

# 8 Working with Families of Children with Exceptionalities

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## Introduction

It has to happen sometime in a family that a child is born exceptional or develops a handicapping condition in the process of growing up due to maybe illness or accident. Handicapping conditions that lead to cases of exceptionality include those like blindness, partial sightedness, deafness, hardness of hearing, mental retardation, physically impaired and so on. Handicapping conditions are no respecter of persons in that they occur in both rich and poor families and in all cultures of the world. So what happens in the family when it is discovered that one handicapping condition or the other has affected a child? To the religious family, it may be seen as the act of God. To the traditionalist family, it may be viewed as an action of the gods on the family for wickedness of its members. No matter, what happens, one thing is certain: the lofty expectations the family may hold for such a child will be shattered. Perhaps they have dreamed of this child as the future President of Nigeria and now here he is deaf, unable to utter a word or understand what is said to him. So, what next? This write-up provides the answer to the several reactions of such parents.

As we go along the sway of life every day, we see people with disability around us. Some have been able, despite their handicap, to achieve success. The Ganis, Sambos, Elewekes, Adesinas and a host of other successful exceptional individuals easily come to mind. On the other hand, teeming millions of individuals with disability can do nothing other than spend all their lives begging

for alms and suffering all sorts of unimaginable indignities, humiliations and abuses. Why is this so? Have the families contributed to the success or failure of these individuals in our midst? Answers to these mind-bugling questions will be found in this unique lecture notes.

Obviously, the fact that parents are expected to perform major roles not only in bringing up their children, but also in their education is an old issue. Certainly parents can make the difference between success and failure in the lives of their exceptional children. Unfortunately, because of ignorance, superstitious beliefs, high level of illiteracy, and so on in Nigeria and other developing countries of the world, parents of children with disability often shy away from their expected roles towards the upbringing and education of their impaired children.

It is not surprising that, over the years, it has been the major concern of special education as to how to help parents with exceptional children overcome the many problems they encounter. These problems run the whole gamut from psychological, social to economic and emotional in that they bring about a lot of inconveniences, complications, expenses, social stigma, change in life style of the parents and their children.

This write-up therefore attempts to explore those areas that the special educator and other professionals in working with parents of exceptional children and helping them deal with the many problems that beset them. That is, families of exceptional children, the exceptional children and helping them deal with the many problems that beset them. Thus, this write-up discusses families of exceptional children, the exceptional children, problems of their parents, psychodynamics of exceptional families, qualities of an exceptional family consultant, methods of counselling exceptional families, reactions to be expected from these families during counselling encounters, different programmes for different exceptional children, some basic principles and common mistakes to be avoided when interviewing parents, the role of

multidisciplinary team in working with exceptional families, among other burning issues are dealt with in detail in this lecture series.

There is an urgent need for us as special educators to explore all available means of helping parents of exceptional children overcome their problems and contribute meaningfully towards educating and making their exceptional children tax-payers instead of tax-eaters. In other words, the children should be helped to become independent and productive members of the dynamic society.

Consequently, students of special education will find in this document an invaluable resource and information as they go out to work with families. Special educators and related professionals will also benefit immensely from this work in that critical issues to help them in their work with exceptional families have been dealt with. The general public will equally gain knowledge that will help them in dealing with exceptional children and their families.

### **Unit I:**

#### **Families of Exceptional Children with Exceptionality**

In order to fully understand who the families of exceptional children are, the following will be discussed:

- Who is a parent?
- Who are the exceptional children?
- And problems associated with parents of exceptional children.

A parent could be looked at as an individual who is linked up to an offspring by consanguinal relationship and that there is an emotional attachment between the offspring and the father and mother. So you cannot have an offspring without the father and the mother coming together to perpetuate procreation – consequently, the father and the mother become the parents. Essentially, parents are supposed to have the following attributes:

- a) That there must be an offspring somewhere binding them

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(father and mother) together.

- b) That there is the command which the parent can either endure or not from the offspring.
- c) That somewhere and somehow the parents are older than the offspring so the offspring cannot be said to be older than the parent.
- d) That on the surface it is impossible for the parent to reject his/her own offspring because of the emotional, psychological and biological attachment, age and respect linking them.

Generally speaking, the term “exceptional children” embraces both persons with disabilities and the gifted. Those at the extreme are called the exceptional children and those with learning problems are included in this category while those at the apex curve are the gifted that require Special Education and related services.

### **The Child with Exceptionality**

It is defined as the child who deviates from the norm, (that is average or normal child) in:

- a) Mental characteristics i.e. gifted and mentally retarded.
- b) In sensory abilities i.e. auditory handicaps like the hard of hearing and the visually handicaps (partially sighted).
- c) Neuromuscular or physical characteristics or those with orthopaedic problems.
- d) In social and emotional behavior.
- e) In communication abilities e.g. speech handicaps, autistic, hearing impaired as such they find it difficult to communicate.
- f) Multiply impaired e.g. deaf and blind gifted leaning disabled like Helen Keller to such an extent that he/she requires the modification of school practices special education services in order to develop to his/her maximum capacity.

Hence, families of exceptional children are those families who

because of either some or all of the above mentioned limitations in their children cannot cope in social, emotional, psychological, economic endeavours to such an extent that they require the services and assistance of both the special educators, other professionals and the government to enable them adjust and manage the crisis situation in the home and contribute their quota to the development of the country in general.

**Unit 2:**

**Qualities of an Exceptional Family Professional/Consultant**

Considering the many problems that confront the parents of the exceptional children and in order to give meaningful counselling, the special educator/consultant is expected to manifest certain desirable qualities during the counselling encounter. These may include the following:

- 1) You must behave like a professional and as such you have to work within the ethics of your profession. On no account must you go out of your way to act in such ways that will bring disrespect to yourself and the body in which you represent. This if done make the parents take you seriously and not think that you are there for playing and fooling around.
- 2) It is very important that you be punctual when you have an engagement with the parents. For instance, if you agree to have an engagement with a parent say by 4:00pm., please be sure and that if the parent endeavour to be there by 4.00 sharp or at worst 4.05 that you would be there also. Remember that the parents will be at venue waiting for you so do not keep them waiting for too long because some of them may not have the patience to do so. Punctuality they say is the soul of business, so there should be no keeping to “African time.”
- 3) Do not take sides with any of the parents! Instead try as much as possible to be neutral with them. Do not give room to any favouritism. If you do, the parent who thinks you re against him/her may refuse to give you maximum support. The fact is

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that, he/she may see you as an intruder into “internal affairs” of the family and may even ban you from coming to their house forever. If this happens, that means you have succeeded in adding to their existing burden rather than ameliorating it.

- 4) You are expected to have better knowledge than the parents. So you must try to get a lot of information about the parents before you go to them. But a word of caution here is, do not use this information negatively on them until you have proved the case.
- 5) You must be very cheerful in your approach with the parents. Because of the problems facing them, coming to them with a heavy face will only make them more disconsolate. For God's sake, if you have a verbal combat with your wife/husband or in your work place or if you are somehow upset by anything and emotionally and psychologically imbalanced, try to calm down and do not go to the parents with such expressions on your face and actions. Try to lighten their burden by putting on a cheerful face. In fact you must always be in your best mood before going to see them.
- 6) Resourcefulness is a paramount quality of an exceptional parent consultant/specialist. To be successful with the parents, you must always be ready with new ideas and so on to help solve the problems facing parents of exceptional children. Thus, you must have foresight in order to work out how to deal with the “adversary” as well as plan how to set and attain specific attainable goals.
- 7) The need for sensitivity on the part of the exceptional parents' consultant needs not to be over-stressed. You must be very sensitive (but not carried away) and concerned about the issues concerning the exceptional child and his/her parents. This, if done will lead to a positive attitude towards them and hence lessen their predicament.
- 8) The ability of the consultant/specialist to put himself/herself in the position of the parents of the exceptional children is

timely. It gives the parents confidence that there is somebody who cares. This means that the problems of the parents should be seen as the problems of the counsellor. In fact, the counsellor should have emphatic feelings for the parents and the exceptional children. Therefore, if the parents are narrating their experiences or problems, there is the need for the counsellor/consultant to see himself/herself as the person affected directly. He/she should show concern and plan for solutions to the problems. The need for self-pity and sympathy should be less stressed since this might not help them directly and could even add to their psychological problems. Consultants are not to start crying with the parents because of their condition but empathetic.

