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# **ORGANIZATION OF PSYCHOLOGICAL SUPPORT OF PARENTS WHO RAISE CHILDREN WITH DISABILITIES AND FUNCTIONAL DISORDERS**

## **Introduction**

**T**he life of most parents raising a child with disabilities is accompanied by a number of destructive experiences. Often, family members, not having the resources to create conditions conducive to the rehabilitation, adaptation and development of such a child, themselves need psychological help. It is important for adults to maintain physical health, mental balance, tolerance and love of life. The fate of the child and the family as a whole will depend on how the parents behave towards the child. That is why the best way to help children with disabilities can be helping their parents and other family members.

Working with families raising children with disabilities is one of the complex problems of modern psychology. Until recently, such families were not the object of special study, no software and methodological support for their support was developed. The problem of training and adaptation of such children to society was put forward, while the psychological problems of the children themselves, and even more so of their families, faded into the background. It should be taken into account that the physiological problems of such children interfere with their normal socialization and turn into psychological problems of



the child himself and his family. Therefore, it is important to define methodological approaches to the psychological support of such families. It seems to us extremely urgent to characterize the achievements and problems in the field of psychological support for parents raising children with disabilities and to develop a program of such support for them, which would make it possible to purposefully and timely provide the necessary psychological support to such families. There is the following contradiction: between the severity of psychological problems of families raising children with disabling diseases, its psychotraumatic significance and the lack of developed models of psychological support for parents raising children with disabilities. The revealed contradictions made it possible to formulate the research problem, which consists in the scientific substantiation and development of an effective program of psychological support for parents raising children with disabilities.

The implementation of comprehensive psychological assistance to families allows, through the optimization of the intra-family atmosphere, the harmonization of interpersonal, marital, parent-child and child-parent relations, to solve the problems of differentiated and targeted assistance to a child with developmental disabilities. Various forms of education in both state and non-state educational institutions, work with children with pronounced psychophysical disabilities, include such a family in the field of correctional and pedagogical influence as the main stabilizing factor of the child's social adaptation. The need for the provision of special psychological assistance to families raising children with developmental disabilities arises from the huge number of various problems that these families face on a daily basis. The creation of a favorable rehabilitation and correctional educational environment for the child during his stay at home is of paramount importance. This requires parents to have a certain amount of knowledge to help them understand the child's needs and capabilities. They also need to have practical skills that allow them to methodically communicate with the child and bring him up correctly (Tsarkova, Prokofieva, Varina, 2019). Psychocorrectional work also allows you to provide significant assistance to parents of children with developmental disabilities. Special help is needed for parents to neutralize those psychological problems that arise as a result of their personal experiences associated with developmental disorders of the child. The personality traits of the parent and their attitude to abnormal development in general acquire particular importance in determining the nature and content of their contacts with their own child with



psychophysical disorders. So, the provision of psychological assistance to parents allows you to optimize the solution of personal and interpersonal problems arising from the birth of a child with disabilities in the family. The main goal in this work is to change the parent's self-awareness, namely, to form in him a positive perception of the personality of a child with functional developmental disorders. This position will allow the parent to find a new meaning in life, harmonize relationships with the child, increase their own self-esteem, and optimize self-awareness. This, in turn, will direct parents to the use of harmonious models of upbringing, and in the future will ensure the optimal social adaptation of the child.

### **1. Typology and clinical and psychological characteristics of the studied families**

Families with children with disabilities and functional disabilities represent one of the most vulnerable groups in the population. The family system, where a child with disabilities is brought up, is always a target for certain negative socio-psychological influences. Among the population, such families are generally considered marginal, "unhealthy", seeing in the appearance of a sick child the consequences of the inherent vices of parents: alcoholism, use of psychoactive substances, sexual perversion.

Parents in such families, experiencing both external and internal negative influences at the same time, experience a state that can be designated as family stress. Family stress can be unexpected or chronic, but it always creates tension in the family system that disturbs its stability (Gupta, Singhal, 2005: 62-83).

The most difficult crisis period in the life of a family is the report of a child's developmental disorder. During this time, parents especially need support.

To understand the complex of their sensations, their stages and emotional coloring, the model of grief experience by E. Kübler-Ross can be used. She identified five stages of grief: denial; agreement; anger; depression; acceptance. According to researchers, these stages are passed by parents after the initial shock - the birth of a sick child.

At the same time, it is necessary to flexibly apply the theory of stages, to take into account the characteristics of a particular family and individual reactions to such a shock.

