 16) fetus | ➤ плод (зародыш с 9-й недели развития до момента рождения) |

- | | |
|-------------------------------|--|
| 17) gamut | ➤ весь спектр |
| 18) genetically predetermined | ➤ генетически predetermined |
| 19) hereditary factor | ➤ наследственный фактор |
| 20) inferior function | ➤ неполноценная функция |
| 21) infrequent | ➤ редкий, редко встречающийся |
| 22) laboured | ➤ затрудненный |
| 23) language patterns | ➤ языковая структура |
| 24) lesser | ➤ менее значительный |
| 25) maladjustment | ➤ неприспособленность, социальная дезадаптация |
| 26) maturation | ➤ возмужание, рост, развитие |
| 27) merit | ➤ заслужить |
| 28) normal | ➤ соответствующий норме |
| 29) parental neglect | ➤ отсутствие родительского внимания |
| 30) perinatally | ➤ в период до и после рождения |
| 31) prompt investigation | ➤ детальное обследование |
| 32) sustain | ➤ получить (повреждение) |
| 33) yield to | ➤ уступать место |
| 34) young infant | ➤ ребенок первого полугодия жизни |

7. Match English word combinations in A to their Russian equivalents in B.

A. 1) general language disability; 2) acquired language disorders; 3) major injury; 4) minor injury; 5) toxic damages; 6) nutritional damages; 7) auditory performance; 8) poor language patterns; 9) emotional maladjustment; 10) prolonged disease; 11) congenital aphasia; 12) laboured language development; 13) retarded reading and writing disability; 14) primary disability; 15) developmental disability.

B. a) расстройство, связанное с отставанием в обучении чтению и письму; b) работа органов слуха; c) легкая травма; d) нарушения, связанные с питанием; e) затянувшаяся болезнь; f) недостаточная языковая структура; g) нарушение развития; h) задержка речевого развития; i) приобретенные расстройства речи; j) эмоциональная

неприспособленность; к) обширная, тяжелая травма; л) первичные/врожденные нарушения; м) врожденная афазия; н) затрудненное развитие языковых навыков; о) токсическое поражение.

8. Read the text to find out what language disorders can be distinguished and what their causes are. Discuss the role of a family in these disorders.

Disorders of Language Development

The most frequent speech disorders are those that disturb the child's **acquisition** or learning of language. Studies of large numbers of children with developmental language disorders have shown that at least two chief classes of these disorders may be distinguished: general language disability from genetic factors with a familial (inherited) pattern chiefly from the paternal side, and acquired language disorders due to **damage sustained** before, during, or shortly after birth (i.e., **perinatally**).

These latter perinatal damages **encompass** the **gamut** of toxic, infectious, traumatic, nutritional, hormonal, and other damages that may hurt the growing **fetus** or **young infant**. Major and minor **birth injury** is not an **infrequent** factor. **Hereditary factors** also encompass a great variety of **genetically predetermined** influences, including **familial** tendency to exhibit slow language development, **lesser endowment** in the brain area for language, **inferior function** in the highest brain areas of auditory performance without organic damage to the ears, slow **maturation** of motor function (including **clumsiness** and **deviation** from **normal cerebral dominance**), and other signs of **delayed cerebral growth**. Additional **environmental** causes include poor **language patterns** used by the family, **parental neglect**, emotional **maladjustment**, general weakness from prolonged disease, as well as various socioeconomic, cultural, and other psychological influences.

While some otherwise perfectly normal children, particularly boys, may not elect to begin talking until age three, making good progress in every respect from then on, the absence of speech after age two may be

caused by any of the conditions mentioned thus far and would appear to **merit prompt investigation**. If an organic cause can be detected, the symptomatic description of delayed language development then **yields to** a specific etiologic (causal) diagnosis. Although it is best to describe the absence of speech in early childhood as simply delayed language development, some investigators tend to refer to this condition as **congenital** (present at birth) aphasia.

Many children encounter unusual difficulties in mastering the patterns of articulation of their mother tongue and are said to manifest **articulatory immaturity** (infantile dyslalia). If no organic cause can be found, the probable cause may be delayed maturation of psychomotor skills.

Marked delays of language development are often followed by a period of inability to learn the rules of grammar and syntax at the usual age (dysgrammatism). Though this is often a sign of inherited language disability, it may reflect intellectual disability or other types of brain damage.

Some children who have suffered such **laboured** language development may then go through a period of retarded reading and writing disability, a condition often defined as dyslexia. Again, there are two chief varieties: the primary or developmental reading and writing disability due to constitutional (organic) and hereditary factors, and a large secondary group of symptomatic reading disorders acquired through any of the influences that retard language development in general, including troubles with vision. Practically all investigators agree that primary or developmental dyslexia shows a marked hereditary tendency (is familial) and is typically associated with other disorders of psychomotor development and poor function in the **auditory area** in the brain. Primary dyslexia is significantly associated with other developmental speech disorders.

<https://www.britannica.com/science/speech-disorder/Major-types-of-speech-disorders>

9. Complete the sentences.

There are two chief classes of language disorders, i. e. ... language disability and ... language disorders. They are caused by ... and ... factors consequently. Perinatal damages include ..., ..., ..., ..., and other

damages as well as ... injury and ... factors. There could be some additional ... causes. Many children manifest ... immaturity (infantile dyslalia). A period of inability to learn the rules of grammar and syntax at the usual age is called Some children may then go through a period of ... reading and writing disability, often defined as There are two chief varieties: the primary or ... reading and writing disability and a large ... group of symptomatic reading disorders.

10. Use the passage completed in exercise 9 and Appendix I to summarize the text of exercise 8.

11. It's interesting to know. Below you'll find some common assumption about young children's speech and language development, and the research that debunks it.

Using "educational" products, such as DVDs or flashcards stimulates young children's language development.

► ***False***

While it can be tempting to purchase special products marketed as "educational" for young children, these products are not necessarily effective in helping children learn how to communicate.

Baby DVDs. Several DVDs geared towards infants and very young children have been marketed in recent years, with the aim of promoting babies' development, including their language skills. However, the research on such DVDs to date has not provided evidence that these products produce better language skills. In fact, these DVDs may be the cause of somewhat smaller vocabularies in children who spend more time watching them.

Flashcards. Learning a new word from a flashcard teaches a child to say a word in response to a picture. This, however, does not mean that the child will understand the full meaning of the word or how to use it appropriately in real-life situations. New vocabulary has to be learned in meaningful interactions during everyday life and repeated many times before becoming part of a child's vocabulary. Roberta Golinkoff, PhD., co-

author of “Einstein Never Used Flash Cards: How Our Children Really Learn and Why They Need to Play More and Memorize Less”, explains that “babies learn best through playful interactions with people who love them” and had the following advice for parents about educational products: “Save your money! Play with your child”.

From “Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development” by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

Unit 4

MAJOR TYPES OF SPEECH DISORDERS. ARTICULATORY DISORDERS

1. Learn the words.

- | | |
|-------------------------------|---|
| 1) admonition | ➤ замечание |
| 2) aspire | ➤ стремиться, претендовать |
| 3) castigate | ➤ обрушиваться, подвергать наказанию |
| 4) cheek pouch | ➤ щечный мешок |
| 5) conspicuous | ➤ заметный, выраженный, бросающийся в глаза |
| 6) disease entity | ➤ нозологическая единица |
| 7) dysphemia | ➤ дисфемия, нарушение артикуляции, вызванное функциональным расстройством |
| 8) erratic | ➤ сумбурный |
| 9) facilitate | ➤ помогать |
| 10) for a time | ➤ в свое время |
| 11) for one | ➤ начнем с того, что |
| 12) hearing loss | ➤ нарушение слуха |
| 13) hereditary predisposition | ➤ наследственное предрасположение |
| 14) intelligible speech | ➤ разборчивая речь |
| 15) jerky | ➤ отрывистый |

- | | | |
|-----|-------------------------|---|
| 16) | mental disturbance | ➤ психическое здоровье |
| 17) | nasal | ➤ гнусавый |
| 18) | neurogenic asynchronies | ➤ нейрогенная асинхрония |
| 19) | palatal closure | ➤ палатальное смыкание |
| 20) | palatal midline | ➤ средняя линия нёба |
| 21) | peculiar | ➤ специфичный, необычный |
| 22) | physical | ➤ соматический, физиологический |
| 23) | premise | ➤ предпосылка, условие |
| 24) | puberty | ➤ пубертатный период |
| 25) | sloppy | ➤ небрежный |
| 26) | slurping | ➤ чавкающий, хлюпающий |
| 27) | snorting | ➤ фыркающий |
| 28) | strikingly | ➤ поразительно |
| 29) | stumbling | ➤ неуверенный |
| 30) | subtle | ➤ слабовыраженный |
| 31) | tachyphemia | ➤ тахифемия, многословие |
| 32) | thus far | ➤ на данном этапе; по состоянию на сегодняшний день |
| 33) | tongue tip | ➤ кончик языка |
| 34) | unanimous | ➤ единодушный |

2. Match English word combinations in A to their Russian equivalents in B.

A. 1) poorly intelligible speech; 2) infantile mannerisms; 3) infantile dyslalias; 4) age group; 5) disturbed speech; 6) physical disturbances; 7) psychopharmacological drugs; 8) accelerate recovery; 9) speech pathology.

B. а) расстройство речи; б) ускорять восстановление; в) неразборчивая речь; г) физиологические нарушения; д) психофармакологические средства; е) инфантильные манеры; ж) возрастная группа; з) детская дислалия; и) нарушение речи.

3. Read the text and answer the questions that follow.

1. What is cluttering characterized by? 2. What are experts unanimous in (related to cluttering)? 3. What do the causes of lisping

include? 4. Is lispings easily outgrown? 5. What are the synonyms for dysphemia? 6. Do experts agree about what really causes stuttering? 7. Are the male or female more frequently affected with stuttering? 8. Is stuttering inherited? Is it a single disease entity? 9. What is the typical approach in the treatment of stuttering? 10. What is the way to prevent stuttering?

Articulatory Disorders

Cluttering. A **peculiar** impediment of speech, cluttering (or **tachyphemia**) is characterized by hasty, **sloppy**, **erratic**, **stumbling**, **jerky**, and poorly **intelligible speech** that may somewhat resemble stuttering but differs from it markedly in that the clutterer is usually unaware of it, remains unconcerned, and does not seem to fear speaking situations. Its association with other past or persistent signs of subnormal language development differentiates congenital cluttering from emotional stuttering. Experts are **strikingly unanimous** in stressing the hereditary nature of cluttering.

Lisping. Although lisping belongs among the articulatory disorders and usually has the same causes as articulatory disorders (dyslalia) in general, it differs from other disorders of articulation in several respects. **For one**, lisping occurs in various varieties: with the **tongue tip** protruding between the front teeth, with a **slurping** noise in the **cheek pouch**, with the tongue too far back along the **palatal midline**, with excessive tongue pressure against the teeth; in several **snorting** and **nasal** subtypes, as well as through substitute hissing deep in the throat or even within the larynx, such as in cleft-palate speech. Moreover, the causes of lisping include a diverse group of particular conditions: abnormal number or position of teeth; imitation of other lispers; deficiency of **palatal closure**; slight **hearing loss** in the high frequencies; as well as several psychologic causes, such as infantile mannerisms or **mental disturbance**. Lisping is less easily outgrown than the other infantile dyslalias and may persist into adult life if not corrected.

Stuttering, or stammering. Academically known as **dysphemia**, what is called stuttering in the United States is usually named stammering

in the United Kingdom. While everyone seems to know what stuttering sounds like, experts do not agree about what really causes it. In the age groups after **puberty**, stuttering is the most frequent and **conspicuous** type of disturbed speech encountered. This is one reason why among the studies dealing with speech pathology in the world literature those devoted to stuttering are the largest single group. Despite numerous and intensive studies of the problem, findings and conclusions are far from unanimous. A great number of theories have been proposed to explain the origin and nature of stuttering, which range from the **premise** that **subtle physical** disturbances in the nervous system (so-called **neurogenic asynchronies**) are responsible to the opinion that psychological maladjustment alone is to blame.

Research findings indicate that trouble with stuttering affects the male sex two to four times more frequently than the female. **Hereditary predisposition** has been noted in many studies of large groups of stutterers, with evidence for an inherited tendency found among as many as 40 percent of the stutterers studied. Some experts insist that stuttering is not a single **disease entity** but that it comprises several types of the disorder with different causes.

The treatment of stuttering is difficult and often demands much skill and responsibility on the part of the therapist. There is no medical cure for stuttering. **For a time** it was hoped that new psychopharmacological drugs (e.g., tranquilizers) might **facilitate** and accelerate recovery from stuttering. Although these efforts have not produced a pharmacological treatment **thus far**, several therapeutic approaches have been developed that can improve an affected individual's speech. The typical approach in this disorder is a strict program of psychotherapy (talking freely with a psychiatrist or psychologist so as to reduce emotional problems) supported by various applications of learning theory or behavioral theory (in retraining the stutterer) and other techniques depending on the therapist's position. It is widely agreed that the patient must acquire a better adjustment to the problems of his or her life and that he or she needs to develop a technique for controlling symptoms and fears. Prognosis (predicted outcome of treatment) thus is held to depend greatly on the

patient's motivation and perseverance. It is interesting to note that experienced investigators no longer **aspire** to a "cure" of stuttering through an etiologic (causal) approach. Instead of focusing on underlying causes, they aim at making the patient "symptom-free" via symptomatic therapy.

Prevention of stuttering may be aided through parent counseling. The normal, immature speech of many children is characterized by various nonfluencies; these include hesitations, syllable repetition, groping for the right word, and vocalizations between words such as "ah-ah". Some misguided parents **castigate** these normal signs of developing speech with various **admonitions** and, even worse, try to forbid the nonfluencies by mislabeling them as stuttering. In some children, this parental interference associates normal nonfluency with feelings of insecurity and fear, tending to make the child become a real stutterer. Much research has been devoted to this probable etiology for one type of stuttering; its elimination through parental guidance indeed has been reported to help in reducing the number of stutterers.

<https://www.britannica.com/science/speech-disorder/Major-types-of-speech-disorders>

4. Read the text again and decide if the following statements are true or false.

1. Cluttering may resemble stuttering but differs from it a little.
2. The clutterer usually seem to fear speaking situations.
3. Cluttering and stuttering are of congenital nature.
4. Lipping differs from other disorders of articulation as it occurs in various varieties and the causes of lipping include a diverse group of particular conditions.
5. Lipping is easily outgrown.
6. Dysphemia is the same as stuttering in the United States and stammering in the United Kingdom.
7. Literature devoted to stuttering makes the largest single group as it is the most mysterious speech disorder.
8. Stuttering is mostly inherited and is accompanied by other disorders.

