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APPLICATION OF THE METHOD OF SYSTEMATIZED OBSERVATION FOR ASSESSMENT OF SELF-SERVICE SKILLS OF CHILDREN WITH SEVERE MULTIPLE DISABILITIES

Abstract. The article is addressed to experts working with children having severe multiple disabilities. The article proposes a method of systematized observation, based on the study of formation of self-service skills. This method allows one to determine the potential of a child with severe disabilities at the initial stage of learning. The article presents the criteria of assessment, used in the course of examination.
Keywords: severe multiple disabilities, self-service skills, diagnostics, diagnostic observation chart of self service skills level, criteria of assessment, success index.
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The adopted Federal State Educational Standard for training pupils with intellectual disabilities defined the priority tasks of special pedagogy which include reconsidering the strategy of education and upbringing children with severe multiple developmental disabilities (SMDD) which demands working out new methods and diagnostic tools for objective definition of the potential of children of the given category. Considerable contribution to the study of psychic peculiarities and creation of technologies of abilitation and rehabilitation of children with SMDD was made by such Russian and foreign researchers as T. A. Basilova, L. A. Golovchits, M. V. Zhigoreva, I. Yu. Levchenko, S. D. Zabramnaya, T.A. Dobrovol'skaya, V. I. Lubovskiy, E. M. Mastyukova, A. I. Meshcheryakov, N. M. Nazarovoy, T. V. Rozanova, I. V. Salomatina, T. N. Simonova, A. M. Tsarev, L. M. Shipitsyna, J. van Dijk, etc. [1; 2; 3; 4; 5; 6; 7; 8; 12; 13; 14; 15; 16; 17; 18]. These papers describe clinic-psycho-pedagogical peculiarities and causes of multiple disabilities of children with different combinations of primary disorders, and present their classifications. At the same time, there are no works in the field of effective rehabilitation of developmental disorders in children with SMDD, and no reliable methods of assessment of the potential of such children; all this defines the urgency of the topic of our research.

An authored method of systematized observation for assessment of

the level of formation of self-service skills of children with disabilities has been tested recently at the Sergiev Posad Home for Deaf and Blind Children. We worked out this method as a part of a diagnostic system which allows us to determine the potential of children with SMDD in self-service. The diagnostic tools of realization of the given method are represented by a diagnostic chart, description of the technology of diagnostic education and the criteria of evaluation of achievements of the children with SMDD. Based on the approbation of the diagnostic chart, we wrote guidelines for the methods of its practical application. Practical significance of the given work consists in the possibility to use the innovative diagnostic tools for assessment of the social adaptation potential of children with SMDD.

The given research has been carried out at the Educational-diagnostic Department of the Sergiev Posad Home for Deaf and Blind Children since 2007. The approbation of the method of systematized observation using the diagnostic chart of the level of formation of self-service skills in its present variant has been performed since 2010 [9; 10]. During this time 57 pupils of the Sergiev Posad Home for Deaf and Blind Children aged 2-8 took part in the observation. Their anamneses included various combinations of multiple disabilities. 43 children took part in the final stage of the experiment. All children had multiple disabilities combining intellectual, motor and sensory disabilities.

The diagnostic chart of the level of formation of self-service skills consisting of 7 blocs is the main tool of this method. Each bloc includes a series of questions aimed at revealing the state of certain self-service skills. Answers to the questions of Bloc 1 present the child from the point of view of his physical capacities and possible ways of communication. The other 6 blocs are devoted to the diagnostics of skills of eating, using the bathroom, washing, cleaning teeth, combing hair and dressing/undressing. The peculiarity of the diagnostic chart consists in the fact that all presented skills are broken up into elementary unambiguous actions each of which is assessed separately. Thus, subjective personal impact of the experimenter upon the result of observation is maximally minimized. The skills sequence is presented in the order of their expected development and does not associate the child's skills with his age. The following qualitative-quantitative criteria were used for the assessment of results [11]:

0 points – the child does not try to perform the action either himself or together with the adult;

1 point – the child does not try to perform the action himself but he starts to perform it together with the adult;

2 points – the child is motivated to perform the action himself but his motivation subsides when he comes across difficulties; he needs considerable help and joint participation in the execution of the action;

3 points – the child tries to perform the action himself but his efforts are not enough and additional help or

additional means are necessary.

The scientific interpretation of the results has been carried out on the basis of the Institute of Special Education and Complex Rehabilitation of the Moscow City Pedagogical University in the framework of a dissertation research.

Based on the value of success indicators, we distinguished five groups of children and described some peculiarities typical of each group.

Group I – children with the success indicator less than 0.2.

Table 1

Grouping children with SMDD

Number of children	**I**	**II**	**III**	**IV**	**V**	**Total**
	13	12	6	7	5	43
Percentage of participants in the group	30%	28%	14%	16%	12%	100%

Table 2

Data about the age and year of study of children with SMDD (at the time of observation), %

Parameters		**Groups**				
		I	**II**	**III**	**IV**	**V**
Age at the time of enrollment	2—3	8	17	–	14	–
	3—4	23	–	–	14	20
	4—5	8	17	33	–	60
	5—6	15	25	17	–	20
	6—7	15	42	17	43	–
	7—8	30	–	33	29	–
Year of study at the time of observation	1	47	50	50	57	20
	2	8	25	33	14	60
	3	3	8	17	–	20
	4	8	8	–	14	–
	5	8	8	–	14	–

Group II – children with the success indicator from 0.2 to 0.4.

Group III – children with the success indicator from 0.4 to 0.6.

