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SUMMARY

- Teaching parents' emotional communication skills (JKPU)
- Teaching parents' positive parent-child interaction skills (INCLUDE)
- Participatory learning and changes in the educational scope (ECOISTITUTO)



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Teaching parents' emotional communication skills

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2. Inclusive education policies - integrated education in Poland

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1. Teaching parents' emotional communication skills

1.1. An overall context

The 2019 World Economic Forum pointed out that the most required competencies in the nearest forthcoming years applicable to a broad range of the most demanded jobs will focus on adequately balanced hard and soft skills, such as:

- analytical thinking and innovation versus knowledge,
- active learning and learning strategies versus passive knowledge,
- creativity, originality and initiative accomplished by problem-solving,
- technology design and programming effectuated by an active technology user,
- critical thinking and analysis opening view-points for discussions, ideas , arguments,
- complex problem solving understood as a context vision approach,
- leadership and social influence leading to self-management in particular areas of activities,
- emotional intelligence enabling clear shared attitudes, responsibility, reciprocity,
- reasoning, idea-producing aimed at target-oriented activities, process management,
- systems analysis and evaluation leading to self-evaluation, target settings.

From among the above-listed skills, parents who up-bring, educate, protect and support their disabled children should particularly make use in their everyday work of those skills which are useful for emotional communication. It is desirable to focus more on soft skills than on the hard ones, because they open the way to effective involvement, cooperation and communication. Significantly important soft skills understood in terms of necessary human qualities are: analytical thinking and innovation; creativity, originality and initiative; critical thinking and analysis; complex problem-solving; leadership and social influence; emotional intelligence; reasoning, idea-producing.

Parents who take advantage of their soft skills are prepared to play a variety of roles in front of their children, no matter if they are disabled or within generally recognized norms of psychophysical development. A list of parents' roles can be immensely extensive and the selection of priorities should rather be left to the parents' themselves for the sake of the well-being of the child. Suggested parent roles cover a broad spectrum of activities as: advisers, coaches, assistants, guides, mediators, protectors, managers, care-takers, enablers, leaders, instructors, supporters, initiators, companions, evaluators, listeners, models, teachers, assessors, coordinators, facilitators, story-tellers, partners, or trainers.



1.2. Conditions for parental successful communication with children

Understanding the importance of collaboration and interpersonal communication is a driving force of activities that are being undertaken. At the same time, the awareness that the communication process depends on many factors is necessary to be admitted. Verbal and non-verbal behaviour strongly interferes with communication and collaboration. On the one hand, if verbal signs are supposed to give directions for an effective communication, they need to be used in a very clear way, so that the message is explicit and unambiguous. On the other hand, non-verbal signs, like body language with facial expressions and gestures, sometimes play a more significant role in communication than the language itself. At the same time, one needs to recognize that if verbal and non-verbal signs do not coincide, the partners' communication process will be confused and the collaboration is damaged. Parents are expected to know that their perception of the real world is different than that of their children, because it is influenced by their socialization factors, in particular. Parents observe reality through a specific filter of individual experiences, thoughts and values. This does not mean that children who are involved in communication and collaboration do not apply their own filter, as well. Without keeping one's distance in respect of another person, the open-minded approach cannot be experienced.

A group of necessary conditions for a successful communication can be named as contextual situations that are shaped by time, place or environment. The communication partners receive mutual messages within two perspectives: the information-level expressing opinions, emotions, experiences, values, and the relationship-level immensely driven by emotional tensions between partners. Holding back one's own emotions may contribute to a rational communication and collaboration. Sometimes, the language of communication has to be simplified in favour of an easier and better understanding. Active listening to children or even putting oneself in their position, together with a high self-esteem, are a good prognostic for successful communication.

1.3. Parenting stress and emotional support of parents with intellectually disabled children

This subsection of the report takes as a point of reference research outcomes referring to parental stress in families with intellectually disabled children. In particular:

"The study examined the profile of stress in mothers and fathers of preschool children with autism, Down syndrome and typically developing children. A further aim was to assess the association between parenting stress and coping style [...]. A total of 162 parents were examined using Holroyd's 66-item short form of Questionnaire of Resources and Stress for Families with Chronically Ill or Handicapped Members and the Coping Inventory for Stressful Situations by Endler and Parker" (Dąbrowska, Pisula, 2010, p. 266).

Parenting a preschool child with developmental disabilities, specifically with autism or Down syndromes, may very often produce a significant stress. The level and intensiveness of this



stress is substantially higher in parents of preschool disabled children than in parents of their typically developing peers. If a child demonstrates emotional, behavioural and communication problems, parents are overwhelmed with particularly heavy burdens. Most visible sources of stress experienced by parents who raise a child with autistic spectrum disorders (ASD) are related to: "[...] (1) permanency of the condition; (2) disapproval for the child's behaviour demonstrated by the society and family members; (3) insufficient professional support" (Dąbrowska, Pisula, 2010, p. 267).

The conditions of life of children with autism and their family members in Poland pose various and serious difficulties. Firstly, the autistic spectrum disorders (ASD) are usually recognized at the age between 4 and 6 years, if not later. Secondly, the identification of this psychiatric disorder from the examination of symptoms isn't automatically followed by accompanied sufficient support from the part of a governmental programme. Thirdly, in spite of the fact that preschool and school-aged children are qualified to receive an educational subsidy, parents are forced to take their own initiatives in order to fulfill children's needs, e.g. within the framework of the National Autistic Society.

Research gave evidence that mothers were affected by a greater stress associated with their child's low degree of self-sufficiency, behaviour problems and physical development than were fathers. Mothers worried a lot more about children's social skills than did fathers. In general, stress demonstrated by parents has a huge impact on the ability to take a proper care of a child with special needs. The family's adjustment and further adaptation to the crisis may occur with the help of three principal resources that parents are ready to use and, in this manner, to manage the critical situation: "[...] personal resources of family members, internal resources of the family system and social support from resources external to the family. Personal resources include, among others, physical and emotional health, financial well-being, education, and personality characteristics of individual family members. The most important internal resources of the family system are cohesion and adaptability, pattern of communication and mutual support. The third type of resources includes social support from people and institutions outside the family and from the family's social network" (Dąbrowska, Pisula, 2010, p. 267).

Summing up the results and conclusions, it is apparent that comparing parenting stress in mothers and fathers of preschool children with autism and Down syndrome, the level of stress related to ASD is substantially higher. In addition to that, parents' gender disclosed differences in responses to stress: mothers of children with autism revealed higher scores than fathers. No such distinguishing features were found in parents of children with Down syndrome and typically developing peers.

In general terms, parents of intellectually disabled children require substantial emotional support. Usually, sources of support, if provided, originate from family members: husband, wife, parents, siblings, relatives. Besides that, social support emphasizes the role of friends,



acquaintances and neighbours. There are marked differences between parents in terms of emotional support. General support is poor in the opinion of 34,6% of parents. At the same time, strong emotional support (as well as informative, institutional and evaluative) was received from specialists, such as nurses and physicians. The study included 108 mothers and 108 fathers of intellectually disabled children. Spouses of the examined gave them poor emotional support. Statistically, fathers received significantly stronger evaluative and emotional support - by more than one point and by more than three points in the case of general support - than mothers. In conclusion, fathers enjoyed moderately stronger evaluative, emotional and general support from teachers, physicians and nurses than mothers (Guzowski, Krajewska-Kulak, 2017).

1.4. Social emotional learning (SEL)

1.4.1. Definition and five core competencies

According to CASEL (2017) "Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (*What is social, emotional ...*, 2019). The Collaborative for Academic, Social and Emotional Learning (CASEL) is a trusted source of knowledge about high-quality, evidence-based social and emotional learning (SEL).

With the support of teachers and parents, pupils/students are supposed to gain skills in five competences that are agreed to be essential to success in school and life: social awareness, self-awareness, self-management, relationship skills, and responsible decision-making.

- Social awareness is understood as the ability to take the perspective of and feel empathy towards the others, including those from diverse backgrounds and cultures. It also means the ability to comprehend social and ethical norms for behaviour and to recognize family, school, and community resources and supports. Social awareness includes four aspects: perspective-taking, empathy, appreciating diversity, and respect for others.
- Self-awareness is associated with the ability to accurately identify one's own emotions, thoughts and values, and to properly recognize how they influence behaviour. It also helps to assess one's own strengths and limitations, to get a well-grounded sense of confidence, optimism, and mind-set. Self-awareness consists of five factors: identifying emotions, accurate self-perception, recognizing strengths, self-confidence, and self-efficacy.
- Self-management means the ability to successfully control one's emotions, thoughts, and behaviours in a variety of situations, to effectively cope with stress, manage impulses, and motivate oneself. It also helps to set and work toward personal and educational goals.



- Relationship skills demonstrate the ability to build and maintain healthy and rewarding relationships with diverse individuals and groups. They are beneficial to a clear communication and cooperation with others, as well as to a good listening. They are required when resisting inappropriate social pressure, negotiating conflicts constructively, seeking and offering help. Relationship skills are based on four elements: communication, social engagement, relationship-building and teamwork.
- Responsible decision-making expresses the ability to make constructive choices about one's personal behaviour and social interactions with respect of ethical standards, safety concerns and social norms. The concept itself asks for a realistic evaluation of consequences of several different actions, and an accurate consideration of the well-being of oneself and others. Responsible decision-making is related to six aspects: identifying problems, analyzing situations, solving problems, evaluating, reflecting, ethical responsibility (*What is social emotional ...*, 2019).

1.4.2. Parenting with competence

Studies show that parents who have at their disposal a broad spectrum of parenting strategies feel more comfortable and competent in their roles and have more positive mental health. Patience and understanding are usually ranked as the most required skills for successful parenting practices. However, social and communication skills are considered the most critical skills to learn. Six key factors are commonly examined in order to understand parenting practices, including "[...] warmth and emotional support, monitoring, communication, psychological control, behavioural control, and parent efficacy, all of which can involve the use of social and emotional skills" (Miller, Wanless, Weissberg, 2018, p. 11-12). It often happens that parenting practices are in a trap of repeated patterns from parents' own childhood experiences while not coordinating with their currently accepted values, beliefs or authentic feelings towards their children.

The conceptual model of the connections between parenting and social and emotional learning (SEL) can be put into action when taking into account the following factors that are characteristic of: parent background, family and child. These factors remain strongly interrelated:

"Parent background - parent influences:

- Parent upbringing, parenting practices, family climate
- Parent access to resources and education about SEL and parenting
- Friends, teachers, trusted others
- Culture



Parent SEL skills:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making

Parent outcomes:

- Wellbeing, stress and burnout, depression
- Physical health and longevity

Family - parenting practices:

- Love
- Modeling
- Intentional teaching
- Discipline

Family climate:

- Collective sense of belonging
- Trusting relationships
- Psychological safety
- Norms for emotion management

Child SEL skills:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills



- Responsible decision-making

Child outcomes:

- Positive social interactions
- Age appropriate risk taking
- Emotional resilience and mental wellbeing
- Academic success
- Healthy relationships" (Miller, Wanless, Weissberg, 2018, p. 13).

There is no doubt that social and emotional skills obviously matter in raising children. Huge majorities of parents admit that they need a fair amount or a lot more support to learn social and emotional skills. At the same time, one has to keep in mind that "[...] parenting is a deeply personal experience, as is (but perhaps even more so than) teaching, that integrates the heart and head. Any supports for parents must include a sensitivity to the highly personal nature of change and the variable ways that families can create positive environments for their children to develop" (Miller, Wanless, Weissberg, 2018, p. 23).

1.4.3. Emotional intelligence of parents of children with special needs

Emotions constitute an integral and indispensable part of every human being. Parents of children with intellectual disabilities undoubtedly feel categories of emotions that are substantially different to those of parents of typically developing peers. Mother - child and father - child relationships due to the context of disorders or impairments are special, stressful, maybe rewarding, but still extremely challenging. The emotional wellbeing of parents of children with special needs is negatively affected, as there is probably no event more devastating to a family than a child born with a birth defect. Studies dedicated to families with children suffering from ADHD (Attention-Deficit/Hyperactivity Disorder), autistic disorder, Down syndrome, mental retardation and learning disabilities demonstrate that "[...] higher care giving demands are associated with poorer psychological and physical health states for parents and other family members. [...] Parents are known to get impacted in many ways because of having a special child. These include feeling sad, depression at various stages of life and experiencing other emotional reactions. Their social life may get affected, recreational and leisure activities get reduced, interpersonal relationships with the family members also get affected, financial problems may arise, parents' own physical and mental health also tend to be at a greater risk" (Vidhya Ravindranadan, Raju, 2008, p. 34-35).

