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# Modern Technologies of Working with Families of Children with Disabilities

Elena A. Petrova<sup>a</sup>, Irina I. Potashova<sup>b</sup>, Roman V. Kozyakov<sup>a</sup>\*

<sup>a</sup>Russian State Social University, 4 bld.1 Wilhelm Pik str., Moscow, 129226, Russia bMoscow State Budget Professional Educational Institution "Colledge of Small Business №4", 25 bld. 1, Dubininskaya str., Moscow, 115054, Russia

#### Abstract

The authors research the problems of families having children with mental retardation and autism spectrum disorder (ADS), from the point of view of their socialization. The following key spheres of the socialization process are identified: activities, communication, self-awareness. In the authors' opinion, work with this category of families should be conducted with consideration of these spheres.

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Keywords: family, children with disabilities, socialization, quality of life.

#### 1. Introduction

The recent years have seen a positive phenomenon of social life in Russian society as the emphasis in evaluating the condition of a child with disabilities shifted from a predominantly medical and etiological aspect to functional and social ones which take into account both the social and psychological effect of the disorder and the effect of the social environment on developing the personality of a child with disabilities. In this context we consider it important to look at the peculiarities of families having a child with disabilities from the point of view of the socialization process because the basic characteristics of this process are a key to developing the technologies needed to work with the given category of families.

The well-being of its family has a strong impact on the development of a child with disabilities. The degree research by Kulagina, E.V. [1] reviews different aspects of the social and economic adaptation of parents having a child with disabilities, including the integrate evaluation of their adaptation capacities (their system of values, social status, family and marital status, family members and their age, presence of dependents). Among such indicators of a family's well-being the author of the present research considers the level and quality of life.

\* Kozyakov R.V., tel.:+7-906-056-71-21 E-mail address: kozyakovroman@yandex.ru The material, social and psychological difficulties facing a family that has a child with disabilities, cause absolutely new problems of educational nature. Unconfident parents stop taking care of children with disabilities, assuming that this is the liability of the state system. This rearrangement of family functions, often connected among other things, with parents' irresponsible attitude towards their children, tends to cause secondary development defects in them.

Meanwhile, modern research by some Russian scientists suggests that when provided at the right time social, psychological and pedagogical help and support for the family optimize a child's personal development, relieve the parents themselves from psychological and social problems, and promote the activation of family resources [2, 3, 4, 5, 6, 7, 8, 9, 10,11]. For example, in her scientific paper E.U. Firsova [8] says that if mothers, who bring up mentally-retarded children, are provided with psychological, social and pedagogical help, they are more positive in their attitude to their children and are better adapted socially.

#### 2. Methods of research

The following methods were used during the research: analysis, comparison and generalization, didactic modelling, questionnaire.

#### 3. Sample description.

The general term "a family having a child with disabilities" comprises families with different educational potential and performing different functions in the sphere of family education of children aged 0-18 years with deviations in physical and/or psychic development.

Considering the fact that according to the statistical data of the Russian Ministry of Labour, children with mental retardation and autism spectrum disorder constitute the majority of children with disabilities, and also that the family education of these categories of children is the most difficult, special attention is given here to families with children of these categories[12].

The research embraced 44 parents of children of 4-9 years with mental retardation and ASD from Moscow and Ryazan.

#### 4. Presentation of the results

To identify effective technologies of working with families having a child with mental retardation and ASD, we studied the specific features of these family categories, their demands for psychological help and expectations about a psychologist's main professionally relevant qualities.

The study of psychological and educational literature shows that the functionality of a family with a mentally-retarded child is characterized by weaker interfamily connections and lower adaptability [13]. In general, such families are overburdened with intense emotional stress most unlikely to create the right living conditions for the child's development. Meanwhile, as modern research shows, this category of families is not marked with an ability to identify the problem, seek solutions, apply trial and adequate measures, as opposed to the so called "normal" families. While a focus on the sick child's problems sometimes results in the outer stabilization of the family unity, it may, however, lead family members to chronically disregard their own needs. In their existing situation a lot of parents are unable to handle the overwhelming burden of problems on their own. Some of them, mostly mothers, have to lower their professional status and transfer to less qualified jobs enabling them to stay with the sick child while others have to abandon any social activity altogether.

The analysis of the families bringing up a child with ASD enables to give the following characteristic. Almost all the parents show signs of depression, anxiety and a tendency to accuse others of the situation. If viewed from the position of correcting autistic children's affective development, what Russia needs to do in order to enhance the efficacy of its work, is to create, in addition to special psychological and educational activities, a special regime of his life at home which stimulates the child's emotional development. It requires certain efforts on the part of all the family members. However, as E. R. Bayenskaya points out, parents of children with ASD, especially in the early stages of psychological and educational assistance, often fail to understand the reasons why the specialist (most frequently a psychologist) recommends them to initiate change within themselves first,

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