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MODEL OF COMMUNICATION COMPETENCES CHILDREN WITH ASPERGER'S SYNDROME*

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Марцинковська Б., Конечна І., Смолінська К.. Модель комунікативних компетенцій дітей з синдромом Аспергера. Цей матеріал демонструє спробу створити модель комунікативних компетенцій дітей з синдромом Аспергера. Основні цілі тут стосуються інформації, що поведінка кожної людини – це по суті склад інформації, тому вона являє собою комунікативну компетентність (комунікативну поведінку). Основою для конструювання цієї моделі були літературні огляди у полі соціальної комунікації і психосоціального функціонування людей з синдромом Аспергера, а також аналіз моделей комунікативних компетентностей людей з розумовою відсталістю Б. Марцинковської (2013).

Пропонована модель є багаторівневою, вертикальна конструкція містить чотири рівні: визначення, діагностика, підтримка, оцінка. Згідно з теоретичними напрацюваннями, ці рівні отримали термінологічні назви-визначення: (1) соціальне функціонування, (2) пізнавальне функціонування, (3) порушення соціального функціонування, (4) синдром Аспергера, (5) комунікативні компетенції.

У цій моделі комунікативні компетенції були описані як сховище знань, можливостей і мотивацій, що дозволяє достатню комунікацію на

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різних рівнях і у різному соціальному контексті.

Продемонстрована тут підтримуюча модель комунікативних компетенцій спрямована на впізнавання потреб, можливостей і обмежень дітей з синдромом Аспергера, і підтримку розвитку їхніх комунікативних компетенцій.

Ключові слова: синдром Аспергера, соціальне функціонування, пізнавальне функціонування, порушення соціального функціонування, комунікативні компетенції.

Марцинковская Б., Конечная И., Смолинска К. Модель коммуникативных компетенций детей с синдромом Аспергера. Этот материал демонстрирует попытку создать модель коммуникативных компетенций детей с синдромом Аспергера. Основные цели здесь касаются информации, поведение каждого человека - это по сути состав информации, поэтому она представляет собой коммуникативную компетентность (коммуникативное поведение). Основой для конструирования этой модели были литературные обзоры в поле социальной коммуникации и психосоциального функционирования людей с синдромом Аспергера, а также анализ моделей коммуникативных компетенций людей с умственной отсталостью Б. Марцинковского (2013).

Предлагаемая модель является многоуровневой, вертикальная конструкция содержит четыре уровня: определение, диагностика, поддержка, оценка. Согласно теоретическим разработкам, эти уровни получили терминологические названия-определения: (1) социальное функционирование (2) познавательное функционирование (3) нарушение социального функционирования (4) синдром Аспергера (5) коммуникативные компетенции.

В этой модели коммуникативные компетенции были описаны как хранилище знаний, возможностей и мотиваций, которые позволяют достаточную коммуникацию на различных уровнях и в различном социальном контексте.

Продемонстрирована здесь поддерживающая модель коммуникативных компетенций направлена на узнавание потребностей, возможностей и ограничений детей с синдромом Аспергера, и поддержку развития их коммуникативных компетенций.

Ключевые слова: синдром Аспергера, социальное функционирование, познавательное функционирование, нарушение социального функционирования, коммуникативные компетенции.

Barbara Marcinkowska, Iwona Konieczna, Katarzyna Smolińska. Model of communication competences children with Asperger's syndrome. This paper presents a try to create communication competencies

model children with Asperger's syndrome. Main goals here regard to information that each human behavior is information storage so it means communication competency (communication behavior). So the base in order to construct this model was literature review in area of social communication and psycho – social functioning of people with Asperger's syndrome and analysis of the communication competencies model people with mental disability created by B. Marcinkowska (2013).

Model proposal is multilevel, vertical construct including four levels: definition, diagnostic, supporting, evaluation. In order to find theoretical contexts concerned into key terms: (1) *social functioning*, (2) *cognitive functioning*, (3) *social, functioning disorder*, (4) *Asperger's syndrome*, (5) *communication competencies* which are terminologically – definitional base of this model.

In this model communication competencies were described as a knowledge stock, abilities and motivation which allow efficient communication on different levels and in different social contexts.

Presented here supporting communication competencies model is directed to recognition of needs, possibilities and limitations children with Asperger's syndrome and supporting their communication competencies development.

Key words: Asperger's syndrome, social functioning, cognitive functioning, social functioning disorders, communication competencies.

[...] if the second one is different he has to surprise me, confuse me, we have to meet together not as a similar people but as a completely different and it means some kind a transformation of me, the second part of me, our differences cannot be not any longer transparent qualities, they have to become meanings.

(Merleau-Ponty, 1976, p. 75)

Proper behaviors regarding communication are very different and depends on the situation and people. It is a mistake to think, that the communication competence is a feature which somebody owns or do not own.

