

psychological and social implications of students with speech and language disorders from the point of view of specialists and ways to treat them in the northern West Bank - Palestine

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Abstract

This study aimed to identify the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to address them in the West Bank governorates, as well as to identify the role of the study variables, and to achieve the goal of the study a questionnaire was developed and its sincerity and stability factor were confirmed, and after an operation the collection of questionnaires was encoded and entered to the computer.

The computer was used to analyze the data by the statistical packages program. The study reached the following results:

- 1. The stability coefficient (93%), which is an excellent stability coefficient that meets the objectives of the study.*
- 2. The size of the study sample for speech therapy centers was 25*
- 3. The percentage of psychological and social effects on students with speech and language disorders from the point of view of specialists and ways of treating them in the Nablus governorate (74%) is high.*
- 4. It was found that there are no statistically significant differences in there are no statistically significant differences at the level of significance ($\alpha \leq 0.05$) psychological and social effects on students with speech and language disorders from the point of view of the specialists and ways to address them in the Nablus governorate due to the variable of gender, age, specialization Scientific.*

Based on the Results of the Study, the Researcher Recommends the Following Recommendations:

- 1. The need to pay attention to the role of parental treatment methods in developing linguistic development among children as a priority, by holding courses for parents, to train them on how to deal with their children in building linguistic growth.*
- 2. The teacher education programs in universities include courses related to the detection of speech and speech disorders, and how to deal with them.*
- 3. Caring for group school activities, especially in the field of sports activities, committees, and school radio*

Keywords: Psychological and Social Effects, Speech and Language Disorders. Specialists Age, Sex, linguistic and Mental Disorders.

Introduction

Special early childhood education serves as one of the fields of education for early childhood children with disabilities. Although interest in this field seemed weak, However, it has witnessed that an active practical and research movement, as it has become an urgent need for all human societies, perhaps due to the realization of its importance and the profound impact of the early years in the development and development of children to prevent disability or early detection of children who show developmental retardation or disability, and to provide them with the necessary services in various aspects.

The early years of a child's life are great important in learning many skills and acquiring many of the necessary experiences for the later stages, as it is called the critical stage, and means that there are years of time in the child's life in which the child is more willing to benefit from environmental experiences and exploit them to the fullest level.

In this context, scientific research in the past decades has provided strong evidence that early childhood experiences have severe and long-term effects on learning, growth, acquisition of knowl-

edge and skills and development. The early age is important for the development of all children of all categories, and may even be more important for those suffering from developmental delays for children with disabilities, as they often suffer from developmental delays that require overcoming the design of special effective programmes that will exploit critical or sensitive developmental periods.

Language is the origin of sources of social communication, the means of self-expression and understanding of others, and the structure of mental, cognitive and emotional development, through which people communicate and get to know each other, and achieve their goals, and show their thoughts, feelings and hopes, which are in their comprehensiveness more generally than speech and speech; Statement and expressions and jurisprudence , language is voices in which every people expresses their belongings [1].

Children's communication skills do not mature on the same level, including those who experience some speech disorders, delayed language development, or lack of development of expressive language [2]. which make the child need special treatment or educational programs, such disorders can appear in individuals of all ages, and may range in severity from mild to severe disorders, and can be temporary that is eliminated by maturity or treatment or remain with them.

Some researchers believe that those with speech disorders belong to groups with special needs in a broad, comprehensive sense that can be treat, which are fundamentally different from traditional customary groups, which include those with mental, visual or auditory disabilities.

The field of speech disorders is one of the areas that have received great attention in recent times, especially in the Arab world, due to the reduction of the negative effects of speech disorders on children, which limit their integration into the society surrounding them - whether in the youngest or old - the child begins to acquire his words from The environment in which i live and come at the forefront of the "family", and begins to build its linguistic balance, but the stage of building language encounters variables and factors affecting the correct acquisition due to the presence of a defect at the level of his speech system or the influence of his environment, his tongue tends to delete, add or stutter ... Etc.

These factors, if not treat in a time and corrected, have become an obstacle in the learning of the language, especially during the child's entry into school, as he finds himself distinguished from his friends in the class vocally and thus is subject to ridicule and introversion, so we have to provide all the conditions to deal with his regional disorders [3].

The family is the womb of society, in which children find the appropriate innate atmosphere in which they grow up in all stages of their childhood up to adulthood, and under a balanced upbringing free, God willing from mental disorders and behavioral problems, the family is a big window, from which the child learns most of the controls and restrictions of society on his behavior, which qualifies him to deal with others outside the family that undergoes the process of stimulation, response, replacement, and absorption Psy-

chological, social, and cultural, through which the child is born emotional, social, and cultural needs, through which the basic dimensions of building his personality, and parents of great importance in meeting the basic and fundamental demands in the upbringing of the child family upbringing, and especially the father because of his great role in being a role model for children, and his image in their eyes is great not matched by any greatness [4].

Talking about speech disorders requires identifying the causes and factors affecting and leading to it, because in this regard to the origin of the problem, and the theory of its implications, and the psychological factors emotional, such as the concept and appreciation of the child is the highest factors of the occurrence of these disorders [5].

