2024 / Vol.23 / Br. 1

ISSN 1452-7367
eISSN 2406-1328

SPECIJALNA EDUKACIJA I REHABILITACIJA

- A STUDENT WITH INTELLECTUAL DISABILITY IN INCLUSIVE PHYSICAL EDUCATION
- COACHING PARENTS VIA TELEHEALTH
- PROBLEMI U PONAŠANJU DECE PREDŠKOLSKOG UZRASTA
- RODITELJSKA PODRŠKA U KARIJERI UČENIKA SA IO
- TAKTILNI JEZIK SLEPOGLUVIH OSOBA

Univerzitet u Beogradu
Fakultet za specijalnu edukaciju i rehabilitaciju

2024 / Vol. 23 / Br. 1

ISSN 1452-7367
eISSN 2406-1328
UDK 376

Specijalna edukacija i rehabilitacija

Special Education and Rehabilitation

Univerzitet u Beogradu
Fakultet za specijalnu edukaciju i rehabilitaciju

University of Belgrade
Faculty of Special Education and Rehabilitation

SPECIJALNA EDUKACIJA I REHABILITACIJA

ISSN 1452-7367 UDK 376
eISSN 2406-1328 COBISS.SR-ID - 136628748

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Časopis izlazi četiri puta godišnje.
Indeksirano u: SCIndeks, Scopus, DOAJ
Izdavanje časopisa finansira Ministarstvo prosvete, nauke i tehnološkog razvoja Republike Srbije.

Otvoreni pristup
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SPECIAL EDUCATION AND REHABILITATION

ISSN 1452-7367 UDK 376
eISSN 2406-1328 COBISS.SR-ID - 136628748

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Faculty of Special Education and Rehabilitation

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The journal is published four times a year.
Indexed in: SCIndeks, Scopus, DOAJ
The publication of the journal is financed by the Ministry of Education, Science and Technological Development of the Republic of Serbia.
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SPECIJALNA EDUKACIJA I REHABILITACIJA
2024, Vol. 23, Br. 1, str. 1-20

UDK: 376-053.5-056.36(437.6)
37.091.3::796
Originalan naučni rad
DOI: https://doi.org/10.5937/specedreh23-45047

How would able-bodied children perceive a student with an intellectual disability in inclusive physical education?

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Introduction. The views of able-bodied children on the inclusion of a student with intellectual disabilities in physical education classes are one of the factors influencing the success of the physical education process. The social interactions of able-bodied pupils and pupils with disabilities are crucial in creating a positive classroom climate. *Objectives.* The aim of the study was to assess the attitudes of able-bodied children towards the inclusion of pupils with intellectual disabilities in physical education lessons and compare the differences between boys and girls. *Methodes.* The study involved 274 able-bodied pupils, 153 boys (mean age 12.34±1.19 years) and 121 girls (mean age 12.45±1.23 years). A modified Czech version of the CAIPE-R for the inclusion of a student with an intellectual disability was used (α=.797). Differences between boys and girls were assessed by the Mann-Whitney U-test. Differences between attitudinal dimensions were calculated using the Wilcoxon Signed Rank test. *Results.* Both genders of able-bodied children (boys, 2.91±.45 score; girls, 3.11±.40 score) assessed the inclusion of a student with an intellectual disability in physical education classes rather positively. Girls were more positive to include a student with an intellectual disability than boys, which was reflected in their overall (U=6984, p=.00, r=.22) and sport-specific attitudes (U=6335, p=.00, r=.28). Boys assessed general attitudes more positively than sport-specific attitudes (Z=-4.97, p=.00, r=.24). *Conclusion.* More information about the attitudes of intact classmates, teachers, and school management toward inclusion needs to be gathered through research monitoring.

Keywords: students with intellectual disability, able-bodied children, attitudes, inclusive education, inclusive physical education

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Introduction

The percentage of pupils with special educational needs (SEN) in primary schools in Slovakia is the fourth highest in Europe and has increased by more than a third in the last ten years. At the primary school level, it has almost one-fifth of pupils, and in some districts, one in three have some type of SEN. For example, in the 2018/2019 school year, the largest group among pupils with SEN were those with diagnosed intellectual disabilities, with a total of 27213 pupils in pre-primary, primary, and secondary education (CVTI SR, 2021). The increasing proportion of children with SEN may be related to the refinement of diagnosis and the demands placed on children. In Slovakia, half of the children with SEN attend mainstream classes with other children in inclusive education. Inclusive education is the joint education of pupils with special educational needs and their able-bodied peers, which Farrell (2000) equates with full, active participation in school life. He adds that pupils with SEN should be seen as equal members of the school community in inclusive education, with the best education available when looking at their individual, educational, and social development. Booth & Ainscow (2002) state that supporting pupils with SEN to function together with pupils without SEN is one of the main conditions for successful inclusion in education. In the context of inclusive education, research by Furrer et al. (2020) highlights the individual pupil variables which are important for the inclusion of pupils with SEN in able-bodied society. Variables such as school performance (Lindner & Schwab, 2020), behavioral characteristics (Freire et al., 2020), and pupils' cognitive ability (Rosyadi, Baharun & Asiya, 2021; Ugalde et al., 2021) have a significant impact on the social inclusion of pupils with SEN. This view is also shared by Zdoupas & Laubenstein (2022), who consider the aforementioned variables to be crucial in the social inclusion of pupils in inclusive classrooms. Gender (Wahl et al., 2022), psychomotor dexterity (Ruiz-Pérez et al., 2018), and educators' or teachers' attitudes (Japundža-Milisavljević, Đurić-Zdravković & Milanović-Dobrota, 2022; Karić & Kordić, 2022; Manić & Marković, 2022) are essential in interactions and social acceptance. In addition, other authors claim that classroom climate (Gasser et al., 2017), classroom heterogeneity (Grütter, Meyer & Glenz, 2015), and class size (Dell'Anna et al., 2022) are important variables in the social inclusion of students with disabilities. Other studies interpret that SEN pupils included in inclusive classrooms are at risk of being excluded by their able-bodied peers (Garrote et al., 2017). Bakoč (2022) found that the most important predictors of the negative pupils' attitudes towards inclusive education were the frequency of contact, disagreements, competitiveness, and grade. In Slovakia, these are children from socially excluded Roma localities, of whom almost one in five has a diagnosed intellectual disability.

Intellectual disability (ID) is a life-long condition. According to AAIDD (2023), ID is a disability characterized by significant limitations in both

intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical skills. This disability originates in the developmental period, which is defined operationally as before the individual attains the age of 22 (Schalock, Luckasson & Tassé, 2021). People with ID are less intrinsically motivated to engage in regular physical activity than people without ID (Hansen, Nordén, & Ohlsson, 2023). This reduced intrinsic motivation stems from a number of barriers that are perceived by individuals with intellectual disabilities themselves, their families, caregivers/assistants, and can be systematized into personal, social, financial, and environmental factors (Jacinto et al., 2021). Among the personal factors, the authors most often include a preference for an inactive lifestyle, health problems, and characteristics of intellectual disability itself (Cartwright et al., 2017). Among social factors, the authors include lack of adapted spaces, lack of places to do physical activities, lack of adapted physical activities, lack of adapted physical activity specialists, lack of adapted physical activity programs, lack of inclusive programs, lack of information about appropriate and inclusive physical activities, social exclusion, stigma, and misunderstanding of intellectual disability (McGarty, Westrop & Melville, 2021). Financially limiting factors include lack of support and limited economic resources. Family factors that limit participation in physical activities for people with ID include parental concerns, lack of parental time to engage in physical activities with children with ID, acceptance of children's inactive lifestyles, and communication problems between family members and caregivers (Alesi, 2017). Environmental barriers include adverse weather conditions and difficulty in transporting individuals with ID to the sports venue (Salomon et al., 2019). All this results in negative consequences for their health, well-being, the life around them, and academic performance (Behzadnia, Rezaei & Salehi, 2022; Luiselli, 2017). In some children with ID, movements may be slow and uncoordinated, while others express impulsive movements (Lavay, 2016), which may prevent the acquisition of simple activities of daily living, especially in the area of self-care. There are also children with ID who express a greater motor potential than children without disabilities, so they successfully play sports. The degree, level, and extent of motor expression depends on the site of the brain lesion. If a child's motor development is neglected, this is particularly evident in fine motor skills, where the child is unable to perform precise and delicate small-scale movements. This also slows down the development of correct motor stereotypes (Erofeeva et al., 2019). Inclusive education, including inclusive physical education, for children with ID plays the most important role in the acquisition of academic skills, the development of adaptive skills, daily living skills, socialization (Buckley et al., 2006), and in maximizing the independence of persons with ID in community living (Kozma et al. 2009; Matson, Matson & Rivet, 2007). However, several studies point to the negatives of inclusive education for pupils with ID. According to Bredahl (2013), children with the

least visible disabilities, including children with ID, suffered from negative experiences in inclusive education, as well as in inclusive physical education. Such negative experiences lead children with disabilities to avoid contact with peers and to disrupt interactions with able-bodied peers. Some able-bodied children feel uncomfortable in the presence of a classmate with a disability, thus adopting a negative attitude towards such a classmate. Able-bodied children show negative attitudes by avoiding eye contact, and their body language sends negative signals toward a classmate with a disability (Armstrong et al., 2016; Wilson & Scior, 2014).

As mentioned above, inclusive education affects physical education (PE) equally, which is inherently different from other subjects. It represents a break from the normal and often demanding school curriculum and provides an opportunity for informal social interaction (Røset et al., 2020). It also greatly strengthens the social bonds of pupils in the classroom through physical games and other physical activities. It has a very high potential to promote social inclusion and faces new challenges in the context of inclusive education (Lieberman & Block, 2016). Hardy and Woodcock (2015) claim that inclusive physical education (IPE) strengthens social development and helps children develop respect for others. An inclusive, structured, and supportive environment is critical for physical activity engagement in children with ID (Pan et al., 2015). On the one hand, openness and agreeableness are positive in inclusive education; on the other hand, they are weakly correlated with attitudes toward pupils with ID (Page & Islam, 2015). There is scientific evidence that deficits in social skills and low conceptual abilities can prevent pupils with ID from developing positive relationships with peers (Schoop-Kasteler & Müller, 2020). As mentioned earlier in the text, pupils' attitudes towards pupils with SEN can significantly affect the success of IPE. In IPE, the social interactions of able-bodied pupils towards pupils with SEN increase empathy towards these pupils and reduce overall fears of disabled people. IPE offers able-bodied pupils the opportunity to broaden their knowledge about disability and thus reduces prejudice against them (Pettigrew & Tropp, 2006). Negative attitudes of able-bodied children cause avoidance of contact with peers with disabilities and significantly disrupt social bonds in classroom groups (Szumski, Smogorzewska & Grygiel, 2020). Research on attitudes toward the inclusion of children with ID in mainstream PE is scarce.

In the present research, focus is on assessing the attitudes of ablebodied children toward the inclusion of students with intellectual disabilities in physical education lessons. Comparation of the attitudes in terms of gender has been done.

Method

Study participants

The study involved 274 able-bodied children in grades 6 to 9 in three primary schools in Slovakia. Of the total number of participants, 153 boys (mean age 12.34±1.19 years) and 121 girls (mean age 12.45±1.23 years) from primary schools in Bratislava, Ožďany and Nové Zámky took part in the research. Pupils were informed in advance about the aims of the research and its purpose. They were also given instructions on how to fill in the questionnaire, especially its introduction, which included a detailed description of the student with ID, because they had to imagine that they had such a pupil in their PE class before they started filling in the questionnaire. They completed the questionnaires in the presence of the researcher and the class teacher. The pupils' legal guardians agreed to their children's participation in the research by signing an informed consent form. The research was carried out within the framework of a national grant project.

Instrument and organization

The research relied on the wording of the questions of the attitudinal questionnaire CAIPE-R (Children's Attitude toward Inclusive Physical Education-Revised) compiled by Block (1995). The CAIPE-R questionnaire is applicable to more than one disability. The CAIPE-R is a valid and reliable instrument for assessing able-bodied children's attitudes toward the inclusion of children with disabilities in physical education classes. The Czech version of the CAIPE-R (Kudláček, Ješina, & Wittmannová, 2011) has been translated into Slovak and adapted for students with intellectual disabilities (Olexová, & Luptáková, 2022). In addition to statements aimed at ascertaining attitudes towards inclusion, the questionnaire included a detailed description of the student with ID. A detailed description of a boy with ID named Boris was used for the present study as follows: "*Now I'll introduce you to Boris, a boy who could go to physical education classes with you. Boris has a reduced level of intelligence (IQ between 50-70). He is friendly and likes to play the same games as you, but he is not very good at them. His level of physical fitness is lower compared to you and his other classmates. He is slower than you and gets tired faster. Sometimes, he needs individual attention or the help of an assistant to repeat the instructions for an exercise or the rules of a particular sport several times. He can throw, catch, and kick a ball, but not as well as you. Sometimes, he also needs someone to guide him through a movement, so he understands how to perform it correctly. In sports games, he needs to be instructed continuously to successfully meet the objective of the game, so that he doesn't make a mistake and score his own goal, for example".* The questionnaire contained 11 statements (STMS) focusing on the inclusion of Boris in physical education lessons. The wording of the statements is shown in Table 1. Six STMS were aimed at the general attitudes toward the inclusion of pupils with ID in

the physical education class (Table 2), and five STMS at the sport-specific attitudes aimed at adjustments in team sports (soccer) that allow for easier inclusion of pupils with ID (Table 3). Able-bodied students were given the opportunity to respond to each statement (STM) on a four-point scale, where 1 meant "disagree," 2 "rather disagree", 3 "rather agree", and 4 "agree". We summed 6 STMS to evaluate the total score of general attitudes towards inclusion and 5 STMS to evaluate sport-specific attitudes towards inclusion. These totals referred as total scores. To evaluate the total score of able-bodied students' attitudes, the sum of all 11 STMS was applied and labeled it as the overall attitude score.

Statistical analysis

The data from the questionnaires were uploaded into an Excel matrix and entered into IBM SPSS version 23.0. Mathematically, the data by mean ($\bar{x}$) and standard deviation (±SD) were processed. The reliability of the modified questionnaire was calculated by Cronbach's alpha. The Shapiro-Wilk test was used to determine the normality of the data distribution, which showed a significant deviation from normality [W(274)=0.976, p=0.000]. Therefore, u non-parametric tests were used to further process the data statistically. The Mann-Whitney U-test for two independent samples was used to assess differences in attitudes between boys and girls. The Wilcoxon Signed Rank test for two related samples was used to assess the differences between general attitudes and sport-specific attitudes in the groups of boys and girls. The coefficient r was used to determine the degree of dependence (effect size) between the two samples (Pett, 2016). The significance level of differences was set at $\alpha \leq 0.05$ (*) and $\alpha \leq 0.01$ (**).

Results

The internal consistency measure (Cronbach's α) of the modified CAIPE-R questionnaire administered by author of the paper and other researchers in this project, and modified for the inclusion of students with ID, showed a value of 0.797 (Table 1), indicating an acceptable correlation (George & Mallery, 2003).

The results revealed that in terms of general attitudes, both boys and girls consistently expressed the most positive attitudes in statement 6 and the most negative attitudes in statement 2. Both boys and girls would help a student with ID to practice and play games in IPE class, but on the other hand, they are aware that he/she would slow down the progress of sports games for other students. Significant differences between genders were revealed in STMS 4 and 6. Results show that girls show a higher level of agreement compared to boys, that PE would be fun if a student with ID was in PE class with them (U=8079, p=050, r=0.11), and they would like to help a student with ID practice and play the games in IPE (U=7857, p=0.02, r=0.14). No significant differences were found in the overall scores of general attitudes towards inclusion of students with ID between able-bodied boys and girls (Table 2).

Table 1

Internal consistency of the modified questionnaire

STMS	Internal consistency (n=274)		
	Mean score ±SD	**Item-total correlation**	**Cronbach's α if the item is deleted**
1. It would be OK to have Boris come to my PE class.	3.26±0.68	0.420	0.785
2. Although Boris cannot play sports very well, he would not slow down the game for everyone.	2.64±0.90	0.153	0.810
3. If we were playing a team sport such as soccer, it would be OK to have Boris on my team.	2.72±0.86	0.438	0.783
4. PE would be fun if Boris was in my class.	3.12±0.79	0.436	0.783
5. If Boris were in my PE class, I would talk to him and be his friend.	3.31±0.79	0.543	0.774
6. If Boris were in my PE class, I would like to help him practice and play the games.	3.39±0.75	0.578	0.772
7. In soccer, passes that are directed at Boris must not be blocked.	2.75±1.01	0.426	0.785
8. If Boris shot on goal, the goalie wouldn't defend.	2.57±1.08	0.308	0.800
9. Boris could stay in the area in front of the goal longer than the rules allow.	3.21±0.82	0.298	0.795
10. In soccer, it would be good if nobody could steal the ball from Boris while passing.	2.40±1.00	0.404	0.788
11. If Boris got the ball during the game, I would loudly encourage him to score, as he's a player on my team.	3.58±0.69	0.425	0.785
Total score	**2.99±0.44**		**0.797**

STMS – Statements; SD – Standard deviation; PE – Physical education

Table 2

General attitudes differences

STM No.	Boys (n=153)	Girls (n=121)	Mann-Whitney U-test	
	x̄/±SD		**U**	**p**
STM1	3.19±0.68	3.32±0.68	8292	0.102
STM2	2.65±0.86	2.62±0.94	9083	0.780
STM3	2.72±0.89	2.70±0.83	9011	0.838
STM4	3.04±0.78	3.21±0.78	8079*	0.050
STM5	3.22±0.82	3.40±0.74	8145	0.062
STM6	3.30±0.78	3.51±0.69	7857*	0.017
The general attitude total score	3.02±0.50	3.13±0.49	8038	0.060

STM – Statement; No. – Number; x̄ – Mean; SD – Standard deviation; U and p – Mann-Whitney U-test statistics calculation; * p<.05

In terms of sport-specific attitudes, the results further revealed that both boys and girls consistently expressed the most positive attitudes in statement no. 11 and the most negative attitudes in statement no. 10. Both boys and girls would loudly encourage a student with ID in IPE to score, as he/she is a player on their team, but on the other hand, they were the least identified with the rule of not stealing the ball from a student with ID while passing. Significant differences in sport-specific attitudes towards IPE between boys and girls were revealed in STMS 7 and 8, where again in both STMS, girls significantly more agreed that in a sports game, passes must not be blocked (U=6335, p=0.00, r=0.29) and if a student with ID shot on goal, the goalie wouldn't defend (U=5881, p=0.00, r=0.32). In the total score for sport-specific attitude (U=6335, p=0.00, r=0.28), we found significant differences between genders (Table 3). Thus, we can conclude that girls are more positively inclined to modify the rules of sports games for a student with ID in IPE.

Table 3

Sport-specific attitudes differences

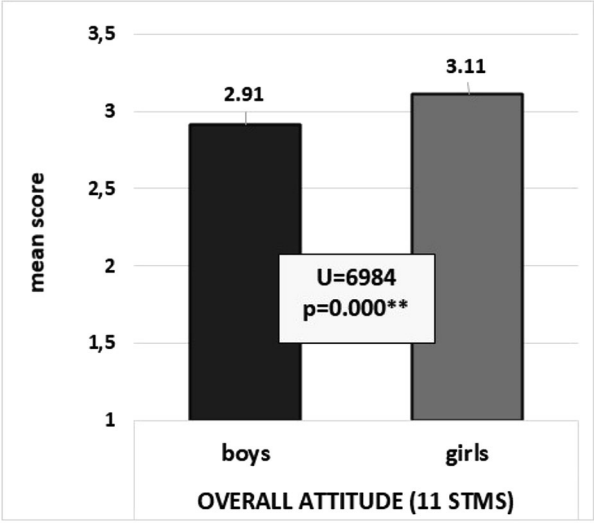
STM No.	Boys (n=153)	Girls (n=121)	Mann-Whitney U-test	
	$\bar{x}$/±SD		U	p
STM7	2.48±1.03	3.06±0.89	6335**	0.000
STM8	2.24±1.00	2.95±1.07	5881**	0.000
STM9	3.22±0.84	3.21±0.78	9002	0.671
STM10	2.35±0.99	2.49±1.01	8501	0.228
STM11	3.53±0.72	3.65±0.65	8389	0.100
The sport-specific attitude total score	**2.76±0.56**	**3.07±0.52**	**6355****	**0.000**

STM – Statement; No. – Number; $\bar{x}$ – Mean; SD – Standard deviation; U and p – Mann-Whitney U-test statistics calculation; * p<.05; ** p<.01

Summarising the data, both boys and girls had rather positive general (boys 3.02±0.50 points; girls 3.13±0.49 points) as well as sport-specific (boys 2.76±0.56 points; girls 3.07±0.52 points) attitudes presented by the mean scores. However, girls demonstrated significantly higher positive sport-specific attitude (U=6355, p=0.000, r=0.27) towards IPE (Table 3) as well as an overall attitude (U=6984, p=0.000, r=0.22) compared to boys (Figure 1).

Figure 1

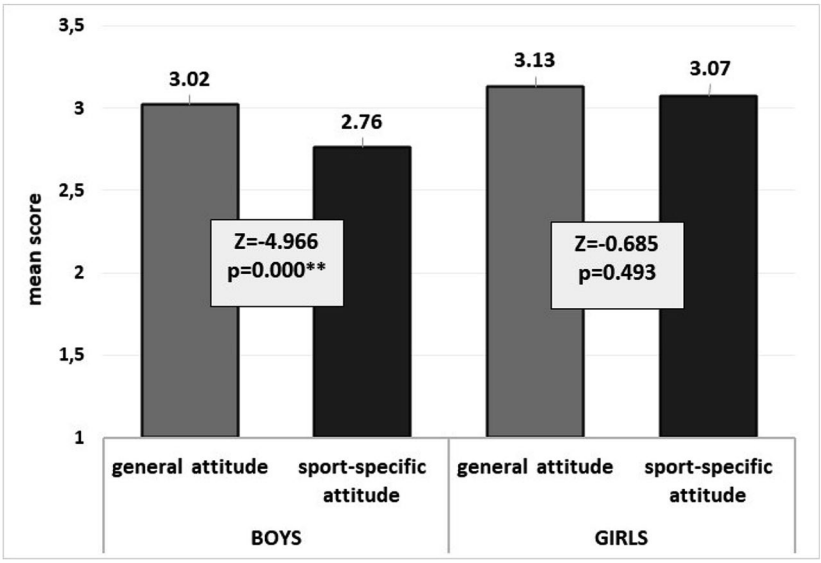
Differences in overall attitude towards IPE between genders



STMS – Statements; U and p – Mann-Whitney U-test statistics calculation; ** p<.01

Figure 2

General and sport-specific attitudes differences within boys' and girls' groups



Z and p – Wilcoxon Signed Rank test statistics calculation; ** p<.01

Significantly more positive general attitudes compared to sport-specific attitudes were revealed in the boys' group. (Figure 2). It can conclude that boys declare a higher positive general attitude than sport-specific attitude (Z=- 4.97, p=0.00, r=0.24) in inclusive PE classes. On the other hand, girls do not perceive differences between general and sport-specific attitudes when it comes to accepting a student with ID in PE class together with other classmates.

Discussion

The present research aimed to assess the attitudes of able-bodied children towards the inclusion of students with intellectual disabilities in physical education lessons and compare the differences between boys and girls. The results show that both genders of able-bodied children would help a student with ID to practice and play games in IPE class. Through physical activities that are part of inclusive PE, pupils with disabilities are facilitated to legitimize their social identity. The inclusive PE environment is an appropriate vehicle for the continuous strengthening of social networks with their able-bodied peers (Taub & Greer, 2000). Research examining the inclusion of a blind student in PE classes revealed that these pupils show the most positive general attitudes in social relations by claiming that they would talk to a pupil with visual impairment and be her/his friend (Olekšák, Nemček & Ruman, 2022). Rather negative attitudes towards the inclusion of a student with ID were shown by able-bodied children by declaring that she/he would slow down the progress of sports games for other pupils. Delayed motor development is one of the typical symptoms in children with ID (Siegel et al., 2020). These groups of pupils usually show deficits in motor skills even in adulthood, which, in the worst case, can result in complete immobility and severe motor limitations (profound and severe ID). Pupils with mild ID, as was our pupil Boris in the questionnaire, show only a slight delay in motor skills, mainly in childhood or not at all (Bhat, 2023). This slight delay occurs in locomotion, balance, agility, and the performance of common practical activities, like activities of daily living, playing games, and work (Slováková et al., 2022; Zikl et al., 2013), which our able-bodied children were also fully aware of. Similarly, a student with a visual impairment would not want to have her/his able-bodied classmates on his team when playing a sports game (Olekšák, Nemček & Ruman, 2022).

