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Report 03

***Remarkable initiatives on
inclusions/autonomy of mentally
disabled people***

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Premise

The project proposal foresees a report of 25 pages carried out by partners on impaired cognitive functioning and deficits focusing on the remarkable initiatives on inclusions/autonomy of mentally disabled people in Europe.

Remarkable initiatives on inclusions/autonomy of mentally disabled people

by Ecoistituto del Friuli Venezia Giulia

Introduction

Since Italy's signature of the UN Convention on the Rights of Persons with Disabilities (CRPD)² in 2007 and ratification in 2009, the Central Technical Unit of the Directorate General for Development Cooperation (DGCS) of the Ministry of Foreign Affairs (MFA), has been mapping and analyzing the funded projects, with a view to mainstreaming disability in the Italian development agenda (crf. The Italian *Disability Action plan*: https://www.esteri.it/mae/resource/doc/2016/07/b_01_piano_azione_eng.pdf).

The CRPD, ratified by 132 countries and, in January 2011, by the European Union, has become a new international standard. It protects the rights of all persons with disabilities “who have long-term physical, mental, intellectual or sensory impairments” and thus marks a turning point in international cooperation policies as well. Indeed, the CRPD introduces new principles into development cooperation (art. 32) and emergency response (art. 11) activities.

The European Disability Strategy 2010-2020 includes the theme of the external action of the European Union (being the world's biggest development aid donor), requiring that appropriate attention be paid to persons with disabilities in bilateral agendas, as well as in development and emergency programs. The Italian Forum of International Cooperation (Milan, October 2012) relaunched the role of international cooperation in Italy. The Forum saw a strong participatory process, which gave useful inputs, brought forward new themes for reflection and development and emphasized the need for pursuing national policies of inclusion of persons with disabilities, to be promoted as part of international cooperation activities.

In November 2010, the DGCS approved the document “Guidelines for the introduction of the disability issue within the policies and activities of the Italian Cooperation”, drafted on the basis of international standards. The document is the result of an inclusive process of consultation with Italian institutions (including regions, autonomous provinces and local authorities), decentralized cooperation actors, civil society and DPOs. It provides for the drawing-up of an Action Plan aimed at implementing the above-mentioned Guidelines. To this end, ad-hoc Panel was set up between MFA-DGCS and Rete Italiana Disabilità e Sviluppo (RIDS)⁶ in 2011. RIDS includes AIFO (Associazione Italiana Amici di Raoul Follereau), DPI Italia Onlus (Disabled People's International/Italy), EducAid and FISH (Federazione Italiana Superamento Handicap).

The Italian law on autism

In 2015 (March 18), the first Italian law on autism has been approved by the Parliament: "Provisions relating to diagnosis, treatment and habilitation of people with autism spectrum disorders and family assistance".

The text provides measures designed to ensure the protection of health, improvement of living conditions and the inclusion in the social life of people with autism spectrum disorders. The new law has three major points:

1) Promotion and supporting by the Ministry of Health research in autism biology and genetics, for better understanding the causes of the disease and identify possible medical treatment and rehabilitation to help people with autism.

2) Each three years the National Institute of Health will update the guidelines on the treatment of autism spectrum disorders, from children to adults, on the basis of evolving science.

3) The inclusion of autism in the Essential Levels for Care (ELC). These ELC comprise all activities, services and benefits that the National Health Service (NHS) provides to all citizens free of charge or with payment of a ticket, regardless of income and place of permanent address (Decree of the Prime Minister 11/29/2001). This point is very important. Indeed, unlike what happens today, the parents of a child/teenager with autism have the right to demand free care and assistance and, in the event that the local health service does not deliver the assistance, could, through a judge, to get them right. In addition, beyond the early detection of the disorder, the performance also refers to the multidisciplinary evaluation, the preparation of a personalized therapeutic and rehabilitation program, through the entire network of services provided to the child and his family, and the continuity of the care in the transition to the adult age. We consider this law positive; however, unfortunately, it only seems to turn the spotlight on the autism disease, whose incidence is still increasing.