Group IV – children with the success indicator from 0.6 to 0.8.

Group V – children with the success indicator more than 0.8.

The maximally possible success indicator is presented in the same way as grouping of children in connection with the value of the success indicator, as shown in Table 1.

As seen from Table 1, only 12 children (28 %) of groups IV and V have good self-service skills. This fact has a positive impact on other spheres of child activity. At the same time, 13 children (30%) of group 1 demonstrated a dramatically low level of acquisition of self-service skills. These children perform practically all

manipulations together with the teacher. They have no motivation to independence; they cannot imitate, do not display cognitive initiative and cannot carry out object-oriented activity. Only one child of the given group without motor disabilities could perform pincergrasp.

Table 2 provides the data about the age and year of study of children with SMDD (% of the total number of children in the group) at the time of observation.

The structure of disabilities in each group is shown in Table 3.

Table 3

Structure of disabilities in children with SMDD, %

Structure of disabilities	Groups				
	I	II	III	IV	V
Disorders of psychological development	62	84	67	29	80
Intellectual disability	39	8	33	43	-
Visual impairments	93	92	100	100	80
Hearing impairments	54	58	17	71	80
Motor disorders	54	33	67	57	80
Autism spectrum disorders	47	42	17	14	–

Table 4

Manifestations of some personal features in children with SMDD, %

Manifestations		**Groups**				
		I	II	III	IV	V
Cognitive activity	always	39	67	33	57	100
	from time to time	–	–	33	43	–
Initiative	always	30	67	17	43	100
	from time to time	15	8	17	57	–
Desire of independence	always	30	58	17	43	100
	from time to time	8	8	50	57	–
Ability to imitate		15	17	67	86	100

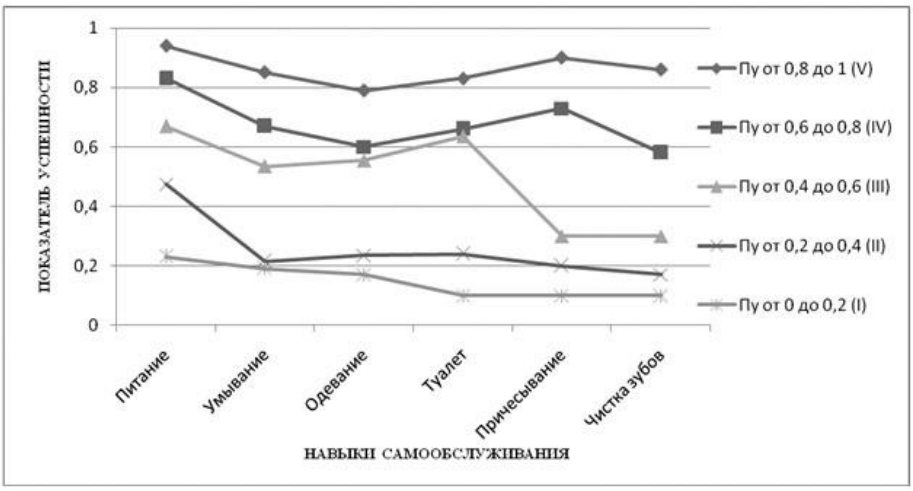

Figure 1. Indicators of skills development within groups

Показатель успешности (ПУ) success indicator
Навыки самообслуживания self-service skills
Питание eating
Умывание washing
Одевание dressing
Туалет bathroom
Причесывание combing hair
Чистка зубов cleaning the teeth
ПУ от 0,8 до 1 (V) - success indicator from 0.8 to 1.0 (V)
ПУ от 0,6 до 0,8 (IV) - success indicator from 0.6 to 0.8 (IV)
ПУ от 0,4 до 0,6 (III) - success indicator from 0.4 to 0.6 (III)
ПУ от 0,2 до 0,4 (II) - success indicator from 0.2 to 0.4 (II)
ПУ от 0 до 0,2 (I) - success indicator from 0 to 0.2 (I)

The results of observation of some personal features of children are presented in Table 4.

We noted some peculiarities of formation of some constituents of the self-service skills which are shown in Figure 1.

Figure 1 shows that the skills of eating are best-developed in children of all groups; the skills of cleaning one's teeth are the worst-developed ones. It is also possible to note a certain similarity between the correlations of skills within each group.

On the whole our research showed that the suggested method of systematized observation of the level of formation of self-service skills with the diagnostic chart could be used for observation of young children with severe multiple disabilities of various combinations with the exception of those children who cannot perform the given operations physically. The formation of self-service skills in children with SMDD at an early stage of development is a most naturally motivated child's activity.

Application of observation diagnostic parameters in accordance with the ontogenetic principle allows the researcher to define the capabilities of a child in a more precise way.

The diagnostics results showed that sensory disorders do not always influence the result of acquisition of self-service skills. In particular, hearing impairment is not a decisive factor affecting the process of mastering the self-service skills because each group includes children with hearing impairments and without them. At the same time blindness may be considered as a factor hampering acquisition of the self-service skills, because groups with a high success indicator contain more children with partial visual disability than blind children.

In some cases intellectual disability is not the main factor regulating the speed of acquisition of the self-service skills because there are children with intellectual disability among the children with a high success indicator. But autism spectrum disorders hamper the process of acquisition of the self-service skills in practically all cases. Children with motor disabilities are present in all groups, but about one half of children in groups with the success indicator lower than 0.4 have motor disabilities, which means that such disabilities are a significant factor.

Our research also allowed us to reveal a factor with a positive impact on the process of formation of the self-service skills – ability to imitate.

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