

New Perspectives in Special Needs Education for Sustainable Development



EDITED BY:

THEO AJOBIEWE (Ph.D)

PETER I. OSUORJI (Ph.D)



National Centre for Exceptional Children

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Published in June 2010

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ISBN: 978-31064-0-5

Published and Bound in Nigeria by:

Glory-Land Publishing Company,

66 Gbadebo Street,

Mokola, Ibadan.

Tel: 08035830802, 07029743826, 07031051956

E-mail: emman_20078@yahoo.com

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The Need for Counselling Parents with Special Needs Children and their Families in Adjusting to Life Situations

IDEMUDIA, E. S. & LAZARUS, K. U.

Introduction

Counselling has been defined in several ways by different people. Counselling is an interdisciplinary profession which interacts with various fields such as psychology, sociology, cultural anthropology, education, economics and philosophy. Counselling lays emphasis on vocational guidance, educational guidance, socio-personal guidance, individual adjustment in the environment and development processes and child rearing. Counselling is also an advice given to individual group of people to assist them overcome their social, mental, emotional, physical, vocational, material, educational and psychological problems. In another sense, counselling refers to a one-to-one interaction between the counsellor and the counsellee in order to enable the counsellee have an insight into his or her problems and to make the choice of best alternative solution of personality and the surrounding culture. Counselling is a technique used in assisting individual to achieve a style of living satisfying to him or her and congruent with his or her status as a citizen. Counselling assists a person to use his or her rational powers in an effort to understand himself/herself.

Counselling according to Bessell (2006) is seen as a process of helping the individual mobilize his resources to cope with a problem he had previously found insurmountable. It is clear from the definition that there are two parties to a counselling session that is, the counsellee or the person having a problem, and the person who helps him surmount the problem (the counsellor). In other words, a counsellor gives help to another (counsellee) by making him aware of his potentialities and what ways such potential resources could best be put to use in surmounting his (clients) problems or resolving the ensuring conflicts in his life. While Roux (2006) interpretes counselling as a dynamic and purposeful relationship between two people in which procedure vary with the nature of the clients needs, but in which there is always mutual participation by the counsellor and the client with the focus upon self clarification and self-determination. Counselling is also seen as a psychological process which helps the individual to achieve self-direction, self-understanding and mental balance necessary to make the maximum adjustment to the school, home and society (Olayinka, 2000). In effect, counselling is a relationship that benefits the client in the sense that it helps him (client) to improve his well-being. Since the concerns of the different categories of children with special needs differ markedly, goals of counselling will obviously vary. Counselling special needs can only be effective if parents are actively involved in the whole process of helping the children to make the best of the circumstances of their life. The reason is that parents are significant people in the life of children with special needs. If for instance, parents develop very negative attitude towards the disabilities of the children under their care, then the efforts of the counsellor who relates with the children might not get far. In the same vein,

Kristensen (1997) suggests that in future the special needs education advisers will no longer focus mainly on the particular child and his/her level of functioning but more on the child's whole world which includes the community where he or she grows up and develops.

Disability is a condition which results from an impairment or disorder of a specific organ or organs of the body which manifest in partial or total dysfunction of the affected organ. The special needs children therefore automatically become one with partial or total limitations or deviations in certain basic functions as a result of impairment or disorder. These limitations can be experienced in many areas such as mobility, communication, audition, behaviour activities and/or academic achievement.

Parents need a lot of information about the specific nature of disabilities to be able to address the needs of the children in a number of meaningful ways. According to Kristensen (1997), the special education teacher's major response to the situation is to create a dialogue about the child's total development. If parents realize that special needs children have rights and privileges like their normal counterparts, their attitude towards the children will no doubt improve. Nwazuo (1998) citing Mba (1995) reported that several studies by Special Education Department of the University of Ibadan on Parental attitude towards the special needs children implicated negative attitudes on the part of parents.

Parents of special needs children are the biological fathers and mothers of the special needs children. It could also refer to the foster parents, that is, those who adopted the Special needs children, while Special needs children are the exceptional children who require special care, special educational/vocational needs and special trained personnel for their training. They require special learning materials, specialized learning environment and special equipment for effective functioning due to the nature of their disabilities. (Olukotun, 2003).

