Kolosova Tatiana

Head of the centre for Supplementary Education, Institute of Special Pedagogy and Psychology, Associate Professor, Ph.D. in Psychology.

+79219255116, mama_t@mail.ru

Rostomashvili Iya

Associate Professor, Ph.D. in Psychology of the University of special education and psychology.

+79095917252, rostom-1950@mail.ru
The article presents the concept of organization of psychological training in an inclusive environment. It outlines the specifics of the work with teenagers with disabilities, in the process of psychological training.

The article describes peculiarities of verbal and non-verbal means of communication, conducting of art therapy exercises with the participation in the training both handicapped and non-handicapped children. The potentialities and the characteristics of the social perceptions of people with sensory impairments and disorders of the musculoskeletal system.

Key words: model of psychological training, adolescents with disabilities, inclusive education, peculiarities of communication with the limited possibilities of health.
Model of psychological training in the conditions of inclusive education

Analyzing the state of inclusive education at present, one can speak not only about how the innovation process, permitting to carry out the training and education of children with different starting guests at various stages of the education vertical. This direction has a powerful impact on the development of the educational process, significantly changing the relationships between its participants.

The modern concept of inclusive education would search for optimal ways of educating children with disabilities) in the conditions of inclusion in the team of normal children. As noted by L.M. Shipitsyna, education must be universal, i.e. to provide the demand in education and equality of all children. The purpose of the modern school is to help every student (with disabilities, and the less gifted and gifted ones) in achieving success, prevent their exclusion from society [4].

Inclusive education becomes an integral part of modern education, and alongside with the special education it provides learning of children with disabilities, according to their specific needs.

In our opinion, one of the ways of solving this modern challenge for Russia is the organization of joint psychological trainings, the participants of which can be normally developing teenagers their peers with disabilities. In this regard, using the term «adolescents with disabilities, we are analyzing categories such as visually impaired adolescents, hearing impaired adolescents and adolescents with cerebral palsy. Important terms of the participation in psychological training are the safe intellect, self-regulation of personal emotions and experiences, as well as responsibility for compliance with the rules of work at the training.

Peculiarities of adolescence show that in this period they begin to look at themselves, as if discovering your “I”, eager to learn the strengths and weaknesses of his personality. There is interest to the qualities of the self, the need for matching yourself to other people and self-esteem. Representation based on which adolescents are formed criteria for self-acquired in the course of special activities - self-knowledge.

Adolescent behaviour is governed by his/her self-esteem, which is formed in the course of communication with others, but first, with their peers. Orientation to-peer is connected with the need to be accepted and recognized in the group, team, with the need to have a friend and, in addition, with the perception of a peer as a sample which is closer and more understandable, more accessible than an adult is. Thus, the development of adolescent self-esteem affects relationships with peers and classmates.

The purpose of the joint psychological training: mastering the skills of relationships by understanding stereotypical perception of the surrounding world and optimization of personal behavior.

To achieve this goal in the process of training one needs to solve the following tasks:

1. The creation of a climate of trust for communication in the group, a favorable social-psychological climate;
2. The development of empathy in participants of the training in relation to each other;

3. Overcoming stereotypical perception of a person with disabilities

4. Formation of an adequate mutual perception of the group members

5. Forming of norms for partner communication

6. Overcoming difficulties in communication, inherent in adolescence

7. To increase the degree of adoption of the group members themselves and other people.

8. To enhance the image of the diversity of the world in which we live, among group members.

In modern applied psychology, the idea of training as an active form of group work is at the intersection of areas such as psycho-correction, psychotherapy and training, each of which has a specific direction and at a certain moment may become relevant in the training process, depending on the goals and tasks.

Traditionally psychological training applies for development of skills of self-knowledge, self-understanding, reflection, and change of the attitude to himself/herself, to others; develop skills of self-regulation, the development of emotional flexibility, improvement of the social adaptation of participants, deepening experience psychological interpretation of the behavior of other people. [17]

The process of personal self-realization and self-development may be distorted or restricted due to violations of interaction and communication with significant others, with their peers in particular.