- 9) A good counsellor of exceptional families should be flexible. You should change your approaches when need be. You must not hold firm to a particular approach of dealing with them. If you observe that the present approach you are using is not helping them much, then endeavour to come up with better ones so that it may enable the parents make adjustment from time to time for the benefit of the exceptional child and the entire family at large.
- 10) A successful and effective counsellor/consultant of parents with exceptional children must be persuasive in their approach. This entails the ability of the counsellor to effectively manipulate the parents to accept his/her own opinion. For example, if you are trying to impress on the parents the importance of sending their exceptional children to school and they do not want to agree with you on this matter, it is at this point that your professional skills will come to play by way of presenting your arguments convincingly on why they must send the exceptional child to school. You may not have to outrightly reject parents reasons on this issue, but rather find a way of presenting your case using practical examples and so on, and the benefits the parents stand to gain if their

exceptional children are educated.

- 11) There must be quality of honesty on the part of the consultant and the parents of exceptional children. By this it is implied that you should always be honest with them and tell them what the child can and cannot do because of his/her limitations. Avoid a situation where you will raise false hope and confidence for the parents in this matter because if you do so, and later the hope does not manifest, the parents will never trust and have confidence in your work and advice. In short, you could cause a more grievous problem for them. But once you are straightforward and honest in your dealings with them, this will make them have realistic expectations for the child.
- 12) The counsellor/consultant of the exceptional family must have a sound intellect because no one can gain any proficiency in counselling exceptional families if his/her intellectual uprightness is doubtful and questionable. The intellectual integrity of the consultant/counsellor must never be doubtful. Otherwise, the parents will dismiss you as being very eccentric, queer, and ignorant.
- 13) Another necessary quality for any successful consultant/counsellor of exceptional parents is that of being a patient listener. This means that when the parents are narrating their problems you should not cut in to say you know exactly what they want to say. Even if their talk is boring, you should allow them to finish because finding someone to listen to their problems and gushing them out help in no small way in reducing tension and anxiety in the parents. It is only when you have listened patiently to their problems that you can plan how best to tackle such problems for the benefit of the parents as well as the impaired child at the end when you must have established a solid rapport with the parents.
- 14) Finally, your attitude must be that of complete acceptance and warmth to the parents and the exceptional child. You could for

instance allow the child to sit on your lap as you talk with the parents. This will give them the feeling you identify with them and accept them for what they are. Needless to say it will ensure your success as you work with them.

### **Unit 3:**

#### **Understanding the Psychodynamics of Families with Exceptional Children**

Understanding of family dynamics will help the special educator and other professionals to make a more realistic appraisal of the exceptional child and his family, their many problems, their coping mechanisms and the strength that sustains them through crises. Additionally, such knowledge will help the special educator or professional to understand parental reactions that might otherwise appear strange, unreasonable and at times incomprehensible.

By definition, psychodynamics are some psychological attributes that manifest during interaction between two or more people. Thus, because the family is a unit of many members, any event affecting any member such as disability can have far reaching consequences on the family. In other words, an event that adversely affects one member also either directly or indirectly affects the others.

Some of the important aspects of family dynamics include: decision-making, dominance behavior, conflict resolution, social behaviour, social status and need for upward mobility (Seligman, 1979). In complex ways reports by Seligman (1979) observed that, these aspects influence how a significant event will be perceived and dealt with or conversely how the event will contribute to the modification of certain family processes.

An important aspect of family dynamics is the notion of social rules, defined as goal-directed pattern of sequence of acts tailored by the cultural process for the transactions that a person may carry out within his social group or situation (Speigel, 1975). Each

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position involves roles relative to other positions in the network as determined by cultural expectations and values. For example, a mother enacts certain rules and holds certain role expectations from her children and husband. The fluidity of rules that increasingly characterizes society today makes role expectation more difficult to predict (Seligman, 1975).

Social rules do not exist in isolation but tend to compliment the role of someone else or fit into the role structure of a group (or family). Writes (1964:7) has this to say:

As long as the role each family member occupies is complimentary with and conforms to the role expectations other members have for him/her, the family lives in dynamic equilibrium. As soon as a discrepancy occurs, however, that is when two or more family members have conflicting or incompatible notions on how to play their reciprocal roles-complimentarily fails and the role system moves towards disequilibrium. Such disequilibrium is experienced by the family members in the form of tension, anxiety, hostility or self consciousness and individuals will try to deal with these reactions in a variety of ways (p. 7).

Discussed on the table below are some of the various types of negative relationships (disequilibrium) that can develop as a result of having an exceptional child in the family. The subsequent parental reactions and their possible effects on the child are clearly illustrated below:

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**Table I: Some of the Various Types of Negative Relationships (Disequilibrium) that can Develop as a Result of Having a “Handicapped” Child in the Family**

S/N	Types of relationships	Parental reactions	Effects on the child
1	Confusion	They are confused as regards which professional they should approach. They lack definite ways of solving the problem. They do not seem to accept the reality and begin to wonder about.	Usually such children appear very anxious and they develop a confused self-concept and are frustrated intrinsically.
2.	Inconsistency	In terms of discipline, they vary in their disciplinary control - the tendency for the parents to disagree i.e. they transmit two opposite messages at the same time on each other and on the child.	Usually, the child grows up to be frustrated because of dichotomy with the family. <ul style="list-style-type: none"> <li>- may withdraw and grow up to have denial self-concept.</li> <li>- It can also create tendency for aggressiveness and quarrelsomeness in the child.</li> <li>- Child may be indecisive about himself.</li> </ul>
3.	Denial	<ul style="list-style-type: none"> <li>- The child is denied full participation and interaction with the family as a result of the handicapping condition(s) he/she may be denied of the recreational facilities available as well as leisure times.</li> <li>- In some cases, the parents may not admit the child's limitations. Instead, they may feel that the child will outgrow the problem.</li> </ul>	The child may be a loner, withdrawn and may exhibit destructive or antisocial behavior tendencies.
4.	Overprotection	<p>There is a tendency for the parents because of the handicapping condition of the child to over protect him/her and doing almost everything for the child, and they also over exaggerate their reaction.</p> <ul style="list-style-type: none"> <li>- The parents concerned are usually limitless in their reaction.</li> </ul>	The child will grow up to react out of proportion and also tends to give up in a situation very easily.

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5.	Rigidity	Rigid parents set up very high standard/goals. The tendency is to set unattainable goals for the child and any time the child is not meeting that goal, they feel disappointed in the child. Therefore, there is very little time for the child to develop his/her own concept. They have some rigid rules that cannot be bent.	Such children tend to be authoritative in nature. No apology for anything where you expect them to apologize. The best they can do is to keep quiet. Such children tend to dread failure. They do not want to fail in any event. May be disappointment to parents because of their handicaps. May withdraw and regret. May strive for perfection.
6.	Neglect of the child	Parents exhibit lack of responsibility towards child's needs. Sometimes the parents have divided thoughts as regards the type of help they can give to the child. Child's handicap may create negative feelings in parents.	Psychologists have shown that if a child is neglected, he/she tends to associated with someone higher in social status because they want to replace the denial with something better. Psychologically, such children feel unwanted and unloved, and may see their handicap as the cause.
7.	Disintegrated Home (Semi-broken home)	There is lack of direction which gives rise to members of the family to blame one group or the other. Parental separation may lead to in-fighting in the house.	Usually such children grow to develop poor personality. They may see their handicaps as the cause of parental problems. Feeling of insecurity and rejection may also set in.
8.	Rejection	If the identity of the child is in dispute, it tends to create parental rejection and here the mother suffers more. Because of this, there will be a lot of rejection by some members of the family. Facilities and positive reactions to children are not evenly distributed called discrimination. Parents may actually reject a child or abandon him/her by the bridge (may be precipitated by the handicap).	If the negative reaction is from the father, the child tends to have hatred for men. They do not relate in later life with men because they see the men as a symbol of fear. They transmit the rejection to any male figure. This is the basic problem of homo-sexuals causes poor self-concept. Feeling of not wanted is equally experienced.

(Adapted from Swanson & Willis, 1978).

### **N.B:**

The psychodynamics of the family plays a major role in the personality development of children with disability. Apart from grief reaction, the parents soon begin to display other reactions (usually negative) towards their children. Unless parental counselling begins early, the child and family may experience even greater stress and adjustment problems.

### **Unit 4:**

#### **Methods to use when Counselling Parents of Children with Exceptionality**

Basically, there are three methods to use when counselling parents of exceptional children. The first one is that of:

1. Meed's one-to-one approach (i.e. you the counsellor and one of the parents at a time).
2. Secondly, we have Kelly's group method (i.e. you counsel them in group).
3. Thirdly, there is the distance information collection method.

#### **1. The Meed's Method (One-to-One)**

The Meed's method is a technique of counselling which gives opportunity for each member of the family of an exceptional child to contribute to the problem solving of the exceptional child. The consultant meet with each member one after the other.

