

ESEC: Extending Social Educators Competences

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Intellectual Output 02 Training activities and the scope of the training courses

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The ESEC project pursues two main objectives to which specific needs correspond: inclusive education and social educators professionalization. In fact, project will realize an innovative parent-training program for parents of children with behavioral disabilities in order to extend and develop the current competence and skills of both social educators and learning support teachers.

The core of the project is the program and platform training, which was prepared and completed by partners of the project.

The IO2 results are strongly linked to the general ESEC project main results such as:

- Realizing evidence-based guidelines for designing, implementing, and running parent training programs.
- Implementing and running a 2.0 educational program that tackles all issues, theoretical and practical, related to parent-training practices.
- This program will include a specific training course for parents of children with behavioral disabilities.
- This training course is an application/demonstration of the evidence-based guidelines.

The scope of the output IO2 mostly consists of the ESEC parent-training course for social educators and social volunteers. The importance of training parents is broadly emphasized by researchers and practitioners (Wang, Lam, Kim, Singer, & Dodds, 2016), and many studies argue the effectiveness of parent-focused interventions. For example, to improve parent wellbeing (Rutherford et al., 2019), although a research effort is needed to determine the optimal parent intervention models. Parent training has been defined as a program in which parents actively acquire parenting skills through mechanisms such as homework, modeling, or practicing skills.

The original idea of arranging of the training course organization was to involve:

Participants: 20 selected social educators/social volunteers. The training course was organized in two steps. The first Step consisted of 15 hours of distance learning. Partners could organize the distance learning using virtual conference tools. The partners could use the learning units they had prepared and had opportunity to integrate those learning units with additional content. They should follow the given structure of the distance learning meetings:

- presentation of the ESEC project
- parent-training basic notions
- communication in a parent-training process
- educational methodologies

The second step of the process training consisted of using 30 hours of e-learning and 20 hours of exercises; the number of hours will depend on the learners' background and learning capability.

In these meetings the participants within the training activity could design and discuss with trainers a parent-training event for parents of children with behavioral disturbs.

Trainers could prepare for participants a case, describing the parent context and the expected results of the parent training. In the case study, learners could use the knowledge acquired during Step 1. Participants should work in 4 groups of 5 persons. They might carry out their activity, interacting via smartphones and the internet.

For the “face-to-face” training there were 15 hours (presenting the case, organizing the groups’ activity, analyzing and discussing the work of the learners’ groups, producing a synthesis with the best practices emerged from the learners activity, evaluating the training).

Training course agenda and topics

The partners of the ESEC project were involved in preparing topics units.

- Wyższa szkoła pedagogiczna im. Janusza Korczaka w Warszawie, Poland (3 subjects)
- Ecoistituto del Friuli Venezia Giulia, Italy (1 subject)
- Interdisciplinary Network of Special and Intercultural Education INCLUDE, Greece (2 subjects)
- MANCOMUNIDAD DE LA RIBERA ALTA, Spain (2 subjects)
- Rezekne Academy of Technologies, Latvia (1 subject).

Therefore basing on the declarations of partners there were prepared the following topics;

- **Communicating with Other Parents**
- **Family Disruption**
- **Emotional Interaction**
- **Parent-training and evaluation processes**
- **Reducing Stress**
- **Motivating Parents self care**
- **Preventing and responding to sexual abuse of disabled children**
- **Parenting Science: "Theories and practices". Communication with Parents**
- **Communication with professionals and educators**

The topics with content were placed on the MOODLE platform at:
<https://tdl.rta.lv/mod/page/view.php?id=53>

Although because of The Coronavirus COVID-19 pandemic situation during 2020 year majority of the partners were forced to modify or even change the modality of the training courses and their range, but the content lasted solid. Initially, according to the ECEC proposal, the training course was articulated as follows:

1. Learners (20 participants, 20 hours face-to-face lessons; 30 hours distance learning lessons) will be taught about parent training.
2. Learners, in 4 small groups, will design, organize, and run a parent training course (15 hours face to face lessons, 50 hours of distance learning).

Since it was impossible to deliver face-to-face lessons, the partners were organizing the training course using distance learning and e-learning modality, preserving the course's original structure.

The training courses were held in English as well as in original language of the particular partner.

CONTENT OF TRAINING COURSES

10. Communicating with other parents

The general objective of the course is to:

- Increase and improve the ability of participants, who face challenges when parenting children with disabilities, to cope with problems through communication and cooperation.

The teaching objective of the course is to:

- Transfer knowledge in order to understand the strength of communicating and cooperating for parenting with competence.

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GOOD PRACTICES in COMMUNICATING and COOPERATING with OTHER PARENTS

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Family to Family Network

Growing up Together Plus Program of Workshops with Parents

Expected outcomes

The participants will learn or improve their range and level of skills and competencies, as regards:

- emotional communication skills
- social emotional learning and emotional intelligence for parenting with competence
- practical approaches for communicating and cooperating with other parents of children with disabilities

Part 1

Parents' cooperation in the light of mostly demanded skills

The idea of cooperation

It often happens these days that three words are used in order to describe effective teamwork:

- collaboration
- coordination
- cooperation

However, semantically those words are not the same or nearly the same. Thus, they should not be considered synonyms. When used interchangeably, their meaning dilutes and diminishes the potential of creating powerful, collaborative workplaces. Recently, collaboration has been a highly important word in the media thanks to Marissa Mayer's explanation of her decision to bring Yahoo employees back to the office:

"To become the absolute best place to work, communication and collaboration will be important, so we need to be working side-by-side" (Stoner, 2013, p. 2).

Mayer strongly believes that when people work together, they work better because they create real relationships the building of which is a lot easier when having face-to-face contact. Coordinative and cooperative efforts are crucial for effective and efficient work commitments and accomplishments. At least some face-to-face time spent together makes a huge difference. Examples of productive, valuable teamwork can be found in all types of environments. High performance teams, in particular, share common characteristics. Depending on their intentional objectives that are supposed to be achieved, they might rely more on cooperation or coordination than on collaboration. Cooperative work and undertaken efforts of parents of the disabled children serve as one of excellent examples.

Three definitions: collaboration, coordination and cooperation

"Collaboration is working together to create something new in support of a shared vision. The key points are that it is not through individual effort, something new is created, and that the glue is the shared vision.

Coordination is sharing information and resources so that each party can accomplish their part in support of a mutual objective. It is about teamwork in implementation. Not creating something new.

Cooperation is important in networks where individuals exchange relevant information and resources in support of each other's goals, rather than a shared goal. Something new may be achieved as a result, but it arises from the individual, not from a collective team effort" (Stoner, 2013, p. 3).

Parents of the disabled children can benefit from the perspective of mutual cooperation under the condition that they preserve their freedom to exercise their own judgments. They need opportunities for experimentation, chances to experience failure and to learn from mistakes. One of the advantages of cooperation is thinking together, valuing and respecting each other's personal opinions and contributions for the purpose of new and creative solutions to problems.

An overall context of skills

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

- analytical thinking and innovation versus knowledge,
- active learning and learning strategies versus passive knowledge,
- creativity, originality and initiative accomplished by problem-solving,
- technology design and programming effectuated by an active technology user,
- critical thinking and analysis opening view-points for discussions, ideas , arguments,
- complex problem solving understood as a context vision approach,
- leadership and social influence leading to self-management in particular areas of activities,
- emotional intelligence enabling clear shared attitudes, responsibility, reciprocity,
- reasoning, idea-producing aimed at target-oriented activities, process management,
- systems analysis and evaluation leading to self-evaluation, target settings (*Annual Report...*, 2019)

Teaching parents' emotional communication skills

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

initiative; critical thinking and analysis; complex problem-solving; leadership and social influence; emotional intelligence; reasoning, idea-producing.

Parents who aim at a successful cooperation with other mothers and fathers of the disabled children need to acquire knowledge in the field of developing psychology, be aware of scientific explanations of disorders, get familiar with family role models and relationships. From among skills, they mostly require communication skills, accompanied with self-consciousness and the ability to properly diagnose and analyze the situation. From among desirable attitudes they need to express: patience, tolerance, acceptance, stress-resistance, responsibility, respect of differences.

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

Conditions for parental successful communication with children

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

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

Part 2

Social emotional learning (sel) and emotional intelligence in service of parenting skills

Definition of social and emotional learning and its five core competencies

According to CASEL (2017) "Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (*What is social emotional ...*, 2019, p. 1). The Collaborative for Academic, Social and Emotional Learning (CASEL) is a trusted source of knowledge about high-quality, evidence-based social and emotional learning (SEL).

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

- Social awareness is understood as the ability to take the perspective of and feel empathy towards the others, including those from diverse backgrounds and cultures. It also means the ability to comprehend social and ethical norms for behaviour and to recognize family, school, and community resources and supports. Social awareness includes four aspects: perspective-taking, empathy, appreciating diversity, and respect for others.
- Self-awareness is associated with the ability to accurately identify one's own emotions, thoughts and values, and to properly recognize how they influence behaviour. It also helps to assess one's own strengths and limitations, to get a well-grounded sense of confidence, optimism, and mind-set. Self-awareness consists of five factors: identifying emotions, accurate self-perception, recognizing strengths, self-confidence, and self-efficacy.
- Self-management means the ability to successfully control one's emotions, thoughts, and behaviours in a variety of situations, to effectively cope with stress, manage impulses, and motivate oneself. It also helps to set and work toward personal and educational goals.
- Relationship skills demonstrate the ability to build and maintain healthy and rewarding relationships with diverse individuals and groups. They are beneficial to a clear communication and cooperation with others, as well as to a good listening. They are required when resisting inappropriate social pressure, negotiating conflicts constructively, seeking and offering help. Relationship skills are based on four elements: communication, social engagement, relationship-building and teamwork.
- Responsible decision-making expresses the ability to make constructive choices about one's personal behaviour and social interactions with respect of ethical standards, safety concerns and social norms. The concept itself asks for a realistic evaluation of consequences of several different actions, and an accurate consideration of the well-being of oneself and others. Responsible decision-making is related to six aspects: identifying problems, analyzing situations, solving problems, evaluating, reflecting, ethical responsibility (*What is social emotional ...*, 2019).

Parenting with competence

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

"Parent background - parent influences:

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

Parent SEL skills:

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

Parent outcomes:

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

Family - parenting practices:

- Love
- Modeling
- Intentional teaching
- Discipline

Family climate:

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

Child SEL skills:

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

Child outcomes:

- Positive social interactions

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

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

Emotional intelligence of parents of children with special needs

Definition of emotional intelligence and its five basic components

The term of emotional intelligence, as a psychological category, was developed by Peter Salovey and John Mayer in 1997. They agreed that:

"Emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (Goleman's *ET*, 2009, p. 1).

Further steps towards descriptive approaches in the field of this psychological theory were successfully undertaken in the late nineties by Daniel Goleman, a prominent science journalist and researcher, who brought emotional intelligence on the internationally recognized bestseller lists. Goleman has authored a number of books on the subject, including *Emotional Intelligence*, *Working with emotional intelligence*, *Social intelligence: the new science of human relationships*, to mention just a few.

After Goleman, attention should be focused on five principal components of emotional intelligence:

- **Self-awareness** - perceived as the ability to recognize and understand personal moods, emotions and their driving forces, as well as their impact on others. Self-awareness is interrelated with self-confidence, realistic self-assessment, and a self-disapproving sense of humor. It enables to monitor one's own emotion state and to properly identify and name one's emotions.
- **Self-regulation** - meaning the ability to keep disruptive impulses and moods under control, as well as to change their direction and, thus, to suspend premature judgments and to reflect before acting.
- **Internal motivation** - relating to a passion to work for internal reasons that aren't associated with money or status (as external rewards). Actions and efforts are grounded on an inner vision of what really matters in life, brings joy in doing something, pushes to learning for curiosity. A strong driving force is to achieve a goal, to express optimistic attitudes, also when facing a failure.

- **Empathy** - explained as the ability to comprehend the emotional makeup of other people and as a necessary skill in demonstrating attitudes towards people in accordance with their emotional reactions. Empathy, by its nature, asks for cross-cultural sensitivity. Meanwhile, in an educational perspective, empathy is often understood as a step leading to sympathy with its implications of concern, care or a desire for diminishing the intensity of negative emotions and individual experiences in others. It's worth stressing that empathy does not necessarily mean a feeling of pity for the suffering or misfortune of others, in other words it does not engage compassion.

- **Social skills** - meaning a great facility in managing relationships, cooperation and building efficient networks. They involve effectiveness of actions and joint initiatives, as well as they have the power to persuade.

Goleman suggests an extensive list of concepts that are grouped under four interrelated categories of: the recognition of self-awareness, the recognition of social awareness, the regulation of self-management and the regulation of relationship management. They might be considered particularly useful in cooperating with other parents during the process of caring and upbringing children with disabilities. Specific characteristics of those concepts are, as follows:

- **Self-awareness** includes:

- emotional self-awareness
- accurate self-assessment
- self-confidence

- **Social awareness** embraces:

- empathy
- organizational awareness
- service orientation

- **Self-management** consists of:

- self-control
- transparency
- adaptability
- achievement drive
- initiative

- **Relationship management** includes:

- inspirational leadership
- developing others
- influence
- change catalyst
- conflict management
- building bonds
- teamwork and collaboration (*Goleman's ET, 2009*).

Parents' emotions

Emotions constitute an integral and indispensable part of every human being. Parents of children with intellectual disabilities undoubtedly feel categories of emotions that are substantially different to those of parents of typically developing peers. Mother - child and father - child relationships due to the context of disorders or impairments are

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

It is justified that parents of the disabled children should possess higher levels of emotional intelligence competences in order to better cope with unprecedented mental tensions. Parents who competently manage their emotional intelligence usually experience a better quality of life, subjective wellbeing and a higher sense of life satisfaction. There can be observed a reciprocal influence - the more professional management of parental emotional intelligence, the more satisfactory understanding of the child's emotions, and in addition to that, the more promising communication with other family members.

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

In conclusion

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

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

Part 3

Good practices in communicating and cooperating with other parents

In general, parents of children with Intellectual and Developmental Disabilities (IDDs) need good communication with and efficient support from various environments: other family members, siblings, teachers, professionals. However, there is evidence that "[...] many parents find it helpful to become members of a parent-to-parent support group. Parents meet regularly in one another's houses, not only talk about their children or the problem they present, but as a means of mutual support and building up self-confidence through being able to help others. Sometimes, such groups provide individual support to a new parent" (Mittler, Mittler, McConachie, 1986, p. 23).

Family Network on Disabilities (FND) in Florida, USA

Family Network on Disabilities (FND) was established in 1985 by a group of parents of the disabled children who came together for two basic reasons: for mutual support and information-sharing. This body is a grass roots organization for individuals with disabilities and their families. FND is, in the first place family-centered and family-driven. It operates as a national network of persons without any age limit who might be at risk, who have disabilities, or who have special needs and their families, professionals and citizens who are concerned about their situation and their wellbeing. On the one hand, the principal mission of FND is focused on the complete integration and equal opportunities of the disabled in a society without barriers. On the other hand, the organization makes great efforts to serve families of children with the full range of disabilities from the very birth through the age when they turn 26 years of life.

Family Network on Disabilities (FND) strives for a broad range of goals to be achieved. Let us have a closer look into three types of activities through the operation of the following programs:

- Parent Education Network (PEN), Parents of the Panhandle Information Network (POPIN) and Parents Educating Parents in the Community (PEP) constitute programs designed to guarantee that parents of children with the full spectrum of disabilities have access to training and information they need in order to get their children, firstly, ready for school and, secondly, to enable them productive, independent lives that they can experience to the fullest extent possible. The program is addressed to the whole territory of Florida, including isolated, rural areas.
- Family STAR (Support, Training, Assistance, Resources) is Florida's Family to Family Health Information Center. It is a highly professional Center that provides information and support to families of children and youth with special health care demands.
- The Jan La Belle Scholarship Program (in operation since 2009) offers a financial resource to the disabled individuals who desire to pursue their personal goals and professional career through attendance at a postsecondary educational institution. The school they are going to choose may be either academic or vocational, depending on personal abilities and interests. This Scholarship Program awards from 16 to 24 individuals who are following higher education.

- The Youth Advocacy & Action Project (for people aged 14-22). Activities are free of charge to families. The final goal of the Project is to leave in place a well trained and confident group of youngsters who later on will be in the position to advocate for themselves. They will be able to improve their own lives, as well as their communities. The Project activities focus on actions that lead to more effective participation of individuals with disabilities and their families in meeting the vocational, independent living. They also give emphasis to specific rehabilitation needs of the disabled (*FND USA About Us*, 2019).

Family to Family Network in Houston, USA

The crucial message for Family to Family Network activities is striving for success of children and young adults with disabilities by strengthening and empowering their families as they navigate the complex education, health care and social service systems. The organization, through guidance and training helps families to discover potential where others see just only barriers. The driving force of all actions aims at changing stereotypical attitudes and mindsets about disabilities and, by doing that, making sure that every individual gets to live his/her best life.

Family to Family Network offers families of children with disabilities the opportunity to communicate and cooperate with other families in similar situations, in order to learn from one another and help each other. The body in question operates by providing: education and training events on the special education process, developmental disabilities diagnosis information, referrals to community resources. Commonly adopted tools consist of: annual conferences, a website dedicated to trustworthy information about the special education procedures, a monthly e-mail newsletter on family and community activities, a leadership and advocacy training program.

One of the mothers caring of and bringing up her disabled child gives the best testimony of the need to take part in Family to Family Network:

"It is very easy to become overwhelmed and frustrated when trying to find help raising a child with disabilities. The best part about Family to Family Network, for the family, is being able to speak with other parents who have walked in our shoes. Their own personal experiences and advice they shared with us have been so valuable. We have learned the importance of planning ahead and visualizing what the future will look like for our son and then showing us steps it takes to get there" (*Family to Family Network*, 2017).

Parents very much appreciate to have experienced every kind of opportunity to know both their children and each other. They claim to be very fortunate to have learned the true meaning and importance of the community belonging. Mutual cooperation opens to individuals with disabilities better chances in the fields of education and employment, and it builds a stronger consciousness of independence.

The vision of Family to Family Network expresses the following beliefs:

- We believe in hope.
- We believe in dreams.
- We believe that all people have value and belong and that the only labels children need are their names.

- We believe that <all> means ALL, and that while each individual's needs may be different, that is okay because we respect each other.
- We believe that together we can open doors that were closed before and that, because of our work together, our children will live quality lives and accomplish whatever goals they may desire.
- We believe in each other and our friendships" (*Family to Family Network*, 2017).

Growing up Together Plus Program of Workshops with Parents, Croatia

The Program is addressed to parents of preschool (up to eight years of age) children with disabilities, including children with developmental delays and additional specific educational need and developmental risks. It is justified that the age range of children with disabilities is extended up to eight because, usually, the demands and developmental characteristics of older children are not consistent with the chronological age. Moreover that their enrolment to primary school is frequently postponed even up to several years. The advantage of grouping parents of children of different ages comes out from the fact that they have acquired more varied levels of personal experience, awareness of their difficult situations, as well as an uncommon intensity of stress. The Program is intended for parents of children with similar and/or different disabilities. Evidence shows that this approach of a joint participation enables to receive information and acquire knowledge from different parental perspectives, which does not at all mean a barrier to mutual understanding.

Group work with parents - definition and significant characteristics

Group work definition

In general terms, a commonly adopted definition of group work focuses on:

"[...] a goal-orientated activity with small treatment groups and groups for solving tasks aimed at meeting the socio-emotional needs of its members and accomplishment of tasks. This activity is directed both at individual group members and the group as a whole within a broader system of providing services" (Grubić, 2014, p. 38).

Significant characteristics

Parents of children with disabilities express specific needs and expectations - when accurately recognized, the accomplishment of particular goals might be possible. Those goals are directly related with emotional and social support, and then with encouraging parents' self-esteem and self-efficacy. Parents expect to be empowered in order to take over the control of challenging situations, understand and anticipate problems with parenting a disabled child. What really matters is training them in successful communication with and support to the child, as it leads to increased and improved parental roles.

A mother of a child who suffers from cerebral palsy discloses her opinion about the advantages of working together:

"Little did I know that these workshops would affect me so much. I normally don't talk that much with people about what is going on in our lives, because they don't understand, so why waste words and time... I just say: Verica has cerebral palsy, and that's it. [...] At the

workshop, when you meet <fellow soldiers> WHO KNOW HOW MUCH IT HURTS, this is something else entirely...Thank you, thank you, I am charging my batteries, which is the most important thing" (Grubić, 2014, p. 38).

The benefits and values of group work can be connected with the fact that this kind of experience is an entirely natural human experience. Thus, by its nature, it gives to individuals who are involved in it a strong sense of reality. Right after, the participants are able to feel a sense of predictability and emotional stability. The next crucially important step is hope and a sense of optimism. A commonly shared benefit of working together is the opportunity to achieve emotional relief by expressing one's feelings.

Values of group work can be divided into the following categories:

- "● sharing - people feel less alone when they see that others feel the same;
- identification - people are willing to identify with others in a similar situation;
- accepting help from <similar people> - people accept help more easily from those who are in a situation similar to theirs, who understand them;
- checking - people in a group can be checked, tested in a variety of important roles;
- mutual assistance - people are often able to provide assistance to others who are experiencing the same or similar situations, which raises their self-esteem;
- social exchange and acceptance - people need a sense of belonging and acceptance, which is possible to gain in a group of people with the same experience" (Grubić, 2014, p. 39).

The Growing up Together Plus Program of Workshops with Parents follows a routine of eleven broadly formulated topics that are consecutively addressed during workshops. They consist of such issues, as:

- The idea that every child is special, as well as every parent asks for a special attention;
- Parents' and children's expectations versus adaptation to particular situations;
- Most significant pillars of parenting to be agreed while working together;
- Psychological needs of disabled children versus parental objectives;
- All children are our children and they deserve to be loved;
- Listening as a basic parental skill;
- How a disabled child learns about the surrounding world;
- Why and how the boundaries exist?
- Parental responsibilities - what really counts?
- What does it really mean to be a parent? Influences and choices

- The end and new beginning - what parents should avoid and what kind of approaches to adopt?

In the light of the above-listed topics, parents stated that after having participated in the workshop events they have learned to talk about their feelings, they have appreciated a value of exchanging experiences and acquiring knowledge that other parents are facing similar problems and challenges. They became conscious of the fact that contact with other parents who have children with different, but too much extent parallel circumstances, opens chances for new ways and standards of communication and direction towards the child's mostly expected needs and abilities.

Playing together

Group work activities do not neglect the aspect of playing together. Parents feel like to inform other mothers and fathers, how their children react to different games. At the same time, they expect to play themselves having in mind the purpose of bringing about relaxation and relief. A question "what are we playing today?" is often asked. One of the examples is the activity whose name is "Three wise thoughts" during which parents receive three sentences cut into pieces that need to be connected. When searching the right solution, they communicate, cooperate and start to know each other better and better. Those sentences are, as follows:

- What do / good gardeners do? / They help / a rose become / a rose. / Mothers and / fathers are / like good / gardeners.
- Those / who / conquer / fear / can / scare / even / a tiger.
- There are no / hopeless / situations; / there are / only people / who / feel / helpless / in certain / situations.

The message for parents, as regards playing with their children, reflects the idea that mothers and fathers are children's best and most valuable toys. That is why they should play together. A set of tips for parents that encourage them to get involved in games give important advices to be followed, such as:

- Take time to play with your child every day and focus solely on him/her.
- Let the child choose the game to play.
- Draw your attention to positive feelings and good communication, in the mood of having fun together.
- Get involved as many family members as possible.
- Let playing become a routine family activity.
- Stress the child's skills and virtues, encourage initiative and the sense of competence.
- Teach your child to accept victory and defeat, as both need to be taken for granted.
- Respect the rule that time comes for the game to stop.

Conclusion

Children and adults have their basic psychological needs. Meeting them is important for personal wellbeing. Parents when working together, communicating and cooperating in a satisfactory way develop attitudes and behaviors that bring opportunities for the fulfillment of the child's psychological needs to a lesser or greater extent rather than to complete satisfaction. Fundamental psychological needs of individuals can be divided into at least three categories:

- The need for connection with important person/s in the environment, for love, acceptance, close relationships, a <safe base> and for security, predictability and stability of this connection.
- The need for autonomy, independence, appreciation, freedom of choice. It relates to experiencing self-initiative, freedom of choice, feeling that I am the one directing my own behavior and making decisions important for my life (rather than behaving under duress and extrinsic pressure).
- The need for competence, the ability to have an effect on the people and things that surround the child and to master knowledge and skills. It concerns the need to feel efficient and successful in their interaction (efforts) with people and things around them" (*Parenting in the best interests of the child...*, 2014, p. 122).

Reading activities

Activity 1:

Read the article: Vidhya Ravindranadan, Raju, S., *Emotional intelligence and quality of life of parents of children with special needs*, Journal of the Indian Academy of Applied Psychology, 2008, vol. 34, p. 34-39.

medind.nic.in/jak/t08/s1/jakt08s1p34.pdf

Aim of the activity:

- Understand the importance of emotional intelligence for the quality of life and the wellbeing of parents of children with disabilities.

Task to carry on:

- Discuss what parents of a disabled child can do in order to improve the level of their emotional intelligence.

Activity 2:

Read the article: Roya Koochak Entezar, Nooraini Othman, Azlina Binti Mohd Kosnin, Afsaneh Ghanbaripanah, *The influence of emotional intelligence on mental health among Iranian mothers of mild intellectually disabled children*, International Journal of Fundamental Psychology & Social Sciences, 2013, vol. 3, no. 2, p. 12-15.

<https://pdfs.semanticscholar.org>

Aim of the activity:

- Understand the impact of emotional intelligence on mental health among mothers of mild intellectually disabled children.

Task to carry on:

- Discuss if mental health or mental wellbeing can be of a better quality thanks to increasing emotional intelligence of individuals.

Supportive and training questions to Lecture Units:

Question 1:

Parents need to focus more on soft skills than on the hard ones, because they open the way to effective involvement, cooperation and communicating when parenting a disabled child.

True or false?

Answer: true

Question 2:

Self-awareness is not associated with the ability to accurately identify one's own emotions, thoughts and values, and to properly recognize how they influence behaviour.

True or false?

Answer: false

Question 3:

Values of group work consist of: sharing, identification, accepting help, checking, mutual assistance, social exchange and acceptance.

True or false?

Answer: true

A short checking test

Question 1:

Soft skills are:

- Technology design and programming;
- Complex problem solving;
- Creativity, originality and initiative.

Answer: see section **An overall context of skills** of Lecture Unit 1 and find one false option (it's the first one)

Question 2:

Emotional intelligence includes five principal components:

- Self-awareness;
- Self-regulation;
- Internal motivation;
- Empathy;
- Social skills.

Answer: see section **Emotional intelligence of parents of children with special needs** of Lecture Unit 2 and give the answer (every option is correct)

Question 3:

Fundamental psychological needs of individuals can be divided into three categories:

- The need for connection;
- The need for autonomy, independence, appreciation, freedom of choice;
- The need for competence.

Answer: see section **In conclusion** of Lecture Unit 3 and give the answer (every option is correct).

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2. Family Disruption

The course Family Disruption cover the different discordance that can occur between family member due to the high tension resulting from having a child with a disability. The course comes with different experiences and testimonies as to give to the special educator a complete scope of the reasons and forms of disruption in a family. The course consist also of lecture, advices and subjects to tackle to help the family and articles to enhance the capacity of the special educator to reestablish healthy communication between the members of the family.

The aim of the classes: Enhance the comprehension of the special educators on the family disruption that can occurs when having a child with a disability. The family disruption includes the relations between partners, siblings and grandparents.

The content:

Section 1: Family stages of acceptance:

Section 2: The couple as the base of the familial reconstruction:

Section 3: Grandparents involvement.

Section 4: Siblings of a child with a disability.

Special educators will learn or improve their skills and competence:

- About the stages of acceptance that goes through the family when learning about the disability.
- The necessity of the reconstruction of the values and believes of the family.
- How to help the families find a balance in their relation with the different members.
- Develop capacities in resolving the disruption between members of the families.

Outcomes of the classes ‘Family disruption’:

- Special educators will learn about the different experiences that can go through the family and its members.
- Develop a scope of what it means to have a member of a family with a disability through testimonies and experiences.

Learn to reestablish communication between members of the family on healthy bases.

SECTION 1: Lesson introduction

SECTION 2: The couple as the base of the reconstruction

SECTION 3: The grandparent’s involvement

SECTION 4: Siblings of a child with a disability

SECTION 5: Testimonies

Key learning point of the lecture

- Understanding the effect of the diagnosis of the disability on the interpersonal relationship between the members of the families involved in the care taking of the child.

