

ПРИМЕНЕНИЕ ИННОВАЦИОННОГО ПОТЕНЦИАЛА МОЛОДЫХ УЧИТЕЛЕЙ В СОЦИАЛЬНОЙ И ПСИХОЛОГО- ПЕДАГОГИЧЕСКОЙ РЕАБИЛИТАЦИИ ДЕТЕЙ С РАССТРОЙСТВАМИ АУТИСТИЧЕСКОГО СПЕКТРА

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Аннотация. Молодые педагоги экспериментальных образовательных учреждений Международной Мариинской академии активно используют свой инновационный потенциал в процессе социальной и психолого-педагогической реабилитации детей с расстройствами аутистического спектра. Это позволяет учителям из молодёжной среды помогать детям, страдающим дефицитом внимания, преодолевать недуги. Относительно небольшая разница в возрасте облегчает установление продуктивного контакта между учительской молодёжью и детьми.

Ключевые слова: молодёжь, учитель, воспитанник, среднее образовательное учреждение, центр психолого-педагогической реабилитации, дети, социальная адаптация, реабилитация, технология, личность.

APPLICATION OF INNOVATIVE POTENTIAL YOUNG TEACHERS IN SOCIAL, PSYCHOLOGICAL AND PEDAGOGICAL REHABILITATION OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Abstract: Young teachers of experimental educational institutions of the International Mariinskaya Academy actively use their innovative potential in the process of social and psychological and pedagogical rehabilitation of children with autism spectrum disorders. This allows teachers from the youth environment to help children suffering from attention deficit to overcome ailments. A relatively small age difference facilitates the establishment of productive contact between the youth of teachers and children.

Key words: youth, teacher, pupil, secondary educational institution, center for psychological and pedagogical rehabilitation, children, social adaptation, rehabilitation, technology, personality.

The ability of young teachers, educators and speech therapists to get in touch with children with various types of autism spectrum disorders leads to the emergence of dynamics in the area of the main problem of their development.

In the process of interacting with young teachers, young autistic children learn to perceive the world around them better on the verbal and kinesthetic levels, since they see it as a welcome continuation of their own inner world.

Increasingly, experts are talking about attention deficit hyperactivity disorder, which is defined by three main symptom complexes: inattention, hyperactivity and impulsivity.

Child is not able to listen attentively to the speech addressed to him, therefore, it seems that he simply ignores the words and remarks of others. An inattentive child does not know how to complete a task that is being performed, often perceives words as a protest. He is unable to learn and follow the rules suggested by the instructions. Inattentive children often face great difficulties in organizing their own activities. They try to avoid tasks that require prolonged mental stress, are often distracted by extraneous stimuli and constantly forget about everything.

In order to diagnose inattention in a child, he must have at least six of the listed signs [2].

The concept of «hyperactivity» is characterized by the following features: they are capricious and never sit still. They often and loudly talk irrelevantly, often spinning in a chair for no reason. They cannot sit still for a long time, but only jump and walk around the group without permission. Every child tries to climb somewhere, although sometimes it is far from safe. Hyperactive children cannot play quiet games, rest, or sit quietly and calmly. They are always mobility oriented.

You can also talk about hyperactivity and impulsivity, only if the signs listed above persist for six months.

Signs of attention deficit hyperactivity disorder can be found in young children from the very first days of life. Such a child has increased muscle tone. They always want to get rid of diapers and are always naughty when changing or dressing. Frequent recurrent unmotivated vomiting may occur. Belching that is not typical for childhood, namely vomiting, which is a sign of a disorder of the nervous system. In this case, it is very important not to confuse all of them with a stomach problem that can arise from overeating. Therefore, only a doctor is involved in the diagnosis [3].

Hyperactive babies in the first year of life do not sleep well and sleep little, especially at night. They fall asleep quickly, wake up just as easily and immediately cry loudly. They are extremely sensitive to all external stimuli: light, noise, various sounds, heat, cold, etc. After two to four years they develop dyspraxia, the so-called awkwardness.

Children constantly drop or overturn something, very slowly perform work that requires skill and efficiency. Many children find it difficult to learn to ride a bike. The child's body does not seem to «fit» into space, touching objects, bumping into shutters, doorways, and the child hits everywhere and everywhere. Despite the fact that such children often have lively facial expressions, quick speech, and a shifting gaze,

they often seem to be out of the situation, that is, «getting out» of it, and then after a while «return».

The inability to concentrate when performing any action is becoming more pronounced. The child throws toys, cannot calmly listen to a fairy tale, watch a cartoon. Such a child feels uncomfortable in a team, he is recorded in the category of «lagging behind», and he feels a negative attitude on the part of educators and peers, which is aggravated by hyperactive behavior [3].