According to the present study, both genders of able-bodied children would loudly encourage a student with ID in IPE to score, as he/she is a soccer player on their team. Phytanza et al. (2018) highlight inclusive/unified soccer as an ideal sports game for the development of practical activities, like activities of daily living in children with ID, which was also supported by the able-bodied children in our research. They claim that a life skill formation program for children with ID needs to be given in the form of a team game, like a unified

sports soccer program, and implemented into mainstream PE classes. Through such programs, children with ID get to know themselves and increase their self-confidence, which helps them to achieve their goals. At the same time, they form a trusting relationship with their able-bodied partners, which turns into a friendship over time. Therefore, unified sports in children with ID have a very positive impact on their behavior, the formation of friendships and social contacts and, last but not least, they increase their motor development (Alruwaih, 2015; Bota, Teodorescu and Şerbănoiu, 2014). The authors further recommend that unified cooperatives of able-bodied pupils and pupils with ID should be implemented in inclusive physical education classes in the 21st century (Phytanza et al., 2018).

In IPE, some rules require adjustments when including a pupil with ID. Block (2007) suggests several ways of modifying the rules of sports games within inclusive PE. In his publication, the author offers many improvements for the inclusion of students with different disabilities in mainstream PE lessons. He states that many factors of the game can be modified, such as the number of players, the dimensions of the field, the way able-bodied pupils move around the field, the use of inclusive equipment and tools and other sports equipment, the positions of the players, or the slight disadvantage of able-bodied pupils. He concludes by stating that any modification to the rules depends on the particular pupil with a disability that we include in PE lessons. Some sport-specific adaptations are agreed with by the able-bodied pupils in the present study, but some are not. Able-bodied children in present research were the least identified with the rule of not stealing the ball from a pupil with ID while passing, and in the same way, this rule met with significant dissatisfaction among able-bodied children when including a pupil with a visual impairment (Olekšák, Nemček & Ruman, 2022), or a pupil in a wheelchair (Mészárosová & Nemček, 2022). Several modifications to the rules were met with more positive attitudes towards IPE among girls than boys, who were more likely to agree that in a sports game, passes that are directed at a pupil with ID must not be blocked, and if a pupil with ID shot on goal, the goalie wouldn't defend. Although able-bodied girls in this research agreed that PE would be fun if a pupil with ID was in PE class with them, and they would like to help a pupil with ID practice and play the games in IPE, state school pupils in the research of Skovajsová, Nemček and Bumbera (2022) were significantly more likely to agree that including a pupil with ID in IPE would mean more work for the teacher compared to including a pupil with a sensory impairment or physical disability.

The present research has revealed another important finding. Girls are more positively inclined than boys to modify the rules of sports games for a pupil with an ID in IPE. Similarly, this was evident in Nemček's (2022) research, which investigated the attitudes towards the inclusion of pupils with visual impairment in general PE lessons. The results of this research declared more

positive general and sport-specific attitudes by a group of able-bodied girls compared to boys. The boys in the aforementioned research took only neutral or indifferent attitudes toward the inclusion of students with visual impairment in mainstream PE. The obtained results correspond with the results of several other studies (McKay, Park & Block, 2021; Rojo-Ramos et al., 2022), but there is a lack of gender-focused research that shows attitudes toward the inclusion of pupils with ID, focusing specifically on PE classes (Nemček & Wittmannová, 2021). The need for research focusing on children with ID in inclusive education has also been expressed by Laat, Freriksen, and Vervloed (2013), who argue that there is a need for more information about children with ID than about deaf or blind children because the attitudes of their classmates are less positive than attitudes towards students with hearing or visual impairments. Results of the present study further revealed more positive general attitudes than sport-specific attitudes in able-bodied boys, while girls do not perceive differences between general and sport-specific attitudes when it comes to accepting a student with ID in PE class with other classmates. In the study of Wang and Qi (2020), Chinese students showed unfavorable general and sport-specific attitudes toward inclusive PE. This research showed positive associations between female gender and pupils with disabilities. These variables were positively correlated with general attitudes toward inclusive PE. The variable competitiveness was negatively correlated with general attitudes toward inclusive PE. The authors of the research also found that inclusive cooperative environments play a significantly important role in the PE process. In particular, they highlighted the attributes of positive social interaction between able-bodied students and students with disabilities (Wang & Qi, 2020).

However, this study has potential limitations. It does not present the results of able-bodied children who have had personal experience with a student with ID in inclusive PE. The research is based only on the attitudes of able-bodied children, but not those who have personally experienced a student with ID in inclusive PE. If the attitudes of children with experience were assessed, the research would take on a high scientific significance. This is because some studies have revealed that the attitudes of children with direct experience with a pupil with a disability in inclusive PE are different from those of children who have not had such an experience. Olekšák, Nemček, and Ruman (2022) found that able-bodied pupils without previous experience with a person with visual impairment showed a higher positive attitude towards the inclusion of a pupil with visual impairment in PE classes than pupils who had previous experience with a blind person. This positive attitude was shown in the reciprocal cooperation, willingness to assist him/her, socialization, and modification of sports game rules. Another study revealed the opposite findings. Pupils who had previous experience participating in physical and sports activities together with children with disabilities showed more favorable attitudes toward these children

(Reina et al., 2019). Skovajsová et al. (2022) found that able-bodied pupils who had in-school experience with a pupil with a physical disability, compared to pupils without in-school experience, showed more positive attitudes toward the acquisition of motor skills by a pupil in a wheelchair. The authors declare that pupils with experience of having a pupil with a physical disability in IPE are significantly more likely to believe that he/she will be able to acquire motor skills much faster. Research suggests that it depends on the type of disability of the pupil involved in the IPE classes.

Another limitation of the present study may be the characteristics of the pupil with ID conveyed in the questionnaire, as it appears that he may not be described in the best way (e.g., where his IQ is mentioned - pupils may not be sufficiently informed about this). It may be a problem that the description of a pupil with ID mainly highlights his/her difficulties and problems, but does not sufficiently emphasize that a pupil with ID has strengths, assets, and talents despite his/her difficulties and that he/she enjoys socializing with non-ID peers, participating in shared activities, etc., like everyone else. This is evidenced by Bath (2023), who highlights that pupils with mild ID show only slight delay in motor skills, mainly in childhood or none at all. Therefore, this needs to be modified in future research focusing on the attitudes towards inclusion of pupils with ID, as such a generalized description of pupils with ID, among whom there are large individual differences, could influence the attitudes of able-bodied peers.

Conclusion

The present research has shown that able-bodied primary school children, both boys and girls, perceive the inclusion of a student with an intellectual disability in PE classes rather positively. They show the most positive attitude toward IPE in cooperation, helpfulness, and encouragement to achieve sporting success. They perceive the slowing down of the sports game and the disallowance of the rule of stealing the ball while passing more negatively. Girls are more likely than boys to perceive the inclusion of a student with ID in PE classes as fun and would be more supportive of this student in the realization of different kinds of physical activities. Also, they accept adapting the rules of sports games for a student with an intellectual disability more positively than boys. Generally, girls were more positive about the inclusion of a student with an intellectual disability than boys, which was reflected in their overall attitude and sport-specific attitude toward IPE. For boys, more positive general attitudes prevailed over sport-specific attitudes toward the inclusion of a student with ID in PE classes. For girls, general attitudes and sport-specific attitudes toward IPE were the same. In order for the inclusion of a student with ID in PE to be successful, more information about the attitudes towards inclusion of intact

classmates, teachers, and school management needs to be gathered through research monitoring. The class teacher, who creates a positive classroom climate, and the PE teacher, who should create a positive climate in inclusive PE lessons, play the biggest role in the successful inclusion of students with ID.

Acknowledgment

This research was supported by the grant projects of the Ministry of Education, Science, Research and Sport of the Slovak Republic KEGA No. 051UK-4/2022 (Inclusion in Physical and Sport Education), VEGA No. 1/0611/23 (The model of sport-specific classification for athletes with intellectual impairment in para-karate), and VEGA No. 1/0694/24 (Physical and sport education as a means of the inclusion of pupils with autism spectrum disorders).

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Kako bi deca bez ometenosti doživljavala učenika sa intelektualnim smetnjama u inkluzivnom fizičkom vaspitanju?

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Uvod: Stavovi dece bez ometenosti o uključivanju učenika sa intelektualnim smetnjama u nastavu fizičkog vaspitanja jedan su od faktora koji utiču na uspešnost procesa fizičkog vaspitanja. Društvene interakcije ovih učenika i učenika sa smetnjama u razvoju su ključne za stvaranje pozitivne klime u učionici. *Cilj*: Cilj istraživanja bio je da se procene stavovi dece bez ometenosti prema uključivanju učenika sa intelektualnim teškoćama u nastavu fizičkog vaspitanja i uporede razlike između dečaka i devojčica. *Metod*: U istraživanju su učestvovala 274 učenika bez ometenosti, 153 dečaka (srednja starost 12,34±1,19 godina) i 121 devojčica (srednja starost 12,45±1,23 godine). Korišćena je modifikovana češka verzija CAIPE-R za uključivanje učenika sa intelektualnim invaliditetom (α=.797). Razlike između dečaka i devojčica procenjene su Mann-Whitney U-test. Razlike između dimenzija stava izračunate su Wilcoxon Signed Rank testom. *Rezultati*: Uključivanje učenika sa intelektualnim teškoćama u nastavu fizičkog vaspitanja prilično pozitivno ocenjuje oba pola dece bez ometenosti (dečaci 2,91±,45 poena; devojčice 3,11±,40 poena). Devojčice su bile pozitivnije prema uključivanju učenika sa intelektualnim teškoćama nego dečaci, što se odrazilo na njihov ukupni (U=6984, p=.00, r=.22) i stav prema

sportu (U=6335, p=.00). , r=.28). Dečaci su pozitivnije ocenjivali opšte stavove, nego stavove specifične za sport (Z=-4.97, p=.00, r=.24). *Zaključak*: Neophodno je da buduća istraživanja prikupe više infomacija o stavovima dece bez ometenosti, nastavnika, kao i rukovodstva škole prema inkluziji, kroz longitudinalna istraživanja.

Ključne reči: učenici sa intelektualnim smetnjama, deca bez ometenosti, stavovi, inkluzivno obrazovanje, inkluzivno fizičko vaspitanje.

PRIMLJENO: 16.06.2023.
REVIDIRANO: 08.01.2024.
PRIHVAĆENO: 14.01.2024.

SPECIJALNA EDUKACIJA I REHABILITACIJA
2024, Vol. 23, Br. 1, str. 21-42
UDK: 376-053.6-056.36(560)
Originalan naučni rad
DOI: https://doi.org/10.5937/specedreh23-42216

Coaching Parents to Conduct Trial-Based Functional Analysis via Telehealth

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Introduction. The procedure of trial-based functional analysis implemented by parents has the potential to determine the purpose of problematic behaviors. A telehealth strategy may be less expensive, it takes less time, and provides more families with access to treatments. As a result, it could be a good alternative for families as poor access to resources and knowledge may worsen problem behaviors. *Objectives.* The purpose of this study was to evaluate the ability of mothers to conduct a trial-based functional analysis at home, with training and coaching via telehealth. *Methodes.* Three mothers aged between 32 and 54 and their children between 18 and 26 years participated in the study. The study employed a multiple baseline design across behaviors to examine the effectiveness of behavioral skill training and coaching through telehealth on the accurate use of trial-based functional analysis conditions by mothers of children with developmental disabilities. *Results.* Results showed that mother participants conducted each condition of trial-based functional analysis with 100% accuracy. Moreover, the mothers had positive opinions regarding the study. *Conclusion.* In conclusion, this study provided support for parent involvement in the assessment of their children with developmental disabilities.

Keywords: trial-based functional analysis, problem behavior, developmental disabilities, telehealth, coaching

Introduction

Developmental disabilities (DD) is an umbrella term that covers a wide range of cognitive and/or physical disabilities, such as intellectual disability and autism spectrum disorder (ASD; American Association on Intellectual & Developmental Disabilities, 2020). Evidence to date indicates that approximately

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10%–20% of individuals with DD exhibit problem behaviors such as aggression or self-injury (Emerson et al., 2001; McClintock et al., 2003), with prevalence increasing into the teenage or adult years (Lundqvist, 2013). Lundqvist (2013) found that adult individuals with DD showed more demanding problem behaviors than those in younger age groups. Function-based interventions are a commonly used method to reduce or eliminate problem behaviors, with studies supporting their effectiveness for adults with ASD (Steinbrenner et al., 2020; Wong et al., 2015). These interventions consist of identifying the function of a problem behavior and delivering an intervention based on that function (Tiger et al., 2008). Functional behavioral assessment is a collection of strategies (i.e., functional analysis) to determine the underlying function(s) of a problem behavior through identifying environmental conditions that are associated with the occurrence and nonoccurrence of the problem behavior (Gresham et al., 2001).

Functional analysis is the experimental manipulation of environmental events to assess and identify reinforcing contingencies that maintain the problem behavior (Gresham et al., 2001). Although the traditional functional analysis has been widely used and replicated across a lot of studies (Saini et al., 2020), trial-based functional analysis (TBFA) is a promising and increasingly common procedure to determine the function of problem behaviors and is recommended for use with natural implementers (Gerow et al., 2019; Rispoli et al., 2014). The primary difference between traditional functional analyses and TBFA is that the former is session-based, and the latter is trial-based. In other words, traditional functional analyses involve repeated series of sessions up to 15 minutes in which the problem behavior may occur multiple times. On the contrary, TBFA involves single opportunity for the problem behavior to occur per trial segment (control and test). Another difference is the context in which both methods are conducted. That is, sessions are conducted one after another in a structured setting for a few hours in traditional functional analyses. In TBFA, on the other hand, trials are embedded in naturally occurring activities when the opportunities arise in structured or unstructured settings such as homes (Bloom et al., 2013). Thus, TBFA shows promise as an alternative to traditional functional analysis that requires substantial time, resources, and training to complete (Rispoli et al., 2014).

A large number of studies on TBFA have been conducted since the first study on TBFA by Sigafoos and Saggers in 1995 (e.g., Bloom et al., 2011; Flynn & Lo, 2016; Lambert et al., 2012; Prykanowski, 2018). In their study, the researchers used 1–2 minute trial segments in natural settings to identify the function of problem behaviors of two students. The researchers provided motivational operations (attention, tangible, and task trials) during the control condition and did not provide them during the test condition. Using these procedures, the researchers were able to identify the function of problem

behaviors (Sigafoos & Saggers, 1995). Also, there are studies comparing and validating the results from TBFA to those from traditional functional analyses (e.g., Bloom et al., 2011; Rispoli et al., 2013; Rispoli et al., 2016). For example, Bloom et al. (2011) found a full correspondence between TBFA and traditional functional analyses for six out of 10 participants and a partial correspondence for one participant. They also observed correspondence for two participants when they conducted modified trials. Some studies also evaluated the accuracy of results from TBFA by matching them to treatment and validating the results (e.g., Flynn & Lo, 2016; LeJeune et al., 2019). For example, Flynn and Lo (2016) trained three teachers to conduct TBFAs and differential reinforcement of alternative behavior with their students in their classrooms. Results showed that all teachers were able to conduct TBFA with a high level of procedural fidelity. The problem behavior decreased, and the replacement behavior increased across six student participants.

Despite this versatility of studies with different purposes for investigating TBFA methodology, TBFAs have been mostly implemented by special education teachers or service providers in classrooms or self-contained settings (Prykanowski, 2018; Rispoli et al., 2014). There are only a handful of studies in which parents were trained to implement TBFA. Three mothers were trained to conduct TBFA by giving them written and verbal instructions about the procedures and coaching through verbal comments during the implementation of TBFA in the study of Gerow et al. (2019). Based on the results of the TBFA, the researchers taught the parents to implement functional communication training to decrease their child's problem behavior and increase independent communication. The parent-implemented TBFA successfully identified functions of problem behaviors. The parents also implemented the treatment with high fidelity and rated the TBFA as socially valid. Standish et al. (2021) used a partially automated training package to train six caregivers to utilize a TBFA, interpret the outcomes of TBFA, and manage TBFA data. The researchers used a partially automated PowerPoint presentation that included instructions, modeling, and multiple-choice questions about the TBFA. Following training, the caregivers rehearsed conducting TBFA as well as analyzing, interpreting, and managing TBFA data. All participants successfully demonstrated proficiency in the aforementioned skills in both studies, providing evidence that parents are able to perform TBFAs with a high level of fidelity with in-person support. To our knowledge, only Davis et al. (2022) evaluated the effects of remote support of parents to implement TBFA. The researchers trained and coached three mothers of children with ASD to conduct TBFA and implement functional communication training in their homes utilizing telehealth coaching, replicating the findings from previous research with in-person coaching (Gerow et al., 2019; Standish et al., 2021).

Telehealth refers to providing information, diagnosis, or educational services at a distance using information and communication technologies (Nickelson, 1998). Telehealth can be an effective way to remotely deliver treatment for problem behaviors of individuals with DD in home settings (Suess et al., 2014). A telehealth model may reduce costs, appear to be time-efficient, and increase intervention access among families (Saral & Olcay, 2021). Thus, it may be a viable option for practitioners and families as limited access to expertise and services may worsen problem behaviors (Carnett et al., 2021). In fact, Lindgren et al. (2016) found that three service delivery models (i.e., in-home therapy, clinic-based telehealth, and home-based telehealth) demonstrated similar reductions in problem behaviors of 94 participants with DD by training parents to conduct functional analysis and functional communication training. These support the potential for utilizing telehealth to train, coach, or support families of individuals with DD. This current study expands upon this line of research by training and coaching parents via telehealth to conduct a TBFA.

The purpose of the present study was to evaluate the effectiveness of training and coaching via telehealth on the accurate implementation of the TBFA by the mothers of adults with DD in home setting. Thus, the following research questions guided the study:

Research Question 1: Is remote training and coaching through telehealth effective in implementing the TBFA by mothers in identifying the function of the child's problem behavior?

Research Question 2: Do mothers maintain implementing the TBFA one and three weeks after the conclusion of the intervention?

Research Question 3: What are the parents' opinions about the study?

Method

Participants

The study was carried out with three mothers and their adult children. Their children had a diagnosis of intellectual disability or ASD (referred to as DD hereafter). The mothers asked for support from one of the researchers as their children's problem behaviors deteriorated during the COVID-19 pandemic lockdown. The researchers met the parents through Zoom and informed them about the study goals. Written and verbal consent for participation was obtained from all mothers. The inclusion criteria for the individuals with DD were (a) having a doctor-certified developmental disability diagnosis, including intellectual disability and/or ASD, (b) being aged 18 years or over, and (c) exhibiting problem behaviors. All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Thus, all mothers and their children with DD who were volunteers and met the inclusion criteria were included in the study.

Table 1 shows the demographic characteristics of the mothers and their adult children with DD.

Table 1

Demographics of mothers and participants

Mothers			Participants			
Mothers	*Age*	*Education Level*	*Participants*	*Age*	*Diagnosis*	*Gender*
Mother 1	44	Primary school	Participant 1	26	Intellectual disability	Male
Mother 2	52	Bachelors' degree	Participant 2	24	ASD	Male
Mother 3	34	Primary school	Participant 3	18	ASD	Male

Mother 1 was 44 years old, a primary school graduate, and a boutique owner. Mother 2 was 52 years old and had a bachelor's degree in radiology. She was not working when the study was undertaken. Mother 3 was 34 years old, a primary school graduate, and worked as a cleaner. Participant 1 was 26 years old and had an intellectual disability. He received supportive education for two hours a week. Participant 1 was able to follow three- to four-word instructions, maintain conversations, and exhibit independent living skills. Participant 2 was 24 years old and had a diagnosis of ASD. He received education for two hours a week. Participant 2 was able to follow two-word instructions, answer simple questions, and required support for daily living skills. Participant 3 was 18 years old and had a diagnosis of ASD. He was able to follow three-word task directions, maintain conversation, and exhibit daily life skills. All individuals were special education high school graduates, and they were unemployed.

Researchers and the Observer. The first author served as a coach in the study, conducted all sessions, and collected data. The first and the third authors had a Ph.D. in special education, while the second author had an MA in applied behavior analysis for autism and continued his Ph.D. in special education. All researchers were experienced with conducting functional analysis and single-subject research studies. One graduate student in special education collected the reliability data. The observer was experienced with teaching individuals with mild to severe disabilities, conducting functional analysis, and behavioral skills training (BST).

Settings and Materials

All sessions were conducted on Zoom Video Communications, Inc. (Zoom; www.zoom.us), a videoconferencing platform. The coach and the mothers were in different locations at their homes. The coach participated in the sessions through a personal computer to video record the sessions. The mothers participated in all sessions at a quiet and bright place through their mobile phones, which were put at a high place, allowing the coach to see the related part of the room. The researchers used PowerPoint slide presentations to train mothers in the TBFA. In addition, the mothers used highly-, moderately-, and non-preferred items by their children. These items were determined by interviewing each mother. Highly-preferred items were a cake for Participant 1,

mineral water for Participant 2, and a cell phone for Participant 3, which were used in tangible conditions. Other items for escape conditions (e.g., a vacuum cleaner) were located where mothers implemented the TBFA conditions.

Experimental Design

A multiple baseline design across behaviors was used to demonstrate the effectiveness of remote training and coaching to teach mothers to implement the TBFA. Functional relation was established when the dependent variable increased after the independent variable was implemented in a time-lagged manner (Tekin-Iftar et al., 2017).

Dependent and independent variables

The dependent variable of the study was mothers' implementation of the TBFA conditions (attention, escape, tangible, and ignore) at 100% accuracy. The researchers adopted the steps of TBFA conditions recommended by Sigafoos & Saggers (1995). The mothers followed the steps provided in Table 2. The independent variable of the study was remote training and coaching through telehealth.

General procedure

Before conducting experimental sessions, the coach arranged a separate meeting with each mother. In the meeting, the coach interviewed the mother about the child's problem behaviors and highly-, moderately-, and non-preferred items and/or activities. Based on the mother's comments, the coach operationally defined the problem behavior. Then, the mother was asked to list and rank the preferred and nonpreferred items and/or activities by her child on a paper. The operational definitions of the problem behaviors and preferred/nonpreferred items and activities were validated by asking the sibling of each participant with DD.

Individualized operational definitions were developed for each child's topography of problem behavior. Problem behavior was defined as swearing (expletives said in response to someone's presence, politicians in particular) for Participant 1, spitting for Participant 2 (release of saliva from the mouth with force), and asking the same question over and over (until getting the answer and/or the reaction they expected) for Participant 3.

After defining problem behaviors, the experimental sessions (baseline, intervention, and maintenance sessions) were initiated. The researchers conducted the baseline and intervention sessions twice a day when the mothers were available. Each experimental session was conducted individually with the mothers.

Table 2

Target steps for mothers to follow on each condition

	Ignore	Escape	Tangible	Attention
Test	1. Remove any distractions from the environment, cover it up if you can't.	1. Remove all distracting objects from the environment.	1. Remove all distracting objects from the environment.	1. Remove all distracting objects from the environment.
	2. Sit two meters away from your child.	2. Give your child a task or create a situation that they don't like.	2. Put a favorite food/object in a transparent jar. Lift the food in the jar or a preferred object out of reach.	2. Set your stopwatch to 60 seconds.
	3. Start a 120-second stopwatch.	3. Start a 60-second stopwatch as soon as you give the task.	3. Set your stopwatch to 60 seconds.	3. Seat your child at the table and place a medium- preferred object in front of him.
	4. Don't make eye contact with your child until the deadline and ignore all their behaviors (including problem behaviors).	4. If your child leaves the task, say, "Go ahead!" or take his hand and have them continue.	4. Sit next to your child and start the stopwatch.	4. Turn your back on the child, pick up an object that you can deal with, such as a book or knitting.
	5. Only if your child asks you a question, answer the question without making eye contact on the third repetition.	5. If your child exhibits problem behavior, stop the stopwatch and remove objects related to the task or situation (e.g., a vacuum cleaner) from the environment.	5. Answer your child's questions, chat with him.	5. Ignore all of your child's behavior except problem behavior.
		6. If the problem behavior does not arise, wait for the time to complete.	6. If he gets up and picks up an object in the room, take it away.	6. If your child exhibits problem behavior, stop the stopwatch. Stroke your child's head and ask, "What do you want?"