An example of the use of the model of stages of grief by E. Kubler-Ross is a guide for working with newborns with developmental disabilities, which gives



recommendations to specialists in psychological support of the family at each stage (Kübler-Ross, 2005):

1) Denial. A diagnosis made to a child, as a rule, causes a reaction of shock and disbelief in the parents. At first, denial allows you to "survive", but it cannot fully protect you from reality. If this reaction is delayed, it certainly affects the condition of the child. By denying the diagnosis, parents refuse the necessary examinations, seek a revision of the diagnosis, wasting valuable time for treatment. Many parents experience confusion, numbness, disorganization, and helplessness at this stage.

Professionals working with families at this stage need to be aware that when communicating the diagnosis to parents, they are not able to accept detailed information about the necessary treatment. The first thing that parents of a sick child require during this period is support and sympathy. The main task of a specialist at this stage is to establish trusting relationships and motivate parents to cooperate with doctors. In addition, it is important to take into account that the specialist who participates at this stage in consulting relatives, influences the formation of the further life strategy of the family.

2) Agreement. This stage is characterized by the desire of parents to "cure" the child, relying on "higher" justice, reward for "good deeds." The hope for miraculous healing, the search for an "the almighty physician", and the conversion to religion give parents the feeling of being able to influence the situation, the illusion of control they have lost. There are thoughts that if the parents take the necessary actions (pray fervently, selflessly help those in need, etc.), the disease will disappear. Parental reactions like these are normal and justified. They provide relief and the ability to act in a situation where little depends on the person.

3) Anger. If the child does not improve over time, anger replaces hope. Most often, anger is directed at specialists who "are not able to provide the necessary assistance, do not have the necessary knowledge, do not pay attention to the child," and so on. The society also does not accept an open expression of anger, which is considered a negative emotion, therefore it is customary to restrain and hide it. In this regard, the value of psychotherapy lies precisely in the fact that the therapist not only allows, but also encourages the expression of anger, in some cases teaches parents to express it. It should be noted that in families where open expression of emotions is not accepted, alienation occurs, an increase in anxiety, and depression intensifies.



4) Depression. Awareness of the chronic nature of the disease and its consequences leads to the appearance of depression in parents. In some families, this is a short-term reaction, followed by acceptance of the illness and constructive action to adjust the family's life before treating and raising a sick child. Much of the severity of depression depends on how the family interprets the child's condition and their ability to cope with difficulties.

When parents are situationally depressed, professionals should reassure them that these feelings are normal. Occasional mood swings should not be viewed as a deeply personal problem. However, it is extremely important to distinguish clinical depression from mild or its somatized forms and from psychogenic dysthymia. You should pay attention to signs of feelings returning to early stages (denial, anger), but you should not consider this as a manifestation of pathological behavior, if this pattern of response does not turn into chronic and painful.

A possible reaction at this stage is the alienation reaction, when the parents feel empty and indifferent to everything. Such a reaction can mean that parents begin to recognize the reality of the violation, and then this is a turning point in the adaptation process (Kislyakov, Shmeleva, Silaeva, Belyakova, Kartashev, 2016).

Acceptance is achieved when parents can:

- to speak relatively calmly about the child's problems;
- maintain a balance between manifestations of love for the child and encouraging her to be independent;
- cooperate with specialists, draw up short-term and long-term plans;
- have personal interests not related to the child;
- to be able to create a reasonable system for the child to prohibit the child and, if necessary, punish him without feeling guilty;
- not to show in relation to the child both overprotection and excessive, unnecessary severity.

There are a number of regularities in the life of such families:

a) violation of interaction with society (relatives, acquaintances, doctors, teachers and other specialists), isolation in one's family, inadequate protest reaction to medicinal and pedagogical recommendations, confrontation with preschool institutions;

b) violation of intra-family relations, especially marital relations. As a rule, in this case, the father's position changes more: the father, firstly, experiences a



specific "male" shame that a sick child was born from him, and secondly, he is in a situation of "abandoned", because all the woman's attention is riveted to the sick child;

c) violations of reproductive behavior are typical for this type of family: in case of even a small risk of having the next child with the same pathology, the spouses decide not to have more children, or vice versa, to give birth to another child;

d) the formation of incorrect attitudes towards the treatment and upbringing of the child. The irreversibility of the diagnosis and the consequences that follow from it are not accepted by all parents and not immediately (Reichman, Corman, Noonan, 2004: 569–584).

