



**Burnout Free**

Early Childhood Intervention Project



Co-funded by  
the European Union

# Burnout **Free** Early Childhood Intervention Training

Material and Content  
for Professionals and  
Parents



# Burnout Free Workbook for Parents in Early Childhood Intervention

**EDITORS:**

**Sonja Alimovic  
Andrea Paulik  
Agapi Papadaki  
Vasiliki Krokou**



This project (No:2021-1-EL01-KA220-ADU-000035230) has been co-funded by ERASMUS+ 2021 Programme, KA220-ADU-Cooperation partnerships in adult education and managed by the Greek National Agency. The European Commission's support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

## Chapter authors:

Vassilis Argyropoulos<sup>1</sup>

Magda Nikolarazi<sup>1</sup>

Maria Papazafiri<sup>1</sup>

Sonja Alimovic<sup>2</sup>

Renata Martinec<sup>2</sup>

Ana Wagner Jakob<sup>2</sup>

Vasiliki Krokou<sup>3</sup>

Agapi Papadaki<sup>3</sup>

Chrysoula–Maria Koulouri<sup>3</sup>

Aikaterini Lymperopoulou<sup>3</sup>

Maria Sfiniadaki<sup>3</sup>

Eleni Vernadaki<sup>3</sup>

Zoi–Mitsi Ourania<sup>3</sup>

Sasha Leone<sup>4</sup>

Carmen Costea–Barlutiu<sup>5</sup>

Ioana–Letitia Serban<sup>5</sup>

Cristina Balas–Baconschi<sup>5</sup>

Andrea Hathazi<sup>5</sup>

Mirjana Marojevic<sup>6</sup>

Marija Naglic<sup>6</sup>

Maria Rosário Baetas<sup>7</sup>

Sónia Fontes<sup>7</sup>

Nikoleta Yoncheva<sup>8</sup>

Virginia Vasileva<sup>8</sup>

Veselina Tincheva<sup>8</sup>

<sup>1</sup>University of Thessaly, Volos, Greece

<sup>2</sup>Faculty of Education and Rehabilitation Sciences,  
Zagreb, Croatia

<sup>3</sup>Amimoni, Athens, Greece

<sup>4</sup>European Association of Service Providers for Persons  
with Disabilities (EASPD), Brussels, Belgium

<sup>5</sup>Babes–Bolyai University, Faculty of Psychology and  
Educational Sciences, Department of Special Education,  
Cluj–Napoca, Romania

<sup>6</sup>Day Care Center „Mali dom – Zagreb“, Croatia

<sup>7</sup>CECD Mira Sintra, Lisbon, Portugal

<sup>8</sup>Karin Dom" Center, Varna, Bulgaria

# Table of Contents

<b>MODULE 1. DEFINITION AND IDENTIFICATION OF BURNOUT IN EARLY CHILDHOOD INTERVENTION</b>	<b>1</b>
1.1. Parental Burnout: Definition and Symptoms	2
1.2. Causes of Parental Burnout	3
1.3. Parental Burnout in ECI Context	4
1.4. Screening instruments and self-assessment tools of parental burnout	6
Assessment tools	10
<b>MODULE 2. RESILIENT ENVIRONMENTS AS A PREVENTIVE FACTOR FOR BURNOUT</b>	<b>14</b>
2.A.1. Resilient Families	15
2.A.2. Tools and Practices	25
2.B.1. Healthy Communities	34
2.B.2. Tools and Practices	38
Assessment tools	42
<b>MODULE 3. TECHNIQUES FOR PREVENTION OF BURNOUT IN EARLY CHILDHOOD INTERVENTION</b>	<b>46</b>
3.A.1. Well-being of Parents having Children with Disabilities	47
3.A.2. Body Awareness and Relaxation Techniques	55
3.B.1. Tools and Practices	57
Assessment tools	68
<b>MODULE 4. IMPLEMENTATION OF BURNOUT FREE TECHNIQUES IN EARLY CHILDHOOD INTERVENTION</b>	<b>74</b>
4.A.1. Identification of Individuals' Needs, Resources and Risks & Burnout Prevention Techniques in ECI	75
4.A.2. Tools and Practices	79

# Table of Contents

<b>4.B.1. ECI Practices and Person-centered Practices</b>	<b>86</b>
<b>4.B.2. Person-Centered Tools and Practices</b>	<b>88</b>
<b>4.C.1. The importance of participating in ECI support groups</b>	<b>93</b>
<b>4.C.2. Tools and Practices</b>	<b>96</b>
<b>Assessment tools</b>	<b>99</b>
<b>ANNEX</b>	<b>102</b>

# INTRODUCTION

The Training material covers the need of enriched knowledge on burnout prevention techniques for parents with children with disabilities. It proposes mutually empowering practices to meet common requirements and challenges in their parental role and in participating effectively in ECI services. This training material was produced with the contribution of University Professors, management team and professionals from the organizations participating in the Burnout Free ECI project.

The proposed material is innovative as it goes beyond the best of what has been achieved so far in the field of burnout prevention, incorporating the suggestions of all those who face challenges and are at risk of burnout, while taking care and supporting the children with disabilities.

The content of this material leads to a Burnout Free ECI Methodology that will have a major impact on parents and children with disabilities since it will:

- enhance personal wellbeing
- improve the quality of care and education to the children with disabilities
- identify resources and practical tools to address stressful situations effectively
- lighten the burdens of parents, foster their resilience and create better chances for social inclusion.

## **Module 1.**

# Definition and Identification of Burnout in Early Childhood Intervention

**Maria Papazafiri, Magda Nikolarazi, Vassilis  
Argyropoulos,**



# Introduction

This module introduces you to the definition, causes and tools for identification of burnout.

After the completion of this module, you will be aware regarding:

- the meaning and symptoms of parental burnout
- the differences between parental stress and parental burnout
- the causes of parental burnout
- parental burnout in early childhood intervention context
- screening and self-assessment tools for parental burnout



# 1.1. Parental Burnout: Definition and Symptoms

Maria Papazafiri, Magda Nikolarazi, Vassilis Argyropoulos

Parenting can be a very stressful experience because parents try to adjust to their child's needs while reducing the time they spend for themselves (Lebert-Charron, et al., 2018; Sadziak, et al., 2019). As a result from chronic exposure to parenting stress, parents may feel burnout (Roskam et al., 2017; Mikolajczak et al., 2018), which is a syndrome with exhaustion as a main symptom. Parents may feel extremely tired while dealing with several issues daily regarding their children. Also, another symptom is the emotional distance from their children because parents do not want to get involved in parenting tasks or interacting with their children and building a relationship. Finally, they have the feeling of low accomplishment. Parents may feel that they are good parents or that they do not apply effective parenting practices (Mikolajczak et al., 2018; Roskam et al., 2018).

Although parental burnout is stress-related, parental burnout goes beyond ordinary parenting stress in duration and severity since it refers to situations that the burden of perceived stress overwhelms one's personal coping resources with serious consequences for parents, the couple, for parent-child interaction and the children, considering that parental burnout may limit positive parenting practices and increase levels of parental neglect and violence (Mikolajczak et al., 2018).

## 1.2. Causes of Parental Burnout

A risk factor model for Parental Burnout was developed by Mikolajczak et al. in 2018. Based on this model, there are two dimensions a. factors such as neuroticism, attachment avoidance, role restriction in parenthood, exposure to conflict in the couple, and family disorganization, and b. emotional intelligence, self-efficacy beliefs, positive parenting, co-parental agreement, practical support from the co-parent, and marital satisfaction. On the other hand, Mash and Johnston in 1990 proposed another model which includes three categories of factors a. "child characteristics", b. "parent characteristics", and c. "environmental characteristics".

In literature, the highlighted risk factors regarding the aforementioned models, are associated with the will to be perfect parents, the lack of management abilities, lack of emotional or practical support from their spouse, poor child-rearing practices, the age of children, the number of children, having children with disabilities or severe health conditions or behavioral problems, having an adopted or a foster child, being a single parent, having inadequate living space, having a low household income or having financial difficulties, part-time jobs, or not working, or working more than 9 hours per day, and personal characteristics (Lindhal-Norberg 2007; Mikolajczak, & Roskam, 2020; Lebert et al., 2018; Séjourné, et al., 2018).



Personality characteristics as it is emphasized play a key role regarding the development of Burnout (Kawamoto et al., 2018). Perfectionism is one of the personality characteristics that researchers and practitioners focus on, because it increases the chances of parental burnout including high self-standards, crucial self-criticism, trying to appear perfect in the social environment etc. Especially, mothers are affected by the myth of the “perfect mother” according to which the mother has multiple and perfectly balanced roles (Séjourné et al., 2018; Sorkkila & Aunola, 2020).

All these causes, do not necessarily lead to Parental Burnout. It is important to clarify that they lead to Parental Burnout when they coexist with lack of appropriate resources to cope with. This theory is based on the demands-resources model reflecting a situation when demands exceed the resources available, leading to burnout (Demerouti et al., 2001). The major percentage of parents has access to some appropriate resources such as recreational time, relaxation, activities and support (Mikolajczak & Roskam, 2020).

## 1.3. Parental Burnout in ECI Context

Parental Burnout in ECI context is a complex issue that can have significant implications for both parents and their children. Parents of children with disabilities frequently experience high levels of parenting stress than parents of typically developing children, especially during the first years of their child's life and particularly in the period surrounding their child's diagnosis (Krstić et al., 2021; Hsiao, 2017). Parental stress levels are impacted by a combination of inherent factors (i.e. verbal communication abilities, and challenging behaviors) and external factors (social support, and family conditions) (Staunton et al., 2023).

The period immediately following a disability diagnosis can be overwhelming for parents. They may experience grief, shock, and a range of emotions as they come to terms with the diagnosis. Studies mentioned that parents might show persistent signs of depression, and psychological challenges (Barak-Levy & Paryente, 2023; Smythe et al., 2021). Additionally, another stress factor is the financial strain. Caring for a child with a disability can be expensive, with costs associated with medical care, therapies, and specialized equipment (Goudie et al., 2014). Moreover, parents may need to coordinate various medical appointments, therapies, and services for their child. Understanding the healthcare system, advocating for their child's needs, and managing appointments can be overwhelming (Mbatha & Mokwena, 2023; Smith-Young et al., 2020). In addition, the families may feel isolated as they deal with the daily demands of caregiving (Staunton et al., 2023). Another stressful factor that families with children with disabilities face is the management of the relations with the siblings. Siblings of children with disabilities may also experience stress and mixed emotions and they need the appropriate attention and adjustments in their everyday life (Guidotti et al., 2021).

Early childhood intervention programs are designed to support families with young children who have disabilities (Wang et al., 2023). Recognizing and addressing parental burnout in the context of early childhood intervention is essential for ensuring that parents can provide the best possible care for their children. By offering comprehensive support and resources, ECI programs can help parents navigate the challenges they face and promote the well-being of both parents and children in these critical early years. Professionals in ECI contexts might use a variety of screening tools to identify parental burnout or parents themselves can use self-assessment tools.

# 1.4. Screening instruments and self-assessment tools of parental burnout

Parental Burnout (PB) is a very serious condition which can have detrimental impact on parents, and children (Aunola et al., 2021). Thus, it is important to get early and valid diagnosis. An assessment procedure, remote or in person, from a specialist such as a psychologist or doctor trained to Parental Burnout is necessary. This procedure will give the parent the appropriate space to share his thoughts and feelings (Mikolajczak & Roskam, 2020).

There are some assessment tools which have been developed, but the use of these tools by practitioners is limited (Brianda et al., 2023). Researchers and practitioners highlight that the most appropriate way to assess burnout is to use various informants and various methods such as valid assessment tools, self-assessment questionnaires, testimonials etc. (Brianda et al., 2023). Using the combination of assessment methods is important because a starting point for a dialogue with family and a search for appropriate professionals will begin (Mikolajczak & Roskam, 2020).

The two most well-known validated assessment tools for burnout are the Parental Burnout Inventory (PBI) (Roskam et al., 2017) and the Parental Burnout Assessment (PBA) (Roskam et al., 2018).

**The Parental Burnout Inventory (PBI)** has been created by Roskam, Brianda, & Mikolajczak, in 2018. It is based on the Maslach Burnout Inventory, one of the most important assessment tools on burnout. In fact, they carried the Malasch Burnout Inventory (Maslach, Jackson & Leiter, 1986) from professional to parental context. The PBI has a tridimensional structure a. emotional exhaustion, b. emotional distancing, and c. loss of personal accomplishment (Roskam et al., 2017).

In fact, it is a self-report questionnaire consisting of 22-items. More specifically, the PBI has 8 items for the dimension of Emotional Exhaustion, 8 items regarding Emotional Distancing, and 6 items regarding Loss of Parental Accomplishment. All items are rated on 7-point Likert scales (0- never, 1-a few times a year or less, 2- once a month or less, 3-a few times a month, 4-once a week, 5-a few times a week, and 6- every day.

**The Parental Burnout Assessment (PBA)** was designed by Roskam et al. (2018) based on burned-out parents' testimonies. The PBA has four dimensions)

1. exhaustion related to one's parental role,
2. feelings of being fed up with one's parental role,
3. emotional distancing from one's children,
4. contrast with previous parental self.

It consists of 23 items and is rated on a 7-point scale ranging from never (value 0) to daily (value 6).

You can find the PBA validated in several languages (e.g., Arabic, Chinese, English, Farsi, Finnish, Japanese, Polish, Portuguese, Romanian, and Spanish) (Roskam et al., 2021).

To try the test please visit <https://en.burnoutparental.com/test-pba-en>

Also, at the literature someone can find several other assessment tools for parental burnout such as:

**Brief Parental Burnout Scale (BPBs)** is a brief scale developed by Aunola et al in 2021 aimed to identify burnout parents and parents at risk and it is based on Parental Burnout Assessment (PBA). The BPBs has only 5-items recoded into a 3-point response scale (A-daily, B-once or twice a week, C- more seldom/never) (Aunola, et al., 2021). It was designed to be easy for practitioners to use it in the early detection of parental burnout.

**Parental Burnout Measure (PBM-12)** is a new scale developed by Sekułowicz et al. (2022) for measuring burnout of parents of children with disabilities contains 2 dimensions a. exhaustion (E), and b. helplessness (H). It has and 12 items and a four-point Likert items (Sekułowicz et al., 2022).

**Parenting Stress Index™, Fourth Edition** designed by Richard R. Abidin, EdD is a diagnostic or screening tool to evaluate the parenting system. It Has 120 items regarding three major domains of stress: a. child characteristics, b. parent characteristics, and d. situational/demographic life stress. To learn more about the PSI-4 or buy it please visit <https://www.parinc.com/Products/Pkey/335>

**Parenting Stress Index Short Form (PSI-s)** designed by Richard R. Abidin, EdD has been used to measure parenting stress. PSI has 36 items related to statements as self-report of parenting stress. It includes three axes: a. Parental Distress, b. Parent-Child Dysfunctional Interaction and c. Difficult Child. Each axe consists of 12 items rated from 1 (strongly disagree) to 5 (strongly agree). To learn more about the PSI-4 or buy it please visit <https://www.parinc.com/Products/Pkey/335>

**Shirom-Melamed Burnout Measure (SMBM)** is an assessment tool that assesses exhaustion and has been designed by Shirom and Melamed in Sweden in 1989. The SMBM includes three subscales. More specifically, a. physical fatigue, b. emotional exhaustion, and c. cognitive weariness. It has 14 items. All items are rated on 7-point Likert scale (1- Never or almost never, 2-Very infrequently, 3-Quite infrequently, 4-Sometimes Quite, 5-frequently Very, 6-frequently " 7-Always or almost always). To find the test please visit <https://scales.arabpsychology.com/s/shirom-melamed-burnout-measure-smbm/>

**The Parental Stress Scale (PSS)** is an assessment tool regarding parents' feelings which was developed by Berry and Jones in 1995. It has 18-items regarding the parenting role focusing on both positive aspects and negative aspects of parenthood. All the items are rated from 1 to 5 (1- Strongly disagree, to 5-Strongly agree). To find the scale please visit <https://www.corc.uk.net/outcome-experience-measures/parental-stress-scale-pss/>

Also, you can find various online self-assessment tests. Below you can find some of them as examples:

A short online quiz from **Psyched mommy** to find out if you are at risk for parental burnout. It has 20 items, and the user has to answer the statements by choosing one of the 7 answers related to frequency (from Never to Every day).

To take the test please visit:

<https://www.psychedmommy.com/burnout-quiz>

**BurnOut Mom Quiz** is an online self-assessment tool. It has 36 questions.



# Assessment tools



## 1. PARENTAL BURNOUT

### 1. Choose Truth or False for the statement below:

Professionals in ECI need to share with families the experience of having a child with disability, cooperate with them in order to find solutions to everyday challenges, to find resources and especially financial ones, and take serious decisions having always in mind the child's overall development.

