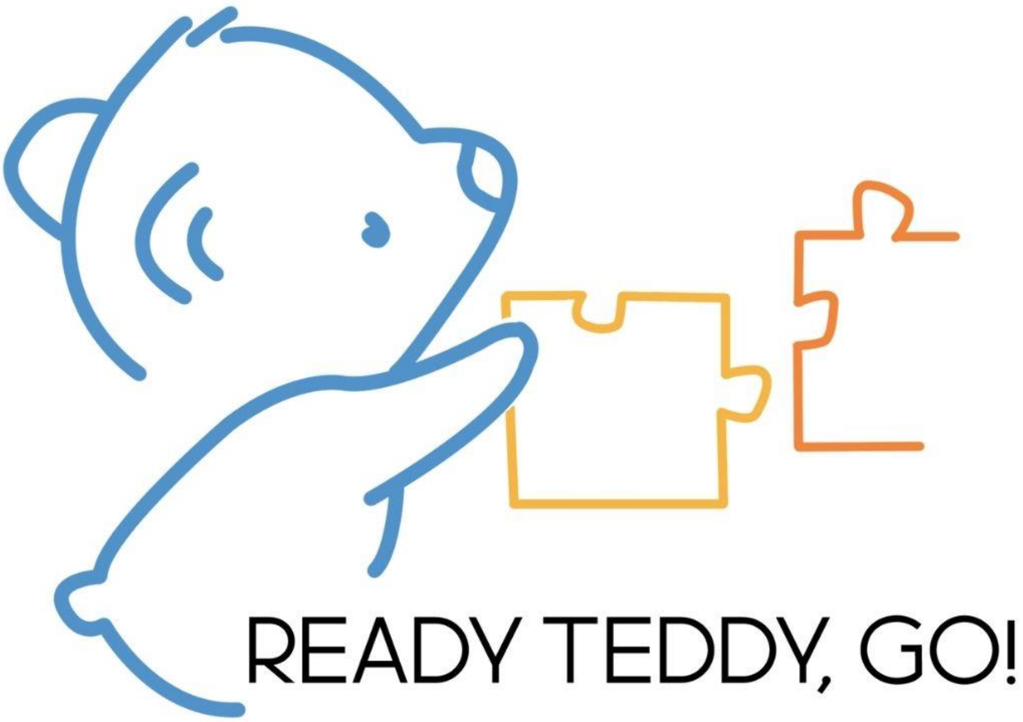


READY TEDDY, GO!

E-COMPENDIUM

Co-funded by
the European Union

E-Compendium

"Inclusion is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children."

(Guidelines for Inclusion, UNESCO, p. 14, 2005)

Ingrid Körner, President of Inclusion Europe

Foreword

Parents of children with autism or mild intellectual disabilities can be under tremendous stress no matter if they could prepare mentally for this diagnosis or not. It may seem like there is never enough time to do everything that needs to be done. So much focus and attention is placed on children whose daily existence is affected by any disabilities or dysfunctions, that it is common for parents to have little time or energy left to focus on their other children.

The severity of behaviour problems children with autism and intellectual disabilities, as well as their characteristic difficulties in generalizing newly-acquired skills across settings, underline the importance of maximizing the amount of intervention services available, and of providing such services in more than a single environment. For these reasons, parental participation in child treatment can contribute significantly to the rate of a child's progress. However, a very important role is attributed to therapists and other professionals who guide the therapy and rely on possibly huge involvement of family members to multiply the effect of treatment.

Finding the right guidance from a trained therapist to support a special needs child can be invaluable. For some parents, counselling means getting coaching through a tough parenting moment. For others, it means getting regular help that addresses a child's clinical issues. Therapists can help parents navigate the hurdles of childhood and adolescence that are often more challenging for the special needs child.

Children with autism or intellectual disabilities are subject to different therapies and medical treatments. Without them the lives of their families would be more challenging and really hard to imagine. Sometimes these therapies are scientifically proven, but it happens when a given therapeutic alternative with no scientific background is pretty conducive to a SN child's daily functioning. Thanks to our e-compendium parents and therapists will be succoured by some extra guidelines, tips and supportive or co-accompanying treatments which may reinforce the hitherto solutions. The publication encompasses a list of already existing remedies, and at the same time provides the benefits deriving from them.

Ready, Teddy, Go! Consortium members

Table of Contents

1. Introduction

E-COMPENDIUM – project result no. 1 – is a list of already existing solutions and practices applied in the partner countries, which aim to boost key competences of SEN students.

As there are lots of methods, methodologies, types of therapies which reinforce the results of therapies and education process of school children with intellectual disabilities in a wider context, it will include comparison of effects and presentation of case studies.

Special needs educators or parents can browse through many resources, including Internet or interactive ones, which is very time-consuming, but what is more important, the findings do not have to necessarily pertain to the given aspect of learning/ social difficulties which affect their student/ child. There are many examples of interactive toys, tools, 'soft' therapies which are scattered across the scientific publications, video coverages, Internet or social media, not compiled in one reliable source.

Furthermore, the information collected in such a source should be scientifically proven, recommended by SEN teachers, therapists, professionals, and supported by reliable effects. There is still some space to contrive the desirable source, which could be extremely helpful in everyday efforts of parents or SEN educators.

Here the E-COMPENDIUM shows up to gather all the results into one useful source.

The main **target group of E-compendium** are special needs educators/ teachers, but also other professionals/ practitioners/ volunteers taking care of mentally challenged young students and representatives of NGOs or special needs education centres.

Expected **impact** of the E-compendium is as follows:

- Special needs educators will enrich their knowledge and practical skills, they will be able to incorporate some proposed solutions into their daily practice. Their competences will be strengthened and knowledge will rise. A teacher-student relationship will be improved, because of the usage of gathered practices and examples.
- Parents will find some answers or solutions to help them develop social skills of their children, learn problem-solving approaches or receive support because of the challenges they face in carrying out the type of parenting they wish to provide. They recognize that their child's characteristics may demand special skills in addition to the general knowledge, attitudes and practices needed by parents.

2. Methodological approach

Foundation IRIS and E-Nable Greece, with the contributions of all partners, developed E-compendium to transfer examples of any solutions supporting and reinforcing the development of social/ civic competences. The real and scientifically proven examples were given by any professionals, practitioners, therapists being actively involved in the education process. Foundation IRIS led and collated all findings from interviews delivered during the project into one easily accessible resource.
Partners had a few methods to choose from: **interviews, focus groups, co-creation sessions, selfie videos / vlogs and testimonials**. They had to choose at least 2 methods. Additionally, each partner needed to gather testimonials and provide at least 3 of them. Moreover, partners had to gather 2 **case studies**.

For all types of interviews partners needed to use questions listed in the Template for contributions (interviews, focus groups, co-creation sessions, vlogs, testimonials). The questions were as follow:

MAIN QUESTIONS	**EXTRA/ MORE DETAILED QUESTIONS**
What kind of therapy approach do you carry out? How many children do you usually have in your therapy?	Should this number be reduced or not? Is the number effective?
Can this therapy be conducted in a special school only or it can be incorporated into the mainstream school curriculum/ or extracurricular activities (ECA)?	Do parents have to agree (to send a child to the mainstream school) or there are some constraints resulting from the structure of the national education system?
What are the main conditions/ norms (to be met) for the therapy to be successful?	Do you need any extra support (e.g. mental or physical; greater involvement in the home environment)?
What are the essential enabling factors for the success of the given therapy?	Does this therapy/ approach/ solution work individually or the result is/ might be much better when combined with other complementary solutions?
Do you think your job is dangerous? Do you feel safe when doing some activities?	Have you ever had any dangerous situations and how did you react/ what did you do?
Are there any therapies/ solutions which are effective, from your experience, but they are not highly recommendable?	What are the reasons for not using/ implementing these alternative solutions?
Do you cooperate with parents/ statutory representatives to enhance the effectiveness of the therapy?	How do you cooperate with them? Is this cooperation smooth? If not, what are the reasons?

Do you think there are some parents/ statutory representatives who could engage in self-advocacy?	Are there any active parents, who are very supportive and cooperative, in your environment?

Partners decided to use interviews and focus groups with at least 4 people. Interviews were conducted individually.

3. Country statistics

Article 24 of the UN Convention on the Rights of Persons with Disabilities affirms the right to education as a fundamental one. Despite the limited competences of the European Union in this field, the European Disability Forum believes that the right to inclusive education should be considered and protected by the EU, as being part of its fundamental values and principles and a universal human right.

The rate of early school leavers is higher for pupils with disabilities due to barriers (architectural, legal, attitudinal) that hamper access to education especially for learners in need of high-level support. The most recently available EU-level data shows that 20.3% of persons with disabilities were early school leavers compared to 10.8% percent of persons without disabilities. Furthermore, only 30.9% of learners with disabilities went on to tertiary education.

Children have differing interests, talents and skills. This is true for children with and without disabilities. An inclusive school embraces these differences and creates an environment where every child can learn at their own pace. In an inclusive school, the focus is shifted from what a child **cannot** do to what it **can** do. Inclusion is different from integration: It is not the pupils who need to adapt, but the educational system which must take into account different needs.

Parents of children with intellectual disabilities have been demanding inclusive schools for a long time, in line with the UN Convention on the Rights of Persons with Disabilities (UN CRPD). However, in many European countries children with intellectual disabilities still attend special schools that allow little interaction with non-disabled children and do not provide children with the same opportunities to flourish, as well as later on to get access to the open labour market.

Inclusion Europe demands that countries introduce inclusive schools everywhere and stop segregating children into special schools. For this approach to be successful, children with disabilities must be given the support they need. Teachers and educators must understand and accept that children can learn together, even if their educational goals and abilities are not the same. To bring about this change, strong leadership from school principals and school boards is necessary.

Each country identifies pupils with disabilities and with disabilities and special education needs differently. This variation can make it difficult to easily compare data. Nevertheless, some general tendencies in Europe can be observed:

- There is an issue in all countries regarding learners with disabilities that officially are enrolled at schools but who never attend the classes.
- Several countries present a clear increase in rates of pupils with an official diagnosis of special education needs.
- All countries present a slight decrease in the proportion of learners with disabilities being educated in segregated educational environments (special classes and schools).

a) ASD

According to the World Health Organization in Europe, autism affects 1 in 100 people, which means that in ***Poland*** there are an estimated 400,000 people on the autism spectrum (adults and children). The study revealed that the number of students diagnosed with autism and Asperger's syndrome increased by 20% in recent years. Statistics also show that autism is diagnosed in boys 4 times more often than in girls – similarly to ***Lithuania***.

According to the statement released by the Commissioner Office for Volunteering and Non-Governmental Organizations, the number of children and people with autism in ***Cyprus*** is approximately believed to be 2000, with specialists citing a sharp rise in cases over the last ten years. Specifically, following the World Population Review, Cyprus presented that the prevalence per 10,000 children that have been diagnosed with ASD, is 73.90%.

Thinking about Autism Spectrum Disorder in ***Spain*** there is a strong need to focus on Pervasive Developmental Disorder, because there is no specific category that collects data on ASD as this disorder falls into any intellectual disability and multiple disabilities.