Section 1: Family Stages of acceptance

The family is the first social institution, its members are interlinked socially, emotionally and financially. The diagnosis that the child has a disability affect the whole familial system, but also the values and the believes, as well as daily changes alternating the whole personal life of the family: change of work, of shift, location to be dedicated as caretaker...

As they are interlinked, the family as a whole goes through a crisis. The family undergo then a set of stage that varies differently according to the families:

Disintegration:

As said the confirmation of the diagnosis crumbles the familial system, a set of emotions are overwhelming the parents such as anxiety, frustration, guilt... that tends to alternate their capacity to take important decision, to be stroked by a feeling of passiveness and incapacity to act toward the future. Anger and blame can be also experienced toward oneself and the partner

Negation and acceptance:

It consists in a search of other specialists, other diagnosis, alternate result of the disability and its level as to protect themselves from a frustrating reality where they have no control of the situation. From this frustration, emerges feeling of auto compassion from living the same loss of control as well emerges a tendency of over protection of the child with the disability. Surpassing this stage, lead into the acceptance of the child as it is. If the mechanism of confrontation to the reality is successful, the search toward a solution can start.

Reintegration:

As to assure the best family environment, the parents, as a pair, start to taking in account the necessities that are related to having a child with a disability. Search of the advice of comportment of specialists, information on the evolution of the disability, and education facilities. It is important to precise that this stages are also affected by the steps of acceptance that the members themselves go through, depending of: Personal experience:

level of health (physical and emotional) and since when does the person know the diagnostic. The level of satisfaction at that moment, the level of balance, education and cultural and the capacity to project himself. Personal characteristics: emotional maturity, degree of intro/extroversion, intellectual capacities, level of autonomy and dependency, the capacity to accept changes, of confrontation and communication.

Personal experience: level of health (physical and emotional) and since when does the person know the diagnostic. The level of satisfaction at that moment, the level of balance, education and cultural and the capacity to project himself.

Personal characteristics: Emotional maturity, degree of intro/extroversion, intellectual capacities, level of autonomy and dependency, the capacity to accept changes, of confrontation and communication

Values: Religion and spiritual education, moral values and the sense given to the life

Social environment: The support of his environment, friends and family and the level of participation in the community

Section 2: The couple as the base of the reconstruction

The effect on the couple

This mix of personal and familial steps of acceptance, the discordance in timing and experience of the different stages, the overwhelming emotions and the incapacity on relying on values and beliefs tend to affect the relationship of the couple on different level; communication, feelings, intimacy, as well as leading them into focusing all their energy on either the work or care taking of the child as a coping mechanism. This can also lead into separation and divorce in particular when parents blame each other for the disability, for the consumption of alcohol or for smoking/near or for familial history, growing feelings of shame and guilt feeling incapable to bring a “normal” child. Those feeling can grow even if there was no blame and more generally by the mother.

Even though, most of the testimonies have a bright side, expressing pride and love of the parents toward the child with a disability that gave them new life perspectives, if the feelings of shame and distancing persist, it tends to have negative effect on the intellectual and social growth of the child (depending on the capacities and the disability).

The couple is the base of the family, as to welcome the child, and make sure to create the best environment for him(her) and its necessities, as well for its siblings, it is necessary that the reconstruction of the family is also a reconstruction of the couple.

The communication is certainly the most important aspect to reestablish, it is important for them to find a way to communicate emotions without judgments in a safe environment. The reorganization of the life after the incoming of the child with the disability has to be thought by both the partners as they have to take in account that the child's necessities can lead to emotional and physical wear: necessities of caretaking (independency, health and mobility), necessities of supervision (capacity of staying alone and the capacity of management of the child), emotional necessities (family love, positive attitude toward the child...) and financial necessities of course.

There are two main courses of effects on the couple that are highlighted:

- A stronger relationship: sharing the experience of having a child with a disability has created a stronger link between the partner, knowing that they have both went through rough emotions and surpassed them together. It is also related to the fact that they both have dedicated their physical and emotional capacities to the balance of their family and to give the best of life to their child(ren), describing this dedication as a feeling going beyond an engagement of love.
- The separation:
 - * Emotionally; overwhelmed by emotions they could not reestablish a healthy communication and both retreated into their activities. The balance is only showing on the surface but in most of the cases the father dedicates his life to work as to assure the financial stability while the mother tends to have over protective tendencies and spend her life into the care taking of the child.
 - * Physically, one of the parent couldn't go through the process of acceptance and the reorganization of the family stability that lead to a separation/divorce.In both the cases (emotionally and physically), a feeling of abandonment and blame can be experienced.

Even though, it's important to precise that recent studies didn't show more cases of separation between a couple with a child with a disability than without, it still can be a source of high level of tension between the partners.

Concerning the couple on later stages of the development of their child, the main sources of conflicts are usually about financial resources and the difference in the educational style desired for their child. It is important for the partners to have tools of communication and a clear strategy that they can both agree on the long term.

[Read Section 5: Testimonies Part 1](#)

How to help

To help the couple find a common ground in case of disruption it is important:

- Explain that the process of acceptance that are going through the parents varies in method and in time, the other partner has to accept this, show presence when needed and comprehension when the other want some time alone;
- Reestablish communication, for the reorganization of the familial system has to be done by both of the parents together as to assure that it settles at best both of them as they will have to make sacrifices;
- Explain that no one has to feel guilty or shameful over this situation and normalize the emotions;
-

Encourage to create a judgment free space where the parents can share their feelings

- Understand what ask the partners to each other's and what they can offer;
- Those emotions are dealt with differently by every person, you have to explain that respecting the ways of dealing with them is important (phase of deny, taking time alone...) as long as it doesn't take over every other aspect of life;
- Share the care taking of the child with disability as to give a moment of relief for

- the main caretaker;
- Time management is necessary, having a child and especially when (s)he has a disability take over a lot of time, specialist appointment, administration, surveillance... It helps also to set aside a time for yourself, for the couple, for the family (distinctively);
 - The time for the couple should be outside of the familial environment, subjects of discussion are advised to be other than the disability, the involvement of family members are advised as for the couple to get time for themselves;
 - Many parents have found it is necessary and helpful to seek joint counseling.

A simple “me” time just like time spend with a friend, or “us” time going shopping without the child for example reduce the stress and frustration. It helps to escape from a feeling of withdrawal as well as enhance the capacity to be a better, more calm and fulfilled parent.

Section 3: Grandparents involvement

The increased life expectancy as well as a better health and more financial capacities lead to the change of the role of the grandparents in the family system. Indeed, they tend to be more involved in the life of their children and grandchildren, they help with care taking especially when both the parents have a working career.

Most research on the dynamic of a family with a disabled child lack the point of view of the grandparent’s involvement and their importance in the familial balance.

The diagnosis affects every member of the family, creating emotions of anxiety, anger denial, grieving and sadness, the grandparents, on the other hand, face a double aspect of the pain: the pain for the child that have to face a difficult experience, and a pain for their grandchildren as well, and also a deep concern for both the future of the child and grandchildren.

Grandparents acceptance of the situation varies depending on their personal values, the relationship with their children and the type of the disability of their grandchildren. For example, grandparents with high professional position, that has transmitted the importance of the intellectual and educational values can have a harder time accepting a learning disability and might go through a bigger emotional turmoil as they have to change their believes system as to accept another life philosophy that does not involves intellectual achievements. Grandparents involvement are also lessened when the relationship with their children are in discordance.

However, when reaching a situation of acceptance, the role of the grandparents can be crucial in the balance of the family life as they can offer financial, emotional and physical presence to both their children and grandchildren, that leads them even sometimes to move out closer to their family sacrificing some of their life saving for that.

In fact, the relation between grandparents and grandchildren with a disability are bi- directional, there is a share of emotional presence where the grandparents offer compassion, affection, care and are an important overall educational and loving presence for the children until adulthood. While the grandchildren offer entertainment, stimulation, companionship, love and inspirations for the future to their grandparents.

Most of the time, the grandparents' involvement is proposed by themselves and is volunteer due to this bi-directional relation. Just like the couple (the parents), the care taking of the grandchild has a positive effect on the relation between the grandmother and the grandfather, growing feelings of compassion. It is also a source of relief to the parents to be able to share the care taking to trusted people and help them find time for both themselves and their couple, assuring a better long term parenting and a good familial balance.

In opposition, if the acceptance is not well taken care of by the grandparents, feelings of blame and reject can be experienced by their children, and can be largely a reason of stress. While the grandparents can feel an obligation and frustration in the care taking of the kid. An understanding of the experience and emotional situation has to be take in account from both sides.

The engagement of the grandparents in the care taking of the grandchild with a disability has to be done under a set of understanding and good communication between them and the parents of the child:

Grandparents have to be informed on the details of the disability of their grandchild and how to react to their crisis or other situation. The lack of information can grow into them feelings of fear and uncertainty. The fact that they are not directly in contact with the doctors and specialists, their expertise on the disability is lessened. Parents have to communicate with them and give them explanation, they can also invite them to join the appointments with the specialists (it is also recommended for them to search on their own information).

Communication on the education of the child has to be done between them, as to avoid undermining the parents' decisions, such as schedules of eating, sleeping, going out. This also give consistency and a feeling of security to the grandchild. Doing otherwise only result in conflict and instability for the kid.

Grandparents can play the role of confident, offering a space of share and understanding to the parents, even though advice helps immensely, sometimes simply listening is already enough. As well the acceptance of the disability and the perception that the grandparents have toward it, have a lot of influence on the parents.

Grandparents can be overburdened by their constant solicitation, it is important to let them also be able to have a time for themselves as to relax and disconnect from this situation. In the end, despite the difficult double aspect of pain that experience grandparents, they tend to have a faster and better acceptance of the disability of the grandchild. They grow pride in their grandchildren achievements and how their children handle the situation. Their care giving as well as their emotional and financial support give room and time to the parents to the reconstruction of the familial balance.

Read Section 5: Testimonies Part 2

Section 4: Siblings of a child with a disability

The emotions felt by the sibling

Having a child with a disability affect emotionally the family system, values, every members and the balance inside it. The sibling, being inside this environment, will be affected socially and in its education as well. Experiencing feelings that can be similar to the parents and a fair share of responsibilities in the care giving is common.

Testimonies of siblings are varied and diverse, affected by the family values, the parents' acceptance and the personal values of the sibling. These testimonies tend to be positive (pride and new perspectives of life) but they can also bear mixed feelings (pity and compassion) and negatives ones (jealousy and shame).

Anxiety, resentment, over protection, uncertainty about the future as well as shame depending on the physical and cognitive capacities of the child with siblings are all emotions that can be shared by the parents and the siblings.

In his research Skotko has shown also that ages and the rank of the sibling (younger/older than the child with a disability) affect the relationship and feeling toward them as young sibling tend to have more emotions of shame and jalousie toward their older sibling with a disability. Meanwhile the older sibling has more feelings of responsibility and a protective attitude. It is also important to precise that the shame is a normal feeling that can arise in any relationship between brothers/sisters, even in a family without a child with a disability.

Those responsibilities can also be overwhelming, growing into the child early mature attitude and even can replace the role of the parents as caretaker, or take on the role of adult for their parents when they are losing senses of control of the situation and initiative.

It is important to collect different testimonies and experiences as to give the social educator a scope of what it means to be the sibling of a child with a disability, knowing that during his/her lifespan, the sibling will experience diverse emotions toward the disabled sibling.

As said before emotions felt can be similar to the ones of the parents, the sibling can create an image of the expected brother/sister that will share his time playing and discovering the world. (S)He has to make the grief of that perception of what could have been his/her sibling after the diagnosis, feeling disappointed.

The family enters a period of crisis, where the sibling tends to be confused by what is happening, seeing the happiness of the parents turn into a certain sorrow. They can be also left in the dark about the diagnosis, confusing them even more, growing into them a feeling of guilt as if they were responsible of something.

When the children have the necessary information to comprehend the differences affected by the sibling, they tend to get involved into the responsibilities of taking care of the child, to help the overwhelmed parents.

Those responsibilities can be taken for granted by parents, becoming ampler as the

sibling grow and finally felt as a mandatory task to carry by the sibling. That will grow an early maturity into the sibling, but at the price, at times, of emotional troubles by sacrificing a part of its youth as well as its social life, denying invitation, events and other because the sibling will feel guilt abandoning the family.

Feelings of hate can also rise at times, as they become aware that the balance of the family has been affected by the child with the disability that stole the happy family and the attention of the parents, those feeling are generally instantly overcome by guilt and over compassion.

When growing into decisive period of life, the sibling also feels the anxiety about the future, becoming aware that the financial problems are issues that will be faced early on as the child with a disability is already taking on a lot of the financial concern of the parents.

As well, it is necessary to take into account that the siblings are the second most important caretakers after the parents, and that they are aware it is a responsibility that they may have to carry on after them. The future of the child with a disability becomes the issue of the sibling, finding a stability in his care or the right institution for him/her. We can divide the experiences into three tendencies that can be interlinked or change during their lifespan.

The hungry for attention: jealousy and the constant attention of the parents for the child with the disability lead the sibling to act and behave in a good or bad manner as to get a fair share of the parents' consideration. Resentment toward the child can be experienced by the sibling that can even wish to have the same particularity as their brother/sister.

The perfect kid: the sibling put in extra efforts in its education and behavior, as to lower the burden of the family, in general the expectation that were waited from the child with disability by the parents are switched into the sibling. This can create anxiety and stress for the sibling.

The early maturity: taking on a part of the responsibilities of the parents, they are more aware of the necessities of the sibling with the disability and tend to sacrifice a part of their life willingly to the family. This tendency in the sibling, can direct him/her toward studies in the medical domain caregiver, special educators, medical assistant ... for financial reasons (reachable studies) and as to stay in the environment that (s)he knew all its life.

The disability takes on a lot of the resources (physical and emotional) of the family and the sibling lose a part of its identification to oneself and the creation of his/her image that has to be carried out inside of the family, can be overshadowed by disability. When growing, the rebellious phase is more targeted toward the parents, instead of the brother/sister with a disability (even when older).

Testimonies of siblings tend to always focus on the fact that their sibling with a disability has offered them first of all a lot of hope and strength, despite their disability, mostly a sense of pride was expressed when the child with the disability reached milestone or even when they failed because of the persistence that was kept.

For the older sibling with a disability, there is more a feeling of friendship. But for both the case more have expressed a sentiment of love.

Read Section 5: Testimonies Part 3

Helping parents find a balance in their relations with their child

The work of the parents as to achieve a healthy balance in their relationships with their child is a hard task. They are unable to treat both the children the same, as the child with a disability will carry on more necessities, but they still have to show to the sibling that their importance is equal.

This is a list of to do/ not do as to help the parents find the balance for their family:

- Parents have to encourage their child in doing what they like, what they want, to search activities as to not imprison him/her into the familial cocoon
- The parents have to be present in the important moments of their child (marriage, diploma, sport event...) even knowing that the disability of their other child make so they have little to no free time and being present involve a lot of organization
- A mistake that can be done is the projection of the expectation and hopes that were directed to the child with a disability before its diagnosis to its sibling, this create anxiety and stress
- A sibling is aware of the uncertainty of the future; it is important for the parent to prepare for the future of their child as early as possible. Financial problem, the implication of being in care and the responsibility to carry on after the decease parents, are subjects to be tackled when the moment comes
- Encouraging activities in family and between brother (outside responsibilities) is necessary for the parents

if (s) he ever want to go somewhere, sometimes, without the sibling, parents should agree from time to time his/her decision.

Section 5: Testimonies

Part 1:

- “Sometimes I put him in his room for an hour with the tablet and just cry by myself while I clean up the terrible messes he makes at home. I know he’s safe and I have a second to myself to just have a pity party. It’s terribly lonely. Even though my husband understands, he doesn’t truly get it. I have to worry about all the quirks, preferences, schedules, and everything else. It’s very weighing! And as much as parents to typical children say they understand and support me, it doesn’t really help. There’s no end!”
- “I am angry at my husband because he gets to have a job. I have a college degree too and I can’t work because no one else can take care of our son.”
- “I am jealous of my kids’ dad. He spends his time with our two younger children while I am forced to miss every event because of our autistic daughter. It’s not fair.”
- “I know my marriage will not survive this.”
- “I hate my husband. He helps with our son but he doesn’t help me emotionally. And that’s almost worse.”

Part 2:

- A grandmother talking about her grandchild “For me it was the best thing that happened to us...I don’t know if it is because I really wanted my daughter to have a child but when it came it was a blessing”
- “My parents told me my son is spoiled and just needs to be disciplined. They blamed me and my husband because of one overnight stay with them that was “full blown Autism.” March 7th will be one year since I’ve seen or spoken to them other than an email and one family gathering. I chose my son and husband.”
- “Before my daughter was diagnosed I was crying to my mom about how lost and heartbroken I was. She looked at me and started crying and told me ‘this was hard for her too and that she didn’t like to hear about it.’ That night I googled narcissistic personality disorder. I will never forgive her for not helping me more.’

Part 3:

- Talking to his father about the responsibilities he faced as the sibling “I wanted to live and you prevented me from living mom and you, you choked me, I thought that it was my duty and the thought that this duty was going to eat my whole life gave me cold sweats and nausea”
- A women talking about an experience she lived as a young sibling of a child with a disability “It came to my mind “what if we killed this baby”. I worked out plans specially to recover this mom who was disappearing little by little. Right after I was overcome with remorse until the tears came to my eyes and I would rush to the bed where lies this little baby unaware of the torment that I feel”.

CHECKING SECTION:

Exercise 1:

https://www.pol.gu.se/digitalAssets/1328/1328207_disability-and-normality.pdf

This article is about a swede research carried out on the expectations and reactions faced by the parents of children with intellectual disability in their everyday life.

- Identify the different positions of the parents toward the tragedy discourse
- Identify the different positions of the parents toward the super-parent ideal
- Discuss on how to avoid these expectations in your speech as a special educator

Exercise 2:

As to best advocate for their children, parents have to be expert on the rights and social help that are intended for family of a child with a disability. A special educator can help by providing them with the necessary information.

-Research the different social help in your country/region (Rights, social allocations, organizations...)

Lecture Summary

- The emotions felt when having a child with a disability are diverse and varied, some like anxiety for the future, shame, stress, grieving, pride is shared by the different members of the family
- The couple has to have a clear understanding of the expectation of each one, as to best prepare for the necessities that they will face. Helping them understand their emotions and share them is an important first step to a reconciliation
- Grandparents can be a source of help for the parents giving them room to reorganize their family system and find a balance in the different interpersonal relations involved.
- Parents have to find a balance in their comportment toward their children and acknowledge that the sibling is also affected by the events

Test Question

1:

The stages of acceptance of the diagnosis of the disability is affected by:

- Personal values
- Familial values
- Both of the above

Answer: The acceptance of the disability is influenced by both familial and personal values, *Section 1*

Question 2:

The perception of the sibling is affected by:

- The perception of the family, the age and whether if he/she is older or younger
- Only his/her age, once mature the shame disappear

The achievement of the child with a disability only

Answer: The sibling perception of the child with a disability depends on its age, on the family balance and the age of the child, *Section 4*

Question 3:

The grandparents should:

- Do as they please when they are in charge of the child with a disability, as long as it is positive for the child
- Follow the guidance of the parents as to assure consistency for their grandchild

Answer: It is important that an understanding between the parents and the grandparents are made on the education of the grandchild, undermining the decisions of the parents will only create conflicts and affect the stability of the life of the grandchild, *Section 3*

Question 4:

Respond by true or false:

- Couples with a disabled child are more inclined to have a divorce
- A time spend outside the family sphere can help reduce stress that's why it is necessary to give room for the main care giver time for his/herself
- Answer: False. Even though the couple are more inclined to face high tensions situation because of the disability, researches show that no correlation with the divorce rate.
True. Section 2.

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3. Emotional Interaction

The Program of the course.

As to extend the capacity of a social educator facing the situation of a family having a child with a disability, the course will propose three tools to be taught, that enhance the capacity of communication and emotional interaction.

This program is useful for the special educator:

- To control the emotions felt in the case of an outburst from emotional parents
- To create a safe space from judgments and a relation of trust and confidence with the parents
- To understand the emotions felt by the parents in their situation and be able to respond to it with empathy.
-

The aim of the classes.

This lecture aims to give the capacity for special educator to create a trust space with the parents where they feel heard and understood and can freely share their emotions, as well as give them the appropriate tools to resolve disruption between members of a family.

The content:

- Active listening tools
 - Definition
 - Showing that you are listening (behavior and body language...)
 - Ensure that you understood (example paraphrasing)
 - Encourage the speaker to share (nonjudgmental state of mind, open questions...)
- Emotional intelligence
 - Definition
 - Emotional awareness (emotional literacy, levels of awareness)
 - Emotional validation
- Normalizing a feeling
 - Definition
 - Perspective and perception (reframing the situation)
 - Empathy (using a video explaining the concept of empathy).

Special educators will learn or improve their skills and competence:

- To create a safe space free of judgments for the parents to share their feelings and expectations
- To improve their listening capacity as to make the parents feel heard and understood
- To understand, cope and normalize heavy emotions that can go through parents during this situation

- To acquire tools to resolve conflicts and being able to teach them to parents

Outcomes of the classes 'Emotional Interaction':

- Special educators will learn about the active listening program
- Develop emotional intelligence as to be able to deal with the different experiences accordingly
- Learn to normalize situation and emotions by giving a new framework to the situations to the parents

Content

Active listening Section,

Emotional intelligence Section

Normalizing a feeling Section

Key learning point

This course aims to give the capacity for special educator to create a trust space with the parents where they feel heard and understood and can freely share their emotions, as well as give them the appropriate tools to resolve disruption between members of a family.

Introduction

As to extend the capacity of a social educator facing the situation of a family having a child with a disability, the course will propose three tools to be taught, that enhance the capacity of communication and emotional interaction.

This program is useful for the special educator:

- To control the emotions felt in the case of an outburst from emotional parents
- To create a safe space from judgements and a relation of trust and confidence with the parents
- To understand the emotions felt by the parents in their situation and be able to respond to it with empathy

This program also is useful to be taught to the parents:

- To understand the emotions felt during the various stage of acceptance
- To control their emotions in case of outburst or overwhelming situation
- To reestablish a communication with their partner (or an another member of the family) on a base of sharing in a non-judgmental space and understand that his/her experience may vary from the another member of the family

Section 1: Active listening

Definition

‘Hearing’ is a physical yet passive act involving the process and function of perceiving sound. ‘Listening’ is hearing the sounds with deliberate intention. Therefore, unlike hearing, listening is a skill that improves through conscious effort and practice. It is important to enhance the skill of listening when you want to create an environment of share and a relation of trust. Active listening involves also the capacity to help the speaker share more and feel more comfortable to do so, without feeling pushed. It also has the capacity to grow into the speaker a feeling of being understood and a more reflective way of thinking.

Genuine active listening will: - Encourage the speaker to keep talking - Indicate that you are following the conversation - Set a comfortable tone - Signal to the speaker that you are attentive and interested.

So why it is important in the situation of interacting with parents with children with disabilities? Besides the difficulties to share and recognize the feelings, parents might be going through emotions and experiences that lead them to reclusion emotionally: Shame, guilt, jealousy, experience of abandonment or blame...

Listening is a crucial part of creating that necessary environment of trust, so how can we enhance active listening?

We can focus on three main aspects that are: Showing that you are listening, Ensure that you understood, Encourage the speaker to share

Showing that you are listening

Listening is physical action and your physical behavior affect the speaker: facing your speaker, not looking at your watch or phone, refrain from side conversation... as to show that the speaker has your undivided attention and that you are focused on understanding his message. But it does not refrain to that, it is also important to be aware of your body language, for example, crossed arms can make you closed or negative, instead ensure an open and inviting demeanor and posture.

Listening is also a state of mind that you have to put yourself into especially facing situation of emotion turmoil and loss of believes from your speaker: avoiding making assumptions, being empathic and nonjudgmental, considering the perspective of the person you’re talking to, all of those help draw the message of the speaker without alternating what has been shared by misconceptions or bias.

Ensure that you understood

An imperative part of showing that you are willing to understand the point of view, experience of your speaker is to listen to the entire message, avoiding interrupting unnecessarily, before interjecting with your own comment. Let the presentation run its

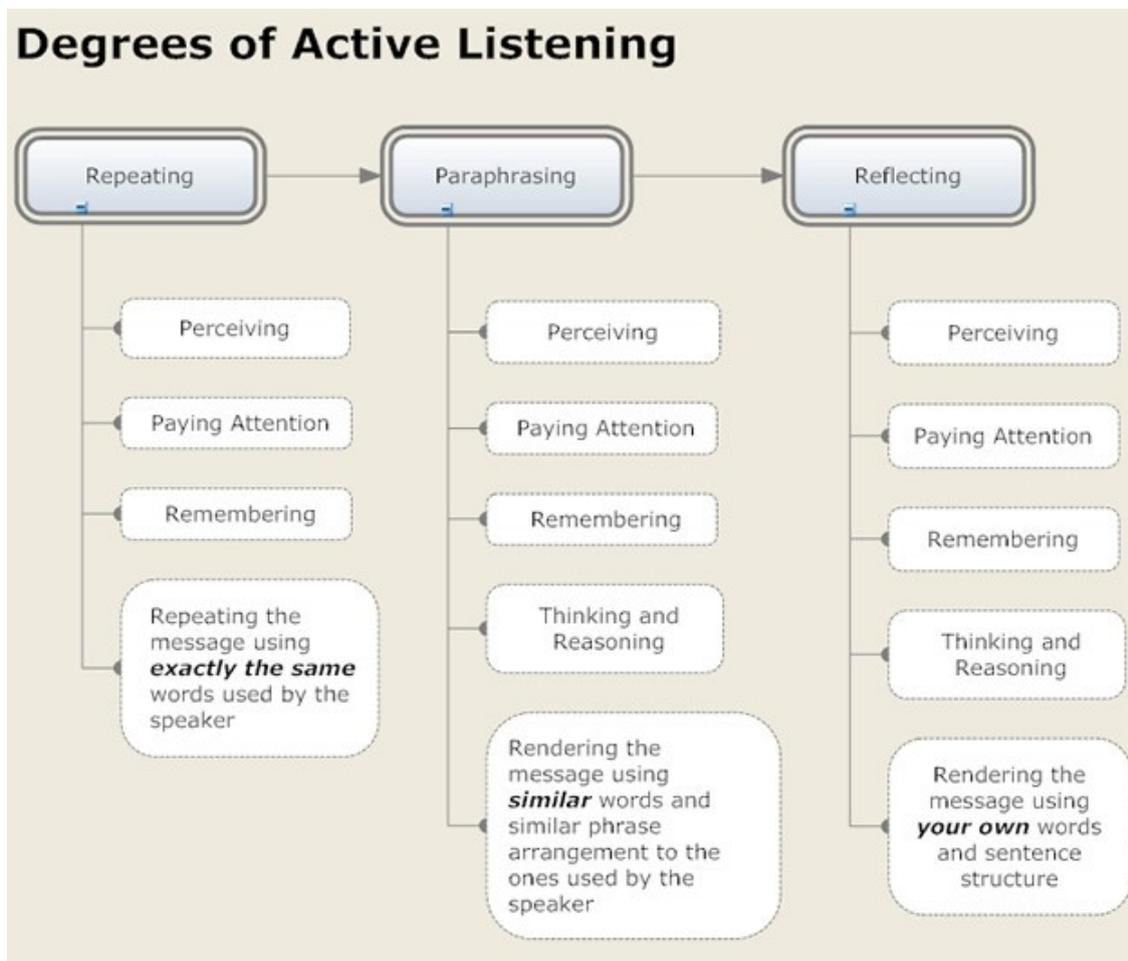
course, the speaker has a message, an emotion that he is willing to share with you and intervening can sometimes lead him out of the point that (s)he wanted to reach.

When you feel that the time is right, ask relevant and related questions as to clarify what has been said, before asserting your opinion. This will show that you are interested and involved in the conversation, and that you are not assuming that you have all the information but consider every experience as unique.

A good tool as to demonstrate that you are listening and ensure that you understood is paraphrasing:

Paraphrasing is a restatement of the information given by the speaker in your own words.

Examples of paraphrasing are: “The thing you feel is most important is” “Listening to you it seems as if” “if I’m hearing correctly”.



Repeating and reflecting are also tools to enhance the communication.

Encourage the speaker to share

To assure a good flow in the conversation as well as not to give an impression of disinterest or a lack of involvement it is important to give clue to the speaker as to prove your attention: a nod, a smile or a short verbal comment are some examples.

When questioning or asking for clarification, the use of open-question offer the possibility to the parents to share more, and let them chose aspects that they want to focus on. Open questions are cannot be answered with “Yes” or “No” that shows to the speaker that their experience is interesting for you.

Examples of open questions are:

“What do you mean by...” “How else the situation can be explained...” “What could some of the consequences be?” How come? How so? How's that?” “So you really felt _____? Is that close?” “So what bothered you was that___?” “What else bothered you _____?” “How else did you feel _____?”

