MODEL OF DIAGNOSIS AND SUPPORTING DEVELOPMENT OF COMMUNICATIVE COMPETENCE OF CHILDREN WITH ASPERGER SYNDROME

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Abstract

The article presents the author's model of diagnosis and development of communicative competence of children with Asperger's syndrome. The presented model is constructed based on in-depth analysis of literature in the field of social communication and psychosocial functioning of people with Asperger syndrome. It also takes into account the concept of communication competence. In addition, the presented version of the model was created as a result of the collected qualitative data and analysis of communication behaviors revealed by students with Asperger’s syndrome at the first stage of education (early school education) in relationships with adults and peers in formal and informal school situations.

The analyses were carried out on the empirical material collected during observations during educational activities (Polish class, mathematics, art, music, physical education, computer science, English), after school club activities (care and education) and during breaks in school. The research group consisted of five students. The following group selection criteria have been adopted: current diagnosis of Asperger syndrome; sex (boys); educational stage (first - early school education), form of education (integration classes). Observations of communication behaviors were carried out from September 2015 until the end of March 2016.

The results of the research indicated that:

1. Students present diverse communication behaviors (both verbal and non-verbal, consistent with social norms and deviating from accepted social norms);
2. In terms of communication, there is a large individual diversity in terms of communication strategies with an adult and peers (students present differentiated communication behavior profiles);
3. Communicative behaviors of students with Asperger’s syndrome are related to communication skills of people involved in interactions (peers and adults).

The model of communicative competence of children with Asperger’s Syndrome is a multi-dimensional, vertical construct that includes two levels: diagnostic level and developmental supporting level I. (Konieczna, B. Marcinkowska, K. Smolińska 2016).

Keywords: Asperger’s syndrome, special pedagogy, communication competencies.

Sometimes everything became incomprehensible (...). Then I sank into myself. I did not know a question or answer, and I could not tell anyone. This state was only a color in my interior, and it seemed that no one but me worked with colors.²

(Gerland 2015, p 39]).

A holistic approach to studying communication is important because focus only on the speaker’s intentions or on the recipient’s interpretation of the message and reduce our understanding of the entire communication process.

(Morreale, Spitzberg, Barge, 2007, p. 51).


² Gunilla Gerland at the age of 29 found out that he has axial autism symptoms and abilities typical of highly functioning people with autism. In the book A real man. A personal story about growing up and education in autism described her experiences, accompanying emotions, perception of the world and the difficult process of communication with other people.
1 INTRODUCTION

The development of communication skills lasts a lifetime and takes place both in the course of intentional (formal, school) learning, as well as unintentional, as a result of multiple, often unintended relationships with the social environment.

The basic principle of organizing the process of developing communication skills is its individualization. It should be designated with unambiguous goals that define the direction of support and an individually designed procedure for achieving them. It is important that the procedures take into account proposals for strategies, methods, principles, organizational forms and measures to support development.

The aim of the article is to present the model of diagnosis and support the development of communication skills of children with Asperger Syndrome (Scheme No. 1). The presented model is a modification of the communication model of children's communication skills with Asperger's syndrome. The first version of the model was developed on the basis of a scientific analysis of the psychosocial functioning of people with Asperger's syndrome and social communication, taking into account the communication skills of people with deeper intellectual disabilities (Marcinkowska, 2013).

2 METHODOLOGY

The subject of the empirical analyses was the communication behaviour of children with Asperger's syndrome in formal and informal situations on the school grounds. For the needs of pre-conceptualization, detailed guidelines were adopted regarding the research area, research methods and the phenomenon under investigation. The aim of the research, which became the basis for constructing the model, was to analyse communication behaviours of students with Asperger's syndrome, at the first stage of education (early school education) in school situations. Research questions have focused on the following problems:

1 What communication behaviours are revealed by students with Asperger Syndrome in formal and informal school situations?
2 In which school situations, students with Asperger syndrome reveal communication behaviours referring to accepted social norms?
3 In what school situations do students with Asperger syndrome reveal communication behaviours that are not in line with accepted social norms?

The research was of qualitative character and was embedded in an interpretive paradigm. The research assumes that all human behaviour is the carrier of information. Therefore, the disclosed communication behaviours of students with Asperger's syndrome in contact with adults as well as peers in formal and informal school situations were examined.

The main technique of data collection were open, participative and continuous observations that allowed to determine the communication behaviours that students took with Asperger's syndrome during educational activities (Polish language education, mathematics, art, music, physical education, computer classes, English classes), after school club activities (care and education) and during breaks. An additional technique was the analysis of student documents (the decision on the need for special education).