Across ***Italy*** it is estimated that 1 in 77 children (aged 7-9 years) presents an autism spectrum disorder with a higher prevalence in males: males are 4.4 times more likely than females.

b) Intellectual disabilities

According to the results of the 2011 National Census of Population and Housing, the total number of disabled people was almost 4.7 million (exactly 4,697.0 thousand). Thus, the number of disabled people in ***Poland*** accounted for 12.2% of the country's population. The total number of disabled children at the end of 2014, according to EHIS, was over 211,000.
Currently, ***Cyprus***' percentage of children with SEN within the whole school population by country has reached 7%.

The most prevalent special education needs among pupils in ***Greece*** enrolled was intellectual disability, accounting for 33.8%, followed by autism with 33.0%.

Talking about the distribution of students with special educational needs in ***Spain***, one can spot easily that intellectual disability is the highest value – over a third of the total population of students, 38,1% to be precise.

In ***Italy*** the most common problem is intellectual disability (42% of students with support), followed by developmental disorders (26.4%). In recent years, an increase in the number of pupils with attention, language and developmental disorders has been observed (the latter rose from 17% to 26.4%).

In ***Lithuania*** disabled children constitute around 3% of the global paediatric population. The main cause of disability in children is mental and behavioural disorders, congenital malformations, deformities and chromosomal abnormalities. Autistic children account for 17% of all intellectual disabilities diagnosed in children.

c) Special learning difficulties

There are no specific figures related to special learning difficulties in ***Poland*** and ***Cyprus***, however in Poland it is estimated that *dyslexia* in developed countries may affect 5 to 15% of the population. A constant increase in this number has been recently noted in these countries, contrary to ***Lithuania*** where the number of dyslexic cases has decreased by half (from around 10% to 5%) since the Lithuanian language is favourable for reading - it is called a transparent language.

Worldwide *dyscalculia* has been estimated to affect between 1.3% and 13.8% of school-aged children with a mean of about 6%. The studies conducted in ***Greece*** show 6.3% of school population to be affected.

Learning disabilities which also include dyslexia, *dysgraphia*, dyscalculia and *ADHD* belong to the largest group of students with specific educational support needs in ***Spain***. Among them one can distinguish intellectual disabilities (27,4% of student population), pervasive developmental disorder (26,4%) and severe behavioural/ personality disorder (24,6%).

Specific learning difficulties may coexist with other disabilities and/ or types of developmental disorders, such as speech, motor coordination and attention disorders. In addition, there may be close correlation between specific learning disorders and emotional and behavioural disorders. Over the years, the number of diagnoses of specific learning difficulties in ***Italy*** has increased. Specifically, between the year 2004 and 2019, the share of pupils with SLD in the total number of pupils increased from 0.8% to 3.1% in primary school, from 1.6% to 5.9% in secondary school (which starts at the age of 11 and lasts 3 years) and from 0.6% to 5.3% in high school (starting at the age of 14 and lasting 5 consecutive years). Dyslexia disorders account for 39.6% of the total number of any difficulties and are diagnosed most frequently. This is followed by *dysorthographia* with 21.5%, dyscalculia - 20.3% and finally dysgraphia - 18.6%. In Italy, ADHD does not fall into the category of SLD and is present in 5% of children. Regarding gender differences, ADHD seems to be more common in males than in females. This disorder refers to around 1& of Italian population.

Solutions applied to integrate these children/ students into society.

The authorities in ***Poland*** are obliged to provide people with ASD with education at all levels of education, and to assist adults in finding and maintaining employment. Depending on the intensity of the disorder, students may require attending institutions, mainly special schools, where they have the best conditions for their development and learning.

Students diagnosed with an ASD may attend mainstream schools and may or may not be assisted by a support teacher. The institution may hire a support teacher if required.

Compliance with the schooling obligation is also ensured for children and adolescents staying in health care institutions and social welfare homes. Individual education and upbringing of children and adolescents is organized by a special school or a public mainstream school in which the child lives.

The system of care and assistance for children with learning disabilities includes prevention, diagnosis and therapy. Students with diagnosed specific learning disabilities continue to attend the institution where they are learning, but receive additional activities to support their development

Cyprus follows the same policies when integrating these children into society, not discriminating against their variations in disabilities. Learners with special educational needs (SEN) have the same right to an education as any other learner. To the furthest extent possible, they should be given all available possibilities for an equivalent education, training, direction, and rehabilitation.

Learners enrolled in special education and training attend regular schools, special units, or special schools equipped with the necessary infrastructure. These are tailored to their specific needs as well as their Individualized Education Program (IEP), which is developed in collaboration with the learner's teachers and parents by Special Education Co-ordinators (SENCOs).

The majority of learners with special needs attend regular schools and follow the regular curriculum, which can be modified to satisfy their specific requirements. As for special learning difficulties, students are given support in some school subjects individually or in groups of no more than four students. Depending on the needs of the students, support is also provided in other courses.

When it becomes extremely challenging for SEN children in ***Greece*** to attend mainstream schools or integration courses due to their needs, they attend special education schools; attend schools or departments that operate as self-contained units or annexes of other schools within certain hospitals, rehabilitation units, juvenile detention centres, and chronic disease centres that cover children with SEN; and if they are unable to attend school due to short- or long-term health issues, they can get tuition at home. Interdisciplinary Assessment, Counseling & Support Centers (KE.D.A.S.Y) competencies include making appropriate school-setting recommendations.

In schools where there is no Committees for Diagnostic Educational Evaluation and Support (EDEAY), a Pupil Educational Support team is set up to fulfil the school needs. Within this framework of support, there is an interdisciplinary approach to inclusive policy.

Schools' inclusive capacity has been further reinforced in recent years by placing psychologists and social workers in schools which need to support socially vulnerable groups or where it is necessary to implement psychosocial and emotional support programmes.

Last academic year 2020-2021 in ***Spain*** the number of pupils attending a mainstream school was higher (82.9%) than those attending a special school (17.1%). As can be seen that many more students attend a mainstream school than a special school. This is very important, because even though there are special schools, families are committed to diversity and give the regular schools a chance.

The main strategies in Spain for attending to diversity that are offered to people with ASD in educational centres are curricular adaptations. Curricular adaptations are adjustments or modifications made to the different elements of the curriculum in order to respond to special educational needs. People with intellectual disabilities are perfectly capable of attending an ordinary school. However, there are some public schools that do not have sufficient resources and professionals, so some families choose to put their children in special education schools because they are better cared for there. This is by no means inclusive, which is why Spain is currently changing in this regard. It is important and necessary to address the topic of inclusiveness through activities that promote respect for diversity. Workshops, visits to special education centres, watching videos, volunteering, learning about real stories are some examples of such activities.

The law in ***Italy*** promotes school inclusion of all children with disabilities, including those with intellectual disability and autism. In both cases, a support teacher is assigned who promotes and encourages the school inclusion process, implementing customised interventions that take into account each pupil's profile. Students with autism are protected by Framework Law 104 of 1992, which guarantees the right to education in schools of all levels, including universities. Until the completion of high school, they have the right to have a support teacher and use dispensatory and compensatory measures. Students with a diagnosis of SLD are entitled to benefit from special dispensatory and compensatory measures of educational flexibility during education and training and in university studies. However, they are not entitled to have a support teacher.

In ***Lithuania*** mainstreaming can be applied along with personalised tutoring, which helps ensure a balance between students´ learning possibilities and their special educational needs. Mainstreaming includes the content of education, the teacher education, the assistance to students and teachers, as well as the process of evaluation and organisation. The school must provide children with SEN (children with behavioural and emotional disorders, autism spectrum disorders, children with movement and/or positional, intellectual, etc.) special teaching tools and educational technical support tools necessary to provide quality education service.

4. Role as a parent

Autism is something that more and more people are aware of, but there’s still a lot of misinformation. Your family members might not know what it means, or they might have a limited or skewed understanding of what it looks like. They might have a stereotype of what autism (sometimes including mental retardation) is that doesn’t fit your child. They also may have an understandable, if misguided, urge to resist the diagnosis.

“Initially receiving a diagnosis is a very big event, which sometimes challenges parents’ perceptions of what they envisioned parenthood would be,” says Dr. Silverman. This is also true for grandparents. *“Sometimes relatives, like parents, need to take some extra time to put the pieces together. Frustration or confusion or anger — they are not uncommon. Sometimes we need time to process it,”* she says. In a nutshell, that is a

matter of acceptance. If the unwanted and resisted recognition embeds in a parent's consciousness, their role and support for their autistic offspring becomes crucial.

a) Response to the diagnosis

Learning that your child has been diagnosed with autism or mental retardation is a powerful moment in your life. Suddenly your life may feel very different from what you expected it to be. You worry first about your child and what it will mean for his or her life experiences. You worry about how you and your family will adjust to this in the years ahead. You worry about the day-today challenges of caring for your child. This is an important turning point in your life as well as the lives of your child and other family members. Getting emotional support and factual information to help you cope and promote a positive future for your child and family will be critical during this period.

Each family's reaction to the diagnosis will be different depending on many factors. When a child is diagnosed with autism, parents and other family members frequently experience a range of uncomfortable emotions. Whether or not you have suspected something for awhile or the diagnosis seems to have been out of the blue, many parents experience shock when they hear the words, "your child has autism/ is mentally retarded." You may go through periods of denial or refusing to believe this is happening to your child. During this time, you may not be able to hear the facts as they relate to your child. Denial is a way of coping. It may be what gets you through a particularly difficult period. It is important to be aware that you may be experiencing denial, so that it doesn't interfere with making good decisions about your child's treatment.

Some parents mourn some of the hopes and dreams they held for their child before they are able to move on. There will probably be times when you feel sad. Allowing yourself to feel sadness can help you grow. There are times you might feel isolated and lonely. Loneliness may also come from the fact that you simply don't feel you have the time to contact friends or family for company. You may also feel that if you did reach out to others, they wouldn't understand or be supportive.

It is not surprising that your role as a parent will change and you will experience lots of negative and positive feelings and emotions. Below there are the most frequent areas of concern:

- *May feel burden with everyday responsibility of caring child with autism.*
- *May feel pressure to become an autism expert and learn everything overnight.*
- *May worry about child and family's future.*
- *May have difficulty finding balance and time to manage household tasks, other children, daily activities, etc.*
- *May be less inclined to share feelings.*
- *May become stressed about the family's finances and the unknowns of the situation.*
- *May develop other problems such as stress and anxiety that can affect work life.*

b) Guidelines for parents

You should be aware that you are expected to combine many roles: a teacher, a parent, a therapist, or a career. However, one of the most important roles you will have, is to be your child's advocate. Advocating for your child will be a lifelong journey that will require different skills depending on your child's needs.

There are seven main principles you should follow:

1. *Take Responsibility - Be a leader*
2. *Learn - Be an expert*
3. *Think Critically - Be discerning*
4. *Speak with Authority- Be proactive*
5. *Document - Be prepared*
6. *Collaborate - Be a team builder*
7. *Educate - Be a voice for your child*

All these rules are thoroughly described in Areva Martin's book "Everyday Advocate: Standing Up for Your Child with Autism".

Parents of children with autism or of children that have been diagnosed with a mental disorder, can be under tremendous stress. It may seem like there is never enough time to do everything that needs to be done. So much focus and attention are placed on such a child that it is common for parents to have little or no energy time for other household chores, other children or just for themselves. So, what, in fact, can you do in this situation?

