WE ARE AT WORK TOO



FAMILY EDUCATION PROGRAMME

TÜRKİYE ULUSAL AJANSI
TURKISH NATIONAL AGENCY

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SUMMARY

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ABOUT THE PROJECT ***3***

MODULE 1 ..... ***5***

DISABILITY TYPES **6**

SESSION 1 6

SESSION 2 8

DISABILITY TYPES **10**

1. INTELLECTUAL DISABILITY 10

2. SPECIAL LEARNING DISABILITY 14

3. PHYSICAL IMPAIRMENT AND CHRONIC ILLNESS, ORTHOPAEDIC IMPAIRMENT 15

4. SPEECH AND LANGUAGE IMPAIRMENT 17

5. HEARING IMPAIRMENT 18

6.VISUAL IMPAIRMENT 19

7. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) 19

8. PERVASIVE DEVELOPMENTAL DISORDER 20

9. GIFTED AND TALENTED ABILITY 21

MODULE 2 ..... ***23***

REALIZING YOUR CHILD'S DISABILITY **24**

SESSION 1 24

THE PROCESS OF ACCEPTING A DISABLED CHILD **27**

SESSION 2 29

DEVELOPMENTAL CHARACTERISTICS OF CHILDREN DURING ADOLESCENCE **30**

MODULE 3 ..... ***35***

FAMILY ATTITUDES **36**

SESSION 1 36

SESSION 2 38

PARENTAL ATTITUDES **40**

AUTHORITARIAN PARENTAL ATTITUDE 40

PERMİSSİVE PARENTAL ATTITUDES 42

UNINVOLVED PARENTAL ATTITUDE 43

OVERPROTECTIVE PARENTAL ATTITUDES 44

SUPPORTING ATTITUDE: DEMOCRATIC ATTITUDE 45

SESSION 3 45

COMMUNICATION BARRIERS **46**

REMOVING COMMUNICATION BARRIERS 48

MODULE 4 ..... ***50***

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Project n.: 2019-1-TR01-KA202-074775

BEHAVIOR ENHANCEMENT / REDUCTION AND TEACHING NEW BEHAVIORS **51**
SESSION 1 51
REINFORCEMENT AND ITS TYPES **52**
CHAINING **55**
SHAPING **56**
SESSION 2 57
REMOVING THE PLEASING STIMULUS **57**
OFFERING UNPLEASANT STIMULUS **59**
PERMANENCE **60**
GENERALIZATION **60**
MODULE 5 ..... ***62***
RIGHTS OF DISABLED **63**
SESSION 1 63
SESSION 2 65
INTERNATIONAL PRINCIPLES AND STANDARDS FOR THE DISABLED **66**
DEFINITION OF DISABLED INDIVIDUAL 66
EVALUATION OF THE UNITED NATIONS INTERNATIONAL CONVENTION ON THE RIGHTS OF DISABLED PEOPLE 67
REPUBLIC OF TURKEY CONSTITUTIONAL REGULATIONS 67
RIGHTS OF DISABLED 68
WHAT ARE THE AIDS FOR DISABLED PEOPLE? 69
RESOURCES ***74***

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ABOUT THE PROJECT

Employment, productivity and acquiring new skills are vital for achieving smart, sustainable and inclusive growth, which is one of the EU 2020 targets. PISA Director Andreas Schleicher: “If you are from the disadvantaged, there is only one chance in your life: to get a good education. The main issue in education is that the most needy one gets the best education,” he says. While preparing this project, our aim has been for each individual to receive a qualified and accessible education. The European Center for the Development of Vocational Education (Cedefop) agrees that its future programs should mainly focus on adapting to the demands of a knowledge-based society and increasing the level and quality of employment. The European Agency for Special Education Needs and Inclusive Education states that “individuals with special educational needs are often categorized in relation to the labor market at marginal or social exclusion risk”. For this reason, it is important that vocational education is of a high standard, suited to the individual needs of students, and attention should be paid to the integration of all groups, especially persons with disabilities.

According to the Academic Network of Disability Experts (ANED) report published in January 2018, the rate of mild and moderate disability at EU level is 17,1%. In addition, while the employment rate of non-disabled individuals is 73,1% on average in 28 EU countries, the rate of disabled individuals remained at 47,4%. The biggest obstacle for working disabled people was expressed as social prejudices, inadequate job opportunities, inadequate support in terms of education and equipment.

The goal of the "We are at Work, too" project is while ensuring mildly mentally disabled students who are educated in Special Education Vocational Schools acquire better social and self-care skills at home (in the family) with a holistic approach, they will also be receiving a higher quality vocational education the standards demanded by the labor market at school in order to increase employability in their field after graduation. For this purpose, during the project cycle 5 intellectual outputs (IO), 1 learning, teaching and training activity (LTT), 4 dissemination conferences (M), one of which is international, and local training for students and parents will be conducted during the project.

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Project n.: 2019-1-TR01-KA202-074775

With this guide, which is one of the intellectual outputs of the project, it is aimed to provide more detailed information about the rights and employment of disabled students, as well as, helping the families of those disabled students to know their children's disability better, spend qualified time and develop a positive attitude.

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MODULE 1

DISABILITY TYPES

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DISABILITY TYPES

Aim: In this module, it is aimed for the family to have information about the types of disability, to review the wrong information, attitudes and values about the types of disability and reach the correct information.

Duration: 150 Minutes

Number of Sessions:2

SESSION 1

Objectives:

- Introducing and integrating group members with each other
- Establishing group dynamics
- Setting goals and expectations

Duration: 20 minutes

Material:

- Computer
- Speaker
- Projector

Implementation Steps:

- The group leader introduces himself (name, surname, place of birth, alma mater, institution he works for, etc.)
- Group members introduce themselves (name and surname, place of birth, educational background, profession, etc.)
- Group contract is signed. The goals and expectations of the group members regarding the program are asked.
- The rules that must be followed are created in the group. The topics, purpose and process of the module are mentioned.
- Warm-up activity is done. (**ACTIVITY 1**)

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Project n.: 2019-1-TR01-KA202-074775

ACTIVITY 1

Activity Name: Introducing-integrating

Aim: Introducing and integrating participants with each other

Learning Outcomes:

After this activity, participants;

- Learn each other's names
- By integrating with each other, they become able to communicate easily with each other.
- Realize the importance of observing children.

Duration: 50 minutes

Implementation Stages:

1. All participants form a circle. The trainer gives the instruction "Let's start walking by using every part of the place". Participants walk freely in the place in accordance with the instructions given by the instructor. Other instructions; "Faster, faster, we pretend to be hitting somebody in front of us, but we do not hit, we know our place". (5 minutes.)

Participants walk. When the trainer says "stop", all participants greet each other in accordance with the instructions given by the trainer. Directives;

- greet with eyes,
- greet using fingers,
- greet using your feet,
- You saw a friend you have not met for a long time, greet him as if you were greeting him,
- Greet someone you don't want to meet but have met, etc.

2. All the participants form a circle again. The trainer says his name and an adjective that begins with the initial letter of his name. For example; the trainer, whose name is Abdullah, says "Angry Abdullah". The person standing next to the instructor in the circle says the adjective and the name that was said before him and then says his "adjective and name". The third person does the same for the two people before him. In this way, everybody says what the previous ones said. In the group of 16 people, the last person in the circle will repeat the adjectives and names of the previous 15 people. (20 minutes.)

3. Another game is played in order to increase the observation skills of the participants. The name of the game is "two right and one wrong". Accordingly, the participants are asked to form a circle and

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Project n.: 2019-1-TR01-KA202-074775

to share three characteristics about themselves. However, if two of these three characteristics are true, one must be false. While others are asked to find out which one is wrong, all participants share three characteristics about themselves in turn. For example: I am Osman, my hair was long while I was at university. I went to Jennifer Lopez's concert. I can speak 4 different foreign languages. (20 minutes.)

4. The trainer makes a brief evaluation of the activities and asks the participants how they feel. The activity is finished with the feedback taken from a few participants. (5 minutes.)

SESSION 2

Activity Name: Disability Types

Objectives:

- Have information about disability types.
- Understands the differences and similarities between disability types.
- Gain more comprehensive information about their child's disability.

Duration: 40+40= 80 minutes in two sessions.

Materials:

- Railroad Board
- Pencil
- Sticky tape

Implementation Steps:

- Activity that gives information about the types of disability is done (Activity 2)
- An informative presentation is done in two sessions about "Disability Types".

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ACTIVITY 1

Activity Name: I know the types of disability

Aim: It's ensured that participants know about different types of disability

Learning Outcomes: After the end of this activity, participants;

- Learn about different types of disabilities
- Can explain the types of disabilities to someone else

Materials:

- Railroad Board
- Pencil
- Sticky tape
- Scissors
- Envelop

Duration: 30 minutes

Implementation Steps:

- Participants are divided into groups of 5 people by the trainer.
- Trainer sticks as many railroad boards as the number of groups on the walls and gives each group envelopes with disability types and definitions cut separately.
- The trainer asks the participants to discuss and match the types of disability and their definitions, and sticks the matched definitions on their railroad board on the wall and starts the time. (15 minutes)
- At the end of the time, participants are given time to look at the matches of other groups and compare them with themselves. (5minutes)
- At the end of the period, a large group is formed and the definition of each type of disability is explained by the trainer with mutual questions and answers. (5 minutes)
- After correct definitions are given, each group is given time to correct their mistakes and then activity is completed. (5 minutes)
- In other sessions a presentation about a deeper understanding of the types of disability and advice to families is made.

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DISABILITY TYPES

Disabled: It's defined as a person who has difficulties in adapting to social life and meeting daily needs due to the loss of physical, mental, spiritual, sensory and social skills for any reason after birth or congenital and who needs protection, care, rehabilitation, counselling and support services. Individuals with special needs are generally classified in 9 groups.

1. Intellectual Disability
2. Particular Learning Disability
3. Physical Impairment, Chronic Disease and Orthopaedic Impairment
4. Speech And Language Impairment
5. Hearing Impairment
6. Visual Impairment
7. Attention Deficit Hyperactivity Disorder (ADHD)
8. Pervasive Developmental Disorder
9. Gifted And Talented Ability

1. INTELLECTUAL DISABILITY

They are individuals with deficiencies and limitations in conceptual, social and practical adaptive skills that differ in terms of mental functions. There are three groups of mental disability:

A. **Mild Intellectual Disability**

They are individuals with deficiencies and limitations in conceptual, social and practical adaptive skills that differ in terms of mental functions. They are individuals who score 50-69 scores as a results of the diagnosis and intelligence tests.

- **How is it noticed?**
- They have difficulty learning and are late.
- Their attention time is short and distracted. Interested areas are narrow.
- There is a problem with their short-term memory. They cannot switch from short-term memory to long-term memory, they have difficulty.
- They show lower academic success than individuals with formal development.
- They may show some problems in their personal, social characteristics and behaviour.
- Language and speech disorders are common.
- They have problems in getting and maintaining a job.
- There is a lack of motivation.
- Failure is mostly related to reading, understanding and relating.
- They cannot make generalizations.
- They usually communicate with children younger than them.
- They are successful in routine and non-sophisticated works.
- It cannot be defined as a disease, it has no cure and it's chronic.
- They don't like engaging new environments.
- There are health problems. They become ill more often.
- They cannot be careful about the necessary personal hygiene
- They follow the leader in the group.

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- They are indifferent to social activities.
- They avoid taking responsibility.
- They learn more easily from part to whole.
- Since they have difficulty understanding abstract concepts, they learn the concept of time and numerical expressions very late and difficult.
- They cannot easily distinguish the similarities and differences between two things.
- Vocabulary knowledge is below average compared to their peers.
- They have little self-confidence.
- They have difficulty following rules.
- They cannot initiate and continue games.
- They are usually noticed at school age.

Suggestions for Parents

- The child should be accepted as he is.
- Do not be ashamed of the child by blaming thim/her
- The child should have his own room.
- There must be materials to work with in his own room.
- The rules at home should be identified together with the child.
- The skills and concepts studied at school should be repeated at home.
- Apart from showing trust in the child, he should be encouraged to do something.
- Parents should be a model for their child.
- The child should engage in any kind of social environment together with his parents.
- Television and computer should be used as little as possible by child.
- Spending time, setting the environment and doing activities with his friends and peers should be planned.
- Activities should be determined according to the level of the child.
- Parents should not make comparisons with other children and siblings.
- Tasks involving simple skills at home should be given.
- The father absolutely must spend time with his child.
- They should be given an opportunity to do personal care, to tidy his room and belongings.
- The overprotective attitude that will hinder the development of the child should be abandoned.
- Parents should be always in contact with their teachers.

B. Moderate Intellectual Disability

They are individuals whose intelligence levels are determined between 35-49 scores as a result of the intelligence test. It is identified as an individual who intensely needs special education and supportive education services for the acquisition of basic academic, daily life and business skills due to limitations in mental functions and conceptual, social and practical adaptation skills.

