

Investigation of formation of the social readiness to studying at school in senior preschool children with moderate intellectual development disorders

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1. Introduction

The modern development stage of Ukraine is characterized by the tendency to the growing social tolerance to a person with development disorders that conditions intensification of the social demand for psychological science as to searching for effective ways of social adaptation of this category of children to social needs. This problem is especially acute at transitional ontogenesis stages, characterized by new appearing conditions, which a child must adapt to. The most difficult in this aspect is a transfer from preschool life to school, because just the formation of the child's readiness to studying at school determines his/her education quality in general. Against this background the category of senior preschool children with intellectual development disorders, especially moderate ones, is extremely vulnerable, because their main injury makes the natural process of independent mastering of behavioral models, providing their effective adaptation to conditions of school studying as a new development situation, impossible. So, there appears a need to elaborate and introduce an effective system of social support, providing the development and formation of adaptation mechanisms for senior preschool children with intellectual development disorders for further school studying.

Separate questions of the problem of social adaptation of senior preschool children with intellectual development disorders are by the way presented in several studies of native and foreign scientists. Thus, studies of the native researcher A. Vysotska investigate aspects of preparing children with intellectual development disorders of different degrees to the adequate orientation in the environment, formation of skills of socially accepted behavior in different life situations [1]. N. Morozova studied in preschool oligophrenic pedagogy separate formation aspects of self-service skills, connected with peculiarities of social behavior of preschool children with intellectual development disorders [1]. Foreign researchers N. Marrus, A. Glowinski, T. Jaco, A. Klin, W. Jones, presented studies of reciprocal social interaction as a main guarantee of social formation of children with

INVESTIGATION OF FORMATION OF THE SOCIAL READINESS TO STUDYING AT SCHOOL IN SENIOR PRESCHOOL CHILDREN WITH MODERATE INTELLECTUAL DEVELOPMENT DISORDERS

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Abstract: The authors of the paper consider the problem of social formation of senior preschool children with moderate intellectual development disorders as a precondition of studying at school. The problem is solved in the aspect of general favoring social development of this category of children, namely formation of soft-skills in preschool children with intellectual development disorders.

The theoretical-analytical work of studying the problem of formation of the social readiness of senior preschool children with moderate intellectual development disorders was based on the diagnostics of the social readiness to studying at school of this category of children and two components in its structure (communicative and social competences), which content includes criteria (cognitive-motivational; behavioral; cognitive; operational), indicators and their levels were determined. The formation of the social readiness of children with moderate intellectual development disorders to studying at school was investigated competence by competence (social and communicative competences), taking into account the comparative principle by juxtaposing their results with ones of children with light intellectual development disorders. There was empirically revealed the low formation level of the social readiness of senior preschool children with moderate intellectual development disorders that is conditioned by an insufficient formation level of its structural components: social – at the expense of low indicators of understanding him/herself as a member of a social group by a child, non-formation of the ability to perceive and produce information about him/herself, own inclinations, significant adults, inability to observe social norms and values in behavior and interaction with others, rigidity of behavioral strategies at interaction with others, non-conformity of reaction to their words and actions, non-formation of the ability to listen, not to interrupt; communicative – because of difficulties to understand addressed speaking, inability to enter the communication process, non-formation of knowledge about communication culture rules in relation with coevals and adults, absence of self-control/mutual control in communication situations, non-formation of the ability to correlate verbal communication means with nonverbal ones.

Keywords: senior preschool age, moderate intellectual development disorders, studying, social readiness, social competence, communicative competence.

psychophysical development disorders [2]. Scientific studies by A. Karra especially present comparative investigations about soft-skills formation at both organization of home studying of children with intellectual development disorders and under conditions of specially organized studying at educational institutions [3]. Studies of the author group of B. Dučić, S. Kaljača about determination of interconnections between a mastering level of social skills and successful studying of children with light and moderate intellectual development disorders also deal with the topic of our study [4]. A connection between the early socio-emotional functioning, formed within the social competence under conditions of a preschool educational institution and social welfare is presented in works by D. Jones, M. Greenberg, M. Crowley [5]. Studies by A. Klin, S. Shultz, W. Jones, concentrated on main socialization mechanisms, are also interesting for our research. They note that these mechanisms play an important role in the early development of children with a deviated development, combined with intellectual disorders, and improve their achievements by means of neuro-developmental, behavioral intervention in their early development [6].

