

The Use of Strength-Based Approach in Access to the Social Environment

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ABSTRACT

The main goals in the education and rehabilitation of children with visual impairments are to achieve independence and develop competences that facilitate access and inclusion in community and transition to adult social and professional life. Along with the academic performance, acquiring information and knowledge and developing specific skills, there is a continuous need to focus on social –emotional competences that will determine awareness of strengths, abilities to use resources and identity. One of the approaches that take into consideration abilities and not limitations, possibilities and not barriers, pro-active behaviors and not reactive ones is the strength –based approach.

1. IMPLICATIONS OF DISABILITY AND APPLIED POSITIVE PSYCHOLOGY

By definition and implications, disability is focused on negative traits, on the lack of ability or a deficit [1] that needs to be approached in structured intervention and educational plans, in order to maximize existing abilities and develop functional and educational ones. Applied positive psychology refers to optimal functioning across the full range of human functioning, from disorder to fulfillment [2]. Taking into consideration this definition, we will focus on optimal functioning as a term that encompasses valued subjective experiences such as well-being, hope and flow, positive individual traits, such as emotional intelligence and civic virtues, promoting citizenship in the form of responsibility, nurturance and altruism [2].

While previous conceptualizations and definitions of disability placed exclusive focus on the physical or biological differences and limitations, with the aim to remediate that difference, new conceptualizations of disability suggested by Shogren et al. in 2009 emphasize the person-environment interaction and refers to a social-ecological model of human functioning [3]. A huge change was brought by the International Classification of Functioning Disability and Health (ICF, World Health Organization, 2006) [4] that focuses on the universality of disability and the interactive role of personal

capacities, participation, environment needs, functionality and context.

Paradigms in approaching disability has shifted from the early years of “The child for the school” to “ The child centered approach”, “ The child and his family centered approach”, to finally “The child- family – community centered approach”. But nowadays we should adopt “The strength- based approach” with a focus on quality of life, person-centered planning, human functioning and degrees of support according to new classifications of DSM V [5].

How can we implement this approach in educational and intervention programs and services for children with visual impairment? How can we develop social and emotional competences, to include development of emotional intelligence as a major goal in our rehabilitation activities, without neglecting the development of academic knowledge and skills? Should this be a priority in considering well-being of children in our strategies, their positive emotions and the feeling of success? We are trying by everything that we recommend to improve access to various environments and contexts, to facilitate access of children with visual impairments, but this is achieved only together with strengthening abilities, building up self-esteem, confidence, and developed social and emotional competences. The holistic perspective should be implemented even if we approach various domains of development or identify factors that influence and determine specific features and patterns, though we can prioritize various areas in intervention, we must identify all the strong abilities that will concur to the achievement of performance.

2. SOCIAL-EMOTIONAL DEVELOPMENT AND ACADEMIC ACHIEVEMENT

Studies has shown that there is a dynamic and bi-directional interaction between the social-emotional development and academic achievement in a way in which improving social emotional competences have a positive impact on interpersonal skills and on their academic achievement, but also to be prepared and ready to start with the children having a healthy social emotional development [6].

In the following, we support our position by presenting the Paradigm of Twelve Needs proposed by Pourtois and Desmet in (1986) within personal development [7]. The paradigm refers to the:

1. Emotional dimension referring to identity and belonging.
2. Cognitive dimension expressing the need to have knowledge and control over the environment.
3. Social dimension needed for social independence and interrelationships.
4. Ideological dimension referring to social representations, values and attitudes.

The paradigm of twelve needs allows adequate structuring of formative and social- educational activities, valuing also emotional intelligence. Emotional intelligence cannot be separated from emotional competences, developed in early childhood, influencing the development of self and sense of belonging, and self-evaluation with the acknowledgement of strengths and weaknesses [8]. It is also about self-efficacy that has been defined by Bandura [9] as a person's belief in his or her abilities. Self-efficacy has been found to be predictive of sports skills, health practices, socialization and academic performance [10]. This is why also we support the extracurricular activities with the emphasis on non-formal education for children with visual impairments. Self-efficacy starts with the development of abilities for self-evaluation, with awareness of consequences regarding own actions and behaviors, but also others'. The development of extracurricular activities is a necessity, almost an imperative requirement for a comprehensive and inclusive education, combining the theoretical experiences and practical implications, promoting a curriculum that is both functional as well as modeled on the learning needs and potential of each child

As a teacher, intervener, practitioner, reflection on the four dimensions will allow us to identify our main focus in developing programs, what we value and what we consider a priority.