(Spitzberg, 1991,

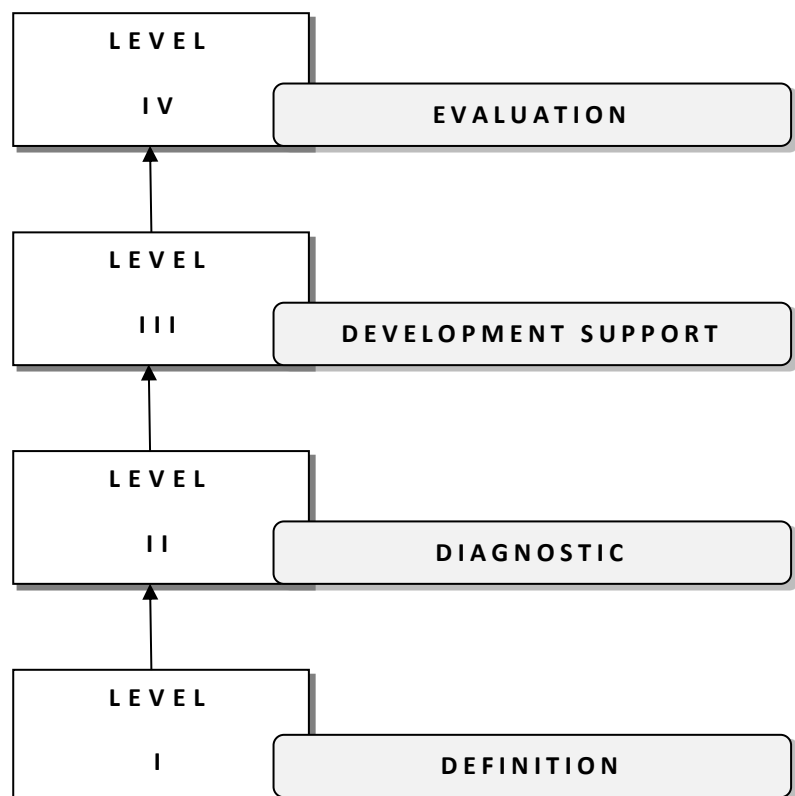
follow: R.B. Adler, L.B. Rosenfeld, R.F. Proctor II, 2007, p. 27)

Children with Asperger's syndrome are being perceived by the social environment as a different, unusual. Because of their strange and very often obscurely social behaviors and very specific conversation in description of their functioning negative narration appears, it creates social distance. Problems in communications of people with Asperger's syndrome are perceived as disadvantages. The most important thing in construction of

social world where everybody will find their own place is to understand other people (proper behavior interpretation** and correct reactions).

The aim of this paper is to present original model communication competences of children with Asperger's syndrome***. The base of this model was review of knowledge in area of social communication and psychosocial functioning of people with Asperger's syndrome and analysis of communication competencies model of children with deeper intellectual disability (Marcinkowska, 2013).

This model is multiplain and vertical construct which includes four levels: definition level, diagnostic level, development support and evaluation one (Marcinkowska 2013).



Scheme 1: Model communication competencies children with Asperger's syndrome

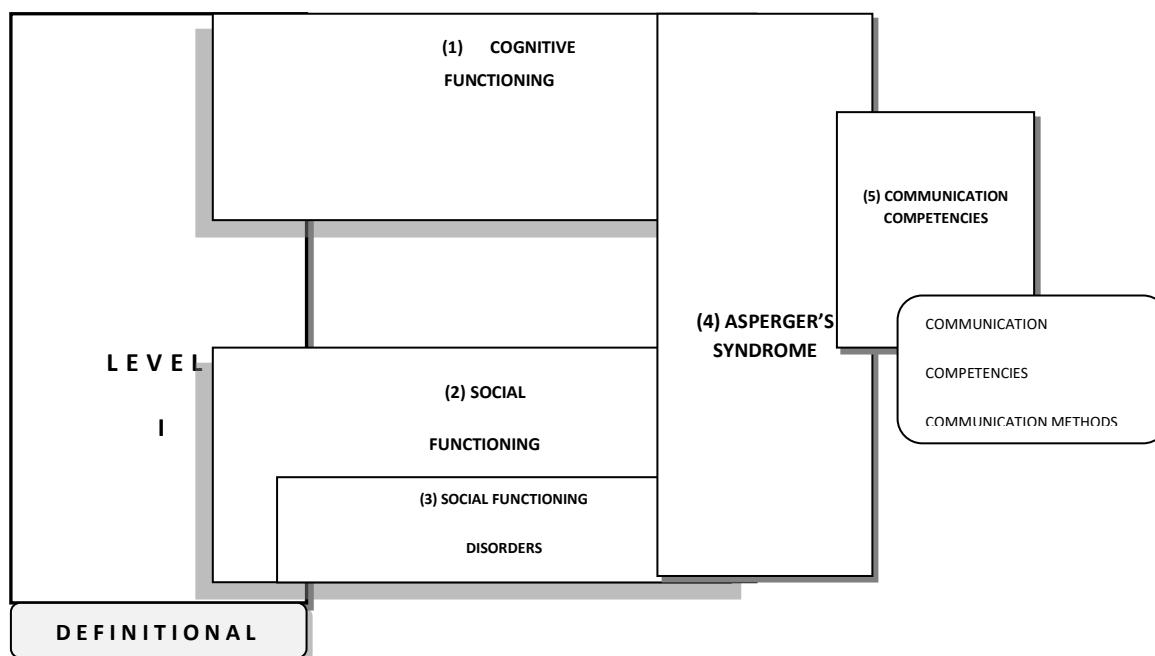
Source: own materials

Definition level

In order to find theoretical contexts, we concern to essential terms: (1) *social functioning*, (2) *cognitive functioning*, (3) *social functioning disorders*, (4) *Asperger's syndrome*, (5) *communication competencies* (see scheme 2). They are terminological – definitional model basis.

