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ЯЗЫКОВЫЕ И РЕЧЕВЫЕ ПАТОЛОГИИ
LANGUAGE AND SPEECH PATHOLOGIES

Учебное пособие по английскому языку



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Составлено в соответствии с рабочими программами и направлено на развитие навыков чтения и устной речи на основе переработки информации оригинальных американских текстов и системы коммуникативно-ориентированных упражнений.

Аутентичные тексты делают пособие актуальным, современным и доступным для использования в качестве основного материала на занятиях по английскому языку для студентов 2 – 4-го курсов бакалавриата и магистратуры направления 44.03.02 и 44.04.02 – Специальное (дефектологическое) образование.

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PREFACE

Пособие предназначено для использования в учебном процессе студентами, обучающимися по направлению «Специальное (дефектологическое) образование» на третьем этапе обучения английскому языку в неязыковом вузе.

Цель пособия вооружить студентов-логопедов необходимой суммой лингвистических и культуространоведческих знаний, сформировать у них умения и развить языковые навыки по всем основным видам речевой деятельности: чтение, письмо, говорение для эффективной коммуникации в сфере их будущей деятельности, научить пользоваться разнообразными зарубежными источниками для дальнейшего применения в своей работе научных достижений как отечественной науки, в частности логопедии, так и зарубежного опыта в данной области знаний.

Структурно пособие состоит из пятнадцати разделов, включающих оригинальные тексты из современных американских и британских научных журналов, монографий и учебников. Каждый раздел представлен аутентичными текстами для различных видов чтения, перевода, системой упражнений для проверки понимания прочитанного и активизации лексики, необходимой для пересказа текста и использования его в различных заданиях по развитию навыков говорения по изучаемой теме. Кроме того, каждый раздел дополнен тематическим списком слов и выражений для активного усвоения и понимания текстов.

В пособии представлена следующая тематика: что включает в себя понятие логопедия; взаимосвязь речи, языка и коммуникации; структура языка и его развитие; виды языковых и речевых нарушений и причины их возникновения; способы лечения языковых и речевых нарушений.

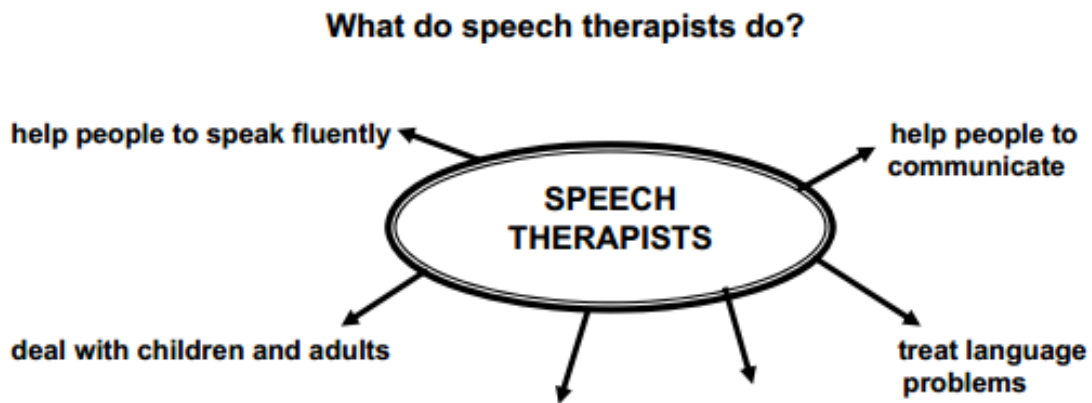
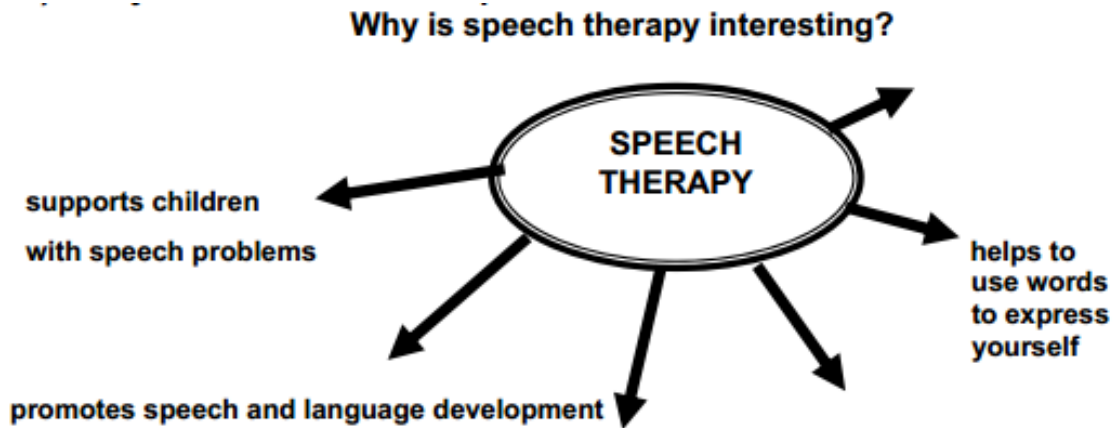
Автор благодарит Светлану Бузину, кандидата филологических наук доцента кафедры современного образования Владимирского филиала Российского университета кооперации; Владимира Горбатова, кандидата педагогических наук доцента кафедры «Русская и зарубежная филология» Владимирского государственного университета за ценные замечания, высказанные ими в процессе работы автора над рукописью.

Unit I
SPEECH THERAPY

I. Read words and word combinations and try to memorize them.

1. disorder	- нарушение
2. palate	- небо
3. treatment	- лечение
4. to deal with	- заниматься чем-либо
5. sign language	- язык знаков
6. obstacle	- затруднение, препятствие
7. to collaborate	- сотрудничать
8. to experience	- испытывать
9. swallowing	- глотание
10. stammering	- заикание
11. disturbance	- нарушение
12. to reinforce	- усиливать, укреплять
13. to be a match	- подходить друг к другу
14. to defer as	- подчиняться, отсортировываться, полагаться на
15. to advise care	- посоветовать уход
16. to be in touch	- поддерживать отношения, связь

II. Use your own ideas to complete the chart.



b) Discuss the following ideas with your partner. Use the ideas from the chart and language chunks.

III. Match the words with their definitions.

1. disorder	- the production or utterance of speech sounds
2. palate	- a way of communicating by using the hands and other parts of the body.
3. treatment	- two or more people working together to create or achieve the same thing.

4.to deal with	- medical care given to a patient for an illness or injury
5. speech therapy	- the top part of the inside of your mouth
6. sign language	- an illness that disrupts normal physical or mental functions
7. articulation	- the treatment of people who have difficulty speaking
8. obstacle	- something that happens to you that affects how you feel
9. to collaborate	- to take action in order to achieve something or in order to solve a problem:
10.to experience	- something that blocks you so that movement, going forward, or action is prevented or made more difficult
11. benevolence	- благожелательность
12. clinical forte	- сильная сторона

IV. Speech therapist is an interesting profession. Do you want to learn more about this challenging job? If yes, read the information given below in the text.

Who Is A Speech Therapist?

Before diving in to *'HOW'*, we will take a glance at *'WHO'*.

Yes, you guessed right. It's evident though. Semantically, a speech therapist is a person who performs speech therapy. They provide treatment to the patients experiencing speech and language disorders and communication lacking.

As a speech-language therapist, your role is to treat babies, children, and adults having speech, language and communication problems, or complexities in swallowing, drinking or eating. You have to deal with physical and learning weaknesses, hearing loss, psychiatric disturbances or dementia, and could treat a chain of conditions, including cleft palate, stammering, language delay and voice disorders.

The therapist should give you and your child strategies to deal with obstacles more effectively. She will likely give you activities to practice at home to reinforce the skills your child is learning. Kids who make the most progress tend to be those whose get involved in their treatment. It's important that the speech therapist and your child are a good match.

As a speech therapist, you will have to learn and expertise in the following fields of study:

- Anatomy or Physiology or Neurology
- Audiology
- Phonetics
- Linguistics
- Psychology
- Learning Dysfunctions
- Child Development
- Counselling

What Are The Responsibilities of A Speech Therapist?

Your daily tasks will defer as per your patients and their physical and mental states. However, your usual commitments may include:

- Diagnose the type of speech and communication disorder of clients
- Assess the causes and nature of the problem whether it is congenital (cleft lip or palate) or acquired (from stroke or other injuries).
- Treat patients in a clinical setting
- Linguistics

- Psychology
- Design and deliver treatment programs as per their needs
- Work one to one or group basis to ensure the best possible outcomes
- Collaborating with teachers for operating children at school
- Work closely with other therapists, doctors, and others who are in touch with your clients.

- Advise care of your patients precisely on implementing treatment programs

- Train other individuals in therapy delivery
- Teach sign language to non-verbal patients

A speech therapist must earn a master's degree, however, one must first earn a bachelors degree. During your graduate training you will receive coursework in speech and language development, age-specific speech disorders, alternative communication methods, and swallowing disorders. Both of these degrees can be earned at a state or private college and university.

V. Complete the sentences with suitable word and translate them.

1. Before master's degree a speech therapist must obtain
2. Treating patients in a clinical is one of the responsibilities of a speech therapist.
3. Kids should be in their treatment.
4. Speech therapist should also deal with loss.
5. The patients experiencing speech and language Must be provided with
6. Non verbal patient must be taught

VI. Answer the following questions using information from the text.

1. What treatment does speech therapist provide?
2. What is the role of speech therapist?
3. What problems do speech therapists have to deal with?
4. What strategies should the therapist give you and your child?
5. What fields of study does the speech therapist have to learn?
6. What are the main responsibilities of a speech therapist?

VII. If you want to check whether speech therapist is a right job for you give answers to the following questions supporting them with reasons.

1. Do you really want to become a speech therapist?
2. Can you cope up with the stress level?
3. Are you okay with the turkeys that will come along with the success?
4. Do you hold enough kindness, empathy and compassion?
5. Do you want to be an unsung hero?
6. And lastly, do you have tons of patience?

VIII. Being a speech therapist is not an easy task. You have to acquire many skills to get your dream job. Some skills are given in the left column. Find the explanations to them in the right column. What other skills can you add to ones given below.

1. Listening skill	a) Eloquence in a foreign language or sign language can also help you find a better job place. The necessity and priority of second language fluency will depend on the job location and whereabouts.
2. Communication	b) This is the first and foremost skill that you have to adopt. It is a must for a speech therapist. You will help patients change the ways in which they speak, swallow, hear and many more. Some patients need longer time to cure and some will not show improvement at all. As a speech therapist, you will confront patients of different dimensions, they are special. So you have to be patient and be positive all the time.

3. Clinical forte	c) You will display your creativity by providing an interesting and appropriate program design. While continuing your designed treatment several problems will come to your path, quick thinking and problem-solving skill are required.
4. Foreign language	d) Your task is to help others. So you have to be kind and compassionate. You will work with people of different ages, from toddlers to old-timers. They need a warm, friendly person to supervise them throughout the speech therapy process.
5. Patience	e) During your practicum as a speech therapist, you have to encounter hundreds of hours of clinical experience. You learn how to diagnose and heal different speech, language and hearing disorders and use these clinical arts on a daily basis.
6. Benevolence	f) You have to convey tasks and therapy strategies to patients, their families, social workers, and others. Clear and direct verbal and non-verbal communication is an influential element of being a speech therapist.
7. Creativity and problem-solving skills	g) You have to be an expert listener as you will spend most of your time listening and talking with people.

IX. Project work. Write an essay about the job of a speech-language pathologist. Express your opinion and answer the questions.

1. Why is speech therapy needed?
2. What do speech language pathologists do?
3. What requirements are there to work as a SLP?
4. What personality traits do speech language pathologists need?
5. Why do you want to be a speech language pathologist?
6. What fields does a speech therapist have to learn and expertise in?

Unit II
INTERRELATION OF SPEECH, LANGUAGE
AND COMMUNICATION

Grammar: The Passive Voice; Indefinite, Continuous, Perfect Tenses

I. Read words and word combinations and try to memorize them.

1. interrelated	- взаимосвязанный
2. cause [kə:z]	- причина
3. perplexing [pə'pleksɪŋ]	- озадачивающий, трудный, сложный, непонятный
4. compose	- составить
5. decipher [tu: dɪ'saɪfə]	- расшифровывать
6. vocal tract	- голосовой тракт
7. oral musculature ['mʌskjʊləʃə]	- оральная мускулатура
8. utterance ['ʌtərəns]	- произношение, произнесение, высказывание
9. deaf	- глухой
10. to overlap	- перекрывать, перекрыть, пересекать

II. Translate the derivatives.

To utter – utterance; to compose – composition; vital - vitality; to interchange – interchangeable; to intend – intention – intentional; to receive – receiver; to exist – existence; to express – expression; significant – significantly – to signify; to relate – relation – relative; cause – causal, complex – complexity; broad – broadly.

III. Find definition in the right column to the words in the left column.

1. cause	a) the cavity in human beings and in animals where the sound produced at the sound source is filtered.
2. to denote	b) having a close connection with each other or one another
3. perplexing	c) a reason or motive for producing an effect or result
4. communication	d) making a person uncertain, hesitating
5. vocal tract	e) to form by putting parts together
6. intended	f) giving or receiving information by talk, gestures, writing, etc.
7. interrelated	g) a surrounding or being surrounded
8. environment	h) planned or proposed
9. to compose	i) to mark, indicate or to mean

IV. Read and translate the following sentences, paying attention to the use of Indefinite Tenses in the Passive Voice.

1. A person's daily life is often affected by the problems in speech or in language. 2. The cause of the problem in this child's speech will be determined only on the basis of analysis of his life's conditions. 3. Some message was expressed by this deaf person in a manual mode. 4. Speech and language are not considered to be synonyms. 5. We did not understand his message as the words were not uttered by him clearly. 6. The relationship of speech, language, and communication will be illustrated by this figure. 7. A new approach to diagnosing this speech problem was developed not long ago.

V. Translate the sentences paying attention to Indefinite, Continuous and Perfect Tenses in the Passive Voice.

1. The contract is being signed between partners now.
2. New methods of treatment stuttering have been used by researchers.
3. The firm had been closed by the end of the month.
4. By the end of the week the question whether to continue research or not will have been solved.
5. Many accidents are usually caused by dangerous driving.
6. Much money has been invested in this project.
7. My car was being repaired the whole week.
8. The positive results had not been obtained until another treatment approaches were used.
9. By the time I arrive the problem relating to my position will have been solved.

VI. Put the verbs in bracket in the proper tense form of the Passive Voice.

1. The results of the competition next week. (declare)
2. My homework by tomorrow afternoon. (finish)
3. That house since I was a child. (not paint)
4. Smoking in this hotel. (not allow)
5. After all the flights the tourists checked in at the airport hotel. (cancel)
6. The car for over a week. (not wash)
7. He a new contract last year. (give)
8. This song by the Beatles in 1967. (write)
9. The earth if we try hard enough to do something. (can save)
10. The new bridge at the moment. (build)

VII. Translate the following sentences paying attention o the peculiarities of the Passive Voice.

1. These figures are often referred in the journals.
2. This project was much worked at.
3. Free education is thought of as one of the main advantages of our social system.
4. The problem of children with delayed speech was much spoken at the conference.
5. The dean will be spoken to on organizing this student's event.
6. He can always be relied on.

**INTERRELATION OF SPEECH, LANGUAGE
AND COMMUNICATION**

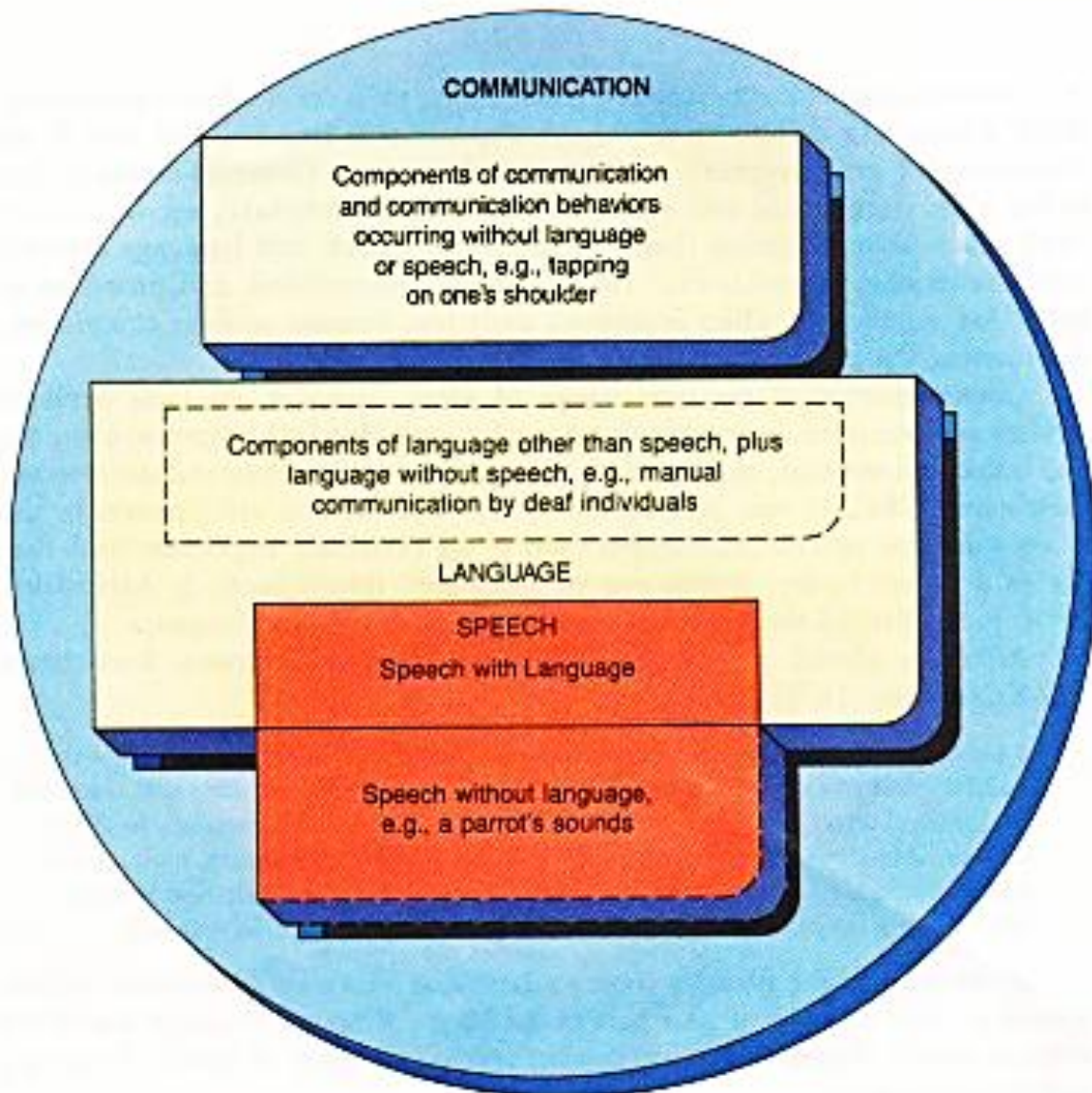
Communication is one of the most complicated and vital processes people undertake. Speech and language are two components of communication. They are *highly interrelated*, and problems in either can significantly affect a person's daily life. Because of their complexity, determining the **cause** of a problem is often **perplexing**.

Communication is the interchange of ideas, opinions, or facts between senders and receivers. It requires that a sender **compose** and transmit a message, and that a receiver **decipher** and understand the message. In this manner, the sender and receiver are partners in communication process. Communication is an extremely important tool that helps us to adapt to and change our environment.

Although related, speech and language are not synonymous.

*Language may be expressed through speech, but not in all cases. Speech is the audible production of language, the result of manipulation of the **vocal tract and oral musculature**. Language, on the other hand, denotes the intended messages contained in the speaker's **utterances**. It is possible*

*to have speech without language, as with parrots ..., or language without speech, as with **deaf** persons who express language in a manual mode.*



Communication is the broader concept. Language is a part of communication. Speech is often thought of as a part of language, although language may exist without speech. The figure illustrates the relationship of speech, language, and communication.

VIII. Translate the following sentences from Russian into English.

1. Коммуникация помогает нам, как адаптироваться к окружающей среде, так и изменять ее.
2. Не во всех случаях язык может выражаться с помощью речи.
3. Высказывания говорящего содержат предполагаемые сообщения.
4. Речь определяется как звуковое воспроизведение языка.
5. Задачей отправителя является составление и отправка сообщения.
6. Трудно определить причины языковых и речевых проблем.

IX. Answer questions to the text using information derived from the text.

1. What are two components of communication?
2. Why is it difficult to determine the problems in speech and language?
3. What is meant by communication?
4. What is the function of a sender?
5. Why is communication very important for us?
6. How can you define speech?
7. What does language denote?
8. Can speech exist without language and vice versa?

X. Using the figure describe the conceptual model of interrelationship of speech language and communication using expressions given below.

The scheme deals with

demonstrates

gives

This component represents

shows

analyzes

studies

Upper (top) figure, middle figure, bottom figure

XI. Review.

What are four ways speech, language, and communication are interrelated?

