DEVELOPING SOCIAL SKILLS FOR CHILDREN AND YOUTH WITH DISABILITIES DEPRIVED OF PARENTAL CARE IN BULGARIA
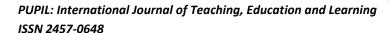
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Abstract

Current study examines the impact of systematic group work based on non verbal communication techniques on youth with special needs with severe communication disorders who are grown up outside their families and in residential homes in Bulgaria. Scientific experiment detects certain indicators in intervention and nonintervention groups by conducting structured interviews as well as objective monitoring and filling in checklists. The tracked indicators are: a way youth are expressing their needs; initiative and persistence of youth in activities; way of communication, and aggressive manifestations. Children and youth deprived of parental care living across Bulgarian residential homes participated in experimental alternative communication group work for 6 months by a team of specialists and volunteers and under the supervision of a psychotherapist. Another youth from same age risk group remained non intervention. A total of 24 group work sessions have been completed. Specialists working with both groups completed check lists and repeated measures assessed changes in the behavior of some participants towards increased engagement in activities, retaining attention over a longer period of time, development of social skills such as line waiting, privacy, remote contact initiation, expressing desires by means of higher levels of ontogenetic development. A functional assessment is applied tailored to the individual features and capabilities

of each participant regardless of age taking into account their development. In connection with the observed effects of the applied impact, there is a need for persistence in the implementation of the classes and incorporation of similar principles in the everyday life of the users of this type of residential homes in the Republic of Bulgaria.

Keywords

Children and Youth with Special Needs, Alternative Communication, Group Work, Social Skills

1. Introduction

In recent decades, the social care system for children and youth with disabilities in Bulgaria has undergone several serious reforms to improve their well-being. A priority in these reforms is creating a sustainable environment for quality living in case the children are unable to grow up in their biological family. With the implementation of a number of projects, measures have been taken to increase the possibility of providing a substitute family environment in the form of placement with relatives, foster care or adoption. Despite the country's efforts in this direction, there is still need to provide children and youth with a type of service that, although approaching the family model, contains the institutions' anonymous concern. Such services are currently known as the so-called residential services and, in particular, care homes for children and youth with special needs (CHCYSN). Within these services, a number of socio-pedagogical support activities are being implemented to meet consumer needs.

The purpose of the present scientific experiment is to approve a Program for the social and pedagogical support of disabled children and youth living in residential type services in Bulgaria. The basis of the developed program is to provide a structured, purposeful group work based on non-verbal communication systems, to stimulate the development of basic socio-communicative skills such as engaging in activities and communication, initiative, persistence and socially acceptable behavior.

Several key tasks have been accomplished to achieve the goals set:

- A review of international scientific literature describing the experience with the support of children and youth with disabilities;
- Preliminary study of attitudes and practices implemented in Bulgaria;
- Developing a 24-module program for working with disabled children and youth, placed in resident type of services in Bulgaria;

- Detecting levels of development by indicators at the beginning of the experimental interaction through structured interviews with a social worker and objective monitoring of consumer behavior;

- Realization of the Program for 6 months of weekly work with children and young people with disabilities in the CHCYSN,V. Tarnovo, Bulgaria;

- Detection of the investigated indicators during the experimental interaction through direct non-observed observation;

- Detection of the research indicators at the end of experimental interaction through structured interviews with a social worker and objective observation of user behavior;

- Collecting data for participants in experimental interaction through content analysis of dossiers;

- Quantitative and qualitative analysis of the data received;

- Structuring the outcomes.

2. Institutionalization

Globally, for nearly 200 years, there has been a practice of accommodating children deprived of parental care in institutions in order to ensure their survival first and, at the same time, meet their social and pedagogical needs (Brown, 2009). The long history of placing at institutions has prompted a number of practitioners and researchers to focus their attention on the consequences of this type of care and to evolve the main trends in development – mostly with a negative sign due to group and "anonymous" life.

One of the most extensive researches, detailed in the topic's literature and occasioned by various legislative changes in a number of countries, is that of the English psychotherapist John Bowlby and the American psychologist Mary Ainworth on the link between the attributes of childhood attachment and the long-term consequences for the development of the individual (Matanova, 2015). The main theoretical statement made by the authors based on a number of experiments and longitudinal studies is about the importance of quality care at the age of 3, after which the model of the child was transformed into a sustainable personality. In 1980 the term *attachment disorder* appeared for the first time as a diagnosis in DSM-III with two varieties – inhibited and disinfected type with symptoms before the age of 5. The most recent version of the Diagnostic Manual identifies the "reactive attachment disorder" and "disinhibited social engagement disorder". The main diagnostic criteria for reactive disorder are emotionally distant

behavior, reduced expression of emotions, frequent demonstrations of fear, sadness and irritability, persistent social and emotional disorders, frequent comorbidity with cognitive deficits, delay of language development, stereotypical behavior, eating disorders. Disinhibited social engagement disorder has the following diagnostic criteria: uncritical behavior with unknown, inhibited (depressed) behavior, impulsivity. The description of both types of disorder includes inadequate early childhood care, social neglect and placement at institutions. Although there is no definite evidence of the onset of neglect after the second year, there is a clear indication of the tendency for early-onset and ongoing uncertain attachment to identify clinical signs in behavioral-emotional terms (Matanova, 2015).

