

The Role of Family Counselling in Modifying the Culture of Dealing with People with Special Needs

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Abstract:

Caring for people with special needs is an important issue that imposes itself on the family and invades its security and stability. In coexisting with or confronting a disability, the presence of a disabled person among its members must leave traces, albeit simple, as they differ from one family to another depending on several factors, the most important of which are the severity and type of disability, the disabled's gender, the family's structure, and its cultural, social and economic levels. Family counseling is considered the main entry point for providing services that support the family and re-correct some concepts that express a lack of awareness of how to deal with this category, so we tried in this research paper to shed light on the role of family counseling in modifying this view towards people with special needs through what it offers from Preventive programs and services contribute to this.

Keywords: family counseling, people with special needs.

Introduction:

The attention to the extreme importance of the concept of human capital and its role in the advancement and progress of society has led to giving advanced priority to human development in many areas. This includes caring for the marginalised poor, people with special needs and others in order to benefit from their energies. Our focus here is on people with special needs. In order to empower them within society, they must be rehabilitated, educated and integrated into their society as productive and effective forces, as people with special needs is a term that includes all groups that need a special type of care, whether physical, psychological, social or educational, and the issues and methods of care for each of these groups vary according to their different needs.

One of the most important requirements for the empowerment of people with special needs is to provide all forms of social support and health services to their families to reduce the levels of psychological pressure on them.

Fahmeeda Wahab points out that people with special needs are exposed in all communities to various forms of negative discrimination, especially exclusion from all activities and experiences of social life. Females are the most neglected and ignored category of disabled people, especially in developing societies, and in rural areas there are many forms of negative bias against disabled women. Examples of this are: The lack of financial support allocated for spending in the field of education for children and adolescents with disabilities, in addition to not adequately rehabilitating them to integrate them into society. Accordingly, disabled women are left on the margins of society suffering from social and psychological isolation and are exposed to social rejection and neglect and are seen as a burden on society, as evidenced by many statistics that clearly show the obvious social injustice inflicted on disabled women in many Asian countries (Youcefi, 2019, p. 144).

This may be due to the inadequacy of legal legislation related to the education and care of this group, which is among the most important reasons associated with social injustice. Therefore, the need to introduce laws that support the right of this group and provide them with equal opportunities, and sometimes the perception of the arrival of a disabled child in the family is characterised by fear, anxiety and a sense of disaster.

The family may be forced to isolate the disabled child from the surrounding environment and fear that he will not adapt, avoiding what is associated with his training, education and service, including the difficulties and problems resulting from that time and effort, and the family may have some excuse for this. However, what must be noted is that the negative effects of disability have a profound impact on the psychology of the disabled person. If he is isolated, he will be deprived of opportunities to use his abilities, aptitudes and skills. If the family accepts the disabled child normally, they can help him to assess himself realistically and plan his life or evaluate his abilities and aptitudes correctly without increasing or decreasing them.

The results of educational research have indicated the importance of the full participation of the family because of its positive and effective effects in achieving

social adjustment (accomplishment and educational achievement for these children) (Aiech, 2017, p. 223).

Since the family is the place where the child spends the first years of his life, providing him with the care that corresponds to his endless needs. This is considered one of the roles of the family, and these proper social roles among family members are reflected in the psychological life of parents and children, especially in the childhood stage, which is the stage of psychological construction of children. It may happen that this family is blessed with a child with special needs, increasing his need for his parents and care, as well as the parents' insight into how to deal with this kind of categories (Kafafi, 2009, p. 275).

Family counselling comes as an entry point to provide services to the family in general and parents in particular on how to deal with this sensitive category, and to correct some of the perceptions that parents have about this group and the most appropriate ways to deal with them. The concept of special needs counselling refers to those specialised educational programmes that are offered to groups of abnormal individuals to help them develop their abilities as much as possible, achieve their self-fulfillment and help them adapt, while the category of special needs are those individuals who deviate from the average significantly in all four aspects (mental, physical, emotional or social), which makes them require special counselling and educational programmes (El-Mowafi, Metwally, Al-Ganzouri, 2017, p. 80).

