

## TEACHERS' ATTITUDE ON THE DEVELOPMENT OF THE SOCIO-EMOTIONAL COMPETENCIES AT CHILDREN WITH AUTISM

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**Abstract:** *Autism is a developmental disorder of neurobiological origin and is considered one of the most severe neuropsychiatric childhood disorders. It is manifested by: the decrease in social relations, the reduction of communication power, the restriction of activities, repetitive and stereotypical interests and activities (DSM-IV). Competencies are defined, according to the Law of National Education, as "a multifunctional and transposable assembly of knowledge, abilities and skills necessary in different situations". Art. 13 of this law emphasizes that lifelong learning is a guaranteed right for all children; the development of socio-emotional competencies thus becomes a major educational target. The purpose of this study is to investigate the strategies that develop socio-emotional competencies and their use by teachers, who have students with autism spectrum disorders in their classroom. A number of 50 teachers from the primary cycle filled in a questionnaire structured in three parts: emotional recognition, acceptance and self-regulation; social networking and social problem solving. The socio-emotional education includes all the learning activities that lead to the acquisition of individual experience of social and emotional behaviour, the formation of emotional and social competencies. Thus, children acquire emotional abilities: to understand, express and regulate emotions and social skills: to initiate and maintain a relationship and to integrate in a social group. The results have shown that the strategies of socio-emotional development among teachers are poorly developed, and this is directly proportional to the inclusion of children with autism. We have identified the need for training in terms of development strategies used for socio-emotional competencies among teachers.*

**Keywords:** *autism; children; inclusion; teacher; competencies;*

### Introduction

The ethology of the autism spectrum disorders (ASD) has a complex multi-factorial character, the field literature referring to it in terms of genetic and environmental aspects. Davis III, T. E., White, S.W., Ollendick, T. H., (2014) state that more people are diagnosed with autism spectrum disorders in the last 20 years.

According to the criteria of DSM-IV, the autism spectrum disorder is defined as the meeting of the following criteria: a) the persistence of deficit in communication and social interaction in different contexts, environments; b) the existence of some behavioural patterns, interests or activities having restrictive and repetitive character; c) the symptoms must be presented in the period of early growth stage; d) the symptomatology determines significant impact in social, occupational terms or in other areas important for daily activities; e) the impact on the activities is not made clearer by intellectual disabilities or by global developmental delays (American Psychiatric Association, 2013).

The general issue determined by autism spectrum disorders and their impact at social level requires that each human link from the system contributing to the formation or recovery of the child with ASD (parent, educator, various specialized therapists, doctors, etc.) to be aware of possible obstacles that could be encountered during the recovery-integration process. All the above-mentioned actors must be prepared to meet all the challenges that the autism implies with professionalism, patience, creativity. The need for a systematic and coherent approach of the ASD issue is determined also by the fact that the prevalence of autism is bigger from one year to another - the autism spectrum disorders tend to be more common than cancer with children, juvenile diabetes and AIDS all together (Blumberg, Stephen J., et al., 2013).

### **The context of the issue of autism spectrum disorders in Romania**

The issue specific to therapeutic interventions aimed to children with autism spectrum disorders may be considered relatively new in Romania, and shaping some strands of action and intervention in this field is still in an early stage. In the late 90s and beginning of 2000s, even in psycho-educational and medical academic environments, the issue specific to ASD had an exotic nature, given the fact that there were only brief descriptions of the autism. Even if in the last years were registered significant modifications in approaching the issue analysed by us, we may say that in Romania only from 2010 onwards is shaped a change of perspective in terms of specific intervention (Law 272/2004 on the protection and promotion of the rights of children, Law 151/2000, Law 200/2013 for the amendment and supplement of the Law 151/2000 on integrated specialised services of health, education and social intended for persons with autism spectrum disorders and associated mental health disorders).

### **Social - emotional competence - Integral part of the pedagogical process**

In the sense intended by the European Commission, the definition of key competencies is the following: "The key competencies represent a transferable and multifunctional package of knowledge, skills (abilities) and attitudes all in the individuals need for the personal fulfilment and development, for the social inclusion and professional insertion. These must be developed until the completion of the compulsory education and must act as a basis for continuous learning as part of lifelong learning."

The English psychologist M. Argyle (1998) proposed a descriptive and explanatory model of social competencies, where seven components are determined:

- Assertiveness represents "the support of personal rights and the expression of one's own thoughts, feelings and beliefs in a direct, honest and proper manner without the violation of other person's rights" (Constantinescu: 1998);
- Gratitude and support are the key for friendship and interpersonal attraction in response to three fundamental needs that all people have: acceptance, approval and appreciation. The support consists of "supporting the others in a situation or relation." (Argyl, 1998). In Constantinescu's opinion (2011. apud Robu: 2011), "the gratitude and support constitute a particular social ability, needed in the education of children, generally, and in the education of incorrigible or uncontrollable children, especially". In Paul Popescu-Neveanu's opinion (1978:302), gratitude is defined as "the feeling of affection, duty and goodwill towards a person who helped you, did you a lot of good".
- Non-verbal communication is the nearest to the issuer's reality. It can be accessed by persons with development disorders from autism spectrum / Asperger syndrome and allows the observation of certain aspects and sentiments that are not expressed verbally. (Mehrabian, Weiner apud Constantinescu 2004) refers to body language, face expression and voice tone.

