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SYSTEM SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES WITH EMPHASIS ON FAMILIES OF DEAF CHILDREN

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SUMMARY

Birth of a child represents a change in family structure, a change that requires an adoption of new roles, as it brings new incentives to family dynamics. Birth of a child with disabilities, in fact a comprehension that a child has developmental disabilities, represents a stressor of different quality, placing a heavy burden on the family for a long period of time. As in other, different stress situations, pain and suffering, brought by the knowledge of child's disability, could present a trigger for the occurrence of different reactions and feelings on different levels. Shock, non-recognition of a disability, ambivalence, resentment, discouragement, chronic tension, feelings of guilt, feelings of isolation, defeat, depression, feeling of helplessness, blaming others, loss of self-esteem are just some of the possible reactions. In addition, parents are faced with an ongoing insecurity and greater anxiety in raising their child. Parents are being rewarded less by their children's achievements than parents of healthy children, there is a decline in their expectations. Also, fear of labelling the family as "different" may appear, as well as problems with the acceptance of moving a child to a special category. Finally, lack of criteria for predicting the future of the child presents a particular source of suffering.

Establishing good cooperation with the family, in order to establish a system of family support, requires many individual contacts, knowledge of its functioning, a lot of time and patience, as well as linking with experts in various fields. Early intervention is an integral part of the system of support for families of children with disabilities. We started from the fact that in helping children it is important to work not only with the child, but also with parents and that every form of work with parents is good, if it contributes to the child's general development.

Support for families of deaf and hard of hearing children begins soon after the baby is diagnosed with hearing loss. Early intervention, carried out through the participation of children and parents in the rehabilitation treatments, should help parents understand what the hearing loss brings, as well as help them gain confidence in parenting. It should also help parents realize the strengths and needs of their child and to enable a child to acquire necessary language skills that are essential in order for a child to become an equal member of the society.

Key words: family, children with disabilities, deaf and hard of hearing children

INTRODUCTION

Family is the basic unit, a micro-universe of society. It is one of the most important transferors of social influences and at the same time it is subject to influences within social and economic structure. One of the most important family roles, beside reproductivity is providing economic, emotional and psychological security.

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Determining the type and quality of communication which enables the best possible functioning within family group, as well as within society, has very important place in family studying. Family is the source and sanctuary, the place of various, healthy and pathological ways of giving and taking.

Most often we approach the family phenomena from the sociological and psychological point of view. From the sociological and historical point of view, family organization has suffered significant changes in structure, dynamics and function priorities. The processes of industrialization and urbanization have led to the disappearance of the patriarchal family structure and its values, extended family becomes nucleus, there is a weakening of family cohesion and rise in members individualization within family group, sex roles are changing, as well as views on marriage and its way of functioning, social mobility of family members rise and the strong basics of what the family structure used to be are weakening.

That's the reason for new ways of family organization to appear. Along with change in modern family structure, family functions and society functions somewhat differ. Family values, customs and habits can be more or less conservative than social. While accepting that in social life, an individual has many different roles, he demands to satisfy his various psychological needs within family life. The impossibility of satisfying these needs leads to faster disintegration of modern family in relation to the historically older patriarchal family where the economic function and the need to maintain structural stability of the family group (thus for maintaining social stability) had greater significance.

Summarizing the basic characteristics of family groups M. Mladenović states that "the family is the basic social group, depending on the historical and socio-economic development, brings together persons related by marriage and their offspring, and possibly even broader or narrower circle of blood and other relatives, who gather to satisfy a variety of biological needs (satisfaction of sexual desire, procreation and raising children), economic needs (production, consumption, exchange), social (protection of family members), educational, emotional and other needs. "

The family group is different from other social groups because it has a distinct, structured, and largely shaped by culture, a set of roles and because inter-familiar interactions are more informal.

These interactions are based on long-term relationships of care and mutual assistance and less on shared interests and values, as is the case with friendly groups.

Family interpersonal relationships are more complex, more durable, more emotionally colored than the emotional connections in other groups.

There is constant reconstruction and construction of personal and group identity and constantly intertwining subjective and interpersonal within the group.

Well structured and cohesive group can provide existential framework, the sense of security and acceptance, the ability to express personal experiences, thoughts and feelings, feelings of competence, the ability of self-image reconceptualization, a realistic perception and acceptance of themselves and, basically, can satisfy many basic human needs.

