

ENHANCING SOCIAL CONNECTION AND SITTING SKILLS IN CHILDREN WITH AUTISM

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ABSTRACT

The commented issue is intended for all specialists carrying out special pedagogical work, and especially speech therapists, who during their speech therapy classes often deal with hyperactivity and negative behaviors: aggression, self-aggression, as well as self-restrained children and adolescents.

The research of the presented phenomena and the search for coping solutions by the speech therapist may seem unacceptable to some specialists because the work carried out on overcoming aggressive manifestations, and the rejection of any proposed method of communication are considered the subject and object of the study of psychologists. However, the unprecedented frequency of these phenomena during speech therapy classes allows us to address the researched phenomena from a speech therapy perspective as well, because aggressive manifestations and especially disobedience to the specialist and rejection of all possible forms of contact can be an obstacle to speech therapy intervention with children and adolescents with autism syndrome.

The application of the necessary steps for the formation of emotional contact during the speech therapy classes presented in the article, as well as the creation of special conditions, document their unique role in terms of the effective implementation of speech therapy classes through experimental research.

Keywords: *hyperactivity, negative behavior, aggression, self-aggression, autism syndrome, emotional contact or contact, submissiveness, verbal and communication process.*

INTRODUCTION

The topicality of the presented issue is emphasized more because serious reforms are being implemented in the context of inclusive processes in the Republic of Armenia. As a result, children with many characteristics belonging to the autism spectrum and who are quite difficult to control begin to attend public schools. The audience, where educational, corrective and developmental work should be

carried out with such children, is sometimes not ready to accept and show a correct, effective approach to forming emotional contact and the ability to obey, which are, of course, the basis of corrective and developmental work.

Childhood autism is a complex pathological syndrome in which deficits in verbal processing are combined with difficulties or features in other higher mental processes. Moreover, those disrupted processes necessary for the life of children with autism syndrome are characterized by hierarchical or disproportionate development, which in the absence of corrective and developmental work started early can leave irreversible consequences in the socialization process of these children (Gilbert & Piters, 2005).

At the same time, practicing specialists can state that in recent years, during the implementation of speech therapy work, questions often arise that not only require a correct and immediate solution, but moreover, the effectiveness of further speech therapy work aimed at the formation of communication and speech processes depends on their solution and development.

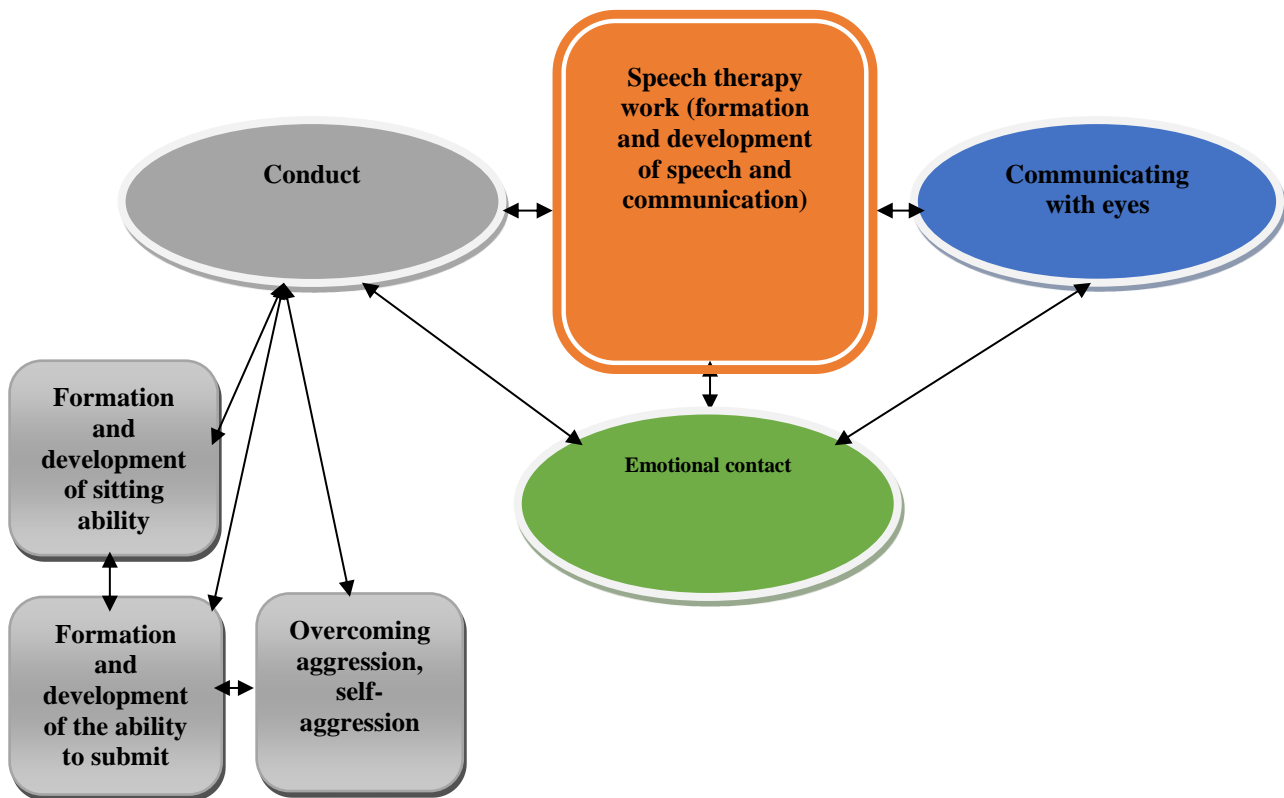
Many scientific sources available in the professional literature testify to the manifestations of aggression, maladaptive states, and inability to establish emotional contact in the case of autism syndrome (American Academy of Pediatrics, 2020; Bailey, Hatton & Skinner, 2020; Greenspan & Weeder, 2013; Lord, Rutter & Pickles, 2012; Gilbert & Piters, 2005)