How is it noticed?

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- Their attention span and interest are limited.
- Difficulty complying social rules may cause problems in their home and school life.
- There is lack of understanding, comprehension and generalization skills of verbal skills.
- In addition to mental disability, they may have features such as hyperactivity or stagnation, general inability.
- Due to retardation in the development of large and small muscles, they show retardation and slowness in physical education movements, rhythmic demonstrations, throwing and holding a ball, holding a pencil and doing activities that require hand skills compared to their peers. Therefore, they may present with behavioural and adjustment disorders as well as mental disabilities.
- They learn academic concepts late and difficult.
- They understand abstract concepts, terms and definitions too late and difficult.
- Their short-term memory is weak.
- They usually start talking late.
- They have difficulty transferring information they acquired.
- The concept of time develops late and difficult.
- In their social relations, they tend to always depend on others in the group.
- They cannot easily make friends with the people around them. They cannot maintain their friendship for a long time. They get offended easily, break friendships and tend to prefer staying alone.
- They avoid taking responsibility.

Suggestions for Parents

- It is necessary to apply to a health institution when differences in the developmental characteristics of the child are observed. It is necessary to follow the recommendations of the staff there, to have a proper diet and to accept the child as it is.
- If the child is overprotected, mistrustfulness; if the child is neglected severely, there will be behavioural and personality problems. Instead of warning continuously that "you cannot do this, you cannot do that", it would be more appropriate to make the child do what he/she can do, encourage him/her achievements.
- Actions such as hiding the child, seeing him as an embarrassed person or frequently blaming him or not accepting his apology are extremely wrong.
- Such children cannot protect themselves from accidents and diseases as well as normal children. Therefore, they often get sick and can often suffer accidents. Parents should be careful and take protective measures.
- It is necessary to pay special attention to hand skills in order to provide muscle development in these children. For example; it will be very helpful to practice cutting paper and cardboard with scissors, driving a nail with a hammer, hoeing a garden, making various objects with materials such as clay and coloured mud. Plenty of opportunities must be given for these kind of activities.

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- It should be started as early as possible to teach the child the habits such as undressing, dressing, eating and drinking, swallowing.
- These children are usually and most of the time introvert and get bored. They have difficulty making friends. They should be taken to the playground frequently to assist them make friends; even parents should take their children to the market, to the bazaar, to shopping and social environments.
- The child should be given an opportunity to do activities such as speaking, expressing what they think and see, singing songs and poems.

C. Severe Intellectual Disability

According to the intelligence test results, they score between 20-35 points and are defined as individuals who need special education and support services which continue lifelong, consistent in all walks of life including teaching self-care skills.

How is it noticed?

- They learn late and difficult.
- They easily forget.
- Their attention span is very short and distracted.
- They perceive a subject in a long time.
- They express their reactions in a simple way.
- They cannot generalize the skills and concepts they have learned.
- They cannot understand abstract concepts but they can learn concrete concepts.
- They prefer to play with younger people in games.
- They are dependent on someone in every job.
- They have difficulty making friendships.
- They cannot keep a job or game going for a long time.
- They have little self-confidence.
- They have difficulty following rules.
- They can learn simple skills, concepts.
- They understand simple reactions and rules.
- They cannot make long and complex sentences.
- They express their request in body language or in simple one or two words.
- Speaking skills may not be seen.

In addition to mental disability, other deficiencies such as hearing and vision can be seen.

Suggestions for Parents

- The child should be accepted as he is.
- Do not be ashamed of blaming the child.
- Try to see the individual differences of the child.
- They should have their own room, bed, and wardrobe.
- It should be ensured they assist simple housework.

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- A place to play games at home should be arranged.
- The child should be given the opportunity to play games such as stringing beads on a rope and putting on rings that will develop finger muscles.
- Any items that may harm him in the home environment should be removed.
- Parents should be model while teaching positive behaviours to the child.
- Information about the skills studied should be given to family members and relatives.
- While reducing negative behaviours, family members and people around them should be informed.
- Home environments should be arranged while teaching the skills.
- Positive statements should be used rather than negative ones.
- Parents should be in contact with the teacher.
- The skills and concepts studied at school should be repeated at home.
- Overprotective attitudes that adversely affect the development of the child should not be exhibited.
- At home, the child should be allowed to take care of personal care, put on, take off and collect his/her own belongings, eat his/her food.
- In order to engage the child in social environments, they should be brought to the playground, parks and trips.
- A suitable environment should be created by talking with friends to play with their peers.
- Toilet training should be started at an early age.
- While giving toilet training, the environment should be arranged with child-specific materials such as colorful wallpapers, toys, and apparatus for a comfortable fit on the toilet and with their own towel.
- In order to have personal hygiene, the child's belongings should be taken and show him/her where you placed them.

2. SPECIAL LEARNING DISABILITY

Individuals who need special education services because of difficulty in listening, speaking, reading, spelling, focusing attention, or performing mathematical operations occurring in one or more of the information acquisition processes required to understand and use the language in written or oral

How is it noticed?

- They have difficulty in reading and writing.
- Being able to read may be delayed. Inaccurate reading – writing occurs. (changes sounds)
- B-d, p-q letter reversals, 6-9 number reversals may occur; for example they can perceive what as the best; three as E; 12 as 21.
- They can skip words while reading.
- They can mix the order of the day, month, year, seasons and the alphabet.
- They may use their notebook, pencil and books in a state of disorder or they may lose them.
- While writing, they cannot use the page regularly, skip unnecessary lines and leave spaces.
- They may have difficulty learning the multiplication tables.

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- They may have difficulty adjusting the time.
- Concepts of direction may be poor.
- They may have difficulty learning the hours.
- They can confuse the order of things that need to be done in a certain order.
- They may have failure in gross motor skills, movements and games such as skipping rope, catching the ball when compared to their peers.
- They can disturb the classroom order.
- They can be clumsy or hyperactive.
- Attention span may be short.
- They may have difficulty expressing themselves.
- They can be messy.
- They may have problems with their friendships.
- They may have difficulty in maintaining jobs based on fine motor skills.
- Distance and depth perceptions may be poor.

Suggestions for Parents

- When special symptoms of learning difficulties are noticed in a child, they should be taken to a specialist.
- Parents should be patient, understanding and tolerant.
- They must be treated decisively and consistently.
- We should act according to what children can do, not what they cannot do.
- By establishing a close cooperation with the school and its teachers, joint steps should be taken together.
- They should be guided to relevant services in order to get supportive education and studies outside the school.
- They should be supported to gain self-confidence, directed towards social activities, and their abilities should be appreciated and they should be encouraged.
- They should be allowed to express themselves and show their differences.
- Considering that each child has different growths, development and learning level, there should be no great expectations, the child should not be forced to do something and compared with the others.

3. PHYSICAL IMPAIRMENT AND CHRONIC ILLNESS, ORTHOPAEDIC IMPAIRMENT

An individual with orthopaedic disability: It's defined as an individual who needs special education and support education services because of movement deficiencies resulting from muscle, skeleton and joint disorders depending on illnesses, accidents and genetic problems.

Physical impairment (orthopaedic impairment) is defined as impairments in skeleton (bone), muscle and neural system despite all correction procedures and occurred prenatal, the moment of birth or postpartum reasons.

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Physically handicapped includes those who are affected by orthopaedic impairments and those with chronic illnesses.
Orthopedic impairment is the failure of the muscles, skeleton and joints to function as a result of damage to the nervous system, diseases and accidents.
Chronic diseases are defined as continuous care and medical problems that limit the participation of a person in various activities.

How is it noticed?

- Their ability to move independently and their motor coordination may be limited.
- They are afraid of movement and may prefer to remain passive. They avoid movements such as walking, running, and climbing.
- They are likely to have balance disorders.
- There may be differences in walking styles.
- They may complain about things like arm, leg and joint pains.
- Their ability to act independently and their motor coordination are limited.
- They are afraid of movement and prefer to remain passive. They often complain of fatigue.
- According to the severity of being affected by disability, adaptation, speaking and learning difficulties can also be seen.
- Low self-perception can be seen.
- The characteristics common to all physically disability children is that their physical movements are prevented from functioning normally.
- Most of the physically disabled children go to the doctor necessarily or stay at home due to illnesses a lot. Therefore, they may be behind in their school or their lessons. Even if they are at a normal intelligence level, their school success is low due to these conditions.

Suggestions for Parents

- It is important to get the correct diagnosis in a timely manner.
- When the hip dislocation problem is diagnosed early it can be treated within a few months. But diagnosis at later ages can cause lifelong walking problems.
- The home environment and room should be arranged properly.
- There should be handles in the toilets and the height of the sink should be adjusted according to the height of the individual.
- The length of the bed and a holder should be arranged in order for the person to get up and lie down.
- In addition to the work done with the physiotherapist, it is necessary to repeat the exercises at home in a programmed way.
- Knowing the child's inabilities and characteristics is important in terms of being aided to him/her in situations where he/she may have difficulty.
- The skills that the child can do with help should be supported.
- Devices provided by the doctor and the physiotherapist should be used.
- They should be ensured to attend their school normally.

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- It should be ensured that they live in the social environment and home life in the least dependent way.

4. SPEECH AND LANGUAGE IMPAIRMENT

Children with Language and Speaking Difficulties are individuals who have impairments in the flow, rhythm, pitch, emphasis, phonemes, articulation, and meaning of speech. Language and speech difficulties are disruption and disorder occurring for any reason and in any dimension in verbal communication between individuals.

How is it noticed?

- They skip or omit sounds. For example; “oor” instead of “door”
- They can add or remove the same sound or a different sound next to the word. For example; “shour” instead of “hour”.
- They can utter words by substituting a letter. For example; “bar” instead of “car”.
- They can prolong sounds. For example; “u-u-u-uncle”.
- They can repeat words and syllables. For example; “no-no-way”
- They can use unintentional gestures and mimics while talking and emphasize words in different ways.
- Their speech may be limited and may have narrow vocabulary.
- They can express their wishes and feelings by hitting or striking objects.
- Their speech voices may sound strong or weak or their tone may differ.
- They can use gestures, facial expressions or other signs instead of expressing their requests.

Suggestions for Parents:

- To be a good model, parents should speak clearly, slowly and apprehensively.
- A person should not be insistent when the child does not speak correctly. When there is no response, no comment should be done.
- The child should be listened to with patience and interest.
- While speaking, mimics expressing body language should be used.
- A talking environment should be created by playing games.
- There should be no talk with another person about speech impairment in environments where the child can hear.
- Children with sublingual ties should be treated by seeing a doctor.
- Children should be encouraged to talk with the help of picture books from an early age.
- While the children are expressing themselves, we should not break into their conversation, correct their mistakes and make them discouraged.
- They should be criticized about their speech and should not be asked to correct their speech when they talk incorrectly.
- Boys speak later than girls. If boys do not speak until the age of 3, a specialist should be seen.
- Parents should not let their small children watch TV as much as possible.
- Baby talk should not be reinforced.
- While speaking, their sentences should not be completed or interrupted.
- Anxiety about their speech should not be reflected on the child.

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- Parents should not speak with different accents and dialects.

5. HEARING IMPAIRMENT

It's a situation where the educational performance and social adaptation of the individual is negatively affected due to difficulty in acquiring speech, using language and communication resulting from partial or complete insufficiency of hearing sensitivity.

How is it noticed?

- They may not be able to notice sudden changes in sound.
- They may be indifferent to the noise of motor vehicles.
- There may be a delay in language development.
- They may not respond to their name when they are called behind them.
- They may be indifferent to listening to musical instruments like radio-tape etc.
- They may be indifferent to discussions in their class.
- They may require some spoken words to be repeated.
- They can listen to the speaker by supporting their ear with one hand or learning towards the speaker to hear.
- They may want to listen by looking at the speaker's face.
- They can use too many gestures and mimics to express their requests.
- They can misunderstand the instructions.
- They can make mistakes in dictation work.
- Their school success may be delayed compared to their peers.
- They may have difficulty reading.
- They may tend to talk endlessly or choose to remain silent.

Suggestions for Parents

- They should be talked with natural and open expressions and their tone of voice should not be raised too much.
- It is important to avoid communication via touching or pointing and verbal communication should be established for the hearing impaired child can use the residual hearing.
- If the child does what is not desired, they should be warned by saying no. If the child does not understand verbal punishment, you should help him/her to notice the undesired action by changing your facial expression.
- Natural environments should be benefitted daily in order for the hearing impaired child to gain speech.
- The hearing impaired child should not be forced to speak, but the need for speech should be created. Forcing the child to speak can be frustrating.
- Due to hearing impairment, young people with hearing impairment may experience difficulties in making friends and may be reluctant to use hearing aids. These kind problems can be overcomed with close and sincere communication with the child.