1. Both speech and language are part, but not all, of communication.
2. There are components of communication that involve language but not speech.
3. There may be speech that does not involve language.
4. In humans, the development of communication, language, and speech overlap to some degree.

Unit III

THE STRUCTURE OF LANGUAGE

Grammar: the modal verbs and their equivalents

I. Read words and word combinations and try to memorize them.

1. to view	- рассматривать, считать, видеть
2. to regard	- рассматривать, считать, касаться
3. sequence	- последовательность
4. clause	- предложение, придаточное предложение, клаузул
5. to suggest	- предлагать, предполагать
6. To be concerned with	- иметь отношение, быть связанным, рассматривать, иметь дело с
7. internal	- внутренний
8. in terms of	- с точки зрения
9. to add	- добавлять
10. inflection	- флексия, интонация, модуляция голоса
11. versus	- против, по сравнению, в сравнении
12. to govern	- регулировать, управлять

II. Match each word in A with its synonym in B.

A. major, to include, to govern, way, to be concerned with, in terms of, unique, versus

B. in comparison with, with regard to, to deal with, to involve, to regulate, unrepeatable, manner, main

III. Read the international words and guess their meanings:

syntax, structure, to combine, phoneme, phrase, morphology, suffix, component, concept, transformation, to form, semantics, context, to lecture, code.

IV. Read a short text in order to understand the difference in meaning of the words clause and sentence and answer the given questions. What is the main clause? What is the difference between clause and sentence? Can a sentence consist of one clause?

A sentence is a complete statement whereas a clause is just part of it. An example of a clause is, "When the sun went down" or "because I had run out of coffee". A sentence might be, "When the sun went down, I drove to the supermarket because I had run out of coffee". The MAIN clause is the clause that can stand on its own, in this case "I drove to the supermarket". Of course, a sentence can consist of just one clause e.g. "I went to the cinema yesterday". A sentence is a complete statement whereas a clause is just part of it. An example of a clause is, "When the sun went down" or "because I had run out of coffee". A sentence might be, "When the sun went down, I drove to the supermarket because I had run out of coffee". The MAIN clause is the clause that can stand on its own, in this case "I drove to the supermarket". Of course, a sentence can consist of just one clause e.g. "I went to the cinema yesterday"

V. Refresh your grammar. While translating the sentences distinguish which of the modal verbs and their equivalents express ability, permission, possibility, necessity, obligation and certainty.

1. Any language can be considered as a combination of several components.
2. Sounds are to be used and combined according to Phonology rules.
3. If the request for examining the patient must be refused, a short letter stating the reason for the refusal, should be written.
4. You should be very attentive

in the transformations of words in terms of tense, and number. 5. Parents may be asked about behavior of their child in home setting. 6. The answer to the patient's letter had to be sent yesterday. 7. Pragmatics can be defined as a component of language used in social contexts. 8. You needn't change the structure of this sentence otherwise its meaning will not be clear.

THE STRUCTURE OF LANGUAGE

Language, whether English, Russian, or Arabic, is generally **viewed** as including several major components: phonology, syntax, morphology, semantics, and pragmatics. **Phonology** represents the system of speech sounds that an individual utters; that is, rules **regarding** how sounds can be used and combined. For example, the word *cat* has three phonemes. **Syntax** involves rules **governing** sentence structure – the order and the way in which words and **sequences** of words are combined into phrases, **clauses**, and sentences. For example, the sentence “Will you help Linda?” **suggests** a question that changes in meaning when the order of words is changed to “You will help Linda.” Morphology **is concerned** with the form and **internal** structure of words; that is, the transformations of words **in terms of** such areas as tense, and number – like present to past tense, or singular to plural. When we **add** an *s* to *cat* we have produced the plural form, *cats*, with two morphemes or meaning units – the concept of cat and the concept of plural. Such transformations involve prefixes, suffixes, and **inflections**. Syntax and morphology combine to form what we know grammar. **Semantics** represents the component of language most concerned with meaning or understanding of language. It involves the meaning of a word to an individual, which may be unique in one's personal mental dictionary (for example, the meaning of the adjective *nice* in the phrase “nice house”). **Pragmatics**, as a component of language, is concerned with the use of language in social contexts, including rules that govern language functions (the reason for communicating) and rules that govern the choice of codes

(alternate message forms) to be used when communicating. An example of pragmatics can be found in the different ways, for example, a professor talks when lecturing to a class **versus** chatting at a party.

VI. Complete the following statements using the information of the text.

1. P..... studies how language is affected by the situation in which it is used.
2. Semantics describes what words mean to an in..... .
3. M..... is the part of grammar which deals with word-forms (morphemes and words).
4. Syntax d.... with combinations of words into word groups and sentences.
5. Language c..... work together to create meaningful c..... among individuals.

VII. Choose the answer on the basis of the information you derived from the text.

1. What component of language studies how situation affects language used?

Phonology;	Morphology;
Semantics;	Syntax.

2. Which of the following does syntax deal with ?

system of sounds;	sentence structure;
language functions;	the meaning of a word.

3. When does sentence change in meaning?

When words are combined into phrases;	when the order of words is changed;
when Syntax and morphology combine to form grammar;	when rules govern the choice of codes.

4. What are two main parts of grammar?

the choice of codes and message sound and morphemes;
forms;
semantics and syntax ; morphology and syntax.

5. What are the smallest meaningful units of language?

sounds; context of message;
morphemes; a structural rule.

VIII. Answer the questions using the information of the text.

1. What major components does language include?
2. What does phonology represent?
3. What component of language governs sentence structure?
4. Does the sentence change in meaning if the order of the words is changed?
5. What component of language deals with meaning and understanding of language?
6. What does pragmatics study?
7. Can sentences be interpreted differently if the situation changes?

IX. Using one of the schemes, describe the main components of language and what they are concerned with using expressions given below.

The scheme deals with

demonstrates

gives

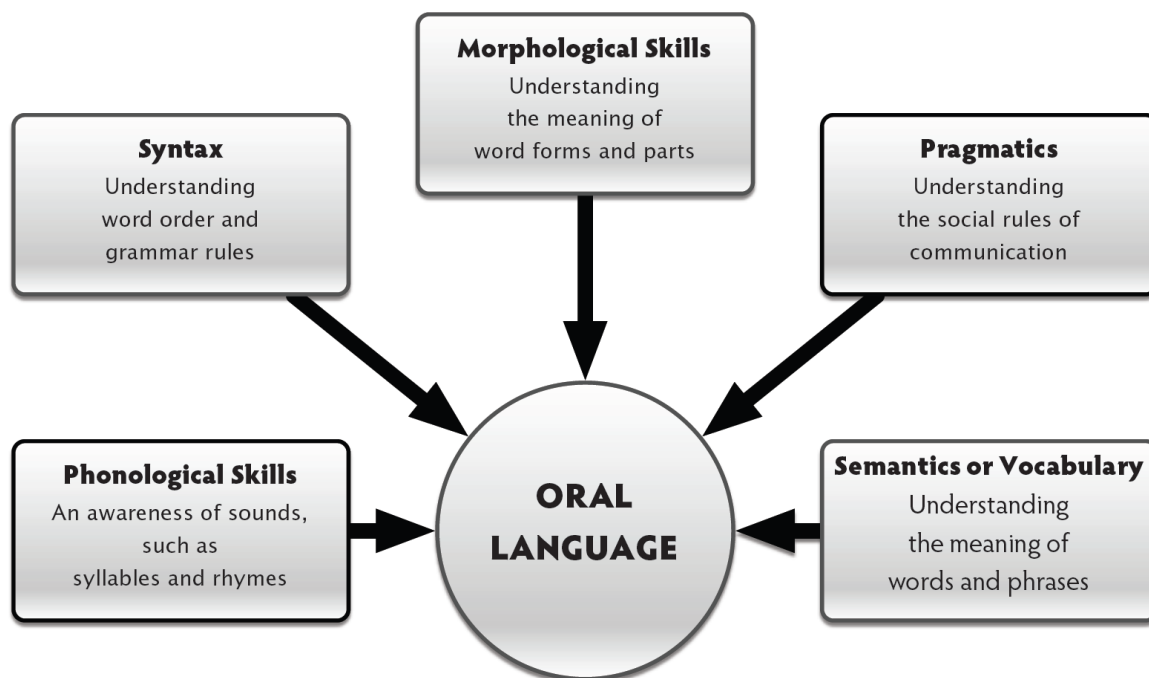
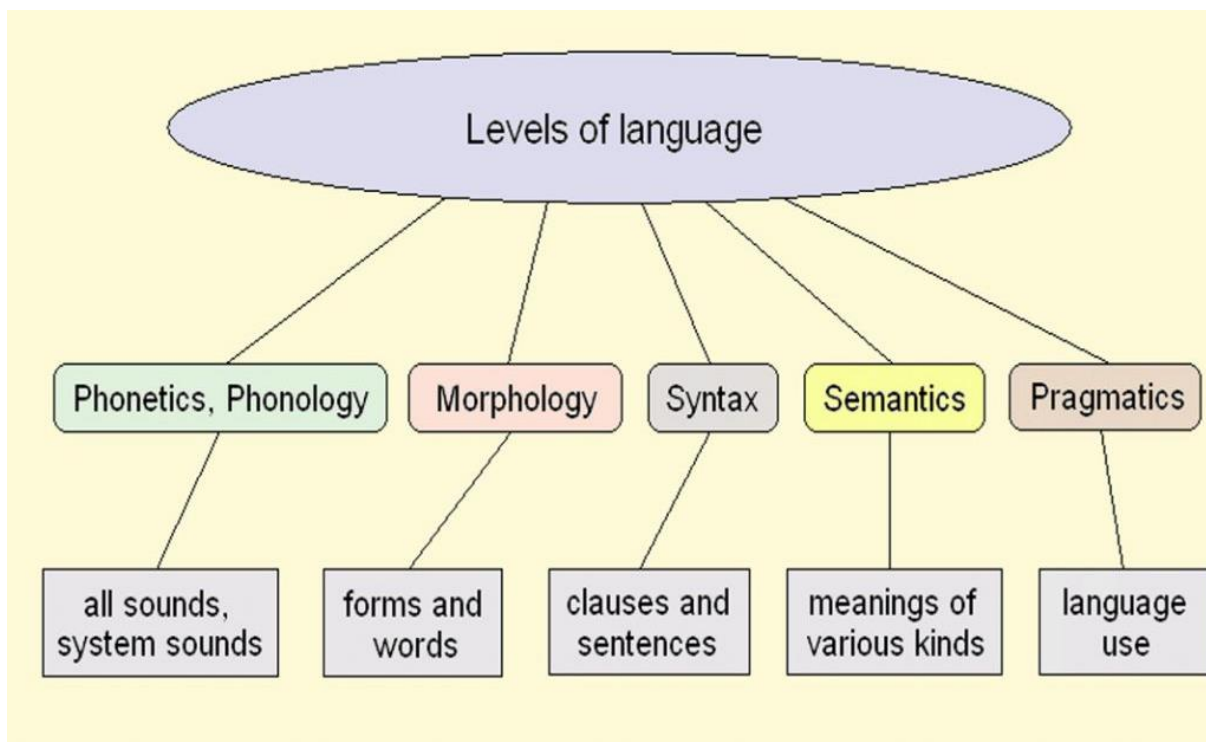
This component represents

shows

analyzes

studies

To be (to include, to involve) the set of rules, principle, processes



Unit IV

LANGUAGE DEVELOPMENT

Grammar: The Infinitive; Forms and Functions

I. Read words and word combinations and try to memorize them.

1. primarily	- преимущественно
2. consonant	- согласный
3. vowel ['vaʊəl]	- гласный звук
4. to string	- связывать (звуки), располагать последовательно
5. to resemble	- напоминать
6. delight	- восхищение
7. to reinforce	- усиливать, укреплять
8. to enhance	- усиливать, повышать, укреплять
9. considerable	- значительный
10. to attach	- прикреплять, присоединять
11. immediate	- немедленный
12. on the average	- в среднем
13. to exhibit	- проявлять, демонстрировать, показывать
14. variability	- разнообразие, вариация
15. vitality	- жизнеспособность, живучесть
16. to inherit	- наследовать
17. to relate to	- относиться, иметь отношение
18. due to	- из-за вследствие, благодаря

II. Make adjectives by adding suffixes and translate them:

- **al**: experiment; environment; development; verb; structure; act; person; practice.

- **ive:** to associate; to repeat; communication; to indicate; to relate; product; progress; to include; to interact.

III. Make nouns by adding the suffix “-ment” and translate them:

to govern, to enhance , to develop, to interchange, to involve, to reinforce.

IV. Translate the following sentences paying attention to the forms of the Infinitive.

1. The baby’s first word is considered to have no meaning to a child. 2. They were happy to have been working for many years with this famous speech therapist. 3. The rates of language development to be exhibited by children may be various. 4. Young children are known to progress normally through several stages in developing language. 5. The child seems to be making progress to using six-word sentence on average. 6. The parents were very upset to have discovered the delay in speech development of their child. 7. She seems to understand most of what is said to her. 8. He must be preparing the report on the influence of environment on language development. 9. The questions to be asked must be simple for a child.

V. Complete the following sentences using appropriate Infinitive forms.

1. The assessment techniques in this case do not always help a great deal.
 - a) to be used;
 - b) to have been used;
 - c) to use
2. He seems an accurate diagnose for treatment of this child.
 - a) to be made.;
 - b) to make;
 - c) to have made.

3. Her rehabilitation program must on relearning language.
- a) have been focusing;
 - b) focus;
 - c) be focused.
4. They must from an expressive language disorder now.
- a) suffer;
 - b) have been suffering;
 - c) be suffering.
5. He is known on reasons of stuttering for many years.
- a) to work;
 - b) to have been working;
 - c) to be working.
6. He was the first the influence of heredity on stuttering.
- a) to discover;
 - b) to be discovered;
 - c) to have been discovered.

LANGUAGE DEVELOPMENT

The development of language is a complex process. Young children normally progress through several stages in developing language, from a preverbal stage, to the use of words together in sentences. At first a baby's verbal communication is limited **primarily** to crying, which is usually associated with discomfort (from hunger, pain, or being soiled or wet). They begin to babble at about three to six months of age, which involves making some **consonant** and **vowel** sounds. At this point, babies often make sounds repeatedly when they are alone, seemingly experimenting with their sound making and not necessarily trying to communicate with anyone. They may also babble when their parents or others are with them, playing or otherwise handling them.

The baby's first word is always a momentous event, and is likely have no meaning to the child. The baby begins **to string** sounds together that **resemble** words. To the **delight** of the parents, these sounds frequently include such sounds as "da-da" and "ma-ma" which, of course, are echoed, repeated, and **reinforced** greatly by Father and Mother. While this type of interchange sounds like a conversation, the child's vocal productions may only be understood by those close to him or her (such as parents or siblings). The interactions between babies and their parents can do much **to enhance** their developing language at this time. They provide stimulus sounds and words for the baby to mimic, which gives the youngster **considerable** directed practice.

The timing of a baby's actual production of his or her first words usually happens between nine and fourteen months. Initially the words may have little or no meaning, although they soon become **attached** to people or objects in the child's **immediate** environment such as Daddy, Mommy, or milk. Strings of two and three words that resemble sentences typically begin between eighteen and twenty-four months. At this stage, there is little question about meaning because the child can rather clearly indicate that he or she wants something.

By three to four years of age, most children whose language is developing normally are using all basic syntactical structures. By the time they are five years old they have progressed to using six-word sentences, **on the average**. A child that is developing language normally articulates nearly all speech sounds correctly and in context somewhere between four and eight years of age.

Children **exhibit** considerable **variability** in their rates of development, even those that are considered normal. Some of these differences **are due** to general health and **vitality**, some are **inherited**, and others **relate to** environmental influences, such as the amount of interaction with parents and siblings.

VI. Arrange the following words into the pairs of antonyms:

Together, primarily, considerable, initially, attached, close, to progress, normally, to stop, irregularly, secondly, unimportant, disconnected, individually, finally, distant.

VII. Complete the following statements, using the information of the text.

1. Young children go through some s..... in developing language.
2. The interaction between babies and their p..... can in.... their developing language..
3. At first the words may have little m.... but soon they become at.... to people or objects.
4. The d..... in Language may be expressed through s..... .
5. Language development may be d.... to general health or heredity.

VIII. Find definitions in the right column to the terms given in the left column.

- | | |
|-----------------|---|
| 1. event | a) to make something stronger |
| 2. sound | b) the conditions that you live or work in |
| 3. to string | c) anything that happens |
| 4. to reinforce | d) to arrange in a row |
| 5. frequently | e) the quality of including different kinds, or of being different from one case to the other |
| 6. environment | f) something that you can hear or that can be heard: |
| 7. variability | g) at brief intervals; often |

IX. Read the text and number the following topics in the order in which they appear in it.

- a. The result of abnormal teeth positioning as well as jaw misalignment
- b. The role of dental structure in articulation performance
- c. Types of physical abnormalities
- d. Two general types of articulation performance deficit
- e. The period of improvement of articulation performance
- f. The example of reasons leading to functional articulation disorders
- g. The degree of spread of articulation disorders among speech disorders
- h. Definition of articulation disorders

X. Are these statements true or false?

1. The baby's first word has a deep meaning for the child.
2. At about three to six months of age babies often make sounds repeatedly.
3. All basic syntactical structures are used by children by the age of five.
4. The rates in language development of all children are the same.
5. The words produced by babies become attached to people or objects between nine and fourteen months.
6. Between 8 and 10 years of age the child produces nearly all speech sounds correctly and in context.

XI. Answer the questions using the information you have learnt from the text.

1. What is the first baby's verbal communication primarily limited to?
2. At what age do young children begin to bubble?
3. How do babies often make sounds at this point when they are alone?
4. Does the baby's first word have meaning for him?
5. Who can do much to enhance children's developing language?

6. When does a baby's actual production of his or her first words usually happen?
7. When do a baby's first words become attached to people or objects in the child's immediate environment?
8. When do strings of two and three words that resemble sentences typically begin?
9. When do children begin to use six-word sentences?
10. What happens in language development between four and eight years of age?
11. What factors influence children's rates of language development?

XII. Using the table given below describe the main stages of language development of young children.

Language development	
Age	Activity
<i>Two months</i>	<i>Cries, coos, and grunts.</i>
<i>Four months</i>	<i>Begins babbling. Makes most vowel sounds and about half of consonant sounds.</i>
<i>Six months</i>	<i>Vocalizes with intonation. Responds to own name.</i>
<i>Eight months</i>	<i>Combines syllables when babbling, such "Ba-ba."</i>
<i>Eleven months</i>	<i>Says one word (or fragment of a word) with meaning.</i>

Age	Activity
<i>Twelve months</i>	<p><i>Says two or three words with meaning.</i></p> <p><i>Practices inflection, such as raising pitch of voice at the end of a question.</i></p>
<i>Eighteen months</i>	<p><i>Has a vocabulary between five and 20 words, mostly nouns.</i></p> <p><i>Repeats word or phrase over and over.</i></p> <p><i>May start to join two words together.</i></p>
<i>Two years</i>	<p><i>Has a vocabulary of 150–300 words. Uses I, me, and you.</i></p> <p><i>Uses at least two prepositions (in, on, under).</i></p> <p><i>Combines words in short sentences.</i></p> <p><i>About two-thirds of what is spoken is understandable.</i></p>
<i>Three years</i>	<p><i>Has a vocabulary of 900–1000 words.</i></p> <p><i>Uses more verbs, some past tenses, and some plural nouns.</i></p> <p><i>Easily handles three-word sentences.</i></p> <p><i>Can give own name, sex, and age.</i></p> <p><i>About 90% of speech is understandable.</i></p>
<i>Four years</i>	<p><i>Can use at least four prepositions.</i></p> <p><i>Can usually repeat words of four syllables.</i></p> <p><i>Knows some colors and numbers.</i></p> <p><i>Has most vowels and diphthongs and consonants established. Talks a lot and repeats often.</i></p>

Age	Activity
<i>Five years</i>	<p><i>Can count to ten.</i></p> <p><i>Speech is completely understandable, although articulation might not be perfect.</i></p> <p><i>Should have all vowels and some consonants.</i></p> <p><i>Can repeat sentences as long as nine words.</i></p> <p><i>Speech is mostly grammatically correct.</i></p>
<i>Six years</i>	<p><i>Should have all vowels and consonants.</i></p> <p><i>Should be able to tell a connected story about a picture.</i></p>
<i>Seven years</i>	<p><i>Should have consonants s–z, r, voiceless th, ch, wh, and soft g.</i></p> <p><i>Should be able to do simple reading and print many words.</i></p>
<i>Eight years</i>	<p><i>All speech sounds established.</i></p> <p><i>Carries on conversation at a more adult level.</i></p> <p><i>Can tell complicated stories of past events.</i></p> <p><i>Easily uses complex and compound sentences.</i></p> <p><i>Reads simple stories with ease and can write simple compositions</i></p>

Unit V
DEFINITION OF SPEECH DISORDERS

Grammar: Objective, Subjective Infinitive Constructions

I. Read words and word combinations and try to memorize them.

1. interruption	- прерывание
2. contemporary	- современный
3. to acquire	- приобретать
4. stroke	- инсульт, удар
5. injury ['ɪndʒəri]	- травма, ушиб, повреждение
6. intelligible [ɪn'telɪdʒəbl]	- вразумительный, понятный, разборчивый
7. brain	- мозг
8. to tend	- иметь тенденцию
8. to run in the family	- передаваться по наследству, это семейное
9. to draw attention to	- привлекать внимание к
10. evidence	- доказательство
11. stuttering	- заикание
12. dysfluency	- потеря беглости речи
13 to exceed	- превышать
14. to identify	- определять
15. evaluation	- обследование
16.to establish diagnosis	- поставить диагноз
17. impairment [ɪm'peɪmənt]	- нарушение, расстройство, ухудшение
18. adolescent [ædə'les(ə)nt]	- подросток
19. adults	- взрослые

20. thorough ['θʌrə]	- тщательный
21. assessment	- определение, оценка, обследование
22. acceptable	- приемлемый
23. sensory motor awareness ['sensəri 'məʊtə ə'weənɪs]	- сенсомоторное осознание
24. shaping	- формирование
25. significantly	- значительно
26. intervention	- вмешательство
27. to outgrow	- избавляться с возрастом
28. to collaborate	- сотрудничать
29. appropriate [ə'prəʊpriət]	- подходящий, соответствующий
30. to design	- разрабатывать
31. affected person	- пострадавшее лицо, затрагиваемое лицо
32. convey	- передавать
33. to expose	- подвергать
34. cerebral palsy [serɪbrəl 'pɔ:lzi]	- детский церебральный паралич
35. incidence of literacy difficulties	- семейная распространенность трудностей с грамотностью

II. Make nouns by adding the suffix “-ness” and translate them.

Ready, attractive, useful, effective, to aware, ill, intensive, successful.