It is justified that parents of the disabled children should possess higher levels of emotional intelligence competences in order to better cope with unprecedented mental tensions.



Parents who competently manage their emotional intelligence usually experience a better quality of life, subjective wellbeing and a higher sense of life satisfaction. There can be observed a reciprocal influence - the more professional management of parental emotional intelligence, the more satisfactory understanding of the child's emotions, and in addition to that, the more promising communication with other family members.

Working on and improving the emotional intelligence of parents with the disabled children brings as a result an increased quality of their lives. Emotional intelligence scale used to measure individual scores takes into account major qualities of self-awareness, mood management, self-motivation, impulse control and people skills. The scale of the quality of life measures three main aspects of physical, psychological and social circumstances of the life of individuals. The quality of life determinants include: gender, marital status, age, family and friends, household, income, employments status, community and environment. A proper insight into parents' emotional intelligence constitutes an important implication of their psychological, social, physical and emotional wellbeing.

1.5. Conclusions

Parents as adult learners usually need to know why specific knowledge is necessary for them before they decide to learn something. In the first place, they look for the practical use and implementation of the teaching content. They very rarely choose unnecessary courses. Parents give a particular emphasis on their own decisions and on self-direction for which they feel responsible. As adult learners, they do not expect to be offered advice or any kind of hints that are provided by teachers to school learners. Parents' motivation to acquire a new knowledge leading to skills and competences is driven by a desirable goal of coping with real-life difficulties or problems. Their motivation can be also connected with a sense of self-esteem.

On the one hand, the majority of parents recognize that social and emotional communication skills are a high priority for the success of their disabled children. On the other hand, most cannot readily articulate how they are utilizing, promoting or directly implementing these skills in their own families. Even professionals in the field of social and emotional learning (SEL) may strenuously fight in making the translation between their professional knowledge and their personal and individual parenting practices.

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2. Inclusive education policies - integrated education in Poland

2.1. Historical context

Since the late nineties of the XXth century, the importance of special education in terms of inclusive policies has increased in Poland and over Europe due to cultural changes. The approach towards open societies, embedded in pluralism and diversity of social groups and individuals, raised the significance of the disabled who used to be previously marginalized and underestimated. Innovative attitudes are reflected in the sphere of education. Especially, in the light of the Salamanca Declaration (1994) on special needs education - it has been commonly admitted that school systems and relevant educational projects need to give particular attention to diverse students' characters, interests, demands and abilities. That is why the education of students with special needs is recognized within the perspective of new actions aimed at the achievement of the following objectives:

- " ● a broader right and access to education that includes students with serious disabilities (in countries where this has not yet been accomplished);
- the inclusion of students who used to be segregated in the system of generally accessible schools and the insurance of a high-quality education;
- a broader range of diverse forms of special pedagogical assistance in schools that are open to all; this assistance needs to include all students with special needs and not only an exclusive or narrow group of disabled students." (Szumski, 2000, p. 115).

In Poland, special attention has been given to the above objectives after the collapse of communism and the direction towards a democratic political, economic and social orders. The



education reform which was launched in 1999 and which was addressed to the entire school system, in spite of serious inadequacies brings visible improvements to the physically and mentally handicapped students.

It is worth mentioning that educational institutions for the disabled have operated in Poland for a long time. The Institute for the Deaf and Dumb, founded in Warsaw in 1917 and still in existence, opens the list as a pioneer counterpart of the first American school for the deaf opened in Connecticut by H. Gallaudet. In 1918, when Poland regained independence after 122 years of occupation, the Ministry of Religious Denominations and Public Education was created with its Department for Special Schools responsible for the coordination of legislative and administrative work in the sector of special education. In 1922, the same Ministry formed the State Institute of Special Education assigned to provide theoretical and methodological foundations for special education and to train qualified teachers. The Director of the Institute was Maria Grzegorzewska (1888-1967), educated in Cracow, Brussels and Paris, a crucial protagonist and the creator of the Polish special education. She strongly believed that a human being is a psychophysical unity, so that there should be a global approach towards any aberration from the norm. Grzegorzewska put forward a famous claim that:

"There is no such thing as a cripple - there is a man" (*The system of education in Poland, 2012*, p. 84).

Her dynamic structural system theory advocated the principle of compensation in the revalidation of the disabled.

In 1939, by the time World War II broke out, the insufficient network of special schools and special classes within regular schools shows no more than 104 special schools for physically and mentally disabled in the whole country, providing instruction for just only 11.5% of children with special education needs (SEN). The postwar history does not depict visible improvements until early 1960s when the special schools network and special classes within regular schools expanded. The idea of integrated education, originally controversial, has been given a new quality since the 1990s. The discussion about inclusive education has substantially changed its flavour, as it stopped being considered wrong or right, but it started to be considered in terms of the best ways of implementing it (Szumski, 2000).

2.2. Special education within mainstream education - integrated provision. Present developments

Poland has adopted three basic models for integration which can be described, as follows:

"● Full integration - All children with disabilities are to be taught in mainstream settings. Full integration in this sense can be perceived as inclusion. Segregated schools for students with disabilities do not exist in this model.



- Incomplete integration - Only students with mild disabilities should be included in the mainstream educational setting. Children with severe disabilities are still taught in special schools.
- Partial integration - Children with disabilities can be taught in special schools or mainstream schools but the decision about the school setting is made by taking into account the needs, well-being, and welfare of the child." (Ober, Twardowski, Pierson, 2019, p. 320).

Children with special educational needs in Poland are provided with psychological and educational support, services offered in outpatient settings, care and support inside the school, and education and care in kindergartens and schools. Counselling services are free of charge. In general, the support is aimed at stimulation of pupils' psychological and physical development, as well as the enhancement of the effectiveness of learning. A proper recognition of special educational needs is particularly important and it embraces children with:

- specific learning difficulties,
- mild, moderate and severe mental disabilities,
- the Asperger's syndrome and autism,
- physical disabilities, including aphasia,
- multiple disabilities,
- speech disorders.

A full list of special educational needs includes children who are:

- blind, deaf and with hearing and vision impairment,
- socially maladjusted and at risk of addiction,
- chronically ill,
- in vulnerable and traumatic conditions,
- experiencing repetitive educational failures,
- experiencing community negligence due to family welfare, quality of spare time activities and socialization,
- affected with adaptation difficulties resulting from cultural differences or a different educational background,
- exceptionally talented.



Data from the school year 2010/2011 report that, usually, children with special educational needs learn together with other peers either in integration schools/kindergartens - where all classes are integration ones - or they attend integration classes in mainstream schools/kindergartens - where classes are integration or mainstream ones. The statistics for the school year 2010/2011 show that approx. 60% - equivalent of 36.5 thousand and approx. 45% - equivalent of 24 thousand of all pupils with special educational needs were under instruction in primary and lower secondary schools, respectively, in school settings within mainstream education (*The system of education in Poland, 2012*).

The integrated provision for the school year 2013/2014 gives evidence of similar values and it reaches approx. 58% of pupils with special educational needs attending mainstream primary schools and approx. 47% of them attending mainstream lower secondary schools. It means that 66.3 thousand children with SEN were under instruction in mainstream primary schools and they accounted for 3% of all pupils in primary schools. At the same time, 49.3 thousand students with SEN attended lower secondary schools and they accounted for 4.4% of all their peers in lower secondary schools. Improving the quality of inclusive education was one of the principal policies of the state for the school year 2013/2014 and the years to come (*The system of education in Poland, 2014*).

Decisions regarding best forms of education for a child with special educational needs belongs to the parents. Neither mainstream schools nor nursery schools can refuse to enroll a child with SEN. On the contrary, they are obliged to give support in compliance with individuals needs and expectations. It is worth mentioning that the national legislation does not clearly define the term of special educational needs. The semantics of the notion is relatively broad and flexible, as well as individually driven. Necessary support may result, for example, from a particular disability, specific learning difficulties, social maladjustment, behavioural or emotional disorders, chronic disease, traumatic experiences that may have long-lasting effects, to mention just a few.

Recent available data for the school year 2016/2017 report, in total, that children and youngsters with special educational needs represent approx. 1.5% of the preschool population and approx. 3% of the school population. However, the proportion of pupils and students enrolled in special schools, as opposed to mainstream schools, varies and it strongly depends on the level of education and type of institution. A comparative evidence shows that direct relation:

Number of pupils/students in education for children and youth with SEN in mainstream and special schools , 2016/2017

Education level	Total	Mainstream schools	Special schools
Primary schools	73,311	49,013 (67%)	24,298 (33%)



Lower secondary schools	47,440	24,250 (51%)	23,190 (49%)
Special schools preparing for employment	10,707	-----	10,707 (100%)
Basic vocational schools	14,507	3,582 (25%)	10,925 (75%)
Technical upper secondary schools	3,912	3,060 (78%)	852 (22%)
General upper secondary schools	5,329	4,147 (78%)	1,182 (22%)
Post-secondary schools	377	30 (8%)	347 (92%)
Total	155,583	84,082 (54%)	71,501 (46%)

Source: *The system of education in Poland 2018*, Ewa Kolanowska, Foundation for the Development of the Education System, Warsaw 2018, p. 89).

Specific arrangements referring to the teaching process in integration classes that are organized in integration or mainstream schools determine the acceptable number of pupils from 15 to maximum 20, including from 3 to maximum 5 disabled children. The size of a class in a special school and a special class in a mainstream school, depending on the type of disability, also has to follow the limit rules of up to 4 students with autism or Asperger's syndrome, up to 8 pupils with a moderate or severe intellectual disability, and up to 16 students with a mild intellectual disability, and, finally, up to 16 socially maladjusted peers or those at risk of maladjustment. Schools with integration classes are obliged to employ additional supporting teachers qualified in special education. It often happens that supporting teachers are also involved in individual work with pupils who need specific skills, for example how to use the Braille alphabet or to communicate in sign language.

The curricula in mainstream schools are based on the common core curriculum for particular stages of education. Pupils with SEN have individual therapy programmes and rehabilitation activities. The minimum duration of rehabilitation classes/activities in mainstream and integration classes of mainstream schools is 2 clock hours a week per pupil at every stage of education.

The minimum number of therapy and support classes in different type of schools

Mainstream or integration classes

Primary schools	190 hours per pupil/2 hours per pupil weekly
Lower secondary schools	190 hours per pupil/2 hours per pupil weekly



General upper secondary schools	180 hours per pupil/2 hours per pupil weekly
Technical upper secondary schools	240 hours per pupil/2 hours per pupil weekly
Basic vocational schools	190 hours per pupil/2 hours per pupil weekly

Source: *The system of education in Poland, 2014, 2018*, p. 80 and p. 91, respectively.

2.3. Conclusions

Since the beginning of the 1990s, when institutions of integrated education started to be founded in Poland, the process in favour of inclusiveness has been continuously accelerated by the parents of disabled children. Their involvement must be explained by an intense desire to look for opportunities of educating their children with SEN in the company of peers and within the least restrictive environment.

Present development trends for integrated education in Poland can be expressed by the following statements:

" [...] (1) the number of children with low-incidence disabilities attending mainstream schools is increasing (this change is more visible at the primary stage of education); (2) the number of special education classes in mainstream schools is decreasing; (3) the number of children with low-incidence disabilities in special classes is decreasing and (4) students attending special schools are mostly children with moderate or severe intellectual disabilities" (Ober, Twardowski, Pierson, 2019, p. 328).

