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"Reducing Stress"

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ABSTRACT

The situation of COVID 19 in 2020 changed the plans of the sessions and workgroups of the whole project. The Projected activities and communication with the course participants were limited to totally on-line ways of communication and distance learning. The project organizers had to changed and adjusted the prepared organizational settings and materials to unexpected conditions of pandemia, as well as conducting sessions and activities. Therefore one of the results of training activities of ESEC is the offer of training handbook.

The Handbook Report consists of description of chapters developed by each international partner to provide more detailed information about materials, considerations and suggestions based on its own and national experience in that field. Some parts of it also are based on the 2020 sessions of parent educators developed in each country, within the framework of the European project Erasmus + ESEC "Extending Social Educators Competences".

This report contains a next part of the content with learning units prepared by By Janusz Korczak Pedagogical University in Warsaw (JKPU), which is a leader of the project ESEC, including the training course held mostly by then internet communicators in JKPU, where participants who wishe to take part into come from all over Poland.

In this chapter there is presented material on "Reducing Stress" with the aim of the completion of a training course organized by JKPU (Poland). In the context of COVID-pandemia even more there can be observed cases of the families facing stressful situations. Especially for families of children with behavioral disabilities or children with special needs coping with all sorts of stress it may be uneasy challenge.

There is no doubt that in this modern time life is stressful. Stress is commonly associated with our work commitments, financial obligations, relationship barriers, the fulfillment of biological needs. For many of adult individuals, an additional and sometimes powerful source of stress shows presence in their lives when they become parents.

Parents of young children with developmental delays demonstrate similar levels of parenting daily difficulties and hassles to parents of typically developing children. However, there can be noticed greater parenting stress, as regards the impact of the child on the family. Disability-specific stresses need to be differentiated from more common stress contexts experienced by all average families.

In our proposed training topic of course "Reducing stress" we offered for participants the following structure of main needed content:

SECTION 1. DYNAMICS of STRESS in PARENT and CHILD FUNCTIONING.

SECTION 2. PARENTING STRESS and EMOTIONAL SUPPORT of PARENTS with INTELLECTUALLY DISABLED CHILDREN.

SECTION 3. STRENGTH-BASED PARENTING with CHILDREN'S STRESS and COPING APPROACHES.

Strength-based approaches to parenting both typically developing children and children with developmental disabilities give evidence of bringing advantages to the process of raising and caring. It appears that a child with developmental disabilities is more than a set of challenges or skill deficits, as is frequently and stereotypically assumed. Parents are in the position to adapt a new perspective in the light of which they perceive their children as having interesting and positive personalities and characteristics exceeding those stereotypical expectations and assumptions.

There should be addressed crucial messages to individuals with disabilities, to professionals and to policymakers of the following nature:

"People with disabilities: you deserve to be recognized for all of your strengths. Strengths could be things about your personality (like being friendly) or things you are good at (like using the computer).

Professionals: helping people with disabilities and their families means recognizing that there are both benefits and burdens in raising a child with a disability. It is also important to acknowledge and encourage parents' perceptions of their children's strengths.

Policymakers: policy development should include a strength-based approach that fosters a positive outlook on children with a disability and their families to create and promote acceptance" (Colavita, Luthra, Perry, 2014, p. 86).

1. Introduction.

Stress is commonly associated with our work commitments, financial obligations, relationship barriers, the fulfillment of biological needs. For many of adult individuals, an additional and sometimes powerful source of stress shows presence in their lives when they become parents. Parental stress reflects:

"[...] a set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood" (Deater, Deckard, 2004, p. 6).

It is not at all an isolated phenomenon, but is part of the ongoing experience of everyday stressors that should be considered as events over which parents, as individual human beings, have a limited control. Stress is a state of mind having impact on the brain and body that are exposed to adverse, negative and/or threatening conditions.

The definition of stress as a medical notion means:

"[...] any factor that threatens the health of the body or has an adverse effect on its functioning, such as injury, disease, or worry. The existence of one form of stress tends to diminish resistance to other forms. Constant stress brings about changes in the balance of hormones in the body" (*Oxford Concise Medical Dictionary*, 2002, p. 660).

Short-term stress enables plasticity, flexibility and resilience, meanwhile longer-term chronic stress is an important contributor to disease, impairment and psychological risk.

Sources of stress

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, behavioral 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).