Although, all these studies are made on different methodological backgrounds that doesn't allow to elaborate a complex scheme of formation of the social readiness of senior preschool children with moderate intellectual development disorders to studying at school, based only on the theoretical analysis results of the problem (*below – MIDD*).

Aim of research – to study the formation of the social readiness of senior preschool children with moderate intellectual development disorders to studying at school.

2. Materials and Methods

For providing reliability of statements, conclusions and solutions of the outlined research tasks, there was used a complex of complementary methods: *theoretical*: comparison and systematization of the research material for determining the communicative and social competence in the structure of

the social readiness of the given category of children to studying at school; deductive – for the systemic description of the studied phenomenon; inductive – for establishing regularities, systematization of the empirical research results; *empirical*: the diagnostic complex for revealing formation peculiarities of the social readiness of senior preschool children with moderate intellectual development disorders to studying in such components: *social competence* by the cognitive criterion and such indicators as: social intellect, knowledge about oneself and own place in the world, understanding of social norms, rules, comprehension of social reality, cooperation (“Method of observation on children at activities, realizing regime moments (in game, free communication, walking) of activity”); understanding of social reality, cooperation (“Method of estimating a social development level of children” by A. Zakrepna); by the operational criterion, determined by such indicators as: adequacy of child’s behavior in a familiar/unknown situation, adequacy of using surrounding objects, realization of feedback individual-individual, individual-group, group-group (Method “Social sorting” by G. Burmenska); *communicative competence* by the cognitive-motivational criterion and such indicators as: practical readiness of a child to a certain type of communication with coevals and adults (“Method of studying the condition of impressive, expressive speaking and alternative communication means” by I. Agaeva, L. Lopatina); striving for interaction, ability to use interaction types (“Method of studying the leading form of communication with adults” by O. Smirnova, H. Bedelbaeva, A. Ruzka) [7]; by the behavioral criterion and such indicators as: choice of adequate communication methods (verbal and non-verbal communication means), choice of ethic-value behavior samples (Method “Pictures” by O. Smirnova) [8]; *mathematical-statistical*: Fisher’s criterion of angle transformation for establishing reliability of differences between indicators of the experimental groups.

According to the theoretical analysis of the literature on the research problem, there is determined the content of the notion “social readiness to studying at school” as the formation of the ability to accepting a new social position of a school child, conditioned by the formation of a child’s attitude to him/herself, adults, coevals as subjects of the educational space and manifested in the ability to interact with them according to a situation. The structure base of the social readiness to studying at school consists of two components/competences: communicative and social. It was explained in the research process, that as opposite to coevals without intellectual development disorders, whose social readiness to studying at school can be formed in natural conditions, this ability in schoolchildren with intellectual disorders can be formed only under conditions of a specially organized influence (O. Gavrilov, M. Matveeva, O. Khokhlina and so on) [9–11].

The study of the specificity of social readiness of children with MIDD to studying at school was investigated competence by competence (social and communicative competences), taking into account the comparative principle by juxtaposing their results with ones of children with light intellectual development disorders (below – LIDD).

3. Result

According to the results of the empirical study, there has been revealed *the specificity of the communicative competence* of senior preschool children with MIDD, concretized by the formation condition of its criteria (Table 1). Children with MIDD demonstrate the absolute non-formation of the communicative competence (null level in 52.8 % $\varphi^*=1.92$ at $\rho\leq 0.02$) both in

whole and separately by the cognitive-motivational (null level in MD=58.4 % against LD=39.1 %, $\rho\leq 0.02$), and behavioral criterion (MD=50.9 % against LD= 39.6 %, $\rho\leq 0.02$). Thus, at the insufficient formation level by the *cognitive-motivational criterion*, there has been established the prevalence of the null mastering level of communicative skills (in 53 % at $\rho\leq 0.02$), situation character of expressions (in 56.8 % at $\rho\leq 0.02$), prevalence of communication of the situation-business character (in 69.8 % at $\rho\leq 0.01$), typical for children of younger age with the typical development, and also inclination to avoid problem situations (in 62.4 % at $\rho\leq 0.01$).