9. The typical approach in stuttering is a program of psychotherapy which includes talking with a psychiatrist or psychologist so as to reduce emotional problems.

5. Get ready with the presentation on stuttering. Try to develop some slides.

6. Learn some more new words.

- | | |
|--------------------------------|--|
| 1) brain activity | ➤ активность головного мозга |
| 2) brain circuitry | ➤ система межнейронных связей |
| 3) hemisphere | ➤ полушарие |
| 4) hemodynamic response | ➤ гемодинамическая реакция |
| 5) near-infrared spectroscopy | ➤ спектроскопия в ближней инфракрасной области |
| 6) neurodevelopmental disorder | ➤ нарушение развития центральной нервной системы |
| 7) neuroimaging | ➤ нейровизуализация |
| 8) reveal | ➤ раскрывать, показывать |
| 9) seminal | ➤ новаторский, выдающийся |
| 10) shed light | ➤ проливать свет |
| 11) unravel | ➤ разгадывать |
| 12) sentiment | ➤ мнение, мысль, отношение |

7. Match the words and word combinations in A with their Russian equivalents in B.

A. 1) neuroimaging research; 2) key brain structures; 3) gray matter; 4) speech production; 5) index brain activity; 6) seminal finding; 7) respective group; 8) onset of stuttering; 9) stuttering persistence.

B. а) серое вещество; б) выдающийся результат; в) устойчивость заикания; д) нейровизуализационное исследование; е) ключевые структуры головного мозга; ф) начало заикания; г) порождение речи; h) соответствующая группа; и) регистрировать активность головного мозга.

8. Read the text to find out more about research related to stuttering.

How Brain Research Sheds Light on the Cause of Stuttering

By Bridget Walsh, Ph.D., CCC-SLP

Stuttering is a developmental speech condition of complex etiology most often emerging during the preschool years. This complexity is often mistaken as a lack of knowledge about the “cause” of stuttering. But **neuroimaging** research from the past 15 years supports stuttering’s classification as a **neurodevelopmental disorder** revealing subtle differences in the development of **brain circuitry** supporting speech in people who stutter.

Anatomical brain images **reveal** gray matter (cell body) differences in key brain structures that support speech production along with white matter (axon) differences in the pathways interconnecting these regions. Studies tracking the development of these speech networks over time show differences in growth trajectories between children whose stuttering resolves versus those children whose stuttering is persisting.

My lab is researching how these anatomical differences may affect brain functioning for speech production in children who stutter. Functional **near-infrared spectroscopy** (fNIRS) is a noninvasive neuroimaging method that measures changes in blood flow to index **brain activity**. Our group led the first studies using fNIRS to record brain activity, or **hemodynamic responses**, during speech in children who do and do not stutter. A **seminal** finding from this research was the different hemodynamic responses between the two groups of children during fluent speech production. Whereas the group of children who do not stutter showed activity over left **hemisphere** regions responsible for speech planning and production, children who stutter showed different patterns of activity over these left hemisphere speech regions. We followed up on these distinctions in hemodynamic patterns between groups of children who do and do not stutter by testing whether these patterns serve as neural biomarkers of stuttering that could classify individual children into their respective groups (e.g., as a child who does or does not stutter). We

discovered neurophysiological biomarkers of stuttering that distinguished school-aged children who stutter from children who do not with nearly 88 % accuracy and distinguished children who had either persisted or recovered from stuttering with 71 % accuracy. Currently, we are studying whether differences in hemodynamic responses are replicated in younger children closer to the onset of stuttering and serve as an early risk indicator for stuttering persistence.

Research into brain structure and function and genetics helps us begin to **unravel** the bases of stuttering and supports the advancement of novel neuromodulation therapies. Yet, we must emphasize to people who stutter and parents of children who stutter that in stuttering, the brain is grossly normal and healthy. We cannot yet diagnose stuttering by imaging a person’s brain. The structures are intact, and the brain “wiring” is not broken by any means. The differences we find in our research studies are subtle and vary from person to person.

On the other hand, what we have learned moves us beyond the **sentiment** that, “stuttering is a mystery. We don’t know what causes it”. While there is more we seek to understand about the neural underpinnings of stuttering, we can acknowledge findings from a growing body of neurobiological and genetic evidence that stuttering is a neurodevelopmental speech condition and that the brain circuitry supporting speech functions develops differently in people who stutter.

Bridget Walsh is an Associate Professor of Communicative Sciences and Disorders in the College of Communication Arts and Sciences at Michigan State University.

<https://www.stutteringhelp.org/content/how-brain-research-sheds-light-cause-stuttering>

9. Get ready to summarize the text of exercise 8.

10. It’s interesting to know. Below you’ll find some common assumption about young children’s speech and language development.

Using a pacifier causes speech and language problems.

► **Unclear**

The verdict on this issue may still be out. Prolonged pacifier use has been linked to dental problems and increased ear infections, both of which can have a negative impact on speech and language learning. However, a couple of recent studies examining the speech (pronunciation) of children with prolonged pacifier use found different results. One study found no difference in the speech (pronunciation) of children who used a pacifier for a long period. However, in 2010, another study found increased odds of speech disorders among children who used a pacifier for 3 or more years or sucked their fingers extensively.

While the verdict may still be out about this issue, most professionals would agree that a child's opportunities for babbling, imitating sounds, and engaging in conversations are reduced if she or he has a pacifier in the mouth much of the time. Therefore, reducing pacifier use may be recommended by speech-language professionals.

From “Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development” by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

Unit 5

DYSPHASIA AND APHASIA

1. Learn the words.

- | | |
|--------------------------|-------------------------------|
| 1) albeit | ➤ хотя и |
| 2) angular gyrus | ➤ угловая извилина |
| 3) aphasic language loss | ➤ афазная утрата языка |
| 4) aphasiology | ➤ афазиология |
| 5) Broca's area | ➤ поле Брока |
| 6) cumbersome | ➤ неуклюжий, неповоротливый |
| 7) dysphasia | ➤ дисфазия, расстройство речи |
| 8) evenly distributed | ➤ равномерно распределенный |
| 9) graphic language | ➤ письменный язык |

10) handedness	➤ доминирование одной из рук
11) hemiplegia	➤ гемиплегия, паралич половины тела
12) in part	➤ отчасти, в некоторой степени
13) incessantly	➤ непрерывно, без умолку
14) intimately associated with	➤ неразрывно связанный с
15) intricate patterns	➤ замысловатые шаблоны/модели
16) junction	➤ синапс
17) occipital lobe	➤ затылочная доля
18) parietal	➤ теменная
19) predominantly	➤ преимущественно, в основном
20) stroke	➤ инсульт
21) temporal	➤ височный

2. Guess the meaning of the words that follow: neurologist, neurosurgeon, brain surgeon, internist, phoniatriст, speech pathologist, psychologist and linguist.

3. Match the words and word combinations in A with their Russian equivalents in B.

A. 1) partial or total loss; 2) left hemisphere; 3) right-handed individual; 4) left-hander; 5) research background; 6) alien tongue; 7) physical recovery; 8) temporal lobe; 9) stuttering persistence; 10) parietal lobe; 11) occipital lobe.

B. а) физическое восстановление; б) постоянное заикание; в) теменная доля; г) чуждый язык; д) затылочная доля; е) полная или частичная утрата; ж) правша; з) левша; и) левое полушарие; к) научные изыскания; л) височная доля.

4. Read the text and answer the questions.

1. What is dysphasia and what is it caused by? 2. What causes aphasia? 3. What are major brain areas intimately associated with language function? 4. Is aphasiology the science studied by speech pathologists or phoniatriстs? 5. What is the essence of aphasia? 6. What are the goals of managing aphasia?

Dysphasia and Aphasia

Dysphasia means the partial or total loss of language as a result of lesions in those parts of the brain that are directly related to language function. **Stroke** in elderly patients and head injury in younger ones are typical causes. Aphasia is seen most frequently when the left side of the brain is afflicted, as evidenced by paralysis of the right arm and leg. Evidence indicates that the left hemisphere is dominant in all right-handed individuals and in some left-handers as well. Some experts even believe that the left brain hemisphere is dominant for language in most individuals regardless of **handedness** and that dominance of the right brain is exceptional in some left-handers. According to other opinions, dominance for language is more **evenly distributed** in both hemispheres in left-handed persons. The two major brain areas recognized as **intimately associated with** language function are **Broca's area**, in the third frontal convolution, and Wernicke's area, in the posterior third of the upper temporal convolution. The **angular gyrus** at the **junction** of the **temporal** (side), **parietal** (top), and **occipital** (back) **lobes** of the brain is believed to be related to **graphic language** as used for reading and writing.

Aphasiology, the science of **aphasic language loss**, is studied by neurologists, neurosurgeons, some phoniatriests, certain speech pathologists, as well as some psychologists and linguists. This diversity of research background accounts, **in part**, for the great diversity in theoretical approaches to aphasia. Numerous classification schemes that have been proposed vary from simple groupings into a few main types of aphasia to complicated systems with many forms and subtypes of aphasic disturbances. Similar to research in stuttering, the literature on aphasia is exceptionally large and growing.

The essence of aphasia is the loss of memory for the meaning of language and its production. Thus, in the **predominantly** expressive or motor forms, the patient can no longer remember the **intricate patterns** for articulation; a patient can no longer form a word in speaking or writing, even though the patient may know what he or she wants to express. In the predominantly receptive or sensory forms, the patient can talk freely, sometimes excessively and **incessantly** (logorrhea), although with

numerous errors and meaningless clichés, but no longer comprehends what is said to him or her or what he or she tries to read. Those who recover from receptive forms of the disorder are likely to explain that during their aphasia spoken language sounded like an unintelligible, alien tongue. The degree to which there is combination of expressive and receptive symptoms varies greatly with the type and extent of brain lesion. There may be total loss of all language functions (global aphasia) to slight residual errors or misunderstandings when the brain damage is only slight or temporary. A major complication of aphasia is the frequent association with right **hemiplegia**, in which the paralyzed hand is no longer serviceable for writing. Retraining of the left hand for writing may then become necessary.

Management of aphasia has two goals: one, the physical recovery of the patient through treatment by the internist, neurologist, and possibly brain surgeon, and two, the reeducation of the brain functions that are still present, the aim of which is to help the patient relearn some use of language under the guidance of the speech pathologist. The better the patient's recovery from the brain lesion, the more chances there are of prompt and complete return of language. When the brain losses are permanent, the patient must relearn each word, sentence, and phrase like the young child, **albeit** in a more **cumbersome** manner, apparently using parts of the brain that still function. He or she is repeatedly shown the picture of an object along with its printed name; these words are spoken by his or her teacher over and over in the hope that the patient will learn to repeat the word or phrase until he or she can say it spontaneously. Words that are relevant to the patient's everyday life are emphasized first with due consideration for his or her interests and past occupation; later the patient may advance to the use of abstract concepts and of higher levels of language. Various types of automated training programs are available, which enable the patient to practice at his or her own pace.

<https://www.britannica.com/science/speech-disorder/Major-types-of-speech-disorders>

5. It's interesting to know. Below you'll find some common assumption about young children's speech and language development, and the research that debunks it.

Second- and third-born children are late to talk because their older siblings do the talking for them.

► **False**

Several studies have shown that the language development and skills of first-born and later-born children are similar. In fact, some studies have shown superior skills in later-born children in the areas of pronoun use and conversation skills. One study showed that first-born children reach the 50-word milestone earlier, but that once children had reached the 50-word milestone, there were no differences between first- and later-born children. So while older siblings often interrupt and talk for their younger siblings, this does not seem to have a negative impact on the younger sibling's development.

From "Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development" by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

Unit 6

TREATMENT AND REHABILITATION OF COMMUNICATION DISORDERS

1. Learn the words.

- | | |
|-----------------------------------|--|
| 1) be overlooked | ➤ выпасть из поля зрения, остаться без внимания |
| 2) delay | ➤ задержка |
| 3) deteriorating | ➤ ухудшение, ухудшающийся |
| 4) disturbance | ➤ отклонение от нормы, патологическое отклонение |
| 5) otologist/ear surgeon | ➤ хирург-отолог |
| 6) eccentricities | ➤ странность, чужаковатость |
| 7) entail | ➤ предусматривать |
| 8) audiologist/hearing specialist | ➤ сурдолог |

- | | |
|-------------------------------|---|
| 9) incipient laryngeal cancer | ➤ рак гортани в начальной стадии |
| 10) intact speech | ➤ нормальная речевая деятельность |
| 11) internist | ➤ терапевт |
| 12) laryngologist | ➤ ларинголог, оториноларинголог |
| 13) malformation | ➤ порок развития, нарушение, мальформация, врожденный порок |
| 14) map | ➤ увязывать, локализовать |
| 15) mime | ➤ имитировать |
| 16) reeducation | ➤ переучивание |
| 17) severe | ➤ тяжелый, серьезный, ярко выраженный |
| 18) severe hearing loss | ➤ тугоухость тяжелой степени |
| 19) stroke patient | ➤ пациент, перенесший инсульт |
| 20) vocal complaint | ➤ жалобы на голос |
| 21) vocal tract | ➤ речевой тракт |
| 22) withdrawal | ➤ уход в себя, замыкание в себе |

2. Match the words and word combinations in A with their Russian equivalents in B.

A. 1) selection of methods; 2) medical treatment; 3) educational rehabilitation; 4) communication disorders; 5) pediatrician; 6) plastic surgeon; 7) precise diagnosis; 8) intellectual disability; 9) geneticist; 10) childhood autism.

B. а) коммуникативное расстройство; б) терапевтические способы лечения; в) отбор методов; г) детский аутизм; д) обучающая реабилитация; е) точный диагноз; ж) педиатр; з) пластический хирург; и) генетик; я) умственная отсталость, задержка умственного развития.

3. Skim the text to find out the methods of medical treatment or educational rehabilitation of communication disorder. What do they depend on?

Treatment and Rehabilitation

The selection of methods in the medical treatment or educational rehabilitation of communication disorders depends primarily on the underlying basis for the **disturbance**. Any case of chronic hoarseness should be evaluated first by a **laryngologist** to establish a precise

diagnosis. This is particularly important in the older age groups in which an **incipient laryngeal cancer** is often **overlooked** because the patient does not pay attention to his or her **deteriorating** voice. The prognosis of all cancers becomes rapidly poorer the longer the disease remains unrecognized. As soon as disease of the larynx is excluded as a cause of the **vocal complaint**, vocal rehabilitation by a competent speech pathologist should be considered.