#### ***Advantages:***

1. Factual information are obtained through this method.
2. It is easy to record information.
3. It appears to be easy convincing the family to accept reality of the child's condition rather than lamentations.

#### ***Disadvantages:***

1. It is time consuming.
2. It can be expensive.
3. Family members may misunderstand the motive of the

consultant due to secretive nature of the method. It can lead to suspicion.

## **2. Kelly's Group Method**

By this method, the counsellor and two or more members of the family are involved in the counselling encounter. The sitting should be in a semi-circle (horseshoe) manner so that everybody can see one another.

### ***Advantages:***

1. This method leads to reduction of accusation and tension among members of the family because they have been brought together and allowed to talk freely of their problems and so on.
2. If this method is properly used you can create confidence and trust between members of the family because they need both to survive the family problems.
3. This method may save time. It will be more time consuming to counsel members of the family one after the other.
4. Every member of the family is given the opportunity to speak.

### ***Disadvantages:***

1. If care is not taken, the dominant character in the family may “hijack” the session, making all other members passive listeners only.
2. The desired information may not be collected because the other members of the family may not open up because of the presence of the dominant character.
3. Recording of information may be hard as the counsellor is dealing with many people and so may not be able to take notes. However, he/she may use tape recorder with their permission.

## **3. Distance Information Collection Method**

This simply means that the counsellor develops a questionnaire based on his/her knowledge of the family or a general principle

(theoretical principles). For example, you can develop a questionnaire asking such family (them) to “please tick the right word (what) you feel when you asked the following questions...”

***Advantages:***

1. The main advantage of this method is that it can be used to reach a lot of people/families.
2. It saves time.
3. It is easy to analyse.

***Disadvantages:***

1. Questionnaires may not be answered and so become useless as most of the people are illiterate.
2. It does not allow for the much needed personal contact/interaction vital for successful counselling.
3. The information given may not cover everything you want.
4. Many of the questionnaires may get lost on transit.
5. There are no two families that are exactly the same. So the questionnaire may contain items irrelevant to some families and so such families may not benefit from it.
6. It is expensive using this method.

**Unit 5:**

**Reactions of Families During Counselling**

When you go out to counsel families of exceptional children, you should expect different types of reactions from them. Some of these are discussed below so that you should be prepared and know how to deal with each one.

**1. Hostile Reaction**

The sources of the parents' hostility may be you the counsellor, the school, the curriculum, or any other source. Hostility might also be directed to other professionals unrelated to you. Apparent sources of hostility may camouflage under such defence mechanisms as

denial or rejection. At times, it is difficult to determine whether a parent's hostile remarks can be taken at face value or whether they are manifestations of unconscious feelings related to factors unknown to the parent. Knowledge of family psychodynamics already discussed in Unit 2 contributes to more accurate appraisal of the causes of hostility.

The parent may openly criticize you. She may accuse you of failing to cope with, teach or in some other way meet the needs of the child. It is advisable that you do not lose your head because of this. Bear in mind, that in most cases, the hostility is projected. Again, some parents may be hostile even before meeting you because of past negative experiences with other professionals. Hostility may also be shown to you because of your seemingly lack of interest in them or their child. Some parents may be frustrated, feeling that you place little value on their observation.

The key to working with hostile and angry parents is to avoid responding in a hostile or defensive way. Such responses contribute to a spiraling negative encounter, where both parties accuse each other of negligence and neither listens to the other. It is suggested that after listening to the hostile parent, you may put in your response in an objective, non-contentious way. A counsellor who does not respond in the same way but who reacts in an understanding manner sometimes disarms parents who are characteristically critical and hostile.

### **2. Uncooperative Reaction**

You will encounter some parents who by their uncooperative behavior will cause considerable frustration in your genuine wish to form an alliance with them. It is useful to understand the reasons why parents may choose to be uncooperative in an endeavour designed to be of help to their child with impairment.

In some cases, it may be that parents may simply not have the time and energy to care. They may be pre-occupied with family problems or other problems of life. In other instances they do care

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but because of overwhelming burdens it would seem as if they do not.

Anxiety can account for absence at parental conferences. Therefore, hearing about or working with an impaired child is a painful reminder of his condition to such parents. Also, parents may agree to carry out a home programme but find it difficult to implement. Avoidance (or withdrawal) may be the parents' way to keep anxiety at a manageable level (Seligman, 1979).

Uncooperative or avoidance behavior may indicate that the parents are still hiding from the truth of their child's situation. So you, the counsellor are expected to approach the parents cautiously by realistically pointing out areas where the child requires special help and others where the child demonstrates strength. Try and make the parents to be realistic and yet optimistic.

You must be wary of developing negative attitudes towards parents who fail to keep the meeting appointments. Try to understand why. Occasionally, you should gently inquire, at the same time, being careful not to imply wrongdoing.

Parents, at times correctly and at other times incorrectly, feel or perceive that counsellors consider them to be a burden and as a consequence, avoid all contact with counsellors. They do not feel welcome and are therefore reluctant to cooperate with the counsellor. You should therefore examine your attitudes towards parents to determine whether there may be some truth to this perception.

Additionally, the counsellor should keep in mind that parents will be more willing to attend meeting when they know they will be served something. A counsellor should listen and care for the well being of parents. However, there is no easy solution to some parents' uncooperative attitude, and the counsellor must be alert to their sense of apathy, and resignation that may follow repeated attempts to gain their cooperation. One can only help the child by trying again.

#### **4. Hospitable/Helpful Reactions**

Hospital reaction by parents can be a real asset to the counsellor while not allowing parents to help would be unjust. The counsellor should therefore be sensitive and let the parents know that their assistance is appreciated, although there is a limit to what they can do. In this reaction parents wholeheartedly welcome the consultant and are ready to give the necessary co-operation for positive achievement.

The sort of reception given to the counsellor is in most cases an indicator of hospitable reactions. All the same, the counsellor must never take things for granted, and should note the following:

- a) Appropriateness is very important when the reactions is hospitable. This means that you have to reciprocate by carrying hospital workers to the family. If, for instance, you are a lady and you want to visit a hospitable woman in Pudah, it will be very wrong of you to appear in trousers when you know that their religion and cultural values do not approve of it.
- b) It is not because a family is friendly that you should go there just anyhow, you have to be neat and decent, though you should avoid overdressing.
- c) Even if the reaction is hospitable, your visit to the family must be precise, short and straight to the point. Remember that these parents might have had sleepless nights, so do not stay so long with them because they are friendly.
- d) Finally, it is very essential that the counsellor must respect the customs of the people. If for instance, you notice that they do not go into the house with their shoes on, you should take off your shoes before going in. If they are using Pidgin English, you should use the same though with moderation where need be, etc.

#### **5. Neutral or Passive Reactions**

From time to time the counsellor will come across parents who say the right things and convey a strong sense of cooperation during

meetings yet fail to implement a decision taken at such meetings. The counsellor should try to find out the causes of such passive reaction. For instance, it may be that the parents find it impossible to implement such decisions for some obvious reasons. For some parents, the demands of other members of the family and jobs may be so great that good intentions are difficult to implement. For others engaging in mutually agreed upon activities with their exceptional child serves to highlight their child's deficiencies, thereby increasing their anxiety and subsequent withdrawal. Again some parents may be passive because they feel that the programmes agreed upon fall within the scope of the classroom. Such parents therefore may find it difficult engaging in activities they feel the classroom teacher is trained to conduct. Other parents think they cannot adequately perform the tasks agreed upon and, therefore, will not risk failure or harm the child.

Discovering what lies behind the parents' failure or passivity requires sensitivity on the part of the counsellor. The counsellor must make sure that his own frustration and anger (because of the parents' neutrality) do not become an impediment to effective communication. The counsellor must not blame the parents for the child's slow progress or imply that they are liars, lack responsibility or are untrustworthy. Instead, the counsellor should use words of encouragement and motivation to elicit their cooperation and full participation.

### **Unit 6:**

#### **Duties of a Special Educator as a Consultant to Parents of Exceptional Children**

Special educators as consultants to parents of the exceptional children may find themselves not only responsible for the education of the exceptional child, but also the emotional well-being of the parents. Special educators become the parents' major source of information, training and emotional support.