The importance of family counselling lies in the fact that it provides available medical, therapeutic, educational and social services, and also guides them on how to obtain information and actively participate in adopting a positive image of people with special needs and fulfilling all the rights that guarantee them a decent life. This includes access to professions that suit their abilities and enable them to live independently and provide social services that help them achieve this life for them. The role of counselling is not limited to clarifying how to deal with a child with special needs only, but includes clarifying the importance of the role of children and their acceptance of having a brother with special needs in the home, for this purpose.

The results of previous research and studies such as Hill's study (Hill, 2005) and Elizabeth's study (Elizabeth, 1999) found that family counselling programmes (based on reinforcement and behavioural and cognitive techniques) proved effective in treating mothers' anxiety, guilt and social rejection (Hill, 2005, p38).

Drummond (2005) believes that the effective role of the family is the participation of parents in rehabilitation programmes for disabled children. He found that a family that uses mutual trust, cooperation and firmness; develops the scientific, social and emotional aspects of children. He also points to the great role that the family can play, which is the role of peers in the lives of this group.

The family's acceptance of the hearing disabled person is the key to society's acceptance of him, and considering that, the family of the disabled child is the best person to educate society and advocate for the rights of the deaf or hard of hearing. Family counselling contributes to providing the family and the disabled person with the opportunity to create a family environment capable of overcoming the disability and its effects. Increasing parents' awareness of the rules and standards of proper upbringing avoids many mistakes and justifications that may expose the child to sources of psychological or behavioural disability.

Family counselling contributes to the processes of adaptation and control and overcoming the various issues facing the disabled person. Additionally to that its role in facilitating the processes of social communication, which helps activate the role of the family with the community institutions and the medical, educational and social services they provide, without being ashamed of their child's disability. The family's ability to address the issue of disability may increase by increasing their adherence and increasing the psychological, moral and material support they receive from relatives and officials specialised in providing various types and forms of care for the family and training parents.

Participation of parents in the child's rehabilitation programme increases the effectiveness of the programme and leads to continuity of progress even after the training stops. Family counselling contributes to helping the family adopt realistic patterns of thinking and goals that require the disabled person to achieve them (Hanafi, Dasna). Hence, the idea of the research paper titled *The Role of Family Counselling in Modifying the Culture of Dealing with People with Special Needs* came to answer the following questions:

- ✚ What are the services provided by family counselling for people with special needs?
- ✚ How do family members deal with children with special needs?
- ✚ What are the ways to modify the culture of dealing with people with special needs?
- ✚ Do family counselling services contribute to modifying the culture of dealing with people with special needs?

1- Research Objectives:

This research paper aims to identify the services provided by family counselling for people with special needs within the community, in order to change the prevailing culture of people with special needs in the family on the one hand and society on the other. To identify the roles that community members and institutions can contribute to achieve social acceptance and acceptance of this group in order to reach the development of policies and mechanisms that work to integrate them in all development issues.

2- Importance of the research:

The importance of the research comes from the assertion that people with special needs and in particular, various disabilities arise under certain social conditions. However, even if they are of constitutional or genetic origin, the social context is the main variable and the difference in the emergence of social and behavioural companions with all their negative repercussions on the disabled. This requires changing the prevailing culture (perception) on disability by adopting a strategy of integration. The study aims to enable people with special needs to participate socially and benefit from the advantages and services produced by community institutions, especially specialists in family counselling.

- Study terminology:

3-1 - Family Counselling:

The researcher has chosen the following definition of family counselling as "one of the main specialties of psychological counselling, which generally serves the empowerment of the family on various levels of marital, parental and life management. Therefore, it has a therapeutic field, represented in the counselling of marital relations, and is concerned with the treatment of children's issues and their adaptation within the family and school. It also has preventive aspects to protect the family as a unit and its members from dangers that threaten their balance, self-conformity and life effectiveness" (Hijazi, 2001, p. 39).