Malformations, diseases, or injuries of the peripheral speech mechanism are treated by appropriate specialists. The plastic surgeon repairs a cleft of the palate. The neurologist and **internist** treat the **stroke patient** until he or she has recovered sufficiently to be referred for **reeducation** of language abilities. The pediatrician treats the child with intellectual disability, while the geneticist counsels the family regarding the possible inheritance of the disorder and its future avoidance. Deafness or **severe hearing loss** in early childhood is a typical cause for **severe delay** of language development and should be promptly recognized through appropriate examination by the **ear surgeon (otologist)** and **hearing specialist (audiologist)**. Cases of childhood autism (**withdrawal, severe eccentricities**) or early schizophrenia are recognized with increasing frequency by speech pathologists, child psychiatrists, pediatricians, and clinical psychologists.

In the 21st century, researchers from diverse fields, including neuroscience, bioengineering, and linguistics, worked to develop state-of-the-art devices capable of generating a synthetic voice controlled by activity in the speech centres of a person's brain. Part of this research **entailed mapping** sound produced by the voice of healthy individuals to movements of the **vocal tract**, which allowed for the subsequent development of algorithms that associate brain activity generated during speech with specific vocal tract movements. Those movements could then be used to produce a synthetic version of an individual's voice. In an early trial, one such neural decoder successfully generated understandable sentences that had been silently **mimed** by a person with **intact speech**.

4. Learn the words.

- | | |
|------------------------------|---|
| 1) assessment | ➤ оценка, обследование |
| 2) assignment | ➤ задание |
| 3) auditory | ➤ слуховой, относящийся к органам слуха |
| 4) auditory feedback | ➤ обратная связь в слуховом анализаторе;
слуховая обратная связь |
| 5) augmenting | ➤ нормализация |
| 6) cognition | ➤ когнитивная деятельность, когнитивные
функции, познание |
| 7) come out right | ➤ быть верным, правильным; получаться |
| 8) commitment | ➤ заинтересованность |
| 9) comprehension | ➤ осознанное восприятие, способность
понять |
| 10) congenital disorder | ➤ врожденная аномалия развития |
| 11) consonant | ➤ согласный звук |
| 12) drill | ➤ практическое задание, упражнение |
| 13) difficulty
swallowing | ➤ затрудненное глотание |
| 14) fluency | ➤ беглость |
| 15) habilitation | ➤ адаптация, абилитация |
| 16) jaw | ➤ челюсть |
| 17) keep from | ➤ мешать, препятствовать |
| 18) muscle weakness | ➤ мышечная слабость |
| 19) oral-motor | ➤ речевая моторика |
| 20) pitch | ➤ высота тона |
| 21) recurring | ➤ рецидив, повторение |
| 22) refer to | ➤ направлять |
| 23) swallowing disorder | ➤ расстройство глотательного рефлекса |
| 24) tactile cue | ➤ тактильная информация |
| 25) tongue | ➤ язык |
| 26) visual cue | ➤ визуальная информация |
| 27) vowel | ➤ гласный звук |
| 28) withhold | ➤ отказывать, отказываться давать |

5. Match the words and word combinations in A with their Russian equivalents in B.

A. 1) late talker; 2) hearing test; 3) sign language; 4) melody of speech assessment; 5) speech sound assessment; 6) conversational speech; 7) on a one-on-one basis; 8) behavioral problem; 9) control the rate of speech; 10) monitor breathing; 11) follow-up sessions.

B. а) ребенок со слабым речевым развитием; б) язык жестов; в) оценка мелодики речи; г) проверка остроты слуха; е) оценка звуков речи; ф) темп речи; г) разговорная речь; h) поведенческая проблема; и) индивидуально; j) следить за дыханием; k) повторные занятия, сеансы.

6. Read the text and take notes related to the following issues: disorder an SLP can help assess and treat; difficulties/problems caused by the disorders; evaluation tests used; treatment/therapy techniques used; age and possible causes of the particular disorder.

Types of Speech Therapy

You may be referred to a speech therapist, or more appropriately termed a speech-language pathologist (SLP), for a variety of disorders. An SLP can help treat problems related to speech, hearing, and swallowing. More specifically an SLP can help assess and treat:

- **Fluency:** stuttering, and cluttering
- **Speech:** articulation
- **Language:** ability, and **comprehension** of spoken and written language
- **Cognition:** attention, memory, ability to solve problems
- **Voice:** characteristics of vocal tone
- **Auditory habilitation & auditory rehabilitation:** recovery techniques associated with speech, hearing & language disorders
- **Swallowing disorders:** stroke and **congenital disorders**
- **Other services:** some therapists will specialize in other services including professional voice development, accent or dialect modification, transgender voice, business communication modification, and voice hygiene

Listed below, you will find some of the therapies that an SLP will utilize to treat some of the most common speech-language disorders.

Speech Therapy for Late Talkers. If your infant or toddler should be talking by now but isn't, he may be **referred to** a speech therapist. The therapist will likely try different things to encourage your child to talk, including playing with him. Sometimes, **withholding** a favorite toy until a child asks for it motivates small children to talk, but this depends on the circumstance.

For some children, other types of communication, such as sign language or picture cards, might be introduced. Speech therapists may also refer your child for further evaluation, such as hearing tests if necessary.

Speech Therapy for Kids With Apraxia. Children with apraxia have difficulty saying certain syllables or making certain sounds. Your child knows what he or she wants to say, but it doesn't seem to **come out right**. Speech therapists are qualified to evaluate children for apraxia by using several tests, including:

- **Oral-motor assessment** to check for **muscle weakness** in the **jaw**, lips or **tongue**
 - Melody of speech assessment during which the therapist listens to see if they can appropriately stress certain syllables and use **pitch** and pauses at the appropriate place in a sentence
 - Speech sound assessment which further determines how well the child can pronounce sounds, including **vowels**, **consonants**, and sound combinations. This includes determining how well others are able to understand the child's conversational speech

If your child is diagnosed with apraxia, they will probably need speech therapy on a one-on-one basis several times per week. This therapy will likely consist of intensively practicing their speech. The therapist will try to help your child understand **auditory feedback** as well as **visual or tactile cues**.

One way a therapist might do this is to have your child look at themselves in a mirror while speaking, or record them speaking and then playing it back. Many children enjoy this.

Since successful treatment for apraxia involves a lot of time and **commitment**, your therapist may give you **assignments** to practice with your child at home.

Speech Therapy for Stuttering. Stuttering is a problem that typically develops during childhood but can develop during adulthood as well. Stuttering is usually considered a type of behavioral problem. Speech therapists will try to teach your child who stutters behavioral modification techniques that in turn may help control their stuttering.

A common method that may be used on your child is to teach them to control the rate of speech since speaking too quickly can make stuttering worse for some people. Practicing speech in a slower, more fluent manner can be helpful. It can also be helpful to monitor breathing.

Even after treatment, people who stutter may require follow-up sessions with their speech therapist to **keep** the problem **from recurring**.

Speech Therapy for Aphasia. Aphasia is a condition that causes difficulty speaking as a result of some sort of damage to the brain. The condition can also consist of difficulty listening, reading, and writing. Aphasia happens to many adults after they have experienced a stroke. Speech therapists play a crucial role in diagnosing aphasia by evaluating an individual's ability to understand others, express themselves, and even swallow. There are many different things a speech therapist might do to help a person with aphasia, including:

- **Drills** to improve specific language skills
- Group therapy to improve conversational skills
- Gestures and writing to **augmenting** their communication skills

Speech Therapy for Swallowing Difficulty. Your child may experience **difficulty swallowing** for a variety of reasons. A speech therapist may help your child with swallowing difficulty by assisting them with exercises to make her mouth strong, increase tongue movement, and improve chewing.

A speech therapist may also make recommendations about the consistency of food. For infants, a speech therapist may assist in

coordinating her suck-swallow-breath pattern. As previously mentioned these are only some of the things that a speech therapist might do. There are many other conditions and methods used to evaluate those in need.

<https://www.verywellhealth.com/types-of-speech-therapy-1192153>

7. Read the text again and answer the questions.

1. Who can treat problems related to speech, hearing and swallowing? 2. What does SLP stand for? 3. What can SLP help assess and treat? 4. What types of speech therapy are utilized for some of the most common speech-language disorders?

8. Learn new words.

- | | |
|-----------------------------------|--|
| 1) conditioning | ➤ формирование условных рефлексов |
| 2) examining and supervisory body | ➤ экспертно-надзорный орган |
| 3) facet | ➤ аспект, компонент |
| 4) phoniatrics | ➤ фониятрия |
| 5) remedies | ➤ меры, лечебные средства |
| 6) retraining | ➤ переучивание |
| 7) speech affliction | ➤ речевое нарушение |
| 8) staff clinics | ➤ состоять в штате лечебных учреждений |

9. Match the words and word combinations in A with their Russian equivalents in B.

A. 1) otolaryngology; 2) experimental phonetics; 3) ear, nose, and throat department; 4) Anglo-Saxon countries; 5) be accredited; 6) offer degree; 7) speech clinician; 8) speech correction.

B. а) коррективный курс устной речи; б) экспериментальная фонетика; в) логотерапевт; г) англоязычные страны; д) быть аккредитованным, пройти аккредитацию; е) позволяет получить диплом; ж) отделение отоларингологии; з) отоларингология.

10. Read the text and complete the table. Compare the ways of speech correction development in different countries.

Date/year/century	Country, city	Important facts/events	Roots/causes	Related personalities
The latter part of the 19th century	Germany	Scientifically oriented speech pathology originated	Development of otolaryngology	Carl Ludwig Merkel, ...
				Jean-Pierre Rousselot
1924				
		College of Speech Therapists organised		
	New York City			
	Russia			
		Medical Department of Logopedics and Phoniatics organised		

Development of Speech Correction

That humankind has been troubled by **speech afflictions** since the beginning of recorded history can be gleaned from numerous remarks in the books of the Bible. Further, many scientific and medical writers from the time of antiquity to the Middle Ages reported observations of speech and voice disorders. The recommended **remedies** merely reflected the inadequacies of the philosophical or empirical notions of their times. Scientifically oriented speech pathology originated in Germany during the latter part of the 19th century, following closely the development of otolaryngology. Three names stand out in this respect: Carl Ludwig Merkel, Adolph Kussmaul, and Hermann Gutzmann, Sr., who became the first professor of speech pathology at the University of Berlin Medical School around 1900.

During the same time, the new science of experimental phonetics was developed by Jean-Pierre Rousselot in Paris, who promptly recognized

the great contributions that experimental phonetics could make to the study of normal and disturbed speech. This close collaboration of medical speech pathology with experimental phonetics has remained typical for the European continent where speech correction is customarily carried out under the direction of physicians in the ear, nose, and throat departments of the university hospitals. The designation of speech and voice pathology as logopedics and **phoniatics** with its medical orientation subsequently reached many other civilized nations, notably in Japan and on the South American continent. The national organizations in most of these areas are now represented in the International Association of Logopedics and Phoniatics, which was founded in Vienna in 1924.

The evolution of speech correction in the Anglo-Saxon countries followed a different trend. Although the United Kingdom has had a long tradition in general and experimental phonetics, its College of Speech Therapists was organized as an **examining and supervisory body** in 1945. Similar organizations followed in other areas of the British Commonwealth.

American speech pathology elected a different way. The American Speech-Language-Hearing Association (ASHA), founded in 1925 in New York City as the American Academy of Speech Correction, became the organizing, examining, and supervisory body for a rapidly growing membership, which surpassed 130,000 by 2008. Many colleges and universities in the United States are accredited by ASHA and offer degrees in speech pathology and audiology, some including work at the doctoral level. The large majority of ASHA members work as speech clinicians. A smaller number with master's degrees and a still smaller number with doctoral degrees **staff clinics** that deal with communication disorders and that are usually affiliated with hospitals, colleges, universities, and occasionally with civic organizations.

Russian speech correction originally followed the developments of European logopedics and phoniatics. One **facet** of early speech pathology research in Russia was its emphasis on Pavlovian theory (**conditioning** and **retraining**) and intensive use of neuropsychiatric methods, including pharmacology, sleep therapy, and other intensive treatment programs

during hospitalization. Similar trends operate in the eastern European countries, such as in the Czech Republic, where the first independent Medical Department of Logopedics and Phoniatics was organized at the Faculty of Medicine of Charles University in Prague.

<https://www.britannica.com/science/speech-disorder>

11. It's interesting to know. Below you'll find some common assumptions about young children's speech and language development, and the research that backs them up.

Boys talk later than girls.

► ***True***

It is true that boys produce their first words and sentences later than girls. However, these differences are only in terms of a matter of a few months. There is a normal range within which children acquire certain language milestones. "Girls tend to be on the earlier end, and boys on the later end, of this age range", according to researchers Seyda Özçalskan and Susan Goldin-Meadow. Therefore, boys are not actually delayed in their language development, just a little behind girls. So if a young boy is really lagging behind in his speech and language development, don't assume that it's because he's a boy and that it's perfectly normal. He may require some speech and language intervention.

More boys have language delays than girls do.

► ***True***

There are definitely more boys than girls with a variety of language difficulties. The incidence of language impairment is higher among boys than among girls, a ratio anywhere from 2:1 to 3:1. The incidence of Autism in boys is also higher, four times more common in boys than girls. *From "Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development" by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>*

Unit 7 SPECIAL NEEDS EDUCATION

1. Read the short passage and say if special needs education is developed for impaired and disabled children or for gifted ones.

Special Education

Special education, also called **special needs education**, the education of children who differ socially, mentally, or physically from the average to such an extent that they require modifications of usual school practices. Special education serves children with emotional, behavioral, or cognitive impairments or with intellectual, hearing, vision, speech, or learning disabilities; gifted children with advanced academic abilities; and children with orthopedic or neurological impairments.

<https://www.britannica.com/topic/special-education>

2. Do you remember how to read numerals? Try to brush up.

In the mid-1500s, in 1620, in 17th-century, 1712 – 1789, 1805 – 1874, in the 19th century, in 1784, 12 blind children, 1791, 1799, 1804, 1806, 1808, 1809, 1829, 1831, 1807, 1848, in the 1890s and early 1900s, by the late 20th century, 93 million children.