The tendencies in personality development resulting from inadequate family care, including institutionalization, could be considered as accompanying the whole life of the institutionalized individual, especially given the fact that the majority of the placements of disabled children in institutions in Bulgaria occur immediately or shortly after their birth, and subsequent contact with parents is very limited (Termination of the institutionalization, 2016). As Vesela Banova says about the mental suffering of children with disabilities living in homes: "The most serious developmental difficulties are not caused by the underlying disease, but by the anonymous institutional care" (Banova, 2010).

There are many attempts to summarize the consequences of institutionalization on personality development. One of the presented ones in Bulgarian scientific literature is by Prof. R. Kuzmanova-Kartalova (Kuzmanova-Kartalova, 2013), which categorizes the characteristics in two main groups: psychological and social and pedagogical. In the first, qualities such as inadequate self-assessment, cognitive dissonance, anxiety and fear, a sense of loneliness, emotional and social-role disorders, mistrust, adaptation and communication problems can be highlighted. The most important in the second group are: lack of adequate values, difficulty in cognitive development and creativity, feeling of needlessness and guilt, distancing, confusion, high level of aggression and anxiety.

As science advances, and especially with the achievements of neurobiology, the reason for many of the above features becomes clearly physiological. Humans are born with about 100 billion neurons and each neuron accounts for about 15,000 synapses during the first two years of life. Research has shown that the formation of synapses is stimulated by the social environment in which people develop – from the experience they acquire, but, above all, from the quality of care they receive. Without a supportive adult who has a secure connection with the child, synaptic ties do not

develop, and the existing ones interfere. Particularly reduced metabolic activity in children under institutional care is observed in the frontal and temporal lobe of the brain, i.e. the ones responsible for social relationships, emotions and language (Brown, 2009).

A 2015 comparative review of data by Berens and Nelson on institutionalized children and their peers raised in a family environment or foster care shows the following results:
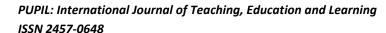
- The physical growth of children under institutional care significantly slows down – data from Romania show that children lose one month of their physical development for every 2.6 months spent in an institution; data from Russia and China show a delay of 2 months every for every 3-3.4 months;

- Social and psychological disturbances in children in institutions, both in early childhood (disorderly affection for carers) and in later age (depression, panic disorder);

- The research of the intellect of 400 children in 19 countries indicated lower IQ levels in children in institutions – the average IQ was 84 vs 104 in children raised in biological or foster families (Facts and figures, 2015).

3. Deinstitutionalization Policies in Bulgaria

All the above published researches as well as the global data prompt for a more in-depth analysis of the long-term consequences of the institutional way of life and, accordingly, to the intensification of the demand for alternatives for raising abandoned children. In this sense, Bulgaria is also embarking on the path of deinstitutionalization in its own way.

Before discussing deinstitutionalization in Bulgaria, care for children deprived of parental care, in particular children with disabilities, goes through several stages. In the early 90s of the 20th century, the social support system in the country involved a number of institutions engaged in the upbringing of children and young people with severe physical, mental and psychological disorders. Such institutions are:

- Homes for children, adolescents and youth with physical disabilities;
- Social and vocational training establishments;
- Homes for people with physical disabilities over 18 years of age;
- Homes for people with sensory disabilities over 18 years of age;
- Homes for children and adolescents with mental retardation (3–10 and 10–18 years old);
- Homes for people with mental retardation over 18 (for women and men);
- Homes for people with mental disorders over 18 years of age (for women and men).

The institutions described at this stage are subordinated to the Ministry of Labor and Social Policy (MLSP) (Zlatkova-Doncheva, 2015). The location of these homes is mainly in rural areas of the country. The number of people housed there usually exceeds 50. The differentiation of institutions by age leads to the frequent change of the residence at important ages, which causes additional complications in the children's development.

The care for children with disabilities from 0 to 3 years abandoned by their families in the early 1990s was realized by the so-called "Maika I Dete" ("Mother and Child") homes, functioning under the Ministry of Health and characterized by a very closed and rigid healthcare way of cultivation. The number of children accommodated in such institutions often exceeds 100, and the residents are both children with physical, intellectual and mental disabilities and children without development deviations.