	Ignore	Escape	Tangible	Attention
			7. If problem behavior occurs, reset the stopwatch. 8. If problem behavior does not occur, wait for the time to complete.	
Control		After removing the object from the task from the previous session, sit next to your child and restart the 60-second stopwatch. Do not look into your child's eyes during the time and do not make any demands.	When the stopwatch is reset (when time is over or problem behavior occurs), give food/drink or an object to your child. 2. Restart the 0-second stopwatch, and your child will retain the food or object during this time. 3. When your child asks a question, answer their question.	1. Wait 10 seconds after finishing the test session. 2. Restart the stopwatch set to 60 seconds. 3. Stroke your child's head for 60 seconds, chat with him/her.

Baseline sessions

The coach asked the mother to conduct the TBFA conditions, which were randomized, to determine their performance in using TBFA. Baseline sessions were conducted similarly to the study of Tekin-Iftar and colleagues (2017). The researcher asked the mothers to use TBFA conditions (e.g., "Please implement escape conditions."). Correct responses resulted in verbal reinforcement (e.g., "You are doing great!"), while incorrect or no responses were ignored. The coach waited 4–5 seconds and asked the mother to conduct the next condition. Data were collected using a plus (+) for the correct steps and a minus (-) for incorrect or no response within a 5-second interval. Finally, the coach calculated the percentage of correct responses for each condition and plotted the data on graphs (see Figures 1, 2, and 3). The researchers conducted baseline sessions three times a week and two trials per day and collected at least five baseline data for each condition. Baseline sessions lasted 15 seconds on average (range = 7 s – 42 s).

Remote parent training sessions

Parent training on the TBFA was conducted on a one-on-one basis, utilizing behavioral skill training (BST) (Kiyak & Tekin-Iftar, 2022; Tunc-Paftali & TekinIftar, 2021). BST consisted of (a) verbal instruction, (b) video modeling (it included the third author as an implementer and a teenage female model as a daughter), (c) role-playing, and (d) feedback. First, the coach provided each mother with general information regarding problem behaviors, behavioral functions, functional analysis, and the implementation steps of a TBFA condition using PowerPoint slides. Verbal instruction was followed by video modeling about that condition. Next, the coach acted as an individual with DD and exhibited the problem behavior that was targeted for the child of that mother, while the mother conducted the targeted TBFA condition. After the rehearsal, the coach provided the mother with feedback on her performance until she reached 100% accuracy in implementing each TBFA condition. Each BST session lasted approximately 30 minutes.

When the mothers reached 100% accuracy in implementing all TBFA conditions during training, they conducted TBFA conditions with their children. The mothers conducted the TBFA conditions three times a week and two trials per day. The coach assessed mothers' accuracy of implementation using a checklist that included the steps in Table 2 while they were implementing TBFA conditions. Data were collected using a plus (+) for the correct steps and a minus (-) for incorrect or no response within a 5-second interval.

Coaching through Telehealth

The mothers video recorded each TBFA session and then sent them to the coach via WhatsApp, a messaging app. The coach viewed the videos and assessed the mother's accuracy of implementation. The coach first congratulated the mothers for

their implementation. The coach reinforced the correct steps and provided corrective feedback for incorrect steps. Then, the coach briefly explained the points that needed special attention in the next session and answered the mother's questions, if any. Finally, the coach thanked the mother for her collaboration. The criterion for implementing each TBFA condition was 100% accuracy across three consecutive sessions.

Maintenance

Maintenance sessions occurred one week and three weeks after each mother mastered each condition. The coach asked the mothers to utilize the target condition in maintenance sessions. The coach thanked the mothers for their cooperation.

Differential reinforcement instruction session

Because it would not be ethical to terminate the study without instructing or describing to the mothers what to do for their child's problem behavior, the researchers decided to provide them with instruction about differential reinforcement of other behaviors (DRO). The researchers agreed on instructing mothers on DRO as it was a practice that matched the behavioral function of each participant with DD. Since the participants' behaviors were socially inappropriate, that should not occur, which is why we chose DRO (Alberto & Troutman, 2013). The coach delivered instruction to the mothers after the mothers met the mastery criterion in implementing the TBFA, and behavioral functions were identified. This session was conducted on a one-on-one basis, utilizing PowerPoint slide presentations regarding the definition, implementation steps, and important points in the implementation of DRO. DRO instruction session was conducted in one session of about 35–40 minutes for each mother via Zoom™. Finally, the coach answered the mothers' questions and then ended the session. The researchers did not collect data on the mothers' use of differential reinforcement of other behaviors.

Interobserver Agreement and Procedural Fidelity

Reliability data was collected by a second observer who had a BA and MA in special education and conducted TBFA for his thesis for all parent training sessions and 30% of TBFA conditions selected randomly across each mother. The researchers calculated interobserver agreement (IOA) data using the total agreement method: dividing the number of agreements by the number of agreements and disagreements and multiplying by 100 as used in the methodology of Axe et al. (2021). The mean IOA for baseline sessions was 100% across each condition and participant. During the TBFA, the mean IOA was 100% for Mother 1 and Mother 3 across conditions. It was also 100% for attention, tangible, and ignore conditions and 92.85% (85.7%–100%) for escape conditions for Mother 2. The researchers also calculated IOA for the occurrence of participants' problem behaviors. The mean IOA was 100% across each condition for each participant.

The observer collected procedural fidelity (PF) data for 100% of the video records of parent training with the following quotient: the number of observed coach behaviors divided by the number of preplanned coach behaviors and multiplied by 100 (Billingsley et al., 1980; Tekin-Iftar & Kırcaali-Iftar, 2013). The mean PF was 100% for parent training. Furthermore, the observer collected reliability data for 30% of coaching sessions selected randomly and provided at the end of each session by using the same formula. The mean PF for coaching sessions was 100% across the sessions for each participant, except for the tangible condition for Mother 2, which was 93.75% (87.5%–100%).

Social Validity

The researchers aimed to determine participating mothers' opinions regarding telehealth, the TBFA, and the implementation process. The researchers developed a question form that included seven open-ended questions to assess the social validity of the study by examining previous studies (e.g., Kiyak & Tekin-Iftar; 2022; Saral & Olcay, 2021 Tekin-Iftar et al., 2017; Tunc-Paftali & Tekin-Iftar; 2021). The questions were as follows: (a) You have acquired basic information on how to identify the functions of your children's problem behaviors through telehealth. Do you think it is important that you obtain this information? Why?; (b) Do you think that telehealth is an effective way? Why?; (c) Would you like to attend training on different subjects through telehealth? Why?; (d) Do you think the results of this study are important for you and your child? Why?; (e) What are your favorite features of the study?; (f) What are the features of the study that you dislike the most?; (g) Would you recommend that other families attend a similar training through telehealth? Why?

The coach conducted semi-structured interviews with mothers in one session via Zoom. The interviews with each mother lasted approximately seven minutes. The social validity data were descriptively analyzed.

Results

Effectiveness of Parent Training and Coaching on the Use of TBFA

Figures 1 to 4 display the effectiveness of parent training and telehealth-based coaching on mothers' use of the TBFA conditions. As seen in Figure 1, Mother 1 immediately reached 100% correct use of steps and met the mastery criterion in no more than six sessions across the conditions of TBFA. She maintained acquired skills one week and three weeks after the intervention at 100%, except for the second session in tangible conditions (80%).

Figure 1

The percentage of correct responses of Mother 1 during baseline, intervention, and maintenance sessions

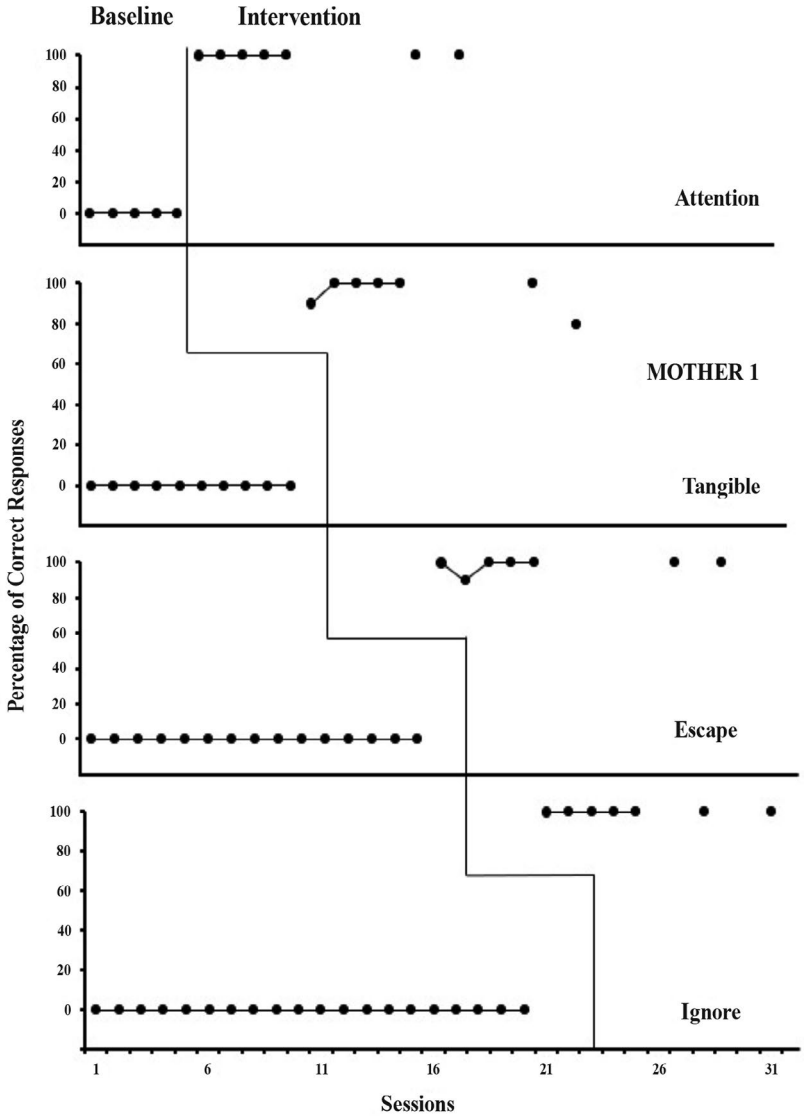


Figure 2 shows the accurate use of trial-based functional analysis of Mother 2 during baseline, intervention, and maintenance sessions across conditions. She immediately reached 100% accuracy in using the TBFA steps in attention and ignore conditions. In tangible and escape conditions, she reached 100% accuracy in the second session. She met the mastery criterion in three consecutive sessions

in all conditions. She maintained using the TBFA steps in all conditions with 100% accuracy one week and three weeks after the intervention.

Figure 2

The percentage of correct responses of Mother 2 during baseline, intervention, and maintenance sessions

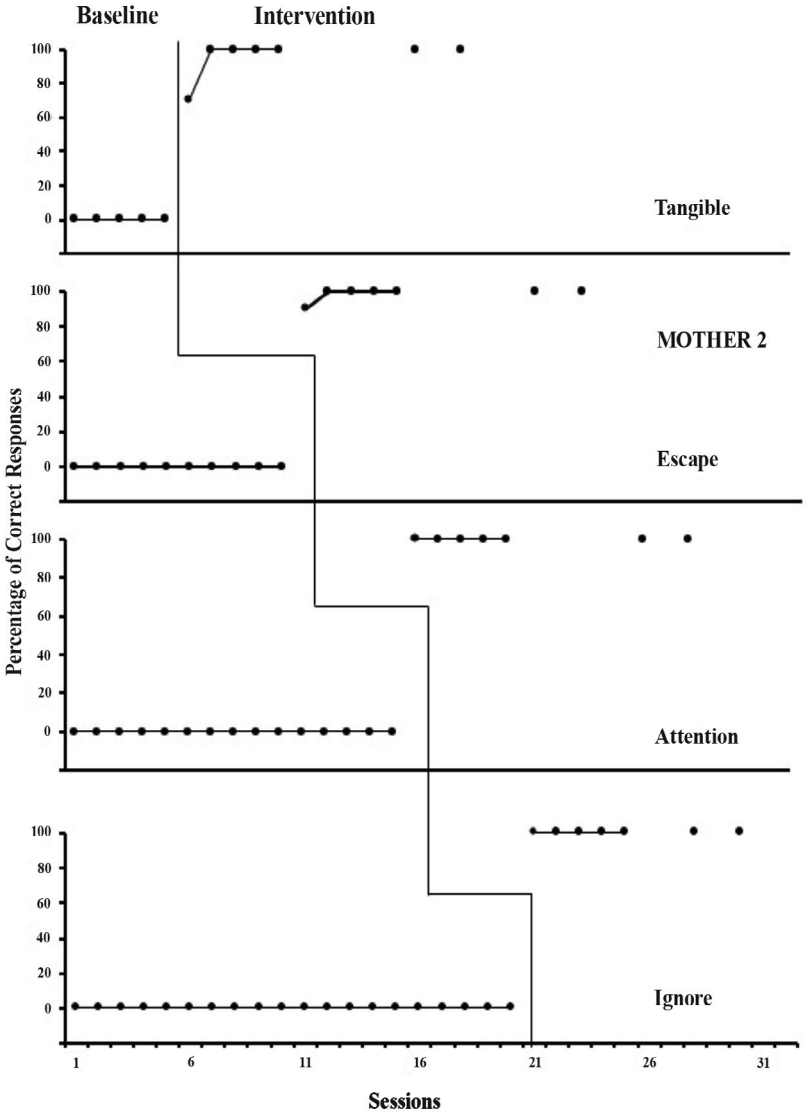
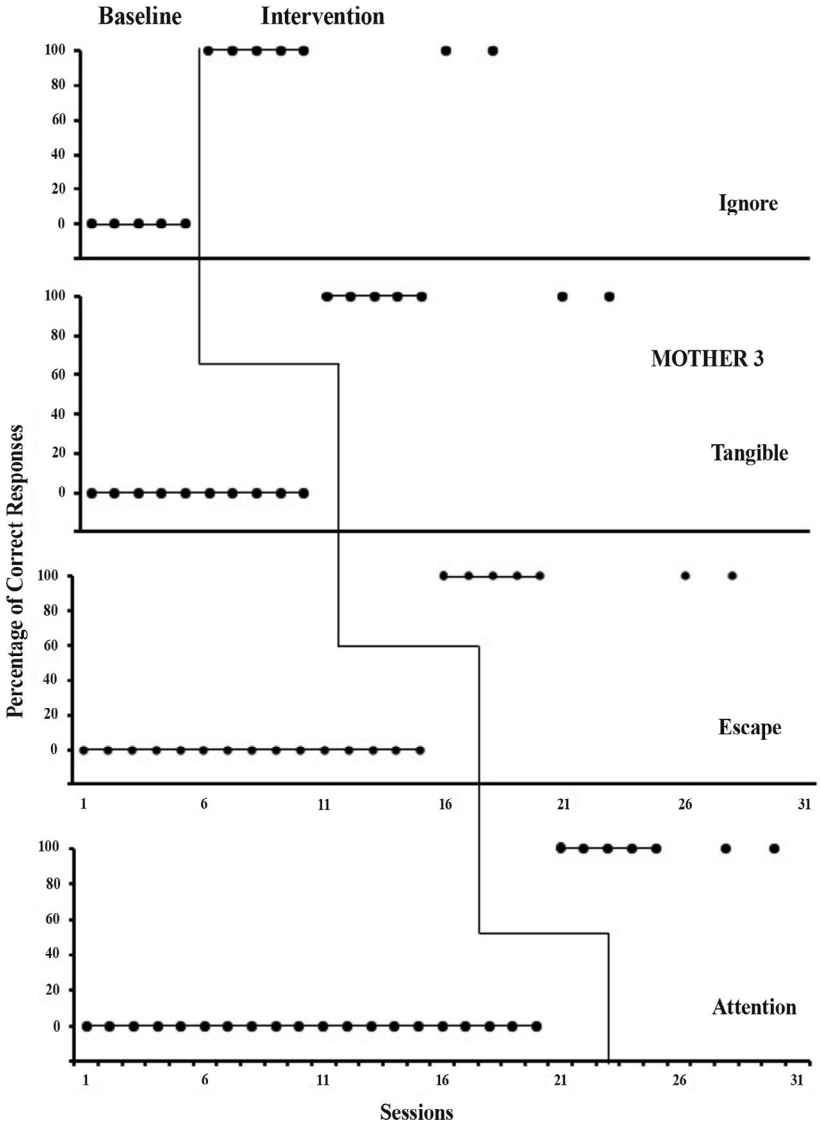


Figure 3 displays the accurate use of TBFA for Mother 3 during baseline, intervention, and maintenance sessions across conditions. She immediately reached 100% accuracy in using the TBFA steps in all conditions. She met the

mastery criterion in three consecutive sessions in all conditions. She maintained using the TBFA steps in all conditions with 100% accuracy one week and three weeks after the intervention.

Figure 3

The percentage of correct responses of Mother 3 during baseline, intervention, and maintenance sessions



Functional Analysis Findings

The researchers aimed to show functional analysis results of the participants' problem behaviors with a bar graph. Figure 4 shows Participant 1's functions of problem behavior. As seen in Figure 4, Participant 1's problem behaviors only existed in escape condition sessions. He engaged in problem behavior in both test and control sessions.

Figure 4

Functional analysis results of Participant 1

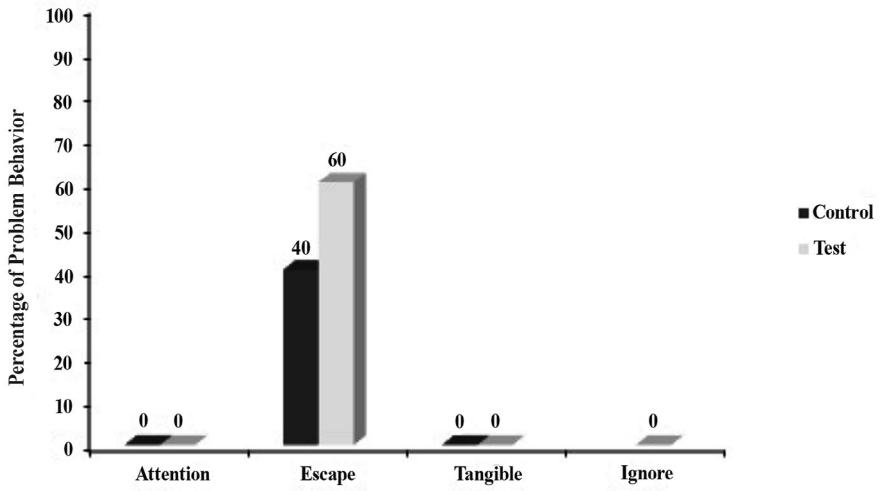


Figure 5 shows the functional analysis results of Participant 2. He exhibited problem behavior in ignore conditions the most. However, he engaged in problem behavior attention, escape, and tangible conditions (both in test and control). He engaged six times more in ignore conditions.

Figure 5

Functional analysis results of Participant 2

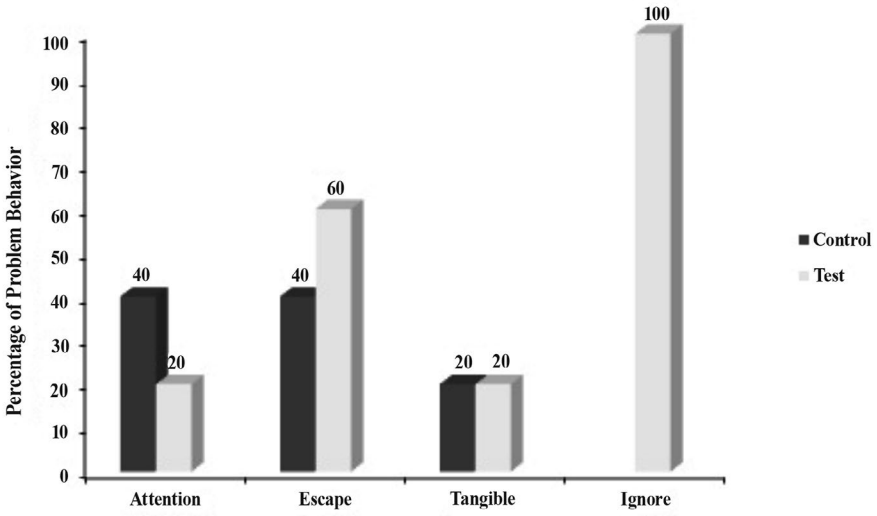
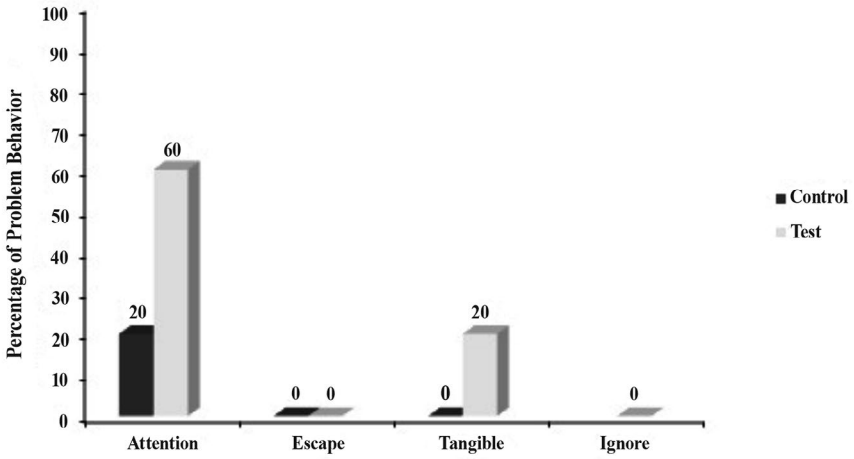


Figure 6 depicts the functional analysis results of Participant 3. He engaged in problem behavior in attention conditions both in test and control sessions. He only exhibited problem behavior once in the second session of tangible conditions.

Figure 6

Functional analysis results of Participant 3



Social Validity Findings

All three participating mothers said that the study was important for them to learn the source of their children's problem behavior. Only Mother 3 indicated that functional analysis might be more beneficial for those who have children in early childhood whose problem behaviors were not automatically reinforced, which they thought must not be counted as problems. All mothers stated that telehealth was a good way for them to learn new strategies to utilize with their children because of cost-efficiency and flexibility. However, Mother 1 and Mother 3 would prefer face-to-face training. The researchers asked the mothers the points that they appreciated and did not appreciate in the study. Mother 1 expressed that their favorite part of the study was the coach's approach. Similarly, Mother 3 said that learning from an expert was a great opportunity. Additionally, all mothers mentioned that they realized they could not ignore their children's problem behaviors properly until they participated in the study. All mothers pointed out that there was not any point that they did not appreciate. All mothers also stated that they would like to attend new training that they require to support their children via telehealth, and they recommended telehealth-based coaching to other parents who have children with developmental disabilities to acquire new strategies.

Discussion

The purpose of the current study was to evaluate parent-implemented TBFA with training and coaching via telehealth. Training and coaching via telehealth were effective in teaching mothers to conduct a TBFA with high accuracy. The TBFA results showed information about the function of problem behavior for each participant. The TBFA indicated the function of problem behavior for each participant was different. Participant 1 demonstrated problem behavior in escape conditions, and Participant 3 mostly engaged in problem behavior in attention conditions. However, Participant 2 engaged in problem behaviors almost in each condition, though it was highest in ignore conditions since his problem behavior was automatically reinforced. The researchers also evaluated the parents' opinions of the study. All parents viewed the training, coaching, and the TBFA as socially valid.

Many families of children with DD face significant barriers to accessing trained specialists or special education services due to work schedules, distance, or cost (Talbott et al., 2022). The existing literature is promising in that remote training and coaching are effective and feasible approaches to address these barriers (Lerman et al., 2020). In this study, for example, the mothers quickly learned how to conduct a TBFA although they had no background in conducting an assessment methodology, which validates the potential benefits of the telehealth approach.

The results of the current study extend those in previous research, suggesting that parents of children with DD can conduct a TBFA in their home (Davis et al., 2022; Gerow et al., 2019). During conversations before the initiation of the study, all parents remarked that their children were exhibiting problem behaviors too often because of the Pandemic. This shows us that the lockdown deteriorated the problem behaviors of the participant adults with ASD and that their parents needed assistance. In this study, the mothers conducted the TBFA in their homes during ongoing routines. This not only helped promote the maintenance of mothers' newly acquired skills, but also enhanced the ecological validity of the study in that the children with DD were exposed to specific antecedents and consequences within the context of natural agents, settings, and activities.

