

Counselling Intervention for Family Security

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Abstract

All couples look forward to having normal healthy babies. The issues of disabilities in their children shake the families and serve as sources of severe psychological disruption to family adjustment. The parents of such children live with many difficult issues and frequently experience trauma, grief and stress. This article deals with counselling intervention programmes and services for parents of children with disabilities to enhance family security.

Keywords: Children with disabilities; parents of children with disabilities trauma; counselling intervention; family security; children with special needs; handicapped children.

Introduction

Raising a child with disability poses many challenges for the family. The disabled child as well as his/her family experiences trauma, grief, stress and strain. (Kaur, 2010, Cantwell-Barti, 2009), Initially the parents of handicapped children are faced to accept his or her powerlessness to prevent the catastrophe that had happened. The future seems bleak with the never ending expenditure of energy and resources to provide care to the child (Jaswal and Jaswal, 2000), Caring for disabled child is never easy, it needs enormous amount of time, patience and love.

Children with severe special needs drain enormous amounts of time, energy, and money. Marital problems are reported to be present to a greater degree because of the lack of time for nurturing the marriage and the frequent problem of parents disagreeing on what needs to be done for the child (Heller, 2012).

Contemporary research on parents of children with disabilities has found that parents frequently experience traumatic stress and that traumatic symbols can endure (O'Neill, 2005). Parents may experience trauma at various times such as the time of diagnosis, or in response to treatment, or when a child is hospitalized, particularly if the child has to spend long periods in hospitals.

Grieving is an ongoing feature of raising a child with disability. For example, parents could grieve over the child's lack of achievement of developmental academic and social matters, and ongoing stigmatization. Parents are likely to also grieve for themselves and the lost opportunities for personal growth and achievement as every aspect of their life may be threatened and changed. They are more likely to be socially isolated as friendships change, and extended family can withdraw in response to the child's disability (Cantwell-Barti, 2012).

Many children with disabilities have challenging behavioural disturbances or complex physical needs which can place an enormous stress on families. Parents are likely to be confronted with limited support resources in the community and long waiting lists, or they may encounter unsympathetic health professionals that they have to struggle with to access resources. As well, many families of children with disabilities are economically strained as mothers may not be able to return to work and there may be extra expenses in supporting the child (Cantwell-Barti, 2012). Family needs a lot of support from the community in order to care adequately for the child special needs.

Categories of Children with Disabilities

Vendan and Peter (2004) and Heward (2003) defined children with special needs as those who need modification in curriculum and instruction in order to help them maximize their potential. According to them modification of curriculum and instruction are necessary as a result of their disabilities. The National Policy on Education (2008) categorized special needs children into three main categories. These are:

1. The Disabled:

Under this category are people with impairment (physical, sensory) and because of impairment/disability cannot cope with regular school/class organization and methods without formal special education training. They include those who are visually impaired, hearing, impaired, physically impaired, mentally retarded, emotionally disturbed, learning disabled and those with one form of handicap or the other.

2. The Disadvantages:

Those who fall under this group are the children of nomadic pastorals, migrant fishermen, farmers and hunters. They are those who due to their lifestyles and means of livelihood are unable to have access to the conventional educational provision and therefore require special education to cater for their particular/peculiar needs and circumstances.

3. The Gifted and Talented:

These are children who possess very high intelligent quotient and are naturally endowed with special traits and therefore find themselves insufficiently challenged by the regular school programmes. Similarly, Kanu (2008) identified twelve categories of special needs to include:

- i. Mental retardation
 - (ii) Learning disabilities
 - (iii) Emotional and behaviour disorders
 - (iv) Communication disorder
 - (v) Hearing loss
 - (vi) Blindness and low vision
 - (vii) Autism
 - (viii) Physical disabilities
 - (ix) Severe disabilities
 - (x) Multiple disabilities
 - (xi) Deaf/blindness
 - (xii) Gifted and talented.