**We assume that all children human behaviors are storage of information so expression of communication (communication behavior).

***It should be assumed that in practical view model presented here might be useful for professionals in order to create own solutions in area of diagnosing and supporting of development of communication competencies in children with Asperger's syndrome.



Scheme 2: Children with Asperger's syndrome communication competencies model – definitional level

Source: own materials

(1) Cognitive functioning

Cognition is man's ability to receipt information from environment and processing it in order to have better control of own actions and also to better accommodate to local environment. Cognition is also totality of processes and psychical structures which take place in processing information (Nęcka, Orzechowski, Szymura, 2007, p. 22). Cognition concerns both contents and processes (Gerrig, Zimbardo, 2006, p. 244). Cognition contents are human's knowledge subjects. Cognition processes are some kind of rules which allow to identify and interpret everyday situation and also help to find a solution for everyday problems. Dictionary of psychology (2009, p.552) defines cognitive processes as a higher psychical processes which include: cognition, memory, language, problem solution and abstract thinking. H. R. Schaffer (2007) Cognition ties in with knowledge and cognition development with knowledge acquire, which include: understanding, thinking, finding problems solution, learning, term creation, classification, remembering.

A. Matczak (2003) cognitive processes describes as psychical actions which help individual to acquire orientation in its environment. Those processes allow to reach information, to build and create knowledge both about external and internal environment. Basic cognitive processes are:

- Receiving experiences and cognition – individual can record information delivered directly from external or internal environment;
- Thinking, which is higher and better form of cognition including processing data received, transcending beyond experiences and

observations, recognizing different elements, both better available in direct observation and those which are unavailable

- Memory, which allow to store and remind information (2003, p. 50)

Cognitive processes by A. Falkowski, T. Maruszewski, E. Nęcka (2011) include mind functioning beginning from experience of simple sensual impression into complicated thinking process remolding received reality.

Cognitive processes give meaning to perceived incentives and they allow to adapt and to exist in environment. Regarding effective preparation conditions, it can be distinguished incentives selection which is possible thanks to attention process and by using previous experiences thanks to memory. Full understanding reality presentation is possible thanks to memory, where those presentations are storage. Cognitive processes necessary condition, imagination and recording experiences in memory is attention. But the most complicated brain activity which connects observations, imaginations and ideas in specific sequences remolding and creating new cognitive elements are thought processes (therein, p. 59). Very important role in cognitive processes also have decision taking, which can be seen both in perceiving processes and thinking. As the last one cognitive process language as a tool of communication was presented, it allows to forward our own observations, imaginations, thinking effects and problem solutions (therein, p. 510).

Because of huge differentiation of psychological literature cognitive processes can be defined in many ways. One division divides cognitive processes into elementary and complex.

Elementary cognitive processes are sequence of processing information which includes its receiving, interpretation and storage. Three main categories are: attention, perception and memory. Some authors (following by Jodzio, 2008: Lezak, 1982, Walsh, 1998, Borkowski and Burke, 2001) into elementary processes include also cognitive control and educational features so mind activity steering cognitive processes (Jodzio, 2008).

Complex cognitive processes include thinking and language. Thinking generally might be described as a brain ability to creation symbolic reality model and to remolding it (Nęcka, Orzechowski, Szymura, 2006). It can be mentioned also more specified categories here such us problems solving, abstracting. Language term is interdisciplinary which include such kind of structures as thinking and other cognitive processes (Maruszewski, 1996).

Cognitive psychology catches cognitive processes wide or narrow (Maruszewski, 1996, p. 11). H. Markus (1993) claims wider conceptualization the most important is how do the human receives and understands surrounding world. Important here is not only how do the unit receive information but how the information is interpreted (p. 1012 – 1030). The other narrow conceptualization focus mainly on nature of brain processes instead of human nature. Those processes are called as remolding information processes.

It should be mentioned that cognitive processes can be divided also into different categories regarding their functions (Maruszewski, 2002). In the area of cognitive functions elementary and complex cognitive processes are included, such as perception, memory, thinking. Thanks to them brain receives and remolds information and is able to communicate them outside. Executive functions are located between the brain, as a system of remolding information, and between the execution realized here as a group of executed actions (Kurcz, Reykowski 1975, p. 105; 111-112). Thanks to the mentioned function human can code, control and modify its own actions. Cognitive processes and executive functions are strictly connected with global functions which include attentions processes, psychomotor speed, consciousness state. It should be noticed that global functions actual efficiency influence on cognitive processes current efficiency (Jodzio, 2008, Matczak, 2003).

