

PROJECT NO 2018-1-PL-KA2014-051126

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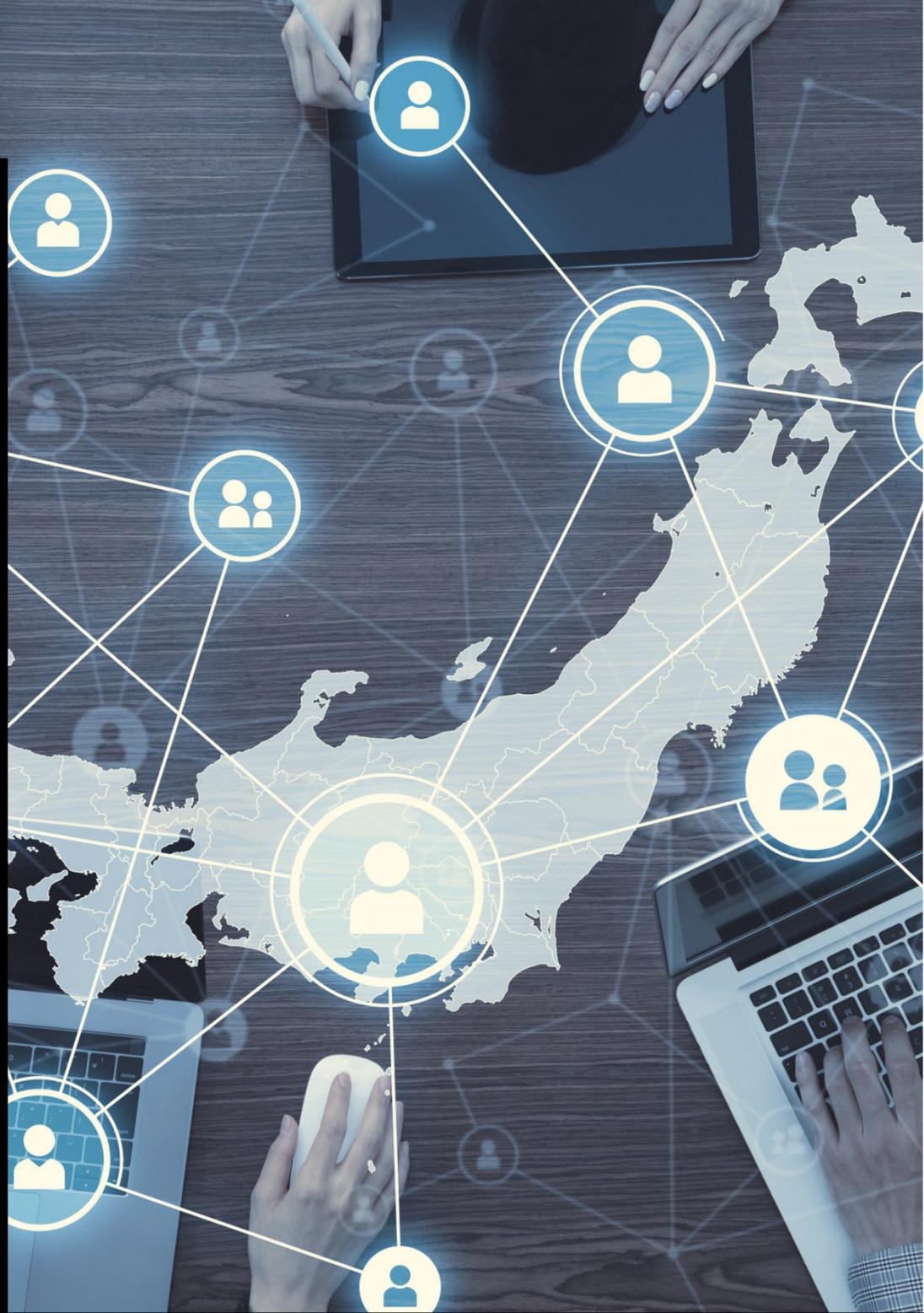
ESEC

EXTENDING SOCIAL EDUCATORS COMPETENCES

CONTENT OF TRAINING COURSES



PROJECT NO 2018-1-PL-KA2014-051126



ESEC

EXTENDING SOCIAL EDUCATORS COMPETENCES

PROJECT COURSE ON COMMUNICATING WITH OTHER PARENTS



THE PROGRAM

The aim of the classes:

- Increase and improve the ability of participants, who face challenges when parenting children with disabilities, to cope with problems through communication and cooperation;
- Transfer knowledge in order to understand the strength of communicating and cooperating for parenting with competence

DURATION

Allocated hours

- Independent work (including distance learning) - 50 hours
- Face-to-face training - 15 hours

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

EXPECTED OUTCOMES

- The definition: "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).
- The context of collaboration and coordination

THE IDEA OF COOPERATION

- Hard versus soft skills
- Reflect on and discuss which skills are more important for successful parenting of children with disabilities