In Italy, one in 150 children is currently affected. But for those that autism live every day, it appears as a law made only of good intentions that can not materialize because of lack of financial funds. Indeed, no additional grants were allocated. Even scientific research will be affected without funding. And without funding, a law can say a lot, but can achieve very little things. The Italian Regions (in Italy the health care service is provided by the Regions) will have to ensure the health care services, identify coordination centers and "to establish the diagnostic, treatment and care for children and adults with autistic disorder, as well as verify its evolution".

Training of health workers and the creation of projects to support the families have been also planned. However, no new funds can guarantee these goals. What we see, every day, are the cuts to the economic contributions for rehabilitation therapies, recommended in the Guidelines but not paid by the Health Service, long waiting lists for treatment provided by the NHS, families "forced" to turn to private therapists to give their children a chance of rehabilitation and social integration. However, we consider this law as a first opening to the Autism: a world that must be part of the world and not a world apart.

Best practices

In 2015, the Institute for International Legal Studies (ISGI) of the Italian National Research Council (CNR) published the book *Protecting the Rights of People with Autism in the Fields of Education and Employment* (Della Fina & Cera, 2015).

This book focuses on the analysis at national level of the perspective of people with autism.

It emerges from the study carried out by ISGI within the European Project 'Promoting equal rights for people with autism in the field of employment and education', conducted in partnership with Autism-Europe (A-E). Such Project aimed at improving the knowledge and understanding of the CRPD implementation in the fields of inclusive education and employment through the study carried out by ISGI on Articles 24 and 27 and a compendium of best practices in the field of employment prepared by A-E.

The Project also promoted the exchange of concrete v best practices with the aim of encouraging their replication in other countries. In this vein, the research activities have been coupled with the initiatives for dissemination of the results of the Project, such as the Final Conference, held in Turin on 29 November 2014 during the Italian Presidency of the EU, with the participation of a wide range of relevant stakeholders, including policy-makers. Following such researches, the present legal study identifies legislative models for implementing Articles 24 and 27 of the CRPD consistent with its principles and obligations and suggests the priorities to be incorporated into domestic legislations.

Accordingly, the book provides an in-depth assessment of domestic legislative, judicial and administrative practice of the EU Member States having developed laws on the rights of the persons with autism especially in the fields of inclusive education and employment. A chapter is also dedicated to the protection of people with autism in the framework of the Council of Europe and the European Union. Unique for its legal perspective focused on the rights of people with

autism and their inclusion in the fields of education and employment, this book is a useful source of consultation for the community of professionals, academics, scholars and advanced students dealing with international human rights law; practitioners; government legal advisers and policy-makers interested in disability issues; trade unions; representatives of DPOs and other NGOs.

A literature analysis

Recently, Saccà, Cavallini & Cavallini (2019) carried out a literature analysis to study the difficulties mainly reported by parents who daily interface with the Autistic Spectrum Disorder in their children. In their review, the key points and the most difficult macro areas have been presented.

Referring to the main difficulties that emerged, parental stress occupies a position of considerable importance. Indeed, it has been empirically shown that parents caring for a child with Autism Spectrum Disorder experience significantly higher levels of stress than parents of typically developing children.

The presence of stress in parents inevitably affects the relationships that they establish both at an intra and extra-family level, increasing the difficulties arising from the presence of the disorder and establishing dysfunctional relationships with the child, which further increase children's behavioral problems.

The wide range of symptoms that distinguishes a child with autism and that accompanies them throughout their life, cannot fail to affect parents, who mainly suffer from lack of interaction with the child their restricted and repetitive behavioral repertoire and social misunderstanding surrounding them.

A parent who lives their role thinking to not be able to manage the child's problems can feel overwhelmed and powerless, with inevitable repercussions on the family climate and the couple's relationship.

Overall, the analysis of literature on parents and children with autism allows to underling the importance of support that parents receive in deficit conditions. In fact, both the themes of the guidelines and the diagnosis can be linked to parental stress and to the support they experienced, as if they were subclasses that increase or decrease the difficulties of this experience. In literature there are numerous scientific evidences attesting that families, and mostly parents, if adequately supported, can reach good functioning levels, learning to use effective strategies to manage family situations and reconcile personal needs with family ones.

The review focuses on the analysis of parents and children with autism by adopting a broader perspective to explore the problems that they have to face on a daily basis and that distinguish them from other parents.