3. Learn the words.

- | | |
|--|--|
| 1) advocacy | ➤ информационно-просветительская деятельность |
| 2) ambitions | ➤ цели, устремления |
| 3) awareness-raising | ➤ привлечение внимания общественности |
| 4) celebrate | ➤ ценить по достоинству, отдавать должное |
| 5) capacity-building | ➤ создание потенциала |
| 6) close the gap | ➤ преодолеть отставание, восполнить пробел |
| 7) concurrent | ➤ одновременный, одновременно |
| 8) Convention on the Rights of Persons with Disabilities | ➤ Конвенция ООН о правах лиц с ограниченными возможностями |
| 9) conventional | ➤ общепринятый, стандартный |

- | | |
|---|--|
| 10) culturally deprived | ➤ социально ущемленный |
| 11) daunting | ➤ пугающий |
| 12) devise | ➤ разрабатывать |
| 13) disruptive | ➤ деструктивный, разрушительный |
| 14) estimated | ➤ приблизительный, предположительный |
| 15) foster | ➤ содействовать |
| 16) give rise to | ➤ порождать, заронить искру |
| 17) historical background | ➤ исторический контекст, история вопроса |
| 18) human dignity | ➤ достоинство личности, достоинство человека, человеческое достоинство |
| 19) impaired | ➤ ограниченно дееспособный, нарушенный, пораженный, с нарушениями |
| 20) implementation support | ➤ проектная поддержка; поддержка при внедрении |
| 21) innovator | ➤ изобретатель; лицо, участвующее в создании и реализации изобретения |
| 22) lip-read | ➤ читать по губам |
| 23) mainstreaming | ➤ интегрированный |
| 24) mentally retarded | ➤ с задержкой психического развития |
| 25) nature of communication | ➤ характер общения |
| 26) publish an account of | ➤ опубликовать отчет о |
| 27) rest on | ➤ основываться на |
| 28) self-contained | ➤ индивидуальный |
| 29) sensorimotor | ➤ сенсорно-двигательный, сенсомоторный |
| 30) shun | ➤ сторониться, избегать |
| 31) stigma | ➤ предрассудки |
| 32) subsequently | ➤ впоследствии, затем |
| 33) UNICEF (the United Nations Children's Fund) | ➤ ЮНИСЕФ (Детский фонд ООН) |
| 34) visual impairment | ➤ нарушение зрения, снижение остроты зрения |
| 35) whereby | ➤ в соответствии с которым |

4. Match the words and word combinations in A with their Russian equivalents in B.

A. 1) hard-of-hearing; 2) natural sign language; 3) manual system, or silent method; 4) oral method; 5) accepted practice; 6) educational method; 7) physical and sensory activities; 8) development of the senses; 9) individual differences; 10) interindividual differences; 11) intraindividual differences; 12) discrimination; 13) special education teachers.

B. а) устный метод; б) личностные особенности, изменчивость результатов индивида; в) межличностные различия, индивидуальные особенности; г) методика обучения; е) физическая и сенсорная деятельность; ф) метод языка жестов; г) естественный язык жестов; h) индивидуальные особенности; и) слабослышащий, с притуплением слуха; j) сенсорное развитие; к) педагог специального образования; л) сложившаяся практика; м) предвзятое отношение.

5. Read the text and complete the table.

Ancient Greece and Rome	isolated examples of caring for and treating disabled individuals <i>but</i> typically shunned people who differed from the norm
Middle Ages	
	Pedro Ponce de León taught deaf pupils in Spain to speak, read, and write
1620	
	John Bulwer ...
	Charles-Michel, abbé de l'Épée
	Roch-Ambroise Cucurron, Abbé Sicard,
	Samuel Heinicke
19th century	
18th century	

Historical Background

Although there are isolated examples of caring for and treating disabled individuals in ancient Greece and Rome, early societies typically **shunned** people who differed from the norm. During the Middle Ages the church became the first institution to provide care for physically or mentally **impaired** people, but the development of techniques associated

with special education did not emerge until the Renaissance, with its emphasis on **human dignity**. In the mid-1500s Pedro Ponce de León succeeded in teaching deaf pupils in Spain to speak, read, and write; it is assumed that his methods were followed by Juan Pablo Bonet, who in 1620 published the first book on the subject. This **gave rise to** a wider European interest in the education of deaf individuals. In 17th-century England John Bulwer **published an account of** his experiences teaching deaf persons to speak and **lip-read**, and in France similar work was carried on by Charles-Michel, abbé de l'Épée (1712 – 1789), who changed the **nature of communication** for deaf and hard-of-hearing individuals by developing the natural sign language they used into a systematic and **conventional** language for more universal use. His work was developed by Roch-Ambroise Cucurron, Abbé Sicard, and gave rise to the manual system, or silent method, of teaching people with hearing impairments. In Germany Samuel Heinicke experimented with training deaf children to speak, and in the 19th century Friedrich Moritz Hill (1805 – 1874), a leading educator of the deaf, developed this method in relation to the concept that education must relate to the “here and now” of the child – known as the “natural method”. Thus arose the oral method of instruction that in time became an accepted practice throughout the world.

No serious attempt was made to educate or to train persons with **visual impairments**, however, until the late 18th century. Valentin Haüy, known as the “father and apostle of the blind”, opened the National Institution of Blind Youth (Institution Nationale des Jeunes Aveugles) in Paris in 1784, with 12 blind children as his first pupils. News of Haüy’s success in teaching these children to read soon spread to other countries. **Subsequently**, schools for the blind were opened in Liverpool, England (1791), London (1799), Vienna (1804), Berlin (1806), Amsterdam and Stockholm (1808), Zürich, Switzerland (1809), Boston (1829), and New York City (1831).

Scientific attempts to educate children with intellectual disabilities originated in the efforts of Jean-Marc-Gaspard Itard, a French physician and otologist. In his classic book *The Wild Boy of Aveyron* (1807), he related his five-year effort to train and educate a boy who had been found running wild in the woods of Aveyron. Itard’s work with the boy became

notable for the possibilities it raised regarding the education of persons with mental or emotional disabilities. Years later his student Edouard Séguin, who emigrated from France to the United States in 1848, **devised** an educational method that used physical and sensory activities to develop the mental processes. Séguin's published works influenced Maria Montessori, an Italian pediatrician who became an educator and the **innovator** of a unique method of training young **mentally retarded** and **culturally deprived** children in Rome in the 1890s and early 1900s. Her approach emphasized self-education through specially designed "didactic materials" for **sensorimotor** training; development of the senses was the keynote of the system.

Special education for people with disabilities became universal in developed countries by the late 20th century. **Concurrent** with this development was the identification of two concepts of individual differences: (1) "interindividual differences", which compares one child with another, and (2) "intraindividual differences", which compares the child's abilities in one area with the child's abilities in other areas. The grouping of children in special classes **rests on** the concept of interindividual differences, but the instructional procedures for each child are determined by intraindividual differences – that is, by a child's abilities and disabilities.

<https://www.britannica.com/topic/special-education>

6. Express your opinion on the importance of special needs education. Use cliché (see Appendix II).

Model. I'm sure special needs education is as...

I am absolutely certain that ...

There is definitely ...

7. Read the text to find out what inclusive education is and what types of inclusive education there are.

What is Inclusive Education?

Let's begin with a definition of inclusive education. We can define inclusive education as a teaching model **whereby** all students, regardless of their ability, learn together in one environment.

The aim of an inclusive education environment is to ensure that all students are treated fairly and get equal opportunities. Within an inclusive education environment, student diversity and uniqueness should be **celebrated** without discrimination.

Types of inclusive education. All students are different and therefore have different individual needs. It's important to choose the right type of inclusive education for your students based on their individual requirements.

Full inclusion. A full inclusion model means that students with visible or hidden disabilities will always work alongside their peers.

If a school is using the full inclusion model, they will need to closely monitor student progression and ensure that the plan is working for students. If a full inclusion plan is too much, a partial inclusion plan can be implemented instead.

Partial inclusion. This teaching model is also built around allowing all students to learn and interact with the main classroom. However, partial inclusion also involves separated learning for students that need additional support outside of the classroom.

For students involved in a partial inclusion plan, they will still spend the majority of their learning time in the main classroom. However, they will also spend time away from the main class to receive additional support from special education teachers.

Some of the additional support given could also be **disruptive** if carried out in the main classroom; take speech-based lessons, for example. Partial inclusion is more flexible and allows classroom separation when it would be more beneficial for all students.

Mainstreaming. With the **mainstreaming** method, disabled students will begin their education journey in a **self-contained** classroom away from the main classroom.

If students are performing well within their self-contained classroom, they can be integrated into the main classroom based on their readiness. This method can be less **daunting** for some students, and allows them to gradually become a part of a fully inclusive classroom.

<https://www.futurelearn.com/info/blog/what-is-inclusive-education>

8. To learn if inclusive education is carried out successfully read the text. What organization is involved in quality education policy?

Inclusive Education

Every child has the right to quality education and learning.

An **estimated** 93 million children worldwide live with disabilities. Like all children, children with disabilities have **ambitions** and dreams for their futures. Like all children, they need quality education to develop their skills and realize their full potential.

Yet, children with disabilities are often overlooked in policymaking, limiting their access to education and their ability to participate in social, economic and political life. Worldwide, these children are among the most likely to be out of school. They face persistent barriers to education stemming from discrimination, **stigma** and the routine failure of decision makers to incorporate disability in school services.

Disability is one of the most serious barriers to education across the globe.

Robbed of their right to learn, children with disabilities are often denied the chance to take part in their communities, the workforce and the decisions that most affect them.

Getting all children in school and learning

Inclusive education is the most effective way to give all children a fair chance to go to school, learn and develop the skills they need to thrive.

Inclusive education means all children in the same classrooms, in the same schools. It means real learning opportunities for groups who have traditionally been excluded – not only children with disabilities, but speakers of minority languages too.

Inclusive systems value the unique contributions students of all backgrounds bring to the classroom and allow diverse groups to grow side by side, to the benefit of all.

Inclusive education allows students of all backgrounds to learn and grow side by side, to the benefit of all.

But progress comes slowly. Inclusive systems require changes at all levels of society.

At the school level, teachers must be trained, buildings must be refurbished and students must receive accessible learning materials. At the community level, stigma and discrimination must be tackled and individuals need to be educated on the benefit of inclusive education. At the national level, Governments must align laws and policies with the **Convention on the Rights of Persons with Disabilities**, and regularly collect and analyse data to ensure children are reached with effective services.

UNICEF's work to promote inclusive education

To **close the education gap** for children with disabilities, UNICEF supports government efforts to **foster** and monitor inclusive education systems. Our work focuses on four key areas:

Advocacy: UNICEF promotes inclusive education in discussions, high-level events and other forms of outreach geared towards policymakers and the general public.

Awareness-raising: UNICEF shines a spotlight on the needs of children with disabilities by conducting research and hosting roundtables, workshops and other events for government partners.

Capacity-building: UNICEF builds the capacity of education systems in partner countries by training teachers, administrators and communities, and providing technical assistance to Governments.

Implementation support: UNICEF assists with monitoring and evaluation in partner countries to close the implementation gap between policy and practice.

<https://www.unicef.org/education/inclusive-education>

9. Find out what authorities and institutions are involved in promoting and supporting inclusive education in Russia and how successful this educational trend in our country is. Get ready with the report and Power Point presentation.

10. It's interesting to know. Below you'll find some common assumption about young children's speech and language development, and the research that backs it up.

Twins are at greater risk for language delay.

► **True**

In a review of the research regarding the development of twins, Karen Thorpe summarized the following in her article:

- Twins, particularly male twins, have higher risk of language delay.
- Language delay is usually mild and it seems to reduce by middle childhood.
- There is great variation in language scores among twins.

Therefore, while not all twins have language delays, they are at greater risk for language delay.

From “Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development” by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

Unit 8 FUTURE CAREER

1. Discuss with your groupmates advantages and disadvantages of your future career. Try to prove your opinion.

1. Do you think that profession of a logopedist is prestigious nowadays?
2. Is this profession much wanted?
3. Is it difficult to find a good job in the field of logopedics?
4. Is there a shortage of good quality graduate logopedists in our city?
5. Are logopedists well paid?
6. Is this career more suitable for men or women?
7. Does this profession require much time or efforts for education?
8. Does it require any special traits of character?
9. Does the career of a logopedist require permanent self-education?

2. Complete the text with the words given below: disorders, research, logopedist, speech, psychology, rehabilitation, personal, cooperation.

Logopedics is a multidisciplinary science in the humanities with strong links to behavioral sciences, which studies the manifestations and causes of ... in voice, speech, language and communication. In addition,

the discipline focuses on the prevention, ... and the affectivity of rehabilitation of these disorders. The degree program in logopedics offers proficiency to work in the profession as a ... at schools, kindergartens and hospitals, as well as in areas demanding expertise in speech, language and communication.

The aim of basic studies in logopedics is to educate students to become multidisciplinary experts.

This aim is achieved through the subjects offered and the multidisciplinary nature of ... conducted in this field. The degree program in logopedics, in addition to its major subject, also deals with the fields of ..., medicine, phonetics, and linguistics.

Mastering scientific and research skills alongside with basic studies is crucial for the development of this field of science.

The student should, to a certain degree, participate in the research conducted in the department, for example by assisting as a test subject or data collector. The degree programme offers proficiencies towards postgraduate studies in the field of logopedics.

Speech therapy includes, in addition to lingual ... and group rehabilitation, support to adapt to the disability and coaching for social interactions. An important aspect of the job description is working in ... with the immediate family and environment as well as informing them about language disorders and the development of speech and language. With these procedures, the aim is to improve the active participation of the individual in interactional situations and affect the environment in such a way that the impediment for communication is reduced to as minor an extent as possible. The speech and language therapist works as an expert, coordinator and actuator in the rehabilitation of and language disorders.

3. Read the text and write or speak about your department and training program in a similar way.

Bachelor Programme in Logopedics

Educational degree: bachelor

Professional qualification: logopedics

Training type: fulltime

Training duration: 8 semesters

Logopedics is developing as higher education major at South-West University for more than 25 years. Nowadays this is a well-established specialty within the scientific direction of Public Health, successfully accredited by the NAEA in year 2015 for a period of 5 years.

The Department of Logopedics providing training in the field was opened as an independent one after the separation from Special Education in 2002.

The training is delivered by high-qualified lecturers (professors, assoc. professors, assistant professors with PhD) from the Department and other university units.

The curriculum structure is according to the requirements of IALP (International Association of Logopedists and Phoniatriests) and also meets the standards of CPLOL (Standing Liaison Committee of E.U. Speech and Language Therapists and Logopedists).