To sum up cognitive processes include brain functioning, experience of simply sensual impressions, complex thinking process remolding received reality (Falkowski, Maruszewski, Nęcka, 2011 p. 509).

(2) Social functioning

We will not find a single definition regarding to social functioning in literature.

We can observe here researches diversity concerning course and determinants. The lack of unanimity cause that we can find a lot of definitions where the definition of social functioning appears or occurs interchangeably. We can point here such definitions as *social development, socialization, communization, adoptive behaviors, social competence* (M. Kościelska, 1984; B. Marcinkowska, 2013; K. J. Tillmann, 2005; M. Przetacznik – Gierowska, M. Tyszkowa, 2005).

Social functioning is ambiguous and complex term concerning to different areas and levels of human life (Rymaszewska, 2004, p.18). Unit's social functioning is multi - area phenomenon. It can be said that is some kind of competence and process because of the method of unit's social functioning might evolve and depends from many factors. A. Brzezińska (2007) says, that social functioning might be taken as a three connected to each other areas: psyche, soma and polis. As a consequence, they impact on human's behavior because of mutual and bilateral relations with external (neighborhood) and internal environment (concerning genetic equipment). In the polis area unit as a social being has to be equal to social expectations and overcome new abilities in order to functioning in social area.

Human's development might concern to human, his personality, individual functions, competencies and abilities. Individual developmental stages are marked by specific social functioning which are evaluated by different externals factors.

J. Rymaszewska (2004) says, that unit's relationships with environment are marked by: social functioning, social adaptation, social skills and roles. A. Brzezińska (2005) follows by W. Krajewski and says that there are four levels

of developmental changes perceiving: (1) cognitive related to brain structure changes, (2) personal concerning personality changes; (3) behavioral related to behave changes; (4) social which regards to changes in relations between human and his environment. All those levels are strictly connected. Changes in each of them might be a remolding reason in others. This system depends from biological (internal) changes of organism related to social (external) unit functioning expectations in specific situations.

Social development analyses show, that many researchers emphasize unit's modifications which are effect social relationships effect (S. Kowalik, 2004; M. Kościelska, 1984; K. J. Tillmann, 2005; M. Przetacznik – Gierowska, M. Tyszkowa, 2005). This process relates to amassing social experiences called abilities, social features, interpersonal competencies which contribute to unit's feeling of better preparation to live in sociality (J. Trempała, 2000). Social development is also described as a change of relationships with other units or social groups caused by acquiring certain social abilities which allows to meet and improve new competencies (S. Kowalik, 2004, p. 73). E. B. Hurlock (1985) says that this is adulthood attaining related to: willingness to live in sociality, learning process, fitting to social group patterns, trends, customs, quiddity of community, communication and cooperation systems. Process of being "socialized person" includes social approved behaviors learning, acting and improving social attitudes. E. B. Hurlock says, that disruptions between those elements reduce unit's communization level. Social development is integral part of whole unit's psycho – physical development and is strictly connected with units' personality. So social development can be analyzed regarding changes in unit's personality but only when the unit is able to constructive participation in social life (Wołoszynowa, 1986).

Definition of social functioning is strictly connected with definition of socialization. It is mostly defined as a society affecting process into a human. By analyzing concepts regarding this term we can find two conceptualizations: (1) form of affecting group into individual which allows to internalizing obligatory norms what leads to changes in individual because of the impact of social groups (feature changes, personality, habits, social accepted methods of fulfilling own needs, obligatory behavior norms), (2) changes processes in unit's behavior as an effect of transformation of individual behavior towards more complex behavior forms approaching to cooperation with other people, achieving new abilities to establish sustain interpersonal relationships in area of particular society model (Frączek, 1993; Skorny, 1987). Socialization is also defined as an experience creating in unit as effect of experiences generalization in social environment and forwarded during communication processes determined by some culture and internal action's regulators and behaviors with their patterns, cognitive presentation rules, individual experience interpreting and its emotional experiencing and assessing (Tyszkowa 1985, p. 11). Socialization is also called as

communization and culture entering process and creating social personality process, social adulthood and social competencies procurement (Kowalski, 1986). Some researchers also mention that important are kind of affecting group, changes which take place in individual, period of life when desired and undesirable changes are being elicited (Skorny, 1987).

It should be emphasized, that in contexts unit's social functioning analysis communization definition should be described which might be effect of socialization processes. Human lives in social environment take place in two completing each other processes – social development and socialization. Communization is an effect of social development located in social – culture frames. As a social development and communization result human cross different levels of communization (Osik 2000, p. 18) improving social functioning and relationships with other people. Communization might be also analyzed in context of showing adequate behavior relating to social norms obligatory in specified group. Z. Skorny (1987) present three levels: low level – behaviors are incompatible with group's norms; middle level – behaviors are compatible with group norms but they are effect of group pressure and fear of breaking rules consequences; high level – behaviors are fully compatible with group norms and those norms determine unit's behavior.