Authors argue that future research could deepen the most widely used interventions to offer greater parental support, including the behavioral parent-training (PT-behavioral) and Acceptance and Engagement interventions (ACT) that are significantly developing in recent years within the framework of parent education. The latter includes all the interventions and/or preventive families' programs with the aim of contributing to the improvement of relational and functioning problems presented within the family context.

References

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Saccà, A., Cavallini, F., & Cavallini, M. C. (2019). Parents of Children with Autism Spectrum Disorder: a systematic review. *Journal of Clinical & Developmental Psychology*, 1(3).

Parent- child interactions

by Andromachi Nanou - INCLUDE

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.LunkenheimeraPhilip 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

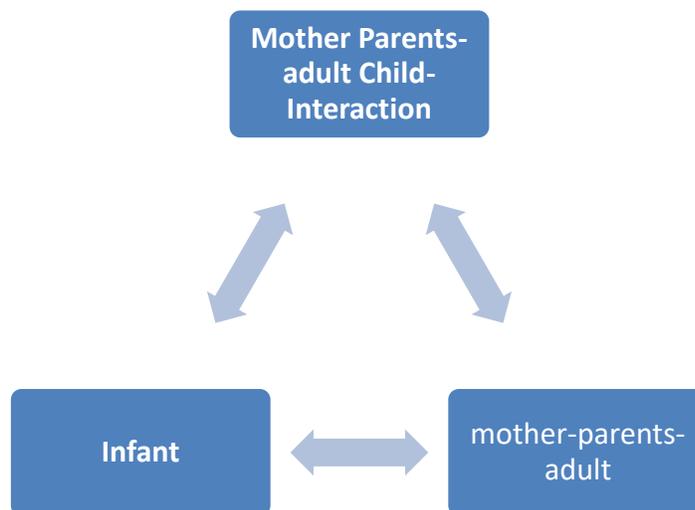


Fig.1: Serve and return interactions between parent and children create the context of mother parent interactions

Emotion regulation and recognition, referencing, gaze following, gesturing, and communication and a variety of social-cognitive and socio-emotional processes, are first evident

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

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 interaction ⁶. These signals are presented in fig.1