T / F

# REFERENCES

1. Aunola, K., Sorkkila, M., Tolvanen, A., Tassoul, A., Mikolajczak, M., & Roskam, I. (2021). Development and validation of the Brief Parental Burnout Scale (BPBS). *Psychological Assessment*.
2. Berry, J.D. & Jones, W.H. (1995) The Parental Stress Scale: initial psychometric evidence. *Journal of Social and Personal Relationships*, 12, 463 – 472).
3. Brianda, M. E., Mikolajczak, M., Bader, M., Bon, S., Déprez, A., Favez, N., & Roskam, I. (2023). Optimizing the Assessment of Parental Burnout: A Multi-informant and Multimethod Approach to Determine Cutoffs for the Parental Burnout Inventory and the Parental Burnout Assessment. *Assessment*, 10731911221141873.
4. Carvalho, L., Almeida, I. C., Felgueiras, I., Leitão, S., Boavida, J., & Franco, V. (2020). Recommended Practices in Early Childhood Intervention—A Guidebook for professionals.
5. Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied psychology*, 86(3), 499.
6. Hassall, R., Rose, J., & McDonald, J. (2005). Parenting stress in mothers of children with an intellectual disability: The effects of parental cognitions in relation to child characteristics and family support. *Journal of intellectual disability research*, 49(6), 405–418.
7. Karadavut, K. I., & Uneri, S. O. (2011). Burnout, depression and anxiety levels in mothers of infants with brachial plexus injury and the effects of recovery on mothers' mental health. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 157(1), 43–47.
8. Kawamoto, T., Furutani, K., & Alimardani, M. (2018). Preliminary validation of Japanese version of the parental burnout inventory and its relationship with perfectionism. *Frontiers in Psychology*, 9, 970
9. Kwiatkowski, P., & Sekulowicz, M. (2017). Examining the Relationship of Individual Resources and Burnout in Mothers of Children with Disabilities. *International journal of special education*, 32(4), 823–841.
10. Lebert–Charron, A., Dorard, G., Boujut, E., & Wendland, J. (2018). Maternal burnout syndrome: Contextual and psychological associated factors. *Frontiers in psychology*, 9, 885.
11. Lindahl Norberg, A. (2007). Burnout in mothers and fathers of children surviving brain tumour. *Journal of clinical psychology in medical settings*, 14(2), 130–137.

12. Mash, E. J., & Johnston, C. (1990). Determinants of parenting stress: Illustrations from families of hyperactive children and families of physically abused children. *Journal of Clinical Child Psychology*, 19(4), 313–328. [https://doi.org/10.1207/s15374424jccp1904\\_3](https://doi.org/10.1207/s15374424jccp1904_3)
13. Maslach C., Jackson S. E., & Leiter M. P. (1986). *Maslach Burnout Inventory*. Palo Alto, CA: Consulting Psychology Press.
14. Mikolajczak, M., & Roskam, I. (2020). Parental burnout: Moving the focus from children to parents. *New directions for child and adolescent development*, 2020(174), 7–13.
15. Mikolajczak, M., Brianda, M. E., Avalosse, H., & Roskam, I. (2018). Consequences of parental burnout: Its specific effect on child neglect and violence. *Child abuse & neglect*, 80, 134–145.
16. Roskam, I., Brianda, M.E., & Mikolajczak, M. (2018). A step forward in the conceptualization and measure of parental burnout: The Parental Burnout Assessment (PBA). *Frontiers in Psychology*, 9, 758
17. Roskam, I., Raes, M. E., & Mikolajczak, M. (2017). Exhausted parents: Development and preliminary validation of the parental burnout inventory. *Frontiers in psychology*, 163.
18. Roskam, I., Brianda, M. E., & Mikolajczak, M. (2018). A step forward in the conceptualization and measurement of parental burnout: The Parental Burnout Assessment (PBA). *Frontiers in psychology*, 9, 758.
19. Roskam, I., Aguiar, J., Akgun, E., Arikan, G., Artavia, M., Avalosse, H., ... & Mikolajczak, M. (2021). Parental burnout around the globe: A 42-country study. *Affective science*, 2(1), 58–79.
20. Sadziak, A., Wilinski, W., & Wieczorek, M. (2019). Parental burnout as a health determinant in mothers raising disabled children. *Baltic Journal of Health and Physical Activity*, 11(3), 8.
21. Séjourné, N., Sanchez-Rodriguez, R., Leboullenger, A., & Callahan, S. (2018). Maternal burn-out: an exploratory study. *Journal of reproductive and infant psychology*, 36(3), 276–288.
22. Sekułowicz, M., Kwiatkowski, P., Manor-Binyamini, I., Boroń-Krupińska, K., & Cieślik, B. (2022). The Effect of Personality, Disability, and Family Functioning on Burnout among Mothers of Children with Autism: A Path Analysis. *International Journal of Environmental Research and Public Health*, 19(3), 1187.
23. Shirom, A. (1989). Burnout in work organizations. *International Review of Industrial and Organizational Psychology*, 4, 26 – 48.
24. Sorkkila, M., & Aunola, K. (2020). Risk factors for parental burnout among Finnish parents: The role of socially prescribed perfectionism. *Journal of Child and Family Studies*, 29(3), 648–659.

## Online sources/Websites/Tools:

- 1.The Parental Burnout Inventory.  
<https://en.burnoutparental.com/test-pba-en>
- 2.Parenting Stress Index.  
<https://www.parinc.com/Products/Pkey/335>
3. Parenting Stress Index Short.  
<https://scales.arabpsychology.com/s/shirom-melamed-burnout-measure-smbm/>
- 4.The Parenting Stress Scale. <https://www.corc.uk.net/outcome-experience-measures/parental-stress-scale-pss/>
- 5.Burnout Quiz by Psyched Mommy.  
<https://www.psychedmommy.com/burnout-quiz>
6. Burnout Mom Quiz. <https://momswellbeing.com/burned-out-mom-quiz/>

## **Module 2.**

# **Resilient Environments as a Preventive Factor for Burnout**

**Sonja Alimović, Renata Martinec, Ana Wagner Jakab, Koulouri Chrysoula-Maria, Lymperopoulou Aikaterini, Sfiniadaki Maria, Vernadaki Eleni, Zoi-Mitsi Ourania**



# Introduction

In the previous module, you were introduced to the definition and identification of burnout, as well as the causes of burnout and the role of ECI in early identification of parental burnout. In this module you will learn about the conditions of the environment and the family aimed at preventing burnout.

After the completion of this module you will be able to:

- recognize the key characteristics of resilient families
- plan the actions for your family's well-being improvement
- work on the improvement of your family cohesion
- recognize the key characteristics of healthy communities
- understand the importance of Ecological Perspective
- recognize the benefits of becoming an active member in your community
- make use of local assets and resources

# 2.A.1. Resilient Families

Sonja Alimović, Renata Martinec, Ana Wagner Jakab

## Promoting Resilient People and Families

Noun **resilience** means not only elasticity, the ability of a substance or object to bounce back into shape, but also the capacity to withstand or to recover quickly from difficulties; toughness (<https://languages.oup.com/google-dictionary-en/>).

Resilience is not an inbred trait and as such stable throughout life. It could be said that resilience is an oxymoron—it develops when a person or family faces challenges and difficult situations. For this reason, resilience is a developmental construct and a dynamic process, and not a static set of qualities (Hawely & de Haan, 1996).

Personal or family resilience is the capacity to face and deal with difficult life situations, using personal or family resources that help individuals or the family system to face changes and challenges in a healthy and strong way.

Certain factors can either increase vulnerability or provide support to individuals or families in coping with challenges. Vulnerability factors encompass poverty, violence, premature birth, single-parent households, divorce, maltreatment, illness, psychological issues, homelessness, and significant trauma like war, natural disasters, or the loss of a loved one. (Masten & Reed, 2002; Fernandez et al., 2013). Numerous studies have also shown that parenting a child with difficulties may also affect family dynamics (Hogan, Shandra & Msall, 2007).

Regarding the fact that risk factors can appear repeatedly or simultaneously we can talk about cumulative risk (Masten & Reed, 2002).



Protective factors are qualities of persons or contexts that make certain high-risk situations easier to overcome. Protective processes refer to the way protective factors work (Masten & Reed, 2002). Individual protective factors, such as hardiness, encompass a set of personality traits that function as a source of resilience when confronting stressful situations, along with a problem-solving oriented approach to coping (Dolbier et al., 2007).

Three basic elements comprise hardiness. The first is when one perceives challenge or change as normal and natural and opportunity for his/her personal growth. The second is commitment which means having purpose in our life and active involvement in directing life. Finally, it is control, which is belief that we are capable of impacting life circumstances.

Even though some people develop resilience naturally by themselves it is possible to raise resilience by learning and supporting some behaviors.

If you, as parents try to build your own personal resilience, you can work on your own growth and development and build skills over time (accepting change, raising self-awareness, setting goals and problem solving skills, nurture optimism and yourself in general, become more proactive etc.) (<https://www.verywellmind.com/ways-to-become-more-resilient-2795063>)



In reference to Fernandez et al. (2013), the notion of family resilience redirects the attention from individual family members and their personal resilience towards the collective strengths of the family unit as a protective factor. Within this context, some key protective factors include effective coping strategies, family cohesion, and the family's belief system. Positive coping strategies are those geared towards problem-solving. Cohesion denotes the interconnectedness among family members, where they share a common objective and work together to achieve outcomes that benefit the family. Spirituality is identified as one of the positive family values that contributes to overall family well-being.

**In building resilience in your own family, you can use some tips yourself such as: spending and planning time together with family, improving communication (active listening and clear expression), embracing differences, reminding yourselves on strenghts and uniqueness of your family, nurture positive attitude.**  
**(<https://everymind.org.au/news/building-family-resilience>)**

Bayat and Schuntermann (2013) explored the promotion of resilience within families of children with developmental disabilities, mainly those with autism. They underscored the significance of deriving meaning from a child's disability as a crucial aspect in enabling families to effectively cope with and adapt to the challenges posed by the disability. The process of attributing meaning to disability by family members plays a pivotal role in utilizing familial resources, which serve as protective factors. This process aids in structuring the family unit and establishing equilibrium between available resources, stressors, and demands, commonly referred to as risk factors.

Recognizing the centrality of meaning-making in fostering parental resilience, it becomes imperative to encourage individuals to openly articulate their experiences, perceptions, and emotions. Such dialogue should occur on a regular basis. For instance, in the initial stage, one can delve into what the disability signifies and how it impacts both the child and the entire family. On a deeper level, consideration can be given to how the child's disability influences one's identity as a parent, and family members can ascertain their roles concerning meeting the child's needs. Ultimately, the child's disability can impart a distinct meaning to one's perspective on the world. Being aware of the global and specific implications of a child's disability can greatly assist in coping, nurturing resilience, and upholding the functionality of the family unit. Given that spirituality plays a significant role in fostering family adaptation and providing support to family members during crises, it is crucial for professionals to honor and acknowledge the family's belief system (Bayat and Schuntermann, 2013).

### **Key take away**

In facing difficult situations, it is important to find present meaning and also build new meaning. It is not only adaptation it is also transformation. Challenging situations bring some losses, but from these losses some new strengths and values can be developed. Encouraging resilience means helping others (or yourself) to see already existing individual or family strengths, but also to find new ones that emerged from challenges.

## Effective parenting

Parenting supports a child's holistic development encompassing physical, emotional, social, and intellectual aspects, starting from infancy and extending into adulthood, as indicated by Brooks (2012).



Parental style affects child development (Joseph and John, 2008). However, Fletcher et al. (2005) stresses out that we have to consider parenting practices too. Parenting practices are behaviours like parental engagement in child's schooling, activities and are associated with parental disciplinary strategies.

The Canadian Paediatric Society (2004) advocates for a form of discipline that is characterized by a strong emotional connection with the child, consistency, a perception of fairness, alignment with the child's developmental stage and temperament, and a focus on self-improvement, ultimately fostering self-discipline.

Parenting strategies have to be appropriate to the child's development, disposition and age. Therefore, they will not be the same for the infants as for teenagers:

a) **Infants** need security and protection, so you need to fulfil their needs like feeding, sleeping, playing and interaction with others. During infancy attachment develops. The attachment is a profound and long-lasting emotional connection of two persons in time and space (Ainsworth, 1973), and the lack of attachment can cause damage to child's wellbeing. To develop secure attachment, infants have to constantly receive attention and affection from their parents as they fulfil their needs. Children with secure attachment will develop as independent, warm persons without fear of being abandoned (Schipor & Bujor, 2018). Having a child with an impairment, you may focus on your child's health, assessments and rehabilitation and face many hospitalizations. You may deal with grief due to the loss of your 'imaginary child'. Therefore, you can miss important signals a child is showing and not fulfilling your child's needs which will lead to mistrust in a child and disturb the development of attachment.



b) During the **toddler** years, children experiment and exercise their own will and often get frustrated which will lead them to misbehaviour and tantrums. You have to keep calm and careful with reactions since punishment can only aggravate the behaviour. You have to set limits and establish routines. You must provide guidance and instruction to your child, ensuring the safety of your toddler while also managing aggression and deterring destructive behavior. A significant number of parents tend to exhibit excessive protectiveness towards their children with disabilities, and this, in turn, limits these children's chances to explore and engage with their surroundings. This way the child lacks the opportunity for spontaneous learning in real environment.

c) **Preschool** children need consistency in rules and actions and praising good behaviour. They develop social skills through social connections with peers. This way children learn how to be responsible and self-disciplined. As with younger children, many parents of children with disabilities keep being overprotective, they indulge the child which hinders social development. Besides, many children with disabilities have less opportunities to be involved with peers, due to many individual rehabilitation treatments.

---

Although you need to adapt your parenting strategies to your child's age and development, some strategies should always be the same. Many authors now describe techniques of positive discipline, and some important that should be used with all children are:

a) **Consistency** – setting appropriate limits and rules and making them clear to your child by telling and showing the example. Behave according to those limits and rules all the time in all situations. If rules have to be broken in some situations, this should be explained to the child.

b) **Positive communication** – active listening with being open and respecting your child's opinion and feelings. Reflecting what child is communicating and explaining feelings. Controlling your own communication, speaking clearly and considering the tone of the voice and with children with disability using alternative, appropriate forms of communication

- c) **Positive reinforcement** – praising and acknowledging good behaviours and actions. Focusing on strengths and positive behaviours. Praising the tasks well done. Explaining what is well done and which behaviour is good to be praised, like “it was very nice that you have shared your toys during the play”.
- d) **Redirection** – focusing child’s attention to something else while misbehaving.
- e) **Time in** – spending quality time with child. Engaging in one-to-one leisure activities
- f) **Time out** – removing the child from the situation for pre-set time, after the previous warning, when the child misbehaves.

*Suggestions for further reading:*

<https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/pdfs/infants-0-1-w-npa.pdf>

<https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/pdfs/toddlers-1-2-w-npa.pdf>

<https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/pdfs/Toddlers-2-3-w-NPA.pdf>



## Supportive environment



Supportive environment is created in a way that promotes good relations, a positive atmosphere, open and kind communication. Such an environment encourages development and promotes well-being, and it is important for children and parents. Supportive environment for children must be safe and will encourage exploring, and at the same time it will be structured and provide predictability that will make the child feel secure and trusting towards people. Child must have a responsive person, who supports independence and feeling of competence (The Iris Centre, 2015).

To achieve such an environment, we have to design physical environments. We have to child-protect all dangerous places in the environment, like stairs, corners, hard edges etc. We have to create the playing area and learning centres filled with different materials. For children with disabilities, we have to motivate the child to explore and move. Many children with disabilities in early childhood have a delay in motor development, so they explore only the environment within the reach of the hand. Therefore, we have to bring everything closer to them. So, we should provide them with different, multisensory materials, not only toys but also the objects from everyday use.

A supportive environment also creates opportunities for interaction with parents, other family members and peers. Many children with disabilities have to be encouraged to communicate, and they lose interest in communication as soon as other person does not respond to their signals. Therefore, you must be very responsive to your child's signals. You have to encourage and wait for the child's reaction when provoked. Your singing, reading, storytelling in slow and soft voice can encourage your child's attention to communication.

As much as a supportive environment is important for children, it is important for parents, too.

Having a child with a disability many times means that you lack support from your friends and other people from your community. Your friends do not know how to provide support, sometimes feel sad for you or even start avoiding you. On the other hand, you have too many other issues to handle, spend a lot of time on therapies with the child and have no time to meet your friends. Therefore, it is good to receive support from professionals. Support from professionals should include providing information and practical assistance, positive role models and demonstration of activities, so as emotional affirmational support sometimes even counselling. Additionally, it's essential to be knowledgeable about where and how to access the specific type of assistance they require (Douma, 2006; Letourneau, 2001).

Parents of children with disabilities usually recognize group support meetings as a good social support. During the meetings of those groups, you can exchange experiences, different information and practical advices, and listen and support each other.

Besides the support from professionals, you will also benefit from formal and informal social support. While there may be variations between mothers and fathers, workplace informal social support and employer-offered formal, family-oriented benefits and policies can both contribute to your overall well-being (Greenberger et al., 1989).





# 2.A.2. Tools and Practices

The many tasks and responsibilities involved in raising children with additional needs can be associated with feelings of worry and exhaustion, but it can also be an interesting journey of discovering your resilience and personal growth. In line with contemporary knowledge resilience can be considered as the ability to be satisfied, fulfilled, and empowered after something difficult or bad has happened. Although such thinking will be unusual or impossible for some of you, you need to know that being resilient is a process that includes learning, discovering, empathy, cooperation, and self-care.

So, here are some discussion points, suggestions, strategies, and activities to build resilience with the aim of improving your own well-being, fostering positive family dynamics and positive parent-child relationship.

## 1. Discussion points

WHAT MAKES ME STRESSED?