Adults often scold such preschoolers, laugh at them and "do not take into the game" children. Because of this, imbalance, disorder, and low self-esteem occur - characteristic emotions in attention deficit hyperactivity disorder. Outbursts of anger and irritability occur quite often. Many children close up and start living their inner life. But it happens the other way around – a hyperactive child becomes a leader in a team.

It is important to remember that these children often do not feel fearful. Without hesitation, they jump out onto a busy road, jump from any height, dive into the water, unable to swim, etc. Such behavior requires special control from adults, especially since such children usually have a reduced pain defect and most of them are calm suffer blows, cuts and even quite serious injuries. They often flinch and have nervous tics [1].

Children who have experienced stress are also at risk. The child may have a fever, runny nose and cough, get sick alive, etc [4].

Factors contributing to the occurrence of stressful experiences in preschool children include chock trauma. They are usually sudden, very violent, and tend to threaten health and life in general.

It should also highlight the attention group children that require observation. These are the children who miss classes for no good reason, living in single-parent families and in families with low income. Based on the results of diagnostics, such children may have low mental

development indicators and minor problems in mastering the program, as well as aggressive reactions towards their peers [5].

Summing up all of the above, it is worth saying that the main distinguishing feature of children at risk is that, formally and legally, they can be considered children who do not require special approaches (they have a family, parents, attend a regular educational institution), but in fact In fact, for reasons of a different nature, these children find themselves in a situation where their fundamental rights, are not fully realized or even violated [7].

A feature of young children at risk is that they are under the influence of negative factors. That is why this category requires special attention of specialists, an integrated approach in order to eliminate unfavorable and create optimal conditions for the development of children.

Children cannot solve problems on their own. They either cannot understand them, or do not see a way out of the difficult life situation in which they find themselves. At the same time, children at risk not only experience the influence of extremely negative factors, but very often do not find help and sympathy from others, while help provided at the right time could support the child, help her overcome difficulties, change his worldview, value orientations , understanding the meaning of life and become a normal citizen, person, personality [3].

Technologies of psychological and pedagogical support for children at risk in preschool educational settings

The process of psycho-pedagogical support of children of the risk group should have a complex character, unite in itself specialists of different profiles, in particular educators, social pedagogues, speech therapists, medical workers, physical education instructors.

There are several principles of psychological support. So, L.V. Trubaychuk speaks about the following principles of psychological pedagogy and pedagogic accompaniment in a preschool educational institution:

Recommended character. This principle implies that the activities of the pedagogues accompanying the preschooler should not impose certain rules on the family, but should be aimed at expanding social space, disclosing and activating inner potential. , to contribute to the harmonization of relations between family members, the acquisition of social experience in the ongoing life events.

Prioritize the interests of a child in need of an accompaniment. The child must always be on the child's side at all times.

The pedagogue's responsibility for the fate of the child, an increase in the number of types of his activity.

Stimulating the relationship of cooperation between all subjects of the educational, upbringing process. Interdepartmental interaction of various bodies.

Mutual developmental influence of educators and children.

Satisfaction of the increased cognitive activity of the child, his requests.

Continuity of accompaniment at all stages of the child's development.

Complexity (multidisciplinarity) of support.

Striving for automation.

In social and psychological support, there are two important guidelines that must be followed when carrying out work - individual support of a child, taking into account the type of family in which he lives, as well as a comprehensive one. the influence of the accompaniment, which should be directed to the profile, the correction of the problems of the child and the family as a whole.

Individual support of a child in a preschool educational institution presupposes the creation of conditions for him, in which a potential risk will be identified, and in accordance with this, if the necessary help is needed ...

It is important to pay attention to such families as:

- families where parents lead a social and moral way of life, practice violence on the child;
- families with sick children, children with impaired health, children with disabilities;
- large families;
- low income families;
- young families where the parents do not have parenting experience [13].

L.V. Skitska and Yu.I. Shche rbakov highlight the following goals and objectives of an individual psychological pedagogy and gogic accompaniment of a child:

- formation of an all-outside harmony of a personality;
- development of the main types of activities of the child (play, learning, work);
- creation of conditions for the complex development of a child's social, emotional, and intellectual potential, the formation of his positive personality traits, enrichment of the child's social experience;

Development of mental processes by smallness and general motor skills, correction of sound reproduction [8].

Comprehensive support should include a number of interrelated and complementary activities of a team of specialists, such as:

- Legal protection and legal general education;
- Pedagogical support;
- Social help;
- Psychological support of individual development;
- Teaching social competence skills.

Accompanying children in this preschool educational institution is carried out by a psychological pedagogical council (Psychological pedagogical council), the work of escorting begins with the participation of Psychological pedagogical council specialists in the process of children.

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