Unlike described the "ideal" group, some groups remain unstructured, poorly connected, chaotic, so they fail to meet the needs of its members.

Instead of further describing various structurally-dynamic relationships here are a small group of Hasidic story that manages to vividly express the essential differences in the functioning of the group:

Instead of further describing various structurally-dynamic relationships within small groups we will tell a Hasidic story that manages to vividly express the essential differences in the functioning of the group:

"A rabbi spoke with God about hell and heaven. 'I'll show you hell,' God said, and led the rabbi to the middle of the room with a giant round table. The people who sat there were starving and sad. At the center of the table was a pot of stew, which contained more than enough food for everyone. The smell of stew was so great that the rabbi experienced mouth watering. The people at the table held spoons with very long handles. Each of them realized that it was not possible to reach the pot of stew and take a spoonful, because the handle was longer than the bucket hands, and so they could not put food in their mouth. Rabin was a witness to their huge suffering.

'Now I'll show you heaven', said God, and went to another room that looked like the first one. And there was a big round table and also a pot of stew. As in the previous room, people had the same spoons with handles too long, but they were well nourished and plump, laughing and talking. At first rabbi could not understand. 'All this is simple, but required a certain skill,' God said, and added: "They have learned to feed one another."

The Group is multi-layered holistic kind of entity. The group raises the level of emotional engagement, not allowing a passive, observational attitude, enters and conveys emotions in all members of the group, providing regulatory principles of living and supports the development of their own identity experience.

"'Group' "shakes up" 'existential structure of man, because her work is unthinkable without the engagement of all three elements of the structural existence (according to Heidegger), without thinking (so that it could be possible to communicate at all) without fear (which is due to the conception of awareness of being thrown into the world) and finally, without understanding and speech," says P. Opalić.

According to J.Berger, the family is literally a school of life where the main means of teaching are live demonstrations, where teachers are people with whom the children have very close relationships and they communicate in all possible ways, verbal, non-verbal, concrete, symbolic and abstractly, through examples and through stories in which the characters are deeply engraved in the memory of the whole family. It is a school of life without equal, which uses an exceptional combination of circumstances which include: complete naivety of children or receptivity, heavy dependence on parents, natural events and their liveliness, extraordinary events and extraordinary thrill, powerful means of reward and punishment, which can produce life-long effects ... This family cosmology is very suggestive and benefits indirect, dramatic effects to achieve lasting impact.

Systematic approach to family

In modern psychological definition of the concept of family linear impact on individual family member is replaced by systematic family approach, to the study of the mental health of family life in constantly changing, mostly healthy or pathological, forms of interaction.

Systemat approach to family holds a holistic and dynamic model of the family as a universal (though heterogeneous) and distinctive social group. Questions of how to form such a complex entity, what are all the possible directions of mutual action, what are the criteria of healthy or dysfunctional family interaction, maintained or disturbing the stability, flexibility and cohesiveness of the family groups, family strength allowing expedient course of development of the family. When we talk about the dynamics of family relationships it should be noted that intrafamily conflicts can have different effects on individual members of the family group, that developing of individual and family identity interact with each other (in different ways) and that as much as in other social groups, family group faces the acceptance of certain roles and distribution of power and control options.

Hence, the emergence of ambivalent feelings towards the family as a group that is expected to provide all kinds of protection and security is also possible, but also, at the same time, it can give an individual member imperfect inferior role, which may be providing or denying. Acceptance of distorted or insufficiently favorable and affirmative or neurotic emotional role brings a secondary gain (in terms of gaining a greater degree of attention, protection or special privileges), but hinders the formation of individual and group identity. Experiences denial (real or imagined) can over each member of the family group work and feedback on the whole family.

According to a systemic approach, the family is dynamic whole or or dynamic structure, a system in which changes in one subsystem lead to changes in other subsystems in the functioning of the group and the individual members, a system that has its own, more or less flexible and permeable borders to the external environment or between individual subsystem, a group in which there is constant interaction and more or less established rules of relating to other members, the allocation of roles and usually hierarchical distribution of power.

