

Speech Therapy Prevention in Kindergarten

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Abstract:

Introduction: This contribution presents the results of a research focused on speech therapy in kindergartens. This research was realized in Zlín Region. It explains how speech therapy prevention is realized in kindergartens, determines the educational qualifications of teachers for this activity and verifies the quality of the applied methodologies in the daily program of kindergartens.

Methods: The empirical part of the study was conducted through a qualitative research. For data collection, we used participant observation. We analyzed the research data and presented them verbally, using frequency tables and graphs, which were subsequently interpreted.

Results: In this research, 71% of the teachers completed a course of speech therapy prevention, 28% of the teachers received pedagogical training and just 1% of the teachers are clinical speech pathologists. In spite of this, the research data show that, in most of kindergartens, the aim of speech therapy prevention is performed in order to correct deficiencies in speech and voice. The content of speech therapy prevention is implemented in this direction.

Discussion: Awareness of the teachers'/parents' regarding speech therapy prevention in kindergartens.

Limitations: This research was implemented in autumn of 2016 in Zlín Region. Research data cannot be generalized to the entire population. We have the ambition to expand this research to other regions next year.

Conclusions: Results show that both forms of speech therapy prevention – individual and group – are used. It is also often a combination of both. The aim of the individual forms is, in most cases, to prepare a child for cooperation during voice correction. The research also confirmed that most teachers do not have sufficient education in speech therapy. Most of them completed a course of speech therapy as primary prevention educators. The results also show that teachers spend a lot of time by speech therapy prevention in kindergartens. Educators often develop the communication skills of children by interesting ways and methods.

Key words: speech therapy prevention, kindergarten, teachers in kindergartens.

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1 Introduction

The ability to communicate and to express oneself in coherent and standard language is one of the basic human skills. Language is a human tool, which we use for networking, sharing our thoughts and also to acquire new information. Language is a tool which we use to communicate and engage in collectives. Due to this ability, we are able to accept the opinions of others, express our feelings and wishes. Language is a complex psychomotoric exercise in which several body organs are involved. The ability to speak is given to every man, a man is born with the innate ability to learn to speak. Other factors, e.g. the environment in which a child grows up, have a great influence on speech development (Krejčíková & Kaprová, 2000).

According to clinical speech therapists in the Czech Republic, the quality of the speech of children deteriorates. They state that the causes of deterioration can be different, e.g. excessive time spent using tablets and mobile phones and the lack of communication with parents. Children spend time by passive gaming during which they do not speak and therefore, their communication skills are not developing. Active communication and the expressive skills of children are downplayed.

Since this issue concerns mostly children from three years of age, the Department of Education became interested in improving the quality of the speech of children and in providing widespread speech therapy in kindergartens. With the support of Ministry of Education, Youth and Sports, primary prevention speech therapy courses are arising. These courses help teachers to expand their educational prerequisites to work with children in the field of language and communication skills. The aim of the courses is to naturally encourage the development of language and communication skills in intact children.

The theoretical part of the study is based on scientific literature concerning the definition of speech therapy prevention, anchoring the concept in the field and its links with the health and education sectors. We have defined the characteristics and the content of the job of a clinical speech pathologist, school speech therapist and of the logopaedic prevention specialist. We also focused on concrete forms of speech therapy primary prevention, the areas forming a part of it and the spheres in which it can help.

The aim of the research was to chart and describe the nature of the primary prevention in speech therapy in kindergartens. The research is qualitative, participating observation complemented by discussions with teachers were used. We have examined in detail the nature of the speech therapy prevention, the forms in which it is implemented and whether the teachers are equipped with the educational prerequisites for working with children in the field of speech therapy.

2 Speech therapy prevention in kindergarten

In its widest sense, we can talk about prevention as a method of preventing and obviating undesirable phenomena in different areas for people of all ages. We rank speech therapy prevention among the methods of speech therapy intervention. It is the specific activity of speech therapist, which is intertwined with the process of identification of communication disorders, with the elimination, reduction or overcoming impaired communication skills. Prevention aims to avoid, prevent the formation of disturbed communication ability. Speech therapy prevention is defined on three levels - primary, secondary and tertiary.