The analysis and interpretation of the research material was carried out in accordance with the principles of methodology of grounded theory (G., B. Glaser, A., L. Strauss, 1967). This methodology assumes that detailed conceptualization should be avoided at the beginning of the research, and the research concept, its main categories, hypotheses and the entire theoretical construct, which consists of hypotheses connected with each other and their description, should emerge during empirical research and accompanying them permanent analyses. Socio-cultural reality emerges gradually during research. The grounded theory method assumes that the process of modifying the original categories is connected with the fact that the obtained data, above all, qualitative definitions are derived by giving meaning and designing subsequent strategies for data collection (searching for tools, methods, new research perspectives). The process of constructing knowledge means repeating this procedure. The methodology of grounded theory alone provides the basis for systematically conducting qualitative research. It is one of the methods of inductive derivation of theoretically grounded generalizations from qualitative data.

The research group consisted of five students. All boys were students of integration classes. Observations of communication behaviors were carried out from mid-September 2015 to the end of March 2016.

Observers were people who had experience working with students with Asperger Syndrome. Each observer received detailed instructions on how to read the reactions of students with Asperger’s syndrome (communicative behaviours revealed) presented in different situations in relationships with both adults and peers in formal and informal school situations.

3 RESULTS

3.1 Model of diagnosis and supporting development of communicative competence of children with Asperger Syndrome

The broad perspective of research adopted for the need for theoretical and empirical analysis has allowed to define communication competences, define communication strategies with an adult and peer, as well as the appropriateness of the presented communication behaviours. In the presented model, communication skills are defined as a set of knowledge, skills and motivations that enable effectiveness and communication on various levels in different social contexts (see Twardowski 2002, Marcinkowska 2013). It should be assumed that the development of communicative competence is related to the extension of knowledge and skills in the context of communication, time, place, given environment, styles and communication methods, as well as the course in the communication process between people.

An assessment of communication skills of a person can be made in the following areas: (1) clarity (clarity and understanding of the message content), (2) appropriateness (adequacy of communication to a given communication context), (3) effectiveness (the degree to which communication accomplishes the goal being understood) here as the expected result or preferred result). These ranges are interrelated, and the effect is to define four complex communication methods: (1) ineffective and unsuitable (minimized communication); (2) appropriate and ineffective (passive communication); (3) inappropriate and effective (maximized communication); (4) used and effective (optimized communication). On the basis of the indicated communication methods, one can define the basic communication styles: completely incompetent (minimization), partly incompetent (passivity, maximization), very competent (optimization) (Morreale, Spitzberg, Barge, 2007, pp. 69-70).

The obtained research results indicate that the process of diagnosing communication competences should include recognizing them in **individual and social (relational) approach** (Scheme No. 2), which means that the process of their diagnosis should include all participants of a given interaction / relationship. Therefore, **the communicative competence of students with Asperger Syndrome should not be attributed to one side of interaction / relationship but considered in specific social situations and include all its participants.** It is particularly important for children with Asperger's syndrome at a younger school age, when certain communication skills are not yet fully established and properly organized in social situations with a constructive feedback. It can be a good way to support the development of communication skills.

The necessity to consider communication skills results, among other things, from the need to evaluate the effectiveness of communication, which, in contrast to the feature **appropriateness**, depends not only on the sender of the message, but also on the recipient. It is worth emphasizing that every student's behavior should be perceived as a carrier of the message. Its effectiveness depends on its ability to read (and interpret) the interaction / relationship participant.
Recognition on an individual basis makes it possible to assess the predispositions and possibilities and communication constraints of the individual. In *individual approach*, the diagnosis of communication skills includes the analysis of communication possibilities and limitations, and their conditions, including:

1. Recognizing individual instrumental capabilities of interaction participants and their determinants (diagnosis of communication skills in an individual instrumental perspective); and
2. Recognizing individual directional capabilities of interaction participants and their determinants (diagnosis of communication competences in an individual directional approach. In this area, instruments should be measured in order to enable participants to communicate effectively in different social situations, i.e. necessary knowledge to communicate (in children, also on the level of cognitive development) and communication skills. In an individual instrumental perspective, the subject of the diagnosis should be: a resource of non-verbal and verbal communication methods, cognitive skills. They allow re speaking to move in the space of meanings; linguistic knowledge and skills, conditioning understanding and building grammatically correct sentences. (see Kielar - Turska 1992, p. 327). Therefore, the diagnosis should include: non-verbal, verbal, symbolic, cognitive and corrective communication (see Kuszak, 2011).