III. Make adjectives by adding the suffix “-able” and translate them.

Consider, reason, to observe, change, to receive, to accept, to depend, to persist.

IV. Translate the groups of words of the same root.

To identify – identification - identified; to establish – establishment; to evaluate – evaluation; to assess – assessment; significant – significantly –

significance; to intervene – intervention; to accept – acceptance – acceptable; to intensify – intensive – intensively; fluent – fluency; to interrupt – interruption – interruptible, to impair – impaired – impairment; to vary – various - variety.

V. Translate the sentences paying attention to the words from the active vocabulary.

1. People with speech disorders have difficulties of producing speech sounds. 2. If a person is not able to speak fluently he has a speech disorder. 3. Stuttering is an interruption in the flow of speech. 4. Sometimes speech disorders are acquired as a result of head injury. 5. Phonological disorder sometimes develops in children before age four. 6. Stuttering may have a genetic cause. 7. The approaches for treating speech disorders depend on the type of impairment. 8. Speech-language pathologists should collaborate with families, teachers, and physicians.

VI. Read international words and guess their meanings:

Rhythm, phonological, combination, professional arena, result, signal, symptom, negative, to coordinate, to consult with, infection, regularly, genetic.

VII. Translate the following sentences paying attention to the Objective Infinitive Construction.

1. We know speech disorders to refer to difficulties of producing speech sounds.
2. We are friends and I naturally should like him to be perfectly frank with me.
3. The Speech-language pathologist wants us to collaborate with him for effective treatment of our child.
4. Why do you expect his stuttering will be completely cured?

5. We believe the connection between stuttering and the brain's ability to coordinate speech to be studied more thoroughly in future.
6. I consider the cost of treatment to have put us in a difficult financial position.
7. The scientists consider chronic ear infections; fetal alcohol syndrome; Down syndrome, cerebral palsy to present high –risk factors.

VIII. Translate the following sentences paying attention to the Subjective Infinitive Construction.

1. The baby's first word is likely to have no meaning to the child.
2. At this age baby seems to be experimenting with his sound making.
3. Young children are known to progress through several stages in language development.
4. The communication disorders are supposed to include language and hearing disorders.
5. The causes of phonological disorders of this child appeared not to have been identified properly.
6. Stuttering is believed to have a genetic cause since it has been observed to run in some families.

IX. Transform the sentences according to the pattern.

Pattern: Pathologists consider the course of treatment depends on the nature of disorder.

The course of treatment is considered to depend on the nature of disorder.

1. We know speech disorders to refer to difficulties producing speech sounds.
2. We suppose this speech disorder to have been caused head injury.
3. We assume the causes of stuttering not to have been well investigated so far.

4. Current researchers believe stuttering and the brain's ability to coordinate speech to be interconnected.
5. We know this speech-language pathologist to have collaborated with child' parents to design an appropriate course of treatment.
6. Pathologist considered the child's intelligible speech to have been the result of very complex interactions originating in the brain

X. Read the text and write short headings for each paragraph.

DEFINITIONS OF SPEECH DISORDERS

1. A speech disorder is a communication disorder characterized by an impaired ability to produce speech sounds or normal voice, or to speak fluently.

Speech disorders belong to a broad category of disorders called communication disorders that also include language and hearing disorders. Speech disorders refer to difficulties producing speech sounds or problems with voice quality. They may be characterized by an **interruption** in the flow or rhythm of speech such as stuttering, or by problems with the way sounds are formed, also called articulation or phonological disorders, or they may involve voice problems such as pitch, intensity, or quality. Often, there is a combination of several different problems. Speech is extremely important in **contemporary** society. Speaking ability can influence a person's success or failure in both the personal-social and professional arenas.

2. Speech disorders can either be present at birth or **acquired** as a result of **stroke**, head **injury**, or illness. The production of **intelligible** speech is the result of very complex interactions originating in the brain. When the **brain** sends a series of speech signals to the speech muscles, the

muscles need to produce the series of sounds that will **convey** the intended message.

3. The causes of articulation and phonological disorders are unclear, although it has been observed that they **tend** to develop in children before age four and **run** in families. The symptoms vary, depending on whether other disorders are present, but typically involve difficulty in making specific speech sounds. Articulation is considered a disorder when it is unintelligible or **draws** negative **attention to** the speaker. The causes of stuttering are not very well understood. There is some **evidence** that **stuttering** has a genetic cause since it has been observed to run in some families. Current research suggests a connection between stuttering and the brain's ability to coordinate speech. The major symptom of stuttering, found in preschoolers but not adults, is persistent **dysfluency** of language that **exceeds** 10%.

4. Speech disorders are usually **identified** using a combination of hearing tests and physical exams. Physicians then recommend specialized **evaluation** by speech-language pathologists, who can best **establish** an accurate **diagnosis**.

5. Speech pathologists have designed approaches for treating speech disorders with the type of treatment depending upon the type of **impairment**. A wide variety of treatment techniques are available for treating affected children, **adolescents**, and **adults**. A **thorough assessment** is normally conducted with the aim of determining the most effective and **acceptable** treatment approach for each disorder on an individual basis. A common treatment for many patients involves increasing **sensory motor awareness** of selected aspects of speech and systematically **shaping** the target speech behaviors.

6. The prognosis depends on the cause of the disorder; many speech disorders can be improved with speech therapy. In the case of childhood speech disorders, prognosis also **significantly** improves with early diagnosis

and **intervention**. Children who do not receive speech therapy and do not **outgrow** their speech difficulties will continue to have the disorder as adults.

7. The treatment of speech disorders belongs to the field of speech-language pathology. Speech-language pathologists assist individuals who have speech disorders and **collaborate** with families, teachers, and physicians **to design** an **appropriate** course of treatment, which depends on the specific nature of the disorder. They also provide individual therapy to **affected persons**, consult with teachers about effective classroom strategies to help children with speech disorders, and work closely with families to develop effective therapies.

8. Prevention of speech disorders is centered **on identifying** at-risk infants. The following conditions are considered to represent high-risk factors, and children **exposed** to them should be tested early and regularly: chronic ear infections; fetal alcohol syndrome; Down syndrome, **cerebral palsy**; family **incidence of literacy difficulties**.

XI. Find which of the words and word combinations on the right is closest in meaning to the words on the left.

1. To identify	a) to determine b) to affect c) to accept
2. Probably	a) possibly b) eventually c) essentially
3. To conduct assessment	a) to receive assessment b) to provide assessment c) to carry out assessment

4. To affect treatment	a) to change treatment b) to influence treatment c) to reduce treatment
5. to design a course of treatment	a) to provide a course of treatment b) to receive a course of treatment c) to develop a course of treatment
6. intervention	a) shaping b) invasion c) outgrowing

XII. Complete the following statements using the information of the text. The first letter of each missing word is given to help you.

1. Speech-language pathologists often c... with f... to design effective therapies.
2. Chronic ear in... is one of the high-risk factors children are ex..... to.
3. Ac.... treatment approach is determined by careful as.....
4. Hearing tests and physical exams help to i.... speech disorder.
5. When articulation is un.... it is considered to be a speech disorder.
6. An in.... in the flow speech is a characteristic feature of s.....
7. If a child has di.... in producing s.... it means he has a speech disorder.

XIII. Answer the following questions using the information you have derived from the text.

1. What problems is speech disorder characterized by?
2. Why is speech so important in contemporary society?
3. What are the causes of the appearance of speech disorders?
4. What is the mechanism of producing the series of sounds?
5. In what cases is articulation considered a disorder?
6. Are causes of stuttering well investigated?

7. How are speech disorders usually identified?
8. What does the choice of treatment techniques for speech disorders depend on?
9. What does a common treatment of disorders for many patients involves?
10. What happens with children who do not receive speech therapy?
11. Why do speech-language pathologists often collaborate with families, teachers, and physicians?

XIV. Speak on the following.

1. The main characteristics of speech disorders
2. The reasons of speech disorders
3. The symptoms of speech disorders
4. Different methods of identifying speech disorders
5. The necessity of thorough assessment speech disorders
6. The factors influencing a successful treatment of speech disorders

Unit VI
FLUENCY DISORDERS

Grammar: Participle I, Participle II, their forms and functions

I. Read words and word combinations and try to memorize them.

1. smooth	- плавный, ровный
2. degree	- степень
3. to edit	- редактировать, корректировать
4. ongoing disturbance	- постоянные нарушения
5. hesitation	- колебание, нерешительность
6. cluttering	- клаттеринг (дезорганизация темпа, ритма и плавности речевого высказывания несудорожного характера)
7. unrelated insertions	- неуместные, несвязанные вставки
8. random	- случайный
9. painfully	- болезненно
10. intermittent	- прерывистый
11. prevalence rates ['prevələns rates]	- показатель распространенности
12. omitting	- пропуск, опускание
13. disruptive	- разрушительный, деструктивный
14. to magnify	- увеличить, усилить
15. facial distortions	- искажение лица
16. to constitute	- составлять
17. vivid	- яркий
18. to diminish	- уменьшать
19. to cease	- прекращать
20. maturation	- созревание, развитие

II. Read and translate the following pairs of words paying attention to the suffixes “ence/ance” and translate them:

to occur – occurrence, significant - significance, to conduct - conductance, to refer - reference, to prevail – prevalence, to differ – difference, to accept – acceptance, to disturb – disturbance, evident – evidence, to magnify - magnificence.

III. Translate the following derivatives.

To edit-editor-edition; interrupt –interruption-interrupted; fluent-fluency; to insert-insertion; intermittent- intermittently; probable-probability-probably; frequent-frequently; to add-addition-additional; to distort-distortion; vivid-vividness; disruption-disruptive; to mature-maturation.

IV. Read and translate the following sentences paying attention to the meaning of the underlined words.

1. If interruptions are not frequent they don't produce an ongoing disturbance of the speech flow.
2. A fluency disorder is characterized by repeated interruptions, hesitations, or repetitions.
3. A cluttered speech is characterized filled it with unnecessary words.
4. Articulation disorders include omitting, adding, or distorting certain sounds.
5. A disturbance in the rhythm and fluency of speech may differ between stutterers.
6. Physical movements, gestures, or facial distortions often accompany stuttering.

V. Translate the following sentences paying attention to the forms of the Participle.

1. Having received a series of speech signals from brain the speech muscles produce the series of sounds. 2. Articulation attracting attention to the speaker is considered to be a disorder. 3. Having been observed to run in some families stuttering was supposed to have a genetic cause. 4. The major symptom observed in preschoolers is dysfluency of language exceeding 10%. 5. Speech-language pathologists collaborating with families achieve better results in treatment. 6. Having conducted a thorough assessment of speech disorder speech therapist determined the most effective treatment technique.

VI. Replace attributive and adverbial clauses by present or past participles.

Pattern: Strings of two or three words that resemble sentences typically begin between eighteen and twenty four months.

Strings of two or three words resembling sentences typically begin between eighteen and twenty four months.

1. The treatment which was used for treatment of stuttering appeared not to be effective. 2. Speech therapists, who design different treatment approaches, collaborate with teachers and physicians. 3. After speech-language pathologists had used a specialized evaluation they could establish an accurate diagnosis. 4. The results of research which have been received by this scientist, are often used for treatment stuttering. 5. Children who do not receive speech therapy will continue to have the disorder as adults. 6. Children who are exposed to high-risk factors should be tested early and regularly. 7. The causes of articulation which have been observed by therapists usually develop in children before age four.

VII. Translate the sentences paying attention to the forms and functions of Participle I and Participle II.

1. The treatment being used by this therapist gives a high percentage of recovery.
2. The major symptom of stuttering, found in preschoolers, is persistent dysfluency of language exceeding 10%.
3. Having been recognized as ineffective the treatment was substituted by another one.
4. One of the causes of stuttering regarded by theories is some emotional disturbance.
5. The reasons of stuttering being investigated nowadays do not give a clear picture.

VIII. Read the text and write short headings for each paragraph.

FLUENCY DISORDERS

Normal speech is characterized by a reasonably **smooth** flow of words and sentences. It has a rhythm and timing that is, for the most part, steady, regular, and rapid. There is always a certain **degree** of variation, both between people and situations. Most of us also have times when we pause, to think about what we are saying, because we have made a mistake, or want to mentally **edit** what we are about to say. However, these interruptions are relatively infrequent and usually do not **constitute** an **ongoing disturbance** of the speech flow. In general, our speech can be considered fluent with respect to speed and continuity.

For some people, fluency of speech is a significant problem: they have a fluency disorder. The speech of a person with a fluency disorder is characterized by repeated interruptions, **hesitations**, or repetitions that seriously interrupt the flow of communication. Some people with a fluency

disorder speak with what is known as **cluttered speech**, or cluttering. This type of fluency disorder is characterized by speech that is overly rapid (to the extreme), disorganized, and occasionally filled with unnecessary words - **unrelated insertions** that seem **random**. People with cluttered speech seem to be either unaware or indifferent to the problem. Another type of fluency disorder, where those affected are **painfully** aware of the problem, is stuttering.

The most well-known fluency disorder is stuttering. Stuttering is defined as "a disturbance of rhythm and fluency of speech by **an intermittent** blocking, a convulsive repetition, or prolongation of sounds, syllables, words, phrases, or posture of the speech organs". Stuttering may be the most studied of all speech disorders.

Stuttering is probably the most widely recognized type of speech problem. This recognition and interest is somewhat paradoxical, since stuttering occurs rather infrequently and has one of the lower **prevalence rates** compared to other speech disorders. For example, articulation disorders (**omitting**, adding, or distorting certain sounds) occur many times more often than do stuttering problems.

The common view of stuttering partly comes from the nature of behavior involved in the problem. Stuttering is typically defined as a disturbance in the rhythm and fluency of speech. These may involve certain sounds, syllables, words, or phrases, and they may differ between stutterers. Such interruptions in the flow of speech are very evident to both the speaker and listener. They are perhaps more **disruptive** to the communication act than other type of speech disorders. Furthermore, listeners often become quite uncomfortable and may try to assist the stuttering speaker with missing or incomplete words. This discomfort may be **magnified** by physical movements, gestures, or **facial distortions** that often accompany stuttering. All this may make the experience a very **vivid** and easily remembered one for the listener.

Parents often become unnecessarily concerned about stuttering as their children are learning to talk. Most children exhibit some fluency problems as they develop speech. These fluency problems involve **disruptions** in the rhythm and flow of speech and include some or all of the behaviors mentioned above (blocking, repetition, and prolonging of sounds, syllables, words, or phrases). Generally, such speech patterns represent normal fluency problems during early speech development, which **diminish** and **cease** as **maturation** progresses. However, these normal fluency problems have also historically played an important role in some theories regarding the causes of stuttering.

IX. Match the words and phrases in column A with their opposites in column B:

A	B
1) occasionally	a) to remove
2) frequently	b) hard
3) theory	c) to enlarge
4) to receive	d) to continue
5) partly	e) to give
6) to cease	f) practice
7) to diminish	g) rarely
8) easily	h) systematically
9) to add	i) completely

X. Replace the underlined words with the words used in the text:

1. Fluency problems have played an important role in some theories concerning the reasons of stuttering. 2. Many children show some fluency problems as they develop speech. 3. Listeners may sometimes try to help the stuttering speaker with omitted or not finished words. 4. Stuttering can be identified as a disorder in the fluency of speech. 5. Stuttering has

one of the lowest spread rates among other speech disorders. 6. Cluttering is characterized by speech that is sometimes filled with accidental words.

XI. Match the words and phrases from the text to these definitions.

- 1) something not happening regularly or continuously;
- 2) making an object look larger;
- 3) the process of becoming completely grown physically;
- 4) the fact that something is very common or happens often;
- 5) the act of pausing before doing something, especially because you are nervous or not certain;
- 6) happening without any sudden changes, interruption, or difficulty;
- 7) to stop an action or condition.

XII. Complete the sentences using information from the text:

- 1) We sometimes pause if we want mentally edit
- 2) Interruptions are not frequent and don't constitute
- 3) Cluttered speech is filled with
- 4) People with stuttering are painfully
- 5) Stuttering is characterized by
- 6) Articulation problems are characterized by
- 7) Such interruptions in the flow of speech are disruptive
- 8) Stuttering is often accompanied by
- 9) Normal fluency problems diminish and

XIII. Answer the following questions using the information you have derived from the text.

1. What speech is considered to be normal?
2. What is fluency disorder characterized by?
3. What types of fluency disorder can name?
4. How can we define stuttering?
5. What are negative results of stuttering?
6. When do most children exhibit some fluency problems that are not necessarily concerned with stuttering?
7. When do normal fluency problems diminish?
8. What can stuttering be accompanied by?

Unit VII
CAUSES OF STUTTERING AND DIFFERENT
APPROACHES FOR ITS TREATMENT

Grammar: Participle Constructions

I. Read words and word combinations and try to memorize them.

1. to search for	- искать
2. to seek (sought, sought)	- искать
3. to discard	- отбрасывать, отказываться
4. biological makeup	- биологический состав
5. counseling ['kaʊnsəlɪŋ]	- консультирование
6. ongoing	- постоянный, непрерывный
7. scarce	- дефицитный
8. essentially	- по существу, существенно
9. to magnify	- увеличивать, усиливать
10. prominent	- заметный, значимый
11. perplexing	- озадачивающий
12. respiration	- дыхание
13. biofeedback	- биологическая обратная связь
14. disappointing	- разочаровывающий
15. to reward	- вознаграждать
16. dimension	- характер, параметр, измерение
17. follow-up	- контроль, последующая деятельность, прослеживание
18. to interfere	- вмешиваться
19. stream	- поток, течение
20. irregularity	- неровность, неравномерность
21. sever	- серьезный, сильный
22. extraneous [ɪk'streɪniəs]	- посторонний, чуждый

II. Read and translate the following pairs of words paying attention to the prefix of the verb “dis”.

To organize – to disorganize, to orientate – to disorientate, to continue – to discontinue, to use – to disuse, to order – to disorder, to regard – to disregard, fluency – disfluency.

III. Make adverbs by adding the suffix “-ly” and translate them:

evident, scarce, essential, special, easy, irregular, emotional, different, care, consistent, correct, slow.

IV. Read the following international words and guess their meanings:

interview, theory, result, emotional, symptom, biological, perspective, normal, to focus, negative, combination, coordination, rhythm, metronome.

V. Match the following words on the left with the correct definitions on the right.

- | | |
|-----------------|--|
| 1) to magnify | a) to look somewhere carefully in order to find something |
| 2) irregularity | b) easily seen or understood: |
| 3) ongoing | b) relating to the most important characteristics or ideas of something |
| 4) scarce | c) to throw something away or get rid of it because you no longer want or need it: |
| 5) to discard | d) not easy to find or get |
| 6) essentially | e) continuing to exist or develop, or happening at the present moment: |
| 7) evident | f) something that is not correct or acceptable |
| 8) to search | g) to make an object look larger or situation worse than they are |

VI. Translate the following sentences paying attention to the Absolute Participle Construction.

1. Computers and other modern facilities being used in making diagnoses, the treatment gives better results.
2. The search for a single cause of stuttering has been largely discarded, scientists began to work in different directions.
3. The biological-cause theory of stuttering having been studied, researchers came to conclusion that the brains of stutterers may be organized differently.
4. The deal having been struck, the shares were paid for in two weeks.
5. Considerable attention being focused on normal disfluencies at that stage of development, a child may become a stutterer.
6. There having been some interest in the influence of heredity on stuttering, consequently researchers had to separate hereditary and environmental influences.