Essentially the special educator/consultant should first and

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foremost provide the following information to the parents:

1. Professional information: Parents must see you as a professional who can provide special information which may include special resource information to help in linking up with medical, social or educational resources in the community; personnel, equipment and personal information.
2. The special educator as a consultant should have contact with families regarding adequacy and appropriateness of current services and assistance in locating alternative services.
3. Liaisoning between school and home for assistance with home programmes, demonstration of procedures used in classroom or therapies, and/or assisting in other areas requested by parents.
4. Gathering information needed by parents such as a community resources available to them, provide, information concerning legal rights, insurance programs for the handicapped, where they exist or initiate for its existence where absent.
5. Initiate assistance to the community to help make more resources available to families which include handicapped member.
6. Linking the community to agencies which will make available services more relevant and appropriate to their needs.
7. Coordinating available services to meet the identified needs of families.
8. Screening for secondary or additional handicapping condition(s) and providing feedback regarding results of screening, counselling and parent training.

Special educators who may not have any formal preparation for working with parents in this capacity are confronted with very powerful feelings and sensitive situations requiring tactfulness and care.

At an individual basis, special educators as consultants may

witness a variety of parental reactions regarding placement of their child in school for the first time or changing placement.

Samples of these attitudes include:

- a) The mother who has never been separated from her child will go through separation anxieties.
- b) The mother who has not had enough time away from her child, whose life with her child has been primarily unsatisfying, will not look at the school as a respite for her.
- c) The mother who is uncomfortable about leaving her child in someone else's care due to complicated medical problems may become a hardnut to crack.
- d) Parents who look upon the teacher as the miracle worker may have unrealistic expectations for their child.
- e) Parents who have been told to expect nothing from their child and have no expectations for progress and parents who expect the teacher to be responsible for everything are groups that the special educator as a consultant will have to look out for.

Pressure is therefore on the special educator as a consultant to accurately interpret signals from parents and act accordingly.

On the other hand, special educators as consultants are often frustrated by parents who expect them to effect every change and work on every objective for their child at school, without assistance at home. There is therefore an unspoken challenge to the special educator implying that, they expect him/her to ameliorate the problem which he/she knows could have been prevented had they (the parents) cooperated with the child at home. In some serious situations, the consultant may develop feelings of resentment toward parents which may hinder positive interactions; this should not be allowed to prevail. Irritation and frustration are natural reactions in such a situation, but a closer look at this family may reveal that the consultant needs to alter his/her expectations of these parents.

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When in the home on a social rather than professional basis, the consultant may observe how a mother for instance contends with her own frustration with the child for example, a child who insists that the mother (not father or siblings) does everything for him.

There are situations where parents simply cannot teach a formalized educational program to their child. By nature, some people do not have the patience to teach their children, particularly when progress is very slow, and reinforcement for their efforts is scarce. For such parents, working with their child daily, for instance may be seen as a chore that causes frustration for them and their child. Rather than improving parent-child interactions, parental instruction could become destructive as parents come to dread the times they work with their child. In order to avoid compounding these feelings, consultants should become attuned to the parents' priorities when giving suggestions for activities at home.

It is sometimes difficult for special educators as consultants to accept that parents cannot be the “good models” they would want them to be. It may seem to a consultant that his/her efforts are wasted or that goals will take forever to reach because parents are not following through at home. When this becomes the case, the special educator should remember that parents as individuals can have their own strengths and limitations too. When special educators as consultants understand that the working relationship between the consultant and parent can be cooperative and supportive rather than threatening or anxiety producing, this would improve the situation. Consequently, suggestions the consultant gives the parents should be in accord with the parents' own feelings about the future for their exceptional child.

Finally, as special educators acting as consultants, parents will ask a lot of questions; you should be able to provide answers to enable them know where to get the services discussed above. For instance, you should be able to supply them with information on where to get the best medical facilities, educational facilities, time

of appointment with specialists and the financial implications of enjoying such services.

**Unit 7:**

**Psychoanalytic Factors for Rejecting an Offspring**

There are basically five psychoanalytic factors for rejecting an offspring in the family. These include the following: physical factors, cultural factors, religious factors, economic factors and ignorance and lack of coordinated policies.

**1) Physical factors**

In most families of exceptional children, the physical factor or disposition of the exceptional child has significant role to play. For instance, because of a profound physical defect, some families may outrightly reject their child, thinking that his/her presence may lead to negative perception of the family by both neighbours and members of the society which sometimes results in inferiority complex.

On the other hand, the rejection of an offspring will be very difficult for the parents because of the genetical and physical factors that bind them together.

Miller shared this view when he observed that in the absence of this genetical contribution to the resemblance of the exceptional child to his parents, there could have been more rejection of the offspring by the parents. In other words, if there is no genetical resemblance physically, it will lead to a higher rate of rejection of the offspring by the parents.

**2) Cultural factors**

Culture they say is a way of life of a given people. Johnson (1979) discussing cultural attachment, said if one tempers with the exceptional child, he is tempering with God. Therefore, cultural factors or the beliefs of a people are a strong psychoanalytic factor for not rejecting an offspring on the other hand, when the culture

of a particular ethnic group does not recognize the existence of a handicapped child in the family, rejection may be inevitable.

### **3) Religion**

Many scholars have come up with different stands on religion. Karl Max for instance, believes that religion is the opinion of the people and it should be looked at as an individual or group of people's way of faith and worship. Rousseau also shares this idea. This then means that religion has some mysteries attached to it and it thus makes one to accept what it says without questioning, in short it is absolute as ordained in the scripture.

Therefore most religions teach that you respect the dignity of man, that if you put lower animal like cats, chicken, rats and higher animals like man in the same place or position of worship, man is closer to God than the rest of the lower animals. Religion in a way has played a greater role in fighting against the rejection of man or an offspring by the parents. Studies have also shown that religious attachment is greater in the village than in the cities (Shawn, 1989).

Because some religions believe that if you reject man, you are rejecting the creator of man (God), therefore religion provides a strong tie between parents and their offspring.

### **4) Economic factor**

Cohen (1975), an economist pointed out that economics is a vital factor in family ties. Similarly, said that psychologically where there is economic difficulty, the emotional ties between the child and the parent is weakened. However, studies in Ghana by Mudy-Castle tended to show the opposite that where there is economic difficulty the family ties become stronger in order to solve that economic problem together.

On a very sincere stand, there are no clear cut research findings to show that this issue of economic factor could lead to rejection of a member of the family.

### **5) Ignorance and Lack of Coordinated Policies**

Shown (1989) opined that education as a tool is supposed to eradicate ignorance. Ignorance is an act performed without knowing the implication(s) of that action and it is not therefore a purposeful reaction. So, one might not be surprised to see a parent rejecting an offspring because of his exceptionality.

Education tends to affect ignorance because it substitutes ignorance with scientific thinking. When this happens, then most parents will see the need to cater for their offspring adequately. Since there is no coordinated policy on the part of the government which is backed up with adequate funding, parents with exceptional children cannot understand immediately the cumbersome task of bringing up their exceptional child. It is thus believed that parents in the rural areas are more ignorant than those in the urban centres. Why is it so? This could be because of some or all of the following: genetic factors, culture, economic factors, education, etc. of the parents.

Finally, on a more objective stand, it will be misconception to believe that the parents in the rural areas are totally ignorant. This is because one may ask where do the people that make up the city come from? Your guess is as good as mine. Similarly, for political reasons nowadays, there is a kind of “square peg in round hole”, in the sense that people who have no knowledge of special education policy and programmes for persons with disability are put in a position to determine the operation of social and educational services for persons with disabilities.

### **Unit 8:**

#### **The Marriage Contract and Exceptional Families**

There are different types of marriage contracts in practice in Nigeria today. These invariably affect the reaction of the parents when they discover that their child is disabled, whether to accept or reject the child. Knowledge of the marriage contract will help you as a counsellor to know the approach to use when dealing with

parents of exceptional children. Some types of marriage contracts are therefore discussed below:

**a) *The Church Marriage Contract***

This is based on the teaching of the scriptures “one man to one wife” and “for better for worse we are together”. Because of the belief in God and that He does all things for His Glory (e.g. John 9), the parents married under this marriage contract are likely to accept their child with special needs.

**b) *Indian Caste System***

Under this system, it is possible for one to marry one's first cousin and because of the maternal relationship it will be difficult to reject any offspring with disability or not. In Nigeria, this type of marriage is common among the Fulanis.

**c) *Traditional Marriage***

Traditional people tend to believe in the existence of “gods” and are strong believers of superstition and ignorance. Because of this, the birth of a child with disability by marriage contracted under this system can bring a lot of untold hardship on the parents and even distant relations. They may be accused of witchcraft or violating laws of the land and so the handicapped child has been sent to them as punishment for their “wickedness”. This type of marriage contract therefore tends to facilitate rejection of children with special needs. When this is the situation, care is needed in working with such parents.