Therefore, based on the fact that the multifaceted behavior disorders observed in children with childhood autism hinder the formation and development of already impaired verbal and non-verbal communication skills (Kafyan, 2011) as prerequisites for the formation and development of the speech and communication process, it is necessary to start the implementation of speech therapy works, pursuing the following goals (Figure 1):

- creating emotional contact or contact,
- appropriate: formation and development of positive behavior.
 - ✓ formation and development of the ability to sit,
 - ✓ formation and development of the ability to obey,
 - ✓ implementation of works aimed at reducing the forms and severity of aggression,
- formation and development of the ability to communicate attention or gaze.

Figure 1.

Prerequisites contributing to the formation and development of the speech and communication process of children with autism.



To implement the above prerequisites, special pedagogical methods and means aimed at overcoming these problems were developed and modified, as well as conditions were created, which were used throughout the experimental training organized by us.

METHODS

To prove the effectiveness of the presented objectives the research was conducted including 28 children with autism aged four to seven years old. As a whole, 14 of them were included in the experimental and 14 in the control groups.

Individual work was carried out with children with autism in the control group, based on the basic methodological skills of speech therapy in the game and learning processes. In the experimental group, the activities aimed at the development of the communication process of children with autism were carried out in the game and learning processes, first with individual and later also with the implementation of group lessons through the use of an exemplary speech therapy system developed by the researcher's group.

To form and develop the non-verbal and verbal communication abilities of these children through the use of an exemplary speech therapy system, we first started the implementation of speech therapy classes with the implementation of targeted works on forming and developing the ability to establish emotional contact or contact and sit.

Greenspan and Weeder (2013) state that to communicate, we need to communicate, feel at ease with others, and love the world of people. Therefore, we considered the creation of emotional contact as one of the primary steps for the formation and development of the speech and communication process of children with autism in speech therapy. For this purpose, we have started the implementation of speech therapy works by providing the necessary conditions for establishing emotional contact and applying the following features:

- necessary environment for children with childhood autism, where the feeling of security and trust have been created;
- if necessary, especially in the initial period of experimental training, parents/guardians or nannies of children were involved in the speech therapy sessions carried out by us;
- children were provided with a comfortable speech therapy room or space, free from noise and dangerous objects (sharp and piercing objects, breakable objects, etc.), as this is one of the first prerequisites for comfortable contact establishment;
- necessary and sufficient lighting, features of tactile contact have been provided and the individual characteristics of each child, and the ability to perceive stimuli by different analyzers have been investigated;
- various game situations were organized and implemented, relying on the individual characteristics of each child, attachment and inspiring confidence in children with childhood autism have been created;
- children with childhood autism were offered the use of didactic materials with interesting, bright color combinations, toys and modern information technology: tablets, computers, and phones, taking into account the individual characteristics of each of them.
- incentives were also chosen, through the use of which it was intended to find the edges of cooperation and increase the efficiency of work, taking into account the individual characteristics of each child;
- various traditional and innovative non-traditional speech therapy technologies were proposed and applied during the training;
- more complex forms of cooperation were searched, proposed and developed these forms of cooperation, thereby contributing to their active perception of the environment, the development of

expressive speech, and therefore the development of expressive speech and finally to the formation and development of the communication process.