Stress, when considered as a particular response to the environment, causes situations in which certain demands are overextending resources and, in consequence, threatening wellbeing. The general stress experienced by parents is rooted in child-related features, such as: adaptability, care-taking demands and pervasive disruptive behaviors.

"In addition, autism results in change, including physiological, cognitive, emotional and behavioral changes and these changes persist throughout the lifespan.

Children with autistic disorders experience a complex range of social, emotional and behavioral difficulties that present significant and ongoing concerns for parents. Parenting a child with chronic disability is considered as a unique experience that is significantly different regarding to social and cultural contexts. As such, these parents are often at risk of experiencing stress. Parents of children with autistic disorder experience more negative psychological distress than parents with typically developing children. This psychological stress can range from confusion, feelings of helplessness, frustration, sadness, anger, and fear" (Al-Oran, Al-Sagarat, 2016, p. 1-2).

General context

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 program. 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. It must be stressed that professional therapists are scarce in numbers and specialized services providing developmental support are very costly. Families of low socio-economic status, especially those who live in small towns and villages do not have sufficient access to necessary help.

The need of supportive measures demonstrates a broad spectrum because the very term "autistic" or "autism" refers to various areas. Semantically, the notion itself originates from the Greek word "autos", which means "self". However, autism as a term is associated with a neuro- cognitive developmental disturbance. In general, autistic disorder engages various domains related to health, but at the same time it embraces many non-health associated issues, such as family and social backgrounds or environment conditions. A wide scope of definitions of autism is mostly rooted in psychological and social development backgrounds.

Stress and resources

Research gave evidence that mothers were affected by a greater stress associated with their child's low degree of self-sufficiency, behavior 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).

The above-presented model seems to be beneficial for understanding the process of family adaptation to the child's disability and its disorders. The functioning of parents of children with autism discloses some typical characteristics, among which a higher level of social difficulties is commonly present. More specifically, parents experience impaired friendships, aloofness, shyness, impairments in confiding friendships, social phobia. They also reveal attitudes of the directing of interest inwards towards one's own thoughts and feelings rather than towards the external world or making social contacts. Within the psychological framework such attitudes are given the name of introversion.

What are Intellectual and Developmental Disabilities (IDDs)?

IDDs are disorders that are usually manifested at birth and that negatively affect a broad spectrum of the individual's physical, intellectual, and/or emotional development. In addition to that, many of these unfavorable conditions have impact on multiple parts of the body, or even the entire systems.

Intellectual disability comes to existence any time before a child turns 18 years of age and it has strong effects on both intellectual functioning or intelligence with its components, such as: the ability to learn, reason, problem solve, and other skills, and adaptive behavior, which embraces everyday social and life skills. Furthermore, the term "developmental disabilities" often means lifelong disability of an intellectual or physical nature, or both.

IDDs, in terms of the body parts or systems, have a direct influence upon:

- the nervous system: intelligence and learning malfunctions, behavioral disorders, speech and language difficulties, Down Syndrome, Autism Spectrum Disorders (ASDs), to mention just a few;
- the sensory system: the deviation of sight, hearing, touch, taste, and smell, as well as incorrect brain processes and false interpretation of the information coming from the senses;
- metabolism: the body breaks down food that is necessary for energy and growth in a metabolic process, which causes problems with overall body and brain function;
- degenerative disorders: individuals may seem to be normal at birth, and may develop normally for a certain period of time after which they begin to lose skills and abilities when adolescent or adult (*Intellectual and Developmental Disabilities (IDDs): condition information*, 2012).

Children disabilities are categorized into various areas, such as:

- Autism Spectrum Disorder (ASD)
- Deaf-Blindness
- Deafness/Hearing Impairment
- Developmental Delay
- Emotional Disturbance
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment(s)
- Specific Learning Disability
- Speech/Language Impairment
- Traumatic Brain Injury (TBI)
- Visual Impairment (Including Blindness)

For the purpose of our Lecture Units, we shall refer mostly to selected disabilities belonging to the above long list: Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD) and Down's Syndrome.