**d) *Islamic Marriage***

The Muslim can marry up to four wives so long as he can care for them and their children. Additionally, one of the five pillars of Islam is belief in predestination of man. That is, whatever happens to man is according to the will of Allah. That being the case, a child with disability in an Islamic family will be given full acceptance. Another important pillar is that of 'Zakkat' that is, care and provide alms to the less privileged. So the needs of the child with disability should be provided for by the parents

under this circumstance.

In this case, such parents will give the counsellor maximum cooperation. However, the problem remains that the wife who stays in Pudah may not be seen by you unless you are a female or a Muslim.

### **Unit 9:**

#### **Programme Development for Managing Exceptional Children at Home**

Managing an exceptional child at home requires combined efforts of parents, other siblings, the child's physician and social worker. According to Abang (1988), for any success to be achieved in implementing programmes developed for the exceptional child, no matter the nature of the handicap acceptance of the child by the parents is crucial. Parents need to accept the child for what he/she is and what he/she is capable of becoming in the future. In spite of the handicap, the child should be loved like any other child in the family. Besides, the parents should show interest in him and wish him to do well and to become successful in life. Parents need to know that every child is unique and every handicapped child too is unique and should be treated as such. Similarly, every handicap condition imposes difficulties on the individual. Therefore, parents should be aware of this fact in order to better assist their handicapped children at home. If the child is to manage his difficulties, he must be taught early in life how to handle these difficulties. In view of the foregoing, this unit will be devoted to highlighting how exceptional children should be managed at home. The programme could include: Rehabilitation, IEP, Inclusive Education, or using the Deno Cascade Model. Either of these programmes could be suitable to the following categories of exceptional children.

#### **The Children with Visual Impairment**

First and foremost, the parents should see their blind child as any

other child, with all the needs of a child but also with additional needs because of lack of vision. This child will certainly require more of their time and patience in that most of the things a sighted child would learn solely by observation, a blind child would need to be taught deliberately using touch, smell and hearing.

The management of the blind child at home required tactfulness, adaptability, firmness and understanding. If the parents/teachers are too rigid, the child may not learn, if they are too soft with the child, he will take advantage of his handicap by taking many things for granted and if too strict, the child may become discouraged. Hence tactfulness is important. As Abang (1983) has rightly observed, if parents are too harsh the child's psychological growth might be jeopardized as when they are overprotective. Parents are advised not to be overprotective of the child but allow him freedom to venture and explore the environment under their supervision. At home the parents should strive to teach the blind child the basic skills for daily living like: feeding, toileting, mobility, habits of cleanliness and social skills.

### **Feeding**

Parents should not breastfeed the blind child longer than the normal children. The child should be weaned at the right time and be taught early to feed himself. For a child with normal sight, he learns by observation as he sees the mother or other siblings use their hands, the spoon or fork, pick food from the dish and put it in their mouths. For a blind child, he may not even notice the presence of the food dish until told so.

Thus the following steps should be followed:

- 1) When food is placed before the child he should be told so.
- 2) Help the child onto a suitable chair if the food is placed on a dining table.
- 3) Tell the child the location of the different dishes on the table. Let him feel each dish as you say, for instance, "there is rice in

- this dish. There is stew here”, etc.
- 4) Tell the child and let him feel the position of cutleries.
  - 5) Teach him how to hold the spoon with the right hand, fork with the left hand, and so on and practically help him to use these to get the food and then put in one's mouth.
  - 6) Teach him how to use the knife to slice meat and use the fork to pick a piece to the mouth.
  - 7) If the food is not eaten with cutleries, teach the child how to wash his hands before and after eating.
  - 8) Teach the child how to pour water into his drinking cup without spilling it.
  - 9) Tell the child not to rush over his food. Teach him how to take just a little at a time with the spoon hand and not over-load it.
  - 10) You must be patient with the child and practice these steps again and again until the child is able to do these things on his own.

If these steps are initiated early, they will help the blind child to develop good table manners.

### **Mobility**

Because blind children do not see, they do not often have the motivation to move. Thus deliberate effort must be taken to teach them how to crawl and walk. In order to do this, the following should be followed:

- 1) Make sure that the environment is free of anything that might hurt the child as he crawls/moves about.
- 2) Provide toys with auditory sounds so that when the toy moves away, the blind child will crawl to its direction to retrieve it.
- 3) Also use shakers of various types.
- 4) Physically help the child to move one foot after the other.
- 5) Do not be over-protective. Allow the child free movement and encourage him to do so.

### **Dressing**

Blind children must be taught to dress themselves as early as possible in life. In order to do this, note the following:

- 1) Teach him orderliness. He should be made to know how to, where to keep his clothes and how to arrange them in such a way that it does not cause any embarrassment.
- 2) Teach him how to keep or identify articles of clothing that are in pairs (e.g. socks and shoes).
- 3) Teach him even at an early age, how to put on his clothes and how to put them off.
- 4) Make him feel the inside/outside of the clothes so that he does not put them on inside out.
- 5) Teach him how to put on his shoes as well as tie the laces.

### **Toileting**

It is very important that blind children are taught good toilet manners early in life like normal children. It is true that this may be difficult; particularly in the rural areas where water closets are absent. The pit or bucket toilets used in these areas will certainly create serious problems for the blind child. In some instances the problem is compounded where the toilet is situated some distance away from the living quarters. It is therefore suggested that where there are no proper toilets, except the pit/bucket, models where the child may likely fall through or his legs slip in, parents should:

1. Provide a vessel or rubber container in an appropriate place and the child taught how to locate it until he is able to use other forms of toilets around.
2. Discourage the child from turning every corner of the house into a toilet.
3. Teach the child to use other forms of toilet in that area as soon as he is old enough.

### **Learning to Speak**

People talk mostly of what they see. Since blind children do not

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see, there is very little to talk about. In order to help the blind child learn to speak early his handicap notwithstanding, the following should be done:

1. Parents, siblings and other members of the family should make deliberate effort to make the blind child be aware of the things in the environment and help him to develop an interest in them and hence talk about them.
2. Parents and other members of the family should always speak to the blind child, clearly and distinctly in order to help him develop sound speech.
3. Train the child to be a good listener by allowing him to listen to the radio and Television where available.

### ***B. The children with Hearing Impairment***

Most of the problems of the deaf child has to do with lack of basic skills in communication and (oral) language proficiency. It is the parents who must lay the foundation and teach the child the basics or rudiments of communication by doing the following:

1. Even though the deaf child does not hear, parents should speak directly to them but not shouting. Eventually, the child will learn to understand them by reading their lips. The child will also learn from the parents' facial expression. For instance, a smile from them means approval, while a frown means, "I am not happy with you."
2. Face the deaf child directly when talking to him. Speak distinctly and clearly so that the child can read both the facial and lip expressions.
3. The parents should learn sign language which is quite easy to master once they have the interests. Copies of the manual alphabet/sign language books could be obtained at token fees from the Department of Special Education and Rehabilitation Sciences, University of Jos Model Teaching Centre, Jos and Plateau School for the Deaf, Bassa. With the knowledge of sign language, the parents will have no difficulty communicating

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- and acquire the same standard of behavior that is expected of the other children. Emphasis must be on what the child can do rather than what he cannot do. This will influence the way he sees himself and others.
12. Parents must try to come to terms with their child's deafness. They must seek information about deafness in general and how it affects a particular child in a particular family. They should seek professional help in order to understand these facts without which realistic plans cannot be made for the child's proper development and adaptation.
  13. The relationship between the deaf child and the other children in the family (siblings) is an important aspect of his overall development that must engage the attention of the parents. The deaf child will fit into the family very well if he is not given more attention at the expense of the other children. In doing this, care should be taken so that this will not bring jealousy and displeasure to the other children so as to destroy the normal sense of sharing which all children need. It is the duty of the parents to help the siblings and other members of the family to learn about the problems involved in being deaf and the effect of the disability on the individual. Parents should encourage normal interaction between the deaf child, siblings and other family members.
  14. There should be a periodic audiometric assessment to determine the appreciation or deterioration of the hearing for proper management.
  15. Hearing impaired children who can profit from the use of amplification devices should be encouraged to acquire one for daily use.

### ***C. Children with mentally retardation***

The mentally retarded children are those whose intellectual functioning is generally sub-average. This may exist concurrently with deficits in adaptive behavior and is usually manifested during

the developmental period (age 0-18 years).