As pointed out by O. Kholostova, the structure and functions of each family change over time, influencing the ways of family relations. The life cycle of a family usually consists of seven stages of development, in each of which its style of life is relatively stable, and each family member performs certain tasks according to his age: marriage, childbirth, their school age, adolescence, "release of chicks from the nest", postpartum period, aging. Families of children with special needs should be prepared for the fact that their stages of development may not coincide with the life cycle of a normal family (Kholostova, 2006). Children with disabilities are slower to reach certain stages of development and adulthood, and sometimes do not at all.

As G. Zeitlin, G. Kozharskaya, J. Smirnova and others, families with children who have functional disorders and disabilities, have a number of psychological characteristics that negatively affect the psychological status of a child with special needs and his healthy brothers and sisters. Most parents have a specific attitude towards their child, which is based on fears for his health, and the resulting underestimation of his capabilities; lightened, but in reality infantilizing requirements for the child. At the same time, all efforts of parents are focused on preserving the health of the child to the detriment of personal development (Heiman, 2002:127-137).

In families raising a child with disabilities, significant qualitative changes occur. O. Usanova believes that they manifest themselves on a psychological, somatic and social level (Usanova, 2019). According to A. Zakharov, the following neurotic changes are observed in mothers with children with disabilities:





- sensitivity - increased emotional sensitivity: everyone is taken to heart, easily worried and worried;
- affectivity – emotional excitability or instability of mood, mainly in the direction of its decrease;
- anxiety – a tendency to worry;
- contradictory personality – insufficient internal consistency of feelings and desires;
- dominance – the desire to play a significant, leading role in relations with others;
- egocentricity – fixation on one's point of view, lack of flexibility in judgment;
- hypersociality – increased adherence to principles, an exaggerated sense of duty, difficulties in compromises (Zakharov, 2011).

The psychological level is associated with the process of parents' awareness of the fact of the birth of a child with functional limitations. Gradual phases of confusion, fear, shock, depression, and, finally, acceptance of the diagnosis of the birth of a child with functional limitations, constitute a certain psychological field that affects the perception and acceptance of the family's own child. It is during this period that parents make an internal decision about their attitude towards the child, which can be negatively passive or constructively active (Ricci, Levi, Nardecchia, 2017). At the somatic level, changes in the family concern the health status of the mother and other family members. Mother's excitement often manifests itself in various somatic diseases, asthenic and autonomic disorders. The social level of changes in the family is manifested in relationships with others. Such families become selective in contacts or limit them as much as possible ((Reichman, Corman, Noonan, 2008: 679-683). This position provokes uncritical parenting, rejection of the child's individuality, and creates overprotective or authoritarian parenting styles.

The family, faced with difficulties, more or less actively opposes them, seeks to prevent their unpleasant consequences. Research shows that families respond to difficulties in different ways. In some cases, the difficulties are clearly mobilizing, integrating; in others, on the contrary, they weaken the family, lead to the growth of contradictions in it. This feature of the response of different families is clearly seen in the case of a “normative stressor” (G. Report, H. Stilin). The unequal resilience of families to hardships is explained in different ways. Most often they talk about “the mechanism for solving problems



(the ability to recognize them, put forward versions of the solution, choose the most successful of them). Some scientists also highlight certain qualities of families; thanks to which they more easily get used to unfavorable conditions. Among these qualities are the flexibility of relationships, an average degree of clarity in the formulation of role expectations, family cohesion, openness in the perception of the world around us, that is, the absence of a tendency to ignore some of the information about the world (J. Aldous, D. Reis, M. Oliver). Both approaches have certain disadvantages. Indeed, a family's ability to withstand difficulties and disruptions largely depends on the ability of its members to recognize and solve problems, to find collective coping strategies that satisfy the interests of all family members (Bray, Carter, Sanders, Blake, Keegan, 2017: 1537-1543).

## **2. The current state of the problem of psychological and social rehabilitation of families with children who have disabilities and functional disorders**

The organization of psychological and social rehabilitation of families with children who have disabilities and functional disorders requires, first of all, a change in the attitude of the Ukrainian society towards children with disabilities and a solution to this issue in general. The survival and further development of these children largely depends on the care for them by other people, the creation of optimal conditions for their adaptation in society and the acquisition of appropriate practical, professional and communication skills.

Social rehabilitation of a child with disabilities is a complex of measures aimed at the reproduction of social ties and relations disturbed or lost by the child. The goal of social rehabilitation is to restore the child's social status, ensure sufficient adaptation in society, and achieve a certain social independence.

The process of social rehabilitation, even with a favorable set of circumstances, unfolds unevenly and can be burdened by a number of difficulties, dead ends, requiring joint efforts of an adult and a child.