The goal of training is to offer to undergraduates thoroughgoing knowledge of speech, language, voice and hearing disorders, etiology, disorders mechanism and symptomatic. Students are trained to know and use diagnostic and therapeutic instruments and measures in order to treat a variety of speech and language disorders in children and adults such us:

- Specific learning disorders
- Motor-speech disorders
- Communication disorders in persons with emotional-behavioral diseases
- Communication disorders in children with multiple disorders
- Communication disorders in psychiatrics
- Communication disorders in children with cerebral palsy
- Articulation disorders
- Language disorders during the childhood
- Acquired language disorders
- Fluency disorders
- Voice disorders
- Hearing disorders
- Communication disorders in children with cleft palate

If necessary clinician is able to hold consultative work of children with communication disorders, their parents, with adults with communication disorders and their families. The clinician works with a team of ophthalmologists, orthodontists, otorhinolaryngologists, foniaticians, neurologists, psychologists, psychiatrists and audiologists in specialized clinical institutions, centers for rehabilitation of hearing and speech, diagnostic clinical centers, hospitals.

The high quality of students' training is also due to mean and modern office and therapeutic equipment placed at the Recourse Centre (1995), the University Stuttering Research Centre (2000), the KayPentax Speech Lab (2007), and the faculty Centre of Logopedics for practice and research (2009). Also, clinical practice in Logopedics is run at specialized settings, diagnostic and therapeutic centers, dally care centres, and etc.

Undergraduates in Logopedics who demonstrate high scores in training and are fluent in English or other foreign language may join training abroad via Erasmus + Programme for student exchange for the duration of one term. There have been the following bilateral agreements until the peresent: University of Gent, Belgium; University Ruhr, Bochum, Germany; KATHO, Belgium; University of La sapience, Italy; University Maria-Curie Sklodowska, Poland; University of Stockholm, Sweden; University of Eskisehir, Turkey, etc.

The lecturers from the Department are participating in international programmes for academic exchange and welcomes visiting lecturers from EU universities, US and others.

The Bachelors Programme in Logopedics is the first university degree only fulltime enrolment, four years of training. Students are rewarded 240 ECTS for the entire period of training which is a basis for entering Masters' degree at SWU, another Bulgarian universities or abroad.

Logopedics at SWU is the first Bulgarian independent specialty in the scientific and professional field, and is attracting many young people in Bulgarian and from nearby countries. The opportunities for placement are various, including logopedic and diagnostic centres, clinics, hospitals, social settings, both state and private.

<https://ekls.ee/wp-content/uploads/2019/08/Bulgaaria-bakalaureuse-logopedia-%C3%B5ppekava.pdf>

4. Read the text to get more information on the major of a speech language pathologist.

What Does a Speech Language Pathologist Do?

What is a Speech Language Pathologist?

A speech language pathologist is someone who is qualified to evaluate, diagnose and treat a broad range of communication and swallowing disorders in patients. Most speech language pathologists work in schools or healthcare facilities, and some work with patients in their homes.

What does a Speech Language Pathologist do?

Speech and language pathologists typically do the following:

- Communicate with patients to evaluate their levels of speech or language difficulty
- Determine the extent of communication problems by having a patient complete basic reading and vocalizing tasks or by giving standardized tests
- Identify treatment options
- Create and carry out an individualized treatment plan
- Teach patients how to make sounds and improve their voices
- Teach alternative communication methods, such as sign language, to patients with little or no speech capability
- Work with patients to increase their ability to read and write correctly
- Work with patients to develop and strengthen the muscles used to swallow
- Counsel patients and families on how to cope with communication disorders

Speech language pathologists work with patients who have problems with speech, such as being unable to speak at all or speaking with difficulty, or with rhythm and fluency, such as stuttering. They may work with those who are unable to understand language or with people who have voice disorders, such as inappropriate pitch or a harsh voice.

Speech language pathologists must also do various administrative tasks, including keeping good records. They record their initial patient evaluations and diagnoses, treatment progress, any changes in a patient's

condition or treatment plan, and, eventually, their final evaluation when the patient finishes the therapy.

Some speech language pathologists specialize in working with specific age groups, such as children or the elderly. Others focus on treatment programs for specific communication or swallowing problems, such as those resulting from strokes or cleft palate.

In medical facilities, speech language pathologists work with physicians, social workers, psychologists, and other therapists. In schools, they work with teachers, special educators, other school personnel, and parents to develop and carry out individual or group programs, provide counseling, and support classroom activities.

Are you suited to be a speech language pathologist?

Speech language pathologists have distinct personalities. They tend to be social individuals, which means they're kind, generous, cooperative, patient, caring, helpful, empathetic, tactful, and friendly. They excel at socializing, helping others, and teaching. Some of them are also investigative, meaning they're intellectual, introspective, and inquisitive.

What is the workplace of a Speech Language Pathologist like?

Almost half of all speech language pathologists work in schools. Most others work in healthcare facilities or in patients' homes. Most speech-language pathologists work full time, and those who work on a contract basis may spend considerable time travelling between facilities to treat patients.

What degrees do speech language pathologists have?

The most common degree held by speech language pathologists is Communicative Disorders, held by 20 % of speech language pathologists. Other common degrees include Psychology, and Linguistics.

<https://www.careerexplorer.com/careers/speech-language-pathologist/>

5. Read the text and discuss the issues of the professional ethics.

Professional Ethics of a Speech Therapist

Professional ethics, in my opinion is the system by which teachers find common language with students. Taking into account all their features, having a general idea of students, etc. But all this is very helpful Psychology. In my mind psychology is important in professional ethics, because thanks to

this science, we can see a man that which is not visible to the naked eye, such as some psychological behaviors, or even as troubling this man, her specific fears, it is to give good advice quality work teacher.

To win any man that is a very big job. Because each has its own characteristics, some just fear of teachers, some are afraid to work in a group or one-on-one. For professional activity includes moral attitudes: the attitude of teachers to students; relations between teachers, because in some difficult situation you can get advice from colleagues and bad will happen if relations between colleagues horrible.

Speech therapist. As if it sounds not very significant. This profession, some does seem unnecessary, but unfortunately most do not even know which content brings this particular work that generally takes role in our lives. Some refer to this kind of specialists with fear, for they know not what actually this man is.

In fact, **speech therapy** is a very hard profession that is not given to all, not everyone can overpower and capture the principles and mechanisms, ways and means of production, schemes profiles articulation and much more, including this science. Given that every day we can say we are fighting with severely impaired, helping to master their native language correctly, that such as it is, eliminate: causes, mechanisms, symptoms structure disorders of speech activity, also are building a system of correctional influence – it is this we become better help those people who have the disorders. But speech therapy includes not only these components, especially professionals involved in your child's development, the development of mental processes (attention, memory, thinking, general and fine motor skills, control, presentation).

Primarily correct speech – a condition of further socialization of children in the environment and the inclusion of certain social groups. Thus, the speech therapist has to build its work on ethics, especially in the moral sense to such people.

For successful work of speech therapist should have the following qualities: tolerance, indifference, creativity, professionalism, interest in the correct result, result-oriented, communication skills, competence in these matters, humanity, openness, emotional, tact, responsibility, initiative, patience, ability to cheer (because some people are ashamed of their own shortcomings).

The aim of speech therapy is to develop a correctional education system and to prevent data breaches. Having considered that that includes this science can be concluded about the purpose of science, it examines language development in ontogeny, detect violations and at what stage of ontogenesis it happened, and correction of defects. First of all, this work involves patience for correcting violations are not so easy as it seems, because some assimilation is faster, and some who have more serious violations – more difficult.

Actually speech therapy is a very specific science. It includes a huge number of violations that without special education does not detect. Violations are and writing and reading and speech, which unfortunately does not allow free access broadcasting. Because of this, many of whom are laughing because teachers aim that lay in understanding people is to teach these people normally perceive and discern sincerity, because most persons with disabilities are very talented.

Ethics is manifested in the fact that the speech therapist, as a true professional does not have a laugh over this person, because firstly it is not good, on the other hand such persons growing lack of confidence in themselves and their own abilities, they are disappointed in others and closed in itself which leads to complications disorders. And even if in the future they decide to once again go to this specialist, is likely to be accompanied by their fears that again just laugh of this defect. That is why I include ethics Psychologist tact, tolerance and flexibility (in order to be able to increase the degree of confidence in the specialist and to win).

The value lies in the fact that people with speech disorders have a chance at a full life, successful at solving problems that have not previously been given in free communication with others, free expression of opinion.

Thus, the essence of **professional ethics of speech therapy** is how to find a common language with the child with disabilities, as it was to win, configure it to work, so she went on contact and we were able to work on her accent or other infringements. Of course speech therapy professional ethics, in my opinion, is much deeper than in other areas because we are dealing primarily with the personality of the person, and it is important not to damage the image of himself, because it can lead to more violations than they were before.

<http://www.infotaste.com/professional-ethics-of-a-speech-therapist/>

6. Use the information of the previous texts and other sources to answer the questions.

1. What is your future career?
2. Do you think that profession of a speech-language pathologist is prestigious nowadays?
3. Is this profession much wanted?
4. Is it difficult to find a good job in the field of psychology/special education?
5. Is there a shortage of good quality graduate speech-language pathologists in our town?
6. Are speech-language pathologists well paid?
7. Is this career more suitable for men or women?
8. Does this profession require much time or efforts for education?
9. Does it require any special traits of character?
10. Does the career of a speech-language pathologist require permanent self-education?
11. What department/institute/university do you study at? When was the department founded? Who is the current head of the department? Who teaches students at your department?
12. What general educational and special subjects do you study?
13. What types of learning activities do you have at the university?
14. What are the types/methods of learning assessment?
15. What do students do during their final year?
16. What are your career opportunities?

7. Write your resume for the position of a logopedist. Use one of the examples given further. First, read the explanations.

Tips and Examples of Three Common Resumes

A great resume can capture the attention of a recruiter or hiring manager and help you stand out from other applicants. There are different ways you can format your resume, but the three most common resume formats are chronological, functional and combination. Each of these resume types can be beneficial depending on your background and

objectives. When making specific formatting decisions – like margin size or font style – your goal is to deliver an easily scannable document that allows employers to quickly see why you’re a good fit for the job.

What are the most popular resume formats?

The three most common resume formats are chronological, functional and combination. When deciding which resume format you should use, consider your professional history and the role you’re applying for. For example, if you have limited work experience, you might instead focus on academic work, volunteer positions or apprenticeships with a functional resume instead of a chronological resume, which prioritizes job history.

In the next sections, we’ll explore each resume format type in detail, including which is best based on common job search situations.

Resume format 1: Chronological resumes

A chronological resume lists your work experience in reverse-chronological order, starting with your most recent position at the top. This is the most traditional resume format and for many years remained the most common.

A chronological resume format usually includes the following information in this order:

- Contact information
- Objective or summary statement
- Relevant skills
- Professional experience
- Education
- Additional information (i.e., volunteer work and special interests – optional)

When to use a chronological resume

A chronological resume is a good choice for anyone whose employment history shows a consistent, advancing career path. For example, you might select a chronological resume format if you’ve spent the past several years in the same industry and each role you’ve held was more senior than the last. It’s also often used by people who are applying

to a position in the same or similar field to the majority of their work experience.

However, if you have multiple gaps in your employment history, you're looking to change careers or your work experience is heavily varied, you may want to consider a functional or combination resume.

Chronological Resume Format

Name and contact information⇒	Cody Fredrickson Little Rock, Arkansas (123) 456-7891 cfredrickson@email.com
Summary or objective⇒	Summary Imaginative, patient Special Education Teacher with 3+ years of experience focusing on meeting IEP (Individualized Education Program) goal requirements for students with special educational, behavioral and mental health needs.
Professional History⇒	Professional History RIVER TECH, Special Education Teacher July 2017 – Present Teach reading, spelling and handwriting through PAF (Preventing Academic Failure) for 30+ K-3 students with dyslexia Create IEPs and daily lesson plans for each student; provide quarterly IEP progress reports to monitor progress towards meeting annual goals Collaborate with general education teachers and speech pathologists to provide differentiated instruction and classroom accommodations/modifications Started a weekly email newsletter to keep parents updated on classroom events, projects and student progress CLOUD CLEARWATER, Special Education Teacher August 2015 – July 2017 Designed and implemented individualized lesson plans for 25+ students (grades K-5) with mild to moderate learning disabilities; taught math, social studies, English and Spanish Provided a multi-sensory, language-based classroom, including visual, auditory, tactile and kinesthetic support

Spearheaded an after-school social skills class for 10 – 15 students with emotional/behavioral disorders and nonverbal learning disabilities (NVLD)

Educational history⇒

Educational history

NORTHWEST VERMONT UNIVERSITY

August 2012 – June 2014

Bachelor of Science in Elementary Education

Certifications

CT State Educator Certificate in Special Education

Skills and abilities⇒

Skills

Bilingual in English & Spanish

Microsoft Office

Resume format 2: Functional resumes

Functional resumes focus more on relevant skills than work history. While the chronological format highlights work experience with detailed summaries of the achievements within each position, the functional format focuses on the applicant's skill set relevant to the role you are applying for. A functional resume format usually includes the following information in this order:

- Contact information
- Objective or summary statement
- Summary of relevant skills
- Work experience
- Education
- Additional information (i.e., volunteer work and special interests)

When to use a functional resume

If you have one long gap or multiple employment gaps in your resume in the past five years, are a first-time worker or are drastically changing career paths, then consider a functional resume. By highlighting skills that transfer across industries and your most relevant accomplishments, you can emphasize the right qualifications for the position you want. This also prioritizes the information that's most important to a recruiter rather than focusing on a work history that doesn't align with the job.

Functional Resume

Name and contact information ⇒

Ebony Moore
555 Cherry Ln
Ann Arbor, Michigan 48111-9626
(111) 777-888
emoore@email.com

Summary ⇒

Summary
Well-qualified Speech Language Pathologist with over three years of experience working directly with patients to implement services in speech, language, fluency, voice and cognitive disorders.

Skills grouped by theme ⇒

Area of Experience
Analysing of patients' level of speech and language difficulty, monitoring patients, facilitating patient learning of skills.

Skills
Case Management
Monitored patients in order to research individualized treatment options
Facilitated patient learning of skills to promote functional independence

Organizational Skills
Assisted in the design and execution of individualized treatment plans
Collaborated during ABA sessions for input on speech sound shaping, literacy reading development and social cognition

Any relevant professional experience ⇒

Experience
River Tech, 2019
Speech and Language Pathologist: used pathology treatments to restore patients' functions

Cloud Clearwater, 2015
Speech Language Pathology Assistant: Assisted in the design and execution of individualized treatment plans

Education ⇒

Northwest Vermont University Sep '10 – Dec '14
Speech and Language Pathology/Linguistics

In some cases, a functional resume might be too limiting. If you have some experience and few or no gaps in your employment history, a combination resume might be the right choice.

Resume format 3: Combination resumes

A combination resume is a blend of the chronological and functional resume types. This resume format allows you to emphasize both your work experience and relevant skills. Because your skills and employment history will consume most of your resume space, you may need to eliminate optional sections such as a summary statement, volunteer work or special interests.