The Need for Counselling Parents and Children with Special Needs

According to Idemudia (1998) parents influence the early developmental relationship language, interest, skills, and other behaviours of their children. Parents determine early priorities in a child's development, the extent to which language is used at home by the parents will have an impact on the child's development. The parents interaction with the child usually extends from birth to early childhood. It is very clear that interactions especially in early childhood have negative effects on parent-child development and behaviour. Parents share more different, difficult situations and experiences with the child than do other adults. He further noted that, the degree of involvement between parents and children whether loving or hostile is usually greater than that, between the child and other adults. Definitely, parents influence almost every aspect of the child's total experience and usually develop consistent pattern of behaviour with their children; that is, a child usually knows what to expect from parents in different situations. Both society and parents recognize that parents have primary responsibility for the child. Some parents however do not perform their responsibility, where a child grows up in an environment that does not offer adult responsibilities, such a child normally has poor relationship with others. Great variability exists in parents-child interaction from extremes of acceptance, involvement, love and stimulation. Though educational and counselling service for children with special needs complement one another, this paper would focus on the counselling component.

Undoubtedly, most parents find themselves at crossroad of life and at a loss, on first discovering that their child was born with a handicap and consequently have to face the difficult task of bringing up the child to be useful and independent individual. The problem is further compounded when such parents do not have the expertise to teach them the basic skills of daily living which include toileting, feeding, and bathing. Parents should be aware of the fact that, like other non-handicapped children, their special needs child or children too can gain learning experiences, though the rate of learning may not be the same. Most importantly, parents must set realistic goals for the child which can be achieved without frustration (Idemudia 1998).

It is important that, parents of children with special needs, know that, their children will learn like other normal children, though their learning style and the rate of learning may be different while sighted children learn by observation and imitation, the blind child learns principally by listening and touching. Parents of children with special needs need a high degree of adaptability, tactfulness and understanding in the education and upbringing of their handicapped children, their education should start as early as possible. The child/children must early be trained to utilize their auditory, tactile and smell modalities which are channels for receiving information from the environment in full. There is no doubt that rearing a blind child is not an easy task. It has been observed that most parents resort to either becoming harsh and unsympathetic towards the child or consequently overprotect the child, thus the child is rendered dependent on other for assistance- practically everything. Prescott and Iselin (2002) reported that, "while some parents feel angry and perceive their child as undesirable, burdensome, others behave more like matrys, silently bearing their heavy cross as feelings of resentment range within" parents should desist from overprotecting the child but should allow the child to venture into the world and to explore it, for it is during the early years of development that the child must learn to achieve success through the relentless effort of his parents. The child must be taught the basic skills for daily living, insatiable curiosity about the environment and social skills. Without the mastery of these skills, the blind child's environment remains vague and integration of the child into the society may never be a reality. It is the responsibility of the parents to make the world meaningful to their children.

The child's language development depend greatly ion the mother's ability to communicate with the child. For instance – while sighted children communicate with their parents using speech, gestures, eyes contact as well as verbal expression blind children only depend on auditory perception of sounds in communicating with their parents. Early exposure of blind children to sound –producing miniature toys before they learn to talk and understand language should be made available to him. By handling objects of various shapes, sizes and textures they would learn early to differentiate and discriminate toy by touching or through sounds they produce. This will help parents of special needs children a lot since the presence of such child in a family usually engenders crisis in the family which may endure for a long time if not properly managed. Crisis is seen by Brammer (2003) as a state of disorganization in which the helpee faces frustration of important life goals or profound disruption of his life cycle and methods of coping with stress. The weight of the crisis on the individual parent can be so devastating that it prevents the person from consciously controlling himself. Where parents lose orientation with respect to how to adjust to the crisis

situation, the effect of the disability becomes more telling on the child with special needs. In crisis situation, counsellors who attempt to help parents whose psyche has been brutalized by the untoward event should endeavour to maintain high level self confidence.