Analysis of staff qualifications in the relevant institutions for the period shows extremely low rates of support for children at risk, including children with disabilities (about 4.57%) (Zlatkova-Doncheva, 2015).

One of the first major prerequisites for implementing reforms in Bulgaria concerning the care for children at risk is the ratification of the UN Convention on the Rights of the Child in 1991. The reason for the specific reform was the adoption of the Child Protection Act in 2000 and the subsequent disclosure of structures to the Social Assistance Directorate directly involved in the control of the care for children at risk in our country, called the Child Protection Department. The emergence of concepts such as "children's rights", "child's best interest", "sequence of non-family housing measures", "social services", etc. lead to attempts to change the perception of childcare towards emphasising not only their health well-being but also their social and cognitive development. In the process of the ongoing reform and transition of the HCDPC under the Ministry of Labor and Social Policy (MLSP) (until this period under the Ministry of Education and Science), and after the assessment of their needs, some of the children and youth with lesser disabilities have been redirected to the HCDPC. Within these institutions, they are given the opportunity to reside with children "in the norm" and to benefit from the services provided there – educational, social, psychological, etc.

The described reform also provides an opportunity for the development of alternative family care in the form of a foster family. However, the practice in the Republic of Bulgaria so far shows that at this stage foster care for children with disabilities is extremely poorly developed.
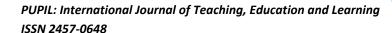
Gradually, in specialized institutions for children and youth with different types of disabilities, the consumer profile changes to a moderate and severe form of the disorder, the need for permanent assistance or constant medical care.

In 2008, after the notorious BBC film "The Abandoned Children of Bulgaria", UNICEF initiated the creation of the first "small family home" in Rousse, Bulgaria, where some of the children from the village of Mogilino are moved. (Zlatkova-Doncheva, 2014). The country has gradually taken a number of measures regarding the deinstitutionalization of children at risk with priority for children and youth with disabilities. In 2009, the National Strategy "Vision for Deinstitutionalization of Children in Bulgaria" was adopted, and a thorough process of building a new type of residential accommodation services – family-type accommodation centers, was launched. Within the project Childhood for all, implemented between 2010 and 2014, a number of family type centers for disabled children and youth were built across the country and all the homes for children and young people with disabilities in Bulgaria were closed.

The main prerequisites for changing the quality of care for children at risk set out in the above-mentioned normative document "Vision for deinstitutionalization" are the following:

- "Insufficient services for children and families to meet complex needs and uneven distribution across the country.
- Lack of finance, often causing social exclusion of families and institutionalization of children.
- Lack of a developed system of alternatives to community-based institutional care.
- A predominant medical model for childhood disability, according to which the institution offers the best care for children.
- Lack of an inclusive social and architectural environment.
- Changed patterns of family behavior that lead to an increase in extramarital births and parents caring for their own children" (National Strategy, 2009).

Deinstitutionalization in its core is a combination and co-realization of several main directions – replacement of the institutional model with family or similar, prevention of abandonment, provision of support for families and children from social services in the community. In this sense, and within the framework of the described reform, as stated by Vessela Banova, "the removal of children from the old institutions does not end the process of deinstitutionalization, but starts it" (Banova, 2010). Thus, the social and pedagogical support gains a significant role in the realization of this process.

A number of legal acts set certain parameters of the support that needs to be realized in the overall process of changing attitudes and practices regarding children at risk in Bulgaria. For the purposes of this work we will address only the aspects relating to the socio-pedagogical support of children and youth with disabilities within the new type of residential services.

4. Methodology and Results

This study presents three cases of users involved in the experimental interaction carried out at the Care Home for Children and Youth with Special Needs, Veliko Tarnovo, Bulgaria, that describe the results of the support provided in compliance with the regulatory requirements in Bulgaria.
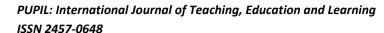
The subject of the scientific research is the purposeful, systematically organized group interaction with elements of nonverbal communication, creating conditions and prerequisites for increasing the level of inclusion and communicative skills of children and youths with disabilities, raised outside their families.

The subject of the survey is specific skills reflecting the level of involvement and communicative interaction of the participants.

The following **hypothesis** has been formulated on the basis of the studied literature and shared experience: the purposeful and systematic implementation of group work with elements of non-verbal communication techniques aimed at acquiring social skills, can improve the quality of engagement of children and youths in the activities and affect their communicative relationships.

The **target group** of the study is defined as the population of children and youth with severe communicative disorders, raised in residential care in Bulgaria or the so called care homes for children and youth with special needs (CHCYSN). **The intervrntion group** consists of 12 children and young people with disabilities.