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3. Impaired cognitive functioning and deficits - initiatives on inclusions/autonomy of mentally disabled

3.1. General remarks

The Polish school system provides a variety of options for pupils/students with special education needs (SEN), as it comprises: mainstream schools, integrated schools, special schools, home-schooling and remedial centres (for those with severe intellectual disabilities). In general, since the transformation of the political, economic and social system of the country in 1989, there can be noticed tendencies towards greater inclusion and recognition of the right to equal access to education and training of the disabled at every stage of education. It needs to be mentioned that from the school year 2016/2017, primary schools will be of eight years duration and they will be divided into two four-year periods of basic/elementary and lower secondary ones. Previous lower secondary schools will be gradually closed. General upper secondary schools will last four years instead of three and technical upper secondary schools will be of five years duration. In addition to that, five-year sectoral vocational schools divided into levels 3+2 will be put in operation.

3.2. Segregation versus integration

Special education programmes are by its nature designed for mentally, physically, socially and/or emotionally delayed individuals. Being delayed means a broad category of developmental delay that affects the children's overall physical, cognitive and scholastic skills, which places them sometimes very far behind their peers. For the reason of those special requirements, children's needs cannot be met within the traditional classroom environment. Teaching contents, methodology and the delivery of instruction ask for appropriate needs of each child.

In Poland, the segregation approach is aimed at children with an intellectual disability, at those who are blind or visually handicapped with additional dysfunctions, and at those who are deaf and hard of hearing with accompanied impairments. Intellectual disability is defined as a significantly below average functioning of overall intelligence that exists alongside deficits in adaptive behaviour and it causes adverse effects on the child's educational performance. Multiple disabilities manifest concomitant impairments, such as intellectual disability and blindness or intellectual disability and orthopedic impairment/s. Those combinations causes specific educational needs that cannot be met through programmes designed for children with a single impairment.

Meanwhile, children with partial developmental delays or chronically ill, and those with the dysfunction of motor organs, as well as individuals with learning difficulties or behavioural



disorders are under instruction within the integrated system. At the stage of upper secondary education, blind students, visually handicapped and hard of hearing ones, as well as those with the dysfunction of motor organs learn alongside other peers. However, the segregation system is followed by vocational schools because of technical equipment and the methodology of instruction. The concept of integration of the SEN pupils/students side by side with their classmate peers is already commonly accepted. It is also a kind of green light for the changing social attitudes and it opens ways of favourable opportunities to the disabled (Apanel, 2013).

3.3. Legal framework

At the top of the most significant Polish and European legislative acts referring to individuals with disabilities whose rules and directions are observed in Poland, there is placed:

"● The Convention on the Rights of Persons with Disabilities (CRPD), ratified in Poland on Sept. 6, 2012, which is the first international act of law that comprehensively deals with disability. It recognizes the modern model of disability, i.e. the shift from care and charity to creation of a society and environment that is open to all, inclusive and based on equal opportunities and human rights. The Convention emphasizes the importance of individual self-reliance and independence of the disabled, which includes the freedom of choice and the freedom to make effective decisions." (Żyta, Byra, Ćwirynkało, 2017, p. 246).

Not less important acts of law are, as follows:

"● The Constitution of the Republic of Poland (April 2, 1997),

● The Charter of Rights of Persons with Disability (1997), which states that disabled persons shall have the right to an independent, self-directed, and active life and must not be discriminated against,

● The Act on Social and Occupational Rehabilitation and Employment of Persons with Disabilities (1997),

● and The Education System Act (1991). According to this Act, all children with disabilities are entitled to education and to early childhood development support; postponement of compulsory schooling until the end of the calendar year in which a child turns 10; education in all types of schools, according to individual capabilities as well as developmental and education needs; and adaptation of content, methods and structure of education to their physical and mental capabilities, also in mainstream schools. In addition, the document provides for the possibility of prolonging each stage of education by at least one year, and it guarantees psychological and educational support and care as well as special forms of teaching, including individual education activities" (Żyta, Byra, Ćwirynkało, 2017, p. 246).

Other legal documents having direct bearing on the matters of the disabled are:



- The Social Welfare Act (2004) and
- The Act on Family Support and Foster Care System (2011).

3.4. Directions of changes in favour of inclusions

The ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2012 brought as a result multifaceted improvements of social and school inclusion of children and youngsters with special needs. Those necessary improvements were indicated and described in the National Development Strategy 2020 launched in 2012 which postulates modifications within the national education system, such as: social integration programmes in order to eliminate deficits and promote the potential of individuals, expand the access to rehabilitation, increase the preventive measures, strengthen the provision of e-inclusion projects, among others. New development trends are targeted at groups being at risk of digital exclusion, as well as at parents and social environments for the sake of mutual cooperation. A strong emphasis should be given to extracurricular educational activities complementary to the school instruction, to the provision of a universal access to a high quality education at every stage, to a common access to a wide range of cultural activities, to an increased availability of varied and flexible forms of child care, with a sufficient attention given to underestimated rural communities and small urban areas.

The 2012 ratification of the CRPD constitutes a far-reaching commitment to the Polish government as a binding international obligation. Its Article 24, in particular, referring to the education of children and youth with disabilities "[...] protects the right to education of persons with disabilities. It proclaims the right to inclusive education and prescribes the steps that have to be taken to this end [...]". In the same section of this legal act, there is a direct claim that "[...] children with disabilities should not be discriminated against but also that they should be able to participate in the general education system" (de Beco, 2014, pp. 263-264).

An efficient implementation of the prescribed changes in favour of the nationwide inclusive education confronts a variety of difficulties. Teachers need to be better prepared for the instruction of the disabled and to have a better knowledge and skills how to use alternative communication techniques. Support deficits can be noticed mainly with reference to pupils/students with modern or severe mental disabilities and sensory impairments. However, teachers have access to post-graduate study courses in order to fill this gap of skills and competences. There is also a widely present demand of the qualified teachers who are familiar with the use of sign language and Braille. The provision of psychological and pedagogical support to the SEN individuals in mainstream schools in Poland takes place in cooperation with social policy settings, family support and social welfare centres, sociotherapeutic dayrooms, counselling services, non-governmental organizations (NGOs), to mention just a few. In general, supportive measures that produce desirable results in terms of learning opportunities increasing



educational development and progress of the SEN children are the individual ones. However, highly personalized approaches require professional expertise.

The system of funding schools where the special education needs pupils/students are under instruction is worth rethinking, because it is not enough transparent. Extra subsidies for the disabled that are guaranteed from the state budget are transferred to the local governments, but in the light of legal regulations an officially sanctioned assurance that the money goes from local authorities to the schools does not exist. In practice, the efficiency of funding strongly depends on the financial conditions of particular local governments and the involvement of principals, and parents of the disabled. In principle, every disabled child should be subsidized for the purpose of at least two hours rehabilitation per week.

Crucial difficulties that are faced when implementing the recommendations of integrated education nationwide include:

- "● Barriers associated with the organization of the educational system (e.g. financing, organization of transport, organization of a system of case law connected with disability and education [...]);
- Barriers related to the participation of persons with disabilities in this system (e.g. professional preparation of teachers working with children with special needs, access to rehabilitation and therapies, difficulties with access to education on all levels);
- Barriers associated with the organization of the didactic process for students with disabilities (e.g. adaptation of curricula, access to textbooks and learning resources, the system of evaluation and preparing/organizing external exams for students with special needs)" (Żyta, Byra, Ćwirynkało, 2017, p. 249).

3.5. Irena Sendler Primary School no. 236 with Integrated Classes in Warsaw - the example of a good practice

The school was opened in 1962 and it has been operating as a primary school for over fifty years. In the school year 2000/2001 the institution founded its branch of Integrated Middle School no. 52. The following year brought to existence a separate Integrated Middle School. The term "middle school" means "gimnasium" as equivalent of a lower secondary stage of education. Since the school year 2004/2005, the Middle School together with the original Primary School adopted a new name of School Complex no. 65 with Integrated Classes. In 2009 the school was given its name after Irena Sendler, also referred to as Irena Sendlerowa (1910-2008). The patroness was a passionate social worker, humanitarian and nurse, foremost famous for rescuing Jewish children from the Warsaw Ghetto. Due to recent changes in the Polish education system, resulting mainly in progressive closing of gymnasia, the institution received



the name of Primary School no. 236 with Integrated Classes. The present educational offer covers 6 to 8 years for pupils of 6 to 15 years of age.

Integration by its origin refers to the instruction of children with special education needs in mainstream settings. Those specific requirements place the SEN pupils at disadvantageous positions when compared with most peers of the same age. The disabilities to which pupils are exposed include: specific learning difficulties, moderate, severe and multiple learning difficulties, behavioural, emotional and social impairments, speech, language and communication disorders, hearing, visual and multisensory impairments, autism syndrome disorder and other specific disabilities.

The beginning of integration dates to the school year 1990/1991 when particular classrooms were properly adapted to the needs of the SEN children - the entrance for the disabled next to the gym area and a specially refurnished bathroom. It is symptomatic that those adaptations were very well received by regular peers who became more aware of the conditions of their handicapped schoolmates. They were also ready and always willing to help.

It must be stressed that future educational/learning tracks of the school graduates with disabilities demonstrate that they continued education at lower secondary level. Half of them passed the final school leaving examination upon completion of upper secondary stage of instruction and some of them even continued at the college or university level.

The present goals to be achieved by the school aim at an increased integration within broadly perceived social life through a comprehensive development of the SEN pupils and according to their individual abilities. The school runs at least one integrated class per grade in which the disabled pupils demonstrate specific educational and social needs within their intellectual impairments. Every integrated class employs a special educator who provides help and support. Integrated classes follow the generally adopted national curriculum for public (state) schools with modifications and adjustments for each SEN child, taking into account his/her individual speed of development and progress. Supporting teachers cover a broad spectrum of requirements as educators, psychologists, speech therapists, sociologists, sensory therapists and rehabilitators.

3.6. Conclusions

In spite of legal, administrative and organizational difficulties, inclusive education in Poland is making substantial progress. Even if there are still teachers in mainstream schools who believe that special schools with highly professional staff and appropriate equipment are a better place for significantly disabled individuals, the pace of developments in favour of integrated education has no reason to slow down. On the contrary, the social perception of the phenomenon has undergone significant changes and the idea of inclusion is understood as a new, multifaceted



approach towards the disabled who are considered as equally respected members of the modern society.

Since 1993 integrated education in Poland has been put into operation in a progressively more intensive way and pace of actions. In a short time inclusive educational policies resulted in an increased number of integrated classes in mainstream schools and a decreased proportion of pupils/students with disabilities in segregated education. An overall social consensus in favour of inclusion fostered the developments toward a desirable objective and opened human minds to this very idea. Parents' favourable attitudes greatly contributed to integrated education throughout the country. Findings demonstrate that the level of satisfaction reached 92% of parents of the disabled children who were "very satisfied", and 8% of them were "fairly satisfied". It is also symptomatic that 84% of parents of children without disabilities expressed their high level of satisfaction, meanwhile 16% were "fairly satisfied", which is a very promising prognostic for the future policies of inclusion (Bragiel, Kaniok, 2016).

