

Counseling Work in Families of Children with Special Needs

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Abstract

The purpose of this article is the counseling of parents of children with special educational needs. For the welfare of children with special needs, we need to understand the nature and manner in which disability is presented in the areas of cognition, self-service and social integration, as well as emotional and behavior problems. In order to understand the needs of a disadvantaged child, the consultant must always bear in mind that a child’s disability does not diminish his needs, but instead makes the process of meeting these needs more complicated. In counseling and education of parents, according to the principles of the Behavior Theory, the active assistance to parents on learning how to teach their child new skills and how to handle the problematic behavior is emphasized.

Keywords: Counseling of parents, counseling of children with special needs, counseling work in families.

1. Introduction

Although family has always been the main source of care for members, who may be disadvantaged, experts recently recognized the important role parents and family play in the upbringing of children who deviate from the normal (Callias, 1989).

Initially the intervention in these children was admission to a clinic or hospital. Although this is still necessary in some cases, in most of the cases and for a variety of factors, it is preferable for the consultant to work with the child’s family at home and with its teachers at school. This is because, most of these difficulties occur when the child is at home or at school (rather than the hospital), and so it makes sense to focus on intervention at these areas. On the other hand, while the therapist can see the child only for a few hours during the week, parents and teachers spend more hours with it. They could, therefore, be guided to develop ways that will help the child, and so the intervention may have better results (Rutter, 1975).

The change, therefore, of the tendency to involve parents and other significant for the child persons in the counseling process is largely due to the change of attitudes of society towards children with special needs. Today, there is a tendency for assistance within the community - for ideological and economic reasons – while the parents bestir themselves exerting considerable pressure to meet the needs of their children (Callias, 1989). Typical was the reaction of parents in New York who had children with cerebral palsy. They first rallied to organize a local, national and

eventually international organization that would be interested in these children, gathering money for treatment and research centers. They even asked for the amendment of legislation and creation of a new one, which will provide financial resources for research, education by professionals and the possibility of therapeutic approach. In general, we could say that parents of deviant children are well aware of the medical, psychological and educational problems that their children might have (Cruickshank & Johnson, 1958).

On the other hand, there was a change in the attitude of specialists towards parents of children with special needs. In the past, for example, parents were thought to be largely responsible for the autistic behavior of a child. Only when it was recognized that autism is a general developmental disorder, were parents treated like people who need help to understand and raise a complicated child (Callias, 1989).

What is highlighted today is the need for education of children with special needs and assistance to minimize behavioral problems or any other problems they might face, so that they can live as satisfactorily as possible (Callias, 1989).

2. The needs of deviant children

For the welfare of children with special needs and to provide counseling to parents and others who care for them, we need to understand the nature and manner of onset of their disability in the areas of cognition, self-service and social integration as well as of emotional and behavior problems. A thorough and careful assessment of skills and difficulties of each child is necessary as a first step in meeting the needs and counseling with parents (Callias, 1989).

The consultant in order to understand the needs of an underprivileged child must always bear in mind that a child's disability does not diminish his needs, but on the contrary makes the process of meeting these needs more complex. The child who deviates from normal, does not only have physical needs e.g. housing, clothing, food, but also needs affection, emotional warmth, security, praise, recognition, assessment, accountability and autonomy, needs that every child has. The child needs verbal and physical communication with its parents and the wider social environment, the need for success and recognition of its value and need for security and peace of mind (Kroustalakis, 1998).

The evaluation of the needs of the child requires a detailed medical history of its progress. Essential is also the evaluation of (a) its cognitive and linguistic capacity, (b) its ability to play, (c) the degree of self service, (d) the functionality in the social and emotional domain, and (e) the emotional and behavior problems it is facing. The child's physical health, sensory functions and any medical problems should also be taken into account. The assessment of intelligence is also useful, as it provides quickly important and quite reliable information about the child. An overview of all these factors provides the basis for planning the best solution to the needs of the child (Callias, 1989).

We should of course always bear in mind that the physiological and psychological development of the child is largely determined by factors such as the emotional maturity of parents, the quality of their marriage, their level of education and particularly their upbringing and spiritual level, impaired parenting-pedagogic function etc. All these factors and many others can reverse or prevent the process of curing the child (Kroustalakis, 1998).

In general, speaking about the needs of a special child, we could say that they are probably more than the ones of a normal child and require very delicate handling. Everything in the environment should be adapted to the requirements that their specific needs dictate. Besides based on this idea is the modern tendency to place children with special needs in school

environment similar to that of non-disabled children, which will also take into account their special characteristics and particular needs.

3. The needs of parents with underprivileged children

The needs and problems of parents and all the family are determined by a variety of factors. In particular, the social and economic situation of the family, the personality of the parents and the relationship between them, the child's special characteristics and even the malfunction that distinguishes it, the expectations the parents have from their child and their ability to adapt these expectations in a realistic way in life, the way of life and their general philosophy, will largely determine the needs of their family and seeking help for solving problems that they might be facing (Kroustalakis, 1998).