The experimental interaction took place **between** January 2018 and July 2018. The experiment carried out 24 sessions once a week at a specific day and time, according to the daily schedule in the service. Users are divided into two working groups according to their preference and relationships, taking into account factors such as: presence of emotional connection or conflicts between users. The two working groups include 6 participants and run one after another with duration of between 45 and 50 minutes. Both groups do the same activities following a drawn up programme.

The team that realized the experimental interaction consists of 6 people – one supervisor, two social workers and three volunteers – students from the St. Cyril and St. Methodius University of Veliko Tarnovo. The leader and social workers are part of the team of "ZOV – Bulgaria" Association, aiming mainly to support children at risk by providing alternative activities and non-formal education.

The program for the planned sessions was developed by the author and contains several main components:

- **Tradition** – an acoustic tag (song), the same for each session, which marks the start of the work session.

- **Greeting** – calling out the name of each participant which marks his/her place and importance in the process of interaction. The greeting is accompanied by visual stimulation by the presentation of photos.

- **Visual** showing the sequence of activities. The program aims to ensure structure and predictability of what is happening within the group work.

- **A main part** involving 3 – 4 activities aimed at learning specific communicative elements (gestures, words, symbols, skills). The activities are selected according to the communicative goals offered in each session. The process of their implementation is from passive to active communication models, by including 10 functional words / gestures / symbols – *I, hello, bye, yes, no, want, come, help, stop, more*. The presentation of words is realized through a multi-sensory approach including visual, acoustic and tactile incentives. Acquiring the words is individual according to the participants' different skills and potential. Each participant can use the type of expression relevant to his or her abilities (speech, gesture, symbol). In some of the participants the words are reduced and in others they are expanded depending on their capability and interests.

- **Good-bye** – calling out the name of each participant, confirming the request for the importance of the individual in the group.

- **Tradition** – an acoustic marker (song) that ends the session.

4.1 Case study 1:

Table 1: *Participant Data*

Gender	Female
Age	22
Diagnosis	Moderate mental retardation
Background	After birth the child was raised in her mother's family environment. At the age of 10, she was placed in HMDCA (Home for children and youth with mental disabilities) due to intellectual disability. A year later she is reintegrated. She was being raised in the family for 6 years, when regress is again observed. For this reason she was placed in a HCMD (home for children with mental disabilities) in another city. After a year she was transferred to the care home for children and youth with special needs. Two years later, she was placed in the current CHCYSN.
Relationship with relatives	During the years of institutionalization she was regularly visited by her mother and grandmother. She visits her family at weekends and holidays.

Table 2: *Characterization Derived from the User's File Analysis*

Self-sufficiency	Able to eat, dress and make her toilet alone. Needs help to shower, tidy, clean, cook easy meals and choose proper clothing.
Daily schedule	Observes the daily routine of the service with help.
Cognitive development	Attention is unsustainable. Memory is short-termed with difficulty to retrieve information. The information learnt in childhood is prevailing. The thought process is fragmented.
Communication	Uses speech at simple sentence level. Initiates communication through multiple iteractions of information important to her. Difficult role planning according to the communicative partner (acquaintance, stranger, adult, peer). Understands simple instructions. Does not use natural gestures.
Behaviour	Lack of initiative. Does not take part in the daily activities of the service. Aggressive to other users and objects in a state of affection. Controls the anger outbursts with help. There are autistic tendencies in behavior.

Table 3: *Information from Structured Interviews with a Social Worker and Objective Observation (The Grade is determined by a Predetermined Scale)*

	First data collecting – interview	First data collecting – observation	Repeated data – interview	Repeated data – observation
Taking part in activities	0 - does not take part	0 - does not take part	0 - does not take part	0 - does not take part
Involvement in communication	2 - responds to verbal contact	2 - responds to verbal contact	2 - responds to verbal contact	2 - responds to verbal contact
Initiative in activities	0 - no	0 - no	0 - no	0 - no
Initiative in communication	1 - yes	1 - yes	1 - yes	1 - yes
Consistency	0 - none	0 - none	0 - none	0 - none
Aggression	1 - 1-2 times a month	0 - does not show	1 - 1-2 times a month	0 - does not show

Table 4: *Data from Direct, Non-Involved Observation during the Experimental Interaction*

Taking part in activities	Takes initiative to participate in group work. Makes a standalone choice which activities to take part in, verbalizing the choice with one-word (Yes, No, I want).
Involvement in communication	Responds to verbal contact with a verbal response consisting of one word or phrase.
Initiative in activities	Passive in the first sessions and needs external motivation. Gradually was observed an increase of initiative, mainly realized with behavioral models. When she wants to take part in a suggested activity, she says, "I want", "Give me", or she's looking at the group's leader.
Initiative in communication	Verbalizes feelings, emotions, meaningful topics through repetitions of learned phrases. The interaction is not directed at first. Gradually, in the course of interaction she makes eye contact with a specific person from the team.