3-2-Counselling services:

It refers to all the services provided to the counsellor as an individual or within the framework of the family with the aim of empowering him to achieve his potential, develop his social relations, understand his problems and find appropriate solutions to them. This is to achieve psychological compatibility, marital harmony and family stability.

3-3- The concept of people with special needs:

We can identify the concept of people with special needs through the concept of special education. It refers to a set of specialised educational programmes that are offered to groups of unusual individuals to help them develop their abilities as much as possible, achieve their self- fulfillment and help them to adapt (Kaki and Gharbi, 2019, p. 374). Abnormal individuals or individuals with special needs are those individuals who deviate significantly from the average in all four aspects: Mental, physical, emotional or social, both ends of the curve to the extent that they require special educational programmes:

Giftedness, Mental Impairment, Visual Impairment, Hearing Impairment, Motor Impairment, Emotional Impairment, Learning Disabilities, Language & Speech Disorders (Al-Qassas, 2004, p. 4).

Study Literacy:

1- Definition of family counselling:

There are many definitions of the concept of family counselling, including the following:

Family counselling, according to Abdul Basit Khader, is "a process carried out by the counsellor or the counselling team to help family members understand their potential, develop their social relationships, and find proper solutions to their problems. The aim is to achieve family stability, psychological harmony, mental health and happiness for the individual, family and society" (Khader, 2008, p. 16). According to the American Counseling Association (1997), the practice of counselling is "the application of the principles of mental health, psychology and human development through cognitive, emotional or behavioural intervention strategies that focus on well-being and personal growth as well as pathological conditions" (Hijazi, 2011, p. 36).

Family counselling in the field of special needs is defined as a set of scientific guidance provided to the family of the disabled person, especially the parents. The purpose is to train and educate family members to acquire skills and experiences that help them face the issues resulting from the presence of a disabled child, whether related to socialisation methods, rehabilitation and everything that would achieve the disabled person's maximum benefit from his abilities.

2- The needs of people with special needs for family counselling services:

The need for counselling and psychological guidance services for families of children with special needs varies from one stage to another. In the first stage, the focus is on helping parents to face the reality and accept the existence of a child with a disability, realise the fact that he is different from other normal children, and receive the shock, especially in the case of a severe disability. At this stage, the focus is on providing a scientific explanation for the causes of disability, alleviating the feelings of guilt and self-blame that parents may suffer from. In addition, helping them to search for sources of treatment and rehabilitation while accepting the fact that there is no successful medical treatment, and pushing the family to adopt attitudes and tendencies.

These aspects have been summarised into three main categories:

2-1 - Cognitive needs:

- The need for information about the child's unusual situation, the nature of his disability, his characteristics and the extent to which he differs from his normal age-mates and his environment, and the possibilities for treatment, education, training and rehabilitation.
- The need to know the sources of health and social services, education, training, rehabilitation, and support in the community.
- The need to know the effects of disability on the child's developmental aspects and the requirements of that development.
- The need to know the appropriate training programmes for the child's condition) ccupational Therapy, Physiotherapy, Behaviour Modification, Orientation and Movement, Speech and Language, Adaptive Behaviour)

2.2-Behavioural needs (skills), including:

- The need to learn effective strategies for child care, to deal with their issues and daily life requirements, and to acquire the skills to participate in continuing their education and training at home.
- The need for continuous communication with professionals and specialists to follow up on the case, ask questions and seek counselling.
- The need to learn the skills of relaxation, recreation and leisure from time to time as a result of the additional burdens the family bears and the exhaustion they experience in caring for the child.