The main area of research was primary prevention, which is aimed at the population in general. Its most frequent form are the enlightenment activities spread among intact population. Spreading information is realized via media, printed materials, lectures and conferences, where the reflection and presentation of new evidence and findings in current situation take place. One of the basic tasks of primary prevention is to educate and develop the awareness of paediatricians and educators in kindergartens. Through the awareness of teachers and paediatricians, children's parents get appropriate information, mutual contacts are created and early seeking of adequate experts takes place (Renotíerová & Ludíková, 2003).

The activities of primary prevention can be divided into nonspecific (general effort to promote desirable behaviors – e.g. proper speech patterns) and specific (focusing on specific emerging risks and their prevention).

Speech therapy prevention falls within the activities of speech therapists. It is a part of speech intervention, which also includes speech therapy diagnostics and speech therapy. All these three lines blend and complement each other and cannot be completely separated. They are mutually interconnected and form a part of the process of speech therapy intervention. Speech therapy primary prevention also falls within the competences of teachers in kindergartens.

According to the opinion of clinical speech pathologists M. Hrubínová and I. Eichlerová, the purpose of speech therapy in kindergartens is to create a functional framework which primarily supports the natural development of communication in intact children. The speech abilities and skills should be stimulated correspondingly to the age of children. Care should be taken of factors that affect speech (environment, movement, hearing or visual perception) and we should perceive speech therapy prevention as a natural part of the entire educational program for preschool children. Speech therapists or teachers in a kindergarten are not the only persons who can influence the process of natural speech development, but especially parents, grandparents and other people with whom a child comes into contact most often are important. They have an impact on the process of the child's speech development from their birth and they have a primary influence on proper speech development. Therefore, it is important that parents particularly pay attention to creating a stimulating environment in which their child grows up, provide them with sufficient stimuli and information from which the child can gain and enrich their skills and knowledge. They should engage the child in appropriate games to support the development of their whole personality, make a quality speech example, actively communicate and discuss things with them, and lead the child to independent speech.

Speech therapy prevention forms a part of the daily program in kindergartens. The teacher influences the children during the whole day. It is important to discuss stories with children and retell them in the form that children can understand. Using this way also unintentionally develops the communication skills of children and monitors the quality of their speech.

According to Hornáková, Kapalková and Mikulajová (2005), a teacher serves as a model of communication for children. The teacher should respect the children, take into account their level of language skills, and develop them appropriately.

A teacher also should try to follow and understand the mimes, gestures and behaviour of children to estimate the children's nonverbal expressions which can signal that either everything is in order or not, for example a child is emotionally instable or hyperactive.

In recent years, kindergartens devote more time to it and try to pay more attention to children either individually or in groups for the realization of speech therapy prevention. Circles of speech therapy primary prevention have arisen in the last few years with the support of the Ministry of Education, Youth and Sports. These are led by the so-called speech therapy preventionists. Their activities are based on the Methodological recommendation ref. 14712/2009-61 that serves to ensure the provision of speech therapy in schools, and, besides other things, sets the rules and defines the responsibilities of speech therapists, speech therapy assistants, including the competences of teachers in kindergartens and primary school in speech therapy prevention.

3 Promotion of natural speech development and prevention of speech disorders in preschool education

Speech therapy prevention or care of a child's speech must be understood as a complex activity in the broadest sense. Not only correct pronunciation but also the development of auditory perception, visual perception, memory, imagination, motor perception, vocabulary, imagination, and grammatical correctness of speech are included (Krejčíková & Kaprová, 2000). All these skills form a prerequisite for the subsequent mastery of human speech in verbal (spoken) and written forms.

The social environment has a significant impact on the development of human language. Marshall and Lewis (2014) carried out a research concerning the communication environment and its influence on speech development in a child. Other authors (e.g. Law, Raily, & Snow, 2013) describe the public health paradigm and explore its implications for speech and language therapy with children. Development of universal prevention services in the speech therapy was one of their research dimensions.

Kindergartens form, as well as families, a crucial and unique space for the development of preschool children's language skills. Therefore, in preschool facilities, staff qualified in speech therapy should work which should ensure and appropriate care for children in the area of the development of communication skills. The staff should also be able to provide valuable advice to parents as partners and the main actors of the educational process.