Consistency	Initially, she needs constant support from a team member to complete the activity. There is a gradual increase in the number cases of working alone. By the end of the work program she needs verbal support to complete the activity.
Aggression	Aggressive events are observed in 4 of the sessions in the form of physical aggression to another participant. Situations are related to violation of personal space or response to the aggression of others.

Table 5: *Kendall Correlation between Variables and Time-Based Data from Direct, Non-Involved Observation during Experimental Interaction*

Participant №	Taking part in activities	Involvement in communication	Initiative in activities	Initiative in communication	Consistency	Aggression
P 4	0.04	0,14	0.41 *	0.38 +	0.48 *	-0.24

* Significant change in the observed index over time at $p < 0,05$

+ Significant change in the observed index over time at $0,05 < p < 0,1$

The presented data show significant change regarding the user's initiative in daily activities and the specially organized working sessions under the Program. The data obtained from the interview with a social worker interview and objective observation shows zero values of initiative in activities that remain unchanged in the first data collecting and the repeated data. In contrast, the direct monitoring information supported by the statistics indicates a significant change in the considered indicator. A significant positive change is also observed in the statistical processing of the data on initiative in communication and persistence. Regarding the mental retardation together with autistic tendencies in behavior, it can be assumed that they are the basis of the lack of initiative in everyday life – a feature of individuals with autistic spectrum disorders and partly in individuals with intellectual disabilities. However, under the conditions of structured group work these features are significantly reduced. There are several reasons to assume here. First of all, the clear structure, repeatability and predictability of what is happening create prerequisites for dropping the tension from the unknown. This creates a favorable basis for developing the potential of the participant – physically she has no disability that prevents the involvement and completing the activities. Considering the characteristics derived from the content analysis, the user has a sound

psychological foundation (strong attachment to a meaningful adult) and preserved skills acquired in infancy.

Secondly, the suggested alternative communication models create an opportunity to initiate activities in an accessible way. The participant has difficulty directing verbal speech and building adequate role-playing, in which she can declare her desires in the right direction. The staged presentation of the communicative act in stages is a means for its implementation. This also helps to understand the meaning of the communicative function of speech (verbal or non-verbal) as a purposeful, mutual act of interaction.
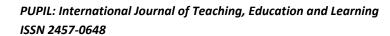
Personalization of the non-verbal and verbal communication models introduced during group work enables each individual participant to use their own potential. Due to the lack of ability to use natural gestures of this particular user, learning is directed towards functional use of the words. This builds up the already existing speaking ability and focuses it on communicative goals. Learning the gestures and symbols here makes sense only in terms of their recognition to other users.

Based on the user's achievements in the group work it can be assumed that the implementation of similar communication possibilities in everyday life, combined with a clear, illustrated structure of what is happening, could lead to an increased initiative in the service's daily life.

4.2 Case Study 2

Table 6: *Participant Data*

Gender	Male
Age	11
Diagnosis	Talipes equinovarus; Mild mental retardation
Background	The child was born outside Bulgaria. According to the documents, the father is unknown. He has an older brother. In his birth year, the family was extradited to Bulgaria and was subject of a number of social services, including accommodation in a crisis center. By the third year, the family had changed their domicile 6 times. Following a child alert signal, the boy was placed in a home for medical and social support of children. Three weeks later he is moved to the family-type care center where he stays for 2 years. After assessing the case, the

	child was transferred to a foster family. One year later, he reports that he has been the subject of coercion of the foster mother's cohabitant and is immediately removed and placed in the current care home for children and youth with special needs. Two months before the end of the experimental interaction, the child was transferred to a CHCYSN in another location due to a change in the profile of this Center.
Relationship with relatives	During the years of residing in care centres the child was visited by his relatives, but no emotional connection with them was observed.

Table 7: *Characterization Derived from the User's Dossier Analysis*

Self-sufficiency	Able to eat and make his toilet, as well as dress and choose proper attire, serve and clean alone. He needs reminders to maintain personal hygiene.
Daily schedule	Refuses to observe sleep and wakefulness regime.
Cognitive development	Attention is unsustainable. There is rapid tiredness. Demonstrates good memory in personal motivation. Thinking is concrete.
Communication	Uses complex agrammatic sentences. Sound reproduction is impaired. Frequently encountered phrases and imitation of non-verbal users are common. In the past year there has been a regression in language-speaking development. There is no critical attitude towards the interlocutor – acquaintance or stranger; adult or peer. Does not respect the privacy of others.
Behaviour	Expresses emotions in an intensive manner, upward gradation, and inappropriate behavior. He has frequent aggressive and self-aggressive reactions. Aggression is targeted at other users, staff and surrounding objects. Lack of adequate self-assessment of behavior. He is inclined to clinging and always seeks the company of other people.