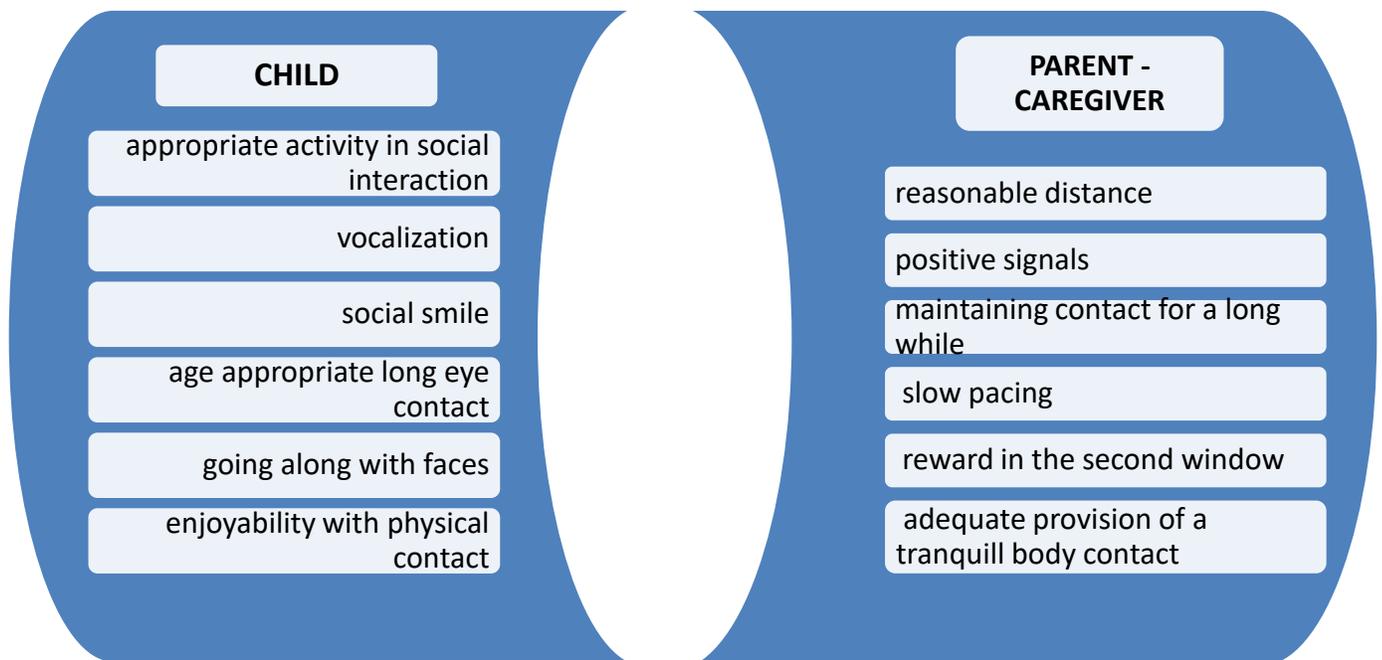


Figure 1. Learning in the area of parent- child relationships

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 attachment behavioral 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

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>

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 behavioral 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 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

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 I. Webb](#) [Alex A. Gardner](#) [Shawna MastroCampbell](#) [Kellie Swan](#) [Susan G. Timmer](#)

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

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-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

⁹ 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 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](#)

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 behavior, 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

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.*

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 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

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>

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 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.

¹³ Keith A. Crnic et. Al. 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>

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)

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 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

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)

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 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 behavior. 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

David Howe First published: 28 March 2006

<https://doi.org/10.1111/j.1365-2206.2006.00397.x>

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

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

18 Disabled children, parent–child interaction and attachment

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Cited by: [40](#)

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 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



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

[Google Scholar](#)

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

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 reflective 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 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

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](#)

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. *Pediatrics* 2012; 130: 372-8.

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

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. 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

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

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

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>

[Crossref Web of Science®Google Scholar](#)

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 children's behavior and progress (Iadarola et al., [2017](#)²⁸). 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., [2014](#)²⁹).

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.

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.*
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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](#)

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 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 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,

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

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

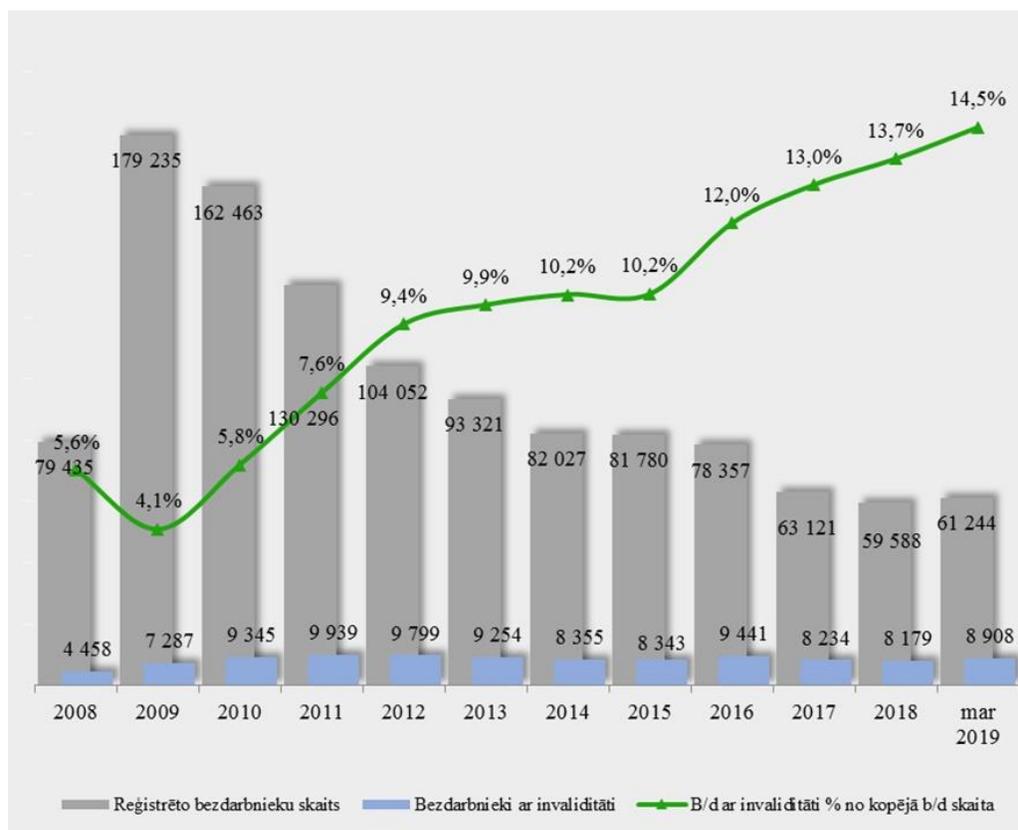
- I. The stages of child development
- II. The family today
- III. The Family as an Evolving Group
- IV. The functioning of the Family
- V. Subgroups within the family
- VI. Couple - Brothers
- VII. The Parent Role
- VIII. Limits and Discipline
- IX. Punishments
- X. Aggressiveness
- XI. Delinquent behavior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

