INDIVIDUAL AND THERAPEUTIC APPROACH WITH STUDENTS WITH S.E.N. ESTABLISHING AN ACTIVE CONTACT AND INVOLVEMENT IN INTERACTION IN CURATIVE-MOTOR CLASSES (KINETOTHERAPY) WITH ELEMENTS OF PSYCHOLOGY AND SPECIAL PEDAGOGY

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ABORDAREA INDIVIDUAL-TERAPEUTICĂ A ELEVILOR CU CES. STABILIREA CONTACTULUI ACTIV ȘI IMPLICAREA ÎN INTERACȚIUNEA CURATIV-MOTRICĂ (KINETOTERAPIE) CU ELEMENTE DE PSIHOPEDAGOGIE SPECIALĂ

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Rezumat. În acest articol sunt descrise fragmentele de lecții individuale cu copii cu trăsături de dezvoltare ale sferei emoțional-voliționale, precum și instabilitate motrică cunoscută sub denumirea de „stângaci" sau instabilitate motorie cauzată de diagnosticul de autism și tulburare de spectru autist în regim auxiliar. scoala nr 6 din Chisinau. Pentru a depăși dificultățile de învățare și adaptare, pentru a stabili contactul cu copiii cu tulburări din spectrul autist (TSA) și pentru a-i implica în interacțiune psiho-corecțională, așa-numita abordare individual-terapeutică (de mediu) care stă la baza activității mele de specialist în reabilitare fizică pentru elevii cu TSA. De asemenea, sunt considerate caracteristicile bidimensionale (spațiu-timp) și nu în ultimul rând caracteristicile emoționale ale mediului terapeutic, precum și conținutul semantic al acestuia. Sunt date exemple, sunt descrise tehnici practice, metode și mijloace de lucru, care sunt utilizate în munca zilnică cu elevii cu TSA în școala auxiliară Nr. 6 din Chișinău, Moldova.

Cuvinte-cheie: autism, tulburare de spectru autist, educație specială, reabilitare fizică, abilități de învățare, adaptare, abordare psiho-corecțională și terapeutică.

Abstract. In the program of the educational curriculum of Republic of Moldova a multidisciplinary team of specialists is working on an individual program of psycho-correctional assistance for each student in auxiliary school No. 6. Not only a speech therapist and a special teacher work with students with ASD, but also a kinetotherapist, with physical exercises, where tasks are set to develop motor skills (movements), coordination, balance, auditory attention and perception, speech activation through oral counting or appeals - requests, the development of interaction between children within the framework of the kinetotherapy lesson, the formation of arbitrary regulation of behavior based on physical exercises, outdoor games, as well as motor tasks that will solve not only important physical, but also psychological developmental tasks.

The purpose of the study at this stage was to study the features of the influence of the environmental (therapeutic) environment on the development of psychomotor and communication skills in children with autistic disorder. The objective of this study is to conduct a comparative analysis of the characteristics of the psychomotor skills of children with autistic disorders and children with developmental disabilities.

The results obtained in individual lessons become sustainable and extend to other situations, places, people interacting with the student. A student who has established contact in a physical lesson will now more easily interact with a speech therapist or special teacher and in order to provide psycho-corrective work with a child with autism, we are specialists, we understand that creating a therapeutic environment is the key to success.

Keywords: autism, autistic spectrum disorder, special education, physical rehabilitation, learning abilities, adaptation, psycho–correctional and therapeutic approach.

Children with developmental disorders of a psychological nature, for various reasons, experience difficulties in adapting to a new situation, difficulties in establishing contact with a stranger, inclusion (participation) in a proposed game or motor task. This may occur due to a primary disorder of the development of the emotional-volitional sphere, which are the main symptoms of autism spectrum disorders, where not only communication and interaction are impaired, but also the „inclusion or get involved" in the performance of activities. In all cases, these features of adaptation and interaction with others are an obstacle to being successfully integrated into the educational space, whether it is a kindergarten, school or development center.

In some cases, the causes of these difficulties in performing activities may be caused by fears of a different nature (children may be afraid of the unfamiliar, to do something wrong, hear a reproach, or they may be afraid of certain things - loud sounds, light sensations, as well as inventory, for example, colorful balls. In other cases, the child does not show interest in the tasks and games offered to him, and the level of development of voluntary regulation of behavior does not allow him to focus on what does not arouse his interest.