According to a systematic review by Rispoli et al. (2014), a total of 12 adults with DD participated in a TBFA investigation in only three studies – one adult in Bloom et al., 2011, nine in Lambert et al., 2013, and two in LaRue et al., 2010. Furthermore, two studies investigated the ability of parents of children with ASD who were remotely trained and coached to conduct a TBFA, but the child participants were between 4–9 (Davis et al., 2022) and 3,5–7 years old (Gerow et al., 2019). Thus, one unique aspect of the study is that the researchers investigated the ability of mothers to conduct a TBFA at home, with training and coaching through telehealth for their children with DD who were 18 years or over.

The results are also comparable to previous findings by showing that the function of problem behaviors can be identified through the TBFA (e.g., Haspel & Hollo, 2021). Future research may evaluate training parents of children with DD in other functional assessment methodologies, such as brief functional analysis. However, it is important to note that Participant 1 engaged in problem behavior in the control segments of the escape condition. One hypothesis is that a possible carryover effect occurred from the test segment. On the other hand, Participant 1 may not have discriminated contingencies associated with each condition because he engaged in problem behavior during the initial trials of the control segments.

There are several limitations to this study worth noting. The researchers taught the mothers how to use DRO for their children after identifying the function of the problem behavior. Although this is important from an ethical standpoint for the participating mothers, the researchers did not collect data on their implementation or the effect of the treatment on problem behaviors. Thus, the absence of monitoring the effects of differential reinforcement is a limitation from the aspect of validating the results on the TBFA. Furthermore, two mothers indicated they preferred in-person training and coaching, which decreases the social validity of the study. Future research may consider which

factors (e.g., better Internet skills) are important for parents to be willing to receive interventions delivered via telehealth or in person.

Conclusion

In conclusion, the growing body of the literature and the results of this study provide support for parent involvement in the assessment of problem behaviors for their children with DD. Furthermore, the use of telehealth can be an effective service-delivery model for practitioners and families by reducing barriers. Based on the results, future research should continue to use telehealth to provide training and coaching to parents of children with DD.

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Obučavanje roditelja da sprovode probno zasnovanu funkcionalnu analizu putem telezdravstva

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Uvod: Procedura funkcionalne analize zasnovane na ispitivanju koju sprovode roditelji ima potencijal za određivanje svrhe problematičnog ponašanja. Strategija telezdravstva može biti jeftinija, oduzima manje vremena i pruža većem broju porodica pristup tretmanima. Kao rezultat toga je dobra alternativa za porodice jer loš pristup resursima i znanju može pogoršati problematično ponašanje. *Cilj*: Svrha ove studije bila je da se proceni sposobnost majki da sprovedu funkcionalnu analizu zasnovanu na ispitivanju kod kuće, uz obuku i koučing putem telezdravstva. *Metode*: U istraživanju su učestvovale tri majke starosti između 32 i 54 godine i njihova deca između 18 i 26 godina. Studija je koristila višestruki osnovni dizajn za različita ponašanja kako bi ispitala efikasnost treninga veština ponašanja i podučavanja putem telezdravstva o tačnoj upotrebi uslova funkcionalne analize zasnovane na ispitivanju od strane majki dece sa smetnjama u razvoju. *Rezultati*: Rezultati su pokazali da su majke učesnice sprovele svaki uslov funkcionalne analize zasnovane na ispitivanju sa 100% tačnošću. Štaviše, majke su imale pozitivna mišljenja o studiji. *Zaključak*: U zaključku, ova studija je pružila podršku uključivanju roditelja u procenu njihove dece sa smetnjama u razvoju.

Ključne reči: probno zasnovana funkcionalna analiza, problematično ponašanje, smetnje u razvoju, telehealth, coaching

PRIMLJENO: 13.01.2023.
REVIDIRANO: 24.11.2023.
PRIHVAĆENO: 04.01.2024.

SPECIJALNA EDUKACIJA I REHABILITACIJA
2024, Vol. 23, Br. 1, str. 43-59
UDK: 316.624-053.4:37.064.1(497.113)
Originalan naučni rad
DOI: https://doi.org/10.5937/specedreh23-45433

Prepoznavanje problema u ponašanju kod dece predškolskog uzrasta iz ugla vaspitača

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Uvod: Problem istraživanja formulisan je u vidu istraživačkog pitanja da li vaspitači mogu da prepoznaju probleme u ponašanju dece predškolskog uzrasta i da li su u dovoljnoj meri kompetentni da preduzimaju planske akcije u vezi sa prevencijom i suzbijanjem eksternalizovanih i internalizovanih problema u ponašanju dece predškolskog uzrasta. *Cilj:* Cilj istraživanja je da se utvrdi da li vaspitači mogu da prepoznaju probleme u ponašanju dece predškolskog uzrasta i da preduzmu mere u prevazilaženju ovih problema. *Metode:* Istraživanje je sprovedeno u januaru 2023. na uzorku od 124 vaspitača sa područja Bačke i Banata. Procena vaspitača o prepoznavanju problema u ponašanju dece predškolskog uzrasta ispitana je Skalerom – PPPDPU-UV konstruisanim za potrebe ovog istraživanja ($\alpha = 0.822$), koji se sastoji od tri subtesta: 1) prepoznavanje problema u ponašanju kod dece predškolskog uzrasta; 2) informisanje roditelja i stručnih saradnika o zapaženim problemima u ponašanju dece predškolskog uzrasta i 3) preduzimanje akcija za suzbijanje problema u ponašanju. *Rezultati:* Rezultati istraživanja pokazuju da problemi u ponašanju dece predškolskog uzrasta mogu biti prediktorski faktori koji ukazuju na poremećaje u ponašanju u adolescenciji. *Zaključak:* Zaključuje se da je, uz primarnu ulogu vaspitača, neophodno preduzeti niz planskih akcija kako bi predškolske ustanove pružile optimalnu podršku deci sa problemima u ponašanju i njihovim porodicama.

Ključne reči: ponašanje, rana intervencija, inkluzija u vaspitanju, smetnje u razvoju, prepreke u vaspitanju, internalizovani problemi, eksternalizovani problemi

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Uvod

Deca predškolskog uzrasta najčešće nisu u stanju da verbalizuju probleme i da zatraže pomoć odraslih (Milenović, 2022). Zbog toga se, na osnovu manifestacija koje ispoljavaju u vidu socijalno neprihvatljivog ponašanja, očekuje da reaguju odrasli, posebno roditelji i vaspitači. U procesu nastajanja problema u ponašanju dece postoje obrasci, putanja razvoja i kontinuiteta poremećaja još od najranijeg uzrasta (Vasiljević, 2005; Vučinić et al., 2022), što upućuje na razmišljanje o ovoj temi, kojoj se u praksi ne posvećuje dovoljno pažnje. Problemi u ponašanju dece predškolskog uzrasta mogu se podeliti u dve grupe: eksternalizovani i internalizovani problemi. Pod eksternalizovanim problemima podrazumevaju se poremećaji ponašanja poput hiperaktivnosti, negativizma, agresivnosti... Deca i adolescenti sa poremećajima ponašanja ispoljavaju izazivačko ponašanje, protive se zahtevima roditelja, drska su, imaju smanjenu sposobnost pažnje, manje pokazuju emocije i ne mogu da ih kontrolišu (Panić i Bouillet, 2021). Internalizovani problemi odnose se na postojanje emocionalnih poremećaja kod dece i adolescenata. Kod ove dece „... reakcije na psihološke stresore su anksioznost, fobije, socijalno povlačenje i/ili depresija" (Jerković i sar., 2010, str. 42). Zbog toga je vaspitačima i roditeljima otežano da se efikasno suoče sa posledicama koje proističu iz problema u ponašanju dece predškolskog uzrasta (Kojić et al., 2023; Lee et al., 2022; Pavlović i Klemenović, 2019).

U kontekstu inkluzivnog vaspitanja i obrazovanja, a u vezi sa poremećajima ponašanja kod dece, treba istaći da predškolski uzrast predstavlja najznačajniji period u razvoju deteta. Prema nekim proučavanjima inkluzije u vaspitanju i obrazovanju, ovaj period naziva se *period ranog starta* (Milenović, 2013; Suzić, 2008). To je doba u kome se postavljaju temelji kompleksne strukture ponašanja u životu deteta. Jedan od glavnih zadataka društva u ovom periodu je da omogući uslove i pruži podršku optimalnoj socijalizaciji deteta. U toku tog procesa roditelji, vaspitači, stručni saradnici i drugi uče dete kako da se na društveno prihvatljiv način izbori sa različitim stresnim situacijama u životu. Vremenom se povećava samostalnost deteta, njegove želje i frustracije sve češće dolaze u konflikt sa roditeljskim i, kao rezultat, javlja se negativno, remetilačko ponašanje deteta (Schroeder & Gordon, 2002; Tomić i Nikolić, 2021).

Pod ovakvim ponašanjem podrazumeva se: zlovoljnost, prekomerno plakanje, zahtevanje pažnje, neposlušnost, prkos, agresivnost usmerena protiv sebe i drugih, laganje, uništavanje predmeta. Istraživanje kojim su obuhvaćeni roditelji dece pokazuje da se negativno ponašanje deteta prijavljuje u 50–80 odsto slučajeva dece uzrasta od dve do četiri i od sedam do deset godina (Schroeder & Gordon, 2002). Često su takve situacije prolaznog karaktera i smatraju se tipičnim za određeni uzrast. Kod neke dece, međutim, negativno ponašanje ispoljava se sa jačim intenzitetom i većom učestalošću.

Pored toga, takvo ponašanje može trajati ili eskalirati tokom detinjstva i adolescentnog doba. Zbog toga jedan od osnovnih zadataka stručnjaka koji se bave problemima dece jeste da naprave razliku između onoga što je u skladu s uzrastom, odnosno fazom razvoja u kojoj se dete nalazi, i simptoma koji ukazuju na potrebu za ozbiljnijom intervencijom. Pritom uvek postoji bojazan da široko definisanje pojma *atipičnih ponašanja* može voditi neodgovarajućem etiketiranju i *pripajanju dijagnoza* tamo gde se zapravo radi o uobičajenim razvojnim poteškoćama (Vasiljević, 2005).

Ukoliko problemi u ponašanju prerastu u poremećaje, onda se roditelji i vaspitači suočavaju sa pojavama koje remete kako život pojedinca, tako i šire zajednice. Poremećaji u ponašanju su pojave koje nisu u skladu s opšteprihvaćenim normama i izlaze iz okvira opšteprihvaćenih normi za određenu sredinu i uzrast. Oni se u svojoj biti, s jedne strane, odnose na nepoštovanje socijalnih normi, a s druge, na ugrožavanje prava drugih (Popović-Ćitić, 2008). Uočljivo je da su problemi u ponašanju dece predškolskog uzrasta u dečjem vrtiću, porodici i lokalnoj i široj društvenoj zajednici neposredno povezani sa njihovim socioemocionalnim razvojem. Povezani su i sa interakcijom dece, koju usled nedovoljno efektivnog socioemocionalnog razvoja otežano uspostavljaju u dečjem vrtiću i društvenoj zajednici. Rezultati istraživanja su pokazali da se deca predškolskog uzrasta sa nedovoljno efektivnim socioemocionalnim razvojem trude da uspostave interakciju u dečjem vrtiću i društvenoj zajednici, ali da im to ne uspeva dovoljno efektivno (Driscoll & Carter, 2010; Hansen, 2020; Kluczniok & Schmidt, 2020). Da za tim postoji potreba pokazuje činjenica da na ranom uzrastu deca nemaju razvijeno apstraktno mišljenje, već isključivo reaguju samo na osnovne čulne draži. Ovakva potreba proističe i iz same definicije emocionalnog razvoja, koja podrazumeva niz sposobnosti. Polazeći od činjenice da emocionalni razvoj podrazumeva sposobnost upravljanja i kanalisanja emocija (San et al., 2022), emocionalni razvoj dece predškolskog uzrasta može se posmatrati kao sposobnost deteta da prepozna sopstvene emocije i emocije drugih, da izrazi svoje emocije i uskladi ih sa emocijama druge dece.

Uloga vaspitača u ovakvim situacijama ogleda se u odgovarajućem vaspitnom delovanju i pomoći detetu predškolskog uzrasta sa problemima u ponašanju da uspostavi interakciju sa ostalom decom u dečjem vrtiću. Načini na koji to vaspitači čine su brojni i zavise od svakog pojedinačnog slučaja i konkretne vaspitno-obrazovne situacije u predškolskoj ustanovi. Ne ulazeći dublje u analize identifikovanih načina vaspitnog delovanja vaspitača u cilju efektivnijeg socioemocionalnog razvoja dece predškolskog uzrasta, u ovom delu rada će biti navedene samo neke od njih. Primera radi, u jednom od istraživanja sprovedenom u SAD utvrđeno je da se emocionalni razvoj dece predškolskog uzrasta efektivno može razvijati njihovim uključivanjem u tradicionalne igre i folklor (Kenanoglu & Duran, 2021), a kada vaspitači usaglašenim delovanjem

sa roditeljima realizuju identične ili povezane aktivnosti u dečjem vrtiću i porodici, doprinose efektnijem socioemocionalnom razvoju dece (Locchetta et al., 2017). Pokazalo se da uključivanje dece u aktivnosti koje ih interesuju i koje im nisu strane efektivno doprinosi njihovoj boljoj interakciji sa ostalim članovima grupe, što u značajnoj meri doprinosi i njihovom emocionalnom razvoju. Efektivniji socioemocionalni razvoj dece predškolskog uzrasta smanjuje udeo njihovog ponašanja koje se smatra problematičnim i društveno neprihvatljivim. Upravo se predmet istraživanja ovog rada odnosi na prepoznavanje problema dece predškolskog uzrasta u ponašanju posmatran iz ugla vaspitača kao neposrednih voditelja vaspitno-obrazovnih aktivnosti u predškolskoj ustanovi i, u skladu sa tim, njihovo praktično delovanje radi suzbijanja identifikovanih problema u ponašanju. Cilj ovog istraživanja je utvrđivanje iskustava i kompetencija vaspitača da prepoznaju i reaguju na internalizovane i eksternalizovane probleme u ponašanju koje ispoljavaju deca predškolskog uzrasta.

Metode

Hipoteze

U istraživanju se pošlo od opšte pretpostavke da vaspitači sprovode postupke identifikacije simptoma eksternalizovanih i internalizovanih problema u ponašanju dece predškolskog uzrasta i preduzimaju mere u cilju njihovog prevazilaženja i pomoći roditeljima, ali da su zbog različite kompetentnosti vaspitača efekti njihovih postupaka različiti. Pošlo se i od posebnih pretpostavki da će istraživanjem biti utvrđeno da najveći procenat vaspitača prepoznaje probleme u ponašanju dece predškolskog uzrasta, saopštava roditeljima svoja zapažanja, saopštava stručnim saradnicima svoja zapažanja o problemima u ponašanju dece u vaspitno-obrazovnoj grupi i da postoje statistički značajne razlike u odgovorima vaspitača o podršci koju stručni saradnici pružaju roditeljima i vaspitačima u prevenciji i suzbijanju problema u ponašanju kod dece predškolskog uzrasta.

Uzorak

Uzorak je činilo 124 vaspitača zaposlenih u predškolskim ustanovama na području Bačke i Banata u januaru 2023. godine.

Tabela 1.

Struktura uzorka

Uzorak	Pol		Starost			Radno iskustvo			Mesto gde se nalazi PU					
	m	ž	24–34 g.	35–40 g.	41–56 g.	2–10.g.	11–20 g.	od 21.g.	Kikinda	Sombor	Zrenjanin	Novi Bečej	Pančevo	Novi Sad
124	12	112	56	39	29	40	46	38	34	45	12	10	18	5
%	9.7	90.3	45.2	31.4	23.4	32.3	37.1	30.6	27.4	36.3	9.6	8.1	14.5	4.1

Od ukupnog broja ispitanika, 112 ispitanika (90.30%) je bilo ženskog, a 12 (9.70%) muškog pola (Tabela 1). Prosečna starost vaspitača je 39.82 godine, dok je AS radnog staža u struci 9.11 godina.

Instrument i procedura prikupljanja podataka

Za ispitivanje iskustava i kompetencija vaspitača za utvrđivanje eksternalizovanih i internalizovanih problema koje ispoljavaju deca predškolskog uzrasta konstruisan je kombinovani instrument Skala prepoznavanja problema u ponašanju dece predškolskog uzrasta iz ugla vaspitača (Skaler – PPPDPU-UV). Sastoji se opšteg dela predviđenog za osnovne podatke o ispitanicima (pol, predškolska ustanova, godine života, radno iskustvo i prebivalište) i skalera od 22 ajtema koji se odnose na iskustva i kompetencije vaspitača. Ispitanici su odgovarali na postavljena pitanja koja su formulisana u skladu sa ciljem istraživanja. Anketiranje i skaliranje je bilo anonimno i zatvorenog tipa. Ispitanici su beležili stepen slaganja ili neslaganja sa navedenom tvrdnjom putem trostepene numeričke skale učestalosti: 3 – *uvek*; 2 – *ponekad*; 1 – *nikad*.

Upitnik se sastoji od tri subtesta: 1) *Prepoznavanje problema u ponašanju* (sedam tvrdnji), 2) *Saradnja vaspitača i roditelja* (osam tvrdnji) i 3) *Podrška stručnih saradnika u prevenciji i suzbijanju problema u ponašanju* (sedam tvrdnji). Vrednost Krombah alfa koeficijenta ($\alpha = 0.822$) ukazuje na vrlo dobru pouzdanost instrumenta, što potvrđuju i visoke statističke značajnosti pojedinih ajtema.

Metode statističke obrade podataka

Podaci prikupljeni transverzalnom metodom istraživanja obrađeni su u statističkom programu IBM SPSS 24.0 deskriptivnom statistikom i χ^2-testom. Rezultati istraživanja prikazani su tabelarno.

Rezultati

Rezultati istraživanja prikazani su prema izračunatim frekvencijama i procentima, χ^2-testu i približno izračunatoj statističkoj značajnosti razlike.

Prepoznavanje problema u ponašanju dece predškolskog uzrasta od vaspitača

Tabela 2.

Prepoznavanje problema u ponašanju kod dece predškolskog uzrasta

Tvrdnje	Uvek		Ponekad		Nikad		χ^2	p
	N	%	N	%	N	%		
Nakon perioda adaptacije deteta na vrtić prepoznajem koja deca ispoljavaju probleme u ponašanju.	88	71%	20	16.1%	16	12.9%	79.226	**0.000**
Uočavam kad dete počne da ispoljava probleme u ponašanju (internalizovani/ eksternalizovani), a koji se ranije nisu ispoljavali.	64	51.6%	32	25.8%	28	22.6%	18.839	**0.000**
Uočavam kad dete počne da ispoljava internalizovane probleme u ponašanju (anksioznost, depresivnost, potištenost).	40	32.3%	50	40.3%	34	27.4%	3.161	**0.000**
Pratim ponašanje deteta kako bih zaključio/la da li internalizovani problemi u ponašanju traju duže vreme.	53	42.7%	40	32.2%	31	25.2%	5.919	0.205
Planiram na koji način da saopštim roditeljima/stručnim saradnicima svoja zapažanja o internalizovanim problemima koje dete ispoljava.	40	32.2%	41	33.1%	43	34.7%	0.131	**0.022**
Uočavam kad dete počne da ispoljava eksternalizovane probleme u ponašanju (agresivnost, destruktivnost).	58	46.9%	54	43.5%	12	9.6%	31.419	0.945
Planiram na koji način da saopštim roditeljima/stručnim saradnicima svoja zapažanja o eksternalizovanim problemima koje dete ispoljava.	59	47.6%	33	26.6%	32	25.8%	11.339	**0.000**

Podaci pokazuju (Tabela 2) da je analizom subtesta *Prepoznavanje problema u ponašanju kod dece predškolskog uzrasta* uočljivo da se prema procenama i radnom iskustvu vaspitača najveći broj njih izjasnio da prepoznaje eksternalizovane i internalizovane probleme u ponašanju dece predškolskog uzrasta. Vaspitači lakše uočavaju eksternalizovane nego internalizovane

probleme. Deca predškolskog uzrasta koja ispoljavaju eksternalizovane probleme remete rad vaspitno-obrazovne grupe i lakše se uočavaju od dece koja su potištena, depresivna, stidljiva, anksiozna. Najveći procenat vaspitača *uvek* (32.52%) ili *ponekad* (32.52%) planira na koji način da saopšti roditeljima i stručnim saradnicima da dete predškolskog uzrasta ispoljava probleme u ponašanju, dok se 34.96% vaspitača izjasnilo da *nikad* ne saopštava roditeljima/ stručnim saradnicima svoja zapažanja o internalizovanim problemima nekog deteta predškolskog uzrasta.

Na prvu tvrdnju *Nakon perioda adaptacije deteta na vrtić prepoznajem koja deca ispoljavaju probleme u ponašanju*, 88 (71%) vaspitača odgovorilo je sa *uvek*, 20 (16.1%) sa *ponekad*, a 16 (12.9%) sa *nikad.* Utvrđena je statistički značajna razlika u procenama vaspitača na nivou $p<0.001$: $\chi^2(2) = 79.226$; $p = 0.000$.

Na drugu tvrdnju *Uočavam kad dete počne da ispoljava probleme u ponašanju (internalizovani/eksternalizovani), a koji se ranije nisu ispoljavali*, 64 (51.6%) vaspitača se izjasnilo sa *uvek*, 32 (25.8%) složilo se sa *ponekad*, a 28 (22.6%) sa *nikad.* Postoji statistički značajna razlika u odgovorima vaspitača na nivou $p<0.001$: $\chi^2(2) = 18.839$; $p = 0.000$.

Rezultati odgovora na treću tvrdnju *Uočavam kad dete počne da ispoljava internalizovane probleme u ponašanju (anksioznost, depresivnost, potištenost i sl.)* pokazali su da se 40 (32.3%) vaspitača izjasnilo sa *uvek*, 50 (40.3%) je odgovorilo *ponekad*, a 34 (27.4%) je dalo negativan odgovor. Nije utvrđena statistički značajna razlika u odgovorima vaspitača: $\chi^2(2) = 3.161$; $p = 0.205$.

Analiza četvrte tvrdnje, *Pratim ponašanje deteta kako bih zaključio/ la da li internalizovani problemi u ponašanju traju duže vreme*, pokazala je da je 53 (42.7%) vaspitača odgovorilo sa *uvek*, 40 (32.2%) sa *ponekad*, dok se negativno izjasnilo 31 (25.2%). Kod ove tvrdnje utvrđena je statistički značajna razlika u procenama vaspitača na nivou $p<0,05$: $\chi^2(2) = 5.919$; $p = 0.022$.

Prema procenama vaspitača, kod pete tvrdnje *Planiram na koji način da saopštim roditeljima/stručnim saradnicima svoja zapažanja o internalizovanim problemima koje dete ispoljava*, njih 40 (32.2%) odgovorilo je sa *uvek*, 41 (33.1%) sa *ponekad*, a 43 (34.7%) sa *nikad.* Kod pete tvrdnje nije utvrđena statistički značajna razlika u procenama vaspitača: $\chi^2(2) = 0.113$; $p = 0.945$.

Analizom šeste tvrdnje *Uočavam kad dete počne da ispoljava eksternalizovane probleme u ponašanju* ustanovljeno je da je 58 (46.9%) odgovorilo sa *uvek*, 54 (43.5%) sa *ponekad*, a 12 (9.6%) je dalo negativan odgovor. Utvrđena je statistički značajna razlika u procenama vaspitača na nivou $p<0.001$: $\chi^2(2) = 31.419$; $p = 0.000$.

Na sedmu tvrdnju *Planiram na koji način da saopštim roditeljima/ stručnim saradnicima svoja zapažanja o eksternalizovanim problemima koje dete ispoljava* 59 (47.6%) vaspitača je odgovorilo sa *uvek*, 33 (26.6%) sa

ponekad, a 32 (25.8%) sa *nikad*. Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.005$: χ^2 (2) = 11.339; p = 0.003.

Tabela 3.

