

Some aspects of phonological disorders of children with mental retardation in classes I-IV

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Abstract

This empirical study was conducted in three Resource Centres in Kosovo with children with mental retardation. The fundamental purpose of the study is to present a clear picture of the problems in developing phonological children with Mental Retardation classes' I-IV. This study is based on the empirical and qualitative method. More than 29 students with mental disease participated as target group. The results are based on the disorder in the Phonology of Mental Retardation. This study showed the degree of disorder in the Phonology of students in the classes' I-IV with mental Retardation.

Keywords: disorder in Phonology, phonological Awareness, the level of disorder, treatment, Rehabilitation, early intervention.

Introduction

Although there are still things to swear many learned about the causes of mental retardation, in-depth studies in medicine, biology, psychology and sociology have contributed to the recognition of the causes of mental retardation interconnecting with phonological disorders of children with mental retardation. Most frequent mental retardation is conditioned by three factors:

- Genetic factors or hereditary;
- Biological malformations arising during intra-uterine life, during and after birth;
- Factors of psycho-social environment.

These three factors play an important role certainly along with the etiology of mental weakness and it would be very difficult to divide them fully from each other.

- Genetic disorders

Genetic factor is understood as a cellular disorder, organic or functional human being that comes from a genetic abnormality at conception or during the first weeks of life inside fetus.

- Chromosomal disorders

To understand the cause of thrizomy 21, the normal process of conception should be known. Normal fetus receives 46 chromosomes from the parents; 23 chromosomes

from the mother and the other 23 from father. The couple is composed of 23 sexual chromosomes XX for females and XY for male. Thryzomy may appear at the moment of fertilization before or during cell divisions. What happens is a mistake in the distribution of chromosome. Thryzomy can appear in three situations; in 90 % of cases, fertilization is a present error before or during the first cell division; in 5 % of cases chromosome distribution error occurs during the second division, this mixture is called mosaic; in other 5 % of cases, thryzomy with translocation occurs when one of the parents is a carrier of the translocation.

- Malformations of sexual chromosomes

Sexual chromosomes are relatively very frequent malformations; the majority of malformations have to do with the increasing number of sexual chromosomes, caused by the misallocation during meiosis (cell division).

- Special malformations

Recent researches of molecular biology have built a number of cases on the rise, to detect the presence of the gene. Thus we have the case of phenylketonuria, which is a case of genetic malformation.

- Biological malformations

These injuries can occur before, during or after birth. They are biological factors that constitute certain defects, namely the causes that come from lack of oxygen to the brain and life habits.

Pathologies associated with mental retardation

Nervous system of adult-children mental retardation also has distinctive features including anatomical differences in the central and peripheral nervous system, reduced size of the brain (Leddy, 1999; Miller, 1988; Miller & Leddy, 1998; Case & Harris, 1985; Yarter, 1980). These hypotheses are connected in terms of stagnation in accuracy, speed with camera Stability Movements-articulation of speech and speech in general. Mental retardation in individuals have muscular and skeletal systems that differ from children with normal development (Leddy, 1999; Miller & Leddy, 1998).

Problems with children with mental retardation

Children with mental retardation operate automatically and do not fit properly in terms of thinking. They have difficulty to classify the things that surround them. It seems that most of them do not understand the notion of the clock reckoning. Children with mental retardation reach only learn within the scope of concrete facts. Therefore it is very important to recognize ways of teaching children with mental retardation. These children have little access to the reduction of abstraction; they use a special way as reason and low skills of attention, hence the need for simulator model. Children with mental retardation see only certain elements of an object, eg. a computer.

The importance of latency time

With "latency" it is understood the fact, that it takes a little too to answer a question. It is important to recognize the existence of this word to know that this reality is not separated from the problem of all children that have mental retardation (intellectual.) In fact children with mental retardation issue a latency which is particular at the speed of information processing. This phenomenon becomes invisible in the eyes of parents during early childhood; it becomes more visible when the child begins to

learn to speak better. According to Lejeune (1983), there are four factors that explain the phenomenon of the latency of mentally retarded children.

