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DEVELOPMENT OF SOCIAL INTERACTION AND COMMUNICATION SKILLS IN CHILDREN AND ADOLESCENTS WITH DISABILITIES THROUGH BEHAVIORAL AND EDUCATIONAL APPROACHES

Kovalev G.A.¹, student gr. OC-106, V year, Musina O.R.¹, senior lecturer, Timeeva L.V.¹, senior lecturer, Novoseletskaia Y.V., master's student¹

¹Federal State Budgetary Educational Institution of Higher Education “Ural State Medical University” of the Ministry of Health of Russia
Yekaterinburg

Abstract

Introduction. According to the ICD-10 and current Clinical Guidelines for “Autism Spectrum Disorder,” the key manifestations of ASD are impairments in social interaction and communication, which significantly limit the quality of life for children and adolescents with this diagnosis and their families. **The aim of the study** is to describe a clinical case of a child with ASD who underwent remedial work at the family and school levels to foster and develop social interaction skills. **Material and Methods.** The study employed an idiographic approach (single-case analysis method) with a 16-year-old adolescent who had been diagnosed with early childhood autism since the age of 3. **Results.** The application of intellectual development methods from an early age for children with special educational needs (children with ASD) within the family and at a specialized educational institution led to the formation and development of social interaction and communication skills (from a complete lack thereof to the development of a sufficient level of communication with others). **Conclusions:** A comprehensive, consistent, and systematic approach to working with children and adolescents with ASD, combining visual, behavioral, and speech-based methods (a reward system, Domane cards, PECS, social stories, and games), demonstrated high effectiveness in the presented case. **Keywords:** ASD, autism, social interaction, remedial work, socialization.

INTRODUCTION

The issue of communication development in children with ASD to overcome qualitative impairments in social interaction is a leading concern in special education due to the rise in diagnosed cases worldwide and in Russia in particular: According to the latest data from the U.S. Autism and Developmental Disorders Monitoring System for 2018, the prevalence of ASD was 230 per 10,000 children aged 8 years [1]. Children with ASD experience difficulties in establishing emotional contact, do not use speech for communication, and often exhibit stereotyped behavior, which leads to their social isolation or significantly complicates their interaction with others. At the same time, it is noted that social interaction with peers and family is key to successful adaptation, yet the methodology for such work remains insufficiently studied [2]. Furthermore, the current system of preschool and school

education lacks unified systematic approaches that include specific methods and mechanisms for therapeutic work with children with ASD, which in most cases shifts the bulk of therapeutic and developmental support to the family and the specialists they engage. In this sense, the need to foster constructive, supportive child-parent interaction becomes a factor that directly influences the stimulation of such a child's early cognitive and sensorimotor development [3].

Research Objective

The aim of the study is to describe and analyze a clinical case of a child with ASD with whom, starting from early childhood (age 3), has been and continues to be the subject of corrective work at the family and school levels, combining psychological and pedagogical methods based on a behavioral approach to foster the formation and development of social interaction skills.

MATERIAL AND METHODS

The study employed an idiographic approach (single-case analysis method) regarding a 16-year-old adolescent with a history of a diagnosis of early childhood autism since the age of 3.

RESULTS

The study analyzed the case of a young man (born in 2009) diagnosed with early childhood autism at age 3, who is currently enrolled at the «Berezovsky School, a state-funded general education institution in the Sverdlovsk Region» that implements adapted core general education programs.

At the time of diagnosis, the child exhibited communication difficulties characteristic of children with ASD. He did not establish visual or verbal contact with others (mutism), did not take the initiative in organizing games, had difficulty attracting attention of adults when expressing requests in an appropriate manner, and did not use nonverbal means of communication (facial expressions, gestures, body language).

Psychocorrectional work was comprehensive in nature and consisted of three stages: a motivational stage involving the use of a reward system; an instrumental stage based on PECS (Picture Exchange Communication System) and G. Doman's methods (Doman cards); and a social-integrative stage implemented through the use of social stories. Psychocorrectional intervention was implemented through the comprehensive application of behavioral and pedagogical techniques aimed at compensating for deficits in communication and socialization.

Among the motivational and evaluative methods, a system of verbal and material rewards was applied, which consisted of using incentives meaningful to the child (small sweets) as well as familiar words such as "good job," "correct," "right," "good" to motivate the completion of tasks, which do not lose their significance in adolescence and young adulthood [4]. This system helped overcome the child's passivity and fostered sustained motivation to complete tasks and interact with adults.

To develop functional communication skills, speech skills, social skills, and academic skills (writing), the PECS (Picture Exchange Communication System) alternative communication method was used, as well as the G. Doman method

(Doman cards). These methods made it possible to transform the child's internal needs into a symbolic form accessible to others, facilitating the transition from a complete lack of speech to the ability to express requests and acquire academic skills.