VII. Point out the sentences where the Absolute Participle Construction is used.

1. Scientists specializing in the emotional-problem theory found the topic difficult to study due to errors in assessment.
2. There being a large demand for speech therapists, educational institutions increased the number of students in this specialty.
3. A single cause of stuttering having been discarded, scientists began to work in different directions..
4. Certain results suggesting that stutterers use different sections of the brain may be mixed.
5. Considerable attention having been focused on normal disfluencies of a child at that stage of development, he became a stutter.
6. Having been used with stutterers over the years, many different treatment approaches showed mixed results.

VIII. Read the text and write short headings for each paragraph.

CAUSES OF STUTTERING AND DIFFERENT APPROACHES FOR ITS TREATMENT

The **search for** a cause of stuttering has led behavioral scientists in many directions. One difficulty with these efforts has been that researchers have often **sought** a single cause for the disorder. Current thinking suggests that stuttering may have a variety of causes and the search for a single cause has been largely **discarded**. Theories regarding causes of stuttering seem to take three basic perspectives: (1) theories related to emotional problems; that is, stuttering as a symptom of some emotional disturbance; (2) theories that view stuttering as the result of a person's **biological makeup** or some neurological problem; and (3) theories that view stuttering as a learned behavior.

Parents often become unnecessarily concerned about their children's early speech patterns. (Frank Sileman/The Picture Cube)



The emotional-problem theory tends to be held predominantly by psychiatrists and certain **counseling** psychologists. Research in this area

is scarce, and the topic is difficult to study due to measurement error in assessing deep emotional problems.

A few studies have continued on the biological-cause theory over the past fifteen years. Some research has indicated that the brains of stutterers may be organized differently from those of their fluent counterparts but the nature of such differences remains unclear and a matter for speculation. Certain results suggest that stutterers and those with fluent speech use different sections of the brain to process material but the results are mixed.

One persistent theory over the years regarding the causation of stuttering relates to learning. This line of reasoning views stuttering **essentially** as a learned behavior that comes from the normal nonfluency evident in early speech development. Most young children exhibit nonfluent speech during the time they are developing their communication skills. From the learning causation point of view, a child may become a stutterer if considerable attention is focused on normal disfluencies at that stage of development. The dysfluency of early stuttering may be further **magnified** by negative feelings about the self and anxiety. Considerable current thinking and treatment follow this logic although the theory has been **prominent** for many years.

There has been some interest in the influence of heredity on stuttering because of the high incidence of stuttering within certain family lines as well as in twins. However, researchers face with the difficulty of separating hereditary and environmental influences, a problem that has long been evident in child development and behavioral disorders research.

In sum, the cause of stuttering has been an elusive and perplexing matter for professionals working in speech pathology. Researchers and clinicians continue their search for a cause, with the hope of identifying more effective treatment and prevention measures. Their findings suggest

that stuttering may be a function of voice coordination with articulation and **respiration**. One might view this as a physical dysfunction, but it could also be seen as a result of learning or a combination of the two.

Many different treatment approaches have been used with stutterers over the years, with mixed results. Techniques such as play therapy, creative dramatics, parental counseling, and group counseling with parents have been useful in working with children who stutter. Even psychotherapy has been used to treat some cases of stuttering, but its success has been limited. Speech rhythm has also been the focus of some therapy for stuttering. In some cases, this approach has included the use of **a metronome** to establish a rhythm for the speaking act. Relaxation therapy and **biofeedback** have also been used, since tenseness has typically been observed in stutterers. In all the techniques noted, outcomes are mixed, with some cases resulting in success and others being **disappointing**. It has been common for stutterers to repeat treatments using several approaches. The inability of any one treatment or cluster of treatments to consistently help stutterers to learn to speak fluently demonstrates the ongoing need for research in this area.

Thus a complete understanding of stuttering remains elusive. However, treatment approaches have increasingly focused on direct behavioral therapy that attempts to teach the stutterer to use fluent speech patterns. In some cases, children are taught to monitor and manage their stuttering (such as by speaking more slowly or rhythmically), and to reward themselves for increasing periods of fluency. Some behaviorally oriented therapies include providing knowledge regarding physical factors (e.g., regulating breathing) and direct instruction about correct speaking behaviors. Such research combines several **dimensions** to the overall therapy, such as an interview regarding the inconvenience of stuttering, behavior-modification training, and follow-up. Because stuttering is a complex problem, effective interventions are likely to be

equally complex, perhaps combining different elements from several therapies.

Fluency disorders interfere significantly with spoken communication because they interrupt the flow of ideas. For people who stutter, the stream of communication is broken by **severe rhythm irregularities**. For people with cluttered speech, the flow of ideas is interrupted by extraneous words and disorganization.

IX. Find words or phrases in the text that mean the same as the following expressions.

1. the action of becoming intentionally involved in a difficult situation;
2. mostly or mainly;
3. a further action connected with something that happened before;
4. not directly connected with or related to something;
5. something failing to satisfy the hopes or expectations;
6. act or process of breathing;
7. the job or process of listening to someone and giving them advice about their problems

X. Translate the following sentences from Russian into English.

1. Поскольку у заикающихся обычно наблюдается напряженность, то релаксационная терапия используется как один из методов лечения.
2. Поведенчески ориентированная терапия учит, как регулировать дыхание, а также правильному речевому поведению.
3. Это исследование включает в себя несколько аспектов общей терапии.
4. Результаты терапевтических методик могут быть неоднозначными.
5. Методы терапии могут дать успешные или разочаровывающие результаты.

6. Ученые продолжают исследовать причины заикания, чтобы разработать профилактические методы.
7. Один из методов лечения включает использование метронома для установить ритма речевого акта.
8. Некоторые теории рассматривают заикание как усвоенное поведение.

XI. Answer the following questions using the information you have derived from the text.

1. Has the search for a single cause of stuttering been discarded?
2. What are three theories regarding causes of stuttering?
3. Why is the emotional-problem theory difficult to study?
4. What two results has the biological-cause theory of stuttering indicated?
5. When do most young children exhibit nonfluent speech?
6. In what case may a child become a stutterer?
7. What difficulty did researchers face while studying the influence of heredity on stuttering?
8. Why do researchers and clinicians continue their search for a cause of stuttering?
9. What treatment techniques can you name?
10. Why has relaxation therapy and biofeedback been also used?
11. What does direct behavioral therapy attempt to teach the stutterer?
12. What is the difference between cluttering and stuttering?

XII. Read and translate the letter given below, using translation of some words on the right. Answer the questions below and put down conclusion you have come to on the basis of the letter.

1. Why did Mrs. Smith address Wendell Johnson?
2. Who was Wendell Johnson?

3. What did he mean by saying that the "Freds" make up the majority?
4. What words could Mrs. Smith put at ease?
5. What did summarized findings of recent investigations say about?
6. Why did Jimmy become a stutterer in your opinion?
7. Why did Gene become practically speechless within forty-eight hours?

<p style="text-align: center;"><i>An Open Letter to the Mother of a Stuttering Child</i></p> <p><i>Many years ago Wendell Johnson, one of the pioneers in speech disorder research, described the learning view of stuttering causation in a classic piece entitled An Open Letter to the Mother of a Stuttering Child. It is presented in <u>abridged</u> form for your <u>reflection</u> as a beginning professional and/or parent. What do you think?</i></p> <p><i>My Dear Mrs. Smith:</i></p> <p><i>I thoroughly appreciate your concern over the speech difficulty of Fred, your four-year-old boy. You say that he is in good health, and that he is <u>mentally alert</u>, and is generally normal by any standards you know about. I note that you have been careful not to change his <u>handedness</u>, and that he is now generally right-handed. But in spite of all this he stutters.</i></p> <p><i>It will interest you to know that the majority of four-year-old stutterers just about <u>fit</u> that description. I want to say to you very nearly the same things I should say to the mothers of thousands of other "Freds." There are some stuttering children who are not like your boy, and their mothers need somewhat different advice. But the "Freds" make up the majority.</i></p> <p>...</p>	<p>сокращенный размышление</p> <p>психически бодр</p> <p>праворукость</p> <p>подходить</p>
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<p><i>First of all, I want <u>to put you at ease</u>, if I can, by stressing that the most recent studies have tended strongly <u>to discredit</u> the popular view, which perhaps you share, that stutterers are generally abnormal or <u>inferior</u> in some very fundamental sense. Concerning this point, I should like to make a statement on the basis of over one hundred scientific studies of stuttering in older children and adults, and five recent investigations involving over two hundred young children, stutterers and non-stutterers, . . .</i></p>	<p>успокоить опровергать уступить</p>
<p><i>We found, for example, that two-, three-, and four-year-olds-all the children of these ages in a large nursery school, somewhat better than <u>average</u> children by most standards, - spoke, on the average, in such a way that one out of every four words <u>figured</u> in some kind of repetition! The whole word was repeated, or the first sound or <u>syllable</u> of it was repeated, or it was part of a repeated phrase. One out of four words was the average; about half of the children repeated more frequently than that. Another way <u>to summarize the findings</u> is to say that the average child makes 45 repetitions per thousand words. This was the average - the norm. . . .</i></p>	<p>средний фигурировало слог обобщить результаты</p>
<p><i>Investigation seemed to show that if you call a child a stutterer you get one kind of <u>speech-and personality-development</u>, and if you call him a normal or superior speaker you get another kind of development - <u>within limits</u>, but they seem to be rather wide limits. I can illustrate what I mean by telling you briefly about two cases. The first case is that</i></p>	<p>личностное развитие широкие пределы</p>

<p>of Jimmy, who as a <u>pupil in the grades</u> was regarded as a <u>superior speaker</u>. He won a number of speaking contests and often served as chairman of small groups. Upon entering the ninth grade, he changed to another school. A "<u>speech examiner</u>" saw Jimmy twice during the one year he spent at that school. The first time she made a phonograph <u>record</u> of his speech. The second time she played the record for him, and after listening to it, told him he was a stutterer.</p>	<p>ученик в школе превосходный оратор экзаменатор по речи пластинка</p>
<p>Now, if you have ever tried to speak into a phonograph <u>recording machine</u> you probably suspect what is true. Practically all children who have done this in studies with which I am familiar-have shown a considerable number of hesitations, repetitions, broken sentences, etc. It is easy to see how the apparently <u>untrained</u> teacher <u>misjudged</u> Jimmy who was, after all, a superior speaker as ninth-graders go.</p>	<p>фонографическая машинка неподготовленный недооценил</p>
<p>He <u>took</u> the diagnosis <u>to heart</u>, however. The teacher told him to speak slowly, to watch himself, and to try to control his speech. Jimmy's parents were quite upset. They looked upon Jimmy's speech as one of his chief talents, and they <u>set about with a will</u> to help him, reminding him of any little <u>slip</u> or hesitation. Jimmy became <u>self-conscious</u> and he soon developed a quite serious case of stuttering - <u>tense, jerky, hesitant, apprehensive</u> speech.</p>	<p>принять близко к сердцу с готовностью оплошность застенчивый напряженный отрывистый</p>
<p>The second case was Gene, a three-year-old boy. His father became concerned over the fact that now and then Gene repeated a sound or a word. Gene didn't seem to know he was doing it, and he wasn't</p>	<p>нерешительный тревожный</p>

<p><i>the least bit tense about it. But the father consulted the family doctor and told him that Gene was stuttering. The doctor <u>took his word for it</u>. He told the father to have Gene take a deep breath before trying to speak. Within forty-eight hours Gene was practically <u>speechless</u>. The deep breath became a <u>frantic gasping</u> from which Gene looked out with wide-eyed, <u>helpless bewilderment</u>. . . .</i></p>	<p><i>поверить на слово потерять дар речи судорожное задыхание беспомощное недоумение</i></p>
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Unit VIII
DEFINITION OF DELAYED SPEECH

Grammar: Gerund, Forms and Functions

I. Read words and word combinations and try to memorize them.

1. grunt	- мычание
2. squeals	- визг, писк
3. failure	- неспособность
4. maturation	- созревание, развитие
5. crawling	- ползание
6. accordingly	- соответственно
7. retardation [ri:ta:'deɪʃn]	-задержка, запаздывание
8. close approximation	-точное выражение слов
9. at least	- по меньшей мере
10. to lie	- заключаться, состоять
11. infantile perseveration	- детская персеверация – это устойчивое навязчивое повторение мыслительного, эмоционального или двигательного акта
12. sharp	- четкий, ясный
13. to confine	- ограничивать
14. omissions	- пропуск
15. qualifying words	- определяющие, уточняющие слова
16. auxiliary	-вспомогательный
17. meager	- ограниченный, скудный
18. overlap	- повторение, дублирование
19. prevalence ['prevələns]	- распространенность
20. faith	- вера
21. output	- вывод (речи)
22. onset	- начало
23. immaturity	- незрелость

II. The Latin prefix in - is used to make negatives. It becomes ir- before “r” and il- before “l”. Make negatives of the adjectives listed below.

Translate the pairs of the words:

1) direct, equal, able, considerable, active, consistent, attentive, complete, correct, dependent, formal; appropriate, definite, effective, stability, sufficient;

2) regular, rational, relevant, responsible, recognizable;

III. Translate the following pairs of words paying attention to the prefix re-, meaning “back”, “again”:

to produce – to reproduce, to place – to replace, to join – to rejoin, to construct – to reconstruct, to establish – to reestablish, to pay – to repay, to organize – to reorganize.

IV. Give the verbs from which these nouns are formed:

existence, assessment, development, movement, collection, recognition, maturation, failure, substitution, confusion, definition, communication, treatment.

V. Translate the following sentences paying attention to the forms and functions of the Gerund.

1. Treating patients in a clinical setting may be more effective than doing it at home.
2. He hated the idea of being examined once more.
3. After having earned a bachelor’s degree he continued his studies for master’s degree.
4. After having been taught some practices by speech therapist parents successfully applied them to their child at home.
5. There are many ways of reaching the best possible outcomes in treatment.
6. Don’t you mind our consulting a speech therapist?

7. It can't be done without causes of the problem being assessed.
8. They object to their child's handedness being changed.
9. I insist on the delivery of treatment being substituted by another one.

VI. Choose the proper form of the Gerund.

1. He likes (*asking/being asked*) a doctor about the details of his disease.
2. He doesn't like (*asking/being asked*) about his disease.
3. They deny (*participating/having participated*) in recent speech therapy conference.
4. I have an opportunity of (*participating/being participated*) in the investigations involving over two hundred young children.
5. I am sorry for (*doing/having done*) it yesterday.
6. The scientist succeeded in (*discrediting /having discredited*) the popular view, that stutterers are generally abnormal.
7. After (*preparing/having prepared*) the report on the results of his investigation speech therapist made it at the conference of young specialists.
8. The parents insists on the analysis of their child's speech delay (*making/being made*) more thoroughly.

VII. Translate the sentences, paying attention to the Complex Gerund and underline it.

1. The doctor insisted on child's speech delay being related to hearing impairment.
2. Parents appreciate doctor's giving their child so much of his time.
3. We don't mind his joining us.
4. The speech therapist was pleased with our having consulted him on our child's problem.
5. I know of a group of researchers working at this project.
6. We heard of the experiment having been started last week.
7. They objected to her making a speech at the meeting.

8. What is the reason for his having recovered so suddenly?
9. I haven't heard of her having been offered a good job.
10. Speech therapist insisted on the parents being involved in the treatment of their child

VIII. While translating the sentences distinguish participle, gerund and gerundial constructions.

1. They had a hope of his restoring speech fluency.
2. Concerning this point, I should like to make a statement.
3. This speech therapist avoids sudden changes being made in the course of treatment.
4. Have you finished learning the course of Psychology?
5. Getting promising results largely depends on setting in which the experiment is conducted.
6. Redesigning the treatment program speech therapists can largely change the results obtained.
7. Parents are waiting for a child being examined in the doctor's office.
8. They were surprised at the results gained from the redesigning the treatment program.
9. I am sorry for not having diagnosed the type of speech and communication disorder of your child.

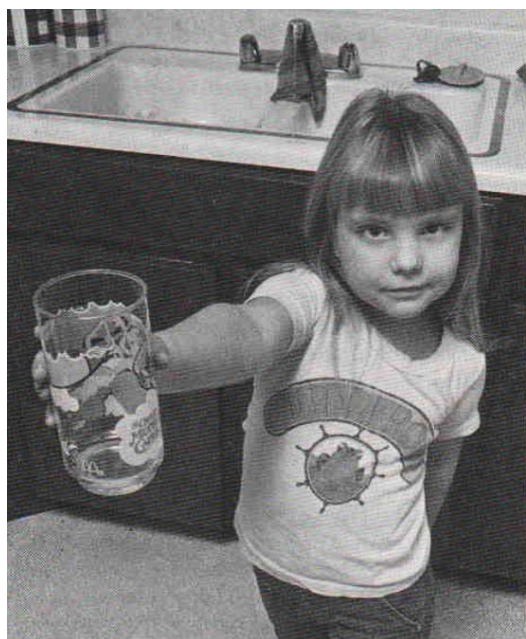
DEFINITION OF DELAYED SPEECH

Delayed speech refers to a deficit in communication ability in which a person speaks like someone much younger. From a developmental point of view, this type of difficulty involves a delayed beginning of speech and language. Very young children are generally able to communicate at least to some degree, before verbal behaviors are learned. They use gestures, facial expressions, other physical movements, and vocalizations that

would not be considered speech, such as **grunts** or **squeals**. This early behavior development illustrates the interrelationships between communication, language, and speech.

Although it is difficult to distinguish among the three functions at this stage, we are concerned here only with speech delay. Delayed speech is considered a **failure** of speech to develop at the expected age and is often associated with other **maturation** delays, such as **crawling** or sitting up along later than most children. Delayed speech may also be related to hearing impairment, mental **retardation**, emotional disturbance, or brain injury. Delayed speech may occur for many reasons and take various forms, and treatment differs **accordingly**.

Children with delayed speech often have few or no verbalizations that can be interpreted as conventional speech. Some communicate solely through physical gestures. Others may use a combination of gestures and vocal sounds that are not even **close approximation** of words. Still others may speak, but in a very limited manner, perhaps using single words or primitive sentences that are short or incomplete. Such communication behavior is normal for infants and very young children, but here we are referring to children who are well beyond the age at which they should be speaking in at least a partially fluent fashion.



Some children with delayed speech communicate solely through physical gestures.
(John Telford)

The differences between stuttering and delayed speech are obvious. However, the distinctions between delayed speech and articulation disorders are not as clear. In fact, children with delayed speech usually have many articulation errors in their speaking patterns. However, their major problems **lie** in grammatical and vocabulary deficit, which are more matters of developmental delay.

There are two general types of disorder which both fall within the broad category of speech **immaturity**. These are delayed speech, which is a more complex and profound disorder, and **infantile perseveration**. Delayed speech is the more inclusive of the two. Indeed, infantile perseveration can be thought of as the articulatory aspect of delayed speech, but there is no **sharp** distinction between the two. If a child's speech immaturity is **confined** largely to sound **omissions** and substitutions, if he has learned to rely mainly on speech as his means of communication, if there is considerable **output** of speech, if the **onset** of speech has been fairly typical, if he attempts sentences as well as words and phrases, his speech deviation can best be referred to as *infantile perseveration*. If, however, there has been little or no attempt at speech until past two years of age, if gestures and nonspeech vocalizations are used extensively, if speech is limited mainly to nouns, with little use of **qualifying**, connective, or **auxiliary words**, if vocabulary is **meager**, if single words are used for sentences or phrases, most speech clinicians would tend to call the disorder delayed speech. The distinction between *infantile perseveration* and *delayed speech* is thus both qualitative and quantitative, but there is considerable **overlap** between them in symptomatology.

The current prevalence of delayed speech is very unclear. There has been confusion in the past regarding distinctions between incidence and **prevalence**. The two terms have been used interchangeably when, in fact, incidence refers to the number of *new* cases identified during a particular

period of time (often one school year), whereas prevalence includes all of the cases existing at a given point in time – the newly diagnosed plus those previously identified. Such problems, plus definition differences between studies, have led many to place little **faith** in existing prevalence figures.

IX. Express in one word the meaning of each of the following phrases. You are given the first letter of each word and the number of letters in it.

1. A movement of the hands, arms, or head (g...).
2. Slow development (r...).
3. Something that makes someone feel worried (d...).
4. A figure that is close to a particular number or time(a...).
5. The fact that something is very common or happens often (p...).
6. A difference between two similar parts (d...).
7. The process of becoming completely developed mentally, physically or emotionally (m...).
8. The act of trying to do something, especially something difficult (a)

X. Find in the text words and word combinations which can be replaced by the items listed below:

to accept that something is true or real	a mistake
To place limits on	physical harm or damage
to recognize a problem, need, fact, etc	to result in
giving help or support	not to include something
very small or not enough	mess or chaos

XI. Put in the missing words.

1. If a person speaks like someone much younger it is a sign of d.... speech.
2. F.... expressions are not considered to be speech.
3. B.... injury is one of the reasons of delayed speech.
4. There is no clear distinction between delayed speech and in.... per.... .
5. Delayed speech is often connected with other m..... delays.
6. If a child's speech im..... is largely limited to sound om.... and sub....., his speech disorder can best be defined as infantile perseveration.
7. If a child's vocabulary is m....., most speech cl..... can call this disorder delayed speech.
8. The symptoms between in..... per..... and delayed speech are very similar.
9. Pr..... includes all of the cases existing at a given point in time both newly diagnosed and pr..... identified.