One of the variables that researchers in the field of speech disorders are aware of his speech phobia, the occurrence of functional disorders in the personality due to the individual's confrontation with others who listen to him which hindering his ability to talk well and communicate with others, so a good speaker needs a degree of confidence and ability to confront and influence others. Most people need to talk to others, both in the school environment and in life situations, and there are those who do not, who are so disturbed that their ability to communicate is disturbed. This disorder may lead to complete or partial schooling, and if they are forced to talk in front of others, they suffer from paranoia.

This study indicates that the unstable family conditions under which the child is raised are an important and serious influence in the development of his speech, the disorder of the relationship between mother and father, discrimination in treatment between children, neglect and abuse of the child, and the non-use of auditory and visual stimulation during the speech process are all factors causing speech disorders in children.

The researcher pointed out that psychological causes have a role in the occurrence of speech disorders, and may be linked to the methods of family upbringing consisting of pampering, extra protection, rejection and discrimination between brothers and corporal and psychological punishment, and that emotional disorder can be accompanied at the same time by speech disorder, psychological problems that the child goes through at the beginning of his life, is what makes him feel disappointed in the first attempt to speak, which puts him in a position that does not find what It encourages him to continue to speak and the researcher also points out that the unstable family conditions under which the child arises are an important and serious influence in the development of his speech, the disorder of the relationship between mother and father, discrimination in treatment between children, neglect and abuse of the child, and the non-use of auditory and visual stimulation during the speech process, are all factors causing speech and speech disorders in children.

Summary of Study

This study aimed to identify the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to address them in the governorates of the West Bank, as well as to identify the role of the study variables on them, and to achieve the objectives of the study was developed

questionnaire and confirmed its authenticity, and the coefficient of stability, and after the process of collecting questionnaires were encoded and entered computer which was used to analyze data by the program of statistical package.

*** And the Study Reached the Following Conclusions:**

1. Stability (93%) It is an excellent stability factor that meet the purposes of the study.
2. The sample size of the study from speech therapy centers was 25.
3. The psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the West Bank governorates (74%) This is a high percentage.
4. It was found that there are no statistically significant differences in the level of significance ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of sex, age, scientific specialization.

*** Based on the Results of the Study, the These Are Study Recommendations:**

1. The need to pay attention to the role of parental treatment methods in the development of linguistic development in children is a priority, by holding courses for parents, to train them on how to deal with their children in the field of building linguistic growth.
2. Teacher education programs in universities must include courses related to the detection of speech disorders and how to deal with them.
3. Caring for group school activities, especially in the field of sports activities, committees, and school radio

Study Problem

The lack of human beings in some senses results in the loss of information that comes through them, and therefore finds themselves isolated from their peers, and therefore the lack of human beings to pronounce it either entirely (father) or partial (stuttering) leads to the narrowing of the world of experience of his own as well as its impact on the aspects of growth without exception hinders his integration with his ordinary peers such as parents, teachers or friends... This prompted the researcher to conduct this study to identify those problems suffered by speech disorders, which are an obstacle to their development from the point of view of their parents, in light of some variables such as the educational experience of parents, the degree of father's ability to pronounce or stutter, and the level of study of speech disorder and the effect on the parents' perception of the problems of the verbal strikers In addition to the above, it can be said that the current study is an attempt to detect the problems and psychological and social effects of students with speech disorders as recognized by a sample of parents in dumb and low-speech institutes and the problem of study lies in the answer to the following main question: What are the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank

Study Questions

The Main Question is Subdivided into the Following Sub-Questions:

1. Are there statistically significant differences at the level of ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists depending on the variables of gender, age, scientific specialization?

Study Objectives

The Current Study Aims to Achieve the Following:

1. Identify problems with people have speech impairment.
2. Learn about the difficulties faced by people who are verbally disturbed.
3. Learn about the importance of the special education program to care for and support the mute psychologically.
4. Identify the role of parents to care for and support the dumb peoples socially.

The Importance of Study

Practical Importance:

The current study is an attempt to highlight the most important problems suffered by people with dumbness as well as their parents, who are the cornerstone of the educational process, as well as to inform educators and caretakers of dumb and identify the problems facing them and propose solutions, programs and activities to reduce them and create favorable conditions for people with dumbness to facilitate its integration with ordinary peers and identify the most important differences in the awareness of parents of problems of speech disorders and stuttering in light of some variables.

Theoretical Importance:

The need to conduct this type of studies in the Arab countries is clear and certain, and identifying the problems and difficulties of people with speech disorders would contribute to the development of educational and therapeutic programs appropriate to their needs, as well as enriching the university library with this study.

Study Hypotheses

1. There are no statistically significant differences at the level of $\alpha \leq 0.05$ (psychological and social effects of students with speech and language disorders from the point of view of specialists depending on the sex variable?)
2. There are no statistically significant differences at the level of $\alpha \leq 0.05$ (psychological and social effects of students with speech and language disorders from the point of view of specialists depending on the age change?)
3. There are no statistically significant differences at the level of $\alpha \leq 0.05$ (psychological and social effects of students with speech and language disorders from the point of view of specialists depending on the change of scientific specialization?)

