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Counselling Intervention for Parents of Special Needs Children

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Abstract

Over the years, increased awareness of difficulties facing parents of special needs children has been the concern of professionals. Parents are usually disturbed and psychologically maladjusted with the arrival of such children in the family. The arrival in the family obviously affect financial, social, educational and emotional state of such families. As a result of the devastating effect of having special needs children in the family, counselling intervention for parents of such children become inevitable. This paper examines the reaction of parents to the arrival of a child with disability in the family, practical counselling for parents with special needs children which include: counselling parents with gifted and talented children, counselling parents of children with visual impairment, counselling parents of children with learning disabilities, counselling parents of children with hearing impairment, counselling parents with mentally retarded children as well as counselling parents of children with speech and language disorder. It is recommended that parents should seek early medical attention as soon as they suspect any problem or disability in any of their children. It is also recommended that once the medical doctor confirms the disability, professional Guidance Counsellor must be consulted to counsel the parents on the next line of action.

Keywords: Counselling, Intervention, Parents, Special Needs

Introduction

The birth of any child can have a significant effect on the dynamics of the family. Parents and other children in the family must undergo a variety of changes to adapt to the presence of a new member. The effects on the family of the birth of a special need child can be even more profound. Disabled infants and children are frequently characterized by extremes of behavior, which in turn influence the interactions they have with parents and siblings. The extra care and special accommodations required by some exceptional children often alter how parents and siblings interact with the disabled child as well as with non disabled family members.

Not only is the study of families of disabled individuals difficult because of the complexity of the interactions that take place, but it is also complicated by the fact that the area relies so much on subjective impressions. When talking about the impact an exceptional child has on a family, we are talking to a great extent about feelings – the feelings of parents toward the child and toward society's reactions to the child, the feelings of the child's siblings toward the child and society and the feelings of the disabled child. When talking about feelings, of course, we are in the realm of subjectivity. Psychologists are notoriously good at describing people's emotions but poor at understanding them. The subjective and complex nature of the familial feelings aroused by disabled children makes the job comprehending their nature extremely difficult.

Parental Reactions to a Child with Disability when Discovered

Traditionally, researchers and clinicians have suggested that parents go through a series of stages after learning that they have a special need child. Some of these stages parallel the proposed sequence of responses that accompany a person's reactions to the death of a loved one. A representative set of stages based on interviews of parents of infants with serious physical disabilities includes, shock and disruption, denial, sadness, anxiety and fear, anger and finally adaptation (Drotar, Baskiewicz, Irvin, Kennell and Klaus, 1975).

Several authorities have questioned the wisdom of this stage approach in understanding parental reactions (Turnbull and Turnbull, 1990). It is clear that we should not think of parents as marching through a series of stages in lockstep fashion. It would be counter productive, for example, to think "This mother is now in the anxiety and fear stage; we need to encourage her now to go through the anger stage so she can finally adapt."

One argument against a strict stage model comes from the fact that many parents report that they do not engage in denial. In fact, they are often the first to suspect a problem. It is largely a myth that parents of special need children go from physician to physician shopping for a more favourable diagnosis. It is all too frequently the case that they have to convince the doctor that there is something wrong with their child (Akerley, 1985). Although they may not go through these reactions in a rigid fashion, some parents do experience some or all of these emotions at one time or another. A common reaction, they report, is guilt.

Parents of special needs children frequently wrestle with the terrifying feeling that they are in some way responsible for their child's condition. Even though in the vast majority of cases there is absolutely no basis for such thoughts, guilt is one of the most commonly reported feelings of parents of exceptional children. The high prevalence of guilt is probably due to the fact that the primary cause of so many disabilities is unknown. Uncertainty about the cause of the child's disability creates an atmosphere conducive for speculation by the parents that they themselves are to blame. Mothers are particularly vulnerable. In addition to ambivalence concerning the cause of the child's disability, parent can also feel vulnerable to criticism from others about how they deal with their child's problems.