- verbal echolalia and motor self-stimulation of children with autism were studied and tried to imitate them in the beginning, attracting attention in a similar way, looking for edges of contact to form a reproduction of verbal material.

It is very important to mention that in the initial period, the fixation of even one second of eye-eye visual contact by a specialist or even the execution of a basic instruction by a child was the greatest achievement for the formation of contact by the speech therapist. Which of course we have tried to make more frequent and more lasting. Any other forms of communication made by the child were also encouraged.

Any environment has its influence on the nature, preferences and why not the feelings of the individual living there. Therefore, it was necessary to get acquainted with the place of residence of these children, the conditions of the house, the structure of the family and the spheres of activity of the family members. Such information can also be obtained as a result of an interview with the parents of these children, and of course, it is much more effective to form a sensory connection and experience the environment in which a child with childhood autism grows up.

It is known that one part of children with childhood autism is characterized by hyperactivity, and the other by hypoactivity. Therefore, to carry out remedial and developmental work with these children, in particular, for the formation and development of speech and communication, it is first necessary, in addition to the establishment of emotional contact, to carry out purposeful work in parallel with the formation and development of the ability to sit. In order to develop the ability to sit, we used didactic materials with bright images, games, things, mobile phones, tablets, computers, and other objects that are interesting to children with autism, based on the child's characteristics. In order to increase the effectiveness of speech therapy work, we applied the following incentives to the classes.

- object incentives (doll, toy, phone, computer, etc.),
- verbal ("That's right", "You're welcome", "It's great", etc.),
- food incentives (chocolate, candy, any fruit, juice, etc.).

Incentives were used especially when children with childhood autism became more compliant or started to comply during speech therapy sessions, i.e. to sit for even a second at first and then for longer periods to work with the specialist. At the same time, work was also carried out on forming a direct execution of the instruction by a child with infantile autism in case of giving the instruction "Sit down" by a specialist.

RESULTS AND DISCUSSION

As a result of targeted, systematic and two-year speech therapy work, the following results were recorded. Thus, if before the experimental training, the "Sit" instruction given by the specialist was performed by 3 (21%) children with autism in the experimental group, sitting for 10-15 seconds and lasting up to 10 minutes, then after the experimental training, the indicated group the number of children fulfilling the instruction increased by 9, making 85% (12 children). At the same time, the duration of their sitting was also changed, from 5 minutes to 40 minutes. In the control group, a lower index was recorded in this direction: at the beginning, 4 (29%) and after two years 7 (50%) children with childhood autism were able to sit in the classes, and that was for a maximum duration of 30 minutes.

This means that Speech therapy significantly improved the ability of children with autism to follow instructions and sit for longer periods. Before therapy, only a small percentage of children could follow the "Sit" instruction and stay seated for a short time (10-15 seconds).

After two years of speech therapy, a much larger percentage could follow the instructions and sit for a significantly longer duration (up to 40 minutes).

The control group, which didn't receive therapy, showed a smaller improvement with fewer children able to sit for extended periods. This suggests that speech therapy can be a valuable tool in helping children with autism develop better attention and compliance with instructions.

CONCLUSION

A key and important prerequisite for the logo-psychological work described above is also to perform an analysis of the work done by the specialist after the training, regarding the successes achieved during the work and overcoming the targets that have not yet been achieved, the methods and approaches used. A deep understanding of the conducted training allows the specialist to correctly assess the situation and choose rational solutions to plan and implement further effective speech therapy work.

Thus, as conducted research indicated, the experimental training described above is aimed at creating and responding to emotional contact in children with infantile autism, in particular the formation and development of the ability to sit (also the duration of sitting). The implemented works contribute to increasing the effectiveness of speech therapy works aimed at the formation and development of the speech and communication process of children with childhood autism, as well as the socialization of these children.

In conclusion, effective speech therapy for children with autism requires ongoing analysis and adaptation. By evaluating successes, addressing shortcomings, and refining methods, speech therapists can create targeted interventions. As demonstrated by the experimental training, focusing on building emotional connection and core skills like sitting duration can significantly improve the effectiveness of

speech therapy in promoting communication, socialization, and overall development in children with autism.

This conclusion emphasizes the importance of ongoing evaluation and adaptation in speech therapy for children with autism. It highlights the example of the experimental training, showing how it addressed a fundamental skill (sitting) and ultimately contributed to broader communication and socialization goals.

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