Study Boundaries

1. **Spatial Boundaries:** Speech and language disorders treatment centers in West Bank.
2. **Human Boundaries:** specialists working in speech and language disorders centers.

Study Terms

Dumb (Deaf-mute): He is a person who suffers from problems in the organs of speech production or defect in speech production centers in the brain, but the hearing system has a healthy and the problem is in speech and can intervene to overcome the problem through rehabilitation and speech therapy in the person.

Pronunciation: Difficulties in the manifestations of the motor production of speech or the inability to produce specific speech sounds. This definition indicates that verbal skills education is an acquisition process resulting from the development of the ability to move speech organs in a precise and rapid manner [6].

Speech Disorders: Pronunciation is the movement of the mouth and tongue that form sounds within the words of speech, i.e. the use of the tongue and teeth, and the roof of the throat to produce specific sounds necessary for speech, as in the letters static and moving, and any damage in these processes can lead to speech disorder.

Language Disorders: A defect, visual or auditory in a student's speech that limits his good communication with others, in situations that require verbal speech, and may feel embarrassed and distressed by these situations in avoiding them. It is measured by the student's degree on the registration sheet [7].

Children with language Disorders: children with language disorders based on the diagnosis of a speech and absorption therapist, without any other disabilities such as mental, auditory or other disabilities, this study will be limited to children diagnosed in specialized speech and language orthodontic centers and receiving language treatment at the same center.

Theoretical Framework and Previous Studies

The language expresses the personality of the human being, and is one of the most important things that distinguishes him from other living beings, and its importance lies in the fact that it is the means by which man can communicate information to those around him, as well as get information from those around him, the exchange of conversation between individuals is one of the most important things that connect members of society to each other [8].

Language is the origin of sources of social communication, the means of self-expression and understanding of others, and the structure of mental, cognitive and emotional development, through which people communicate, get to know each other, achieve their goals, and show their thoughts, feelings and hopes.

Delay or dyslexia is the most common problem among children. According to some statistics, 15% of 2-year-olds have late speech, and only 70% of those infected can overcome these problems by the age of four. Overcoming these problems in children requires the help of parents from a young age and with complete caution. Educators should also be aware of these disorders, which prevent young people from communicating properly.

The beginning of late speech is associated with problems with the normal development of the child between the ages of 2 and 5. Speech delays can be talked about when the child has difficulties learning new words, or creating useful sentences that correspond

to his or her age.

As for speech disorders, they are speech delays that persist even after the child reaches the age of five. This disorder can be embodied in various forms, including difficulties that prevent some sounds from being pronounced correctly, or a difficulty in speaking that results in difficulties in understanding the language, or even complement.

Children with language disorders: children with language disorders based on the diagnosis of a speech and absorption therapist, without any other disabilities such as mental, auditory or other disabilities, this study will be limited to children diagnosed in specialized speech and language orthodontic centers and receiving language treatment at the same center.

Language disorders are a general term accompanied by other common terms, such as linguistic retardation, and the child is not considered linguistically late unless his other aspects of development (emotional, muscular and mental) have developed in a balanced way and with significant delay in linguistic development.

Speech disorders are difficulties in the manifestations of speech motor production or inability to produce specific speech sounds. This definition indicates that the teaching of verbal skills is an acquisition process resulting from the development of the ability to move the speech organs in an accurate and rapid manner [9].

Types of Speech Disorders

Speech Disorders Come in Two Types:

1- Organic Speech Disorders: due to an imbalance in the organs of speech, an imbalance of the nervous system, or an imbalance in the auditory system.

2- Functional Speech Disorders: Defined as unknown-source disorders, it may be due to the mis production of linguistic sound, or the failure to alert the child at the stage of gaining the sound to the error of producing a sound or group of sounds, the disturbances continue with him until he become adult and becomes a characteristic of his speech.

The Nature of Speech Disorders:

When a person has speech disorders, it means that there are verbal errors that appear in his or her words, and these errors take many forms: [9].

The Difference Between Language Disorders and Speech Disorders

Speech disorders or disorders of the removal of sounds from the speech system so that the problem is not the speech itself or, for example, in speech therapy, but the problem is to remove some sounds for a disorder present in the motor peripheral speech system in children such as the rabbit lip, an incision in the roof of the throat or the sinus, such as the blockage of the nasal passage so that the nasal sounds come out of the mouth and this of course in one way or another affects the way the child communicates.

The problem of using linguistic symbols in communication is a linguistic disorder so that the problem being related to cognition

and speech areas in the brain, is that it has to do with a range of disorders such as autism, mental disability and many other disorders, speech has a cognitive ability to receive and send language but for language disorder is a problem in processing language in the right way.

Communication disorder is characterized by speech disorder or language disorder, and here it is necessary to distinguish the structure of speech disorder and language disorder where there are different causes each requiring different therapeutic interventions, speech disorder is a disorder of speech, voice, or fluency. Language disorder is a disability or deviation that affects the understanding or use of spoken language, written language or verbal symbolic communication system.