In addition, the counsellor helps in co-ordinating parents with a view to imbuing them with the necessary orientation for coping with presence of the special needs child/children. This orientation is generally for parents who do not have special educational background. During the orientation programme parents would not be told their attitudes and behaviours which are likely to frustrate the child. It has been pointed out that the handicapped child feels his security is threatened when his parents are sometimes rejecting and indifferent (Mba 1986). Mba's advice is that where the child needs to be corrected, parents can correct him without creating the impression that they lack firmness or are unfair (Nwazuoke, 1998).

Moreover, parents of children with special needs in the society face a lot of psychological, social, economic and emotional problems because of the condition of their children. Such special needs children are labelled and called such names as "deaf" woman/man, "blind" man/woman, or "that man who do not see well" or "that one-eyed man", mongoloid, "imbecile", "cripple", "hunch-back", albino", as if such were their proper or real names. Incidentally, such children and adults are referred to as "people of the gods" among some ethnic group in the Contemporary African societies. The effects of these labelling on these special needs children include: neglect, denial of personal rights, refusal to render assistance to such children and their parents, withdrawal and having nothing to do with the child and the family. There are also problem of marriage (choice of partners) denial of employment, even when expertise on the job is proved, difficulty in sustaining self, poor adjustment to life situation, poor self-concept and eventual failure in life (Olukotun 2003).

These problems are compounded by the ignorance of the parents themselves and the general public about these special needs children. Others include superstition and negative beliefs about the disability, high level of illiteracy in the society, care-free attitude of the public to the needs of such children. These problems usually make parents of special needs children shy away from their expected and legitimate roles towards upbringing, affection, love, care and training the child either educationally or vocationally.

The special needs children require counselling to surmount the problem of adjustment to the new situations, new demands in the environment, career, orientation and mobility. Special educators as well as those who are loosely working with parents of special needs children are however concerned about the inconveniences, consequences, complications, expenses, social stigma and change in the life style of these children and avenues of helping such parents of Special needs children and the children themselves overcome such problems they might be facing as regard their condition. Such counselling services will equally help the Special needs children to adjust to their new life and courageously face and plan for the future. The parents for instance should be counselled on how to train their blind child/children on basic skills of daily living activities, orientation of the immediate environment and how to safely and gracefully move about independently, rather than dwelling on the cause of who is responsible for the condition. The parents, because they may not know this, must be counselled to learn sign language so as to interact with their deaf child at home. Likewise, parents of the mentally retarded for instance need to be counselled that their mildly affected mentally retarded child could be trained and he or she would be useful

not only to self but to the family, community and the nation as a whole in future. The physically challenged should not be kept under lock and key just because he or she is crippled. The child could be provided with wheel chair for his or her mobility. It is the duty of the counsellor to direct the parents of such children to appropriate service-centres where such services, facilities and equipment are available even free of charge.

Psychological Reactions of Parents' Having Special Needs Children in the Family

The following represent some of the reactions of special needs parents in a family.

Shock and disbelief: An expectant mother would expect to put to bed a healthy normal baby free of any deformity. The parents are shocked and may not believe their eyes at what they see for quite some time especially if the child is born blind, without complete limbs, appears bluish (as in blue baby /cretinism) hydrocephalus, microcephalus or other forms of physical disabilities.

Denial: Since deafness is not a visible condition, the parents of the child who is congenitally deaf may for some times deny the fact that their child is deaf until few weeks later when they find out through observation and informal tests. Likewise, parents of congenitally blind child may deny that their child does not see since the eyes appear normal. They may wish to find out from the physician to confirm if the child is really blind. In some illiterate homes, diviners or traditional healers are consulted for further investigations and reality of the condition.

Self pity: This is basically feeling sorry for oneself. The parents of the handicapped feel sorry for themselves for having such child in their family. Such self-pity is deeply felt in their minds.

Guilt and shame: This is a psychological depression. One's activity level goes down with guilt feelings. Guilt is feeling of personal responsibility where one blames oneself for the situation. One of the feelings that accompany guilt is fear. Shame is another feeling that goes together with guilt. Shame is a concern about what other people think. The parents of the special needs children feel ashamed for having such a child in the family. They are concerned with what other people say about their family.