From the empirical point of view it is important to answer the question of whether and under what conditions it is possible that (despite the dynamic interdependence of family subsystems) functionality of a subsystem maintains despite the disturbances in other subsystems. Does, for example, marital dysfunction subsystem necessarily leads to disturbances in performing parental functions (and thus to problems in child development), and whether, and how, in such conditions it is possible to preserve the parental coalition. Or, whether, and how, you can alleviate the often pervasive influence of disability or illness of a child on the marital relationship and the feelings of parental competence?

In an attempt to answer the various questions the theory that accept systematic approach emerged different models of family functioning.

Families with handicapped child

The birth of a child represents the change in family structure, a change that requires acceptance of new roles and brings new incentives in family dynamics. Birth of a disabled child or the knowledge that a child is with developmental difficulties, represents a stressor of different quality that makes family face special burden in the long run.

As in other, different stress situations, pain and suffering that brings knowledge of the child's disability could be the trigger for occurrence of different reactions and feelings on different levels. Shock, non-recognition of disability, ambivalence, resentment, discouragement, chronic tension, feelings of guilt, feelings of isolation, feelings of defeat, depression, feelings of helplessness, blaming others, loss of self-esteem – these are just some of the possible reactions. In addition, there is ongoing insecurity and greater anxiety of parents in raising the child, parents are less rewarded for children's achievement than parents of healthy children, there is a decline in expectations. The fear of marking family as different may appear, as well as problems with the acceptance of separation of the child in a special category. A particular source of suffering represents a lack of criteria for predicting the future of the child.

With birth of disabled child, preparation for the acceptance of parental roles (of a healthy child) becomes unfeasible. At the first step on the road towards parenthood, parents of handicapped child feel defeated. They need to change the model of parenthood they have built and to deal with many unknowns, both in terms of disability, as well as in terms of their own reactions and feelings.

Constructs about themselves, about the world of parenting, children, family life inevitably change. The system of values is usually reorganized. Unusual life circumstances impose the need for new models. The system constructs that parents have for prediction and interpretation of all aspects of life are changed. They must discover the wrong, perhaps unconscious, performances and spot new opportunities. The process of adjustment to disability can be understood as a process of reviewing, modifying and rebuilding the system constructs.

The first dramatic change in the constructs of parents begins when dealing with the diagnosis, that is, when faced with an event that until then was located outside the range of their concepts. Their system of interpretation of the world suddenly loses its meaning because the world has changed. Prediction becomes impossible until a new model which includes the notion of handicap is built. This process differs from parent to parent, depending on the difference in the ability to understand, the difference in previous knowledge, the degree of disability of the child and in plays about yourself. The high degree of anxiety caused by the knowledge of the child's disability imposes a necessity to change the conception of the child. With the acquisition of knowledge about disability and the child's reactions, anxiety is reduced or, possibly, just suppressed. Any deterioration reactivates anxiety. Changes in conception of the child depend on the construct about the child prior to knowledge about disability and the reactions of the child. Some parents see it as renewed connection with a child. Child also needs to develop a new constructs system. Parents' constructs about themselves are also changing. Condition of child disability undermines the parents' basic idea of themselves as a parent – the patron. The main biologically prepared reactions (and needs) of parents to protect their offspring (calf) is threatened. The sense of these basic inadequacy and pain that carries the feeling of powerlessness to help greatly complicate adjustment. The roots of self-esteem and previously built up system of values are being undermined. The fear of diversity, rejection, social isolation arises. Constructs about communication with other people change in a wide range of tendencies, starting from isolation from the others (due to psychological or practical reasons) to seeking social support (which is an essential adjustment factor).

Considering the degree of stress of knowledge about the child's disability M.Jerotijević states:

"Only a definite loss of the closest persons may be more distressing and painful than knowing that our child has serious problems in development. Fear, pain, injustice, powerlessness, loneliness, push away every other feeling. State of shock blocks reason. A long way of self-questioning begins and questioning of all that came before, a long period of distrust, escape from dealing with the problem and the search for even the smallest detail that would deny our doubts. "

Knowledge of disability of a child carries the anticipation of different losses- loss of previous and in future projected "normal" life, loss of biological and social "drawn" role of parents, the loss of the expected passing through all legislative stages of child development, loss of self-confidence and belief in some "established" values, loss of feelings of the security, loss of equality in social relations, etc. In families with a handicapped child common thing is chronic tension and grief.