A combination resume format usually includes the following information in this order:

- Contact information
- Objective or summary statement
- Summary of most relevant skills
- Work experience
- Education

The combination resume is a more flexible format, so you should list either your skills or your work experience first depending on which you consider more important for the role. For example, if you have many unique skills that are especially valuable to the industry in which you're applying to work, you might consider listing them above your work experience. It can also be helpful to look for clues in the job posting to understand what is most important for the employer in an ideal candidate.

When to use a combination resume

A combination resume may be best for you if you're making a slight career transition or if you have a diverse employment history where relevancy to the role you're applying for may not be immediately clear. For example, you might use a combination resume if you're applying for a people manager position and you have extensive experience managing teams but you've never officially had a "manager" job title. This format can help showcase your leadership accomplishments and transferable leadership skills.

Combination Resume

**Name and
contact information ⇒
Summary ⇒**

Sofia Flores
Mobile AL (123) 456-7891 sflores@email.com

Summary

Compassionate and organized Caregiver with 3+ years of experience in providing expert care to both English and Spanish-speaking children aged 0 – 5. Experienced in working with special needs children and maintaining their emotional comfort and safety.

Skills and abilities ⇒

Skills

Bilingual in English and Spanish
Organization and multitasking

Professional experience ⇒

Professional history

CRANE & JENKINS, Child Caregiver
Jul '19 – Current

Serve as tutor, nanny, and general caregiver for autistic child, ensuring his comfort and safety by addressing his special needs

Maintain strict routine for meal times, tutoring lessons, and naps to reinforce daily schedule

Prepare meals according to dietary restrictions and allergies (gluten free and egg free)

Encourage social development with weekly park and movie trips while balancing emotional comfort

CLOUD CLEARWATER, Assistant Caregiver
Aug '15 – Jul '19

Worked with 10 – 15 children in daycare class and assisted teachers and other caregivers with monitoring and entertaining kids

Consistently updated emergency contact and dietary restriction information

Ensured safety of children at all times, keeping a close eye on playroom for potentially dangerous scenarios

Education ⇒

Educational History

Coral Springs University

Aug '10 – May '12

Associate of Arts in Early Childhood Education

Certifications

Special Needs Care Certified

<https://www.indeed.com/career-advice/resumes-cover-letters/resume-format-guide-with-examples>

8. It's interesting to know. Below you'll find some common assumptions about young children's speech and language development, and the research that debunks them.

Late talking children, who are otherwise developing normally, always "catch up" to other children their age.

► ***False***

Research indicates that approximately 40 – 50 % of children who are late to talk (who have typical skills in other areas) do not catch up on their own. Late talkers who use few or no gestures seem to be at greater risk for a language delay that does not resolve itself. Even when late talkers appear to catch up to other children their age, they are still at greater risk for difficulties with reading. Therefore, if you are concerned about your toddler's language development, don't listen to people who tell you to "wait and see". Consult a speech language pathologist since the earlier a child receives help, the easier it is to catch up, and the better the prognosis.

Learning two languages at the same time (bilingualism) causes language delays in young children.

► ***False***

Children learning two languages at the same time will go through the same developmental patterns in both of their languages and at roughly the same time as children learning one language. While the vocabulary of each individual language might be smaller when counted separately, the total vocabulary of bilingual children is comparable to monolingual children when both languages are taken into account. Sometimes young children learning two languages mix words or grammar from their two languages, known as "code mixing" or "code switching". This is very normal and does not indicate that the child is having difficulty with language learning. There may actually be benefits from bilingual language learning, as children who are fluent in two languages have strengths in "metalinguistic skills" (the ability to think about language), as well as in cognitive skills, such as attention.

From "Fact or Fiction? The Top 10 Assumptions about Early Speech and Language Development" by Lauren Lowry, Hanen Certified Speech-Language Pathologist and Hanen Staff Member at <http://www.hanen.org/helpful-info/articles/fact-or-fiction--the-top-10-assumptions-about-earl.aspx>

SUPPLEMENTARY READING

Text 1. Speech Disorders – Children

A speech disorder is a condition in which a person has problems creating or forming the speech sounds needed to communicate with others. This can make the child's speech difficult to understand.

Common speech disorders are:

- Articulation disorders
- Phonological disorders
- Disfluency
- Voice disorders or resonance disorders

Speech disorders are different from language disorders in children. Language disorders refer to someone having difficulty with:

- Getting their meaning or message across to others (expressive language)
- Understanding the message coming from others (receptive language)

Causes. Speech is one of the main ways in which we communicate with those around us. It develops naturally, along with other signs of normal growth and development. Disorders of speech and language are common in preschool age children.

Disfluencies are disorders in which a person repeats a sound, word, or phrase. Stuttering may be the most serious disfluency. It may be caused by:

- Genetic abnormalities
- Emotional stress
- Any trauma to brain or infection
- Articulation and phonological disorders may occur in other family members. Other causes include:
 - Problems or changes in the structure or shape of the muscles and bones used to make speech sounds. These changes may include cleft palate and tooth problems.
 - Damage to parts of the brain or the nerves (such as from cerebral palsy) that control how the muscles work together to create speech.
 - Hearing loss.

Voice disorders are caused by problems when air passes from the lungs, through the vocal cords, and then through the throat, nose, mouth, and lips. A voice disorder may be due to:

- Acid from the stomach moving upward (GERD)
- Cancer of the throat
- Cleft palate or other problems with the palate
- Conditions that damage the nerves that supply the muscles of the vocal cords
 - Laryngeal webs or clefts (a birth defect in which a thin layer of tissue is between the vocal cords)
 - Noncancerous growths (polyps, nodules, cysts, granulomas, papillomas, or ulcers) on the vocal cords
 - Overuse of the vocal cords from screaming, constantly clearing the throat, or singing
 - Hearing loss

<https://medlineplus.gov/ency/article/001430.htm>

Text 2. Categories of Voice Disorders

The following information on voice disorders is intended to supplement what a certified speech language pathologist or otolaryngologist has already told you. The descriptions of these voice disorders should not be used as the only source of your information, so we recommend that any individual with a voice problem be seen by an otolaryngologist for an examination.

Types of voice disorders:

- Organic
 - Structural: something is physically wrong with the mechanism, often involving tissue of the vocal folds, or surrounding tissues or fluids
 - Neurological: something is wrong with the part of the nervous system that controls the voice
- Functional: the physical structure is normal, but the vocal mechanism is being used improperly or inefficiently

- Psychogenic: the voice problem starts as a symbolic, or outward, manifestation of some unresolved psychological conflict
- The different types of disorders can often interact. For instance:
 - Individuals with a neurological or structural disorder may develop a functional (relating to use of the muscles) component as they attempt to compensate for their voice disorder.
 - Individuals with poor muscle function may develop a structural lesion (growth).

On the other hand, there are some ways in which voice disorders don't interact, but do cause other unhealthy factors to arise.

- Individuals with any voice disorder may develop a psychological, or emotional component, because the voice disorder can be so emotionally devastating. However, we do not consider this to be a psychogenic voice disorder.
- Individuals with a psychogenic disorder may develop an additional structural or functional component.
- Poor muscle function can become habitual, but it will not cause a permanent problem in the nervous system.

A few lesions are considered pre-malignant, but in general, the common vocal lesions (nodules, polyps, cysts, granulomas) will NOT turn into cancer.

ORGANIC

Structural. Structural disorders are caused by some lesion (physical abnormality) of the larynx (contact ulcers, cysts, granuloma, hemorrhage, hyperkeratosis, laryngitis, leukoplakia, nodules (nodes), papilloma, polyps, trauma, miscellaneous growths).

Neurological. Neurological Voice Disorders are caused by some problem in the nervous system as it interacts with the larynx. See our About the Voice page for more information. Briefly, two nerves come from the brain to the larynx and control the movement of the larynx. The most important of the two nerves, the recurrent laryngeal nerve, comes down from the brain and wraps around the aorta before going back up to attach to the larynx on the left side. Because of this position in the neck, the recurrent laryngeal nerve is vulnerable to damage during cardiac,

pulmonary, spinal and thyroid surgeries. When the nerve is damaged, it causes a paresis (weakness) or paralysis (complete lack of movement) in the vocal fold of the affected side. Other neurological voice disorders are related to other kinds of problems in the central nervous system (paralysis/paresis, spasmodic dysphonia (laryngeal dystonia), tremor (benign essential tremor), voice problem caused by another neurological disorder (e.g. Parkinson's disease, myasthenia gravis, ALS/Lou Gherig's disease)).

FUNCTIONAL

Functional disorders are caused by poor muscle functioning. All functional disorders fall under the category of muscle tension dysphonia. The different disorders listed here refer to different patterns of muscle tension. Remember that there can be a disorder in which there is no change to the sound of the voice, but rather that voice use causes additional effort, discomfort, or fatigue (muscle tension dysphonia (general), anterior-posterior constriction, hyperabduction, hyperadduction, pharyngeal constriction, ventricular phonation, vocal fold bowing).

PSYCHOGENIC

Psychogenic disorders exist because it is possible for the voice to be disturbed for psychological reasons. In this case, there is no structural reason for the voice disorder, and there may or may not be some pattern of muscle tension. While it is quite common for a psychological or emotional component to exist in a voice disorder, voice disorders that are caused by a psychological disorder are relatively rare. The two most common types of psychogenic disorders are conversion dysphonia or aphonia and puberphonia (mutational falsetto).

<https://med.umn.edu/ent/patient-care/lions-voice-clinic/treatments/voice-disorder-categories>

Text 3. Speech Disorders

By N., Sam M.S.

Marked deviations in the manner or content of speech. These deviations include speech that is not readily intelligible or audible; definitely unpleasant because of manner of production; deviant in rhythm, pitch or stress; or abnormal in voice, articulation or language. Speech

disorders are usually classified into four major groups: (a) impairments of articulation (dysarthria, cleft-palate speech); (b) defects of phonation or voice production (falsetto voice, hoarseness, raspiness, harshness etc.); (c) stuttering; and (d) language dysfunctions (delayed language, childhood and adult aphasia, baby talk, lisp, cluttering). The American Speech and Hearing Association has estimated that at least three million children in the United States are in need of remedial attention for defects of speech or impairments of hearing that affect their educational, emotional and social adjustment. This figure represents approximately 5 per cent of the total child population, and breaks down to: articulatory disorders, 3 per cent; stuttering, 1 per cent; voice, cleft-palate and cerebral palsied speech, .1 per cent each; retarded speech development, .2 per cent; and speech problems due to impaired hearing, .5 per cent. The incidence among boys is consistently higher than among girls, with some estimates running as high as three to one. Although many highly intelligent people lisp, stutter, or show other speech disorders, the over-all incidence is highest on the lower intellectual levels. At least 60 per cent of retarded children are afflicted with speech defects. There is also a higher than average incidence among children with reading difficulties, since training in reading is hampered by indistinct articulation and poor discrimination of speech sounds. Studies also show that, with important exceptions, students with defective speech tend to be somewhat retarded at all academic levels, especially those who have physical handicaps such as poor hearing. No definitive studies of the incidence of speech disorders among adults have been made. The causes of speech disorders may be either organic or functional. Among the organic conditions are: (1) severe hearing impairment, especially when it is congenital or acquired early in life; (2) cleft-palate, sometimes including cleft-lip; (3) paralysis of the speech or vocal mechanisms; (4) cerebral palsy when it involves speech mechanisms; (5) aphasias and dysarthrias resulting from neural lesions. The first four of these conditions affect both voice and articulation; dysarthria is an articulatory dysfunction; and aphasia is a loss of understanding of language due to brain damage. The functional conditions are of two general types. First, deviant patterns of speech may be acquired through imitation of the defective speech of other

people. These patterns frequently improve spontaneously as the child identifies with new models in the course of his development. Second, several studies have shown that defective speech is often associated with faulty psychological patterns in the home. Among the factors most frequently emphasized are: poor adjustment on the part of the mother; maternal tendencies toward overprotectiveness, rigidity, restrictiveness and domination through excessively high standards and adverse criticism; and a home environment characterized by disorganization and tension.

<https://psychologydictionary.org/speech-disorders/>

Text 4. Bruce Willis

While the world knows Bruce Willis as an A-list actor, few know that he struggled with stuttering throughout his first 20 years.



Walter Bruce Willis was born in 1955 in West Germany to his German mother, Marlene, and his American GI father, David Willis. The family settled in David's hometown of Penns Grove, New Jersey in 1957, and the couple has three other children.

After Willis came onto the radar screen in 1985 with his role as David Addison in the hot TV show *Moonlighting*, the actor would occasionally discuss his past struggles with stuttering in both print and television interviews.

In the 1997 book, *Bruce Willis: The Unauthorized Biography*, by British author John Parker, Willis is quoted as saying, "I could hardly talk. It took me three minutes to complete a sentence. It was crushing for anyone who wanted to express themselves, who wanted to be heard and couldn't. It was frightening. Yet, when I became another character, in a play, I lost the stutter. It was phenomenal".

Parker also writes that Willis had a definite formula to conquer his stuttering by implementing a series of confidence building exercises encouraged by a school speech therapist.

According to a 2001 biography, *Bruce Willis: Overcoming Adversity*, by Sandy Asirvatham, Willis admitted that at times he was reluctant to discuss his childhood in probing interviews because it was too painful and a large part of the pain was due to his stuttering.

In high school, Willis became the class cut-up, which eventually led to getting involved in drama. Becoming the class joker was his way of trying to fit in. In fact, Anthony Rastelli, a high school teacher vividly remembers Willis' struggles and first attempts to speak before an audience. Rastelli is quoted in Parker's book as saying, "At an age when most boys were finding their feet, Willis had a hard time. The stammer was a problem and in the end he began to compensate for it by his antics.

He had to establish himself among the pack, and, unable to do so with fluent speech, he did it another way – making himself stand out in the crowd by becoming the joker, the mini-tearaway. What he was doing was saying 'Yes, I stutter – but doesn't mean I'm not good as the rest of you, better even'. I nearly died for him when he went on stage to make a speech. The kids were all laughing but somehow, he stuck it out and finished his piece, which was fairly typical of his spirit. And eventually, of course, he discovered that in front of an audience, he could overcome his disability".

Willis achieved the image that he strived for by first cutting-up in class and then becoming one of his high school's drama stars. Willis later told an interviewer, "A big part of my sense of humor came out of my stuttering, in trying to overcome that and have some dignity. I said, Yes, I stutter, but I can make you laugh".