An indispensable condition for social rehabilitation is the cultural self-actualization of the individual, her active work on her personal perfection. No matter how favorable the conditions of rehabilitation are, its results depend on the activity of the individual himself.





Socio-pedagogical rehabilitation of children with psychophysical developmental disabilities is fully possible only if problems are solved at all levels:

- problems of the macro level - within the state;
- problems of the meso-level - the presence of regional conditions;
- problems of the micro level - in the family and its immediate environment.

Difficulties in social rehabilitation, as a rule, give rise to hypertrophied adaptation to social processes, that is, social conformism or hypertrophied autonomy - a complete rejection of the norms of social relations that are inherent in a given society.

The degree of social and psychological rehabilitation of families with children with disabilities and functional disorders is largely determined by their attitude to the illness of their child. It turns out to be either a denial of the disease (anosognosia), or a rational attitude to the disease, or "flight into the disease." This last option is expressed in the appearance of isolation, depression, in constant introspection, in avoiding real events and interests, concentrating on the child's health without taking into account the needs of other family members. In these cases, the role of a social teacher as a psychotherapist is important, who uses various methods to distract the family from a pessimistic assessment, switches to everyday interests, orients to a positive perspective.

The concept of socio-psychological rehabilitation includes, as a composite psychological adaptation, a system of measures aimed at developing the ability of a sick child to adapt to the requirements and criteria existing in society by assimilating the norms and values of this society.

The concept of "adaptation" is key in the study of a living organism, since it is the mechanisms of adaptation that provide the possibility of the existence of an organism in changing environmental conditions.

The adaptation process concerns all levels of the human body: from molecular to psychological regulation of activity. In this process, mental adaptation carries out an integrative and regulatory function.

The system of specialized care for children with disabilities and functional disorders, developed and created by the efforts of domestic defectologists, has achieved significant success in solving the problems of diagnosing and correcting deviations in childhood. However, much less attention was paid to the study of the genesis and specificity of the personal problems inevitably arising in these children in the process of socialization (Klein, Schive, 2001).



Modern psychologists dealing with this problem note that the social education of children should permeate all sections of correctional work, and teachers should focus the attention of children on social relations in the process of role-playing, theatrical and other games, exercises that form partnerships, and interaction skills with each other. An important part of such upbringing is the psychological and social rehabilitation of the child himself and his family (Goddard, Lehr, Lapadat, 2000: 273-289). According to L. Golovchits, this process should be considered, firstly, as one of the types of social patronage, as an integral complex system of social support and psychological assistance carried out within the framework of the activities of social and psychological services. Secondly, socio-psychological support is an integrative technology, the purpose of which is to create conditions for restoring the potential for the development and self-development of the family. Finally, it is a process of a special kind of existential relationship between the accompanying person and those who need help. Family support for a family raising a child with disabilities aims to study family problems together with counselors in order to change relationships in it and provide opportunities for the child's personal growth. The fundamental difference between psychological and social rebalancing from psychotherapy is, firstly, in the rejection of the concept of illness, and in the emphasis on analyzing the situation in the family. Secondly, it focuses on analyzing the situation and aspects of role interaction in the family. Thirdly, it is designed to help in the search for the personal resource of the subjects of consultation and the discussion of ways to resolve the situation. Fourthly, paradigmatic self-determination in the framework of family counseling is of a convergent nature.

### **3. Specificity of psychological support for parents raising children with disabilities and functional disorders**

Systemic family psychotherapy (correction) is a young psychotherapeutic school that has been actively developing in recent years. With this approach, the client is the whole family, the entire family system, it is she who is the object of psychotherapeutic influence. The study of family problems of children with disabilities and functional disorders and the development of corrective measures were carried out by M. Pevzner, O. Mastyukova, I. Mamaychuk, etc.

There are various ways of identifying models of psychological support for the family. G. Pyatakova identifies three main models - general, typical and individual. The general model of psychological support is a system for ensuring the optimal development of the family as a whole without an individual approach.