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Parent-child interactions

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1.Introduction

The potential for active parent-child interaction to enhance cognitive social and emotion outcomes in young children is well established. Children's healthy cognitive and socioemotional development according to the research findings is highly connected to sensitivity and responsiveness of parents and/or caregivers¹ in interaction with their child (Kemp Lunkenheimer & Albrecht, 2015²; National Scientific Council on the Developing Child, 2012).³



Εικόνα 1" SERVE AND RETURN" ADULT CHILD INTERACTION
<https://pixabay.com/images/search/parent%20child/>

¹ From now on every time the word parent is being referred the word caregiver will be it will be understood

² Kemp et al. 2016. Can We Fix This? Parent–Child Repair Processes and Preschoolers' Regulatory Skills
Family Relations Volume 65, Issue 4

³ Catherine M.Hambya Erika S.Lunkenheimera Philip A.Fisherb The potential of video feedback interventions
to improve parent-child interaction skills in parents with intellectual disability

Between the second and third month of life there are significant developments in parent–infant interactions. Child–parents relationships that are responsive and attentive—with lots of back and forth interactions—build a strong foundation in a child’s brain for all future learning and development. This is called “serve and return,” and it takes two to play! **Serve and return** interactions shape brain architecture. When caregivers are sensitive and responsive to a young child’s signals and needs, they provide an environment rich in social cognitive and emotional interacting experiences. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child’s brain that support the development of communication and social skills. Much like a lively game of tennis, volleyball, or Ping-Pong, this back-and-forth is both fun and capacity-building.⁴ Serve and return interactions provide the first social learning context of the infant

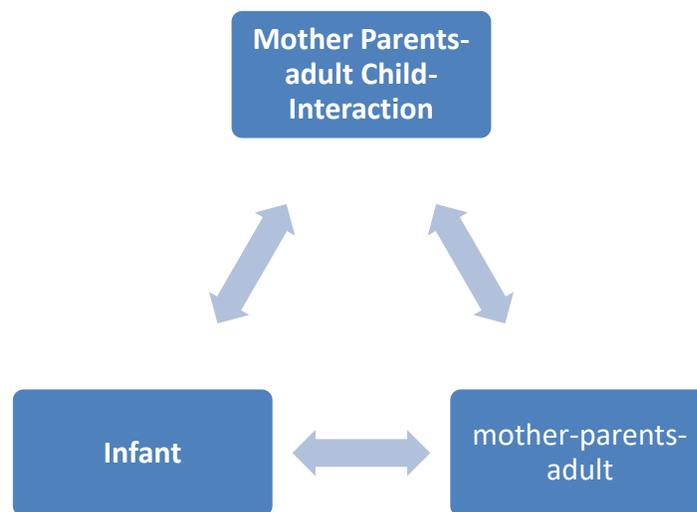


Fig.1: Serve and return interactions between parent and children create the context of mother parent interactions

⁴ <https://developingchild.harvard.edu/resources/5-steps-for-brain-building-serve-and-return/>

Emotion regulation and recognition, referencing, gaze following, gesturing, and communication and a variety of social-cognitive and socio-emotional processes, are first evident in parent–child interactions. According to attachment theory parent–child interactions are rich of synchrony, turn taking, and reciprocity, which are precursors to a healthy attachment.⁵

The parent–child attachment provides a framework within which the child forms expectations about the predictability of relationships. Specific signals in their interaction ensure the quantity or quality of the interaction⁶. These signals are presented in fig.1

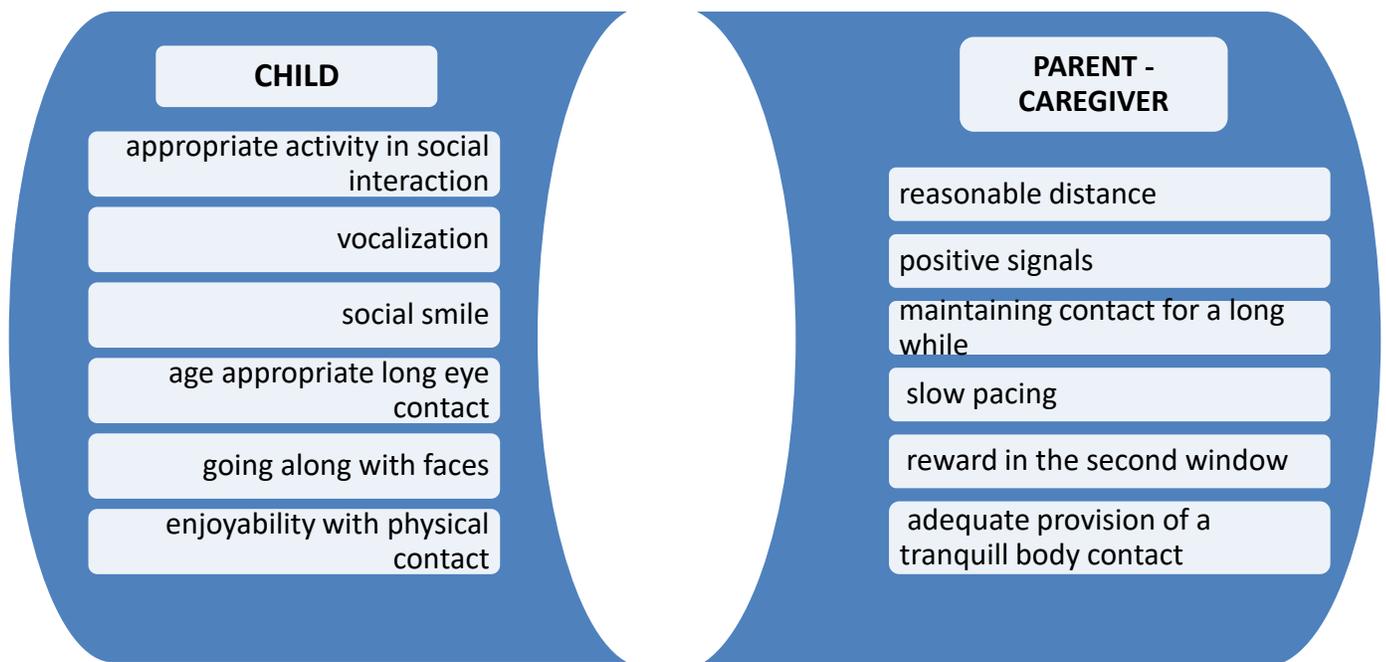


Figure 1. Learning in the area of parent- child relationships

Early attachment experiences are foundational and influence one's ability to form intimate and stable bonds over time. The infant's ties to the caregiver arise from repeated activation of the

⁵ Grace Iarocci, Emily Gardiner, in *International Encyclopedia of the Social & Behavioral Sciences (Second Edition)*, 2015

⁶ TPT training SEN Parents and teachers for reattachment Grundtvig 2011-2013 <http://www.autizmuspektrum.hu/pdf/grundtvig/eng/TPT.pdf>



attachment behavioural system, itself the result of human evolution. The goal of the attachment system is protection at times of danger, which is achieved by seeking proximity and contact with the primary caregiver to ensure safety and survival at times of fear, distress, anxiety and abandonment (Bowlby 1969). Distress signals, such as crying, either bring the sensitive carer to the child or, if the child has locomotion, get the child to the carer who, as the attachment figure, acts as a secure base, a haven of safety.

As distress, anxiety and fear activate the attachment system, the child necessarily experiences a degree of upset and emotional dysregulation. Thus, as well as acting as a secure base, sensitive caregivers also help children regulate and manage arousal and distress, including physiological arousal (Schore 2001). Within these affective exchanges between parents and infants, children begin to build up an understanding of how their own and other people's minds work at the emotional, intentional and behavioural level, and how these mental states affect social interaction and relationships.

Slade (2005) described parental attachment functioning as parents' ability to understand their children's behaviors in light of underlying mental states and intentions. Reflective parents are believed to be better able to take the perspective of their child and acknowledge differences in perceptions regarding shared experiences. Parents' reflective functioning has been described as pivotal in fostering adaptive self-regulation in both parents and children, particularly affect regulation and stress tolerance (Fonagy, Gergely, Jurist, & Target, 2002). Specifically, difficult emotions in either the parent or child are believed to become manageable through the parent's ability to perceive such feelings or thoughts as merely mental states, rather than realities, which frees the parent to modulate these experiences over time (Kelly, Slade, & Grienenberger, 2005).⁷

Healthy interactions, rich of sensitivity and responsiveness from parents side are prerequisites for the interaction with peers and In typically developing children between the ages of 3 and 6 years there is a marked decrease in time spent indirect contact with caregivers and a concurrent

⁷ ⁷ [Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy](#) ☆ Author links open overlay panel [Melanie J. Zimmer-Gembeck](#) [Jessica L. Kerin](#) [Haley J. Webb](#) [Alex A. Gardner](#) [Shawna Mastro](#) [Campbell](#) [Kellie](#) [Swan](#) [Susan G. Timmer](#)



increase in time spent with peers.⁸ Parenting behaviors, specifically those related to supporting children's changing developmental needs, continue to impact the child's burgeoning competence. Warmth, sensitivity, and responsiveness are key parenting behaviors that support growth in social skill acquisition but there are also those behaviors (i.e., parental negativity and overreactivity) that interfere with, or hinder these developmental processes. Secure infants who are more socially competent in middle childhood have more secure friendships at age 16, and these individuals demonstrate greater emotional expression in their romantic relationships as young adults. Those who begin as secure are much more likely to experience high-quality relationships across development.

There is empirical support for these theoretical assertions (Slade, 2005, Slade, 2007)⁹. Parents with better reflective functioning are more likely to have a child with a secure parent-child attachment and report more positive parenting practices.

Longitudinal studies have shown that although attachment classification in infancy does not predict attachment beyond childhood, functioning during childhood is significantly related to functioning in adolescence, which predicts future functioning in young adulthood¹⁰. Those youth who have a secure attachment with their parents are likely to view peer interactions and relationships as similarly predictable and safe, providing a secure context for social exploration. Similarly, these early experiences influence later representations of romantic relationships, suggesting continuities between experiences with primary caregivers and the quality of later attachments.

Thus, although parents play a less prominent role during the adolescent period due to the changing demands of peer-dominated social interactions, an established secure base of parent–

⁸ [Grace Iarocci, Emily Gardiner, *Social Competence During Adolescence Across Cultures* in *International Encyclopedia of the Social & Behavioral Sciences \(Second Edition\)*, 2015](#)

⁹ [Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy](#) ☆ Author links open overlay panel [Melanie J. Zimmer-Gembeck](#) [Jessica L. Kerin](#) [Haley J. Webb](#) [Alex A. Gardner](#) [Shawna Mastro](#) [Campbell Kellie](#) [Swan Susan G. Timmer](#)

¹⁰ [Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy](#) ☆ Author links open overlay panel [Melanie J. Zimmer-Gembeck](#) [Jessica L. Kerin](#) [Haley J. Webb](#) [Alex A. Gardner](#) [Shawna Mastro](#) [Campbell Kellie](#) [Swan Susan G. Timmer](#)



child attachment allows adolescents to form their own secure attachments with friends and romantic partners. Parents continue to be a significant influence in the development of social competence, but the relation between parent–child attachment and social competence is modest. For instance, accounts that include other mediational child variables, such as empathy, efficacy beliefs, emotional regulation, and social information processing, as well as community variables, such as neighborhood context, school factors, extracurricular activities, and religious involvement, may better explain the link between parent–child attachment and social competence.

1. Parent-child Interactions in families with disabled children

It is well established that parent child interactions from infancy through adolescence are best predictors of children’s social behavior. In case of a family with a disabled, or SEN Child parent child interactions are at a unique risk because of specific factors that must be taken into account. Behavioral, interactional and communication characteristics of some children with particular disabilities are likely to affect levels of parental stress, quality of caregiving and therefore security of attachment. Children of parents who fail to (i) recognize attachment needs, (ii) terminate children's attachment behaviour, or (iii) ‘repair’ the disruptions that inevitably happen in any parent–child interaction are at risk of more negative developmental outcomes. It is often the case that these parents have unresolved states of mind with respect to attachment, loss and trauma. To have an unresolved state of mind is to experience anxiety and distress whenever the attachment demands of a relationship unconsciously activate painful memories of rejection, emotional hurt or fear such that the reactivated distress interferes with the individual's ability to interact sensitively, empathically, accurately and congruently with the other. If the other is a child, relationship exchanges between carer and child can become problematic. That is, at the moment the child needs a protective, regulatory response from the carer, the parent is emotionally distressed and unavailable. In effect, displays of attachment behaviour by the child activate the parent's attachment system, which, because of its unresolved condition, results in anxious, distressed, uncertain and emotionally unattuned caregiving. At the very time when the child needs to feel understood, safe, contained and regulated by the parent, the parent is



experienced as distressed and emotionally unavailable.¹¹ In summary, if children's disabilities affect communication, pose problems in how to interpret their needs and behaviour, and increase parental stress (thereby reducing emotional availability), then we might expect less responsive caregiving. Insensitive and anxious parenting is associated with increased rates of insecure attachments. Let us now review the evidence that might support these conjectures

1.1. Families living with Intellectual disabled children



In case of families with children with Intellectual disabilities (ID) research findings demonstrate factors that differentiates them from typical families. These factors are continuing social stigma, age and ability differentiations over time, violated of developmental stages, delayed transitions