Table 8: *Information from Structured Interviews with a Social Worker and Objective Observation (The Grade is determined by a Predetermined Scale)*

	First data collecting – experimental interview	First data collecting – observation	Repeated data – Interview	Repeated data – observation
Taking part in activities	5 - more than 1 time a day	2 - more than 2 times for the period	5 - more than 1 time a day	2 - more than 2 times for the period
Involvement in communication	2 - responds to verbal contact	2 - responds to verbal contact	2 - responds to verbal contact	2 - responds to verbal contact
Initiative in activities	1 - yes	0 - no	1 - yes	1 - yes
Initiative in communication	1 - yes	1 - yes	1 - yes	1 - yes
Consistency	1 - under certain conditions	0 - none	1 - under certain conditions	0 – none
Aggression	4 - more than 2 times a day	2 - more than 2 times for the period	4 - more than 2 times a day	1 - 1-2 times for the period

Table 9: *Data from Direct, Non-Involved Observation during the Experimental Interaction*

Taking part in activities	Takes part in almost all proposed activities. Works quickly. Over time, there has been an increase in cases where he chooses activities according to his interests and abilities.
Involvement in communication	Responds to verbal contact with a verbal message. The utterances are in the form of complex agrammatic sentences. He often uses foul language.
Initiative in activities	Initiates a number of additional activities beyond the suggested, some of which are socially undesirable. This happens during the usual exercises at the beginning and the end of the session, instruction for following activities and when there is no support from a member of the team. After a personal

	invitation to assist the lecturer and training in 2 sessions about how to do this, he begins to initiate activities related to what happens in the session – "tells" what is following, hands out materials, monitors the visual program and who goes in and out of the session and marks it in the established way.
Initiative in communication	Initiates verbal contact with session leaders. The statements are related to prior experience or to what happens during the session. In the first sessions, he uses foul language when he is not supported by a member of the team. Rarely initiates communication with other users. When he does it is in a violent way - strike, mocking imitation, pulling an object from the hand of another. In the second half of the experimental interaction there is an increase in cases of sharing plans for the next days or subsequent sessions.
Consistency	In most of the first sessions he needs physical support to complete the activities. Gradually, the support only becomes verbal. When he needs physical help, he uses speech to find such. When he can manage himself, he wants to show the result of his work to a team member.
Aggression	He displays aggression towards the other users in all sessions. Violation of personal space and a prohibition to do a socially unacceptable act also lead to aggression. There are several situations of aggression for no apparent reason. When engaged with an interesting activity, aggression significantly drops and the child focuses on what he is doing. After training to be the assistant of the lecturer, the number and duration of aggressive events diminishes.

Table 10: *Kendall Correlation between Magnitudes/Values and Time-Based Data from Direct, Unplanned Observation during Experimental Interaction*

Participant №	Taking part in activities	Involvement in communication	Initiative in activities	Initiative in communication	Consistency	Aggression
P 6	-0,19	0,1	0	0,21	0,1	-0,21

The information provided by the child's daily behavior and during scheduled sessions within the experimental interaction shows an established aggressive pattern of relationship with others. The quantity analysis of the specific case does not provide information on significant changes in the

tracked indicators, including aggression. However, the qualitative analysis, based on careful observation, shows some interesting trends. Introducing the child into a new role of leader helper affects some of the observed responses. There is a critical attitude towards the tasks set, change in the quality of communication, increased self-sufficiency, reduced duration of aggressive events.

In connection with the observation, the specifics of interaction and the personal history of the child, we can draw some hypotheses regarding the changes.

The content of the file analysis provides information about multiple movings, traumas and child abuse that lead to the conclusion of severely disturbed affection from early childhood. Such an assumption is also evidenced by the observation of a lack of emotional connection with family members. Available medical diagnoses enhance the effect of psychological prerequisites to form a protective response in the form of aggression. All this forms the basis of disorganized behavior and dependence on another. The timing, space and action structuring activities proposed within the experimental interaction provide an opportunity for externally visualized support. Thanks to this support, the child can direct his energy and to plan his behavior in a socially desirable direction.
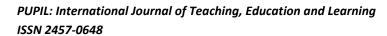
The observed change that occurred after accepting the role of assistant has its rationale in the specifics of the child's character. There is a strong dependence on the other's opinion, clinging, initiative, poorly developed patience, low self-control. In this sense, providing the methods without specific training and declaring the new role cannot fully serve the needs of the particular participant. There is a need for a position to be noticed by others, filled with responsibilities that can be realized often enough. This position is precisely as helper of the lecturer as it provides a sufficient number of components to be tracked and implemented together with the proposed activities. The external visuals, in this case, replace the dependence on other person and help the described responsibilities to be realized without help.