XII. Answer the questions using the information of text A.

1. What is meant by delayed speech?
2. What movements can not be considered to be speech?
3. What is delayed speech mostly associated with?
4. What else may delayed speech also be related to
5. What three types of delayed speech may children have?
6. What are the distinctions between delayed speech and articulation disorders?
7. How can you characterize infantile perseveration?
8. What kind of confusion has there been between incidence and prevalence?

XIII. Group discussion.

In pairs or small groups discuss:

- 1) the distinctions between delayed speech and articulation disorders
- 2) the difference between infantile perseveration and delayed speech

Unit IX
THE CAUSES OF DELAYED SPEECH
AND APPROACHES FOR ITS TREATMENT

Grammar: Simple, Compound, Complex Sentences

I. Read words and word combinations and try to memorize them.

1. deprivation [deprɪ'veɪʃn]	- лишение
2. to contribute to	- содействовать
3. cerebral palsy ['serɪbrəl 'pɔ:lzi]	- церебральный паралич
4. negativism	негативизм – специфическое поведение, когда человек высказывается или ведет себя демонстративно противоположно ожидаемому
5. to withdraw	- удаляться, отойти
6. rebellion	- сопротивление, неповиновение
7. to hinder	- мешать, препятствовать, затруднять
8. fragile ['frædʒaɪl]	- хрупкий
9. to negate	- отвергать
10. approximating	- аппроксимация, приближение
11. to fall behind	- отставать
12. to hug	- обнимать
13. to anticipate	- предвидеть
14. cooing	- воркование
15. self-conscious	- осознанный
16. proficiency	- умение
17. prosthetic appliances [prəs'θetɪk ə'plaɪənsɪz]	- протезы
18. to stem from	- происходить из
19. conventional	- обычный, традиционный
20. a peer	- ровесник
21. hearing aids	- слуховые аппараты

II. Translate the following derivatives.

To vary – variety – various; to deprive – deprivation; part – partial – partly; to contribute – contribution; severe – severity - severely; to expect – expectation; to relate – relation – relatively; to exceed – excessively – excess; approximate – approximately – approximating; to reinforce – reinforcement; to anticipate – anticipation; to refuse – refusal; to emerge – emergence.

III. Add prefix *inter-* to the following words and translate them using the dictionary.

change, national, dependent, state, action, connection, departmental, library, related, personal.

IV. Read the international words and guess their meanings:

Emotional, stimulus, model, verbalized, normally, technique, instruction, spontaneous, to modify, minimal, extreme, conflict, to prolong, consistent, principles.

V. Translate the following word combinations with the word “hand” using a dictionary: at hand, on hand, by hand, out of hand, off hand, on the one hand, in hand. Complete the sentences choosing the proper word combination.

1. I'll send you this document tomorrow...
at hand on hand by hand
2. I offered him this job, but he refused ...
by hand out of hand off hand
3. You' II have to be strict with your students, they very quickly get...
on hand out of hand on the one hand
4. You are asking when we visited this company? Oh, dear, I can't remember... .
off hand in hand out of hand

5. The examinations are...

off hand

at hand

out of hand

6. We have some new instructions...

in hand

off hand

on hand

7. The work is ... but not finished.

out of hand

in hand

off hand

VI. Translate the sentences paying attention to different meanings of the word “deal”.

1. You have to **deal with** rude parents here sometimes.
2. I have to **deal with a lot of stress** on my new job.
3. Go **deal with it!**
4. Let's **deal** with your problem.
5. Speech therapist is not able to deal with this problem individually.
6. She got a million-dollar TV **deal**.
7. Henry considers our **deal** almost made.
8. You're very wise, you know a great **deal**.
9. This report **deals with** new findings in treatment of stuttering.

VII. Point out the types of clauses in each of the following sentences and indicate (circle) the words they are related to.

1. Kids who make the most progress tend to be those whose get involved in their treatment.
2. That the speech therapist and your child are a good match is important for successful treatment.
3. The suggestion is that the interactions between babies and their parents can do much to enhance their developing language.
4. Some children live in homes where there is little opportunity to learn speech.

5. If single words are used for sentences or phrases, most speech clinicians call the disorder delayed speech.
6. Although children may speak using single words or primitive sentences such communication behavior is normal for very young children.
7. The problem is that this child with delayed speech solely communicate through physical gestures.

VIII. Group the sentences into simple, compound, and complex and translate them.

1. Speech pathologists have designed approaches how to treat speech disorders depending upon the type of impairment.
2. The speech clinician realized parents were displeased with the results of treatment.
3. If children's major problems lie in grammatical and vocabulary deficit, it means that they are more matters of developmental delay.
4. The manual workers in Great Britain do not like to change their job location, and this leads to a lot of unemployment in some areas.
5. If a child's speech immaturity is confined largely to sound omissions and substitutions, his speech deviation can best be referred to as infantile perseveration.
6. Benevolence (благожелательность) means conveying tasks and therapy strategies to patients, their families, social workers, and others.

**THE CAUSES OF DELAYED SPEECH AND APPROACHES
FOR ITS TREATMENT**

A As discussed above, cases of delayed speech may take a variety of forms, so it is not surprising that the causes of these problems also vary greatly. Several types of environmental **deprivation** contribute to delayed speech. For example, partial or complete hearing loss may cause an individual to experience serious delay (or absence) of speech development.

B For those with normal hearing, the environment may be a factor in delayed speech. Some children live in homes where there is little opportunity to learn speech, such as in families where there is a minimal conversation or chance for the child to speak. Other problems may **contribute to** delayed speech, such as **cerebral palsy** and emotional disturbances. Even less severe emotional problems may result in delayed speech, such as **negativism**, which can be viewed as an emotional problem **stemming from** interpersonal difficulties between parents and child.

C Negativism involves a conflict between parents' expectations and a child's ability to perform, which often occurs in some form as children develop speech. There is a great deal of pressure on children during the period when they are normally developing their speaking skills. The demands are great, and they may exceed a child's performance ability. When more is demanded than a child is able to produce, he may simply not talk, seeming **to withdraw** from family interactions, remaining silent. It is not easy to force a child to talk through **conventional** punishment techniques. Delayed speech may occur in extreme cases where negativism related to talking is prolonged. There are other situations where children may be punished *for* talking too loudly or at inappropriate times, such as when adults are reading, watching television, resting, or talking with other adults. From these descriptions, we can see that some children might have delayed speech as a result of environmentally controlled learning due to refusal or **rebellion**. Thus in some cases children may not learn to speak and in others they may learn not to speak.

D As mentioned earlier, delayed speech may emerge from experience deprivation, in which the environment either limits or **hinders** the opportunity to learn speech. Basic principles of learning suggest that when one is first learning a skill, the stimulus and reward circumstances

are important. A skill that is just beginning to develop is **fragile**. Stimuli and reinforcement must be reasonably consistent, appropriate, and properly timed. If such conditions do not exist, the skill development may be retarded or even **negated**. A child who is left alone for many hours each day, is not being rewarded for **cooing**, babbling, or **approximating** the first word. Over a long period of time, this baby **falls behind** his or her **peers** who are being **hugged** for each sound and hearing adults talk as models.

E Learning to speak is no different from learning other skills. There are homes where conversation is abnormally infrequent, and parents may speak rarely to either each other or to the child. In such cases, a child may have infrequent speech modeling and little reinforcement for speaking, so delayed speech may result. It is also possible that verbal interchanges between parents reflect a strained relationship or emotional problems. A child learning to speak in this type of setting may learn that speech is associated with unpleasant feelings or even punishment. Seriously delayed speech may result from these environmental circumstances.

F But delayed speech may also occur in families where there is great love and caring. In some environments there may be little need for a child to learn speech. Parents may **anticipate** the child's wants (such as toys) water, or food) and provide them even before the child makes a verbalized request. Such children may only gesture and their parents immediately respond, thereby rewarding gestures and not promoting the development of speech skills. You should know that the vast majority of children learn to speak normally. Certainly parents should not become so **self-conscious** that they see a problem before one exists.

Effective treatment for delayed speech succeeds in teaching the child appropriate speaking proficiency for his or her age-group. (John Telford)



G Treatment approaches for delayed speech are as varied as causes. Whatever the cause, an effective treatment is one that teaches the child appropriate speaking **proficiency** for his or her age group. If delayed speech is caused by hearing impairments the treatment may involve surgery and **prosthetic appliances** like hearing **aids**, as well as specially designed instructional techniques aimed at teaching speech. If delayed speech is caused primarily by defective learning, treatment may focus on the basic principles of learned behavior. The stimulus and reinforcement patterns that contributed to delayed speech must be changed. These circumstances must be rearranged so that appropriate speaking behaviors can be learned. There has been some success over the years with specific teaching interventions using direct instruction, as well as other procedures aimed at increasing spontaneous speech. Such instruction places a heavy emphasis on the reinforcement of speaking, attempting to modify the child's behavior toward more normal speech. Other interventions involve collaborative efforts between speech clinicians, teachers, and parents, focusing on modifying not only the child's speech but also the family environment that contributed to the problem.

IX. Find in the passage and underline the English equivalents of the following words or expressions.

Par. A: не удивительно; принимать разные формы; способствовать

Par. B: расстройство; приводить к; серьезный

Par. C: ожидание; иметь место; обычное наказание; неподходящее время

Par. D: лишение опыта; мешать; обстоятельство; отставать

Par. E: редко; подкрепление; обмен; напряжение

Par. F: забота; предвидеть; поощрительный; содействовать

Par. G: хирургическое вмешательство; нацеливать на; преимущественно; делать акцент; владение речью

X. Find definitions to the terms given in the left column.

- | | |
|-------------------|---|
| 1) circumstances | a) an absence or too little of something important |
| 2) to modify | b) action against the rules, or against normal and accepted ways of behaving: |
| 3) fragile | c) a fact or event that makes a situation the way it is: |
| 4) to hinder | d) easily destroyed, ended, or damaged |
| 5) conventional | e) to fail to do something fast enough or on time: |
| 6) deprivation | f) to limit the ability of someone to do something |
| 7) rebellion | g) to change something such as a plan, opinion, law usually to improve it or make it more acceptable: |
| 8) to fall behind | h) traditional and ordinary: |

XI. Translate from Russian into English the scheme, concerning therapy strategies that can be used by parents for child's speech development.



XII. Answer the following questions using the information of text.

1. What problems can contribute to delayed speech?
2. What does negativism involve and what can it lead to?
3. When are the stimulus and reward circumstances important in developing speech?
4. What happens if a child is left alone for many hours each day and is not being rewarded for cooing, babbling, or producing the first word?
5. In what type of environmental circumstances may a child learn that speech is associated with unpleasant feelings or even punishment?
6. What may anticipation of child's wants result in?

7. What does the treatment involve if delayed speech is caused by hearing impairments?
8. When may treatment focus on the basic principles of learned behavior?
9. What are the ways of learning speaking behaviors?
10. What does intervention involve in order to modify the family environment?

XIII. Study the picture and express in your own words who do you think is depicted on it and what method of treatment do you think is used.

Unit X
DEFINITION AND CAUSES OF ARTICULATION DISORDERS

Grammar: Comparisons

I. Read words and word combinations and try to memorize them.

1. to be due to	- из-за
2. cleft palate	- волчья пасть, расщепление неба
3. an abnormality	- аномалия, ненормальность, неправильность, патология, аномальность
4. execution [eksɪ'kju:ʃn]	- исполнение, выполнение
5. distortion	- искривление, деформация
6. to drop	- опускать, выпадать
7. prevalent	- распространенный, широко распространенный
8. to fit into	- подходить, вписываться в
9. to attribute to	- приписывать
10. controversy ['kɒntreɪvɜ:sɪ]	- разногласие, противоречие
11. to diminish	- уменьшать
12. to expend	- тратить
13. to persist	- продолжать
14. brain damage	- повреждение головного мозга
15. absent larynx	- отсутствие гортани
16. a gap	- щель, разрыв
17. cleft	- расщелина, щель
18. to extend	- проходить
19. unilateral cleft palate	-- односторонняя расщелина неба
20. bilateral cleft palate	- двусторонняя расщелина неба

21. intricate	- запутанный, замысловатый
22. meshing	- сцепление
23. closure	- закрытие
24. fitting-together	- соединение
25. dental occlusion	- окклюзия зубов
26. biting height	- высота укуса
27. an alignment	- выравнивание
28. a curve	- изгиб
29. to overlap	- накладываться, совпадать
30. exaggerated	- преувеличенный, чрезмерный
31. overbite	- верхний прикус
32. underbite	- нижний прикус
33. jaw misalignment	- смещение челюсти
34. potent	- сильнодействующий
35. to linger	- задерживаться
36. cavity	- полость
37. a malocclusion	- неправильный прикус
38. to extend beyond	- выходить за пределы

II. Translate the following derivatives.

Abnormal – abnormality, to execute – execution, to distort – distortion, to expend – expenditure, to improve – improvement, probable – probably – probability, to examine – examination, distinct – distinction, to align – alignment, to exaggerate – exaggeration, to mature – maturation, to reinforce – reinforcement.

III. Read the international words and guess their meanings:

psychological, structural, neurological, combination, proportion, physical, nerve, manner, nature, to illustrate, unsystematic, to imitate.

IV. Match each word in A with its synonym in B.

A) Label, to alter, to linger, malformation, prevalent, to persist, to extend, probability, significant, to involve, procedure, to obtain, execution;

B) To elongate, to include, process, to receive, name, fulfillment, dominant, considerable, to continue, possibility, defect, to change, to stay.

V. Find the Russian equivalents in the right column for the English words and word combinations in the left column.

1. dropping of consonants	a. уменьшенное разделение носовых полостей
2. to encounter disorders	b. расходовать дорогостоящие ресурсы
3. to fit into the functional type	c. расположение отдельных зубов
4. to expend precious resources	d. несоосность челюстных структур
5. to persist beyond these ages	e. столкнуться с расстройствами
6. a reduced division of the nasal cavities	f. подходить к функциональному типу
7. instructional purposes	g. выходить немного за пределы
8. a misalignment of the jaw structures	h. выпадение согласных
9. the positioning of individual teeth	i. учебные цели
10. to extend slightly beyond	j. продолжаться дольше этого возраста

VI. Before doing the exercise study the table with comparative and superlative forms of adjectives and adverbs. Translate the sentences from English into Russian paying attention to comparative constructions.

<i>One-syllable and some two-syllable adjectives and adverbs</i>	<i>old clever fast</i>	<i>older cleverer faster</i>	<i>the oldest the cleverest the fastest</i>
<i>Adjectives and adverbs with three or more syllables</i>	<i>important slowly</i>	<i>more important more slowly</i>	<i>the most important the most slowly</i>
<i>Irregular adjectives and adverbs</i>	<i>good bad well badly far</i>	<i>better worse better worse farther/further</i>	<i>the best the worst the best the worst the farthest/furthest</i>

These methods are more up-to-date than those.

Who is the most interesting person in your class?

This model is as reliable as the one offered by our competitors.

She is the most intelligent person I know.

I paid for the book half as much as for the dictionary.

He is twice as old.

He is as young as my brother.

I have to start work earlier than you do.

Which language is the most difficult: English or Chinese?

The longer I work with him the more I like him.

VII. Translate the sentences from Russian into English using comparative constructions.

1. Ближайший магазин находится в двух милях отсюда.
2. Чем больше ты учишь английский, тем лучше ты его знаешь
3. В Китае живет больше людей, чем в Соединенных Штатах.

4. Он самый ленивый студент в нашей группе.
5. Больше всего ему нравится плавание.
6. Сегодня погода лучше, чем вчера.
7. В этом году я возвращаюсь домой не так поздно, как в прошлом году.
8. Вчера погода была не такая хорошая, как сегодня.
9. Чем больше я слушаю эту музыку, тем больше она мне нравится.

Text A

DEFINITION AND CAUSES OF ARTICULATION DISORDERS

Articulation disorders represent the largest category of all speech problems. The label functional articulation disorders refers to articulation problems that are not **due** to structural physiological defects such as cleft palate or neurological problems, but are likely a result of environmental or psychological influences. An articulation disorder is an **abnormality** in the speech-sound production process resulting in inaccurate or otherwise inappropriate **execution** of the speaking act. This group includes omissions, substitutions, additions, or **distortions** of certain sounds. Omissions most often involve the **dropping** of consonants from the ends of words (such as *los* for *lost*). Substitutions frequently include saying a *w* for *r* (as in *wight* for *right*). Misarticulations come in many forms and combinations.

Articulation disorders are a **prevalent** type of speech disorder. Articulation problems represent about 80 percent of the speech disorders encountered by professionals. Although most of these difficulties are functional articulation disorders, a certain number of articulation disorders do not **fit into** the functional type and may be **attributed to** physiological abnormality.

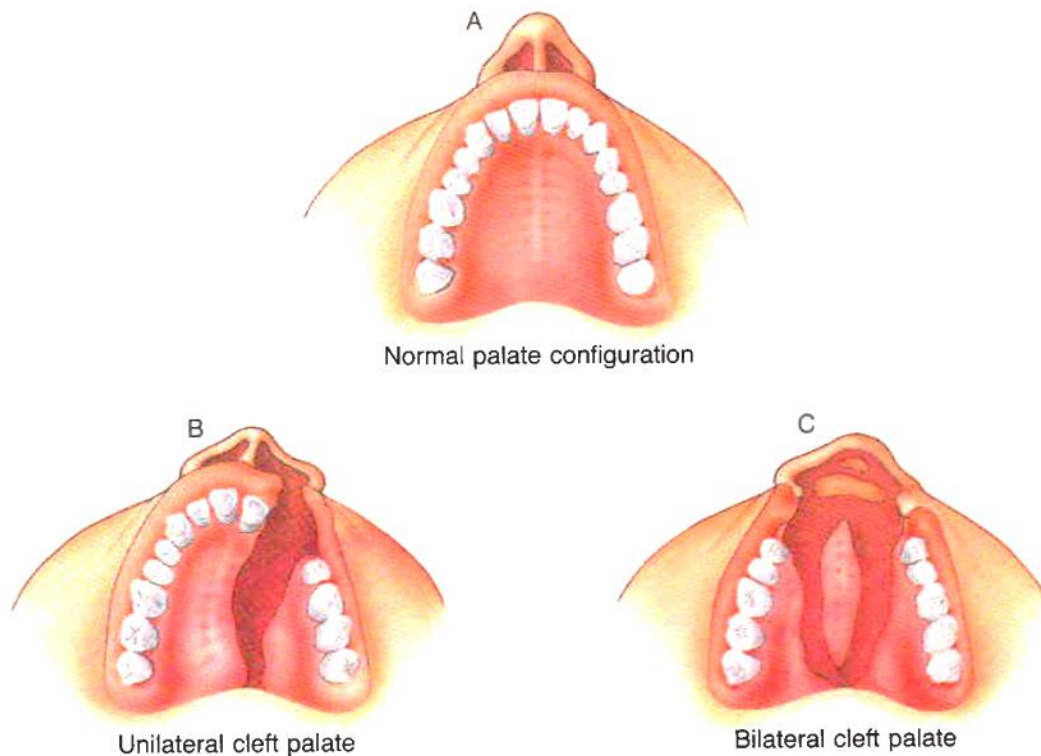
There is some **controversy** about the treatment of articulation disorders, due in part to the large number that are functional in nature. Articulation problems **diminish** and may even cease to exist as the child matures. In other words, if a significant proportion of articulation disorders are likely to correct themselves as the child continues to develop, why **expend** precious resources to treat them now?. In general, improvement of articulation performance continues until a child is about nine or ten years of age. If articulation problems **persist** beyond these ages, they are unlikely to improve unless intense intervention occurs. Furthermore, the longer such difficulties are allowed to continue' the more difficult treatment becomes, and the probability of success is reduced in this case.

What causes articulation disorders? Some are caused by physical malformations, such as mouth, jaw, or teeth structure that are abnormal. In other cases, articulation disorders are the result of nerve injury or **brain damage**. Functional articulation disorders are often seen as caused by defective learning of the speaking act in one form or another. defective learning of the speaking act is examined in two general categories: those due to physical oral malformations and those that are clearly functional because there is no physical deformity. These distinctions remain useful for instructional purposes, since it is the unusual individual who overcomes a physical abnormality and articulates satisfactorily.

Physical abnormalities of the oral **cavity** and other types of physical defects can affect articulation performances, for example an abnormal or **absent larynx**. Malformed oral structures alter the manner in which coordinated movements must take place and normal or accurate production of sounds is extremely difficult, if not impossible.