THE CONTEXT OF SKILLS

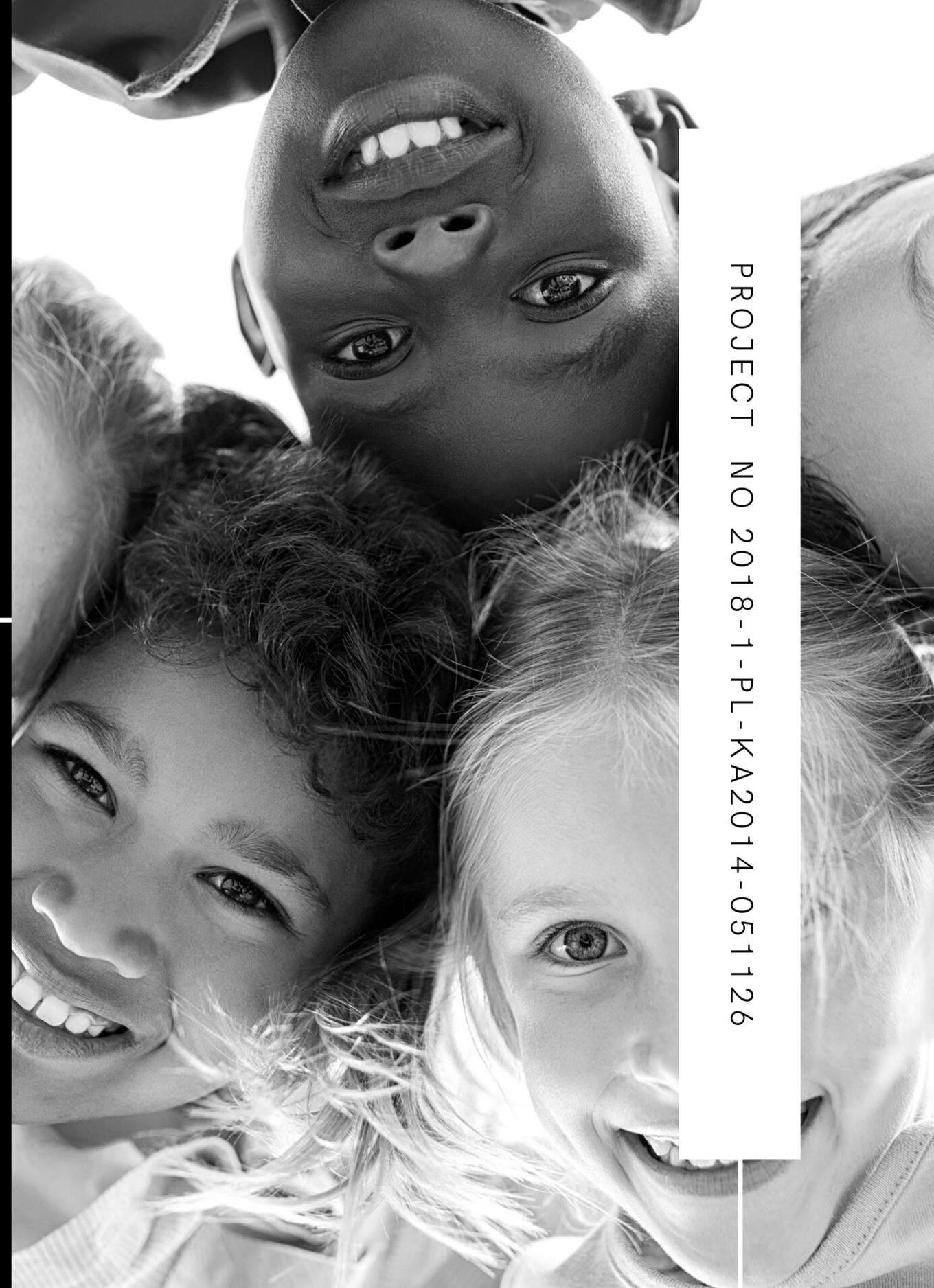
- Soft skills opening the way to effective involvement, cooperation and communication
- Analytical thinking and innovation, creativity, originality and initiative, critical thinking and analysis, complex problem-solving, leadership and social influence, emotional intelligence, reasoning, idea-producing

**SKILLS FOR EMOTIONAL
COMMUNICATION**

CONDITIONS FOR GOOD COMMUNICATION WITH CHILDREN

- Verbal and non-verbal behaviour
- Communication through the information-level
- Communication through the relationship-level

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The definition according to CASEL (2017):

“[...] 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”.

**SOCIAL EMOTIONAL LEARNING
(SEL)**

The conceptual model of parenting with social and emotional skills, when taking into account:

- parent background
- family characteristics
- child characteristics

**SOCIAL EMOTIONAL LEARNING
(SEL)**

The definition according to Peter Salovey and John Mayer (1997):

“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.”

EMOTIONAL INTELLIGENCE

Five principal components of emotional intelligence:

- Self-awareness
 - Self-regulation
 - Internal motivation
 - Empathy
 - Social skills
- Which are most important for parenting? Express your opinions, please.