Only after well planned special work on the adaptation of the child in the classroom, it is possible to create such a comfortable situation for his learning, in which he will be able to overcome his fear (uncertainty, shyness) and fully „get involved" in the motor and dynamic game and the performance of various learning activities. In search of such an interest that could form the basis of the lessons, we should create learning situations in which a child with autism and ASD can help in adaptation, as well as in development in general.

Psychological and pedagogical support for children with ASD is a modern and open concept, which is always constantly at the stage of development and development of the basic principles and provisions for creating conditions for comprehensive medical and psychological and pedagogical support aimed at the harmonious development and functioning (adaptation) of children with ASD into society. Various specialists are presented at the school nr.6 in Chisinau 6: psychologist, psycho pedagogues, speech therapists, specialists in adaptive physical education, etc., with whom contact is established for the whole academic year.

A large number of the children that are enrolled in the first grade of our school (auxiliary school nr.6), and even older children, experience difficulties in adaptation, in establishing contact with peers and adults, in engaging in common games and individual lessons. During the year, the child communicates not only with the class teacher and speech therapist, but also with the kinetotherapist, who, in turn, offers him interaction in a form that corresponds to the current state and level of physical development of the child. Gradually, as he adapts to school, the program of classes expands, new classes and new specialists are added, with whom the child learns to build relationships - all this prepares him for an independent life and integration into society.

The program of group classes with students with autism at auxiliary school nr.6 in Chisinau includes a physical lesson, where the following tasks are pursued and set:

1) development of coordination.
2) synchronization of movements, auditory attention and perception.
3) activation of speech by voicing requests and desires.
4) development of interaction between children in the framework of mobile and coordination games.
5) the formation of arbitrary regulation of behavior based on corrective gymnastics.

During individual communication, many children can be offered completely different outdoor games or motor tasks that will not interest other children in the group, but it is for this child that they will be able to solve important developmental tasks. *So what is a therapeutic environment, and what is meant by an environment approach to teaching students with autism and special educational needs?*

Environmental approach, in its sense, allows for each child to build a sequence of gradually becoming more complex therapeutic environments, for the development of each of which he needs to form regulatory mechanisms and master new ways of his own behavior. Under the therapeutic environment, we mean organized stable spatio-temporal, emotional and social relationships formed by people to create certain meanings [1, p. 27]. Let's briefly take a look at three types of therapeutic environments that play a significant role in achieving results.

1. Comfortable, stressful and developing environments

Describing the environment, we note how much effort the child needs to make in order to adapt to it and begin to act effectively. We understand that for the majority of children with autistic disorder who have difficulties in adapting, a comfortable environment is a house with familiar toys and furniture, colors of wall surfaces. To the surprise of others, more interesting, in their opinion, things, such as going to a circus or a new toy store, do not bring pleasure to the child, but cause fear, reluctance to go: an unknown, insufficiently mastered environment is stressful, the child does not know how to lead themselves in a new situation, what to expect from others, is constantly in tension, which at any moment can result in hysteria, unmotivated aggression.

School is initially and in the first place a stressful environment for many children, since emotions of fear and uncertainty, as well as insecurity, lead to outbreaks of aggression, constant protest to be in class and do something. And students are recruited by more than 8 students, which tells us how important it is and how to get out of a stressful environment and adapt to new conditions, which then become comfortable for a student with autism and ASD.

Between these polar options (comfortable and stressful environment) there are many environments that the child has not yet mastered enough, but which he can master with some support from an adult. When this happens, the child takes a step in development, and it becomes possible to set a new task, to master a more complex environment.

So, after several months of classes in the kinetotherapy room (a certain special equipped room), the student feels confident here, begins to take part in physical activities, work on simulators, walk along the sensory path, study the „busy board". Thus, the result of physical activity is achieved, which leads to an improvement not only in physical development, but also in the psycho-emotional state of the student. Gradually, the tasks for a student with an autistic disorder become more complicated, for example, involvement in a group form of classes, where contact is established with a peer and a therapist who helps them to adapt and learn new material.