Another definition which is also important and connected to social functioning is unit's adaptation. This definition is presented in categories related to description of human's functioning in his own environment (Wojnarska, 1999). There are three approaches here: (1) biological (related to abilities adaptation to changes caused by environment amendment) (Jackowska, 1980; Sowa, 1984), (2) psychological (instinct forces action effect with minimal unit's control; possibility to fulfill or deprivation of psychical needs including social factor which impacts on the process; social adaptation determinants assume that main mechanism is based on learning specified habits and they are keystone creating personality) (J. Reykowski, 1979), (3) social (perceiving social life norms adequate to specified culture, unit's adaptation level to social group, also a child, depends how do the unit perceive obligatory habit patterns, it is strictly connected with its acceptance and concept of social roles) (E. B. Hurlock, 1985; F. F. Powers, 1971; J. Konopnicki, 1971; O. Lipkowski, 1971; A. Wojnarska, 1999). Social adaptation might be also treated as process or effect of other processes – social development, communization or socialization. If those processes are properly developed directly cause specified social adaptation level. Relating to three described above processes is also social functioning. Unit's social adaptations is presented in quality exposed and implemented adaptation behaviors. Adaptation behaviors are related to cognitive stock, social and practical skills captured as an effect of intentional learning and amassing individual experiences which can be used in everyday life (R. L. Schalock et al. 2010). Furthermore (therein p. 44) those behaviors are multidimensional

and relate to cognitive skills (language using, reading, writing, money using, time understanding, numbers and dimension understanding), social (interpersonal skills, problem solving, social rules compatible actions) and practical. J Kirenko (2006, by B. Marcinkowska, 2013, p. 48) adaptation skills might be analyzed as a social skills or social competencies. Accommodation is a process which can be treated as an achieved state. Social competencies might be described as an ability to reach personal aims in social interaction and keeping positive relationships with other people during the time and in different situations. They are very important in social adaptation to the situation, interactions and peer relationships, communication, social problems solving, social – affective regulations and cognitive and executive processes (Rostowski, 2012, p. 213).

(3) Disorders of social functioning

Social development has a great impact on human's functioning. Social development is not only changes located in psychic but changes located also in behavior. Each human during social development presents specific behavior forms which can be treated as some developmental regularity or antisocial. "Disorders are developmental disadvantages, serious children developmental pace and rhythm changes" (Okoń, 1996, p. 329). In subject literature especially regarding children, disabilities in area of social functioning are strictly related to emotional functioning (Nartowska 1980, Kozłowska 1984, Spionek 1985). Disadvantages in area of social functioning are defined as disadvantages of socialization process and social behavior. Problems with social development can be divided into tendencies to: (1) pull back behaviors (determined as social inhibitions or social passivity, which is connected to avoiding social contacts. Reasons of that can be found psychomotor inhibition neurosis disorders; they are also connected with fear and feeling of low value. People with that kind of disorders are shy, leery, they have tendencies to dreaming, the avoid cooperation and competition (Gurycka 1970; Skorny 1987). (2) antisocial behaviors are related to aggression, permanent provocation other people, opposition, tendency to manipulate in order to achieve the goal. That kind of behaviors including internalization social and moral rules, lack of positive feelings toward other people in consequence may lead to developing abnormal personality (sociopathic) (Weiner 1977). Some authors socialization process disorders connect mainly with antisocial behaviors (Spionek 1985; Chłopkiewicz 1987 for: Z. Włodarski, A. Matczak, 1987).

In area of mentioned disorders including social functioning we can divide: (1) *situational disorders* (behavioral patterns in each situation independently from their context, negative reply, aggression or other form which is unacceptable in social reception); (2) *relation disorders* (lack of coherence unit's social relation with other units caused by position, role, contact or specified rules and roles disorder); (3) *community disorders*; (4) *environmental disorders*.

(4) Asperger's syndrome

In literature related to Asperger's syndrome we can find diagnostic criteria connected to specific skills profiles and behaviors presented by children with Asperger's syndrome. Those criteria refer to social behavior disorders. T. Attwood (2006), C. and CH. Gilberg in 1989 for the first time described criteria Asperger's syndrome. Those referred to atypical social behaviors described as a social impairment. It means that the child present at least two mentioned features: contact incapacity with peers, lack of need contacting with peers, lack of proper behavior interpretation, inadequate social behavior and emotional reactions (therein, p. 26).

Other criteria referred to is area of social impairment is nonverbal communication and between listed features at least one the following: poor gesticulation, awkward body language, limited mimic expression, inadequate mimic expression, strange way of observing neighborhood.

P. Szatmari, R. Brenner, J. Nagy (1989) (following by: Attwood, p.27) into existing criteria added indifference or empathic difficulties, avoiding eye contact, inability of "eye communication", standing to close to other people.