**EMOTIONAL INTELLIGENCE AFTER
DANIEL GOLEMAN**

PARENTS' EMOTIONS

- Challenging problems related to:
- higher care giving demands
 - poorer psychological and physical health: feeling sad, lonely, having depression or experiencing other emotional reactions
 - parents' quality of life determinants: gender, marital status, age, family and friends, household, income, community and environment.

FAMILY NETWORK ON DISABILITIES (FND)

- the importance of mutual support and information sharing
- types of activities through the operation of programs dealing with children's education, readiness for school, future independent life, health care demands

FAMILY TO FAMILY NETWORK

- The value of communication and cooperation
- The provision of education and training events, developmental disabilities diagnosis information, referrals to community resources

FAMILY TO FAMILY NETWORK, CONT.

- Changing stereotypical attitudes and mindsets about disabilities: see potential where others see just only barriers.
- Having a vision of beliefs: hope, dream, value and belonging, respect, friendship.

GROWING UP TOGETHER PLUS PROGRAM OF WORKSHOPS FOR PARENTS

The definition of group work after Grubić (2014): ● “[...] a goal-oriented activity with small treatment groups and groups for solving tasks aimed at meeting the socio-emotional needs of its members and accomplishment of tasks”.

GROWING UP TOGETHER PLUS PROGRAM OF WORKSHOPS WITH PARENTS, CONT.

Benefits and values of group work: ●
sharing ● identification ● accepting help
from similar people ● checking and
testing ● mutual assistance ● social
exchange and acceptance

Reflect on and discuss:

- Having in mind the topics of workshops run by the Growing up Together Plus Program think of most desirable topics you as parents would like to develop.
- How the studied tools during this course can enhance the comprehension of the situation faced by parents of children with disabilities.
- How the studied tools during this course can be successfully used in particular family environments.

OVERALL DISCUSSION

Read two suggested articles on the impact of emotional intelligence on a better quality parenting of children with disabilities, as well as on a better quality of life of the parents, themselves.

READING ACTIVITIES

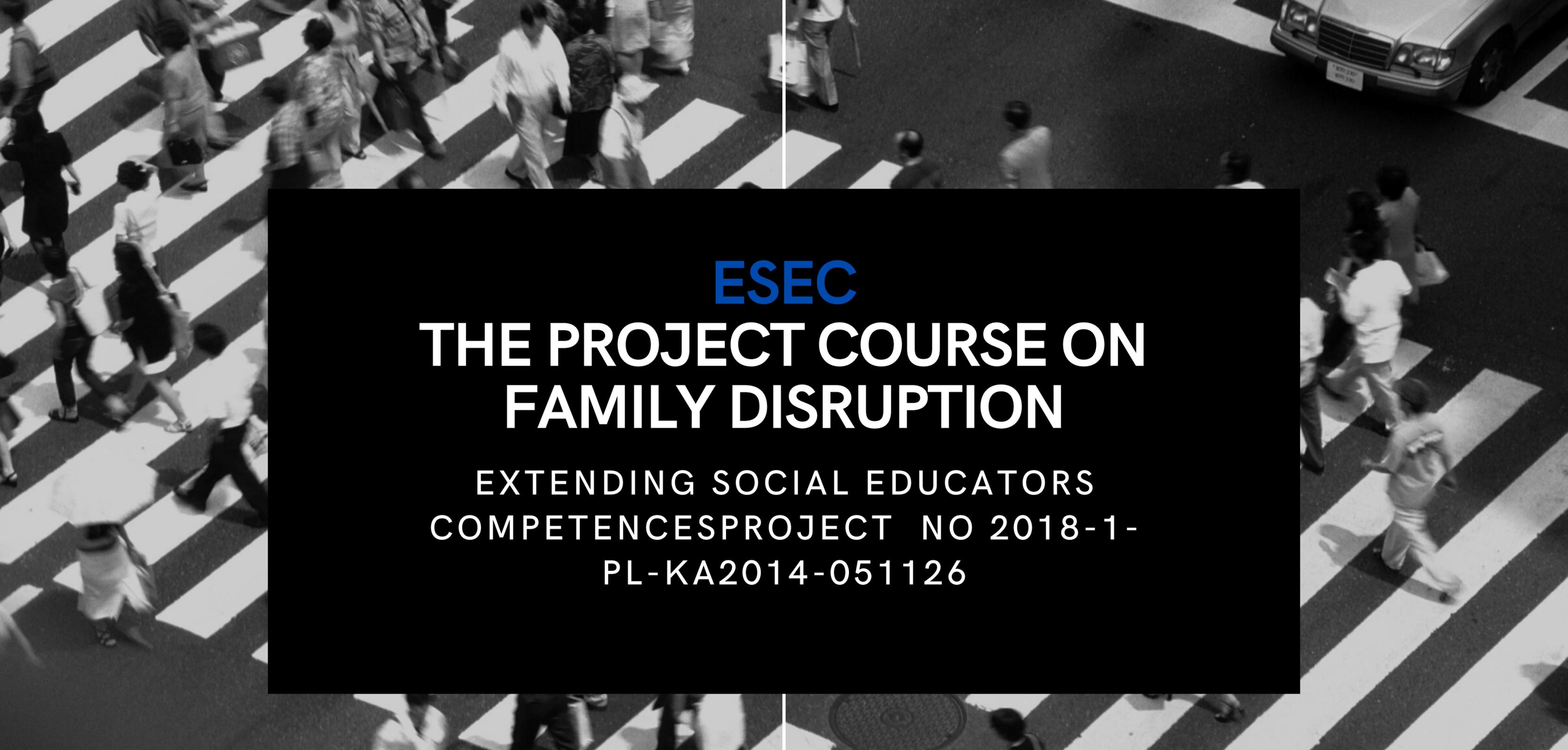
- Think about to what extent tools that have been studied might be useful for the parents.
- Reflect on the idea if you would be able to recommend and teach those tools to other parents in similar life situations.