It includes a set of general corrective measures: a gentle protective and stimulating regimen for the child, the appropriate distribution of loads taking into account the mental state, the organization of the child's life at school, in the family and in other groups, regular, but not too frequent, consultations of parents with a psychologist. A typical model of psychological support is based on the organization of specific psycho-corrective actions on a child using various methods: game therapy, family therapy, psycho-regulatory training, etc. But the focus is on the child, not the family. The individual model of psychological support, as its name implies, is designed to work with each family raising a child with disabilities individually. This model is focused on solving the psychological problems of the family, taking into account the individual-typological, psychological, clinical and psychological characteristics of the child and the specifics of relations in the family. This is achieved in the process of creating individual psycho-correctional programs aimed at solving specific problems of a given family (Taub, 2006: 52-57). Of course, an individual model is more preferable and, in the opinion of all authors, more effective, but it requires the greatest costs and is the most difficult to implement in modern conditions. V. Kraynaya, starting from the experience of studying this problem in the context of social work, offers five basic models of psychological support for the family - psychological, social, pedagogical, medical and complex. The goal of social and psychological activities in the aspect of supporting such families is to implement a program of comprehensive medical, social and psychological support. The organization of psychological correction of the parents' feelings of guilt is carried out in stages.

Psychological assistance itself is carried out sequentially in the following areas:

1. carrying out psychological diagnostics of the family;
2. development of the main directions of psychological assistance;
3. the use of psycho-corrective and psychotherapeutic techniques aimed at providing assistance.

Planning of corrective work is carried out based on the results of diagnostics and pursues the following tasks:

1. Improving the level of mental health of parents in a state of chronic stress.
2. Optimization of the system of intra-family relations in order to increase the degree of their positive impact on the development of the child.



3. Increasing the awareness of parents about the child's capabilities, his prospects in the social and medical aspects, about the methods and methods of his treatment and upbringing.

4. Teaching parents the skills of caring for a child.

5. Familiarization of parents with the laws of mental development, psychological characteristics of sick children.

6. Teaching parents how to organize children's play and learning activities, which contributes to their mental development; familiarization of parents with psycho-correctional and psychotherapeutic techniques that are advisable to use in the process of upbringing and development of children (Mazzucchelli, Hodges, 2018: 140-151).

Also, the tasks of psychocorrectional and psychotherapeutic work with parents with children with disabilities and functional disorders include:

- helping parents in the processes of self-acceptance and adoption of children;

- disclosing your own creative possibilities,

- change of views on their problem (perception of it not as a "heavy cross", but as a "special purpose");

- arming parents with various means of communication;

- the acquisition by parents of skills of self - and mutual assistance;

- providing parents with opportunities to get rid of the feeling of isolation and abandonment in their grief;

- assistance in the formation of an adequate assessment of the psychological state of the child;

- removal of anxiety and fear of rejection;

- formation of an adequate understanding of social processes and the place of "special" people in the structure of society;

- help in overcoming the complex of guilt and inferiority of oneself and one's family.

Psychotherapeutic work can be carried out on several levels:

- motivational - increasing activity, motivating pessimistic family members, actualizing the need for self-disclosure;

- emotional - correction of the emotional-affective state of parents and other family members and the formation of self-regulation skills, removal of emotional stress;



- behavioral - the formation of effective skills and abilities, reassessment of the life situation.

The variety of methods of psychological correction allows you to choose various therapeutic concepts and methods, among which the leading ones are family psychotherapy, cognitive-behavioral psychotherapy, rational-emotional psychotherapy, art therapy, music therapy, etc.

Psychotherapy is focused on reducing the level of psycho-emotional stress; creating a favorable psychoemotional climate in families; formation of a positive image of the future for the child and the family as a whole. Tasks performed by psychotherapy:

- ◆ correction of non-constructive forms of parental behavior, such as aggressiveness, biased assessment of the child's behavior;

- ◆ correction of relationships with a child on the way from relationships, rejection of hyper - and hypo-care;

- ◆ correction of the internal psychological state of the parents: overcoming the feeling of failure associated with the child's psychophysical insufficiency, a gradual transition to understanding the child's resource capabilities, to the joy of his "little" successes.

In the rehabilitation system for children with disabilities and functional disorders, the main factor is working with the family, mobilizing its potential and working together with a specialist. To this end, one should start with family counseling. Family counseling is one of the main stages of family psychotherapy, the purpose of which is to familiarize with family relationships, problems of family members (member) and establish the relationship between the child's deviations and these problems. At the same time, typical family situations, aspects of role relationships are analyzed to search for elements of therapeutic influence (resource) for further rehabilitation and correctional measures (McIntyre, 2016).

Family counseling includes diagnostics of parent-child relationships, providing advice on family issues, psychotherapy for difficult family situations (family crisis, divorce, family relations, codependency on the child's condition).

The variety of family counseling techniques allows you to choose various therapeutic concepts and methods, among which the leading ones are: family psychotherapy, parenting school, rational and emotional therapy, art therapy, music therapy, video therapy, video surveillance, autogenic training, assertive training, etc.