Informisanje roditelja i stručnih saradnika o zapaženim problemima u ponašanju dece predškolskog uzrasta

Tvrdnje	Uvek		Ponekad		Nikad		χ^2	p
	N	%	N	%	N	%		
Nakon uočavanja problema kod deteta zakazujem individualni razgovor sa roditeljima.	36	29.10%	38	30.6%	50	40.3%	2.774	0.249
Otvoreno razgovaram sa roditeljima/ starateljima o problemima u ponašanju dece na roditeljskim sastancima.	34	27.4%	36	29.1%	54	43.5%	5.871	0.053
Roditelji iniciraju individualne razgovore kako bi mi saopštili da se suočavaju sa problemima u ponašanju svoje dece.	33	26.6%	39	31.5%	52	41.9%	4.565	0.102
Roditelji me informišu da deca koja ispoljavaju eksternalizovane probleme, imaju slična ponašanja i kod kuće.	15	12.1%	41	33.1%	68	54.8%	33.984	**0.000**
Roditelji me informišu da deca koja ispoljavaju internalizovane probleme, imaju slična ponašanja i kod kuće.	36	29.1%	55	44.3%	33	26.6%	6.887	**0.013**
Moja zapažanja o problemima u ponašanju loše se odražavaju na saradnju sa roditeljima.	33	26.6%	34	27.4%	57	46%	8.919	**0.011**
Roditelji prate promene u ponašanju dece i informišu me o tome.	19	15.3%	41	33.1%	64	51.6%	24.500	**0.000**
Roditelji prihvataju da njihova deca imaju probleme u ponašanju i prihvataju podršku PU u rešavanju problema.	31	25%	35	28.2%	58	46.8%	10.274	**0.005**

Analizom dobijenih rezultata subtesta *Informisanje roditelja i stručnih saradnika o zapaženim problemima u ponašanju dece predškolskog uzrasta* (Tabela 3) dolazi se do zaključka da je ova oblast vrlo osetljiva i da u tom pravcu treba osposobljavati vaspitače.

Na tvrdnju *Nakon uočavanja problema kod deteta zakazujem individualni razgovor sa roditeljima* 36 (29.1%) vaspitača je odgovorilo sa *uvek*, 38 (30.6%)

sa *ponekad*, a 50 (40.3 %) sa *nikad*. Kod prve tvrdnje nije utvrđena statistički značajna razlika u procenama vaspitača: $\chi^2(2) = 2.774$; $p = 0.249$.

Kod druge tvrdnje, *Otvoreno razgovaram sa roditeljima/starateljima o problemima u ponašanju dece na roditeljskim sastancima*, 34 (27.4%) vaspitača odgovorilo sa *uvek*, 36 (29.1%) sa *ponekad*, a 54 (43.5%) sa *nikad*. Ni kod ove tvrdnje (iako na donjoj granici) nije utvrđena statistički značajna razlika u procenama vaspitača: χ^2 (2) = 5.871; $p = 0.053$.

Na tvrdnju *Roditelji iniciraju individualne razgovore kako bi mi saopštili da se suočavaju sa problemima u ponašanju svoje dece*, 33 (26.6%) vaspitača odgovorilo je sa *uvek*, 39 (31.5%) sa *ponekad*, a negativan odgovor je dalo 52 (41.9%). Nije utvrđena statistički značajna razlika u procenama vaspitača: $\chi^2(2)$, = 4.565; $p = 0.102$.

Kod četvrte tvrdnje *Roditelji me informišu da deca koja ispoljavaju eksternalizovane probleme, imaju slična ponašanja i kod kuće*, 15 (12.1%) vaspitača odgovorilo sa *uvek*, 41 (33.1%) sa *ponekad*, a negativan odgovor je dalo 68 (54.8%). Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0,001$: $\chi^2(2) = 33.984$; $p = 0.000$.

Na tvrdnju *Moja zapažanja o problemima u ponašanju loše se odražavaju na saradnju sa roditeljima* 33 (26.6%) vaspitača odgovorilo je sa *uvek*, 34 (27.4%) sa *ponekad*, 57 (26.83%) sa *nikad*. Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.05$: $\chi2(2) = 8.919$: $p = 0.011$.

Kod šeste tvrdnje *Roditelji me informišu da deca koja ispoljavaju internalizovane probleme, imaju slična ponašanja i kod kuće*, 36 (29.1%) vaspitača odgovorilo sa *uvek*, 55 (44.3%) sa *ponekad*, a negativan odgovor dalo je 33 (30.83%). Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.05$: $\chi^2(2) = 6.857$; $p = 0.013$.

Na sedmu tvrdnju *Roditelji prate promene u ponašanju decu i informišu me o tome* 19 (15.3%) vaspitača je odgovorilo sa *uvek*, 41 (33.1%) sa *ponekad*, a 51.6% sa *nikad*. Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.001$: $\chi^2(2) = 24.500$; $p = 0.000$.

Kod osme tvrdnje *Roditelji prihvataju da njihova deca imaju probleme u ponašanju i prihvataju podršku PU u rešavanju problema* 31 (25%) vaspitača je odgovorilo sa *uvek*, 35 (28.2%) sa *ponekad*, a 58 (46.27%) sa *nikad*. Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.005$: $\chi^2(2) = 10.274$; $p = 0.005$.

Kompetencije vaspitača za prevenciju problema u ponašanju dece predškolskog uzrasta

Analizom dobijenih rezultata subtesta *Preduzimanje akcija za suzbijanje problema u ponašanju dece predškolskog uzrasta* dolazi se do zaključka da, prema mišljenju vaspitača, većina roditelja ne prihvata u potpunosti podršku

stručnih saradnika u cilju suzbijanja problema u ponašanju njihove dece. Prema podacima koji su prikazani u Tabeli 4, može se uočiti da je osim kod tvrdnje pet, kod svih ostalih tvrdnji utvrđena statistički značajna razlika u procenama vaspitača na nivou $p<0.001$ o podršci koju vaspitači i roditelji imaju od stručne službe dečjeg vrtića u suzbijanju problema u ponašanju dece predškolskog uzrasta.

Tabela 4.

Preduzimanje akcija za suzbijanje problema u ponašanju dece predškolskog uzrasta

Tvrdnje	Uvek		Ponekad		Nikad		χ^2	p
	N	%	N	%	N	%		
Obaveštavam stručne saradnike o problemima koje deca ispoljavaju u ponašanju.	15	12.1%	69	55.7%	40	32.2%	35.339	**0.000**
Stručni saradnici organizuju interne obuke za vaspitače u vezi sa suzbijanjem problema u ponašanju.	17	13.7%	61	49.2%	46	37.1%	24.210	**0.000**
Stručni saradnici organizuju individualne razgovore sa roditeljima čija deca ispoljavaju probleme u ponašanju.	34	27.4%	79	63.7%	11	8.9%	57.887	**0.000**
Stručni saradnici i vaspitači organizuju radionice sa roditeljima i decom, čiji je cilj suzbijanje problema u ponašanju.	28	22.6%	64	51.6%	32	25.8%	18.839	**0.000**
Roditelji čija deca ispoljavaju internalizovane probleme prihvataju preporuke stručnih saradnika kako da pruže podršku svojoj deci.	41	33.1%	39	31.5%	44	35.4%	0.306	0.858
Stručni saradnici posmatraju ponašanje dece tokom aktivnosti i tom prilikom pružaju savete vaspitačima na koji način da suzbiju probleme u ponašanju.	28	22.6%	33	26.6%	63	50.8%	17.339	**0.001**
Roditelji čija deca ispoljavaju eksternalizovane probleme prihvataju preporuke stručnih saradnika kako da pruže podršku svojoj deci.	23	18.6%	32	25.8%	69	55.6%	28.758	**0.000**

Na tvrdnju *Obaveštavam stručne saradnike o problemima koje deca ispoljavaju u ponašanju* 15 (12.1%) vaspitača je odgovorilo sa *uvek*, 69 (55.7%) sa *ponekad*, a 40 (32.2%) sa *nikad*. Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.001$: $\chi^2(2) = 35.339$; $p = 0.000$.

Kod druge tvrdnje, *Stručni saradnici organizuju interne obuke za vaspitače u vezi sa suzbijanjem problema u ponašanju njihove dece kod kuće*, 17 (13.7%) vaspitača je odgovorilo sa *uvek*, 61 (49.2%) sa *ponekad*, a negativan odgovor dalo je 46 (37.1%). Postoji statistički značajna razlika u odgovorima vaspitača na nivou $p<0.001$: $\chi^2(2) = 23.183$; $p = 0.000$.

Na tvrdnju *Stručni saradnici organizuju individualne razgovore sa roditeljima čija deca ispoljavaju probleme u ponašanju* 34 (27.4%) vaspitača odgovorilo je sa *uvek*, 79 (63.7%) sa *ponekad*, dok je negativni odgovor dalo 11 (8.9%) vaspitača. Utvrđena je statistički značajna razlika u odgovorima vaspitača na nivou $p<0.001$: $\chi^2(2) = 57.887$; $p = 0.000$.

Kod četvrte tvrdnje, *Stručni saradnici i vaspitači organizuju radionice sa roditeljima i decom čiji je cilj suzbijanje problema u ponašanju*, 28 (22.6%) vaspitača je odgovorilo sa *uvek*, 64 (51.6%) sa *ponekad*, a negativan odgovor dalo je njih 32 (25.8%). Postoji statistički značajna razlika u procenama vaspitača na nivou $p<0.001$: $\chi^2(2) = 18.839$; $p = 0.000$.

Na tvrdnju *Roditelji čija deca ispoljavaju internalizovane probleme prihvataju preporuke stručnih saradnika kako da pruže podršku svojoj deci* 41 (33.1%) vaspitača odgovorilo je sa *uvek*, 39 (31.5%) sa *ponekad*, a 44 (35.4%) sa *nikad*. Kod ove tvrdnje nije utvrđena statistički značajna razlika u odgovorima vaspitača: $\chi^2(2) = 0.306$; $p = 0.858$.

Kod šeste tvrdnje, *Stručni saradnici posmatraju ponašanje dece tokom aktivnosti i tom prilikom pružaju savete vaspitačima na koji način da suzbiju probleme u ponašanju*, 28 (22.6%) vaspitača se izjasnilo sa *uvek*, njih 32 (26.6%) sa *ponekad* i 63 (50.8%) sa *nikad*. Utvrđena je statistički značajna razlika u odgovorima vaspitača na nivou $p<0.001$: $\chi^2(2) = 17.339$; $p = 0.001$.

Na tvrdnju *Roditelji čija deca ispoljavaju eksternalizovane probleme prihvataju preporuke stručnih saradnika kako da pruže podršku svojoj deci* 23 (18.6%%) vaspitača odgovorilo je sa *uvek*, 31 (25.8%) sa *ponekad*, a negativan odgovor dalo je 69 (55.6%). Postoji statistički značajna razlika u odgovorima vaspitača na nivou $p<0.001$: $\chi^2(2) = 28.758$; $p = 0.000$.

Analizom dobijenih rezultata subtesta *Preduzimanje akcija za suzbijanje problema u ponašanju dece predškolskog uzrasta* dolazi se do zaključka da prema mišljenju vaspitača većina roditelja ne prihvata u potpunosti podršku stručnih saradnika u cilju suzbijanja problema u ponašanju njihove dece. Prema podacima koji su prikazani u Tabeli 4, može se uočiti da je osim kod tvrdnje pet, kod svih ostalih tvrdnji utvrđena statistički značajna razlika u procenama vaspitača na nivou $p<0.001$ o podršci koju oni i roditelji dece predškolskog uzrasta imaju od stručne službe dečjeg vrtića u suzbijanju problema u ponašanju dece predškolskog uzrasta u dečjem vrtiću.

Diskusija

Rezultati istraživanja pokazali su da su vaspitači uglavnom saglasni u procenama da redovno prate ponašanja dece u dečjem vrtiću i da su u stanju da na vreme primete kada neko od dece počne da ispoljava probleme u ponašanju. Svi vaspitači su tokom inicijalnog obrazovanja stekli optimum znanja iz korektivnog pedagoškog rada i metodike rada sa decom kojima je potrebna dodatna podrška u vaspitanju i obrazovanju, posebno kada je u pitanju prepoznavanje simptoma koji ukazuju na problematično ponašanje dece predškolskog uzrasta. Tokom obavljanja vaspitačke profesije pohađali su programe obuke za osnaživanje kompetencija za rad sa decom sa problemima u ponašanju. Svemu tome doprinosi i njihovo pedagoško iskustvo u radu sa decom predškolskog uzrasta, tokom kojeg su se susretali i sa decom koja ispoljavaju probleme u ponašanju u vaspitnoj grupi. Zato su i usaglašene procene vaspitača razumljive iz svih navedenih razloga. Razlike u procenama vaspitača prema navedenim tvrdnjama ukazuju na razlike u kompetencijama za sprovođenje inkluzivnog vaspitno-obrazovnog programa. Na ovakav zaključak ukazuje i činjenica da vaspitači često pravdaju otpor koji imaju prema promenama u dečjem vrtiću svojom profesionalnošću, odnosno da se nisu obrazovali za rad sa decom sa problemima u ponašanju, nego za rad sa decom masovne populacije (Jeremić i Milenović, 2021; Milenović, 2013).

Na osnovu kritičkih analiza iznetih u teorijskom delu rada, kao i rezultata ovog istraživanja, uočljivo je da je postignut napredak u identifikaciji problema dece predškolskog uzrasta u ponašanju i tretmanu ove dece. U današnjim uslovima uloga vaspitača i njihova funkcija je izmenjena, pa se oni sada pojavljuju u ulozi inicijatora, motivatora, fascilatora, voditelja, dijagnostičara, terapeuta i dr. (Suhendri & Kawai, 2021). Vaspitač u današnjem dečjem vrtiću stalno preispituje svoju praksu, pa se zato i raspravlja o vaspitaču kao *refleksivnom praktičaru* (Kim, 2022), što doprinosi osnaživanju njihovih kompetencija za efektniji tretman dece sa problemima u ponašanju. To, takođe, doprinosi i osnaživanju kompetencija vaspitača za zajedničko delovanje i partnerstvo sa roditeljima, kao značajnim faktorom efektnijeg rada sa decom sa problemima u ponašanju u dečjem vrtiću, ali i u realizaciji iniciranih projektnih aktivnosti i ostalih aktivnosti u dečjem vrtiću u uslovima projektnog učenja, u koje je na odgovarajući način potrebno uključiti i decu sa problemima u ponašanju (Milenović, 2021; 2022).

Istraživanja pokazuju da kvalitetna saradnja porodice i vaspitača, zasnovana na iskrenom informisanju, doprinosi suzbijanju neprihvatljivog ponašanja dece u dečjem vrtiću (Kojić i sar., 2018; Vasiljević Prodanović i sar., 2021). Saradnja vaspitača i roditelja dece izvedena je iz jedne šire saradnje porodice i predškolske ustanove, i temelji se na individualnim i kolektivnim oblicima saradnje. Treći oblik saradnje između vaspitača i roditelja, koji u praksi uglavnom nije zastupljen, odnosi se na njihovo međusobno partnerstvo

(Milenović i Jeftović, 2012). Ovaj oblik saradnje u svetu ima višedecenijsku uspešnu dimenziju. Na to ukazuju i rezultati sprovedenih istraživanja koji su pokazali da partnerstvo između vaspitača i roditelja doprinosi međusobno usaglašenom vaspitnom delovanju u dečjem vrtiću i u porodici (Ragnarsdóttir, 2021), efektivnijem socioemocionalnom razvoju, ali i pedagoškoj obuci roditelja u cilju osnaživanja njihovih kompetencija za vaspitno delovanje (Milenović i Jeftović, 2013).

Efektivnijoj saradnji vaspitača i roditelja dece predškolskog uzrasta sa problemima u ponašanju doprinose i zajednička usavršavanja vaspitača i roditelja. To mogu biti ciljani programi, zajedničke obuke, ili situacione obuke temeljene na konkretnim potrebama u skladu sa pojedinačnim slučajevima u različitim životno-praktičnim situacijama u predškolskoj ustanovi, porodici ili društvenoj sredini. Na taj način istovremeno se osnažuju kompetencije roditelja za vaspitno delovanje i kompetencije vaspitača za efektnije vođenje vaspitno-obrazovnih aktivnosti u predškolskoj ustanovi i saradnju sa roditeljima. Pomenuti zajednički programi obuke posebno doprinose osnaživanju kompetencija roditelja i vaspitača za razvijanje međusobnog partnerstva, što se posebno čini značajnim u uslovima predškolskog vaspitanja i obrazovanja prema novim *Osnovama programa predškolskog vaspitanja i obrazovanja – Godine uzleta* iz 2018. godine.

U jednom od retkih komentara koje su vaspitači davali uz neku od tvrdnji u sva tri subtesta, kod tvrdnje *Roditelji iniciraju individualne razgovore kako bi mi saopštili da se suočavaju sa problemima u ponašanju svoje dece* drugog subtesta naveli su da je jedan od ključnih problema sa kojim se susreću u radu sa decom predškolskog uzrasta sa problemima u ponašanju neprihvatanje roditelja da njihovo dete bude tretirano kao *dete sa problemima u ponašanju*. Ovakvi i slični stavovi roditelja povezani su sa stereotipima i njihovim strahovima od reakcije sredine, što se ne može prihvatiti kao opravdano. Roditelji se u ovakvim situacijama pojavljuju kao remetilački faktor efektivnog delovanja na decu predškolskog uzrasta sa problemima u ponašanju. Na takav način remeti se pravovremeno delovanje i tretman dece predškolskog uzrasta sa problemima u ponašanju, što vremenom može doprineti pojavi težih poremećaja, oboljenja i devijantnog ponašanja. To pokazuju i rezultati istraživanja Živčić Bečirević i saradnika (2003), pomenuti u teorijskom delu rada.

Analiza rezultata dobijenih na trećem subtestu upućuje na potrebu za planskim akcijama za prevenciju i suzbijanje problema u ponašanju dece predškolskog uzrasta. Rezultati istraživanja pokazuju da problemima u ponašanju dece predškolskog uzrasta treba pristupiti multidimenzionalno, pa u tom smislu pored roditelja i predškolske ustanove treba uključiti i druge stručnjake (Kojić i Markov, 2011). Potrebno je uključiti i porodicu, lokalnu sredinu i širu društvenu zajednicu (Milenović, 2021; 2022; Milenović i Rajčević, 2022). Problemi u ponašanju vremenom mogu da prerastu u poremećaje, a da

do toga ne bi došlo treba reagovati preveniranjem i suzbijanjem nepoželjnih oblika ponašanja što je moguće ranije (Popović-Ćitić i Popović, 2009). Primena programa prevencije koji su usmereni na rizične i protektivne faktore može doprineti pozitivnim efektima i na višestruke bihevioralne probleme koji se mogu javiti na ranim uzrastima dece.

Zaključak

Rano otkrivanje problema u ponašanju kod dece izuzetno je značajno zbog brojnih dokaza o njihovoj prediktivnosti za adolescentni period. Blagovremenim medicinskim i pedagoškim tretmanom problemi u ponašanju dece predškolskog uzrasta mogu vremenom potpuno da se eliminišu, ili da se njihov negativni efekat što više umanji. Ne uradi li se tako, početni simptomi mogu se na kasnijem uzrastu razviti u teže oblike koji prete da prerastu u psihopatološke poremećaje, koji su u adolescentnom periodu mnogo rezilijentniji na programe podrške i tretmane. Rana intervencija na predškolskom uzrastu mnogo je efektivnija jer rizična ponašanja još nisu uzela toliko maha i kao obrazac ponašanja mogu se suzbiti i sprečavati. U periodu predškolskog doba vaspitači i porodica pomažu detetu da razvije kontrolu ponašanja i ispoljavanja negativnih emocija.

Zaključuje se da postoji potreba procene ponašanja dece predškolskog uzrasta radi identifikovanja onih faktora koji ukazuju na rizik od nastanka ozbiljnijih poremećaja i razvoja obrazaca ponašanja koji se u kasnijem periodu teže ispravljaju. Na taj način otvara se mogućnost blagovremene intervencije kroz primenu preventivnih programa usmerenih na dete i porodicu. Značajnu ulogu u tome imaju vaspitači. Oni, međutim, nisu podjednako kompetentni da samostalno i u saradnji sa roditeljima efikasno suzbijaju probleme u ponašanju dece predškolskog uzrasta. S obzirom na to da vaspitači u svemu tome ipak imaju primarnu ulogu, neophodna im je pomoć i podrška stručne službe i rukovodstva dečjeg vrtića, roditelja, lokalne sredine i šire društvene zajednice. Prikazane analize i kritičke rasprave ukazuju na potrebu stalnog osnaživanja kompetencija vaspitača i njihovo plansko, sistematsko, celovito i permanentno profesionalno usavršavanje. Fakulteti, odseci akademija strukovnih studija i visoke stukovne škole na kojima se obrazuju budući vaspitači u obavezi su da prateći probleme u ponašanju dece predškolskog uzrasta kreiraju programske sadržaje na osnovnim akademskim i master akademskim studijama u cilju osnaživanja kompetencija budućih vaspitača za prepoznavanje i pedagoški rad sa decom predškolskog uzrasta sa problemima u ponašanju. Potencijalni autori i realizatori programa obuke i seminara profesionalnog usavršavanja vaspitača trebalo bi da prilagođavaju svoje programske koncepte nalazima domaćih i stranih istraživanja u oblasti identifikacije i pedagoškog tretmana dece predškolskog uzrasta sa problemima u ponašanju i saradnji sa njihovim roditeljima.

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Recognition of behavioral problems in preschool children from the educator's point of view

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Introduction. The research problem is formulated in the form of research questions: can educators recognize problems in the behavior of preschool children, and are they sufficiently competent to undertake planning actions related to the prevention and suppression of externalized and internalized problems in the behavior of preschool children? *Objectives.* The goal of the research was to determine whether educators can recognize problems in the behavior of preschool children and take measures to overcome these problems. *Methodes.* The research was conducted in January 2023 on a sample of 124 educators from the areas of Bačka and Banat. The teacher's assessment of the recognition of problems in the behavior of preschool children was examined with the Scaler - RBDCPA-EP constructed for the purposes of this research (α = .822). It consists of three subtests: 1) recognition of behavioral problems in preschool children; 2) informing parents and professional associates about observed problems in the behavior of preschool-age children; and 3) taking action to narrow down behavioral problems. *Results.* The results of the research show that problems in the behavior of preschool-age children can be predictive factors that show behavioral disorders in adolescence. *Conclusion.* It is concluded that, besides the primary role of educators, it is necessary to undertake a series of planned actions so that preschool institutions provide optimal support for children with behavioral problems and their families.

Key words: behavior, early identification, inclusion in education, developmental disabilities, obstacles in education, internalizing problems, externalized problems

PRIMLJENO: 11.07.2023.
REVIDIRANO: 27.11.2023.
PRIHVAĆENO: 04.01.2024.

SPECIJALNA EDUKACIJA I REHABILITACIJA
2024, Vol. 23, Br. 1, str. 61-79
UDK: 376-053.6-056.36
316.614-053.6-056.36
Originalan naučni rad
DOI: https://doi.org/10.5937/specedreh23-42825

Percepcija roditeljske podrške u karijernom razvoju učenika sa intelektualnom ometenošću

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Uvod: Roditelji predstavljaju primarni izvor savetovanja, informisanja i posredovanja u karijernom razvoju dece. Kod osoba sa intelektualnom ometenošću tokom svih faza karijernog razvoja neophodna je roditeljska podrška, a posebno je važna u periodu profesionalnog osposobljavanja za rad. *Cilj:* Osnovni cilj rada je utvrditi kako učenici sa intelektualnom ometenošću percipiraju podršku roditelja tokom obrazovanja za izabrano zanimanje, sa posebnim osvrtom na neke faktore porodičnog i školskog okruženja. *Metod:* Uzorkom je obuhvaćeno 155 ispitanika sa lakom intelektualnom ometenošću koji se profesionalno osposobljavaju za rad u školama za učenike sa smetnjama u razvoju. U istraživanju je primenjena Skala roditeljske podrške u razvoju karijere (The Career-Related Parental Support Scale) koja procenjuje percepciju adolescenata o podršci roditelja, kroz oblasti instrumentalne pomoći, emocionalne podrške, verbalnog ohrabrivanja i modeliranja u vezi sa karijerom. *Rezultati:* Na uzorku u celini ispitanici percipiraju najveću podršku roditelja u domenu verbalnog ohrabrivanja, a najmanju u modelovanju u vezi sa karijerom. Veću podršku svojih roditelja u karijernom razvoju uočavaju oni koji žive u porodičnom okruženju sa oba roditelja, kao i oni čiji su roditelji obrazovaniji, zatim učenici starijih razreda i oni koji postižu odličan uspeh, dok razlike u odnosu na pol ispitanika nisu pronađene. *Zaključak:* Analizom dobijenih rezultata ukazano je na određene nedostatke u oblasti karijernog vođenja i savetovanja učenika sa intelektualnom ometenošću. Dobijeni nalazi upućuju na potrebu unapređivanja saradnje sa porodicama učenika na tom polju i njihovo osnaživanje u vezi sa načinima na koji mogu doprineti karijernom uspehu dece. Takođe, istaknuta je neophodnost proširivanja saznanja iz oblasti karijernog razvoja za dublje razumevanje ključnih problema u ovoj oblasti.