We can read there also (therein, p. 27) WHO in 1990 proposed own diagnostic criteria referred to Asperger's syndrome. Lack of interest in other children in different actions is highlighted here, lack of emotional reaction, lack of behavior modulation in specific situation. American Psychiatric Association disclosing diagnostic criteria Asperger's syndrome (DSM – IV) consider quality deficits in area of social impairment.

The newest American Psychiatric Association classification (DSM – V) effectuate new wide category described as spectrum autism disorders. It can be included here: autistic disorders, Asperger's syndrome, general development disorders – not specified. Proposed change should allow more trustworthy identification of impairments in area of social interactions and stereotypical behaviors performing from early development stages (Pisula, 2015).

Diagnostic criteria autistic spectrum disorders, including Asperger's syndrome and proposed by DSM – V, are approximate to existing which have to include following criteria: (1) clinical state deficits in social communication and interactions presented in: (a) clear deficits in verbal and non – verbal communication used in social interactions, (b) lack of social mutuality, (c) failure in creating and sustaining peer relationships accordingly to development stage, (2) restricted and stubborn behavior, interest and activity patterns presented as: (a) stereotypical movement or verbal behavior or unusual sensory behavior, (b) excessive attachment to routine and ritualized behavior patterns, (c) restricted interest connected with fixation, (3) symptoms have to present in early childhood (but may not be fully visible until social expectations will not exceed child's social possibilities) (Pisula 2015, p. 30)

(5) Communication competencies

Term “communication” originate from Latin word *communicatio* which meant *exchange, contact, to inform somebody about something, to confer*, and *communio* which meant *community and sense of contact* (Rzeźnicka-Krupa, 2007, p. 19).

Communication might be intentional and unintentional. Intentional communication is exchange of verbal and nonverbal signals in specified situational context in order to gain better cooperation level (Z. Nećki, 1996). Unintentional communication uses inexpedient and expressive behaviors (symptoms), intentional communication uses expedient behavior (signals) (L. Kaczmarek, 1988).

In mentioned diagnostic criteria the most important is creating interaction ability and giving proper meaning to the language symbols. Verbal communication abilities are base for creating other important competencies, which are defined as ability to do some task**** (Reber, 1985, p.17). A. Inkeles (1966) combines competence with ability to achieve and play important social roles (Kielar – Turska, 2009, p.14). Term *language competence* was described by N. Chomsky. He diversified two terms: competence and performance, and language competence described as *ability to understand and create sentences in specified language* (I. Kurcz, 2005, p.100).

Speech and language are communication tools and in order properly communicate a human have to master some basic competences: (1) language – so ability to understand and create sentences, articular and grammar proper, (2) communication – using words according with the meaning, using conversation rules, using different language phrases, narration abilities (3) cognitive – ability to capture the knowledge, to hear other people, understating metaphors, finding solutions for mysteries (Kurcz, 2005, s. 17).

The most popular definition of communication competency, following by M. Kielar – Turska (1992, p. 327) is:

- Knowledge and linguistic abilities are base for linguistic competence which allows to understand and create correct sentences;
- Speaking differentiation ability depending on perceiving social world, called also linguistic functional abilities
- Cognitive ability which allows to proper interpreter the meaning
- Intentional speech abilities which allow to realize speech regarding the emotional features
- Social abilities so define speech situation
- Interactional abilities regarding establishing and keeping interaction

**** Regarding replicating common features existing in competence define three groups can be divided here: instrumental (key words: skill, ability, efficiency) emotional – normative (positive relationship to task, willingness for action in order to realize the task); complex (resultant of knowledge, abilities, attitude, motivation and emotion) (K. Stech, 2002).

- Culture abilities regarding participation in group ceremonies according to local social norms and values

J. M. Wiemman (following by Jakonik – Diallo, 2000, p. 40) distinguished

following communication competency elements:

- Knowledge and behaviors as a result
- Interactional abilities
- Aim for communication
- Communication efficiency

S. P. Morreale, B. H. Spitzberg, J. K. Barge communication competency understand as a using verbal and nonverbal behavior in order to achieve preferred aims in a way which is used depending on context (S. P. Morreale, B. H. Spitzberg, J. K. Barge, 2007, p.87). Those authors mention such elements as: (1) motivation, level of efficient communication in specified context; (2) knowledge about specified communication situation; (3) abilities orientated to achieve the goal (question ability, behavior patterns); (4) interaction frames (there are different levels depending on amount of people and type of context) (S. P. Morreale, B. H. Spitzberg, J. K. Barge, 2007, p.75).

U. Jakubowska (1996, p. 37) presents also important communication competency definition. She says, that psychical dispositions and flexi reaction regarding to normative situational patterns during the communication with other people abilities to be included.

In this model communication competency is defined as a knowledge level, abilities and motivation which allow efficient and applied communication on different levels and in different social contexts (A. Twardowski 2002, B. Marcinkowska 2013). It should be emphasized, that communication competency progress is strictly connected with extending knowledge and abilities used depending on communication situation in context of participating subjects, place, time, specific surroundings, and the communication process.