- Synaptic dissolution (synapses is where two neurons meet). This has to do with the problem at the level of communication of a neuron with another neuron, equilibrated and arising from the case of overload of the synapse. This brings synapse disturbing weakness at the speed of processing information. Even by Clausen (1968), children show a lack of special thryzamy at the speed of perceptual information processing;
- Another problem is the difficulty to adapt to various forms of language;
- Another problem of these children is a high sensitivity. Problem of four motor difficulties.
- The last factor includes the ability of attention.

Skill attention to children with mental retardation is relatively weak. First, he feels the difficulty to adapt his/her reaction distinctively. He needs a contrasting or sound indicator in order to respond. Secondly, the children answers without listening to the question.

Research Methodology

This study is an empirical one. In the study participated 29 focus group respondents, children with mental retardation in the classes I-IV and 25 children in the grades I-IV in regular schools. The aim of the research is to determine the ratio of phonological disorders in children with mental retardation class's I-IV, and defining the differences in the development between children with normal phonological development and those with mental retardation.

Modern data on the development of phonological children consist in developing phonological children, generally mutually conditioned by a host of factors that are causally acting man to another, such as changes in anatomical, biological, genetic, psychological, cognitive, motor, socio-economic etc. In the study are also analyzed determinant factors that determine the phonological disorders in children with mental retardation I-IV classes. In order to develop a qualitative and scientific research, optimal conditions were required. The survey was conducted in the premises of R.C. Learning and counseling "Lef Nosi" in Prizren, R.C. Learning and counseling "Progress" in Pristina, as well as R.C. Learning and counseling "Mother Teresa" in Mitrovica.

Results of the research

The result of psycho - linguistic research development, respectively highlight the scale and level of "development" phonological students with mental retardation. It reflects the shortcomings of developing phonological disorders, which refer to the degree of mental retardation of students. To measure the degree of underdevelopment respectively we have made a segmentation of the field of psycho-linguistic development. The test is prepared in a way to recognize the highlights of children in the areas of phonological knowledge, ie the phoneme-meaning sounds of Albanian students with mental retardation and children with normal development of regular schools.

Tabular presentation of test results of phoneme students with mental retardation

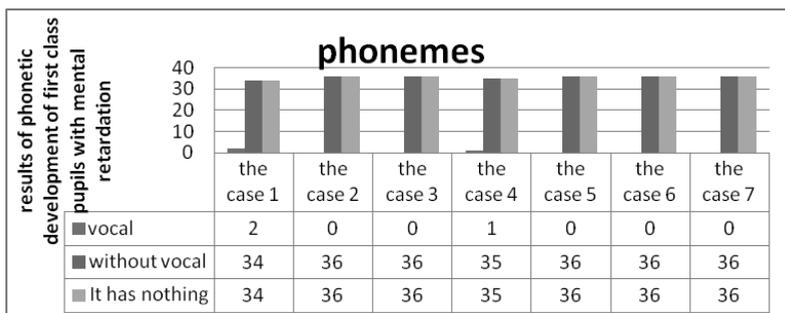


Chart 1: Phonemes of I-st grade students with mental retardation

Chart No. 1 presents the findings of the research conducted in children of the I-st grade with mental retardation. The results show a phonetically deadlock on the development of students with mental retardation as follows. One student had two phonemes; meanwhile thirty students had phonemes without articulation.

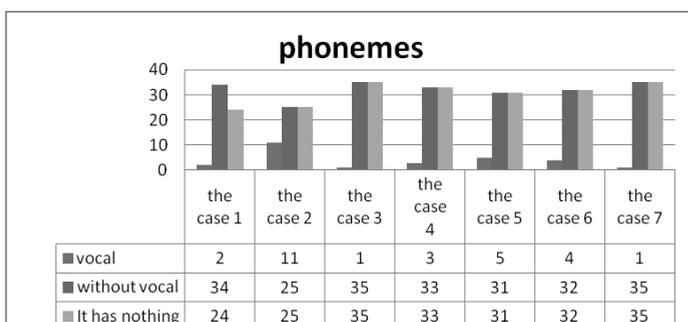


Chart 2: Phonemes of II-nd grade students with mental retardation

Chart No. 2 presents the findings of the research conducted in children of the II-nd grade with mental retardation. From the following chart, becomes clear that there is one student with a curved phoneme and all other students with normal articulation. In depth: (n = 7 *36 phonemes vocal - curved = 3.85%) (n = 7*36 phonemes silent-without articulation = 36.0%) (n = 7* 36 normal articulation = 30.71%).