Initiatives on inclusion: the Latvian experience

by Rezekne Academy of Technologies

During the last ten years qualitative changes have taken place in Europe in the sphere of disabled people support ideology – a gradual transition has taken place from a morally out-of-date disability medical model to the model based on social and human rights, oriented to full-fledged and equal integration into community.

According to the statistics of the State Employment Agency (SEA) the proportion of registered disabled unemployed is increasing in Latvia every year (see picture 1).



Picture 1 The number of disabled people (SEA, 2019)

Inclusion is a process where every person, independently of his/her age, disability and its kind, sex, religious and sexual belief who wants, can approach and fully participate in all aspects of activity or service in the same way as any other member of community. Successful inclusion modules in the field of education assume that ALL people are different and ALL people can learn. The person has nothing that has to be "repaired" in order to be included in the system. Inclusion is focused on all people's rights to belong. It is a practice to form a limitation-free environment to provide all persons an opportunity to be a part of community (Etiquette of Disability ethics).

The aim of disabled people's equal opportunities is to achieve that the role of disabled people in the community development is recognized as equal to the role of other community members, it means that these persons have equal rights and equal responsibility, equal approach to the resources and opportunities of their usage are provided. Consideration of disabled people's equal rights is a way how to promote integration of disabled people into community – providing support in the implementation of all-embracing policy, which would take into consideration the principles of disabled people's full-fledged civic participation and independent life, encourage eliminating of all integration obstacles, that is psychological, educational, family, culture, social, professional, financial and environment ability. The equality of opportunities means also ensuring of physical, informational and culture environment, home and transportation, social and health services, education and employment availability for people regardless of their age or disability. (Ministry of Welfare, 2008)

Promotion of disabled people's inclusion into social life and labour market is an invaluable benefit for both disabled people and all the community as invested on behalf of community intellectual, creative and labour force potential is evaluated that is particularly essential in the conditions of community aging, which can result in essential decreasing of labour force resources in the future. (Ministry of Welfare, 2008)

Nowadays in the conditions of modern life planned and many sided improvement of special needs' people life quality becomes more and more essential – with the aim to include them more in the broad community with as few minimal losses, conflict situations and problems as possible. Speaking about social integration of special needs 'people, the following problems have to be mentioned:

1. The level of the individual's desire to integrate into the broad community (the problem solution – motivating of the customer both through the persuasion method and also through the usage of method of inculcating a personal interest, basing on the acquisition of socially useful practical skills and abilities in a broader spectrum);
2. The desire degree and opportunity level of the individual's family members to perceive him/her as a full-fledged member of the broad community (in the particular case it is a matter of a family members' moral emotional trials and material opportunities to maintain the existing level of the individual's life quality or to improve it gradually);
3. The readiness of the broad community to accept special needs' person as a full-fledged person, to cooperate with him/her constantly and in a planned way in order to achieve a mutually suitable result (the solution of the particular problem is possible through the balancing of the specific informative educational work (with the aim to attract the attention of the broad community to the true necessities and desire of the special needs' people and to increase the level of the moral responsibility evaluating the position of the special needs 'people in the modern world) and practical activities in order to acquaint different layers of inhabitants with the specifics of the integration group).