So, Language is the communication of ideas and is called coding or sending the message in expressive language, decoding or understanding the message in the receiving language and when we think of the language we think in oral language when a person has difficulties in understanding others, but when he has problems sharing and expressing thoughts and feelings, he experiences the difficulties of expressive language, then the person is described as having a language disorder. Speech is the behavior of the composition and sequence of sounds of oral language, which is the most common symbolic system used in interpersonal communication.

Stages of Linguistic Development in Children

- Language is not in the sum of the facts received by the child, but it is a set of skills that children acquire in their lives, language is a manifestation of human behavior, and it is a means of conveying information and feelings and is a factor of linking the man to the group, because it is not communication between people, and the ability of man to use language is one of the most important characteristics that distinguishes man from other living beings, it develops and improves with age and increased experiences, the child Born without a language and then begins to receive sounds with his ears and imitation, tradition plays an important role in the learning of the language, the acquisition of language is a sign that the child is taking his place in society, and it is clear evidence that the child's mental structure is evolving from focus or self to objectivity, from sensory perception to relationships between things, the length of time it takes the child to acquire the language goes through the following stages:
- The process of acquiring language is subject to different stages of time, starting with the so-called "managa" phase where the child begins to acquire the characteristics of the toning of the dominant language in his home in terms of the height of the layers of sound during speech, then in response to the voices of others and the making of sounds similar to their voices and then in the production of certain sounds used frequently, to express certain characteristics or situations.

At the stage where the child goes beyond the first months turns his song, into clips and then words, and then begins to express an entire sentence in one word that can be distinguished and understood and understand its connotations, and it is noticeable that most of the words acquired by the child before school or the child in the beginnings of his development generally have tangible connota-

tions, especially words that indicate things, animals such as dog, ball, cat, car, in addition to the names closely related to the child, such as Papa, Mama, Names of brothers and sisters.

On the other hand, the words on verbs, descriptions and fixed things are the lowest in number and by about a year, the quality of the vocabulary acquired by children is highly related to the environment in which they live and depends on what is published and commonly used in this environment, vocabulary, composition, and linguistic expressions, as depends on what surrounds these children and draws their attention from things, and then on the mention of the names and the repeated acts of activities to what is associated with these Events and activities of vocabulary.

At the end of the second year the child begins to learn the relationships between the elements of the sentence and begins to form a sentence with two words, and then goes beyond to the composition of sentences with three or four words... And so on. Thus, it takes a development so that the sentence and phrase synthesis approach adults' sentences and phrases. At the age of four, the ability to acquire the language is at the height of its activity, which does not mean that the acquisition of the language should be used at a certain age, but rather it is an ongoing process and its activity is permanent for life.

Treatment Methods

- **Physical Therapy:** If hearing loss is the cause of speech disorders, it can be overcome by earphones or cochlear implants for some severely weakened conditions
- **Psychotherapy:** by reducing the psychological stress of the child, developing a personality and putting an end to his shyness and knowing the difficulties he is experiencing and working to address them.
- **Speech Therapy:** is a complementary therapy, and must be accompanied by it, a method of training in correct pronunciation, through multiple sessions by a speech therapist, and the learner is trained by:

Verbal Relaxation: where the learner is in a state of physical, mental relaxation and then begins to read the piece very slowly while lengthening every section he reads, for example: a blackboard - BL... ack....Boa...rd.

Rhythmic Speech Flexibles: i.e. linking each section of the word to one of the following rhythms: clapping hands or hitting one of the feet on the ground.

Training of Speech and Hearing Devices.

Mis information: The child or learner repeats the words of the speech therapist face-to-face at the same time, with a difference of one fraction of a second.

These are the most important ways in which the speech disorders of the learner, in which the speech specialist and teacher play a major role in order to integrate the student into the educational atmosphere and reduce his vocal disorders, and when he gets rid of them once and for all, but this requires a great effort and patience.

But the process of diagnosing speech disorders and treating them does not reflect its role on the school and the clinic, but also goes beyond it even further, and here we mean the role of the family in activating the treatment process in order to eliminate the difficulties of her children speech, [10].

The Psychological and Social Effects of Language and Speech Strikes

The child's linguistic disturbance results in psychological and social problems such as feeling frustrated and emotional deprivation, a defect in social interaction, a refusal to change, and this is reflected in the development of his language skills and the high level of speech he has, says Dr. Wala Karam Al-Azmazi, professor and lecturer of special education programs, is learned to speak by imitating others, and that this skill is necessary for speech process as well as language and communication adds that tradition has an important role in the spread of speech disorders in children and shows this when the child imitates models that do not have proper pronunciation. Some children may be inclined to imitate those younger than him. Continuity in speech explained that the interaction between the child and the parents works to help the child with hearing impairment to acquire language and pronunciation, the reaction of parents and teachers, and indicates that the unstable family conditions under which the child arises are an important and dangerous effect in the development of his speech, the disorder of the relationship between mother and father, the separation of treatment between children, neglect and abuse of the child, and the non-use of auditory stimulation and visual during the speech process, are all factors causing the forced speech of children.