The social stories method, recommended—like PECS—by the current Clinical Guidelines for “Autism Spectrum Disorder,” was used to teach social skills and reduce the frequency of undesirable behavior in childhood and adolescence. As a “narrow intervention” strategy with no age restrictions, this method, serving as a key component of psychocorrection, helped correct distorted perceptions of social norms and reduce anxiety levels in ambiguous real-life social interaction situations [5].

As a result of the long-term and systematic application of these methods, with a high level of family involvement in the process over the course of 14 years, significant results were achieved in terms of the adolescent's cognitive and behavioral functioning.

Currently, he knows his first name, last name, and patronymic, and can name his family members. Good spatial memory is demonstrated by his knowledge of detailed addresses for the school, the residences of relatives and acquaintances, including apartment numbers. He has no trouble memorizing poems. He follows the teacher's step-by-step instructions, though he often needs to be reminded of the sequence of actions.

In terms of social interaction, the young man uses nonverbal cues, such as eye contact with the ability to maintain it. He allows for physical contact and sometimes initiates it himself.

It is also worth noting the development of oral and written speech. A great deal of serious work has been done, which allowed the child, step by step, to progress from a complete absence of speech to the phonetic reproduction of the sound structure of words (“mom,” “dad,” “give,” “need”), and by the age of 17 to develop sufficient communication skills. Nevertheless, it is worth noting that speech development still lags behind the age norm, as it includes echolalia and confusion with verb endings (regarding feminine or masculine nouns). Narrative speech is detailed, but responses to questions are monosyllabic.

Writing skills are developed. Handwriting is legible, and he maintains proper line spacing. He occasionally makes articulation and pronunciation errors.

Significant progress has been made in developing reading skills, which the young man has mastered well for his age. However, he does not answer questions about the text. He experiences difficulties understanding the meanings of words whose physical boundaries are inaccessible to perception (e.g., wonderful, magic, mystery, fantasy, etc.).

His previous inability to initiate or sustain a conversation with others has been successfully overcome. Today, the young man interacts with adults who are not family members (teachers at school, parents of classmates, store clerks, social service workers). Such interactions are characterized by maintaining appropriate boundaries in communication and using respectful phrases and words.

The previous difficulty in interacting with peers is no longer a significant issue, as the young man shows interest in and engages with his peers; this is also reflected

in his responses to direct speech and his name, as well as in his use of his own jokes in conversation.

It should also be acknowledged that not all problems with social interaction and communication have been overcome. The young man continues to exhibit a reduced ability to construct “mental models” of other people—that is, to make assumptions about others’ thoughts or moods independent of his own experience—which manifests in behavioral traits such as naivety, gullibility, a reduced ability to understand others’ humor and unwritten rules, and difficulties in establishing cause-and-effect relationships.

In the emotional-affective sphere, the adolescent experiences difficulties adapting to a new environment. In unfamiliar situations, his anxiety level rises, and to reduce it, he seeks support from adults.

DISCUSSION

Current scientific data does not allow us to propose a more effective means of overcoming key deficits associated with ASD than ongoing habilitation based on behavioral, psychological, and educational approaches. At the same time, such interventions can be implemented by a wide range of individuals—from trained specialists, such as teachers, psychologists, and speech therapists, to parents and other relatives of a child with ASD.

Although methodological challenges in substantiating the effectiveness of existing approaches to remedial and developmental intervention, including those mentioned above, have not been fully resolved, their effectiveness is recognized, as is the fact that a significant portion of interventions is aimed at achieving goals not directly related to ASD symptoms, such as speech development and training in alternative forms of communication, the development of cognitive abilities, the development of adaptive behavior, and the elimination of undesirable behavior [6].

In the described case of a young man diagnosed with early childhood autism and the results he achieved through many years of corrective and developmental work, the thesis that the challenges in communication and socialization faced by children with ASD can be overcome or significantly reduced through the use of these methods is fully confirmed.

CONCLUSIONS

A comprehensive, consistent, and systematic approach to psychocorrectional work with children and adolescents with ASD, combining visual, behavioral, and speech-based methods (a reward system, Domane cards, PECS, social stories, and games), demonstrated high effectiveness in the presented case. Taken together, and considering the child’s individual characteristics and the family’s high level of involvement in the process, the approaches used proved to be effective tools for developing social interaction and communication skills in a child with special educational needs.

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Сведения об авторах

Ковалёв Герман Александрович* — студент

Новоселецкая Юлия Владимировна — студент магистратуры

Мусина Олеся Ракибовна — старший преподаватель

Тимеева Лидия Владимировна — старший преподаватель

Information about the authors

Kovalev German Aleksandrovich* — student

Novoseletskaya Yulia Vladimirovna — M.S. student

Musina Olesya Rakibovna — Senior Lecturer

Timeeva Lidia Vladimirovna — Senior Lecturer

***Автор, ответственный за переписку (Corresponding author):**

kgerman007@gmail.com