The mentally retarded child is therefore not easy to manage. For one thing, although he may be advancing in chronological age, his level of intelligence (mental age) falls far below his physical growth. In order to help this child at home, parents should:

1. Understand the fact that their child will never achieve academic standard or the same level like normal children of his age. He learns at slower pace and often may not be able to recall what he learnt. Parents should therefore exercise patience with the mentally retarded child.
2. Repeat information many times over.
3. Teach the child simple skills such as self-help skills, toileting, feeding, personal hygiene and so on.
4. Use task analysis approach in teaching the child. That is, each skill has to be broken into small steps to enable the child to master them. For instance, in teaching the child how to brush his teeth you should teach the child:
  - a) How to put toothpaste on the brush;
  - b) How to put the brush in the mouth and brush in up and down motion, not crosswise, and;
  - c) How to rinse the mouth with water from the cup.
5. Reward the child heavily. Retarded children need to be encouraged by way of reinforcement which may take the form of verbal praises or tangibles to encourage response always.
6. Never set goals which you know the child cannot attain. It is important to realize the limitations of the child and work towards helping the child reach the highest level which he is capable of reaching.
7. Do not do everything for the child. Direct the child as much as possible to do things for himself. This is because the more independence the child attains the better and happier life he will enjoy as an adult.
8. Help the child attain good social and emotional adjustment by allowing him participate in group activities. Take him out to

- places of interest like parties, meetings, etc. Encourage him to play with children who are of equal age.
9. Provide unlimited opportunities for the child to develop speech and language. Talk to him and encourage him to make verbal responses. Correct his mispronunciations and other language errors.
  10. Teach the child good table manners. Teach him not to hurry over his food but to take a little at a time so that he does not mess himself up.

### ***D. Children with Behavioural Maladjustment/Disorders***

A child with behavior disorders are those with visual emotional instability. They could cause a lot of troubles to parents because they can misbehave even in public thereby embarrassing their parents. In order to help such a child, parents should do the following:

1. Study the child in order to know the cause of his problem.
2. Take positive steps that might help the child overcome the problem. For some children, it may be better to ignore certain behaviours exhibited by the child provided they are not destructive in nature.
3. For others, use reinforcers to encourage socially desirable behaviours.
4. Encourage interaction with other children in play activities so that the child will learn to be patient, tolerant and other desirable behaviours.
5. Do not label the child by use of words like “naughty”, “idiot”, “moron”, etc.

### ***E. Children with Physical Impairment***

The problem of this child who is orthopaedically impaired has to do with mobility. A child who is severely physically impaired to the point that both legs and hands are affected may become entirely dependent on others for sitting, mobility, feeding and dressing.

That notwithstanding, parents should:

1. Show him the love that is shown to the other children at home and in school.
2. Encourage situations which will enable the child use his hands to the best advantage. Adopt a position that will be easier for eye-hand sitting position, may be crossed legs, tailor-sitting and side sitting. The child should be encouraged to use whichever sitting position that best suits him.
3. Use straps and other props such as pillows and boards to assist the child to improve his posture.
4. Help him develop his motor skills by using walkers, crawlers, calipers, adapted scooters and bicycles. Teach him to develop independence in movement by rolling or crawling, crutchery vehicles such as tricycles and wheel chairs could be used.
5. Even when the child falls in an attempt to move he should be encouraged to try again. Sometimes minor falls might be ignored to enable the child not to develop self-pity.
6. Teach the child to feed and dress himself where the physical handicap permits. Under no circumstances should the entire existence of the child depend on others.

### ***F. Children with Learning Disabilities***

The problem of this child emanate from a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written which may manifest itself in an imperfect ability to listen, think, speak, read, write, speak or do mathematical calculations. In view of the above parents should:

1. Help the child in any aspect of the above that the child has problem. Provide materials that will help the child to overcome the problem.
2. Reinforce the child in different ways as he is making progress towards overcoming the problem.
3. Teach the child using different techniques that can help him.
4. Teach one concept at a time and reinforce him for every

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progress made.

5. Teaching periods at home/school should not be too long to allow concretization and retention of what has been learned.

Some Basic Principles of Meeting and Interviewing Parents of Persons with Disability

### **1. Physical Setting**

- Sit in the same chairs with the parents.
- Sit side by side with parents.
- The interview can be in the school or in parents' homes. The teacher should present himself in a professional manner.
- The teacher must have self-confidence and knowledgeable.
- Must appear neat and tidy in dressing and material organization.
- Keep the interview room neat and avoid unnecessary crowdedness or movement. These make parents uncomfortable.
- Do not keep parents waiting for too long before the interview. They may become impatient.

### **2. Initial Contact**

- Stand up to welcome parents if it is culturally acceptable.
  - Make them sit comfortable before talking.
  - The teacher may provide some refreshment before, during or after discussion.
  - Ask about the welfare of other members of the family. Appear friendly.
  - The reasons for meeting the parents are to:
    - a. Collect information about the child.
    - b. Give feedback on the child.
    - c. Give advice, help parents and support the parents.
    - d. Provide training.
3. During the interview

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- a. Have your goals clearly in mind. If possible, write your goals down.
- b. Allow parents to also talk, explain and ask questions.
- c. Do not interrupt a parent abruptly.
- d. You may wish to note down some relevant points for necessary action.
- e. If parents are reluctant to answer questions or explain certain things, do not force them.
- f. Do not insist that you must get answers to all questions.
- g. Do not rush the interview.
- h. Speak in a language the parents understand. You may require an interpreter when the need arises.
- i. Develop the habit of listening to the parents and be sensitive to their feelings.
- j. Provide feedback on the child.
- k. Avoid using difficult professional terms.
- l. Make sure the parents understand you and can carry out instructions clearly and correctly.
- m. Involve a lot of practical work when possible especially when parents are not literate.

### **4. Ending the Interview**

- The ending should not be too abrupt as if one is unhappy or sending the parents away in annoyance.
- Summarize the major points of the discussion in few sentences for the parents.
- Stand up to see them off.
- It is not wrong to assist with transport, equipment, material, etc. when parents are in difficulty or in dire need.

### **Common Mistakes to be Avoided When Interviewing Parents**

#### **1. Lecturing**

This causes parents to be bored, impatient, lacking confidence or

even attacking the interviewer. Parents may be passive and may not take part in the discussion.

**2. *Making Parents feel Unhappy***

Avoid saying serious negative things about parents or the child. Avoid condemnation of either parents or the child. Correct kindly and advise politely. When parents feel unhappy, it interferes with their thinking. Memory is impaired and confusion sets in. Do not end an interview with parents unhappy.

**3. *Do not needlessly frighten the parents***

Do not frighten parents by making ambiguous statements about their children, e.g. deaf children do not talk or communicate in any way; epilepsy kills; mentally retarded children never live and learn.

**4. *Do not focus on irrelevant points***

Long discussions on the causes of handicaps are not necessary for parents. Family issues or problems not related to the child's problem should not be discussed. The interviewer is likely to make mistakes and provoke the parents. They may lose confidence in the interviewer.

**Using Multidisciplinary approach when Working with Parents of Exceptional Children**

By multidisciplinary approach is implied the coming together of various professionals to work effectively with the families of the exceptional child, with a view to proffering solutions and drawing up programme for the family in question so as to make the child independent and functional as much as possible both at home and in the society at large.

Amwe (1985) stressed that professionals are in agreement that a comprehensive team is needed in order to better understand the situation of the exceptional families who should be seen as one to one basic.

Shook (1974) for example, prefers the model of the “evaluation centre (which utilizes paediatrician, psychologist, social workers and other professionals (consultants) like nutritionists, speech and hearing therapists, audiologists, ophthalmologists, etc.

Also, Davie (1975) expressed concern on lack of comprehensive assessment and states that “such assessment (after initial screening to reduce the work involved) should be available on a continuing basis in order to link it to the ongoing educational programme for children...(and) to give the teachers relevant, comprehensive, diagnostic information on the basis of which an appropriate educational programme could be devised.”

No wonder, Warwick (1971) observed that the concept could be linked to team teaching which enshrines two distinct schools of thought. To some, it is perceived in pragmatic terms an economic and democratic way of organizing a school. In this case, it offers a convenient administrative framework within which existing structures can survive with modifications. To others, however, it represents more. It is perceived as re-orientation of the curriculum in such a way that the needs of both the professionals and the families are fully met.

This approach has at its heart the needs of the family and more important that of the child in focus. Advocates of this approach argue that the only way the needs of the exceptional families could be adequately addressed is by coming together of the professionals to find solutions to the prevailing problem so that as they think and act cooperatively, the possibilities of the multidimensional approach can become a reality.