Each category of disability sets specific problems to the child and the family, depending on the nature, severity, frequency and visibility of symptoms and the degree to which endanger the normal functioning. Every state of disability imposes specific stresses and imposes special requirements of endurance of the child and the family and their adaptation in the physical, emotional and social terms. The risk factors include characteristics of disability, the requirements in terms of care, simultaneous stressful situations, health problems or previous psychological problems of parents, problems of communication and relationships between the parents. On the other hand, the factors supporting the ability to overcome the ranks of family variables such as the absence of conflict, open communication, emotional expression, family cohesion and stability, and social, emotional and institutional support.

Acceptance of the child, his real qualities, not our own ideas about the child, in line with our expectations, it is particularly important for the development of a disabled child. According to G.Ružičić "acceptance of the child includes specific language of communication, specific emotional relations and specific patterns of behavior in the behavioral plan, which permanently as part of non-verbal behavior, follow verbal testimonies."

There are many rational or irrational, conscious or unconscious, objective or subjective factors that influence the formation of parent-child relationships. According to G.Zivković, parent-disabled child relationship in the beginning was "compromised, disabled, intersected, intermittent, in any case, inconsistent" and "incomplete or inadequate interaction can occur due to reduction of the quality and quantity of both sent and received messages (signals), incentives or requests and responses that therefore have no further appropriate incentive effect, and often not even real, expected (and necessary) response. In such circumstances there is a delay or even a complete lack of certain social pressures necessary to gradually develop habits, learning to control impulses and needs, in fact adjustment to the demands of the environment and reality."

Deaf and hearing impaired children

In addition to basic sensory deprivation, small deaf child is deprived of the use and understanding of speech, as the most important means of communication, through which is the easiest way to communicate ideas, needs, feelings, intentions, attitudes, bans, beliefs, etc. Deaf babies can not hear mother's voice or sounds produced by its actions or the actions of other people or objects in its immediate environment. Due to the limited experience and lack of emotional exchange cognitive, emotional and social development of the deaf child will be slowed.

In hearing impaired child and in acquired deafness degree of influence on the development of disability depends on the degree of hearing loss and the phase of hearing loss or deafness.

In terms of difficulty in cognitive development of deaf children V. Radoman states:

"Today in the psychology of the deaf there is no unique and specific answer to the question about the nature of intellectual abilities of people with hearing impairments, as much as, after all, the psychology of thinking has not solved the problem of the relationship of speech and language in the opinion. This psychological problem is especially sharpens the psychology of deaf resulting in two opposite conceptions of the cognitive abilities of hearing impaired children. On one side is a group of authors led by Pintnerom and Oleron who believe that deafness is accompanied by a specific cognitive deficiency, while on the other hand, the authors, led by Furt, which, based on Piaget's theory, believe that language and speech do not play a decisive role in the development of thinking, because thinking originate in actions, and that deaf children even verbally inferior, in terms of intellectual abilities develop undisturbed."

In young deaf children there is also the problem of identification with the parents with undamaged hearing. Some studies indicate that the child's emotional, social, and intellectual development favours growing up with deaf parents. In addition to the early use of gestural communication in such a family situation is more favorable emotional climate, primarily for ease of understanding and acceptance of the child and its problems and for ease of emotional communication.

On the issue of common personality characteristics of people with impaired hearing V. Radoman (1991) most frequently cited:

1. deficient social adaptation, social isolation and social immaturity manifested in the inability to take care of themselves and accept responsibility for their behavior. There is a greater degree of dependence and addiction, as well as a lack of socialization and respect for social norms;
2. deficient emotionality, emotional immaturity, instability and shallowness of emotional reactions, striving for the immediate satisfaction of needs, immaturity and dependence in the development of object relations;
3. egocentrism and lack of concern for others and damaged empathic ability;
4. rigid behavior, adherence to the rules of bookish etiquette. Some authors talk about stereotypes of conscience and socialization;
5. increased impulsivity: aggressive reactions, outbursts of anger and acting out behavior;
6. the restricted interests and poor motivation;

7. tendency to neurotic reactions and symptoms of psychotic reactions.

Increased inadjustment of the deaf can partially be explained by the emergence of tinnitus, i.e. experiences of occasional noise in their head.