3.1 *Emotional reactions of parents*

The emotions that parents can experience under the pressure of the needs and problems are so powerful, confusing and contradictory, that can diminish their mental health and the balanced family interaction in general as well. The intensity and extent of their feelings will be determined by their personality by the child's condition, the attitude of the social environment towards the child and the family and the family's dynamic in general (Kroustalakis, 1998).

Stress is often extremely intense, and may stem from serious health and behavior problems of the child, such as sleep disorders and problematic behavior in public places, but also from severe or multiple stressful events in the family, such as poor health difficulties in marital relationships, financial difficulties and concern about the impact on other children (Callias, 1989).

Parents' stress and emotions are not only about the child. They may be associated with the impression that they have for themselves, with their family, with the attitude of society, even with the type of assistance that is provided or not provided to them. The best approach to discover their feelings and help them to cope with them seems to be careful monitoring and investigation of what parents say about what they feel (Callias, 1989).

There are different opinions on the type and duration of emotions that parents with children with special need experience. Mourning, grief, anger and shock overflow them since they were not able to have the child they wanted (Callias, 1989). Frustration and despair are a result from the limitations imposed by any disability of the child. All parents have high expectations about their children, even before they are born. With the awareness of the situation, the feeling of frustration and despair is inevitable (Cruickshank & Johnson, 1958).

Fear arises from ignorance of the child's illness, but also by the effect it can have on the entire family. Fear may arise from uncertainty about the future or the negative emotions they have for their child, or even the relationship that develops between them and the child. They fear that they might lose their child, either because the child may not survive, or because they cannot decide to entrust the care of their children to others (Callias, 1989).

Grief and mourning follow the initial shock that parents experience with the announcement of the state of their child from the specialists. There are different views on this grief and mourning. Some researchers argue that parents recover completely from the grief and pain that the arrival of an underprivileged child initially caused them. Others believe that parents experience a "chronic sadness". In recent studies, however, surveys found that most parents are experiencing "ups and downs" and feelings of sadness coincide with the age their children could have completed important stages of their development and be independent, if they were not disadvantageous (Callias, 1989).

Feelings of sadness, grief and anger are also reinforced by the doubt's parents have for their reproductive capacity, but also by their ability to raise one disadvantaged child. They are overwhelmed by guilt, either because they feel responsible for the situation of their child, or because they reject it in their frustration (Kroustalakis, 1998; Callias, 1989). Many mothers, especially, feel guilty, wondering whether they did not take care of themselves and the fetus during pregnancy (Cruickshank & Johnson, 1958). These feelings are very likely to lead to social isolation. Thus, in the initial phase the retreat and isolation protects them superficially from general pressure of the silent aggression they are experiencing (Kroustalakis, 1998).

In other cases, parents have a complete denial of the dysfunction or disability of the child, i.e. they deny the sad reality. Frequent is the behavior of parents to refuse to accept the presence of a child with special needs in the family. This behavior occurs more frequently in certain groups of disabled children. For example, parents of epileptic or mentally disabled children are less willing to admit the presence of such a child at home (Cruickshank & Johnson, 1958).

Others, finally, shift to an idealization of the wound. In this way they try to rationally explain the situation, to stifle any voices that torment them, inventing thus ways to escape from their personal deadlock. This mechanism is mainly used by people with particular spiritual, religious and metaphysical quests (Kroustalakis, 1998).

These early emotional pressure and reactions of the parents should not necessarily be considered pathological, but part of the process of adapting to traumatic change. Parents of underprivileged children have to adapt to new situations with different expectations from the child and themselves. In this situation a model is proposed, which deals with the process of adjustment, and includes the following steps. The first is "the stage of shock" felt by parents when they learn about the disability and is manifested by emotional disarray, disbelief and confusion, and can last from a few minutes to several days. The primary need at this stage is compassion and support. The second stage is "the process of reaction," where parents express sorrow, grief and despair as they begin to reorganize through discussion. They need to talk to someone who will listen with sympathy and give them honest information (e.g. about the causes of the disability). The third stage, "stage of adaptation" is a realistic assessment of the situation and parents want to know what they can do. They need accurate and reliable information about the medical and educational treatment of the child as well as about the future. In the fourth stage, "the stage of orientation", parents begin to seek help and information and to plan the future. They need guidance and systematic assistance with the provision of treatment and appropriate services. Some parents may oscillate between these stages or not to go through them at all, while the majority of them finally accept and love their child (Callias, 1989).

4. Counseling and training of parents

Historically counseling of parents, whose aim is to help parents deal with the child, comes from two main theoretical orientations: Reflective Counseling and the counseling governed by the principles of the Behavior Theory (Behavioral Counseling and Callias, 1989).

In reflecting or non-directed counseling, parents are encouraged to express and explore their own feelings towards the child, and also to realize and to accept their own feelings and needs. This approach is based on the belief that this will help parents to treat better their child (Callias, 1989; Kroustalakis, 1998).

In counseling according to behavioral theories, the active assistance for parents to learn how to teach their child new skills and how to manage the problematic behavior (Callias, 1989). So, parents are expected to have a proactive, consultative, psycho-pedagogical and therapeutic role within the family.