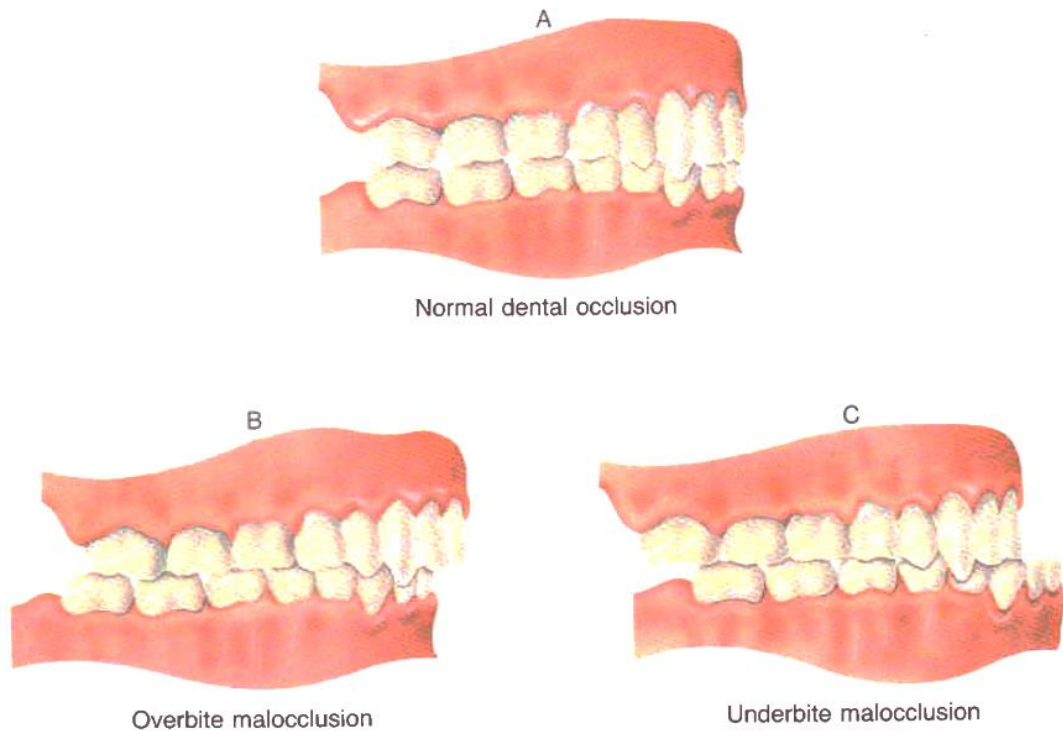
One oral malformation is **clefts** of the lip or palate or both. The cleft palate is a gap in the soft palate and roof of the mouth, sometimes extending through the upper lip. The roof of the mouth serves an

important function in accurate sound production. There is a reduced division of the nasal and mouth cavities with a cleft palate, which influences the movement of air so important to articulation performance. Figure 8-2 shows a normal palate in configuration (A) and **unilateral** and **bilateral cleft palates** in (B) and (C).



Dental structure also plays a significant role in articulation-performance. Because the tongue and lips work together with the teeth in an **intricate** manner to form many sounds, dental abnormalities may result in serious articulation disorders. Some dental malformations are side effects of cleft palates, as portrayed in (B) and (c) of Figure 8-2. The natural meshing of the teeth in the upper and lower jaws is important to speech production. The general term used for referring to the **closure** and **fitting-together** of dental structures is **occlusion** or dental occlusion. When the fit is abnormal, the condition is known as a **malocclusion**.

Occlusion involves several factors, including the **biting height** of the teeth when the jaws are closed, the **alignment** of teeth in the upper and lower jaws, the nature of **curves** in upper and lower jaws, and the positioning of individual teeth.



Normal and Abnormal Dental Occlusions

A normal adult occlusion is portrayed in (A) of Figure 8-3. The teeth of the upper jaw normally **extend** slightly beyond those of the lower jaw, and the bite **overlap** of those on the bottom is about one-third for the front teeth (incisors) when closed.

Although abnormalities take many forms, we discuss only two here. When the **overbite** of the top teeth is unusually large, the normal difference between the lower and upper dental structure is **exaggerated**. Such conditions may be due to the positioning of the upper and lower jaws.

(B) of Figure 8-3 illustrates a malocclusion of the type where there is a **misalignment** of the jaw structures. In other cases, nearly the opposite situation occurs. This is illustrated in (C) of figure 8-3 and once again a jaw misalignment. Both exaggerated **overbites** and **underbites** may also be the result of abnormal teeth positioning or angles as well as jaw misalignment. All of these may result in articulation difficulties.

Functional articulation disorders have many specific causes. It is common for adults to view the normal inaccuracies of speech young children as cute or amusing. Such "baby talk" may be reinforced when asking the young child to say a particular word in the presence of grandparents or other guests. Such potent rewards can result in misarticulations that **linger** long beyond the time when normal maturation would diminish or eliminate them. Related defective learning may come from modeling. Parent (or other adult) modeling can result in articulation disorders when they imitate the baby talk of young children. In certain cases, parental reinforcement for accurate articulation may simply be unsystematic.

VIII. Read the text and number the following topics in the order in which they appear in it.

- a. The result of abnormal teeth positioning as well as jaw misalignment
- b. The role of dental structure in articulation performance
- c. Types of physical abnormalities
- d. Two general types of articulation performance deficit
- e. The period of improvement of articulation performance
- f. The example of reasons leading to functional articulation disorders
- g. The degree of spread of articulation disorders among speech disorders
- h. Definition of articulation disorders

IX. Find words in the text that mean the following:

- a) a fact or measurement which is not completely correct or exact;
- b) an arrangement in which the parts of a structure do not fit together correctly;
- c) a disagreement, that involves different ideas or opinions about something;
- d) a hole, or an empty space between two surfaces;
- e) having a lot of small parts or pieces arranged in a complicated way;
- f) the use of one person or thing instead of another;
- g) the act of making something stronger;
- h) a change to the original or natural shape of something.

X. Choose the correct answers.

1. Misarticulations linger long beyond the time

- a) "baby talk" is not reinforced by parents.
- b) when normal maturation would eliminate them.
- c) when parental reinforcement for accurate articulation is not systematic.

2. Exaggerated overbites and underbites may be the result.....

- a) of extending of the teeth of the upper jaw slightly beyond those of the lower jaw.
- b) of viewing the normal inaccuracies of speech young children as cute.
- c) of abnormal teeth positioning.

3. The roof of the mouth serves

- a) an important function in accurate sound production.
- b) an important function in teeth positioning and in jaw misalignment.
- c) an important function in the fitting-together of dental structures.

4. The division into physical oral malformations and functional one.....
 - a) leads to defective learning of the speaking act.
 - b) causes the reduction of success in the treatment of articulation problems.
 - c) is useful for instructional purposes.
5. Articulation problems diminish and may cease to exist
 - a) as precious resources are expended.
 - b) as the child matures.
 - c) when a child is beyond ten years of age.

XI. Answer the following questions using the information of text.

1. What influences the appearance of functional articulation disorders?
2. How can you define the articulation disorder?
3. What does inappropriate execution of the speaking act include?
4. What place does articulation disorders occupy in speech disorders?
5. Why is there some controversy about the treatment of articulation disorders?
6. Till what time does improvement of children's articulation performance continue?
7. When is probability of success in treatment of articulation problems reduced?
8. What physical malformations cause articulation disorders?
9. What are functional articulation disorders caused by?
10. What do malformed oral structures alter?
11. What is the cleft palate?
12. In what way do cleft palates or lips influence sound producing?
13. Why does dental structure also play a significant role in articulation-performance?
14. What factors does occlusion involve?
15. What term is used for referring to the closure and fitting-together of dental structures?

16. What is the reason of exaggerated overbites and underbites?
17. What two ways may functional articulation disorders be caused by?

XII. Write a short summary of the text. Use the following questions to guide you.

- How can articulation disorder be identified?
- During what period can a significant proportion of articulation disorders correct themselves?
- What distinctions are there in the causes of articulation disorders?
- What are 2 groups of physical abnormalities in articulation disorders?
- What are reasons of functional articulation disorders?

Text B

1. Study the following words before reading the text.

1. Teflon implants – тефлоновые импланты
2. stitching - сшивание
3. fleshy tissue – мясистая ткань
4. prosthetic appliances - протезы
5. a fissure - трещина
6. extraction - экстракция
7. a brace - брекет
8. a denture - протез
9. assumption - предположение
10. reinforcement contingencies -подкрепление
11. inappropriate - неадекватный

2. Read the following text and try to understand its contents as much as possible. Try to answer the following questions.

What surgery techniques are used for treatment of physical abnormalities?

What prosthetic appliances may be used for treatment physical abnormalities?

Is speech therapy to learn proper speech performance necessary after the time of surgery and orthodontic treatment

TREATMENT OF ARTICULATION DISORDERS

Treatment of articulation disorders takes many forms. Clearly the treatment for disorders due to physical abnormalities is different from the treatment for disorders that are functional. However, in many cases treatment may include a combination of procedures.

In recent years considerable progress has been made in the surgical repair of cleft palates. Such techniques may involve several different procedures because of the dramatic nature of the structural defect. Some procedures include **Teflon implants** in the hard portion of the palate, as well as stretching and **stitching** together the **fleshy tissue**. Surgery is often necessary for the upper lip and nose structures too, and corrective dental work may be undertaken as well. It may also be necessary to train or retrain articulation in the individual, depending on the patient's age at the time of surgery. A child's continued development may result in later problems; for example, the physical growth of the jaw or mouth may create difficulties for someone who underwent surgery at a very young age.

Treatment for cleft-palate cases has also involved the use of **prosthetic appliances**; for example, a device that basically serves as

the upper palate or at least covers the **fissures**. Such an appliance may be attached to the teeth to hold it in position and can be visualized in terms of the palate portion of artificial dentures.

Dental malformations are also often treated by means of procedures aimed at correcting the physical defect. Surgery may be undertaken to alter jaw structure and alignment. In some cases, orthodontic treatment may involve the repositioning of teeth through **extractions** and pressure applied using **braces**. Prosthetic appliances such as full or partial artificial **dentures** may also be used. As in other types of problems, the articulation patient who has orthodontic treatment often requires speech therapy to learn proper speech performance.

Treatment of people who have functional articulation disorders typically focuses on relearning the speaking act. Specific causation of the defective learning is difficult to identify precisely, but the basic **assumption** in such cases is that there was an inappropriate configuration of stimulus and **reinforcement contingencies** in the environment during speech development (e.g., inappropriate modeling by parents). Treatment attempts to rearrange those contingencies so that accurate articulation can be learned. Several behavior modification procedures have been employed successfully in treating functional articulation disorders. In all cases, treatment techniques are complex to implement because interventions must teach proper articulation plus the generalization of that learning to a variety of settings - beyond the treatment setting to the home and other places.

3. Say whether each of the following statements is true or false. Correct false statements to make them true.

1. The cause of defective learning of the speaking act is very easy to determine.
2. To learn proper speech performance patient who has orthodontic treatment requires speech therapy.
3. Using braces allows to make the reposition of teeth.
4. Someone who had surgery at a very young age will never have articulation problems in future.

4. Discuss in pairs why it is very important to support relationships with parents in treating functional articulation disorders.

5. Use the resources of Internet to gather information about contemporary treatment techniques of functional articulation disorders and then write a paragraph describing them.

Unit XI
DEFINITION OF VOICE DISORDERS

Grammar: First and Second Conditionals

I. Read words and word combinations and try to memorize them.

1. pitch	- высота
2. habitually [hə'bitʃʊəli]	- привычно, обычно
3. to divert	- отвлекать
4. noticeable	- заметный
5. lack	- отсутствие, нехватка
6. subjective judgment	- субъективное суждение
7. acceptable range	- допустимый диапазон
8. tolerance ranges	- диапазон допусков
9. overlooked	- упущенный
10. hoarseness ['hɔ:snis]	- хрипота
11. hyponasality	- гипонасальность
12. denasality	- денасальность
13. stuffy nose	- заложенный нос
14. a twang	- гнусавость
15. husky	- хриплый, сиплый
16. yelling	- вопящий
17. breathiness	- одышка
18. volume	- объем, громкость
19. pitch abnormalities	- отклонения высоты тона
20. latitude	- широта суждений, взглядов
21. to exhibit [ɪg'zɪbɪt]	- проявлять
22. to interfere with	- мешать, вмешиваться
23. to outline	- изложить, обрисовать
24. vocal cords	- голосовые связки
25. voice normalcy	- нормальность голоса

II. Form nouns and adjectives from the given verbs and translate them.

<i>verbs</i>	<i>nouns</i>	<i>adjectives</i>
1. to involve		
2. to notice		
3. to relate		
4. to divert		
5. to accept		
6. to communicate		
7. to train		
8. to vary		
9. to consider		
10. to deviate		
11. to outline		
12. to discuss		

III. Translate into Russian the following word combinations.

To differ significantly, due to several factors, to divert a listener's attention, family environments, acceptable tolerance ranges, an overlooked area, an unusual nasality, a continual cold, to cause a twang, like a whisper, vocal cords, to provide considerable latitude, to exhibit deviation.

IV. We use the first conditional when the expected outcome of a situation is very likely, and the second conditional when the outcome is less certain or more imaginary.

Example:

If you order now, we will give you a discount.

If the government found some extra money, we would be prepared to create a subsidiary in your country.

Choose the correct verbs from the brackets to complete these sentences.

1. If you (are/will be) more attentive, you (will notice/notice) abnormalities in your child's voice.
2. If you (were/would be) more attentive, you (would notice/notice) abnormalities in your child's voice.
3. If voice disorders (receive/will receive) more attention from professionals, more effective training programs (will be developed/are developed).
4. If voice disorders (received/would receive) more attention from professionals, more effective training programs (would be developed/are developed).
5. If you (try/would try) once more you (would succeed/will succeed) in learning this procedure.
6. If you (tried/were trying) once more you (would succeed/will succeed) in learning this procedure.
7. If he (does/did) his best, he (will graduate/graduated) with honors.
8. If he (did/will do) his best, he (would graduate/graduated) with honors.
9. (Would/does) it help you if we (sent/send) the regulations in time?
10. If you (are not giving/don't give) us a new opportunity, we (will have/had) to modify the procedure for treating this functional articulation disorder.
11. If you (will join/joined) an association of professionals in speech pathology, it (would influence/will influence) your further career.

DEFINITION OF VOICE DISORDERS

Voice disorders involve unusual or abnormal acoustical qualities in the sounds made when a person speaks. All voices differ significantly in **pitch**, loudness, and other qualities from others of the same sex, cultural group, and age. All people have varying acoustical qualities in their voices. However, voice disorders involve characteristics that are **habitually** and sufficiently

different that they are **noticeable** and may **divert** a listener's attention from the content of a message.

Voice disorders have received relatively little attention compared to other speech problems. This **lack** of attention is due to several factors. First, voice normalcy represents a great deal of **subjective judgment**. And what is normal varies considerably according to the circumstances (e.g., football games, barroom conversation, or seminar discussion) and geographical location (such as western' rural, New England, or Deep South), as well as family environments, personality, and physical structure of the speech mechanism. Another factor contributing to the lack of attention to voice disorders is related to the **acceptable ranges** of normal voice. Most individuals have voices within our acceptable **tolerance ranges**. Finally, voice disorders have received relatively little attention from professionals in speech pathology. As one of the professionals noted, "I believe that voice problems constitute the most **overlooked** area in the diagnosis of communication disorders and that most training programs for speech pathologists are weaker in the area of voice than any other aspect of the field".

Children with voice disorders often speak with an unusual nasality, hoarseness, or breathiness. Nasality either involves too little resonance from the nasal passages (**hyponasality** or **denasality**), which sounds like the child has a continual cold or stuffy nose, or too many sounds coming through the nose (**hyponasality**), which causes a **twang** in the speech. People with voice disorders of hoarseness have a constant **husky** sound to their speech, as though they had strained their voices by **yelling**. **Breathiness** in a voice disorder tends to have a very low **volume**, somewhat like a whisper, and sounds like the person is not sending enough air through vocal cords. Other voice disorders include overly loud or soft speaking and **pitch abnormalities** such as monotone speech.

The nature of voice disorders varies greatly. The description above provides considerable **latitude**, but it also outlined the general parameters of voice disorders often discussed in the literature: pitch, loudness, and quality. An individual with a voice disorder may **exhibit** deviation in one or a combination of these factors, significantly interfering with communication. Interference occurs when the abnormal voice results in listener attention being focused on the sound rather than on the message being conveyed.

V. Match up the words on the left with the definitions on the right.

1. to interfere with	a. speaking very quietly, using a way of the breath but not the voice, so that only the person close to you can hear you
2. to outline	b. to fail to notice or consider something or someone
3. a whisper	c. to spoil a situation or a process, or to prevent its progress
4. deviation	d. to describe only the most important ideas or facts about something
5. to overlook	e. the quality of a person's voice when it sounds rough, often because of a sore throat or a cold
6. judgment	f. freedom to behave, act, or think in the way you want to
7. noticeable	g. to shout something or make a loud noise, usually when you are angry, in pain, or excited
8. hoarseness	h. easy to see or recognize
9. latitude	i. a decision or opinion about someone or something that you form after thinking carefully
10. yelling	j. a difference from what is usual or expected

**VI. According to the text are the following sentences TRUE or FALSE?
If they are false, say why.**

1. Voice disorders have received more attention comparison with other speech problems.
2. An individual with a voice disorder usually exhibits deviation only in one of the parameters.
3. Monotonous speech is one of the manifestations of pitch abnormalities.
4. When too many sounds come through the nose it causes a twang in the speech.
5. Voice problems constitute the most studied area in the diagnosis of communication disorders.
6. Voice disorders usually do not divert a listener's attention from the content of a message.
7. All people have the same acoustical qualities in their voices.
8. One of the factors why voice disorders have received little attention is that voice normalcy is subjectively judged.
9. Nasality sounds as if a child has a constant runny nose.
10. Intervention is necessary when the abnormal voice results in listener attention being focused on the message being conveyed rather than on the sound.

VII. Answer the following questions using the information of text.

1. What are the qualities of all voices?
2. What do voice disorders lead to?
3. What is the first reason why voice disorders have received relatively little attention?
4. What is another factor contributing to the lack of attention to voice disorders?

5. What is the third factor?
6. Can you give short characteristics of nasality, hoarseness, breathiness?
7. May an individual with a voice disorder exhibit deviation in one or a combination of factors mentioned above?

VIII. Speak on the following:

- a) What acoustical qualities do all people possess?
- b) What factors influence the fact that voice disorders have received little attention?
- c) What types of voice disorders are there?

Unit XII

CAUSES AND TREATMENT OF VOICE DISORDERS

Grammar: Modals

1. Read words and word combinations and try to memorize them.

1. surrounding	- окружающий
2. to restrict	-ограничивать
3. monopitched voice	- монофонический голос
4. pitch break	- ломка голоса
5. adolescence [ædəʊ'lesns]	- подростковый возраст
6. laryngeal trauma [læriŋ'dʒiəl 'trɔ:mə]	- травма гортани
7. authority [ɔ:'θɔ:riti]	-начальство, начальник
8. hormone imbalance [ˈhɔ:məʊn ɪm'bæləns]	- гормональный дисбаланс
9. perception	- восприятие
10. to monitor	- контролировать, управлять
11. pulmonary disease [ˈpʌlmənəri di'zi:z]	- легочное заболевание
12. deviance [ˈdi:vjəns]	- отклонение от нормы
13. to dull	- притуплять
14. improper	- неправильный, неподходящий
15. hillbilly dialect	- деревенский диалект
16. hay fever [heɪ'fi:və]	- сенная лихорадка
17. to congest	- скапливаться, перегружаться
18. to affect	- воздействовать, пострадать
19. counseling	- консультирование, рекомендация
20. long-standing	- длительный
21. ingrained	- укоренелый, застарелый
22. nasality	- назальность, гнусавость, носовой характер звука

II. Make nouns by adding the suffix “-ness” and translate them.

Loud, soft, restrictive, excessive, intensive, hoarse, perfect, extreme, severe, affective.

III. Read the international words and guess their meanings:

laryngeal trauma, hormone imbalance, dialect, subjective, monotonal, to associate, organic, intensity, paralysis, hypernasality, physical structure, situation, modification.

IV. Translate into Russian the following words and word combinations.

To experience pitch breaks; a subjective determination; far beyond adolescence; certain circumstances; the image of power; an extreme form; through perceptions; like those mentioned; reduced acoustic resonance; to learn through imitation; excessively loud speech, behavior modification procedure; affected individual's learning; ingrained behavior.

V. Match words and word combinations in A with their synonyms in B.

A. determination, to surround, a great deal, to progress, to associate with, to attempt, certain, excessively, circumstance, counseling, to occur, to result in, to suggest.

B. Specific, extremely, situation, to mean, to happen, to cause, recommendation, to try, to develop, to relate to something, much, definition, encircle.

VI. Translate the following sentences and explain the meaning of modals.

1. The required information could be obtained if you have access to Internet.

2. I don't doubt you must have received an accurate picture of the reasons of his voice disorders.
3. Speech therapist must have been retraining the person's speaking for at least a month.
4. It could have been a coincidence but it was unlikely.
5. We will have to select some other treatment method of paralysis of vocal cords.
6. Without doubt you could have found some information about this kind of voice abnormality in the Internet.
7. High-pitched voices must have been learned from certain circumstances.
8. According to the medical insurance he was to be treated free of charge.
9. Low-pitched voices may be learned through imitation.
10. You needn't phone him, he is already here.
11. You needn't have examined them, the results of their analyses have already been transferred to us.