Thus, mastering more and more complex environments, the child forms his own mechanisms for regulating behavior in different conditions, as well as his subordination to the rules and requirements of society. This requires a certain level of tension, but without this there is no development, and a child+ striving for comfort will endlessly engage in what he has been able to do for a long time, not trying to move further.

Modeling an environment adequate for each stage of work with a child, we consider two blocks of such characteristics, the first is spatio-temporal and the second - emotional. In addition, when interacting with a child, it is important to understand and fill with meanings the process of emerging interaction: what meaning the child puts into the unfolding events, what interests him, attracts him in the situation of communication.

Spatio-temporal characteristics of the environment

Many people who talk about building an environment for working with a child have in mind exactly this block of characteristics: the size of the room, the equipment with furniture and equipment for classes, the color of the walls, the presence of windows, etc. Indeed, for a child, this can be very important. When planning a lesson, a specialist must foresee everything that can frighten a child in the room, and what, on the contrary, will interest him. In some cases, it

is not fear that hinders participation in the lesson, but, on the contrary, an increased interest in the subject, overshadowing all other objects and events.

A specialist who knows about the specific interests and preferences of the child can select instruments with an attractive image especially for him and, without even entering the hall, roughly explain what awaits him. Examination and observation of a student with autism and ASD gives not only a general picture of „does/does not", but also allows him to find out what he likes, what he gravitates towards, etc.

The following examples of work and the described psycho correctional techniques illustrate the possibilities of specialists in working with children diagnosed with autism and ASD.

Example: *5-year-old Platon K.* was engaged in a group of normally (typically) developing children in the group. The boy is happy to go to kindergarten, but does not participate in group classes. He built his circle of exercises and activities, where there was always one movement: look at the hand, make the sounds of a flying rocket or plane, then jump in place waving his arms. In other words, stereotypical behavior is evident. Constantly repetitive movements do not allow him to focus on something new. I watched him, and tried to redirect his interest to other exercises that he coped with, since his intellectual abilities are well developed, due to the constant individual work of specialists.

Before the start of the lesson, I began to specially create a ritual of some rules, then the obligatory voicing of desires and needs. The influence of the „Request - Answer" exercise led to his new opportunities for communication, and also began to develop a *sense of need* in him. Feeling *the need* is the key to perform the activity, especially in the case of autism, where the development of praxis (the skill of performing activities) depends on oral (social), and then internal speech for the implementation of motor acts, as a result of which motor exercises receive speech content and acquire the meaning or sense. *The need, along with the motive, plays a major role in the performance of the activity*. [2, p. 199].

If we do not forget about such an influence (both positive and negative), then a simple preparation for the lesson - the spatial organization of the room - can help overcome many behavioral problems, organize the child's attention and stimulate his activity in the lesson.

The interaction of a specialist with a student with autism is a process that unfolds over time. Accordingly, the environment in which this interaction takes place does not remain constant, but changes along with ongoing events. The specialist and the child move in space, transfer simulators from place to place, get new items that they have not previously worked with or used in class.

The speed of movement and events can be very different: one child needs to be given enough time to notice the appearance of an object and react to this event, for another it is important that one event immediately replaces another, and the rapid pace of the lesson does not let him get bored. Thus, the temporary organization of the environment can influence the state of the child, his readiness and ability to participate in events, and as a result, the development of a response.

Example: *In a group of students aged 9-10 years with a severe form of autistic disorder*, the main task of a specialist in physical education was to include children in the performance of physical exercises, motor tasks, as well as the formulation of the concepts of *„laterality"* and the study of directions: *up, down, left, right,* and as well as stimulating their directed activity. Among the existing problems, low indicators of physical activity and reaction speed, as well as extremely limited motor and speech capabilities, came to the fore: the students did not use speech and almost did not make arbitrary movements with their hands.

Gradually, the students chose their place in the kinetotherapy room, some near the exercise bike, some near the step, or just on the mattress. Most often, they chose a place where there

were simulators for a cyclic type of exercise. At each lesson, the specialist changed the location of the simulators, which did not subsequently cause any discomfort among the students.

