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THE EFFECTIVENESS OF PRACTICAL TEACHING METHODS IN DEVELOPING DAILY SELF-CARE SKILLS OF 5–6-YEAR-OLD CHILDREN WITH AUTISM SPECTRUM DISORDERS

Abstract:

The article examines the effectiveness of practical teaching methods in developing self-care skills among 5–6-year-old children with Autism Spectrum Disorders (ASD). It demonstrates that systematic use of play-based, practical, and visual methods enhances independence, motor skills, and social-living abilities in children with ASD. The study results indicate that integrating specialized pedagogical approaches can improve adaptability and the level of autonomy of preschoolers with autistic traits.

Keywords: Autism Spectrum Disorders, self-care skills, practical teaching methods, preschool children, adaptive learning.

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АУТИСТИК СПЕКТРІ БҰЗЫЛҒАН 5–6 ЖАСТАҒЫ БАЛАЛАРДЫҢ КҮНДЕЛІКТІ ӨЗІН-ӨЗІ КҮТУ ӘРЕКЕТТЕРІН ҚАЛЫПТАСТЫРУДА ПРАКТИКАЛЫҚ ОҚЫТУ ТӘСІЛДЕРІНІҢ ТИІМДІЛІГІ

Аңдатпа:

Мақалада 5–6 жас аралығындағы аутистік спектр бұзылыстары бар балалардың өзін-өзі күту дағдыларын қалыптастыруда практикалық оқыту әдістерінің тиімділігі қарастырылған. Ойындық, практикалық және көрнекі әдістерді жүйелі қолдану балалардың өздігінен әрекет ету, моторлық дағдыларын дамыту және әлеуметтік тұрмыстық қабілеттерін қалыптастыруға ықпал етеді. Зерттеу нәтижелері арнайы педагогикалық тәсілдерді біріктіру арқылы аутистік ерекшеліктері бар мектепке дейінгі балалардың бейімделу қабілеті мен тәуелсіздік деңгейін арттыруға болатынын көрсетті.

Түйін сөздер: аутистік спектр бұзылыстары, өзін-өзі күту дағдылары, практикалық оқыту әдістері, мектепке дейінгі балалар, бейімделген оқыту.

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ЭФФЕКТИВНОСТЬ ПРАКТИЧЕСКИХ МЕТОДОВ ОБУЧЕНИЯ В ФОРМИРОВАНИИ НАВЫКОВ САМООБСЛУЖИВАНИЯ У ДЕТЕЙ 5–6 ЛЕТ С РАССТРОЙСТВАМИ АУТИСТИЧЕСКОГО СПЕКТРА

Аннотация:

В статье рассматривается эффективность практических методов обучения в формировании навыков самообслуживания у детей 5–6 лет с расстройствами аутистического спектра (РАС). Показано, что систематическое использование игровых, практических и наглядных методов способствует развитию самостоятельности, моторных навыков, а также формированию социально-бытовых умений у детей с РАС. Результаты исследования демонстрируют, что

интеграция специализированных педагогических подходов позволяет повысить адаптивность и уровень независимости дошкольников с аутистическими особенностями.

Ключевые слова: расстройства аутистического спектра, навыки самообслуживания, практические методы обучения, дошкольники, адаптивное обучение.

Introduction

Currently, the development of cultural and hygienic self-care skills in preschool children with autism spectrum disorders (ASD) is a relevant issue. Self-care skills occupy an important place in the system of human values and influence the development of societal culture. With these skills, a child can interact harmoniously with the environment and develop a healthy lifestyle.

At present, parents of children with ASD primarily focus on developing the child's intellectual potential. As a result, although children's cognitive abilities may be at an average or high level, their ability to acquire cultural and hygienic self-care skills remains weak. This applies to a significant proportion of children with ASD[1-2].

Research (O.S. Nikolskaya, E.R. Baenskaya, M.M. Libling, E.S. Ivanov, et al.) has shown that the development of self-care skills in children with ASD is hindered by several factors:

- difficulties transitioning from involuntary to voluntary actions;
- low mental tone;
- lack of motivation;
- sensory sensitivity;
- emotional dependence on others.
- In addition, individual characteristics of children impede the acquisition of self-care skills, including:
 - stereotypical behavior;
 - negativism;
 - fear;
 - avoidance of communication;
 - aggression and self-injury.