The role of Social issues councils' day care centers, which work in Latvia's municipalities is very essential because exactly they let do a successful social work simultaneously in all three directions:

1. The motivation of the customer himself/ herself can be achieved based on the broadening of his/her self- service and socially acceptable behaviour skills, adaptation of spare time, daily life adaptation, social adaptation, social inclusion, that is basing on the broader satisfying of the customers' social needs and inculcating of skills, which would help to achieve the results in this field independently.
2. Social work with the family members, relatives and friends of the day care centres' special needs' customers is an integral trend of social rehabilitation specialists' work. While planning social work with a customer's family, the level of family members' opportunity and desire to participate in the activities and daily life routine have to be taken in consideration. The main principle of the target group, social work specialists and

customers' family members' interaction is a principle of a common comfort's feeling. The specialists plan any activities of the target group in order not to traumatize a psychological situation of the customer (to make an activity appropriate and achievable to the customer) and provide the opportunity to the family members of the customers to prove their skills in the socially essential trend that is familiar and favorite to them. In the particular case the activities during implementing of which the most possible socially domestic adaptation of the customer will be achieved, are discussed.

3. Considering a family as the main factor in the socializing of the special needs' person a psychological comfort feeling of the target group's representatives and their family members has to be taken into consideration. It depends on the following factors - the financial level of the family; - the role of the special needs' child in the particular family; - the opportunities of the family in the improvement of the micro- climate; - the readiness of the family members to broaden social contacts.
4. It is possible to achieve the changes of the social opinion in relation to the special needs' people in two directions: through informative educating and practical introducing. The main activity of the first direction is a systematic informing of a broad community on the problems and desires these special needs' people, their number in particular geographic locations, their real development level and opportunity to include in an active life of the broad community and discussing of the topics on the position of this social group in modern social life through mass media as well as investigating if the community is ready to perceive a special needs' person as a full-fledged community member. The second direction is the system of the contacts between the target group representatives and different community layers, organizing of the common activities, which would encourage more effective interaction between the community and special needs' people. (Daugavpils pilsētas Dome, 2014).

Comparing the data of April 30th, 2019 and April 30th, 2018, the number of unemployed disabled people in absolute number has increased and is 73 people more. The return to labor market for this target group is slower than to other groups of unemployed that is why the providing of support to disabled people in search of appropriate job us one of the SEA's priorities, which is implemented in cooperation with employers. (SEA, 2019)

Inclusion of disabled people in labor market depends to a large extent on the vocational qualification acquired and the skills acquired at former work. SEA statistic data prove that most of the registered disabled unemployed have work experience in professions of middle qualification (52.1%) but 15.7% have worked in the professions of higher qualification. It can be concluded in general that the SEA registered disabled unemployed have a good potential to integrate into labor market. The opportunities of some individuals depend on the group and kind of disability but most of these people, receiving a minimum support and assistance are able to do professional duties.

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

by Janusz Korczak Pedagogical University in Warsaw

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 centers (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.

2. Segregation versus integration

Special education programs 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 behavior 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 programs 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 behavioral 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 favorable opportunities to the disabled (Apanel, 2013).

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).

4. Directions of changes in favor 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 programs 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 favor 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 centers, 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).

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 "gymnasium" 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 gymnasias, 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, behavioral, 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 refurbished 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.

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 favor 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' favorable 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 (Brażel, Kaniok, 2016).

References:

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Convention on the Rights of Persons with Disabilities (2006), <http://www.un.org/disabilities/convention/conventionfull.shtml>

Żyta, A., Byra, S., Ćwirynkało, K., *Education of children and youth with disabilities in Poland and The UN Convention on the Rights of Persons with Disabilities*, <https://hrcak.srce.hr/file/285836>

Remarkable initiatives on inclusions/autonomy of disabled people

Mancomunitat De La Ribera Alta (MANRA)

There are more and more initiatives to promote the inclusion of people with disabilities in education. The following are some of the most noteworthy.

Activities In Educational Centers

In recent years, many associations of people with disabilities have launched information initiatives to increase awareness of different pathologies among children and young people. In this way, the knowledge and acceptance of diversity as an inherent value of our personal and social development is increased.