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6.VISUAL IMPAIRMENT

It is a condition in which the educational performance and social adaptation is adversely affected due to partial or complete insufficiency of visual power.

How is it noticed?

- They may rub their eyes and see objects blurred.
- When working close to the eyes, they may frown and feel uncomfortable.
- They may be more sensitive to light than normal.
- They may complain about burning eyes and their eyes may be watery.
- They may have squinting.
- They may complain about headache, dizziness, blurred and double vision when working close to the eyes.
- They may stumble frequently and may not see small obstacles while walking.
- They can hold books or small toys close to eyes.
- When looking far or near, they may feel tension in their body and wrinkle their face.
- They may not be able to choose colours, their texts may be confusing and italic.

Suggestions for Parents

- From the moment of birth, the visual sense of the child should be checked and any problem, especially if there is cataract, should be treated.
- Particular attention should be paid for the child if they are keeping materials close to their eyes.
- If the child does not see at all, skills and concepts should be taught verbally or doing it together.
- If the child sees very little, skills and concepts should be taught using his/her vision.
- They should be given an opportunity to do the skills independently.
- Only one skill or a part of these skills should be taught to the child at every turn.
- When the skill is performed, he/she must be rewarded.
- They should be directed to social activities in different settings.
- Large print books or picture books should be used.
- The child's room and its furniture should be selected according to their inadequacy.

7. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention deficit is a developmental disorder with prominent characteristics of hyperactivity, aggressiveness and impulsiveness and with difficulties in maintaining and completing activities and tasks and with distinct problems arised from these characteristics. (Öktem, 2009)

How is it noticed?

- They can have excessive physical movement and even when they are asked to sit for a certain period of time their bodies may be fidgeting.
- They can have a very short attention span when they do something or they cannot concentrate for a long time.
- They can make rhythmic sounds by hitting, touching the place they are present.
- They can be distracted. They can have difficulty finishing tasks they started before.

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- They may make careless mistakes and have difficulty paying attention to detail.
- They may have insufficiency to participate in an activity for a long time, to listen to what is being told and to generalise skills.
- They may not think or notice the consequences of an activity before doing it.
- They may have excessive talk, shout and prevent others from doing their work.
- They may be incapable of following directions.
- There may be behaviours of walking over things, climbing hills, getting into everything.
- They may exhibit behaviours of truanting, running away from home.
- They may not control their behaviours, they may not admit their mistakes, they may shift the blame, and they may not make self-criticism.
- When answering the first questions correctly in tests and exams, the number of wrong answers generally increases after 5-6 questions.

Suggestions for Parents

- The child's boundaries must be accepted.
- They should be directed to activities such as running and jumping which require energy a lot.
- Short, clear and explicit expressions should be used.
- They should work in cooperation with their trainers.
- Positive behaviours should be cited by eliminating negative behaviours.
- Rules should be determined at home with the child.
- The rules determined should be applied anytime and anywhere.
- Activities such as search-do and match, which will extend attention span should be made.
- Reactions such as "bad boy" from the immediate environment should not be continued at home.
- Children should be taken to their favourite places regularly and have a pleasant time.

8. PERVASIVE DEVELOPMENTAL DISORDER

The most basic feature of Pervasive Developmental Disorders is difficulty in communicating and, accordingly, weakness in social relationships. There may be developmental differences from neonatal and early childhood period onwards: lack of eye contact, not looking when they are called by their names, not pointing objects with the index finger or looking their fingers when pointed a direction, keeping aloof, lack of desire to have a relationship with friends. Another characteristic of Pervasive Developmental Disorder is delay in language development or inability to gain language skills at all. When we look at their mental development, we can see that their IQ scores are quite different. The mental skills of children diagnosed with Pervasive Developmental Disorders range from the most severe mental retardation to giftedness. There are five Common Developmental Disorders:

Autism

It is the most known and common developmental disorder. From 6 months on, it begins to show symptoms: not repeating syllables (ba-ba-ba, da-da-da, ma-ma-ma), not making eye contact with parents during interaction, and not smiling in response to parents' laughter. In the later periods, we observe that they do not react to the game of peekaboo, do not imitate sounds in preparation for speech, do not attempt to communicate, do not look at the name. In addition to this, it can be observed

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Project n.: 2019-1-TR01-KA202-074775

that some bodily movements are repetitive behaviors. (Clapping hands, tapping feet, shaking head, etc.) But this is not a condition for making a diagnosis. While many children with autism do these repetitive movements, some may not do it at all. They may exhibit behaviors such as having different interests, excessive obsession with certain subjects, obsessively playing with non-toy objects. Some of them are more developed emotionally. They can be easily irritated and overreacted by loud sounds, smells and tactile stimuli.

Asperger's Syndrome

While individuals with Asperger's Syndrome do not exhibit severe cognitive deficits and language development anomalies unlike autism, they experience problems in autism in terms of social development and building relationships. These children lack the ability to perceive clues in social communication and to interpret social situations. They have an egocentric attitude and exclude themselves from the course of daily life. Although they are willing to be with their friends and social communication, they find it difficult to be successful in these areas. Because they have difficulty in making sense of non-verbal language. They are not flexible. They have difficulty positioning themselves according to events and making social maneuvers. There are different interests: cars, politics, war, mechanics etc. They have in-depth knowledge of these issues and want to talk obsessively. They may not be invited to social groups after a while because they do not realize the wishes of the other party and always want to talk about their interests. Some may have outstanding talents in areas such as mathematics, music, art, and history. Unlike children with autism, they like to talk because they have average or above average skills in mental and language. For this reason, they are not diagnosed much before they start school.

Rett Disorder

Unlike autism, no developmental distress is observed in the early stages of Rett disorder. However, head growth decreases between 5 months and 48 months. Another important symptom is smaller hands and feet. Repetitive hand movements are seen. They experience cognitive retardation. There is significant retardation in social communication, body coordination and language.

Childhood Disintegrative Disorder

This disorder, first described by the Austrian educator Theodore Heller in 1908, is also called Heller's Syndrome or disintegrative psychosis. While a normal development is observed in the first years, it is seen that the loss of language, motor and social skills begins between the ages of 2-4. Some children report that they are hallucinating. Toilet-trained children may suddenly begin to be unable to hold urine. Game playing skills may be regressed. Studies have not yet found the cause of this situation.

Common Developmental Disorder Not Otherwise Specified (PDD-NOS)

This category is better known as "atypical autism". Children who do not fully meet the diagnostic criteria of autism but have many autism symptoms receive this diagnosis. There are communication impairments, strange behaviors, and emotional maturity that is not age appropriate.

9. GIFTED AND TALENTED ABILITY

They are children who perform at a higher level than their peers in terms of intelligence, creativity, art, leadership capacity or specific academic fields and who need service or activities that cannot be provided by the school to develop such abilities. These children are usually ahead of their peers in all

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aspects of development, have a rich vocabulary, can focus their attention on a subject for a long time, walk and talk early, learn to read at an early age.

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MODULE 2

REALIZING YOUR CHILD'S DISABILITY

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REALIZING YOUR CHILD'S DISABILITY

Module Duration: 120 Minutes

Number of Sessions: 2

Aim: The purpose of this module is; families' acceptance of their disabled child and have information about the developmental characteristics of their child.

SESSION 1

Objectives:

- Group members can express their own feelings and thoughts.
- To contribute to the development of joint decision-making skills.
- Informing families about the admission process of their disabled children

Duration: 60 Minutes

Materials:

- Computer
- Speaker
- Projektor
- Pencil
- Paper

Implementation Steps:

- The trainer makes a brief reminder and evaluation to the participants about Module 1.
- Makes a short explanation about the content in Module 2.
- Activity 1 is applied.
- Activity 2 is applied.
- The text "Welcome to the Netherlands" is read, ideas about the text are exchanged.
- Finally, the content about the acceptance levels of families with their disabled children is presented.

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ACTIVITY 1

Name of the Activity: Holiday

Aim: Intra-group interaction, Socializing

Duration: 15 minutes

Implementation Steps:

- The group is standing. The trainer gives the following instruction; “Now imagine going on vacation, what kind of holiday would it be; a vacation in a mountain village with a walk? In a 5-star resort? Cultural tour in a foreign country? " etc. (if the group is crowded, you can increase the number of examples).
- After this directive, the trainer shows the corners to group the participants who choose the same option. The groups gather in their corners.
- Groups talk among themselves why they chose that corner, that holiday (it can also be considered as an integration activity).
- Then, the common thoughts and feelings of the small groups are shared in the larger group discussion with other groups.

ACTIVITY 2

Name of the Activity: Hikaye Tamamlama

Aimç:

- Grup üyelerinin kendi duygu ve düşüncelerini ifade edebilmeleri.
- Ortak karar verme becerisinin gelişimine katkı sağlayabilme

Duration: 10 minutes

Implementation Steps:

- The status in the activity info text is read to the group members.
- Instructor says: "Now I want you to complete the story I read to you."
- He/She divides the group into 2 and the groups answer the questions written below. Group leaders share their answers with the whole group.

1. Group: What were the mother's reactions in this case?
2. Group: What were your father's reactions in this case?

- Groups are given 5 minutes to complete the event. When the time is up, the group leaders read what they wrote and share them with the group.

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Activity Information Text
STORY:
Ayşe and Ali have a happy marriage for 7 years. Ayşe is a housewife. Ali works as a civil servant in a government institution. Ayşe and Ali wanted to have a child a lot. When they received the pregnancy news of Ayşe, they were very happy and thought that their lives would be even better from now on. During her nine months of pregnancy, Ayşe smoked and did not pay much attention to what she ate. She has been checked regularly and gave birth. The doctor mentioned that the baby lacks oxygen during birth and this could cause a handicap. Ayşe and Ali did not care about this warning very much. Everything seems normal. The new baby made the family very happy. They met the baby's care needs with great love and enthusiasm, but after a while they realized that the baby was not able to fulfill its developmental characteristics. She cannot hold her head upright, cannot make eye contact, cannot follow the voice, her crying spells are very frequent, and Ayşe and Ali are taking the baby for control because the doctor has mentioned the suspicion that it might be a disability. After the doctor makes the necessary checks, the baby diagnoses Cerebral Palsy….

- After sharing the group answers, the trainer reads the text below and a group discussion is made on it.

WELCOME TO THE NETHERLANDS

They often ask me what it's like to raise a disabled child. Here I am. The feeling you experience when you realize that you are going to have a baby is like making a good travel plan to Italy. You buy a lot of books and brochures about Italy and start making great plans. Colosseum. Mikalanjelo's David. Gondolas in Venice. You can even learn a few words in Italian. Everything is very exciting. After months of waiting, that day comes. Packs your luggage. You hit the road. After a few hours of travel, your plane lands at the airport. The hostess takes the microphone and says "Welcome to the Netherlands." Netherlands? you say "What do you mean? Netherlands? I bought a ticket to Italy. I have to go to Italy. I have dreamed of going to Italy all my life." But they made a change in the flight route. You have landed in the Netherlands and you must stay there. The important thing is that they did not leave you in a terrible, disgusting and dirty place, in the midst of hunger and disease. You are just in a different place. So you need to go out and buy new brochures and books and learn a brand new language. And you have to get to know people you didn't know anything about before. The place you are going is just a different place. Life there is slower than in Italy. It is not as impressive as Italy. But after staying there for a while, you hold your breath and take a look around you. And… you notice the Dutch mills. And… tulips. Holland even has Rembrandts. But everyone you know is

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traveling to Italy. They always talk about the beautiful days they spent there. And throughout your life: "Yes, that's where I should go too. I made the same plan." you say. Therefore, the pain you feel never stops. Because the dream you have lost is a very important dream. However ... If you spend your whole life in grief as you couldn't go to Italy, you will not be able to enjoy any of the beauties of the Netherlands.

Emily Perl Kingsley

THE PROCESS OF ACCEPTING A DISABLED CHILD

Every family dreams about the baby while expecting it, and the possibility of a disabled child being born is never considered. All preparations made for a normal baby. Except for the parents, the expectations of all members of the family are the same.

Before birth, many families have little knowledge about disability. One of the biggest fears of many families during the prenatal period is the possibility of giving birth to a disabled child. For this reason, families express their expectations with words such as "the important thing is his/her health not gender".

The birth of a child affects the family structurally, developmentally and functionally. The happiness and joy for the birth of the child protects families from the negative effects of these changes. If the child is disabled, an intense feeling of mourning can replace joy and happiness. The family enters into a very complex psychological state with the birth of such a child.

The Stages for the Families to Adapt the Disability Process

Stage 1: Shock, Denial, Grief and Depression

Stage 2: Mixed Emotions, Guilt, Anger, Shame

Stage 3: Searching Cure Door to Door, Agreement, Compliance and Re-arrangement, Acceptance and Compliance

1st Stage

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Shock: Parents can not accept the event in disbelief and despair. Especially, the mother experiences a real tragedy in crying crises. This shock phase can take a short or a long time. At this stage, the parent has completely stopped interacting with the immediate environment.