- "Autism Spectrum Disorder refers to a developmental disability that significantly affects communication (both verbal and nonverbal) and social interaction. These symptoms are typically evident before the age of three and adversely affect a child's educational performance. Other identifying characteristics of those with ASD are engagement in repetitive activities/stereotyped movements, resistance to change in environment and daily routine and unusual responses to sensory stimuli" (*Teaching Special Education*, 2020, p. 3).
- The term of Attention-Deficit/Hyperactivity Disorder (ADHD), also named "hyperkinetic disorder" is explained as "[...] a mental disorder, usually of children, characterized by a grossly excessive level of activity and a marked impairment of the ability to attend. Learning is impaired as a result, and behavior is disruptive and may be defiant or aggressive. The disorder is more common in the intellectually subnormal, the epileptic and the brain-damaged" (*Oxford Concise Medical Dictionary*, 2002, p. 59).
- The notion of Down's Syndrome is defined as "[...] a condition resulting from a genetic abnormality in which an extra chromosome is present. [...] The chances of having a Down's child are higher with increasing maternal age. Affected individuals share certain clinical features, including a characteristic flat facial appearance with slanting eyes (as in Mongolian races, which gave the former name, mongolism, to the condition)" (*Oxford Concise Medical Dictionary*, 2002, p. 206).

The highest level of stress is commonly reported by parents who have disabled children affected by Autism Spectrum Disorders (ASD). Significantly, lower levels of parental stress represent parents of children with genetically rooted syndromes of intellectual disability (Down Syndrome). It is also symptomatic that approximately one-third to two-thirds of mothers and fathers, whose clinical profiles have been examined, gave evidence of clinical degrees of parental stress. It means that they qualified for professional consultation of treatment. Child-related stress demonstrated by parents of children with ADHD appeared to be greater than compared to parents of children with IDD. Finally, no meaningful difference, as regards stress, was depicted between parents of children with ADHD or IDD.

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

The background for this part of our course and its point of reference constitute 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 copying 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 III or Handicapped Members and the Coping Inventory for Stressful Situations by Endler and Parker" (Dąbrowska, Pisula, 2010, p. 266).

Research gives evidence of the following characteristic features of parental stress and coping styles:

- "1. The level of stress is higher in parents of preschool children with autism than in parents of children with Down syndrome and parents of typically developing children;
2. Parental stress is higher in mothers of children with autism than in fathers;
3. Parents of children with autism differ from parents of children with Down syndrome and typically developing children in terms of coping styles, and
4. The emotion-oriented and avoidance-oriented coping styles are predictors of the level of parental stress" (Dąbrowska, Pisula, 2010, p. 269).

Coping styles can be measured by using the so-called Coping Inventory for Stressful Situations (CISS). The tool consists of three scales:

- Task-oriented coping aimed at solving problems through cognitive restructuring or attempts to change the existing situation and find solution to problems;
- Emotion-oriented coping reacting to stress with self-oriented emotional reactions whose objective is the reduction of emotional tensions precipitated by the stressor;
- Avoidance-oriented coping tempting to prevent from stressful situations in one of two ways: keeping away by social diversion (e.g. visiting or calling a friend) or keeping away by distraction (e.g. go out for coffee, snack or meal).

In case of parents of children with autism, parental stress was predicted by the level of education and emotion-oriented coping style. It appeared that better educated parents who took advantage of emotion-oriented coping showed higher total parental stress. This kind of evidence is symptomatic and somehow surprising because one could expect the opposite result - better education should offer easier opportunities that facilitate coping with stress, such as: more extensive and profound knowledge, and better access to diverse sources of information.

It's worth-stressing that for parents of typically developing children, the only predictor of parental stress was task-oriented coping. Parents who took advantage of this coping style demonstrated significantly lower levels of stress.

The stress of parenting children with developmental disabilities

Parents of young children with developmental delays demonstrate similar levels of parenting daily difficulties and hassles to parents of typically developing children. However, there can be noticed greater parenting stress, as regards the impact of the child on the family. Disability-specific stresses need to be differentiated from more common stress contexts experienced by all average families.

Parents of children with Intellectual and Developmental Disability (IDD) may demonstrate stress that is caused by increased care giving demands and the challenging coordination of care. Coexistent behavioral and medical conditions may also play a negative role. The above-mentioned stressors are at risk of being strengthened by additional financial strain, feelings of isolation, loneliness and lack of social support. All those factors mean that parents of children with IDD are placed at risk for deep psychological distress.

The level of parental stress usually shows different developmental pace over time. It generally appears to reach a peak or maximum around the preschool period. In general, socio-demographic variables influence parental stress levels. The highest degrees of stressful mental, emotional strain or tension are reported for the cases of mothers younger than 30 years old, low educational level, low monthly income. However, there is no universal rule in this regard. It may happen that new or recurrent stressors may well be at play across time. Particularly difficult moments of transitions, like school entry and reintegration with the peer environment, give evidence of increased exposure to stress.