Rare diseases: Federito, the four-leaf clover

Since 2012-2013, the Spanish Federation of Rare Diseases has maintained an educational program to promote respect for differences and standardize the image of rare diseases among children. These diseases mostly affect children and many of them tend to be serious and highly disabling.

The program relies on the participation of volunteers and the involvement of families with children with rare diseases.

The activity, which can be requested by any school, has different levels in which awareness is worked through the dynamization in the classroom, either by the teacher or volunteer, the various printed materials and participation at home.

You can consult all the information (in Spanish) on its website:

<https://enfermedades-raras.org/index.php/actualidad/1614-proyecto-las-er-van-al-cole-con-federito>

Epilepsy: Epicole

This program is aimed at schools with the aim of training and informing about epilepsy. It began in 2010 is taught by psychologists from the entity and volunteer support, supported by the epilepsy unit of the Hospital La Fe in Valencia.

The program aims to contribute to the understanding and social integration of students with epilepsy as well as to eliminate prejudices and false beliefs about this pathology in education.

Epicole also offers teachers information on the different epilepsies and how to treat a person in case of crisis.

All the information can be consulted on the website:

<https://www.alcepilepsia.org/programa-epicole-epilabora-nos-formamos-en-epilepsia/>

Albinism:

Albinism is a genetic condition that leads to severe visual impairment. Through the personal experience of Patty Bonet, an actress and journalist with albinism, we work on awareness without leaving aside humor.

The program is aimed at secondary schools, congresses on education or medicine, universities, foundations and companies.

The activity consists of the screening of the short film *Lo ves?* by Flare Producciones, which shows how Patty Bonet faces her daily life, through the subjective camera (adapted to the actress's real vision). This is followed by a discussion and reflection that aims to break myths about this condition.

More information on the web:

<http://www.albinismo.es/25-uncategorised/157-cortometraje-documental-%C2%BFlo-ves.html>

Educational guides and resources for teachers

In this area, more and more resources are being made available to teachers and educational centers by public administrations, associations of people affected and companies. The following are some of them.

Attention Deficit and Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) is usually diagnosed at the primary school stage, which is when difficulties in school performance begin to be detected.

The pharmaceutical sector also offers awareness-raising resources and help for teachers. Thus, the website www.tdahytu.es offers downloadable documents with basic information on

ADHD and templates to help schoolchildren organize with their homework and understand their mood swings.

<http://www.tdahytu.es/materiales-de-ayuda-para-profesores>

The Ministry of Education, Culture and Sport of the Generalitat Valenciana published a guide for the educational community offering information on ADHD and how to proceed with a diagnosis to meet the specific needs of educational support and provide an educational response from the pedagogical scientific knowledge.

The guide can be downloaded, in Spanish, from its website:

<http://www.ceice.gva.es/documents/165686889/166955595/Gu%C3%ADa%C3%A>

[Da+TDAH+%28Castellano%29/e4ff8816-3846-41d2-bc7a-51d1901e3bdb](http://www.ceice.gva.es/documents/165686889/166955595/Gu%C3%ADa%C3%A)

The Association of Parents of Children and Adolescents with Deficit of Attention and Hyperactivity (Apnadah) launched the project Escuelas 360° to improve educational inclusion.

In this sense, didactic resources can be found such as guides for parents and teachers, an interesting section of videos and a section of FAQs (Frequently asked questions) that includes the most common concerns that can be made by a teacher who is faced for the first time with a child with ADHD.

<https://www.apnadah.org>

Down

As part of the Emotions Program, which seeks to improve the emotional well-being of children and young people with Down syndrome between the ages of 6 and 18, the Down España association launched two guides for working on emotional intelligence.

Some of the main emotional difficulties faced by people with Down syndrome are low self-esteem, poor emotional control and adaptability to change, and blockages in the face of fears.

One of the guides is aimed at emotional mediators and the other at students with Down syndrome. Both can be downloaded from the following links:

<https://www.sindromedown.net/wp-content/uploads/2018/01/Programa-Emociones.-Gui%CC%81a-del-alumno.pdf>

<https://www.sindromedown.net/wp-content/uploads/2018/01/Programa-Emociones.-Gui%CC%81a-del-mediador.pdf>

ASD (Autism Spectrum Disorder)

The Ministry of Education, Culture and Sport of the Generalitat Valenciana publishes various guidance guides dedicated to both the families themselves and the educational community.