An important area in working with parents is the family school. Its purpose is awareness, acceptance, adequate attitude of parents to the child's illness; awareness of the features and development opportunities. Being in the center with the child, parents not only participate in the rehabilitation process, but also intensively learn the methods of rehabilitation with the aim of their further use at home (Varina, Kovalova, 2020).

Correctional work with a sense of guilt in parents has several directions.

### 1. Dealing with fear.

Activities:

- individual conversations between a psychologist, a social teacher and parents (the main task is to let the parents speak out);

- conversations with the invitation of those parents who themselves have already adapted well in their situation and have a child with a similar disease, trauma and good dynamics of development. It is advisable to hold conversations over a cup of tea, using music therapy, aromatherapy, color therapy, herbal medicine;

- fairy tale therapy;

- reflexology;

- Classes to clarify the problem facing the parents (clear knowledge of their problem and possible ways to solve it).

Application of various NLP techniques. Objective: to express verbally or in pictures the associations that parents have with certain words (related to their psychological state at the moment);

- drawing fear on a piece of paper:

- a) if the fear is already realized, then it must be drawn, then the drawing must be torn, buried, burned or scattered in the wind,

- b) if the fear is not yet realized, then a series of drawings is needed to identify fear, then do the same as in the first case.

### 1. Work to improve self-esteem.

Activities:

- the use of various games, trainings ("Circle of perfection", "My light, mirror, tell me" ... etc.);

- a story about myself: "I am ideal", "What do I like about myself?", "I like myself for the fact that ...", "I am worthy of respect for the fact that ...";

- work on scenarios for the holidays, active participation of parents in them.

### 2. Dealing with anger.





### Activities:

- modeling a spontaneous figure from plaido (in the case of an approaching state of anger, break it and throw it into a corner);
- an image of anger on a sheet of paper in the form of a certain monster (placed in a conspicuous place, if necessary - tear the sheet into small pieces);
- outdoor games.

### 3. Adopting a child.

#### Activities:

- drawing technique (an image of a child on a sheet of paper, oneself in the role of a mother or father, an expression in a drawing of one's attitude towards a child, a vision of him in the future);
- written self-reports of parents: "What kind of parent am I", "Portrait of my child", "Our family in the future";
- joint work with the child (games, participation in holidays, sports events, etc.).

### 4. Dealing with aggression.

#### Activities:

- trainings to remove aggressiveness;
- fairy tale therapy (there are special fairy tales for adults);
- psychodrama;
- art therapy;
- social games, removal of aggressiveness, teaching effective ways of communication.

Such measures can significantly improve the condition of parents, relieve their feelings of guilt, instill in them confidence in the future and a desire to live.

The main criteria for the effectiveness of psychological correction at the final stage can be considered: the stability of the psycho-emotional state of the child and parents; the level of formation of joint activities; level of development of communication skills.

The purpose and objectives of the choice of psychotherapeutic methods that will be used in the psychocorrectional process are determined on the basis of an individually differentiated experimental approach, taking into account (Oksenyuk, 2018: 38-46):

a) the peculiarities of the child's arousal, the personal qualities of the parents and interpersonal relations in the family (micro-environment) and outside the



family (macro-environment), their attitude and reaction of the child and to his special needs;

- b) psychological factors;
- c) the reasons for the violation;

The designated range of issues of interaction of family members with a child with disabilities and functional disorders made it possible to identify the following areas of work with the family:

- information assistance,
- development of effective care and communication skills among family members;
- social support;
- comprehensive assistance.

Information assistance aims to meet the needs of family members for information and is carried out in the form of interactive seminars and lectures. On such programs, family members are provided with information about the child's illness, about the necessary measures to improve mutual understanding in the family through the recognition of the experiences of each of its members.

Social support does not aim to teach family members anything. The main direction here is support, understanding and sympathy from other people, the opportunity to share your experiences. The main role is played by self-help groups of relatives.

Comprehensive assistance combines information, training and emotional support, recognizing the effectiveness of each of them.

All of the above areas are focused on how to help, and how, with the help of the knowledge and skills gained, family members can make their lives easier and become active participants in the rehabilitation of a child with disabilities and functional disorders.

The creation of a model of complex psychological assistance to a family raising a child with developmental disabilities makes it possible to individualize the approach to each child, reduce the frustration burden of family members and increase their rehabilitation capabilities.