Parents of children with IDD, when making comparisons, realize how far their children remain behind the others. They also become conscious of how much they have to help their children to cope with various social situations that are out of reach without their support.

Parental stress of high degree and intensity is associated with diverse undesirable outcomes, among which the most frequent are: parent depression, marital conflict, poor physical health and, in consequence, less effective parenting, family problems, lower competence and social support.

There is evidence of directly proportional interdependence of parenting stress among families of children with IDD and child behavior problems (externalizing and internalizing) in comparison with typically developing children. Those behavior malfunctions result in mental disorders later in life.

"In general, [...] parenting stress is both an antecedent and consequence of child behavior problems. Simultaneously, child behavior problems are an antecedent and consequence of parenting stress, and both appear to have a mutually escalating, or de-escalating, effect on each other over time. As such, both appear critical targets for intervention" (Neece and Chan, 2004, p.111-112).

Intervention implications and strategies

Interventions that are aimed at parents who are affected by stress provide the opportunity to alleviate and prevent the development of psychopathology among children with IDD. It must be stressed that a huge portion of interventions is child-focused in order to teach parents skills to cope with and manage their children's behavior problems. In this way, by reducing behavior disorders parenting stress will diminish. Positive results can be noticed when parent-to-parent support model is adopted.

"Specifically, parents reported more positive perceptions of their child and their impact on the family, as well as of marked improvement in their progress toward the resolution of their primary needs" (Neece and Chan, 2004, p. 115).

Potential efficacy of group-based interventions, whose objective is to improve parental well-being, can also be observed.

"The majority of structured group interventions aimed at reducing parental stress among families of children with IDD incorporate some aspects of cognitive behavioral therapy (CBT), including problem solving, cognitive restructuring, and monitoring thoughts and feelings" (Neece and Chan, 2004, p. 115 cont.).

Cognitive Behavioral Therapy (CBT) is a talking therapy that can be helpful in managing problems by changing the way individuals think and behave. It is used to treat anxiety and depression, as well as other mental and physical health problems, including stress. CBT adopts the concept that human thoughts, feelings, physical sensations and actions are interrelated. When they come into this reciprocal relationship, they produce negative thoughts and feelings leading to a vicious circle trap. CBT helps to deal with overwhelming, stressful problems in a positive way by breaking them down into smaller parts. In this way, one's state of mind improves on a daily basis (*Cognitive Behavioral Therapy*, 2019).

It must be clearly stated that the child with IDD is just only one of many reasons of stress that have impact on parents' overall well-being. It is enough to mention the following related factors of significant importance: financial stress, sibling stress, family support stress plus relevant key moderators of parenting stress, such as: parent gender, economic and cultural background, parent temperament, cognitive skills and capacities, and specific parenting knowledge and skills.

Gender differences and parent-child relationship

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.

Autism-related stress has a relevant impact on parents' wellbeing in the sense of being contented, healthy and successful. Children's autistic disorder contributes significantly to negative parental wellbeing, depression, anxiety. Thus, it results in negative family-child relationship.

Parents as partners have a challenging role to play when their parenting requires extra time and effort. Children with autism definitely affect the relationship between other family members. Very frequently, those families have lower marital intimacy and marital satisfaction. It also happens to much extent that their emotional distress generates marital confrontation and dissatisfaction, which increases chances of divorce. If divorce comes true, it can in turn traumatically affect a child.

Evidence identifies gender differences related to parents-children relationships. Mothers of children with ASD report stronger mutual connections and feelings than do fathers, regardless of child's behavior and stress level. In many cases, mothers show feelings of a closer relationship to their disabled children, rather than with the fathers (Al-Oran, Al-Sagarat, 2016).

3. Strength-based parenting with children's stress and coping approaches.

The general assumption that has been adopted for the purpose of this Lecture Unit is grounded on the opinion that the so-called strength-based parenting rooted in positive psychology can be useful not only for typically developing children, but also for those with Intellectual and Development Disabilities (IDDs). Especially, in the cases of disabilities asking for special educational needs, regardless of the level of intensity (mild, moderate, severe), the value of strength-based parenting should not be underestimated. Positive psychology can unlock the child's potential and enhance wellbeing. Strength-based parenting constitutes an approach where parents deliberately identify, cultivate and foster positive states, processes and qualities in their children. It means that they connect their sons and daughters with their inborn strengths, such as strengths of character, in particular. As a starting point, good parenting requires an appropriate balance between warmth and control. Parents who are able to take the position of those who respond to the needs of children in loving ways, while setting rules that build independence and emotional intelligence, create adjusted, resourceful and achieving kids.