System support to the family

Establishing good cooperation with the family in order to establish a system support to the family, requires many individual contacts, knowledge of its functioning, a lot of time and patience, as well as linking with experts in different fields. Many parents due to lack of information about who could help them, often feel completely helpless. These parents, with all the problems they face, become irritable, hostile, or depressed, show a lack of empathy for a child or can show various other negative feelings towards school and teachers.

We started from the fact that if we want to help a child it is important to work not only with him but also with their parents. And that every form of work with parents contributes to the general good in the child's development. According to Davis, H., basics of the establishment of partnerships include: respect, humility, openness, empathy and quiet enthusiasm. Davis, H. (1995, p.62) says, "A huge benefit is achieved if you have someone whom you respect and who sits quietly with you while you are in trouble, someone who won't try to take a leadership role or set some requirements."

Model of good partnership relations according to Davis include: close cooperation, common goals, complementary skills, mutual trust, negotiation, communication, honesty and flexibility. Mutual trust has both motivational and partner function, without it is not possible to establish a successful cooperative relationship. The main goal in helping parents to establish the partnership is to provide emotional and social support to them.

Empathic attitude is an important characteristic of a successful partner relationship.

The concept of empathy is relatively recent origin, although of similar processes in psychology has been talked about before, just not under that name. The term was first used by Titchener (1910), which he used in the sense of understanding of ourselves, but also in the context of understanding the other (Pigman, 1995; Titchener, 1910; according to Vukosavljević-Gvozden, 2002).

Freud believed that the path that leads to the identification of imitation to empathy is the way that leads to understanding of the mechanism that allows us to do what we can to take any attitude towards other people's mental life. He pointed out that through the empathy we gain a sense of inner understanding of the other person (Allport, 1961). Allport defined empathy as "imaginative transposing of ourselves into thinking, feeling and reaction of others" (Allport 1961).

Certainly, one of the most important questions regarding the definition of empathy, around which most of the authors disagree, is the importance of cognitive processes.

The cognitive aspect of empathy refers to the understanding of the state of consciousness of another person, or how certain events are acting on that person. While some authors believe that the cognitive empathy is prerequisite for the emotional, others believe that emotional empathy and harmonization of emotions with feelings of another person, is more important than cognitive.

In any case, the thing about everybody agrees is that empathy is a combination of cognitive and emotional processes, and that these two components are interconnected in a particular balance. It is certain that in order for empathy to occur, the emphasis should not be on neither one. If, in fact, cognitive component is exaggerated, any attempt at understanding and compassion for the other person will be only an intellectual attempt to understand her condition, which without accompanying emotional component is not sufficient for the emergence of empathy.

If, however, emotional component is exaggerated, it can cause loss of boundaries between self and others, which in turn makes it difficult to understand the other person and the occurrence of empathy.

However, although some authors define it as a cognitive awareness of internal states of other people, ie. their thoughts, feelings, perceptions and intentions (Hofman, 2003), the term empathy is most commonly used to indicate emotional empathy (Raboteg-Šarić, 1995).

So, we can understand empathy as the ability of reliving of the emotional state of another person and the understanding of their position (i.e. suffering, threat) based on perceived or imagined situations in which the person is. It is a relatively enduring personality characteristic that varies widely from person to person and is an essential precondition for sociability and professional performance. The mere presence of empathy, has a positive in a broad sense, therapeutic effect – both in the clinical situation and in human life in general (Kohut, 1982).

Taking into account that learning empathy process begins in the early age, and that as a learning process takes place through "emotion coaching" and everyday behavior through giving example, the role of parents is crucial (Stern, 1987).

The question that reminds the child to be empathetic is: "And how would you feel if it happens to you?' Infants and children who are toddlers learn most from the way that parents treat them when they are upset, scared or angry, it is far more important than the words they speak. Until pre-school age, the child can already begin to talk about it and to understand how others feel, and approximately at the age of 5 children can learn about empathy and through talking about hypothetical problems (eg. How would you feel if you someone took your favourite toy? How would your friend feel if someone took his toy?). At he age of 8, children can already begin to "bicker" about more complex moral decisions related to fact that other people's feelings may be different from their own. Parental torments often cause lack of empathy in children of school age, and especially in children in the preadolescent period. Developmentally speaking, the child must be disconnected (separated) from their families in order to successfully entered adolescence and build their own identity, and to build relationships with people outside their own families.