The Importance of Parent Support Services

Research indicates that parents of disabled children are particularly vulnerable to stress, for example, high levels of distress have been found in up to 70% of mothers and 40% of fathers of severely disabled children (Sloper and Turner, 1993). In addition, both the general psychological literature and specific studies of disabled children show that parental distress and family functioning impact on children in numerous ways, affecting their cognitive, behavioural and social development (Wallander and Varni, 1998). Thus, lack of parent support and high levels of parental distress will affect the child's well being (Middleton, 1995).

Support Service Models for Parents

Sloper (1999) categorized four support service models for parents.

i. Key worker models

A 'key worker' or link person is a named person whom the parent approaches for advice about any problem related to the disabled child. The key worker maintains regular contact as needed with the family, and has responsibility for collaborating with professional from a range of services, and co-ordinating support for the family. Particularly important aspects of the service are the key worker's knowledge of and ability to access information and services from a range of agencies.

ii. Parent Counselling Models

Dunst, Trivette and Deals (1994) carried out a number of studies of family support services in the USA. Their findings suggest that many elements of effective support services centre around interpersonal aspects of the relationship between families and service providers. It matters as much how professional assist families in mobilizing resources as it does which supports are mobilized. Features of effective help-giving are identified as: relationship building; communication, honesty and clarity; understanding of families own concerns, and responsiveness to family values and goals.

iii. Parents Partnership Models

Relationship between parent and professionals is a crucial aspect of service effectiveness Evaluation of such an approach employed by the KIDS Family Centre points to positive effects. The centre employed a range of services from which parents could choose. Professional practice was based on a negotiating model of partnership (Dale, 1996) whereby time, listening, openness and discussion are used to help parents and professionals to reach consensus on needs and actions.

(iv) Coping Skills Models

In general, these interventions have used the ideas from stress and coping theories to inform parent training in problem solving and decision making, communication skills, skills in accessing and utilizing social networks, and coping strategies such as positive self-statements, self-praise and relaxation. These models focus on services that take a holistic approach to parent support. One of their strengths lies in their ability to work with parents to determine their needs and to provide opportunities for parents to access a range of other services as appropriate.

Family Support Model

Kaur (2010) defined it as a schematic description of a system, theory or phenomenon that accounts for its known or inferred properties and may be used for further study of its characteristics.

1. Network of NGOs with families:

NGOS play an important role in the development of society. They focus on the empowerment of depressed sections of the society. There are NGOs working especially for deaf, dumb, mentally

- retarded, orthopedically impaired and for visually impaired. They also organize camps for the disabled child like wheel chairs etc. So, NGOs should build network with families of disabled children and provide them adequate knowledge about care of the disabled member.
2. **More interactions with Families among Themselves:**
Families should interact with each other to provide appropriate and rehabilitative care to the disabled child at home. They should help themselves through transfer of knowledge and skills and on finding ways to change and adopt according to the needs of the disabled member.
 3. **Counselling Services for Families with Special focus on Sibs:**
The inability of any person who is significant to the family interferes in the family's home and social environment. Every member of the family experiences burden of responsibilities and lack of resources to provide adequate care to the disabled. Sibling disability has a negative impact on the normal sibling's personality. They experience isolation, anger, depression, fear and frustration because of their disabled sibling. Counselling services should be provided to families with special focus on sibs to release their anger, frustration, fear and depression.
 4. **Education about Balanced Nutrition and Personal Hygiene:**
Families should be educated on balanced nutrition, malnutrition, infectious diseases and personal hygiene. Rural families lack resources particularly in health and education sectors. They must be provided with the appropriate knowledge, which would help them to provide a healthy environment to their disabled member.
 5. **Education about Disability:**
Majority of the families lack knowledge about disability, its causes and treatments, which is an important reason for anxiety in parents. They should be provided with the adequate knowledge about the disability and ways to understand and to cope up with the disability of the family member.
 6. **Frequent Medical Check ups:**
A major health care challenge for rural areas of the developing countries is lack of access to medical facilities, due to which disabled are not being properly medically check up. Special care and attention regarding treatments of the disabled should be provided to the families.
 7. **Stress Busting Exercises for the Families:**
Stress is very common among families of disabled they should be provided with knowledge about stress busting exercises. Exercise is the best way to diminish the effects of stress. Conflicts arise from negative thoughts, actions and, Conflicts can be resolved by focusing on positive thoughts, actions and feelings.
 8. **Inter Personal Relationship Management:**
Management of interpersonal relationship is very important to cope with the disability of the family members. It also helps to ease the family's progress through an extremely stressful situation.
 9. **Emphasis on Inclusive Education:**
Education provided to the children with should be inclusive. A student should not be excluded from school, because he or she disability. A well-developed inclusive practice which give attention to disabled children are less expensive than segregated one.
 10. **Provision and Access of Literature and Audio-Video Information:** There should be provision and access of literature and audio-video information on various topics related to disability i.e management of disabled, causes of disability, sanitation, hygiene etc should be introduced to the families to make them aware about "what disability is?" "how it is taken care of?"