Previous Studies

*** Al-Fayoumi Study, 2017 Titled as "Speech Disorders in Students of the Basic Stage in Jordan in Light of Its Relationship to Certain Variables"**

The study aimed to examine the relationship between speech and speech disorders, anxiety, speech phobia, depression, acceptance or parental rejection, and to see how predictable these disorders can be. The study sample consisted of 674 male students: 332 representing the second basic stage (IV-6) and 342 representing the upper core stage (7th-X). The results of the study indicated the existence of statistically functioning correlations between speech and speech disorders, both speech phobia and anxiety, and the existence of a statistically functioning reverse correlation between speech and speech disorders, and parental rejection by the mother. While there is no correlation between speech and speech disorders, both parental acceptance by the mother and depression. The results showed that there are statistically significant differences between the second basic stage students and the upper basic stage students in speech and speech disorders in favor of the second stage students. And anxiety, phobia and parental refusal are indicators that contribute to predicting speech and speech disorders.

*** Khafagy Study, 2017 Titled as "Effectiveness of a Treatment Program to Reduce Speech Disorders to Improve the Social Competence of the Mentally Handicapped"**

The study aimed to verify the effectiveness of the treatment program to reduce speech disorders to improve the social competence of the mentally disabled, who are able to learn, and the sample age of 7 mentally disabled children who can learn from the Ibn Baladi

Language and Capacity Development Center in Damietta governorate, which ranges from 55-69 degrees on the IQ scale (Astinford, Benne) and the sample time age of 8-12. The children of the sample have speech disorders identified by the study deletion and substitution and applied to the children of the sample the treatment program to reduce speech disorders, which took 39 sessions. The study found the effectiveness of the treatment program to reduce speech disorders to improve the social efficiency of the mentally handicapped who can learn, where the results showed statistically significant differences between the average study sample scores in the before and after application of the speech disorders scale in favor of average grades of students. The results also showed statistically significant differences between the average grades of the study sample students of the mentally handicapped who can learn in the before and after application of the social efficiency measure in favor of the average grades of pupils in the after application of the social efficiency measure.

*** Hamum Study, 2016 titled as "The Impact of Speech Disorders on the Learning Process: Diagnosis and Treatment"**

The study aimed to identify the impact of speech disorders on the process of learning and diagnosis and ways of treatment where the field of speech disorders is one of the areas that have received great attention in recent times, especially in the Arab world, and this attention is due to reducing the negative effects of speech disorders on children, which limit their integration into the surrounding society - whether in the young age or adulthood - the child begins to acquire his words from the environment in which he lives and comes at the forefront of the "family", and begins in the construction of his linguistic balance, but the stage of building language encounters variables and factors affecting the correct acquisition due to the presence of a defect at the level of his speech system or the influence of his environment, his tongue tends to delete, add or stutter ... This study concluded that there is a insist on speech disorders on the person from all social, academic and psychological aspects.

*** Habar Study, 2015 titled as "Speech Disorders and Ways to Treat them"**

This study aimed to identify the types of speech disorders and ways to treat them, and the study showed that the disorders appeared clearly in the beginning of the sixties, and won the attention of many specialists, which enriched this attention to what is now. The human being cannot express his purposes without the need for language, and this is why he paid great attention to it and is working to develop it to keep pace with the tremendous development that is taking place in societies, and for some reasons this language may be affected by various disorders that need special attention aimed at treating these disorders and helping those suffering from them. For the treatment of these disorders, which are psychotherapy, speech therapy, orthotic and social therapy, physical therapy and environmental therapy, in addition to mentioning the most important effects of speech defects.

*** The 2012 Study of Alimat and others titled as "The Impact of a language Training Program for the Development of Reception Language Skills in pre-school Children with language Disorders in a Jordanian Sample"**

Aimed at investigating the effectiveness of a language training

program to develop the receiving language skills of children with language disorders in a Jordanian sample. To achieve the aims of the study, a language program was prepared and designed based on the diagnosis of the scale of receptive language disorders in pre-school children with language disorders. The sample of the study consisted of 20 children distributed equally in two groups: an experimental group subject to the program for developing receptive language skills, and an officer receiving its language therapy in the same way as used by the Jordanian Center for Speech and Language Assessment. The study sample members were chosen from children with language disorders who receive their language treatment in The Jordanian Center for Speech and Language Assessment within the age group of 3-5 years, and they have an average level of intelligence. In selecting the study sample, it was observed that linguistic disorder was not associated with any other disability. After analyzing the data using the ANCOVA, the results showed differences in favor of the group. Experimental in the development of receiving language skills on both dimensions: - the skill of understanding vocabulary - the skill of understanding the composition of sentences. The results also showed statistically significant differences between males and females in the development of receiving language skills, which were in favor of females. On the other hand, the analysis of the bilateral co-variance showed that the effectiveness of the treatment programs varies by sex, as females have shown a higher improvement in reception language skills than males on the prepared treatment programme. After reviewing and discussing the results of this study, a set of recommendations was made based on these results.

*** Al-Najjar Study, 2011 titled as "Substitution Defects in Children with Speech Disorders in View of Some Variables: a Field study on Second-grade Students from the basic Education Stage in Idlib Province"**

This study aimed to identify the prevalence of substitution defects on students and the effect of some variables on them, namely sex, place of pronunciation, method of attachment, speaking, whispering, voice position in the word and order of the student within his family. The study was conducted on 63 students, 40 male and 23 females from the second grade of basic education in Idlib province.