In the *directional approach*, the object of diagnosis should be readiness and motivation for communication expressed by the ability to intentional communication. In interactions / relationships between a child and an adult, it seems that the child should be fully recognized, while adults should be recognized for their level of readiness and motivation for communication. It is important to assume that adults have instruments for communication. However, if the child uses alternative methods in communication, it would be necessary to recognize the adult's ability to use a particular communication system (or method).
Recognition in a *relational social approach* involves the analysis of the use of individual instrumental and directional capabilities in interactions and relationships in various social contexts. The following areas should be assessed: the ability to communicate and read (and react appropriately): (1) needs; (2) information formulated explicitly (about facts, things); (3) emotions; (4) opinions, judgments, thoughts; (5) (see Schulz von Thun, 2007). The subject of the assessment should also be: (1) the ability to differentiate communication methods depending on the perception of the social world, i.e. linguistic functional abilities; (2) social skills related to agreeing on the level of social relations, that is, defining the speaking situation; (3) interactive skills expressed in the knowledge and application of language and non-language rules on establishing and maintaining interaction (see Kielar - Turska 1992, p. 327).

The analysis of data obtained in the diagnostic process, including both the diagnosis in individual and social terms, allows to determine the style of communication (Scheme No. 3).

![Communication Styles Diagram](image)

*Scheme 3. Communication styles. Source: own research (see: Marcinkowska 2013, p. 75).*

The analysis of data obtained during the research procedure allows assigning to the student one of three communication styles: (1) completely competent, (2) partially incompetent and (3) completely incompetent. Styles: completely competent and completely incompetent belong to the group of non-
targeted styles, which means that there are no relationships between communication methods and the situational communication context.

A partially incompetent style can be either directed (depending on a specific situational context of communication) or non-targeted (independent of a specific situational context of communication).

From the social point of view, it is not desirable to have too much diversity in communication styles. We expect that every person will apply a completely competent style (regardless of the conditions and accompanying situations, his method of communication will be appropriate and effective).

Determining an individual, diversified profile of communication styles can be a significant indication to recognize the favorable and unfavorable communication conditions of a given student. Such data can be very useful at the level of designing support activities.

An important element in identifying communication competences in individual and social terms is to analyze the conditions of possible disturbances or difficulties in these areas. Their recognition is one of the conditions for the development of an effective program in supporting the development of communication skills.

By supporting the development of children's communication with Asperger's Syndrome, care should be taken not to change support for simple training that aims to ensure that their behaviour will always be effective and appropriate. Such training will not serve natural life situations and therefore will not fulfil adaptive functions. Evaluation of the process of supporting communication skills is planned, systematic and continuous process. The aim of the evaluation process is to evaluate the effectiveness of the designed and implemented process of supporting the development of communication skills. Based on the registration of observed changes in the functioning of a child with Asperger's Syndrome, the usefulness of the actions taken can be assessed. The results of the evaluation form the basis for formulating recommendations for introducing modifications. The authorial model of diagnosing and supporting communication skills is focused on identifying the needs, possibilities and limitations of children with Asperger's syndrome and supporting the development of their communication skills. It should be recognized that in practical terms the presented model can be used by professionals to develop their own solutions in the field of diagnosing and supporting the development of communicative competence of children with Asperger's syndrome. Student support at the school should be provided by all persons, including those who are not directly unrelated to the learning process and peers. And this is not about taking over the role of teachers or specialists, but about undertaking such activities that are conducive to the student's sense of security and development.

4 CONCLUSION

Based on the observations carried out, it was found that in relation to persons taking part in formal and informal situations on the school grounds, the communicative reactions / behaviours of students with Asperger's Syndrome in formal and informal situations at the school are miscellaneous. The students presented in the repertoire of their behaviour both verbal and non-verbal messages - in line with certain social norms (socially acceptable) and those far removed from socially accepted norms. Extracting clear-cut conclusions regarding this group of students in terms of their capabilities, as well as limitations in the construction and reception of messages seems to be very difficult due to the large individual (individual) variation in the perception of the person surrounding Asperger's syndrome surrounding reality as well as strategies for communication with an adult and peers available for this group of people. The results of the research indicated that: (1) students present different communication behaviors (verbal and non-verbal), appropriateness (consistent and incompatible with social norms) and the type of communication situation (formal, informal) (2) there are large individual diversification in terms of communication strategies with an adult and peers (students present diverse profiles of communication behaviors); (3) communicative behaviors of students with Asperger's syndrome are related to communication skills of people involved in interactions (peers and adults). It cannot be forgotten that visible communication behaviours may also be related to communicative competences of people taking part in relationships with children with Asperger's syndrome. Particularly noteworthy is the fact that according to J. Stewart (2009 for: B. Marcinkowska, 2013, p. 209) contact between people consists in building a relationship based on reciprocity and cooperation. Therefore, it seems to be extremely important to analyse the communication behaviour of students with Asperger's syndrome, including the competences of all participants taking part in all situations at the school. Assuming that each reaction and communication behaviour of the entity reveals the dimension of the intended / intentional carrier or unintentional / unintended information, they have a communicative character.
REFERENCES