2-3 - Therapeutic emotional needs:

- The need to express and disclose feelings, thoughts and fears, and to be respected and accepted by professionals.
- The need to learn effective strategies to cope with psychological pressures related to disability.
- The need for psychological counselling and therapy programmes to help overcome and accept the trauma of disability, and treat the associated anxiety, guilt, shame, sadness and depression.
- The need for emotional and social support from family, friends and neighbours, learning from their experiences, and defending the rights of this group in particular.
- The need to communicate with other families of children with special needs to exchange experiences with them (Adouani and Boudiaf, 2021, p. 875)

3- Family counselling services for people with special needs:

A team of medical, vocational, educational and social specialists counsels families of people with special needs and provides psychological, social, rehabilitation, educational and health services.

3-1-Health services: This includes the provision of prosthetic devices such as hearing aids, glasses, prosthetic limbs, and comprehensive health care.

3-2 - Rehabilitation services: This includes the expansion and inclusion of vocational rehabilitation institutions for the disabled to cover different categories of disability.

3-3-Educational Services: This includes expanding the education of people with disabilities, identifying and developing their abilities and potentials, providing them with appropriate educational programmes according to the type of disability, and integrating them into regular classes.

3.4 - Religious and social services: This includes strengthening faith in God, accepting reality as fate and destiny, and working to integrate the disabled into public life and not isolate them.

3.5 - Family services: This includes psychologically preparing the family to accept the disabled child, and then guiding family members to know how to deal with him or her and identify his or her needs.

3.6 - Early intervention programmes: These services include various preventive elements such as physiotherapy, occupational therapy, speech therapy, family counselling, psycho-educational assessment, individual educational programmes, medical and nursing supervision.

Early intervention services are provided either in specialised centres staffed by specialists, where ordinary children are enrolled in nurseries and kindergartens, or in children's homes where mothers are trained by professionally qualified specialists on how to care for their children.

3.7 - Integration services: among those:

- Not isolating the disabled person from society.
- Preparing the disabled person to integrate into normal life.
- Gradually eliminating the negative perception of the disabled.
- Breaking the barrier of fear of the normal child from dealing with his disabled classmate.
- Discovering the talents and abilities that the disabled person possesses and showing them in his interaction with the normal child.
- Developing the spirit of love and trust and forming a language of understanding between the disabled child and the normal child.
- Developing the normal student's sense of responsibility towards his disabled classmate.

3.8 - Family counselling services in the preventive aspect:

Farouk Sadek (2000) provided an accurate summary of the impact of the child's disability on the family life cycle, and the consequent slowing down of the family life cycle, which may lead to the disruption of roles in the family, and the family pattern becomes in need of reconstruction to coexist with the variable of the child's disability and their needs. This is illustrated in the following dimensions:

1- Slowing down the role of the family, as the presence of a child with special needs in the family may affect the family's life cycle in two aspects: The first is the slowdown in the development of the child with special needs compared to their siblings, and the second is the impact on other family members and the lack of interest in them. The double care for the hearing-impaired child comes at the

expense of others, and the fulfilment of their normal needs may be affected as a result of the double care for the child.

2- Role confusion in the family: Satisfying the needs of a hearing impaired child in a family may differ in nature, strategies and methods from another family. The role of the mother may be disturbed inevitably, as well as the role of the older or younger sister or older or younger brother. The matter may differ if the child is a girl or a boy, and the more severe the disability, the greater the disturbances in the performance of roles. The roles may be redistributed positively or negatively depending on the orientation of relationships within the family and the status of the father and mother, which necessarily leads to different roles from those of family members of a normal child. This disruption in relationships is then reflected in the child's behaviour in their understanding of themselves and in their relationships with family members and others.

-Disruption of the family's social relations reflects the internal disruption in the family in the form of confirmed disruptions in the family's external relations with neighbours and relatives, and in its various social relations. This often leads to the disruption of the family's image and status in the external society and its institutions.