In summary, although you may not necessarily agree with others, you should come to appreciate the many experiences and perspectives that people can share. Importantly, if a misunderstanding has occurred, active listening will enable communication to be clarified before any further confusion arises.

Section 2: Emotional intelligence

Definition

Emotional intelligence is the capability of individuals to recognize their own emotions and those of others, discern between different feelings and label them appropriately, use emotional information to guide thinking and behavior, and manage and/or adjust emotions to adapt to environments or achieve one's goal(s).

In our case, emotional intelligence will be a useful tool as to understand the emotions felt by the parents and to grow in them the capacities to understand them as well. Recognize the emotion felt is the first step as to deal with them. Family facing the situation of a child with a disability might have trouble of emotion sharing and overall communication that can affect the relations between the different members (parents/children/grand-parents...).

Emotional awareness

What we mean by emotional awareness is the capacity to know that we or another person is going through a feeling. Raising emotional awareness is to be able to label this specific feeling as to deal with it.

Emotional literacy

Is to precisely identify and communicate an emotion. This skill can be necessary in reestablishing a communication, it is about sharing emotion without it having a

Examples of Emotional Literacy	Examples of What is NOT Emotional Literacy
<p>I feel....</p> <ul style="list-style-type: none"> criticized unimportant disrespected bored 	<p>I feel like</p> <p>I feel that...</p> <p>I feel like you (This is a "you message" in disguise. See below)</p>

consequence on the flow of the conversation. For example the table above explain the difference and effect of how to share an emotion.

Learning about emotional literacy condemn the use of indirect communication that are generally prone to create misunderstanding and hard feeling while avoiding masking our emotions.

As to express a feeling it is also important to be able to label what is felt in a direct and understandable way, for that a vocabulary of emotion is necessary.

Positive	Negative
Comfortable	Uncomfortable
Accepted	Rejected
Acknowledged	Ignored
Appreciated	Unappreciated
Loved	Resentful, Bitter
Lovable	Unloved, Hated
Desirable	Unlovable, Undesirable
Happy	Angry, Sad, Hurt
Aware	Unaware, Confused
Satisfied	Unsatisfied, Frustrated
Supported	Unsupported, Squelched, Thwarted, Obstructed
Encouraged	Discouraged
Optimistic	Pessimistic, Hopeless
Respected	Disrespected, Insulted, Mocked
Safe, Secure	Afraid, Insecure
Peaceful, Relaxed	Tense, Frustrated
Motivated	Bored, Lethargic, Unmotivated
Focused	Lost
Free	Trapped, Controlled, Forced, Obligated
Independent	Dependent, Needy
Confident	Nervous, Worried, Scared
Competent, Capable	Incompetent, Inadequate, Dumb, Stupid
Proud	Guilty, Embarrassed, Ashamed
Worthy, Deserving	Unworthy, Undeserving, Inadequate
Excited, Energetic	Depressed, Numb, Frozen
Fulfilled	Empty, Needy
Validated	Invalidated
Connected	Disconnected, Isolated, Lonely

This table can be used for example as to raise the emotions felt by asking to identify three of the closest emotion felt during the situation they are living.

As well another tool similar to this is the use a scaling “how good I feel from 0-10”, “how understood I feel by my companion from 0-10” as to express the intensity of a feeling.

Level of emotional awareness

Being able to knowing we feel an emotion and identify it is important for the parents, as they are in a situation that involves a turmoil of emotions that can be opposed or complimentary. Here below you will find a table containing the different level of emotional awareness

Knowing the feeling is present	The first level is to be aware that a feeling is present. We become aware when we first think about it or feel something at the moment
Acknowledging the feeling	The feeling is not yet identified but we acknowledge that we have a feeling. It is a cognitive response to something happening that we should be aware of, sending us a message. It is a first step to identify the problem causing this feeling when negative or the reason when positive. Many people tend to negate the feeling when negative through not be able to go forward in the resolution of the problem
Identifying the feeling	The more specific we are in identifying our feelings, the more accurate we can be in taking appropriate corrective action. Labeling the feeling make it more manageable, prepare us to face it and find a solution makes us feel more in control and empowered
Accepting the feeling	Our feelings are a major part of us. Accepting our feelings is therefore a major part of self-acceptance. This does not mean we wish to stay as we are, it is easier to make positive changes in our lives if we first accept that we are how we are at the present moment. Negating a feeling take more energy than accepting it. Once the feeling is fully accepted the energy can be shifted toward productive thoughts and actions
Reflecting on the feeling	This step consist into organize the feeling into our emotional memory as to remember what have been felt and how we can react facing it again or we could react to it in a better way

Emotional awareness and its level is also a useful tool as to face and control emotions such as anger and bitterness, being able to go through the different level and reflect on the anger for example felt, the reason of it and its necessity/degree of justifiability.

Emotional validation

To validate someone's feelings is first to accept someone's feelings, then to understand it and to nurture them. This relation toward sharing a feeling is both necessary for the special educator and the parents. To validate is to acknowledge and accept one's unique identity and individuality. Invalidation, on the other hand, is to reject, ignore, or judge their feelings, and hence, their individual identity. This tends to create the conflicts and is the reason that the communication has been interrupted, the feeling as well as the message that has been tried to be reached have been shorted out by the incapacity of the other one to accept it. On the other hand, when we validate someone, we allow them to safely share their thoughts, we are reassuring that the emotion felt is ok to be felt toward that situation. That even if those feelings are not shared, or similarly felt, we accept them even after sharing the emotions felt. This helps to grow the feel of being heard, acknowledged, understood and accepted.

This is an important skill because it lessens debating and conflicts as well as reestablishes a communication on bases of share and trust.

“Validation allows a person to release their feelings in a healthy, safe and supportive way. It also helps us get to know them better. Thus it builds bonds of caring, support, acceptance, understanding and trust. When a person is feeling down, these bonds are sometimes all that another person needs to begin to feel better and solve their own problems.”

This often is the first step to resolve a conflict. Understanding each other's position and feelings. It is necessary after to show a willingness to wanting to resolve this situation. And finally both parties define what can be done toward the situation and the emotions felt about it and about the alternative.

Section 3: Normalizing a feeling

Definition

As seen in the lectures, parents and families as all go through a set of undesired emotions, that can ruin or alternate communication and emotional connection between the family members. Normalizing the feeling is a good way to help someone accept and make peace with the emotions felt.

So first of all what does it mean to normalize a feeling. Normalizing is when emotions are diffused or reframed in a more acceptable manner to preserve the status quo. This technique focuses on both the experience and expression of emotion, perhaps because

emotions, cognitions, and behaviors are often highly interactive. It is necessary to understand that normalizing doesn't mean neutralizing or to change the expression of the emotion to a more socially accepted way. It is about giving another perspective to the person about the situation or emotion felt as to help grow a more acceptable perception.

The perspective of the person isn't to be made wrong, but to propose another independent perspective to the situation.

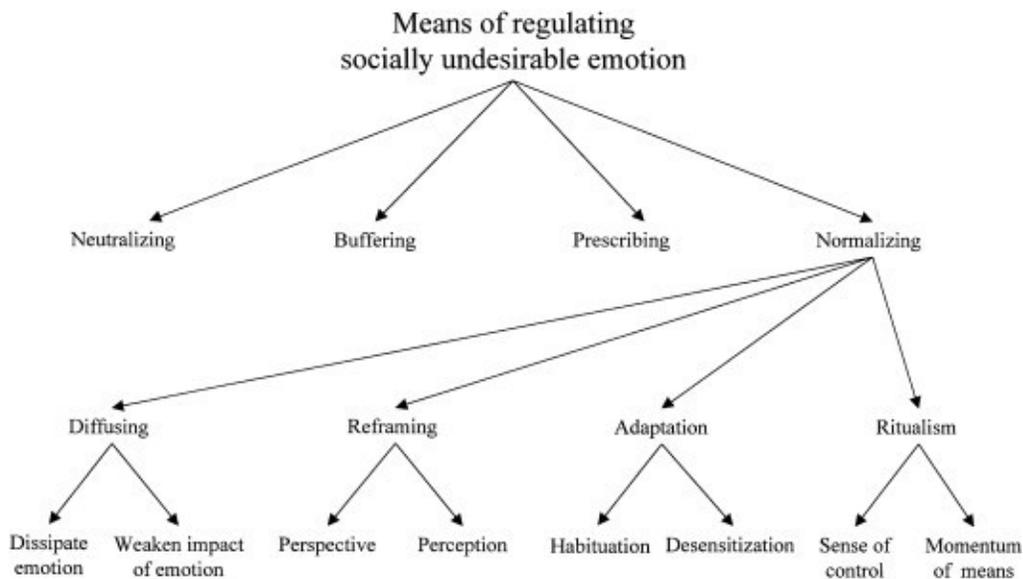


Fig. 1. A hierarchy of means of regulating emotion.

As you can see there are different ways to normalize an undesirable emotion, but as a special educator position, reframing tends to be the most adequate verbal strategy as to help; in our case, parents with children with a disability. But special educators can intervene in diffusing through giving information and explanations and in the sense of control by giving tools to manage the situations.

Perspective & Perception

Giving a new perspective is to provide with a new framework, or more likely a different framework, that make the situation seem more acceptable, justified and depending on one's desire more avoidable or attainable. A good way to propose a different perspective is through explanation "This how/why..." and metaphors "This is like...". But it has to be taken in account that this perspective should acknowledge that the perspective of the other party is not wrong and should not be dismissed especially in our situation.

The main objective is not to send a message as "that's how you should be seeing things" but as to say "There is another way to see things when you are ready to" or "From where I stand I see".

Giving another sense of perspective goes through also the attitude that is shared, as for the situation of parents with a child with a disability, the special educator can show a more positive attitude toward the situation, can avoid the tragic speech when not needed. The parents may have already faced pity or simply a change of comportment in their social environment (friends, family...), showing that you consider their situation as a normal situation helps them assume it and go forward, and so on change their perception.

The perception is how the parents will see their situation and themselves, affecting directly on their perception of their child.

Empathy

Empathy is about trying to understand the feeling of another person by putting ourselves in his situation. It is the awareness of another person's feelings. The important thing as to remember is that an emotion cannot be fully understand if somebody haven't gone through the same experience. It is possible as to relate to this feeling or to the situation but not to compare our experience to another. Empathy is not about feeling pity but it is about acknowledging the feeling of another person, make the person felt heard and understood.

You can find above a link to video to explain what is Empathy from doctor Brené Brown from The RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) that can be shown and discussed about during the course.

https://www.youtube.com/watch?v=1Evwgu369Jw&desktop_uri=%2Fwatch%3Fv%3D1Evwgu369Jw&app=desktop

Empathy is a necessarily tool to normalize a feeling, a special educator won't be able to

reassure about the normality of a feeling, of a situation or experience unless (s)he has established a connection of trust, an emotional link.

More reading about emotional interaction

http://ei.yale.edu/wp-content/uploads/2013/12/pub58_LopesBrackettNezlekSchutzSellinSalovey2004_EISocialInteraction.pdf

Questions about emotional interaction

Question 1:

Emotional literacy is:

- to be able to read the emotions on the faces;
- to be able to precisely identify and communicate an emotion.

Question 2:

Normalizing an emotion through reframing revolve around two main concept which are:

- Perception and perspective;
- Desensibilization and control;
- Means and impact.

Question 3:

Respond by true or false:

- Active listening is a good tool as to demonstrate that you are listening and ensure that you understood;
- Active listening is to ask questions during the discussion so you can get to the targeted subject desired without the speaker being aware of it.

Question 4:

Respond by true or false:

- The tools enhancing emotional interaction are useful to create a space of trust free from judgments;
- The tools enhancing emotional interaction are for the use of special educators only.



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Normalizing feelings

- Ashford E Blake, Kreiner E Glen. (2002). *Normalizing emotion in organizations: Making the extraordinary seem ordinary*. Human resource Management Review:
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4. Parent-training and evaluation processes

Behavioral parent training (BPT) programs have been shown to be efficacious in reducing child externalizing behavior problems, such as aggression, and increasing positive parenting behaviors, such as praise for positive child behaviors (Serketich & Dumas, 1996; Thomas & Zimmer-Gembeck, 2007). In BPT, therapists and or educators typically teach parents specific behavioral skills, such as effective communication skills and consistent discipline strategies, to decrease child behavior problems (Kaminski, Valle, Filene, & Boyle, 2008).

Parent-training programs are designed:

- To support parents in tackling issues connected with their children behavior;
- To mitigate the disruptive behavior of their children.

Research shows that there are moderate positive effects immediately after treatment, with small effects persisting for up to 1 year (Lundahl, Risser, & Lovejoy, 2006).

Target learners

This lesson has been designed for social educators and social volunteers who are interested to support families with children with behavioral disturbances.

Social educators and social volunteers improve their skills and competence:

- To understand participatory learning and peer learning
- To improve their capacity in designing and managing parent-training programs
- To understand how to evaluate parent-training experience.

Content of the learning units

- Participatory learning approach
- Peer education
- Parent training
- Parent-training program evaluation
- Evaluation of educational aspects and support

Part 1

Participatory learning approach

In the 1990s, participation was a popular buzzword, and the concept of participation was also extended into the field of education.

Since the 2000s, participatory learning has been seen as an increasingly appealing educational approach that can positively affect learners since it engages them as active participants in the full educational program, including homework and exercises.

Participatory learning is grounded in John Dewey's idea that learners achieve better results if the learning process "reproduces, or runs parallel to, some form of work carried on in social life" (Dewey & Boydston, 1983, 93).

From a philosophical point of view, participatory learning can be seen as the natural consequence of two Deweyan concepts: that learning is a problem-solving process, and that there isn't any dualism between the subject matter and the method (Dupuis & Gordon, 2010).

Participatory learning has often been experimented to support sustainable development, above all in regards to the agriculture of developing countries (Coldevin, 2002), and has been seen as a means to aid the democratic progress of emerging countries, since participatory learning is, by its very nature, collaborative and so directly fosters democracy.

Certain adult participatory learning techniques are also very popular and widely used in management training (especially for project managers and supervisors), such as brainstorming, problem-solving, project work, and critical incident response. Most of them have their theoretical basis in behaviorism as well as in constructivism (Rodrigues, 2014). Indeed, constructivist theories of learning argue that knowledge is constructed by learners who better learn by actively applying their know-how to meaningful problems (Brown & Palincsar, 1989).

Participatory learning methods comprise a wide range of activities, which share a student-centered view aimed at enabling learners to play an active and influential part in their learning process. This means that learners are not merely listened to, but also actively collaborate to acquire knowledge and skills: in other words, participatory learning focuses on student participation.

An element that characterizes participatory learning is the necessity of facilitators. Indeed, every participatory process needs the presence of skilled figures who help participants to interact together (Kaner, 2014).

In the educational context, facilitators provide learners with discussion subjects, present case studies, organize tasks that call for participants to work together in small groups, and so on. Their task is to support the active involvement of learners in the learning process, stimulating

them to think through their mindset and share with others their experience and knowledge, as well as collaborate to accomplish the expected achievements.

It has to be noted that, although facilitators and coaches have many overlapping skills and functions, their role is different: a coach provides individual attention and addresses personal development with an emphasis on a specific task, whereas a facilitator provides a group with meaningful dialogue and broadens personal perspectives, encouraging the entire group to participate collectively so as to increase their ability to operate effectively on their own.

Participatory learning strategies are considered effective in adult learning since they can reduce the difficulties due to the in homogeneity of trainees that can affect adult educational programs. In this regard, the *Participatory Adult Learning Strategy* (PALS) is a proven model that can be adopted in parent training educational programs. PALS is an evidence-based approach by Dust and Trivette, which results from over 20 years of research and practice and, more recently, from the findings of the meta-analyses of adult learning methods and the synthesis of research studies into the most effective adult learning practices (Dunst & Trivette, 2009; Dunst, Trivette, & Hamby, 2010; Trivette, Dunst, Hamby, & O’herin, 2009).

Figure 1 shows the major components of PALS for active learner involvement in a learning opportunity.

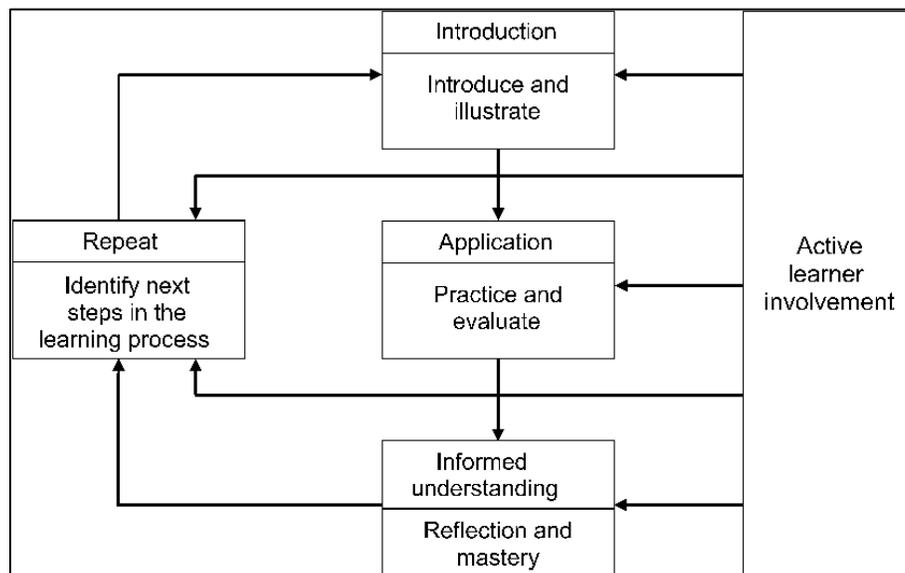


Figure 1. Major components of PALS (source: Dunst & Trivette, 2009).

PALS authors analyzed and measured the positive effect of four adult learning methods: accelerated learning (Meier, 2000), coaching (Hargreaves & Dawe, 1990), guided design (Hancock, Coscarelli, & White, 1983), and just-in-time training (Hew & Brush, 2007; Novak, 2011). From their research, the relative importance of active learner participation in learning new

knowledge or practices emerged, and from this result, a procedure was designed for using evidence-based practices in adult learning. The PALS model encompasses a 4-phase process that includes:

1. Introduction – the learning topic and related information is preliminarily provided to learners, as well as in-class/workshop warm-up exercises and illustrations/demonstrations.
2. Application – trainees apply information learned; the instructor/facilitator observes their activity, giving feedback and evaluating their use of knowledge.
3. Informed Understanding – trainees are engaged in self-assessment, reflection, and group discussions.
4. Repeat Learning Process – the next steps in the learning process are planned in order to provide further learner understanding, knowledge use, and mastery.

However, nowadays, because of the increasing growth of digital technology, a topical question arises about participatory learning. How do participatory practices work in an online learning environment?

This question is a part of a more general issue that concerns the portability of participatory approaches and techniques to online web-based learning contexts.

Indeed, Web 2.0 tools suggest new forms of learning at a lower cost, such as learning through blogs (Downes, 2004; Farmer & Bartlett-Bragg, 2005) or through podcasts and videocasts (Ractham & Zhang, 2006).

Regarding participatory e-learning, there are some assumptions that are generally agreed upon. One of these is that the success of participatory e-learning depends on the interaction of learners, since they are bringers of knowledge and skills (Kok, 2015).

Another important aspect is that active learning is fundamental for participatory e-learning: learners are involved in practices that require them to actively construct new knowledge and understanding.

Activity to work out for independent learning:

Watch the following video-clip and comment it.

https://youtu.be/NPIZM14HG_E

Part 2

Contents

- Peer education
- Social Cognitive theory
- Social inoculation theory
- Differential association theory

Peer education

Peer education is an umbrella term used to describe interventions in which trainers and trainees cooperate between themselves (Shiner, 1999). Nowadays, it is a topical buzzword in every sector of education.

Three theoretical roots are usually associated with peer education: Bandura's *social learning theory* (Bandura, 1986), the *social inoculation theory* (McGuire & Papageorgis, 1961; McGuire 1964), and the *differential association theory* (Sutherland & Cressey, 1974).

However, Miller and Dollard are considered the precursors of peer education with their idea of *learning by imitation* (Grusec, 1992). In their book *Social learning and imitation* (1941), that was based on experiments on rats and children, they argued that imitation can greatly hasten the process of independent learning since it enables the subject to perform the first correct response sooner than they otherwise would.

Social Cognitive theory

Bandura's Social Cognitive theory has influenced many disciplines, such as education, health sciences, social policy, and psychotherapy. This theory is based on the idea that an individual learns from their interactions with other individuals in a social context (Bandura, 1977). For example, by observing the behavior of others, people develop similar behavior, especially if their observational experiences are positive ones or include rewards related to the observed behavior (Nabavi, 2012).

In the 1960s, Albert Bandura, Dorothea Ross, and Sheila A. Ross conducted an experiment in order to test imitative learning (Bandura, Ross, & Ross, 1961). This test, known as the *Bobo doll experiment*, involved 36 boys and 36 girls enrolled in the Stanford University Nursery School. They ranged in age from 37 to 69 months, with a mean age of 52 months.

Two adults, a male and a female, served in the role of model, and one female experimenter conducted the study for all 72 children. Bandura reports that:

Subjects were divided into eight experimental groups of six subjects each and a control group consisting of 24 subjects. Half the experimental subjects were exposed to aggressive models and half were exposed to models that were subdued and

nonaggressive in their behavior. These groups were further subdivided into male and female subjects. Half the subjects in the aggressive and nonaggressive conditions observed same-sex models, while the remaining subjects in each group viewed models of the opposite sex. The control group had no prior exposure to the adult models and was tested only in the generalization situation (Bandura, 22-23).

Figure 1 shows the attacks against Bobo Doll.



Figure 1. Images from the Bobo Doll experiment (source: Albert Bandura, <https://www.youtube.com/watch?v=dmBqwWlJg8U>)

The findings of Bandura's experiment were that children learn social behavior such as aggression through the process of observation learning - through watching the behavior of another person. More specifically:

- Children who observed the aggressive models made far more imitative aggressive responses than those who were in the non-aggressive or control groups.

- There was more partial and non-imitative aggression among those children who have observed aggressive behavior, although the difference for non-imitative aggression was small.
- Girls also showed more physical aggressive responses if the model was male but more verbal aggressive responses if the model was female;
- Boys were more likely to imitate same-sex models than girls. The evidence for girls imitating same-sex models is not strong.
- Boys imitated more physically aggressive acts than girls. There was little difference in the verbal aggression between boys and girls.

Continuing the illustration of Social Cognitive Theory, according to Muro and Jeffrey (2008), one can claim that it combines elements of behaviorist learning theories and cognitive learning theories. Social Cognitive Theory encompasses attention, memory, and motivation, and posits that people learn from one another, via:

- Observation;
- Imitation; and
- Modeling

Based on these general principles, learning can occur without a change in behavior. In other words, behaviorists say that learning has to be represented by a permanent change in behavior; while, in contrast, social learning theorists say that because people can learn through observation alone, their learning may not necessarily be shown in their performance (Bandura, 1965). Learning may or may not result in a behavior change (Bandura, 2006).

What emerged from a recent research (Marzano & Ochoa, 2018) was the topicality of Bandura's learning concepts in internet-based learning approaches. In fact, the concept that "learning is a social activity" where individuals achieve their learning goals by interacting with each other (Stamps, 1997; Gherardi, Nicolini, & Odella, 1998; Pritchard & Woollard, 2013) is shared by many researchers engaged in internet social learning and online collaborative learning (Yu, Tian, Vogel, & Kwok, 2010; Hamid, Waycott, Kurnia, & Chang, 2015; Liao, Huang, Chen, & Huang, 2015).

Activity.

Bandura's social learning theory and vicarious reinforcement. Please, watch and comment the following video-clip explaining what is vicarious reinforcement:
<https://youtu.be/Ubrujh0MODI>

Social inoculation theory

The inoculation theory was developed in the 1960s by the social psychologist William J. McGuire for inducing resistance to persuasion (McGuire & Papageorgis, 1961). Social inoculation theory studies means of protection against attempts at persuasion, either through direct attack or indirect pressures. In a similar way to how inoculation and vaccination are used to immunize the body against specific diseases by artificially stimulating the body's immune system, social inoculation theorizes that persuading people not to be persuaded is possible, by inoculating an individual with certain arguments and at the same time giving them counter-arguments to refute those arguments. Indeed, it is possible to make heuristic use of the inoculation analogy in deriving hypotheses about producing resistance to persuasion, choosing:

[...] to deal as far as possible with beliefs that had been maintained in a “germ-free” ideological environment, that is, beliefs that the person has seldom, if ever, heard attacked. Nearly all beliefs should be of this sort, according to the selective-avoidance postulate, which implies that a person avoids dissonant information wherever possible (McGuire, 1964, 200).

In McGuire's view, cognitions can be strengthened by exposing an audience to mild attacking arguments and then providing the same audience with arguments with which to counter those negative attacks.

The application of social inoculation to peer education has been motivated as follows:

- peers are a credible source of information and advice;
- peers can exercise a positive influence;
- arguments presented by peers may be more acceptable.

There are applications of social inoculation in many scopes, especially in health care prevention and marketing.

A meta-analysis conducted by Banas and Rains (2010) shows that inoculation is an effective method for instilling resistance to attitude change, but more work is needed to clarify the various nuances of the process of inoculation.

In the 1980s, Evans first used social inoculation to prevent young people taking up smoking (Evans, R. I. (1984), and his success lead to the use of social inoculation in drug prevention (Donaldson, Graham, Piccinin, & Hansen, 1995; Donaldson et al. 1996; Donohew, Sypher, & Bukoski, 2012).

It is interesting to note Regis's criticism of peer-led health education, in which the author expresses his doubts about approaches aimed at resisting peer pressure:

Isn't there something a little odd about trying to use young people's *susceptibility* to peer influence in these programs, when resistance to social influence from peers is at least part of the message?

[...] This is a type of homeopathy, where a little of the poison of peer influence is used to attempt the cure.

[...] I know that until we know a little more about how and why they work, peer-led programs may still need still handling with care (Regis, 1996, 78).

Differential association theory

Differential Association Theory is one of the theories that come under the umbrella of the Chicago School. It was formulated by the sociologist Edwin Sutherland in 1939 and revised in 1947 in order to explain deviance and juvenile delinquency. Differential Association Theory views criminality as social interaction, and posits criminal acts as learned behaviors. Sutherland's theory was broadly agreed by criminologist circles and it has had a great impact on modern criminology and on how people reflect on crime (Regoli & Hewitt (1997).

According to Sutherland, criminal behavior results from a learning process in which bad values are transmitted. As in the case of law-abiding values, criminal values are learned in order to interact and socialize with others who agree to those values.

The differential association theory consists of nine principles (Sutherland & Cressey, 1974, 75-91):

- P1: Criminal behavior is learned; it is not inherited. This means that a person who is not already trained in criminal acts does not invent such acts, just as a child does not make courteous remarks unless they have had training or socialized to that effect.
- P2: Criminal behavior is learned in interaction with others through communication. This communication is verbal in many respects but also includes the gestures often described as non-verbal communication
- P3: The learning occurs in intimate groups: Sutherland claimed that only small, face-to-face gatherings influence behavior.
- P4: When criminal behavior is learned, the learning includes (a) Techniques for committing it, which are sometimes complicated, and sometimes very simple; (b) the specific direction of motives and drives, rationalizations and attitude.
- P5: The specific direction of motives and drives are learned from definitions of legal codes as favorable or unfavorable. This means that, when one's associates define the legal codes as things to be observed, the learning of criminal acts may be impeded. The reverse is also true.

- P6: A person becomes criminal because of an excess of definitions favorable to violation of law over definitions unfavorable to violation of the law. This is the core principle of differential association theory. It reinforces the belief that the definitions favorable to the violation of the law can be learned from both criminal and non-criminal people. This principle is loaded with counteracting forces of favorable and unfavorable definitions to the violation of the law.
- P7: Differential association (tendency towards criminality) varies in frequency, duration, priority, and intensity. This means the longer the time, the earlier in one's life, the more intensely and more frequently people are exposed to a set of attitudes about criminality, the more likely it is that they will become caught up in the fray.
- P8: The process of learning criminal behavior involves the same mechanisms involved in any other learning. This implies that the mechanisms for learning criminal behaviors are the same as those for law-abiding values and other socially relevant skills.
- P9: Both criminal and non-criminal behaviors are expressions of the same needs and values. Put differently, the goals of criminals and non-criminals are usually the same. What is different is the means they adopt to pursue this same goal. For instance, thieves generally steal in order to secure money. Honest laborers likewise work with monetary gain in mind.

It is erroneous to believe that the differential association theory states that persons become criminals because of an excess of associations with criminals. In fact, the theory:

[...] is concerned with ratios of associations with patterns of behavior, no matter what the character of the person presenting them.