Projection: Projection is another psychological feeling of the parents of Special needs children. This is the act of attempting to shift blame or responsibility on someone or something else rather than the real cause. Parents project in order to reduce anxiety and depression. Spouses may project the cause of the disability of their child on each other as a result of drug abuse or conjugal infidelity. In most cases the mothers are held responsible for the cause of the cephalus, cretinism, blindness or even albinism, experience has shown that some fathers disowned such disabled child right from maternity ward.

Fear and uncertainty: Parents are generally not sure of the safety and the future of the disabled child most especially when he or she becomes an adult in the society, likewise the health of the child gives them concern.

Rejection: Most parents consciously or unconsciously reject their disabled children. Some of these children are abandoned in maternity ward home/institution due to finance in maintaining the child or deliberate attempt as a result of stigmatization and people's perception on the family.

Neglect: Many parents of special needs children are reluctant to claim responsibility for the child's needs. Sometimes, such parents are confused in thought and opinions as regard the type of help and assistance to be rendered. However, such a child would feel unwanted, unloved and not being cherished in the family.

Attributes of a Counsellor Working with Parents and Special Needs Children

The counsellor working with parents of special needs children should be endeared with the following attributes as pointed out by Olukotun (2003):

Professional ethic: He or she must work in line with the ethics of counselling as a professional. He must keep up and maintain with the standard of the counselling profession. If the profession ethics clashes with the law of the land, the consultant uses his or her initiative.

Good interpersonal relationship: The counsellor must be very good in his or her relationship and interactions with other people. He or she must be able to relate well with everybody.

Pleasantness: He or she must be pleasant at all times. He or she must not wear frowning face, instead he or she must put on smiling face always.

Confidentiality: As the counsellor working with parents of special needs children, you must keep the secret of the clients. Such a counsellor must not leak the secret of the client, no matter the situation. In situation where client's information need to be divulged/revealed, such client must be informed and his approval given.

Disciplined: The counsellor must be a disciplined person. He or she must not delve into the client's private/personal affairs/issues without the client's consent. A male counsellor must not use the opportunity to enter into illicit affairs with the female client.

Empathy: Empathy means experiencing emotions of another person. It is the ability of imagining and share another person's feelings and experiences. The counsellor feels like the parents would feel. Let them realize that you feel the same way they feel a bout their child's condition. This action will convince the parents that you are with them in their discussion.

Honesty: The family counsellor must be transparently honest with the parents of the special needs child. Tell them the truth about the condition and limitations of the child. As a counsellor, do not raise false hope of the parents. Do not tell what is not real about the disability and what the child can do in future. For instance, do not tell the parents that the child will grow mental retardation as he or she grows or that a certified blind child can still see later. If you raise false hope about the child's condition and eventually it does not materialize, the parents will not trust you any longer as a reliable family consultant.

Stages in Counselling Procedures of the Parents with Special Needs Children

Counselling parents of the Special needs children is carried out in the following five stages:

Referral stage: A client is referred to the counsellor in a clinic for counselling. This is the first stage in which the parents and the child are brought into contact with the counsellor. Referral of the clients to the counsellor could be made by the head teacher, class teacher, medical doctor, school nurse, employer, boss, friend, church/mosque leaders, rehabilitation centre, Home/school administrator, fellow counsellor or self.

Diagnosis stage: This stage is preoccupied with initial investigation of the nature scope and causes of the client's problems through counselling/therapeutic interview. This enables the counsellor to collect useful information and clues into the client's problems. This initial intake interviews is very significant because it affords the client the opportunity and encouragement to answer a number of salient questions asked by the counsellor and to freely discuss his or her problems with the therapist. The counsellor/therapist uses various assessment tools such as psychological tests, direct observation, diagnostic interviews and projective technique to obtain a clear picture of the client's problem.