Then the use of verbal instructions and be sure to timer, with sound. For students with autistic disorder, it is important to set a task in which there is a so-called. „the end", in the form of a call or just vibration of the phone. These techniques helped students to gradually expand their physical capabilities when performing motor activities.

Results: By the end of the first half of the year of study at the auxiliary school, the students who attended the classes, according to the schedule, began not only to recognize the specialist, to rejoice at his appearance, they tried to go to the kinetotherapy room on their own or with the help. At the lesson, the children became significantly involved, focused and followed the events, performed and imitated exercises with and without objects, the main achievement is that in addition to mechanically memorizing the sequence of physical exercises, they learned to perform them counting.

Example: *In the group of children 7-8 years old with autism spectrum disorder*, attention deficit and hyperactivity, physical activity was also carried out according to the school schedule. Children used speech to communicate, actively moved around the room, but often could not sit still for more than a few minutes. Difficulties in following the instructions were noted: although the children understood speech and could perform the appropriate action, they did not do it when necessary.

The main task for me as a specialist was the formation of an arbitrary regulation of the behavior of students. Therefore, instead of the planned 45 minutes, the lesson lasted only „quality" 20 or even 15 minutes. During this time, 8-9 exercises and motor tasks were offered. The trainers were used for less than a minute. It was mandatory to introduce *„question (request) - answer"* into the lesson. An appeal (full and incomplete) was necessarily worked out, where balls of different colors and baskets were the object of desire.

The student turned to the specialist: „Maria, please give me red balloons!". If the form of address was formulated clearly and without unnecessary stereotypical movements, then the desired was given to the student. If, however, there were difficulties in formulating, due to inattention, unwillingness to pronounce the words, balls were not given out.

Results: For more than six months, it was possible to increase the time of the student's physical activity. It was possible to increase the concentration and involvement in the process of the lesson, increase the concentration of attention, complicate the didactic games, which served as an indicator of the development of the possibilities for regulating behavior. The events offered to children in the lesson occur in a certain sequence, and it can be very important for a child how predictable and understandable this sequence is. It is difficult to adapt to changes, new exercises and tasks were perceived with hostility, but over time, one could notice how the students, gradually assimilating this order, become more confident, the anxiety caused by the unknown decreases, and in the motor tasks for which the child was able to prepare , he participates more successfully and effectively.

In some cases, it is advisable, on the contrary, to change the order of games, helping the child adapt to new conditions, focusing on verbal instructions or a picture lesson plan. Such a task can be set if the child is already adapted to a permanent environment, is familiar with the games offered to him and is ready for some changes.

Emotional characteristics of the environment

Many of us have noticed that in one company we are comfortable - it is calm and fun, everyone supports each other, attentive to everyone. And with other people, you expect an unkind joke, a sharp shout in advance, others will not notice that someone is in a bad mood, and instead of the necessary support, they will insist that he do something that does not arouse his interest.

Nevertheless, for various reasons, one has to find oneself in such environments, for example, if a school offers such relationships. It is not obvious to everyone that it is important for a child not only what attitude an adult demonstrates towards him personally, but also what kind of atmosphere reigns in the group, how he communicates with other children and their parents.

Example: *Aleksey R*, tried to attend group physical classes for 8 years. The boy loved physical activity, went to the kinetotherapy room with pleasure, at the first individual meeting he made a good impression and was enrolled in a group of children who had been attending classes for some time.

However, already in the first group lesson, the boy could not participate: when he saw his classmate, who once offended him, raised a cry, hid in a corner and decided to join the educational process until the end of the lesson. In the second lesson, he stood on a red mattress and chose his place in the hall as a refuge. The resorted quickly tried to imitate movements and exercises and ran back to the mat. He was very tense, his movements were constrained and often incorrect. Many children, even those who have pronounced interaction difficulties and, at first glance, do not pay attention to others (there is an erroneous opinion that they "do not want to communicate"), nevertheless, they are very sensitive to the emotional state of another person [3, p. 67].