Evidence shows that children who have strength-based parents:

- "● have higher levels of life satisfaction;
- have a better understanding of their own strengths;
- cope with conflict in more pro-active ways;
- use their strengths to help them meet homework deadlines;
- have lower levels of stress" (Waters, 2016, p. 3).

The recognition of positive qualities that already reside in children as individuals brings parents a strong feeling of life satisfaction and improves their own confidence. Finally, parenting this way becomes more interesting and it opens the way to positive emotions towards children.

Strength-based coping stress approaches

From among various definitions of stress, let's focus on the following ones for the purpose of this part of subject:

"Stress can be defined as a set of physiological, psychological and behavioral reactions to stimuli (good or bad) that threaten a person's wellbeing. Stress is typically brought about by an imbalance in demands and resources, arising when a person perceives that he cannot adequately cope with the demands being placed upon him. In this way, stress is a phenomenon that is caused by a mismatch between demand and resources, rather than the demands of the environment itself. The understanding of stress is very important when considering the mental health of children, given that they are still going through key developmental milestones and have not yet fully developed the physical, psychological and social resources placed upon them. Indeed, children regularly find themselves in situations where the demands and pressures of their environment exceed their resources and ability to cope, thus causing stress" (Waters, 2015, p. 2).

Three chief categories of stress are usually taken into account:

- toxic stress,
- tolerable stress, and
- positive stress.

Every kind of stress is triggered by adverse circumstances, however different in endurance and support that a child expects and receives. Toxic stress is associated with intense and often traumatic experiences of a long duration, for example persistent domestic violence to which a child is not at all in the position to effectively manage the adverse situation. Tolerable stress coming out from a one-time intense event, for example death of a loved person, can be healed under the condition that the child gets support and manages to grow from what has happened. Positive stress, being a minor stress, is triggered by everyday adverse situations, for example a challenging homework assignment or friendship conflict issue. In this case, the adversity is neither intense nor extreme, and it doesn't last long.

A crucial role of successful parenting is to create a safe attachment that allows children to engage in exploratory behavior with a step by step chance to become more autonomous and independent. As soon as they discover that they can cope with the demands of life, they interact through their strengths with their environments. In this way, strength-based parenting (SBP) plays a role of a "positive filter" to children reactions to stress, which means that they are likely to benefit from the positive stress and build skills and adaptability.

It appears that strength-based coping constitutes a particular style of coping where individuals make the best use of their personal strengths, skills, emotions, family and social resources to deal with stress.

"SBP connects children with their strengths so that they are more likely to cope with adversity by drawing on their strengths rather than engaging in avoidance or aggressive coping responses" (Waters, 2015, p. 8).

4. Practical issues for parents. Training.

In this section the perception of parents of children aged 3 to 19 with developmental disabilities (including autism spectrum disorder) on their child's strengths and challenges will be examined. Positive experiences of parents raising a child with special needs are displayed in the family environment, which includes stronger marriage, strengthened family ties, enhanced self-esteem, better tolerance for others.

For the purpose of the study parents responded to two open-ended questions:

- 1) "What are your child's greatest strengths?", and
- 2) "What are your child's greatest challenges or problems?"

As regards strengths, a list of five meta-themes based on conceptual similarities has been formulated:

- 1) Personality characteristics with the components of: loving/caring/affectionate, happy, courageous, curious, patient, independent, cautious, honest, artistic/creative, active/strong/healthy;
- 2) Social personality characteristics with the components of: sense of humor, helpful, playful, likeable/charming, sociable/friendly, creative/imaginary play;

3) Cognitive functioning with the components of: motivation, focus/attention, memory, intelligent/smart, problem-solving, savant skills, academic;

4) Behavioral characteristics/coping mechanisms with the components of: responds to structure, organizational skills, compliant/well-behaved/cooperative, adaptable/flexible/resilient, responds to reinforcement;

5) Skills with the components of: recreational skills/hobbies, self-help skills, visual/spatial, speech/communication, physical//motor, navigating technology (Colavita, Luthra, Perry, 2014).

Above 60% of parents reported Personality characteristics as most significant strengths of their child with the share of being loving/caring/affectionate - 28% ("loving and caring towards family and animals"); happy - 24% ("generally very happy"); active/strong/healthy - 13% ("physical fitness level").