[...]

Thus, if a mother teaches her son that “Honesty is the best policy”, but also teaches him, perhaps inadvertently, that “It is also right to steal a loaf of bread when you are starving”, she is presenting him with anticriminal behavior pattern and a criminal behavior pattern, even if she herself is honest, noncriminal, and even anticriminal. One can learn criminal behavior pattern from persons who are not criminals, and one can learn anticriminal behavior patterns from hoods, professional crooks, habitual offenders, and gangsters. (Sutherland & Cressey, 1974, 79)

In recent times, the differential association theory has been used to study internet piracy among students. Studies confirm that peer activity and parental support are consistently strong predictors of internet piracy (Gunter, 2009). A research by Hinduja and Ingram indicated that real life peers had the strongest effect on music piracy: students “who associated with others in real life who were supportive of unauthorized music downloading had higher piracy scores” (Hinduja & Ingram, 2009). Indeed, the authors note that:

[...] computer-related crime may be more dependent on peer learning sources than traditional crime because of the fact that those who want to engage in the former must

acquire the technical skillsets necessary to do so – skills not learned through common, everyday experiences. In addition, it has been documented that those who participate in computer-related deviance are more apt to associate with others of like mind than would normally be the case for conventional forms of deviance (Hinduja & Ingram, 2009, 411).

Part 3

Parent training

The importance of training parents is widely emphasized by researchers and practitioners (Wang, Lam, Kim, Singer, & Dodds, 2016). For example, parents of children with autism or Down Syndrome have been successfully taught to improve the parent-child relationship, increase communication skills, and decrease inappropriate behaviors.

However, despite the numerous examples and variations of parent training courses (see the multifarious social coaching offers), evidence-based guidelines for designing, implementing, running, and evaluating parent training programs are not available. Moreover, parent training techniques are not widely studied by students in social pedagogy and social worker study programs.

Involving parents leads to positive results in cyberbullying prevention. In their systematic review carried out on bullying and cyberbullying intervention programs, Farrington & Ttofi (2009) observe that parent training was significantly related to a decrease in both bullying and victimization. The authors suggest that efforts should be made to sensitize parents about the issue of school bullying through educational presentations and teacher-parent meetings. From their comprehensive study, it emerges that the most popular forms of parental involvement are:

- Informative newsletters;
- Meetings with teachers;
- Talks with bullies and their parents enforcing non-hostile, non-physical sanctions;
- Information leaflets providing information to parents about prevalence, types, causes, and effects of bullying, as well as advice on how to deal with bullying;
- information nights during which parents are informed about the problem of bullying in their school.

However, the overall information collected regarding the involvement of parents didn't allow the authors to assess the quality of the information provided to them or to differentiate schools according to different levels of implementation of parent training programs.

In a recent study conducted on a sample consisting of 2,419 students recruited from different schools in the north of Italy, it resulted that cyberbullying is negatively associated “with parental

education on internet use, whereas cyber victimization was positively associated, and the same was true of parental control of online activities that the child does in social networks” (Baldry, Sorrentino, & Farrington, 2016, 71).

Although parental involvement is considered very important in cyberbullying prevention, little attention has been paid to methods and techniques that should be used for this purpose. Regarding parent training, in 1989, Dumas formulated four general assumptions that remain still valid:

1. Human behavior is a function of the contingencies of reinforcement and punishment to which individuals are exposed in the course of daily exchanges with the environment.
2. Antisocial behavior is learned and sustained by this positive and negative reinforcement (e.g., social attention, avoidance) children receive from social agents, parents in particular.
3. Therapy seeks to establish a shift in social contingencies such that children's prosocial behaviors obtain positive parental reinforcement, and their aversive behaviors are consistently punished or ignored.
4. Maintenance and generalization of treatment gains rely on a process of positive reinforcement. As parents and children exchange reinforcers through their newly acquired pattern of interaction, this pattern is likely to maintain itself in time and generalize to new situations (Dumas, 1989, 206).

Addressing parental training, some aspects should be considered. For instance, although one talks about parent training, usually only one parent, the mother, is involved in the activities. The involvement of the father is broadly recommended, but there is a lack of data regarding this point, even though their involvement increases the effectiveness of interventions (Peacock & Collett, 2011).

Most parent training models are based on the social learning theory approach, and foresee the following steps:

1. didactic instruction
2. trainees' skill modeling
3. parental training of the skills and exercise with the trainer
4. parental training of the skills at home

Activity

Watch the following videoclip on Parent Training for Parents of Children with Autism and comment it:

[https://www.youtube.com/watch?v= bVyXz1ludk](https://www.youtube.com/watch?v=bVyXz1ludk)

Parent-training program evaluation

The evaluation of parent-training programs encompasses various different aspects:

- Evaluating the improvement of parents' understanding and awareness;
- Evaluating the educational aspects and support;
- Evaluating the effects on children.

Parents' understanding and awareness

Questions to consider in a parent-training program evaluation:

- What is the parent specifically concerned about? For example, is their concern focused on the child's behavior, the parent-child relationship or both?
- Are the parent's concerns grounded in the present or are they future-oriented?
- Will the parent's needs be met by information alone (e.g., tip sheets, brochures) or would they also benefit from a parenting education program?
- What resources does the parent currently have to deal with the issues they are concerned about (e.g., family support)?
- Do the parent's concerns relate just to themselves, or are there also problems at the couple and family levels?
- Take steps to reassure the parent that they are not alone in their experiences and that they are not a "bad" parent if their child displays challenging behaviors.
- What does the parent do well? What areas do they need support with?
- How does the parent feel about their parenting? What information and resources would be appropriate considering the parent's level of confidence in their parenting?
- Are there obstacles to the parent engaging in emotion-focused parenting programs?
- For parents who might find emotion-focused programs confronting, how might you integrate various levels of emotion-focused strategies and techniques into existing services so that parents are introduced to the concepts gradually and are able to learn and adopt them at their own pace?

Educators who design the parent-training program should prepare a questionnaire on the basis of the above questions.

Evaluation of educational aspects and support

People learn in different ways. While some parents may respond positively to learning material in a lecture-style session, others will respond more positively to an individually tailored, one-on-one learning environment. Similarly, some parents may be comfortable with group discussions with other parents, whereas others may not. To get the most out of parenting support, it is important that a parent feel reasonably comfortable with the type of support they access.

In this purpose, educators who design the parent-training program should prepare a questionnaire on the basis of the following question:

- Is the information provided in the parent-training event accessible to parents with low levels of literacy? If not, can they access alternative/integrative resources?
- Is the parent-training program appropriate to parents with low levels of literacy?
- Have participatory learning and peer learning techniques been used in the parent-training program?
- How do parents evaluate the teaching-learning environment?
- How do parents evaluate the trainers' competence

Activity

Watch and comment the following videoclip on Parent training effective for reducing behavior problems in autism spectrum disorder

<https://www.youtube.com/watch?v=GwtAW6RpU3w>

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5. Reducing Stress

Summary of the course

The general objective of the course is to:

- Extend and improve the capacity of participants who face challenging situations of families with children who are affected by Intellectual and Developmental Disabilities (IDDs).

The teaching objective of the course is to:

- Transfer knowledge about: stress in parent and child functioning, emotional support addressed to mothers and fathers, strength-based parenting.

Content

- DYNAMICS of Stress in PARENT and CHILD FUNCTIONING
 - The notion of stress
 - The stress of parenting children with developmental disabilities
 - Consequences of parenting stress among families of children with IDD
 - Intervention implications and strategies
- PARENTING STRESS and EMOTIONAL SUPPORT of PARENTS with INTELLECTUALLY DISABLED CHILDREN
 - Sources of stress
 - Stress and resources
 - Stress profiles in mothers and fathers of young children with autism and Down syndrome
 - Gender differences and parent-child relationship
 - The need of support
- STRENGTH-BASED PARENTING with CHILDREN'S STRESS and COPING APPROACHES
 - The context of strength-based parenting (SBP)
 - Strength-based coping stress approaches
 - Strengths and challenges of children with a developmental disability.

Expected outcomes

The participants will learn or improve their range of skills and competences, as regards:

- the nature of parenting stress,
- intervention implications,
- coping approaches.

Part 1

Dynamics of stress in parent and child functioning

The notion of stress

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

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

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

The definition of stress as a medical notion means:

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

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

The stress of parenting children with developmental disabilities

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

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

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

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

What are Intellectual and Developmental Disabilities (IDDs)?

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

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

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

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

Children disabilities are categorized into various areas, such as:

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

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

- "Autism Spectrum Disorder refers to a developmental disability that significantly affects communication (both verbal and nonverbal) and social interaction. These symptoms are typically evident before the age of three and adversely affect a child's educational performance. Other identifying characteristics of those with ASD are engagement in repetitive activities/stereotyped movements, resistance to change in environment and daily routine and unusual responses to sensory stimuli" (*Teaching Special Education*, 2020, p. 3).

- The term of Attention-Deficit/Hyperactivity Disorder (ADHD), also named "hyperkinetic disorder" is explained as "[...] a mental disorder, usually of children, characterized by a grossly excessive level of activity and a marked impairment of the ability to attend. Learning is impaired as a result, and behavior is disruptive and may be defiant or aggressive. The disorder is more common in the intellectually subnormal, the epileptic and the brain-damaged" (*Oxford Concise Medical Dictionary*, 2002, p. 59).

- The notion of Down's Syndrome is defined as "[...] a condition resulting from a genetic abnormality in which an extra chromosome is present. [...] The chances of having a Down's child are higher with increasing maternal age. Affected individuals share certain clinical features, including a characteristic flat facial appearance with slanting eyes (as in Mongolian races, which gave the former name, mongolism, to the condition)" (*Oxford Concise Medical Dictionary*, 2002, p. 206).

The highest level of stress is commonly reported by parents who have disabled children affected by Autism Spectrum Disorders (ASD). Significantly, lower levels of parental stress represent parents of children with genetically rooted syndromes of intellectual disability (Down

Syndrome). It is also symptomatic that approximately one-third to two-thirds of mothers and fathers, whose clinical profiles have been examined, gave evidence of clinical degrees of parental stress. It means that they qualified for professional consultation of treatment. Child-related stress demonstrated by parents of children with ADHD appeared to be greater than compared to parents of children with IDD. Finally, no meaningful difference, as regards stress, was depicted between parents of children with ADHD or IDD.

Consequences of parenting stress among families of children with IDD

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

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

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

Intervention implications and strategies

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

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

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

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

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

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

Part 2

Parenting stress and emotional support of parents with intellectually disabled children

Point of reference

The background for this Lecture Unit and its point of reference constitute research outcomes referring to parental stress in families with intellectually disabled children. In particular:

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

Sources of stress

Parenting a preschool child with developmental disabilities, specifically with autism or Down syndromes, may very often produce a significant stress. The level and intensiveness of this stress is substantially higher in parents of preschool disabled children than in parents of their typically developing peers. If a child demonstrates emotional, behavioral and communication problems, parents are overwhelmed with particularly heavy burdens. Most visible sources of stress experienced by parents who raise a child with autistic spectrum disorders (ASD) are related to:

"[...] (1) permanency of the condition; (2) disapproval for the child's behaviour demonstrated by the society and family members; (3) insufficient professional support" (Dąbrowska, Pisula, 2010, p. 267).

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

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

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

General context

The conditions of life of children with autism and their family members in Poland pose various and serious difficulties. Firstly, the autistic spectrum disorders (ASD) are usually recognized at the age between 4 and 6 years, if not later. Secondly, the identification of this psychiatric disorder from the examination of symptoms isn't automatically followed by accompanied sufficient support from the part of a governmental program. Thirdly, in spite of the fact that preschool and school-aged children are qualified to receive an educational subsidy, parents are forced to take their own initiatives in order to fulfill children's needs, e. g. within the framework of the National Autistic Society. It must be stressed that professional therapists are scarce in numbers and specialized services providing developmental support are very costly. Families of low socio-economic status, especially those who live in small towns and villages do not have sufficient access to necessary help.

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

Stress and resources

Research gave evidence that mothers were affected by a greater stress associated with their child's low degree of self-sufficiency, behavior problems and physical development than were fathers. Mothers worried a lot more about children's social skills than did fathers. In general, stress demonstrated by parents has a huge impact on the ability to take a proper care of a child with special needs. The family's adjustment and further adaptation to the crisis may occur with the help of three principal resources that parents are ready to use and, in this manner, to manage the critical situation:

"[...] personal resources of family members, internal resources of the family system and social support from resources external to the family. Personal resources include, among others, physical and emotional health, financial well-being, education, and personality characteristics of individual family members. The most important internal resources of the family system are cohesion and adaptability, pattern of communication and mutual support. The third type of resources includes social support from people and institutions outside the family and from the family's social network" (Dąbrowska, Pisula, 2010, p. 267).

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

Stress profiles in mothers and fathers of young children with autism and Down syndrome

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

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

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

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

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

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

Gender differences and parent-child relationship

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

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

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

Evidence identifies gender differences related to parents-children relationships. Mothers of children with ASD report stronger mutual connections and feelings than do fathers, regardless

of child's behavior and stress level. In many cases, mothers show feelings of a closer relationship to their disabled children, rather than with the fathers (Al-Oran, Al-Sagarat, 2016).

The need of support

In general terms, parents of intellectually disabled children require substantial emotional support. Usually, sources of support, if provided, originate from family members: husband, wife, parents, siblings, relatives. Besides that, social support emphasizes the role of friends, acquaintances and neighbors. There are marked differences between parents in terms of emotional support. General support is poor in the opinion of 34.6% of parents. At the same time, strong emotional support (as well as informative, institutional and evaluative) was received from specialists, such as nurses and physicians. The study included 108 mothers and 108 fathers of intellectually disabled children. Spouses of the examined gave them poor emotional support. Statistically, fathers received significantly stronger evaluative and emotional support - by more than one point and by more than three points in the case of general support - than mothers. In conclusion, fathers enjoyed moderately stronger evaluative, emotional and general support from teachers, physicians and nurses than mothers (Guzowski, Krajewska-Kulak, 2017).

Part 3

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

The context of strength-based parenting (SBP)

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

Evidence shows that children who have strength-based parents:

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

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

Strength-based coping stress approaches

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

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

Three chief categories of stress are usually taken into account:

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

Every kind of stress is triggered by adverse circumstances, however different in endurance and support that a child expects and receives. Toxic stress is associated with intense and often traumatic experiences of a long duration, for example persistent domestic violence to which a child is not at all in the position to effectively manage the adverse situation. Tolerable

stress coming out from a one-time intense event, for example death of a loved person, can be healed under the condition that the child gets support and manages to grow from what has

happened. Positive stress, being a minor stress, is triggered by everyday adverse situations, for example a challenging homework assignment or friendship conflict issue. In this case, the adversity is neither intense nor extreme, and it doesn't last long.

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

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

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

Strengths and challenges of children with a developmental disability

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

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

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

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

1) Personality characteristics with the components of: loving/caring/affectionate, happy, courageous, curious, patient, independent, cautious, honest, artistic/creative, active/strong/healthy;

2) Social personality characteristics with the components of: sense of humour, helpful, playful, likeable/charming, sociable/friendly, creative/imaginary play;

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

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

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

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

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

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

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

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

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

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

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

- 3) **Cognitive communication skills deficit** with the components of: communication, academic, cognitive, social cognition;
- 4) **Restricted/repetitive behavior** with the components of: rigidity/routine, repetitive behavior, narrow interests/lack of motivation;
- 5) **Anxiety/sensory** with the components of: anxiety general, anxiety sensory, sensory general, frustration/emotion regulation/patience;
- 6) **Attention difficulties** with the components of: hyperactivity/impulsivity/fidgety, inattention/poor attention span;
- 7) **Other medical issues** with the components of: seizures, sleep problems, food sensitivities, lethargic/tired/low energy, other issues.

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

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

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

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

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

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

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

In conclusion

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

Key messages

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

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

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

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

Reading activities

Activity 1:

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

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

Aim of the activity:

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

Task to carry on:

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



Activity 2:

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

www.nirmalaniketan.com/reseacrh-extension/pdf

Aim of the activity:

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

Task to carry on:

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

Supportive and Checking Questions to Sections/Parts:

Question 1:

The highest level of stress is commonly reported by parents who have disabled children affected by Autism Spectrum Disorders (ASDs).

True or false?

Answer: true

Question 2:

Most common sources of stress experienced by parents of autistic children are related to:

- permanency of the condition,
- disapproval for the child's behaviour,
- insufficient professional support.

True or false?

Answer: true

Question 3:

How do you understand the categories of:

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

Please, explain.

Question 1:

Cognitive Behavioral Therapy (CBT) is:

- a talking therapy, whose objective is to change the way of thinking and behaving;
- a treatment of anxiety, depression and stress;
- a therapy that adopts the concept of human thoughts, feelings, physical sensations and actions as independent, separate categories.

Answer: see section **Intervention implications and strategies** of Lecture Unit 1 and find one false option (it's the third one)

Question 2:

Coping styles for stressful situations consist of three orientations:

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

Answer: see section "**Stress profiles ...**" of Lecture Unit 2 and give the answer (every option is correct)

Question 3:

Which meta-themes concerning children's strengths are most commonly reported by parents?

- personality characteristics,
- social personality skills,
- behavioral characteristics/coping mechanisms.

Answer: see section "**Strengths and challenges...**" of Lecture Unit 3 and give the answer (the third answer is incorrect)

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https://www.scirp.org/html/4-6901461_56129.htm

6. Motivating Parents self-care

Content

- Quality of life of parents of special needs children
 - Stressors of parents of special needs children (e.g. financial, time management, social isolation, lack of sleep)
 - Impact of stressors on QoL (e.g. mental illness, marital problems, burn-out)
 - Caregivers state of mind (e.g. fear of future, increased responsibility, grief)
- Prerequisites of self-care (e.g. supportive environment, basic needs met)
- Goals of self-care (increase of all aspects of QoL, empowerment)
- Multilevel approach (mental, physical and spiritual) to self-care

The care of a special needs child places extreme stress on all aspects of the parents' lives, often resulting in the decrease of their Quality of Life. It is imperative to create the circumstances necessary for the parents to be able to focus on their well-being. In order to do so, practical barriers need to be removed and parents need to be introduced to a multilevel approach to self-care of their needs and encouraged to incorporate it in their daily lives.

- Expected achievements

To understand the factors impacting on the Quality of Life of parents of special needs children as well as the results of the stressors they face.

To be able to encourage and motivate increase self-care in parents with special needs children.

- Assessment

At the end of the section there will be a video or a short story which describes a day in the life of a special needs parent followed by a set of questions which will assess the participants understanding of the section.

Definitions

- The WHO 1998 definition of **Self care** is to take care of oneself. 'Self-Care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure etc), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.) and self-medication.'
-

-
- “**Self care** is a part of daily living. It is the care taken by individuals towards their own health and well being, and includes the care extended to their children, family, friends

and others in neighbourhoods and local communities. Self-Care includes the actions individuals and carers take for themselves, their children, their families and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after acute illness or discharge from hospital.” (The UK Department of Health. Self-Care – A Real Choice. 2005).

Self-care Pillars

General self-care ‘pillars’ or ‘domains’: The International Self-Care Foundation has developed a framework for self-care around seven ‘pillars’ or ‘domains’:

Pillar 1 Knowledge & Health literacy

Pillar 2 Mental wellbeing, Self-awareness & Agency

Pillar 4 Healthy eating

Pillar 5 Risk avoidance or mitigation

Pillar 6 Good hygiene

Pillar 7 Rational and responsible use of products, services



Fig.1. Self-Care Foundation <https://isfglobal.org/>

I. Self care goals and strategies

Parents who pay attention to their own physical and emotional health increases well-being and Quality of their personal life and QOL of their Family (FQOL).

Self care practices aim at supporting parents to play an active and self-empowered role in their children's and family life, in their child's care to build capacities based on parents strengths in taking control of their lives and in making decisions important for their families such as which way to better :

- address children's specific needs
- support the success and evolution of their own children
- overcome stressful experiences,
- overcome pressures and social barriers
- help family adapt to changes
- build strong relationships with community networks
- be resilient, in hard times
- enjoy good ones
- access and continue the support and specialty services

Parents of children with different types of disabilities are motivated to prevent stress –burnout and to learn how to recognize signs.

Stress affects parents physically as well or mentally. Some common physical signs of stress include: (e.g. Headaches, Low energy, Upset stomach, including diarrhea, constipation and nausea, Aches, pains, and tense muscles, Insomnia).

Stressful events should be recognized in order to be avoided. The identification of such events that stress parents is the first step of self-care. Daily events like shopping in a specific shop , relationship with specific parents, going to schools events or events with parents that have negative attitudes to child with disability would make parents to feel stress. Once they recognize these events and situations cause their stress, they will be prepared to avoid or cope with them.

In this manner, parents develop a sense of greater confidence in their possibilities that in turn contributes to their well-being and quality of life (QOL).

Self care strategies that have been suggested are presented in Fig.2

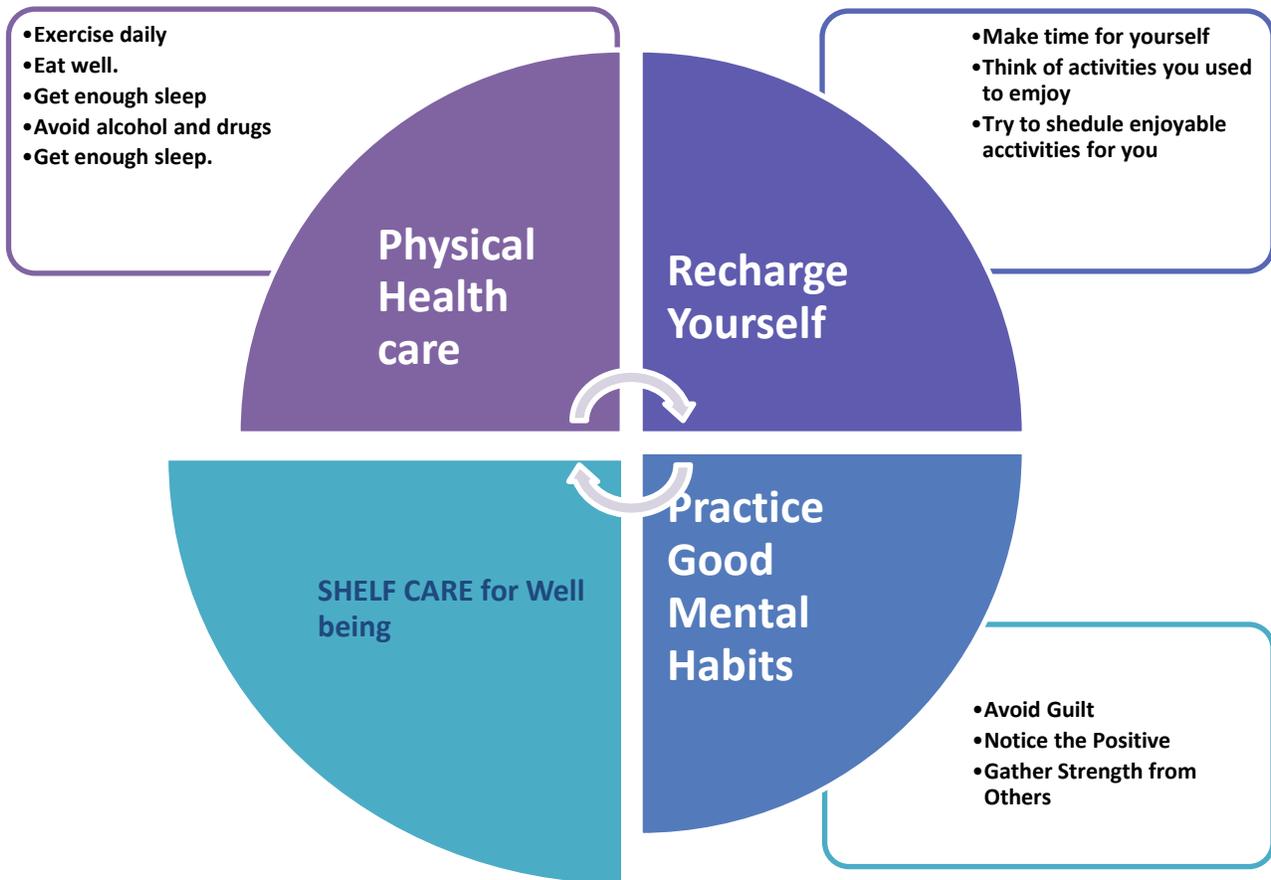


Fig. 2: Self-care strategy for well being.

II. More on self-care strategies

- Learn to use 7 tools for self-care <https://www.caregiver.org/Taking-care-you-self-care-family-caregivers>
- A Manifesto for Self-Care <https://isfglobal.org/a-manifesto-for-self-care/>
- Self-care voices: <https://isfglobal.org/self-care-voices/>
- Taking Care of Yourself <https://www.nami.org/Find-Support/Family-Members-and-Caregivers/Taking-Care-of-Yourself>

Quality of life and care among families of children with special needs

- **Children with disabilities** can also be defined as children being described as having impairments, activity limitations and participation restrictions, or disadvantages, as classified under the International Classification of Functioning, Disability and Health (ICF) (World Health Organization (WHO), 2007).
- **Caregiver** is defined as the parent (either mother or father) or other family member (grandmother or grandfather, siblings, aunt or uncle and adoptive parent) of the disabled child who is responsible for parenting or caring for the disabled child. A caregiver provides practical, day-to-day unpaid support for a person unable to complete all of the tasks of daily living (Savage and Bailey, 2004)
- **QOL** is defined as the individual's perception of their position in life in the context of their culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns. It is a broad concept incorporating an individual's physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship to the salient features of the environment" (WHO, 1997).
- **Health Related Quality of Life (HRQOL)** is determined primarily by health status and conceived as dynamic, subjective, and multidimensional. The dimensions often include physical, social, psychological, cognitive and spiritual factors (Bakas et al., 2012). The unique characteristic of FQOL definition emphasized on examining the perceptions and dynamics of the family unit as a whole (Hu et al., 2012).
- **Family Quality of Life (FQOL)** is defined as "a dynamic sense of well-being of the family, collectively and subjectively defined and informed by its members, in whom individual- and family-level needs interact (Zuna, Summers, Turnbull, Hu, & Xu, 2010). FQOL has proven to be an essential indicator of living conditions of families with children with disabilities and of assessing the supportive services they receive
- **HRQOL and FQOL** are the components of the overall quality of life.

Factors impacting on QOL of Families with behavioral disorders children

- Five - factor construct model

Parents who have children with disabilities are often reported to have physical and psychological distress related to caring for their children, thus affecting their quality of life (QOL). Researchers, using qualitative research data, have focused on conceptualizing the model factors impacting on FQOL (Gràcia, Vilaseca, Balcells, Simó, & Salvador, 2010; Poston et al., 2003). Using the results of these early studies, the first instruments were created to measure FQOL (Garcia- Grau, McWilliam, Martínez-Rico, & Grau-Sevilla, 2018;), Using these instruments researchers started becoming interested in exploring factors that impacting on FQOL. Hoffman, Marquis, Poston, Summers, & Turnbull, (2006) have used a five-factor construct model to examine the impacts on FQOL and explain FQOL outcomes.

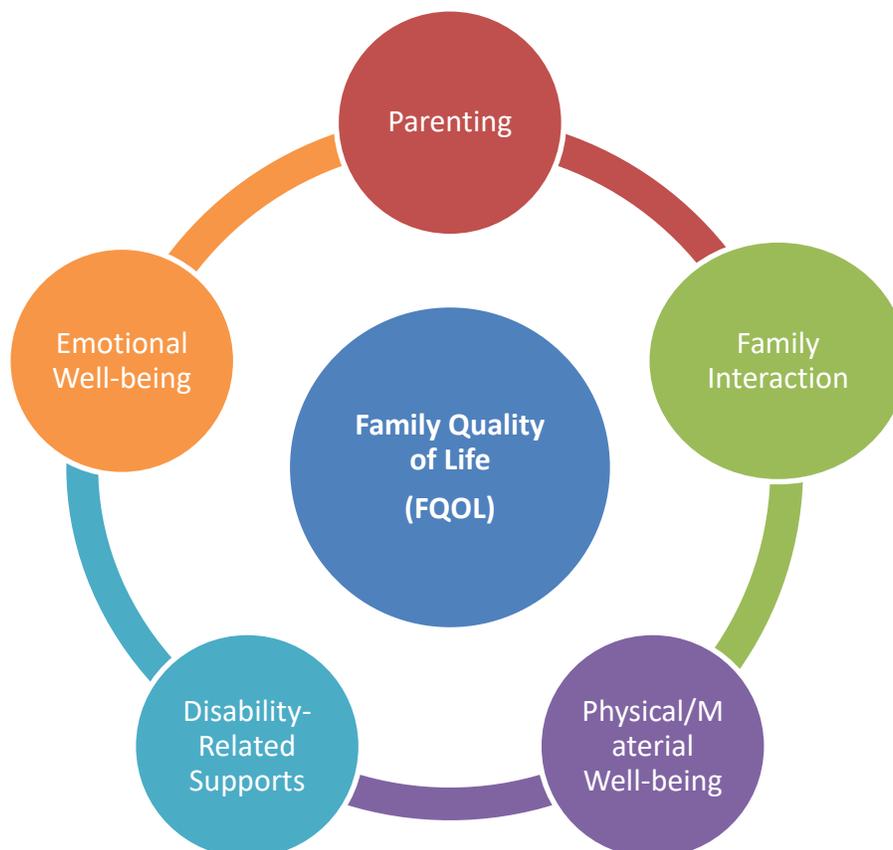


Fig 1: Five-factor construct model of examining FQOL outcomes (Hoffman, Marquis, Poston, Summers, & Turnbull, 2006)

International research has focused on five factors construct model impacting quality of life of families that have children with intellectual disabilities and or developmental disabilities from different countries, United States, Canada, Australia, Ireland, Israel, China, Columbia, Belgium, Malaysia, and Nigeria (Bhohti, Brown, & Lentin, 2016). Research findings have confirmed that families of children with ASD reported being least satisfied with Emotional Well-being. Other studies reported differences in the FQOL level depending on the type of disability (e.g., Down syndrome, ADHD, ID, ASD) and some other called for research in order to further explore factors that impact FQOL, including cultural background of parents.