### **Rationale for Multi-dimensional Approach when Working with the Families of Exceptional Children**

Because of the multi-faceted nature of the problems facing families of exceptional children in Nigeria in particular and the entire globe at large, many professionals are needed to effectively serve these families. Some of these problems had been mentioned

in an early discussion and needs no repetition here. Some of the professionals required to render comprehensive services to families of exceptional children include the following:

1. Psychologist
2. Social worker
3. The occupational therapist
4. The speech and language therapist
5. The pediatrician
6. The Physiotherapist
7. The Counsellor
8. The Ophthalmologist
9. The Optometrist
10. Orthopic technicians
11. Audiologist
12. Psychiatrist
13. Teacher aides
14. Behaviour management therapist

These professionals working together perform different roles in meeting the needs of the exceptional child and their families, nevertheless, their roles are complementary with the child or client at the nucleus or as a factor for bringing them together. Below therefore are the specific roles of selected members of the team.

### **1. The Counsellor**

He is sometimes called a problem therapist. He helps the families with appropriate techniques to meet their divergent needs. He also helps the children to deliver themselves from poor self-image and those with barriers to success.

Additionally, the counsellor helps parents with issues concerning career choice for the exceptional child. Operating in a team approach, he takes active part during case conferences and the design of the Individualized Education Plan (IEP) for the exceptional child.

## **2. The Psychologist**

These professionals are responsible for designing various tests like the Intelligent Quotient Test (IQ) and the aptitude tests that are used to evaluate the strengths and weaknesses of the exceptional children. They are very significant in the team in that they give accurate assessment with regards to the suitable programmes to be developed.

In fact the family and the exceptional child needs the psychologist to develop stability and enough “shock absorber” to forge ahead despite all odds.

## **3. Occupational Therapist**

Essentially the occupational therapist strives to find appropriate placements for the exceptional individual who is responding to treatment and may require job placement to make life worthwhile. Similarly, these therapists give information with regards to code of conduct in specific job settings, etc.

## **4. Social Worker**

The basic role of the social worker in the team will be to explain the recommendations of the team to the family and assist the family with general societal problems.

Additionally, the social worker serves as a liaison officer between the family and the community and rehabilitation centre where they exist.

On the whole the social worker performs other assignments where necessary aiming at social adjustment of the families with exceptional children.

## **5. The Physiotherapist**

The physiotherapist performs the function of movement and other locomotive rehabilitation of the body. In fact in most cases, they are concerned with physical exercises and other physical therapy. They are therefore important in the team of professionals working

with the families of exceptional children because where the case involves conditions like cerebral palsy and extreme physical conditions that ordinarily the families may not have skills to deal with physiotherapist normally come in to assist.

### **6. Audiologist**

They use electrical instruments called the Audiometer and related facilities for identification, assessment and screening of hearing levels of the hearing impaired children. This is with a view to ascertaining the degree of hearing loss for amplification (if necessary). Similarly, audiologist detects the pathologies of the ear and refer to otologist for possible remediation.

Their role cannot be over-stressed here because they are the sole trained personnel for the dispensation of hearing aids. This of course comes handy when they are part of the team. In some cases they assist in providing rehabilitative techniques to deserving families with hearing impaired children.

### **7. Optometrist**

This is a licensed-medical practitioner that measures restructural errors and eye-muscle disturbances.

It should be borne in mind that the importance of this professionals coming together to work cannot be neglected. This is due to the obvious fact that, new organization patterns may emerge when professionals are prepared to work together and this system reasserts the significance of the child and his relationship and reactions to other members of his family and school community.

Needless to say that this approach could facilitate professional growth by providing teachers with opportunities to share ideas, plans and observations; it also allows for wider use of expertise and consequently making the children to develop broader ranges of interests and permits the organization of a larger group within which a child may find greater compatibility.

More significantly it cuts down duplication of effort and is cost effective. Having discussed the roles of the professionals involved in this approach, the next logical step to take is to organize or call for case conference.

### **Case Conferences**

This is a meeting of professionals like those described above to talk about the case of a particular mild or severe client.

In this instance, specific problem situations are addressed with a view to finding solutions to the raised issues.

Generally, the social, emotional, mental, ethical/moral and physical aspect of the child and his families are discussed and the required professionals assemble to map-out action to be taken.

Essentially, there are four types of case conferences organizing when working with the families of the exceptional child and these include the following:

#### **1. Intake Conference**

What happens here is that referral services are offered. The professionals having examined the case history of the individual child will determine if the client is eligible for training considering the available facilities in the community where the team discovers that there are not readily available facilities in the area of domicile of the families in question, they are accordingly referred to a more suitable agency. For instance, the audiological clinic of the Department of Special Education refer patients and parents alike to the ear, nose and throat (ENT) section of the Jos University Teaching Hospital for medical treatment.

#### **2. Interim Case Conference**

Specifically this conference is organized to assess the progress and/or prospects that the child or family is making. If along the line, it is discovered that the families of the exceptional child is not making any remarkable progress, his Individualized Education

Plan or individualized written rehabilitation plan as the case may be, will have to be rewritten to suit his specific needs and area of difficulty. But if on the other hand there is enough evidence to show that the person is making fast progress then the length of training will have to be shortened.

### **3. The Final Case Conference**

The professionals working with families of the exceptional children will have to come together again for the final time. The fundamental objective of this case conference is to evaluate results. That is to critically ascertain if their ideas and programmes are yielding desired results, which they expect to see in the exceptional child. So this case conference is held when the child is about to complete the programme drawn for him/her.

### **4. Follow Up Case Conference**

The professionals will have to keep in touch with the exceptional child's family so as to find out what is happening to such a family. And if the child in question has found a job or not, if he has, what problems is he encountering and they decide to assist him where necessary when this is done, it is referred to as follow up case conference.

In most cases, these conferences have to be within two to four weeks. This will allow for effective and expedient dispensation of the issues at stake.

It is after all these conferences that the professionals will agree on a set plan of action on how best to deal with the family problems.

### **Individualized Education Plan for Children with Exceptionality**

From the explanation of the concept of case conference above, it can easily be understood that the result of the deliberations of multidisciplinary team is often used to develop Individualized

Education Plan (IEP) for children with exceptionality. Since the ultimate goal of serving children is to make them become independent and contributing members of the society, the need for IEP for these children cannot be underestimated.

IEP is based on the notion that children are different and unique and that programmes should be fitted for their needs so that they can perform at their own pace. Put in a different way, the term IEP means a written statement for each child with exceptionality child developed by the multidisciplinary team during the case conference. The professionals in the team are in most cases qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of these children and even the needs of the teacher, parents or guardians of such children when appropriate. Under the IEP concept the professionals in the multidisciplinary team must explain in writing the many details of their educational plans. Among other things, they must describe what will be taught and by who, where instruction will take place and for how long. In all cases, these plans must be measurable so that the rate of success or failure attained by the exceptional child can be evaluated.

Meyen (1978) reports that in order to develop an appropriate IEP, the multidisciplinary team also called Child Study Team (CST) must respond in writing to the following nine components which relates to the programme of the child with exceptionality:

### **1. Statement of Current Educational Level**

A report must be written which describes present levels of educational performances. This must include information on the child's academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills and self-help skills.

### **2. Statement of Goals**

The goals to be achieved under the child's IEP at the end of the school year must be written down. These goals should be written

in terms of the exceptional child and should state in no ambiguous terms the desired behavior. An appropriate goal for instance could be: “the child with exceptionality will increase his oral communication skills.”

### **3. Statement of Objectives**

The short-term instructional objectives must be written down. The objectives should include the following conditions, descriptive, conditional, evaluative and temporal.

### **4. Statement of Services**

Specifically described here are the educational services needed by the child. These are usually determined without regard to the availability of those services. However, the statement must include a description of:

- a) All special education and related services that are needed to meet the unique needs of the children with exceptionality;
- b) Any special instructional media and materials that are needed for the education of the child.

### **5. Dates of Services**

Statements must be made about the dates special services will begin and the length of time they will be in effect. Of course beginning and ending dates will be entered for each service the child will receive. If for instance he is to be provided assistance from a special teacher, a regular teacher and a communication disorder expert, three sets of dates must be entered in the IEP showing when each of these will start and end.

### **6. Time Regular Programme**

A detailed information must be provided which explains the extent to which the exceptional child will be integrated in regular classes for only a few activities, for example music, art and physical education.

### **7. Justification of Placement**

To accompany the IEP must be a written statement which supports the type of educational placement recommended for the child.

### **8. Professionals involved**

A list of individuals who are concerned with implementing the IEP must be furnished. For some children, the list will contain one or two names. For other children several professionals may be included: special and regular teachers, speech therapists, etc.