The preventive role in the family life cycle is represented in what is the preventive role that the family can play in each of its stages? The preventive role is represented in the first stage (the couple) in marriage planning in terms of medical examinations and planning before pregnancy. The second stage (the birth of a child) in maternal health follow-up and delivery by specialists, early diagnosis, and encouraging appropriate upbringing patterns. The third stage (the preschool child) in identifying the hearing abilities of the deaf or hard of hearing child and searching for entities to provide services and enrollment in school programmes. The fourth stage (school age) in enrolling him in the institute and the appropriate programme for the degree of disability and what he needs from speech therapy services and training programmes for the child and his parents. The fifth stage (adolescence) in looking at the deaf and hard of hearing as an individual with independence and encouraging him to take responsibility. ...and so on. The following stages aim at the role of the family in helping the disabled person to prepare for married life and having a child. Thus, if the previous steps are followed, the result will be an effective family (Tidjani and Bidelkoul, 2012, p. 40-42).

4-The preventive role of family counselling:

Family counselling is not linked to a particular stage of the family life cycle or a particular level of prevention, which includes:

4.1 - Primary prevention, which consists of measures that can be taken to eliminate the causes of disability and the conditions leading to it through preventive measures during the pre-marriage and pregnancy phase, the pregnancy and childbirth phase, and finally the postpartum phase.

4.2 - Secondary prevention, which consists of early detection and diagnosis.

4.3-Triple prevention, which consists of preventive measures that aim to minimise the negative effects of the deficiency and disability, mitigate its severity, and prevent its multiplication.

Looking at the levels of prevention, it is clear that the family is the main driver and motivator at each level, and can play the role of facilitator or hindrance to the prevention process. Through the procedures they implement for the nature of the issue or their acceptance of the counselling process and the desire to obtain information to satisfy their needs, it is possible that the family may play the role of facilitator or hindrance to the prevention process.

The importance of family counselling and its preventive role as mentioned by Shaker Qandil (1996) is that the feelings of frustration that parents experience in their relationship with their disabled child can be transferred to their relationship with others. Their behaviour may also increase in intensity to the point that they are aggressive in their dealings, and in their responses, as a result of the state of constant anger, and the expected reaction from them is more tension, more isolation, and distance from others, even with relatives and friends. The impact of this atmosphere affects the whole family and pushes them to dwell on their concerns in isolation from others, and they build high walls in order to avoid penetration of their secrets by anyone. This isolationist atmosphere affects the whole family and pushes them to ruminate their concerns in isolation from others, and they build high walls to avoid anyone penetrating their secrets. In such a state of stagnation and psychological inactivity, depression becomes possible, and the aggravation of pathological effects becomes possible, unless there is no intervention from the outside to break that tightly closed loop. Thus, family counselling becomes an urgent need and demand in order to break the isolation barrier and facilitate the openness process with others (Qandil, 1996).

5- Implications of the presence of people with special needs in the family:

These effects are as follows:

5-1 - Economic effects: The presence of a disabled child in the family drains the family's financial resources, as it spends on his treatment and health and educational programmes. These expenses may continue throughout the life of the disabled person, which may cost more than the money the family spends on his non-disabled siblings, not to mention that some mothers leave their jobs after the birth of the disabled child in order to provide the necessary care and care for him, which reduces the family's income.

5.2-Social effects: The presence of a disabled child in the family affects the family's external relations, as feelings of shyness may prevail from showing the disabled person to the community, which reduces the chances of family communication to avoid any embarrassing situations and thus isolation. This extends to the extent to which siblings adapt to their educational environment and their chances of future marriage, and the family is also exposed to more social pressures than other families. This includes situations and circumstances that require a change in life patterns, and this may reflect on the internal relations between family members as well and its communication. The mother is very busy with the disabled child, which reduces meeting the needs of her other children and the relationship between spouses and the extent of their boundaries, in addition to the relationship between the spouses.