Here are a few valuable tips:

- ✓ Have a repertoire of leisure activities was crucial to your child's happiness and to your family's.
- ✓ Join a parent group and/or your school district's special education PTA.
- ✓ If you can afford it, hire an advocate to check out your child's school program. They may spot the areas for improvement, or may reassure you that they are doing all they can for your child.
- ✓ Volunteer at school functions, thus you may get to know your child's school environment better.
- ✓ No matter how difficult your child can be, take any offer of babysitting you can and get out. You also need some rest.
- ✓ Educate your friends and family and ask them for the support you need revealing the hardship of raising a child with autism or mental retardation.
- ✓ Make all doctor appointments for yourself you have postponed so far. Your health is also important.
- ✓ Get involved in an autism/ mental retardation walk in your community. It will give you more power.
- ✓ Just take care of yourself. You have to be healthy and happy.

c) Building a Support Network

Building a strong support network is crucial not only for your child, but also for you as it motivates you to act.

First of all, you should keep your marriage or relationship strong. It is important to stay as connected as possible to your spouse or partner and keep the lines of communication open because you will surely experience:

- *additional stress from navigating the maze of agencies, funding sources and paperwork to help your child;*
- *loss of income due to one parent not working in order to care for your child and the additional expense of hiring and managing specialized caretakers;*
- *different points of view regarding your child's challenges and decisions about treatments and interventions;*
- *loss of friendships or loss of time and energy to maintain outside friendships;*
- *lots of worries about the future of your family.*

As there are a lot of obstacles that you will be expected to overcome, you should aim to tie stronger bonds than ever. You should talk about your problems openly, learn all you can about your child's disorder, spend time together and focus on the present to figure out what things you can do better. You ought to share your responsibilities, that is chores, childcare, other tasks, ask for help if you need it and finally prioritize what is important for both of you. Perhaps some things do not require so much attention.

If you have gone through the process of getting your child diagnosed, it's because he is pretty clearly not developing in typical ways, or, if they are older, they are struggling and impaired in some important ways. The problems they are having may not be visible to everyone in your family. But you need the people you are close to as allies in helping your child. So, getting them on your team is worth the effort.

Your child, despite their "otherness" is part of your family and community. Family and friends are more likely to play a part in your support network if they understand your needs and the needs of your child. Therefore, you should keep your family and friends informed and updated on your child's progress as well as anything they might be able to do to help or support their development. If you do not have family in your local community, you may want to consider moving closer to family or friends where you and your child will have a support network to fall back on.

There are also professionals and effective support groups in your community who have a lot of experience and expertise in understanding this process. They may be able to provide you and your extended family with assistance.

Another step to seek support is the step beyond relatives and extended family. Try to join the group of parents who share a similar problem. You will make invaluable connection. Find parents of kids with your kid's level of autism or mental retardation as you're making friends. These people will be a wealth of information for you and a lifeline.

If you decide to volunteer at school functions or be a class mom, you will not only get to know your child's teacher and your school's administrators better, but you will also make friends with other parents too.

There are a lot of non-governmental organisations, foundations, associations or informal groups that support parents of children with autism or mental retardation. Find them in your surroundings and contact them.

Sometimes it is worth getting involved in an autism or mental disability-awareness walk in your community. It is so powerful to meet so many families like (and unlike) yours. It will give you strength, for sure.

d) Taking care of oneself

Caring for a child with autism can be physically exhausting and emotionally draining. Parenting responsibilities can create extraordinary stress. Trying to balance your time and energy with the needs of your other children, the needs of your relationship and your own personal needs is not easy. It takes time to find a good balance and put it into practice.

1. Care for yourself

Even for 15 minutes a day. You need to take care of yourself in order to be able to take care of others. Take time to yourself so you can run errands, relax or enjoy time with your partner or other family members.

2. Think what you have accomplished

Think about all that you did accomplish that day. You will be amazed at how long that list is, and you will feel better about getting started the next day.

3. Think positive and focus on the positive

Every situation has dark and Wright sides. Focusing on the positive, such as the progress your child is making or the amazing speech therapist you found, will give you some extra motivation to act.

4. Respect family rituals

Tradition and rituals give your family an increased sense of stability. Continue to plan your outings together, board games or a barbecue. Thus, you will enjoy time together and it will give a sense of happiness and "normality" to all of you.

5. Give yourself time to adapt to new reality

It is obvious there will be hard moments, helplessness and difficult emotions. But be patient with yourself. You need time to accept your child's disorder. But remember, you will also experience feelings of hope as your child begins to make progress.

6. Do not forget about your friends

Your friends are still important in your life. If you maintain your friendships, you will never feel isolated.

7. Discover your interests and implement "out-of-the-autism-box" activities

Explore your creative interests. Be aware that you are also important and you are more than just a parent of a child with uncommon disorder.

8. Get engaged in the autism/ mental retardation community-based organisations

Sometimes families of individuals with autism/ mental retardation find themselves feeling isolated from others. It is important to connect with families that share similar experiences and seek the support of others.

9. Respite care services

If you do not have a family member or friend to babysit, find respite care in your area so you can recharge your batteries and focus on yourself even occasionally. Building a relationship with a respite provider gives you a reliable caregiver for your child if there is a family emergency.

5. Role as a therapist

Therapists work as part of a team that includes parents, teachers, and other professionals. They help set specific goals for the person with autism or intellectual disability. These goals often involve social interaction, behavior, and classroom performance.

Therapists can help in two main ways: evaluation and therapy. They watch children to see if they can do tasks they are expected to do at their ages, e.g., getting dressed or playing a game. Sometimes, the therapist will have the child recorded during the day to see how the child interacts with people and things around them. That helps the therapist determine the kind of care the child needs. The therapist might look closely at:

- attention span and stamina
- transition to new activities
- play skills
- need for personal space
- responses to touch or other kinds of stimuli
- motor skills like posture, balance, or manipulation of small objects
- aggression or other types of behaviors
- interactions between the child and caregivers

When the therapist gathers all necessary information, they can start preparing a tailor-made program. There is no single ideal treatment, but early, structured and individualized care has been shown to work best.

A therapist may focus on a few crucial aspects:

- Physical activities, like stringing beads or doing puzzles, to help a child develop coordination and body awareness
- Play activities to help with interaction and communication
- Developmental activities, like brushing teeth and combing hair
- Adaptive strategies, including going through transitions

Therapists are key. Providing advice and interventions to target each sense, helps the child's nervous system become more organised and regulated. This can reduce the child's anxiety and exhaustion, and improve their attention and performance. They mainly promote, maintain and develop skills functional for students in a school setting and beyond. These mainly include self-care, productivity (emotional regulation, participation, organisational skills) and leisure (socialising with friends, belonging to a group, motor skills, participation in hobbies).

a) Major challenges

Therapists face different challenges. However, they mainly depend on the type of the therapy/ solution the professionals follow and the given child/ mentee. Sometimes it happens that there are no obstacles as the therapy is conducted by a trusted teacher playing the role of a personal mentor who knows all needs and problems of their mentee.

The most frequent obstacles mentioned by therapists include lack of communication skills, fear of interaction even with peers and enhanced emotionality and sensitivity of children who happen to be over-reactive. Kids sometimes feel isolated and they need a special approach to overcome this feeling.

From time to time, it happens that children might not follow the rules. They are hyperactive and they need some breaks. The problem also occurs when children's behaviour and mood depend on the home atmosphere, which vastly complicates the therapy.

Even if the therapists follow the detailed plan of actions and tailor-made curriculum, they can spot slow progress in children. Professionals just have to accept that each child has their own pace of work. Therefore, considering children with ID, schools must adapt the curriculum to meet the specific needs of this type of student. Therapist should definitely adjust the timetable and plan to the capabilities of a given child. Bearing this in mind, personalized sessions enable kids to be familiarized with the process and give more energy and a personal sense of satisfaction. An important factor is to start the sessions since the very early childhood to avoid possible problems and difficult bad habits.

The space of the group that the student belongs to may be limited. As a matter of fact, proper spatial configuration would help eliminate external stimuli and address children's individual needs more effectively.

Among children with very poor expressive and perceptual vocabulary accompanied by huge learning difficulties therapists may notice difficulty in planning and coordinating the successive movements for the production of speech.

According to therapists they are expected to implement therapeutic programmes immediately, and there is not enough time for proper evaluation of children, in order for therapies to be more functional and effective. Professionals sometimes do not have enough time to compose the group properly to meet their needs and reinforce their personal and educational development.
In hard situations therapists advise to implement a one-on-one relaxation activity in order to limit the tensions in the given space and organize all the children on about the same level, thus eliminating even for a quarter overstimulation and hyperactivity of some students.

In general, a playful approach is always highly recommendable to overcome difficult moments. A number of strategies can be used to motivate students to complete the proposed activities:

1. Using the Gradual Release of Responsibility Model (the goal of this approach is autonomy and efficacy on the part of the student–ideally, the ability to transfer understanding on their own);
2. Positive reinforcements, including verbal ones;
3. Constant encouraging pupils to stay focused and sometimes supporting them during the activity.

b) The selected solutions

The most frequent therapy for children with autism is a ***cognitive-behavioural treatment*** known as **psychotherapy**.

To facilitate this process, it is important to follow the steps below:

- ✓ get to know the child in detail (his interests, preferences, hobbies);
- ✓ analyse behaviours, beliefs and thoughts that may be dysfunctional;
- ✓ talk to the parents to learn about the child's behaviour at home.

Then it is vital to put new cognitive skills and social skills into practise. Therapists can accomplish this through pictograms. Pictograms are tools that are recommended for people with intellectual disabilities, autism spectrum disorder and specific language disorder. This is because it is an Alternative and Augmentative communication system.

Pictogram:

- ✓ provides different forms of expression for speaking; it aims to improve and compensate for communication and speech disabilities;
- ✓ is a graphic aid and adaptive material;
- ✓ facilitates communication and cognitive accessibility for all people;
- ✓ facilitates the inclusion of people with disabilities in the areas of autism, intellectual disabilities, ignorance of the language, elderly, etc.

Psychotherapy is a therapy that has emerged from the limitation of looking at a disorder from a single therapeutic point of view. It makes it possible to approach the problems with the most effective techniques. This multiplies the chances of success.

Individualistic ***music therapy*** based on the ***psychodynamic/psychotherapeutic*** approach makes it easier for the individual to "exist in the here and now" of the meetings as this can at a particular time with acceptance and support with the main aim of creating a safe and confidential framework. This approach is largely effective since the therapeutic relationship is built on the personal needs and desires of the individual musically and existentially. Music Therapy is mainly addressed to people with ASD. When the kid feels safe enough, they sing songs to the accompaniment of piano with enough melodicity in their voice. The most desirable outcome for the student would be receive a combination of Music Therapy and ***Occupational Therapy***.

Rob'Autism

There is growing evidence that children with autism are more comfortable engaging with robots than with people. Toys are often more approachable than people. Autistic children are also burdened with multiple disability. A recent study using the socially-assistive ***robot Milo***, for example, found that autistic children were engaged 70-80% of the time with Milo compared to just 3-10% of the time with traditional approaches.

Robots are a very useful tool to keep children with ASD engaged and can help with teaching a variety of subjects, including motion and computation skills.

Some ***humanoid robots***, like the ***Nao*** or ***Milo***, are specifically designed to meet the needs of children with autism who are also mentally handicapped in most cases (over 90%). Things like decreased facial features and human traits can help to bridge the gap between people with ASD and robots and engage learners in communication and social skills.

Key potential future trends in this space could include the development of small personal robotics designed to be constant companions that can assist in various areas of life of such kids.