---

---

---

HOW DO I REACT TO BEING STRESSED?



---

---

---



---

---

---

WHAT OTHER POSITIVE COPING STRATEGIES COULD I TRY?



---

---

---

WHAT MAKES ME FEEL GOOD? WHAT DO I ENJOY?

WHAT AM I DEPRIVING MYSELF OF?

WHAT WOULD I LIKE OTHERS TO KNOW OR DO?



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE A GOOD DAY



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE A BAD DAY



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2) Suggestions on how to overcome stressful and challenging situations that may occur in family life:

- Explore different viewpoints and contemplating areas of success and potential enhancement.
- Be able to discern both the favorable and challenging aspects of an issue.
- Gain insights from prior experiences to either avert or mitigate the recurrence of similar situations in the future, or to modify the customary reaction to adverse events.
- Engage with the everyday challenges and disruptions that arise in family life. If you extend kindness and self-compassion, you will handle family life with increased patience.
- Establish a schedule with your child, designating specific time slots for both educational activities and play. Particularly in moments of crisis or change, there might be a need for some flexibility in these routines. At the same time, it is important that you maintain a schedule and consistency.
- Empower your child to build trust in their ability to resolve issues and make sound decisions.
- A positive and optimistic outlook can empower children to perceive the positive aspects of life and persevere, even in the face of the most challenging circumstances.
- Change can frequently evoke fear in children and teenagers. Assist your child in recognizing that change is a natural aspect of life, and new aspirations can take the place of goals that may no longer be achievable.

### 3) Strategies to build resilience

#### **PRACTICAL STRATEGIES**

- Incorporate enjoyable and healthy activities into your daily schedule. This will rejuvenate you and prevent feelings of exhaustion.
- Prioritize the well-being of your physical and mental health, as it forms the cornerstone for effectively handling the demands of daily life.
- Write a journal – organise your thoughts and experiences. This is an evidence-based strategy for improving coping skills and reducing stress.
- Talk to others who may have advice or strategies that could help you in your situation. Often others who have already overcome the same problem are the best advisors.
- Seek insight in any given circumstance. What valuable lessons can be gleaned from both positive and less favorable results?
- Allow yourself to take a break – reward yourself with something you love and enjoy.

#### **EMOTIONAL STRATEGIES**

- Be kind to yourself. Treat yourself as you would comfort and support a close friend who has undergone a similar experience.
- Reach out to others for support, sharing your emotions. Compassionate individuals have the ability to significantly improve our well-being.
- Discuss with a friend. Can he or she provide a different perspective?
- Allow yourself to experience disappointment, sadness, or any other emotion you need to process. If possible, try to confine these emotions to moments when you can manage them effectively; this is a constructive approach for developing self-control. If you find it challenging to manage or alleviate stress or intense feelings, don't hesitate to reach out to a friend, a trusted individual, or seek professional assistance.
- Use humour.

## PHYSICAL STRATEGIES

- Rest. Give yourself the necessary time to rejuvenate. Your body and mind require rest and approximately 6 to 7 hours of sleep (or more if you're fortunate).
- Deal with your fatigue. If you find yourself lacking in energy, structure your daily activities in a way that aligns your peak energy levels with the most crucial moments.
- Get moving. Be active. Discover an activity that brings you joy, be it hiking, gardening, or yoga. If you can't find the time,, formulate a plan to incorporate physical activity into your life in the upcoming days.
- Start meditating, deep breathing, mindfulness, or engage in another form of psychophysical relaxation. Developing the ability to physically soothe yourself offers a multifaceted advantage, promoting emotional, cognitive, and behavioral calmness.

## 4) Activities

### A) CIRCLES OF SUPPORT

Think about all areas of your life (family, friends, colleagues, acquaintances, and organisations who can help you to feel physically, mentally, and emotionally well. Put them in the circle depending on how close you are to them. Write in each circle what kind of support you can ask from them (or would like to seek). This can help you to know who can support you in different situations and to remind you that you don't have to cope alone.

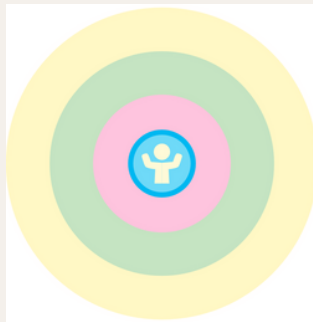


FIGURE 1. CIRCLES OF SUPPORT

## B) MOOD JOURNAL

A mood journal can help you to identify and recognise your emotions, and to understand their causes and triggers. It also can support you in exploring new and/or different coping skills.

SITUATION	EMOTION	RATE INTENSITY (0 – 100)	HOW DID I REACT	HOW ELSE COULD I HAVE REACTED OR DONE
-----------	---------	--------------------------	-----------------	---------------------------------------

## C) GRATITUDE LIST

Many times, in our life we are focused on negative experiences. However, life also consists of beautiful and pleasant things. Try to think about what is good and inspiring in your life and what you are grateful for. Perhaps we should remember and enjoy them more often. So, for example, you can personally or together with other family members think about everything you are grateful for and fill in the table below.

I wish to thank... We wish to thank...	
I am grateful for... We are grateful for...	
I feel supported when... We feel supported when...	
I appreciate... We appreciate...	
It makes my day when... It makes our day when...	
I enjoy when... We enjoy when....	
I am grateful to my family for... We are grateful to our family for...	

TABLE 1. GRATITUDE LIST

## D) WISH BOARD – VISUALIZE YOUR GOALS AND DREAMS

Create your personal or family vision board that represents your life goals and dreams. It can be a daily reminder of what you are striving for, and a motivator for setting smaller goals and strategies that will make it possible. You can make it on plain paper using different visually art tools, colours, photographs, drawings, words, poems, quotes, affirmations, etc. Template for vision board can be also good idea giving some guidelines (figure 9). Further, you can use some digital version by using a tool like Canva – Free Vision Board Maker (an online editing software) to make a digital vision board that you can make your computer wallpaper or print out.



FIGURE 2. WISH BOARD

## E) RESILIENCE PLAN

This exercise will help you use your resilience resources to create a personal resilience plan that can help you overcome current or future challenges.



<p><b>Step 1:</b> Describe your current difficulty</p>	<p>Describe your current challenge or difficult situation(s).</p>
<p><b>Step 2:</b> Identify supportive people around you</p>	<p>Name people who are supportive in your life, who keep you upright when it would be easier to fall.</p>
<p><b>Step 3:</b> Identify strategies</p>	<p>For instance, are there specific methods you employ, such as meditation, keeping a gratitude journal, taking a walk, enjoying particular music, or receiving a massage, to alleviate stress?</p>
<p><b>Step 4:</b> Identify sagacity</p>	<p>Sagacity embodies the wisdom and discernment you possess, whether it is drawn from sources like song lyrics, novels, poems, spiritual texts, quotes from notable figures, the counsel of grandparents, or your own life experiences.</p>
<p><b>Step 5:</b> Define solution-oriented behavior</p>	<p>Which proactive behaviors do you display to address the issue effectively? For instance, do you find it necessary to acquire fresh information, strategize, engage in negotiations, express your thoughts, or seek assistance from others?</p>
<p><b>Step 6:</b> Execute your resilience plan</p>	<p>The subsequent action involves implementing your resilience plan. To accomplish this, determine the sequence in which you will employ your diverse sources of support, strategies, wisdom, and solution-oriented actions. Where should you begin with your resources? Typically, the most appropriate starting point is the smallest step you can take. To create your resilience plan, as depicted in Figure 2, mark the number 1 next to the initial resource you plan to employ. Proceed to assign numbers in a logical sequence to the various resources you intend to use. After that, implement your first resource and continue following your resilience plan step by step until you have effectively overcome the challenge.</p>
<p><b>Step 7:</b> Evaluate your resilience plan</p>	<p>Consider the following question:</p> <ul style="list-style-type: none"> <li>• What has your experience been like in putting your resilience plan into action? Has it proven effective in helping you overcome the challenge?</li> <li>• Which particular resources, be it skills, support, strategies, or insights, were most beneficial to you, and what were the reasons for their effectiveness?</li> <li>• Have you not used any resources, and if so, why?</li> <li>• Is there any further information or elements you wish to incorporate into your resilience plan?</li> <li>• Are there other areas in which you could apply your resilience plan, and if so, how might this lead to improvements in your overall well-being or circumstances?</li> </ul>

TABLE 2. RESILIENCE PLAN

Difficult situation: The child has not been admitted to kindergarten

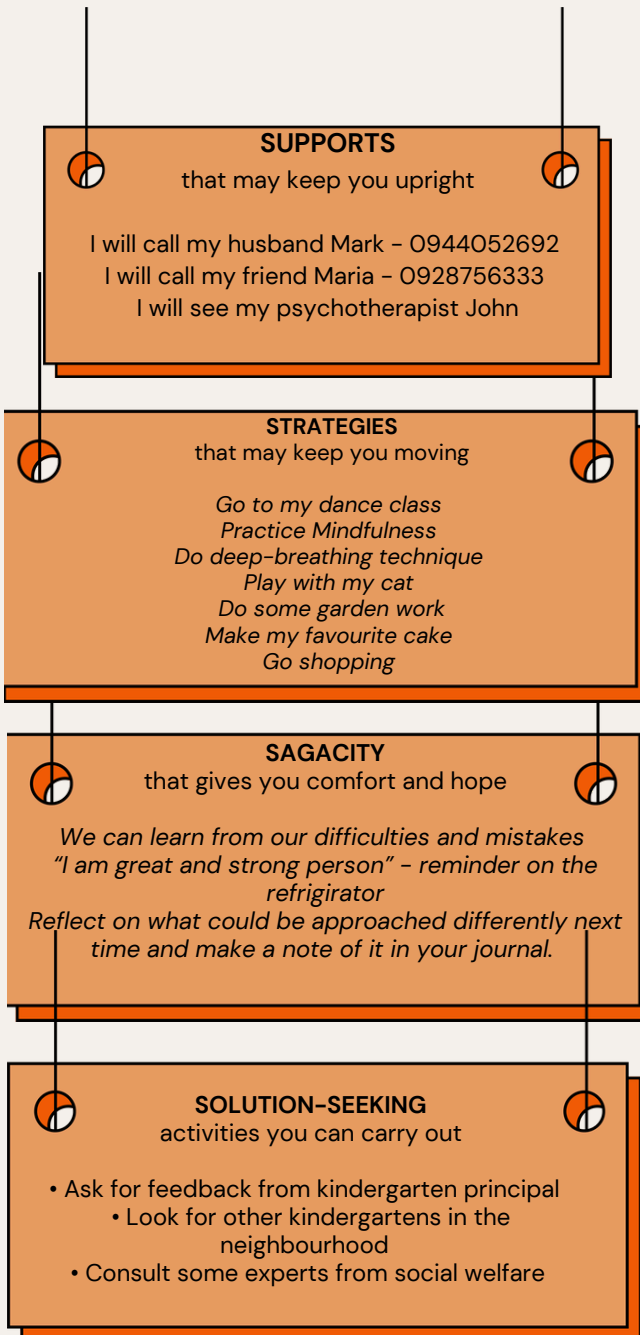


FIGURE 3. EXAMPLE OF A COMPLETED RESILIENCE PLAN



5. Recommended further readings:

1. Bourke-Taylor, (2023): Building resilience in the face of adversity, <https://sourcekids.com.au/resilience-in-the-face-of-adversity-how-can-parents-stay-buoyant-and-calm/>

2. <https://www.partnershipforchildren.org.uk/what-we-do/wellbeing-activities.html>  
<https://www.apa.org/topics/resilience/guide-parents-teachers>

3. <https://PositivePsychologyProgram.com>

# 2.B.1. Healthy Communities

Koulouri Chrysoula-Maria, Lympelopoulou Aikaterini, Sfiniadaki Maria, Vernadaki Eleni, Zoi-Mitsi Ourania

## Definition and Characteristics Of Healthy Communities

A healthy community is more than just good medical care. It also includes the social and environmental factors that help people thrive. A healthy community is always working to improve the individual's and social groups' settings and provide resources for people to support each other and reach their full potential. Healthy communities are dynamic and always evolving.

Some important qualities include a strong emphasis on public involvement and personal autonomy in decision-making regarding one's life, health condition and well-being.

Additionally, there is a focus on maintaining a clean, safe, and high-quality individual's and material environment e.g. the housing condition.

Meeting basic needs such as food, water, shelter, income, safety, and employment for all individuals is also a priority.

Furthermore, fostering a strong and supportive community is essential.

Lastly, ensuring access to a diverse range of situations and resources, with opportunities for contacting divers stakeholders, foster interactions, and communication, is valued (Hancock & Duhl, 1988, as cited in Ashby & Pharr, 2012).

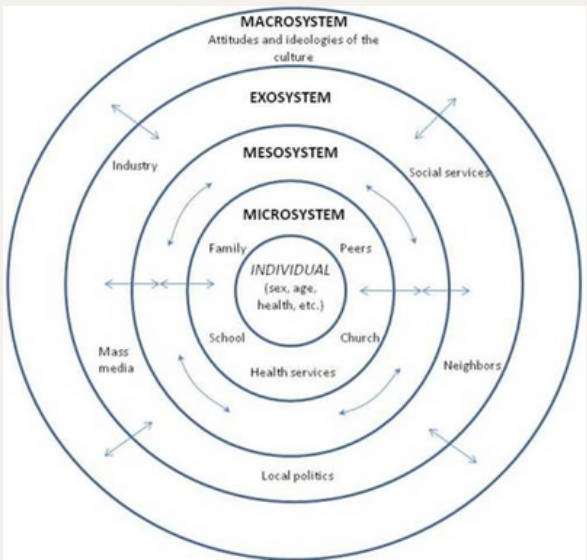


# Ecological perspective

Families are members of the community in which they live. They influence and are influenced by the community, the quality of which has a serious impact on their personal, social and professional well-being.

## The Ecological Systems Theory

The Ecological Systems Theory emphasizes the significance of external factors in shaping the functioning of families and individuals. It acknowledges that the development of the child is of a complex nature, and it affected by many environmental factors. Child's development is influenced by 5 Enviromental systems that interact among them: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (as shown in Figure 4). Any alteration in one component of a system can greatly affect the entire system (Bronfenbrenner, 1992).



**FIGURE 4. BRONFRENBRENNER'S ECOSYSTEMS**  
([https://en.wikipedia.org/wiki/Ecological\\_Systems\\_Theory](https://en.wikipedia.org/wiki/Ecological_Systems_Theory))

## **The Ecological Model in ECI**

The Ecological Model forms the the foundation of recent theories of Early Childhood Intervention (ECI). ECI focuses not only on addressing the child's developmental needs, but also on acknowledging both the child and the family as an integral system which is part of the larger community. The child's development is affected by the quality of interactions within the family, as well as interactions with other systems in the broader community, by the accessibility to learning opportunities, as well as by the participation of the child and the family in community life. The ultimate aim of ECI is to make sure that all these parameters are appropriately addressed. It is significant that families understand the importance of the ecological perspective since it reveals the need for active participation and engagement in the community.

## **Connecting With The Community**

Active participation in the community requires that the family have a thorough understanding of how the community operates. To have a clearer idea of how the Community works and its power dynamics, consider asking questions such as:

- Who is in charge of making decisions?
- Who are the most powerful and influencing actors?
- Who participates in the decision-making process, and who is left out?

## **Benefits of becoming an active member in the community – for families with CwD receiving ECI services**

All families, including families with children with disabilities, are confronted with a number of personal and social factors that can compromise parental, personal and family functioning. However, the challenges increase when it comes to children with disabilities, as needs grow and become more complex. Effective support for a child with disabilities is not limited to the expertise of professionals. It also requires a holistic approach from you as part of the community. Only this way can the full range of your needs be met and the proper functioning of the family be enhanced, which is a prerequisite for the child to develop his or her full potential. All families are resourceful, but do not always have the ability or knowledge to access the resources and support needed.

It is crucial that services and activities related to care, education, and rehabilitation of a child are properly organized and structured. The appropriate support should be tailored to respond to diversified individual needs of each family. Long-term planning allows to perform the required adaptations to service provision as the conditions evolve and needs changes.

The goal of early intervention services is to help you access resources and community services, provide you with all the knowledge required for you to make informed decisions, strengthen positive interactions and your support network, and generally contribute to your integration into the community as active members. You can benefit from community services but also contribute to the creation of new ones based on your particular needs. After all, this is the essence of a healthy community!

## 2.B.2. Tools and Practices

All the tools and practices presented below can be used by you and other family members. If needed, professionals may give the appropriate guidelines and you with other family members or as members of a group of parents can put them into practice. The tools and practices will enable positive and sustainable change at individual, family and community level. You will be able to assess your individual needs and actively participate in the process of analyzing existing conditions, planning, designing, implementing, monitoring and evaluating initiatives undertaken by the community, aiming at your child's and your own best interest.

### One-Page Profile

The One-Page Profile is a user-friendly tool that incorporates all the essential information about a person onto a single sheet of paper that is structured under three easy-to-understand sections:

- what others value about me,
- what matters most to me, and
- what are the best ways to offer me support.

The image shows a template for a 'One Page Profile'. It consists of a header with a 'Photo' box and the title 'One Page Profile'. Below the header are four main sections: a wide box for 'What people love about me', two smaller boxes side-by-side for 'My Hopes & Wishes' and 'Things I love', and a large box at the bottom for 'The best ways to support me'.