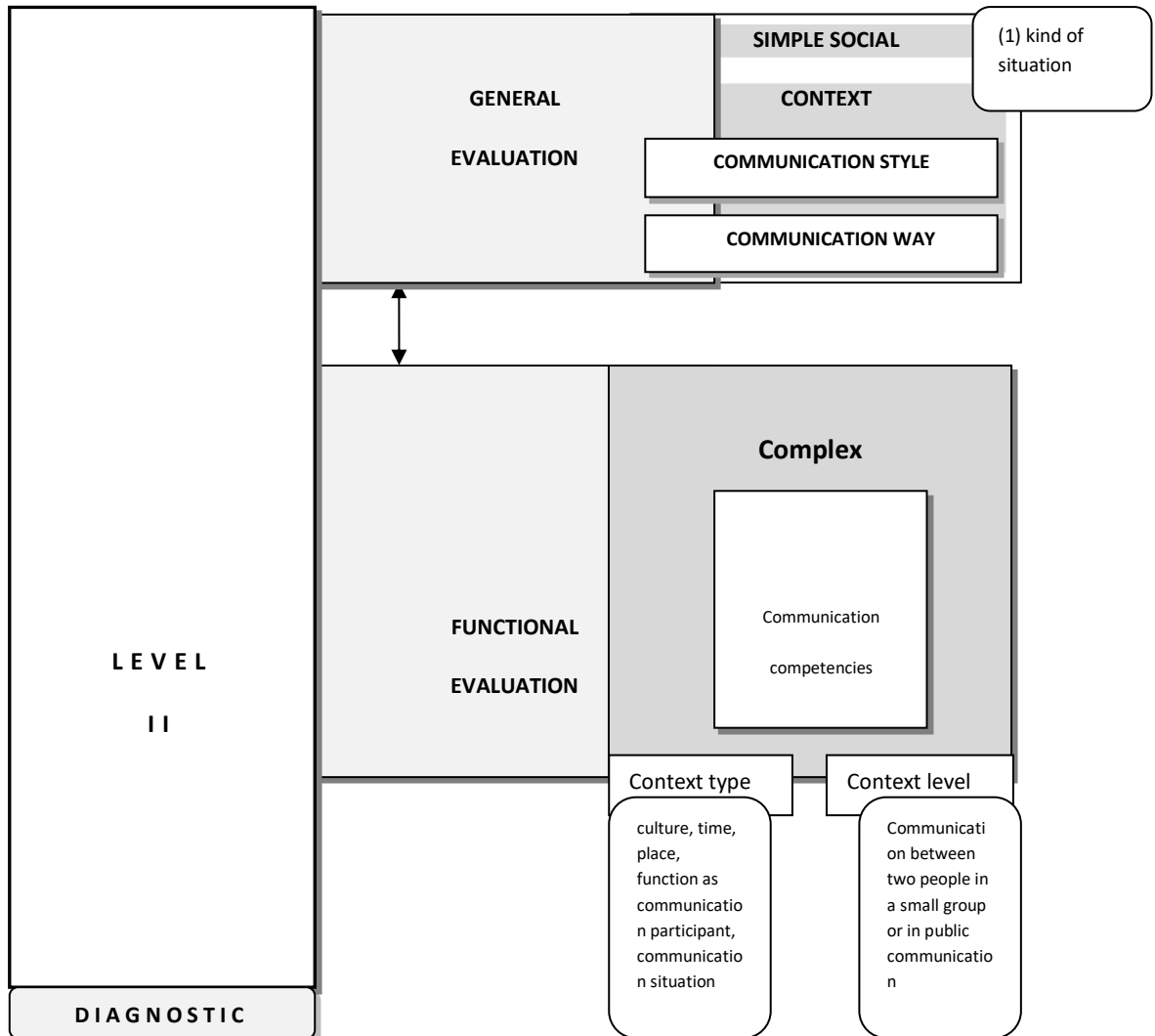
Methods and communication styles

Evaluation of communication competencies can be done in three areas: (1) clarity (clear and understanding communication content); (2) appropriateness (communication adequacy to specified communication context), (3) effectiveness (how effective is the communication and if lead to intended aim). Those areas are connected each other and as an effect we can define four communication methods: (1) ineffectual and inappropriate (communication minimalized), (2) effective and inappropriate (passive communication), (3) ineffectual and appropriate (maximized communication), (4) effective and appropriate (optimized communication). Basing on described communication styles the basic communications styles can be described as: completely incompetent (minimization), partially incompetent

(passivity, maximization), very competent (optimization) (Morreale, Spitzberg, Barge, 2007, p. 69–70).

Model diagnostic level

To recognize communication competencies at children with Asperger’s syndrome it can be done on two levels: general (general evaluation) and detailed (functional evaluation).