¹¹ • Steele, M., Hodges, J., Kaniuk, J., Hillman, S. & Henderson, K. (2003) *Attachment representations and adoption: associations between maternal states of mind and emotion narratives in previously maltreated children. Journal of Child Psychotherapy, 29, 187–205.*



of child's development. These among other issues differentiate disabled children and their families from typical ones. Although there is evidence of resilient functioning in families of children with ID (intellectual disabilities) and its connection to developmentally salient interventions, behavior disorders and more stressed parenting are two frequent consequences of ID children and their families. Both, however, have implications for child and parent well-being that are likely to be especially amenable to innovative intervention planning. The increased level of behavior problems is especially salient for families and children with ID given the evidence that behavior problems in children with ID may be more predictive of later child and family functioning than are cognitive abilities. Other longitudinal research indicates that parental psychological well-being, maternal physical health; parenting stress, maternal sensitivity; and children's social skills and children's school relationships are all adversely impacted by elevated behavior problems in children with ID. 12

For children with ID, the risk for behavior disorders is three to four times that of typically developing children, and a growing body of research indicates that the presence of behavioral problems in children with ID may be more predictive of poorer adaptive outcomes than is the presence of the core cognitive deficit that has largely defined the disorder. Consequently, rather than focus on the core cognitive and adaptive deficits of ID, greater attention to related risk and resilience factors that transact with core deficits must be pursued. In particular, the reciprocal connections between child behavior problems and contextual parent stresses associated with the unique challenges of ID are not only more mutable, but they overshadow the core cognitive deficit in implications for child and parent well-being. 13

Parents of children with intellectual disability obviously and undoubtedly have the same love and joy for their children, but they have also an increased risk of stressful symptoms (eg high medical costs), anxiety and depression (Baker, Blacher, Crnic & Edelbrock , 2002. Singer, 2006). The integration of behavioral parent training and mindfulness-based interventions for

¹² [Keith A. Crnic](https://doi.org/10.1111/cdev.12740) et. All 2017, Intellectual Disability and Developmental Risk: Promoting Intervention to Improve Child and Family Well-Being in Child development <https://doi.org/10.1111/cdev.12740>

¹³ [Keith A. Crnic](https://doi.org/10.1111/cdev.12740) et. All 2017, Intellectual Disability and Developmental Risk: Promoting Intervention to Improve Child and Family Well-Being in Child development <https://doi.org/10.1111/cdev.12740>



parents of children with ID is an important area for future investigation. There is a small but growing literature that supports the potential synergy of mindfulness components to behavioral interventions to best capitalize on family processes as mechanisms of change (e.g., Singh et al., [2014](#)).¹⁴

Increased stress, anxiety, and depression rates are reported in parents' samples of children with intellectual disability are understandable, given the unique and emotional challenges faced by these families. The level of support that a child with intellectual disability needs partly different, depending on the nature and severity of intellectual disability, but the majority of RNA children require care and support beyond those provided to typical children. For example, children with RNA have high support needs in adaptive behavior and functional life activities

Furthermore, children with ID often have an increased risk of accompanying mental health problems, including serious and sometimes life-threatening behavioral problems such as aggression, self-traumatic behavior and diversion. Finally, people with deep mental and multiple disabilities may experience orthopedic disorder, sensory disabilities and a range of chronic health problems, such as epileptic disorders, difficulty in maintaining body temperature as well as eating problems.

In the field of parenting, even small daily anxiety factors can affect the family's ability to cope. The difficulty of coping and adapting to the lifestyle necessary to fulfill the needs of a child with intellectual disability can cause additional threats to the quality of family life. For example, parents of children with may be at increased risk of interpersonal intercourse, including increased divorce rates.

In addition, the cost of early intensive care services, specialized child care and medical bills associated with co-morbid conditions may exhaust the financial resources of a family. Finally, specialized childcare can be difficult for working parents of a child with intellectual disability . Consequently, parents of children with intellectual disability often face challenges that are

¹⁴ Singh, N. N., Lancioni, G. E., Winton, A. S. W., Karazsia, B. T., Myers, R. E., Latham, L. L., & Singh, J. (2014). Mindfulness-based positive behavior support (MBPBS) for mothers of adolescents with autism spectrum disorder: Effects on adolescents' behavior and parental stress. *Mindfulness*, 5, 646– 657. doi:[10.1007/s12671-014-0321-3](https://doi.org/10.1007/s12671-014-0321-3)



greater than those encountered by parents of typically developing children but have less support and resources available to face these challenges.

Parents of children with significant mental disability (eg, moderate to severe mental disability or deep and multiple disabilities) can benefit from informal (eg support groups) and formal (eg home intervention, operating behavior, holiday care, rental of medical devices) and supports addressing their child's needs, but can also benefit from learning skills to mediate the impact of caring for a child with significant disabilities. Parents have a unique effect on acquiring new skills from their child through their constant and strong presence in their lives.

Because of ID child characteristics less information is exchanged between parents and children about their own and other people's thoughts and feelings. There is therefore less coordination and synchrony in parent–child exchanges. This affects the quality of communication and joint affect regulation. Guralnick (2011) has emphasized Early intervention programs must carefully identify those family interactions and resources that may be especially stressed or perturbed by the presence of a child with ID, as these elements often result in additive risk for behavior disorders. Among the interventions that have been applied and tested with various levels of methodological rigor, two primary evidence-based approaches have emerged for prevention and intervention of co-occurring emotional and behavioral disorders in children with ID. The first approach directly targets specific parenting behaviors that are associated with more positive developmental and behavioral outcomes, whereas the second addresses parental stress and its multifaceted influence on child and family well-being. The potential synergy between these approaches is of particular interest.¹⁵

2.1. *Children with Autistic Spectrum disorder (ASD) : Interactions with parents*

Considering the severe impairments in reciprocal social interaction and communication, one wonders whether the parents of children with ASD are able to respond sensitively to their

¹⁵Guralnick, M. J. (2011). Why early intervention works: A systems perspective. *Infants & Young Children*, 24, 6–28. doi:[10.1097/IYC.0b013e3182002cfe](https://doi.org/10.1097/IYC.0b013e3182002cfe)



children's signals and needs in an equally prompt and adequate manner as parents of less socially impaired children. Ainsworth defined sensitivity as the parents' ability to perceive and interpret their children's attachment signals accurately and to be able and willing to respond promptly and adequately to those signals (Ainsworth, Blehar, Waters, & Wall, 1978).

Children with ASD, however, render their parents' task of deciphering their signals more difficult because they may not express their emotions in explicit ways. Parents may also have to use less direct verbal responses to avoid interfering abruptly with established routines. To respond adequately to children with ASD may require more careful attunement, more clear-cut nonverbal responses that take the developmental level into account, and more promptness than in the case of typically functioning children. Because ASD has been found to be genetically transmitted (Rutter, 2000), parents of children with ASD may run the risk of displaying less social interactive abilities than parents of typically developing children or other clinical groups (possible parental communication deficit; Cantwell & Baker, 1984)¹⁶

¹⁶ [Marinus H. Van IJzendoorn](https://doi.org/10.1111/j.1467-8624.2007.01016.x) 2007 Parental Sensitivity and Attachment in Children With Autism Spectrum Disorder: Comparison With Children With Mental Retardation, With Language Delays, and With Typical Development <https://doi.org/10.1111/j.1467-8624.2007.01016.x>



Children with autism have major problems in understanding that other people's mind states are different to their own, and that what others believe and feel governs their behaviour. Children with autism seem to lack a 'theory of mind', the ability to understand minds and, in that sense, have been described as suffering 'mind-blindness', at least when they are relatively young. This deficit produces major problems in achieving joint attention, social relationships and communication, in particular for parents. Young autistic children are less likely than either children with Down's syndrome or typically developing children to look at the face of someone exhibiting distress or to show facial concern in response. It does appear that children with autism have difficulty understanding and responding appropriately to emotions, a problem that results in social confusion, isolation, upset or an interest in initiating contact, play and interaction suggest that autistic children's lack of interpersonal responsiveness is often a source of parental stress.¹⁷

17 Disabled children, parent-child interaction and attachment

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Cited by: [40](#)



2.2. *Children with sensory disabilities: Interaction with parents*

Parental sensitivity, emotionally attunement, congruence and responsivity with young children largely depends on parents' ability accurately to recognize, understand and interpret their children's behaviour, body language, facial expressions and speech. Sensitivity therefore equates with the ability to read children's mental states, best demonstrated by secure parents who possess high degrees of 'mind-mindedness' (Meins 1999). However, in the case of many children with disabilities, the clarity with which they can communicate their mental states might be compromised by the presence of one or more of a number of functional and sensory impairments.

For example, before parents realize that their baby is blind, they might feel unsettled and rebuffed by the lack of eye contact, reciprocal smiling or head movement following them as they move round the room. Rogers & Puchalski (1986) observed that although blind babies did smile when they heard a familiar sound or played a regular game, their smiles tended to be more fleeting than those of sighted babies. However, smiles are more readily evoked by parents than others, which suggests selective and preferred social discrimination. But in general, social interaction with blind babies is more difficult to maintain. And whereas sighted babies show separation protest and anxiety between 6 and 9 months, this distress is delayed in blind babies, typically not being seen until the age of 12 months (Fraiberg 1977; Tröster & Brambring 1992). Tröster & Brambring (1992) also found that blind children showed fewer emotional expressions, often presenting with a blank face. Therefore, what might appear to be an unresponsive child can upset parent–infant interactions. Werth (1984) suggests that between a sighted mother and a visually impaired baby, blindness is a potential communication barrier.

When the parent has the same sensory impairment as his or her child, there is some evidence that the child's development is less impaired. When parent and child share the same impairment, communication between them tends to be more effective (e.g. Harris & Mohay 1997). Jamieson (1997, cited in Lewis 2003, p. 146) reported that deaf mothers of deaf babies looked at their infants more frequently, adopting more animated and expressive faces than hearing mothers.



Jamieson & Pederson (1993) also found that deaf 5-year-old children of deaf parents performed better on a range of cognitive tasks than deaf 5-year-old children of hearing parents. Social interaction depends on people sharing a communication system (Lewis 2003). When in mixed groups of deaf and hearing children, deaf children tend to interact with other deaf children (e.g. Minnet et al. 1994). After the age of 2 years, hearing parents of deaf children appear to show decreased levels of interaction compared with hearing parents of hearing children whose levels of interaction increase (Gregory 1976), and what interaction there is between hearing parents and deaf children tends to become a little more difficult, frustrated and punitive (e.g. Meadow 1980).

Pipp-Siegal & Biringen (1998) considered emotional openness and emotional communication between hearing parents and their deaf children, in particular as levels of emotional availability appear to affect the parent's sensitivity, ability to structure the child's play, and levels of non-hostile and non-intrusive behaviour. More emotionally available parents seemed to have children who had a more balanced approach to the need to be emotionally connected and emotionally autonomous. The study found that hearing mothers of children with hearing impairments were more rigid, intrusive and negative compared with hearing mothers of hearing children. The deaf children of hearing mothers appeared to be less active, responsive and involving.