FIGURE 5. EXAMPLE OF A ONE PAGE PROFILE

This profile may affect in a positive way the individual's life, regardless of their age and condition. It also serves as a quick reference guide, allowing us to quickly grasp what truly matters to someone as they navigate various services and interact with different individuals.

**PARTICIPANTS:** Families and professionals  
Everyone benefits from having a One-Page Profile. It will be very useful to learn how to develop your child's one-page profile.

Take a few moments to think how this profile can be used in order to make your child visible to others?

- ✓ To whom can this be addressed?
- ✓ By whom can this be completed?
- ✓ How can this be useful?
- ✓ What are the major benefits of creating such a profile?

*What is a One Page Profile? (gov.wales)*

## Circle Of Support

"Circles" main aim is to highlight the importance of caring for one another within our families and communities. It serves as a reminder to prioritize our relationships and invest our attention and intention into them. As subobjectives, it encourages us to recognize the individuals who are significant to us and to actively nurture and maintain those connections. It prompts us to periodically reflect on the people who hold importance in our lives.

(<https://inclusion.com/path-maps-and-person-centered-planning/circles-friends-2/>)

PARTICIPANTS: Families and professionals

This exercise allows you, as a member of the family, to take a moment and reflect on the important individuals in your life. By pausing to remember, you may be reminded of those you want to show gratitude towards, reconnect with, or reach out to for assistance for something meaningful to you. Picture yourself at the center of the circles on the page. As you complete the circles, keep in mind that there are no correct or incorrect approaches.

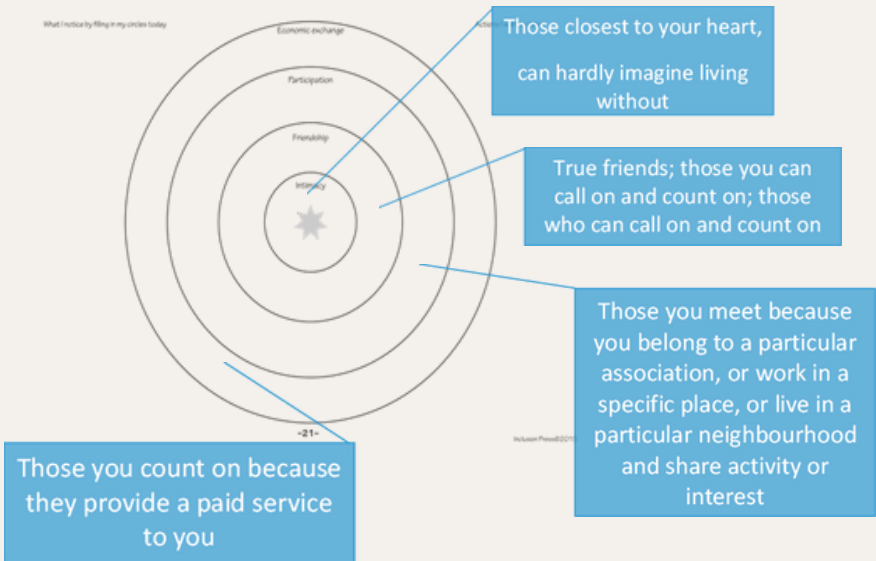


FIGURE 6. HOW TO CREATE A CIRCLE OF SUPPORT

## Eco-Map Tool

This tool aims at facilitating the members of your family to acknowledge and celebrate their unique strengths and resources while working together with professionals. In order to achieve this, it is important to find alternative ways to talk about the main attributes of your family. This will help to demonstrate what are the relationships of your family and how it interacts with other individuals and institutions (McCormick, Stricklin, Nowak & Rous, 2008).

There are also specific objectives to achieve with the use of this tool:

- to help you identify the resources that are currently available to meet your needs.
- to gather your own perceptions of how your family functions and is organized around your children, as well as your concerns, priorities, and resources.
- to provide valuable information to early intervention professionals that may not be captured by formal family assessment instruments (McCormick, Stricklin, Nowak & Rous, 2008).

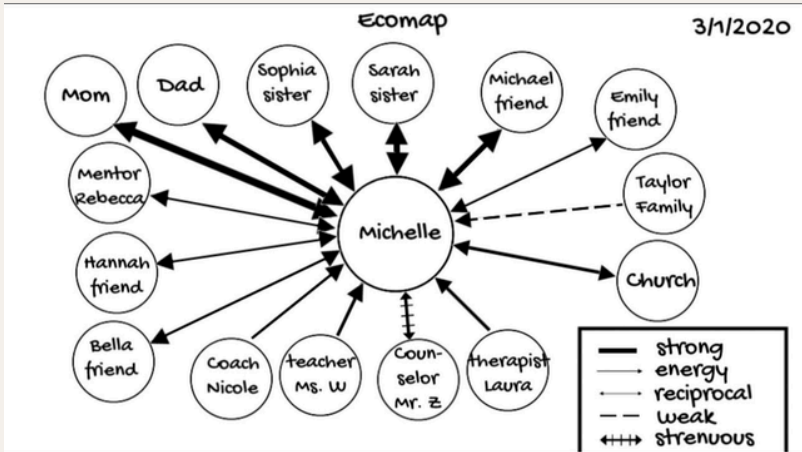


FIGURE 7. EXAMPLE OF AN ECO-MAP



## Community Asset Mapping

GENERAL AIM: Community members specifically identify community assets. Create a map about a detailed list of the structures you may receive support. It is extremely important for you to know how, where and when can contact when you feel the need to do that.

### Community Assets include:

- Citizen associations and local institutions
- Churches
- Book clubs
- Non-profit organizations, businesses, social service agencies
- Health services (hospitals and clinics)
- Libraries
- Schools (children and adult schools), colleges or universities (Burns, Paul & Paz, 2012).

PARTICIPANTS: Families and professionals

Here are some methods for collecting data: conducting interviews (in-person or over the phone), organizing focus groups, administering community resident surveys (either on paper, electronically, or through mail-in), hosting community forums or events, making observations, conducting dashboard surveys, creating inventory of skills, resources, or institutions, and analyzing pre-existing data sets (such as census, housing, or social services data) (Burns, Paul & Paz, 2012).

✓ Try creating an Asset Map of your own community with your family members. After having created the map, discuss what you have learned about your community strengths and needs. Discuss how you can use this knowledge further. What kind of different results would you have achieved if you involved all community members?

✓ Try creating an Asset Map of people (relatives, friends, professionals etc.) that you think you can rely on.



# Assessment tools



## 2.A RESILIENT FAMILIES

**1. What can we do to remember and enjoy the beautiful and pleasant things in our life:**

- a) create gratitude list
- b) talk about the negative things in our life

## 2.B. HEALTHY COMMUNITIES

**1. Draw and fill in your “Circle of Support” with persons you can find within your family and your community**

# REFERENCES

1. Ainsworth, M. 1973. "The development of infant-mother attachment". In Review of child development research, Edited by: Caldwell, B. and Ricciuti, H. Vol. 3, 1-94. Chicago, IL: University of Chicago Press.
2. Ashby, D. T., Pharr, J. (2012). What is a Healthy Community?. Retrieved from: [https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1003&context=lincy\\_publications](https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1003&context=lincy_publications)
3. Baumrind, D. (1978). Parental disciplinary patterns and social competence in children. *Youth Soc.* 9: 239-276.
4. Bayat, M., & Schuntermann, P. (2013) Enhancing Resilience in Families of Children with Autism Spectrum Disorder, In D.S. Becvar(Ed.), *Handbook of Family Resilience* (pg. 409-425) Springer, New York [https://doi.org/10.1007/978-1-4614-3917-2\\_23](https://doi.org/10.1007/978-1-4614-3917-2_23)
5. Bedson, J., & Abramowitz, S. (2019). Minimum quality standards for community engagement [UNICEF report]. Retrieved from: [https://www.unicef.org/mena/media/8401/file/19218\\_MinimumQuality-Report\\_v07\\_RC\\_002.pdf.pdf](https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf)
6. Bronfenbrenner, U. (1992). *Ecological systems theory*. Jessica Kingsley Publishers.
7. Brooks, J.B. (2012). *The Process of Parenting: Ninth Edition*. McGraw-Hill Higher Education. ISBN 978-0-07-746918-4.
8. Burns, J., Paul, D. P., & Paz, S. R. (2012). *Participatory asset mapping: A community research lab toolkit*. Los Angeles: Advancement City Project. Retrieved from <https://communityscience.com/wp-content/uploads/2021/04/AssetMappingToolkit.pdf>
9. Canadian Paediatric Society (2004) *Effective discipline for children*. CPS Statement: PP 2004-01 Paediatr Child Health Vol 9 No 1 January 2004
10. Child Resilience Alliance (2018). *Toolkit for reflective practice in supporting community-led child protection processes*. New York, NY: Author Retrieved from <https://protection.interaction.org/resources/the-child-resilience-alliances-toolkit-for-reflective-practice-in-supporting-community-led-child-protection-processes/>
11. Clinical and Translational Science Awards Consortium [CDC]. (2011). *Principles of community engagement* (NIH Publication No. 11-7782). Washington, DC: Government Printing Office. Retrieved from: *Principles of Community Engagement (Second Edition)* ([cdc.gov](http://cdc.gov))
12. Dolbier, C. L., Smith, S. E., & Steinhardt, M. A. (2007). Relationships of protective factors to stress and symptoms of illness. *American journal of health behavior*, 31(4), 423-433. <https://doi.org/10.5555/ajhb.2007.31.4.423>

13. Fernandez, I.T., Schwartz, J.P., Chun, H.& Dickson, G. (2013) Family Resilience and Parenting. In D.S. Becvar (Ed.), *Handbook of Family Resilience*(pg. 119-137) Springer, New York [https://doi.org/10.1007/978-1-4614-3917-2\\_23](https://doi.org/10.1007/978-1-4614-3917-2_23)
14. Fletcher, A. C., Walls, J. K., Cook, E. C., Madison, & K. J., Bridges, T. H. (2008). Parenting Style as a Moderator of Associations between Maternal Disciplinary Strategies and Child Well-Being. *Journal of Family Issues*, 29, 1724-1744.
15. Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: integrating life-span and family perspectives. *Family process*, 35(3), 283-298. <https://doi.org/10.1111/j.1545-5300.1996.00283.x>
16. Hogan, D.P., Shandra, C.L., Msall, M.E. (2007). Family developmental risk factors among adolescents with disabilities and children of parents with disabilities. *Journal of Adolescence*. 30(6), 1101-1019. doi: 10.1016/j.adolescence.2007.02.004
17. Joseph M. V., John J. (2008). Impact of parenting styles on child development. *Global Academic Society Journal: Social Science Insight*, Vol. 1, No. 5, pp. 16-25. ISSN 2029-0365
18. Lightfoot, E., McCleary, J. S., & Lum, T. (2014). Asset mapping as a research tool for community-based participatory research in social work. *Social Work Research*, 38(1), 59-64. Retrieved from: [https://www.researchgate.net/publication/270814072\\_Asset\\_Mapping\\_as\\_a\\_Research\\_Tool\\_for\\_Community-Based\\_Participatory\\_Research\\_in\\_Social\\_Work](https://www.researchgate.net/publication/270814072_Asset_Mapping_as_a_Research_Tool_for_Community-Based_Participatory_Research_in_Social_Work)
19. Luthar, S. S., Burack, J. A., Cicchetti, D., & Weisz, J. R. (1997). *Developmental psychopathology*. Cambridge, UK.
20. Masten, A.S., & Reed, M-G. J.(2002). Resilience in Development. In C.R. Snyder ,S.J. Lopez (Eds.) *Handbook of positive psychology* (pg.74-86), Oxford University Press, New York, USA  
[http://ldysinger.stjohnsem.edu/@books1/Snyder\\_Hndbk\\_Positive\\_Psych/Snyder\\_Lopez\\_Handbook\\_of\\_Positive\\_Psychology.pdf#page=93](http://ldysinger.stjohnsem.edu/@books1/Snyder_Hndbk_Positive_Psych/Snyder_Lopez_Handbook_of_Positive_Psychology.pdf#page=93)
21. Niles, M. D., Byers, L., & Krueger, E. (2008). The silent crisis: Redefining theoretical approaches in early childhood intervention research with American Indians. *Essays in Education*, 23(1), 2.  
Retrieved from: <https://openriver.winona.edu/eie/vol23/iss1/2>
22. Network, T. A. P. (2019). Raising Awareness through Public Outreach Campaigns, *SDG Accountability Handbook*. Retrieved from <https://secureservercdn.net/166.62.112.219/9bz.99d.myftpupload.com/wp-content/uploads/2019/05/SDG-Accountability-Handbook.pdf?time=1591282139>
23. Porlares, C., & Tan, E. (2021). Bioecological theory and risk management: A model for school risk planning. *International Journal for Innovation Education and Research*, 2, 406-415.  
DOI:10.31686/ijier.vol9.iss3.2995. Retrieved from [https://www.researchgate.net/publication/350006627\\_Bioecological\\_Theory\\_and\\_Risk\\_Management\\_A\\_Model\\_for\\_School\\_Risk\\_Planning](https://www.researchgate.net/publication/350006627_Bioecological_Theory_and_Risk_Management_A_Model_for_School_Risk_Planning)

24. Schipor D.M. & Bujor L. (2018) Effective parenting. In: Building Bridges:Promoting Wellbeing for Family. Handbook for Parents (ed.: Colomeischi A.A.) Iasi:Lumen 72-84 ISBN 978-973-166-510-8
25. World Health Organization. (2015). Healthy cities: good health is good politics: toolkit for local governments to support healthy urban development (No. WPR/2015/DNH/004). WHO Regional Office for the Western Pacific. [https://apps.who.int/iris/bitstream/handle/10665/208242/WPR\\_2015\\_DNH\\_004\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/208242/WPR_2015_DNH_004_eng.pdf)

### **Online Resources**

Circles of Support.How to.cd (inclusion.com)

<https://inclusion.com/path-maps-and-person-centered-planning/circles-friends-2/>

What is a One Page Profile? (gov.wales)

One Page Profile - The Autism Page , including templates

<https://www.youtube.com/watch?v=xTjrkFneXr8>

# **Module 3.**

## Techniques for Prevention of Burnout in Early Childhood Intervention

Carmen Costea-Barluti, Ioana-Letitia Serban,  
Cristina Balas-Baconschi, Andrea Hathazi



# Introduction

Now that we have introduced you to the definition and recognition, as well as the conditions in the person's environment that can prevent burnout, it is time to learn the techniques that any person can use to reduce stress and prevent burnout, in Early Childhood Intervention and beyond.

After the completion of this module, you will be able to:

- describe the psychological flexibility and understand its role in burnout prevention
- use assertive communication skills
- use different relaxation techniques for self-care
- use burnout prevention techniques
- use rational thinking and positive strategies to prevent burnout

# 3.A.1. Well-being of Parents having Children with Disabilities

One of the most investigated aspects concerning parents raising children with disabilities is their psychological well-being. The WHO identifies well-being as an important factor related to parental adjustment to a child disability. It is defined as a sum of dimensions and behaviours related to physical and mental health (Ryff & Keys, 1995).

Psychological well-being can be formed by:

1. **simple pleasures in life** and
2. **the feeling of being happy from more complex accomplishments.**

## Exercise 1

Name a few things that give you satisfaction with your own life. They can be related to your family life, your relationships with others, or other activities that you usually do. Also, think about some simple things that give you joy, such as eating a cake, buying something nice for yourself, enjoying a concert, or drinking coffee with your friends, free time. Write them down and consider practising some of them daily. And also, share them with those around you. What are the resources that you are using in order to achieve high levels of satisfaction? You can use the table below to record the things that you reflected upon.





Satisfaction (life and parenting)	Positive emotions (activities, relationships, etc)

### Exercise 2

Reflect upon different aspects of your personal, relational life and your activities, either professional or duties related to your child/children. Consider the following dimensions you feel that give you meaning and accomplishment:

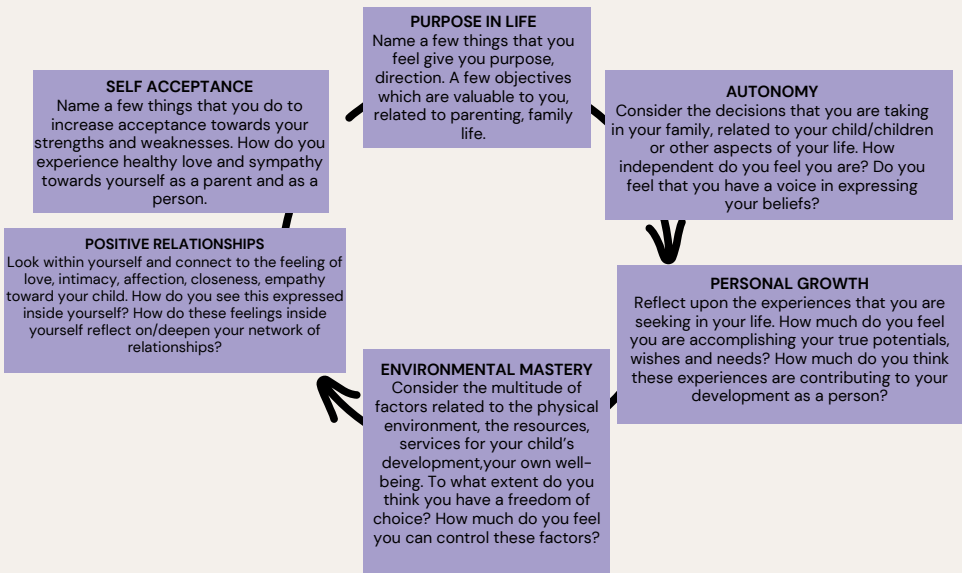


FIGURE 8. DIMENSIONS

Every component of the exercise can be done either in:

- 1. verbal or narrative form** (a list of features, stories, descriptions) or
- 2. creative manner** by expressing the components through modelling, drawing, music, body expressions. You can, for example, draw the six components in the shape of a flower with six petals.