Denial: Some parents do not accept this difference in their children, and they go from experts to experts, seeking remedies and hope that their children will be well. As a form of protection, denial stems from fear of the unknown and uncertainty about what the child can do in the future. Parents have difficulty expressing themselves at this stage.

Grief and Depression: This reaction that has to be experienced constitutes a movement towards realization of the truth. However, excessive grief and depression can continue lifelong in some families. During this period, families minimize their connection with their environment and they long for normal children. Despite all their efforts, the family realizes that their children's disability has not disappeared; they feel hopeless with an intense feeling of sadness and grief.

2nd Stage:

Mixed Emotions: It is a coexistence of feelings of love and anger. With this feeling, families either dedicate themselves to their disabled children or reject them. By not accepting the reality of a disabled child, they want more from him/her than he can do. Or they just meet the physical needs of the child and ignore his/her emotional needs.

Guilt: Of all the family feelings, guilt is perhaps the most difficult to overcome. Families think that they cause disability in one way or another and that they are punished for their past mistakes in some way. Unrealistic but they simply reproach "why did this happen to us?" Families may get unrealistic ideas about their child being disabled.

Anger: Anger is an important obstacle for families to accept their disabled children. They are seeking to find answers to these questions: "Why did it happen to me? Why did it happen to us?" They also begin to blame themselves by projecting their feelings of anger on experts, teachers, therapists.

Shame: Families perceive their child's disability as their own. For this reason, some parents do not want to go outside with the child and often prefer to stay home. Often they try to cope with the feelings of rejection, pity, and strange feelings that society shows to their children.

3rd Stage:

Searching Cure Door to Door and Agreement: During this period, the family looks for ways to remove the child's handicap. The important thing for the family is that the child becomes normal. The family can come to terms with anyone they hope can make this happen. This person could be a

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medical doctor, an expert, someone thought to have magical powers, or even God. Often the deal is "if you cure my child, so will I ...". Door-to-door wandering is a reflection of feelings of guilt and helplessness.

Compliance and Re-arrangement: The family now tries to think realistically about they have a child with different characteristics and what they can do for him/her, and to create a more effective and productive relationship with their children. Of course, this is closely related to the positive approach and communication of family members. Some families support each other, while others may diverge from each other.

Acceptance and Compliance: As families experience these emotions, they learn a lot about themselves and their children. Thus, they begin to accept not only their children but also their own weaknesses and strengths. Many families express that their experiences have matured them and that they understand the value of life better. Although the stages that parents with a disabled child go through show similarities to a point, parents may occasionally go back and forth between these stages or get stuck in a stage.

Siblings' Emotions and Their Attitudes:

Anger, Jealousy, Hostility, Guilt, Grief, Fear, Shame, Rejection, Acceptance and Harmony.

Variables Affecting Family Responses:

The families' capacity to cope with the problem, the size and cultural structure of the family, the personality characteristics of the parents, the extent to which the spouses are close and supportive to each other, the marital harmony of the parents, religious beliefs, the characteristics of the immediate environment and the society, the socio-economic levels of the family members, doctors factors such as the way they explain the problem, the gender of the child, the type and degree of disability. At the same time, the quality and quantity of services that society and the state can provide to these children and their families are also important.

SESSION 2

Objectives:

- Families will learn about the developmental characteristics of their children.

Duration: 60 Minutes

Materials:

- Computer
- Speaker

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Implementation Steps:

- The trainer will make a presentation using the information given below.

Introduction

Your disabled child will not always remain a child and will grow over time, so their needs will change. In this section, general information about your disabled child's adolescence and youth will be given.

DEVELOPMENTAL CHARACTERISTICS OF CHILDREN DURING ADOLESCENCE

1. What is the Adolescence Period?

Like all normally developing children, mentally retarded children go through adolescence.

Adolescence is a developmental period that passes from the beginning of the mentioned period with the end of the childhood period to physiological adulthood in the development process of the individual. This period, physiologically, with menstruation and breast growth in girls; In males, it is a developmental period that starts with the growth of facial hair and the deepening of the voice, and generally covers the ages between 13 and 22. According to Unesco's definition, adolescence period; is a period of development when the individual cannot gain economic independence because he is studying and trying to earn a living, and is not married in terms of civil status. While the adolescence period is indicated between the ages of 15-25 in this definition of Unesco, it is evaluated between the ages of 12-25 in the definition of the United Nations.

In the studies on the subject, the age limitation related to the period has been classified in different ways with some minor differences. (For an example classification see Table: 1)

Table-1: Adolescent Age Limitations

Adolescent Age Limitations

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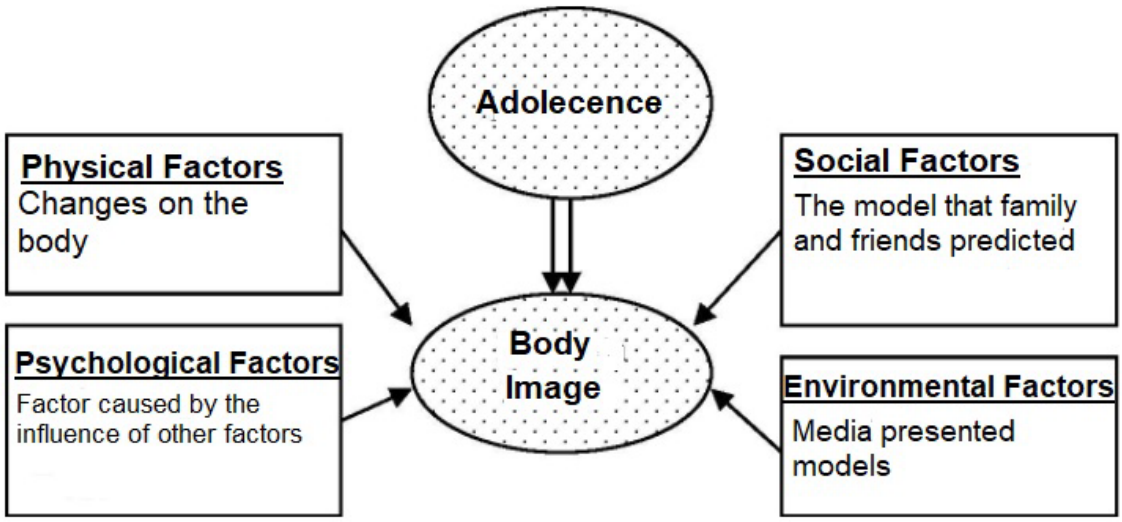
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A. Early Adolescence ..... 11-14…….. age (girls)
13-15..... age (boys)
B. Mid Adolescence..... 14-16.....age (girls)
15-17..... age (boys)
C. Late Adolescence..... 16-21..... age (girls)
17-21..... age (boys)

2. Physiological and Sexual Development During Adolescence

In terms of biological and sexual development, adolescence is a transition period from the immature state of childhood to the sexual maturity of adulthood. This maturation in the reproductive system is accompanied by changes in the secondary sex characteristics of adolescents. Girls can generally enter puberty about two years earlier than boys and reach sexual maturity sooner than boys.

Image-1: Factors Affecting Adolescent Body Image Formation



3.Emotional Development During Adolescence

It is possible to say that the first point that draws attention about emotional development and change in adolescents is the increase in the intensity of emotions and instability. In this context, the emotional fluctuations are affective situations such as falling in love with the opposite sex, embarrassment and

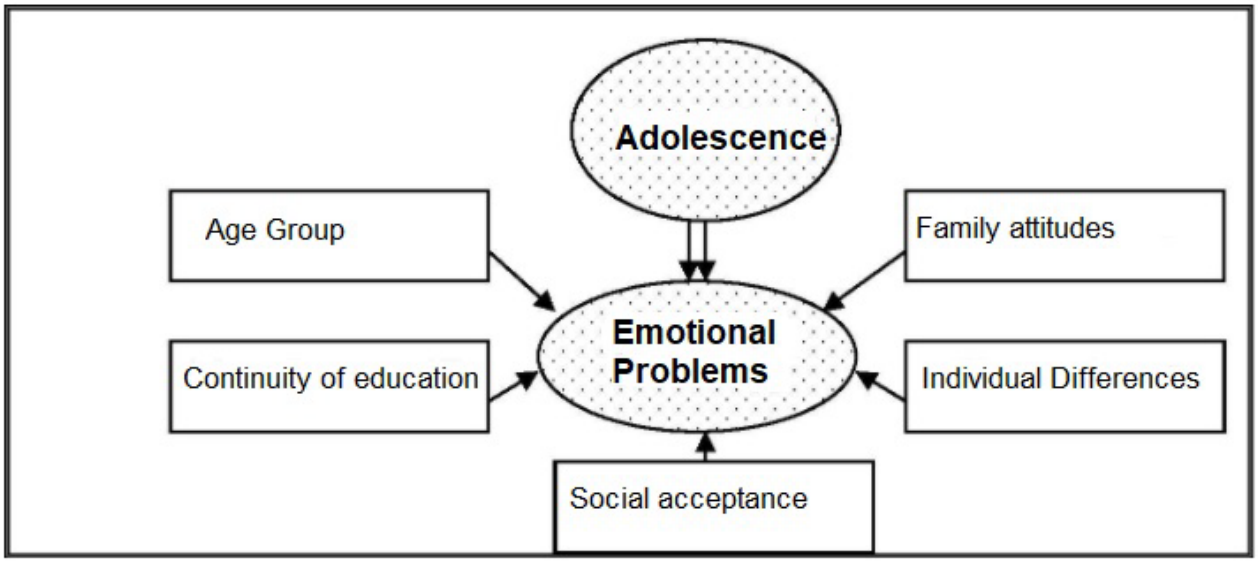
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timidity, excessive daydreaming, anxiety and restlessness, desire to be alone, unwillingness to work, and quick excitement.

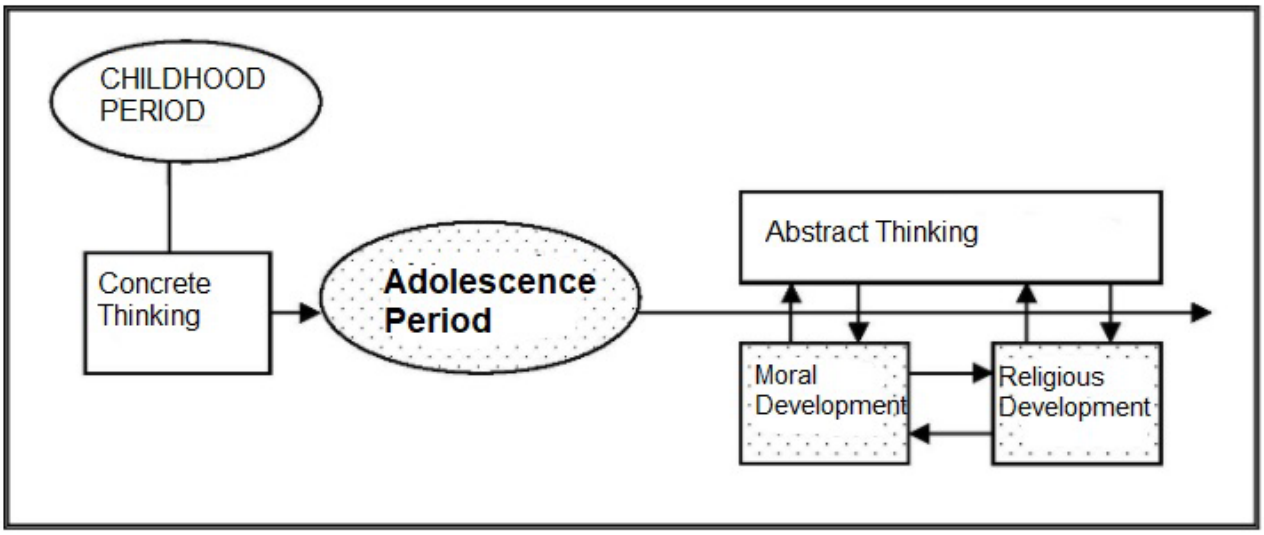
Image-2: Factors Affecting Adolescent Emotional Problems



4. Moral Development During Adolescence

It is not possible to talk about a fully mature moral structure before adolescence. In this context, orientation towards moral maturity can only develop in parallel with the development of abstract thought with adolescence. Thus, both processes both support and mature each other.

Image-3: The Formation Process of the Moral Structure in Adolescence



There is an important relationship between moral development and personality development in adolescence. In this context, some important factors such as self-assessment, having a balanced and

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continuous concept of self / ego and self-acceptance are of particular importance for the adolescent to develop a harmonious personality in terms of religious maturity and moral strength.