Ključne reči: roditelji, podrška, karijerni razvoj, učenici sa intelektualnom ometenošću

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Uvod

Porodica pruža jedinstveni set odnosa koji oblikuju socijalni kontekst kroz koji konstruišemo svoje živote, uključujući i posao (Niedbalski, 2020). Deca najpre upoznaju svet rada posmatrajući svoje roditelje koji im služe kao uzori i preko posrednog učenja od njih dobijaju informacije o radu i poslovima. Upravo ta rana, posredna iskustva o poslovima čine ih prvobitnim izvorom uticaja porodice na karijerni razvoj (Liu & McMahon, 2016). „Pošto su u svakodnevnom kontaktu sa svojom decom, roditelji imaju priliku da posmatraju njihov razvoj i mogu da razgovaraju sa njima o napredovanju u obrazovanju i karijeri, dok su istovremeno i polazna tačka od koje deca traže savete i smernice za karijeru" (Rogers et al., 2018, str. 36). Stoga i ne čudi da skoro sve teorije o karijernom razvoju, bilo tradicionalne ili savremene, prepoznaju doprinos roditelja razvoju karijere njihove dece (Lent et al., 1994; Fouad et al., 2010; Ryan & Deci, 2017; Parola et al., 2022; Watson et al., 2015). Autori ovih teorija saglasni su da roditeljska podrška predstavlja ključni izvor smernica u karijernom razvoju, jer je uglavnom povezana sa podsticanjem znanja, bilo da je u pitanju traženje informacija, učestvovanje u donošenju odluka o karijernim izborima, sticanje radnog iskustva, ili davanje saveta u vezi sa poslom. Dakle, porodica se može shvatiti kao značajan izvor neformalnog učenja (Patton et al., 2014), odnosno primarni izvor savetovanja, informisanja i posredovanja u karijernom razvoju dece (Ginevra et al., 2015; Hlaďo & Ježek, 2018). U kontekstu karijernog razvoja, na osnovama Bandurine teorije samoefikasnosti (Bandura, 1977), konkretno, na osnovu četiri izvora koji utiču na razvoj samoefikasnosti svake osobe (lično iskustvo, modelovanje po uzoru, verbalna persuazija i psihofiziološko stanje) koncipiran je konceptualni okvir roditeljske podrške u vezi sa karijerom (eng. *Career-related parental support*, Turner et al., 2003). On označava percepciju adolescenata o podršci koju im roditelji pružaju tokom svih faza karijernog razvoja u vidu instrumentalne pomoći, emocionalne podrške, verbalnog ohrabrivanja i modeliranja u vezi sa karijerom (Turner et al., 2003).

Aktivna priprema za buduću karijeru odvija se tokom adolescentskog perioda i predstavlja jedan od centralnih razvojnih zadataka (Dietrich & Salmela-Aro, 2013; Rogers et al., 2018) u kojoj roditelji imaju glavnu ulogu (Kim et al., 2010; Nota & Ginevra, 2014; Whiston & Keller, 2008). Kod učenika tipičnog razvoja podrška roditelja smanjuje se tokom vremena, što se može, između ostalog, objasniti formiranjem identiteta i razvojem osećaja nezavisnosti kako osoba postaje zrelija, dok je situacija u porodicama sa decom sa intelektualnom ometenošću (IO) po svojoj prirodi specifična i roditelji nisu u prilici da opserviraju njihovo napredovanje i transformacije koje vode potpunoj samostalnosti (Niedbalski, 2020). Iz tih razloga se očekuje da im pružaju podršku tokom čitavog života u mnogim oblastima, pa tako i u oblasti karijere (Ginevra et al., 2015; McMahon et al., 2020). Učenici sa IO

i njihovi roditelji suočeni su sa mnogo većim ličnim i sredinskim izazovima tokom školovanja. To se posebno uočava prilikom upisa u srednje škole, jer odabir buduće karijere za osobe sa IO zavisi od velikog broja faktora, počev od individualnih karakteristika, sposobnosti i sklonosti samih učenika, preko okruženja u kome rastu i razvijaju se, kao i od obrazovnog sistema i dostupnosti različitih sistema podrške u zajednici (Milanović-Dobrota i Radić-Šestić, 2017). Ipak, uticaj roditelja na razvoj karijere dece sa IO je neosporan, jer su za razliku od ostalih kontekstualnih varijabli oni jedina konstanta u svim karijernim procesima, od rođenja deteta do odraslog doba.

Doskora je u literaturi dominirao diskurs u kojem se pojam karijere razmatrao u elitističkoj konotaciji, usled čega je u različitim teorijama razvoja malo pažnje posvećeno razvojnim smetnjama ili se nisu ni opisivale u teorijama karijernog razvoja (Athanasou, 2015). Suprotno teorijama, ranije istraživačke studije naglašavale su važnost uključivanja roditelja dece sa ometenošću kao osnovnog mehanizma u pripremi njihove karijere i donošenju odluka u karijeri (Ankeny et al., 2009; Berkell, 1987; Morningstar et al., 1996; Timmons et al., 2011). Vremenom su istraživači sve više naglašavali ulogu članova porodice u pomaganju osobama sa IO u facilitaciji formiranja aspiracija, pružanju saveta vezanih za karijeru i obezbeđivanju praktične i moralne podrške (Timmons et al., 2011). Zaključeno je da je podrška porodice značajna tokom svih karijernih tranzicija, posebno tokom srednjoškolskog perioda kada se pripremaju za prelazak iz školske u radnu sredinu. Takođe, utvrđeno je i da uspeh u zapošljavanju zavisi upravo od roditeljske podrške (Petner-Arrey et al., 2016; Sigstad & Garrels, 2022), budući da u odnosu na ostale tipove ometenosti, osobe sa IO imaju najlošije tranzicione ishode i najmanju stopu zapošljavanja (Kaya, 2018; Manzanera-Román & Valera, 2019; Mazzotti et al., 2021).

U Srbiji ne postoji precizno formalno rešenje koje se odnosi na pružanje tranzicionih usluga učenicima sa smetnjama u razvoju koje bi im olakšale prelazak iz osnovne u srednju školu, već u Pravilniku o bližim uputstvima o utvrđivanju prava na individualni obrazovni plan, njegovu primenu i vrednovanje (*Službeni glasnik Republike Srbije*, br. 74/18, 2018) izrada plana tranzicije *može* biti sadržana u okviru individualnog obrazovnog plana. Međutim, sem šturog obrasca u kome bi se unele tranzicione aktivnosti, ne postoje dodatna uputstva i smernice za realizaciju. Takođe, aktuelni Zakon o srednjem obrazovanju i vaspitanju (*Službeni glasnik Republike Srbije*, br. 129/21, 2021) ne ide u prilog ovim učenicima, jer se u njemu tranziciono planiranje uopšte ne pominje, iako su izazovi nakon srednje škole mnogo kompleksniji, posebno u oblasti zapošljavanja. Najveći problem u vezi sa zapošljavanjem prividno je rešen unošenjem člana zakona koji se odnosi na mogućnost karijernog vođenja i savetovanja (Član 15), ali bez bližih smernica za razvijanje ovih usluga. Posebni članovi i uputstva namenjeni srednjoškolcima sa smetnjama u razvoju, a u vezi sa karijernim razvojem,

ne postoje. Usled toga ne čudi što se ovi mladi ljudi, a posebno oni sa IO, dominantno obrazuju u školama za učenike sa smetnjama u razvoju. Naime, u tim školama odeljenja su sa malim brojem učenika (šest do 12), odgovarajućim stručnim kadrom i organizacijom nastave čiji je fokus na stručnoj obuci, koja obuhvata savladavanje programskih sadržaja stručnih predmeta sa velikim brojem časova praktične nastave (Milanović-Dobrota i Radić-Šestić, 2017). Iako stiču adekvatne radne veštine i iskustvo u izabranom zanimanju, još uvek predstavljaju populaciju sa najmanjom stopom zaposlenosti u odnosu na ostale tipove ometenosti (Radić-Šestić i Milanović-Dobrota, 2016). Imajući u vidu nedostatak koordinirane saradnje sistema obrazovanja i tržišta rada, kao i organizovano, formalno tranziciono planiranje tokom srednjoškolskog perioda, porodica predstavlja sigurni, a ponekad i jedini resurs na koji se ovi učenici oslanjaju kako bi lakše prešli iz školske u radnu sredinu.

Nažalost, u literaturi je primetno da su istraživanja uglavnom fokusirana na generalnu podršku akademskom razvoju učenika, i to uglavnom od nastavnika (Chong et al., 2018; Datu & Yang, 2019; Kingsbury et al., 2020; Samuel & Burger, 2020, sve prema Wong et al., 2022). Doprinos roditelja u karijernom razvoju relativno je nedovoljno proučen kod učenika tipičnog razvoja (Gagnon et al., 2019), dok su radovi o podršci roditelja dece sa IO sporadična. S obzirom na nedostatak informacija o podršci roditelja dece sa IO tokom karijernog razvoja, osnovni cilj rada je da utvrdimo kako učenici sa IO percipiraju roditeljsku podršku tokom obrazovanja za izabrano zanimanje, sa posebnim osvrtom na neke faktore porodičnog i školskog okruženja.

Metode

Uzorak

Uzorak studije uključuje 155 ispitanika sa lakom intelektualnom ometenošću (LIO), 81 (52.3%) muškog i 74 (47.7%) ženskog pola, starosti od 15 do 20 godina (*AS* = 17.31; *SD* = 1.49). Ispitanici pohađaju prvi, drugi i treći razred u srednjim školama za učenike sa smetnjama u razvoju, u Beogradu (N=35), Novom Sadu (N=51), Vršcu (N=26), Pirotu (N=23) i Mladenovcu (N=17). Učenici se profesionalno osposobljavaju za rad za zanimanja u području rada lične usluge (frizer), poljoprivrede, proizvodnje i prerade hrane (pekar, kuvar i cvećar), mašinstva i obrade metala (bravar, limar, elektrozavarivač), tekstilstva i kožarstva (krojač) i hemije, nemetala i grafičarstva (autolakirer). Ispitanici imaju različit opšti uspeh (χ^2 = 81.98, *df* = 3, $p \leq .001$) i ocene na praktičnoj nastavi (χ^2 = 48.86, *df* = 2, $p \leq .001$), koje su preuzete iz školske dokumentacije na kraju prvog polugodišta (detaljnije u Tabeli 1). Učenici muškog i ženskog pola su relativno ravnomerno zastupljeni u svim razredima (χ^2 = 2.22, *df* = 2, *p* = .330) i srednjim školama (χ^2 = 5.87, *df* = 4, *p* = .209). Međusobno se ne razlikuju prema opštem uspehu (χ^2 = 0.89, *df* = 3, *p* = .827), kao ni u oceni na praktičnoj nastavi ($\chi 2$ = 0.96, *df* = 2, *p* = .618).

Tabela 1

Struktura uzorka

Varijable		*N*	*%*
Pol	Muški	81	52.3
	Ženski	74	47.7
Razred	Prvi	69	44.5
	Drugi	51	32.9
	Treći	35	22.6
Opšti uspeh	Dovoljan	2	1.3
	Dobar	23	14.8
	Vr. dobar	75	48.4
	Odličan	55	35.5
Uspeh na praktičnoj nastavi	Dobar	17	11
	Vr. dobar	50	32.3
	Odličan	88	56.8
Porodično okruženje	Potpuna porodica	110	71
	Jednoroditeljska	22	14.2
	Hranitelji	23	14.8
Obrazovanje majke	Bez škole	26	16.8
	Osnovna škola	40	25.8
	Srednja škola	76	49.0
	Viša škola / fakultet	13	8.4
Obrazovanje oca	Bez škole	10	6.5
	Osnovna škola	41	26.5
	Srednja škola	92	59.4
	Viša škola / fakultet	12	7.7

Kriterijum za odabir ispitanika sa LIO je dijagnoza LIO (IQ 50–69) koja je postavljena na osnovu formalne procene intelektualnog funkcionisanja pre upisa u osnovnu školu i ponovo je vršena pre upisa u srednju školu. Sem toga, dodatni kriterijum za uključivanje u istraživanje je odsustvo bilo kakvog komorbidnog stanja koje bi značajno uticalo na rezultate i nemogućnost razumevanja i odgovaranja na pitanja na skali Likertovog tipa. Prvobitni uzorak je činio veći broj ispitanika, ali su isključeni oni učenici kod kojih jedan roditelj nije prisutan u životu učenika iz određenog razloga (smrt, služenje zatvorske kazne, nepostojanje kontakta iz različitog razloga). Ispitanici su podeljeni i u odnosu na obrazovnu struktura roditelja, koja je različita, kako za majke ($\chi^2 = 57.15$, $df = 3$, $p \leq .001$), tako i za očeve ($\chi^2 = 113.10$, $df = 3$, $p \leq .001$), pri čemu je najveći broj roditelja sa završenim srednjim obrazovanjem. Proverom ujednačenosti uzorka, utvrđeno je da se dečaci i devojčice statistički značajno ne razlikuju prema porodičnom statusu ($\chi^2 = 1.10$, $df = 2$, $p = .577$) i obrazovanju majke ($\chi^2 = 6.23$, $df = 3$, $p = .101$), dok se obrazovni status očeva statistički značajno razlikuje između dečaka i devojčica ($\chi^2 = 9.22$, df = 3, p = .027), utoliko što među očevima dečaka ima znatno više onih koji imaju više/visoko obrazovanje.

Instrument

U istraživanju je primenjena Skala roditeljske podrške u razvoju karijere (*The Career-Related Parental Support Scale*, Turner et al., 2003) koja kroz 27 ajtema procenjuje percepciju adolescenata o podršci roditelja tokom njihovog obrazovanja i profesionalnog razvoja. Skala sadrži četiri glavna područja roditeljske podrške. To su: 1) Instrumentalna podrška [IP], koja se tumači kao „opipljiva" podrška roditelja (primer ajtema: Roditelji me uče stvarima koje ću jednog dana moći da koristim na svom poslu), 2) Modelovanje u vezi sa karijerom ili Karijerno modelovanje [KM], koje referiše na pružanje roditeljskog iskustva u vezi sa karijerom, tj. njihove primere relevantnih ponašanja i stavova u vezi sa poslom koji obavljaju (primer: Roditelji mi pričaju o stvarima koje im se dešavaju na poslu), 3) Verbalno ohrabrivanje [VO], koje predstavlja roditeljsko usmeno podsticanje dece, uz korišćenje različitih pozitivnih komentara i pohvala u vezi sa obrazovanjem i karijernim razvojem (primer: Roditelji mi govore da su ponosni na mene kada mi dobro ide u školi) i 4) Emocionalna podrška [EP], koja se odnosi na pomoć roditelja koju pružaju svojoj deci kada se suočavaju sa različitim preprekama i iskušenjima tokom karijernog razvoja (primer: Kada sam zabrinut za svoju buduću karijeru, roditelji razgovaraju sa mnom o tome). Subskala VO sadrži šest ajtema, a ostale po sedam. Odgovori su rangirani na petostepenoj skali Likertovog tipa (od 1 – uopšte se ne slažem, do 5 – u potpunosti se slažem), tako da niže vrednosti označavaju osećaj manje roditeljske podrške, a više vrednosti ukazuju na veću percipiranu podršku roditelja u vezi sa karijerom. Nakon sprovedenog istraživanja interna konzistentnost (*Cronbach's α*) za skalu u celini je .80, za IP iznosi .70, za KM .86., za VO .78 i za EP .78. Svaka od subskala ima visoku vrednost korelacije sa ukupnim rezultatom dobijenim na primenjenoj skali: IP ($r = .76$, $p < .001$), KM ($r = .79$, $p < .001$), VO ($r =. 75$, $p < .001$) i EP ($r = .81$, $p < .001$).

Procedura istraživanja

Istraživanje je realizovano u periodu od decembra 2019. do marta 2020. godine, nakon odobrenja Etičke komisije Fakulteta za specijalnu edukaciju i rehabilitaciju (br. 213/2). Prema prvobitnom planu ono je trebalo da traje do juna 2020. godine, ali je zbog pandemije kovida 19 prekinuto. Najpre su kontaktirani direktori škola kojima je predočena svrha istraživanja, a nakon dobijanja saglasnosti, oni su zamolili svoje stručne saradnike iz psihološko-pedagoške službe da naprave spisak učenika sa LIO i upoznaju roditelje sa planom istraživanja. Istraživanje je sprovedeno sa učenicima od čijih je roditelja ili staratelja dobijena saglasnost, a koji su dobrovoljno pristali da učestvuju u istraživanju. Instrument je pratilo propratno pismo koje garantuje da će učesnici ostati anonimni, a podaci korišćeni isključivo u naučne svrhe. U dogovorenim terminima i poznatim prostorijama škole obavljeno je individualno prikupljanje podataka od autora rada i grupe studenata master akademskih studija studijskog programa Specijalna edukacija i rehabilitacija osoba sa teškoćama u mentalnom razvoju. Pošto je Skala relativno jednostavna za razumevanje, istraživači su samo po potrebi pojedinih ispitanika davali dodatna objašnjenja. Vreme ispitivanja kretalo se od 12 do 20 minuta po ispitaniku.

Obrada podataka

Analiza i obrada podataka vršena je u verziji 21.0 programa SPSS (Statistical Package for the Social Sciences Inc, Čikago, Ilinois, SAD). Korišćenjem deskriptivnih statističkih mera (minimalna i maksimalna vrednost, aritmetička sredina, standardna devijacija) izvršen je opis varijabli, a za utvrđivanje prisustva statistički značajnih razlika u opisu uzorka primenjen je hi-kvadrat test. Merenje pouzdanosti skale i subskala izvršeno je primenom Kronbahove alfe *(Cronbach's α)*. Za utvrđivanje povezanosti korišćen je Pirsonov koeficijent korelacije, dok je za testiranje razlika između grupa primenjen t-test i jednofaktorska analiza varijanse uz upotrebu Šefeovog testa (*Scheffé post hoc test*).

Rezultati istraživanja

Teorijski raspon zbirnih rezultata na Skali roditeljske podrške u razvoju karijere je od 27 do 135 poena, dok se u našem istraživanju dobijeni skorovi na celom uzorku kreću od 37 do 132 (*AS* = 102.07, *SD* = 20.23). Posmatrajući uzorak u celini, rezultati prosečnih vrednosti unutar subskala iznose 3.84 ± 0.77 za IP, 3.12 ± 1.36 za KM, 4.51 ± 0.60 za VO i 3.78 ± 0.99 za subskalu EP.

Najpre je izvršena analiza u odnosu na pol ispitanika i dobijeni rezultati ne prikazuju postojanje statistički značajne razlike, kako na skali u celini ($t(153) = 1.65$; p = .100), tako ni na subskalama ([IP] ($t = 0.28$; $p = .780$); [KM] ($t = 1.63$; $p = .105$); [VO] ($t = 1.10$; $p = .272$); [EP] ($t = 1.09$; $p = .276$)).

Tabela 2

Razlike ispitanika u odnosu na tip porodičnog okruženja

		M	*SD*	*F* (2,152)	*p*
Instrumentalna podrška	potpuna porodica[a]	3.98	0.66	8.21	.000
	jednoroditeljska[b]	3.68	0.82		
	hraniteljska[c]	3.32	0.99		
Karijerno modelovanje	potpuna porodica[a]	3.41	1.20	16.03	.000
	jednoroditeljska[b]	3.02	1.62		
	hraniteljska[c]	1.80	1.02		
Verbalno ohrabrivanje	potpuna porodica[a]	4.62	0.47	7.06	.001
	jednoroditeljska[b]	4.33	0.72		
	hraniteljska[c]	4.16	0.87		
Emocionalna podrška	potpuna porodica[a]	3.93	0.91	6.11	.003
	jednoroditeljska[b]	3.64	1.04		
	hraniteljska[c]	3.18	1.08		

Napomena: Posthock (Scheffé test) – statistički značajne razlike na nivou p ≤ .05: IP ($p_{a\text{-}c}$ = .001); KM ($p_{a\text{-}c}$ = .000; $p_{b\text{-}c}$ = .005); VO ($p_{a\text{-}c}$ = .003); EP ($p_{a\text{-}c}$ = .004)

Dobijeni rezultati su potom analizirani u odnosu na porodično okruženje ispitanika. Na sumarnim rezultatima primenjenog instrumenta aritmetička sredina za učenike koji žive sa oba roditelja iznosi 106.37 ± 17.76, za ispitanike koji žive sa jednim roditeljem 99.73 ± 17.97, dok je najmanja za one koji žive u hraniteljskim porodicama 83.70 ± 23.26 ($F(2,152) = 14.21$, $p = .000$). U Tabeli 2 prikazane su razlike u svim subskalama na kojima se uočavaju značajne statističke razlike unutar grupa. Naknadnom primenom Šefeovog testa utvrđeno je postojanje značajne razlike u svim subskalama između ispitanika koji žive sa oba roditelja i hraniteljskim porodicama.

Nadalje su analizirane razlike u odnosu na obrazovni nivo oba roditelja. U zbirnom rezultatu evidentirane su razlike unutar obrazovnog nivoa majki ($F(3.151) = 3.75$, $p = .012$) i očeva ispitanika ($F(3.\ 151) = 4.05$; $p = .008$), tako da vrednosti percipirane podrške prikazuju rast sa višim stepenom završenog obrazovanja roditelja. Međutim, detaljnija analiza na nivou subskala nije utvrdila značajne statističke razlike za subskalu IP, ni u odnosu na obrazovni nivo majki ($F(3.\ 151) = 0.97$, $p = .409$), ni očeva ($F(3.\ 151) = 1.43$, $p = .236$). Razlike ne postoje ni za subskalu VO (majke: $F(3.\ 151) = 1.20$, $p = .310$; očevi: $F(3.\ 151) = 0.93$, $p = .430$). Prikaz značajnih razlika za ostale dve subskale u odnosu na obrazovni nivo roditelja dat je u Tabeli 3.

Tabela 3

Razlike za KM i EP u odnosu na obrazovni nivo roditelja

		Obrazovanje majke		Obrazovanje oca	
		AS	SD	AS	SD
Karijerno modelovanje	Bez škole[a]	2.53	1.33	2.38	0.99
	Osn. škola[b]	2.69	1.31	2.63	1.38
	Sr. škola[c]	3.37	1.33	3.33	1.34
	Viša/fakultet[d]	4.11	0.76	3.74	1.04
		$F(3.\ 151) = 6.78$, $p = .000$		$F(3.\ 151) = 4.58$, $p = .004$	
Emocionalna podrška	Bez škole[a]	3.85	0.91	3.66	0.81
	Osn. škola[b]	3.45	0.88	3.53	0.91
	Sr. škola[c]	3.82	1.06	3.82	1.00
	Viša/fakultet[d]	4.41	0.56798	4.43	1.01
		$F(3.\ 151) = 3.48$; $p = .018$		$F(3.\ 151) = 2.79$, $p = .042$	

Napomena: Posthock (Scheffé test) – statistički značajne razlike na nivou $p \leq .05$:Obrazovanje majke: KM ($p_{a\text{-}c} = .046$), ($p_{a\text{-}d} = .006$), ($p_{b\text{-}d} = .010$), EP ($p_{b\text{-}d} = .024$); Obrazovanje oca: KM ($p_{b\text{-}c} = .050$), EP ($p_{b\text{-}d} = .051$).

Posmatrajući zbirne rezultate u odnosu na razred koji učenici pohađaju utvrđena je značajna statistička razlika ($F(2.152) = 3.40$, $p = .036$). Najmanja percipirana podrška je kod učenika koji pohađaju prvi razred ($AS = 97.45 \pm 21.01$), zatim raste u drugom razredu ($AS = 105.16 \pm 15.31$) i najveća srednja

vrednost evidentirana je kod ispitanika završnog, trećeg razreda (*AS* = 106.66 ± 23.36). Međutim, unutar procenjenih subskala statistički značajna razlika primetna je jedino u oblasti KM ($F(2.\ 152) = 6.75$; $p = .002$), a dodatna analiza (*Scheffé test*) potvrdila je statistički značajnu razliku između ispitanika prvog i trećeg razreda ($p = .003$).

Uzimajući u obzir da se na časovima praktične nastave učenici sa IO najintenzivnije pripremaju za obavljanje posla na budućem radnom mestu, te da u tom kontekstu ocena, kao tradicionalno sredstvo valorizacije, reflektuje radnu uspešnost, ispitana je povezanost ocene sa percipiranom roditeljskom podrškom. Na ukupnom rezultatu skale dobijena je značajna statistička razlika ($F(2.152) = 4.05$; $p = .019$) u korist ispitanika sa većom ocenom, a razlike na subskalama prikazane su u Tabeli 4.