In many cases, the development of self-care skills is further complicated by parents themselves. Excessive adult care prevents the formation of independence, as parents do everything for the child. This, in turn, slows the development of the child's ability to act independently.

Thus, working on developing self-care skills in children aged 5–6 with ASD is important not only for the child but also for the family. Using practical teaching methods, a child learns to take care of themselves, which increases independence and develops essential life skills for the future.

Children with ASD are characterized by features of mental development, including impaired emotional connections, stereotyped behavior, and difficulties in social interaction. They may have delayed or atypical speech development, a limited active vocabulary, and challenges in understanding spoken language[3].

One of the current pedagogical challenges is the formation of self-care skills, which include dressing and undressing, handwashing, eating with utensils, and using the toilet. These skills ensure the child's social adaptation and increase their level of independence.

The practical significance of this study lies in identifying effective teaching methods that allow children with ASD to acquire self-care skills in a playful and educational environment. [4-5].

Main Part

The formation of self-care skills in children with ASD requires an individual approach, taking into

account sensory characteristics and the emotional state of the child. The following practical teaching methods are recognized as effective:

Teaching Method	Description and Features
Use of operational cards	Visual and step-by-step instructions demonstrating the sequence of actions; help the child understand and repeat actions independently.
Emotional support	Includes comments, simple words, and natural adult movements to support the child and facilitate skill acquisition.
Repetition and reinforcement	Regular practical performance of actions in different situations to consolidate skills.
Play and visual models	Use of games and visual materials to engage the child and motivate independent actions.

These methods consider the specifics of autistic development, maintain a positive emotional atmosphere, and gradually foster the child's independence.

Indicators of Self-Care Skills

Skill	Description of Actions
Dressing and undressing	Unbuttoning, removing and neatly placing clothes, taking off shoes, socks, and tights.
Handwashing and face washing	Lathering and rinsing hands, washing the face.
Eating with utensils	Holding a spoon and fork, eating neatly, using a cup.
Using the toilet	Sequence of actions when using the toilet, including removing and putting on clothes and flushing.

Research Materials

The study involved preschool-aged children diagnosed with ASD. To study the effectiveness of practical teaching methods, the following were used:

- Observations of behavioral and speech manifestations;
- Practical self-care exercises (dressing, hygiene, eating skills);
- Play-based and developmental tasks to develop motor and cognitive skills;
- Maintaining individual observation diaries by educators;
- Use of visual aids, cards, and step-by-step instruction manuals.
- Teaching methods included reproductive, problem-based, heuristic, and play-based approaches, aimed at gradually forming self-care skills and socio-domestic adaptation.

For the baseline experiment, the following self-care indicators were identified:

1. Dressing and undressing – unbuttoning, removing and neatly placing clothes, taking off shoes, socks, and tights.
2. Handwashing and face washing – lathering and rinsing hands, washing the face.
3. Eating with utensils – holding a spoon and fork, eating neatly, using a cup.
4. Using the toilet – sequence of actions including removing and putting on clothes and flushing. [6-7].

The diagnostic method was “**Observation of the child's behavior**” (M.Yu. Vedenina) with a scoring system:

- 3 points – action performed correctly;
- 2 points – with minor adult assistance;
- 1 point – action performed entirely with adult support.

Research Results

The baseline experiment showed that the level of self-care skills in children aged 5–7 with ASD varies depending on the type of skill.

Indicator 1 – Dressing and Undressing Skills

Observation of the children showed that most participants were able to perform individual steps of the skill, such as unbuttoning and taking off shoes; however, completing all actions without adult assistance was rare. The average score on the scale was 2.1, corresponding to actions performed with minor inaccuracies and partial support from the educator. The most challenging steps for the children were neatly hanging up clothes and removing tights/socks.

Indicator 2 – Independent Handwashing and Face Washing Skills

Most children were able to lather and rinse their hands correctly, but the sequence of actions was often disrupted. About 60% of the children required reminders regarding the correct sequence, and only 40% performed face washing correctly. The average score was 2.0.

Indicator 3 – Eating with Utensils Skills

Children demonstrated a relatively high level of mastery in this skill. About 70% of participants confidently held a spoon and fork, ate neatly from a plate, and used a cup. The average score on the scale was 2.4. The most problematic aspects were proper use of the fork and maintaining hygiene while eating.