Thus, social interaction appears to be important in the development of children's ability to understand other people's mental states. In general, communications between deaf children and their hearing parents appear less complex and sophisticated than those between deaf children and deaf parents. As a result, deaf children of hearing parents suffer delays in the development of a mentalistic understanding. In contrast, deaf children of deaf parents who use sign language and enjoy normal conversation suffer no such delay (Peterson & Siegal 2000; Woolfe et al. 2002). Carpendale & Lewis (2004) therefore suggest that 'Conversations about the mental world may well be essential for the development of social understanding' (p. 80).¹⁸

18 Disabled children, parent-child interaction and attachment

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2.3.Children with motor disabilities: Interactions with parents

Many children with motor difficulties (e.g. spina bifida, cerebral palsy, developmental coordination disorder) also have brain damage that affects not only their motor functions but also many aspects of their development. For example, around three-quarters of children have IQs often well below normal, although it must be remembered that the remaining quarter have average or above average IQs). Combinations of motor, perceptual and cognitive difficulties can result in problems with communication and social interaction. An interesting study by [Seefeldt et al. \(1997\)](#), cited in [Lewis 2003](#), p. 181) compared interactions between parents and typically developing children, aged 8–9 years, with those with spina bifida. Both sets of parents showed similar levels of interaction and conversation. However, parents with higher social economic status were more receptive, more democratic and less authoritarian than parents of low social economic status. This is another example of the interactive effects of child and parent factors affecting relationships and development, although it must always be borne in mind that parents of low socio-economic status are likely to be under greater environmental stress which is likely to affect their capacity to be optimally sensitive.¹⁹

2.4.Children's Behavioral problems : Interactions with parents

Problems in Parent-child interaction contribute significantly to the origin and maintenance of a wide range of behavior problems in children. Therefore, treatment of children in mental health settings, especially children with negative, externalizing behaviors, often focuses on promoting

¹⁹ • Lewis, V. (2003) *Development and Disability*. Blackwell, Oxford.



optimal parenting styles and parent-child interactions. For these reasons, assessment of parent-child interactions is essential when treatment interventions are planned for children with a wide range of behavioral problems²⁰



Poorer reflective functioning of parents leads to distress. In particular, better parent-child involvement, communication, and limit setting have been associated with parents' reflective functioning. Poor reflecting functioning has been associated with offspring's poorer mental health and behavioral functioning across childhood and adolescence.²¹

Children's behavioral problems have been investigated by many researchers. According to the research and empirical outcomes, factors other than the children themselves, are responsible for their behavior problems. These factors include dysfunctional parenting, maltreatment, adverse

²⁰ (Grace Iarocci, Emily Gardiner, in *International Encyclopedia of the Social & Behavioral Sciences (Second Edition)*, 2015)²⁰

²¹ Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy ☆ Author links open overlay panel [Melanie J. Zimmer-Gembeck](#) [Jessica L. Kerin](#) [Haley J. Webb](#) [Alex A. Gardner](#) [Shawna Mastro](#) [Campbell Kellie](#) [Swan Susan G. Timmer](#)



interaction between the child's mother and father, and high stress among the parents.²² Research findings demonstrate strong effects of the above factors on children's behavioral problems. More specifically, dysfunctional parenting is significantly associated with Behavioral problems. Dysfunctional parenting creates more difficulties (i.e aggression or disruptive behavior) in behavior of their children so that dysfunction increases over time with negative effects in children and other family members.²³ Physically and psychology maltreated children prevents children from developing attachments to caregivers and achieving appropriate development and socialization skills, which leads to disruptive behavior. Additionally physically maltreated children tend to develop more aggressive and disruptive behaviors than nonmaltreated children²⁴ Parenting stress is among the most prominent causes of stress for parents. Children with behavior problems contribute to increased parental stress, and in turn, highly stressed parents²⁵

2.5. Behavioral problems In adolescence : Interactions with parents

Previous studies have suggested bidirectional relationships between parenting practices, such as parental control, and externalizing problem behavior in adolescence. Parental control is an umbrella term encompassing different kinds of parenting behaviors to promote socialization, the process in which children and adolescents acquire norms, habits and behaviors to function in a way that is acceptable in their culture or society. In most studies two types of parental control are investigated, namely behavioral control and psychological control. Parental behavioral control can be further split up into a reactive component, for example punishment, and a proactive component, for example setting rules. Together with psychological control, there are three control dimensions. First, *proactive control* is a preventive parenting technique that anticipates undesirable adolescent behavior by providing a stable and regulated environment. This parenting practice is generally effective in preventing externalizing problem behavior in adolescence.

²² Alizadeh S, Abu Talib MB, Abdullah R, Mansor M. Relationship between parenting style and children's behavior problems. Asian Soc. Sci.2011; 7: 195-200..

²³ Kim IJ, Ge X, Brody GH, Conger RD, Gibbons FX, Simons RL. Parenting behaviors and the occurrence and co-occurrence of depressive symptoms and conduct problems among African American children. J. Fam. Psychol.2003; 17: 571-83.

²⁴ Hibbard R, Barlow J, MacMillan H. Psychological maltreatment. Pediatrics2012; 130: 372-8.

²⁵ Hiromi et al Behavior problems and dysfunctional parenting: a cross-sectional study in Japan



Second, *punitive control* refers to non-physical punishment, such as to lecture the adolescent after unwanted behavior, to give a time-out or to ground the adolescent. Third, *psychological control* aims at obtaining compliance through manipulation and domination of the adolescent, for instance, through love withdrawal or guilt induction.

Research has primarily devoted attention to the association between adolescent problem behavior and each of these parental control dimensions separately, and has shown significant associations with externalizing behavior. Previous studies suggested that proactive control decreased externalizing problem behavior. Concerning punitive control, the effectiveness of non-physical punishment in reducing problem behavior in the short term. Punitive control is associated with an increase in externalizing problem behavior in the

long term. In the context of punitive control, Larzelere and Kuhn (in Iacocca, & Gardiner 2015) also emphasized the role of the context in which the punishment occurs. For example, non-physical punishment is found to be more effective when the punishment is consistent and when the reason is explained to the child. Psychological control is associated with suboptimal adolescent development, primarily with internalizing problem behavior, but also with externalizing problem behavior. Studies have stressed the importance of distinguishing different parental control dimensions in the context of child development (given their differential links to problem behavior. Concerning the association between parenting and externalizing problem behavior, it is important to acknowledge the role of heritability. A large genetic influence in the etiology of externalizing problem behavior, which means that parents are associated with adolescent problem behavior through genetics (i.e., individual characteristics) as well as parenting practices (i.e., environmental characteristics). It should be noted that it is likely that this genetic and environmental factor are associated. There is also evidence for bio-ecological interactions. Specifically, previous studies found that externalizing problem behavior was more heritable when mothers were more affectionate. These findings urge to draw conclusions cautiously, since there are multiple factors to take into account when the associations between parenting and externalizing problem behavior are considered.²⁶

²⁶ (Grace Iarocci, Emily Gardiner, in [International Encyclopedia of the Social & Behavioral Sciences \(Second Edition\)](#), 2015)²⁶



3. *Family based Interventions*

Challenging or disruptive behaviors are common among children, regardless of whether they have any documented diagnoses or learning disabilities (Powell, Fixsen, Dunlap, Smith, & Fox, 2007)²⁷.



Parents with intellectual, learning, communication or behavioral disabled children in order to take care of them efficiently, must first of all be informed in a valid way. Appropriate for this purpose are the interventions aimed at providing them with the resources they need to make good decisions about their children and apply good practices to their care. Whether it is to investigate their concerns or to investigate a particular diagnosis, it is necessary to turn to specialized scientists and organizations, bodies of modern scientific thinking and to the experience of families who have gone through this situation. Studies on parent education have revealed that parent training and support improves child outcomes and enhances parents' perceptions of

²⁷ • Powell, D., Fixsen, D., Dunlap, G., Smith, B., & Fox, L. (2007). *A synthesis of knowledge relevant to pathways of services delivery for young children with or at risk of challenging behavior*. *Journal of Early Intervention*, 29, 81–106. <https://doi.org/10.1177/105381510702900201>



children's behavior and progress (Iadarola et al., 2017²⁸). Previous studies on parent-delivered intervention training have demonstrated that parents can be successfully coached to address children's social behaviors and skills. Teaching parents about practical strategies to strengthen children's social competence empowers caregivers by providing them with knowledge of valid tools and corresponding resources to support parenting practices (Noyes-Grosser et al., 2014²⁹).

A concern of the bodies who are assigned upon to educate these parents is through their interventions to empower all members of these families.

Rooted in the ecological and family system frameworks (Bronfenbrenner, 1986)³⁰ is the assumption that child outcomes are heavily influenced by bidirectional ongoing interactions within the family unit and family-centered practices. 31 These interventions will only be effective if they are the result of co-processes between all involved: parents of children with disabilities who have a life experience, specialized researchers, teachers, specialists, policy makers, administrators and, possibly, other stakeholders. And they will be effective when they aim at creating a durable family.

3.1. *Educating Resilient family*

Parent child interactions are more safe and succeeded in a resilience family. Resilience is defined as the capacity for successful adaptation in the face of adversity. Developing over the last several decades, resilience theory focuses on the protective processes that promote well-being and

²⁸ Iadarola, S., Levato, L., Harrison, B., Smith, T., Lecavalier, L., Johnson, C... Scahill, L. (2017). *Teaching parents behavioral strategies for autism spectrum disorder (ASD): Effects on stress, strain, and competence. Journal of Autism and Developmental Disorders, 48, 1031–1040.* <https://doi.org/10.1007/s10803-017-3339-2>

²⁹ • Noyes-Grosser, D. M., Rosas, S. R., Goldman, A., Elbaum, B., Romanczyk, R., & Callahan, E. H. (2014). *Conceptualizing child and family outcomes of early intervention services for children with ASD and their families. Journal of Early Intervention, 35, 332–354.* <https://doi.org/10.1177/1053815114551415>
[Crossref](#) [Web of Science](#) [Google Scholar](#)

³⁰ Bronfenbrenner, U. (1986). *Ecology of the family as a context for human development: Research perspectives. Developmental Psychology, 22, 723–742.*
[Crossref](#) [Web of Science](#) [Google Scholar](#)

³¹ Bronfenbrenner, U. (1986). *Ecology of the family as a context for human development: Research perspectives. Developmental Psychology, 22, 723–742.*
[Crossref](#) [Web of Science](#) [Google Scholar](#)



protect against risk . As such, resilience is a dynamic developmental process. Family resilience describes how a family adapts to stress and overcomes the adversity it faces. A key feature of the resilient family is the ability to migrate to a previous way of sustainable operation (Hawley & DeHaan, 1996, p. 284). 32

From a variety of research, it is clear that family resilience is built within relationships and stems from complex ongoing interactions within a family and between systems such as health care, education and social services. This shows that there is not only one right way, but there are many ways to build family resilience.

The study by Heiman (2002) identified three main factors that allow parents to operate "in a durable way":

- a) Open discussion and consultation with family, friends and professionals,
- b) the positive bond between parents, who supports and empowers them, and
- c) continuous and intensive educational, therapeutic and psychological support for family members. We will focus here on the latter factor, and in particular on parental education, focused on effectively managing changes in the family due to the disabled child.

How can we support the members of such a family educationally?

- With what educational program?
- What content?
- What educational methods and techniques?
- What knowledge, what skills and what lifestyles should parents extinguish to become the foundation of a resilient family?

Example 1. Emotional training

A distinctive finding of Heiman (2002) research into families with children with disabilities is related to the positive contribution to the resilience of positive parental feelings towards their

³² Rutter, M. (1987). *Psychosocial resilience and protective mechanisms*. *American Journal of Orthopsychiatry*, 57(3), 316–331. doi:10.1111/j.1939-0025.1987.tb03541.x



child and its treatment as well as to family relationships. The majority of the parents who participated in the survey expressed positive emotions, such as joy, love, acceptance, satisfaction, optimism and strength, although one in three parents expressed negative feelings, such as anger, frustration or guilt for raising a disabled child.

It is certain that we can create internal safe processes, such as the sense of humor, perseverance and hope. Our ability to solve problems and our ability to control our feelings and behavior are other important aspects of our individual endurance. Thus, it seems that the combination of a promising perspective and socially-emotional skills to manage situations that cause problems effectively enables each member of the family to contribute to the creation of a resilient family. In this part, it is useful to include emotional literacy elements in the contents of the parents' educational program.

The knowledge of the typical development of the child is not enough!

The development of a child is a challenging duty for his or her parent. Parental responsibility is a permanent source of happiness and joy, but at the same time a duty of increased responsibility and source of anxiety.

3.2. Behavioral management strategies

Moreover, the acquisition of relevant skills by parents (eg) can reduce parental-child stressful interactions during normal family work and increase child's independence. Also, improving parental optimism and self-efficacy in addressing the child's adaptive behavioral needs can improve the performance of children and their parents (Durand, 2011). Research with parents of children with disabilities have proved the effectiveness of parental interventions to improve many child performance and to improve parental self-esteem and well-being

Professionals who seek to develop intervention programs for parents of children with a significant disability have a large database of proven practices that prove to be effective when they are used by educators, researchers and other professionals to improve adaptive behavior and reduce challenging behaviors.



Additionally, the previous parental literature reviews of Parental Education (eg autism spectrum disorder and other developmental disorders, mental disability) are numerous and include well-designed systematic interventions reviews.