5. Social Development During Adolescence

Another important development dimension in adolescence is social development. As it is known, socialization of the individual starts in the family first. In this context, the socialization process of the adolescent actually started in childhood, and in the adolescence period, this process extends beyond the family and continues rapidly in the school environment and consequently groups of friends. In this socialization process, his family still continues to be a reference for the subjects he considers important for the adolescent. In this sense, the adolescent takes decisions about school, career choice and future as a priority.

6. Suggestions for Parents to Improve Adolescent Relationships

1. Parents who want to recognize adolescents' behaviors, or create positive changes in their behavior by guiding them and help them in their independence efforts, should first of all consider the psychological needs of the adolescent.
2. Care should be taken to ensure that the attitudes and behaviors of the parents towards the adolescent are correct and measured in terms of education. A wrong attitude that hinders the youth's independence can cause conflict by adversely affecting his development and behavior.
3. Another very important issue that disrupts parent-child relationships is the inconsistent behavior of parents towards children. Parents' attitude towards any issue should be distinct and consistent, and they should not behave in a different and contradictory attitude each time.
4. Another thing parents should be aware of is that excessive attitudes can be extremely dangerous. It is necessary to give the child independence. However, it may be inconvenient to give him too much freedom too early or too much of his need.
5. When an adolescent wants to do something within her own power at home, even if her first efforts are unsuccessful, the family should give the child the opportunity and encouragement to continue her activity.
6. Parents should set a good example for the young person with their behavior. Parents should not expect the child to apply standards of behavior that they do not apply.

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7. It is inevitable for adolescents to make mistakes even in the most advantageous families. A good parent should not constantly blame the child, but should try ways to talk to the children at their convenient and quiet times.
8. The evolving personality and privacy of the child must be respected.
9. Parents should encourage young people to make their own decisions about what they can think about.
10. You can get support from special education specialists / teachers, psychological counselors and psychologists in complex situations that you think cannot be overcome during adolescence.

Our special child continues to grow, with the end of adolescence, the youth period will begin, there will be new beginnings and transitions in his life. Here are the things you can do to shape it positively in your youth period:

7. Recommendations for Youth Period

- We can support our child in making friends for his social integration and ensure that he / she is in environments where he / she can make new friends.
- You can support your child to continue his / her higher education in accordance with his / her own wishes or to transition to a job that he / she likes.
- We can now review care, supervision and accommodation options for the rest of our child's life as an adult
- In order to reduce your child's care burden, you can ensure that your child gains self-care skills and daily life skills at an early age.
- If your economic conditions are suitable, you can create a savings account that can only be used by your mentally disabled child and the person who will take care of him.

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WE ARE AT WORK TOO

MODULE 3

FAMILY ATTITUDES

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FAMILY ATTITUDES

Aim: The purpose of this module is that families have information about parental attitudes, have the opportunity to review their relationships and communication with their own children, and gain awareness about negative parental attitudes.

Module duration: 150 Minutes

Number of sessions:2

SESSION 1

Objectives:

- Group members get the ability to share their feelings and thoughts
- Increasing group dynamics

Duration: 20 Minutes

Materials:

- Computer
- Speaker
- Projector

Implementation Steps:

- The trainer gives emotional feedback on the time from the last session to this session.
- Group leader briefly mentions the topics of Module 2.
- Asks a volunteer member to evaluate the 2nd Module.
- Expresses his feelings about the session to be held today.
- Then, group members are asked to report emotions.
- The topics, purpose and process of the 3rd Module are mentioned.
- Warm-up activity is done. (Event 1)

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ACTIVITY 1

SHOPPING BAG

Aim: To warm the participants and prepare them for the process

Material -

Duration: 10 min.

Implementation Steps:

- Tell the participants that you are going to play a memory game and ask them to stand up and form a ring.
- It will be appropriate to play this activity with 10-15 people. In case of high numbers, divide the participants into groups and have each group play separately.
- Give the instruction: “Today we will go shopping with you. We have a lot to buy. So each of us has to buy something. First I'll start and say: ‘Today we will go to the market and buy eggs. Then the participant next to me will say "Today we will go to the market, we will buy eggs and milk". The next person has to say that both me, his friend and his own will. Shall we begin?"
- At the end of the ring, repeat the game, starting at the end of the ring or shuffling the ring.
- Finish the game with the questions below.
- What kind of methods did you use to remember the list?
- How are you feeling right now?

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SESSION 2

Objectives:

- Providing information about parental attitudes
- Participants review their own attitudes and behaviors
- Noticing negative family attitudes
- Recognizing positive family attitudes

Duration: 40 minutes

Materials

- Computer
- Speaker
- Projector

Implementation Steps:

- ● To increase the awareness of the participants, situation cards activity is held (Activity 2)
- ● The trainer makes the presentation work attached to the subject. "Parental Attitudes"

ACTIVITY 1

CASE CARDS

Aim: To reveal the preliminary knowledge of the participants about family attitudes

Materials:

- Computer
- Projector
- Case cards

Duration: 30 Minutes

Implementation Steps

- Participants are shown the photo below by the trainer and the participants are asked about the attitude of their parents.

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- After the comments, the participants are divided into 3 groups and each group is given the first situation card. One group discusses the reactions of the family, which adopts the "authoritarian attitude" and the other the "excessively permissive attitude" and the third "indifferent attitude" with their group members. Then each group tells their views to other groups.

Case 1:

"The child does not want to wear clean clothes that his mother has taken out of the closet and prepared. She insistently wants to wear her dirty blue shirt. When the mother tries to put on the clean shirt, the child throws herself off the ground by resisting. The mother is desperately looking after the child and does not know what to do. "

● After this situation, it is passed to the situation 2 card.

Case 2:

"The boy is three years old. They went to the restaurant for dinner with his family. Mom and dad are meticulous and strict. The child accidentally knocks over his drink into his food. "After the trainer shows the case card, he asks the following questions to the participants.

a. How do parents who adopt a perfectionist attitude react?

b. How do parents who adopt a democratic attitude react?

The activity is briefly evaluated and the trainer passes on the presentation of the parents' attitudes.

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PARENTAL ATTITUDES

What is Attitude?

It is our regular tendencies in the dimensions of emotion, thought, and behavior towards a particular person, object, situation. Communication and life cycle in the family form the basis of the attitudes developed. The presence of emotional disturbances, tension and conflicts in the family can negatively affect the development of the child and cause mental personality disorders. When the reasons that constitute the parents' attitudes and behaviors are examined, it is seen that the attitude of parents towards their children is a product of learning, as is the case with all attitudes**.**

What Are the Main Factors Affecting Parents' Attitudes towards Their Children?

- The child model in the minds of parents (imaginary child),
- Cultural values of the society,
- Whether the parents feel competent about the role of parents assumed,
- Whether their children are satisfied with the number, gender and personality traits,
- Parents' experiences in their childhood years,
- The nature of the relationship between spouses in the family.

AUTHORITARIAN PARENTAL ATTITUDE

- They are parents who try to raise their children in pursuit of a certain ideal and within certain patterns, in an effort to make them almost a small adult.
- The child is not given the right to speak.
- The rules applied have no logical explanation or are not disclosed to the child, even if they do.
- Those who do not obey the rule should be punished, their opinion is dominant.
- Criticism and humiliation are common.
- The mistakes of children are constantly emphasized and their positive actions are ignored.
- The child is not given affection, love or warmth.
- All control is in the mother and father.

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- The child's behavior is evaluated with strict standards. There is no right to make mistakes and mistakes.
- The child is expected to obey the rules without question, everything at home is bound by the rules and times.
- The mother does not compromise on the father's wishes. Because; they are always right.
- There is a punitive approach in the education given by the oppressive and authoritarian family. The family gives punishment with the logic that it should be a good lesson and not make mistakes again.
- Penalties are generally heavy according to the child.
- The discipline given by the family makes the child bored with his life.
- The parents' eyes are constantly on their children. If the child is not afraid, he will not obey the rules, because they act with logic, they punish the child's simplest mistake.

The Behaviors of Children Growing Up with an Overly Authoritarian Parental Attitude

- The child does not feel self-confident.
- They display a passive personality.
- Creativity is blocked.
- They adopt the view that those who make mistakes must be punished.
- They choose routine and defined jobs and professions.
- They may have no tolerance for even the slightest mistake.
- They maynot be very successful in their school life.
- In environments where their parents (or an authority) are not available, they feel themselves in a vacuum and seek to find an authority.
- They are externally controlled. They cannot decide for themselves, they wait for someone outside to guide him.
- On the contrary, the child can also be rebellious. Because the child can find the opportunity and turn to wrong behavior where there is no authority.
- There is a tendency to lie.
- It is extremely obedient next to the strong, and ruthless and oppressive against the weak.
- The most important indicator of authoritarian attitude is control.

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PERMISSIVE PARENTAL ATTITUDES

- Instead of the parents' tendency to dominate the child and put pressure on him, the child has to grow up to his own command, behave as he wishes and the child has no family control.
- The child has the right to freedom of movement and behavior. Even in behaviors that may harm him / herself and his / her environment, he / she is not controlled and the family does not interfere.
- The family wants the child to learn the right and wrong by doing and living, and the child is not informed about what to do or what not to do.
- The rights of the child in the family are unlimited. Where the child will stand has not been determined. The child is not expected to follow the rules. Applying and controlling rules is erratic.
- Parents do not interfere with the behavior of the child, they only make their presence felt when there is a big problem.
- The family sometimes intimidates and punishes. However, there is no deterrence in any subject.
- Even if the parents see that the child's behavior is wrong, they do not interfere because they act with the understanding of "must be free".
- Such attitudes are often seen in families with children above middle age or families with one child.
- Children who grow up in the attitude of free parents will take control of their parents after a while and become spoiled.
- They are insatiable because they get what they want in every environment. These free attitudes of the parents are valid both inside and outside the home.
- "Let him not cry, haven’t you never been a child?" has the opinion. This type of parents want their children to experience what they have not experienced.
- The rights granted to the child are numerous, and the duties and expectations are minimal.
- Tolerance and neglect are mixed in some families.
- Parents may not communicate with the child unless it is mandatory, or there are superficial relationships.

The Behaviors of Children Growing Up with Permissive Attitude

- They constantly expect service from someone.
- Every wish is made.
- They are disappointed when faced with rules at school.

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- They try to get the attention of others.
- They are selfish and disrespectful.
- Their requests are of the nature of orders.
- They try to recognize the rights that society does not give to themselves.
- It has been observed that these children have no limits. The child is almost like in a vacuum.
- They display inconsistent behavior.
- They are not open to criticism.
- They behave insatiably and selfishly.

UNINVOLVED PARENTAL ATTITUDE

- Parents who display indifferent and callous behavior towards the child's behavior. For such families, the presence and absence of the child is not clear.
- As long as the child does not bother the parents, there is no problem with the child. If the child bothers the parents, then the agenda for the child is formed. This agenda is mostly full of complaints.
- In such families, the child is pushed into physical and emotional isolation.
- A serious communication break is observed.
- The personality structures of parents are variable. They can be relaxed, passive, callous as well as aggressive.
- Some parents think that it is right to be indifferent to the child and not to give him / her attention and love.
- The child's actions are ignored and excluded.
- In these families, the child is left unattended and it is observed that almost no attention is paid to the child except for the basic needs of the child.
- There is indiscipline and the reason for this is indifference.
- This attitude is mostly seen in families with low socio-economic levels, with many children, and in which both parents work intensively.
- It is possible that she identifies with an external model, mostly a negative one, because she cannot adopt her parents as a model, and she tends to adopt harmful habits.

The Behaviors of Children Growing Up with an Uninvolved Attitude

- Has a self-esteem problem.
- The child may injure himself in order to attract attention.

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- Social development may be delayed as a result of not being able to communicate with people.
- Children may behave aggressively.
- Due to lack of verbal communication, language development delay and speech disorders may occur.
- She/he has no expectation from life and himself/herself.

OVERPROTECTIVE PARENTAL ATTITUDES

- These types of families pay more attention to the child than necessary. Protective attitude is mostly observed between mother and child.
- Every decision is made by the family rather than the child.
- Children who were born late, desired, single child, single boy or girl, often become the focal point of exaggerated love. They almost do not bring them down from the lap.
- Usually such children talk early and walk late.
- Every wish of the child is answered by the family.
- These types of families coddle on their children. They avoid environments that could harm the child. The family members do their best so that they do not cry, cold, sweat, become sick, get tired or hurt, or catch germs.
- The child is not given the opportunity to act according to his development.
- The overprotective mother becomes so integrated with her child that she never wants to admit that she is growing and maturing.
- Parents choose the clothes of the child or young person. The child is not given much of a say in choice at home.