Due to another move of the child to another resident type service, his participation in the experimental interaction is 17, not 24 sessions. In this sense, the given information is incomplete. Nevertheless, the observed trends are positive.

4.3 Case Study 3

Table 11: *Participant Data*

Gender	Female
Age	31
Diagnosis	Legasthenia , Simple schizophrenia

Background	After birth, she was raised in a family environment until her 7th birthday. As the family was unable to take adequate care, she is placed in a home for children with mental disabilities (HCMD). She was then moved to three different institutions. In 2015, she was accommodated in the current care home for children and youth with special needs. There is a hereditary defective: a mother diagnosed with epilepsy, a father diagnosed with "mixed anxiety and depressive disorder", a brother diagnosed with "mild mental retardation".
Relationship with relatives	During the years of institutionalization she did not maintain contact with family and relatives.

Table 12: *Characterization Derived from the User's File Analysis*

Self-sufficiency	Able to eat, dress and make her toilet alone. With help she handles tidying, cleaning, selecting appropriate clothing.
Daily schedule	Observes the daily routine of the service with help.
Cognitive development	There is attention control towards objects of interest. In other cases, the concentration of attention is unstable. The operation of short-term memory is directly related to interests. Long-term memory is chaotic. The thought process is stagnant.
Communication	Speech development is at the phrase level. The sound reproduction and grammatical structures are severely disturbed. Speech is difficult to understand. She initiates communication on topics related to her interests. Understands simple conversation and instructions. Uses natural gestures. She has difficulty respecting the privacy and the differentiating the role partners (peers and adults).
Behaviour	Voluntary behavior is related to interests and immediate desires. Controls emotional states with help. Shows aggression when her personal space is violated. Aggression is targeted at other users and household objects. There is an echolalic repetition of non-verbal behaviour in expressing desires.

Table 13: *Information from Structured Interviews with a Social Worker and Objective Observation (The Grade is determined by a Predetermined Scale)*

	First data collecting – interview	First data collecting – observation	Repeated data – Interview	Repeated data – observation
Taking part in activities	3 – 3-4 times a week	1 - 1-2 times for the period	3 - 3-4 times a week	2 - more than 2 times for the period
Involvement in communication	2 - responds to verbal contact	2 - responds to verbal contact	2 - responds to verbal contact	2 - responds to verbal contact
Initiative in activities	0 – no	0 – no	0 – no	0 – no
Initiative in communication	1 – yes	1 – yes	1 – yes	1 – yes
Consistency	1 – under certain conditions	0 – none	1 - under certain conditions	0 – none
Aggression	3 – 1-2 times a day	0 – does not show	2 - 1-2 times a week	0 - does not show

Table 14: *Data from Direct, Non-Involved Observation during the Experimental Interaction*

Taking part in activities	Selectively takes part in the offered activities. Refusal is mainly manifested by behavior – walking out of the room, making gestures with no clear meaning. As time passes, refusal becomes more and more verbal – "No", "I don't want", "I won't."
Involvement in communication	Responds to verbal contact with a verbal answer consisting of one word or phrase. There are cases of refusal of verbal response and preference for behavioral reaction – touching face parts, gestures.
Initiative in activities	In the first sessions there is a passive implementation of the assigned activities. Gradually, we can observe self-initiated participation in activities associated with enhanced sensory (mostly tactile) experiences.
Initiative in	In the first sessions she initiates a conversation with the team only on important

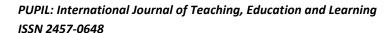| communication	to her topics that are not in the context of what is happening. Starts a conversation with other users in situations when she is highly impressed with their behavior. Over time, the number of topics broadens and goes beyond personal fixations. Discusses current activities and comments on consumer behavior.
Consistency	Needs physical support to finish the activities. This support gradually becomes verbal. There are several situations in the second half of the realized interaction, where she deals with the tasks alone.
Aggression	There are aggressive manifestations in situations of privacy violation and in response to the aggression of other users. Low tolerance thresholds are observed, reactions are impulsive, mostly in the form of physical aggression. In the last sessions of the experimental interaction she uses verbal answers together with the studied Stop gesture. Verbal responses contain a request to stop the action and sharing of experience – "Stop this! I don't like it!".