- FQOL model of support services

A unified theory of FQOL has been put forwards to better apply FQOL research into practices and services for families with disabilities (Zuna, Turnbull, & Summers, 2009). Under this framework, it is proposed that parenting stress is negatively linked with FQOL, and family support is positively associated with FQOL given the fact that individual perceptions concerning parenting behaviors can have a direct impact on one’s life satisfaction (Hsiao et al., 2017). This interactive process results in the outcome of quality of life which, in turn, influences family strengths, needs, and priorities (Zuna et al., 2010).

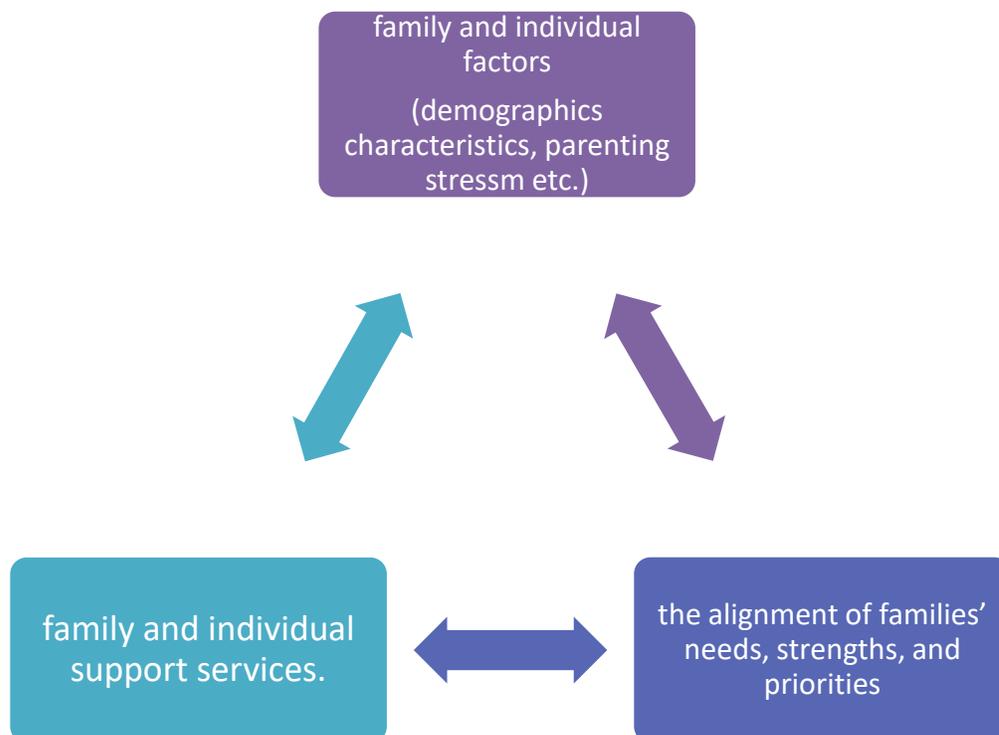


Fig 2: Components of unified theory of FQOL (Zeng et.al, 2020)

Research findings demonstrated

- **Family support** proved to be a crucial component of FQOL. “Family support is defined as a set of strategies directed to the family unit in order to ultimately benefit the family member with disabilities. Family supports usually include formal and informal and tangible goods that allow each family member to optimize their level of participation in different life environments”. There is a positive relationship between family support strategies and the families’ resilience, stress reducing, and QOL of family promoting. Family support proved to be of great importance through families Networks that support each other.
- Families presented lowest level of satisfaction with Emotional Health. **Parenting stress** concerns the aversive psychological responses to the challenges and demands of parenting role. Parenting stress is a factor that impacts QOL in family as affects emotional well-being, parent-child communication, and child emotional, cognitive and social development
- **Provision of respite care services** (funding and government support) Education, daily therapy programs for their children and respite and health care are some of families’ needs. Consequently, greater financial stress, more frequent disruption of family routine, and reduced social activities outside the family are basic symptoms that a family has to deal and cope with.

There is a strong relationship between the supports and services provided to children and their families and FQOL and that the presence or absence of supports provided can predict FQOL (Zeng et. al, 2020)

Assessment of satisfaction of FQOL

As illustrated above Quality of life has received much attention as it is an indicator of general well-being. Consequently, a wide range of tools now exist measuring quality of life in a variety of ways.¹ However, family quality of life hasn’t received nearly the same level of attention despite its crucial role in shaping children’s lives. For this reason, the Family Quality of Life Scale (FQOL) was developed by (Hu, Summers, Turnbull, & Zuna, 2011).

¹ Assessment tool of Quality of life of individuals with disabilities WHOQOL-DISABILITIES MODULE MANUAL https://www.who.int/mental_health/evidence/WHOQOL_DIS_Manual.pdf

Assessment of satisfaction of Family Quality of Life is of great importance in order to help families to realize the level of support they need. This information is also of great importance for government and professionals. The Family Quality Life Scale (FQOL)² was created for these reasons. It is a 25-item inventory rated on a 5 point Likert-type scale. Its purpose is to measure several aspects of families' perceived satisfaction in terms of quality of family life. Family quality of life is measured under five domains that were determined by the Five-factor construct model of examining FQOL outcomes (Hoffman, Marquis, Poston, Summers, & Turnbull, 2006). These five factors are:

- Family Interaction,
 - Parenting,
 - Emotional Well-being,
 - Physical / Material Well-being, and
 - Disability-Related Support.
-
- Final test questions
 1. What are the stressors parents of special needs children face?
 2. What is the impact of the stressors faced on parents of special needs children?
 3. What are the main concerns of parents of special needs children?
 4. What needs to be done before addressing the self-care of parents of special needs children?
 5. What are the goals for the self-care of parents of special needs children?
 6. What does the improvement of self-care of parents of special needs children entail.

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7. Preventing and responding to sexual abuse of disabled children

There are three levels of prevention according to the Centers for Disease Control (CDC), primary, secondary and tertiary. Primary prevention takes place before an harm has occurred; its purpose is to stop sexual abuse from happening. Secondary prevention happens immediately after abuse has occurred; its purpose is to prevent it from happening again. And lastly, tertiary prevention is a response to the harm of sexual abuse — generally therapy.

The CDC has recommendations for creating prevention programming based on years of evaluating what works and what doesn't. Providing prevention programming across the lifespan would require offering education to parents of people with I/DD and, children, teens and adults with I/DD.

The logical place to begin primary prevention therefore is with the caregivers of young children — the parents.

A solid parent education program should have three goals:

- To increase parents' understating of the rates of abuse and risk factors
- To explain parental obligation to support children's development as sexual beings and
- To teach parents how to identify and challenge inappropriate or dangerous behaviors of any adult in a child's life.
- **Sexual abuse risk factors for disabled children**

1. Statistics

There is a consensus that sexual abuse of disabled people is a huge problem. Disabled children and teens are three to four times more likely to be sexually abused than are those without disabilities. One in three children with an identified disability for which they receive special education services are victims of some type of maltreatment (i.e., either neglect, physical abuse, or sexual abuse) whereas one in 10 nondisabled children experience abuse.

Some researchers estimate that the lifetime rate of abuse of adults with disabilities is as high as 90 percent. The differences in percentages reported in various studies can be attributed to differences in the sample used and the definition of disability applies. The following studies are mentioned as indicative of the extent of the prevalence of sexual abuse in disabled children and teens.

- A study of approximately 55,000 children in Nebraska found that children with intellectual disabilities were 4.0 times as likely as children without disabilities to be sexually abused. (Sullivan & Knutson, 2000).
- Women are sexually assaulted more often when compared to men whether they have a disability or not, so men with disabilities are often overlooked. Researchers have found that men with disabilities are twice as likely to become a victim of sexual violence compared to men without disabilities (The Roeher Institute, 1995).
- Looking specifically at individuals with intellectual disabilities, they are 4 to 10 more times as likely to be victims of crime as others without disabilities (Sobsey, et al., 1995). One study found that children with intellectual disabilities were at twice the risk of physical and sexual abuse compared to children without disabilities (Crosse et. al., 1993).
- Studies consistently demonstrate that people with intellectual disabilities are sexually victimized more often than others who do not have a disability (Furey, 1994). For example, one study reported that 25 percent of girls and women with intellectual disabilities who were referred for birth control had a history of sexual violence (Sobsey, 1994). Other studies suggest that 49 percent of people with intellectual disabilities will experience 10 or more sexually abusive incidents (Sobsey & Doe, 1991).

The first step is recognizing the magnitude of the problem and facing the reality that people with intellectual disabilities are more likely to be assaulted sexually than those without disabilities. Also, societal attitudes must change to view victims with disabilities as having equal value as victims without disabilities, and giving them equal advocacy. Every sexual assault, regardless of who the victim is, must be taken seriously.

2. Vulnerability

Any type of disability appears to contribute to higher risk of victimization but intellectual disabilities, communication disorders, and behavioral disorders appear to contribute to very high levels of risk, and having multiple disabilities (e.g., intellectual disabilities and behavior disorders) result in even higher risk levels (Sullivan & Knutson, 2000).

Sullivan & Knutson (1998) also found that out of all the types of disability, children with behavior disorders and children with intellectual disabilities were both at increased risk for all three forms of abuse (neglect, physical abuse and sexual abuse) compared to those children with other types of disabilities (speech/language disorders, hearing impairments, learning disabilities, health impairments and Attention Deficit Disorder).

Sullivan (2003) reported that those with behavior disorders face greater risk of physical abuse, whereas those with speech/language disorders are at risk for neglect.

There are no differences in which form of child maltreatment occurs the most often between disabled and nondisabled children. For both groups, neglect is the most prevalent, followed by physical abuse, sexual abuse and emotional abuse (Sullivan & Knutson, 2000).

Vulnerability to abuse can increase depending on the child's disability as follows:

- Children with disabilities may lack a good understanding of social relationships, personal boundaries, protective behaviors, sexual awareness, and what abuse is.
- Children with a physical disability may be more vulnerable to neglect or to rough and intrusive personal care. They may also be physically unable to resist or avoid abuse.
- If communication is difficult, children with disability find it hard to let someone know that abuse is occurring.
- Children with behavioral issues are more likely to be dealt with in a forceful or restrictive way, and indicators of abuse may be wrongly attributed to the behavioral issue.
- Children with disability may be more dependent on others to have their needs met and care may be provided by someone other than a parent or primary caregiver.
- Greater structure and protection of children with disability can teach them to be more compliant with adult demands.
- Children may accept abusive treatment if they have low understanding, self-esteem or a low perception of their abilities.

3. Risk factors

Some risk factors may include a feeling of powerlessness, communication skill deficits and inability to protect oneself due to lack of instruction and/ or resources. Individuals may live in over-controlled and authoritarian environments, contributing to the feeling of powerlessness over their situation. In addition, they are not given enough experiential opportunities to learn how to develop and use their own intuition (those who are taught can often detect between safe versus unsafe situations.)

Disabled children may be especially vulnerable to abuse for a number of reasons. Some disabled children may:

- Have fewer outside contacts than other children;
- Receive intimate care possible from a number of caregivers, which may increase the risk of exposure to abusive behavior and make it more difficult to set and maintain physical boundaries;

- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening;
- Be inhibited about complaining for fear of losing services;
- Be especially vulnerable to bullying and intimidation;
- Be more vulnerable than other children to abuse by their peers.

Additional factors may be:

- The child's dependence on caregivers could result in the child having a problem in recognizing what is abuse. The child may have little privacy, a poor body image or low self-esteem;
- Caregivers and staff may lack the ability to communicate adequately with the child;
- A lack of continuity in care leading to an increased risk that behavioral changes may go unnoticed;
- Lack of access to 'keep safe' strategies available to others;
- Disabled children living away from home in poorly managed settings are particularly vulnerable to over medication, poor feeding and toileting arrangements, issues around control of challenging behavior, lack of stimulations and emotional support;
- Parents'/caregivers' own needs and ways of coping may conflict with the needs of the child;
- Some adult abusers may target disabled children in the belief that they are less likely to be detected;
- Signs and indicators can be inappropriately attributed to disability;
- Disabled children are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject sexual advances.

Sexual abusers may target children and young people with disability who:

- Are affectionate and trusting
- Don't have many friends and are looking for affection
- Are reliant on others for assistance, particularly for personal care
- Have learnt to passively obey adults, especially caregivers and others in authority
- Have difficulties communicating and can't easily tell others about the abuse.
- Sexual abusers are mostly male, but females abuse too.

The environments within which children with disabilities live care might be such that "prepare" them to be victims due to bad practices or inability to appropriately care and protect them.

The caretaker's failure to 1) request information on the background of all those involved in the person's life, such as professionals, paraprofessionals, ancillary and volunteer staff, 2) become familiar with the abuse-reporting attitudes and practices of the agency, and 3) assure there is a plan in place for responding to reports of abuse when they occur increase the likelihood of abuse. Also, offenders are typically not caught and/ or held accountable for these crimes, which allows abuse to continue.

In addition to the above errors of the caretaker there are practices which are common and create the circumstances for increase of abuse. Consider the following situations and their potential connection with increased abuse:

Some methods of managing behavior may be seen by some people as acceptable when they are actually abusive. The following are common examples:

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behavior modification including the deprivation liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillization;
- Inappropriate kinds of discipline, such as withholding food or removing essential equipment
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Noncompliance with programs or regimes;
- Failure to address ill-fitting equipment e.g. calipers, sleep boards which may cause injury or pain, inappropriate splinting;
- Misappropriation/misuse of a child's finances.

4. Under reporting

According to researchers, disability can act to increase vulnerability to abuse as well as the under reporting of the incidences (often indirectly as a function of society's response to disability rather than the disability in itself being the cause of abuse).

People with severe intellectual disabilities may not report abuse because they don't understand what abuse is or what acts are abusive. Communication problems that are inherent in many disabilities also make it difficult for children to understand and or verbalize episodes of abuse (Knutson & Sullivan, 1993). Those with limited speaking abilities have had no way to talk about or report abuse. Only recently have pictures demonstrating acts of abuse and sexual anatomy been added to communication boards to help non-communicative children and adults (or those with limited communication) report acts of abuse.

Others with a less severe disability may realize they are being assaulted, but don't know that it's illegal and that they have a right to say no. Due to threats to their well-being or that of their loved ones by the abuser, they may never tell anyone about the abuse, especially if committed by an authority figure whom they learn not to question. In addition, they are rarely educated about sexuality issues or provided assertiveness training. Even when a report is attempted, they face barriers when making statements to police because they may not be viewed as credible due to having a disability (Keilty & Connelly, 2001).

Adults may decide against making any formal reports of abuse because of the child's disability status, making the abuse of those with disabilities easier for the abuser (Sullivan, 2003). Parents fear if they report abuse occurring in the group home, they may be forced to take their child out of the home with few options for other safe living arrangements. Often the abusers are parents or other close caregivers who keep the abuse secret and do not report out of fear of legal and other ramifications.

5. Who is most likely to sexually abuse them

There are many false beliefs about those who offend. The most common is that they are strangers, but according to a number of authors, between 97 percent and 99 percent of assaults were committed by someone the victim already knew. While in 32 percent of cases, abusers consisted of family members or acquaintances, 44 percent had a relationship with the victim specifically related to the person's disability (such as education teachers, residential care staff, transportation providers and personal care attendants). Therefore, the delivery system created to meet specialized care needs of those with intellectual disabilities contributes to the risk of sexual violence (Baladerian, 1991).

Sexual abusers may:

- Seek out and target vulnerable people, like children with disability
- Find ways to spend time with children on their own
- Offer to help by providing respite
- Often target children of single parents (mostly mothers)
- Encourage secrets
- Make threats to hide abuse
- Abuse on their own or with others.

II. Signs of sexual abuse

Sexual violence causes harmful immediate and short term psychological, physical and behavioral effects.

In addition, childhood sexual assault has lifelong consequences. Childhood sexual assault has been connected to depression, posttraumatic stress disorder and an increased risk of sexual abuse in adulthood.

Adult victims of sexual assault may experience the trauma of not being believed or of being blamed for the attack and risking displacement from their homes or residences. Sadly, many victims do not receive therapy to help deal with the trauma of an attack. In a recent study, only 33 percent of victims received therapy after their sexual assaults.

Children with and without disabilities share similar indicators of abuse. Along with physical signs (bruises, broken bones, head injuries, or other outward marks) two primary indicators are reports from the child that abuse has occurred and changes in the child's behavior. Children with disabilities face greater risk of abuse going unnoticed if their behavior change can be attributed to their disability instead of the abuse. Also, children with intellectual disabilities may be viewed as easily suggestible or untrustworthy, especially when the report involves abuse that seems improbable. Any time abuse is suspected, it is the adult's responsibility to carefully monitor the child's behavior, ask the child about his or her safety and follow through by reporting any suspected abuse.

1. Physical

- Injuries to private areas—mouth, breasts, buttocks, inner thighs, and genitals
- trauma to the breasts, buttocks, lower abdomen or thighs
- difficulty walking or sitting
- pain or itching in genital and/or anal area; bruising, bleeding or discharge
- Discomfort when going to the toilet
- Inflammation and infection of genital areas
- Frequent urinary tract infections/bowel problems
- Getting a sexually transmitted disease
- Pregnancy
- Bruises or pain in genital areas
- Tearing of vaginal or anal area
- Headaches
- Stomachaches
- self-harm, abuse, suicide attempts
- torn, stained or blood-stained underwear or bedclothes
- unexplained money or gifts.

2. Behavioral

- Explicit sexual behavior and knowledge that is not age appropriate
- Acting out sexual behavior with dolls, toys, siblings and other children
- Changes in behavior when personal care needs are attended to e.g. being bathed, nappy changed or during toileting
- propensity to run away
- avoids specific settings/people
- Reluctance to be left alone with a particular person or people or avoids a specific setting
- Sleep disturbances or night terrors
- Appetite changes
- Abnormal wetting and soiling problems
- Hurting themselves and other self-destructive behavior
- Obsessive and compulsive washing
- Out-of-character behaviors
- Substance abuse
- Aggression,
- Withdrawal or crying
- Regressive behaviors depending on their age (e.g., return to thumb-sucking or bed-wetting)
- Telling someone that sexual abuse has occurred or hinting that something has happened.
- Going to bed fully clothed
- Excessive compliance to staff.

3. Psychological

- Increased anxiety and feelings of panic
- Depressions
- Withdrawal
- Phobias
- Guilt/shame feelings
- Learning difficulties
- Angry outbursts and irritability
- An increase in nightmares and/or other sleeping difficulties

Take it very seriously when a child reports sexual abuse by a parent or another adult caregiver.

III. Responding to sexual abuse

1. Know and believe that abuse can happen to your loved one .

2. Become familiar with the signs of abuse. Any signs of injury, changes in behavior, mood, communication, sleep or eating patterns are included.

3. When you suspect something is wrong honor your feeling and take action immediately. See #4.
4. When you suspect abuse, call a Child or Adult Protective Services agency and the police.
5. Do not discuss your suspicions with anyone at the program where you believe abuse is occurring, as they may deny any problem, punish your loved one, and attempt to destroy any evidence that may exist.
6. Remove your loved one from the program immediately.
7. If there are injuries or physical conditions, take your loved one to a physician, not only to diagnose and treat the condition, but create documentation of your visit and the findings. Take your loved one to a mental health practitioner who can document the changes in his or her behavior and mood and who can document what your loved one's memories are of the abuse.
8. Create a document in which you write all of your activities. Begin with when you first suspected abuse or neglect. What were the signs or signals you noticed? Write the dates of these, and if there were injuries, detail what they were, their appearance, and where on the body you saw them. If staff gave an explanation, record this in your file. Write down when you called the police or protective services agency, the name of the representative, time and date of the call and what was said. If a staff member discussed this with you, write down what they said and their name and the date and time of the discussion.
9. Notify the Regional Center representative of your findings, suspicions and actions or your disability program in your state.
10. Get a police report. Contact the Victims of Crime program in your area and seek their support for reimbursement of costs and therapy for the family.

1. How to talk to disabled victims of sexual abuse

- Children who report abuse need immediate support and comfort.

It is important to listen to what the child is saying and believe them. Avoid questioning the child about the abuse, leave this to the professionals.

- As soon as possible make notes.

Record what the child actually said, the date and time the child made the report and when the abuse may have occurred. Record the actual words the child used to describe the abuse. If the child cannot speak in words, record how they have communicated the abuse.

These notes may be used to assist in a prosecution.

- Stop all contact with the person who is suspected to be the abuser.

2. Reporting to authorities

It is important to be familiar with the reporting process in your country, so in the event of abuse there is an immediate plan of action in place.

Exercise - familiarize yourself with the process of reporting sexual abuse of a disabled person or young adult in your country. What authorities are informed, in what manner (e.g. phone call). What is the procedure followed with someone reports sexual abuse of a disabled child or young person. Prepare a list of agencies and contact information as well as a step by step description that is expected to be followed.

3. Supporting/Treating victims of sexual abuse with disabilities

In the past the benefit of psychotherapy for people with intellectual disabilities was questioned, as well as the impact of sexual violence (whether or not it impacts people with intellectual disabilities as strongly as others without disabilities). Today, however, it is widely acknowledged that all people who experience sexual violence are affected and do require therapeutic counseling, even if they are non-verbal.

Locating a qualified therapist may be difficult since the person should be trained in child/adult sexual abuse and sexual assault treatment as well as intellectual disabilities. The therapist should also be trained in non-verbal mind-body healing modalities that do not require an intellectual processing component of the therapy. Payment for the therapy can be obtained through victim witness programs, community mental health centers or developmental disability centers.

IV. Preventing sexual abuse

Research on risk factors for sexual assault of disabled people related to the lack of education with the aim of prevention has been consistent over the last 20 years. The frequently reported topics which are not addressed in the education of disabled children and teens and result in contributing risk factors are:

- Lack of education about sexual development and anatomy
- Lack of information on abuse awareness

- Lack of healthy relationship education
- Lack of social norm education

The following are suggestions of interventions to ameliorate these risks

Within the family/ with our child

Sex education: Be proactive and start as soon as your child can communicate (age-appropriate). Children with disabilities need early education about the risks of abuse and how to avoid it in a way that they can understand.

With your child work on the following:

- Teach your child how to make healthy choices, feel good about themselves, problem solve and get help when they need it. Praise their efforts.
- Teach your child to say or communicate ‘no’ when someone makes them feel scared, sad or uncomfortable.
- Let children know that they have the right to make decisions about their bodies. Empower them to say “no” when they do not want to be touched, even in non-sexual ways (e.g., politely refusing hugs) and to say “no” to touching others.
- Teach your child about their bodies and which areas are private sexual parts –no-one is allowed to tickle or play with the private sexual parts of others. Also teach them about relationships and personal boundaries.
- Use age-appropriate vocabulary regarding body parts so that your child can report sexual misbehavior – penis, scrotum, testicles, vulva, vagina, bottom, anus, breasts, mouth and tongue.
- Provide accurate information about sex and what is sexual abuse.
- Have rules about body privacy and teach your child to inform you if someone breaks those rules.
- Encourage independence in dressing, hygiene, toileting and eating where possible. To the extent possible teach children to take care of their own private parts (i.e., bathing, wiping after bathroom use) so they don’t have to rely on adults or older children for help.
- Make sure children know that adults and older children never need help with their private body parts (e.g., bathing or going to the bathroom).
- Help your child to understand the difference between what is good and WRONG touching.
- Promote a ‘no secrets’ policy at home. Educate children about the difference between good secrets (like surprise parties—which are okay because they are not kept secret for long) and bad secrets (those that the child is supposed to keep secret forever, which are

not okay). Reinforce that being the victim of unwanted behavior is NOT a secret, even if they have promised not to tell. Teach your child that ‘secrets’ that must be shared even though they make people sad.

- Avoid focusing exclusively on “stranger danger.” Keep in mind that most children are abused by someone they know and trust. Refer to dangerous situations rather than dangerous people.
- Create a comfortable and supportive environment for your child to communicate openly. As your child gets older, this should include open discussions about romantic feelings, sexual urges, and relationships.
- Establish ways for your child to express if something is wrong or frightening.
- Find out what your child is being taught at childcare, preschool and at school about sexuality and protective behaviors and repeat this learning at home.
- Find resources to help teach your child
- Give information about being safe in a way your child can understand (ie using symbols and pictures as well as words, and repeating information).
- Establish ways for your child to be able to inform someone if they have been abused—and be believed.
-

Staying safe outside the home

- Be aware that abuse by siblings, friends and other young people is possible and is just as damaging as abuse by adults.
- Help your child to identify a range of people they can trust and approach if they feel unsafe.
- Talk with your child about their use of phones and the internet, chat rooms and social network sites. Teach them how to make safe choices about who to be in contact with.
- Ask your child who they are in contact with by phone and computer, and check messages on these devices.
- Be aware of where your child is and with whom.

With service providers

- Get to know who is working with your child and watch how they work with your child. Parents can get to know all persons working with their child and observe interactions closely for any signs of abuse. Parents and other caregivers may be the abusers, so other adults in the child’s life should also be able to identify possible abuse and know how to go about reporting the abuse.

- Be clear with service providers about your child's developmental level, their behaviors and their needs.
- If your child is non-verbal ask for a report on your child's daily activities and routines.
- Ask questions about the care provided to your child and the level of supervision and monitoring.
- Speak with service providers about the risk assessment they conduct for employees and volunteers as part of recruitment and ongoing practice.
- If your child has communication difficulties, ask for a report on your child's activities and daily routines.
- Ask your service provider about their child safe environments policies and other procedures they have in place to protect your child.
- Work with your child's school regarding their participation in protective behavior programs.
- Encourage training and continuing education about violence against children with disabilities for those with disabilities themselves, their families, legal professionals, judges, prosecutors, victim advocacy agencies, Guardians ad Litem, public defenders and police officers.
- Parents of children with disabilities and the organizations they are a part can form relationships with local victim assistance or child abuse agencies, share each other's expertise and partner together in serving children with disabilities in their local communities.
- Obtaining (or advocating for the funding of) family support programs, such as respite care, that have a direct impact on families with disabilities can help prevent abuse by giving families breaks from day-to-day caregiver responsibilities that can seem overwhelming

Trust your instincts! If you feel uneasy about leaving a child with someone, don't do it. If you're concerned about possible sexual abuse, ask questions.

The best time to talk to your child about sexual abuse is NOW.

VI. Necessary structural and policy changes

Ten actions for change have been identified by the parents towards preventing sexual abuse of disabled children. These are suggested for parents who wish to participate in the improvement of structural and policy changes in their community.

1. Improved understanding and awareness of the need for sex and relationship education for all disabled children and young people, and the need to break the taboo surrounding the sexuality and abuse of disabled people.
2. All schools should deliver accessible sex and relationship education for disabled pupils, which develops appropriately with the children's age and understanding. Access to this education should be included in children's Education, Health and Care Plans and monitored as a measurable outcome.
3. Schools and multi-agencies should work in partnership with parents to ensure that disabled children receive consistent, clear, accessible information on safe touch, choice and control, puberty, sex, relationships and abuse, and knowing how to let others know when they feel unsafe.
4. All disabled children should have access to communication methods and communication tools which enable them to have a level of choice and control, and access to a number of people who understand their communication method as a safety mechanism.
5. For children's support plans to be holistic and to address social and emotional needs including relationships, choices, sexuality and healthy relationships. And for disabled children to be helped to understand behavior that hurts, that they have a right to be safe and have help to learn about who and how to let know if they do not feel safe.
6. Transition planning and preparing for adulthood should include sex, relationship and safety education as it earliest stages and to be a monitored outcome.
7. The development of more accessible resources in multiple formats, which address all elements to support disabled children's' safety. Resources should be developed for children, their parents and professionals.
8. Parents to have opportunities to discuss these issues and share ideas in a safe and sensitive environment via workshops or support groups.
9. Better understanding, training and a consistent, balanced approach to avoid what is deemed "inappropriate behavior" by disabled children leading to unnecessary criminalization or inappropriate investigation.