You can share your exercise with another parent or with the therapist of your child.

This exercise is based on Ryff & Keys model (1995). For more information on the model or generally on psychological well-being, you can access:

[https://www.youtube.com/watch?v=b1EUawAO-oo&ab\\_channel=PRYDE](https://www.youtube.com/watch?v=b1EUawAO-oo&ab_channel=PRYDE)

and

[https://www.youtube.com/watch?v=JzuaH6QBSkQ&ab\\_channel=TEDxTalks](https://www.youtube.com/watch?v=JzuaH6QBSkQ&ab_channel=TEDxTalks)

### **Exercise 3: Personal coat of arms**

Use the image below to build your personal coat of arms as a parent of a child with disabilities. It can be a symbol of yourself in relation with those dear to you, a reflection of yourself and your struggles and efforts as a parent.

The six parts of the coat of arms can represent (though a symbol or a keyword):

1. your relationship with your child
2. your relationship with your partner
3. your relationship with your direct ancestors (parents, siblings)
4. your relationship with your extended family and friends (your support network)
5. your relationship with your work/activities
6. your relationship with the professionals around your child

Please include on the ribbon below the coat of arms a motto that defines yourself in all these relations.

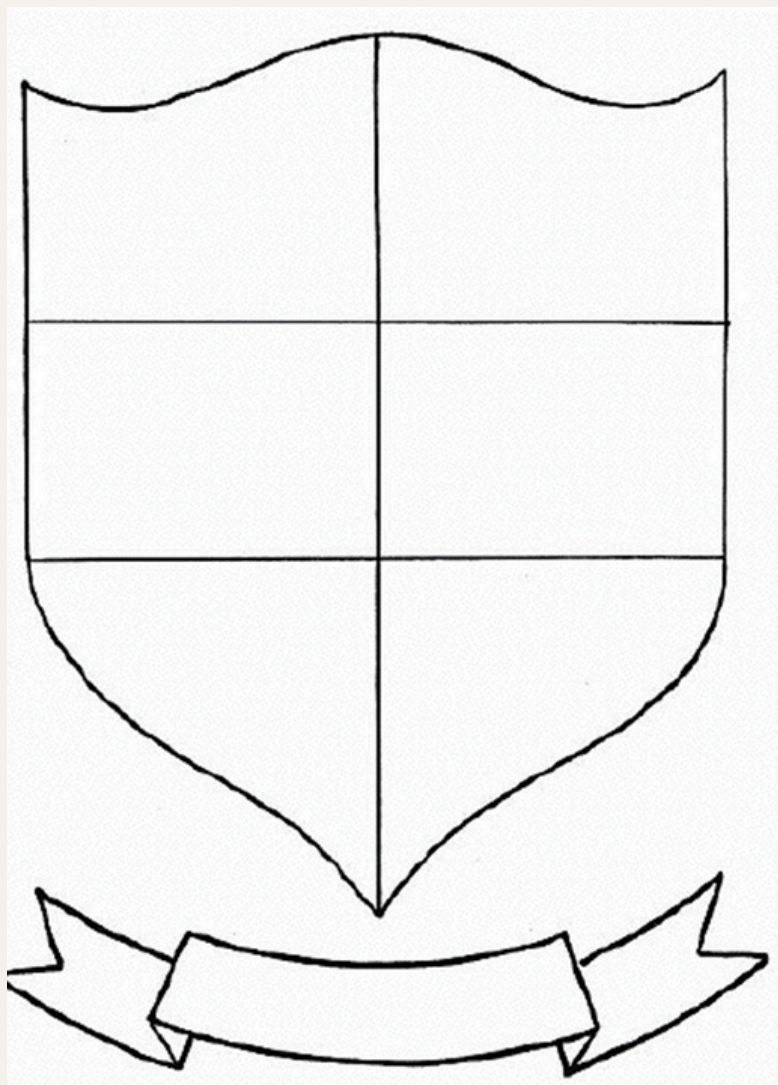


FIGURE 9. PERSONAL COAT OF ARMS

Please ask members of the family to design their own coat of arms and after you complete them, reflect together on the resources that you have.

### **Exercise 4: Deep reflection**

Please sit comfortably in a chair and try to connect to your inner authentic self, your feeling in the moment. As you sit comfortably, please allow yourself to ask a question. What brings me joy from being a parent? What are the sources of satisfaction? What am I proud of? In what aspects do I feel competent?

Please spend a few minutes in your own company with these reflective questions and as you look deep within yourself, please allow for a symbol to appear that represents an answer to these questions. It can be a verbal symbol, a representative song or book, a picture, or any other symbol that defines you. If you feel appropriate, please share this symbol with others and reflect upon it.



### **Exercise 5: Self-compassion**

Allow yourself to connect with a personal experience in which you felt that somebody showed goodness towards yourself. Maybe it was a person or another significant being, such as a professional who works with your child, family member, friend or even a pet. Remember your need, your struggle in that moment, your feelings, your dilemmas. What did that person or significant being do or say? In what way did that person or significant being show support and comfort?

How could you define goodness towards yourself by connecting with what this person or significant being offered you? In what way do you think and feel you can increase goodness towards yourself by using this experience?

***Kristine Neff is an author who wrote a lot of useful materials about self-compassion that you can use as a parent. If you are interested in increasing your self-compassion, as a buffer in front of burnout, you can see: <https://self-compassion.org/>***

## Assertive communication techniques

As you read through these brief materials, please allow yourself to practice the proposed exercises that can help you increase your assertive communication skills.

The development of communication skills will have an impact on self-efficacy, empathy and compassion, emotional intelligence, mental well-being, assertiveness. Parental distress can occur when parents feel overwhelmed by the demands of parenting and lack the necessary resources to deal with them (Esteve, 2000; Troman & Woods, 2001). This can lead to symptoms of stress, including anxiety, frustration, and difficulties in relationships both at home and with their child (Kyriacou, 2001). Parental burnout is a condition that lies between stress and depression and is considered a major factor in impairing parents' overall well-being. It is characterized by a state of mental and physical exhaustion that results from an unforeseen deterioration of the life condition due to problems, increased suffering, and accumulated setbacks that become hard to manage. Certain situations, such as caring for a person with serious health issues or behavioral disorders, can intensify the experience of parental burnout. Parents who care for sick children or children with disabilities face unique and very challenging circumstances (Sadziak et al., 2019).



### **Part 1 of the exercise**

Think about a situation related to your child in which you felt discomfort, stress, anger, discontent towards a person. How did you express these mixed feelings? What was the outcome and how did that person react?

Read through the following paragraph with this experience in mind.

In order to cope with these problems, different strategies have been proposed helping individuals to achieve better communication skills.

Communication competence means being familiar with appropriate communication practices and being effective at adapting to different communication situations (Steele and Plenty, 2015). It is important to be assertive in our communication as it helps reduce stress. Assertiveness means being able to express respectfully the concerns that one might have for situations that might affect negatively someone's safety or psychological well-being, and sharing opinions with others, including those having the power (Omura et al., 2017). "Speaking up," is one of the major assertive communication techniques. As Kolbe et al. (2012) demonstrated, this technique involves communicating specific observations, asking for clarification, or questioning the choices or decisions made by a person who has the power or authority.

### **Part 2 of exercise**

Please allow yourself to think about that experience in a different way. As you are discussing in an angry manner with the person, freeze the image and allow yourself for a few minutes to take a deep breath, ground yourself (you can use the exercise in the following section) in order to find your balance and your tranquility. Now go back to that person and practice communicating your discomfort, anger, discontent in a calm manner. Try to express everything related to that experience without leaving anything behind, but in a special manner in which you use the "I position" and words that do not harm the other person's feelings, as much as you can.

How do you feel? Reflect on how the other person feels? How do you think that would change?

You can practice assertive communication with people around you ( family, friends, child), using the following anchors:

1. Express what exactly was that bothered you in the other persons' behaviour or words?
  2. Express your feelings about it and the consequences it has on you?
  3. Point out what you would like to happen in another way?
- 

**Assertive skills** can positively affect interpersonal communication among people and decrease the risk of anxiety and stress (Leroy, 2020). Assertive behavior affects various aspects of life, i.e. personal, social, learning, and work related aspects. Assertive communication training has also been found to have beneficial impact on well-being by increasing satisfaction, self-esteem and decreasing stress. Furthermore assertive communication skills proved their efficiency within conflict resolution (Meng, Sullivan, 2011).

Regarding assertiveness, parents need to become models of appropriate behavior, for their children. Teaching children to be assertive implies making eye contact, remaining calm, speaking in a clear manner and using a voice that transmits confidence. Assertive parenting means being at the same time strong and calm with children (Azevedo Hanks, 2016). Also, assertiveness helps parents clearly express their needs, at the same time strengthening the connections with others. It applies both to adult relationships and to raising and interacting with children.

Azevedo Hanks (2016) identifies several ways to practice assertiveness in parenting: (1) self-soothing and calming before speaking one's mind, especially in emotional difficult situations, by using the techniques given in the following section, (2) validating other people's (including children's) feelings and experiences, even if they are different from their own, (3) defining clear (emotional and relational) boundaries, not too rigid, nor too weak, for the good of their children.

**Exercise!**

In triads, discuss about a problem you had in managing a difficult behavior or an emotional outburst of your child. Discuss the ways you could use assertive communication to speak to your child and to a family member about what happened. What difference can it make in terms of your child’s reaction?



# 3.A.2. Body Awareness and Relaxation Techniques

People face burnout when their individual characteristics interact with specific conditions they are undergoing (Wiederhold et al., 2018) in a manner that negatively affects their emotions, and their productivity and creates negative emotions. This condition can be recognized with signs of physical health issues and sleeping disorders, respiratory and gastrointestinal diseases.

The symptoms differ from person to person, but there are some common ones, such as emotional exhaustion, feeling of powerlessness, lack of motivation, excessive worrying, and frequent feelings of anger, sadness, or guilt, constant physical exhaustion, and appetite disorders (Brooks et al., 2010).





People experiencing burnout need to follow a self-care plan that incorporates their own perception of how they fit in their work environment. Self-care can be viewed as a process of energy renewal and rebalancing in healthy ways (Coaston, 2017). It is a highly promoted concept focused on general health practices which can be implemented by a professional as preventive actions towards burnout: relaxation techniques, focused breathing, self-awareness training, physical exercise, body care and a healthy diet. Other approaches underline the importance of fostering an individual's empowerment, coping mechanisms and their sense of being in control over their own wellbeing (Korhonen & Komulainen, 2021). The focus rests on supporting the person to make appropriate changes in their mindset and work patterns and to improve their self-awareness through self-support, realistic self-assessment, positive self-talk or rational thinking (Maslach & Leiter, 2017).

### **Physical exercise**

Physical exercise can improve health, personal mood and sleep and can give a sense of well-being. Regular exercise can have a positive impact on muscle relaxation, on relieving the tension in the body and on cutting off continuous worries and discomfort. It boosts physical and mental energy and increases well-being through the release of endorphins. By focusing on the body and how it feels while exercising, an individual can move past a stressful situation where they feel stuck or overwhelmed. Some studies present positive results after the use of Qigong, a meditative physical exercise on posture, breathing and mind focus (Stenlund et al., 2009). Together with physical exercise, a healthy diet can be very important for keeping a positive mood and high energy levels during the day.



## Deep breathing

This technique, known as diaphragmatic breathing, is applied by contracting the diaphragm and taking slow breaths in and out. It is a beneficial technique for increasing blood oxygen levels, massaging the inner organs near the abdomen, and stimulating the vagus nerve (Toussaint et al., 2021). According to research, practicing deep breathing can improve the attention span, reduce negative feelings and cortisol levels (Ma et. al., 2017, and alleviate anxiety (Pardede et al., 2020; Warsono, 2020).

Conscious breathing is an effective burnout prevention technique, and it helps the nervous system calm down in stressful moments, by activating the parasympathetic nervous system.



## 3.B.1. Tools and Practices

### Relaxation Techniques

There are several techniques to use breathing for the purpose of relaxation. Practice individually some techniques of conscious breathing and decide which one you find most appropriate for you:

1. **a slow deep breath** (counting, hand on stomach to check),
2. **three conscious breaths** (with counting, saying In/Out while inhaling/ exhaling),
3. **five count breathing** (breathe in – hold – breathe out).

## Guided imagery

This section includes some anchors that you can use to increase your ability to use imagery and relaxation techniques according to your own needs so that you can manage your level of distress.

Guided imagery is a practice utilized for coping with stress, anxiety and burnout (Nguyen & Brymer, 2018; Felix et al., 2018; Sanadgol et al., 2020; Eaton & Ferrari, 2020). When a person is guided appropriately to positive mental imagery, various sensory physical and behavioral experiences are invoked. Utilizing imagery can be incredibly beneficial in finding inner calm and connect with the inner-self. It is crucial for an individual to discover the personal imagery technique that can improve his emotional regulation. In a Brooks et al. (2010) study, the effect of lifestyle and mind-body-self on managing work-related stress and burnout was explored. The researchers applied the Guided Imagery and Music theory to comprehend how participants experienced stress and their reaction to imagery, music, and art. The research concluded that music-imagery sessions have elicited positive emotions to participants, triggered memories, alleviated anxiety and created a sense of well-being for all participants.

The results mentioned that the participants developed a high level of awareness of their bodies improving their physical state, reporting relief from anxiety and coping better with their problems.



**Grounding exercises** are aimed at connecting individuals with the environment through perception of their body (WHO, 2020). The technique requires to slow down the breathing and other movements and connect with one's own body. By being aware of the surroundings, of one's own body and how it feels in the current position, an individual is being present in the here and now.

Grounding implies connecting to a specific place or stimuli in the surrounding environment. This can be done in several ways, using normal daily activities: conscious walking, stretching, muscle relaxation, feeling different experiences (eg, the touch of your feet on the floor, the air on your face etc.), the 5(sight) – 4(touch) – 3(hearing) – 2(smell) – 1(taste) technique. These grounding exercises are meant to pull the attention away from a stressful situation which can become overwhelming, worrying or helpless and to focus it to body awareness and present perceptions, to the world around the person, a space which can be fully acknowledged.

### **Self-regulation with mindfulness**

Mindful awareness (full participation to experiences lived in the present moment) leads to better physiological functioning, mental functions and interpersonal relationships. At the same time, mindfulness is a powerful instrument for burnout prevention, leading to better well-being. Cultural backgrounds offer a large variety of tools to help people become more aware of the here-and-now, more focused, such as praying, mediation, yoga, Tai Chi. Mindful attention means focusing on the present moment, however Siegel (2016) views this special way of being aware as a special way of relating to oneself in a healthy way.

The practice of mindfulness can be related to everyday life (eg., mindful walking, mindful talking with somebody etc.) or it can be done in a more special way (eg., mindful meditation, praying). Thoughts, feelings, sensations, and impulses can be the focus of mindfulness, anything that happens in the present moment, inside or outside (Rothschild, 2017). There is solid evidence that mindfulness can be helpful in stress reduction and management, as well as better psychological health (less anxiety, depression, hostility).

In relationships, mindfulness represents a way towards the inner world of the other person and a good way to feel the other person (feeling felt, Siegel, 2016), which creates syntonik relationships, based on resilience.

Mindful awareness represents an intentional process of connecting to a mental state or an entity, in a different way from the one that the person regularly practises. A pause in order to become aware with the present moment can bring an inner feeling of belonging, as well as a deep way to attenuate the suffering.

### **Reflection Exercise with imagery and body awareness**

This is a more complex exercise that includes elements from various relaxation techniques. You can use this exercise in a personalized manner, according to your needs.

#### 1. One way would be that another person guides you.

In this case the person that guides you can read through the enclosed material, with a soft voice, knowing that it is just a reflection exercise encompassing elements of relaxation and guided imagery. However, it needs to be a safe person for you, a person that you trust in order for you to be able to relax.

2. Another way would be that you do the exercise yourself, after you read through the indications and become familiar with this way of self-reflection. Feel free to select from the material what suits you best and is in agreement with your needs. If you do the exercise in the form of self-reflection, it would be useful to share the experience with a person you trust. Of course, these exercises do not replace the specialized help and support, in case you need it, for stress management.

The content of the exercise is as follows:

First of all, please find a quiet place for you to relax in a comfortable chair or on a couch. Allow yourself to find a sitting position that best fits your needs right now, with your body comfortably seated, and your head supported on a wall or the back of the chair. You may close your eyes for some minutes or you may remain with your eyes open if this is more appropriate for you right now.

While sitting there, in this position that your body found, allow yourself to pay attention for only a few moments to yourself, to your body. And just notice how you are at this moment. How is your body feeling? Are there any physical sensations that draw your attention? Allow yourself to feel your bodily sensations from inside out. And you can allow yourself to just pay attention to how you are at the moment, comfortably seated, how your body touches the chair, how it is positioned.