There is a space for communication and speech development in kindergartens throughout the whole day. Lyytine, Eklund and Lyytin (2005) draw attention to the fact that reading is very important for the natural development of speech. In their study, they affirm that problems with reading and writing at school occur more in the case of children whose parents or teachers do not read at all. Through reading, abstract thinking and critical thinking are developed in children. It is important to comment on the stories with children and retell them in the form that children can understand. Regularity in reading and appropriate management of children in order to understand the plot can affect the correct development of speech.

Even abroad, attention is paid to screening and early detection of impaired communication skills. Pre-primary institutions work with primary prevention and screening programs, use diagnostic materials, they identify the current state of communication and speech abilities in children, especially at pre-school age (Nelson, Nygren, Walker, & Panoscha, 2015).

3.1 Teachers and their role in the development of preschool children's communication skills

The aim of a teacher in a kindergarten should be to plan, implement and evaluate the educational activities that affect the development of children's communication skills positively taking into account their age.

Teachers should be diagnosticians as well. Primary prevention is, above all, concerned with a range of intact children with an overlap between those children who might be at risk (e.g. the occurrence of specific learning disabilities in the family or delayed speech development). These are not those children who already have signs of developmental disorders or other difficulties. They are already under the care of a clinical speech therapist as, with these children, it is important to prevent and mitigate the risk of a possible problem (Snowling & Melby-Lervag, 2016).

Teachers in kindergartens often work with children with impaired communication skills as they cannot be excluded from the educational process. The number of children with ICS is increasing, that is why it is important that teachers can recognize a whole range of specific symptoms that occur, develop and change in a child until a child reaches the optimum level of communication skills. From the pedagogical point of view, the essence of speech therapy prevention is in:

- effective procedures in the educational practice – to achieve the best results and performance in the shortest possible time with the minimum effort the child makes, with respect to the child's individuality, developmental milestones and options;
- optimal development of the child's communication skills – creation of a plan, procedures, and resources that will lead to the acquisition, adoption and management of language resources in the educational process.

According to M. Lipnická (2013), a speech therapist's basic competences are:

Theoretical competences

- To serve as an example in manner of speech for a child. To have an adequate language education.
- To be well equipped with in-depth knowledge of the language – teaching communication, to apply nativist theories such as Vygotsky's interaction theory about linking the development of thought and speech.
- To gain knowledge in the area of methodological recommendations for educational program for the particular level of schools.
- To possess knowledge on the developmental stages of children according to their age specifics, to be well versed in the ontogenesis of language, to read specialized materials from speech therapy.

Didactic competences

- To carry out diagnostics of a child's speech as a part of the diagnostics of his/her whole personality.
- To be able to select and apply adequate educational materials contributing to children's appropriate development with regards to his/her age and needs.
- To apply individual approach to every child, to communicate with parents and provide them with necessary information regarding the level of the child's speech.

Communication competences

- To master the language in practice, to influence the situation intentionally in a positive direction using communication skills, to lead monologues and dialogues with children.

- To promote children's communication skills explicitly, to provide them with a space to speak, to promote children's language and speech skills.
- To express opinions in the process of pedagogical diagnostics competently and during the creation of diagnostic materials and plans.

Intrapersonal competences

- To be able to think critically in stressful situations, emotional and social stability.

Interpersonal competences

- To work in teams, to participate in collective decisions.
- To deal with conflicts and current situations correspondingly.
- To cooperate with children.

Reflective competences – self-assessment.

3.2 Areas of prevention of speech disorders in preschool children

Primarily, spontaneous communication should be the basis for the prevention of speech disorders in children attending kindergartens. The development of communication skills of preschool children should be fostered by means of games promoting the development of auditory and visual perception, by breathing exercises, exercises developing motor skills, activities promoting the development of vocabulary and the improvement of grammatical correctness of speech (Krejčíková & Kaprová, 2000).