### **9. Evaluate the Plan**

Finally, to be included in the IEP must be a statement about the objective criteria, evaluation procedures and schedules for determining whether the short term objectives are being attained. From the foregoing, it is quite clear the IEP is a tool for the management of exceptional children in a multidisciplinary team. If properly developed and implemented, it will alleviate most of the problems encountered by children with special needs and their families in that it will adequately cater for their unique needs. Above all, it also provides a vehicle for monitoring the delivery of special education programmes. The following are other important provisions relating to IEP:

- Provision to ensure participation of parents;
- Provision to ensure that parents understand the proceedings of IEP meetings (i.e. provide interpreters for deaf parents or in the native language);
- Provide for better record keeping procedure;
- Provide for direct education planning and programming;
- Provide for adequate communication between persons concerned with the educational welfare of the children; and
- Provision for evaluation and accountability.

### **Rationale for IEP**

It will be pertinent to mention some of the reasons IEP. Basically,

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the rationale for the development of IEP is the implicit need to derive a comprehensive plan for systematically providing children with exceptionality and their families with services appropriate to their unique needs. To ensure the success of this unique attention (i.e. IEP) the following essential proposals must be borne in mind at all times. They include:

1. It provides opportunity for educational and rehabilitative services for the child under IEP.
2. IEP looks at the individuality of the child thereby focusing on the areas of strength of the child.
3. It provides opportunity for harnessing of resources/-materials and personnel for the education of the child.
4. IEP provides opportunity for the child with disability to be independent, skilled and well-behaved in the society.

In conclusion, the importance of IEP in dealing with exceptional youngster and their families is vital if professionals must effectively help these children and their families. Multidisciplinary teams should be encouraged to develop IEPs for exceptional children in Nigeria taking into cognizance our cultural diversities.

### **Suggested Steps for Developing I.E.P.**

Unfortunately, thirty years after independence, Nigeria had not yet come up with her own indigenous steps for developing IEP. But realizing the all important need to know how to draft an IEP programme the writer would like to discuss here the popular model in use in the United States of America and elsewhere. Meyen (1978). However, observed that modifications could be made so that this will meet our unique cultural needs. There are basically six steps in developing the IEP as discussed briefly below.

#### **1. Identification of Learning Problems**

It is done first to ensure that the problems of the child are properly

analysed by the qualified professionals; i.e. the multidisciplinary team.

### ***STEP 2: Referral***

At this stage the child is nominated for the attention of specialists in the area of the child's identified problem(s).

### ***STEP 3: Evaluation***

This is broadened to include an extensive review of the available service alternative required to meet the child with special needs.

### ***STEP 4: IEP Conference***

Here previously collected data and programme needs are presented and a written plan of action is prepared.

### ***STEP 5: Implementation***

At this stage, the plan is put to action. The plan must be disseminated to all persons who will participate in the exceptional child's programme. Each participant is required to monitor the child's performance and to make necessary modification of the plan. In other words, this is the service delivery stage for the child with disability.

### ***STEP 6: Evaluation***

At the last stage of the plan, it is then evaluated to determine the child's progress and the overall effectiveness of the programme and final decision made. Thus, it may be to continue with what is available to make slight modification or to initiate a referral to obtain additional evaluation services (this means, step 2 referral process will be done again). In some instances the decision may be to hold another IEP conference (i.e. step 4). Above all, step 6 is intended to satisfy the annual evaluation requirement but in most cases evaluation should be carried out on a more frequent basis.

## **Conclusion**

The birth of a child with disability especially in the traditional African societies come with chains of reactions ranging from positive, passive to negative reactions. However, with commitment in services provision such as the ones advanced in this text, children with special needs could be independent and contributing members of the society.

Roo (1963). also observed the following reactions among parents of handicapped children.

### **1. Severe Loss of Self-esteem.**

They perceive the child as a reflection of their inadequacies and imperfections.

### **2. Feeling of Shame and Guilt**

Parents may blame themselves if they think they are responsible or contribute to make the child handicap. Parents may have been careless or may having refused to carry out medical investigation, advice or instructions.

### **3. Self Reproach**

This is a situation where the parents feel sorry for being a cause for the handicap.

### **4. Self-Sacrifice**

Some parents could be ready to sacrifice all that they have even if it is at the expense of other normal children to ensure that the child is normal. In a case where it is clear that the child cannot be normal they may prefer to die rather than permitting the child to exist as a handicapped person in the family.

### **5. Feeling of Defensiveness**

Some parents argue that they prefer to defend the child and continue to live falsely with the belief that their child to not having

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a real handicap. They may interpret it to be temporary or not a handicap.

### **6. *Feeling of Depression***

Some parents may be so depressed with the fact that they have a handicapped child. At times it might be that they are aware that they caused the handicap or might even want to just over protect the child. In situation where they fail, depression may set in.

### **7. *Denial***

The parents may deny the situation or condition of the child being handicap is true.

According to Call (1980) in a research he carried out on reactions of parents of handicapped children discovered the following:

- Alarm
- Anger and bitterness
- Confusion.
- Death Wishes
- Denial
- Shock or trauma.

In a similar work by Buscaglia (1975); Huber (1979), these were discovered among parents of handicapped children.

- Grief
- Anguish
- Hurt
- Shock
- Confusion
- Disappointment
- Anger
- Resentment
- Disbelief
- Guilt

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- Bitterness
- Fear
- Rejection

Similarly, Smith (1984) in his research discovered the following reactions among the parents.

- Denial
- Grief
- Fear
- Disappointment
- Confusion
- Powerlessness
- Rejection.

### **Why Parents of the Handicapped Need Counselling**

Parents often feel that the responsibilities and arrival of a handicapped child in the family are tied on them. They are responsible for providing an avenue of socialization for the child. Parents are actually counsellors and workers in the education and upbringing of their handicapped child.

Experiences with the families of exceptional children show that parents of the handicapped children always manifest different reactions. You need to be prepared and know how to deal with each of the reactions that they may manifest. The parents may manifest hostile reaction towards the counsellor, uncooperative reaction, or they may be neutral or passive in interacting with you.

The parents of the handicapped children need counselling because of these additional reasons.

- They need to adjust fully in order to accept love, and care for the handicapped child.

To help reduce their negative reactions towards the child and others. For example, the parents may openly criticize you of failing to cope with, teach, or meet the needs of the child.

To discourage in them the idea of superstitious belief as the

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cause of handicaps.

To educate them on the possible causes and prevention of handicaps in children in order to avoid future occurrences.

To suggest possible scientific solutions to their problems.

- To enlighten them so that they can cope with the handicapped child.

To help suggest and provide education and special equipment for the child.

- To allow them teach their children specific skills and carry out prescribed instructions determined by the counsellor, doctor, or special educator.
- To educate them and provide awareness on the agencies and organizations that provide education, diagnosis: employment, special equipment, special education and even financial assistance.

To help them plan for their child find solutions and make decision regarding the welfare and up keep of their child based on the available resources.

- To educate them on the effects of their negative behaviours towards the child.

To help them plan their budget in such a way that other members of the family will not suffer.

- To help them become independent so that they can overcome obstacles in life.

### **Types of Counselling for Parents of Handicapped Children**

In carrying out counselling with parents of the handicapped child, you have to consider the following settings for counselling work

- The counsellors office
- parents homes
- Counselling centre.
- Mosque

· Any other suitable place

Denga (1983), (1987), Smith (1984) and Nwoye (1988) recommended the following types of counselling for use with parents of handicapped children.

### **1. Information Counselling**

This type of counselling provides parents with information in some of the following areas.

To provide information on agencies and organizations that deal with the handicapped.

- Cause and prevention of handicap-Referrals and placement
- Counsellor services
- Evaluations and diagnosis
- Appraisals
- Following or after care services
- Special equipment
- Employment for the handicapped.

### **2. Adjustment Counselling**

- To avoid blame.
- Seek for scientific solution
- To cope with the problems imposed by the child, Absorb social stigma
- Accept, love and care for the child.
- Remove fear, anxiety, guilt, etc in parents.

### **3. Genetic Counselling**

- Care of pregnancy
- Prevention of handicaps
- Causes of handicaps due to misuse of drugs, malnutrition and genetic abnormalities, and so on.

### **4. Reality Counselling**

- The need to accept that the child is handicapped

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- The possibility that the child may live with the handicap

### **Focus Questions**

1. Give and explain effects on a disabled child of five parental reactions to their child.
2. Explain five reactions that maybe found among parents of handicapped children.
3. Explain each of these approaches to counselling parents of exceptional children.
  - The needs method
  - The Kelly group method
  - The distance information collecting method.
4. Give and explain five reasons why parents of handicapped children need counselling services.
5. Write short notes on the following:
  - Information Counselling
  - Adjustment Counselling
  - Genetic Counselling
  - Reality Counselling.