VII. Different types of voice disorders are referred to in the following text. Look through the text and say which they are.

CAUSES AND TREATMENT OF VOICE DISORDERS

The acoustic characteristics of voice quality include such factors as degree of nasality, "breathy" speech, and a hoarse-sounding speech. As with the other parameters of voice, loudness is a subjective determination. The normal voice is not habitually characterized by excessive loudness or unusual softness. Loudness depends a great deal on circumstances **surrounding** the communication.

Pitch disorders may take several forms. The voice may have an abnormally high or low pitch, it may be characterized by pitch breaks or **restricted** pitch range, or it may be monotonal or **monopitched**. Many of us experienced **pitch breaks** as we progressed through **adolescence**. Although these are more commonly associated with young males, they also occur in females. Such pitch breaks are a normal part of development, but if they persist far beyond adolescence they may signal **laryngeal** difficulties. Abnormally high- or low-pitched voices may be due to a variety of problems. They may be learned through imitation, as when a young boy attempts to sound like his older brother or father. They may also be learned from certain circumstances that the individual is in, such as when those placed in positions of **authority** believe a lower voice pitch is necessary to suggest the image of power. Organic conditions, such as a **hormone imbalance**, may also result in abnormally high- or low-pitched voices.

Voice disorders involving loudness may likewise have causes. Excessively loud or soft voices may be learned either through imitation or through **perceptions** of the environment, much like those mentioned for pitch disorders. An example of this is mimicking the soft speaking of a female movie star. Other cases of abnormal vocal intensity occur because an individual has not learned **to monitor** loudness. Beyond learning difficulties, however, some intensity voice disorders occur because of organic problems. For example, abnormally low vocal intensity may result from such problems as paralysis of vocal cords, **laryngeal trauma** (including larynx surgery for cancer and damage to the larynx through accident or disease), and **pulmonary diseases** (like asthma or emphysema). Excessively loud speech may occur as a result of such organic problems as hearing impairments and brain damage.

Voice disorders having to do with quality-of-speech problems include such production **deviances** as those of abnormal nasality as well as the hoarse and breathy speech noted earlier. Abnormal nasality may take the form of a voice that sounds overly nasal (hypernasality) or a voice with reduced acoustic sound (denasality or hyponasality) that **dulls** the resonance of consonants. Hypernasality occurs "primarily because the back door of the nose fails to close sufficiently". Such conditions can be due to **improper** tissue movement in the speech mechanism, or they may result from such organic defects as an imperfectly repaired cleft palate. Excessive hypernasality may also be acquired through learning, as in the case of country music or speech that represents an extreme form of the **hillbilly dialect**. Denasality is a type of voice quality that we all experience when we have a severe head cold or **hay fever**. The sounds produced are **congested** and or dulled, with reduced acoustic resonance. In some cases, however, denasality in voice production is the result of learning or abnormal physical structures rather than these more common problems.

Approaches to voice disorder treatment depend on causation. In some cases, when abnormal tissue and/or dental structures result in unusual voice production, surgical intervention may be necessary. In other situations, treatment may involve direct instruction to help the **affected** individual's learning or relearning of acceptable voice production. Such interventions often include **counseling** regarding the effects of unusual voice sounds on others and behavior modification procedures aimed at retraining the person's speaking. These efforts are more difficult if the behavior has been **long-standing** and is well **ingrained** as a learned habit.

VIII. Match up the words on the left with the definitions on the right.

1. excessive	a. to watch something carefully and record your results
2. long-standing	b. controlled or limited
3. an approach	c. more than is necessary or wanted
4. to monitor	d. the official power to make decisions or to control other people
5. counseling	e. used to describe a person or behavior that is not usual
6. restricted	f. what you think or believe about someone or something
7. improper	g. having existed for a long time
8. perception	h. a way of doing something
9. deviance	i. the job or process of listening to someone and giving them advice about their problems
10. authority	j. not correct, suitable, honest, or acceptable

IX. Use these words or phrases from the text to answer questions below.

circumstance	pitch breaks	hormone imbalance
anomaly	approaches	improper

Which word or phrase:

1. means the situation around communication influencing excessive loudness or unusual softness ? -----
2. refers to voice disorder associated with young males progressing through adolescence? -----

3. means organic condition that may result in abnormally high- or low-pitched voices? -----
4. refers to deviances of a voice that sounds overly nasal or a voice with reduced acoustic sound ? -----
5. means combination of methods used for voice disorder treatment ? ----

6. refers incorrect tissue movement in the speech mechanism leading to hyponasality? -----

X. Complete the following sentences to summarize the text.

1. Voice includes the following parameters
2. Voice is not characterized by soundness because soundness largely depends on
3. Pitch disorders may be characterize by
4. If pitch breaks continue far beyond adolescence they may
5. Organic conditions may also result in
6. Loud or soft voices may be learned either through
7. Abnormally low vocal intensity may result from the following three problems
8. Hypernasality occurs "primarily because
9. We all experience denasality when we have
10. Voice disorder treatment may include surgical intervention or it involves

XI. Translate the following scheme from Russian into English. If you can, add some more symptoms.

Симптомы нарушений голоса
<i>Клиническая картина функциональных расстройств:</i>
* Отсутствует возможность произвольного регулирования звучания голоса;
* Охриплость и осиплость;
* Прерывание (осечки)
* Быстрая утомляемость голоса;
* Одновременная потеря голоса.

XII. Answer the following questions using the information of text.

1. What acoustic characteristics does voice quality include?
2. Why is loudness not included in acoustic characteristics?
3. What forms may pitch disorders take?
4. What may pitch breaks signal if they persist far beyond adolescence?
5. What are the reasons of high- or low-pitched voices?
6. What two groups may voice disorders involving loudness be divided into?
7. What forms may abnormal nasality take?
8. When do we all experience denasality?
9. What organic defects may lead to hyponasality?
10. What do approaches to voice disorder treatment depend on causation?
11. What may voice disorder treatment involve?

XIII. Speak on the following:

1. Acoustic characteristics of voice quality
2. Different forms of pitch disorders
3. The causes of intensity voice disorders
4. The types and causes of abnormal nasality
5. The types of voice disorder treatment depending on causation

XIV. Presentation. Studying different sources concerning speech disorder prevalence make up the table while answering the following questions and then make a presentation.

1. What is percentage of population affected by speech disorders?
2. Do these figures deviate greatly from other estimates over the years?
3. Does the frequency with which speech problems occur diminish in the population as age increases?
4. How are speech disorders identified (estimated) for the children in kindergarten at the age of four?
5. How does prevalence figures cited for speech disorders decline for children from the age of five to the age of eight?
6. Does the figure cited for speech disorders in the previous question remain somewhat constant after age of eight unless treatment intervenes?

Unit XIII
DEFINITION AND CLASSIFICATION OF LANGUAGE
DISORDERS

Grammar: Indirect questions and Statements

I. Read words and word combinations and try to memorize them.

1. to exhibit	- проявлять, показывать
2. perplexing	- озадачивающий
3. precisely	- точно
4. to arise	- появляться, возникать
5. rate	- темп
6. sequence	- последовательность
7. intact	- нетронутый, неповрежденный
8. suspect	- подозревать
9. essentially	- в основном
10. in terms of	- с точки зрения
11. to notice	- замечать
12. comprehend	- понимать
13. core of words	- ядро слов
14. immature	- незрелый, недоразвившийся
15. to rely on	- полагаться на
16. sets of behaviors	- совокупность линий поведения

II. Translate the following groups of words of the same root. Use a dictionary if it is necessary:

To rely – reliability – reliable; to exhibit - exhibition; to disrupt – disruption
 - disrupter; precise – precision - precisely ; reception - receptive; acquire –

acquisition - acquired; to identify – identification – identified; to comprehend – comprehension – comprehensible; to perplex – perplexing – perplexity.

III. Translate the sentences paying attention to different meanings of the word “treatment”.

1. The best treatment for a cold is to rest and drink lots of fluids.
2. We want to ensure equal treatment for everyone.
3. The law requires humane treatment of prisoners.
4. This treatment repaired my health
5. You'll receive the best medical treatment.
6. There have been great advances in the treatment of cancer.
7. No one can expect to receive special treatment.
8. The treatment of this term was wrong.
9. Persons who considered themselves unlawfully treated could appeal to the Australian Federal Police.
10. If you have been poorly treated in this shop you will never come back here.

IV. We often use indirect questions and statements to sound more polite. Indirect questions have the same order as direct statements. The following expressions are used to introduce indirect questions and statements: I wonder/I can't remember/I have no idea/I'd like to know. For yes/no questions we use if or whether.

In which of these questions is the word order correct? Rewrite the incorrect ones.

1. Could you tell me what your intentions are?
2. I'd like to know what would your colleagues say about me?
3. Could you tell me how have I changed in the last five years?

4. Do you happen to know what salary I will start on?
5. I am not sure where want I to be in five years' time?

V. Put the words in the right order to form indirect questions or statements.

1. Do know where you the room interview is?
2. I ask you old are you how could?
3. I wonder you if could me tell what time is it?
4. I'd like why to know we you should hire?
5. Do you mind I ask if your weaknesses are what?
6. Could you ask why left you your last job?

Text A

DEFINITION AND CLASSIFICATION OF LANGUAGE DISORDERS

Language disorders occur when there is a serious disruption of the language process. Such malfunctions may occur in one or more of the components of language. Because language is one of the most complex **sets of behaviors exhibited** by humans, language disorders are complex and present some **perplexing** assessment problems. Language involves memory, learning, message reception and processing, and expressive skills. An individual with a language disorder may have deficits in any of these areas, and it may be difficult to identify **precisely** the nature of the problem. In addition, language problems may **arise** in the form of language delays or language disorders. The term language delay is used when the normal **rate** of developmental progress is interrupted but the systematic **sequence** of development remains **essentially intact**; that is, when the development follows a normal pattern or course of growth but is substantially slower than in most children of the same age. The term

language disorder is different in that it refers to circumstances when language acquisition is not systematic and or sequential. We use here the term language disorder in a general sense and discuss several types.

Classification

There is a wide range of terminology used to describe the processes involved in language as well as disorders in those processes. In many cases, language disorders have been classified according to their causes, which may be known or only **suspected**. In other cases, specific labels tend to be employed, such as aphasia. One common approach is to view language disorders **in terms of** *receptive* and *expressive* problems . We examine both these categories, as well as aphasia, a problem that may occur in both children and adults.

Receptive Language Disorders. Receptive language disorders result from difficulties in **comprehending** what others say. Children with receptive language problems are often **noticed** when they fail to follow directions given by an adult. Often these children appear to be inattentive or may seem as though they do not hear or listen to directions. Individuals with receptive language disorders have great difficulty understanding the messages of others and may process only part (or none) of what is being said to them. They have a substantial problem in language processing, which is basically half of language (the other part being language production). Language processing is essentially listening and interpreting spoken language.

Expressive Language Disorders. Expressive language disorders are exhibited when individuals have difficulty in language production or formulating and using spoken language. Those with expressive language disorders may have a limited vocabulary and rely on the same **core** of words no matter what the situation. Expressive language disorders may appear as **immature** speech and often result in personal interaction

difficulties. People with expressive language disorders also **rely on** hand signals and facial expressions to communicate.

VI. Express in one word the meaning of each of the following phrases. You are given the first letter of each word and the number of letters in it.

1. Something confusing, often because you do not know how to solve something (p).
2. To see something and be aware of it (n....).
3. The set of things that are happening and the conditions that exist at a particular time and place (s.....).
4. Large in amount (s.....).
5. A person or animal that has grown to full size and strength (A....).
6. All the words you know in a particular language (v.....).
7. A disease or mental problem (d).
8. Not completely developed (i.....).
9. A series of related events or things that have a particular order (s.....).
10. To decide what the intended meaning of something is (i.....).

VII. Find in the text words and word combinations which can be replaced by the items listed below:

puzzling	forgetful
To distrust	as concerns
receiving	unharmd
condition	assortment or choice
disregarding	education;

VIII. Put in the missing words using the information of the text. The first letter of each missing word is given to help you.

- 1 If individuals e..... difficulty in language production it means they have e..... language disorders.
2. When people with expressive language disorders c..... they often r..... on f..... expressions.
3. Children with r..... language problems often do not follow directions given by an a..... .
4. Language processing e..... includes listening and interpreting spoken language
5. As language disorders are complex, professionals ex..... some p..... assessment problems.
6. The term language d.....l; means that the normal rate of developmental progress is in..... .
7. If language ac..... is not systematic and or sequential the result will be language d..... .

IX. Answer the following questions using the information of text.

1. How can you define language disorder?
2. Why do language disorders present some perplexing assessment problems?
3. What does language involve?
4. When is the term language delay used?
5. How have language disorders been classified?
6. May aphasia occur only in children?
7. What are the symptoms of receptive language disorders?
8. What are two parts of language processing?
9. How can you define expressive language disorder?

10. What are the symptoms of expressive language disorders?
11. How can people with expressive language disorders help themselves while communicating with other people?

X. Case study. Read the background and do the exercises following it.

*My name is Laura. As a Communication specialist in a large district I am often faced with pupils in the second and third grade who speak much like children in kindergarten. By this time, their communication level has begun to seriously **interfere** with academic performance as well as **peer** social interaction. Often I am not certain exactly what to do. These children could be exhibiting delayed speech, or they could be suffering from an expressive language disorder. The assessment techniques I have at my disposal do not always help a great deal in **distinguishing** precisely.*

*Yet my supervisor **maintains** that we have to provide an accurate diagnosis in order to serve such youngsters and receive funding. Frankly there are times when I either flip a coin or check the list to see which category **has a room** and make a decision that way. In this state one category brings more money in the budget than the other, and our administration likes to have as many students as possible **labeled** that way. This does not seem right, but then I'm not sure it **matters** anyway.*

Laura, Communication specialist

XI. Match the following words taken from the story to their definitions

1. to maintain	a. to recognize the differences between things
2. to have a room	b. contemporary
3. to distinguish	c. to be important
4. a peer	d. to say that you are certain something is true
5. to interfere with	e. to refer to some category
6. to matter	f. study
7. to label	g. to influence something
1. education	h. to have a place

XII. Answer the following questions and share your answers with a partner.

1. What is the problem described essentially connected with?
2. What are the ways of solving this problem?

Text B

1. Study the following words before reading the text.

1. strikingly - поразительно
2. consistent – устойчивый, стабильный
3. agnosia – агнозия (нарушение различных видов восприятия)
4. paraphrasia - парафазия (расстройство речи, заключающееся в утрате ее смысла и грамматического строя и применении искусственно созданных слов)
5. dysprosody - диспросодия, которая может проявляться как синдром псевдоинородного акцента
6. despite – несмотря на
7. evidence - доказательство

8. suggest - предполагать
9. auditory cortex – слуховая зона коры головного мозга
10. to prompt - подсказывать
11. to designate - обозначать
12. intake – прием, получение
13. verbal output – вербальный выход, вывод
14. attention span – объем, концентрация внимания
15. likelihood - вероятность
16. consistent with – в соответствии

2. Read the following text and try to understand its contents as much as possible. Try to answer the following questions.

How do scientists define aphasia?

How can people who have aphasia acquire it?

What types of aphasia can you name?

Is aphasia peculiar only to children?

Do researchers connect aphasia with neurological abnormalities in youngsters?

What findings have researchers made concerning sizes of the auditory cortex in aphasic children?

What impairment do persons designated as aphasic indicate?

How are aphasic involvements in general expressed?

APHASIA

Definitions of aphasia have varied over time, but still have employed **strikingly consistent** themes. For example, some scientists noted that aphasia was the "partial or complete loss of the ability to speak or to comprehend the spoken word due to injury, disease, or maldevelopment of the brain". Others viewed aphasia as involving those who have acquired a language disorder because of brain damage resulting

in impairment of language comprehension, formulation, and use. Thus definitions of aphasia commonly link the disorder to brain injury, either through mechanical accidents, or other damage such as that caused by a stroke. Over the years, many different types of aphasia and or conditions associated with aphasia have been identified and labeled, such as **agnosia**, **paraphrasia**, and **dysprosody**. Aphasic language disturbances have also been classified in terms of receptive and expressive problems.

Aphasia may be present both in childhood and during the adult years. The term developmental aphasia has been widely used with affected children **despite** the longstanding connection of such problems with neurological damage. Aphasic children often begin to use words at age two or later and phrases at age four. The link between aphasia and neurological abnormalities in youngsters has been continuing interest to researchers, with some **evidence suggesting** a connection. For example, researchers found significant differences in the sizes of the auditory **cortex** in aphasics' right and left hemispheres. Such findings have **prompted** continued investigation exploring the neurological makeup of aphasic children. Despite the theories and assumptions, direct and objective evidence connecting specific neurological dysfunction to aphasia has been difficult to acquire.

The following observations are important in identifying persons with aphasia:

1. At some stage in their involvement, persons **designated** as aphasic indicate impairment for intake of sequential verbal events as well as for verbal sequential **output**. **Intake** disturbances are often labeled as memory or **attention span** defects. Output sequential disturbances are manifest in syntactical defects for formulations that are appropriate and relatively specific to the situation.

2. On a probability basis, aphasic involvements are in general expressed in a reduced **likelihood** that a given linguistic formulation

will be understood (appropriately evaluated), or produced (appropriately formulated) in kind and manner **consistent with** the situation (events associated with the linguistic formulation). In general, the more intellectual and abstract the expected linguistic reaction, the less likely it is that the reaction will occur.

3. Say whether each of the following statements is true or false. Correct false statements to make them true.

1. Evidence connecting specific neurological dysfunction to aphasia has been very easy to acquire.
2. Intake disturbances are often referred to as attention span defects.
3. Researchers found similarity in the sizes of the auditory cortex in aphasics' right and left hemispheres.
4. The term developmental aphasia has been rarely used with affected children in spite of the longstanding connection of such problems with neurological damage.
5. Aphasia is commonly linked with brain injury.

4. Use the resources of Internet to gather information about the findings of Russian researchers concerning aphasia and contemporary treatment techniques suggested by them.

Unit XIV

CAUSES OF DIFFERENT LANGUAGE DISORDERS

Grammar: Indirect Speech and Sequence of Tenses

I. Read words and word combinations and try to memorize them.

1. to regard	- рассматривать, относиться
2. to contribute	- способствовать
3. to deter	- удерживать
4. to attend to	- принимать участие
5. to mimic	- имитировать
6. to reinforce	- укреплять, усиливать
8. to encounter	- сталкиваться, встречаться
9. prenatally	- перинатально, внутриутробно
10. deprivation	- лишение
11. deficient	- недостаточный
12. conducive	- благоприятный
13. to emphasize	- подчеркивать, выделять
14. outcome	- результат, выход
15. dismal	- мрачный, печальный
16. sound	- правильный, верный, обоснованный
17. brain tissue	- мозговая ткань
18. blurred	- размытый, расплывчатый
19. to overlap	- перекрываться
20. to intertwine	- переплетаться
21. language facility	- средство
22. to uphold a notion	- отстаивать идею

II. Form nouns and adjectives from the given verbs and translate them.

<i>verbs</i>	<i>nouns</i>	<i>adjectives</i>
1. to involve		
2. to contribute		
3. to acquire		
4. to deprive		
5. to deter		
6. to communicate		
7. to train		
8. to vary		
9. to consider		
10. to deviate		
11. to reinforce		
12. to discuss		
13. to distort		
14. to disrupt		

III. Translate into Russian the following word combinations.

To be like other learning; sequential fashion; to attach meaning to; serious brain damage; occur prenatally; substantially distorted; language facility; learning outcomes; to encounter problems; language disturbances; uphold a notion; disrupted learning opportunities; to assume brain damage; rare circumstances; to be associated with; to exhibit language delays.

IV. Match the words and phrases in column A with their synonyms in column B:

- | A | B |
|-----------------------------|-----------------------|
| 1) to regard | a) to give importance |
| 2) to contribute | b) no doubt |
| 3) to defer | c) favorable |
| 4) to mimic | d) defective |
| 5) to reinforce | e) to imitate |
| 6) deficient | f) to strengthen |
| 7) conducive | g) to retain |
| 8) there is little question | h) to promote |
| 9) to attach meaning | i) to relate |

V. When we report statements that were made in the past, we change the tense of the original direct speech.

<i>Direct speech</i>	<i>Reported speech</i>	<i>Tense change</i>
	<u><i>He said</i></u>	
I want to buy it.	he wanted to buy it.	Present Simple becomes Past Simple
I am writing a letter.	he was writing a letter.	Present Continuous becomes Past Continuous
I've come to mend your car.	he had come to mend my car.	Present Perfect becomes Past Perfect
I saw your brother.	he had seen my brother.	Past Simple becomes Past Perfect
I was trying to do it.	he had been trying to do it.	Past Continuous becomes Past Perfect Continuous

I'll help you.	he would help you.	<i>will becomes would</i>
I can do it.	he could do it.	<i>can becomes could</i>
I may do it.	he might do it.	<i>may becomes might</i>
I must go.	he had to go.	<i>must becomes had to</i>

Read and translate the sentences paying attention to the use of the sequence of tenses.