Mention must be made of the fact that the special needs children can only learn maximally through special education programme. Special education is unique and demanding in that it requires individualized instructions for special needs children. Moreover, to give sound education to a child with disability could be very expensive. For example, a home with a visually impaired child will have to purchase in addition to the materials needed by normal children some materials like white cane, spectacle, typewriter and the braille machine. All these responsibilities heap on the parents. As a result of this high demand, emotional disturbance, and the devastating effect of having special needs children in the family, it stands to reason that counselling intervention for these parents seem to be the only way out. In this paper, the necessary counselling will be given to the following categories of parents: Parents of children with visual impairment, parents of children with hearing impairment, parents of children with learning disabilities, parents with mentally retarded children, parents of children with speech and language disorder as well as parents with gifted and talented children.

Practical Counselling for Parents with Special Needs Children

Children with Visual Impairment

According to Onu (2008), there are different types of problems that individuals with visual impairment may have. It ranges from not seeing totally, to those who see slightly; those who see only things that are far (long sighted), those who see only things that are near (short sighted) and those whose eyes cannot see well (blurred vision).

Visual problems can be caused by various things some of which include: measles suffered by an expectant mother, sexually transmitted diseases like syphilis, heredity, smoking during pregnancy, prolonged labour, accidents during birth, poor nutrition, infections, diabetes, heart and kidney problems, conjunctivitis etc.

Counselling Parents of Children with Visual Impairment

It is very important for parents to understand that caring for children who have little or no sight can be very demanding. There are difficulties that they must work to overcome.

Some of these difficulties include: the provision of the physical, emotional, social and educational development of their child.

Parents also need to seek medical attention to see if early intervention can prevent total blindness. Infections such as measles must not be taken with levity and should be treated promptly. Also, the child must be trained to acquire physical skills and general physical coordination to avoid being isolated. He must be allowed to explore his immediate environment. He must be encouraged to manipulate objects in the environment early. The child must be trained to have confidence and to refuse to be put down or discouraged by societal attitude. The child should be motivated to develop to the best of his ability. The child with visual impairment or loss must be exposed to mobility training early. These are skills that will enable him move safely and gracefully in order to live an independent life. The visually impaired child also needs to have life skills and self-help skills. He needs training on how to feed himself, dress, get to the toilet, have positive attitude towards life and learn to get along with others. The home and school environment can be ordered and arranged so that the child knows where to find things. The parents must also ensure that the child is helped by professionals to learn to read using Braille, and learns to type or use a tape recorder. The child can also learn to compensate for his disability by learning to listen, touch and manipulate objects.

Children with Hearing Impairment

Hearing impairment describes the condition of an individual who cannot hear at all or can hear a bit (Onu, 2008). From the definition, it is obvious that hearing loss can range from minimal to total loss of hearing. When an individual has a hearing loss, it simply means he might not be able to detect much sound. In other cases, he might be said to be deaf when there is no sound. In some cases with the loss, the situation may just be slight in which case the child is said to be hard of hearing. When a child has problem with hearing, he may equally have problem with the acquisition of language. This may be evident in the child being aggressive, or withdrawn, the reason being his inability to comprehend or use verbal language. However, all hope should not be lost as children can be trained to use their residual hearing in acquiring language.

Counselling Parents of Children with Hearing Impairment

It is advised that parents seek medical attention as soon as they suspect that their child is not responding to sound. Moreover, discharge from the ear is a sign of the trouble; hence they need to contact their doctor for advice and treatment. Cotton bud could be used to remove wax from children's ears. Do not use hard objects and avoid blows to the ear. As soon as you notice that the child has some infections like measles, small pox and mumps, ensure that adequate treatment is procured to avoid future problems with the ear.

Noise from loud musical instruments, grinding machines and welding machines must be avoided. Otherwise, an individual must put on a protective gadget. It is important that early language development as well as social emotional adjustment is provided for early in life. The child should be encouraged to lip read, learn letters using analytical approach and finally using the whole word approach. That is, the child must learn to communicate with people around.