Over 50% of parents declared high importance of Social personality skills. Their child being sociable/friendly was the most common reply - 26% ("makes friends easy"), followed by likeable/charming - 18% ("very endearing personality-people are drawn to her") and sense of humour - 12% (just "sense of humour").

Slightly below 50% of parents claimed the importance of Skills and ranked recreational/hobbies - 20% ("he loves the outdoors"); navigating technology - 13% ("can use a computer and ipad on his own"); speech/communication - 9% ("high functioning speech").

Under Cognitive functioning, understood mostly as cognitive abilities, motivation took 16% ("if he wants to do something badly enough, he'll figure out the way!") and academic ability - 13% ("good literacy skills").

Under Behavioral characteristics/coping mechanisms, parents described how well their child does in diverse situations. They most commonly reported being compliant/well-behaved/cooperative - 7% ("he is very cooperative") and adaptable/flexible/resilient - also 7% ("has no problems with change, very adaptable") (Colavita, Luthra, Perry, 2014).

As regards challenges, seven meta-themes have been formulated:

1) Behavior problems with the components of: aggression, self-injurious behaviors, anger outbursts, non-compliant/stubborn, destruction of property, arguing, safety/flight concerns, other behavior issues, inappropriate social interactions;

2) Adaptive skill deficits with the components of: self-help skills, life skills, social interests and skills, gross motor, fine motor;

3) Cognitive communication skills deficit with the components of: communication, academic, cognitive, social cognition;

4) Restricted/repetitive behavior with the components of: rigidity/routine, repetitive behavior, narrow interests/lack of motivation;

5) Anxiety/sensory with the components of: anxiety general, anxiety sensory, sensory general, frustration/emotion regulation/patience;

6) Attention difficulties with the components of: hyperactivity/impulsivity/fidgety, inattention/poor attention span;

7) Other medical issues with the components of: seizures, sleep problems, food sensitivities, lethargic/tired/low energy, other issues.

The highest reported meta-theme for challenges was Cognitive communication skills deficit with the score of 62% . The top three categories included communication - 40% ("not being able to communicate wants and needs"); cognitive - 17% ("no cause and effect knowledge") and academic - 10% ("learning especially reading and math skills").

Under Adaptive skill deficits, reported by 50% of parents, the second highest score, social interests and skills took 28% ("has no interest in having or making friends"), and self-help skills - 14% ("she requires full personal care for eating and toileting").

Similarly, Behavior problems were reported by 50% of parents, with the top two categories of: safety/flight concerns - 17% ("lack of safety awareness") and inappropriate social interactions - 11% ("learning socially acceptable behaviors, reverts to Pokemon attacks when he is stressed, lashing out").

Anxiety/sensory issues were considered a significant challenge by 25% of parents who most frequently referred to: anxiety general - 10% (anxiety-related behaviors") and sensory general - 8% ("wants everything to go in mouth").

Under Restrictive/repetitive behavior, reported by 21% of parents, most commonly pointed out rigidity/routine - 13% ("inability to handle change and transitions").

Attention difficulties were attributed importance by 20% of parents who ranked inattention/poor attention span by - 14% ("has difficulty regulating attention and focus").

The final category under the name of Other medical issues, aside from developmental disability or autism spectrum disorder diagnosis, with a frequency of 13% of parents, focused on other issues like weight gain or acid reflux - 6% ("she has a chronic running nose that makes her very uncomfortable") (Colavita, Luthra, Perry, 2014).

5. Practical issues for educators. Training.

Activity 1:

Read the article: LeaWaters, "The value of strength-based parenting", Melbourne Graduate School of Education, University of Melbourne 2016.

<https://pursuit.unimelb.edu.au/articles/the-value-of-strength-based>

Aim of the activity:

- Understand the advantages of strength-based parenting, whose beneficiaries are both children and parents.

Task to carry on:

- Discuss possible scenarios of identifying and cultivating positive qualities in children's characters.

Activity 2:

Read the article: Maheshwari Payal, Khyati Sampat, "Emotional Intelligence of parents (mothers and fathers) of children with intellectual disability and its relationship with the level of stress in parents and their quality of life (QOL)", 2013.

www.nirmalaniketan.com/reseacrh-extension/pdf

Aim of the activity:

- Understand the interrelationship between the level of emotional intelligence, quality of life and stress in parents of children with intellectual disability.

Task to carry on:

- Discuss the value of emotional intelligence in favour of coping with stress.

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