Counselling Intervention programmes

Andazi and Amwe (1995) identified four counselling intervention programmes as skill training, family education counseling practices and advocacy activities.

(i) Skill Training

Skill training focusing on instructing parents and siblings in physical and behavioural management of a disabled family member is an important area of involvement by both professional and parents. Professional should be able to assess the needs of parents and other family members, this will enable them design individualized education programmes of support for them. This of course requires knowledge of theories and concepts of family functioning and development and a basic understanding of the family as a complicated and unique system.

(ii) Parent Education

Many parents in most parts of Nigeria are illiterate and consequently need to be given factual information about causes of disability, like skill development, how to use existing resources, ways by which they could help and similar concerns. Parents training can take many different forms depending on the needs of particular families. Parents may require to be taught how to assist their child master basic academic skills. Most parents are responsible for the teaching and programming for their handicapped child and the support professional normally

helps them to do this successfully. The training of parents in the organization of parents groups is a necessary part of programmes for families with handicapped children. This can be encouraged at parent teacher association meetings or at social functions.

(iii) Counselling Practices

Intervention through counselling arises out of the fact that most families with handicapped children have many concerns about both the present and the future and as indicated in many instances, they may worry about their own competence as parents. They may fear that something did cause the handicapped condition. They may be angry or may be grieving that services are not being provided for their child. They may even feel rejected or stigmatized by other parents or people within the community. Group counselling can be organized around specific topics suggested by the parents or by professional. Such meetings give parents the opportunity to meet parents of handicapped children and thereby making it possible for personal support network outside the group context. Teachers and others can may active roles by developing or helping locate respite care services, day care programmes for handicapped children, information support provides the family with necessary information so that services could be easily located.

(iv) Parental Rights and Advocacy

There is need to understand that parents are the owners of their children and apart from having their own rights over their children, they also need to be protected legally against wrong notions. When their children attend school these rights should be recognized by the school authorities concerned. Parents should fight for the existence of strong regulations and laws protecting them and their children in the Nigerian community.

Conclusion

Constant psychological stress, misunderstanding within the family, economic burdens, grief and strain were significant factors associated with the families of children with disabilities. Presence of a disabled child in a family hinders opportunities for social intervention. Though, it cannot be disputed that parents of disabled children face a great deal of stress, it is now important to move away from describing these stressors and their adverse effects, instead research should focus on exploring the ways that such families cope with varying degrees of success.

Recommendations

- Parents need to feel supported and to have opportunities to tell their stories without censure, so a counsellor who is emphatic can be deeply therapeutic.
- Parents may also be supported in noting their resources, capacities and adaptability in caring for their child. Many parents need to be acknowledged for the courage and loving that is manifest in the care of their child.
- Counsellors should be mindful that parents need advocacy from health professionals who understand their situation because the barriers and the difficulties in negotiating support structures can be exhausting.
- Counsellors should also be aware of the wider inadequate systematic supports for parents and to advocate for more generous social and financial resources for these parents.

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