An example of such work is the model of the system of psychological assistance to families raising children with developmental disabilities, developed and tested in practice. This model is represented by a complex structure that includes interrelated areas: diagnostics, counseling, psychocorrection. In the psychocorrective direction, the authors distinguish individual and group work.



Individual work with relatives, aimed at studying the biography of the family of a child with developmental disabilities, the life path of his parents, their personality characteristics, the history of the child's illness, relations with relatives and friends. A relationship of trust, a manifestation of sympathy for the problems of parents allows the psychologist to see and identify the problems that worry them. In the process of work, the author analyzes the disharmonious characteristics in the structure of the personality of the parents, which make it difficult for them to rethink their own situation related to the child's condition, to acquire a new ideological position. The features of the emergence of neurotic symptoms, as well as the pathocharacterological characteristics of the personality of the parents, are gradually revealed.

Such work requires from relatives changes in relationships, habitual style of behavior and at the same time serious, deep work on themselves.

Group therapy, skills training is one of the most common forms of work with the family of a child with disabilities. The composition of the group may have restrictions on gender, type of violation, number of participants. The group can be assigned to parents who have just learned about the diagnosis, and for parents of adult children, as well as to help brothers, sisters and other family members. Its leader can be both a specialist and parents - members of the group.

In the process of group work, participants have the opportunity to share their feelings with the same relatives without fear of judgment or misunderstanding. It softens feelings of loneliness and isolation, gives self-confidence. In this regard, any group not only provides relatives with the necessary information, but also has a therapeutic effect. Trainings for relatives demonstrate role models and provide an opportunity in exercises to work on problems in family relationships, and reveal internal conflicts of participants. In group meetings, parents have the opportunity to discuss various problem situations of upbringing, teaching children and learn about other parents' ways to solve them (Osadchyi, Varina, Osadcha, Prokofieva, Kovalova, Kiv, 2020: 263-282).

The complex model is undoubtedly the most preferable, but it requires the coordinated actions of a number of specialists working in different services with different subordination. In practice, such interaction is rather difficult to carry out. That is why, as will be shown below, it is most reasonable to entrust psychological support of families with children with disabilities to comprehensive social centers, in which all of the above mentioned specialists work: psychologist, psychotherapist, social worker, lawyer, physician, social educator.



## Conclusions

Families raising children with developmental disabilities have a special place in society. The factors that disrupt the family atmosphere, affect the development of non-constructive models of parent-child and parent-child relationships and types of upbringing of children with developmental disabilities, include the following:

1) the nature and severity of violations in a child, their irreversibility, duration and external manifestations of psychophysical impairment (for example, with mental retardation, cerebral palsy, early childhood autism, etc.);

2) personal characteristics of parents (persons substituting them), which are exacerbated in situations that traumatize the psyche (manifestation of tendencies towards the development of accentuations or character anomalies);

3) value orientations of parents (persons substituting them) and the specific nature of the influence of parental attitudes on the upbringing process, their dependence on family, national-ethnic traditions, socio-cultural level and education of parents as educators; at the same time, their psychological characteristics (authoritarian, neurotic, psychosomatic types) should play an important role in the choice of parenting model;

4) the social environment and conditions that impede the implementation by parents of their educational tasks (for example, socio-economic cataclysms that occur at the present stage of development of Ukrainian society).

The attitude of parents towards children with special needs plays a dominant role in the further development of such children in society. Therefore, its correction is of primary importance when counseling families with such children.

Thus, based on a systematic approach, we generalized the complex of the main psychological characteristics of families raising children with special educational needs, influencing the successful upbringing, development and formation of the child's personality, which include:

1) an unfavorable intra-family psychological climate;

2) dissatisfaction with marriage;

3) the style of family education - overprotection;

4) violation of family identity;

5) a fragmented level of family cohesion and a chaotic level of family adaptation;



6) individual psychological characteristics of family partners - low adaptive potential of the personality, uncritical perception of reality, low level of self-esteem, intrapersonal conflict, chronic stress.

The systematization of socio-psychological theories and concepts of domestic and foreign authors, touching upon the problem of psychological characteristics of families raising children with special educational needs, in modern society reveal the need to include in the focus of attention, in addition to the rehabilitation of children with special educational needs, psychological support and correction of the psycho-emotional state of parents, increasing the social adaptation of the family.