The leading form of activity in the training process is communication. The most important factors of effective work of the group, the ability to establish contacts, to adequately understand and accept partner communication. Adolescents with sensory disabilities (vision and hearing) used to have difficulties in interpersonal communication. Total or profound impairment prevents seeing of partner’s face during communication and his other external qualities, as well as facial manifestations, expression of eyes and many other visually perceived signs, making communication difficult. Typhlopsychologists favor polysensory perception, i.e. perception of their partners by completely blind people through a series of preserved analytic systems (auditory, tactile, and olfactory).

Impaired vision provokes inadequate development of non-speech communication, influencing the volume and quality of communication, and hinders the child and the adolescent entry into the social environment in which he lives, and where he is formed as a person.

Teenagers with hearing disorders form interpersonal perception slower than hearing people do. Incompleteness of oral speech perception, speech development retardation makes it difficult to contact with a partner, making the person with hearing impairments to apply to more intensive use of non-verbal means of communication, make specific features in the awareness and understanding of relations.

Adolescents with cerebral palsy, whose sensory systems are safe and, in this regard, does not have trouble with the perception of partner communication.
Practice shows that the disability is not a barrier for an adequate perception and understanding. Unfortunately, there are still cases of mutual misunderstanding formed caused by negative experience, inadequate social attitudes that entail a restriction of interpersonal contacts. Often the complication of the process of communication is due to the negative attitude of society towards people with disabilities. In this regard, the trainer who begins a training process draws the participants’ attention to the unique composition of the group.

Coach delegates members of the group the peculiarities of interaction with specific teenager.

Visually impaired adolescent:

• When you address to him/her (especially to completely blind teenager), use voiced speech.

• Try to express your feelings and emotions, interests and wishes in your speech, because the impaired participant may not see your mimics, gestures, gaze and poses.

Hearing impaired adolescent:

• When you speak, do not lose eye contact with the group, do not turn away, and do not cover your mouth with your hand, because a hearing-impaired participant reads your words from your lips.

• When paired with the deaf participant, in the event of a misunderstanding on his part, repeat the phrase with a distinct articulation.

When an adolescent with cerebral palsy participates, the trainer does not make emphasis on the specificity of interactions.

The optimal number of participants in the group is about 12-15 persons.

During the acquisition of the group, it is important to pay attention to the level of disorder of functions of adolescents. An important point for the group is to be homogeneous, i.e. participation in the training of adolescents with the same offence (for example, normally developing adolescents and hearing impaired teenager or normally developing adolescents and visually impaired teenagers. When a group includes different nosology, the organization of this training becomes more complex.

Communication is characterized by three interrelated factors: communicative, interactive and perceptive [2].

The communicative part of the communication is manifested through the actions of personality, consciously focused on their semantic perceptions by other people.

Communication is a two-way exchange of information leading to mutual understanding. If not achieved mutual understanding, communication does not take place. The communication process was successful, when it had feedback, that is, to know how other people understood you, how they perceive you and how they treat the problem. Communication in general is determined by such components as communicative activity, communicative confidence, emotional reactivity in communication, communicative object.
Development of communication starts with a creation of personality, for which the value of communication is the first of the value orientations [2].

Interactive part of communication represents interaction (and effects) of people with each other in the process of interpersonal relations. For the participants it is very important not only to exchange information, but also to organize an exchange of actions, planning of these activities. Communication is organized as a joint activity.

The most common is the division of all interactions into two opposite types: cooperation and competition. The cooperative interaction involves coordination, arrangement, combining the addition of each of the participants of joint activity. Competition means rivalry and struggle for achievement of the best results. Here are most likely to arise conflict situations [2].

Perceptive part of the communication is manifested through perception and assessment of trafficking of social objects (including self-evaluation, other people, groups, etc.) The perception acts are the integral parts of communication, and is the process of perception of one person to another. [2]

In modern social psychology, means of communication are divided into two groups: non-verbal and verbal.

The use of verbal and non-verbal means at different developmental disorders

Table 1

Violation of the Specificity of the use of verbal and non-verbal means

Impaired vision (totally blind + residual vision 0 - 0, 005) • it is inappropriate to include exercises with the use of non-verbal means, because children of this category have no perception of non-verbal manifestations.

• When using verbal means, focus on the spoken language, while using any visual aids a trainer uses verbal support.