Furthermore, the child must learn to listen to others as they speak. This might not exclude the use of hearing aids. It is true that it might be difficult for a child with little or no hearing to do well academically because of his disability. Yet, the child is better off being included in the regular classroom. One of the advantages is that it will enable the child to use his residual hearing which is still better than attending a school for the deaf where no speech may be used.

With the attention of a professional, the individual may learn to communicate through various methods. Parents are therefore encouraged to seek the best help available for their children and not be discouraged, thereby, ignoring to train or communicate with their child. Remember, the more the child is accepted, the faster and more relaxed he will be to face the outer world.

Children with Learning Disabilities

Learning disabilities refer to a group of disorders that are manifested by difficulties in the acquisition of listening, speaking, reading, writing, thinking or mathematical abilities. They describe deficits in one or more processes of learning that include the perception, conceptualization, language, memory, attention and impulse control. These groups of children may also be exhibiting behavioural problems. These problems may be due to break or delay in development that might lead to learning difficulties, poor academic attainment when compared to children within their age brackets (Montgomery, 1990, Lovit, 1989).

There are four major causes of learning disabilities namely: brain injury, biochemical, genetic and environmental causes.

Counselling Parents of Children with Learning Disabilities

- Parents should know that balanced diets would help a child grow and feel relaxed to face his studies. A hungry child may learn other social vices to survive and this may distract the child from his studies.
- Parents should ensure that their children learn to sit away from the television tubes and that all assignments and tests may not be perfectly done if the television set is always on.
- A child with learning disabilities needs to acquire skills that will enable him to improve in his studies. So, he needs to discipline himself, learn the skills and get his work done.

- Parents can help their children by encouraging them to write down what they are supposed to do.
- Parents can as well help by encouraging the children to write down key points in what they have learnt in school and to submit same to them at home.
- Parents must ensure that after coming back from school each day, children must complete their assignment before playing.

Children with Mental Retardation

According to Kolo (2001), many authorities have defined mental retardation. Some of these definitions include:

- The individual's inability to develop and exhibit appropriate social and adaptive behaviours.
- Sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior.
- A diagnostic dysfunction within the general cognitive system of reasoning, thinking and attention capabilities of an individual.
- Sub-average intellectual functioning.

These groups of individuals according to professionals exhibit such traits as weak short term memory, slow power of discrimination, fragmental tendency for incidental learning, slow reaction time to stimuli, poor cognitive skills, lack of good human interactions, enlarged body features, emotional liability and snaps, lowered self-esteem, wrong toilet habits and so on. In other words, these children's performance and achievements are always below social expectations. There are three categories of retardation and they are as follows:

- Mild mentally retarded.
- Moderate or trainable mentally retarded.
- Severely and profoundly mentally retarded.

Counselling Parents with Mentally Retarded Children

Parents have to seek medical attention early because early identification and treatment are said to have positive values for both the child and the family. Moreover, with early intervention, there is a possibility for the reduction of the impact of the condition on the child. This is because early diagnosis will help in early programming for the child, which in turn will lead to removing other handicapping conditions. If early medical attention is sought, the impact of the condition might be reduced especially if the cause is metabolic. Proper dieting can also help to reduce the problem. At times, poor nutrition might be the cause of the problem. If this is the case, provision of balanced diet may be the solution.

Children with Speech and Language Disorder

Language is a formalized method of communication, utilizing comprehensive and good use of the signs and symbols in order to get correct meaning and interpretation. In speech however, the vocal production of language is brought forth. In speaking, the brain sends messages that activate other mechanisms, while the voice is produced in the larynx. Causes of speech and language disorder need to be mentioned. Some speech problems like stuttering are noticed in children under two when under stress or under emotional conflicts. Others can be caused by genetic disposition, neuroses, disturbances in the thought processes, brain damage, weak perceptual or cognitive ability, mental retardation, autism, adults behaviour or response to children (harassment may lead to poor or little language).