Scheme 3: Communication competencies model in children with Asperger’s syndrome

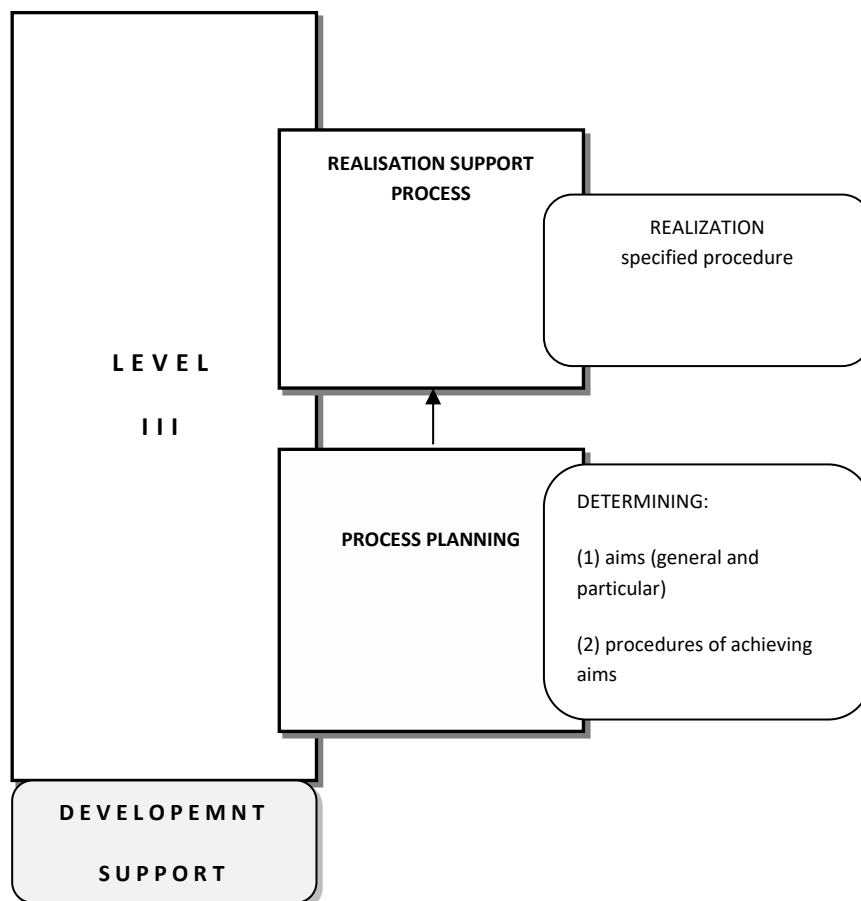
Source: own materials

General situation evaluation leads to recognizing communication competencies presented in educational agency, expressed by the method and communication style in simple situational context. Situational context is described here by two communication conditions: activity type (educational situation, lesson break, club – room lessons) and person (adult, teacher, peer). That kind of evaluation allows to formulate specific expectations regarding recognition process realized on the second diagnostic level – functional

evaluation. This evaluation regards to recognizing styles methods of communication restricted by complexed and wider social contexts.

Development supporting level

Communication competencies development lasts all life and takes place both as intentional (formal, school) learning and non – intentional as effect of different misguided relationships with social environment.



Scheme 4: Communication competencies model in children with Asperger’s syndrome – developmental support level

Source: own materials

Basic rule when organizing developmental process of communication competencies should be individualization. Individually differentiated aims determine support direction and are very important to set up the procedure (strategy proposals, organizational forms, ways) in order to reach the goal.

Supporting communication development children with Asperger’s syndrome it should care to not change support into training which will make their behavior always sufficient and appropriate. That kind of training will not support natural life situations so it will not fulfill adaptation function.

Model evaluation level

Supporting communication competencies process evaluation is proceeding purposeful, planned, systemized and continuous. The aim of the

evaluation process is to rate efficacy projected and implemented process supporting communication competencies development. Basing on registered changes in functioning child with Asperger's syndrome it might be taken utility rating. Evaluation effects are base to recommendation for implementing amendments.

Presented here original model communication competencies is directed to recognizing needs, possibilities and limitations children with Asperger's syndrome and supporting their communication competencies development.

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ОСОБЛИВОСТІ КОРЕКЦІЇ ФІЗИЧНОГО РОЗВИТКУ ДОШКІЛЬНЯТ ІЗ ЦЕРВІКАЛЬНИМ ТИПОМ РУХОВИХ ПОРУШЕНЬ ЗАСОБАМИ ГОРИЗОНТАЛЬНОГО ПЛАСТИЧНОГО БАЛЕТУ

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Мельніченко Ю. В. Особливості корекції фізичного розвитку дошкільнят із цервікальним типом рухових порушень засобами горизонтального пластичного балету. У статті розкрито особливості корекції фізичного розвитку дошкільнят із цервікальним (шийним) типом рухових порушень засобами горизонтального пластичного балету як інноваційної форми танцювально-рухової арт-терапії.

Актуальність цього дослідження обґрунтовується наявним станом загального фізичного розвитку дітей раннього та дошкільного віку. Кількість дітей з порушеннями психофізичного розвитку і вадами здоров'я сягає 93-97% від загальної кількості дошкільників [5, с. 5-7]. Більшість із них мають різні форми рухових порушень, серед яких домінує нейроортопедична патологія, що пов'язана з пригніченням або