Social robots e.g., Buddy are becoming crucial technologies to help people with autism better integrate into the society. Prior to the birth of Buddy, there have been a few social robots dedicated to helping children with special needs. Some universities have tested these robots to enhance social interaction skills and they have demonstrated that through role-playing and other scenarios, children with ASD can learn social interaction skills such as reading feelings and communication. The goal is to get the children to step out of their comfort zone. Working with a robot that responds and reacts, motivates them to achieve the goal and not disappoint the companion. This is something inanimate objects, such as computers or tablets cannot achieve.

The next example is ***Ozobot*** - a tiny robot that comes in a few forms - the Bits model having only wheels and a sensor while the more advanced ***Evo model*** has Bluetooth connectivity and programming capability as well. Using different coloured markers to denote different directions, users can draw paths for them to follow and give commands such as slow down, speed up, or stop.

All Ozobots work with a similar premise, using downward facing cameras to detect the colour of the line under it. They follow lines using a back-and-forth motion (if the camera detects a change from black to white, the Ozobot will shift to get back onto the line and continue). These cameras also detect colours which give different commands via different combinations of colours.
Right now, Ozobot presents a fun, easy way to get kids comfortable with robotics and programming. The more advanced model can actually be programmed, but it is simple to have a sheet of codes and just draw designs on a piece of paper with coloured markers.

Peer Volunteers 'Mary and Max'— PMI has been developed in Poland since 2012. Peer Volunteers 'Mary and Max' is a manual-based befriending scheme for high-functioning adolescents (from 12 years old) and adults with ASD. The focus of the program is to facilitate the one-to-one relationship between a participant and a volunteer, based on their common interests and joint leisure activities. The aim of arranging such a relationship is to provide a person with ASD a positive, supportive experience associated with a peer, enhance his or her self-perceived interpersonal competence, and increase social participation, thereby decreasing the sense of loneliness and isolation.

A participant builds a relationship with a supportive volunteer, has opportunities for personal development and the potential for increasing resilience, has access to activities and community resources which had previously been out of their reach.

The core of the program consists in one-to-one, weekly get-togethers of a participant and a volunteer that involve various shared activities, planned and chosen by both sides. Those get-togethers are unsupervised either by professionals or parents and are held mainly in the public (e.g., in a park, a cinema, or a café), enhancing participants' access to the community life. Both participants and volunteers receive professional support in maintaining the relationship, provided by a psychologist who is assigned to the dyad throughout the program. The psychologist holds monthly individual consultations with the participant and the volunteer, working on their initiative, motivation, planning and organizing of get-togethers, expressing emotions, and essentially on the mentalizing skills. Eventually, the psychologist helps participants and volunteers decide whether they want to continue their relationship outside the scheme or resolve it in a gradual and supported process. Although evolving a befriending relationship into a friendship is not the aim of the scheme, most participants and volunteers express their willingness to do it, thus the psychologist's role is to help them make such a transition and take full responsibility for the relationship.

Practitioners also conduct educational interventions lying in ***perspective-taking techniques***. The adoption of a ***ludic approach*** with the use of ***technology*** (pc, tablet, phone, etc.) is also crucial for the better performance of a given child in a short-term time perspective as it combines positive aspects and helps create a learning environment that is less stressful with the use of new technologies which are nowadays a very important aspect in every young person's life.

Applied Behaviour Analysis (ABA) is a scientific approach often used in educational interventions for people with autism. The educator uses the ABA method to improve a kid's social behaviour and shape or reinforce their communication skills.

Applied Behavior Analysis involves many techniques for understanding and changing behavior. ABA is a flexible treatment:

- can be adapted to meet the needs of each unique person;
- provides in many different locations – at home, at school, and in the community;
- teaches skills that are useful in everyday life;
- can involve one-to-one teaching or group instruction.

Positive reinforcement is one of the main strategies used in ABA. When a behaviour is followed by something that is valued (a reward), a person is more likely to repeat that behaviour. Over time, this encourages positive behaviour change.

First, the therapist identifies a goal behaviour. Each time the person uses the behaviour or skill successfully, they get a reward. The reward is meaningful to the individual – examples include praise, a toy or book, watching a video, access to playground or other location, and more.

Positive rewards encourage the person to continue using the skill. Over time this leads to meaningful behaviour change. It is worth mentioning that the use of different reinforcements, depending on the context, helps to achieve the set goals.

Simata is a method of intervention in developmental speech dyspraxia. The use of exogenous auditory, visual, tactile and receptive stimuli, enhances and directly helps in the correct placement of joints and production of each phthong. The application of the method can be done either by the therapist and the child together or by the child alone. Depending on the child's needs, the therapist can provide appropriate feedback (visual, auditory, tactile or receptive) to help the child's speech.

The aim of this approach is the most effective and functional communication of the child, his articulate accuracy and his comprehensibility. The aim of the treatment is to improve the sequencing, the precise control of the speech production and the correct pronunciation of the combinations of the phonemes for the utterance of words and phrases.
Simata is usually accompanied by ***Makaton*** method which is a language programme that uses signs together with speech and symbols, to enable people to communicate. It supports the development of essential communication skills such as attention, listening, comprehension, memory and expressive speech and language.

The makaton method is implemented in order to create a correct sentence structure and a proper use of links, but the simata method is used for the joints' improvement and the oral dyspraxia with many oral exercises.
Apart from those solutions other methods can be applied, i.e.: ***touch and say***, ***poems with rhyme*** and ***songs***. In the early therapeutic intervention, it is advisable to have personalized ***speech therapy*** and occupational therapy sessions.

For each therapist and practitioner, it is important to work with tools and aids to develop personal autonomy, train social skills and promote emotional education of a child subjected to a therapy. In this way the kids' independence is promoted. For these reasons, it is necessary to customize the curriculum, and depending on the type of disorder combine a few solutions, e.g., speech therapy, ***physiotherapy*** and ***games workshop***. Thus, the whole therapy may turn out to be successful much earlier than expected.

c) Cooperation with parents

All therapists and practitioners agree that close collaboration with parents of children with ID, the medical staff, the specialized educators such as the speech or occupational therapist, is absolutely vital to integrate all information from the various sources in order to form an adequate intervention program. All these people are sort of links in the chain. If they fall apart, they will not achieve the assumed result of the therapy for the child.

Collaboration with parents varies. If they are aware of how autism works and know where to seek out help, they educate on their own – these are people who are most open to cooperation with a teacher.

There are also families which do not continue the therapists' effects, so it is very hard to collaborate with them. Families which wipe the problem emerge out as well.

The parents' conviction is important – that the school is for their children only for a certain amount of time. They should be aware that if they do not continue the methods proposed by the school, they will not overcome certain problems. When there is no common strategy with the family, it is difficult to do a good job or achieve the goals set. Every single person working with a child with ID ought to remember that it is a long-term process. It is crucial to establish a common language with the family in order to accomplish a successful educational project through which a child can make developmental progress.

The extent to which a parent collaborates with therapists depends on the level of acceptance of their child's disability. Parents try to do their best for their child to function in the best way possible. Therefore, they search for help in various places. Special needs educators try to make them understand that they have to achieve some results together – just through tight collaboration. Distance learning helped a bit. Many times, parents accompanied their children during online lessons, so their commitment and involvement has vastly increased.

There must be a smooth flow of information between parents and teachers and vice versa. Either by telephone or by a face-to-face weekly meeting or daily communication if needed, parents and teachers work to achieve the same goal and should perceive themselves as allies. Parents not only need guidance from the teachers, but also need consultations with specialists in order to become resilient and help their child by supporting the educational process. In order for a skill to be well established and applied in everyday life, parents' role is crucial. They need to empower their child with disability all the time and create all necessary conditions for them to transfer this new knowledge into their home environment.

How can therapists facilitate the process?

In order to let the cooperation with parents go more smoothly, special educators can run knowledge and awareness-raising workshops for them. Communication problems often derive from the lack of information, education or reliable knowledge.

Some teachers have more frequent meetings with parents of pupils with special needs. Furthermore, parents also stay in constant communication with the associations addressing their daily activities to children with disabilities and their families. Such organisations usually deal with psychological support for this child's parents and relatives as well. The main objective of those gatherings is just to understand the diagnosis and its consequences, better understand the child's (often aggressive) behaviours or properly relieve their bad emotions or frustrations.

Some schools or other institutions can organize occasional meetings (e.g., 1 assembly per year), where all relevant individuals meet, ranging from parents to therapists, to discuss the progress of the child, adjust their personalized goals, re-formulate the treatment programme or strategy, and cover any factors that might affect the child's behaviour or change.

Nevertheless, parents definitely should tend to support their child, improve the child's autonomy and teach them to express their needs, as these determinants can help improve the overall quality of life of the child.

d) Self-advocacy

In recent years, self-advocacy has become a movement. Both parents and students are engaged in such actions. It is very important to underline that all students, based on their skills and capacities, must learn how to speak for themselves and ask for equal treatment. In case the students are not able to defend themselves, parents should take some actions and raise societal awareness.

There are more and more parents who appear to be more active and determined to improve the conditions and the quality of their children's lives. They spread the message of diversity and how everyone should accept it.

Parents' involvement is important. They often share information, seek out support in various foundations and institutions for instance those which may provide them with psychological support.

In most cases mothers are more active. They run a blog, support other parents, deepen the law and many legal regulations, give some advice and offer mental support to other parents. They show others that being a parent of a child with intellectual disability is a long-term process of acceptance.

6. Selected therapeutic solutions for SN children – Case Studies

This section aims to provide parents, practitioners, therapists and special needs educators with some selected therapies which students with intellectual disability aged 9-14 benefited from. In each case study there is an emphasis on the profile of a student, his type of disorder, selected therapy and results that were achieved.

Case study no. 1

Country: Lithuania

1. **Profile:**

   Berzas (the name has been changed due to the protection of personal data) is a 14 year old boy. He is studying in the seventh grade. His intellect is normal, multiple developmental disorder was diagnosed in preschool age. Between 3 and 6 years ABA (applied behaviour analysis) therapy was applied.

   The boy's abilities: He reads, writes and understands the texts he reads. Follows the General Curriculum.

   Polite. Mostly socialises with adults and children younger than himself. Does not have any friends in class, but is not at odds with anybody. The boy has a younger brother. He reads such books as encyclopaedias, manuals, publications about animals. He is enrolled incomprehensive school, in a class of 24 pupils. There is an assistant in the classroom and a separate room where he can take rest, relax. He also receives help from a special educator twice a week (Lithuanian language and maths lessons), a social pedagogue (once a week), a psychologist if needed.

Family: Parents are educated and care about their son's education.

2. **Type of disorder:**

Asperger's syndrome is an autistic developmental disorder that is not characterized by language or cognitive impairment, but communication difficulties. A person with Asperger's syndrome may appear strange, does not fit in with other people, has problems with communication, mutual understanding, and emotional contact. Although this disorder is incurable, a person with the syndrome can successfully integrate into society.

People with Asperger’s syndrome usually have moderate to advanced intelligence. From an early age, peer-to-peer is interested in all things (schedules, various numbers, lists, statistics), erudition, seriousness.

3. **Therapy context/ type:**

The curriculum was revised, and the boy was given an opportunity to follow an individual plan. The curriculum was also adapted and the requirements were lowered. The Individual Education Plan was drawn up by a team of specialists together with the parents.

The number of lessons was slightly reduced, but the number of basic subjects remained the same. Physical education and dance lessons were temporarily withdrawn. The pupil's parents consulted psychologists and psychotherapists. They applied the method of agreements, rules, incentives or restriction of pleasures. Trips to the countryside and cycling helped him.