Study tools: The study used a statistical form to identify the number of second-graders in the school; a general information form on substitution defects distributed to teachers to screen pupils who were suspected of substitution defects, and a video pronunciation test.

Results

1. The proportion of substitution defects among second-grade students was 2.67%, and males were more substitution than females.
2. There are no statistically significant differences in the substitution defects according to the gender variable among second-grade students from the basic education stage in Idlib province.
3. The number of votes cast by second-graders was 17 out of 28 votes in Arabic, or 60.71% of the votes, and the votes (G, Y, S) were the most likely.
4. There are statistically significant differences in the substitution defects according to the variable place of pronunciation

of second graders in favor of the front votes.

5. There are statistically significant differences in the substitution pockets depending on the variable pronunciation of second-grade students in favor of frictional sounds.
6. There are statistically significant differences in the substitution defects according to the variable of the microscope and whispering in favor of the loud voices of the second graders.
7. There are no statistically significant differences in the substitution defects depending on the variable location of the sound in the word in the second graders.
8. There are no statistically significant differences in the substitution defects according to the variable order of the child within his family among the second graders.

*** Al-Zayoudi and Al-Sartawi 2010 Study Titled as "Treatment of Speech Disorders in Children"**

Aimed to study the impact of a treatment program on the development of reception language in children in the UAE. The sample of their study included 60 children who were divided into two controlled and experimental groups and the results of their study indicated statistically significant differences between the experimental group and the control group in favor of the experimental.

*** The 2002 Abkar Study**

aimed at recognizing the effect of sex in the treatment of vocal and speech disorders where he took a sample of children consisting of 40 children divided into two experimental groups and an officer of 20 children and then the distribution of males and females between the two groups and then interviews with parents and included the fill of a questionnaire on the needles of vocal and speech disorders suffered by children in kindergarten.

*** Gibson's Study, 2003**

aimed to test the effectiveness of a language program based on the development of linguistic sounds for children with vocal and speech disorders and compare it with ordinary children This study was conducted on a sample of 30 children divided into two equal groups of segmentation and control at the rate of 15 children in each group ,the researcher used the method of modeling and simulation of the spoken language by adults, and the results showed statistically significant differences between the experimental group and the control group in

*** Hanson's Study 200**

the study aimed to measure the effectiveness of a training program to treat speech disorders by training children on audio clips, the sample of the study reached 48 children divided by the researcher into two experimental groups and an controller group, the first group consisted of 16 children trained in fragmentation and composition within eight weeks, and the second group consisted of 17 children who were trained to give the floor as a unit only in seven weeks, and a group of 15 officers who did not receive any training and the study reached differences. Statistical indication between the first experimental group, which received training in fragmentation and then work to link it to a sentence of the reality of the child, as well as showing the existence of statistically significant differences between the second experimental group and the control group in favor of the second experimental group, in

addition to the existence of differences of statistical significance in favor of the first experimental group and the second experimental group attributable to the use of the method of fragmentation and composition.

*** The Study of Felder 2002**

aimed to identify the treatment of vocal and pronounced disorders of children between the ages of five and seven through the use of the method of story was taken a sample of kindergarten children with vocal and verbal disorders, which numbered 30 children were divided into two experimental groups and a control of the strength of 15 children, the researchers found a statistically significant effect in the vocal and verbal disorders of the children of the experimental group due to the use of the program based on the story.

*** The 2007 Misap and Miller Study**

aimed to identify the relationship between language and social competence and how language disorder affects social development through the application of research that suggests the social use of language, which is the latest manifestation of the development of language also it was assumed that children with language disorders were more suspicious of social interaction difficulties resulting from poor social competence and a sample of names were conducted from children at the age group (5-9 years) who suffer from language disorders and the study used measures of ability to solve social problems also calculated by teachers, parents and colleagues as well as emotional knowledge and language development and the study ended up to the children higher in language disorders they were placed in a lower order of parents for self-control and a higher rank in the order of teachers than in those who suffer from disorders and there were differences thinking about the social rates of colleagues and mutual friendship as well as the language development test there is a difference between the group suffering from language disorders and the correct group expressly in addition, the language development test indicated a special difference in errors of meaning and not in the rules between the two groups.

*** Rafa's Study, 2009**

aimed to identify behavioral problems among children with troubled language and speech in public schools and was conducted on a sample of children aged 10.5 years (10.5 years) with communication disorder (speech disorder and speech disorder - language disorder) divided into four groups of the first group (control) ordinary children with no disorder and the second group has a problem in speech and speech and the third group has difficulties in learning the language and the fourth group has a speech disorder and speech disorder. The study ended with a group with difficulty in learning the language, many behavioral problems appeared and compared to the group in which it is in speech and speech, as the group with speech disorders appeared social incompetence, which is (distrust - withdrawal - rejection of peers - characteristics of lack of leadership)

Comment on Previous Studies:

Previous studies have been used in their theoretical aspects in several aspects, including: linking the results of previous studies with those of the current study, and using these studies to present the

theoretical framework and references used in this study, as well as in identifying the problem of the study, identifying the questionnaire study tool and the procedures for its application, However, the current study is distinguished from previous studies in the problem that is being discussed, where it is interested in detecting the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank and hence its importance as the researcher did not get any specialized study to study this subject.