Because of the special needs of children with significant disabilities, parents of these children have an increased need for support, educational planning and interventions that help them to facilitate and foster their child's development, manage the impact of chronic stressors and family good life.

While evidence-based practices for improving results for children with significant mental disabilities and for training parents on skills acquisition strategies and behavioral management are relatively well researched, there is a need to examine the usefulness and effectiveness of these strategies when are used by parents of children with intellectual disabilities in family homes and in the community.

In which children and parents skills does the educational interventions aim?

Parent training programs often aim at managing behavioral disorders, functional or social communication (Roberts & Kaiser, 2011), early intensive applied behavior analysis (EIABA) for young children with ASD. Fewer resources and empirical research on parental education to specifically improve children's functional abilities (eg by analyzing tasks and prioritizing children to make their bed), play and recreational skills, self-determination, sleep and toilet are available. Also, most of these studies include participants with ASD rather than intellectual disability. However, there are some notable exceptions to the research literature. For example, Fey, Yoder, Warren, and Bredin-Oja (2013) examined the dose-dependent effects of communication teaching on 64 children with mental disabilities and communication delays. Children were randomly assigned to receive MCT once or five times a week during the 9-month intervention. Growth was observed in both groups, but the surprisingly increased MCT frequency was only observed when children showed a more diverse engagement in the subject (ie children who played with nine or more objects during the game evaluation). Research-based on individual case studies has evaluated parents' education on their routine instructions on skills related to day-to-day work habits, such as handwashing and snacking. Batu (2014) evaluated the results of parental education (such as simultaneous activity-based prompting), following instructions are



given through audio-visual DVD (DVD) for handwashing and pudding for three children with moderate mental disabilities. Besides, family systems theory assumes that parental well-being affects the well-being of the child and the entire family system. This is supported by an increased interest in interventions that address parental concern. Durand and his colleagues (2012) offer a unique form of clinical intervention that teaches parents about managing the child's behavior and tackling the negative debate about tackling complex parent-child interactions and preventive treatment of psychological treatment barriers to be observed by parents. In the random clinical trial with 54 parents and their children who had a developmental disability and had severe challenging behaviors (such as self-destruction, aggression), the researchers compared the effects of positive behavioral support on the one hand with positive behavioral support adding training to optimism, on the other (adapted from Seligman's cognitive optimism training (1998)) The participating parents in both groups were selected to have high levels of pessimism before the intervention Although the two groups were less likely to have a more challenging behavior in post-test and reduced parental palsy, positive family intervention (PFI, positive behavior support plus optimistic training) resulted in a significantly reduced challenging behavior compared to a group that only had positive behavior support. This is important findings for a program based on 8-week clinical interventions, with often difficult to treat, pessimistic acute parents.

Which methods are used for parental education?

Behavioral Parent Training (BPT), with teaching sessions, roles, and rehearsal, performance feedback, education is a standard of parental education to help parents dealing with exogenous behaviors with positive results reported for a wide variety of disabilities, attention deficit hyperactivity disorder and developmental disability. Kaminski, Valle, Filene, and Boyle (2008) found that the requirement for parents to learn and practice new skills for their child and the consistent use of these skills are essential and indispensable components of the JCC. In addition, the feedback provided to the parent during the practice is a mediator for positive children's results. Therefore, the majority of parent education studies used a combination of these data to train parents of children with RNA. Less often reported but promising delivery methods include video modeling, self-teaching and videoconferencing. These approaches are considered to be



attractive service models because they can be cost-effective (eg, video models can be provided free of charge online) and/or reduce the logistical implications inherent in the person-to-person training models (delayed feedback is easier than immediate feedback). Historically, from the standard teaching of the parental education group, very few have been adapted to be utilized by parents of children with disability. However, several different research teams have made adjustments to their parental education programs to use for the population with, intellectual disability and some have proven to be effective in improving sectarian behavior for children with intellectual disability including ASD and physical disabilities. These customized parenting programs include Stepping Stones Triple P (SSTP) and Incredible Years Parent Training. For example, SSTP, an individual parental care program developed for families of children with disabilities to address behavioral problems, has been evaluated as a complement to early intervention agencies funded by federal bodies with 25 young children (under 24 months of age) (65 % of the sample), Down syndrome (three children), low birth weight (nine children) and other genetic or congenital conditions (five children). For the treatment group that received both early intervention services and the SSTP program, compared to the control group of 24 children, children's behavioral problems were reduced and correlated with improved parenting style.

Possible topics of a parent education program for children with disabilities

- I. The stages of child development
- II. The family today
- III. The Family as an Evolving Group
- IV. The functioning of the Family
- V. Subgroups within the family
- VI. Couple - Brothers
- VII. The Parent Role
- VIII. Limits and Discipline
- IX. Punishments
- X. Aggressiveness
- XI. Delinquent behavior (vandalism, occupations, conflicts between groups of students)
- XII. Autonomous Living
- XIII. From home to school



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- XIV. Communication and Interpersonal Relationships
- XV. Parent-school co-operation

Participatory learning and changes in the educational scope

By Ecoistituto del Friuli Venezia Giulia

Introduction

Participatory learning and online learning are increasingly appealing as pedagogical approaches that can positively affect learners. Participatory learning engages students as active participants in the full educational program, including homework and exercises, whilst online learning offers tools that facilitate learners' collaboration and peer evaluation, minimizing student and instructor overhead in the conduction of courses.

Participatory Learning is a family of approaches, methods, attitudes, behaviors and relationships, which enable and empower people to share, analyze and enhance their knowledge of their life and conditions, and to plan, act, monitor, evaluate and reflect.

Participatory learning techniques

A list of the participatory learning techniques is presented as follows:



- *Activity profile*
Ask different people about their daily activities. Where, when and how much money do they spend? Interview and observe or ask them to write notes.
- *Approach members constructively*
Reward members either verbally or through privilege for taking initiative and for actions of any kind. Everyone needs to know their contributions are appreciated. Even if their comments are not practical, a reply can begin with "That's a good point but what about...", or "That's an interesting point, what do others think?"
- *Assignments (theoretical and practical)*
Ask participants to practice new roles and new skills.
- *Brainstorming*
Ask members to think of any ideas that come to mind. List all the ideas without evaluation or judgement. The quantity, not the quality, is what matters. Ideas can be discussed later for practicality. Sometimes unlikely or seemingly ridiculous ideas lead to a more practical idea which would otherwise not have been considered.
- *Case studies*
Discuss an imaginary or real situation from the village (e.g. a successful group of marketing women) to encourage discussion on marketing strategies. Use the case study to ask questions about an activity the group is working on.
- *Community surveys*
Survey individuals in the community for their knowledge or opinions.
- *Consultation with specialists*
Carry out an interview with a specialist or knowledgeable person on an issue for which you need more information -- e.g. for chicken-raising, contact your local extension agent. For a health issue, contact your local health center.
- *Critical Incident*
Use problem situations to analyze advantages and disadvantages and possible solutions to a given situation.
- *Describing visual images*
Choose a photograph or drawing with a clear, relevant message. Before displaying the image, ask three volunteers to leave the room. Discuss with the other participants how to describe the picture. Ask person A to return and listen to a description of the image (without seeing it). Let person A tell B and B tell C. Ask C to draw the picture. Discuss. Use this to highlight how messages become distorted when passed from one person to another.
- *Field visits and excursions*
These can be combined with observation and interviewing.
- *Good, bad or in-between*
Show participants pictures, each with a scene that could be interpreted as good, bad or in-between, depending on the point of view. Ask participants to sort the scenes into the three categories, and discuss the different alternatives.
- *Information collection*
Ask members to collect information on relevant subjects on the web. This is useful for finding out what is needed or the likely results of an idea before trying it out in practice.



- *Interview*
Ask questions of key informants individually or as a group. Use semi-structured interviews (i.e. with some guideline questions prepared in advance) or open interviews. Interviewing each other is also a good way to practice interviewing skills.
- *Making something together*
Provide materials and objects and ask participants to make something. Watch and use the results to discuss communication and cooperation.
- *Participatory discussion*
Used in combination with other methods. Gather the members in small or large groups and discuss a topic of interest. Provoke reactions by using open questions: "What do you see here? Why do you think it happens? When this happens in your situation, what problem does it cause? What can we do about it?" Ask questions that need definite answers: "When was the last time ... and what did you do then? What did you do yesterday? How many ...? What happens in your family ...?"
- *Pictures, posters or story cards*
Present a story about a relevant topic using pictures, and discuss the content and results. Use together with case studies or critical incidents.
- *Presentation of a progress report*
Ask a participant to give a personal report about the group's progress. Discuss the presentation among the group. If one member is very critical, you can always ask them to do better!
- *Problem-solving*
Make a table with four columns. List main problems of participants in the first column, possible solutions in the second column, what prevents them from solving the problem in the third column, and what will help them solve the problem in the fourth column. Discuss.
- *Two-circle exercise*
Draw two circles -- one circle represents the community, the other the group in the community. List the problems in the community and list the problems that affect the group especially in the group circle. Discuss how the problems are connected, possible solutions to the problems and how solving group problems will affect the community.
- *Venn diagrams*
Ask people to draw a circle to represent themselves and other circles to represent groups and institutions with which they have relations. The distance to their circle indicates the strength of the relation, the size of the circle their importance to the people. Circles can overlap.

Theoretical considerations on participatory learning

Cunningham (2009) contended that, while "schools have for the most part rejected Dewey's participatory approach to learning, preferring the decontextualized, non-experiential, generalized knowledge found in textbooks," modern technologies like social networking might offer a return to Deweyan ideas (p. 48). Cunningham called the type of learning for which Dewey advocated "participatory learning," which could be considered as



...the most effective means of fostering intrinsic motivation, intelligence, the disposition for social cooperation, and an appreciation of aesthetic experience, and for helping students develop the habits of mind necessary to continually reconstruct their understanding and to direct the course of subsequent experience. (p. 50)

In this type of learning, students directly participate in solving authentic problems together. Experiences are transactional, as learners and their environment affect each other. With social media, users can consider how the Twitter platform influences messages, affects attention, and is repurposed to engage with others for class uses. Such experiences help students develop dispositions for the type of social participation required for democratic living.

Dewey initially conceived of students engaging in historically situated experiences pertinent to an industrial era, but the rise of new technologies has made it “possible for young people to participate in a wide variety of socially mediated learning activities that could never be imagined in Dewey's day” (Cunningham, 2009, p. 51).

Furthermore, Dewey (1916) believed that participatory learning experiences in school should be interconnected with democratic experiences. In discussing the importance of individuals' reconciling their interests with others in a pluralistic society, Dewey wrote, “Democracy is more than a form of government; it is primarily a mode of associated living, of conjoint communicated experience” (p. 83).

Pragmatically, Dewey (1938) championed democratic arrangements because “democratic social arrangements promote a better quality of human experience, one which is more widely accessible and enjoyed, than do non-democratic and anti-democratic forms of social life” (p. 34). Can social media allow citizens to connect around social issues in their local, national, and global communities?

Like Barton and Levstik (2013), Dewey viewed processes like deliberation, pluralism, and participation as integral to citizenship. Dewey's interrelated ideas about participatory learning and democratic living offer a broad theoretical lens through which social media activities within the social studies might be considered.

Participatory learning and social media

New Media Literacy theorists have contended that the social networking activities of young people could allow for informal learning in diverse and geographically dispersed communities, which in turn, could cultivate more participatory democracy. Specifically, Jenkins (2009) asked, “What if we could create points of entry where young people saw the affairs of government as vitally linked to the practices of their everyday lives?” (para. 11). He envisioned that youth might be empowered by “geeking out” for democracy as they do around interests like gaming and popular culture and suggested that online activities might lead to thinking “about civic engagement as a life style rather than as a special event” (para. 12).

In contrast, Mason and Metzger (2012) asserted that these notions of technology-facilitated democratic and participatory cultures are “grounded more in hope than actual evidence” (p. 440). They questioned whether the autonomy and mobility afforded by online spaces result in deeply



rooted communal and civic engagement or simply encourage atomized individualism that eschews deeper commitments.