The Behaviors of Children Growing Up with Overprotective Attitude

- Social development is impaired.
- It becomes difficult to be accepted by society.
- He may be rebellious to impose himself on the group.
- They cannot make decisions alone.
- It causes him to develop an overly dependent, timid, timid and insecure personality.
- By experiencing the consequences of the child's mistakes, responsibility is not given, the sense of responsibility is prevented.
- The child will have difficulty in making and implementing decisions in his future life and creates a fear against life.

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- The personality of the child does not develop. A stubborn boy who gets what he wants, makes irrational fights, has qualities, and a child who is similarly unhappy in the future and ahead.
- Has difficulty communicating with the people around him.
- Believes that he will not give back he encounters and always tends to make mistakes.

SUPPORTING ATTITUDE: DEMOCRATIC ATTITUDE

- Parents' acceptance of the child, treating it with love and affection, is reflected in the behavior of taking care of the child. Accepting parents prepares the environment for the child to develop their abilities by considering the child's interests. The accepted child is generally a socialized, ready to cooperate, friendly, emotionally and socially balanced and happy individual. Parents are clear and open in their feelings for each other and their children. There is trust and transparency within the family. The family is peaceful. Together they explore how they can cope with problems. It is exactly reflected in the child raised in this environment as a personality trait.
- Everyone in the family is of equal value and has self-esteem and self-confidence. Persuasion rather than domestic violence and emotional sanction is dominant. In such a family, the limits of accepted and unaccepted behaviors at home and in society are clear. The child knows what to do and where to do. Home and community rules are explained to the child. Mom and dad are good models. They do not do the things they do not want to see in their children. The child is free within borders. The child is listened to and feels valued and cared for by adults. It develops self-esteem and self-confidence.
- The child is accepted in all aspects.
- Guides the child, but leaves him free to make decisions.

The Behaviors of Children Growing up with a Democratic Family Attitude

- They are socialized, cooperative children.
- They are friendly and emotional.
- They are socially balanced and happy individuals.
- They have high self-confidence and responsibility.
- He trusts himself and others.
- She is creative and independent.
- Respects rules and authority.

SESSION 3

COMMUNICATION BARRIERS

Aims:

- Recognizing communication barriers
- Reaching the necessary knowledge level for effective communication

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Duration: 40 minutes

Materials

- Computer
- Writing pad markers
- Projector

Implementation Steps

- Trainer implements communication barriers activity (Activity 3)
- Trainer makes an informative presentation about communication barriers.

ACTIVITY 1

Name of the Activity: Communication Barriers

Purpose: Participants notice communication barriers.

Duration: 15 min

Material:

- Post-it

Implementation Steps:

- All participants sit on the chairs in a circle.
- Various statements about communication barriers are pre-written on small post-it by the instructor and attached to the back or forehead of 5-6 randomly selected people, but these people are not told what they wrote.
- One person from this group comes up voluntarily and the others treat that person in accordance with that statement. (For example, listen and approve of me at the beginning of one person, criticize me in another, laugh at me in another, do not listen and care about me to another person, such as contrast with me. expressions) at the end of the activity, again emotions and large group shares are taken and ended with emphasis.

COMMUNICATION BARRIERS

There are various factors that prevent the establishment of an effective and healthy communication process. These factors can be classified as physical, technical, psychological or social and organizational.

Psychological and Social Barriers

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Determining the purpose of communication: The conditions for the right message to be conveyed to the right people at the right time, with the right tool, must be met.

Prejudices: Stereotypes can be defined as a set of firm thoughts in people's minds that are often carried unconsciously. People generally do not try to test whether such thoughts are correct and avoid any information that could change these thoughts.

Differences of opinion: If the communicating parties do not agree, if there are serious differences of opinion, and especially if these differences of opinion are about belief and value systems, it will not be possible to establish a healthy and quality communication.

Perception differences: People may show interest in different events, situations, information or perceive the same events or situations at different levels. Therefore, obstacles may arise in communication as a result of wrong or incomplete perceptions. In other words, due to the selective perception of the receiver, it can perceive the message independently from the sender of the transmitted message and react as perceived. For this reason, total communication success depends on what the perceiver perceives.

Attitudes and behaviors: Communication barriers caused by attitudes;

a) Attitude of the person towards himself: If the person trusts himself in communication, the chance of success in conveying the messages he wants will be high.

b) The attitude of the person towards the subject: The person who is not interested in the subject of the message to be conveyed and who does not have a positive attitude towards it will fail in communication.

c) The attitudes of the participants in the communication towards each other: if the sender has a positive attitude towards the recipient, it will be easier to convey the message he wants. The opposite is also the case.

d) People communicate according to whether the attitudes are positive-negative, attractive-repulsive. In this context, the more extreme and strong an attitude is, the more difficult it will be to change it. These strong attitudes will continue to be a communication barrier.

Socio-cultural differences: Since people who are different in terms of socio-cultural structure do not know each other, there may be errors in the encoding and interpretation of the message. Due to such cultural differences, there may be disruptions in the communication process. Consideration of socio-cultural values, which have an important place in the success of the communication process, is necessary for the success of the communication process without obstacles.

The level of knowledge possessed: It is related to the educational status of the participants in the communication, the knowledge they have about the subject and scope of the message. Insufficient information creates a barrier between the sender and receiver in the communication process. If the sender leaves gaps in the content of the message due to lack of information, the message perceived by the recipient will be different from the sent message.

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- Thomas Gordon grouped the communication barriers under 12 headings, calling them "dirty dozen":
- Command, Manage
- Warning, Threaten (Intimidation)
- Moral guardianship, Preaching
- Giving advice, bringing solutions
- Drawing to the dimension of logic, Discussion
- Judgment, Criticism, Blame
- Praise, agree with your opinion,
- Tagging, Naming, Making ridiculous
- Analyzing (analyzing), making diagnosis (diagnosis)
- Reassuring, Soothing, Consoling
- Examination, Research, Investigation
- Changing the subject, Do not taunt, Behave jokingly

REMOVING COMMUNICATION BARRIERS

In order to eliminate communication barriers, individuals or organizations should apply some methods at the first stage. These are as follows;

- The resource should use verbal messages in a way that the recipient can understand and perceive,
- The messages sent by the source should not only be verbal, but also in the form of symbols such as drawings, pictures and texts,
- The messages sent by the source should be formatted to attract the attention of the recipient,
- The message must be sent through a channel that will affect the recipient,
- The communication environment should be made convenient for communication,
- Whether the message is understood or not should be checked with feedback.

The most effective way to remove communication barriers is to first determine what the obstacle is and then resort to constructive activities to remove this obstacle. Various obstacles to communication can be eliminated using the methods listed below, in the light of the main data obtained as a result of the literature research.

Ways to Eliminate Barriers that Prevent Quality Communication:

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- Using simple language
- To communicate face to face
- use reinforcement
- arouse interest
- Establish empathy
- Using a different but appropriate communication channel
- Eliminating perception differences.
- Eliminating the noise barrier
- Eliminating insecurity
- Using feedback
- Eliminating language differences
- Eliminating emotional reactions
- To make words consistent with behavior and attitudes

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MODULE 4

BEHAVIOR ENHANCEMENT / REDUCTION and TEACHING NEW BEHAVIOR

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BEHAVIOR ENHANCEMENT / REDUCTION AND TEACHING NEW BEHAVIORS

Module Duration: 180 Minutes

Number of Session: 3

Aim: The purpose of this module is that families will have information about the ways and methods they use in increasing the appropriate behaviors of their children with disabilities, decreasing inappropriate behaviors and teaching their children new behaviors.

SESSION 1

Objectives:

- Group members can express their own feelings and thoughts.
- To contribute to the development of joint decision making skills.
- Families have knowledge about behavior enhancement and methods used in teaching new behaviors.

Duration: 60 Minutes

Materials:

- Computer
- Speaker
- Projector

Implementation Steps:

- The trainer gives a brief information to the participants belonging to Module 3.
- Makes a short explanation about the content in Module 4.
- Activity 1 is implemented.
- Brief information is given on topics such as reinforcement used in behavior enhancement and teaching new behaviors, pre-behavioral adaptations, chaining, shaping.

ACTIVITY 1

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Activity Name: Balloon with Music

Aim: Intra-group interaction, Cohesion

Materials:

- Balloons as many as the number of participants,
- Acetate pen,
- Computer,
- Speaker

Duration: 15 minutes

Implementation Steps:

- One balloon is distributed to each participant. They are asked to inflate the balloons and write their name and surname on it.
- Instructor; states that he will turn on the music and until the music stops, the aim is to keep all the balloons in the air as much as possible, try to prevent them from falling to the ground, and when the music is over, catch one balloon and wait.
- The music starts to play (about 2.5 minutes) and the participants throw balloons in the air to mix it up.
- When the music stops, everyone catches the nearest balloon.
- The trainer comes to the middle of the group and gives 2 minutes. Within 2 minutes, he asks the members to give the balloons in their hands to the owner without talking to each other.

REINFORCEMENT AND ITS TYPES

Reinforcement is the process of increasing the likelihood and frequency of the behavior in the future if a pleasant stimulus is added to the environment or if the repulsive stimulus is removed after a behavior.

There are two types of reinforcement practices, positive and negative reinforcement.

Positive Reinforcement

Adding a pleasant stimulus to the environment immediately after a behavior occurs and increasing the probability of repeating the behavior in the future with this stimulus is called positive reinforcement.

Example: A father providing his child with a piece of candy for picking up his toys

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Negative Reinforcement

Removing the repulsive stimulus in the environment to increase the likelihood or frequency of a behavior in the future is called negative reinforcement.

Example:Parents complain to their child when the child doesn't clean their room. The child starts cleaning their room to make the complaining stop. Now the child cleans their room more regularly to avoid the complaining.

Types of reinforcers

Reinforcers are classified into two groups as primary and secondary reinforcers.

Reinforcers that aim to meet the vital needs of the individual without any learning experience or conditioning and create a pleasant situation in the individual are called primary reinforcers.

Stimuli that are pleasing to the individual that are not intended to meet the vital needs of the individual are called secondary reinforcers. Secondary reinforcers are classified into four groups as objective reinforcers, activity reinforcers, social reinforcers, and symbol reinforcers.

The process of determining effective reinforcers

Regulations that increase the effectiveness of reinforcement practice depend on the correct definition of the target behavior, the use of teaching practices such as hint, shaping and chaining when necessary, determining effective reinforcers for the individual, motivating the individual, limiting access to reinforcement, using reinforcers effectively, using reinforcers appropriately, and evaluating the results.

Reinforcement schedules

Reinforcers need to be thinned out over time. The system in which reinforcement is determined during the implementation of the reinforcement program, at what frequency (number of behaviors) and / or at what time intervals, is called a reinforcement schedule.

There are two basic reinforcement schedules: continuous and intermittent reinforcement. Intermittent reinforcement is also divided into two as proportional and time interval.

Continuous reinforcement can be defined as reaching the reinforcer every time an individual exhibits a target behavior. It is recommended to be used in the learning acquisition phase.

Reinforcement of some correct behaviors, not all correct behaviors, is called intermittent reinforcement.

Pre-Behavioral Practices

Incentive *Actions*

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Incentive actions are defined as environmental events, situations or stimuli that temporarily cause changes in the organism. There are two types of changes, namely, the change in the reinforcing / punitive effects of some stimuli, objects and events, and the change in the frequency of occurrence of behaviors reinforced / punished by the subject event, object and proportions.

Incentive Actions and Punishment

Incentive actions include constructive and destructive transactions for punishment.

Stimulus and Stimulus Control

Stimulus is defined as the event, situation or object that regulates and controls the environment for a response to occur. Each stimulus can be presented alone or with several stimuli. The stimulus that causes a certain response during teaching is the discriminating stimulus.

Discrimination Teaching

In order for stimulus control to be achieved, the individual must learn to distinguish. Discrimination is the ability to tell the difference between a stimulus and environmental events.

Factors Affecting Stimulus Control

Other factors affecting the development of stimulus control can be grouped into three groups: acquiring prerequisite skills, using remarkable stimuli, and concealing and shadowing.

Cue and cue Types

The cue is a pre-behavioral stimulus that increases the likelihood that the discriminating stimulus elicits the desired response. Clues that ensure correct response are called a controlling cue, and hints that do not ensure correct response but increase the likelihood of responding are called non-controlling cues.

Fade the Cue

To achieve stimulus control, the cue must withdraw and the behavior should occur only in the presence of the discriminating stimulus. The gradual removal of cues is called fading. If fading is not done on time, dependence on the cue develops, and if it is done ahead of time, learning will not occur. Cues can be reinforced in the context of time or intensity. Effective cues should be chosen when using cues.

Response Cues and Stimulus Cues

There are two types of cue systems, namely reaction cues and stimulus clues, in the acquisition of new behaviors.

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Response cues are cues that facilitate / enable the individual to react correctly by offering cues before the individual reacts.