SELF-EVALUATION

Thank you very much for every activity in which
you participated !!!

With every good wish to everybody

PROJECT NO 2018-1-PL-KA2014-051126



ESEC
**THE PROJECT COURSE ON
FAMILY DISRUPTION**

EXTENDING SOCIAL EDUCATORS
COMPETENCES PROJECT NO 2018-1-
PL-KA2014-051126

**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**

Contents

**-- 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.--INTRODUCING
TO DIFFERENT EXPERIENCES AND
TESTIMONIES AS TO PROVIDE
DIFFERENT SCOPE OF THE DISRUPTION
THAT CAN OCCURS-PROVIDING TOOLS
AND ADVICE TO HELP THE FAMILIES
FACING THIS SITUATION**

Key learning point of the lecture

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...

SECTION 1

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

SECTION 1

Advice of comportsment 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 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 This shock lived by the parents will affect the whole familial system, but also the value system and believes.

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.

SECTION 2

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

SECTION 2

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.

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;

READ SECTION 5: TESTIMONIES PART 1

-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.

SECTION 3: GRANDPARENTS INVOLVEMENT

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.

SECTION 3: GRANDPARENTS INVOLVEMENT

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.

SECTION 3: GRANDPARENTS INVOLVEMENT

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 confidant, 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.

READ SECTION 5: TESTIMONIES PART 2

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 caregiving as well as their emotional and financial support give room and time to the parents to the reconstruction of the familial balance.

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 fairshare of responsibilities in the care giving is common. Testimonies of siblings are varied and diverse, affected by the family values, the parents' acceptation and the personal values of the sibling.

SECTION 4: SIBLINGS OF A CHILD WITH A DISABILITY

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 jealousy 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.

SECTION 4: SIBLINGS OF A CHILD WITH A DISABILITY

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 a burden as the sibling grows and finally felt as a mandatory task to carry by the sibling.

SECTION 4: SIBLINGS OF A CHILD WITH A DISABILITY

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 feelings 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.

SECTION 4: SIBLINGS OF A CHILD WITH A DISABILITY

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.

SECTION 4: SIBLINGS OF A CHILD WITH A DISABILITY

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 a 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

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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:

READ SECTION 5: TESTIMONIES PART 3

-It is necessary to explain to the sibling the disability as clearly as possible, it will help the understanding of the differences, to create their relation, but as well understand that as any other, the special kid is a kid first of all;--The sibling is affected as the whole family by the situation, the need for a space of sharing is also important for him/her;--The sibling with a disability also grow into his/her sibling skills and affect their character just like any other sibling, a majority of the testimonies of siblings of a disabled child give an importance on the fact that they are who they are today (positively) thanks to their disabled brother/sister;--The perception of the parents affects a lot the perception of their children, if the parents feel shame or pride, the same will be usually replicated by the sibling;--Any families ask from the children a sense of help and compassion toward each other's, it is a normal thing to ask from a sibling, but helping the child with a disability shouldn't become a responsibility, the risk is that the sibling feel too concerned, or ashamed to carry on his own living or burden by too much work;--It is important to recognize the achievement of both the children and their strength as well;--Spending 1-1 time with the sibling shows the acknowledgment of the parents for their child, that they are listening to him/her and are present in his/her life despite the disability.

READ SECTION 5: TESTIMONIES PART 3

-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.

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"

EXERCISE

[HTTPS://WWW.POL.GU.SE/DIGITALASSETS/1328/1328207_DISABILITY-AND-NORMALITY.PDF](https://www.pol.gu.se/digitalassets/1328/1328207_disability-and-normality.pdf)

THIS ARTICLE IS ABOUT A SWEDISH 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;

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 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.

LECTURE 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 tension situation because of the disability, researches show that no correlation with the divorce rate. True. Section 2

**THANK YOU VERY
MUCH FOR EVERY
ACTIVITY IN WHICH
YOU PARTICIPATED !!!
WITH EVERY GOOD
WISH TO
EVERYBODY**

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ESEC

EXTENDING **SOCIAL** EDUCATORS COMPETENCES

EMOTIONAL INTERACTION





KEY LEARNING POINT 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.