The team holds regular meetings with parents as often as they see necessary to keep them informed about Berza's progress or any problems that arise.

4. **Results:**

During the quarantine, Berzas joined the distance lessons and studied together with the class. The distance education suited him very well. Agreements and rules are very important to the boy. He learned to follow them. Furthermore, due to regulation of flows, he is always in one classroom and this suits him. Arrangements, encouragement, daily routines are no longer a source of anxiety for him, and he feels already better at school with his classmates. Certainly, there are different days, but emotional overloads happen much rarer and don't pose a risk for the boy‘s health.

Case study no. 2

Country: Lithuania

1. **Profile:**

   Uosis (the name has been changed due to the protection of personal data) is a 10-year-old boy. He is in Year 3. Intelligence is normal, a disorder of multifaceted development was found in the preschool age.

   Boy's abilities: He reads, writes, understands a text. He is polite. Mainly interacts with adults and children younger than himself. He has younger brothers. His contact with them is good. He cares and loves his brothers and really enjoys talking about them. The family has pets, a dog and a cat and Uosis likes talking about them too. He reads encyclopaedias, reference books or literature about animals.

   Uosis attends a general education school. In his classroom there are 24 other pupils and also a teaching assistant. There is a separate room where he can relax and have a rest. At school he sees a speech therapist 2 times per week: Once the lesson is in a classroom with other pupils and another lesson is a one to one. He also receives additional lessons for Lithuanian language and mathematics (one per week for each subject), once a week a lesson with special needs teacher and also a psychologist if there is a need for it.

   Family: parents are educated, they take care of their son's schooling. Uosis has attended dolphin therapy and horse therapy classes before. Twice a week after school he goes to the Day Center, where a psychologist, speech therapist and physiotherapist work with him. He also attends various therapies with other children like art and exercise classes.

2. **Type of disorder:**

   Asperger's syndrome

3. **Therapy context/ type:**

   The curriculum was reviewed, and the boy was given the opportunity to study according to an individual plan. The individual education plan was drawn up by a team of professionals, together with the parents.

   There was a slight decrease in the number of lessons, but the number of basic subjects (languages, mathematics, knowledge of the world remained the same). Part time home schooling was also applied where he had one to one lesson with a teaching assistant in a separate room. Music, physical education, and dance lessons were suspended. Along with his class friends, he attended English language, art, information technology and specialist classes (special pedagogue and speech therapist).

   During the quarantine, he joined distance lessons and worked with the class online. In the third year of education, he moved to contact education. The curriculum, helped by a team of consultants who were monitoring his behaviour throughout, was adjusted. The team of specialists meet with parents of often as they need to, to keep them informed of Uosis ' progress.

4. **Results:**

The agreements and rules that are written on the board are very important to the boy. He has learned to follow them. Because of these agreements, incentives and agenda, he no longer worries and he finds it easier to spend time at school with his friends.

During the speech therapy sessions, Uosis discovered the joy of creativity by transferring the rules of grammar to educational games on the Word wall platform.

Uosis' behavior is still challenging but it is getting better. He is no more struggling to follow what was agreed or run around throughout a lesson shouting, making noise, and being aggressively towards himself and his friends.

Case study no. 3

Country: Cyprus

1. **Profile:**

The student is a male of 9-10 years old, demanding in his needs which he expresses by showing or leading an adult to a bottle of water or food. It does not follow instructions and is organized kinetic very difficult.

2. **Type of disorder:**

The student is included in the autism spectrum. Limited perception and understanding, absence of expressive speech, limited eye contact, not self-serving, hyperactivity, social isolation and there is no sense of danger for this becomes risky and needs constant monitoring.

3. **Therapy context/ type:**

The therapy administered is individualistic music therapy based on the psychodynamic / psychotherapeutic approach. This approach makes it easier for the individual to "exist in the here and now" of the meetings as this can at a particular time with acceptance and support with the main aim of creating a safe and confidential framework. In the case of the student this approach is largely effective since the therapeutic relationship is built on the personal needs and desires of the individual musically and existentially.

4. **Results:**

In the case of this student, the provision of space - time where you can move freely safely (space with pillows, low lighting and restriction on sounds) helps in some cases the student to organize and become more accepting in musical / sound exchanges (for example, rhythmic bumps on a drum) whilst improvising and asking the child some planned question, in order generate responses and answers. The applications used have a small, but good result until that moment.

Case study no. 4

Country: Cyprus

1. **Profile:**

The student is a male, ranging between 12-13 years old, demanding in his needs he expresses, by showing or leading an adult to a bottle of water or food. Sometimes it can say water or toilet. He follows instructions when he wishes and when he is organized enough. He has strong outbursts of anger that he expresses with loud voices and reactivity. It is organized kinetically very difficult.

2. **Type of disorder:**

The student is included in the autism spectrum. The individual has a relatively good perception and understanding of her/his surroundings. However, there is an absence of expression of speech, use of some words, limited eye contact, self-serving, hyperactivity, social isolation and there are very intense and chronically established stereotypes, regarding kinetic and behavioral observations.

3. **Therapy context/ type:**

The therapy administered is individualistic music therapy based on the psychodynamic / psychotherapeutic approach. This approach makes it easier for the individual to "exist in the here and now" of the meetings, as this can at a particular time with acceptance and support with the main aim of creating a safe and confidential framework. In the case of the student this approach is effective to a large extent since the therapeutic relationship is built on the personal needs and desires of the individual musically and existentially. When he feels safe enough, he sings lyrics of English children's songs accompanied by a piano with enough melodicity in his voice.

4. **Results:**

In the case of the student the provision of space - time where you can move freely safely (space with pillows, low lighting and restriction on sounds) helps in some cases the student to organize and become more accepting in musical / sound exchanges. For example, rhythmic blows on a drum with improvisation in the form of an answer question and an English children's song such as "The wheels on the bus go round and round" where it effectively complements the lyrics. The applications used have a small, but good result until that time.

The removal of the student from the group context and the conduct of the treatment on an individual level in a room accordingly adapted with limited external stimuli was an enabling factor in his therapy.

The most desirable outcome for the student would be receive a combination of treatment between Music Therapy and Occupational Therapy. Due to the fact that in the school context the therapeutic program should be implemented immediately, there is not enough time for proper evaluation of children so that plus therapies are created where more functional therapeutic programs would be necessary. The space of the group that the student belongs to could be more correctly configured so that the needs of the child are addressed more effectively.

Case study no. 5

Country: Poland

1. **Profile:**

A twelve-year-old girl (attending SEN school) participated in the Ozobot-based therapy. She felt uncomfortable with new situations, she was very reserved and introvert. She was able to communicate with people she knew very well. Surprisingly, she made contacts with any individuals quite smoothly. A teacher could observe the girls' difficult and sometimes inexplicable behaviours which resulted in eliminating herself from the school community. The girl badly reacted to any changes to the environment. Her pace of work was slow. She had problems with finishing a given assignment and also with concentration, which consecutively inhibited her ability to learn and remember information and causing her to feel frustrated. She followed a beaten path in her behaviours, not being able to think outside the box.

It happens when autistic children develop an islet of ability. The twelve-year-old learned the lyrics and fairytales by heart extremely fast. But, this ability made her functioning in new situations very difficult, because she recreated the whole fairytales or action schemes, not tailoring them to new circumstances.

2. **Type of disorder:**

Moderate intellectual disability, ASD (multiple disability)

ASD – Autism spectrum disorders are classified as pervasive developmental disorders and include childhood autism, Asperger's syndrome, as well as atypical autism and other pervasive developmental disorders. The latter categories are given to people who do not meet all the criteria for autism, but who have various specific difficulties in establishing relationships with others.

Children with autism spectrum disorder (ASD) often have a striking lack of interest and ability to interact, limited ability to communicate, and show repetitive behaviours and distress when confronted with change. Children with this disorder are not able to decode body language, facial expressions or recognise the importance of personal space. Parents and caregivers of children with autism and other special needs often struggle to communicate and interact with their kids.

ASD is a complex, lifelong, neurodevelopmental condition of largely unknown cause. The prevalence of ASD has been estimated at between 1% and 3% in children and adolescents. Language deficits are present in the majority of the ASD population, and have a significant impact on communication and interaction. They are considered one of the foremost causes of disability in children with ASD, who often require high levels of support, which imposes not only a high societal cost, but also a substantial economic, emotional, and physical burden on the families (Seteropoulos et al., 2020).

A prominent theory of ASD posits that that affected individuals find social stimuli less rewarding than their neurotypical peers, leading to impaired social skills (Chevallier et al., 2012b).

3. **Therapy context/ type:**

Method applied: Ozobot

This tiny robot comes in a few forms – the Bits model having only wheels and a sensor while the more advanced Evo model has Bluetooth connectivity and programming capability as well. Using different coloured markers to denote different directions, users can draw paths for them to follow and give commands such as slow down, speed up, or stop.

Ozobot presents a fun, easy way to get kids comfortable with robotics and programming. The more advanced model can actually be programmed, but it's simple to have a sheet of codes and just draw designs on a piece of paper with coloured markers.

4. **Results:**

All the previously-defined goals were achieved. The girl improved communication, interaction with others, concentration and motivation to perform tasks, graphomotor skills and logical thinking. All these skills and competences the girl improved can be used as well in school as in non-school environment. They can be also transferable into other areas of the kid's life.

This kind of therapy was just a form of play for a student, and at the same time the teacher could achieve the goals defined/ assumed.

In general, autistic children are very willing to use Ozobots – they code, programme, they feel they have a driving force as they guide the robot.

Case study no. 6

Country: Poland

1. **Profile:**

A fourteen-year-old girl participated in the Peer-Mediated Intervention (PMI) programme. She felt uncomfortable with new situations. She was extremely shy and introvert, with low self-esteem. She had big problems with establishing new relationships and interacting with others. She was emotionally stable. On the other hand, she craved for new relationships.

The girl needed some time to answer a question. She was too shy to ask about anything if she didn't understand something. Therefore, a volunteer spending time with her had to be very patient. She was not very creative. Her peers' reactions lying in occasional sneering at her limitations made her extremely reserved. She did not initiate any relationships. She has a happy biological family with full support from them.

The fourteen-year-old participant of the peer-mediated intervention (PMI) programme was artistically and musically talented. In this particular case these abilities are not regarded as an islet of ability, as they are mainly determined by the girl's patience and perseverance.

2. **Type of disorder:**

ASD – Autism spectrum disorder

3. **Therapy context/ type:**

Method applied: PMI (Peer Volunteers 'Mary and Max')

It is a manual-based befriending scheme for high-functioning adolescents (from 12 years old) and adults with ASD (that we refer to as 'participants'). The focus of the program is to facilitate the one-to-one relationship between a participant and a volunteer, based on their common interests and joint leisure activities. The aim is to provide a person with ASD a positive, supportive experience associated with a peer, enhance his or her self-perceived interpersonal competence, and increase social participation, thereby decreasing the sense of loneliness and isolation.

The core of the program consists in one-to-one, weekly get-togethers of a participant and a volunteer that involve various shared activities, planned and chosen by both sides. The program assumes regular get-togethers of such pairs (a participant and a volunteer) for a minimum period of 8 months.