Stimulus cues are adaptations (eg, by exaggerating various aspects of the stimulus) in the target stimulus expected to initiate the target behavior and in the stimulus providing the cue, in order to facilitate the perception of the target stimulus.

CHAINING

Chain behaviors consist of discrete responses that are ordered according to a certain order. Chained behaviors are complex behaviors based on the fact that each step in the chain is a reinforcer for the previous step and a discriminating stimulus for the next step. Chaining is the process of teaching the steps in which order to follow in order to complete a behavior consisting of more than one step.

Skill Analysis

The division of a complex skill into smaller parts than its teachable and ordering it in steps during its formation is called skill analysis. Skill analysis defines the prerequisite skills required to fully realize the skill, the purpose and sequence of instruction.

Observing the individuals who perform the targeted behavior in order to develop skill analysis, the practitioner performing the behavior and obtaining expert opinion on how the skill is performed are frequently used practices.

Evaluation of Chained Behaviors

After the accuracy of the steps is confirmed by developing the skill analysis, the behavior of the individual to be taught should be evaluated. In order to determine which of the steps in the skill analysis whether the individual is competent or not, there are two types of evaluation, the single opportunity method and the multiple opportunity method.

In the single opportunity application, “+” is given for the correct reactions of the individual in the skill analysis and the evaluation is terminated by giving “-” for the first step that he exhibits incorrectly. In multi-opportunity practice, “+” is given for the correct reactions of the individual in the skill analysis, and “-” is given for the steps he / she exhibits incorrectly or does not react. However, the steps that the individual exhibits incorrectly or does not react at all are completed by the practitioner outside the individual's field of vision as much as possible, and the individual's performance in the remaining steps is continued to be evaluated in a similar way.

Teaching Chained Behaviors

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The three basic practices used in teaching chained behaviors can be listed as forward chaining backward chaining and teaching all steps together.

SHAPING

Shaping is the process of gaining a new behavior through differential reinforcement of consecutive approximations that achieve the target behavior. Sequential approximations are behaviors that are expected to achieve the target behavior, share topographical features similar to the target behavior, and are in the individual's repertoire as a prerequisite for this behavior.

Shaping different dimensions of performance

In the shaping process, different dimensions of the performance such as topography, frequency, duration, fluency, difficulty or difficulty level and waiting time can be shaped.

Shaping applications

There are two approaches to shaping performance in the shaping process, namely, shaping between reaction topographies and shaping within the reaction topographies. In the practice of shaping between reaction topographies, members of one reaction class are reinforced, while members of the other reaction class are not. In the process of shaping within the reaction topography, the form of the behavior remains the same, while the measurable features of the behavior are shaped. The use of chain approach in the shaping process is mentioned. The steps required to complete a skill consisting of two or more steps in shaping practice with the chain approach are listed and the teaching is started.

Application steps of the shaping process

The steps to be followed in the shaping process are collected in five steps: determining and defining the target behavior, collecting baseline data by determining the data collection technique, preparing an implementation plan, implementing the application, and collecting data and evaluation.

Benefits and limitations of the shaping process

One of the most important benefits is that it is a method based on reinforcement in the acquisition of new behaviors that are not included in the individual's repertoire and that it does not include punishment or repulsive stimuli in the application process. The limitations of shaping can be listed as the need for continuous monitoring of performance in order to be able to switch from one approximate to another at the appropriate time, and its limited use in groups, crowded classrooms, and the ability to learn this behavior in case of focusing on inappropriate behavior.

Points to be considered in the shaping process

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- First of all, in order for the shaping to be successful, the input behavior should be determined correctly.
- It should not be forgotten that the specified introductory behavior should be in the behavior repertoire of the individual and should be a member of the targeted reaction class.
- During the shaping process, the effectiveness of the application should be increased by minimizing the confusing or external stimuli.
- Taking precautions for the problems that may be encountered during the implementation process and making the necessary planning have a very important place in the success of the application.

SESSION 2

Objectives:

Families have knowledge about methods of attracting unpleasant stimuli, giving unpleasant stimuli, persistence and generalization.

Duration: 60 Minutes

Materials:

- Computer
- Speaker
- Projector

Implementation Steps:

- The trainer will present the following information.

REMOVING THE PLEASING STIMULUS

Punishment

Punishment is a stimulus change that is presented immediately after a behavior and reduces the frequency of the behavior in the future. It can be applied in two ways.

The presentation of an unpleasant stimulus to the behavior in the situation following the positive punishment inappropriate behavior; Negative punishment is the withdrawal of the pleasant stimulus in the situation following the inappropriate behavior.

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Removing the pleasing stimulus

It is called the practices that reduce the behavior by withdrawing a pleasant stimulus from the environment, provided that inappropriate behavior is displayed.

The Return of the reaction

It is the practice of taking back or eliminating the reinforcements that the individual has previously gained from the individual in order to react to the behavior of the individual in case of inappropriate behavior. It can be implemented in two ways: withdrawal of reinforcements and cost of bonus response.

Application steps of applying the return of the reaction

The implementation steps to be followed in the process of applying the return of the reaction can be listed as determining the target behavior, determining the return of the reaction strategy, collecting baseline data, determining the appropriate response size and creating a reinforcement stock, planning the reinforcement system that will ensure the regaining of the lost reinforcers, preparing the implementation plan, implementing the application and evaluating.

Benefits and limitations of the return of the reaction application

The return of reaction is that it can be used effectively in conjunction with other behavioral methods. When used alone, new and alternative behaviors cannot be gained.

Break and its types

The practice of positive reinforcement is defined as taking a break. Ensuring that the individual who exhibits an inappropriate behavior that requires separation from the environment is separated from the environment where he / she gains reinforcement for a certain period of time; The break practice, which does not require leaving the environment, is allowing the individual who exhibits inappropriate behavior to stay in the environment where he / she gains reinforcer, but preventing him / her from participating in the activity that enables them to reach reinforcer for a certain period of time. The break time should be as short as possible, and the practitioner should set the termination criteria for the break practice.

Application steps of the break application

An effective break practice can be applied by following the stages of determining and defining target behavior, determining the appropriate break strategy, deciding the dimensions of the break application, collecting baseline data, preparing the implementation plan, realizing the application and evaluation.

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Benefits and limitations of break practices

The benefits of break practice can be listed as enabling the individuals to understand the limits of inappropriate behaviors, ease of application, and facilitate understanding of the limits of behavior. The biggest limitation is that the individual exhibiting inappropriate behavior requires taking him to the break room or area immediately after the behavior and physical arrangement.

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OFFERING UNPLEASANT STIMULUS

Positive Punishment

Another punishment approach used to reduce and / or eliminate inappropriate behaviors is positive punishment, and it is in the fourth level in the moderation hierarchy.

Positive punishment is the provision of a repulsive stimulus to the environment, which will reduce the likelihood of the target behavior in the future, conditionally when the individual exhibits inappropriate behavior. Repulsive stimulus, also called unpleasant stimulus; It is a stimulus that causes physical or social pain, pain and / or discomfort in the individual with its presentation and is found to be disgusting, unpopular, and avoided as much as possible.

Unpleasant (Unattractive) Stimulus Presentation

Unpleasant and repulsive stimuli are divided into two groups as conditional repulsive stimuli and unconditional repulsive stimuli. They are unlearned impulsive stimuli that result in physical pain or discomfort in the individual with unconditional repulsive stimulus presentation. Conditional repulsive stimuli are the stimuli that become repulsive for the individual as a result of a learning experience. In behavior reduction practices based on unpleasant stimulus presentation, the repulsive stimulus (a) impulsive stimuli for sensory functions (conditional electrical stimulus, ammonia, etc.), (b) verbal reprimand and excitation, (c) response inhibition / blocking, (d) conditional exercise and (e) It can be presented with different strategies, such as over-correction.

Presenting Repulsive Stimuli for Sensory Functions

Verbal warning or reprimanding of the student acting inappropriately as a result of the behavior is a strategy aimed at decreasing the frequency / intensity of the behavior. Impulsive stimuli for sensory functions such as taste, sight, hearing, smell and touch of inappropriate behaviors can be presented.

Over Correction

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Overcorrection involves the individual / student's excessive correction of the effects of the behavior on the environment after the inappropriate behavior or the excessive display of the appropriate form by the individual in cases where the inappropriate behavior frequently occurs. Overcorrection is applied in two ways: restorative overcorrection and positive exercise. Sometimes, the application of overcorrection may include one or both of the listed processes.

In the application of restorative over-correction, it is aimed to correct the effect of the behavior on the environment, provided that the individual exhibits problem behavior. Positive exercise is performed by repeatedly exhibiting an appropriate behavior that does not match with the problem behavior or the appropriate form of behavior in the environment / situation in which the individual exhibits inappropriate behavior.

In an effective overcorrection process; The behavior and consequence that led to overcorrection should be clearly defined. It should not react to inappropriate behavior. It should be ensured that the individual completes the overcorrection process. Traces between behavior and result should not be overlooked, and it should be ensured that over-correctional effectiveness is unattractive.

PERMANENCE

Permanence and its importance

The continuation of a student's performance after the end of teaching is called permanence. After the end of teaching, a series of strategies that facilitate the permanent change in behavior are teaching functional skills, continuing teaching / practice until permanent change in behavior occurs, practicing, teaching with scattered experiments, using natural pre-behavioral stimuli in natural environments, using natural reinforcers, reinforcement. sparsening and obscuring the application / teaching program.

GENERALIZATION

Generalization is the realization of a behavior in different situations such as environment, material, person, time after learning under certain conditions or exhibiting a behavior similar to the learned behavior and having the same function in different situations.

Generalization includes different dimensions of situations needed in natural environments. There are two types of generalizations: stimulus generalization and response generalization.

- Stimulus generalization is the expression of a behavior that occurs and reinforces in the presence of a certain stimulus in the presence of a different stimulus such as a clue, material, time, environment or person, which has not been taught from stimulus classes.

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- The display of behaviors that are similar to the targeted behavior and have the same function but have not yet been taught is called response generalization.

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MODULE 5

RIGHTS OF DISABLED PEOPLE

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RIGHTS OF DISABLED

Aim: To inform about international and national laws, contracts and regulations about the disabled. Knowing the social rights of disabled people (within the scope of the legal regulations in their own countries). Increasing the level of knowledge about the rights and responsibilities of the disabled in working life

Duration: 180 Minutes

SESSION 1

Objectives:

- Group members can share their feelings and thoughts
- Increasing group dynamics

Duration: 20 Minutes

Materials:

- Computer
- Speaker
- Projector

Implementation Steps:

- The trainer gives emotional feedback on the time from the last session to this session.
- The trainer briefly mentions the topics of Module 4.
- He/she asked from one of the volunteer participants to evaluate Module 4.
- Expresses his/her feelings about the session to be held today.
- Then, group members are asked to report emotions.
- The module's topics, purpose and process are mentioned.
- Warm-up activity is done. (Activity 1)

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ACTIVITY 1

Name of the Activity: Ear to Ear Game

Objectives: Participants realize the importance of correct information.

Duration:10 minutes

Material:-

Implementation Steps:

- Participants form a circle.
- The trainer says a sentence to the person next to him, and this sentence is commanded to go in a chain from ear to ear. For example: Salime's cat spilled milk while leaving the house.
- When the group is completed, it is asked to say the sentence out loud. It is noticed in which channel and where the sentence expressed aloud is distorted.
- Emotions are shared, information that is spoken a lot and that comes to us from many sources may sometimes be corrupted somewhere, and communication difficulties are explained with emphasis and ended with sharing. ideas.

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SESSION 2

Objectives:

- To inform about international and national laws, contracts and regulations about the rights of the disabled
- Knowing the social rights of disabled people (within the scope of the legal regulations in their own countries)
- Increasing the knowledge level of disabled people about their rights and responsibilities in working life.

Duration: 60 Minutes

Materials:

- Computer
- Loudspeaker
- Projection

Implementation Steps:

The group leader makes a presentation about the rights of the disabled**.**

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INTERNATIONAL PRINCIPLES AND STANDARDS FOR THE DISABLED

DEFINITION OF DISABLED INDIVIDUAL

Although the definition of "disabled" is used instead of the words cripple and handicapped, these words have different meanings. The term disability appears as a concept that requires putting "disability" in the focus, that is, objectifying the phenomenon of disability. On the other hand, disability seems to be a term that can succeed in getting rid of this necessity, softening and flexibility in our impressions(thoughts) over time, even if not immediately.

Disability definition from the UN: In the Declaration on the Rights of the Disabled Persons adopted by the United Nations General Assembly, the definition of the disabled is as follows: "Those who cannot do things that a normal person should do by her/himself in her/his personal or social life due to the any inherited or delayed deficiency in his physical or mental abilities".

WHO- Definition of the disabled made by the World Health Organization:

The concept of disability is approached from different perspectives by the World Health Organization, the United Nations and the ILO. The World Health Organization has made a definition and classification about the concept of disability based on the consequences of the disease as follows:

• **Impairment:** "In terms of health," deficiency "refers to a deficiency or imbalance in psychological, anatomical or physical structure and functions."