Therefore, it is very important, when communicating with a child, not to pretend, not to demonstrate those feelings that the specialist does not actually experience. Sometimes the emotional state of a specialist prevents the child from enjoying his favorite „shaking" simulator. The treadmill is loud and the students on it make loud sonic vibrations. They like that the whole body shakes, there are also switching speeds, fast-slow modes, and most importantly, the sound of pressing a button. If the specialist feels that he is in a nervous state, then in this case it is better to abandon the exercise on this simulator so as not to create in the child a sensation of perception that is difficult for him. A child will be much more pleased to participate and more easily engage in physical activities and interact with an adult with whom he is "on the same wavelength", if there is nothing that can emotionally shake his calmness or habitual state.

Organizing the therapeutic environment, specialists constantly remember the importance of its emotional characteristics. This allows you to offer the child different types of emotional relationships, thanks to which it is possible to influence the emotional state and behavior of the child, to develop interaction with him.

Significance and semantic content of the environment

It seems to us very important not only the conditions under which teachers organize interaction with the child, but also what kind of activity they are offered, whether it is interesting for the child, what meaning he puts into his own activity. We also consider the activity that takes place in one or another spatio-temporal context as a component of the therapeutic environment.

The key word for the subsequent description will be the word "interest or need". Of course, by forming a goal-oriented behavior in a child, and subsequently learning motivation, specialists strive to ensure that he learns to do not only what he wants, but also what he needs (the mechanism by which this happens is that the child understands that , why it is necessary not for others, but for himself).

Starting work with a child, it is necessary to find out from those who know him well (parents or specialists who have already conducted classes with him) what the child likes, what colors he prefers, what cartoon he watched recently and enjoyed it. Using this already pre-formed interest, the specialist gets the opportunity to offer the child an activity that will attract him more quickly than other activities that are not related to his experience and interests.

The degree of structured environment

To establish relationships, it is also important how an adult behaves - whether he requires the child to complete tasks and obey the rules, whether he allows him to do whatever he pleases,

whether he offers a game or waits for initiative from the child, etc. Recall that in order to establish contact and the appearance of the first forms of interaction with the student, it is necessary to provide him with a comfortable environment.

It is an erroneous opinion that all children are comfortable in an environment in which they are free to do whatever they want, without meeting any prohibitions or disapproval. For a child living in constant anxiety ("what if mom leaves and never comes back?", "behind this door where I never looked, there must be something dangerous"), external control and planning of all time by someone else turns out to be a salvation. Such children feel at ease when they are told what to do, where to go, what to wear. On the contrary, faced with a choice ("do you want a red or green ball?"), they cannot choose, but, having finally decided, they continue to worry.

When offering a child a style of interaction, the specialist focuses on what the child needs to feel confident and calm. As a rule, the solution is some optimal ratio of freedom and restrictions, especially since subsequently the task of mastering a new type of relationship (a child who knows how to act in a free situation, we will teach to live in a system of rules, and waiting for instructions and hints - decide what to do on your own).

Conclusion

As many years of experience show, the creation of a therapeutic environment that is adequate the state of the child, the opportunities he has for inclusion in interaction and adaptation, allows you to establish contact even in the most difficult cases, when it seems that the child stubbornly avoids the company of other people, and communication with them is unbearable for him.

After some time (sometimes very long, and sometimes unexpectedly short), we suddenly notice the interested look of a child who used to sit with his hands over his ears and turned away to the wall. If before he glanced at an adult to appreciate, how dangerous it is to be in the same room with him, now it is precisely an interest that will later develop into a desire to join the game.

While not yet turning on outwardly, without making any directed actions or movements, the child, nevertheless, begins to emotionally react to the actions of a specialist, he looks at an adult with joy and is ready to go through a few unpleasant seconds (now he even knows how to reduce discomfort) for the sake of communication and sharing positive emotions with a partner.

Sometimes a child who has not previously responded to an adult's attempts to attention, shows that his presence and his actions are really important, and he appreciates them. To do this, you have to stop and let the child realize, for example, that the scattered balls around the hall have been removed, - the child turns to the adult and demonstrates his surprise at the unexpected order in the office.

When meeting students in the school corridor or in the classroom, the students follow me and stop, drawing attention to themselves, and sometimes the phrase uttered by the student: „Take me, please to your class!" gives the specialist the realization that he serves his work faithfully.

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