Participatory learning for adult people

Many researchers engaged in social philosophical analyze have defined contemporary society as an on-going risk society (Schedler, 1998; Schedler & Santiso, 1998) that is increasingly leading to poverty and social exclusion among vulnerable adults (de Greef, 2012). They blame globalization, individualization, privatization, and technological changes for being responsible for the increasing rates of unemployment and poverty and, consequently, the social exclusion of vulnerable adults (Heine & Thakur, 2011). *The dark side of globalization*. Tokyo/New York/Paris: United Nations University Press.

. Two factors are often put in relation: the growing numbers of vulnerable adults and the high level of illiteracy in industrialized countries (Stiglitz, J.E. (2012; de Greef, Verté, & Segers, 2015).

It is universally argued that education and lifelong learning are the main keys for reducing unemployment, poverty, and social exclusion (Volles, 2016). In fact, there is a broad consensus that technology heavily impacts on the labor force in the contemporary world, and that the average job is more skilled today than it used to be in the past. Accordingly, investing in education is considered to be crucial for combating unemployment and reversing social inequality.

However, many pessimistic opinions about the threats that are overwhelming our society are based on overly simplistic political assumptions, rather than on empirical evidence. As a consequence, the solutions devised for real problems, e.g. those concerning the education of low-skilled adults, might be unsuitable or even inefficacious.

Low-skilled adult education

Low-skilled adult education presents multifarious facets. In this regard, it has been observed that the low basic-skills level of adults is a complex issue, which, at least for now, has neither straightforward causes nor straightforward solutions (Windisch, 2015).

Who really are low-skilled adults? We can only affirm that they are an inhomogeneous group encompassing people of different age classes and different backgrounds. These factors make it particularly challenging to design successful educational interventions. In addition, linguistic barriers and national legislation restrictions may lead adults towards a low-skilled status, as well as lead to the diffusion of computer-based applications. In particular, new technologies have created two distinct groups of low-skilled adults. The first is formed by those whose tasks are readily computerized since they follow precise and well-defined procedures, such as



bookkeeping, clerical work, repetitive production, and monitoring activities. The second is formed by those who are not able to use computer programs and feel frustrated by this.

Educational interventions cannot be the same for all the different adult groups: different learning approaches are needed for migrant adults and for European adults who lack technical abilities or skills. It has been observed that there is no one definition, model, or theory that can explain how or why adults learn, and that what we know about adult learning has been derived from disparate practices (Merriam, 2015).

Furthermore, in order to design effective educational opportunities for low-skilled adults, one ought to take into account that unskilled jobs don't necessarily require low-skilled people. A low-skilled person is an individual who lacks the education or training necessary in order to become employed, whilst an unskilled job may require basic skills training for the work to be completed successfully.

Globally, low-skilled jobs account for almost 45% of all jobs according to the International Labor Organization (International Labour Office, 2015). Unskilled labor provides a significant part of the overall labor market, performing daily production tasks that do not depend on technical abilities or skills. In fact, many low-skilled jobs, such as waiters, retail stock clerk, retail cashier, front desk receptionist, etc., require physical abilities and mechanical skills at higher levels than other jobs Maxwell, 2006).

In this respect, it is really illuminating to read the observation that Brittany Bronson³³ made in a recent post:³⁴

The terms “unskilled” and “low-skilled labor” contradict the care and precision with which my co-workers, who have a variety of educational backgrounds and language fluencies, execute their tasks. A newly hired server assistant can learn to, say, “Take these plates from here to there,” but a skilled server assistant can clear a table in one trip versus two, simply with more careful placement of dishes along his forearm or between his knuckles.

In the restaurant business, we call this a “nice carry.”

[...] And although most low-skill work requires a constant interaction with people, because of its low-paying status it is deemed a dead end, rather than a testament to an individual's ability to acquire, adapt and specialize.

Educational issues

³³ Brittany Bronson became a contributing opinion writer for The New York Times in March 2015. She works in Las Vegas as a writer, an adjunct English instructor at the University of Nevada, and a restaurant server on the Vegas Strip.

³⁴ http://www.nytimes.com/2015/10/01/opinion/do-we-value-low-skilled-work.html?_r=2#story-continues-1; last accessed 02.02.2019.

Experts and professionals are persuaded that investments in lifelong learning by government, industry, and professional bodies can mitigate the negative effects of technology on the labor market. Modular educational programs should be created which are constantly updated in response to changing skill demands.

From our research, the principal educational questions related to changes in the labor market can be summarized as follows:

- What are the most important skills needed to succeed in the workforce of the future?
- Which of these skills can be taught effectively via online systems through a self-learning and social learning approach?
- Which skills present teaching challenges?
- What new types of credentialing systems should support non-formal and informal learning programs?
- How can traditional educational models be improved through digital technologies?

Figure 1 presents the skills for the future, many of which involve digital competencies and innovative attitudes.

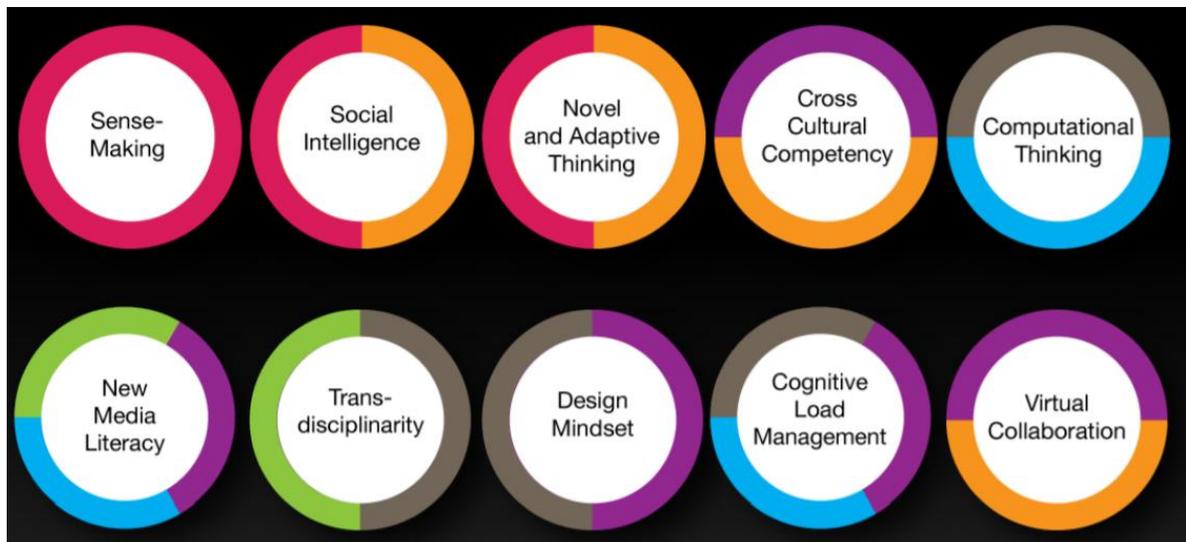


Figure 1. **Ten skills for the future (source: Tracey Wilen-Daugenti)**³⁵

Experts unanimously indicate that critical thinking and creative thinking are crucial factors for the success of the future workforce.

³⁵ Careers 3.0 Future Skills Future Work, slide presentation; available at <https://www.oecd.org/site/eduimhe12/Tracey%20Wilen-Daugenti.pdf>; last accessed on 02.02.2019.



Nevertheless, current data on the composition of the labor market seems to contradict the experts' opinion, at least in the short term. At present, workers who are really creative and innovative often encounter various difficulties to be hired, since they are considered to be problematic to manage and, therefore, less reliable. Indeed, many organizations discourage leaders from being strategic and thinking beyond what the organization is currently doing, since greater rewards are harvested by simply doing what has always been done well. In this regard, what David Perry, the popular executive recruiter, observed in 2009 remains valid:

*Let me emphasize that creativity is not appreciated by most HR people. HR - and rightfully so - are the last bastion of risk avoidance in a company. Thinking outside the box doesn't apply. They want you in the box.*³⁶

Furthermore, there are also some managers who restrain innovative initiatives that they don't understand whilst, in many public institutions, ineffective information systems that don't meet the emerging needs and societal changes complicate the life of workers who are creative and critical thinking.

From our research, it emerges that acquiring skills in computational thinking could be more fruitful for promoting novel attitudes to thinking. Computational thinking is a method of thought that is used in computer sciences (Grover & Pea, 2013), but experts argue that it can also influence the way people solve any type of problem.

Computational thinking can be understood as the mental activity of formulating a problem in such a way as to admit a computational solution (Wing, 2014).

In this regard, learning coding may help to improve the way in which any kind of problem is tackled in an increasingly digitalized world.

In the near future, computational thinking could provide the skills necessary in the sphere of work, but will also bring great social benefits since it can favor the design of innovative solutions for people's livability. Computational thinking enables complex problems to be tackled in efficient ways, as well as provide for the upscaling of good solutions.

Shifting people into new professions and jobs

There is a broad consensus that the digital revolution is moving towards the reshaping of traditional professions and jobs. Experts encourage people, especially the young, to focus on skills that they want to acquire because, whilst obtaining a professional degree, for example as an architect or engineer, is clearly important, skills are the essential prerequisite to finding and maintaining a job.

³⁶ <https://www.theglobeandmail.com/report-on-business/strategies-for-the-job-hunt/article1200249/>; last accessed on 02.02.2019.



In this regard, it is demonstrative that an emerging profession is that of *coach* in all its multifarious variations, such as personal coach, professional coach, career coach, executive coach, etc. Indeed, coaching is a process that aims at improving individual or organizational performance, empower leadership capability, and support professionals to meet their professional and personal goals (McNally, K., & Lukens, R., 2006).

At the moment, to deal with the impact of digital technology on current jobs and professions, experts suggest paying attention to digital technology that will open new opportunities.

Moreover, online learning is considered to be a crucial means by which to sustain the skilling and re-skilling of workers. Researchers and experts argue that online learning not only reduces costs and improves access but also offers the possibility of increasing the quality of the teaching/learning experience and of the evaluation of learning achievements. Accordingly, investments in online learning are hoped for, since this would create new professional skills and facilitate the transformation of current learning programs. However, experience seems to demonstrate that the human guidance in educational processes cannot be eliminated.

We found a lot of evidence pointing to the fact that new educational skills should be created to involve learners in a collaborative online environment.

Self-directed digital learning

Companies are looking for workers who professionalize themselves in order to meet the changes brought about by advances in technology. Lifelong learning is fast becoming a must for workers and a crucial requirement for their career development.

Although topical, Self-Directed-Learning (SDL) is not a new concept. Indeed, the most commonly followed definition of SDL, coming from Knowles (1975), is as a process in which individuals take responsibility for their own learning by taking the initiative in diagnosing their own learning needs, “formulating learning goals, identifying human and material resources needed for learning, choosing and implementing appropriate learning styles and evaluating the learning outcomes” (Knowles, 1975, pg. 18).

Nowadays, SDL is often put in relation to ‘cooperative learning’, ‘collaborative learning’, and social learning, which are included in the broad area of non-formal learning and sometimes of informal learning. Web based social learning is also spreading as a consequence of the application of the social network paradigm to educational processes (McIntosh, 2016).

The advent of the Internet has increased the interest of researchers and teachers in self-directed learning due to the massive amount of knowledge and support available online. However, the effectiveness of self-directed learning depends as much on the availability of effective and controlled knowledge sources as on the attitude of learners.

From our research, the success of self-directed digital learning appears to be significantly conditioned, at least in the early stages, by the guidance of trainers in the use of technology-



enhanced materials for learning (Murphy, Snow, Mislevy, Gallagher, Krumm & Wei, 2014). To use self-directed digital learning environments, learners should be taught carefully. They have to know what it means to manage their own learning, and how to utilize the resources available online.

Furthermore, research is needed to understand the role of non-cognitive learners' attitudes in self-directed online learning environments, for example in relation to motivation, persistence, and resourcefulness.

We are persuaded that in the short term, and especially in the case of adult education, hybrid solutions should be preferred that integrate self-online learning with online collaborative guidance.

Conclusion

One of the most important aspects of learning practices is to use evidenced-base professional development practices. This is crucial when educational intervention concerns inhomogeneous groups of learners, as in the case of adult learners.

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