And just as you are freely floating with your attention to your bodily felt feelings, you can guide your attention towards your face, feeling it from the inside out. Caress with your attention your eyes, your nose, your mouth, your ears, your cheeks and the back of your head, your hair. Then allow your attention to flow down to your neck, chest, shoulders, paying attention to the subtle or more intense reactions and feelings that you can find there.

Your attention flows towards your arms, feeling the movements, shivers, tiny changes that your body makes to adjust to the sensation of relaxation that comes into your body as you pay attention to its needs and just notice how it feels from the inside out.

Then your attention can go to the sitting part, notice how your body touches the chair or the couch on which you sit, to the legs and feet and you notice how they are positioned and how they feel in your shoes or on the ground.

And you can be amazed by the multitude of feelings that your body feels as life pulses inside it and as you notice life pulsing inside your body your attention can slowly move to your breathing.

And you do not need to modify it, just notice how the air enters and exits your body with each inhale and exhale, with each breath in and breath out.

As you stay there, noticing, thoughts can come and go, feelings can appear and disappear and a full inner experience, rich and unique unravels as you just breathe.

As you sit there, relaxed, or just attentive, allow yourself to become curious about what comes next.

And I will invite you to bring a personal experience as a parent, into your inner awareness. It can be an experience you had in the past, a more recent one, or it can be an experience you are confronted with at present, you are in the middle of it. Maybe you will choose a challenging experience, maybe a more relaxing one, or it may be an experience of success in your parental role, whichever is most appropriate for you at the moment.

And as this experience comes into your awareness, you can ask yourself the question: How was it for you? What is the general inner feeling about this experience?

*Were there any joys? Any disappointments? Any fears? Was it a fulfilling experience for you? Was it hard to manage as a parent?*

Please just allow the feeling to come from the inside, without any effort to find it, just let these questions sit inside yourself and without any effort to answer any of them, allow yourself to reflect upon the effect that they have on you.

You can connect with the intrapersonal level of the experience, the level of your emotions, knowledge, experiences, skills, thoughts in relation to the experience.

*What did you learn about yourself? What was most difficult, challenging? What was easiest? What new things did you learn about yourself?*

And just let these questions wander inside, without effort to pay attention to answer them, just letting them be there with you as you pass to the reflection at the interpersonal level, the relationship in which the experience took place, maybe a group in which you were immersed, maybe just in relationship with your child or other member of your family, or maybe in relation with a professional you are working with for your child's rehabilitation.

*What did you learn about others? What about yourself in relation to others? What were the skills within the relationship? How did the experience change your perspective on human beings? On cooperation and team work?*

And just let these questions sit there with the others, there is no need to make any effort to answer them, just let them be there as you move to the reflection on the practical level, the lessons you learned as a parent, to the applications within the experience.

How can you use what you learned in this experience for your life? In what situation can you use what you learned? What would you recommend to others?

And now that so many reflection questions are going through your mind and are flooding your inner space, maybe some sort of discomforting feeling appeared and it is welcomed, it is just a feeling that arises naturally from the confrontation with questioning, wondering and reflecting on experiences.

It is the natural feature of our mind to select the relevant and leave out the unnecessary information and it is just what your mind will do.

But for now, I will invite you to thank your mind and body for all these rich experiences, and to leave behind you all these questions and memories about experiences and move back to your breathing, feeling how it moves your abdomen area and with each inhale and exhale you become more and more aware of what is happening around you, of the sounds in the room, of my voice, of the feelings in your body, sensations, movements and you are more and more connected to the chair you are sitting on, to the room you are in, and slowly, at their own unique pace, your eyes may open. You are fully aware, present, and ready to come back to the room we are in.

***You can choose only a part of the reflection exercise, or you can choose to focus on only one aspect: body work, guided imagery etc. Also, you can enrich the exercise with other components useful for the practice of breathing, body work, and mindful awareness, or you can find a symbol for each part of the experience, in order to anchor it.***



## **Rational thinking and positive strategies**

### **Constructive thinking**

Evers, Tomic & Brouwers (2005) discuss constructive thinking as a concept which helps reduce stressful perceived situations, by promoting an organised and efficient behaviour. Constructive thinking can lead a person to experience a stressful condition as a challenge instead of a threat. One component of constructive thinking is to focus on trying to comprehend one-self with a positive way – which translates in an optimistic attitude of life and positive self-evaluations. This further promotes self-confidence and an positive view of one's abilities. Thinking logically and considering alternatives is an approach which can prevent stressful and negative circumstances possibly leading to burnout.

### **Positive self-talk**

This term is utilized to describe the individual's perception about oneself. The self-talk should focus on the positive aspects, on being practical and effectively placing one's errors in the greater context of learning and doing better next time, on acknowledging the good effort that was made (Gazelle, 2015). Self-talk can help tolerate the daily hassles and discomfort, as well as the emotional control. Several verbal constructions that can be addressed to oneself can help the calming, the emotional regulation (eg., breathe deeply, continue to listen, it is not an emergency etc.). In thinking and acting more positively about oneself it is important and helpful to take into account the following: finding humor in difficult situations, being willing to acquire new skills, making a more productive schedule, trying new ways of dealing with a challenging situation, improving communication with others.

### **Practice of gratitude**

Looking at the things that have gone well during the day, so that the person can have an optimistic outlook is an important tool in stress management. Naming three things for which the person is grateful (counting one's blessings) during one day can become an effective strategy in the face of burnout.

## Practice of compassion and self-compassion

Helping others can help the stress reduction, as well as the increase of the quality of relationships with others.

Self-compassion (Neff, Self-Compassion) represents the ability to acknowledge the presence of a stressful moment in a mindful way, with acceptance, acknowledging that suffering is part of life, is a shared human experience, and offering kindness, gentleness to oneself, as well as encouraging messages.

Choose of exercise of self-compassion from Neff's website: Self-Compassion Exercises by Dr. Kristin Neff: <https://self-compassion.org/category/exercises/>

Practice in pairs the exercise and share how you felt.

## Psychological flexibility

The psychological flexibility is at the core of acceptance and commitment therapy (ACT, Hayes, Barnes-Holmes, & Roche, 2001, Hayes, Strosahl, & Wilson, 1999), a form of evidence-based therapy, supported by research on the functioning of the human mind within the relational framework. ACT proved to be effective in behavioral change, a variety of psychological difficulties, including occupational distress (Hayes, Luoma, Bond, Masuda, Lillis, 2006). Psychological flexibility predicts a number of characteristics related to job efficacy and healthy functioning in the workplace (Ruiz & Odriozola-Gonzalez, 2017).

Six basic processes converge to explain psychological flexibility in ACT:

- (1) **acceptance;**
- (2) **cognitive defusion;**
- (3) **self as context** (Hayes & Lillis, 2012, McHugh & Stapleton, 2021) and more than a sum of behaviors;

(4) values, that are understood in many ways, on multiple perspectives, and are central in ACT. Values give direction, meaning, add purpose, are freely chosen consequences, verbally constructed, of some activity patterns. They are intrinsic to behaviors and when they impregnate behaviors they lead to positive results (Hayes, 2005). Values imply responsibility, the ability to resist temptations, while the life lived according to one's values is an important target.

(5) committed action referring to the engagement in actions in agreement to one's goals and directions in life, actions that can contribute to the fulfilment of one's goals, based on values (Hayes, Strosahl, & Wilson, 1999); and

(6) present moment, referring to the process of deliberately, yet flexibly, focusing on the lived experience in the here-and-now (Kabat-Zinn & Salzberg, 2004), a natural, accessible and available way to focus on the experience (Kabat-Zinn & Salzberg, 2004), leading to a special state of awareness, acceptance of everything that the person lives, as the events occur, without assessment, with kindness, curiosity and availability towards vulnerability.

### **Practice of psychological flexibility**

In pairs, explore the components of psychological flexibility, according to the ACT model. Which of the components do you find most useful in burnout prevention? What about parental well-being? How do you find the components interacting in the case of parents of children with disabilities?

You can also use the HEXAFLEX model to enhance knowledge, by following the components and reflecting on the relationship between them.

## **Integration**

Provide the group with symbols (they can be symbolic images, small objects such as plastic animals, other small objects, or you can use natural materials, such as stones, shells or other materials that can be creative).

In triads or small groups (4-5 persons, depending on the number of participants in a group) reflect upon the usefulness of the burnout prevention techniques presented in the module, in a creative manner. First, choose together a symbol for burnout. Second, choose symbols for the prevention techniques presented in the module. You can choose a symbol for each technique, or you can choose some techniques you found useful for burnout prevention for the members of your group. Place the symbols for prevention techniques next to the one you found for burnout, and create a symbolic representation of burnout prevention by using the materials provided.

## **PRACTICAL EXERCISES**

1. Discussions using video case study analysis
2. Role play using assertive communication techniques
3. Self-assessment and reflection -based activities
4. Exercising body relaxation techniques
5. Practising techniques on mindfulness
6. Planning activities to improve psychological flexibility through acceptance and commitment therapy

# Assessment tools



## 3. TECHNIQUES FOR PREVENTION OF BURNOUT IN EARLY CHILDHOOD INTERVENTION

**1. There are several techniques to use breathing for the purpose of relaxation. Practice individually some techniques of conscious breathing and decide which one do you find most appropriate for you?**

1. a slow deep breath (counting, hand on stomach to check),
2. three conscious breaths (with counting, saying In/Out while inhaling/ exhaling),
3. five count breathing (breathe in – hold – breathe out).

**Present below your opinion regarding your choice.**

# REFERENCES

1. Azevedo Hanks, J. (2016). *The Assertiveness Guide for Women. How to Communicate Your Needs, Set Healthy Boundaries, and Transform Your Relationships*, New Harbinger Publications;
2. Bazzano, A., Wolfe, C., Zylowska, L., Wang, S., Schuster, E., Barrett, C., et al. (2015). Mindfulness based stress reduction (MBSR) for parents and caregivers of individuals with developmental disabilities: A community-based approach. *Journal of Child and Family Studies*, 24, 298–308. <https://doi.org/10.1007/s10826-013-9836-9>.
3. Brdar, I., & Kashdan, T.B. (2010). Character strengths and wellbeing in Croatia: An empirical investigation of structure and correlates. *Journal of Research in Personality*, 44, 151–154.
4. Brooks, D. M., Bradt, J., Eyre, L., Hunt, A., & Dileo, C. (2010). Creative approaches for reducing burnout in medical personnel. *The Arts in Psychotherapy*, 37(3), 255–263. <https://doi.org/10.1016/j.aip.2010.05.001>
5. Bujor, L., & Turliuc, M.N. (2016). Predictors of well-being: An examination of age differences. *Annals of A.I. Cuza University Psychology Series*, 25(1), 5–16.
6. Callanan, J. Signal, T., McAdie, T. (2021) What is my child telling me? Reducing stress, increasing competence and improving psychological well-being in parents of children with a developmental disability, *Research in Developmental Disabilities*, 114, 103984.
7. Chacko, A., Jensen, S. A., Lowry, L. S., Cornwell, M., Chimklis, A., Chan, E., et al. (2016). Engagement in behavioral parent training: Review of the literature and implications for practice. *Clinical Child and Family Psychology Review*, 19, 204–215. <https://doi.org/10.1007/s10567-016-0205-2>.
8. Coaston, S. C. (2017). Self-Care through Self-Compassion: A Balm for Burnout. *The Professional Counselor*, 7, 285–297

9. Costea Bărluțiu, C., Hathazi, A., Bălaș-Baconschi, C. (2018). Preliminary results on the cultural adaptation of assessment instruments for distress and psychological well-being on Romanian population of parents having children with disabilities, *Educația 21 Journal*, no. 16/2018, p.40–50.
10. Davis, K., & Gavidia-Payne, S. (2009). The impact of child, family, and professional support characteristics on the quality of life in families of young children with disabilities. *Journal of Intellectual & Developmental Disability*, 34, 153–162.
11. Eaton, K. W. & Ferrari, T. M. (2020). Heart rate variability during an internal family systems approach to self-forgiveness. *International Journal of Clinical and Experimental Physiology*, vol. 7, no. 2, pp. 52–57.
12. Eskow, K. G., Chasson, G. S., & Summers, J. A. (2015). A cross-sectional cohort study of a large, statewide Medicaid home and community-based services autism waiver program. *Journal of Autism and Developmental Disorder*, 45, 626–635.
13. Esteve, J. M. (2000). The transformation of the teachers' role at the end of the twentieth century: new challenges for the future. *Educational Review*, 52(2), pp. 197–207. EJ 609 284
14. Evers, W., Tomic, W. & Brouwers, A. (2005). Constructive thinking and burnout among secondary school teachers. *Social Psychology of Education*, 8: 425–439.
15. Felix, M. M. D. S., Ferreira, M. B. G., Oliveira, L. F., Barichello, E., Pires, S. & Barbosa, M. H. (2018) Guided imagery relaxation therapy on preoperative anxiety: a randomized clinical trial. *Latin-American Journal of Nursing Revista*, vol. 26, p. e3101.
16. Gazelle G. (2015). Physician burnout: coaching a way out. *J Gen Intern Med*. 30:508–513.
17. Hayes, S. C. & Lillis, J. (2012). *Acceptance and commitment therapy*. American Psychological Association.
18. Hayes, S. C. (2005). Stability and change in cognitive behavior therapy: Considering the implications of ACT and RFT. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 23(2), 131–151.
19. Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1–25.
20. Hayes, S. C., Strosahl, K. D., & Wilson, K.G. (1999). *Acceptance and Commitment Therapy. An experiential approach to behavior change*. New York: Guilford Press.

21. Hayes, S.C., Barnes-Holmes, D., & Roche, B. (Eds.) (2001). *Relational Frame Theory: A Post-Skinnerian Account of Human Language and Cognition*. Plenum Press, New York.
22. Hsiao, Y-J., Higgins, K, Pierce, T., Schaefer Whitby, P.J., Tendy, R.D. (2017) Parental stress, family quality of life, and family-teacher partnerships: Families of children with autism spectrum disorder, *Research in Developmental Disabilities*, 70, 152-162
23. Kabat-Zinn, J. & Salzberg, S. (2004). *Loving kindness: The revolutionary art of happiness*. Shambhala Publications.
24. Kolbe, M., Burtscher, M.J., Wacker, J., Grande, B., Nohynkova, R., Manser, T., Spahn, D.R., Grote, G., 2012. Speaking up is related to better team performance in simulated anesthesia inductions: an observational study. *Anesth. Analg.* 115 (5), 1099-1108.
25. Korhonen M, Komulainen K. (2021). Individualizing the burnout problem: Health professionals' discourses of burnout and recovery in the context of rehabilitation. *Health*. 2021;0(0). doi:10.1177/13634593211063053
26. Kyriacou, C. (2001). Teacher stress: directions for future research. *Educational Review*, 53(1), pp. 28-35. EJ 622 519
27. Leroy, C. (2020). The Importance of Personal Effectiveness Training in University Master Courses: The Role of High School in Students' Assertiveness and Self-Awareness Development. In *Handbook of Research on Operational Quality Assurance in Higher Education for Life-Long Learning* (pp. 133-165). IGI Global.
28. Lindo, E. J., Kliemann, K. R., Combes, B. H., & Frank, J. (2016). Managing stress levels of parents of children with developmental disabilities: A meta-analytic review of interventions. *Family Relations*, 65, 207-224. <https://doi.org/10.1111/fare.12185>.
29. Ma, X.; Yue, Z.-Q.; Gong, Z.-Q. et al., (2017). The effect of diaphragmatic breathing on attention, negative affect and stress in healthy adults. *Frontiers in Psychology*, vol. 8.
30. Malhotra S., Khan V., Bhatia M.S. (2012) Quality of Life of Parents having Children with Developmental Disabilities, *Delhi Psychiatry Journal*, Vol. 15 No.1.
31. Maslach, C., & Leiter, M.P. (2017). Understanding burnout: New models. In C.L. Cooper & J.C. Quick (Eds.), *The handbook of stress and health: A guide to research and practice* (pp. 36-56). Wiley Blackwell



32. McHugh, L. & Stapleton, A. (2021). Self-as-Context. In Twohig, M.P., Levin, M.E., & Petersen, J.M. (eds). *The Oxford Handbook of Acceptance and Commitment Therapy*, online edn, Oxford Academic, 10 Nov. 2021, accessed 9 Nov. 2022.
33. Meng AL, Sullivan J. Interactive theater: an innovative conflict resolution teaching methodology. *J Nurses Staff Dev* 2011;27(2):65–8.
34. Newman, D.B., Tay, L., & Diener, E. (2014). Leisure and subjective well-being: A model of psychological mechanisms as mediating factors. *Journal of Happiness Studies*, 15(3), 555–578.
35. Nguyen, J. & Brymer, E. (2018). Nature-based guided imagery as an intervention for state anxiety. *Frontiers in Psychology*, vol.9, p.1858
36. Omura, M, Maguire, J., Levett-Jones, T., Stone, T.E. (2017) The effectiveness of assertiveness communication training programs for healthcare professionals and students: A systematic review, *International Journal of Nursing Studies*, 76, 120–128.3
37. Pardede, J., Simanjuntak, G. V., Manalu, N. (2020). Effectiveness of deep breath relaxation and lavender aromatherapy against preoperative patient anxiety, *Diversity & Equality in Health and Care*, vol. 17, no. 4.
38. Rotschild, B. (2017). Trauma. 8 Strategii de vindecare [Trauma. 8 Strategies for Healing], Herald, București
39. Ruiz, F. J., & Odriozola-González, P. (2017). The predictive and moderating role of psychological flexibility in the development of job burnout. *Universitas Psychologica*, 16(4), 1–8.
40. Ryan R.M, Deci E.L. (2000) On happiness and human potential: a review of research on hedonic and eudaimonic wellbeing. *Annual Review of Psychology* 52: 141–166.
41. Ryff CD, Keyes C (1995) The structure of psychological well-being revisited. *Journal of Personality and Social Psychology* 69: 719–727.
42. Sadziak A, Wilinski W, Wieczorek M. Parental burnout as a health determinant in mothers raising disabled children. *Balt J Health Phys Act*. 2019;11(3):77–89. doi: 10.29359/BJHPA.11.3.08
43. Sanadgol, S., Firouzkouhi, X., Badakhsh, M., Abdollahimohammad, A. & Shahraki-vahed, A. (2020). Effect of guided imagery training on death anxiety of nurses at COVID-19 intensive care units: a quasi-experimental study. *Neuropsychiatra I Neuropsychologia/ Neuropsychiatry and Neuropsychology*, vol. 15, no. 3, pp. 83–88, 2020.