Indicator 4 – Toilet Use Skills

This skill proved to be the most difficult for the participants. Most children required constant support from the educator when removing and putting on clothing, as well as when completing the procedure. The average score was 1.8, reflecting significant dependence on adults.

Summary of Findings

Overall, the baseline experiment showed that self-care skills in children with ASD are formed unevenly. The most developed skill was eating with utensils, while the least developed was toilet use. These results highlight the need for systematic application of practical teaching methods, including play-based activities and step-by-step instructions, adapted to each child's individual characteristics.

These findings are consistent with the research of S.A. Morozova, A.N. Konopleva, and K.P. Gilberg, who emphasize the importance of gradual development of self-care skills through observation, repetition, and individualized educator support [8,9,10].

Conclusion

Early childhood autism (ECA) is a developmental disorder characterized by difficulties in communication and establishing emotional contact with others, leading to challenges in social adaptation. The causes of autism are diverse; however, early diagnosis allows for timely provision of necessary corrective support. Based on pedagogical diagnostics, an individualized development plan is created for children with ECA within the framework of comprehensive corrective work. A key aspect of this approach is continuous medical, psychological, and pedagogical support. Without timely intervention, children with ECA may face significant difficulties in learning and socialization.

Effective corrective work is conducted individually, taking into account structured spatial organization, schedules, and playful elements. Developing specific skills that gradually transform into independent abilities helps foster positive behavior, reduce autistic manifestations, and acquire essential daily living skills.

One of the most effective tools is the use of operational cards, which help organize the child's actions and facilitate the development of self-care skills. Timely corrective interventions contribute to the development of communication skills, interaction with others, mastery of self-care, and an increase in the child's mental activity.

The analysis of the baseline experiment highlighted the need to develop self-care skills in children aged 5–7 with ECA. The goal of the formative experiment was to test the possibility of developing these skills using operational cards, taking into account the child's individual characteristics, the specifics of autistic development, and the creation of a positive emotional environment during the learning process[11].

Recommendations for Parents and Educators on Developing Self-Care Skills in Children with Autism Spectrum Disorder (ASD)

Worldwide, researchers have not yet reached a consensus on the causes of Autism Spectrum Disorder (ASD). Many hypotheses have been proposed. ASD leads to developmental impairments that affect a child's perception of the surrounding world. Without proper support, a child may grow up to be dependent and socially unadapted. Providing assistance to a child with ASD often takes many years, during which daily, weekly, or monthly progress may seem minimal or even nonexistent. However, every small step of progress is valuable; these initially awkward steps collectively contribute to the child's overall improvement and adaptation to life (V.E. Kogan).

Developing self-care skills is one of the most important objectives in raising and educating children with autism. At the same time, the lack of these skills is often not recognized by the child's family as a problem. For instance, when a child aged 3–5 must be fed or fully dressed and undressed by an adult, parents may take this for granted, not realizing how crucial self-care abilities are for the child's development and social adaptation.

To ensure successful development of self-care skills in a child with ASD, it is important to clearly define the specific skills to be introduced:

- Teach the child to use all utensils independently.
- Teach the child to hold a cup and drink using one hand.
- Teach the child to use napkins and wash hands before and after meals.
- Teach the child to use the toilet independently.
- Teach the child to pull up pants independently.
- Teach the child to put on sweaters and pants.
- Teach the child to undress and change clothes.
- Teach the child to fasten shoes, tie shoelaces, and remove shoes afterward.

One reason children with ASD may struggle to acquire self-care skills is a lack of imitation skills. Therefore, a key objective is to teach the child to repeat the adult's actions.

When working with a child with ASD, it is essential to plan your actions carefully, proceed step by step, and avoid rushing. Overloading the child can trigger negativism and loss of previously acquired skills. It is very important to observe the child's reactions to stimuli and monitor their mood. Equally important is to communicate with the child and explain the purpose of each action they perform.

For greater effectiveness, build on the child's existing skills. Begin with what the child can already do, praise their efforts—this provides positive motivation and fosters a good mood. Then gradually increase the complexity of tasks to develop the necessary skills. Always encourage the child and avoid scolding if something does not work out. Patience and consistency are crucial.

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