Tabela 4

Razlike u odnosu na uspeh na praktičnoj nastavi

		M	*SD*	*F* (2,152)	*p*
Instrumentalna podrška	Dobar [a]	3.76	0.67	4.44	.005
	Vrlo dobar [b]	3.77	0.85		
	Odličan [c]	3.92	0.70		
Karijerno modelovanje	Dobar [a]	2.65	1.25	1.48	.221
	Vrlo dobar [b]	3.14	1.37		
	Odličan [c]	3.21	1.36		
Verbalno ohrabrivanje	Dobar [a]	4.14	0.63	10.49	.000
	Vrlo dobar [b]	4.47	0.58		
	Odličan [c]	4.62	0.52		
Emocionalna podrška	Dobar [a]	3.53	0.92	3.04	.031
	Vrlo dobar [b]	3.71	1.08		
	Odličan [c]	3.89	0.90		

Napomena: Posthock (Scheffé test) – statistički značajne razlike na nivou p ≤ .05: VO ($p_{a\text{-}b}$ = .023), ($p_{a\text{-}c}$ = .001)

Takođe, analizirani su i rezultati u odnosu na opšti uspeh ispitanika, koji su saglasni sa dobijenim nalazima u odnosu na uspeh na praktičnoj nastavi ([IP] ($F(3.151) = 5.18$, $p = .002$); [KM] ($F(3.151) = .85$, $p = .467$); [VO] ($F(3.151) = 6.77$, $p = .000$) i [EP] ($F(3.151) = 6.26$, $p = .000$), odnosno jedino u oblasti KM nisu utvrđene značajne statističke razlike.

Upoređujući rezultate ispitanika u odnosu na grad u kome se profesionalno osposobljavaju za rad, utvrđeno je postojanje značajne statističke razlike na primenjenom instrumentu ($F(4.150) = 22.47$, $p = .000$). Najveće srednje vrednosti percipirane roditeljske podrške u vezi sa karijerom su kod učenika iz Novog Sada (*AS* = 117.65 ± 8.78), zatim kod učenika iz Beograda (*AS* = 103.51 ± 11.93) i Mladenovca (*AS* = 95.59 ± 24.11), Vršca (*AS* = 88.66 ± 20.75) i najmanje kod ispitanika iz Pirota (*AS* = 87 ± 20.59).

Diskusija

Primenom Skale roditeljske podrške u razvoju karijere kod učenika sa LIO utvrđeno je da najveću podršku roditelja percipiraju u oblasti verbalnog ohrabrivanja, a najmanju u oblasti modelovanja u vezi sa karijerom. Ovakvi nalazi su donekle razumljivi jer je podsticanje ove dece uz korišćenje različitih pozitivnih komentara i pohvala utemeljeno u svaki oblik intervencije, ali i uobičajena strategija koja se primenjuje u svakodnevnom životu osoba sa IO. S druge strane, pružanje primera iskustva iz roditeljskih karijera ne može se u potpunosti primeniti kod učenika sa IO. Naime, karijerne mogućnosti učenika sa IO su znatno ograničene, ne samo njihovim sposobnostima i obrazovnim mogućnostima, već i limitiranim opcijama zapošljavanja, budući da se profesionalno osposobljavaju za uži spektar zanimanja trećeg stepena. Otuda uspeh na njihovom karijernom putu najviše zavisi od podrške porodice, odnosno od karakteristika porodičnog okruženja, poput strukture porodice, različitog obrazovnog nivoa roditelja, njihove angažovanosti, različitih očekivanja u ishodima zapošljavanja itd. (Blustein et al., 2016; Dell'Armo & Tassé, 2019; Mazzotti et al., 2016; Papay & Bambara, 2014; Sanderson & Bumble, 2022; Southward & Kyzar 2017).

Naše istraživanje potvrđuje značaj tipa porodičnog okruženja za percipiranu karijernu podršku. Ispitanici koji žive u potpunim porodicama, tj. sa oba roditelja, percipiraju viši nivo podrške, i to ponajviše u oblasti verbalnog ohrabrivanja, što je saglasno i sa istraživanjima iz drugih sredina (Kelley & Prohn, 2019; Viola & Daniel, 2017), kao i sa nalazima dobijenim ispitivanjem gluvih i nagluvih učenika (Michael et al., 2013). S druge strane, najmanje vrednosti detektovane su u oblasti karijernog modelovanja, i to kod onih ispitanika koji žive u hraniteljskim porodicama. Rezultati ukazuju na to da ovi učenici smatraju da im odrasle osobe svojim primerom ne jačaju želju da se bave određenim zanimanjem. Potencijalna objašnjenja ovog nalaza mogla bi se razmatrati sa nekoliko aspekata. Između ostalog, to može biti uzrokovano nedostatkom interesovanja staratelja, zatim malom značaju koji se pripisuje obrazovanju mladih sa IO ili čak potencijalnim nedostatkom roditeljskih kompetencija, što bi moglo da bude predmet narednih istraživanja. Iz drugog ugla, dobijeni nalaz nije neočekivan za našu sredinu jer je u jednom ranijem istraživanju utvrđeno da odrasle osobe sa IO koje žive u hraniteljskim porodicama nisu u dovoljnoj meri podsticane od članova porodice u traženju posla, što autori objašnjavaju mogućom bojaznošću staratelja da ne izgube pravo na određene vrste finansijske i socijalne pomoći ukoliko se osobe sa IO zaposle (Milanović-Dobrota i sar., 2021).

Roditelji sa višim nivoom obrazovanja veruju da je uspeh ukorenjen u sposobnosti da se kontrolišu spoljašnje okolnosti, pa su takvi roditelji obično i više uključeni u obrazovanje svoje dece i više cene ulogu obrazovanja, kroz sopstveno profesionalno ponašanje daju uzore ili modeliraju samoopredeljenje

tokom svakodnevnih kućnih aktivnosti i slično, što zauzvrat podstiče obrazovne i profesionalne aspiracije njihove dece (Cemalcilar et al., 2018; Kay et al., 2017). Zbog toga i ne iznenađuje da je u našem istraživanju nivo obrazovanja roditelja značajan za oblasti karijernog modelovanja i emocionalne podrške. Učenici koji percipiraju veću podršku svojih roditelja u ovim subskalama su oni ispitanici čiji roditelji imaju viši nivo obrazovanja, dok ona opada kako je nivo obrazovanja roditelja niži. Pojedini autori smatraju da nizak obrazovni nivo roditelja negativno utiče na karijerni razvoj ove dece, jer svojim primerom ne podstiču aspiracije dece (Mathatha & Chitondo, 2021), kao i da je povezan sa ekonomskim teškoćama i suočavanjem s većim životnim stresorima (Neckerman et at., 2016). Međutim, kako se navodi u jednoj preglednoj studiji, istraživanja koja su ispitivala uticaj nivoa obrazovanja roditelja na zapošljavanje osoba sa IO su nedosledna, jer pored navođenja da visok nivo obrazovanja može uticati pozitivno, u pojedinim studijama je utvrđeno i da nema značajan efekat (Park & Park, 2019). Obrazovaniji roditelji imaju visoka obrazovna očekivanja, što ih zauzvrat navodi na razgovore sa decom o životnim ciljevima i koracima do njih, te kroz sopstveno ponašanje utiču na dečije veštine, vrednosti i motivaciju, podstičući ih da istraju na karijernom putu (Viola & Daniel, 2019). Ipak, važno je da takvi roditelji pronađu balans u očekivanjima kako ne bi frustrirali decu i negativno uticali na dalji razvoj karijere (Tziner et al., 2012). Podaci iz jednog ranijeg istraživanja govore da je od 52 učenika sa IO, čak 94% izjavilo da je na izbor njihovog zanimanja uticala porodica, tj. roditelji, a da je njihovo mišljenje zanemareno (Margaritoiu et al., 2011). Stoga je važno da škole budu upoznate sa porodičnim odnosima, imaju dobru saradnju i partnerski odnos sa roditeljima, kao i da, sem fokusa na akademski uspeh učenika sa IO, pomognu roditeljima da realno sagledaju karijerne mogućnosti svoje dece i eventualno prilagode svoja očekivanja kako bi im pružili adekvatnu podršku.

S obzirom na to da u našoj zemlji ne postoji formalno sekundarno tranziciono planiranje, roditelji su jedini oslonac u ovom izazovnom periodu. Međutim, čak i u zemljama u kojima se aktivno sprovodi tranziciono planiranje, obimna istraživanja govore upravo o problemima saradnje roditelja i škola (Mazzotti et al., 2021). Mnogi autori navode da su roditelji učenika sa ometenošću često pasivni ili nezadovoljni saradnjom koju imaju sa školom (Francis et al., 2018; Landmark et al., 2013; Martinez et al., 2012), te da moraju biti aktivniji u participaciji (Landmark & Zhang, 2013; Trainor et al., 2016; Zeng et al., 2022). Primećeno je da roditeljska participacija i saradnja sa školom jenjavaju sa starošću učenika (Hirano & Rowe, 2016), što roditelji objašnjavaju nagomilanim stresom, ograničenim sredstvima, nedostatkom kulturnog kapitala, niskom samoefikasnošću i slično, što ih donekle sprečava da budu angažovani i više uključeni (Hirano et al., 2018). U literaturi o sekundarnom tranzicionom planiranju navodi se povoljan socioekonomski status kao jedan

od prediktora uspeha nakon završetka obrazovanja (Mazzotti et al., 2021), ali se, za razliku od ostalih tipova ometenosti, mladi sa IO suočavaju sa najviše ekonomskih teškoća a, nažalost, malo je poznata uloga siromaštva i ekonomskih teškoća u odlukama koje porodice dece sa IO donose, kao i u podršci koja im je potrebna nakon izlaska deteta iz škole (Lombardi et al., 2022). Polazeći od toga da su ovo podaci iz ekonomski jakih i stabilnih država, zbog osetljivosti pitanja u ovom radu nismo se detaljnije bavili socioekonomskim statusom porodice, odnosno porodičnim prihodima. Ipak, interesantno je da se oblast instrumentalne podrške, koja se, između ostalog, odnosi na materijalnu i finansijsku podršku, nije pokazala statistički značajnom u analizi povezanosti sa obrazovanjem roditelja, što diskretno nagoveštava da su porodice ujednačenih ekonomskih kapaciteta i/ili da su ispitanici svesni mogućnosti svojih roditelja. Ovo ostaje otvoreno pitanje za neka naredna istraživanja. Razlika u ovoj subskali postoji u odnosu na opšti uspeh i uspeh na praktičnoj nastavi. U dobijenim rezultatima primetno je da učenici sa višim ocenama na praktičnoj nastavi percipiraju veću instrumentalnu podršku roditelja, kao i više usmenog podsticaja i pružanje emocionalne podrške roditelja. Potencijalno tumačenje ovih nalaza moglo bi da se nalazi u uzajamnom reciprocitetu, odnosno da bolja ocena zadovoljava očekivanja roditelja, što ih zauzvrat motiviše da deci pružaju dodatnu praktičnu i moralnu podršku. Takođe, iz dobijenih rezultata u odnosu na razred koji učenici pohađaju evidentno je da sa približavanjem završetka profesionalnog osposobljavanja za rad, rastu i dobijene srednje vrednosti percipirane podrške roditelja, sa značajnom statističkom razlikom u okviru subskale KM. U inostranoj literaturi, kod učenika tipičnog razvoja pronađeno je da dečaci bolje reaguju na modelovanje vezano za karijeru, a devojčice na emocionalnu podršku (Alliman-Brissett et al., 2004), kao i da roditelji sa ćerkama imaju tendenciju da dublje komuniciraju, što one doživljavaju kao podršku, dok muška deca to doživljavaju kao intruzivno ponašanje roditelja (Dietrich & Kracke, 2009; Turner et al., 2003). Slični rezultati za devojčice sa ometenošću govore da takođe dobijaju veću emocionalnu podršku roditelja u odnosu na dečake, ali da im nedostaju modeli i uzori za dalji razvoj karijere (Hogansen et al., 2008). Međutim, kod naših ispitanika ne postoji značajna statistička razlika percipirane podrške roditelja u odnosu na pol ni u jednoj procenjenoj subskali primenjenog instrumenta.

Interesantno je da se u empirijskim istraživanjima uglavnom porede nalazi iz različitih zemalja, ali na osnovu rezultata koje smo dobili u odnosu na gradove u kojima se ispitanici profesionalno osposobljavaju za rad možemo zaključiti da se oni mogu razlikovati i u jednoj relativno maloj zemlji. Uvidom u dobijene podatke, najmanju podršku percipiraju ispitanici iz Pirota, a najveću učenici iz Novog Sada. Da li su u pitanju realne kulturološke razlike, ili se rezultati mogu tumačiti u okviru većih mogućnosti zapošljavanja u razvijenijim sredinama, predstavljaće predmet budućeg istraživanja.

Zaključak

Uzimajući u obzir da je u našoj zemlji oblast karijernog razvoja zanemarena i da nedostaju relevantne informacije o podršci roditelja adolescentima sa IO, nadamo se da će ovaj rad motivisati istraživače u daljim nastojanjima da se te praznine popune. Na osnovu dobijenih rezultata u sprovedenom istraživanju utvrđeno je da učenici sa LIO najviše percipiraju podršku svojih roditelja u okviru verbalnog ohrabrivanja. Međutim, nalazi se značajno razlikuju u odnosu na procenjene varijable. Ispitanici koji žive u porodičnom okruženju sa oba roditelja, kao i oni čiji su roditelji obrazovaniji, izjasnili su se da uočavaju veliku podršku svojih roditelja. Visok nivo percipirane podrške roditelja u karijernom razvoju utvrđen je i kod učenika starijih razreda i onih koji postižu odličan uspeh, dok razlike u odnosu na pol ispitanika nisu pronađene.

Smatramo da dobijeni rezultati mogu privući pažnju stručnjaka iz prakse da prošire svoj fokus rada i na ostvarivanje karijernih ciljeva, a kroz unapređenje saradnje sa porodicama učenika na tom polju. Budući da je položaj osoba sa IO na tržištu rada nepovoljan i da ne postoji kontinuitet na karijernom putu, evidentna je potreba za pružanjem pomoći i podrške tokom profesionalnog osposobljavanja za rad. Mišljenja smo da je neophodno informisati roditelje o realnim karijernim mogućnostima njihove dece, uz istovremeno osnaživanje u vezi sa načinima na koji mogu doprineti njihovom karijernom uspehu. S druge strane, treba imati u vidu da je istraživanje sprovedeno u školama za učenike sa smetnjama u razvoju, a da bi sledeće studije trebalo da uključe i učenike koji se profesionalno osposobljavaju za rad u redovnim školama. Naime, podaci iz inostrane literature prikazuju da učenici sa IO koji se školuju u redovnom sistemu obrazovanja mogu doživljavati stigmu i diskriminaciju od strane nastavnika (Shifrer, 2016), zbog čega roditelji prijavljuju zabrinutost u vezi sa svojim kapacitetima da ponude podršku detetu (Russell, 2003). Uzimajući u obzir nedavne rezultate istraživanja iz naše zemlje po pitanju stavova prosvetnih radnika prema inkluziji, koji uglavnom izveštavaju o negativnim ili neodlučnim stavovima prema učenicima sa smetnjama u razvoju (Jablan i sar., 2020; Japundža-Milisavljević i sar., 2022; Milošević i Maksimović, 2022), što roditeljima dodatno može predstavljati opterećenje, otvara se nova vrsta strepnje u pogledu njihovog pružanja podrške učenicima sa IO.

Dublja i šira istraživanja iz ove oblasti mogu biti usmerena na nekoliko aspekata. Osim većeg obuhvata ispitanika sa IO, preporučujemo i upoređivanje percepcije roditeljske podrške sa srednjoškolcima koji imaju druge tipove razvojnih smetnji, kao i komparativne prikaze o percipiranoj podršci u vezi sa karijerom iz ugla roditelja i stručnjaka. Naredna istraživanja trebalo bi detaljnije da istraže porodične odnose, stil roditeljstva, porodične obrasce socijalne i radne inkluzije osoba sa IO, uz dodatna razmatranja odnosa povezanosti roditelja sa učenicima, kao i percepcije roditelja o njihovoj ulozi u karijernom razvoju dece sa IO. Takođe, budućim istraživačima predlažemo primenu

drugih metodologija (npr. kvalitativne studije intervjua ili longitudinalne studije koje bi pratile modeliranje trajektorija promena u ovoj oblasti), a u cilju dobijanja detaljnijih informacija o podršci roditelja i jasnijeg profilisanja budućih intervencija u oblasti karijernog vođenja i savetovanja.

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Perception of parental support in the career development of students with intellectual disabilities

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Introduction. Parents are the primary source of advice, information, and mediation in children's career development. For persons with intellectual disabilities, parental support is necessary during all stages of career development, and it is especially important in the period of vocational education. *Objectives.* The main goal of the paper was to determine how students with intellectual disabilities perceived their parents' support during education for a chosen occupation, with special attention to some factors of the family and school environments. *Methodes.* The sample consisted of 155 participants with mild intellectual disability undergoing professional training in schools for students with developmental disabilities. The Career-Related Parental Support Scale was used in the research. It was designed to assess adolescent perceptions of parental support across the domains of instrumental assistance, emotional support, verbal encouragement, and career-related modeling. *Results.* In the sample as a whole, the participants perceived the greatest parental support in the domain of verbal encouragement and the least in career-related modeling. Greater support from their parents in career development was perceived by those who lived in a family environment with both parents, as well as those whose parents were more educated, compared to students of senior classes and those who achieved excellent results, while no differences were found in relation to the gender. *Conclusion.* The analysis of the obtained results indicated certain deficiencies in the field of career guidance and counseling of students with intellectual disabilities. The obtained findings point to the need to improve cooperation with students' families in this field and empower them in relation to the ways in which they can contribute to the career success of children. Also, the necessity of expanding knowledge in the field of career development for a deeper understanding of the key problems in this field was highlighted.

Keywords: parents, support, career development, students with intellectual disabilities

PRIMLJENO: 13.02.2023.
REVIDIRANO: 28.12.2023.
PRIHVAĆENO: 04.01.2024

SPECIJALNA EDUKACIJA I REHABILITACIJA
2024, Vol. 23, Br. 1, str. 81-93
UDK: 376-056.262/.263:81'221.7
Stručni članak
DOI: https://doi.org/10.5937/specedreh23-44434

Taktilni znakovni jezik slepogluvih osoba

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Uvod: Slepogluvoća je dvostruko senzorno oštećenje koje nepovoljno utiče na različite domene funkcionisanja osobe. Zahteva individualizovan pristup u edukaciji i rehabilitaciji i specifične usluge koje osobi olakšavaju učenje, participaciju i integraciju u društvo. Istraživanja ovog fenomena praćena su teškoćama koje su posledica nepostojanja konsenzusa o definiciji slepogluvoće, heterogenosti populacije, nedostatka pouzdanih testova i alata za procenu, kao i korišćenja tradicionalnih postupaka koji se često baziraju samo na utvrđivanju senzornog funkcionisanja, nedovoljno efikasnih i neproverenih metoda rada, barijera u uspostavljanju i održavanju komunikacije sa slepogluvom osobom. *Cilj*: Cilj ovog rada je pregled načina komunikacije slepogluvih, sa posebnim osvrtom na analizu i opis taktilnog znakovnog jezika. *Metode*: Za pretragu i analizu relevantnih studija korišćeni su servis Konzorcijuma biblioteka Srbije za objedinjenu nabavku – KOBSON i Google Scholar Advanced Search. Pretraga je izvršena preko sledećih servisa/agregatora: Ebscohost, ScienceDirect i WileyInterScience. *Rezultati*: Komunikacija sa slepogluvim osobama odvija se na različite načine i u tu svrhu koriste se: govor, znakovni jezik, prstna azbuka/abeceda, ručna azbuka / ručna abeceda, Lormova abeceda, pisanje na dlanu, Tadoma metod, pisani govor, Brajevo pismo, uvećana štampa, taktilni znakovni jezik. U studijama novijeg datuma autori ističu potrebu za jedinstvenim taktilnim znakovnim jezikom, kao prirodnim jezikom kongenitalno slepogluvih osoba.

Ključne reči: slepogluvoća, komunikacija osoba sa dvostrukim senzornim oštećenjem, taktilni znakovni jezik, taktilna komunikacija

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Uvod

Istovremeno prisustvo oštećenja vida i oštećenja sluha, nezavisno od stepena jednog ili drugog, označava se terminom slepogluvoća. Deklaracijom Evropskog parlamenta o pravima slepogluvih osoba (*Declaration of the European Parliament on the rights of deafblind people, 2004*), a na predlog Evropske mreže slepogluvih iz 2004. godine (*European Deafblind Network* – EdbN, 2004), slepogluvoća je verifikovana kao jedinstvena invalidnost i naglašeno je da ove osobe treba da dobijaju podršku posebno edukovanih stručnjaka. Prema ovoj deklaraciji slepogluvoća se odnosi na istovremeno prisustvo oštećenja vida i sluha koje delimično ili potpuno ograničava prijem informacija i svesnost o njihovoj dostupnosti i dovodi do teškoća u području komunikacije i mobilnosti (EDbN, 2014).

Slepogluve osobe su izuzetno heterogena grupa u populaciji osoba sa smetnjama u razvoju. Međusobno se razlikuju prema uzroku, stepenu i vremenu nastanka oštećenja vida i sluha, fizičkom i zdravstvenom stanju, kognitivnom funkcionisanju, načinu i sistemu komunikacije koji koriste (Ferrell et al., 2014).

Definicije slepogluvoće primetno se razlikuju po stepenu preciznosti i konciznosti/opširnosti. Nordijska definicija se u mnogim zemljama smatra jednom od sveobuhvatnijih. Prema njoj, slepogluvoća je posebna i jedinstvena invalidnost koja se odnosi na bilo koji stepen dvostrukog senzornog oštećenja. Potpuno ili delimično ograničava osobu u aktivnostima i učešću, tako da društvo treba da joj obezbedi posebne usluge, prilagođavanje i/ili izmene u okruženju i neophodnu asistivnu tehnologiju (Nordisk Lederforum, 2007, prema Dammeyer, 2010a). U dopunjenoj nordijskoj definiciji navedeno je da slepogluvoća ograničava aktivnost i učešće osobe u različitom stepenu, utiče na društveni život, obavljanje svakodnevnih aktivnosti, socijalnu interakciju i komunikaciju, čitanje i pisanje, orijentaciju, slobodno i bezbedno kretanje i pristup informacijama (Volpato, 2023).

Slepogluvoća ima najnižu incidencu u odnosu na ostale smetnje i oštećenja (Ferrell et al., 2014), a prevalencija posmatrana u odnosu na ukupnu populaciju iznosi 0.1% (Vervloed et al., 2006). Prema nekim podacima na 100.000 stanovnika ima od pet do 18 slepogluvih osoba (Tarczay, 2007), dok se prevalencija kongenitalne slepogluvoće kreće od 1 : 10.000 (Möller, 2008) do 1 : 29.000 novorođenih beba (Dammeyer, 2010b). Noviji podaci koji se tiču učestalosti na globalnom nivou značajno su alarmantniji i upozoravaju da od 0.2 do 2% populacije živi sa nekim oblikom slepogluvoće, pri čemu se očekuje da je stvarni broj mnogo veći, jer ovaj vid invalidnosti nije dovoljno proučen i često se pogrešno dijagnostikuje (Paramasivam et al., 2021). Na osnovu analize 19 radova objavljenih od 2000. do 2020. godine, u kojima su diskutovani podaci o prevalenciji slepogluvoće u 18 zemalja, zaključeno je da postoje različiti rasponi učestalosti, povezani sa starošću i tipom slepogluvoće, kao i da se prevalencija dvostrukog senzornog oštećenja povećava sa godinama (Minhas et al., 2022).

Populacija slepogluvih osoba može da koristi brojne načine, oblike i komunikacione sisteme, kao što su govor, znakovni jezik, prstna azbuka/ abeceda, ručna azbuka / ručna abeceda, Lormova abeceda, pisanje na dlanu, Tadoma metod, pisani govor, Brajevo pismo, uvećana štampa, taktilni znakovni jezik, što je još jedna potvrda njene heterogenosti (Jablan, 2020). Zahvaljujući postojećem bogatstvu sistema komunikacije osobe koje su gluve i slabovide mogu da se oslanjaju na očuvane vizuelne funkcije i funkcionalni vid i da ih prema sopstvenim mogućnostima i potrebama koriste. Slepe i slabovide osobe sa rezidualnim sluhom mogu da se oslanjaju na auditivni sistem i da razviju govor.