A common example of this separation phase, (the usual development phase), for example, is lack of empathy of older child for the younger brothers or other family members (Pešić, 1989). It is important to know that the focus of the child in adolescence is relocated to different people and outside the family, so that, after forming his own identity outside the family, the need for "humilliating" the family members will fade away. It is therefore very important to help the child in thinking that goes beyond himself and includes the feelings and interests of others.

Helping the child to learn empathy certainly represents the expression of parental interest in their experiences, the expression of emotions (positive and negative), carefully and actively listening and asking questions that will help them clarify their thoughts and feelings. The more children's empathy, based on parental model is increasingly being developed, the more will child be able to connect on a deeper level with others. Also, simultaneously grows their ability to act in accordance with their empathic feelings, in the way of listening to other person, help them and show their generosity.

We have mentioned all of this, because although empathy is a universal phenomenon, it nevertheless finds its great and specific application in a row of helping professions, ie. professions that work with people in order to provide assistance (Radovanović, 1991). As much as the results in these areas are insufficient or conflicting, they are very important for empathic education of future members of professions which are about providing assistance (Žegarac, 1997; Radovanović, 1991).

Research in the field of empathy leads us to think about the impact of empathic learning, and professional adapting to other people's emotional discomfort. In Betson's paper (Batson, 2010) considerable evidence that empathy produces altruistic motive to care for someone and relieve their pain were presented. In addition to the altruistic component of empathy that Hofman (Hoffman, 1987), was talking about, empathic behavior is also part of morality, since moral dilemmas included the possible sacrifice: "Should you lie so that you do not hurt the feelings of friends? Whether or not to accept an invitation to dinner at the last moment?, Do you keep alive someone who will otherwise die? "and so on. These moral questions the author asked, were based on his belief that the roots of morality should be sought in empathy, because it represents a kind of complicity with potential victims (someone who is suffering, who is in danger or in distress), and thus participate in their affliction obliges people to respond and to help others. It is assumed that the same skills of empathic feelings (be in "someone else's skin") leads people to follow certain moral principles.

Also, empathy involves many aspects of moral judgments and decisions.

The examples can be find in researches in which the evidence is in favor of the victim. They show that, if the witness feels more empathy towards the victim, he is likely to testify in their favor (Hoffman, 1987). Also, the data show that the amount of empathy can question man's moral attitudes. Since empathy involves many aspects of moral judgments and decisions, and despite some "self-serving" elements, has certain characteristics that clearly define it towards the altruistic motive: causing trouble others and not their own, the main objective is to help others, not themselves, potential satisfaction of participants depends on their action for the purpose of reducing the trouble of another.

Early intervention

Early intervention is an integral part of the system support for families of children with disabilities.

Support for families with deaf and hearing impaired children begins soon after the baby is diagnosed with hearing loss.

The introduction of neonatal screening for hearing loss should encourage the development of early coordinated rehabilitation program for children with disabilities from birth to 3 years of age, and to ensure that children and their parents have the same right to appropriate free education as children without disabilities.

Early intervention carried through the participation of children and parents at the rehabilitation treatments should help parents understand what hearing loss brings and gain confidence as parents. They should also help parents to realize the strengths and needs of their child, and to enable the child to acquire the necessary language skills that it needs in order to become an equal member of society.

The two primary objectives of early intervention are:

The first objective is to help a child who has a hearing impairment to learn to communicate, to use any residual hearing and to be socially integrated. There are certain sensitive periods during which certain things are the easiest to learn, if they are missed, learning would be much harder later on.

The second objective is that diagnosed baby becomes a full member of their family. Each family member is important for the child's development, especially for his language and social skills.

Helping deaf children and hearing impaired children is quite different than the assistance to children with other disabilities.

Surdologist has specific knowledge to give parents and the child adequate access to the language. Defectology-surdologist has knowledge about hearing aids and cochlear implants. They can help parents to turn their home into a good environment with a lot of sounds. They know how to recognize the signs that a child gives about the most appropriate mode of communication. They understand very well the feelings of parents who are trying to make the most correct decisions regarding their child. They help them by making them acquainted with hearing impaired adult that are sometimes engaged in the work with the child. Surdologists monitor the progress of the child and help parents understand what is going on. Surdologist knows how to help a parent to help their child to develop skills at the same time as his peers. They will train parents to be able to help their child to listen through the conventional apparatus and CI. They will teach parents how to give the child the ability to look at their face and to follow mime and gestures so that the child can understand everyday situations.