Actions undertaken

The dyad (the fourteen-year-old girl and the volunteer) arranged their regular meetings in out-of-school environment such as: the botanical garden, the zoo, a restaurant, or a cinema. They also played bowling or billiard together. They walked a lot as well. During these congregations they discussed any issues they both were interested in. The participant socialized with peers, not only during one-to-one get-togethers, but also during the group reunions e.g. playing board games. Besides, there were separate workshops for participants and volunteers.

4. **Results:**

All the previously-defined goals were achieved. The overall change in the autistic participant/ girl was spectacular. The girl improved communication, interaction with others, concentration and motivation to perform tasks. She vastly developed social skills. She overcame her shyness and started to initiate relationships on her own. All these skills the girl improved can be used as well in school as in non-school environment. They can be also transferred into other areas of the girl's life. Socializing in the group was significant for her. It helped her understand sort of "otherness" or oddity/ peculiarity of children and youth with ASD. She was willing to continue this experiment and went on hanging out with peers after the programme ended.

Case study no. 7

Country: Spain

1. **Profile:**

Arnau is a five-year-old boy who attends regular school and whose passion is cars. He is shy and not talkative at all. He shows lack of interest and ability to interact, as well as limited communication skills. He is also unable to decode body language and facial expressions or recognise the importance of personal space.

Arnau is a child with an inappropriate intellectual coefficient for his age. He has significant difficulty relating to people and understanding social conventions.

He is uncomfortable in new situations, reacts to any change in the environment, and develops affective problems, not knowing how to make and keep friends, and has even been bullied in the past.

Arnau also has difficulty learning at school, because he has a special way of processing information. In addition, he does not adapt didactic methods to his needs and characteristics.

2. **Type of disorder:**

Autism Spectrum Disorder (ASD) – one of the Pervasive Developmental Disorders

This disorder includes developmental problems and alterations in functioning. There are different levels of severity. The symptoms of autism are:

- Deficits in social interaction. They do not respond to the gestures and looks of the people around them. They also do not seek contact with other people. They prefer to play alone.
- Problems with verbal and physical language. They often do not have intelligible speech or repeat the words they hear. They also confuse the order of words or use them with a particular meaning.
- Repetitive or stereotypical behaviours. They are interested in only one thing in an exaggerated and inflexible way. For example: car tyres, red books...
- They also show stereotypical body movements such as flapping their hands.

Autism is the result of a disturbance in normal brain development at an early stage of foetal development. This is caused by possible defects in the genes that control brain growth and regulate how neurons communicate with each other.

3. **Therapy context/ type:**

With ASD it is necessary to apply a cognitive-behavioural treatment such as psychotherapy.

To facilitate this process, it is important to get to know the child in detail, analyse behaviours, beliefs and thoughts that may be dysfunctional and talk to the parents to learn about the child's behaviour at home. Then put new cognitive skills and social skills into practise. It can be accomplished through pictograms.

Pictograms are graphic aids and adaptive material. They are tools that are recommended for people with intellectual disabilities, autism spectrum disorder and specific language disorder. This is because it is an Alternative and Augmentative communication system, which provides different forms of expression for speaking, facilitates communication and cognitive accessibility for all people and facilitates the inclusion of people with disabilities in the areas of autism, intellectual disabilities, ignorance of the language, elderly, etc.

All activities and situations are adapted to his needs with the help of visual aids. This facilitates strategies and practise resources. For this reason, pictograms are suitable and appropriate for autistic people, because they help to improve social skills or the expression of feelings. Pictograms can also support the communication process. This improves difficulties with social skills and learning difficulties at school.

4. **Results:**

Psychotherapy is an essential tool for working with autism spectrum disorders. It is a complicated process to develop and for this reason, the beginning was complicated, but with time Arnau has adapted to this method. This was possible thanks to the function of the pictograms. The pictograms helped the therapy to be successful. Autistic children are very fond of using pictograms, because they help them organise their thoughts and communicate.

With mild disabilities, it is hard to see much change in a short time. It is a long process that requires dedication and hard work. The provided methods and resources are improving his emotional control, social skills and communication. This leads to an improvement in his academic performance. Thus, he is learning different ways to develop communication, to improve interaction with others, to solve the affective problems and difficulties in school learning, to understand social conventions.

Case study no. 8

Country: Spain

1. **Profile:**

Maria was born by caesarean section on 7 May 2002 and is now eleven years old. Maria is the youngest of her three siblings. She has a sister who is 19 years old and a sister who is 24 years old. Her mother is 50 years old, and her father is 54 years old.

Maria was diagnosed with Down's syndrome, with a disability of 52%. She has physical features that are typical of her syndrome, but not too pronounced. In addition to her disability, she has concomitant diseases such as a congenital heart defect, myopia, and orthopaedic problems.

She attends a regular school, and her social quotient is good. She has no difficulties in socialising with peers and adults. As for her personality, she is quite stubborn when she wants to achieve something. However, she is loving and always willing to help.

Maria has difficulties articulating herself linguistically, because of her facial features.

2. **Type of disorder:**

Down Syndrome is a genetic change caused by the presence of an extra chromosome in chromosome pair 21. In Down Syndrome, 47 chromosomes are present in the cells instead of the usual 46. This congenital defect occurs naturally and forms spontaneously without any reason to do anything about it. In these cases, there is a high incidence of congenital heart defects of various kinds. As well as frequent infections of the respiratory tract.

People with Down syndrome show stereotypical personality and behavioural traits. They are obedient, smiling, good-natured and easy to handle. In addition, they sometimes tend to be stubborn and wilful. Nevertheless, these characteristics are generalised because no two people are alike.

Children with Down Syndrome learn to sit up, walk, and speak their first words later than other people without this disability. Spoken language generally follows similar patterns to other children without disabilities. However, onset and development are slower. They have great educational potential, which they will develop according to their possibilities and abilities. However, this process is slow, and they need special educators to complement the work of teachers in the classroom.

3. **Therapy context/ type:**

Speech therapist:

Due to her difficulties with speech articulation, we have recommended a speech therapist.

Maria attends two one-hour individual sessions with the speech therapist every week. There she learns how to develop her speech through activities and games. In this way, she improves her attention, imitation, breathing, additive discrimination, mouth mobility, etc.

In addition, the speech therapist is an opportunity to stimulate communicative intention. She provides tools and resources to express feelings and emotions. It also carries out exercises aimed at improving the articulation of speech sounds and their expression in words and sentences.

Physiotherapy:

This method aims to strengthen the muscles to avoid flat feet and valgus knees, strengthen the abdomen and develop postural hygiene exercises.

The exercises consist of working on correct posture while sitting, lying down, playing and even carrying a backpack. Similarly, the exercises aim to improve breathing and flexibility of the spine, do abdominal exercises and strengthen their muscles. This leads to abnormal movement patterns and orthopaedic problems.

In addition, there are other exercises that are not typical for physiotherapy but are necessary. For example, Maria has learned that when she is done with a material, she must put it back in its place, behave appropriately, be patient, etc.

Games workshop:

The activities in this workshop aim to improve her communication, socialisation, and integration. This is possible through symbolic and rule-based games. Cooperation is also promoted by developing attitudes and skills for teamwork and peaceful conflict resolution.

Participants should be assessed according to their personal skills, the goals set and the level of learning achieved.

4. Results:

It was important to work with tools and aids that helped Maria develop personal autonomy, train social and emotional skills as well as enhance her communication, interaction with others and autonomy. In this way we were promoting her independence. Based on these needs, it was necessary for schools to adapt the curriculum to meet the specific needs of this type of student.

We must be always attentive to her needs and adapt to them. Therefore, we have to be aware that Maria has to repeat the same activity several times. This form to acquire the concept and do not ask her to do more than she can do. However, do not ask her to do less either.

This particular case shows us how important it is to start the sessions from birth to avoid possible problems and difficult bad habits.

Case study no. 9

Country: Italy

1. **Profile:**

   Stefan is a 9-year-old boy and his family consists of both parents with 2 sisters, one older and one younger.

   His linguistic and communicative competence is impaired as he has a poor vocabulary and his speech is not fluent.

   There are also family problems that make it more complicated to implement work on his difficulties in the family environment.

2. **Type of disorder:**

   Stefan has a cochlear implant as he has severe deafness and 2 other problems were found during growth: mild intellectual disability and oppositional behavioural disorder. His mild intellectual disability also leads to difficulties in reading and writing. All these characteristics make it difficult for Stefan to communicate with others.

3. **Therapy context/ type:**

   In and out of class the educator proposes exercises and activities to be carried out with the use of the PC. This decision was taken because the playful approach to a teaching exercise using the PC proved to be successful in terms of achieving the set objectives.

   Usually, the exercise is based on the acquisition and implementation of global reading using AAC. CAA images can either be existing ones or can be created on the spot together.

   For example, to represent an emotional state such as anger, the educator proposes to Stefan to make an angry face, he takes his picture, they both look at it to decide if it is ok and then they upload it on the PC. In this way the communication created is direct, visual and Stefan can identify with it.

   This tool is essential for Stefan to understand how to interact with other classmates and implement functional communication.

4. **Results:**

   The educational intervention aimed at implementing Stefan's language and communication skills. This objective was decided upon in order to allow for greater integration and inclusion of Stefan within his class. By being able to interact with his peers, Stefan can gain more self-esteem about his abilities and be more stimulated to improve his skills.

At the basis of any therapeutic/educational intervention there must be the self-determination of the person with disabilities, only in this way can common goals be defined and a personalised intervention be structured.

With the adoption of a ludic approach with the use of technology (pc, tablet, phone, etc.), the educator gave Stefan the possibility to choose the activity among those proposed. The educator took this decision in order to trigger reasoning in Stefan about awareness and how he can make choices for himself.

After this work, the educator could observe an improvement in Stefan 's learning, in his ability to carry out tasks independently.

Case study no. 10

Country: Italy

1. **Profile:**

A. is a 9-year-old boy who is an only child with both parents present. The diagnosis was received late in life and has yet to be fully accepted by the family.

He is a very shy child and it is sometimes unclear whether his communication difficulties are due to a lack of understanding of the request or to his fear of exposing himself.

He also has difficulties in writing, particularly in holding a pen or pencil correctly, but it has not yet been established whether there is also a problem with dysgraphia.

2. **Type of disorder:**

A. has a mild form of autism with a slight cognitive delay.

A. is not able to create personalised sentences spontaneously. He uses standard and simple sentences in different social contexts according to requests, repeating them from sentences heard by other people such as on TV or in the family.

3. **Therapy context/ type:**

The activity is carried out in the school context, mainly during after-school afternoons, and the educator has the role of supporting with homework. A. can perform some tasks independently, but often requires adult intervention as a form of confirmation.

In general, work is done on A’s motivation and on the technique of reinforcement: for each task performed correctly by himself, the educator gives A. a reinforcement, decided together beforehand. For example, the hourglass was a reinforcing tool. Seeing the passage of time A. was able to self-manage without the intervention of an external adult.

The educator bases her intervention on Applied Behaviour Analysis (ABA). ABA is a scientific approach often used in educational interventions for people with autism.

4. **Results:**

Together with A. family, the educator has set common goals to make the child more self-sufficient and self-determined in the classroom context and to improve his school performance, such as autonomy in carrying out tasks and asking questions correctly , understanding and decoding text, going beyond literal understanding, learning to converse spontaneously and limiting repeated standard phrases, developing fine dexterity in writing tasks.

The use of different reinforcements, depending on the context, helped to achieve the set goals. In A.'s case, the educator uses the ABA method to improve his social behaviour and in general to implement his communicative competence.