Znakovni jezik je vizuelni jezički sistem gluvih osoba koji ima sopstvenu gramatiku i gramatička pravila. U velikom broju zemalja priznaje se kao jezik manjine. Ne postoji univerzalni znakovni jezik, već se u različitim zemljama koriste različite forme: američki znakovni jezik (American Sign Language – ASL), švedski (Swedish Sign Language – STS), francuski (French Sign Language – LSF), norveški (Norwegian Sign Language – NTS), japanski (Japanese Sign Language – JSL) (Gabarró-López & Mesch, 2020), italijanski (Italian Sign Language – LIS) (Checchetto et al., 2018).

Tradicionalni znakovni jezik gluvih je pre svega ikoničan, što znači da mnogi znakovi služe za vizuelnu reprezentaciju određenog pojma i mogu da sadrže karakteristične elemente onoga što označavaju (Forsgren, 2019). Da bi osoba mogla da ga koristi neophodno je da ima funkcionalan vid ili deo funkcionalnog vidnog polja u kome se prezentuju znaci. Kada pored oštećenja sluha postoji i teže oštećenje vida, ograničena je mogućnost korišćenja znakovnog jezika za započinjanje i održavanje komunikacije. U tom slučaju potrebno je da se razvije neki drugi način ili sistem komunikacije.

Kada je osoba potpuno slepa i potpuno gluva, interakcija sa spoljašnjim svetom može da se odvija preko taktilnog znakovnog sistema koji se zasniva na znakovnom vizuelnom jeziku i specifičnom obliku ručnog/prstnog jezika (Gabarro-Lopez & Mesch, 2020). Ručni jezik može biti jednoručan (npr. u Sjedinjenim Američkim Državama, Švedskoj, Francuskoj) ili dvoručan (npr. u Norveškoj, Australiji) (Gabarro-Lopez & Mesch, 2020; Napier et al., 2010). Jednoručnim taktilnim jezikom u Švedskoj služe se osobe koje su vremenom stekle veštine korišćenja taktilne komunikacije. Kod jednoručne taktilne komunikacije osoba koja „govori" prenosi poruku levom rukom (leva ruka proizvodi i prima informacije preko znakova), dok osoba koja „sluša" koristi desnu ruku za primanje informacija i prenos znakova. Tokom komunikativnog čina sagovornici menjaju položaj ruku u zavisnosti od toga da li su u ulozi primaoca ili pružaoca informacija. To znači da mogu da postave svoje ruke na ruke sagovornika kako bi primile informaciju, tj. osetile i prepoznale oblik, lokaciju i kretanje njegovih ruku, a zatim taktilnim putem i oblikovanjem odgovarajućeg niza znakova odgovorile ili prenele novu informaciju i tako nastavile komunikaciju (Mesch, 2013).

Jedan od preduslova za usvajanje ovog načina komunikacije je da slepogluva osoba do određene mere poznaje znakovni vizuelni jezik određenog područja. S obzirom na heterogenost zajednice slepogluvih osoba, prilagođavanje taktilnog znakovnog jezika individualnim potrebama je osnovni preduslov uspešne komunikacije. Naglašena potreba za jedinstvenim taktilnim znakovnim jezikom, sa jasno definisanim i utvrđenim osnovnim pravilima, proističe iz činjenice da je to prirodni jezik kongenitalno slepogluvih osoba. Standardizacija taktilnog znakovnog jezika je važna ne samo za slepogluve osobe već i za stručnjake, jer bi im olakšala određivanje, planiranje i primenu obrazovnih pristupa i strategija u učenju i unapređivanju komunikacije.

Cilj ovog rada je pregled načina kominikacije slepogluvih, sa posebnim osvrtom na analizu i opis taktilnog znakovnog jezika. Izvršena je analiza dostupne literature prikupljene pretraživanjem servisa Konzorcijuma biblioteka Srbije za objedinjenu nabavku – KOBSON i Google Scholar. Pretraga je izvršena preko servisa/agregatora: EBSCO, ScienceDirect i Wiley Online Library. Pri pretrazi su na srpskom, hrvatskom i engleskom jeziku korišćene sledeće ključne reči: slepogluvoća, komunikacija osoba sa dvostrukim senzornim oštećenjem, taktilni znakovni jezik.

Razvoj taktilnog znakovnog jezika slepogluvih osoba

Taktilni znakovni jezik je sistem komunikacije slepogluvih zasnovan na aktivnom dodiru koji se ne ograničava samo na korišćenje ruku već uključuje i druge delove tela i varijacije u načinu prezentovanja informacije, poput brzine i intenziteta dodira. Najkorisniji je za slepogluve osobe koje zbog gubitka vida ne mogu da se oslone na sistem znakovnog vizuelnog jezika (Algorta, 2022). Taktilni znakovni jezik ima potencijal da slepogluvim osobama omogući dostupnost brojnih informacija koje su značajne za građenje jezika i za usvajanje gramatičkih pravila (Checchetto et al., 2018).

U taktilnom znakovnom jeziku svaki znak je predstavljen specifično određenom pozicijom prstiju i šake, a neki bitni markeri vizuelnog znakovnog jezika zamenjuju se novim pokretima ruku i prstiju. Pored toga, komunikacija sa slepogluvom osobom često zahteva upotrebu konvencionalnih znakova i davanje informacija korišćenjem uslovnih znakova koji se prezentuju na telu (leđima, ramenu, kolenu), a ne samo na rukama (McAlpine, 2017; Näslund & Kastrup Pedersen, 2019). Specifičan položaj tela ili ruku koristi se za predstavljanje određenih gramatičkih pravila, preciziranje teme razgovora ili razumevanje emocija sagovornika (Edwards & Brentari, 2021; Naslund & Kastrup Pedersen, 2019). Gradivne blokove taktilnog jezika mogu da čine i brzina pokreta (spori, brzi, trenutno ubrzani/usporeni), karakter dodira (nežan i energičan), stanje mišića ramenog pojasa (napetost i opuštenost) i slično (Dammeyer et al., 2015).

Lindstrom (2019) je u svojoj longitudinalnoj studiji prezentovala nekoliko vrsta pokreta koji su nosioci određenog značenja. Pomeranje ruku napred-nazad označava emocije koje imaju pozitivnu konotaciju i upućuju na veselost. Različit ritam i tempo produkcije taktilnih znakova takođe može da odredi kontekst neke situacije. Sporiji tempo pokreta je karakterističan kada se vodi diskusija o relaksirajućim temama, dok je brži tempo prisutan u trenucima razigranosti. Smatra se da je brzina predstavljanja znakova povezana sa narativnošću, što ima veliki uticaj na dečiji razvoj (Lindstrom, 2019). Različito postavljanje znakova, njihov međusobni odnos, brzina pokreta, napetost mišića i pritisak na određeni deo tela imaju sintaksičku ulogu u taktilnom znakovnom jeziku (Deuce & Rose, 2019).

Za razvoj i ostvarivanje taktilne komunikacije sa slepogluvom osobom potrebno je izvršiti takozvano mapiranje znakova koji su jedinstveni za nju. Ovaj proces je poznat i kao dekodiranje idiosinkratičnih znakova u cilju utvrđivanja njihovog porekla i doslednosti upotrebe. Zatim, važno je diskutovanje i postizanje dogovora o značenju koje određeni znak ima za osobu koja ga koristi i kako isti znak tumače druge osobe. Utvrđivanje značenja znaka dovodi do njegove stabilizacije i preciziranja simboličke uloge (Forsgren, 2019).

U komunikaciji sa slepogluvom osobom putem taktilnog znakovnog jezika koriste se i haptički signali/znaci, to jest pokreti tela koji mogu da ukažu na zainteresovanost za konverzaciju, raspoloženje, nelagodnost. Njihova svrha je da pruže i informacije o socijalnom okruženju, o tome šta se trenutno u njemu dešava, o emocionalnom stanju drugih ili da prenesu kratka uputstva o vršenju neke radnje (Edwards, 2018; Gabarro-Lopez & Mesch, 2020; Iwasaki et al., 2018). Na telu se na pet različitih regija najčešće produkuju haptički signali koji nose određeno značenje: 1. rame i nadlaktica (visina nečega, kvantitet), 2. leđa (mapiranje prostora, opasnost), 3. ruke (facijalna ekspresija, mapiranje okoline), 4. koleno (u sedećem položaju; označava „da" ili „ne"); 5. ris stopala (odgovor „da" ili „ne") (Naslund & Kastrup Pedersen, 2019). Prednost haptičkih signala ogleda se u mogućnosti njihovog korišćenja u situacijama kada nema prostornih ili vremenskih uslova da se koristi dogovoreni taktilni znakovni jezik. Haptičke signale produkuju isključivo osobe bez oštećenja vida, najčešće tumači taktilnog jezika, članovi porodice slepogluve osobe ili prijatelji (Willoughby et al., 2018). Komunikacija uz pomoć haptičkih signala je najrasprostranjenija u skandinavskim zemljama. Dansko udruženje slepogluvih izdalo je rečnik od 139 haptičkih znakova (Hesse & Nielsen, 2018). Ova vrsta znakova i način komunikacije slepogluvim osobama omogućava upoznavanje okruženja i sticanje predstava o različitim situacijama. Osim toga, u granicama zajedničkog telesno-taktilnog prostora u kome se vodi razgovor, kongenitalno slepogluva osoba može da koristi fizičke objekte, tela drugih i sopstveno telo da izrazi ono što želi i o čemu razmišlja u određenom trenutku (Shakele et al., 2022). Kada, na primer, zna gde stoji šolja, može da je doda partneru u komunikaciji i

prenese poruku da je žedna, da uroni ruke druge osobe u vodu i saopšti da želi da se kupa ili pliva. Aktivnost je, dakle, namerna i svesna, odvija se u fizičkom i socijalnom okruženju čije je karakteristike i oblikuju (Forsgren et al., 2018).

U cilju utvrđivanja promena i adaptacija vizuelnog znakovnog jezika, koje su usledile kao potreba zbog gubitka vida u kasnijem životnom dobu i nastanka slepogluvoće, u studiji koju je sproveo Kolins (Collins, 2004) uzorkom su bile obuhvaćene osobe sa Ašerovim sindromom. Autor navodi da su osobe sa Ašerovim sindromom uglavnom bile vešte u korišćenju znakovnog vizuelnog jezika, jer je kod većine oštećenje vida nastupilo kasnije. U istraživanju se fokusirao na šest vrsta priloga (za način, vreme, učestalost, trajanje, mesto, pravac), a u cilju utvrđivanja promena do kojih je došlo zbog prelaska sa vizuelnog znakovnog na taktilni znakovni sistem komunikacije. Zaključio je da su u svim slučajevima korisnici taktilnog znakovnog jezika usvojili specifičan i dosledan sistem kompenzacije za svaki prilog. Na primer, u slučaju priloga za način koristili su specifičan pokret ruke uz izraženu napetost mišića šake i prstiju. Konstatovao je da ta vrsta pokreta i napetost ne postoje u znaku koji izvodi korisnik vizuelnog znakovnog jezika. Opisao je niz jedinstvenih taktilnih adaptacija, kao što su trajanje pokreta (brzi i spori pokreti, produženi dodir), specifičan ili dodatni znak, napetost ili opuštenost šake, širi domet (Collins, 2004). Određene gramatičke forme reči, kao što su upitan i odričan oblik glagola, zatim jednina i množina, takođe se mogu predstaviti posebnim znacima, određenim pokretima i dodirom (Dammeyer et al., 2015). Iako taktilni znakovni jezik ne sadrži komponente tradicionalnih neverbalnih elemenata komunikacije, koji su značajni za pružanje povratnih informacija kao što je, na primer, izraz lica, njegovim korišćenjem moguće je izraziti različitost tona, stavove, kao i širok spektar emocija (Miles, 2003). Slepogluve osobe sagovorniku daju do znanja da su aktivni učesnici komunikacionog procesa pružanjem tzv. taktilnih povratnih informacija, koje podrazumevaju niz specifičnih dodira i znakova. Najčešće su to blagi, kratki dodiri po nadlanici, ručnom zglobu ili kolenu druge osobe (Gaus & Florence, 2014).

Tokom komunikacije putem taktilnog znakovnog jezika sagovornici su u kontaktu i drže se za ruke, čiji položaj ukazuje da li je u pitanju monolog ili dijalog (Mesch, 2001). Koji god komunikativni akt da je u pitanju, uvek se koristi dvoručni sistem taktilnog jezika. Tokom tzv. monološkog pozicioniranja u primanju znakova aktivne su obe ruke i osoba ih postavlja na ruke osobe koja u tom trenutku govori. Za ostvarivanje interaktivne komunikacije poželjnije je takozvano dijaloško pozicioniranje, koje podrazumeva položaj u kome je dominantna ruka osobe koja govori ispod nedominantne ruke osobe koja sluša. Ovakvo pozicioniranje interakciju u komunikaciji čini efikasnijom, budući da obe osobe koriste dominantnu ruku za slanje i nedominantnu ruku za primanje poruka. Takva pozicija dovodi osobe u ravnopravan položaj, jer

podstiče naizmeničnost i recipročan sistem razmene poruka u komunikaciji (Mesch, 2013; Willoughby et al., 2018).

Komunikacioni partneri treba da budu dovoljno blizu i taktilno dostupni jedan drugom. Najčešći konverzacioni položaji su: sedenje/stajanje licem u lice, sedenje/stajanje rame uz rame, ili, ukoliko je u pitanju dete, praktikuje se položaj „gnezda", gde dete sedi u krilu odrasle osobe (Willoughby et al., 2018). Najpoželjnije je da su sagovornici okrenuti jedan prema drugom i da se nalaze u bliskom fizičkom kontaktu (Lindstrom, 2019). Direktan pristup telesnoj reakciji korišćenjem noge, stopala, ruku i prstiju, gde sagovornici svojim telima mogu da prate multimodalne pokrete tela druge osobe, daje više istovremenih i trenutnih inputa za uočavanje odgovora i reakcija (Mesch & Raanes, 2023).

Uzimajući u obzir funkcije koje ruke slepogluve osobe moraju preuzeti i neophodnu fizičku prisnost, od izuzetne je važnosti koristiti pozitivan i prijatan pristup u komunikaciji. Kvalitet dodira može imati veliki uticaj na psihičko stanje osobe (Bruce et al., 2004). U zavisnosti od intenziteta i brzine kojom se izvodi, dodir može da izazove osećaj prijatnosti, ali i nelagodu i da uznemiri dete.

Učenje i taktilno znakovni jezik slepogluve dece

Za mnoge slepogluve osobe pristup spoljašnjem svetu je limitiran na gestualni prostor i polje pokreta gornjih ekstremiteta, tako da komunikacija putem ovog sistema zahteva neposrednu blizinu i kontakt sagovornika (Jablan, 2020). Ruke slepogluvih osoba obavljaju više različitih funkcija, alat su za komunikaciju i izvođenje aktivnosti, kompenzuju nedostatak/oštećenje vida i sluha (Miles, 2003). Budući da slepogluve osobe često zavise od spremnosti drugih osoba da im spoljašnji svet učine razumljivim (Janssen et al., 2003), taktilni znakovni jezik nije samo sredstvo komunikacije nego nego i izvor informacija i oruđe za učenje.

Slepogluva deca u ranom životnom dobu razvijaju slične komunikacijske obrasce kao i deca tipičnog razvoja. Pokazuju interes za socijalno i fizičko okruženje i želju za deljenjem iskustava sa drugim osobama. Rano pružena podrška, usmerena na to da slepogluvo dete primeti i prepozna signale koji podržavaju komunikaciju, stvara osnovu za razvoj taktilnog znakovnog jezika. Ako podrška izostane, realno je očekivati da će dete imati ograničen komunikacijski repertoar i neuobičajen način komuniciranja koji potencijalnim partnerima može biti neprepoznatljiv (Parker & Ivy, 2014; Preisler, 2005). Za uspešnu komunikaciju, osim poruke koja ima sadržaj, formu, funkciju i kontekst, potreban je partner koji je usmeren na sagovornika, potrebna je tema i vreme za razmenu informacija (Amaral & Ferrera, 2011). Ovome u prilog govore i široko prihvaćene teorije o značajnom uticaju detetove interakcije sa okolinom na razvoj komunikacije (Sameroff, 2009).

Formiranje komunikacijskih obrazaca kod slepogluve dece zahteva od okoline da obezbedi dovoljno iskustva za učenje, ali i da bude spremna da odgovori na njihove signale. Roditeljima slepogluve dece savetuje se da prate pokrete ruku svoje dece i da verbalno i/ili neverbalno reflektuju i najčešće putem dodira održavaju fizički kontakt sa njima, da menjaju kvalitet i intenzitet dodira (Amaral & Ferrera, 2011; Parker & Ivy, 2014; Preisler, 2005; Sameroff, 2009). Dešava se da pratioci, asistenti, nastavnici, osobe iz okruženja čvrsto fizički vode ruke slepogluve osobe kroz aktivnost, misleći da joj tako pomažu u izvršavanju zadatka. Međutim, ovakvo vođenje ruku dovodi do toga da osoba gubi mogućnost samostalnog istraživanja, učenja, rešavanja problema, odlučivanja i vršenja izbora, što negativno utiče na razvoj uopšte, a posebno na tok komunikacije.

Pri komunikaciji je poželjno da ruke slepogluve osobe budu slobodne kako bi imala kontrolu nad situacijom i mogućnost da prihvati ili odbije učešće u nekoj aktivnosti. Ovakvim pristupom osobi se omogućava da nauči da preuzima kontrolu i odgovornost za svoje ponašanje, da donosi odluke i pravi izbor, što doprinosi osećaju sigurnosti i motivisanosti za interakciju i učenje. Takođe, ostvaruje se uticaj na učenje preusmeravanja pažnje na objekte koji se koriste tokom komunikacije, na aktivnost, deljenje pažnje sa sagovornikom, izbor zajedničkih tema, na spremnost za iniciranje interakcije, odbijanje, komentarisanje, izražavanje, pričanje šala (Amaral & Ferrera, 2011). Budući da slepogluva deca imaju teškoće sa razvojem komunikacijskih funkcija i prepoznavanjem komunikacijskih namera drugih (Bruce et al., 2004), vrlo često odbijaju aktivnost kada im se ponudi. Kako bismo podstakli učešće, preporuka je uključivanje deteta u više aktivnosti putem pokreta, taktiliteta, znakovnog taktilnog jezika i nenametljivo vođenje njegove ruke u svrhu istraživanja i opisivanja, komentarisanja, izražavanja emocija, imitacije, postavljanja pitanja, podsticanje učešća u zabavnim i neobaveznim razgovorima. Kada se telesnim taktilnim izrazima doda lingvistička vrednost i taktilni znakovni jezik prepozna kao prirodni jezik, stvara se baza za komunikaciju sa osobama sa kongenitalnom slepogluvoćom (Kastrup Pedersen, 2019).

Osim što taktilni znakovni jezik omogućava izražavanje, razumevanje drugih i otkrivanje spoljašnjeg sveta, istraživanja pokazuju da se prilikom komunikacije taktilnim putem kod slepogluvih osoba aktiviraju kortikalne oblasti zadužene za obradu jezika (Osaki et al., 2004). Rezultati istraživanja Obretenove i saradnika ukazuju da taktilna komunikacija utiče na bolji odgovor kortikalnih područja zaduženih za dodir i da rano stečena vizuelna i slušna deprivacija može biti kompenzovana (Obretenova et al., 2010). Razvoj jezika je veoma složen i važno je o njemu razmišljati kao o neformalnom i spontanom procesu (usvajanje jezika) u formalnom okruženju (učenje jezika), a osnova procesa je društvena interakcija sa okolinom i izgradnja veza u mozgu (Ivanova, 2019).

Ograničenja taktilnog znakovnog jezika

Pitanje standardizacije taktilnog znakovnog jezika je sve učestalije tema naučno-stručnih rasprava. Vizuelni znakovni jezik prenosi se s generacije na generaciju, dok sa taktilnim znakovnim jezikom to nije slučaj, verovatno i zbog toga što je populacija kongenitalno slepogluvih izrazito heterogena. Proces obrade taktilnih informacija je prilično zahtevan, tako da razumevanje sveta putem ovog modaliteta iziskuje dosta vremena, posebno kada se poredi sa vizuelnim. Primetan je problem efikasne obrade informacija putem taktilnog znakovnog jezika i njihovog skladištenja u radnoj memoriji upravo zbog sporije percepcije taktilnim putem, te posledično dolazi do otežanog razvoja komunikacionih veština na ranom uzrastu (Dammeyer et al., 2015). Korišćenje taktilnog znakovnog jezika je izuzetno naporno za dete, zahteva plansko usmeravanje i održavanje pažnje tokom dužeg vremena. Takođe, usled čestog i dugotrajnog napora mišića šake može da dođe do pojave sindroma karpalnog tunela (Blaha & Carlson, 2007). Zbog svega toga neophodno je dalje proučavanje i razvijanje ovog načina komunikacije slepogluvih osoba, jer planiranje komunikativnih intervencija zahteva integraciju elemenata koji nose poruku (Amaral & Ferrera, 2011).

Brojne razlike među slepogluvim osobama, uslovljene oboljenjem kao uzrokom oštećenja vida ili sluha, stepenom i vremenom nastanka oštećenja, stanjem zdravlja i kognitivnog funkcionisanja, određuju i način komunikacije koji će slepogluva osoba koristiti. Kada se ima u vidu da komunikacija sa slepogluvim osobama može da se odvija putem različitih modaliteta (govor, znakovni jezik, prstna azbuka/abeceda, ručna azbuka / ručna abeceda, Lormova abeceda, pisanje na dlanu, Tadoma metod, pisani govor, Brajevo pismo, uvećana štampa, taktilni znakovni jezik) i njihovim kombinovanjem, postaje prilično očigledno koliko je ovo pitanje složeno. Senzorne barijere zasnovane primarno na oštećenju vida ili oštećenju sluha stavljaju slepogluve osobe u različitu početnu poziciju u pogledu razvoja jezika i izbora komunikativnog modaliteta.

Do koje mere mogu da budu ne/shvaćene kada pokažu spremnost za komunikaciju zavisi od „sagovornika", jer njihove signale teško da može da pročita onaj ko nije edukovan. Da bi efikasnije podržali komunikaciju sa slepogluvim osobama i uticali na smanjenje barijera, stručnjaci iz ove oblasti treba da se uključuju u kontinuiranu edukaciju za korišćenje taktilnog znakovnog jezika, a programi obuke porodice i tumača da se stalno unapređuju. Taktilni znakovni jezik zahteva lingvističku adaptaciju i standardizaciju za pojedine jezike, uz naglašen zahtev da neke elemente i korake u edukaciji treba prilagođavati individualnim potrebama osobe. Taktilni znakovni jezik i haptički signali mogu da budu zamena za vizuelne informacije i treba da pruže slepogluvim osobama priliku za učešće i socijalne interakcije. Očekuje se da u bliskoj budućnosti taktilni znakovni jezik i sistematski odabrani

signali postanu deo svakodnevnog života slepogluvih osoba i značajna dopuna ostalim modalitetima komunikacije, kada je to potrebno.

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Tactile sign language of people with deaf-blindness

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Introduction. Deaf-blindness is a dual sensory impairment and adversely affects different areas of a person's functioning. Thus, there is a need for an individualized approach to education and rehabilitation, as well as specific services that facilitate learning, participation, and social inclusion. The study of this phenomenon is accompanied by challenges arising from the lack of consensus on the definition of deaf-blindness, the heterogeneity of the population, and the lack of reliable tests and tools for assessment. Furthermore, the use of traditional procedures that are often based only on the determination of sensory functioning, as well as insufficiently efficient and untested working methods, hinder the development of communication with a person who is deafblind. *Objectives*. The aim of this paper was to analyze the specific communication methods of people with deaf-blindness and, in particular, to analyze and describe tactile sign language. *Methodes*. The service of the Consortium of Libraries of Serbia for unified acquisition – KOBSON and Google Scholar Advanced Search were used for the search and analysis of relevant studies. Searches were performed using the following services/aggregators: Ebscohost, ScienceDirect, and WileyInterScience. *Results*. Communication of people with deaf-blindness can occur through a variety of modalities: speech, sign language, finger alphabet/alphabet, manual alphabet/manual alphabet, Lorm's alphabet, palm writing, Tadoma method, written language, Braille, enlarged print, tactile sign language. In recent studies, authors emphasize the need to develop a unique tactile sign language as a natural language of persons who are deafblind from birth.

Keywords: deaf-blindness, communication of persons with dual sensory impairment, tactile sign language, tactile communication

PRIMLJENO: 10.05.2023.
REVIDIRANO: 15.11.2023.
PRIHVAĆENO: 04. 01.2024.