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 IS USEFUL TO BE TAUGHT TO THE PARENTS:-TO UNDERSTAND THE EMOTIONS FELT DURING THE VARIOUS STAGE OF ACCEPTATION-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.

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

SECTION 1

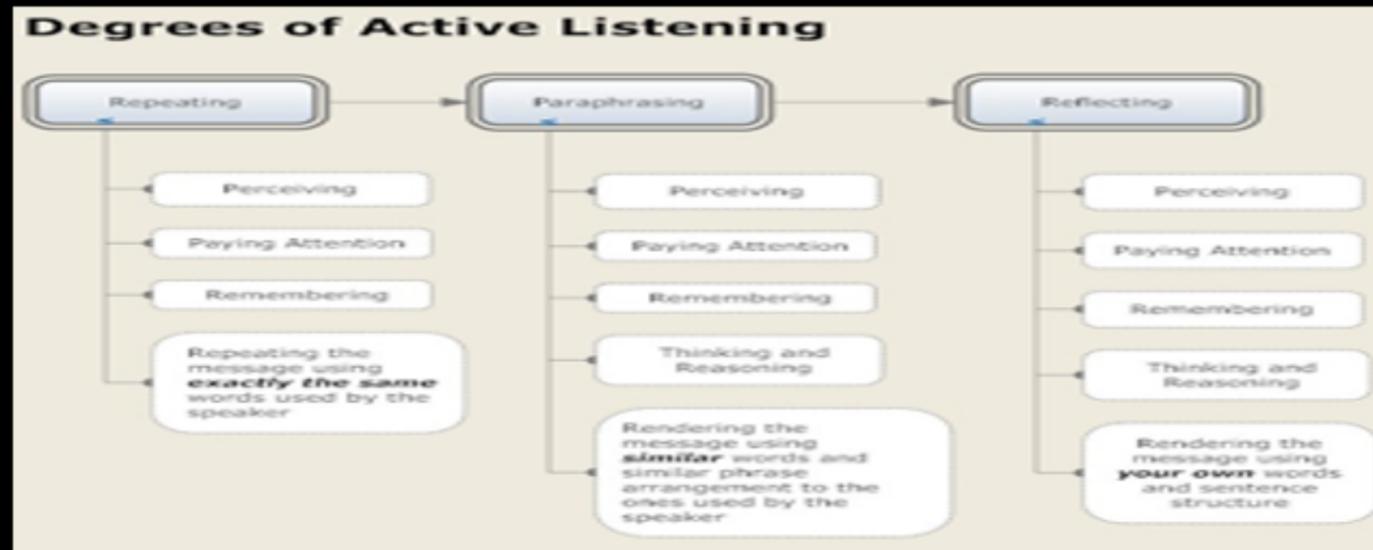
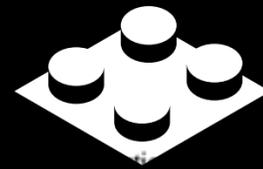
Showing that you are listening

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.

PARTNERS & SUBSIDIARIES



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.

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/grandparents...).
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.

SECTION 2

When questioning or asking for clarification, the use of open-questions offer the possibility to the parents to share more, and let them choose aspects that they want to focus on. Open questions are not 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

Examples of Emotional Literacy	Examples of What is NOT Emotional Literacy
I feel... criticized unimportant disrespected bored	I feel like I feel that... I feel like you (This is a "you message" in disguise. See below)

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

SECTION 2

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. 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

SECTION 2

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 being 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 makes it more manageable, prepares us to face it and find a solution, and 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 takes 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 consists of organizing the feeling into our emotional memory as to remember what has been felt and how we can react facing it again or we could react to it in a better way

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."

This often is the first step to resolve a conflict. Understanding each other 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

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 focus on both the experience and expression of emotion, perhaps because emotions, cognitions, and behaviors are often highly interactive. It is necessary to

THE PERSPECTIVE OF THE PERSON ISN'T TO BE MADE WRONG, BUT TO PROPOSE ANOTHER INDEPENDENT PERSPECTIVE TO THE SITUATION.