Thanks to the use of the reinforcement technique and the ABA method, the educator was able to observe A. complete a task that he does not even want to start. This was only possible by providing him with a model to refer to.

Another of A.'s achievement was to understand when he has to answer a question instead of imitating a model answer. Regarding the latter, the professional team and the family subsequently discussed further functional conversation strategies.

Case study no. 11

Country: Greece

1. **Profile:**

F. born on 12/24/10 has been diagnosed with mental disability with a percentage based on the WISC evaluation test 42% intelligence index. It was observed that the child had very poor expressive and perceptual vocabulary. F was incomprehensible and found it difficult to make a proper sentence structure in his spontaneous speech. Additionally, F. found it difficult to plan his joints, which is why F. had joint problems as well as mouth dysfunction. F. was not able to describe a person or a situation and tell a short story. There was also great learning difficulty at school.

2. **Type of disorder:**

Intelligence is the general mental capacity that involves reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning efficiently, and learning from experience (The National Academies of Sciences, 2015) (American Association on Intellectual and Developmental Disabilities /AAIDD/, 2010).

Two different systems for classifying intellectual disability (ID) used in the United States are that of the AAIDD and the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), which is published by the American Psychiatric Association. Both of these systems classify severity of ID according to the levels of support needed to achieve an individual's optimal personal functioning.

The 85% of the population diagnosed with ID are classified as having mild intellectual disabilities. Individuals with mild ID are slower in all areas of conceptual development and social and daily living skills. These individuals can learn practical life skills, which allows them to function in ordinary life with minimal levels of support.

The intellectual disabilities are usually due to poor in stimuli environment or can be the result of both poor in stimuli environment and genetic causes. In the majority of cases, families with a poor educational and socioeconomic background are being consider as an aggravating factor for mild ID (Papachronopoulou, 2004).

3. Therapy context/ type:

The MAKATON method was implemented in order to create a correct sentence structure and a proper use of links.

The SIMATA method was implemented for the joints improvement and the oral dyspraxia with many oral exercises.

Other methods applied:

- Touch and say;
- Poems with rhyme;
- Songs.

4. Results:

The aim of the therapeutic approach was the most effective and functional communication of the child, his articulate accuracy and his comprehensibility. The aim of the treatments was to improve the sequencing, the precise control of the speech production and the correct pronunciation of the combinations of the phonemes for the utterance of words and phrases. The goal of the treatment program was the programming of the joints with the SIMATA method and the oral dyspraxia with many oral exercises.

F. had an early therapeutic intervention and since 05-09-17, is having personalized speech therapy sessions. This factor enables him to be familiarized with the process and give more energy and results. When the therapeutic relationship was acquired, he entered the space with great pleasure and managed to form a correct sentence and make proper use of times. He now uses correctly multisyllable words with clusters in spontaneous speech and is 80% understood by those around him. Narrates and describes correct things and situations.

Case study no. 12

Country: Greece

1. **Profile:**

   L., born on 27/02/2013 has been diagnosed with autism at the age of 2.5 years. He has repeated the second class of kindergarten and now he attends the third grade of a typical primary school obtaining the constant support of a special educator. 4 years ago he joined a personalized speech therapy and occupational therapy program. He was quite introvert, had intense outbursts and cried for no reason. He was non-verbal and did not indicate with which game he wanted. His game was quite immature based on the landmarks of his age and he could not fit the therapist into it. He had no ideas and did not take initiatives.

2. **Type of disorder:**

   ASD – Autism spectrum disorder

3. **Therapy context/ type:**

   By using the method of MAKATON, L. has started forming a larger proposal structure and to take initiatives. A daily program with TEACCH images was created to feel more secure in a routine.

4. **Results:**

   L. seemed like a frightened lonely boy, not able to express himself and interact. Intense outbursts, often interrupted the progress of the sessions in the beginning. The appropriate amount of time and effort had to be given, in order trust between L and his therapist to be established and that is why intense interaction method was implemented, before any other methods.

   The first sessions objectives were for the child to feel safe and to trust the therapist. The method of intensive interaction was administered in order to achieve his interest and to have better eye contact. L. began to interact, to make sounds, words and then phrases.

   After hard work L. learned how objects work through play and role play. He started reading and writing words, phrases and then whole paragraphs. Even though he still has a great difficulty in understanding and does not realize abstract concepts, he is able to answer closed-ended questions correctly by using one word and much easier when they are combined with gestures. Finally, he interacts much better with people and children at school, however always guided by a specialist, parent or carer.

7. Conclusions

Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. Some people with ASD have a known difference, such as a genetic condition. Other causes are not yet known. Scientists believe there are multiple causes of ASD that act together to change the most common ways people develop.

Intellectual disability (or ID) is a term used when a person has certain limitations in cognitive functioning and skills, including communication, social and self-care skills. It can be caused by injury, disease, or a problem in the brain. These limitations can cause a child to develop and learn more slowly or differently than a typically developing child.

While the causes of intellectual disability can be explained in most cases (genetic conditions, complications during pregnancy, problems during birth, diseases or toxic exposure), we still have much to learn about the causes of ASD and how they impact these people.

People with ASD may behave, communicate, interact, and learn in ways that are different from most other people. The abilities of people with ASD or intellectual disability can vary significantly. Some people with ASD may have advanced conversation skills whereas others may be nonverbal. Children with intellectual disabilities can learn to do many things. They may just need take more time or learn differently than other children. Regardless of the type of disability, some need a lot of help in their daily lives; others can work and live with little to no support.

Therapy services can be of great value for children with ASD or intellectual disability as remedial treatment helps to reduce stress, frustration or depression, manage sensory and overstimulation issues, develop new coping methods and improve social and interactive skills.

There is a wide variety of alternative therapies such as: psychotherapy, music and occupational therapy, therapy with the support of various social robots or even a ludic approach incorporating new technologies. In most cases there is a huge need to combine a few methods for the therapy to be successful as there is no one golden mean to achieve the desired outcome. Whichever therapy will be chosen and adapted to the individual needs of a given child, it should be eagerly continued in the home environment with significant support of parents or statutory representatives. The parental presence as therapy agents, namely as a medium and support for the therapeutic process, is one of the paradoxical parameters of working with children - extensive evidence indicates that the quality of parent-child attachment is related to later socio-emotional and physical health outcomes. A very important aspect is to establish a good relationship between a therapist, a child and their parent(s), thus creating the therapeutic parent–child–therapist triangle (analogous to Britton’s conceptualisation of the parent–parent–child link). If all these factors act together, they will surely contribute to the success of the therapy undertaken.

Testimonials

"Play promotes cognitive growth, broadens language skills, activates the first learning impulses. In group games, one also learns that in life, as in play, there are social rules, exchanges with other people and above all respect for one's turn, during play as during a conversation. In the field of specific learning disorders and ADHD, play proves to be an indispensable tool for the discovery and subsequent training/enhancement of a person's strengths. By automatically discovering these abilities, a study method tailored to the student can be created."

Florian Gallo

Psychologist

Master's Degree in Educational Development Psychology

Learning Tutor

MSc in DSA and Attention Deficit Hyperactivity Disorder

“In our intervention, observation is used to understand whether the strategies implemented are working. We observe the person, their functioning, their performance and, above all, the context. Central to this is the ICF (International Classification of Functioning, Disability and Health) which has the function of describing how people function in relation to their environment. The ICF uses the bio-psychosocial approach, from which it follows that disability is the result of environmental, social and cultural barriers. It is therefore the educator’s task to work on the context and adapt it to the needs of the person with a disability.”

Luisa Accardo

Pedagogist

Deputy director management area and director of educational services of the Fondazione Istituto dei Sordi di Torino Onlus

Contract lecturer in specialization courses for support teachers on behalf of the University of Turin

Communication assistant

"By using MAKATON method and working through images, students learn more easily.

Concerning the cultivation of the organizational skills of students, like for example completing one activity and moving on to the next one, our Centre uses the TEACCH method as well as the symbolic play and the social stories.

The sessions are individualized, unless the goal setting involves social interaction, in which case we work in small groups of two to three children, depending on cases of the children."

Dora Kamateri, B.A., M.A

SEN Teacher

Scientific Manager of Special Therapies Centres "Dyslexia Centres - Pavlidis Method" in Charilaou - Thessaloniki, Greece

Work experience in mainstream secondary education supporting students with disabilities in inclusion classes.

“The first words that come to my mind when I am asked to describe SEN students are challenge, love, strength and struggle.”

Irini Kladou

Music and Religion Teacher for SEN students

President of the Parents Association

Guardians and Friends of people with Autism in Rethymnon, Greece

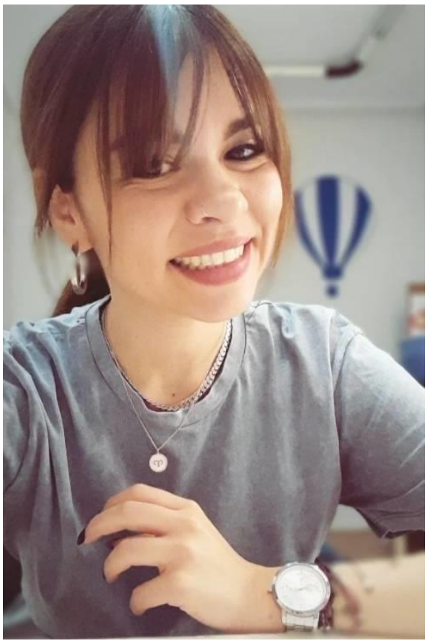
Scientific Manager of Recreational Centre for children with ASD, Rethymnon, Crete, Greece

Many years of experience in inclusion education and special education.

“SEN students first of all need acceptance, understanding and love. The creation of a friendly and safe educational environment will give them the opportunity to express themselves and flourish. Nevertheless, inclusion education in a mainstream school for SEN students can prepare them better for real life challenges.”

Eirini Vourou

Speech Therapist



Speech Therapist of Special Therapies Centres “Dyslexia Centres - Pavlidis Method” in Toumba-Thessaloniki, Greece

Long work experience with students with ASD, learning difficulties, dyslexia, mental retardation, ADHD and more.

“The relationship with the child comes first. No matter what environment they come from. If I don’t have a bond with them, I won’t be able to achieve anything. The quality of collaboration with parents varies – it depends on the mental stage they are currently at. Mainly it depends on the level of the acceptance of their child’s disability. We know that children come from different backgrounds. We, as teachers, work with the child. If we don’t have a good relationship with them, despite a wonderful relation with the family, we won’t be able to do anything. The child comes first.

Parents need to be educated, but they should be aware that it is a long-term process.”

Monika

Teacher

She has been working with students with autism and disability for 18 years, and in a special school for 5 years. Previously she has worked for 13 years as a therapist.

“It is important to make parents realize that school or teachers are here and now - only for a while. They are the ones who spend all their lives with their child. If they don’t continue the methods proposed by the school, they won’t overcome certain problems.”

Aneta Rosiak

Teacher

She has been working in a special school for about 11 to 12 years, and with autistic children with both moderate and severe disabilities for about 5 years.

"The biggest challenge for us are the children themselves. There are kids who have extremely invasive and difficult behaviours. We need to figure out how to deal with them and what educational decisions we should make to follow the most appropriate direction."

Katarzyna Wojciech

Teacher

She has 24 years of work experience and, in fact, she was working in a special school all the time. For 3 years she has been working with children with autism in classes 1-3.