44. Siegel, D. (2016). *Mindfulness și neurobiology. Calea către cultivarea stării de bine* [The Mindful Brain. Reflection and Attunement in the Cultivation of Well-Being], Herald, București;
45. Singer, G. H., Ethridge, B. L., & Aldana, S. I. (2007). Primary and secondary effects of parenting and stress management interventions for parents of children with developmental disabilities: A meta-analysis. *Mental Retardation and Developmental Disabilities Research Reviews*, 13, 357–369. <https://doi.org/10.1002/mrdd.20175>.
46. Steele, G.A., Plenty, D., 2015. Supervisor-subordinate communication competence and job and communication satisfaction. *Int. J. Bus. Comm.* 52 (3), 294–318.
47. Stenlund, T., Birgander, L.S., Lindahl, B., Nilsson, L., Ahlgren, C. (2009). Effects of Qigong in patients with burnout: a randomized controlled trial. *Journal of Rehabilitation Medicine*, 41, pp. 761–767.
48. Tint A., Weiss J.A. (2016) Family well-being of individuals with autism spectrum disorders: A scoping review. *Autism*, vol. 20(3), 262–275.
49. Toussaint L, Nguyen QA, Roettger C, Dixon K, Offenbacher M, Kohls N, Hirsch J, Sirois F. (2021). Effectiveness of Progressive Muscle Relaxation, Deep Breathing, and Guided Imagery in Promoting Psychological and Physiological States of Relaxation. *Evid Based Complement Alternat Med.* Jul 2;2021:5924040. doi: 10.1155/2021/5924040.
50. Troman, G. & Woods, P. (2001). *Primary Teachers' Stress*. New York: Routledge/Falmer.
51. Warsono, W. (2020). Effectiveness of slow deep breathing exercise on decreasing stress levels for patients with diabetes mellitus. *Southeast Asia Nursing Research*, vol. 2, no. 2, pp. 55–59.
52. Wiederhold, B.K., Cipresso, P., Pizzioli, D., Wiederhold, M. & Riva, G. (2018). Intervention for physician burnout: A systematic review. *Open Medicine*, vol. 13, no. 1, pp. 253–263. <https://doi.org/10.1515/med-2018-0039>
53. Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). The role of personal resources in the job demands-resources model. *International Journal of Stress Management*, 14, 121–141
54. WHO, *Doing what matters in times of stress: an illustrated guide*. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO

## **Module 4.**

# **Implementation of Burnout Free Techniques for Parents in Early Childhood Intervention**

**Mirjana Marojević, Marija Naglič,  
Maria Rosário Baetas, Sónia Fontes,  
Nikoleta Yoncheva, Virginia Vasileva,  
Veselina Tincheva,**



# Introduction

After learning about the preventive factors and techniques to prevent burnout, we need to look at how to implement these in early childhood intervention services. This is exactly what this module is about.

This module will provide practices and strategies on how you can avoid the risk of burnout and it will assist you in the implementation of techniques as individuals or within parent support groups during Early Childhood Intervention.

After the completion of this module, you will be able to:

- make assessment of your family risks, resources and needs
- apply person-centered practices
- recognize the first signs of burnout in daily routines and in groupwork
- implement burnout prevention strategies in daily routines and the groupwork
- respond to crises with strategies to support yourselves

# 4.A.1. Identification of Individuals' Needs, Resources and Risks & Burnout Prevention Techniques in ECI

**Mirjana Marojević, Marija Naglić**

The most basic division of human needs is into primary and secondary needs. Primary needs are biologically and physiologically conditioned, they are necessary for survival, and include the need for food and water, air (oxygen), constant body temperature and, in most people, to satisfy the sexual urge. Although these needs are present in all people, the ways in which they are satisfied differ from person to person and vary greatly depending on the culture in which the person grew up.

These variations, differences and ways of fulfillment, both cultural and especially individual, come to the fore even more in so-called secondary needs. Secondary needs are acquired through experience, include various psychological and social needs, are often unconscious and strongly influence the behavior of all human beings.

## **Four psychological needs**

American psychiatrist William Glasser (1989), in addition to the basic need for survival, lists four psychological needs:

- 1) the need for belonging, connection, love.
- 2) the need for power, importance, competence.
- 3) the need for freedom, autonomy.
- 4) the need for entertainment, learning.



Each of the listed four psychological needs is important because they are needs that everyone has, and they are not desires that people often confuse them with. Dissatisfaction and feeling "bad" ("I'm not good") is very often the result of long-term neglect of one or more of them.

### **1. Belonging, connection, love**

Relationships are an important part of our existence. Even before birth, in our mother's womb we were in a relationship with our mother, and later we learned about the world through relationships. What we needed most was the feeling of connection and belonging, the feeling that we represent an important part of the whole called family. This need for belonging, connection and love lasts a lifetime, and getting used to a bad relationship or alienation from people significantly impoverishes our inner life and limits us in expressing and living ourselves.

### **2. Power, importance, competence**

Although for many the word "power" is repulsive or associated with something negative, the feeling that we can do something and have self-confidence is important to everyone. Many people tend to characterize the need for importance as something selfish and bad, however, the desire to be important to our relatives and friends and the desire to leave some important mark in life - either through ambition or through offspring - is quite natural. Investing effort in developing one or more of your abilities also contributes to a good feeling in the long term. This is not in accordance with the "short-term view" of achieving pleasure because, "short-term", we can associate a good feeling with immediate pleasure - sleeping, walking, or watching TV. Whether it refers to developing a job or, say, learning to play the guitar, the feeling of competence is irreplaceable and is directly related to the belief that we are unique, and that self-realization is possible in the world as it is.

### **3. Freedom, autonomy**

This need implies that we choose our own behavior, that we have a sense of freedom of thought and choice, and that we are not controlled by anyone.

It is easy to forget about the need for freedom and autonomy.

When we become parents, we are more aware than ever before of what it means to be free. Free to move, free to choose how to spend your time, structure your day according to your own wishes, free to choose your own behavior and opinion. With the birth of a child, that is no longer the case. Parenthood brings a new sense of joy due to the child's presence, but also a sense of loss of control related to this need. Making parental decisions does not depend only on us but requires alignment with the partner's opinion and values.

### **4. Fun, learning**

Many of us, especially when we become parents, easily forget about this need, and in fact it is essential for creating and maintaining a good feeling in experiencing ourselves and our own life. Fun is too often equated with frivolity, and learning is perceived as an obligation that ends with the end of schooling. Few would agree that the need for entertainment is one of the basic psychological needs, and it refreshes us, relieves us and gives us the energy to face serious life tasks. That's why it's important that fun (to a certain extent, of course) is always a part of life. As well as learning. Exploring the world and acquiring new knowledge keeps us curious, which in this context can also be understood as a synonym for liveliness.

### **The importance of the whole**

To create and maintain a good feeling in the experience of oneself and one's own life, it is important to take care of all four psychological needs because they are interconnected.

By fulfilling the need for power, we stop feeling dependent or weak, which automatically helps us express our need for freedom and autonomy more easily.

Fulfilling the need for freedom and autonomy, on the other hand, opens us to fun and new experiences, and fulfilling the need for fun and learning leads us to socialize and share our new knowledge with others.

This is one way these psychological needs are related. They influence each other on many levels, intertwine and depend on each other. When one part of the whole is neglected, it affects other areas.

In parenting, one of these four psychological needs is often neglected for a long time, especially the need for power (which we most often achieve through our work and at our workplace) and the need for fun and learning.

Examining one's own relationship to these four psychological needs helps to discover whether we have neglected some of the parts of this whole, and thus prevents parental burnout and at the same time strengthens psychological resistance.



# 4.A.2. Tools and Practices

Today, there are various therapeutic schools and directions within which you can find simple, practical exercises and techniques that help recognize and meet the stated human needs, strengthen psychological resistance and prevent parental burnout.

The key is to know and discuss the relationship between the physiological reactions and body sensations we feel at a certain moment with the pleasant or unpleasant emotions we feel, the thought processes that automatically take place at the moment and our reactions in a certain situation. Awareness of all aspects of ourselves gives us the opportunity to recognize which of our needs are not satisfied or not satisfied to a sufficient extent, and opens up the possibility of consciously choosing our best possible response to a given stressful situation.

In line with all of the above, these are some of the steps you as a parent can take during a home visit by an ECI professional that will help you prevent parental burnout.

## **STEPS:**

1. When the ECI specialist arrives in your family, notice what kind of mood you are in (ask yourself which pleasant and which unpleasant emotions you notice in yourself at that moment). Comment and share with the EI expert your feelings/emotions that you managed to name related to his arrival in your family.
2. Fill in the observation list/questionnaire of satisfied psychological needs of parents.

PSYCHOLOGICAL NEED	QUESTIONS	DESCRIPTIVE (examples)	SCALE (presence of behavior 0 – 100%)
ATTACHMENT/LOVE/ BELONGING	How is my interaction with the child? How do I feel around my child and what kind of relationship do I manage to achieve?		
	How do I hold the child? Do I feel safe, relaxed and confident while holding it?		
	How do I speak to my child (tone of voice, words I use, how do I name my child)?		
PARENTAL COMPETENCES/POWER	How do I soothe and comfort my child when he is upset or crying?		
	How long do I manage to stay in intensive interaction with the child?		
	Do I manage to stay focused in the interaction with my child (understand the situation I'm in with my child or am I overwhelmed by different thoughts, plans, worries...)?		
FREEDOM	Do I feel relaxed and free to take a spontaneous break/respice while meeting with an EI professional in my home?		
	Do I have ideas and feel comfortable working with an EI professional to develop therapeutic goals for the child?		
	Do I feel free to ask questions about the therapeutic process, activities, goals, progress, etc.?		
FUN	How often do I play and cuddle with my child?		
	Do I have any idea how I can play with my child?		
	How relaxed am I in playing with my child?		

TABLE 3. QUESTIONNAIRE OF SATISFIED PSYCHOLOGICAL NEEDS OF PARENTS

3. Have a conversation with an ECI professional about the obtained self-insights related to the satisfaction of one's own psychological needs related to the parental role after completing the self-observation list.

4. Use some of the techniques and methods of preventing parental burnout during a home visit of an ECI professional if it is needed and ask ECI professional for support or advice on implementing the chosen technique.

### **Relaxation techniques**

The goal of relaxation is to gain awareness and control over one's own physiological and physical reactions to stress. Therefore, for you as parents it is necessary to learn to recognize physical signs to act on them and alleviate them in time using the appropriate technique.



It is important to emphasize that there are many relaxation techniques and that there is no one universal technique that suits everyone, but it is necessary to find the technique that suits you as a parent.

- **Relaxation by breathing**

- o **Abdominal breathing:** when a person is anxious, he/she breathes rapidly and through the upper part of the body (chest), which in the absence of physical activation leads to an imbalance in the level of oxygen and  $\text{CO}_2$  ( $\text{O} > \text{CO}_2$ ). Abdominal breathing balances oxygen and  $\text{CO}_2$  levels by applying slower and deeper breathing (belly). By slowing down and calmer breathing, you affect the slowing down of the heart and control other physical symptoms of anxiety. Inhaling air through the nose, you push the abdomen outward and draw air into the lower part of the lungs. You keep our hand on the abdomen during inhalation and exhalation. This is a very simple but very powerful relaxation technique because the effect is visible already after three inhalations and exhalations.

- o **Holding the breath** – you inhale air through the nose counting to 3 and drawing the air into the lower part of the lungs. The air should be held while counting to 3, and then release the breath through pursed lips as you say to yourselves "relax".

- o **Rhythmic breathing** – you breathe in through the nose while counting to 3 or 6, depending on what is more comfortable. Exhale through the nose in the same number without holding the breath in between. You should breathe like this for several minutes.



However, to effectively apply relaxation techniques, for you as parents it is first necessary to properly adopt them, practicing them first in a state of balance or calmness. After practicing them, it is necessary to apply them regularly.

**a) Mindfulness techniques** – it refers to the basic noticing of one's own breathing, sensory stimuli coming from outside and one's own bodily sensations.

*An example of a mindfulness exercise for parents: Three-minute meditation Space to breathe*

**Step one: become aware**

In a sitting or standing position, take an upright posture. You may close your eyes if you want. Direct your attention to your inner experiences. Ask yourself:

"What thoughts are in my mind?" and accept them without judgement or criticism.

"What am I feeling at the moment?" and accept any annoying or uncomfortable feeling without judgment or attempt to alter them.

Pay attention to any sensations in your body. Take a moment to scan your body and notice any tension or stiffness. Accept these sensations and feelings without trying to change them.

Moving on to the next step, narrow your focus on your abdomen as you breathe. Notice the rising and lowering of the abdomen as the air enters and leaves your body. Focus on each breath to connect with the present moment. If your thoughts tend to wander, gently redirect your focus to your breath.

Now, expand your awareness to your entire body, your posture and facial expression as you breathe. If you notice discomfort, stress or tension, pay attention to their strength and imagine the breath entering and surrounding them. By accepting these sensations and by not trying to change them, you create space for exploring them more easily. When they no longer demand your attention, return to your meditation, maintaining awareness of your entire body.

## **b) Techniques Time to worry**

### **Step one: Set aside time to worry**

One of the ways to prevent parental burnout is to bring your parental worries under control because worries can be overwhelming. You can put your parental worries under control by creating Time for Worry. Let's determine the time of the day that will be dedicated only to worries, say „Every day between 6:00 p.m. and 6:30 p.m. will be my time to worry.“

It is recommended that this time be at the same time every day and that it is always of the same duration. When a certain time of the day comes, it is allowed to think about any concern that arises. Sometimes it is easier for you to think, and sometimes it is good to write down worries (i. e. in the form of keeping a diary), but what is important is to keep the worries within that time. If a worry comes up outside of worry time, you can write it down or remember it, but wait to think about it until it's time to worry. When worry arises outside of worry time, you can say something like: „I'm worried that something bad is going to happen, but there is time to worry, and then I'll think about it, and now I'll focus on the activities I'm currently engaged in.“

### **Step two: How to spend time worrying**

When it's time to worry, make the most of it; in that time you look for possible solutions for your concern or if a solution is not possible in that time you dedicate yourself to accepting reality. Pick one concern and ask yourself what you can do about that particular problem and then create a plan of action. If that worry is out of your control, work on accepting it and letting it go.

### **Step three: Getting out of worry time**

The most challenging part of this technique is to stop worrying after the worry time has passed. One of the ways you can make it easier to stop worry time is to reward yourself with a transitional activity after the allotted time is up. Let it be something you like to do so that they are motivated to finish worrying and get out of it: for example, call a close person, go for a walk, watch a good movie, read an article, go to a training session, go out for coffee with a friend, etc.



**c) Circle of psychological needs** - Try to think to what extent each of the four psychological needs listed in the circle is satisfying on a scale of 0 - 100%

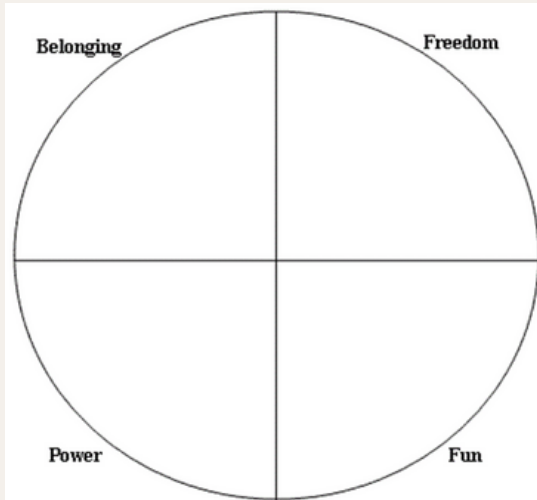


FIGURE 10. CIRCLE OF PSYCHOLOGICAL NEEDS

**d) Compassion focused therapy (CFT) techniques**

Self-compassion break (long version, 13 min):

[https://www.youtube.com/watch?v=T\\_80y\\_CT32c&t=6s](https://www.youtube.com/watch?v=T_80y_CT32c&t=6s)

Self-compassion break (short version, 6 min)

<https://www.youtube.com/watch?v=3Ax8Y741rxA&t=3s>

Loving-Kindness for Ourselves CFT meditation

<https://www.youtube.com/watch?v=mLRWPdQPKs>

Soften Soothe Allow CFT meditation

<https://www.youtube.com/watch?v=hmQi3VQCdCQ>

# 4.B.1. ECI Practices and Person-centered Practices

**Maria Rosário Baetas, Sónia Fontes**

ECI to be successful must be a local intervention, family-centered, respecting and promoting individuality, carried out by a transdisciplinary team, which aims to empower you, as a parent, considering you as the center of the decisions taken in the context of the intervention, necessary for the development of your children. In this context the Family-Centered Approach is highly recommended. This approach lies in the recognition that family is the main contributor to the promotion and development of the child. Respect for the family's choices and decision-making processes are encouraged and emphasis is given on the child and family competencies, and on family/professional partnership.