The promotion of the natural development of speech and prevention of speech disorders in preschool education should be focused on the following areas being also evaluated in the context of our research:

- Articulation exercises – or exercises of motor skills of speech organs, they are necessary before drawing sounds, tongue and lips should be relaxed. A restriction on the mobility of speech organs can cause problems later when drawing sounds (logoped online.cz).
- Breathing and phonation exercises – breathing and phonation (voice) exercises interconnect the mutual coordination of breathing, voice and speech. Proper formation of inhalation and exhalation, stimulation of their length and quality affects the fluency of speech and creation of certain sounds. We are practicing the so-called management of breath during speech constantly, an accuracy in using breath during speech is reflected in the quality of speech. Otherwise, there may be breaths beyond pauses between words, poor speech intelligibility etc. Exhalation flow is necessary for the formation of loud speech. Breathing exercises are used in the prevention of communication disorders and also after the removal of adenoids.
- Fine and gross motor skills – gross motor skills represent the system of all the major muscle groups in the body. Their functionality has an influence on the development of fine motor skills, grapho-motor and oral-motor skills. Gross motor skills are the set of movement skills of a child – body control, coordination of arms and legs, and rhythmising the movements. Children develop their locomotor, non-locomotor and manipulative skills at preschool age.

Fine motor skills are the system of all small muscle groups, minute muscles which require the cooperation of hands and eyes. According to Santlerová and Sýkorová (1984) fine motor skills can be described by a gradual improvement of fine hand movements – the development of grasping and manipulating with objects.

Oral motor skills represent an important area as for practicing correct speech. Deficiencies or obstacles in this area can cause incorrect pronunciation.

- Auditory perception - spoken language cannot spontaneously develop without hearing (Lechta, 2002). The ability of phonemic differentiation (the ability to distinguish between the sounds' distinctive features) develops in time.
- Visual perception – humans acquire essential information through sight. Children respond in gestures before they develop their own language. Lechta (2002) says that visual stimuli provoke the child's vocalization. A child lipreads movements of speech organs, acquires articulation and the forms of nonverbal communication (Lechta, 2002).
- Linguistic levels
 - Morpho-syntactical – (grammatical aspect) – children at preschool age learn the grammar in communicating with adults, the goal is not to learn the specific rules of grammar, therefore, the children's knowledge is implicit. The children are not aware that they apply the rules in speech but they apply them correctly. A proper speech example is important (Petrová & Valášková, 2007).
 - Lexical-Semantic – (richness of vocabulary) – includes the development of both the active and passive vocabulary.
 - Phonetic-Phonological – (phonetic aspects of speech) – places emphasis on the correct pronunciation of sounds. It is closely related to the development of phonemic differentiation – differentiation of individual phonemes. It is affected by the maturity of phonemic hearing, functioning of speech organs, social factors as the environment, speech example, speech and mental stimuli (Klenková, 2006).
 - Pragmatic-social side of speech – the ability to use the acquired skills.

4 Characteristics of speech therapy prevention in kindergartens in Zlín Region

The aims of our research are as follows:

- a) to describe the nature of speech therapy prevention in kindergartens in Zlín Region;
- b) to clarify the methods of implementation of speech therapy prevention in kindergartens in Zlín Region;
- c) to clarify the educational qualifications of teachers for this activity.

Our intention was to respond to the research questions formulated as follows:

- Q. 1 What is the nature of speech therapy prevention in kindergartens in Zlín Region?
- Q. 2 What are the methods of implementation of speech therapy prevention in the selected kindergartens in Zlín Region?
- Q. 3 What educational qualifications do the teachers participating in our research on speech therapy prevention have?

The empirical part of the study was realized in the form of a qualitative research. From the data collection methods, participant observation with additional interviews with teachers were used.

The research sample consisted of kindergarten teachers in Zlín Region. We opted for nearby kindergartens and contacted them for cooperation. The selection of teachers was not affected by their education.

The research involved 28 kindergarten teachers. Participant observations were recorded during the morning activities in kindergartens (i.e. between 7:30 and 9:30 a.m.).