1. He said that the treatment had begun a week before. 2. The secretary informed the hospital would receive additional investments. 3. The third-year students were told that they would have practice in June. 4. They said that they had had practical training under the supervision of the well-known researcher. 5. They were sorry that she had not managed to obtain master's degree in speech therapy. 6. She told me I might come any day at her place. 7. The patient asked how long it would take him to get rid of stuttering. 8. He added that he had never had such a problem and he would like to acquire a normal language. 9. I knew that he had been interested in the speech and language pathologies since high school.

VI. Transform these sentences according to the models to practice the use of the sequence of tenses.

a) **Model:** They are listening to music. – I knew that they were listening to music.

1. The children are playing computer games. 2. The doctor is studying the causes of disease.

b) **Model:** The boy is interested in medicine. – I was sure that the boy was interested in medicine.

1. The newspapers are delivered in the morning. 2. He is examined by doctors. 3. She is glad to meet them.

c) **Model:** They left for Moscow. – I hoped that they had left for Moscow.

1. She wrote a letter to her parents. 2. He studied the English language properly before leaving for USA. 3. She brought the journal on speech therapy.

d) **Model:** She will write a term paper on stuttering on time. – I hoped that she would write a term paper on stuttering on time.

1. They will be treated successfully. 2. You will translate the article on the theme of your term paper.

VII. Choose the correct variant.

1. I was told my friends (*to visit*) the art gallery the following week.

a) had visited; b) was visited; c) would visit

2. Teacher told us the story that (*to happen*) many centuries ago.

a) would happen; b) had happened; c) has happened

3. He understood that his brother (*to want*) to go with him.

a) wants; b) had wanted; c) wanted

4. She hoped that her parents (*not to return*) home early.

a) didn't return; b) haven't returned; c) wouldn't return

5. Margaret knew that we (*to be*) at the conference then.

a) were; b) are; c) had been

6. Bill said that he (*to be*) busy the day before.

a) would be; b) was; c) had been

7. He told us that he (*to translate*) the text then.
a) had translated; b) was translating; c) translated
8. I knew that my classes already (*to finish*).
a) had finished; b) are finished; c) were finished
9. They thought that he (*to come*) in some minutes.
a) had come; b) had came; c) would come
10. He didn't know that she (*to leave*) a week ago.
a) was leaving; b) had left; c) left

CAUSES OF DIFFERENT LANGUAGE DISORDERS

Identifying the precise cause of different language disorders can be difficult. The answers are not clear **regarding** what **contributes** to normal language acquisition, exactly how those contributions occur, or how malfunctions influence language disorders. We do know that certain sensory and other physiological systems must be intact and developing normally for language processes to progress normally. For example, if hearing is seriously impaired, a language deficit may result. Likewise, serious brain damage might **deter** normal language functioning. Learning must also progress in a systematic and sequential fashion for language to develop appropriately. For example, children must first **attend to** the communication around them before they can **mimic** it or attach meaning to it. Language-learning is like other learning; it must be stimulated and **reinforced** in order for the behavior to be acquired and mastered.

In our discussion of other communication disorders we **encountered** many of the physiological problems that may also cause language difficulties. Neurological damage that may affect language

functioning can occur **prenatally**, during birth, or anytime throughout one's life. For example, oxygen **deprivation** before or during birth or an accident later in life can also cause language problems. Serious emotional disorders may be accompanied by language disturbances if an individual's perception of the world is substantially distorted.

Learning opportunities may be seriously **deficient** or otherwise disrupted and result in language disorders. As with speech, youngsters may not learn language because the environment is not **conducive** to such learning. Modeling in the home may be so infrequent that a child cannot learn language in a normal fashion. This might be the case in a family where no speaking occurs because the parents are deaf, even when the children have normal hearing. Such circumstances are rare, but when they occur a language delay is likely. The parents cannot model language for their children, nor can they respond to and reinforce such behavior. It should be **emphasized**, however, that learning **outcomes** are variable. In situations that seem normal, we may find a child with serious language difficulty. In circumstances that seem **dismal**, we may find youngsters whose language facility is normal.

The assumption has long been that language-deprived environments place children at risk for exhibiting language delays or disorders. For example, it has been thought that language acquisition may be delayed when parents use baby talk in communicating with their young children. Such a view is based on the fundamental principles of learning theory that youngsters learn what is modeled and taught. There is little question that this perspective **is sound with** most skill acquisition. Many clinical reports of language problems **uphold** such a **notion**, and research also supports certain relationships between parental verbalizations and child language development. From another view, it was concluded that "most

studies of baby talk fail to explain the acquisition of (language) structure". The effects of parent modeling on child language development may not be clear and simple.

An assumption of brain damage is usually associated with aphasia during adulthood. The causes of such brain damage are diverse. Various physical traumas may result in aphasia, such as automobile and industrial accidents or shooting incidents. Other factors, such as strokes, tumors, and diseases that affect brain tissue may have the same result. In most cases, aphasic trauma seems to be associated with damage to the left hemisphere of the brain.

The distinctions between speech and language problems are **blurred** because they **overlap** as much as do functions. Receptive and expressive language disorders are as **intertwined** as speech and language. When an individual does not express language well, is it because there is a receptive problem or an expressive problem? These cannot be separated cleanly, and thus causation also cannot be clearly divided into categories.

VIII. Choose the correct answers.

1. The differences between speech and language problems are unclear
 - a) because they coincide.
 - b) because they are not well studied.
 - c) because an individual does not express language well.

2. Brain damage is usually associated with
 - a) intertwining of receptive and expressive language disorders.
 - b) trauma to the right hemisphere of the brain.
 - c) aphasia during adulthood.

3. Many researchers of language problems support

- a) impossibility of clearly dividing causation into categories .
- b) certain dependence between parental verbalizations and child language development.
- c) delay language acquisition when parents do not use baby talk in communicating with children.

4. Children may not learn language because

- a) because the environment may not be favorable to such learning.
- b) modeling on child language development is clear and simple.
- c) the children have normal hearing.

5. Language learning must progress systematically and sequentially

- a) for exhibiting language delays or disorders.
- b) for identifying the distinctions between speech and language problems.
- c) for its appropriate development.

IX. Translate the sentences from Russian into English.

- 1. Существуют разные причины повреждения мозга.
- 2. Проблемы с речью и языком перекрываются (совпадают) так же сильно, как и функции.
- 3. Среда, лишенная языка, может привести к задержки языка и других расстройств у детей.
- 4. Многие физиологические проблемы могут стать причиной языковых трудностей.
- 5. Изучение языка необходимо стимулировать и усиливать чтобы освоить речевое поведение.

6. Дети должны сначала принять участие в общении вокруг них, прежде чем они смогут подражать ему.
7. Отставание речи вполне вероятно, если, например, родители глухие.
8. Не совсем ясно, что способствует нормальному овладению языком.

X. Answer the questions on the basis of information you derived from the text.

1. Is it easy to identify the causes of different language disorders?
2. What may lead to language deficit?
3. In what way must learning of language progress in order to develop appropriately?
4. What physiological problems may also cause language difficulties?
5. What kind of the environment is not conducive to learning language?
6. May we find a child with serious language difficulty in normal environment?
7. What notion do many clinical reports of language problems support?
8. What is aphasia during adulthood usually associated with?
9. Why are the distinctions between speech and language problems not clear?

XI. Case study. Read the background and answer the questions following it.

XII. Then put down the conclusion in 2-4 sentences you made on the basis of this story and support it by some evidence.

My name is Cy and I am one of the four brothers. Both of my parents were deaf from a very early age: they never learned to speak. When you ask me how we learned speech I can't really answer, knowing what I now know about how those very early years are so important in this area. When we were really young we didn't even know they were deaf or different (except for Dad's active sense of humor). Naturally we didn't talk, we just signed. We lived away out in the country and were pretty isolated – all four of us played together and didn't have other playmates. Grandma and Grandpa lived close by, and I spent a lot of time with them. That is when I began to know something was different. We probably began learning to talk there.

When we were about ready to start school we moved into the town. My first memory related to school is sitting in a sandbox, I guess on the playground. We had some troubles in school but they were fairly minor as I recall. I couldn't talk or pronounce words very well. I was tested on an IQ test in the third grade and had an IQ of 67. Both Mom and Dad worked, and so we were all sort of out on our own with friends, which probably helped language, but now I wonder why those kids didn't stay away from us because we were a bit different. Probably the saving grace is that all four of us seem to have pretty well-developed social intelligence or skills. We did get in some fights with kids, and people sometimes called us the "dumby's kids." I would guess that all four of us pretty much caught up with our peers by the eighth grade. One thing is for certain, I would not trade those parents for any others in the world, whatever they did, they certainly did right.

Cy, Ph.D.

Notes:

1. to be out on our own with friends - быть как бы сами по себе с друзьями
2. saving grace - спасительная благодать
3. social intelligence or skills – социальные способности, социальный интеллект
4. the “dumby’s kids - глупые дети
5. to catch up with our peers - догнать своих сверстников
6. I would not trade those parents for any others in the world - Я бы не променял этих родителей ни на кого другого в мире

What were four brothers not aware of when they were young and lived in the country?

How did they communicate in the family?

Who were the first to learn them to talk?

Did they have big troubles when they went to school?

When was Cy tested first and what result did this test show?

Why didn't other kids stay away from brothers?

When did four brothers catch up with their peers?

Unit XV
TREATMENT OF LANGUAGE DISORDERS

Grammar: Indirect Speech and Sequence of Tenses (Continued)

I. Read words and word combinations and try to memorize them.

1. undertaking	- дело, обязательство
2. to remedy	- исправлять, вылечивать
3. to implement	- осуществлять, выполнять
4. to reassess	- производить переоценку
5. customary	- обычный, традиционный, неизменный
6. a statement of the resources	- данные, отчет о ресурсах
7. generalization	- обобщение
8. to surface	- выявить, обнаружить
9. with respect to	- в отношении
10. to discourage	- расхолаживаться, терять интерес
11. to exercise	- провести, осуществить
12. expectation	- ожидание, предположение
13. predictable	- предсказуемый
14. to mirror	- отражать
15. similarity	- сходство
16. a profile	- анкета, профиль
17. vocational readjustment	- профессиональная перестройка, корректировка, исправление
18. clinical judgment	- клиническая оценка, мнение
19. relevant	- имеющий отношение к делу
20. to verify	- проверять, подтверждать

II. Form nouns and adjectives from the given verbs and translate them.

<i>verbs</i>	<i>nouns</i>	<i>adjectives</i>
1. to remedy		
2. to contribute		
3. to acquire		
4. to predict		
5. to expect		
6. to communicate		
7. to implement		
8. to discourage		
9. to consider		
10. to identify		
11. to reinforce		
12. to discuss		
13. to generalize		
14. to adjust		
15. to verify		

III. Match each word in A with its synonym in B.

A) to remedy, to reassess, customary, relevant, deficit, to outline, similarity, objective, to tailor, to achieve, to identify, with respect to, recovery;

B) shortage, to formulate, likeness, usual, appropriate, purpose, to adapt, to reach, to determine, in relation, remediation, to rethink, to cure.

IV. Find the Russian equivalents in the right column for the English words and word combinations in the left column.

1. to delay recovery	a. последовательные шаги
2. predictable similarity	b. необходимое переобучение
3. training objectives	с. отразить условия изучения языка
4. evaluation methods	d. быть похожим на
5. to result in failure	e. сосредоточиться на сильных и слабых сторонах
6. sequential steps	e. привести к провалу
7. to focus on strengths and weaknesses	g. методы оценки
8. to be similar to	h. предсказуемое сходство
9. necessary reteaching	i. задачи обучения
10. to mirror the conditions of language learning	j. отсрочить выздоровление

V. Open the brackets, paying attention to the Sequence of Tenses and translate the sentences into Russian.

1. I didn't know that you already (*to consult*) the doctor. 2. He did it better than I (*to expect*). 3. He said that next method of treatment (*to involve*) language training. 4. I think it all happened soon after the meeting (*to end*). 5. They decided that they (*to bring*) us a statement of the resources to be used. 6. He said that he (*can*) not do it without my help. 7. He asked the students whether they ever (*to participate*) in such an experiment. 8. It was decided that we (*to start*) our work at eight o'clock. 9. I told you that the intervention plans (*to be reconsidered*) some days ago. 10. The visitors were told that the secretary just (*to go out*) and (*to come back*) soon.

VI. Translate the sentences from Russian into English paying attention to the Sequence of Tenses.

1. Он спросил меня, какие шаги были предприняты. 2. Он напомнил мне, что я обещал его проконсультировать. 3. Врач подтвердил, что, прежде всего, учтет характер языкового расстройства ребенка. 4. Инспектор предупредил нас, что здесь стоянка запрещена. 5. Он посоветовал нам обратиться в другую клинику. 6. Я спросила своего коллегу, какие вопросы были подняты на собрании. 7. Он поинтересовался, часто ли мы ходим на лекции по логопедии. 8. Она спросила меня, видел ли я Джона в последнее время. 9. Она спросила, работаем ли мы сейчас над проблемой лечения афазии у взрослых. 10. Руководитель спросил меня, выбрал ли я тему курсового проекта. 11. Он спросил, какой предмет мне больше всего нравится в университете. 12. Мы спросили его, кто из его друзей знает два иностранных языка. 13. Журналисты спросили ученого, над какой проблемой он сейчас работает. 14. Руководитель спросил, какие источники я использовал при написании своей диссертации. 15. Друзья спросили его, куда он ездил в прошлое воскресенье. 16. Врач спросил меня, следую ли я его рекомендациям. 17. Я сказал, что вернусь к вечеру. 18. Когда я позвонила ей, она сказала, что она готовится к семинару. 19. Он улыбнулся и спросил, что меня беспокоит. 20. Мой друг сказал мне, что у нас мало времени для выполнения этого задания.

VII. Different types of language disorder treatment are referred to in the following text. Look through the text and say which they are.

TREATMENT OF LANGUAGE DISORDER

Language disorder treatment must take into account the nature of the problem and the manner in which an individual is affected. Intervention

is an individualized **undertaking**, just as with other types of disorders. Some causes are more easily identified than others and may or may not be **remedied** by mechanical or medical intervention. Other types of treatment basically involve instruction or language training. It has been outlined several sequential steps in effective language training: (1) Identifying the child, (2) Assessing the child, (3) Establishing the instructional objectives, (4) Developing the language intervention program, (5) **Implementing** the language intervention program, (6) **Reassessing** the child, (7) Reteaching if necessary (8) These steps are very similar to the general stages involved in special education interventions for other disorders. Thus the customary approach to language disorder intervention follows the basic steps for treatment.

Language training programs are tailored to an individual's strengths and limitations. In fact, current terminology labels these individualized language plans (ILPs), similar in concept to the individualized educational plans (IEPs). These intervention plans include long-range goals (annual), a set of more short-range and specific behavioral objectives, **a statement of the resources** to be used in achieving the objectives, a description of evaluation methods, program beginning and ending dates, and an evaluation of the individual's **generalization** of skills. For young children, such interventions often focus on beginning language stimulation. Such treatment is intended **to mirror** the conditions under which youngsters normally learn language, but the conditions may be intensified and taught more systematically. In many cases, parents are trained and involved in the intervention.

Many approaches have been used to remediate aphasia, but consistent and verifiable results have been slow to emerge. As with other disorders, remediation typically involves the development of an individual's profile of strengths, limitations, age, and developmental level. From this profile an individualized treatment plan can be designed. Several

questions or points immediately **surface**, including what to teach or remediate first and whether teaching should focus on an individual's strengths or weak areas. These questions have been raised from time to time **with respect to** many disorders. Nearly all clinicians have their own opinions or carry with them some personal formula for balancing the extremes.

An interesting point concerning the latter question with respect to aphasic children has been made: Teaching exclusively to one's deficit areas may result in more failure experiences than are either necessary or helpful to a child's overall progress. This may occur because, being taught solely in the weakest areas, the child receives so little success and reinforcement that he or she becomes **discouraged** about the whole process. Good **clinical judgment** needs **to be exercised** in balancing remediation attention to the aphasic child's strengths and weaknesses.

Remediation for adults with aphasia begins from a perspective different from that for children, in that the task involves *relearning* or *reacquiring* language function. Views regarding treatment have varied over the years. Early approaches included the **expectation** that adult aphasics would exhibit spontaneous recovery if left alone. This approach has largely been replaced by the view that patients are more likely to progress when direct therapeutic instruction is available.

Therapy for adults with aphasia has some predictable **similarities** to treatment for children. Areas of strength and limitation must receive attention when an individualized remediation program is being planned. However, development of **a profile** of strengths and deficits may involve some areas different from those of children because of age differences. For example, social, linguistic, and vocational readjustments represent three broad areas needing attention for most adult aphasics. Although children need attention beyond just language therapy, some aspects of adult treatment are not relevant, such as vocational readjustment; and the

notion of **readjustment** differs substantially from initial skill acquisition. An individualized treatment program for adult aphasics also involves evaluation, profile development, and teaching in specific behavioral areas within each of the broad domains. Such training should begin as soon as possible, depending on the patient's condition. Some spontaneous recovery often occurs during the first six months after an incident resulting in aphasia. However, waiting beyond two months to begin treatment may not only be unnecessary but also seriously delay recovery to whatever degree may be possible.

VIII. Read the text and number the following topics in the order in which they appear in it.

- a. The reason of child's becoming discouraged about teaching progress
- b. Similarity of therapy for adults with aphasia to treatment for children
- c. Individual intervention plans
- d. The treatment of adults with aphasia
- e. Some steps in effective language training
- f. Individual' profile as a basis of an individualized treatment plans

IX. Find words or phrases in the text that mean the same as the following expressions.

1. the act of changing something slightly in order to improve it;
2. a short description of someone's life, work, character, etc.;
3. to show something publicly;
4. the process of improving or correcting a situation;
5. a decision that you make, or an opinion that you have, after considering all the facts in a situation;
6. having lost your confidence or enthusiasm for something;
7. a job, task, or piece of work that someone has decided to do;
8. able to be proved or checked.

X. According to the text are the following sentences TRUE or FALSE? If they are false, say why.

1. Therapy for adults with aphasia fully coincides with treatment for children.
2. Natural recovery from aphasia may happen during the first six months after an incident.
3. The development of a profile of strengths and weaknesses for adults is completely similar to those of children.
4. In spite of using many approaches to remediate aphasia there were no consistent results.
5. Special education interventions for other disorders have the same general stages.

XI. Answer the following questions using the information of text.

1. What must language disorder treatment take into account?
2. Can you name the sequential steps in effective language training?
3. What do language training programs include?
4. What conditions must intervention mirror?
5. Is it necessary for parents to be trained and involved in the intervention?
6. What does remediation typically involve with other disorders?
7. What interesting point with respect to aphasic children has been made?
8. What did early views regarding approaches to treatment of adults with aphasia include?
9. What three broad areas need attention for most adult aphasics when an individualized remediation program is being planned?
10. What may waiting beyond two months to begin treatment for most adult aphasics lead to?

XII. Group discussion. Read two positions in respect to the role of the Speech and Language Specialist and how they can most efficiently and effectively be employed. Choose any position and defend it.

First point

Speech and language specialists should be trained and employed to operate independently. They should be involved in direct treatment of speech- and language- disordered youngsters. This takes the best advantage of their knowledge and expertise and ensures that clients receive the most appropriate intervention for their problems. It also relieves other personnel, such as teachers and counselors, from any need to consider and deal with speech and language disorders. Further, it relieves the speech/language specialist from having to consider the outside environment where a youngster has to survive.

Counterpoint

Speech and language specialists should be trained and employed to operate in an integrated, crossdisciplinary fashion with other educational professionals. They should be training others to assist with or provide service in school settings, limiting their direct-treatment activities to those more severe cases requiring lengthy intervention. It would make more efficient use of school funds and also ensure interdisciplinary interaction between the professional components of the educational system. It would naturalize the intervention setting for many youngsters.

CONCLUSION

Особое значение в вузе при обучении иностранному языку – это приобретение студентами профессиональных компетенций, знаний, умений и навыков с целью извлечения нужной информации из различных зарубежных источников для дальнейшего применения её в своей профессиональной деятельности.

Пособие предназначено для студентов, обучающихся по программе бакалавриата и магистратуры направления «Логопедия». Тематика разделов-уроков посвящена актуальным проблемам, новейшим разработкам и достижениям в области логопедии, применяемым для лечения языковых и речевых проблем, таких как нарушения беглости речи, артикуляции, отставание речи и других. Вокабуляр, представленный в каждом разделе, содержит новейшую терминологию, позволяющую работать не только с текстами пособия, но в дальнейшем с другими современными зарубежными источниками.

Задания на развитие навыков чтения как аналитического, так и просмотрового, устной речи дают студентам возможность быстро определить ценность зарубежного источника с целью извлечения информации по интересующим профессиональным вопросам и проблемам.

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ЯЗЫКОВЫЕ И РЕЧЕВЫЕ ПАТОЛОГИИ

LANGUAGE AND SPEECH PATHOLOGIES

Учебное пособие по английскому языку

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