Sometimes parents – educators are trained to play another role, that of assistant psychologist-therapist. They are sensitized by specialists in the “clinical” observation of the behavior of the child. They learn to identify and distinguish the various kinds of emotional problems and peculiar manifestations of child behavior, such as aggression, self-injury tendencies, depressive tendencies, stereotypical behaviors, phobias, etc. They even learn to evaluate all these behaviors always in their space and time context, and with the guidance of experts to apply known methods and techniques of behavior therapy (Kroustalakis, 1998).

In particular, there are some parenting programs related to the care of children with physical or mental disabilities. The usefulness is that they can construct and establish behavior necessary for handling the child. In this case, the parent and/or child is taught to be responsible for performing daily activities through a management program. When this type of parental education has been completed successfully, it can reduce the dependence of the family on the health system, improve child’s health and developmental results and also reduce the dependency of the child on others (Marcus & Schopler, 1989).

A second dimension of parents’ training involves developing procedures that act directly on the biological cause of disability and modify some aspects of the dysfunction – thus reducing disability. When work involves the identification of relevant behavioristic interactions and design of a procedure that corrects or improves a malfunction, remedial approach is used.

Today, many therapists have focused their efforts on the education of parents. The promotion of general parenting techniques is necessary because of the time children spend with their parents and the influence parents have on them.

It is important that the various programs and therapeutic techniques implemented by parents, either with the counselor or by themselves, to be respective of their capacities so as not to feel overwhelmed. Various techniques will be applied during the daily program of the family, marking the onset of the target behavior of children, while parents are often given the opportunity to consult various manuals that provide useful information and may any time consult (Callias, 1989). Basic rule for every movement of parents is to not fail to encourage the child's efforts and the specific objectives of the consulting process that wins (Rutter, 1975). In order to be complete, however, a counseling program should include other entities apart from psychologists, such as doctors, social workers, teachers, school administrators and others.

Many times, it is extremely helpful to involve parents in groups, made up of parents of children with special needs. The group schemes enable parents to share their experiences with other parents who face the same problem. These groups develop mutual understanding and a kind of support that may not be covered by another source (Cruickshank, 1958).

5. Counseling of children with special needs

The purpose of counseling of children with special needs is to help them achieve personal and social adjustment through better understanding and use of their abilities. Among the objectives are realistic understanding of themselves, establishing goals that are in harmony with their abilities and disabilities and realistic plans for achieving these goals. The realization of the above assumes that the individual will gain opportunities and experiences that will help them design and choose their actions according to their level of ability. In this way they will mature and improve the techniques related to these goals and help smooth the integration (Cruickshank & Johnson, 1958).

Counseling must pay attention to provide appropriate assistance to enable the individual to develop a healthy personality, which will enable it to make the necessary adjustments

required by the environment (always regarding their capabilities). This is especially true for disabled children.

The person or persons responsible for the guidance of disabled children and young people must provide them with the necessary information relating to professional, social and general environmental requirements. They need to plan activities and experiences that will give the children with special needs with the necessary background to make effective and smart choices. These children, through many and varied experience, can learn to intelligently evaluate situations and to choose their own approach and their own objectives (Cruickshank & Johnson, 1958).

The physically and mentally special children undergo greater or lesser constraints on the range of choices, depending of course on the extent or severity of their disability. For this reason it is necessary for both parents and children to be aware of these restrictions. The fact that the restrictions that are imposed on handicapped children are much greater than normal makes the need for counseling, understanding and guidance greater than ever.

It is obvious that disabled people face a far greater number of failures and difficulties in their desire for security and independence. If their attempts for autonomy and their struggle to achieve the necessary security are hampered, then they might want to abandon this struggle and remain in this way dependent on their parents or society. The advice here will encourage them and at the same time strengthen their efforts for autonomy.

Counseling nevertheless is considered important for the education program for children with special needs. The recruitment of competent staff (school psychologists, social workers and counseling psychologists) is nowadays a necessity for schools. Given the existence of competent staff granted, two essential elements that relate to a proper counseling should be applied to the education of children with special needs (Cruickshank & Johnson, 1958):

- Counseling personnel should have a complete knowledge of children with special needs, knowing well their nature and needs. This of course requires a good estimation of their capacities and limitations. Experts should be able to see the child in relation to its disability, but also to reach it in the same way they would approach a normal child.
- Counseling staff should understand the nature of the curriculum designed for these children and should also understand the outlets for work that can be offered.

6. Conclusions

In conclusion, it is worth mentioning that the primary goal of any type of intervention is to try to anticipate the onset of a problematic situation, rather than to amend – cure it when it appears.

Finally, it is understood that parents are human and cannot by their nature know everything. They, therefore, can turn to specialists for help and to solve specific questions and concerns they have, regarding the education of their children, before a difficulty appears to them or their child. It is difficult enough to educate a child, especially when this child is with special needs. These needs and the personality of the child are inextricably linked with those of the parents and the family structure in general. Most cases are not about a “divergent child” but about “divergent families”! Parents, therefore, in many cases contribute to the appearance of certain disorders of the child, but it is also the most important factor can be proactive, supportive and therapeutic for the treatment of these disorders and the support of mental health of a child.

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