Treatment stage: The counsellor develops a treatment plan as an approach to solving the client's problem. The counsellor needs to use a variety of counselling skills and techniques already acquired. He or she select those techniques which best tackle the client's problems. Depending on the counsellor's theoretic orientation in clinic therapy, he or she could select treatment approaches /techniques from Psycho-analytic Approach, client-centered approach, behavioural approach, rational emotion approach. A combination of approaches could be employed if the client's problem is complex. For instance, a child might combine problem which is difficult to diagnose and make prognosis, hence difficult to treat or may not be treatable, with the initial disability. Others might combine initial deformity with diabetes, epilepsy, asthma and other health related problems that are complex to her skills and expertise in using a combination of approaches to reach his or her goal.

Termination stage: The counsellor ensures that the client has mastered all skills taught him or her during treatment stages. He or she also makes sure that the client can on his or her own put into practice, all the skills taught him or her. Usually, termination of a case should be gradual. It must also be done tactfully and systematically in order not to be traumatic for the client. Through this gradual termination, the therapist is sure of when the case is successfully and satisfactorily managed. The therapist then finally declares the case terminated.

Follow-up-stage: An integral part of treated case is follow-up. Following up stage entails reassessing the condition of client after a period of time has elapsed since the termination of the counselling therapy. The counsellor has to follow-up the case in order to monitor how well the client adjusts to his or her new situations. The counsellor might decide to ask pertinent questions. He or she might use any other assessment tool just like it was used during diagnosis stage. By using these, the counsellor is able to ascertain stability of well-being of the client or retrogression of the client's condition. If condition is not satisfactory, the client could be returned to any of the earlier stages of counselling. If the condition is satisfactory, the counselling process is permanently close.

Counsellors Assistance to the Special needs Children

One big task the special needs children face is getting him or her to learn to live with the disability. Success on this depends mainly on their resources of the individual child, his or her attitude towards his or her disability and the support and encouragement received from the family, friends and society. The fact remains that many of these disabled children have limitations. They equally have their potential abilities. These could not be easily identified by many of these children. Someone therefore needs to assist them in identifying their potential abilities. These could not be easily identified by many of these children. Someone therefore needs to assist them in identifying their potential abilities. The counsellor is charge with the

duty of assisting the special needs children to discover or know himself/herself better, know what he or she is able to do, learn to perceive the society and the significant others positively and to learn perceive the society and the signify at others positively and to learn to think rationally. Olawale (2000) identified the following areas where the counsellor can assist the special needs children.

- 1) Fulfilling his potential in academic pursuit.
- 2) Establishing socially acceptable level of self-care.
- 3) Developing realistic view of self, others and situations.
- 4) Improving interpersonal relationships within the family, the school and the community.
- 5) Progressing in accordance with expectation in vocational development towards vocational self-sustenance to the degree that this is possible.
- 6) Evolving a leisure life that provides major satisfactions that contributes to the satisfaction of others.
- 7) Encouraging special needs children to accept the limitations that cannot be changed.
- 8) Special Needs children should avoid self-pity. If they do this the people around will gradually think of them as "persons" and not as special needs persons.
- 9) Special Needs children should not limit themselves unduly. They should learn to do everything they possibly can within the limitations of their disabilities, but avoid wasting their energy in doing something that is not really important just to prove that they are able to do it.
- 10) Special Needs children should accept kindness and attention from people graciously. The first impulse of many people when they see an obvious impairment is to offer assistance. They seldom realize that it may be entirely unnecessarily or even dangerous to do so at times.

Conclusion

Parents represent the most significant group in the formative years in the life of the child. If the difficulties and psychological stress usually presented by parents of special needs children and their families are to be adequately tackled, then parents readily become the target group to be reached by the counsellor. It is the considered view of this writer that if the home and parents of Special needs children are properly co-ordinated by the counsellor special needs children will benefit tremendously from the experience.

Parents of special needs children should ensure that their children are happy and accepted members of the family by loving and giving them equal educational opportunities as their normal counterpart, irrespective of their conditions. Also they should protect their siblings from measles, chicken/small pox by getting them vaccinated early enough in life. There should be public enlightenment to help eliminate handicapping conditions since its genesis occur during the first three months of pregnancy. Pregnant mothers should attend seminars and be cautioned on the dangers of taking unprescribed drugs by doctors.

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