Table 15: *Kendall Correlation between Variables and Time-Based Data from Direct, Unplanned Observation during Experimental Interaction*

Participant №	Taking part in activities	Involvement in communication	Initiative in activities	Initiative in communication	Consistency	Aggression
P 7	-0,11	-0,11	1,18	0.36*	0,22	-0,16

* Significant change in the observed index over time at $p < 0.05$

The information on the case derived from interviews and observation in natural environment and regulated sessions reveals some specific features of the participant. There is a fixation on certain topics that prevents adequate communication. Despite some verbal skills developed to a certain extent, she mostly uses behavioral models. She assimilates aggressive models to deal with threats (violation of privacy).

The statistical processing of the values represents a significant change in the tracking parameter "initiative in communication". Content data indicates increase in speech responses and expanding conversation topics. The verbalization of the message and feelings in provocative situations by the other participants makes a particular impression. Depending on the characteristics of the proposed activities, there may be several hypotheses about the occurrence of such changes.

First of all, the sequence of actions in a communicative act presented in the study of functional words gives a clear and accessible view of the participant about the nature of communication as a mutual process of alternating of speaker and listener. Repeated behavioral training of these roles leads to improved listening skill and patience, allowing time for the mind to process the information provided and structure of own speech. Thus, the quality of communication gains greater focus and relevance to the context of the subject under discussion. Of course, given the disorders and hereditary defectives found in the context of the user's file analysis, expectations for the development of communication skills should be realistic, i.e. to expect minimal successes over a longer period of time. In this sense, the observed increase in cases of verbal response over behavioral responses can be considered as an extremely important and significant behaviour change.

The second aspect that could be analyzed as a means of facilitating change is the provision of variation in communication – words, gestures, symbols. Despite the partially developed verbal skills, the participant communicates mostly through behavioral models. Offering a regulated behavioral model in the form of gestures serves this need. On the other hand, as evidenced by the file data, there is a developed skill in using natural gestures. The combination of this skill and purposeful training to include new gestures, along with speech in appropriate situations expands potential capabilities. This brings about situations where the participant succeeds in transferring the skill of using the gesture and the word "stop" from the artificially created learning environment into the natural interaction with other users. The gesture here plays a supporting role but without it speech may not be as well and adequately structured. It triggers words which declare the desire and justify the reason.

5. Discussion

The three cases presented illustrate part of the results achieved in the overall experimental interaction, in which the authoring program for working with children and young people with disabilities is approved .It is almost impossible to draw a general conclusion for the whole group due to the specificity of the target group. Persons with severe disorders should be considered as phenomena and analyzed solely individually. In this sense, we can present a set of several trends for the listed users involved in the work sessions:

- The proposed Program assists the involvement and initiative of participants in a variety of activities through a predictable routine, the individualized approach and the stimulation of communication.

- The proposed Program supports the structuring of activities through visuals and established consistency.

- The proposed Program assists in building skills for self-control by offering different roles depending on the needs of the participants.

- The Proposed Program supports the development of alternative models to address provocative situations by providing a range of communication tools.

The trends discussed support the hypothesis set at the beginning of the study. Due to the specifics of the target group, a longer term use of the proposed principles is needed to make sure whether trends would be confirmed as permanent outcomes.

References

Banova, V. (2010). The question of mental suffering in the process of deinstitutionalization: possible solutions and answers. *Collection of materials supporting the introduction of an integrated psychological healt approach and social approach to working with children with mental health problems and their families.* Sofia

Brown, K. (2009). *Injury caused from growing up in an institution in early childhood.* Bulgaria: UNICEF.

Facts and figures: 2. Children in institutions: the risk (2015). Retrieved 11.08.2017, from http://bulgaria.wearelumos.org/sites/default/files/RisksBG%20fin.pdf

Kuzmanova-Kartalova, R. (2013). *Theoretical Foundations and Methodological Approaches In sociopedagogical work.* Sofia: E Print.

Matanova, V. (2015). *Affection - there and then, here and now.* Varna: Steno.

National Strategy "Vision for Deinstitutionalization of Children in Bulgaria" (2009). Sofia Termination of the institutionalization. Evaluation of results for children and young people

in Bulgaria, moved from institutions to community services (2016). Retrieved 08.07.2017, from

http://bulgaria.wearelumos.org/sites/default/files/Bulgarian%20Outcomes%20Report_BUL_ WE B_14JUN16.pdf

Zlatkova-Doncheva, K. (2015) Social Services and Institutions in Bulgaria - Validation, development and prospects. *Collection of papers from the Second Ph.D. Scientific Session*, Veliko Tarnovo.

Zlatkova-Doncheva, K. (2014). The family-type accommodation center for children and young people at risk as an element of the system of socio-pedagogical support. *Pedagogical Almanac*, 2, 152-174.