Whenever applying a person-centered practice it is underlined that the starting point is the person and the ultimate beneficiary is the person. Whether it's the parents, the child, family members, or other caregivers. Any of them is integrated into a certain context, a context that has certain resources.

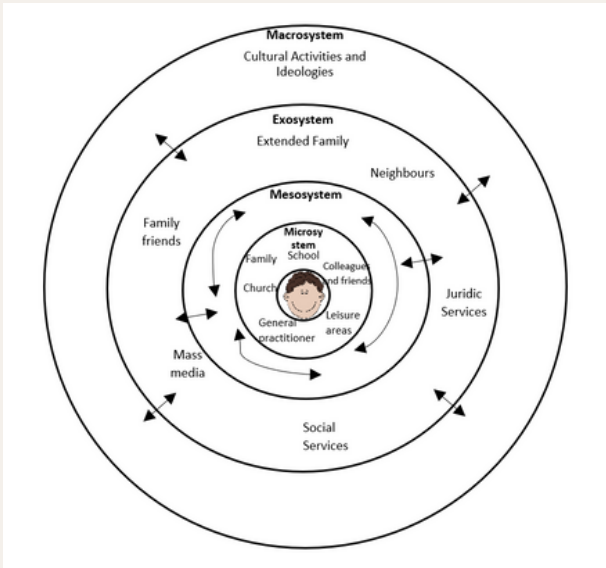


FIGURE 11. ADAPTATION OF BROFENBRENNER'S HUMAN DEVELOPMENT MODEL, IN PARENTAL INVOLVEMENT IN IP (SERRANO, A. CORREIA, L., 1998)



In this perspective, it is important to understand that you and your child are an integral part of this broader system, having highly important individual characteristics and expectations.

Your values, concerns, expectations, needs and resources should be taken into serious consideration and priorities should be set accordingly.

Positive connection and collaboration with the ECI professionals is decisive in finding answers to your needs, along with your child's needs so as to have improved quality of care and support.



# 4.B.2. Person-Centered Tools and practices

Person-centered thinking tools are user-friendly templates that can be used for collecting –in a practical and effective way– initial information concerning a person and the family. The information gathered facilitates understanding, improves communication, and enhances relationships. These tools provide valuable insights into the individual's point of view and the perspectives of others. Through this tools, a person is facilitated to express – in a clear and practical way– what is important to them, how they wish to receive support, what changes they would like to bring about in their lives, but also how they communicate and how they make decisions.

## Perfect week

The perfect week tool can be used by a person to describe an ideal week, in a manner that is realistic and achievable with existing resources and budget. In a broader perspective it helps people to express how they want to live their lives by making the best use of the available resources. With this tool a person specifies elements of an ideal week and notes people, interests and places that are important to him, as well as the available resources. The Perfect week tool facilitates the matching of personal resources and development of specific steps to achieve aspirations and the elements of a perfect week for a specific person.

### *How it helps*

This tool can be used as an effective person-centered care and support plan helping people organize and utilize their own resources, persons and budget to improve the quality of their life in a practical way.

<http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/perfect-week>

	Mornings	Afternoons	Evening
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

FIGURE 12.EXAMPLE OF A PERFECT WEEK SHEET

## What's working/not working

This tool allows a first a mapping of the current condition of a person's life, and most particularly what works well and what needs to be improved or changed.

It also takes into account the person's own perspective as well as the perspectives of other persons' involved in their lives.

This tool allows reflection on the current situation and starts to develop outcomes and strategies to ensure that the desired changes actually happen.

### *What it is useful:*

It can help you realise what is working and what is not working in your life from various viewpoints so as to decide the right way to proceed.

### *How it helps:*

By incorporating the perspectives of various persons involved in your life, this tool helps you identify the areas of agreement and disagreement. This way, the tool allows you to become aware of areas of common ground in order to get the support you need in a way that makes sense to you.

<http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/whats-workingnot-working>)






 What's working?	 What's not working?
the person	
family	
staff	
What needs to happen next to build on what's working and change what's not working? 	

FIGURE 13. WHAT'S WORKING/NOT WORKING SHEET

## Decision making profile

The decision-making profile gives you a clear idea of how you make decisions and how you could be supported in this process. It can be used to empower you to take control and make choices for your own life. Furthermore, it assists you in presenting your choices and decisions to others in a way that makes sense to you.

There are 5 steps to follow for decision-making according to the tool:

1. How I prefer to receive information
2. How choices should be presented to me
3. Ways used by other people to help me understand
4. What is the right moment for decision-making
5. What are the moments that are not right for decision-making

When completing the decision-making profile, it is important to reflect on a previous real-life decision-making case and identify what worked and what didn't in terms of the support you received.

### *How it helps:*

This tool is essential since it helps you understand the available choices and make well-informed choices. This is particularly important when considering your own and your child's well-being.

<http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/whats-working-not-working>

<b>DECISION MAKING PROFILE</b>				
<b>How I prefer to receive information</b>	<b>How choices should be presented to me</b>	<b>Ways used by others to help me understand</b>	<b>When is the right moment for decision making?</b>	<b>Not effective moments for decision making?</b>

**TABLE 4. DECISION MAKING PROFILE**

## 4.C.1. The importance of participating in ECI support groups

**Nikoleta Yoncheva, Virginia Vasileva, Veselina Tincheva**

An effective model of prevention and coping with burnout in the families who have children with disabilities within the framework of early intervention is the work in mutual support groups.

Parents of children with disabilities are among the most affected by stress, anxiety and burnout. Some strategies to deal with stress may be: «Drinking enough water», «Balanced diet», «Sports», «Regular rest and hobbies», «Relaxation & mindfulness techniques», «Help & support from relatives and friends», «Social support», which, in conjunction with professional and mutual support in ECI groups, can help to reduce the accumulated tension, anxiety and prevent burnout. You are strongly recommended practicing or rediscovering activities during the group sessions in order to vent the accumulated stress. Coping with stress has a direct bearing on people's health and well-being (Georgieva, K., 2019).

A major factor in the fight against stress is the personality and the degree of its anti-stress resistance. We believe that there are cases where, without outside help, parents could not cope. Therefore, we draw attention to the importance of sharing the problem in support groups, so that strategies to solve it are sought in time. Otherwise, it is worsened, and the cycle closes and becomes a vicious circle, from which the outcome may turn out to be clinical.

A key point is the creation of coping strategies that preserve the balance between exceeding demands from the environment and the available resources of the person. It is important to choose a strategy that will lead to the adaptation of the personality to the stressful situation that has arisen. Coping can be cognitive through reappraisal and analysis of the situation or behavioral. It is good for you to know yourselves and have a real appreciation of environmental conditions, making attempts to adapt your behavior to them.

For the formation of an optimal ECI support group, it is necessary to create cohesion in the group, based on unity, mutual understanding and mutual assistance. A bad psychological climate destroys this unity and gives rise to inappropriate behaviors. For this purpose, timely and daily care is needed to control and limit stress factors.



Many different models of group interaction have been developed in recent years. What they have in common is that each model has its own requirements for the number of participants (minimum and maximum), each offers certain requirements for the leader and co-leader, their role and responsibilities in order to enhance the group interaction.

The goal of every type of group is to provide participants with a meaningful emotional experience that can lead to new learning or personal growth. (Shaffer & Galinsky,, 1989).

Therefore, it is essential for you to join a group that will help you activate, develop, and achieve the goals you have set for yourself.



Participating in an ECI support group will give you the chance to receive support and learn ways to be supportive to others, reduce anxiety & stress in the family environment and develop a broader social network. Getting to know other parents who face similar challenges is potentially one of the most effective mechanisms of support groups, providing a context in which you can expand your social network. Receiving support from the ECI professional and other group members can reduce sense of stigma, isolation, and guilt. What is more, providing support to other group members can give you the opportunity to implement coping strategies and increase feelings of purpose, self-efficacy and self-esteem.

Parents groups may as well be organized as parent education sessions. You are given the opportunity to learn how to better take care of your child, share your struggles, successes and pitfalls and find answers to your questions about communicating with your child, behavior issues and community resources. Interacting with peers and other adults and communicating your wants and needs will increase your expressive and receptive communication skills.

Groups may also offer parental involvement in class. In this context you are encouraged to interact with your child, model play skills and help facilitate your child's interaction with peers. In addition, groups may involve support with separation from your child in preschool years.

Trust and openness in sharing your thoughts and concerns within the team will allow you to 'spot the right strategies for you' in order to empower yourselves and find the appropriate solutions based on your own and on your child's needs.



# 4.C.2.Tools and practices

In what follows, you will find guidelines for implementing practices in order to prevent burnout.

They can be applied individually or be structured in group sessions.

## Gymnastic breathing

Deeper breathing is activated, feeling your body in space:

1. *Inhale* – palms together on the chest, elbows raised;
2. *Exhale* – hands stretched forward, as if pushing something with the palms;
3. *Inhale* – arms open to the sides, as if we are about to hug someone;
4. *Exhale* – the hands are raised up and the palms are gathered above the head;
5. *Inhale* – arms open to the sides, as if we are about to hug someone;
6. *Exhale* – bending at the waist, the upper part of the body is relaxed, the arms hang freely;
7. *Inhale* – hands open to the sides, as if we are about to hug someone;
8. *Exhale* – palms together on the chest, elbows raised.

## Technique Connecting to Resources #1

Resources are the strengths of the personality, these are the qualities, people, events, environment, nature, sports, pets, etc. which give you security, a sense of safety, a sense of coping.

Art Therapeutic Technique Creating a “Safe Space” from clay. This technique is preferably conducted together with a psychologist, social worker or psychotherapist.



## **Material needed: Clay or play dough**

Clay takes away some of the tension, clay is the earth, it can be a resource, relieves tension. The clay has a pleasant texture, plastic, pleasant to the touch, amenable to processing. It allows the expression of spontaneity and the transformation of created emotions.

Pieces of clay or play dough are distributed. Instruction is given: Draw your safe place out of the clay. After 10 minutes, someone from your group is invited to present their symbol, their safe place.

Questions from the facilitator:

***Where is this place?***

***What's in this place?***

***How do you feel in this place?***

***Who can go inside? How?***

***Who would you let in?***

***Is there someone who can't come in, you don't let them in?***

***What are the sounds of this place?***

***What are the aromas of this place?***

***Where does it resonate in your body, in which part of the body do you feel your protected place?***

***What helps you feel secure?***



The goal is for you to name and find the resources within yourself, around you, you are guided to connect with this place, to find the source, the "anchor" in your body. These anchors mean that every day you can use them, and when you have anxiety, you find that place and connect with it, it stays installed, nurtured you.

To guide you to what is available here and now so that you feel security and safety. From this place to have interaction in the world and so when communicating with different people and problems to feel protected. The symbol made of clay can be kept and you can put it in a place at home or where you can look at it and draw the sense of security from it.

## **Technique Connection to resources #2**

Materials needed: paper, colored pencils, colored markers  
You are given the materials and given instructions to draw a picture in which there are three elements: Ship, storm, lighthouse. You are given 10 minutes to work. The presenter invites you to present your drawing and asks questions:

***Describe what you depicted in the drawing?***

***Who is on this ship?***

***What happens in the ship?***

***Which of the travelers reacts?***

***What helps the people on the ship to keep calm?***

***What happens in this storm, in your story?***

***Does this drawing have a title?***

***What is the end of the story?***

***What does it mean?***

***Where does the ship reach?***

***The goal is again for the parent to seek and name available resources, salvation, direction.***

***"Imagination is our vital and creative energy"***



# Assessment tools



## 4.A. IDENTIFICATION OF INDIVIDUALS' NEEDS, RESOURCES AND RISK & BURNOUT PREVENTION TECHNIQUES IN ECI

1. Name at least two out of four psychological needs described by W. Glasser

## 4.B. ECI PRACTICES AND PERSON CENTERED PRACTICES

### DECISION MAKING PROFILE

How I prefer to receive information	How choices should be presented to me	Ways used by others to help me understand	When is the right moment for decision making?	Not effective moments for decision making?

## 4.C. THE IMPORTANCE OF PARTICIPATING IN ECI SUPPORT GROUPS

1. Specify some benefits of participating in an ECI support group

# REFERENCES

1. Barakat, L. P., & Linney, J. A. (1992). Children with physical handicaps and their mothers: The interrelation of social support, maternal adjustment, and child adjustment. *Journal of Pediatric Psychology*, 17(6), 725–739.
2. Beresford, B. A. (1994). Resources and strategies: How parents cope with the care of a disabled child. *Child Psychology&Psychiatry&Allied Disciplines*, 35(1), 171–209
3. Hauser-Cram, P., Warfield, M. E., Shonkoff, J. P., & Krauss, M. W. (2001). Children with disabilities: A longitudinal study of child development and parent well-being. *Monographs of the Society for Research in Child Development*, 66(3), 1–131.
4. Cheshire, A., Barlow, J. H., & Powell, L. A. (2010). The psychosocial well-being of parents of children with cerebral palsy: a comparison study. *Disability and Rehabilitation*, 32(20), 1673–1677. DOI:10.3109/09638281003649920.
5. Dabrowska, A., & Pisula, E. (2010). Parenting stress and coping styles in mothers and fathers of preschool children with autism and Down syndrome. *Journal of Intellectual Disability Research*, 54(3), 266–280. DOI: 10.1111/j.1365–2788.2010.01258.x.
6. Georgieva, K. (2019) Study of Personal Vulnerability to Occupational Burnout Syndrome and Psychosocial Stress among Risk Categories of Occupations, Plovdiv Medical University, Psychiatry and Medical Psychology Department.
7. Golembiewski, R. T., & Munzenrider R. F. (1988). Phases of burnout: developments in concepts and applications. New York: Praeger
8. Florian & Findler (2001). Mental health and marital adaptation among mothers of children with cerebral palsy.
9. Hobfoll, S. E. (1989). Conservation of resources. A new attempt at conceptualizing stress. *American Psychologist*, 44, 513–524. DOI:10.1037/0003-066X.44.3.513.
10. McKlnney B., Peterson R. (1987). Predictors of Stress in Parents of Developmentally
11. Disabled Children: *Journal of Pediatric Psychology*, Volume 12, Issue 1, March 1987, Pages 133–150.

12. Mencap. Understanding learning disability (2006). A report on the continuing problem of caring without a break for children and adults with severe and profound learning disabilities [https://www.mencap.org.uk/sites/default/files/2016-07/Breaking%20Point%20Families\\_still\\_need\\_a\\_break%202006.pdf](https://www.mencap.org.uk/sites/default/files/2016-07/Breaking%20Point%20Families_still_need_a_break%202006.pdf)
13. Taunt, H. M., & Hastings, R. P. (2002). Positive impact of children with developmental disabilities on their families: A preliminary study. *Education & Training in Mental Retardation & Developmental Disabilities*, 37(4), 410–420.
14. Shaffer, J. B. P., & Galinsky, M. D. (1989). *Models of group therapy* (2nd ed.). Prentice-Hall, Inc.
15. Scorgie, K., & Sobsey, D. (2000). Transformational outcomes associated with parenting children who have disabilities. *Mental Retardation*, 38(3), 195–206.
16. Pakenham K. (2004). Behaviour Research and Therapy Centre, School of Psychology, The University of Queensland, Brisbane, Qld. 4072, Australia.
17. Quinton. D. 2004. *Supporting parents & messages from research*. London. Jessica Kingsley
16. Radocaj, T. 2008. *Sto ne znaju i cine roditelji najmlade djece? Diete i drustvo*
18. W. Glasser, (1989.), *Nase osnovne potrebe – snazne sile koje nas gone*. *Socijalna zastita*. 30 – 32, Zagreb
19. Williams, M. Penman, D. (2019.), *Meditacije usmjerene svjesnosti, Znanje*. Zagreb.

# ANNEX

## Assessment tools – answers

### 1. PARENTAL BURNOUT

#### 1. Choose Truth or False for the statement below:

Professionals in ECI need to share with families the experience of having a child with disability, cooperate with them in order to find solutions to everyday challenges, to find resources and especially financial ones, and take serious decisions having always in mind the child's overall development.

T  F

### 2.A RESILIENT FAMILIES

#### 1. What can we do to remember and enjoy the beautiful and pleasant things in our life:

a) create gratitude list

b) talk about the negative things in our life

### 2.B. HEALTHY COMMUNITIES

#### 1. Draw and fill in your "Circle of Support" with persons you can find within your family and your community