10. Improved training for professionals to spot the signs of abuse of disabled children and prioritize the prevention and protection of disabled children and their families in service settings, and within the community where they are particularly vulnerable to targeting by gangs, and all forms of criminal exploitation.

Recommendations for Schools and Students

1. Provide age-appropriate sex education for students with disabilities.
2. Discuss safe vs. unsafe relationships.
3. Identify who to report a sexual assault incident to.
4. Ensure a personal safety plan is included in Individualized Education Plans (IEPs).

Recommendations for Disability Service Providers

1. Require sexual trauma training for providers.
2. Demand deeper background checks for all employees.
3. Listen and believe when someone discloses sexual assault.
4. Provide accommodations when a person reports an incident.
5. Ensure privacy when a person reports sexual violence.

Recommendations for Criminal Justice Professionals

1. Required training for first responders, law enforcement, the courts, and sexual assault and rape crisis professionals about serving disabled crime victims.
2. Learn effective strategies for interviewing crime victims with disabilities.
3. Use disability specific accommodations.
4. Consider community outreach to reduce fear of talking with law enforcement.

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8. Parenting Science: "Theories and practices". Communication with Parents

The classes “*Communication with parents*” cover the most topical issues of Parenting Science with a focus on communication. The items are chosen for discussions according to the parent most attended questions of parent integrated roles, communication among parents and children, peculiarities of communication in digital age; these are contextualized with the current social processes and needs. Articles and clips are suggested to consider and discuss. The course consists of suggested and optional activities, as well as tests for parent self-evaluation of their communication skills, conflict solvation, and reflections on the content of the course. Wide literature suggested for parents’ choice, local country issues are welcome.

CONTENT

The aim of the classes: to offer parents an opportunity to improve their understanding and skills of parenting; obtain deeper knowledge in Parenting Science and practice; further develop their communicative skills and accents on cooperation, as well as improve self-evaluation experience.

1. Parenting Science and parents’ roles, the main content of parenting science and essentialities of practices; adult learning features, their self-evaluation - 4 + 4

2. The essence and benefits of cooperation; role of cooperation in adult learning and parenting; cooperation in child rearing and family upbringing - 4 + 4

3. The essence of communication, its relation to successful cooperation; role of communication in children and adult learning; communication as a core of parenting; self-evaluation of communication practices - 4 + 4

4. Self-evaluation and evaluation of parenting skills – a starting point of the further target-setting; principles of a productive and successful self-evaluation - 3 + 3

5. Evaluation of the outcomes - 2

Allocated hours, total – 32 hours (3 credit points):

Autonomous learning – 16hours

Face-to-face or Skype classes – 16hours

Course participants will learn or improve their skills and competence (the themes of the program are mutually integrated by the design of classes):

- Parents' roles and adult learning features
- Role of cooperation in adult learning and parenting
- Role of communication in adult learning and parenting
- The basis of the parenting science
- Self-evaluation and evaluation of competencies

Outcomes of the classes 'Communication with Parents':

- Course participants will acquire new knowledge in 'Parenting Science';
- Further develop their skills to communicate with children;
- Learn how to identify the core problems and specificity of the children in digital age;
- Obtain the basic skills of self-evaluation.

Methodology

Part 1. Initiating communication

Activity 1-1. The dominating family needs in the European context

Adult and parent education need in the EU – why and what parents need to know and be able to achieve in their children upbringing? The social context:

- post-industrial changes and digital technologies – the new generation lives among and with digital technologies;
- too much time spent in communications via mobile devices and too few for live communication;
- enormous speed of changes in technologies and technological devices;
- responsibilities of families change in the uncertain social world and new way of their children thinking;
- youth employment becomes a problem related to appropriate education and their will to work;
- demonstrated will of youth's independence and self-confidence coupled with comparatively poor life experience.

Please, work in groups and make a list of the dominating needs (5 min.):

1.The dominating family needs (from your experience, impact of the digital age, etc.)	2.Parents' learning possibilities, making use of these (to be filled in during the session)	3.What the course of <i>Parenting Science</i> can provide more (to be filled in by the end of the session)
Knowledge: Skills: Attitudes:		

When the list is ready – this will serve you as a starting stage in your discussions on parenting – please, discuss it in small groups or at a plenary session and select some 3-4 for more detailed discussion:

- Why do you consider the selected needs dominating?
- Where is the main problem?
- Agree upon one need (these can be more if you can allocate more time for discussions) that is the most common for families that are represented in the group.

Activity 1-2. Positive parenting - discussion

Reading of small chapters of articles which the participants chose before the sessions and suggested for discussion: read, comment, views, other participant experiences, conclusions (suggested for discussion: Rodrigo, M.H., Almeida, A., Spiel, Ch., and Koops, W. (2012). Introduction: Evidence-based parent education programmes to promote positive parenting. *European Journal of Developmental Psychology*, 2012, 9 (1), 2–10); the following statement and a question had been suggested:

- (a) the full implementation of the Council of Europe Recommendation on positive parenting requires an appropriate response to these challenges – what the challenges and achievements could be?
- (b) What do you understand by notion *positive parenting*?

Activity 1-3. Communication in solving topical parenting problems

Parenting (child rearing) is a process of promoting and supporting the physical, intellectual, emotional, and social development of a child from infancy to adulthood. Parenting refers to a raising of a child in balanced and coordinated relationship of biological and social development (Abraham, 2017).

Make a list of problems you want to solve and means that you have for it.

What do we want to solve?	What do we know about the need/problem?
What tools/means/methods do we have?	What do we need to learn, understand, and do?

When the table is ready, discuss it in small groups or plenary session (if there are few participants).

Spot out common needs for the majority of the participants; discuss why? What are the reasons? What knowledge, understanding, and communication skills do you have or lack to cope with the needs that you experience?

Activity 1-4. Perception in communication

What can you judge of this family: For the session two pictures had been used:

- (a) Initiate a discussion on what the participants noticed and how their perception influences their reaction and communication in general. The participants imagine their possible reaction and comment the picture (below) from: <http://theconversation.com/alone-together-how-mobile-devices-have-changed-family-time-111478>;
- (b) Which apps do your children use? Should you know all possible apps or you can rely on your children choice? Do you talk of these possibilities with your children? The picture from: <https://www.pinterest.com/mashable/the-best-apps/>) The picture of apps to self-check the course participants or children recognition; also, to comment their possible usage by exchanging views of the participants, identifying those used by the participants' children, as well as discussion of how these could be introduced to parents and used when assisting them.

Use the pictures below to discuss the chosen hints. You can choose more relevant pictures from the web.

Some hints on the ways of acquiring competencies:

- Involvement in activities, cooperation with school and children
- Communication – value sharing, mind-set development
- The most effective way to do it is learning every-time, any-where
- Learning together with peers, teachers, parents, and others
- Parents' learning from their children and children's learning from their parents
- Discuss the family members' achievements of each day, just devote some minutes to this to strengthen mutual understanding what can you judge about mutual relations in this family; what can you 'read behind' the picture?

What can parents do in favour of their children and young generation?

What are the parents' roles? Do they change in the age of technologies?

Mind: there is a noticed tendency – as soon as parents or teachers join an app child use to change for another app.

Do you know what APPs your children use? Use the picture *Alphabet of APPs* (below). More pictures are available at: <https://www.pinterest.com/mashable/the-best-apps/>

Do you know how, when, with whom your children communicate in the web?

You can choose for the discussion:

- The most popular free applications
- The most popular iPhone apps –what is on the screen of your child’s iPhone?

Activity 1-5. Non-verbal communication

Using nonverbal means is a powerful communication skill. Ask participants to describe a situation when either the speaker or the listener used nonverbals like facial expression, body postures and actions, body space boundaries, eye contact either appropriate or addressed to something else, and why these means are important in knowing if someone is listening.

Discuss in groups/plenary session the term *appropriate eye contact*. What can you ‘read’ in other’s eyes?

Suggested pictures for Activity 4.



The picture from the blog: *Alone together: how mobile devices have changed family time* Available at: <http://theconversation.com/alone-together-how-mobile-devices-have-changed-family-time-111478>



The picture from: <https://www.pinterest.com/mashable/the-best-apps/>)

Part 2. Improving communication skills

Activity 2-1. Self-evaluation.

The activity starts with self-evaluation (Table 1 is given by the program below - *Questionnaire: Interpersonal Communication*) – participants evaluate their communication skills, make conclusions, and then discuss in the group:

- the most advanced and those that need improvements. The educator suggests to group the two kinds of skills (well-developed and under-developed), usually these are the same in major.
- Then the discussion goes on by identifying the reasons; these are also grouped into traditional and normative (parent-centered) education and the child- or learner- learning centred.

Conclusions on Table 1.

Activity 2-2. Styles of communication

Suggest to comment on two styles of adult communication in a family; use the self-assessment table to make conclusions on well-developed or under-developed communication skills:

- When you are at home you never pay attention to me/ as if you do not notice I am at home. You return home every evening and go straight to the TV/computer/iPhone. You seem to care more about the news in the world than what is happening in our family/with our children.
- I feel like we are not paying attention to each other/children/domestic affairs when we both return home from work. I wonder if your family/me/children are less attractive than the events in the world. Would you like to share the news of the day/ what was the day like for both of us/children? I think we are not connecting very well to discuss our family affairs/we should contact closer to discuss....

Activity 2-3. The most topical problems in families are communication-related

What are the most topical problems of your children, what they want to be, to have, and avoid?
What we want to achieve by solving a topical problem?

Spot out topical problems in families and why do these exist

What is the problem we want to solve?	What are/is our children/child problem that they want to solve?
What do we know about our children's problems?	What do your children tell you about their problems?
Spot out the most topical of your children's problem	Initiate a discussion with the child/children

Discuss these in small groups then in plenary session: Communication-related problems in families.

You will see that you and your children want to be successful, recognized, accepted in peer and/or adult community (family), need more communication, arrive to the mutual understanding among their family members. Actually, your needs are common, the tools, ways, means of achieving might be different (because of different experiences).

Now it is time to discuss the problems with your children/youth deeper, in details, and make it a regular affair in families. It will take some time, actually discussions should be non-stop, and these should be a normal topic among constant communication in your families. This is what your children need first of all; this is where your children learn life.

If you can allocate more time for your group discussions you can exchange experiences and spot out what you do often or do not do at all.

Activity 2-4. Your family target skills

Skills are the expertise or talent needed in order to do a job or task: practical jobs, learning, drawing, swimming, communicate, cooperate, etc. These allow a person for doing particular job at a respective level of quality and achieve the desired success. Skills make a person confident and independent in life. Almost any skill can be learned or improved if they are set realistic.

2020 growing/emerging mixed skills – (not every skill for everyone). Introduction by The World Economic Forum, 2019, on the most required jobs and competencies in the nearest forthcoming years.

(a) Work in groups and distinguish between hard and soft skills:

Analytical thinking and innovation vs. knowledge

Active learning and learning strategies vs. passive knowledge

Creativity, originality and initiative - by problem-solving

Technology design and programming - active technologies' user

Critical thinking and analysis - view-point for discussions, ideas, arguments

Complex problem-solving - context vision

Leadership and social influence - manage a particular areas of activities, self-management

Emotional intelligence - clear shared attitudes, responsibility, reciprocity

Reasoning, problem-solving, idea-producing - target-oriented activities, process management

- (b) Use the list of the most topical skills by The World Economic Forum, 2019. Range the skills according to: (a) priorities in your family, (b) priorities of your children, or (c) planned to acquire in the nearest future by your children or... (you may choose the most topical criteria for skills/competence analysis).

Additional activity. Systems analysis and evaluation – self-evaluation, target-settings

***Self-assessment** is an activity of collecting evidences to evaluate one's knowledge, skills, abilities, attitude, and other qualities. Self-assessments may also have a strong effect on how people are perceived within the family. This includes a look back over the quality of accomplishments and demonstration of communication and cooperation; they reflect mutual relations in families. Self-evaluation is a background for target-setting.*

Compare parent and children skills. You can draw one more table to analyse what skills/at least some bases of these each of your children or your have acquired and demonstrate them in learning and everyday activities, what skills are still unknown to you and your children. You will notice that, say, digital skills might be better developed by your children (age or other individual differences might interfere).

You can also self-evaluate your knowledge and skills.

Activity 2-5. Evaluation of hard and soft skills

Discussion:

Why soft skills (human qualities) become as important as the hard (pragmatic, technical) ones?

Select an item from the suggested above or choose your own and create one more table: Values and individual qualities in your family

What values do our children/youth share among their peers?	What values that they share follow those of our generation?
Which of these can you accept and which not? The main answer will be to the question ‘why’?	Find reasonable arguments to the question: why your children’s values correspond to yours and why not?

Suggest to complete this table: (a) by parents and (b) by children. Then do a small comparative study: dominating values of children compared to those of parents. Isn’t this a nice reason for discussions? Can we judge of dissonance in values? What can we say of communication, misunderstanding, and reasons of conflicts in families? Comment: children often complain that parents do not understand them – what could it mean?

Now you can discuss in small groups or at plenary session, why children or youth challenge human qualities alongside with the practical skills; how is digital competence valued, etc. – you can choose the most appropriate focus.

Activity 2-6. Discussion on parent roles

Participants should be able to

- identify the various aspects of parent roles
- agree upon a set of the generic role aspects of parenting
- reflect upon conceptualisations of parenting from a European perspective (use experiences of the participant countries in this seminar/program)

By developing a critical awareness through discussions of the various aspects of the parent roles, participants will be encouraged to adopt a differentiated approach in endeavouring to respond to the individual needs of parents and adult learners at various stages of their professional development.

Discuss if and how parent roles are related to values and communication style in families

Need analysis to meet the parents' roles and features of adult learners

1. With reference to your own experience, consider the following roles.
 2. Then identify those **five roles** you consider to be the most important aspects in parenting and place them in rank order. **Comment your choice**
- When selecting each role, please, register the questions which you put forward here:**
3. Discard any roles you deem of little importance or irrelevant and add any roles that you consider essential, but have not been cited on the cards. Please give reasons for your choices.
 4. Share your thoughts with the members in your group and agree a list of parent roles, which you consider to be 'essential' or 'less important'. Add any roles that were not included in the original list on the blank cards provided.
 5. In the plenary, **share your group's decisions** with all participants.

Suggested list of parent roles (you can add more roles):

<i>Adviser</i>	<i>manager</i>	<i>initiator</i>
<i>Coach</i>	<i>care-taker</i>	<i>partner</i>
<i>Assistant</i>	<i>enabler</i>	<i>evaluator</i>
<i>Guide</i>	<i>leader</i>	<i>listener</i>
<i>Mediator</i>	<i>instructor</i>	<i>model</i>
<i>Protector</i>	<i>supporter</i>	<i>facilitator</i>

Select to your opinion the most important parents' roles and spot out possible ways to integrate these. If you choose it an individual activity discuss your individual vision with the other participants of this program. You will see much in common. Now you can exchange opinion how parents can integrate their roles in everyday family life.

Activity 2-7. Adult learners - parents as learners

The best learning is learning together with your children – make it a joint venture! What can you children teach you?

Please, find below some most important features of adult learners. Read them and discuss in groups:

-What you have to master for parenting to improve your family upbringing or family pedagogy?

- If you are a teacher or educator to deliver the Parenting science program for parents, what you have to take into consideration when preparing and delivering classes for parents (they are adult learners).

Discuss in groups what you should spot out as the dominating features – these might be specific and differ between the two above mentioned target groups.

Discuss the ways you can meet the adult learners' features

Each group takes one cluster (or more if you can allocate time for this):

1. Adults have a need to know why they need to learn something before they undertake learning it. They look for the practicality of content. Traditionally adult learners tend to take courses without questioning why the course is important to their education. Usually they do not choose unnecessary courses.
2. Adults have a need to be responsible for their own decisions and to be treated as capable of self-direction. (School learners, on the other hand, often have a need for direction to be provided by teachers.
3. Adult learners have a variety of life experiences which are their richest resources for learning. This is in contrast to traditional learners who rely heavily on the teacher's

knowledge. Why parents often experience problems with their children? What are the dominating problems?

4. Adults are motivated to learn things that they perceive will help them cope with real-life tasks or problems. They are also motivated by a sense of self-esteem. Traditionally school learners are more subject-oriented and they seek to successfully complete courses regardless of how the content is related to their own goals.

Activity 2-8. Cooperation: perceiving – understanding – doing

Cooperation is the process undertaken by two or more people of working, learning, creating something, organizing one's life together to complete a task or achieve a goal. The value of cooperation/collaboration is achieving better results by putting experiences together; this often creates synergy, that is impossible while working alone.

1. **Video on attention and perception** (you can choose other clips that you find relevant).
Find in the web:

<https://www.weforum.org/agenda/2017/06/why-people-with-creative-personalities-see-the-world-differently>

1. Please, pay attention to the instruction of the video.
2. After watching the video, please, speak out what you have noticed/perceived
3. If you have to make a decision, what is your perception (how many cases did you notice to base on for your decision?)
4. What else did you notice to make your conclusion?

Your conclusion on the video and decision-making: Your ideas for cooperation with the group?
What activities can you initiate with the group?

Compare the components and discuss differences and common features of Cooperation and Collaboration

(You can enter the web-site and test your collaboration skill. Test: English: Online Collaboration Skills Barometer / <http://dev.ecdl.it/project/online4edu/index.php?lang=en>)

Synergy – additional possibility which is not available when working individually; the importance of this phenomenon lies in possibilities to create new knowledge.

Discussion: what you consider to be the most important components of collaboration at the conceptual level? What components should be improved?

- Awareness – We become part of a working entity with a shared purpose
- Motivation – We drive to gain consensus in problem solving or development
- Self-synchronization – We decide as individuals when things need to happen
- Participation – We participate in collaboration and we expect others to participate
- Mediation – We negotiate and we collaborate together and find a middle point
- Reciprocity – We share and we expect sharing in return through reciprocity
- Reflection – We think and we consider alternatives
- Engagement – We proactively engage rather than wait and see

Activity 2-9. Values of communication.

Now we have collected situations, views, experiences; communication helped us with this. What is communication, why it is so important?

Make a list of communication values and discuss it in small groups or at plenary session

Mind a methodological statement: *communication and different kinds of action are two interrelated phenomena that make a background for human individual development and enhancement.*

Communication is an act of transferring information from one person or group to another. Quite often communication reaches the form of discussion – exchange of knowledge, views, opinions, or values.

Additional/extra activity. Strategies for effective/positive parenting

Avoiding children and adult behaviour problems, avoiding physical or/and mental violence/misbehaviour.

Table 2. Some hints for a program for parenting skills' enhancement

Reasons	Some hints for the possible program
<p>Children and even adults feel <i>frustrated by a problem that's too big for them.</i></p> <p>They <i>haven't yet learned how to control their impulses</i>, or avoiding conflicts in socially acceptable ways:</p> <ul style="list-style-type: none"> - kids don't process emotions and information the way adults do; - hostile attributions keep hot the very problem they want to solve or even create new ones 	<p>Assistance in developing experience of reasonable behaviour:</p> <ul style="list-style-type: none"> - Discuss the problem to spot out reasons (aims and desires; means or tools chosen to solve the problem; finding common desires and negotiating on differences - Discuss possible solutions, let children, /adults themselves make a decision
<p><i>Special difficulties</i> - like stressful life events, emotional regulation problems, attention deficits, autistic symptoms, o quite often - hyperactivity</p>	<p>Theories and practice of special pedagogy</p>
<p>Behaviour depends on <i>how people perceive the world</i></p> <p><i>it is shaped by the social environment</i></p> <p>and <i>how people evaluate</i> the influences of the world agents (according to individual meaningful <i>criteria</i>)</p>	<p>Family culture and its cultural contexts</p> <p>Behaviour, parents as <i>behaviour models</i></p> <p>Discussion on events, literature, theatre, etc. in families – creating emotional culture and values</p>
<p>Family members <i>can have a powerful influence</i></p>	<p>Moral support and practical training of socially acceptable behaviour - developing experiences</p>

An extra activity: *Some pedagogical hints to solve conflicts*

Do not...	Do... / parents need assistance:
Do not address <i>the whole person</i> – this destroys chances to change (like: you are a bad child); people might perceive a situation differently	Address his/her behaviour (like: this reaction / behaviour is not the best way you can do it... Just think of it)
Do not make <i>immediate</i> decisions and evaluations – people (especially children) might need more time to process verbal instructions, require more practice	First try to understand the reasons, come to realistic expectations (this might take time for considerations); re-shaping demands
Do not lose a focus on feeling protected in family - emotionally dis-balanced people and kids are less likely to learn on their own	Get realistic expectations about the development of empathy, kindness, attitudes, relations; Support their <i>sense</i> of being protected
Do not lose focus on maintaining a <i>positive relationship</i> ; ... do not keep listing misbehaviours	The first step is <i>reorganizing one's priorities</i>
Do not sacrifice one's own emotional well-being, <i>do not complain</i> about bad relations, misbehaviour etc. Stress shades thinking and damages relationships	Learn how to manage stress, how to maintain good relationships

Let us self-evaluate our communication skills. Why communication is important?

Optional Activity

Let us design a course/classes „*Parenting Science: Positive parenting*“:

(a) for parents if you are teachers/mentors/educators;

(b) for your personal development if you are parents and want to go deeper into Parenting Science.

1.The aim: to assist parents (adult learners) in developing parent and children engagement skills, provide parents opportunities for acquiring the basis of the *Parenting Science* to enable them self-conduct the improvements of their parents' competence.

2.The achievements: knowledge, skills, attitudes, values, ... experiences etc. – the *focus of the program*. Will you, please, reflect on what you have learned during this session?

3. The content – items/components of *Parenting Science* which the program covers to offer the parents a possibility to gain the planned achievements:

- Knowledge and understanding of their children (psychology, anatomy, health, caring...): cognitive abilities, emotional balance etc.
- Educational possibilities and functions of a family: *role models, engagement, communication, cooperation, sharing partnership and values*
- **Cooperation and communication** – basis of family engagement; **why** it matters to the success of children and schools
- Exploring the impact of **family engagement** to better educational outcomes and learner developmental success
- **Exploring effective** parental practices
- Helping parents to achieve understanding of the most often reasons and preferable **responses to children misbehaviour**
- **Special needs...**

Engagement is essential for kindergarten, school, college, as well as family upbringing improvements. It is also increasingly recognized as an integral element for proficient practice as an educator.

4.Tools, technologies you will suggest:

5.Self-evaluation and evaluation of the program outcomes

Suggested table for self-evaluation

Table 1. Questionnaire: *Interpersonal Communication*

The following confident statements have the aim to help parents (also teachers and/or educators) to conduct effective communication by reflexing about **skills for interpersonal communication**. The questionnaire can be used either for regular classes or for final self-evaluation. For a current session in the Parenting science program we accentuate communication (choose the most appropriate partner of communication and self-evaluate accordingly) or chose as many as you like – this then will take more time to complete:

- a) with children
- b) with colleagues
- c) with acquaintances
- d) with other parents
- e) with...

	Not Confident 1	2	3	4	Very Confident 5
1. I understand the importance of interpersonal communication with ...					
2. I understand that the communication process depends on many factors					
3. I know that I can manage some of these factors (mention them)					
4. I know that some other of these factors do not depend on me or on what I want (mention them)					
5. I understand that my whole behaviour is involved in communication, verbal and non-verbal signs					
6. I know that for an effective communication the verbal signs I use must be clear					
7. I know that non-verbal signs, body language (facial expressions, gestures) are sometimes more significant for communication than language itself.					
8. I am aware that, if verbal signs and non-verbal signs do not coincide, the communication partner(s) will be confused (please, think of a situation for a group discussion)					
9. I understand that the way I perceive reality differs from that of my children (other persons)					

10. I know that the way I perceive reality is a result of my socialization					
11. I know that I perceive reality through a “filter” consisting of my experiences, my thoughts, my values (think of cases to be discussed)					
12. I know that the same ‘filter’ applies for children (any other person) involved in communication					
13. I understand that I have to distance myself from this “filter” and think of the children’s (partner’s) experiences in order to be “open-minded” for successful communication					
Think of situations when current context interfered with communication, prepare it for the group discussion or self-evaluation					
14. I understand that every communication process takes place within a communication context					
15. I know that this context consists of: time, place, situation, and everything else that has preceded between the communication partners					
16. I know that all messages of the communication partners have to be “heard” at two levels: the information-level and the relationship-level (please, be prepared for a discussion)					
17. I know that at the information-level the message includes opinions, emotions, experiences, values etc. of the partners					
18. I understand that at the relationship-level the messages might be strongly influenced by emotional tension between communication partners					
19. I can hold back my emotions, so that I can communicate in a rational manner					
20. I can simplify my language, so that my partner can understand more easily what I mean					
21. I understand that communication requires certain abilities like the following (mention some of them and suggest for discussion):					
22. I can listen actively to what my partner (children) say, e.g. I can put myself in his/her position					
23. I have a high self-estimation that allows me to communicate with others in an honest way					
24. I understand the importance of the meta-communicative competence (e.g. understanding principles of communication)					

Discussion: what collaboration and communication skills we have, and which ones still need improvements?

If you are a teacher who delivers these classes: What should be of special attention in the program which you are going to offer the parents/choose for your individual development?

If you are a parent: How such classes for parents could be improved?

Part 3. Active listening – an important component of communication

(Modified from the TISSNTE project, 128825-CP-1-2006-1-UK-Comenius C21). Parent educators can choose any of the suggested activities or do all if there is enough time; it is possible also to suggest some activities for parent autonomous completion.

Communication is successful if partners are good listeners. Quite often in family communication fails if the partners do not know how to listen to each other. When you decide that you really want to listen to someone, and give them a chance to tell you whatever they want to tell you, then active listening is appropriate; it will not necessarily always be a counselling situation; in fact it is extremely useful in educator - group or parent – child communication.

The aims of active listening are to put the listener into a neutral, non-directive, non-judgmental frame of mind, so that she can give full attention to the person who is speaking, and allow him to make his own way through his story without interference. We often think of it as a gift, because the luxury of talking through an issue without interruption or blocking of any kind is very rare indeed.

Activities should be introduced by a short instruction because Active listening is rear part of programs. : When you decide that you really want to listen to someone, and give them a chance to tell you whatever they want to tell you, then active listening is appropriate; it will not necessarily always be a counselling situation; in fact it is extremely useful in educator - group or parent – child communication. The aims of active listening are to put the listener into a neutral, non-directive, non-judgmental frame of mind, so that she/he can give full attention to the person who is speaking, and allow him to make his own way through his story without interference. We often think of it as a gift, because the luxury of talking through an issue without interruption or blocking of any kind is very rare indeed.

Activity 3-1. What is active listening and why it is important?

The participant group is split into two parts, each has an assignment that is not known to the other group: – one are the speaker's group, one reads a text, speaks on the qualities of active listening, or on any chosen topic; the rest of the group watch the listeners (preferably each watches one listener) and makes notes that are evidences of attentive (or just opposite) listening. Preferably for reading/speaking a longer text is selected, lasting for some 10 minutes so that there is enough time to collect evidences. It might be a theoretical chapter.

Discuss the collected evidences, possible mistakes in perception, and reaction to the situation of those who are not attentive enough listeners.

Listening is an evidence of respect.

Afterword, they practice active listening in pairs, changing the roles. This practice can be videotaped and analysed as well.

The aim is to help parents or parent educators use evidences to better understand the concept and development of the active listening, as well as develop skills of a good listener. The focus of this practicing exercise is effective communication. It can be used at the beginner phase and also for experienced participants of the activity. The activity can be individual, and pair work – the choice depends on the participants.

Chapters for the exercise Active listening should be chosen by the educator.

Activity 3-2. Evidences of active listening

Active listening is a component of communication, perceiving some information, knowledge, evaluations, etc. that will be use to participate in communication or react. The participants:

- (a) individually read a small suggested chapter about active listening to answer some questions;
- (b) reflect on their experiences and select evidences of active listening.

Afterword, they practice active listening in pairs, changing the roles. This practice can be videotaped and analysed as well. The aim is to help parents, parent mentors/educators understand the concept and development of the active listening, as well as develop skills of a good listener. The focus of this practicing exercise practice is effective communication. It can be used at the beginner phase and also for experienced participants of the activity. The activity can be individual, and pair work – the choice depends on the participants.