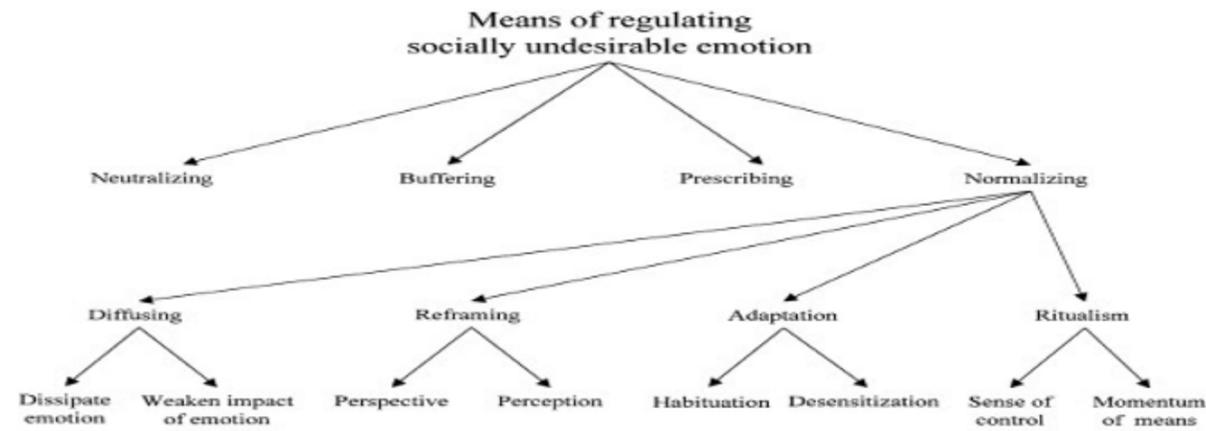


Fig. 1. A hierarchy of means of regulating emotion.

As you can see there are different ways to normalize an undesirable emotion, but as a special educator position, reframing tend 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.

SECTION 3

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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

SECTION 3

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 understood if somebody hasn'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 Dr. 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?](https://www.youtube.com/watch?v=1Ewgu369Jw&desktop_uri=%2Fwatch%3Fv%3D1Ewgu369Jw&app=desktop)

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[1Ewgu369Jw&app=desktop](https://www.youtube.com/watch?v=1Ewgu369Jw&desktop_uri=%2Fwatch%3Fv%3D1Ewgu369Jw&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-](http://ei.yale.edu/wp-content/uploads/2013/12/pub58_LopesBrackettNezlekSchutzSellinSalovey2004_EISocialInteraction.pdf)

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**THANK YOU VERY
MUCH FOR EVERY
ACTIVITY IN WHICH
YOU PARTICIPATED !!!**

**WITH EVERY GOOD
WISH TO
EVERYBODY**

PROJECT NO 2018-1-PL-KA2014-051126



ESEC

EXTENDING SOCIAL EDUCATORS COMPETENCES

PARENT-TRAINING AND EVALUATION PROCESSES



PARENT TRAINING

This presentation refers to the following learning activities:
•Unit Learning 1•Unit Learning 2•Unit Learning 3

PARENT TRAINING

Objective

The learning units have the objective to present and discuss the evaluation of the parent-training programs. Participatory approaches, as well as peer education, are introduced and discussed since they are universally recognized to be at the basis of parent-training initiatives.

PARENT TRAINING

Target learners

The learning units have 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.

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PARENT TRAINING

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.

PARENT TRAINING

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.

PARENT TRAINING

Participatory learning strategies are considered effective in adult learning since they can reduce the difficulties due to the inhomogeneity 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.

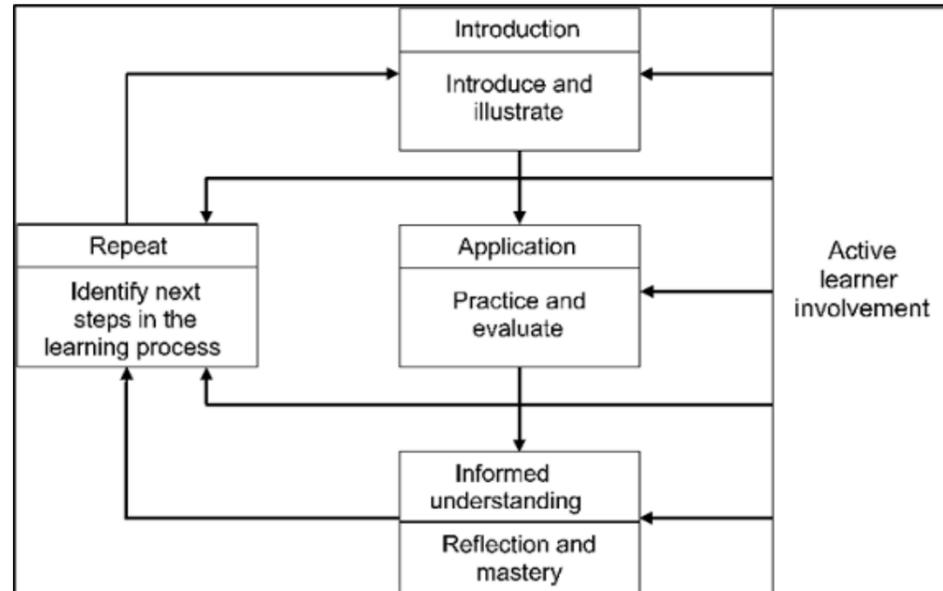
PARENT TRAINING

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).

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THE MAJOR COMPONENTS OF PALS
FOR ACTIVE LEARNER INVOLVEMENT IN A LEARNING OPPORTUNITY.