4.1 The results of the realized research

All teachers who agreed with the observations worked in state kindergartens. During the brief interviews with teachers, we asked at what time of day speech therapy prevention is carried out. 38% of teachers engage in speech therapy prevention in the morning. Only 12% of teachers understand speech therapy prevention as an activity that takes place throughout the day and mingle with all areas. As mentioned above, spontaneous communication and a correct speech model form the basis for the prevention of speech disorders in children. We noticed that prevention in kindergartens also takes place individually and that was the case of four teachers.

One of the common observed characteristics was the way the speech therapy prevention is implemented. 4 out of 28 teachers perform speech therapy prevention individually, another 12 kindergarten teachers implement speech therapy prevention into group activities and the remaining 12 teachers use both forms.

In most kindergartens, speech therapy prevention is realized during the so-called speech therapy circle. It involves all the children in the classroom. During the observations, we recorded the sessions of these “speech therapy circles” implemented within speech therapy prevention. Based on the analysis, we used codes for 8 characteristics, which we later evaluated.

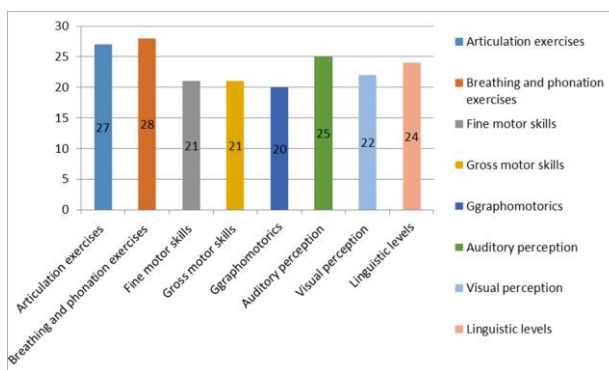


Figure 1. Content of “speech therapy circles” in the context of speech therapy prevention.

It is clear from Figure 1 that teachers implement various areas of prevention of speech disorders in speech therapy moments evenly. During the observations, the least attention was paid to the development of the grapho-motor, the fine and gross motor skills of children. All the observed teachers involved breathing exercises in speech therapy moments, only one teacher did not implement any articulation exercises.

During the observations, one common factor in the visited kindergartens occurred. Due to that the aspect of correction of sounds became another category of significance.

In response to these findings, we asked the teachers performing speech therapy prevention about their education. It turned out, that most teachers (20 out of 28) completed a course of speech therapy primary prevention, i.e. they work in the kindergartens as so-called speech therapy preventionists. They are mainly in charge of primary prevention of speech disorders. Their work is based on the Methodological recommendations ref 14712/2009-61.

5 Conclusion

Speech therapy prevention has become attractive and one of the central themes in the field of education in the last few years. It certainly follows from the fact that we can observe an increase in the problems in verbal expression of children, resulting in the postponement of school attendance and possible complications while studying at elementary schools. The aim of our research was to explore the forms of speech therapy prevention in Zlín Region. We wanted to define the characteristics and forms of speech therapy prevention being realized in kindergartens under the guidance of teachers. The results show that both forms of speech therapy prevention activities – individual and group – are used. A combination of both forms is also frequent.

In most cases, the aim of the individual form was to prepare children for cooperation in the correction and rectification of sounds. The teachers used specific exercises related to the sounds of the mother tongue. The research also confirmed that most teachers do not have sufficient education in speech therapy. Most of the teachers completed a course of primary prevention in speech therapy, which entitles teachers to implement speech therapy primary prevention in order to fully develop the communication skills of intact children. However, they are able to rectify and adjust the sounds of children with communication disorders or with language impairment as well.

A kindergarten teacher should be a good diagnostician. The teacher is usually the first person who can see the possible deficiencies in a child's speech. Early diagnosis and detection are crucial for further work with the child. The main task of the teacher should be to inform parents and provide them with contacts on clinical speech pathologists in order to start working with the child appropriately to their age and to the problem. And if that happens, the main goal of speech therapy primary prevention is fulfilled.

Even though only three teachers reached speech therapy education in a Master's program, rectification was realized in almost all kindergartens.

The results also show that a large space is devoted to speech therapy prevention in the timetable in kindergartens. Educators are often developing the communication skills of children in interesting ways and methods, they are speech examples for the children and, by using games, they positively stimulate speech development, which can often prevent bad habits or faulty pronunciation of the child.

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