Method and Procedures

This chapter includes a presentation of the Curriculum, Society, Sample, Tool, Variables, Study Procedures and Statistical Treatments. The following is an Explanation of that Curriculum:

The researcher used the descriptive method field and this method is suitable for the purposes of the study.

Study Community:

The study community is made up of teachers and special education teachers in West Bank.

Sample Study:

The study was conducted on a sample of (25) teachers and special education teachers in West Bank, and they were selected in a random way

Table 1: Distribution of the Study Sample by Gender Variable

Percentage %	Iteration	Sex
68	17	mail
32	8	Female
100	25	Total

Table 2: Distribution of the Study Sample by Age Variable

Percentage %	Iteration	Age
36	9	25-30
24	6	30-35
20	5	40-45
20	5	More than 40
100	25	Total

Table 3: Distribution of the Study Sample According to The Variable of the Scientific Specialization.

Percentage %	teration	Scientific specialization
48	12	Psychologist
52	13	Special Education Speciali
100	25	Total

*** Study Tool**

The researcher developed the study tool after reading the educational literature and previous studies on the subject of the study.

*** Validity of the Tool**

The researcher confirmed the sincerity of the tool by presenting it to a number of experienced and competent arbitrators and referred the arbitrators to the validity of the study tool.

*** Scale Stability**

The researcher calculated the stability of the scale using the Alpha Cronbach internal consistency coefficient and the stability factor (93%) It is a good stability factor that meets the purposes of the study.

*** Study Design**

The Study Included the following Variables:

1. Independent Variables:

- Sex: It has two levels: (male, female)
- Academic qualification: Has three levels: (Diploma and less than it, Bachelor, Postgraduate Studies)
- Age: Has four levels: (25-30, 30-35, 35-40, over 40)
- Scientific specialization: It has two levels: (psychologist, special education specialist)

3. Dependent Variables: The mathematical averages of the study sample responses include questionnaire questions related to the psychological and social effects of students with speech and lan-

guage disorders from the point of view of specialists and ways to address them in the West Bank governorates.

*** Study Results**

This study aimed to identify the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to address them in the governorates of the West Bank, as well as to identify the role of the study variables, and to achieve the goal of the study was to develop the study was developed questionnaire and confirmed its sincerity, and its coefficient of stability, and after the process of collecting questionnaires were encoded and entered to the computer and processed statistically using the statistical package of social sciences (SPSS) and the following results of the study according to the sequence of its questions.

1- The Results of the Study Question:

The psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the West Bank governorates?

To verify the study's question, the researcher used the following averages, percentages and estimates:

- (20% and less) is very low.
- (from 20% to less than 40%) A little bit.
- (From 40% to less than 60%) Medium degree.
- (From 60% to less than 80%) High score.
- (from 80% and above) a very high score.

Table 4: From the Previous

num	Paragraph	Ave	Deviation	%	Appreciation
1	Child personal development	3.60	1.08	72%	High
2	Put an end to the child's shyness	3.92	1.55	78%	High
3	The child repeats the words of the speech therapist face to face	3.64	1.38	73%	High
4	Reducing child vocal disorders	3.60	1.38	72%	High
5	Repeating words that the child utters correctly	3.48	1.26	70%	High
6	Not criticizing the child and forcing him to change the way he speaks	3.40	1.29	68%	High
7	Don't always correct your child's mistakes	3.04	1.24	61%	High
8	Help the child develop mental processes	3.52	1.23	70%	High
9	Help the child by increasing his awareness of speech exits.	3.60	1.16	72%	High
10	Use thinking games and puzzles in therapy	3.96	1.34	79%	High
11	Use simple speech-based hand games	3.64	1.15	73%	High
12	Use games in motion-based therapy to reduce child stress	3.88	1.09	78%	High
13	Use of electronic devices such as computers and mobile phones to carry out treatment	3.56	1.19	71%	High
14	Educational games develop children's language experiences in treatment	3.80	1.41	76%	High
15	The child tightens the pronunciation of the letters he suffers from.	3.40	1.26	68%	High
16	A child can express his thoughts through play education	3.92	1.26	78%	High