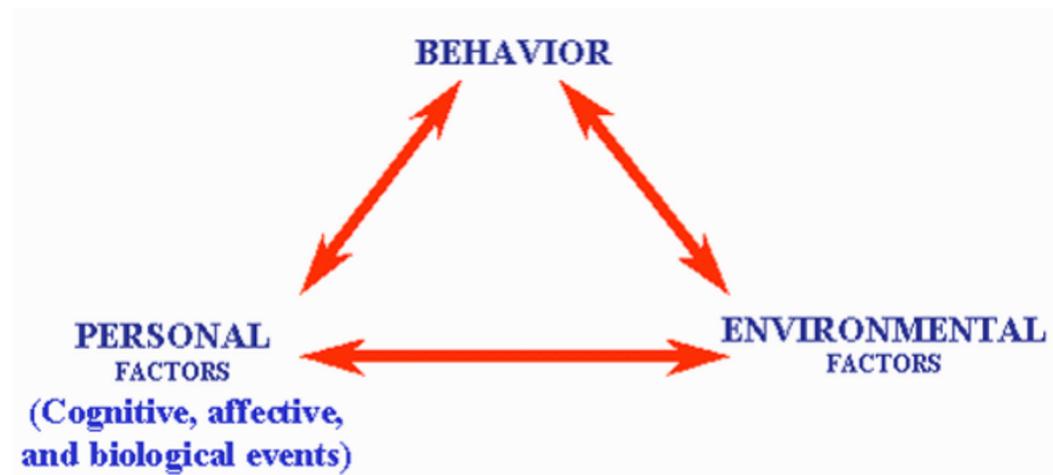
PARENT TRAINING

PARENT TRAINING

Social Cognitive Theory

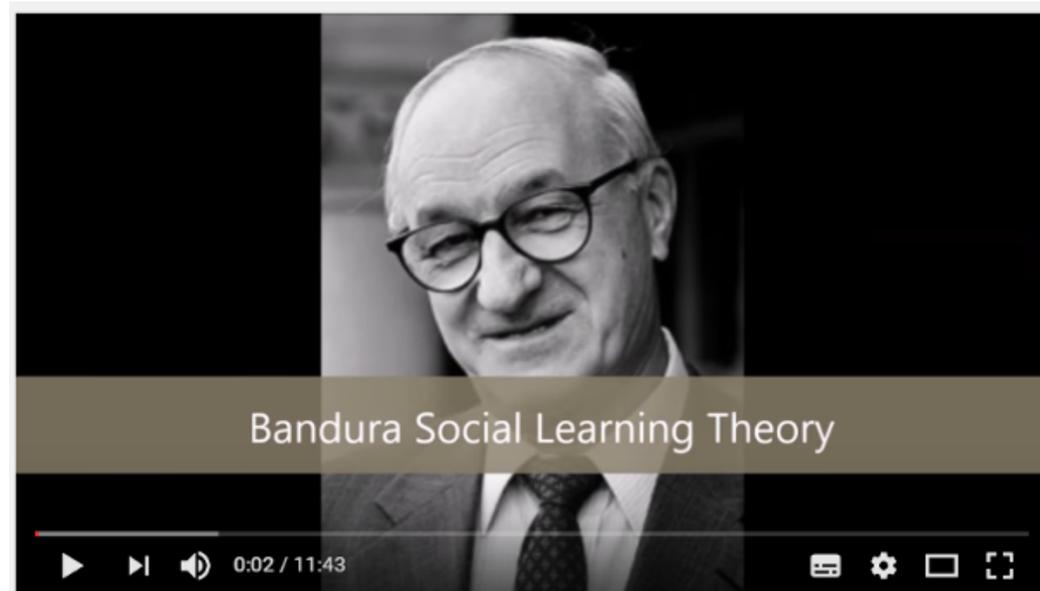
In 1941 Miller and Dollard proposed the theory of social learning. In 1963 Bandura and Walters broadened the social learning theory with the principles of observational learning and vicarious reinforcement. Bandura provided his concept of self-efficacy in 1977, while he refuted the traditional learning theory for understanding learning.

THE SOCIAL COGNITIVE THEORY EXPLAINS HOW PEOPLE ACQUIRE AND MAINTAIN CERTAIN BEHAVIORAL PATTERNS, WHILE ALSO PROVIDING THE BASIS FOR INTERVENTION STRATEGIES (BANDURA, 1997).



PARENT TRAINING

THE SOCIAL COGNITIVE THEORY EXPLAINED BY BANDURA
[HTTPS://WWW.YOUTUBE.COM/WATCH?V=8459AYY3YK8](https://www.youtube.com/watch?v=8459AYY3YK8)
[HTTPS://WWW.YOUTUBE.COM/WATCH?V=8459AYY3YK8](https://www.youtube.com/watch?v=8459AYY3YK8)



