

CHARACTERISTICS OF MOTOR (EXPRESSIVE) ALALIA

MOTOR (EXPRESSIVE) ALALIA

This is a systemic underdevelopment of speech of expressive speech of a central organic nature, due to the lack of formation of language operations of the process of generating speech utterances (lack of speech motivation, inability to plan and control one's speech, etc.)

Motor alalia includes a complex of speech and non-speech symptoms.

SPEECH SYMPTOMS OF MOTOR ALALIA

- The poverty of the active dictionary – the dictionary is limited to everyday vocabulary;
- The specifics of the formation of the grammatical structure of speech.
- The lack of formation of the sentence structure in alalia is a consequence of the immaturity of the word selection operations and the construction of the utterance plan;
- Kinetic and kinesthetic apraxia;
- Difficulties in reproducing the syllabic composition of a word. Even with the correct pronunciation of individual sounds, the syllabic structure of a word consisting of these sounds is often distorted by the child.
- In addition to violations of expressive speech, there are secondary violations of speech comprehension: the worse the child speaks, the worse he understands.

NON-SPEECH SYMPTOMS OF MOTOR ALALIA

- General motor awkwardness, discoordination, low motor activity, insufficient rhythmicity, violation of static and dynamic balance;
- Fine motor skills of the fingers are difficult;
- Underdevelopment of the VPF (attention, memory, thinking, etc.);
- Neurological symptoms of various degrees of severity (from mild manifestations of brain dysfunction to severe neurological disorders).

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At the 1st year of life, children with motor alalia have a late development of locomotor functions: they begin to walk later, fine motor skills of the fingers remain insufficiently differentiated, and sluggish articulatory motor skills. Low speech activity.

At the 2nd year, children begin to use facial expressions and gestures, and they appear in a small number of babbling pseudologues.

From the 3rd year, the symptoms are already more pronounced, requiring differentiated methods of diagnosis and correction.

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In children with alalia, speech is not the leading means of cognition of the surrounding world, which determines the peculiarities of the development of cognitive activity. This often becomes a difficulty in the differential diagnosis of IN and motor alalia.

In some cases, children with MA develop pathological personality traits, neurotic character traits. As a reaction to speech inferiority-isolation, increased irritability, touchiness, etc. Everything related to speech is quickly tiring.

Children can be disinhibited, impulsive, hyperactive, or, conversely, lethargic, inert, or inhibited. Children are not able to set a goal and make an independent decision.

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The whole complex of speech and non-speech symptoms is so closely interrelated that it is often very difficult to determine the leading disorder, and therefore, the correct diagnosis of this speech defect.