Within the system parental support, the main goal is to enable parents to communicate with the child and to encourage its development, for parents to be part of the team in setting priorities for the child, and to assist parents in finding help centers to assist and answer their questions.

All children learn from their environment. Babies absorb language, cognitive abilities and social skills through interaction with the environment. They do this without effort, but deaf and hearing impaired children require experts who will help them acquire the language by using specific methods.

System support for parents of deaf and hearing impaired children consists of what?

Surdologist can help the family in the following way:

- Helps to determine the primary needs of the child and family. Works with parents to assess the strength of the child and the current development skills.

This includes the Individual Family Service Plan, which should lead us through the development of the child.

- Helps to assess progress and make new goals.
- Encourages communication between members and helps the child by introducing daily routine.
- Answers parents questions.
- Helps choosing the best method of communication with the child, providing support in assessing how the child responds, as well as the decision about communication approaches.
- Observers interaction, encourages positive and proposes new techniques to encourage the child to listen, watch and learn.

The important thing is that despite the fact that surdologist works both with the child and the family, is also present in other children's natural environments such as day care and schools. To the child that is deaf and uses sign language will suit the most environments where adults know the gestures and communicate in that way. Children with hearing aids and CI will require a quiet environment as they learn to listen, they also will need someone to check the batteries, and that puts olives correctly or to check the CI. People in the family, nursery, kindergarten and neighborhood need to know how to attract the attention of the child to grasp what the baby is looking at and to level with their line of sight.

Early intervention includes several key individuals who make up a multidisciplinary team, which will help parents in the process of building their baby's communication skills. During the first few years.

One person, especially an expert, is not allowed to decide what is best for the child. They have good information and advice to offer but it is more likely that the team will make a better decision than an individual. Parents are an important part of the team and should speak for their child. In general, team members will agree on the importance of baby's needs, and strong team will be active support for parents.

Parents are the most important members of the team, no one knows a child like them. They observe the development of the child from rolling over to the seating, from the babble to the first word, or the first gesture and gesturing to the first word in sign language. Parents put hearing aids to children, they talk to them. They are the ones that let the team know team when the child says the first word. Other experts know things that parents still learn, they know the ways to help the parent and child to communicate. They answer the questions and provide information from different sources, so that parents can make a decision based on the needs of the child.

At the child's earliest age, parents will need a person who specializes in helping family and the baby, at least in the beginning until all the family members get used to the new situation. That kind of person must possess knowledge of several disciplines but must primarily have experience in working with children with hearing impairments and their families.

For the development of the baby's brain thebest thing is very early stimulation. Experts monitor the baby and look for signs of developing and teach parents how to monitor progress. Together they are looking for signs of eye contact and gesturing by babies and their response to voice or gestures. There is a list of development that can

be renewed every week, month or couple of months. There are games through which an expert can test the development and growth of the baby. Babies are changing rapidly in the first months and years, and it is important that during this development period changes are described every day.

At the beginning of providing support to parents the most important is information about how their baby likes to learn and communicate. Many babies respond well to hearing aids and CI, and are able to learn by listening, others learn by looking. If we pay attention to what they do and how they react to us, we will know how to encourage their communication and help parents. This decision is very important and must be based on an estimate that is up to date with developments. Later, as we watch a child we can make a new decision based on new information.

Often the hearing loss is accompanied by motor problems and balance problems. Many young children benefit from early occupational therapy or physical therapy.

CONCLUSION

It is important to help a parent to discover that deaf and hearing impaired child can grow to be productive, well-adapted person that is working, driving, person that gets educated, gets married, has a family, in fact, is not much different from normal hearing adult persons. Without any doubt, parents of children with disabilities are in more stressful life situation than parents of healthy children and there are differences on personality levels between them. System approach to family as well as support are very important and require more extensive and deeper knowledge about the forms of family functioning system of families having children with different categories of disabilities in order to find the most efficient approach to improving the functioning of each of these family groups.

System approach to the family and support are very important and require more extensive and deeper knowledge about the forms of family functioning system of families with different categories of children with disabilities with the aim of finding the most efficient approaches to improving the functioning of each of these groups of families.

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