Vision disorder (visually impaired) • Visibility used at the training must be bright, written in a large font.

• When you use the exercises associated with nonverbal signs, you must make sure that they are available for the visually impaired adolescents.

Hearing impaired (deaf) • it is Inappropriate to use the audio signals to indicate the beginning and end of the exercise and the transition from one type of job to another. For example, the sound of a bell or whistle signal, because deaf children cannot perceive it.

• Preferably, instructions for exercises and assignments to combine with visual AIDS, for example, usage of diagrams, tables, slides.
Cerebral palsy • Paresis of the lower limbs brings no restrictions for usage of verbal and non-verbal means.

• Paresis of the upper extremities: before using the exercise on the body, make sure that children of this category can use gestures.

We would like to note that art therapy technologies allow the person to comprehend the fullness of the social life. As noted by A.I. Kopytin, art and techniques of art therapy apply to the inner forces of the person originating from his/her creative abilities. Art is therapeutic by its nature; it contains within itself the means of adaptation of «I» to the surrounding reality, the possibilities to cope up with the traumatic situation. The use of art therapy methods is the most affordable way to achieve psychological comfort level [3].

In our opinion, similar techniques act as creative means of cognition of oneself and other people. In this context, psychological training allows appropriate application of art-therapeutic exercises, the use of which have their own specifics.

Use of techniques of the art in the treatment of different developmental disorders

Table 2

Disorder • Specificity of the use of techniques of art therapy

Vision Disorder • Participation in the joint training of totally blind adolescent and an adolescent with residual vision (absolute blindness), it is appropriate to use such techniques as sculpting, drawing by the sand.

• Participation in the joint training for visually impaired teenager exploits all kinds of graphic therapy, with preliminary finding out of his/her visual capabilities.

• There are no restrictions for using music therapy.

• When using fairytale therapy take into account peculiarities of communication for visually impaired.

Hearing impairment • There are no restrictions for using drawing therapy.

• At participation in the joint training of a hearing impaired adolescent it is inappropriate to use music therapy.

• When using fairytale therapy take into account peculiarities and specific communication of teenager with hearing impairment.

Cerebral palsy • Participation in the joint training of the adolescent with the palsy of the upper extremities does not allow drawing therapy.
• There are no restrictions for using music therapy.

• When using fairytale therapy peculiarities of development of motor abilities of every child must be considered.

Thus, the integral socio-psychological qualities of the person that determine the development of constructive relationships are the ability to establish social contacts, adequately perceive and understand the partners, explain one’s point of view and be able to listen to the others, complete the contact and express gratitude to each other.

In the works of social psychologists argued that, the first impression about the partner in communication is based on visual perception. The visual image arising at the first meeting is the source for the understanding of the person by another person. It is with visual perception that begins interpersonal contacts, likes and dislikes. The desire to re-appointments or evade them depends on it. At the stage of pre-verbal communication appearance becomes the main and only source of information about each other, perception of it may arise judgments relating to socio-psychological interpretation of the individual. If the appearance serves as an objective source of information in the process of communication between two people, the attitude towards it plays a role of the subjective background that affects the efficiency of communication.

Mutual perception of teenagers, both normally developing and handicapped, in inclusive education is hampered by unusual appearance of the latter. Adolescents with disabilities, in turn, often avoid communicate with normally developing peers due to a false sense of inferiority. Unfortunately, it happens very often because of the inadequate installations of common consciousness. However, practice shows that the limited possibilities of health (vision disorders, loss of hearing and locomotor system disorders) are not insurmountable barriers for an adequate perception and understanding for partners in communication.

Holding the joint psychological training helps overcome barriers in communication between non-disordered teenagers and young people with disabilities. In this training, we take into account both peculiarities and possibilities of self-realization of each member, regardless of his/her condition of health. In addition, an important aspect of the model of the joint psychological training is to identify the specifics of the trainer's work with teenagers, who have different disabilities.

The work of the psychologist in the framework of inclusive education should be aimed at overcoming the physical and psychological distance between students, a delegation of the value of each individual, regardless of his/her abilities and achievements, change of social stereotypes and forming an adequate idea about the partner in communication.
Literature