Counselling Parents of Children with Speech and Language Disorder

Since stuttering has been found in homes where children are anxious, and are under emotional pressure, parents must ensure they provide an environment that is less stressful with less competition. When parents are too harsh with their children, they may say less developed or little or no language or at worse develop their own private language, which may later interfere with their reading and writing. Parents must seek the attention of a speech pathologist so that their children can have their speech corrected. Parents must also ensure verbal interactions at home, provide stimulations and opportunities for their children to speak.

Children with Gifts and Talents

Gifted and talented children are those who by virtue of outstanding abilities are capable of high performance. These children who are capable of high performance include those who have demonstrated any of the following abilities or aptitudes, singly or in combination: general intellectual ability, specific academic aptitude, creative or productive thinking, leadership ability, visual and performing arts aptitude and psychomotor ability. Given what is known about people whose achievements have been remarkable, we believe that gifted and talented children could be defined (as suggested by Renzulli, Reis and Smith, 1981) for purposes of education as those who have demonstrated or shown potential for high ability, high creativity and high task commitment.

Counselling Parents with Gifted and Talented Children

Parents must be aware that a child who shows much potentials and abilities must have a stimulating environment to achieve his dreams. Early enough the parents must encourage the child by buying such educational toys like puzzles, good picture books, engage the child in discussions, answer the child's questions instead of dismissing him with a wave of hands.

Furthermore, since these children are known to learn faster, parents can be involved in teaching their children at home with compacted curriculum designed by a professional. The child must be taught to follow due processes, and be encouraged to interact with professionals who can be his mentor. The child can also be encouraged to carry out projects with his friends.

Parents must also follow up with their children's academic work to ensure they are not bored in class as this may lead to dropping out of school. Moreover, parents must be aware of the fact that sometimes gifted and talented children may have wills of their own quite early. While not trying to discourage them, they may need to learn at a very tender age the moral code of behaviour to ensure fair treatment to their classmates. Gifted and talented children are equally humans and sometimes get discouraged by the unkind words of classmates and siblings who may be speaking out of envy. Hence, the need to counsel them to keep going, otherwise, they may learn to down play their talents and gifts so that they can be accepted by their peers. Gifted children can equally be encouraged to get into problem solving and sourcing alternatives early in life. This will encourage them to learn to improve.

Finally, parents must learn to trust and believe their gifted children. This will build up their confidence because they may already be feeling odd and different in the midst of other "normal children". Parents should remember that their gifted children are quite different – positively – and they are well above the normal children. So, their parents should be part of their strongest loyalists and supporters at all times.

Conclusion

In conclusion, it has been observed that parents of children with special needs often find that, as partners in parenting, they have different coping mechanism, different expectations of their child, or different ways of accepting their child's diagnosis. It is also evident, that some feel frightened, frustrated, helpless, or hopeless; others feel guilt and sadness, depression, or inadequacy. It is now glaring that there is help for those feelings, and that it is possible to work through the emotions in order to channel them into the energy needed to parent effectively together, for both the parents' well being and the well being of the child.

When a family is focused on the diagnosis and treatment of a child with special needs, it is not uncommon for the special needs of the entire family to go unrecognized. Frequently, there is a great deal of emotional distress when a child is diagnosed and, like feeling the layers of an onion, parents face new challenges and strong emotions again and again at times of transition in the child's life. Oftentimes, the challenges of parenting a special needs child exacerbate persistent marital issues of pre-existing personality differences.

Finally, psychologists and guidance counsellors have observed that in their many years of working with parents of special needs children, while the mother and father may have different approaches, they usually have the same dedication to, and goals for their children. It is also evident from the above that no matter how great the problem of special needs children are, they can be helped. Through individual and couples counselling, counsellors can help parents to ensure that their marriages, parenting skills, and relationship with their children not only survive but thrive. It is recommended that parents should seek early medical attention as soon as they suspect that any of their children is suffering from any form of disability. It is also recommended that once the medical doctor confirms the disability, parents should also get in touch with a professional Guidance Counsellor who will counsel the parents on what to do next.

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