3. STRENGTH-BASED INTERVENTION AND DEVELOPMENT OF SOCIAL-EMOTIONAL COMPETENCES

MacDonald and Validivieso (2000) suggest a framework for factors that influence the development of identity and belonging of a person that can be assumed as well for a person with visual impairment [11]. These are:

- (a) Identity—self- image, self-confidence, connection, commitment to others, personal relationships, self-worth, self-evaluation, belonging and membership, responsibility, spirituality, and self-awareness.
- (b) Ability—physical health, mental health, intellectual, employment, civic, social and cultural abilities.
- (c) Developmental opportunities—for exploration, interaction, expression and creativity, adult roles and responsibilities.
- (d) Emotional, motivational, strategic supports —nurturance and friendship, high expectations, standards and boundaries, options assessment and planning, and access to resources [12].

Children and adults with visual impairment can face various and numerous challenges related to their disability and the implications on their lives. Factors such as the person's age at the onset of vision loss, the dynamics and severity of the visual loss, societal perceptions and expectations, family culture and values, attitudes toward disability, direct experiences with peers and members of the community [13], will have an impact on self-identity, self- consciousness, self- evaluation, self- esteem and on the process of adjustment to vision loss, especially in adults who have acquired visual impairment. Dependency, passiveness and lack of initiatives are frequent in children with visual impairment; they manifest lack of initiative and more anxiety [14].

Identifying own emotions is an essential component of the development of other emotional competences which are the source of social adjustment. Empathy represents the understanding of emotional state, expressed by another person, the ability to feel understanding for him/her.

We will focus on two aspects extracted from a study developed in 2013 regarding the development of social-emotional competences at school aged children with visual impairment. The study based on evaluating social and emotional competences identified a delay in the development in the abilities of expressing emotions, recognizing emotions and managing emotions in interpersonal relationships. Children with visual impairment aged 10-14 were administered questionnaires and scales with the purpose to identify the social-emotional profile of children, their abilities and their possible delays.

Examples and results:

The children do not respond to the following questions: What do you do when you are sad? What do you do when you are happy? What makes you sad/happy? What are your preferences? When do you get angry? What do you do when somebody else is sad/ happy/ angry?

There is also a delay in recognizing emotions of peers, and if this is realized it is only after explanations and interventions of adults. There is a lack of initiations, empathy, and group cooperation in working in different learning tasks. Many of the initiatives, activities, and actions happen only with adult prompting.

The semistructured interviews consisted in questions related to themselves and to their school. One of the questions referred to any suggestion concerning how they would like their school to be. We present some of their answers:

*I don't like myself,
I wish I could change that I have a disability,
I always compare myself with the others,
I think I could do more,
I always focus on what I cannot do and on my failures,
I don't feel comfortable at parties and meetings,
I blame others for my mistakes,
I don't feel I have any talents,
I have plans for the future, but I know that I cannot achieve all my goals.*

The Intervention programs for the development of social-emotional competences will include the following objectives:

General objectives: development of awareness of emotions, development of understanding emotions, development of recognising emotions, development of cooperation and communication skills.

Specific objectives: naming emotions, expressing emotions, relating emotions to a context, differentiate between positive and negative emotions and their implications in the context, interpreting behaviours and their consequences.

Social and emotional competences can be developed implementing social stories or social scenarios that approach different social contexts, actions and roles in which the child with visual impairment will exercise the competences that he or she has. Social stories will also focus on learning communication abilities and solving problem strategies.

The reflective question on why should we aim these objectives in regular educational activities is answered by Margolis and McCabe in 2004 [15] who consider that student learning should be both positive and challenging. Also increased attention has been directed to the evaluation and training of self-concept and social skills, which are important factors in social inclusion and social adaptation for adolescents with visual impairment [16]. Opportunities to establish relationship, express feelings and interact with others who also have visual impairment help children to feel more comfortable with their identities. We have to ask ourselves how this can be approached within the inclusive system of education. Kef distinguishes that psychosocial characteristics, like self-esteem, locus of control and coping strategies are regarded as indicators for adjustment to visual impairment [17]. There is not only the need to adjust to visual impairment, but also the need to adjust to different requirements in education, different communication partners, different contexts with the pursue of different outcomes.

4. CONCLUSIONS

A strength based approach implemented in educational activities for children with visual impairment will determine the development of social- emotional competences that will have an influence on learning, behaviours, social relationships and identity. Who I am? What my abilities are? What my limitations are? What I can do? Am I competent? These are questions that will be needed to be answered in development in adult life, but the answers need to be asked starting with early educational programs. Many educational programs refer only to academic skills or compensatory skills, but these can really different when put in action, because of the social-emotional aspects that were neglected.

Even though the strengths- based approach has been criticised that is not well defined [19] or because it attributes the problems only to the environment and the interaction of the person with the environment [20], it is

worth considering its implementation in education and intervention.

In this view, intervention programs should be developed, taking into consideration the key principles of the strengths-based approach as it is mentioned by Saint-Jacques et al. in 2009 such as focusing on strengths and not on limitations, the use of resources that the community is offering, self-determination and self-evaluation to the extent of managing learning process and desirable outcomes, collaboration and the possibility to outreach [21]. People have the strengths and resources to build up own competences and to become independent.

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