Chapters for the exercise Active listening should be chosen by the educator.

Activity 3-3.

The course seminar of this project suggested Half, R. (2015). 10 Quotes to Inspire Active Listening. (Available at: <https://www.roberthalf.com/blog/salaries-and-skills/10-quotes-to-inspire-active-listening>). The participants comment the Quotes to Inspire Active Listening (when time is limited, participants can choose one or two statements to comment, illustrate by their own situations when they were either successful or ‘bad’ listeners. This activity can be optional).

10 quotes to comment are (the focus of comments can be chosen either by participants or the educator):

- Listen at least as much as you talk.
- Listening is a sign of respect.
- Never stop listening, the speaker will decide when to stop; or you can apologise and ask to stop.
- Learn by listening and think what you can learn from your child or educator from a parent.
- Listening should be open, demonstrate interest in it and will to know the speaker’s view.
- Learn to bite your tongue, learn to keep silent when your partner/parent/child speaks.
- Don't try to multitask, do not suggest several topics or problems at a time.
- Use your eyes and your ears, demonstrate your ‘listening’ by all senses.
- Exercise the creative force, listening creates us, we obtain our qualities by listening.
- Do more listening than talking

Activity 3-4. Active listening compared to everyday conversation patterns

Suggest parent educators (or parents) to reflect on their everyday communication and note down the differences between Active listening and Normal conversational patterns (make a table), when the exercise is ready, suggest a discussion and conclusions, as well as statements on their achievements, what they have learned from this activity. From this activity, participants can see that there could be many other choices of responses.

Think of any other possible “Active listening” responses for the discussion. Very useful might be situations from the participant experience when violated one or more advise (of the 10 given here): interrupted talk by the listener had the effect of blocking the flow of what the talker wants to say, and directing the conversation in the direction of what the listener wants to know; people cannot manage to do active listening and anything else at the same time - that is what we mean when we say it requires strict self-discipline; you remember situations when your child stopped conversation by saying ‘you do not love me...’, etc.

1. _____
2. _____

Activity 3-5. Choosing a way of listening to your peers, family members, or anyone else (focus should be chosen). Suggest parents/parent educators to reflect on:

- a. In what situations do you think you would find active listening useful in your private life?
- b. List the “rewards” of active listening (what you can learn, acquire a skill to communicate, make friends, etc.)

Using nonverbal means is a powerful communication skill. Ask participants to describe a situation when either the speaker or the listener used nonverbals like facial expression, body postures and actions, body space boundaries, eye-contact, etc., and why these means are important in knowing if someone is listening to what others are talking about.

Discuss the term *appropriate eye contact*. How nonverbals can reflect a person’s inner world. Suggest a situation or choose one described by the course participants.

Activity 3-6. Self-evaluation to improve one’s skills of active listening

Suggest parent educators (or parents) to reflect on their everyday communication and note down the differences between Active listening and random conversational patterns (this can be a home-work; make a table), when the exercise is ready, suggest a discussion and conclusions, as well as statements on their achievements, what they have learned from this activity. From this activity, participants can see that there could be many other choices of responses.

Think of any other possible “Active listening” responses for the discussion. Very useful might be situations from the participant experience when violated one or more advise (of the 10 given here): interrupted talk by the listener had the effect of blocking the flow of what the talker wants to say, and directing the conversation in the direction of what the listener wants to know; people cannot manage to do active listening and anything else at the same time - that is what we mean when we say it requires strict self-discipline; you remember situations when your child stopped conversation by saying ‘you do not love me...’, etc.



1. _____
2. _____

Suggest parents/parent educators to reflect on:

- a. In what situations do you think you would find active listening useful in your private life?
- b. List the “rewards” of active listening (what you can learn, acquire a skill to communicate, make friends, etc.)

Note: the number of activities depend on the scope of the program, time allocated for the course/program, as well as the peculiarities or needs of the course participants - course educators can select the most appropriate activities and modify them.

Evaluation

Optional questions for evaluation of the classes (SWID analysis) and self-evaluation (table)

1. Why and how ‘Parenting Science’ is useful for parents?
2. What did you learn from it?
3. Why is communication suggested as a core of this program?
4. Please, comment:
 - (a) ‘If there are no common activities, there is no communication’;
 - (b) Misunderstanding, disagreements, and even conflicts between parents and their children are a standing phenomenon through ages. Why? What do their experiences say?
5. Choose one, read and comment:
 - (a) *Alone together: how mobile devices have changed family time*. Available at: <https://theconversation.com/alone-together-how-mobile-devices-have-changed-family-time-111478>
 - (b) Molla, R. (2019). *Generation Z doesn’t always want to hear from you*. Available at: <https://www.vox.com/recode/2019/10/15/20915352/generation-z-technology-attitudes-optimism-always-reachable-survey-gfk>
 - (c) Give your comments of how to translate these suggestions (tips) into the categories of *Parenting Science and Practice*: Uzialko, A. (2019). *Self-Assessment: 5 Tips for Writing Your Performance Evaluation*. Available at: <https://www.businessnewsdaily.com/5379-writing-self-assessment.html>



6. What parent and parent educator features demonstrate the adult learner skills?
7. What are the core features of communication with the children of digital age?
8. Why cooperation with children is fruitful?
9. Please, comment how you integrate your parenting roles and why you are successful (or why not)?

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9. Communication with professionals and educators

Content

SECTION 1: Lesson introduction

SECTION 2: New Technologies of Communication Applied to Education. Short Historical Review.

SECTION 3: Communication skills in the context of education.

SECTION 4: Communication strategies and good practices.

SECTION 5: Communication within triad: parents – student – educator.

Communication skills are important for many professions but are crucial for teachers/educators. Teachers communicate with students, parents, colleagues and administrators every day. Whether communicated face-to-face, on the phone, in print, electronically or through the public address system, the message must be constructed carefully and delivered clearly to be properly received. Good handwriting, spelling and grammar are very important in all forms of written communication.

Key learning point of the lecture

- Understanding the importance of the interpersonal communicating and relationship between the members of the families involved in the care taking of the child and educators or professionals.
- Introducing a variety and different experiences in the communicating of stakeholders.
- Providing tools and advice to help the teachers, families and professionals.
- How to improve and ease the communication: i.e. how to provide a message clearly and with tact within the triad (*parents-educator-student*).
- How teachers/professionals should be comfortable communicating with parents and in regular way using phone calls and the latest devices of electronic (ICT, Apps, TCT...) and social media communication.

Expected achievements:

- to facilitate the kind of social interactions and relationship between the members of the families involved in the care taking of the child and educators or professionals.

SECTION 1: Lesson introduction.

In the beginning we have to describe the key roles of agents of communication in the context of relationships: educator/teacher – professionals – students - parents of students (sometimes students with special needs).

Communicating with Parents

Teachers must be able to express themselves both verbally and in writing in order to report student progress to parents. They need to explain the strengths and weaknesses of their students so that parents will understand the message and be receptive rather than defensive. This is especially important when the teacher conveys a difficult message about the student's misbehavior or learning problems. The message must be delivered clearly and with tact. Teachers should be comfortable communicating with parents regularly, with phone calls and informal notes in addition to formal report cards.

Interacting with Colleagues and Supervisors

Although teaching is often done in the isolation of a classroom without the presence of other adults, good teaching involves consultation with colleagues. Schools that see themselves as professional learning communities encourage teachers to plan lessons together and learn from one another. They take a team approach when problem-solving, especially for difficult students. This all requires excellent communication. Teachers stay abreast of new developments in education by reading journals, listening to new ideas from their administrators and school board consultants, and sharing and discussing these ideas with colleagues.

Communication is both receptive and expressive. Teachers/educators must be skilled at listening to their students as well as explaining things clearly. Teachers need clarity of thought to present their ideas and instructions. They must be able to break down complex ideas into simpler parts and smaller steps to transmit to their students. They must be able to adapt their methods of communication to all students regardless of ability or learning style. They are able to "read" their

students and adapt to the needs of the individual. Effective communication includes transforming the boring into the interesting and having good presentation skills.

Communicating Caring

In addition, good teachers communicate concern and caring by their tone of voice and use of body language. They transmit genuine commitment and affection for their students. Good teachers care about their students' progress and let their students know it at all times. They learn their students' names early in the school year and use their names when addressing them. They get to know their students' hopes, fears and preferences and communicate this knowledge to their students. They communicate their appreciation for what their students do by celebrating their successes and constantly encouraging them. This helps students feel recognized and validated.

SECTION 1: Lesson 2.

New Technologies of Communication Applied to Education. Short Historical Review

Most young people, active educators and professionals use technology to facilitate the kind of social interactions that we all recognize. There is always smaller group of digital pioneers in focus group that is pushing at the boundaries of conventional practice. For every focus group there is a 'leader of the pack' who used to be one step ahead of the rest. These individuals have strong digital identities and are making the shift from consumption to creation. A range of characteristics is common to this type of activity – self-motivation, ownership, purposeful creativity and peer-to-peer learning.

According to diagnosis of professor Hugh Bradlow (2015) today's ICT environment can be characterized in terms by three significant trends which also condition required communication skills and competencies:

1. Computing is moving into the cloud and consequently becoming abundant and cheap;
2. Media distribution is shifting from broadcast to broadband, thereby creating the technology environment for immersive solutions that allow realistic telepresence;
3. Environmental pressures such as climate change, food and water supply, as well as social pressures including security, health and an ageing population, are creating the need to measure the world around us so that we can influence it.

Therefore these trends are supported by a range of emerging and compilation of technologies:

- Cloud services;
- The Internet of Things;
- Big Data;
- Artificial intelligence and robots.
- 5G and 6G platforms.

Necessary skills and competencies will follow these areas of ICT and will be to some extent dependent on them. For example users of electronic data will have to obtain sophisticated knowledge on solutions to surf in such environment of electronic data. New employees have to master the technical ability to take particular sort of data and store it in a scalable cloud-computing environment (i.e. Big Data). In many circumstances, there can be a need to analyze data in real-time (consider, for example, medical monitoring where timely intervention is critical). Next significant change was tendency that the computer is now out of the box. Recent technological breakthroughs are turning non-routine tasks into well-defined problems.

Digital and first of all global technologies have changed also the way how education services are delivered, supported, accessed, assessed, perceived and afforded. The knowledge economy needs a delivery model that is flexible and accessible from anywhere. Education is one of the ‘Long Fuse Big Bang’ industries identified by Deloitte in its analysis of the impact of digital disruption on industries (den Hollander, 2015). When students travel to a university site, they expect technology-rich learning spaces with Wi-Fi covering facilities and when they access their university’s learning platform, they want seamless single sign on access to a wide range of resources. Integrated communication and collaboration platforms enable students and staff to create documents and files; store, access and share files; and communicate and collaborate on multiple devices. They expect to videoconference with peers and lecturers, jointly work on documents, book a computer or order a coffee from the cafeteria – anywhere, anytime, from any device and with no hassle (den Hollander, 2015).

A little historical perspective

Technological ways of communication as well as other changes have not always been viewed as positive ones. In Plato’s *Phaedrus*, Socrates regretted the introduction of written text because he felt it would reduce the skill of memory and the ability to engage in active discourse – skills that were necessary for an informed citizen of his day. He felt that written text was something worse than oral discourse because of its lack of interactivity – the reader could not

engage in dialogue with it. Till these days skills in decoding and comprehending written text have become the core of our conception of literacy. The invention of the printing press made the knowledge encoded in text available to a larger number of people, and it started to make mass literacy an important part of everyday life. The press and the enlarged knowledge caused significant social transformations, such as the rise of Protestantism and the scientific revolution. Recent years have seen a tremendous growth of technological development, much of it related to the invention of the computer and the internet. In the fifty years from the end of the Second World War to the eve of the second millennium, computers evolved from huge, almost room-sized machines used for military needs to the compact, typewriter-sized devices found in a third of American homes, half of American workplaces, and in classrooms serving more than 70% of American students (Newhouse, 2000).

Over the past 40 years, we have seen unprecedented advances in computing and communications that have led to powerful technology resources and tools for learning. In these days, low-cost Internet access devices, easy-to-use digital authoring tools, and the Web allow access to information and multimedia learning content, communication, and collaboration. They provide the ability to participate in online learning communities that cross disciplines, organizations, international boundaries, and cultures (Transforming American Education, 2010: 11). In less than twenty-five years – roughly half the evolutionary time of computers – the internet grew from a top-secret military computer network designed to survive a nuclear first strike into a popular information system. Almost from the very beginning of computerizing process computers have been used systematically in the teaching and learning. We can find that already since the 1960s, an another important step was the introduction of the personal computer (PC) in the late 1970s that made computers accessible to a wider audience.

Lack of technology also limits communication opportunities for many families. Teachers should never assume that students have access to technology at home (Ramirez, 2001). They should survey parents regarding access to voice mail, computers, and the internet. In addition, many teachers and parents are still uncomfortable with the use of technology. thus, Ramirez noted that “paper-based” communication should still have a fundamental place in the overall communication strategy of the school, despite extensive technology use. Importantly, the rules to written communication also apply to e-mail and webbased content, and confidentiality of personal information must be ensured.

Some pedagogical theories helped to introduce the ICT infrastructure into education and made this process smooth and useful. It allowed large information-based software packages such as encyclopedias to be cheaply and easily distributed. As a result educators became more focused

on the use of the technology to improve student learning. In this day because of possibilities of such tools like iPods, iPhones, smartphones, tablets, and the large internet sources consisting of wikis, blogs, podcasting, bookmarking...etc. the resources, materials, dictionaries and other needed staff for teaching and learning are available almost on the same level to teachers as well as to students for twenty four hours a day.

How some pedagogical theories have exploited and influenced communication in education. The first theory which made enormous influence on the educational process was Jean Piaget concept of segmentation in upbringing and adaptation with organization as well also effected to some extent applying ICT means to education. Piaget early around 20's of last century believed that two principles guided intellectual growth and biological development: adaptation and organization. He believed in 4 developmental stages that affect a child's learning. Computer programs (games, videos, etc) found online can teach students different concepts while matching their developmental stage. There are many websites that teachers can access to develop student's phonemic awareness while matching their develop stage. The another theory in history of upbringing and education was Dewey's Experiential Education Learning Theory from 1938. Dewey is most known for his beliefs regarding experiential learning. In 1938, he published "Experience and Education" and it had a profound impact on progressive education. Dewey regarded education in a democracy as a tool to enable a person to integrate his or her culture. Dewey's theory continues to influence the design of innovative educational experiences. This theory can be used in conjunction with technology to design activities that allow students to explore a topic.

The next influential concept of approach to student was B. F. Skinner's theory of reinforcement which was employed within pedagogy and language acquisition too. Skinner's theory of reinforcement helped to establish the Behaviorism and Programmed Instruction movement, which states that learning should have clear behavioral objectives, small chunk of instruction, self-pacing, and immediate feedback. Teachers can use this theory with technology in many ways. They can use the theory of reinforcement to teach young students how to correctly use a computer, type, open/save documents, but also apply to grammar drills and vocabulary acquisition. Also around 50's and 60's became J. S. Bruner's psychological theory of discovery learning. Discovery learning is an inquiry-based, constructivist learning theory that takes place in problem-solving situation. According to Bruner, his theory promotes student engagement and motivation, autonomy and responsibility, and develops students' creativity and problem-solving skills. Most modern technology is based on the idea of discovery learning. Students can engage in discovery learning by researching a topic online, engaging in simulations, etc. Therefore electronic media and social media which provide safe distance for **interlocutors**

may help to engage students and teachers/educators much more than it used to be having to do with traditional ways of communication.

The base of constructivism which today became the core of teaching and learning process is another helpful for ICT involvement, which is Vygotsky's Social Development Theory. Let us remind you that Lev Vygotsky's theory consists of three major assertions: one of them says that social interaction plays a huge role in cognitive development, the another points that the more knowledgeable other refers to someone of a higher ability level, and the last one is the idea of zone of proximal development. Modern technology programs can determine a child's ZPD (i.e., accelerated reader, MAP testing, etc) and teaching and learning largely bases on the importance of social interaction within for example of language acquisition.

From the historical point of view of enhancing communication strategies, including also in a education field the educators and professionals should take into account the cognitive theory widely spread in education which outlines nine instructional events and corresponding cognitive processes in pedagogical communication: gaining attention (reception), informing learners of the objective (expectancy), stimulating recall of prior learning (retrieval), presenting the stimulus (selective perception), providing learning guidance (semantic encoding), eliciting performance (responding), providing feedback (reinforcement), assessing performance (retrieval), enhancing retention and transfer (generalization). These stages should satisfy or provide helpful the necessary conditions for learning communicating and serve as the basis for designing instruction and selecting appropriate media (Gagne, Briggs & Wager, 1992).

Expressed communication involves one-way or two-way exchanges (Berger, 1991). One-way communication occurs when teachers seek to inform parents about events, activities, or student progress through a variety of sources, such as an introductory letter at the beginning of the school year, classroom or school newsletters, report cards, communication books, radio announcements, school Web sites, and so on. Two-way communication involves interactive dialogue between teachers and parents. Conversations may occur during telephone calls, home visits, parent-teacher conferences, open houses, and various school-based community activities. Teachers should actively incorporate both strategies to maximize sharing information with parents.

SECTION 3: Communication skills in the context of education.

The social skills, such as persuasion, emotional intelligence, and teaching others, will be in higher demand in near future across industries than narrow technical skills, such as programming or equipment operation and control. Content skills (which include ICT literacy and active learning), cognitive abilities (such as creativity and mathematical reasoning), and process skills (such as active listening and critical thinking), will all increasingly become part of the core skills requirements for many industries (World Economic Forum, 2016, p. 24)³ also for educators and professionals who must implement them into process of education. Figure 1 synthesizes the future of work and skills, offering some propositions of future skills' matrices.

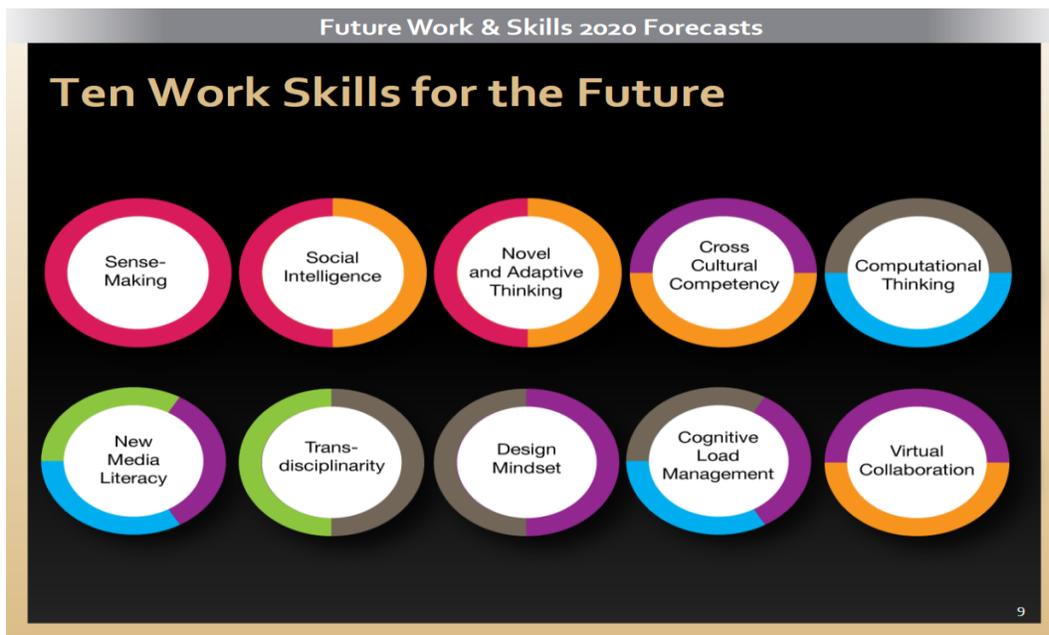


Figure 1. Ten skills for the future (source: Tracey Wilen-Daugenti)⁴.

Tony Wagner, an innovative educator evolves a proposal of important future educational skills. According to Tony Wagner skills & qualifications surrounded by helpful technological circumstances may support the holistic students' development (Wagner, 2008; Davis, 2008). In a previous Section 1 we could see how important have become using the latest ICT and social

³ More than half (52%) of all jobs expected to require these cognitive abilities as part of their core skill set in the 2020s either do not do so today, or do so to a much smaller extent.

⁴ Careers 3.0 Future Skills Future Work, slide presentation; available at <https://www.oecd.org/site/eduimhe12/Tracey%20Wilen-Daugenti.pdf>; last accessed on 11.10.2017.

media&internet technologies in education. In circumstances of future pedagogy, Wagner proposes more in holistic way achieving these skills&competences in relation to human work, life-long learning and fulfilling citizen tasks. He called them “survival skills”. According to him following and fulfilling those skills may guarantee more or less succeeding not only education but in business as well (Wagner, 2008). Very important group of skills in his proposal there is a group of communication skills. In his “21st Century Skills as defined by Partnership for 21st Century Skills”, which is enlarged sets of needed and useful skills, there may be found a important indication: “Communicating and collaborating with teams of people across cultural, geographic and language boundaries” (Wagner, 2008).

How much important not only in development process of education but also in holistic progress of a human being there are communication skills, especially in the field of professionalization and even business are others propositions of evolving the communication competences for example among professionals. One of such propositions is “The Effective Oral and Written Communication” of Annmarie Neal, Vice President for Talent Management at Cisco Systems, who understands and puts such competences very high in hierarchy of skills: “The biggest skill people are missing is the ability to communicate: both written and oral presentations. It’s a huge problem for us.” Wagner adds more as a clear and concise writing, speaking, and presenting with focus, energy, and passion; ability to persuade others; know how and when to use different levels of communication; ability to provide “elevator speeches”; presentation skills. There is no coincidence that Wagner sets a group of communication competences just with collaboration skills. Communication and collaboration mean that students use digital media and environments to communicate and work collaboratively, including at a distance, to support individual learning and contribute to the learning of others. They also:

- a. interact, collaborate, and publish with peers, experts, or others employing a variety of digital environments and media.
- b. communicate information and ideas effectively to multiple audiences using a variety of media and formats.
- c. develop cultural understanding and global awareness by engaging with learners of other cultures.
- d. contribute to project teams to produce original works or solve problems.

Another proposition of future skills diagram comes from the diagnosis for young people who will be applying for job. These core employability skills have been grouped under four broad skill categories: learning to learn; communication; teamwork; problem-solving. But so many pro-future skills and competences which are treated in many educational proposals as needed and necessary consist of communication skills such as: competent in reading, write to the needs of an audience, write effectively in the languages in which the business is conducted, listen and communicate effectively, listen to understand and learn, read independently, read, comprehend and use materials, including graphs, charts, displays, understand and speak the language which the business is conducted, use numeracy effectively, articulate own ideas and vision (Brewer, 2013, pp. 10-11).

Education serving future communication skills & competences

If we examine the main indicators of skills and competences determined as necessary for work, we are left with two main groups of basic capabilities: one referring to a broad range of literacy skills, ranging from comprehensive reading to writing or mastering foreign languages, and the second focusing more on soft skills deriving from personality and habits. Understanding this point could serve to orientate the first steps to take in preparing individuals for future professional careers. Figure 2 indicates the most useful skills at work of communication with other partners, divided according to the two main types of capability:

	Indicator	Group of tasks
Information-processing skills	Reading	Reading documents (directions, instructions, letters, memos, e-mails, articles, books, manuals, bills, invoices, diagrams, maps)
	Writing	Writing documents (letters, memos, e-mails, articles, reports, forms)
	Numeracy	Calculating prices, costs or budgets; use of fractions, decimals or percentages; use of calculators; preparing graphs or tables; algebra or formulas; use of advanced math or statistics (calculus, trigonometry, regressions)
	ICT skills	Using e-mail, Internet, spreadsheets, word processors, programming languages; conducting transactions on line; participating in online discussions (conferences, chats)
	Problem solving	Facing complex problems (at least 30 minutes of thinking to find a solution)
Other generic skills	Task discretion	Choosing or changing the sequence of job tasks, the speed of work, working hours; choosing how to do the job
	Learning at work	Learning new things from supervisors or co-workers; learning-by-doing; keeping up-to-date with new products or services
	Influencing skills	Instructing, teaching or training people; making speeches or presentations; selling products or services; advising people; planning others' activities; persuading or influencing others; negotiating.
	Co-operative skills	Co-operating or collaborating with co-workers
	Self-organising skills	Organising one's time
	Dexterity	Using skill or accuracy with one's hands or fingers
	Physical skills (gross)	Working physically for a long period

Figure 2. Indicators of skills used at work (source: OECD, 2013, p. 143).

One of the most successful educational approaches, not only in a strict learning sense but also in terms of preparing individuals to compete in the wider world and to gain new competences and skills, is that taken in Finland. The educational system implemented in Finland represents one of the most innovative social and educational systems in Europe, and worldwide. Also it concerns communicating teachers/educators with parents, professionals and students as well. What is remarking in this comparison is that, on the side of the Finnish paradigm, there is a significant focus on the individual learner/student and his Q&A skills, who is at the center and the core of all the educational and skilling activities. A student is the base in the triad: parents – student – educators. As we can observe from the above table, therefore, such skills as creativity, risk taking, responsibility, and individualization, are considered as being absolutely crucial by Finnish educators, teachers, and counselors, irrespective of the family background, or socioeconomic status of the student, or of any other factors or conditions. These are crucial because they are derived from the pedagogical idea of asking questions and questioning things and ideas too. We can also add here that such values as relationships built on trust and belief are laid down as a corner stone of this educational system.

It demonstrates a fundamentally different approach to work in education and process of socialization in which, instead of the tendency to focus on the process of teaching, the stress has been put on the process of learning, in particular focusing on objectives and competencies rather than content, and focusing on the joy of learning, on a collaborative operational culture, on individualizing learning paths, etc. In fact, the Finnish approach, cognitive one, which has been

so successful, demonstrates the effects of a holistic learning in which the ethos is “no student left behind” by close relationship with students, children, proposing a crucially different structure of applied skills and competences that is clearly worth considering (Figure 3).

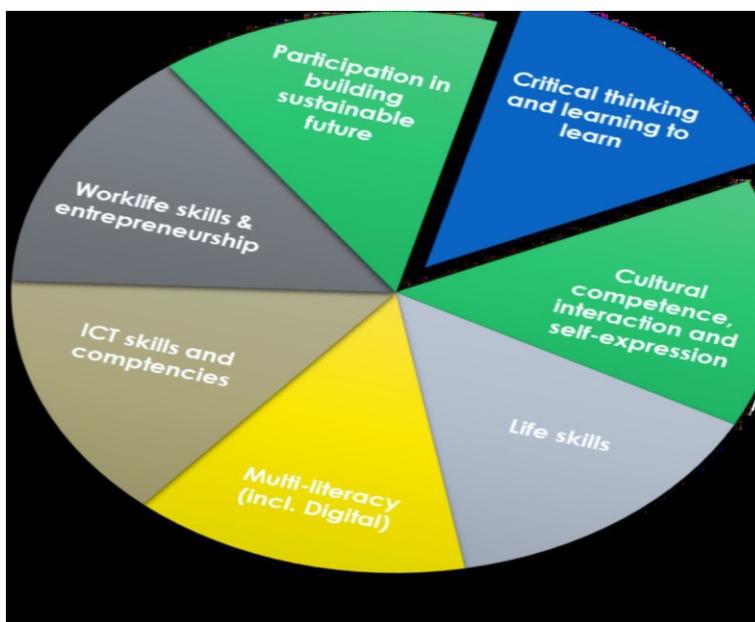


Figure 3. Key skills in the Finnish approach (source: prepared by Tiina Malste for a presentation of the Finnish Educational system, given at the Finnish Embassy in Warsaw, Poland, May 8th, 2019).

There are so many proposals and predictions concerning future, essential sets of skills and competences. Sooner or later, students must face this challenge, and how well they do so will depend in a decisive way on their given model of education. There is no question that elements from such successful models of education as the Scandinavian, Japanese, or Israeli ones should come to play a key and important role in the acquisition of these new skills & competences.

SECTION 4: Communication strategies and good practices

In such fundamental triad of educational communication, which was pointed out by the way of Finnish approach, the key issue is the problem of clear and comprehensive communication with parents of student or kid. Personal contact, including conferences, home visits, telephone calls, and curriculum nights or open houses, seems to be the most effective form of communication and may be among the most familiar. However, the establishment of effective school-home communication has grown more complex as society has changed. The great

diversity among families means that it is not possible to rely on a single method of communication that will reach all homes with a given message. It is essential that a variety of strategies, adapted to the needs of particular families and their schedules, be incorporated into an overall plan. Some strategies consider unusual tools and means, such as:

- Parent newsletters,
- Annual open houses
- Curriculum nights
- Home visits (where applicable)
- Phone calls
- Annual school calendars
- Inserts in local newspapers
- Annual grandparents or "special persons" days
- Involving a person who is responsible on the local level for education process (i.e. Board of Education spokesperson, education assistant, counselor...etc.) or communications officer to regular meetings in school, preschool..etc.
- Homework hotlines
- Annual field days
- Notices and handouts in local markets, clinics, churches, mosques, temples, or other gathering sites
- Website for the school
- Workshops for parents
- Communications that are focused on fathers as well as mothers.