However, Willis left high school with no definite decision to become an actor. As a stuttering youth with poor grades and a family that could not fund a college education, Willis hung around town and saved his money. After a couple of years, Willis enrolled at Montclair State College in New Jersey which had a noted drama program. It was there that drama professor, Jerry Rockwood, was impressed by Willis and encouraged him to see a speech therapist – making the combination of acting and speech therapy the undergrad's ticket to both fluency and future success.

Willis' spectacular acting career exploded from *Moonlighting* to Hollywood's A-list, and to box office smashes – *The Sixth Sense*, *Armageddon*, *Bonfire of the Vanities* and the *Die Hard* franchise of movies. Willis ranks as the 7th highest-grossing actor in terms of leading roles.

Willis' struggle with stuttering is inspirational. Unfortunately, it is rarely mentioned in interviews. However, by identifying himself as a person who stutters, Willis has an opportunity to put a human face on the daily struggle stuttering often presents.

<https://www.stutteringhelp.org/famous-people/bruce-willis>

Text 5. Symptomatic Speech Disorders

Under this heading may be summarized various types of communication disorders that develop on the basis of known structural lesions or metabolic disturbances. Etiologic classifications group these impediments according to the types of organic diseases, as well as in respect to the afflicted effector organs (such as the tongue). Disturbed speech from lesions in the various parts of the nervous system is known as dysarthria. Intellectual disability usually limits the development of linguistic ability to the same extent as it does intellectual capacity; this language disorder has been described as dyslogia. Mental disturbances can also manifest themselves in linguistic symptoms, such as in the peculiar (dysphrenic) mode of speech among sufferers of schizophrenia. Hearing loss dating from early childhood leads to a typical distortion of the speech pattern for which various names have been coined, such as audiogenic dyslalia. Visible defects in oral articulators such as the lips and teeth limit the mechanics of articulation and thus reduce the quality and intelligibility of speech; such speech problems are known collectively as dysglossia.

Dysarthria. Damage to those parts of the nervous system that regulate the actions of voice and speech cause distinctive alterations of the speech pattern. The most important disorder of this type is cerebral palsy from brain injury before, during, or soon after birth. The majority of cerebral palsy victims retain normal intelligence but are handicapped by distortions of voluntary movements, including those for speaking. Just as

walking may be stilted and jerky and arm movements crude and uncontrolled, the patterns of voice and speech will reflect the same distortions. Great advances in rehabilitation have been achieved in the recent past, such as with the well-known Bobath method, which is based on learned suppression of primitive reflexes.

Shaking palsy. Another type of dysarthria is observed in cases of Parkinson disease. This affliction of the nervous system makes body movements either excessively rigid or tremulously repetitive, such as with the so-called “pill-rolling” sign of hand tremor. Voice and speech reflect the same patterns, sometimes appearing as the first obvious symptoms of the disease. Brain surgery is used in an attempt to improve these abnormal body movements, often with good general results, although speech may be little improved or even made worse. An example of a surgical procedure used to treat Parkinson disease is deep brain stimulation, in which an electrode is implanted into a specific area of the brain to alleviate symptoms of disordered movement. Certain drugs, such as l-dopa (levodopa), can also lessen the severity of involuntary movement.

When a neurologic disease damages the bulbar nuclei (in the brain stem) of the nerves innervating the organs for speech, the effect of bulbar dysarthria is heard. In severe cases, the voice may be reduced to a faint grunting, while articulation deteriorates into mumbling or total muteness. Chorea, another neural disorder manifested in sudden jerky movements of the entire body, may be associated with bizarre, explosive disruptions of the speech flow. Cerebellar dysarthria results from disease of the brain part called the cerebellum (which regulates fine motor coordination), leading to various disorganizations of speech including a “drunken” (ataxic) quality.

Text 6. “Founding Fathers” of Special Education

Pedro Ponce de León

Spanish Benedictine monk

Pedro Ponce de León, (born 1520? – died 1584), Spanish Benedictine monk believed to have been the first person to develop a method for teaching the deaf.

Ponce achieved his first success with Gaspard Burgos, a deaf man who, because of his difficulty with oral communication, had been denied membership in the Benedictine order. Under Ponce's tutelage, Burgos learned to speak so that he could make his confession. Burgos later wrote a number of books. Ponce taught several other deaf persons to speak and write, although details of his methods either were never recorded or have been lost. He apparently traced letters and indicated pronunciation with lip movements to introduce and develop speech among his students.

<https://www.britannica.com/biography/Pedro-Ponce-de-Leon>

Juan Pablo Bonet

Spanish educator

Juan Pablo Bonet, (born 1560, Torres de Berrellen, Spain – died 1620, Torres de Berrellen), Spanish cleric and educator who pioneered in the education of the deaf.

Bonet helped develop one of the earliest and most successful methods for educating the deaf and improving their verbal and nonverbal communication skills. Bonet's multidimensional approach, based on the work of Pedro Ponce de León, is detailed in his *Reducción de las letras y arte para enseñar a hablar a los mudos* (1620; "Reduction of the Letters of the Alphabet and Method of Teaching Deaf-Mutes to Speak"). Bonet used every technique available in developing this approach. Beginning with the study of written words, Bonet taught the phonetic values of the letters, emphasizing the correct positioning of the lips and tongue needed for clear articulation. He also taught manual signs and a finger alphabet.

<https://www.britannica.com/biography/Juan-Pablo-Bonet>

John Bulwer

English physician, author, and educator

John Bulwer, (baptized May 16, 1606, London, England – died October 16, 1656, London), English physician, author, and early educator of the deaf, best known for his four late-Renaissance texts, which called on his knowledge of deafness, sign language, and the human body: *Chirologia*; or, *The Natural Language of the Hand* (1644); *Philocopus*; or,

The Deaf and Dumb Man's Friend (1648); Pathomyotamia; or, A Dissection of the Significant Muscles of the Affections of the Mind (1649); and Anthropometamorphosis; or, The Artificial Changeling (1650).

Chirologia focuses on the meanings of gestures, expressions, and body language. The volume contains a section called "Chironomia," which discusses the use of gestures in the practice of rhetoric. Philocopus explores the use of lipreading for deaf and mute persons. The work also makes clear Bulwer's interest in developing a learning academy for the deaf. Pathomyotamia treated the muscles of the head, with proposals to rename the muscles according to the facial expressions, emotions, or behaviours in which they acted. Anthropometamorphosis can be understood as an early example of a work of comparative cultural anthropology. Bulwer examined the ways in which people from different cultures transformed the human body, such as through tattooing, circumcision, or ear piercing. In later editions, woodcut illustrations that depicted the various transformations were added.

Bulwer was influenced by Francis Bacon, Viscount Saint Alban, who criticized Aristotle for his inattention to gestures and the role of the body in rhetorical delivery. Bulwer appears to have also been influenced by his adopted deaf daughter, Chirothea Johnson.

<https://www.britannica.com/biography/John-Bulwer>

Roch-Ambroise Cucurron, Abbé Sicard

French abbot

Roch-Ambroise Cucurron, Abbé Sicard, (born 1742, Fousseret, near Toulouse, Haute-Garonne, France – died Sept. 20, 1822, Paris), French educator who was a pioneer in the teaching of the deaf.

From 1786 to 1789, Sicard, an abbé, was principal of a Bordeaux school for the deaf. He then succeeded Abbé de l'Épée in Paris. Although he long supported teaching deaf persons through sign language, Sicard turned to the oral method toward the end of his long career. His work influenced Thomas H. Gallaudet and the teaching of the deaf in the United States.

A member of the Institut de France (1795), Sicard wrote two important books: *Mémoire sur l'art d'instruction les sourds-muets de*

naissance (1789; “Memoir on the Art of Teaching Deaf-Mutes from Birth”) and *Théorie des signers pour l’instruction des sourds-muets* (1808 – 1814; “Theory of Signs for the Instruction of Deaf-Mutes”).

<https://www.britannica.com/biography/Roch-Ambroise-Cucurron-Abbe-Sicard>

Samuel Heinicke

German educator

Samuel Heinicke, (born April 10, 1727, Nautschütz, Saxony – died April 30, 1790, Leipzig), German advocate for and teacher of oralism (one of many early communication methods devised for use by hearing-impaired individuals) in the education of the deaf.

After receiving only a village school education, Heinicke enlisted in the army, where he found time to indulge his intense fondness for books and his interest in languages. He studied Latin and French and began to teach both languages. He was stirred by the publication of *Surdus loquens* (1692; “The Talking Deaf”) by a Swiss physician who had succeeded in teaching deaf persons to speak. This impression remained with him when he was taken prisoner by the Prussians during the Seven Years’ War. He managed to escape and eventually became secretary to the Danish ambassador in Hamburg. In 1769 the ambassador helped Heinicke secure a teaching position in nearby Eppendorf, where he found his real calling in the instruction of deaf children.

In 1778 Heinicke opened the first German public school for the education of the deaf. He insisted that lipreading was the best training method because it made his students speak and understand the language as it was used in society. He bitterly opposed dependence on sign language and in 1780 published a book attacking the Abbé de l’Epée, whose Parisian school for the deaf taught communication through gestures.

<https://www.britannica.com/biography/Samuel-Heinicke>

Valentin Haüy

French educator

Valentin Haüy, (born Nov. 13, 1745, Saint-Just-en-Chaussée, France – died March 18, 1822, Paris), French professor of calligraphy known as the “father and apostle of the blind”. He was the brother of René-Just Haüy.

After seeing a group of blind men being cruelly exhibited in ridiculous garb in a Paris sideshow, Haüy decided to try to make the life of the blind more tolerable and help them gain a sense of usefulness. He set out by hiring a blind beggar boy to submit to instruction. In 1784 he established the National Institution for Blind Youth, Paris (afterward a state-supported school for blind children), where Louis Braille, inventor of the most widely used alphabet for the blind, was a student and later a teacher; in 1785 the school was renamed the Royal Institution for Blind Youth. Haüy foreshadowed Braille's work by discovering that sightless persons could decipher texts printed in embossed letters and by successfully teaching blind children to read.

<https://www.britannica.com/biography/Valentin-Haüy>

Jean-Marc-Gaspard Itard

French physician

Jean-Marc-Gaspard Itard, (born April 24, 1774, Oraison, France – died July 5, 1838, Paris), French physician noted for his work with the deaf and with the “wild boy of Aveyron”.

Itard was originally marked for the banking profession, but, when the French Revolution intervened, he became a military surgeon, initially attached to Napoleon's famous surgeon Baron Larrey. After meeting the Abbé Sicard, the director of the National Institute for Deaf-Mutes in Paris, Itard received an appointment as the institute's residential physician to study the functions and malfunctions of hearing. From about 1800 he devoted a great deal of his time and private fortune to the education of deaf persons.

Itard was one of the first to attempt the instruction of intellectually disabled children on a scientific basis. In *Rapports sur le sauvage de l'Aveyron* (1807; *Reports on the Savage of Aveyron*), he explained the methods that he used (1801 – 1805) in trying to train and educate an unsocialized 11-year-old boy who had been found in a forest in Aveyron, south of Paris.

Itard also wrote *Traité des maladies de l'oreille et de l'audition* (1821, 1842; “*Treatise on the Maladies of the Ear and of Hearing*”), which advocated the combination of sign and oral communication in the

education of persons with hearing impairments, and Mutisme produit par lésion des facultés intellectuelles (1824; “Mutism Produced by Lesion of the Intellectual Faculties”). Itard became a member of the Academy of Medicine in 1821.

<https://www.britannica.com/biography/Jean-Marc-Gaspard-Itard>

Edouard Séguin

American psychiatrist

Edouard Séguin, (born January 20, 1812, Clamecy, France – died October 28, 1880, New York, New York, U.S.), French-born American psychiatrist who pioneered modern educational methods for teaching the severely intellectually disabled.

Born into a family of prominent physicians in Burgundy, Séguin was educated at the Collège d’Auxerre and at the Lycée St. Louis in Paris before studying medicine and surgery. From the start he was interested in mental diseases, and as a young doctor he worked with psychologists Jean-Marc-Gaspard Itard and Jean-Étienne-Dominique Esquirol.

In 1839 Séguin opened the world’s first school for the severely intellectually disabled, where he developed a method of treatment, later widely accepted, based on the then-revolutionary premise that the intellectually disabled had neither diseased nor abnormal brains but simply suffered arrested mental development before, during, or after birth. Treatment, therefore, consisted of sensory training designed to permit the patient to function as well as possible in society.

Séguin’s school gained international renown and led to the formation of similar institutions throughout Europe and the United States. In 1846 he published *Traitement moral, hygiène et éducation des idiots* (“Mental Treatment, Hygiene, and Education of Idiots”), which was quickly recognized as a classic work in psychology.

Unhappy with the political atmosphere in France, Séguin immigrated to the United States, moving first to Ohio in 1850 but settling permanently in New York one decade later. He established several teaching institutions for intellectually disabled children, and in 1860 he set up his own medical practice at Mt. Vernon, New York. He received a medical degree from New York University in 1861. In 1863 he moved to New York City and

began work with intellectually disabled children at Randall's Island School for Mental Defectives. Séguin was the founding president of the Association of Medical Officers of American Institutions for Idiotic and Feebleminded Persons in 1876.

In 1866 Séguin published his second book, *Idiocy and Its Treatment by the Psychological Method*, and he instituted his ideas at the Séguin Physiological School in New York City, stressing sense and motor training. He wrote or collaborated in several books popularizing the use of the clinical thermometer. His son, Edward Constant Séguin, became a leading American neurologist.

<https://www.britannica.com/biography/Edouard-Seguin>

Maria Montessori

Italian educator

Maria Montessori, (born August 31, 1870, Chiaravalle, near Ancona, Italy – died May 6, 1952, Noordwijk aan Zee, Netherlands), Italian educator and originator of the educational system that bears her name. The Montessori system is based on belief in the creative potential of children, their drive to learn, and the right of each child to be treated as an individual.

After graduating in medicine from the University of Rome in 1896 – the first woman in Italy to do so – Montessori was appointed assistant doctor at the psychiatric clinic of the University of Rome, where she became interested in the educational problems of intellectually disabled children. Between 1899 and 1901 she served as director of the State Orthophrenic School of Rome, where her methods proved extremely successful. From 1896 to 1906 she held a chair in hygiene at a women's college in Rome, and from 1900 to 1907 she lectured in pedagogy at the University of Rome, holding a chair in anthropology from 1904 to 1908. During these years she continued her studies of philosophy, psychology, and education.