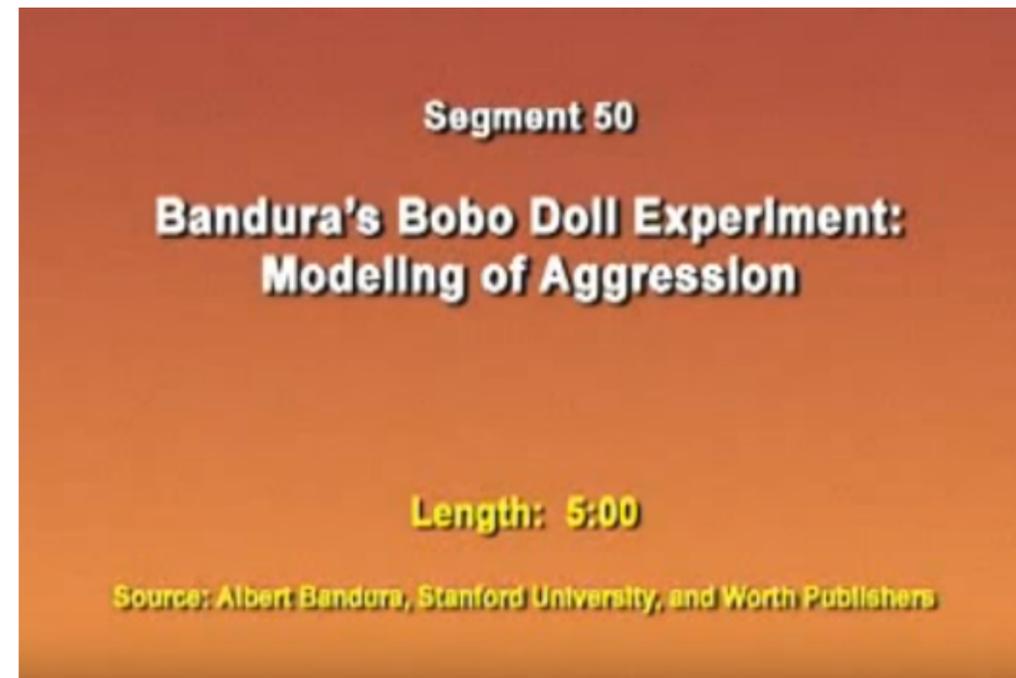
PARENT TRAINING

PARENT TRAINING

The Bandura's experiment

Albert Bandura, Dorothea Ross, and Sheila A. Ross tested 36 boys and 36 girls from the Stanford University Nursery School aged between 3 to 6 years old. The role models were one male adult and one female adult. Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *The Journal of Abnormal and Social Psychology*, 63(3), 575.

THE BANDURA'S EXPERIMENT
[HTTPS://WWW.YOUTUBE.COM/WATCH?V=DMBQWWLJG8U](https://www.youtube.com/watch?v=DMBQWWLJG8U)



PARENT TRAINING

PARENT TRAINING

The Bandura's experiment

Under controlled conditions, Bandura arranged for 24 boys and girls to watch a male or female model behaving aggressively towards a toy called a 'Bobo doll'. The adults attacked the Bobo doll in a distinctive manner - they used a hammer in some cases, and in others threw the doll in the air and shouted "Pow, Boom".

ATTACKS TO BOBO DOLL



PARENT TRAINING

PARENT TRAINING

Another 24 children were exposed to a non-aggressive model and the final 24 children were used as a control group and not exposed to any model at all.

Results: • 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.

PARENT TRAINING

- 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.

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

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.

PARENT TRAINING

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

PARENT TRAINING

Most parent training models are based on the social learning theory approach, and foresee the following steps:•didactic instruction•trainees' skill modeling•parental training of the skills and exercise with the trainer•parental training of the skills at home

PARENT TRAINING

Parent-training differs from parent education approaches in that there is an expectation in parent training for parents to acquire skills and demonstrate changes in their behavior so that positive changes in child behavior can occur. Parent training requires an active approach that includes actual modeling by a parent trainer, guided practices for the parent, in vivo practice for the parent, and corrective and reinforcement feedback on parent skills acquisition.

PARENT TRAINING

Watch and comment the following video clip on the Basics of Parent Effectiveness Training (P.E.T.)
https://www.youtube.com/watch?v=3NmaH_BiSfl

**THANK YOU VERY
MUCH FOR EVERY
ACTIVITY IN WHICH
YOU PARTICIPATED !!!
WITH EVERY GOOD
WISH TO
EVERYBODY**

PROJECT NO 2018-1-PL-KA2014-051126



ESEC

REDUCING
STRESS



THE PROGRAM

The aim of the classes: ● Extend and improve the capacity of participants who face challenging situations of families with children affected by Intellectual Developmental Disabilities (IDDs); ● transfer knowledge about: stress in parent and child functioning, emotional support to mothers and fathers, strength-based parenting.

DURATION

Allocated hours, total – 10 hours (1.5 credit points): ● Independent work – 4 hours ● Face-to-face training – 6 hours

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

DYNAMICS OF STRESS

- The notion of stress as a set of processes and factors (definitions)●
- The level of parental stress in families with typically developed children and children with disabilities

INTELLECTUAL AND DEVELOPMENTAL DISABILITES (IDDS)

● General characteristics ● Specific features of: Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Down's Syndrome