Now let us look at a few practical effective communication strategies which involve such staged activities as:

- **Initiation:** teachers/ educators should initiate contact as soon as they know which students will be in their classroom for the school year. A such contact can occur by means of an introductory phone call or a letter to the home introducing yourself to the parents and establishing expectations.
- **Timeliness:** adults should make contact soon after a problem that has been identified, so a timely solution can be found. Waiting too long can create new problems, possibly through the frustration of those involved.
- **Consistency and frequency:** parents want frequent, ongoing feedback about how their children are performing with homework.
-

- Follow-through: parents and teachers want to see that the other will actually do what they say they will do.
- Clarity and usefulness of communication: parents and teachers should have the information they need to help students, in a form and language that makes sense to them.

There may be a very useful idea to sometimes surprise positively a parent. Because parents are not accustomed to hearing unsolicited positive comments from teachers about their children, especially through a phone call from the school educator should try to imagine how you would feel, as a parent, if you were contacted by a teacher or the school principal and were told that your son or daughter was doing well in school, or that your child had overcome a learning or behavior problem. When you make calls to share positive information with parents, be prepared for them to sound pleasantly surprised. Research shows that school-home communication is greatly increased through personalized positive telephone contact between teachers and parents. Remember, when a phone call from school conveys good news, the atmosphere between home and school improves. When educators/teachers have good news to share, they do not have to wait, but can make the call and start a positive relationship with a parent; this is a much better occasion than any unpleasant case of student's school behavior.

Phone guidelines to communicate

Sometimes, as a new teacher or educator, it's difficult to make the first call to a parent or care taker/giver. Before making a call, a teacher should write down the reasons for the call. One reason can be simply to introduce yourself to the parent or taker/giver. Here are several guidelines to follow for being well prepared:

- Introduce yourself;
- Tell the parents what or how their child is studying, present that brighter side of it than negative one;
- Invite the parents to an open house and/or other school events, meetings, charities...etc.;
- Inform them of their child's achievements (taking part in school/preschool competitions, "the Best Homework Award")
- Inform them of their child's/kid's, strengths or share an anecdote;

Moreover, preparing your individual communication strategy, please also take into account the given key points which may be quite helpful too, such as:

- Effective communication is a key to positive partnerships with parents.
- Effective communication involves active listening and clear, respectful speaking.

- When professionals and parents share knowledge and experience, it's good for children's wellbeing and development.

Communicating with diverse families and environment

No family is the same. For example, families with vulnerabilities, rainbow families, blended families and culturally and linguistically diverse families all have different support and communication needs. In general, a family-centered approach can help educator better understand what different families need.

Different families are likely to respond to the chosen communication strategies and support in different ways too. So it might help to be aware of how to communicate verbally and non-verbally with families. Sometimes there are bilingual families who speak two or more languages or dialects. For example, if a teacher speaks a different language than a family, then he or she might need to use non-verbal signals more. Sometimes a smile can be more powerful in building a trusting relationship with parents than verbal communication. Of course, it would be great if teacher/educator should learn some basics of their language or dialect to get some of their trust. Moreover, if there is possible educator/teacher should learn some specifics channels of communication within a given family, especially with children of special needs.

Cultural and personal differences are very sensitive issue and require careful approach because it heavily affects the way teacher communicates and receive feedback; educators may ask others or do some research online or in books. Effective communication between educators and parents or other stakeholders is important -- if not crucial -- for helping to achieve educational aims. Of course, every case, situation, group, student, child, teen or classroom is unique, and we all face different challenges: Some teachers suffer from inbox fatigue trying to keep up with a constant barrage of parent emails, while others struggle to get parents involved at all. It all depends on situation.

Very important for educator/ teacher is being of proactive; any time educator could streamline the parent-teacher-student communication chain, she or he spent less time responding to parent phone calls and emails, and students tended to perform better. It requires a bit more work up front, but when everyone's on board:

- Parents wonder less about what's going on at school. When everyone's in the loop, at-home conversations about schoolwork are more productive. Parents are empowered to work with teachers as allies to help their kids succeed.

- Teachers have more time and energy to focus on in-class learning. Believe it or not, the more you reach out to parents (and students) proactively as a group, the less time you'll spend reacting to questions and concerns over email or by phone. When questions do arise, they'll likely be more informed and constructive.
- Students take more accountability for their own learning. With clear expectations and a supportive team of in-the-know parents and teachers, kids are more likely to perform and do their best work.

The most important thing is simply to keep everyone on the same page - parents, students, and teachers. It's probably never been simpler, thanks to a bevy of great edtech options available today. Consider how you might utilize one or a number of new tools in combination with the parent-outreach strategies you're already using.

Communication in the context of crisis - COVID 19.

According to the latest report of the Polish students from the Opolskie Region (Poland) high school in Poland there are some suggestion of improvement in communication process in such unusual and difficult context. Comprehensive examination of needs, problems and opinions students who, in the face of the ongoing Coronavirus pandemic, are facing a great new challenge which is a remote education.

Most of Polish educators/teachers on almost all levels of education use forms of distance learning in the time of quarantine. The forms of conduct distance learning which have been chosen by educators and teachers are:

- sending tests, work cards or homework assignments;
- online lessons (video conferencing);
- using e-learning platforms e.g. Epodręczniki.pl (website of textbooks);
- using dedicated platforms by publishers.

Definitely the dominant form of distance learning was sending tests, work cards, homework or other forms that require the student to work individually at home and then send the completed materials to the teacher for checking. As many as 92.6% of the surveyed students declared that they use this form of remote education. Using e-learning platforms is not a popular solution. 39.1% of respondents declared using this form of distance learning. A solution that is hardly used in city schools is to use platforms dedicated to school textbooks. Only 6.6% of the surveyed

students use this form of distance learning. Despite the low popularity, this solution offers interesting interactive materials, of which students who use them are satisfied. There were also other popular means and tools:

- recommended links of multimedia helpful materials;
- using popular social media and messenger platform
- sharing movies on You Tube web;
- recording lectures, classes, speeches and sharing with on the social media;

Recording lectures or lessons by hand, which are then sent to platforms such as YouTube in the form of a film, is also a form of distance learning that some educators/teachers use. Students also indicate that the ability to re-play a lecture or lesson is useful in this solution. External sources are also increasingly used, to which students get access via teacher's internet links (films, radio programs, press articles).

There is recommendation to unify the remote education system within tools to one platform common for all students. In particular, it was pointed - "Microsoft Teams" platform, which offers extensive opportunities for communication, work organization and interactive work with students during online lessons. Appropriate system configuration should be on the school management's side in order to provide all students with comfortable access to lesson materials provided by teachers.

In such context of exploiting strongly ICT, ITI and digital platforms of distance learning, we might ask at this point if ICTs would replace the teacher or student? The answer supposed to be a negative because in fact, with the introduction of ICTs in the classroom, the teacher's role for example in the learning process becomes even more pivotal. What can and should change is the kind of role that the teacher plays. The role of students, in turn, also expands. And since ICTs can open up the classroom to the outside world, the community can also play a new role in the classroom. As learning shifts from the "teacher-centered model" to a "learner-centered model", the teacher becomes less the sole voice of authority and more the facilitator, mentor and coach—from "sage on stage" to "guide on the side". The teacher's primary task becomes to teach the students how to ask questions and pose problems, formulate hypotheses, locate information and then critically assess the information found in relation to the problems posed. And since ICT-enhanced learning is a new experience even for the teachers, the teachers become co-learners and discover new things along with their students.

SECTION 5: Communication within triad: parents – student – educator.

Effective communication: why it is so important?

Parents are experts on their own children. When you work in partnership with parents, you'll get the best outcomes for children. Effective communication builds understanding and trust. And when educators and parents understand and trust each other, for all sides there'll be better to work together to support children's wellbeing and development. This is why effective communication is key to establishing and maintaining positive partnerships with parents. For professionals working with parents, a positive partnership means sharing knowledge and experience to understand a child's situation, and it can lead to developing plans together to support the child. Therefore the key aim of well communicated our triad is to bridge gaps and deal with communication barriers, They are identifiable obstacles in the learning environment that prevent effective exchange of influential ideas, or strategies between educators and parents that work against academic success of learners (Stalker, Brunner, Maguire, & Mitchell, 2011).

Laluvein (2010) examined the context of teacher decisions in connection to children with special educational needs. The first session engaged uniquely with the perspectives of parents and the second session involved a separate interview with parents and teachers that spoke about individual children as well as their perspectives concerning one another (Laluvein, 2010). Data were drawn from a small-scale interview of 10 pairs of parents and mainstreamed primary teachers jointly involved in providing an education to the child that was giving cause for concern (Laluvein, 2010). Based on the data in the transcripts of parents and teachers, the facts surprisingly showed that an initial consensus of concern occasionally emerges (Laluvein, 2010). Consensus existed among parents, professionals and teachers, who shared both similarities and differences concerning the understanding and interpretations of the cause and nature of children's educational difficulties (Laluvein, 2010). The mutual respect, effective communication, and action were perceived to be appropriate and increased the space for extending understanding and negotiating provisions among parents and teachers (Laluvein, 2010).

Listening to parents

Listening is the foundation of effective communication. When you listen well, you get more information about children and their families. You also get the full benefit of parents' in-depth knowledge of their children. And you show parents that you value their experience, ideas and opinions and take their concerns seriously.

Here are some ideas for listening well to follow:

- Let parents know that they are listening and interested by nodding or saying some quasi meaningless words occasionally.
- Let parents finish what they're saying before educator speaks. Then summarize what parents have said, and check that you've understood correctly.
- Check on the feeling as well as the content of what parents have said. For example, 'Am I right in saying that you felt upset when the other parent told Peter to stop shouting?'
- Use open-ended questions to get more information if you need it. Open-ended questions give people a chance to expand on what they're saying rather than just saying 'yes' or 'no'. For example, 'What sort of things did Peter do when he was being naughty?'
- Try to understand parents' perspectives, even if you disagree with what they're saying. Put yourself in their shoes. For example, 'It sounds like you felt judged as a parent'.

Speaking with parents

In every interaction with parents, one of your goals is to strengthen your partnership with them. You're more likely to achieve this goal if you consistently speak to parents in a clear, respectful and considerate way.

Here are some ideas for this kind of speaking:

- Find and share the positives about a child's learning, behaviour and experiences. For example, 'Peter did a great job of sitting still for two minutes in class today. It's a big step forward for her'.
- Be open and honest. Give parents accurate information on what you observe. For example, 'After a couple of minutes, Peter started pushing the child next to her'.
- Think before you speak, especially when you're talking with parents about difficult or sensitive issues.
- Ask for parents' input. For example, 'How can we help Peter to learn of taking part in group work without distracting other children?'
- Let parents make the decisions. You can suggest ideas, but it's up to parents to decide what to do next. For example, 'We could try a behaviour chart. Or Peter could start with short group activities and build up to longer ones. What do you think?'

- If you're not sure about what to say next or how to say it, you don't have to respond straight away. For example, 'I'd like to think about that more. Can I get back to you tomorrow?'
- Use ordinary, everyday language that parents can understand. Parents are likely to find professional jargon daunting and alienating, so it's best avoided.

Raising concerns with parents

As a professional, there might be times when you need to raise concerns with parents about a child's behaviour, wellbeing or development. A problem-solving approach will help you and parents work together to address concerns. This approach involves:

- identifying the problem;
- brainstorming as many solutions as possible;
- jointly evaluating the pros and cons;
- deciding on a solution to try;
- putting the solution into action;
- reviewing the solution after a period of time.

One of the keys to this approach is talking about concerns when they come up. Problems usually don't go away by themselves. And if you leave them to escalate they might be more difficult to repair later.

Here are some tips for putting this approach into action:

- Prepare for conversations about difficult issues. This is because parents can feel upset and stressed by these conversations. If you think ahead about what you need to say and about the most sensitive and respectful way to say it, it can help your discussion go well.
- Try to schedule a time when parents are most available. For example, if you're a child care educator or a teacher, this might be at pick-up and drop-off times. Or it might be best to call parents during the day.
- Discuss concerning behaviour without judgment. Try to focus on facts and whether the behaviour is appropriate. For example, 'Ben drew on the wall and said that another child did it. This behaviour isn't OK'.
- Explain what might contribute to the behaviour. This can help you and parents work out how to change the behaviour. For example, 'Starting school can be challenging. Children often feel worried about getting into trouble'.

- Check what parents think about the issue. Remember that perceptions of what's appropriate can differ between cultures or contexts. For example, 'How does your family handle it when children don't tell the truth?'
- Offer realistic strategies suited to each family. For example, if a child needs to make new friends but she gets stressed in public, parents might start by inviting other children for playdates at home.

It's good to keep talking with parents after the initial meeting to see how things are going. You can schedule a follow-up meeting to discuss whether your agreed strategies are working out or if a new approach might help.

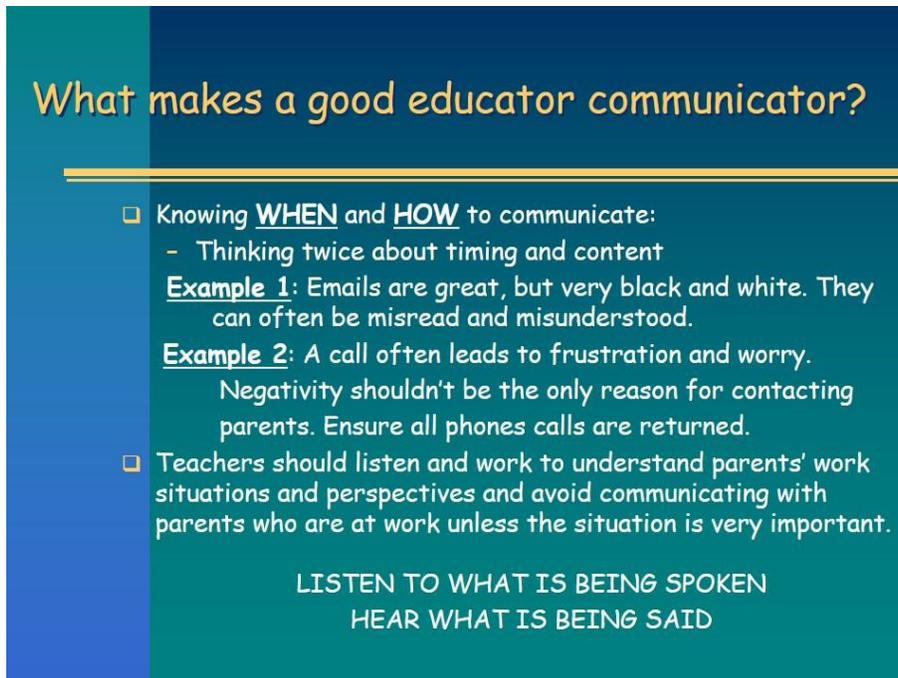
Dealing with concerns that parents raise

When parents raise concerns with you, the basics of listening and speaking still apply. And respect and sensitivity are still key to effective communication.

Also, if you focus on the issue that parents are raising and remember that your shared goal is supporting their child, **it** can help you avoid defensiveness or justifications.

Sometimes the best way to help is simply listening to parents. Parents might just need to feel that their concerns have been heard. You don't always need to look for a solution straight away.

Sometimes you might find that it's hard to talk about and resolve concerns with parents. You might even feel that you're not getting the respect that you're trying to show. In these situations, it's OK to ask a colleague or supervisor for help or to refer parents to your organisation's feedback and complaints process.



What makes a good educator communicator?

- Knowing **WHEN** and **HOW** to communicate:
 - Thinking twice about timing and content
 - Example 1:** Emails are great, but very black and white. They can often be misread and misunderstood.
 - Example 2:** A call often leads to frustration and worry. Negativity shouldn't be the only reason for contacting parents. Ensure all phones calls are returned.
- Teachers should listen and work to understand parents' work situations and perspectives and avoid communicating with parents who are at work unless the situation is very important.

LISTEN TO WHAT IS BEING SPOKEN
HEAR WHAT IS BEING SAID

Figure 3. A slide from the presentation in. Taylor, M. Boney, (2016). *Communication Between Educators and Parents in Title I Elementary Schools*. Walden University Scholar Works., p.151.

A New Communication Standard: Possible Tools for Consideration

When you want to have more and better conversations with the staff in your own building and surroundings, try to test many different tools. There is recommended to look explicitly for these features:

- Ease of signing up
- Ease of use
- Topic specific conversations
- Private conversations
- Sending/sharing of files
- Integration with Google Apps
- Send messages when receiver is offline

Conclusion

Educators just from professionals receive many inspirations in dealing with difficult situation of bridging interactive gaps but also how to get into inside of soul and mentality of interlocutors as children, parents...etc. One of the helpful method is a group of cognitive tools and methods.

They are usually referred to as unconventional methods. Their most important feature is to focus attention on the learner and ask for his right - to take into account his sense of security, learning style, interests and preferences. These methods pay attention not only to what we want to learn, but also how to do it. They remind that communication is taught not only to the mind but also to the body and even emotions. They try to incorporate knowledge in the field of learning psychology to reduce the child's effort and increase the efficiency of communication. These methods are increasingly adopted as the philosophy of language schools, but even more often they enrich the repertoire of conventional methods and the eclectic communication method with their techniques. Here are the most important of them: Whole body method (TPR) This method, called Total Physical Response for short TPR, was developed in the 70s in the United States by James Asher. It is based on the assumption that two types of student behavior - silent listening and physical movement related to the content of the message - are conducive to learning and permanent remembering of new language material. By these group of unconventional means and methods there are coming with help of effecting communication a variety of digital of social media.

Such communicators as Whats'up, Twitter, Messenger...etc. probably are not the best online tool for two-way communication, but it can still serve as a fast, simple tool for daily class updates. If educators/teachers/professionals go this route, it's probably best to keep things simple with quick, one-way classwork, homework, and announcement posts.

However, the goal in using any social network for two-way partner communication should be to boost involvement, and engage beneficiaries on the platforms they already use. For this, in recent years some educators have turned to using a closed Facebook group for their class. Parents and students can join, and everyone's posts to the group page will show up in only the closed group, not on their personal Facebook feeds.

As long as you're considering a social media option, what about using Instagram or Snapchat to connect? It may seem far-fetched, but these platforms could offer powerful new ways to connect with and engage partners. More than a few teachers are already going this route and finding success.

No matter what kind of online outreach strategy is used, it should go without saying, of course, to always keep your students' (and parents') privacy and safety in mind. Never post anything to a public forum that contains anyone's personally identifiable information, and be cognizant of what "private" really means on various social platforms; and no matter where you connect, remember to keep your posts brief, helpful, informative, and professional.

Reading activities

Activity 1:

Read the definition included below and propose your interpretation and understanding of „communication partnership” based on your experience:

According to Epstein (2001), the definition of communication partnership in education includes the following: Both the direct and the indirect verbal and nonverbal exchange of student information between parents and educators in the learning environment works to benefit instruction of children. When parents and educators communicate effectively as it related to student's education, thus creating a partnership which plays a positive role in children's education, therefore causing children do better in school. (p. 113)

Reference: Epstein, J. (2001). School, family, and community partnerships: Preparing educators and improving schools. Boulder, CO: Westview Press.

Aim of the activity:

- Understand how important is cooperation between educator and children's parents.

Task to carry on:

- Discuss your interpretation and understanding of „communication partnership” based on your experience.

Activity 2:

Read the article linked below and watch the linked video:

1. Reh, F. John. (2019), Ways to Improve Your Communication Skills at Work.

<https://www.thebalancecareers.com/improving-your-communication-skills-at-work-22757662>. "Learn How to COMMUNICATE!" | Jordan B. Peterson (@jordanbpeterson) | #Entspresso <https://www.youtube.com/watch?v=h6A4-fuK4cg>

Aim of the activity:

-review and estimate your communication skills;

Task to carry on:

-evaluate your communication skills after reading the linked article and watching the linked video.

-ask yourself how to bridge your communication gap and flaws?

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Final Remarks

Instead of summing up of our course we propose a sort of dictionary of definitions as well as main terms which have been tackled within parts of the course. We named it “Thesaurus” Although the proposed set of ESEC course consists of complementary parts of useful knowledge for many sorts of stakeholders who may be interested in the proposed topics and content. Such as:

- **Communicating with Other Parents**
- **Family Disruption**
- **Emotional Interaction**
- **Parent-training and evaluation processes**
- **Reducing Stress**
- **Motivating Parents self care**
- **Preventing and responding to sexual abuse of disabled children**
- **Parenting Science: "Theories and practices". Communication with Parents**
- **Communication with professionals and educators**

Especially these days of hard times demand updating and improving competences of educators to help parents in daily coping with problems of raising children with disorders and even disabilities. Parents who lack of time for personal research and studies may use the proposed practical knowledge of the ESEC content course.

The importance of training parents is broadly emphasized by researchers and practitioners (Wang, Lam, Kim, Singer, & Dodds, 2016), and many studies argue the effectiveness of parent-focused interventions. For example, to improve parent wellbeing (Rutherford et al., 2019), although a research effort is needed to determine the optimal parent intervention models. Parent training has been defined as a program in which parents actively acquire parenting skills through mechanisms such as homework, modeling, or practicing skills.



To remind finally we stress that unless conditions of pandemic of COVID-19 allow the ESEC project course should be organized following the suggested points and steps:

Step 1. 15 hours of distance learning.

Step 2: 30 hours of e-learning and 20 hours of exercises; the number of hours will depend on the learners' background and learning capability.

Participants in the training activity design and discuss with trainers a parent-training event for parents of children with behavioral disturbs. Trainers prepare for participants a case, describing the parent context and the expected results of the parent training. In the case study, learners should use the knowledge acquired during Step 1. Participants work in 4 groups of 5 persons. They carry out their activity, interacting via smartphones and the internet. Face-to-face training: 15 hours (presenting the case, organizing the groups' activity, analyzing and discussing the work of the learners' groups, producing a synthesis with the best practices emerged from the learners activity, evaluating the training).

Thesaurus

abuse: any behavior that is unwanted, intentionally harmful, demeaning or insulting, or causes the victim to be afraid. This may refer to physical violence, sexual assault, bullying, emotional maltreatment or neglect. Sexual abuse is similar to sexual assault, being a pattern of sexually violent behavior that can range from inappropriate touching to rape. The difference between the two notions is that sexual assault constitutes a single episode, whereas sexual abuse is ongoing.

active listening: hearing the sounds with deliberate intention. Unlike hearing, listening is a skill that can be improved through conscious effort and practice. Degrees of active listening can be divided into: repeating, paraphrasing and reflecting.

caregiver: either mother or father, or other family member (grandmother or grandfather, siblings, aunt or uncle, adoptive parent) of the disabled child, responsible for parenting and caring. Caregivers are providers of practical, day-to-day unpaid support for individuals who are not able to independently complete their daily living tasks.

children disabilities by categories: Autism Spectrum Disorder (ASD), Deaf-Blindness, Deafness/Hearing Impairment, Developmental Delay, Emotional Disturbance, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment(s), Specific Learning Disability, Speech/Language Impairment, Traumatic Brain Injury (TBI), Visual Impairment (including Blindness).

Cognitive Behavioral Therapy (CBT): a talking therapy useful in managing problems by changing the way individuals think and behave. It helps to treat anxiety and depression, and other mental and physical health problems, including stress.

collaboration: a working practice whereby individuals work together and enable themselves to a common purpose to achieve the desired benefit. The purpose of collaboration is to create something new in support of a shared vision.

communication: the imparting or exchange of information, ideas, or feelings. The act of transferring information from one person or group to another. Communication often reaches the form of discussion, exchange of knowledge, views, opinions, or values.

communication partnership in education: direct and indirect verbal and nonverbal exchange of student information between parents and educators in the learning environment, in order to benefit instruction of children, therefore causing children do better in school.

communication skills: abilities one uses when giving and receiving different kinds of information. They include: listening, straight talking, nonverbal communication, stress management, emotion control.

cooperation: the process undertaken by two or more people working, learning, creating something, organizing one's life together to complete a task or achieve a goal. The advantage of cooperation is achieving better results by putting experiences together. This often creates synergy that is impossible while working alone. Cooperation is important in networks where individuals exchange relevant information and resources in support of each other's goals, rather than a shared goal. Something new may be achieved as a result, but it arises from the individual, not from a collective team effort.

coordination: sharing information and resources so that each party can accomplish their part in support of a mutual objective. It means teamwork in implementation, not creating something new.

core competences for Social and Emotional Learning (SEL): social awareness, self-awareness, self-management, relationship skills, responsible decision-making.

core employability skills: learning to learn, communication, teamwork, problem-solving.

emotional intelligence: a psychological category understood as the ability to perceive emotions, to access and generate them in order to assist thought, to understand emotions and emotional knowledge, as well as to regulate emotions in order to promote emotional and intellectual growth. Principal components of emotional intelligence are: self-awareness, self-regulation, internal motivation, empathy, and social skills. The recognition of one's own emotions guides thinking and behavior, thus enabling to manage and/or adjust emotions to particular environments, or to achieve one's goal(s).

family disruption: a term referring to events which disrupt the structure of individual families. These events include: divorce, legal separation, and parental death, out of home placement, and deployment. Family disruption when having a child with disability affects the relations between partners/parents, siblings and grandparents.

Intellectual and Developmental Disabilities (IDDs): disorders usually disclosed at birth and negatively affecting physical, intellectual, and/or emotional development of individuals. IDD directly influence upon the nervous system, the sensory system, metabolism, as well as they cause degenerative disorders.

normalizing a feeling: it occurs when diffusing - where undesired emotions are dissipated or their impact is reduced; when reframing - where emotions are redefined or rendered more acceptable; when adapted - where repeated exposure to particular situations asks for adjustments.

parenting (child rearing): the process of promoting and supporting the physical, intellectual, emotional, and social development of a child from infancy to adulthood. Parenting refers to a raising of a child in balanced and coordinated relationship of biological and social development.

Participatory Adult Learning Strategy (PALS): a four-stage process practiced by adult learners that includes: introduction, where the learning topic and related information is preliminarily provided to learners; application, where trainees apply information already learned; informed understanding, where trainees are involved in self-assessment, reflection, and group discussion; repeat learning process, where next steps are planned for learners in order to provide further understanding, the use of knowledge, and mastery.

Quality Of Life (QOL): the individuals' perception of their position in life within the context of their culture and values, in relation with their goals, expectations, standards, and concerns. The concept has a broad spectrum and is viewed as multidimensional, encompassing emotional, physical, material, and social wellbeing. It identifies personal physical health, psychological state, level of independence, social relationships, personal beliefs, and the perception of salient features of the environment.

self-assessment: an activity of collecting evidences to evaluate one's knowledge, skills, abilities, attitudes, and other qualities. Self-assessment reflects mutual relations in families. Self-evaluation is a background for target-setting.

self-care pillars: knowledge and health literacy, mental wellbeing, physical activity, healthy eating, risk avoidance, good hygiene, rational use of products and services.

skills: the expertise or talent needed in order to do a job or task. These allow a respective level of quality and the achievement of a desired success. Skills make individuals confident and independent in life. Skills can be learned or improved.

Social and Emotional Learning (SEL): the process through which children and adults acquire and apply knowledge, attitudes, and skills in order to manage emotions, set and show empathy, establish and maintain positive relationships, and make responsible decisions.

soft skills: understood as necessary human qualities are: analytical thinking and innovation; creativity, originality and initiative; critical thinking and analysis; complex problem-solving; leadership and social influence; emotional intelligence; reasoning; idea-producing.

Strength-Based Parenting (SBP): connects children with their strong points so that they are more likely to cope with adversity by focusing on their strengths, rather than manifesting avoidance or aggressive coping responses. Strengths can be displayed through: personality characteristics, social personality characteristics, cognitive functioning, behavioral characteristics/coping mechanisms, and individual skills.

stress: as a medical notion means any factor that negatively affects the health of the body or has an adverse effect on its functioning, caused by injury, disease, or worry. One form of stress usually diminishes resistance to other forms. Permanent stress produces changes in the balance of hormones in the body.

synergy: the potential ability of individual organizations or groups to be more successful or productive as a result of a merger. This additional possibility - not available when working individually - may open the way to create new knowledge.

work skills for the future: sense-making, social intelligence, novel and adaptive thinking, cross cultural competency, computational thinking, new media literacy, trans-disciplinarity, design mindset, cognitive load management, virtual collaboration.