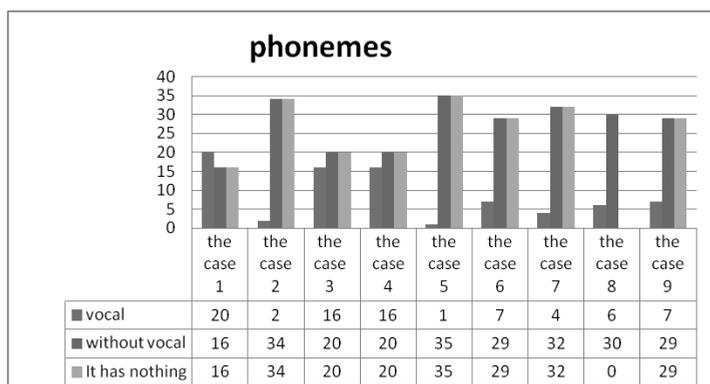


Chart 3: Phonemes of III-d grade students with mental retardation

Chart No. 3 presents the findings of the research conducted in children of the III-d grade with mental retardation. In depth analysis shows the following numbers: (n = 9 *36 vocal phoneme- the curved = 8.77%) (n = 9*36 phonemes silent- without articulation = 27.22%) (n =9* 36 normal articulation = 23.88%).

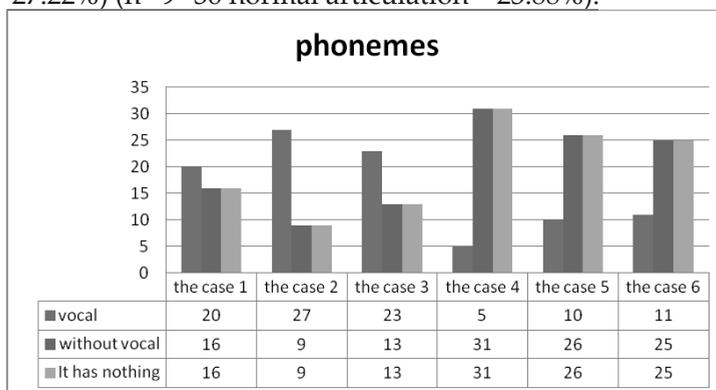


Chart 4: Phonemes of IV-th grade students with mental retardation

Chart No. 4 presents the findings of the research conducted in children of the IV-th grade with mental retardation. . In depth analysis shows the following numbers: (n = 7* 36 phonemes vocal- the curved = 13.71%) (n = 7* 36 phonemes silent- without articulation = 17:14%) (n =7 * 36 normal articulation = 17:14%).

Presentation of the differences in development between phonetic students with mental retardation and those with normal development

The survey conducted in the field of development, analyzed problems and has depicted substantial differences among children with mental retardation and children with normal development.

phoneme-36	cl.I. blizzard cl.I. normal	cl.II. blizzard cl.II. normal	cl.III. blizzard cl.III. normal	cl.IV. blizzard cl.IV. normal
vocal	b-3/n-250 difference-249	b-27/n-252 d.225	b-70/n-252 d.182	b-107/n-252 d.145
non vocal	b-249/n-2 d-247	b-225/n-0 d.225	b-182/n-0 d.182	b-145/n-0 145
It has nothing	b--249/n-2 d-250	b-225/n-0 d.225	b-182/n-0 d.182	b-145/n-0 d.145

Table 1. Determination of Differences in the development of phoneme between students with mental retardation and normal students.

Conclusions and Recommendations

The problems are shown between the ages of 3-4 years. The child's speech shows a clear differentiation through speaking bodies, psycho-linguistic-, emotional-, and motor development reach normal levels. This study showed that the mentally retarded children hve not reached the phonological outcome of the fourth normal grade pupils, even of those children aged 3-4 years younger. In order to find a solution it is recommended to intervene early in terms of treatment and the disturbance in phonology rehabilitation. If the treatment starts at a young age, phonological deficit in children with mental retardation is likely to decrease, in order for them to have a normal phonological development.