5-3-Psychological effects: The family of a disabled child is exposed to psychological pressures starting from the time they are informed that their child has a disability, where shock occurs, feelings of denial and rejection. The matter may extend to feelings of guilt, depression, self-blame, projecting feelings onto others, including doctors, specialists and relatives, and may include the ability of the individual to perform socially acceptable behaviour, quick responses, irritability, anger and effects on siblings of disabled persons. The effects of having a disabled child in the family are not limited to the parents but extend to other family members, including non-disabled siblings, as they are entrusted with the responsibilities of caring for the disabled child. As entrusting them with the responsibilities of caring for their disabled sibling may make them feel psychologically stressed, and they may experience feelings of guilt, anger, irritability, or envy their disabled sibling for the care and attention he receives from the parents. However, at the same time, there may be positive psychological

and social effects on siblings, such as endurance, patience and perseverance in work, humanity and compassion in dealing with others, and not using aggressive behaviour to solve problems. Furthermore, family members increase their solidarity towards their disabled brother (Abdat, 2007, pp. 9-10). 10). The presence of a disabled person in the family has many effects on the family or society, including:

The psychological effects on the family are represented in the stage of shock, which begins when they are informed that they have a disabled child, then comes the stage of denial. Parents express their anger in the stage of blame and blame each other that they are responsible for the child's disability. Parents feel frustrated and depressed, and impose many problems, including the economic burden by providing the needs of the disabled child, fear for the future of their child and a sense of responsibility, especially if they are unable to provide help and assistance for them (Abd Allatif, 2003, p. 123). The presence of a disabled child also affects the family's external relations, as feelings of shame prevail from showing the disabled child and reduce the opportunities for family communication to avoid embarrassing situations and thus isolation, and families are exposed to more social pressures than others are. The effects of having a disabled child in the family are not limited to the parents only but include siblings through the attention that the disabled child receives and the psychological pressure they are exposed to due to the costs and care of their disabled brother or sister (Berkat, 2000).

6- Strategies for dealing with people with special needs:

Specialists in family counselling offer several coping strategies for adapting and coping with people with special needs, including:

- Seeking support from extended family members and friends.
- Accessing community support services.
- Participate in religious activities and seek a religious counsellor.
- Using personal cognitive coping skills.

Similarly, other researchers have included recognising the benefits derived from disability, which may be thought of as an indication of rejection or denial but is actually a step towards positive adaptation to stress. Boss (1993) found in his study that families generally deal with disability by either confronting the situation or giving up and relying on guidance. However, active coping techniques are usually more successful compared to passive methods. Boss emphasises that it is not correct to think that active coping is practical, and passive coping is not

practical, but what is effective and productive for one family may not necessarily be useful for another. Many cultural and situational factors influence the way families adapt and deal with the presence of a child with special needs (Adouani and Boudiaf, 2021, p. 872).

7- Barriers to counseling families of people with special needs:

7.1. Family-related barriers: The basic rule in early intervention is to care for people with disabilities while they live in their families, as the family plays roles that no early intervention program can replace. The family is more knowledgeable about the disabled person's issues and needs and provides services to their children that may not be available in care centers, in addition to the feelings of security and affection that the deaf or hard of hearing person may not feel elsewhere, keeping in mind that programs of services for the hearing impaired are only effective with the active participation of the family in these programs.

7.2. Barriers related to the family counselor

There are many challenges facing the counselor in dealing with disability that constitute an obstacle in the performance of the educational role, including the following:

- The complexity of human behavior, especially with the most severe cases of disability.
- Some counselors lack the necessary standards for practicing the profession and have little experience in the field.
- Some counselors lack the necessary standards for practicing the profession and have little experience in the field.
- Poor academic preparation of the psychological counselor, which hinders family counseling, as they prepared to deal with normal people and not with people with disabilities and their families.
- Lack of a sufficient number of qualified counselors.
- Negative perceptions and attitudes towards the hearing impaired.
- Lack of resources to help the family counselor, such as updated books and references and sufficiently advanced training equipment, and the lack of expertise of some counselors on disability and its problems complicate disability issues for deaf or hard-of-hearing children. In addition to the above, parental counseling requires the counselor's interest in knowing the child's case history and family circumstances, his parents' personality and their perception of his disability, parental treatment methods and attitudes towards them, and the couple's relationship. This requires the following:

- The counselor should be patient and diplomatic in order to help parents come to terms with the situation and the disability.
- The counselor should gradually guide the parents by helping them to accept the child in case they do not accept it or according to their reactions and care for it, and then ask them for information about it.
- Provide information to the child's parents in a simple manner, and appreciate the role of parents towards their child.
- Consider psychological counseling as a technical profession that requires a scientific and practical aspect. Therefore, the psychological counselor needs to have scientific specialization in psychological counseling and experience in its applications, particularly in the field of special groups.
- Adhere to the ethics of the psychological counseling profession.

A study conducted by (Saad and Kahoul, 2020) showed that the number of families seeking psychological counseling programs was low for several reasons. The first is related to the counselor as he has many tasks and the number of cases dealt with. The second is related to the family and its economic and social conditions (most centers are far from the residence of the families and require them to travel to these centers for therapy). This makes adherence to instructions and guidelines for these families low due to the lack of integration of efforts between families and these centers in the care of people with special needs (Saad and Kahoul, 2020, p. 811).

7.3. Societal barriers: The barriers include:

- Lack of family counseling specialists to work with families of people with disabilities.
- Lack of centers that provide adequate rehabilitation services.
- All services provided to families are located in the provinces and major cities, making it difficult for families to access these services.
- Lack of community awareness of the importance of family participation in children's programs, the importance of intervention, the rights of people with disabilities guaranteed by the Constitution, regulations and legislation, and the lack of centralized information about the services and entities that provide them.
- Lack of integrated services from the center that provides this service due to the nature of its role and tasks.
- Lack of tests and measures that give a comprehensive view of the performance of the family to whom the service is intended.

- Transportation and environmental barriers prevent families and their children from accessing services.
- Professionals control decisions (Kaki and Gharbi, 2019, p. 378).

7.4. Family-related challenges facing family counseling for people with disabilities

These challenges include:

- Lack of cooperation from some families of disabled people in applying the individual educational program for their children.
- Inconsistent cooperation between the family and the institute (program), where at the beginning of the academic year, the counselor starts a new counseling program with the disabled person, because the family did not complete the program that was prepared for them the previous year.
- Setting goals and expectations that hinder the abilities of the disabled in a way that hampers the counselor's work, low levels of awareness, and late detection of the child's disability.
- Lack of information about the services available in the local community.
- Low level of educational, psychological and rehabilitation services provided to disabled children.
- Lack of information and experience of the family about disability, its effects, and their role towards the disabled person and his disability.
- Lack of patience and endurance when dealing with disabled children.
- Family members' lack of communication methods or total communication with the hearing impaired person.

Conclusion:

The most appropriate solution in counseling people with special needs and their families is the rehabilitation process, which is divided into self-care and development. This requires expanding the establishment of intellectual education schools, as the results of previous studies indicate, and as confirmed by the Human Development Report, as well as the analysis of their responses shows negative social attitudes towards people with disabilities.

Viewing a person with a disability as a social burden is pointless because the disabled person is incapable of engaging in behaviors that are beneficial to society.

The basis for improving the status of the disabled in society depends on changing social attitudes and beliefs, through awareness programs that educate community members on all disability and disability issues, starting with the family.

Making fundamental structural changes in the general education system in terms of its legislative frameworks and procedures to include people with disabilities by providing them with the same educational opportunities available to non-disabled people.

Recommendations:

- Conduct a national field survey based on a scientific methodology to observe the reality of family counseling and its needs.
- Create family counseling centers that focus exclusively on strengthening the foundations of family health and stability. Train specialists in family counseling by experts and academics who have the desire to contribute to the development of this type of service. Organize their apprenticeship process and job descriptions, without excluding those working in civil organizations (volunteer charities), and enhance the scientific evaluation process of their performance.

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