The guide to educational care offers information on the ASD, a description of the “training pills” available, protocols for action and support for families.

<http://www.ceice.gva.es/documents/165686889/166955595/Gu%C3%ADa%20Da+TEA+%28Castellano%29/837d3dd0-5e70-461c-a8ef-4eea3a334b02>

<http://www.ceice.gva.es/documents/165686889/166955595/Gu%C3%ADa%20Da+TEA++Familias+%28Castellano%29/b01ec4b7-ed85-46ff-af7b-ba7a4490e26e>

Associations such as the Federación Autismo Castilla y León have also published orientation guides for teachers with students with autism in their classes. In addition, they include sections on what to do and how to act in the face of bullying in students with autism.

The guide, in Spanish, can be downloaded here:

http://www.infocoonline.es/pdf/guia_para_profesores_y_educadores_de_alumnos_con_autismo.pdf

In this sense, and aware of the special vulnerability of children with ASD, the Spanish Autism Confederation has a specific action guide for teachers and families.

The guide School Bullying and Autism Spectrum Disorder can be downloaded in Spanish here:

<http://acosoescolarte.es/doc/GUIA-BULLYING-TAE.pdf>

The Autism Association of Cordoba developed a guide aimed at schools to help the integration of students with ASD through directed play. The guide takes into account that recreation is a time of the school day in which activities are not structured, a fact that can increase the difficulties of students with ASD to relate to their peers.

The publication *¡Yo juego también! TEApuntas?*¹ [I play too! Are you in?] establishes guidelines and proposes different game strategies to favour the inclusion of students with ASD.

¹ In Spanish, TEA: Trastornos del Espectro Autista

The guide can be downloaded in Spanish from:

http://www.autismo.org.es/sites/default/files/blog/adjuntos/yo_tambien_juego_teapuntas_optimizado.pdf

Albinism

As a result of an Erasmus + "Together we can overcome barriers: Strategy for the equity" program, the Spanish Albinism Association (ALBA) developed educational guides to help people with albinism and severe visual impairments.

The guide Educational environment for people with albinism can be downloaded in Spanish and English:

http://www.albinismo.es/educacion/Environment_Guide.pdf

Also the guide for the elaboration of an individualized curricular adaptation of access and the creation of specific tools for students with severe visual impairment related to their genetic condition of albinism can be downloaded in both languages.

Individualized curricular adaptation for people with albinism

http://www.albinismo.es/educacion/Adaptation_Guide.pdf

Neuromuscular diseases

The Spanish Federation of Rare Diseases (FEDER), in the publications section of its website, allows access to various guides including the Guide to educational resources for people with neuromuscular diseases: <https://obser.enfermedades-raras.org/guia-de-recursos-educativos-para-personas-con-enfermedades-neuromuscular/>

It offers information on the levels of educational inclusion, characteristics of neuromuscular diseases, the needs of children affected by this type of pathology, school materials adapted to their needs and advice for both teachers and therapists faced with the challenge of schooling.

Awareness-raising campaigns

Likewise, many organizations and entities are working on the elimination of the social stigma that mental illnesses often entail.

Thus, on the occasion of World Mental Health Day in October 2018, the Federation of Associations of Relatives and People with Mental Illness of Galicia launched the campaign "Healthy Youth" in order to promote good mental health in adolescence.

The campaign website (in Galician), <https://mociudadesaudable.org>, offered quiz games (questions and answers) online, information for young people, families and educators, and support guides including Mental Health in School (in Spanish):
<https://mociudadesaudable.org/materiais/>

The Spanish Confederation of Mental Health and the Madrid Platform of Entities for the assistance to the addicted person and his family organized in 2017 the campaign "And you believe it?" with the intention of ending false beliefs and myths about mental disorders. To this purpose, ten videos were uploaded, each of which addressed some of the myths, including "Attention Deficit Hyperactivity Disorder (ADHD) does not exist".

The videos can be viewed at the following link:

<https://consaludmental.org/general/presentacion-y-tu-te-lo-crees-31463>