Table 1

Data about formation levels of the communicative competence (in %)

Levels	SPS children with MIDD	SPS children with LIDD
High	–	–
Middle	16.9	30.2
Low	30.3	39.6
Null	52.8	30.2

There has been also established the significant prevalence of the null level (MD=50.9 % against LD=26.8 % $\varphi^*=1.92$ at $\rho\leq 0.02$) of the *behavioral criterion* formation, manifested in the non-formation of adequate communication methods (in 50.2 % at $\rho\leq 0.02$), deficit of the communicative technique as the use of both verbal and non-verbal communication means (in 52.8 % at $\rho\leq 0.02$). The insufficiency in mastering extra-situation communication forms is manifested in the non-formation of stable motives of communication with adults, decreased need in communication, low development of speaking communication, disinterestedness in contacts, inability to orient in a communication situation, prevalence of protecting reactions of avoiding and aggression. It creates difficulties for the full-value entering of such children to the new social environment and effective interaction with surroundings.

There is fixed the low formation level of the *social competence* by both diagnostic criteria – cognitive and operational (Table 2). Children with MIDD demonstrate the high formation level of the *cognitive criterion* (MD=52.8 % against LD=26.8 % $\varphi^*=1.89$, that corresponds to $\rho\leq 0.02$) at the expanse of low formation indices: understanding about oneself (MD=23.7 % against LD=51.2 % at $\rho\leq 0.02$), understanding about others (MD=16.9 % against LD=56.1 % at $\rho\leq 0.01$), understanding about external reality, adequacy of using surrounding objects (MD=15.8 % against LD=39.1 % at $\rho\leq 0.02$), behavior adequacy under unknown conditions (MD=18.8 % against LD=46.3 % at $\rho\leq 0.01$).

Table 2

Data about formation levels of the social competence (in %)

Levels	SPS children with MIDD	SPS children with LIDD
High	–	–
Middle	16.9	34.1
Low	33.9	46.3
Null	50.9	19.5

There is established the prevalence of non-formation of the *operational criterion* of the social competence in children with MIDD (null level in MD = 50.9 % against LD=36.7 % at $\rho\leq 0.02$), concretized in the low effectiveness of common activity and

inclination to isolation (in 64.1 % $\varphi^*=1.91$ at $p\leq 0.02$), inability to arrange with surroundings (in 73.5 % $\varphi^*=2.07$ at $p\leq 0.01$), high level of aggression, absence of independence and helplessness as to helping others, waiting for help from adults (in 73.5 % $\varphi^*=2.07$ at $p\leq 0.01$), inadequacy of emotional-stormy reactions, accompanied by frequent mood changes (in 64.1 % $\varphi^*=1.92$ at $p\leq 0.02$).

Thus, according to the results of the empirical research, there is fixed the insufficient formation level of the social readiness of children with moderate intellectual development disorders to studying at school that makes its formation impossible without a specially organized influence.

4. Discussion

Because of the fact that since recently the category of children with moderate intellectual development disorders has been considered ineducable in Ukraine, there are no researches on this problem for today that makes juxtaposing of the native empirical material impossible. But tangent studies of foreign scientists, especially works of the doctor A. Karra (India), indicate low indices of soft-skills mastering in children with MIDD, who stay at home and don't visit special educational institutions, comparing with average indices of the same category of children under conditions of specially organized studying. So, the statistical analysis testifies to the significant difference that is ($p<0.01$) [3]. Research results by B. Dučić, S. Kaljača (Balkans) on determining interconnections between the level of soft-skills

mastering and successful study of children with moderate and light intellectual disorders are interesting. So, the researchers established, that the sample of respondents with MIDD demonstrates a positive correlation between formed soft-skills and studying achievements ($r=0.334$, $p=0.037$) [4]. It generally confirms our scientific position as to the positive influence of social development/formation of senior preschool children with MIDD on the readiness to studying at school.

So, based on the comparative analysis of the empirical research data, there has been revealed the specificity of the social readiness formation in senior preschool children with moderate intellectual development disorders, concretized in the low formation level of both structural components: social competence, manifested in disorders of social development, and combined with disorders of the motivational sphere and secondary speaking underdevelopment; so, there are difficulties in understanding and perceiving oneself, own parents, nearest surrounding, social life events; communicative competence, which peculiarities are manifested in the insufficient mastering of extra-situation communication forms, non-formation of stable motives of communication with adults, decreased need in communication, non-formation of speaking communication and in such behavioral peculiarities of children as: disinterestedness in contacts, inability to orient in a communication situation, avoiding, aggression. It creates difficulties for full-value entering of such children to the new social environment and effective interaction with surroundings.

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