17	Play education treat behavioral problems in children	3.92	1.35	78%	High
18	Play therapy increases the level of the child's speech	3.44	1.36	69%	High
19	Play education develops the mental abilities of the child	3.60	1.32	72%	High
20	Play education contributes to the physical strengthening of the child	3.68	1.28	74%	High
21	Treatment by playing the child can control the child's fear of speech	3.56	1.29	71%	High
22	Encourage the child to speak fluently and without fear	3.64	1.29	73%	High
23	Be patient with the baby when he tries to speak.	3.52	1.09	70%	High
24	Record the child's voice during the treatment period to encourage him to continue speaking	3.76	1.30	75%	High
25	Education by playing with the student develops respect for the system and commitment to it	3.68	1.22	74%	High
26	Education by playing is an effective way to unlock, discover, nurture and guide potential	3.96	1.24	79%	High
27	Education by playing with the student develops respect for others and acceptance of others	4.08	1.19	82%	Very high.
28	Play therapy brings pleasure to the child and breaks boredom	4.00	1.12	80%	Very high.
29	Play therapy is the natural way to instill confidence in the child.	3.76	0.97	75%	High
30	Play education increases student motivation to learn	3.72	1.24	74%	High
31	I do quiz games in the speed of the child's intuition in pronunciation	3.64	1.15	73%	High
32	Play therapy helps to refine the child's personality	4.08	1.12	82%	Very high.
33	The child feels isolated and does not interact with others due to speech problem	4.32	0.95	86%	Very high.
34	Play therapy helps improve your child's behavior	4.16	0.85	83%	Very high.
35	A child should be praised when he expresses his feelings and thoughts.	3.84	0.75	77%	High
36	You need to know the difficulties he is experiencing and work to address them.	3.76	1.01	75%	High
	Average arithmetic	3.72	0.66	74%	High

The proportion of psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the West Bank governorates (74%) Which is a high percentage.

2- Results Related to the Study Hypotheses:

* The first Hypothesis:

There are no statistically significant differences at the level of in-

dication($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the sex variable.

To examine this hypothesis, the researcher used a test (T) for two independent groups independent-t-test and the results are shown in the following table (5).

Table (5) : Test results for two independent sex variable groups

Male (n =17)		Female (n =8)		Value (t)	The significance
Average	Deviation	Average	Deviation		
3.55	0.72	4.09	0.27	2.043	0.053

It is clear from the previous table that there are no statistically significant differences in the level of statistical significance at the level of indication ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of sex, because the indication is greater than (0.05).

* The Second Hypothesis

There are no statistically significant differences at the level of indication ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of age

To examine this hypothesis, the researcher used the Way ANOVA One single contrast analysis test, the results of which are shown in the following

Table 6: The significance at level ($\alpha = 0.05$)

Average	Age
3.94	25-30
3.87	30-35
3.28	40-45
3.60	More than 40
3.72	Total

Table 7: Results of the analysis of the monocontrast of the age variable

The significance*	Value (P)	Average deviation	Degrees of freedom	Total deviation boxes	Source of variance
0.311	1.268	0.534	3	1.602	Between groups
		0.421	21	8.844	Within groups
			24	10.446	Total

* The significance at level ($\alpha = 0.05$)

It is clear from the previous table that there are no statistically significant differences at the level of indication ($\alpha = 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of age, because the indication is greater than (0.05).

* The Third Hypothesis

There are no statistically significant differences at the level of in-

dication ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of scientific specialization.

To examine this hypothesis, the researcher used a test (T) for two independent groups independent-t-test and the results are shown in the following table (8).

Table 8: Test results (T) for two separate groups of the scientific specialization variable

Psychologist (n =12)		Special Education Specialist (N=13)		Value (t)	The significance
Average	Deviation	Average	Deviation		
3.51	0.76	3.91	0.49	1.542	0.137

It is clear from the previous table that there are no statistically significant differences in the level of statistical significance at the level of indication ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of scientific specialization, because the indication is greater than (0.05).

Discussion of Results and Recommendations

Introduction

This chapter contains a set of findings that have been achieved by conducting the following events of the study through previous

chapters in addition to discussing them and making important recommendations associated with the topic of the study [11-33].

The Results of the Study and Its Discussion

The current study aimed to know the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West bank, and to this end the researcher prepared a form consisting of several axes measuring the psychological and social effects on those with speech disorders and ways of treating them by specialists and the study concluded the following conclusions:

1. Stability (93%) It is an excellent stability factor that meet the

purposes of the study.

2. The sample size of the study from speech therapy centers was 25
3. The psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the West Bank governorates (74%) This is a high percentage.
4. It turns out that there are no statistically significant differences in the level of significance ($\alpha \leq 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of sex, because the indication is greater than (0.05) and therefore we accept the zero hypothesis and reject the alternative hypothesis.
5. It turns out that there are no statistically significant differences at the level of indication ($\alpha = 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of age, because the indication is greater than (0.05) and therefore we accept the zero hypothesis and reject the alternative hypothesis.
6. It turns out that there are no statistically significant differences at the level of indication ($\alpha = 0.05$) the psychological and social effects of students with speech and language disorders from the point of view of specialists and ways to treat them in the governorates of the West Bank due to the change of scientific specialization, because the indication is greater than (0.05) and therefore we accept the zero hypothesis and reject the alternative hypothesis.

Recommendations

Based on the results of the study and discussion, the researcher made the following recommendations:

1. The need to pay attention to the role of parental treatment methods in the development of linguistic development in children is a priority, by holding courses for parents, to train them on how to deal with their children in the field of building linguistic growth.
2. Teacher education programs in universities include courses related to the detection of speech disorders and how to deal with them.
3. Caring for group school activities, especially in the field of sports activities, committees, and school radio.
4. Attention to delayed speech for children for fear of psychological strikes for children.
5. Give parents some tips to deal with children with speech delayed disorders and speech problems.
6. The need to follow up on the child who suffers from strikes in the pronunciation of the competent centers for them.

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