### References

1. Концептуалізація системи сімейно-орієнтованого психолого-педагогічного супроводу родини, яка виховує дитину з особливими потребами / О.В. Царькова, О.О. Прокоф'єва, Г.Б. Варіна та ін.; за заг. ред. докт. психолог. наук О.В. Царькової. Мелітополь: Люкс, 2019. 417 с.
2. Холостова Е. И. Социальная работа с инвалидами: Учебное пособие. М.: Издательско-торговая корпорация «Дашков и К°», 2006. 240 с.
3. Bray L., Carter B., Sanders C., Blake L. & Keegan K. Parent-to-parent peer support for parents of children with a disability: a mixed method study. *Patient Education and Counseling*. 2017. Vol. 100. № 8. P. 1537–1543. DOI: <https://doi.org/10.1016/j.pes.2017.03.004>.
4. Goddard J.A., Lehr R. & Lapadat J.C. Parents of children with disabilities : telling a different story. *Canadian Journal of Counselling*. 2000. Vol. 34:4. P. 273–289.
5. Gupta A., Singhal N. Psychosocial support for families of children with autism. *Asia Pacific Disability Rehabilitation Journal*. 2005. Vol. 16. № 2. P. 62–83.
6. Heiman T. Parents of Children with Disabilities: Resilience, Coping, and Future Expectations. *Journal of Developmental and Physical Disabilities*. 2002. June. Vol. 14. № 2. P. 127–137.
7. Kislyakov P., Shmeleva E., Silaeva O., Belyakova N., Kartashev V. Indices of socio-emotional wellbeing of youth: evaluation and directions of improvement. *SHS Web of Conferences*. 2016. Issue 28. P. 01056. DOI: 10.1051/shsconf/20162801056
8. Klein S., Schive K. You Will Dream New Dreams: Inspiring Personal Stories by Parents of Children With Disabilities. Kensington Publishing Corporation, 2001. 278 p.
9. Kübler-Ross E., Kessler, D. On grief and grieving: Finding the meaning of grief through the five stages of loss. New York, NY: Scribner. 2005.
10. Mazzucchelli T.G., Hodges J., Kane R.T., Sofronoff K., Sanders M.R. et al. Parenting and family adjustment scales (PAFAS): validation of a brief parent-report measure for use with families who have a child with a developmental disability. *Research*



in *Developmental Disabilities*. 2018. Vol. 72. P. 140–151. DOI: <https://doi.org/10.1016/j.ridd.2017.10.011>.

11. McIntyre L.L. Promoting well-being in families with children with intellectual and developmental disabilities. *Spotlight on disability newsletter*. 2016. Vol. 8. № 2.

URL: <https://www.apa.org/pi/disability/resources/publications/newsletter/2016/09/family-developmental-disabilities>.

12. Oksenyuk O. Social accompaniment of the family who has a child with special needs. *Social Work and Education*. Vol. 5. No. 1. 2018. pp. 38-46.

13. Osadchy V.V., Varina H.B., Osadcha K.P., Prokofieva O.O., Kovalova O.V. and Kiv A.E. Features of implementation of modern AR technologies in the process of psychological and pedagogical support of children with autism spectrum disorders. *CEUR Workshop Proceedings*, 2020. pp. 263-282.

14. Reichman N. E., Corman H., Noonan K. Effects of child health on parents' relationship status. *Demography*. 2004. № 41. P. 569–584.

15. Reichman N. E., Corman H., Noonan K. Impact of Child Disability on the Family Matern. *Child Health J*. 2008. № 12 (6). P. 679–683.

16. Ricci F., Levi C., Nardecchia E. et al. Psychological aspects in parents of children with disability and behavior problems. *European Psychiatry*. 2017. Vol. 41. p. S792. DOI: <https://doi.org/10.1016/j.eurpsy.2017.01.1519>.

17. Collection of articles in memory of A.I. Zakharov. St. Petersburg, Izd-vo RGPU im. A.I. Gertsena Publ., 2011. 63 p.

18. Taub D. J. Understanding the Concerns of Parents of Students with Disabilities: Challenges and Roles for School Counselors. *Professional School Counseling Journal*. 2006. October. № 10 (1). P. 52–57.

19. Usanova O. N. Socio-psychological aspects of strategies of helping children with developmental disorders at the present stage In: *Bulletin of Moscow Region State University. Series: Psychology*, 2019. no. 1, pp. 66-76. DOI: 10.18384/2310-7235-2019-1-66-76

20. Varina H., Kovalova O. Psychological principles of harmonization of interpersonal interaction in a family caring a disabled child. *Psychological resources of the individual under the conditions of modern challenges*. Editors: Jozef Kaczmarek, Hanna Varina. *Monograph*. Opole: The Academy of Management and Administration in Opole, 2020. P. 112-120