In 1907 Montessori opened the first Casa dei Bambini (“Children’s House”), a preschool for children age three to six from the San Lorenzo slum district of Rome, applying her methods now to children of normal intelligence. Her successes led to the opening of other Montessori schools,

and for the next 40 years she traveled throughout Europe, India, and the United States lecturing, writing, and establishing teacher-training programs. In 1922 she was appointed government inspector of schools in Italy, but left the country in 1934 because of the Fascist rule. After periods in Spain and Ceylon (now Sri Lanka), she settled in the Netherlands.

Montessori scorned conventional classrooms, where “children, like butterflies mounted on pins, are fastened each to his place”. She sought, instead, to teach children by supplying concrete materials and organizing situations conducive to learning with these materials.

She discovered that certain simple materials aroused in young children an interest and attention not previously thought possible. These materials included beads arranged in graduated-number units for premathematics instruction; small slabs of wood designed to train the eye in left-to-right reading movements; and graduated series of cylinders for small-muscle training. Children between three and six years old would work spontaneously with these materials, indifferent to distraction, from a quarter of an hour to an hour. At the end of such a period, they would not seem tired, as after an enforced effort, but appeared refreshed and calm. Undisciplined children became settled through such voluntary work. The materials used were designed specifically to encourage individual rather than cooperative effort. Group activity occurred in connection with shared housekeeping chores.

A large measure of individual initiative and self-direction characterized the Montessori philosophy, and self-education was the keynote of the plan. The teacher provided and demonstrated the special “didactic apparatus” but remained in the background, leaving the child to handle it alone. In the Montessori system biological and mental growth are linked. “Periods of sensitivity”, corresponding to certain ages, exist when a child’s interest and mental capacity are best suited to the acquisition of certain specialized knowledge.

Montessori’s methods are set forth in such books as *Il metodo della pedagogia scientifica* (1909; *The Montessori Method*, 1912), *The Advanced Montessori Method* (1917 – 1918), *The Secret of Childhood*

(1936), Education for a New World (1946), To Educate the Human Potential (1948), and La mente assorbente (1949; The Absorbent Mind, 1949).

<https://www.britannica.com/biography/Maria-Montessori>

Louis Braille

French educator

Louis Braille, (born January 4, 1809, Coupvray, near Paris, France – died January 6, 1852, Paris), French educator who developed a system of printing and writing, called Braille, that is extensively used by the blind.

Braille was himself blinded at the age of three in an accident that occurred while he was playing with tools in his father's harness shop. A tool slipped and plunged into his right eye. Sympathetic ophthalmia and total blindness followed. Nevertheless, he became a notable musician and excelled as an organist. Upon receiving a scholarship, he went in 1819 to Paris to attend the National Institute for Blind Children, and from 1826 he taught there.

Braille became interested in a system of writing, exhibited at the school by Charles Barbier, in which a message coded in dots symbolizing phonetic sounds was embossed on cardboard. When he was 15, he worked out an adaptation, written with a simple instrument, that met the needs of the sightless. He later took this system, which consists of a six-dot code in various combinations, and adapted it to musical notation. He published a treatise on his type system in 1829, and in 1837 he published a three-volume Braille edition of a popular history schoolbook.

During the last years of his life Braille was ill with tuberculosis. A century after his death, Braille's remains (minus his hands, which were kept in his birthplace of Coupvray) were moved to Paris for burial in the Panthéon.

<https://www.britannica.com/biography/Louis-Braille>

Irregular verbs

Base form	Simple Past	Past Participle	Translation of base form
be	was, were	been	быть
bear	bore	born, borne	рождать, нести ношу
become	became	become	становиться
begin	began	begun	начинать
blow	blew	blown	дуть
break	broke	broken	ломать
bring	brought	brought	приносить
build	built	built	строить
buy	bought	bought	покупать
choose	chose	chosen	выбирать
come	came	come	приходить
cost	cost	cost	стоить
cut	cut	cut	резать
do	did	done	делать
dream	dreamed, dreamt	dreamed, dreamt	мечтать
drink	drank	drunk	пить
drive	drove	driven	вести (машину)
eat	ate	eaten	есть
fall	fell	fallen	падать
feel	felt	felt	чувствовать
fight	fought	fought	бороться
find	found	found	находить
fly	flew	flown	летать
forbid	forbade	forbidden	запрещать
forget	forgot	forgotten	забывать
forgive	forgave	forgiven	прощать
get	got	got, gotten	получить
give	gave	given	давать
go	went	gone	идти
grow	grew	grown	расти
have	had	had	иметь
hear	heard	heard	слышать
hold	held	held	держать
hurt	hurt	hurt	причинять боль
keep	kept	kept	содержать, сохранять
know	knew	known	знать
lay	laid	laid	положить, класть
lead	led	led	вести, руководить

Base form	Simple Past	Past Participle	Translation of base form
learn	learned, learnt	learned, learnt	изучать, учиться
leave	left	left	покидать, оставлять
let	let	let	позволять
lie	lay	lain	лежать
lose	lost	lost	терять
make	made	made	делать, создавать
mean	meant	meant	значить, иметь в виду
meet	met	met	встречать
pay	paid	paid	платить
put	put	put	положить
read	read	read	читать
ring	rang	rung	звенеть
run	ran	run	бежать
say	said	said	сказать, произнести
see	saw	seen	видеть
sell	sold	sold	продавать
send	sent	sent	посылать
set	set	set	ставить, установить
show	showed	shown, showed	показывать
shut	shut	shut	закрывать
sing	sang	sung	петь
sit	sat	sat	сидеть
sleep	slept	slept	спать
smell	smelled, smelt	smelled, smelt	нюхать, пахнуть
speak	spoke	spoken	говорить
spend	spent	spent	тратить, расходовать
stand	stood	stood	стоять
swim	swam	swum	плавать
take	took	taken	взять, брать
teach	taught	taught	учить, обучать
tell	told	told	говорить, рассказывать
think	thought	thought	думать
understand	understood	understood	понимать
wake	waked, woke	waked, woken	проснуться, будить
wear	wore	worn	носить (одежду)
win	won	won	победить
write	wrote	written	писать

ЗАКЛЮЧЕНИЕ

Пособие знакомит студентов с профессиональной деятельностью в сфере дефектологии на английском языке, развивает навыки чтения, говорения и письма на английском языке, помогает в освоении сложной программы, объединяющей в себе анатомию, физиологию, психолингвистику, психопатологию и другие науки.

Информация, представленная в пособии на английском языке, о комплексной природе нарушений речи, проблемах обучения детей с ограниченными возможностями, профессиональной этике и компетенциях формирует основу для профессионального роста и успешного общения с коллегами и зарубежными партнерами.

Чтобы не утратить обретенные знания и навыки, надо продолжить увлекательное путешествие в мир английского языка.

Не останавливайтесь на достигнутом!

Книги, видео, сайты, социальные сети помогут вам двигаться дальше.

Дорогу осилит идущий!

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APPENDICES

Appendix I

How to summarize a text

1. Look for the key information.
2. Look at each paragraph, locate the topic sentence (often the first one) and decide what the main point is.
3. List the key points.
4. Only include the main ideas of the text.
5. Do not rewrite the original piece.
6. Keep your summary short.
7. Use your own wording.
8. Refer to the central and main ideas of the original piece, do not include minor detail.
9. Read with who, what, when, where, why and how questions in mind.

You should start your summary with:

The article/text under the headline ... published in ... deals with/is devoted to/is about ...

You can use the following linking phrases in the body of the summary:

Attention is drawn to the fact that ...

In the opinion of the author it is ...

The author points out ...

The author goes on to say ...

The article discusses ...

The author of the article takes a critical view of ...

The author makes it clear that ...

The author expresses the view that ...

In the author's opinion/view ...

You can use the following phrases to finish your summary:

In conclusion the author suggests that ...

The author comes to the conclusion that ...

The author draws the following conclusion that ...

The basic approach of the author is ...

The following linkers will also help you to structure (signpost) your ideas when writing summaries, reproductions, essays etc.

Linking Words

<p><i>Introducing the main topic</i></p> <ul style="list-style-type: none"> • The article/book/chapter/paper/report concentrates on/deals with/is devoted to/focuses on/addresses/examines/explores/reviews/looks at/analyses ... • The main subject/theme/topic is ... • The emphasis is on ... 	<p><i>Mentioning minor related topics and ideas</i></p> <ul style="list-style-type: none"> • As for/to ... • With regard to ... • With respect to ... • As far as smth. is concerned ...
<p><i>Introducing the first item in a list</i></p> <ul style="list-style-type: none"> • First/Firstly ... • First of all ... 	<p><i>Introducing the second and following items</i></p> <ul style="list-style-type: none"> • Second/Secondly ... • Third/Thirdly ... • Fourth/Fourthly ... • Then ... • Next ...
<p><i>Introducing the last item</i></p> <ul style="list-style-type: none"> • Finally ... • Lastly ... 	
<p><i>Describing similarities</i></p> <ul style="list-style-type: none"> • Similarly ... • Likewise ... • Equally ... • In the same way ... • There is a close/striking parallel/analogy/resemblance/similarity between ... 	<p><i>Contrasting (describing differences)</i></p> <ul style="list-style-type: none"> • But ... • On the other hand ... • While ... • Whereas ... • By/in contrast ... • In contrast to/with ... • Unlike ... • This contrasts with ... • As opposed to ... • As against ... • This differs from ... • There is a sharp/striking contrast between ...
<p><i>Concession</i></p> <ul style="list-style-type: none"> • However ... • Although ... • Nevertheless=Nonetheles ... 	
<p><i>Introducing examples</i></p> <ul style="list-style-type: none"> • For example ... • For instance ... • A good/typical example/illustration of this is ... 	<p><i>Adding information</i></p> <ul style="list-style-type: none"> • In addition (to) ... • Besides ... • Also ... • Moreover ...

	<ul style="list-style-type: none"> • Furthermore ... • Above all ... • Not only, ... but also ... • What is more ... • Another aspect/issue/problem is ...
<p><i>Expressing effect</i></p> <ul style="list-style-type: none"> • Therefore ... • Consequently ... • That is why ... • Thus ... • So ... • Hence ... • As a result ... • As a consequence. ... • So that ... • This results in smth. ... • This leads to smth. ... 	<p><i>Expressing cause</i></p> <ul style="list-style-type: none"> • Because (of) ... • As ... • Due to ... • The cause of this is ... • The reason for this is ... • On the grounds of ... • This arises/results/emerges/derives from ...
<p><i>Reporting in your words what someone has said or written</i></p> <ul style="list-style-type: none"> • The author/writer says/writes/argues/claims/stresses/concludes ... • In the writer's opinion/view ... • According to the writer ... • The author goes on to say that ... 	<p><i>Time phrases used to sequence events</i></p> <ul style="list-style-type: none"> • At first = In the beginning ... • First ... • In the end of = At last ... <p><i>But</i></p> <ul style="list-style-type: none"> • At the beginning/end of smth. ... • Then ... • Next ... • After that/Afterwards ... • Before ... • By ... • While ... • When ... • As soon as ... • Until/Till ...
<p><i>Summarizing</i></p> <ul style="list-style-type: none"> • In summary ... • To summarize ... • To sum up ... • Summing up ... • In brief ... • In short ... • In a nutshell ... 	
<p><i>Drawing conclusions</i></p> <ul style="list-style-type: none"> • In conclusion ... • To conclude ... 	

**Cliché to express opinion,
to estimate events, facts, and personality**

<p><i>Expressing one's opinion</i></p> <ul style="list-style-type: none"> • I think ... • I feel that ... • As far as I'm concerned ... 	<p><i>Asking for someone's opinion</i></p> <ul style="list-style-type: none"> • Do you think that ...? • What do you feel/think about ... ? • Are you sure that ... ?
<p><i>Giving reasons</i></p> <ul style="list-style-type: none"> • I think ... is right because ... • ... That's why I feel that ... • ... and so I think that ... 	<p><i>Asking for reasons</i></p> <ul style="list-style-type: none"> • Why? • Why do you think that ...? • What makes you feel that ...?
<p><i>Defending one's opinion</i></p> <ul style="list-style-type: none"> • Yes, but what I really mean is ... • What I am trying to say is ... • On the contrary, I ... • What you said is really an argument for my point of view. • I feel ... 	<p><i>Agreeing/supporting other people's opinions</i></p> <ul style="list-style-type: none"> • Yes, that's right. • That's what I feel, too. • I think so, too. • Exactly. • I (fully) agree with you. • X put it very well. • I feel that X is right. • X raised some good points. • OK
<p><i>Disagreeing/contradicting other people's opinions</i></p> <ul style="list-style-type: none"> • I don't agree. • I don't think so. • That's not ... • You can't say that. • That's no proof. • That's not the point/question/problem ... • But surely ... • Oh, no ... 	<p><i>Stating whether something is right or wrong</i></p> <ul style="list-style-type: none"> • True. • That's right. • That's it exactly. • Wrong. • That isn't right. • Absolutely not.

<p><i>Expressing certainty and uncertainty, probability and possibility</i></p> <ul style="list-style-type: none"> • I'm absolutely certain that ... • I'm sure that ... • There is definitely ... • There may be ... • Perhaps ... • ... might ... • I'm not at all sure if ... • ... could be ... • I don't think that ... • ... is not very likely. • That could/may/might happen. • ... is not possible. • If A happens X will come. • If A happened X would go. 	<p><i>Making comparisons</i></p> <ul style="list-style-type: none"> • ... is not as ... as ... • ... are as ... as ... • ... is a much more important ... than ... • ... are less important than ... • There are far fewer/not as many arguments for ... as against ... • You can't compare ... with ... • You have to compare ... with ...
<p><i>Expressing interest or indifference</i></p> <ul style="list-style-type: none"> • I'm interested in ... • I'd like to know more about ... • I'd like to do something on ... • ... sounds interesting. • Please tell me more about ... • ... doesn't interest me. • I don't care. • What a boring topic. 	<p><i>Expressing likes and dislikes</i></p> <ul style="list-style-type: none"> • I love/I like ... • ... is great/very good/fun/fantastic. • I enjoy ... • What I like best is ... • I hate/dislike ... • What I don't like about ... is ...
<p><i>Stating preferences</i></p> <ul style="list-style-type: none"> • I'd rather ... • If prefer ... to ... • I'd much rather ... than ... 	<p><i>Expressing intentions</i></p> <ul style="list-style-type: none"> • I'm going to ... • In 10 years' time I'll ... • When I'm twenty I'll ... • I want to ... • I intend to ...

Expressing doubts

- I can't say if ...
- I have my doubts about it.
- Do you think that ...? I doubt it.
- It's very doubtful whether ...
- You haven't convinced me yet.
- You may have a point there, but I'm still not sure ...
- OK, but ...

Expressing personal insights

- I learnt that ...
- I became clear that/obvious that ...
- I realized that ...
- I found out about ...

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