"I believe none comprehends the efforts that are being made by Special Needs Educators, to achieve inclusivity in all sectors".

Maria Psilolichnou

Physiotherapist/ Special Needs Educator

- Working in Agios Spyridona for the past 1 year.
- Completed various specialisations for children with autism.
- Mostly collaborates with children ranging from the ages 3 – 21 years old.

“These individuals, specifically children with autism, require fats and rapid alterations, in order to capture their attention. If they get bored, you lost them”.

Maria Georgiou

Health Psychologist/ Manager at Iliaktida Zois

- Has been interested in autism spectrum disorders from the beginning of her studies.
- Has been employed at Iliktiada Zois, which is a special education school, for the past 2 year.

"The biggest benefit of working in an inclusive school, is that all the staff working there are specialised professionals, for children with autism."

Christos Pilakoutas

Speech Therapist

- Was employed in the private sector for 3 years.
- Transition to the public sector and has been working at Ayios Spyridonas for the past 2 years.
- Collaborates with children ranging from the ages of 3 – 21 years old.

“The essential factors for the success of the therapy are, firstly, says Alejandro, that one must have a broad knowledge of the child’s history. Secondly, a bond must be created between the therapist and the patient, which will allow for greater adherence to treatment. Periodic evaluations will help to know if they are applying the most appropriate strategies. In addition, establishing fluid communication.”

Alejandro Ponce Gómez

Psychologist

“All agree that ratios in schools need to decrease in order to receive a quality education. In a class where there are three or four students with different needs and only one teacher, it is very difficult to concentrate and for students to acquire the necessary content to meet the objectives. This is the general fear when talking about the aspects that are affected by working with people with special educational needs. They are concerned about students’ attention and concentration when learning.”

“The aim of all education professionals is to ensure that all students achieve personal and academic progress appropriate to their characteristics and abilities in a climate of coexistence and mutual respect. This is why coordination between teachers or external professionals and the pupil is necessary.”

From the focus group in Open Europe

References

- *aaidd*. (2010). Retrieved from American Assossiation on Intellectual and Developmental disabilities: https://www.aaidd.org/news-policy/news/releases/2010/09/01/the-aaidd-definition-of-intellectual-disability-is-cited-in-ssa-s-proposed-revision-of-medical-criteria-for-evaluating-mental-disorders;

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. (5th edn.). Arlington VA: American Psychiatric Association;

- Anon., 2022. *Progetto Osservatorio Nazionale per il Monitoraggio dei Disturbi dello Spettro Autistico* [Online] Available at: https://www.salute.gov.it/imgs/C_17_pagineAree_5613_0_file.pdf [Accessed 27 June 2022];

- Autism Spectrum Australia (Aspect). (2012). *We belong: Investigating the experiences, aspirations and needs of adults with Asperger's disorder and high functioning autism*. Sydney: Autism Spectrum Australia;

- Autyzm Baza Wiedzy: objawy, przyczyny, terapia, diagnoza | Polski Autyzm (https://polskiautyzm.pl/);
- Bauminger, N., Shulman, C., & Agam, G. (2003). Peer interaction and loneliness in high functioning children with autism. *Journal of Autism and Developmental Disorders*;

- Bradley, R. (2016). "Why single me out?" Peer mentoring, autism and inclusion in mainstream secondary schools. *British Journal of Special Education*;

- Buhrmester, D. (1990). Intimacy of friendship, interpersonal competence, and adjustment during preadolescence and adolescence. *Child Development*;
- Caballero, D. S., Pablo Gutiérrez de Álamo FollowonTwitter!function(d, s, & Aldana, C. (2020, March 5). *"Todos los Alumnos Deben Estar en Centros Ordinarios, Con Los Recursos Necesarios"*. El Diario de la Educación. Retrieved from https://eldiariodelaeducacion.com/2020/03/05/todos-los-alumnos-deben-estar-en-centros-ordinarios-con-los-recursos-necesarios/#:~:text=Carme%20Fern%C3%A1ndez%2C%20directora%20de%20la%20Fundaci%C3%B3%20Gerard%20es,no%20vulnera%20los%20derechos%20humanos%20de%20ning%C3%BAn%20chaval%C2%BB;
- Chan, J. M., Lang, R., Rispoli, M., O'Reilly, M., Sigafoos, J., & Cole, H. (2009). Use of peer-mediated interventions in the treatment of autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders*;

- Chang, Y. C., & Locke, J. (2016). A systematic review of peer-mediated interventions for children with autism spectrum disorder. *Research in Autism Spectrum Disorders*;

- Christina S. Lappa & Constantinos N. Mantzikos. (2021). ARE GREEK SPECIAL EDUCATION TEACHERS IN FAVOUR OF THE INCLUSION OF PUPILS WITH INTELLECTUAL DISABILITY? AN ONLINE SURVEY. *European Journal of Special Education Research*;
- Confederación Autismo España. (2022, May 23). Retrieved from http://www.autismo.org.es/actualidad/articulo/el-alumnado-con-autismo-continua-aumentando-por-decimo-ano-consecutivo;
- Istat, 2020. *L'INCLUSIONE SCOLASTICA DEGLI ALUNNI CON DISABILITÀ* [Online] Available at: https://www.istat.it/it/archivio/238308 [Accessed 27 June 2022];
- Istat, 2021. *L'INCLUSIONE SCOLASTICA DEGLI ALUNNI CON DISABILITÀ - ANNO SCOLASTICO 2020-2021* [Online] Available at: https://www.istat.it/it/files/2022/01/REPORT-ALUNNI-CON-DISABILITA.pdf [Accessed 27 June 2022];
- Istat, 2021. *L'INCLUSIONE SCOLASTICA DEGLI ALUNNI CON DISABILITÀ - ANNO SCOLASTICO 2020-2021* [Online] Available at: https://www.istat.it/it/archivio/265364 [Accessed 27 June 2022];
- Koumoula, A., Tsironi, V., Stamouli, V., Bardani, I., Siapati, S., Graham, A., … von Aster, M. (2004). An epidemiological study of number processing and mental calculation in Greek schoolchildren. Journal of Learning Disabilities, 37(5), 377–388;
- Laurie, C (2022). Ten simple sensory strategies for autistic children (https://www.autism.org.uk/advice-and-guidance/professional-practice/sensory-strategies);
- Medicitalia, 2013. *Psicologia- ADHD: una questione di numeri. Epidemiologia del Disturbo da Deficit dell'Attenzione e Iperattività* [Online] Available at: https://www.medicitalia.it/minforma/psicologia/1670-adhd-una-questione-di-numeri-epidemiologia-del-disturbo-da-deficit-dell-attenzione-e-iperattivita.html [Accessed 27 June 2022];
- Ministero della Salute, 2022. *Home / Autismo* [Online] Available at: https://www.salute.gov.it/portale/saluteMentale/dettaglioContenutiSaluteMentale.jsp?lingua=italiano&id=5613&area=salute%20mentale&menu=vuoto [Accessed 27 June 2022];
- Ministero dell'Istruzione, 2019. *I principali dati relativi agli alunni con Disturbi Specifici dell'Apprendimento (DSA) - Anno Scolastico 2017/2018.* [Online] Available at: https://miur.gov.it/documents/20182/0/Gli+alunni+con+DSA+-;
- NGSA-Associazione Nazionale Genitori perSone con Autismo, n.d. *I numeri* [Online] Available at: http://angsa.it/autismo/numeri/#:~:text=In%20Italia%2C%20tenendo%20conto%20di,famiglie%20interessate%20direttamente%20dall'autismo [Accessed 27 June 2022];
- Orsmond, G. I., Krauss, M. W., & Seltzer, M. M. (2004). Peer relationships and social and recreational activities among adolescents and adults with autism. *Journal of Autism and Developmental Disorders*;
- Papachronopoulou, S. (2004). *Kids and teenagers with special needs and abilities.* Athens: Atrapos;
- Płatos, M., Gocłowska, K., Wojaczek, K., Woźniak-Rekucka, P., Zawisny, A., & Pisula, E. (2016). Sytuacja młodzieży i dorosłych z autyzmem w świetle sondażu ogólnopolskiego. In M. Płatos

(Ed.), *Ogólnopolski Spis Autyzmu. Sytuacja młodzieży i dorosłych z autyzmem w Polsce* (pp. 64–66). Warszawa: Stowarzyszenie Innowacji Społecznych 'May i Max';

- Seretopoulos K., Lamnisos D., Giannakou K., *The epidemiology of autism spectrum disorder*, Department of Health Sciences, School of Sciences, European University Cyprus, Nicosia, Cyprus, Archives of Hellenic Medicine 2020, 37(2): 169–180;

- The National Academies of Sciences, E. a. (2015). *Mental Disorders and Disabilities Among Low-Income Children.* Washington (DC).

Internet resources:

- https://AutismSpeaks.org/Family-Services/Tool-Kits/100-Day-Kit;
- https://www.autismspeaks.org/applied-behavior-analysis;
- https://AutismSpeaks.org/Family-Services/Tool-Kits;
- https://AutismSpeaksWalk.org;
- https://childmind.org/article/sharing-an-autism-diagnosis-with-family-and-friends/;
- https://www.cun.es/enfermedades-tratamientos/enfermedades/autismo;
- https://www.edf-feph.org/education-policy/;
- https://www.equipadn.com/es/casos-reales/arnau-tea/;
- https://en.famagusta.news/news/2-17/;
- https://www.gvsu.edu/cms4/asset/7E70FBB5-0BBC-EF4C-A56CBB9121AECA7F/7_things_about_ozobots.pdf;
- https://www.inclusion-europe.eu/education/;
- https://jim.org/;
- https://niepelnosprawni.gov.pl/index.php?c=page&id=78;
- http://www.ponceleon.org/logopedia/index.php?option=com_content&view=article&id=110;
- https://www.roboticsbusinessreview.com/rbr/podcast_robots_revolutionizing_autism_therapy/;
- https://www.roboticsbusinessreview.com/rbr/how_buddy_is_helping_autistic_children/;
- https://www.sindromedown.net/sindrome-down/;
- https://uvadoc.uva.es/bitstream/handle/10324/4679/TFG-L264.pdf;jsessionid=E34A477765F6212F107F2ED590A643A6?sequence=1;
- https://www.webmd.com/brain/autism/therapies-to-help-with-autism;
- https://wolontariatkolezenski.pl/badania/;
- https://worldpopulationreview.com/country-rankings/autism-rates-by-country;
- http://www.verticespsicologos.com/metodologias-terapeuticas/lasrozas-majadahonda-pozuelo-torrelodones-boadilla-galapagar-villalba-elescorial-madrid;
- https://www.youtube.com/watch?v=_7USd8plnPE.

READY TEDDY, GO!

PROJECT INFORMATION

PROJECT ACRONYM: RTG

PROJECT TITLE: READY, TEDDY, GO!

PROJECT NUMBER: 2021-1-PL01-KA220-SCH-000027809

SUB-PROGRAM OR KA: SCHOOL EDUCATION

WEBSITE: https://www.readyteddygo.eu

Lodz University of Technology

ISTITUTO DEI SORDI DI TORINO

GIVING THE WORLD A HELPING HAND e-NABLE GREECE

VIRIS instytut re-integracji społecznej

Emphasys CENTRE

VILNIAUS VILTIS
Sutrikusio intelekto žmonių globos bendrija

Associació Programes Educatius
OPEN EUROPE