• **Disability:** "In the field of health," disability "refers to the loss and limitation of the ability to perform a job compared to a normal person."

• **Disability (Handicapped):** "Disability" in the field of health refers to a disadvantageous situation that occurs in a certain person as a result of a deficiency or disability and that prevents and limits the ability of that person to perform activities that can be considered normal according to their age, gender, social and cultural status. Social life, health and well-being about the disabled, which was first mentioned in the 1948 Universal Declaration of Human Rights, by many international organizations such as the United Nations (UN), the European Council, the European Union, the International Labor Organization (ILO) and the World Medical Association , about social security, education, employment, accessibility, care, rehabilitation and financial facilities and regulations have been made.

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Regulations and Studies by the United Nations and Affiliated Organizations

First of all, it should be stated that, the UN, which has been making efforts to improve the social status of disabled people and improve their quality of life since the first day of its establishment, constitute the foundation principles of the efforts towards the dignity and rights of the disabled. The most important feature of the Universal Declaration of Human Rights, which was adopted by the UN General Assembly on 10 December 1948, it is the first document that raises human rights from the national level to the universal level. It is handled in its entirety without making any distinction. In addition, the declaration states that everyone has the right to an appropriate standard of living that will ensure the health and well-being of himself and his family. It is stated that it covers nutrition, clothing, housing, health services and necessary social services (art. 25). Again, in the 25th article of the Declaration, it is stated that everyone has the right to security in case of livelihood difficulties arising from circumstances beyond their will, such as unemployment, illness, disability, widowhood, old age, and mothers and children have the right to receive special care and assistance. At the Genoa Conference held by the UN General Assembly in 1950, social rehabilitation of the disabled was mentioned and a commission was established to set international standards on education, treatment, vocational rehabilitation and employment

EVALUATION OF THE UNITED NATIONS INTERNATIONAL CONVENTION ON THE RIGHTS OF DISABLED PEOPLE

The United Nations International Convention on the Rights of Persons with Disabilities is recognized as the first human rights document of the 21st century. With the convention, obligations have been imposed on the states parties to ensure the participation of persons with disabilities in social life and their protection against discrimination, and to make the services offered to the society accessible to persons with disabilities. The contract consists of fifty articles. Many personal, social and political rights have been included in these articles of the contract.

REPUBLIC OF TURKEY CONSTITUTIONAL REGULATIONS

We will talk about a few articles in the constitution for the new disability rights. Let's start with the statement added to the article of the Constitution that "the measures to be taken against the disabled cannot be against the principle of equality".

- Article 42, paragraph 8 of the Constitution; "The state takes measures to make those who need special education beneficial to society due to their circumstances".

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- Article 49 of its Constitution; “Working is everyone's right and duty."
- Paragraph 2 of Article 50 of the Constitution; "They are specially protected in terms of working conditions of those with physical or mental disabilities".
- Article 70 of the Constitution; “Every Turk has the right to enter public service”.
- Paragraph 2 of Article 70 of the Constitution; "No discrimination is made other than the qualifications required by the duty in being put into service".
- Disability Act No. 5378, Article 15; “Disabled people cannot be prevented from receiving education for any reason. Disabled children, youth and adults are provided with equal education opportunities in integrated environments and non-disabled people, taking into account their special circumstances and differences”.

RIGHTS OF DISABLED

- Corporate Discounts and municipal services,
- All Discount Rights in Public Facilities,
- Rights at Assignment /change of location,
- Early Retirement Rights,
- The Right to Discount in Transportation and Communication,
- Discount on Vehicle Purchases,
- Disabled Parents Rights,
- Disabled Employees Rights,
- Social Aid Rights,
- Medical Equipment Purchase Rights,
- Special Education Rights,
- Right to Enter E-KPSS (exam for the employment by the government),
- Accessibility Rights,
- Priority Rights in Inspection,
- Discounts at State Theaters,
- Health Report Reception,
- Rights of the Hearing Impaired,
- Right to Obtain Profession,
- Consultation on Disability Issues,
- Disabled ID Card,

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- Physical Therapy Sessions,
- Protected Workplaces,
- Disabled Voters,
- Exemption from Common Exams in Secondary Education,
- Disabled people's various tax reductions (MTV-SCT) and some tax exemption rights (real estate and customs tax, etc.)
- Disabled People's Rights Regarding Vehicle Parking,
- Special Vocational Courses for the Disabled at Places such as İŞKUR, KOSGEB, Public Education Centers,
- Social Assistance and Solidarity Foundation Disability Assistance,
- Disability Discount for Entry to Museums, National Parks, Nature Conservation Areas and Natural Parks,
- Disability Rights on Credit and Dormitories Institution (KYK).

WHAT ARE THE AIDS FOR DISABLED PEOPLE?

There are many financial and social benefits for disabled people. There are aids and supports in many areas such as food aid, salary aid, special education lessons, vehicle supports, home care services, food and accommodation aids, fuel aid, dormitory assistance, health assistance. For these, you can get all the information in the rest of our article and reach the necessary places. You can view all social benefits from the Ministry of Family Labor and Social Services page.

Social Assistance for Disabled

Social aid campaigns and aids for the disabled are made and organized by the state and private institutions. Institutions that provide assistance to our disabled citizens are primarily the Ministry of Family Social Policies, District Governorships, Governorships, SYDVs (Endowments of social help and solidarity) and the Directorate of Foundations, Municipalities, etc. These institutions provide home care services for the disabled within the scope of social assistance. They reach those in need by doing all the work for the payment of salaries such as their pensions and they make these aids every year. Let's examine what are both social and financial aids. Institutions and foundations that provide social and financial assistance and solidarity for our disabled citizens;

- Allowing Needy Pension,
- Giving Homecare Salary and Disability pension.

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Home care pension is the fee paid by the social services and child protection institution for our citizens with disabilities of 5% or more and to those who care for our citizens who cannot meet their needs with severe disabilities. It is paid on a monthly basis. Needy pension will be paid by the General Directorate of Foundations. It is given for children with disabilities of 40% or more and children without a mother or father. However, in order to receive this pension, you must comply with the provisions for disability pension. They should not have social security, should not have income generating movable and real estate, should not be taken under the law by a court decision, and should not have any income or pension. For these benefits/ assistance, you can get information by applying to the General Directorate of Municipalities and Foundations in your location.

Disabled Social Assistance and Solidarity Foundations

Disabled people in economic deprivation can apply to Provincial or District Social Assistance and Solidarity Foundations and receive social and financial assistance and other assistance needs. In addition, the orthopedic and other auxiliary equipment needed by the disabled citizens are covered by the social security institutions. In some cases that are not covered by social security institutions, foundations step in and provide the necessary tools and equipment for disabled citizens by meeting their needs. You can apply for this by researching the disabled foundations around you.

Private Sector and Public Sector Disability Employment Rights

Job Opportunities for the Disabled

Your disability is not a reason for you to restrict or block your life. First of all, there is no law or rule stating that disabled people cannot work. There are many job postings and opportunities for our disabled citizens who want to work. You can view thousands of postings for the public and private sector. Each sector has at least 3 disabled employment rules. You can get information about your job search on the internet or by following the announced announcement dates on the websites. You can get a job by following the public and private and publicly supported disability advertisements like İşkur. You can follow the articles we have written for disabled job postings and their rights and get information. İşkur publishes disabled job postings on its official site every year. You can also apply for a job by following private and public advertisements.

Disability Rights for Workers in the Public.

Those disabled started working from disabled staff quota have some special rights in the public sector. They have many rights such as employment rights, leave rights, rights at working shifts, appointment (change location) rights, leave of absence, excuse leave, changes in working hours. For example, a

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disabled citizen in the public sector has the right to appeal to the place he wants with a petition, except for the place to be assigned by the state. In the public sector with fifty or more employees, there is a 4% requirement to employ disabled personnel. And they have to pay the public employee's insurance

Disability Rights for Workers in the Private Sector.

Today, there are many rights granted to disabled people. These apply to both the social and business sector. According to the legislation, those who have a disability report above 40% are considered disabled by law. And they can benefit from all disability rights. Likewise, if he employs 50 or more workers, 4% of the number of employees in the private sector has to employ disabled employees. In this context, it is easier for disabled employees to be employed compared to other employees. Benefiting from employment rights is first granted to disabled employees. You can also apply by following private sector job postings on the internet and İŞKUR.

Young Disability Rights and Education

Eliminating or minimizing the disability of disabled individuals with language and speech difficulties, mental, emotional, mental and physical behavioral problems, increasing their abilities to higher levels, ensuring their adaptation to society, enabling them to discover and direct their self-care and skills, have independent living and professional skills Special education schools and rehabilitation are the institutions of the education that are made and given in order to provide them. According to the 29th article of the Regulation; If the disabled individual is determined to be 20% disabled in the medical report and if it is recommended to receive support training in the report after the educational evaluation and diagnosis according to the special education evaluation rules, the disabled person should receive at least 8 individual lessons in 1 month and 4 hours in 1 month in return for the monthly amount specified by the institutions. It should be documented that training has been given as a group and that it will continue formal education. No disabled young person or child can be exempted from education. In addition, hearing impaired students can enter vocational high schools without an examination. With the approval of the Higher Education Council (YÖK), they can enter the Fine Arts Departments without taking the University exam. Disabled individuals studying at open education faculties do not pay tuition fees. They have priority rights in the dormitories of the Credit and Hostels Institution (KYK). It is possible to give additional points to disabled individuals by some universities. Disabled individuals who cannot attend school have the right to home education. Families who want to benefit from this right; They can contact the RAM (Guidance and Research Center) and prepare the necessary documents and report and apply for their education and get information. Training is

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applied according to the student's disability. And every disabled child has the right to receive all education.

Disabled Rights for 40 Percent Disabled

The 40% disabled citizens are eligible for early retirement if they are in suitable conditions. In addition, citizens who have completed the age of 18 and have a 40% disability are paid a salary if they comply with the conditions. Disabled individuals can benefit more easily from the advantages, campaigns and supports offered to them in social life by obtaining a disabled ID card. And according to the law numbered 5378, a 3rd degree tax reduction is provided to citizens with disabilities at the rate of 40-59 percent. They can benefit from all the disability rights we have mentioned above.

Employment of Disabled

In the event that private sector employers employ disabled persons within the quota or as an excess of quotas or although they are not obliged, all of the employer's shares of the social security premium at the level of minimum wage are covered by the Treasury.

Registration of the disabled to İŞKUR (Institution For Employment)

Citizens who certify that they lack at least 40% of all body function losses according to their disability status, with the disabled health board report obtained from authorized health institutions, can apply to Provincial Directorates / Service Centers of the Institution and register as "disabled".

Rates such as the rate of loss of strength in work are not taken into account, and the rate of whole body function loss is considered. If the disability health report includes the statement of unable to work, the person is registered as disabled.

Applicable Law

employment of people with disabilities as workers in Turkey are tried to be achieved by 4857, the quota system provided for in Article 30.

- Within the scope of the quota system stipulated in Article 30 of the Labor Law;
- employing 50 or more workers (51 or more in agricultural and forestry enterprises);
- 3% disabled staff in private sector workplaces,
- In public workplaces, they are obliged to employ 4% disabled and 2% ex-convict or injured worker in the fight against terrorism in jobs suitable for their profession, physical and mental status.
- (EKPSS score is required for disabled employment in public workplaces.)

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Project n.: 2019-1-TR01-KA202-074775

Follow-up and Audit/Supervision

In accordance with the 30th article of the Labor Law numbered 4857, the quotas for the obligatory disabled are monitored by the Provincial Directorates of Labor and Employment Agency on a monthly basis. By contacting employers with disabled quotas, requests for disabled workforce received are published on the website of the Institution and efforts are made to close the vacant quotas. As per the provision of the law, employers are obliged to employ disabled workers in jobs suitable for their profession, physical and mental conditions, if the employer does not employ the disabled people who apply to the employer's request and come to the interview because the employer does not find it appropriate or does not fulfill his obligation by not making a request for the disabled quota, the employer's Pursuant to Article 101 of the Labor Law, administrative fines are imposed by the Provincial Directorate of Labor and Employment Agency for each disabled person not employed and each month not employed. Public institutions are not exempted from this fine in any way.

Fines collected from employers for not employing disabled workers; Support technologies are used to enable the disabled to establish their own businesses, to find a job for the disabled, to place the disabled in a job, to adapt them to the job and the workplace and such projects.

By registering with İŞKUR, people with disabilities who are looking for a job are given job and vocational counseling services, or they are directed to courses or on-the-job training programs to increase their professional qualifications or they are tried to be placed in jobs appropriate to their situation. In addition, disabled people are encouraged to start their own businesses.

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