Contrary to sociolinguistics and neurolinguistics, psychology does not differentiate the non-verbal communication from para-verbal communication (probably is a matter of time until the re-operationalisation of these two concepts). In fact, other disciplines from the social and human field clearly recognize the two types of communication (verbal and non-verbal), and the para-verbal communication (voice tone and musicality) consider it a space of interference between the two forms of communication.

- Verbal communication is shown from a broad perspective in the field literature and, in summary, represents the process of information exchange using words. It may or may not be mediated by analogical or digital technique, direct or indirect, intermediated by specific apparatuses. It has an informational content concerning data, feelings, opinions, etc. There are cases when, through the intervention of the social self, the informational content issued by words is in greater or lesser dissonance with reality.
- The empathy and cooperation are important components in the interaction between individuals. So, David (2006) says that empathy refers to the fact that the other “understands what is communicated as being in its place, as being this one, without identifying with it”. The empathy generates mutual trust, offering a warm, tolerant and understanding interpersonal environment. The process of social inclusion is represented by all multidimensional measures and actions in the field of social protection, employment, living, education, health, information - communication, mobility, security, justice and culture, intended to fight social exclusion and to ensure the active participation of persons to all economic, social, cultural and political aspects of the society. (according to art. 6 let. cc) of the Law 292/2011, Law on social work).

## **Methodology of research**

### **General objective:**

Identification of the teachers` attitude concerning the development of social competences of children diagnosed with autism spectrum, between the ages of 6 and 15, in order to sustain the process of inclusion in our society.

### **The specific research objectives:**

SO1: Identification of specific activities leading to desirable social competencies and to the reduction or replacement of socially non-functional behaviours.

SO2: Analysis of the teachers` role in the inclusion of children with autism spectrum disorder, by developing their social competencies.

## **Analysis, processing and interpretation of results**

The quantitative research was conducted between March and April 2018 on a sample of 50 teachers at national level, who included in their classroom children with autism. The questionnaires were applied in 10 schools.

The questionnaire`s structure included a set of open and closed questions organized on the following dimensions: development of functional communication skills: language and alternatives of communication as system of images, gestures and signs, assertiveness, perspective of playing and mutual-aid relation, relation between children affected by ASD and teachers; management of sensory difficulties; recognition and expression of emotions.

The questionnaire analysis showed that 89% of the teachers (n=44) consider that they need training in order to learn strategies for the development of socio-emotional competencies for children with autism, included in mainstream schools.

For most teachers, the most important source offering help for the child's school inclusion is represented by the school psychologist, the support being assessed as important and very important, and ranked first in the order of preferences, followed by other categories of persons who offer support for the child's school integration. These persons are the support teacher, speech therapist, social worker, private therapist, nurse, school mediator.

The data analysis of the playing and mutual-aid relation reveals that 3% of teachers state that sometimes children with ASD play with their school colleagues, 17% of teachers/professors state that children with ASD are involved in playing activities at school with colleagues almost daily, 27% state that this is happening quite often, and 53% state that the colleagues never played with a child with ASD at school. Children with ASD are helped by colleagues only sometimes, according to the answers of 42% of teachers, 31% state that offering help to children with ASD happens quite often, while in 9% of the cases the help is offered almost daily, 17% of respondents stated that they never offered help to children with ASD.

The component referring to the perception of teachers' knowledge in managing the disruptive behaviours of children in the classroom ("How to react to behavioural disorders of the child diagnosed with autism spectrum disorders when it occurs in the class") emphasises that 15% of educators know to a very large or to a large extent how to react to behavioural disorders of a child with ASD. 18% of respondents consider that they know how to react. There are cases when the teachers' knowledge is hardly manifested - 30%, and 37% of the variants of response show that this type of knowledge is totally missing.

The open-minded attitude and the wish to include the child with ASD in teaching activities are reflected in the way in which the teachers know how to involve the child with ASD in the teaching process. A percentage of 18% of respondents considers that the teachers have no knowledge about the involvement of a child with ASD in school activities. 33% of respondents considers that only sometimes, in certain situations, the teacher pays attention to the involvement of this kind of children. The children with ASD are quite often involved and are receiving sufficient attention, according to the opinion of 37% of respondents, 7% consider that this happens often/to a large extent, and 5% consider that the teachers involve children with ASD in teaching activities to a very large extent.

Closely linked to the previously analysed aspects is the teachers' perception of the specific effort made by them in order to integrate a child with ASD in schools ("Teachers are making every effort to include my child in mass education"). 21% of respondents considers that they make everything possible to integrate the child to a very large extent. A percentage of 8% of respondents consider that the educators endeavour to integrate the child with ASD in mainstream education to a large extent, and 23% considers that this happens only to a certain extent. For a percentage of 36% of respondents, the activities performed by teachers are hardly including any action of inclusion for children with ASD and, unfortunately, a percentage of 12% undertake no actions in this respect.

"The number of children in the class is a number that allows you to take account of the special needs of a child with ASD without affecting the other children", represents a statement that 11% of respondents consider to be true to a very large extent. For a percentage of 29% the statement is valid to a large extent, for 8% to a certain extent, for 50% hardly, and for 2% not at all.

## Discussions

The participants to the study considered that the solutions for the needs concerning the development of socio-emotional competencies at children with autism included in mainstream schools, are:

- Training the teachers with techniques of behavioural therapy allowing them to help children to be as independent as possible (complementary to intervention services offered by specialists);
- Involvement of the authorities in the elaboration of policies and programmes of coherent medical and psychosocial assistance.
- Admission of children with autism in mainstream schools and access to types of schools offering an adequate professional training for the needs and potential of people with ASD;
- Services of lifelong psychological support for the entire family

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