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OCCUPATIONAL THERAPY AS A MEANS OF SOCIO-PEDAGOGICAL REHABILITATION OF YOUNG PEOPLE WITH DISABILITIES

The article examines Ukrainian experience regarding the essence and content of rehabilitation of youth with disabilities by means of occupational therapy in the environment of the territorial center of social services. The socio-psychological peculiarities of the specified category are highlighted: certain health restrictions on labor activity; restrictions on professional self-realization and lack of permanent employment; "Consumer life position" for young people with disabilities in relation to life and society; lack of communication, etc. The essence of the term "occupational therapy" with respect to a person with deflected psychophysical development was determined and the influence of different means of occupational therapy on the rehabilitation of youth with disabilities was analyzed. The concept of rehabilitation was presented as an extension and development of adaptive opportunities for young people with disabilities.

Results of diagnosing formation of adaptive skills in young people with disabilities are presented. The result of the study was determination of the socio-pedagogical conditions of rehabilitation, which should be based on occupational therapy for young people with disabilities: taking into account psychological and pedagogical and psychosocial features of youth with disabilities and using the potential of these features; certain functioning of the group (organization, branch, etc.) youth with disabilities and availability of material and technical resources, premises; provision of medical and social support for the rehabilitation process by means of occupational therapy.

Key words: occupational therapy, youth with disabilities, social adaptation, social rehabilitation, self-realization.

Introduction. Young people with disabilities is one of the most vulnerable categories of the population in various spheres of life, particularly in employment: they often do not have sufficient opportunities for receiving high-quality occupational education; because of features of the main disabilities they have low competitiveness on the labour market, etc. Their incomes are typically below the average and needs for health and social services are much higher than most citizens' ones. A large number of them do not have the possibility of creating their own family or participating actively in public life. Absence of employment has a negative impact on the socio-psychological status of such person. Therefore, the use of occupational therapy as means of rehabilitation of young people with disabilities is an actual problem of science and practice nowadays.

Analysis of relevant research. R. Holubkov, V. Bubnova, V. Kaliaieva, A. Kaptein and other outstanding scientists determined the possibilities of using occupational therapy for rehabilitation of various categories of the population.

However, in our research, generally, occupational therapy is considered within the medical model of disability. In recent years there is a clear focus on the social model of disability among foreign authors. So, the problems of alternative employment were examined by Canadian researchers such as Edward Hall, Robert Wilton; connection of the problem of the quality of life of people with intellectual disabilities and their employment was researched by Spanish scientists such as Noelia Flores, Victoria Martin; employment and work of people with disabilities on a voluntary basis are analysed in the works of Australian and Norwegian scientists, for example, David Trembath, Susan Balandin, and others; the problems of the quality of life of employed people and unemployed people with disrupted physical development were studied by the Turkish academics such as Hasan Atakan and Ali Tikis; creativity and creative works used by people with disabilities are shown in the works of Romanian scientists, for example Svetlana Obradovic and Lydia Zlatik. So, different issues connected with occupational therapy and employment of adults with disabilities remain relevant and require further researches in this area.

Aim of the Study. As already mentioned, until recently occupational therapy had been considered primarily as a means of medical rehabilitation. So, traditionally occupational therapy is applied to medical and social-medical rehabilitation of people who lost their ability to work because of some reasons, who are with a certain disability etc. Consideration of the possibilities of using occupational therapy for young people with disabilities is caused by the specificity of this category and the need for their rehabilitation. In this case, we keep in mind the social-pedagogical rehabilitation, which is regarded not as an upgrade, but as an extension, development of a person with disrupted mental and physical development adaptive capabilities.

So, the aim of this work was to determine the social-pedagogical rehabilitation conditions of young people with a disability by occupational therapy means. Objectives of the study were to enlighten the features of the social-pedagogical rehabilitation process of people from 18 years old; to define the essence of the concept of occupational therapy in the context of the person with disrupted mental and physical development rehabilitation; to prove the basic social-pedagogical conditions on which occupational therapy should be built for this category, and to examine the main types of occupational therapy for people with disrupted mental and physical development.

Research Methods. Socio-pedagogical rehabilitation of young people with disabilities is a long, difficult, complex process which includes a number of rehabilitation measures. In contrast to the rehabilitation of children with disrupted mental and physical development, the purpose of which is to maximize development, adaptation and socialization of a child, the purpose of the socio-pedagogical rehabilitation of young people is firstly believed a

strengthening of its adaptive capacity (Solovyova 2009). Let's consider young people with disabilities as an object of socio-pedagogical rehabilitation.

Young people with disability is a complex, multifarious social group. In order to determine certain characteristics, common features of these young people we will try to classify this category. First of all, they can be divided into two large subgroups: people with congenital disabilities and people with acquired disabilities. Each of these subgroups in turn is divided into several ones according to different, generally accepted classifications. According to British three star limitations scale they distinguish illness as a loss or abnormality of mental or physiological functions, elements of anatomical structure making certain activities difficult; diminished capacity as a loss of capacity (due to a defect) to perform a specific activity in the range of what is considered normal for a human being; disability as a consequence of the defect or limitation of a particular person impeding or restricting the performance of certain regulatory roles on the basis of age, sex or social factors (Bespalko, 2009).

In addition, there are physical, mental, sensory disruptions and complex and heavy ones. They refer the combination of physical, mental and sensory impairments (or two of these) to complex disruptions. They refer impairments and their combination in which a person is recognized incapable. The last group of disorders also includes impossibility for a person to acquire education of state standards. Depending on the degree of abnormalities of musculoskeletal system they distinguish mobile, disabled, immobile (complete loss of motor activity) people.

During organization of occupational therapy, it is important to understand what kind of violations people with the disability have, how to divide them into groups, for whom are possible only individual lessons, and for whom it's better to work in a group. Schemes of violations classifications are complex, lengthy and have to establish the disability, the degree of health of the person, the definition of the priority directions of rehabilitation, etc. Certainly, while ergotherapists evaluate the case at first, they take into consideration the medical document that certifies disability and limitations for health reasons to take part in certain types of work.

The next important condition for the conducting of occupational therapy is presence of a desire to be engaged in certain types of work. In our work we focus primarily on individuals who can't work because of medical reasons on the same conditions, i.e. who are officially recognized as disabled or partially employable.

According to the theoretical-practical studies (Kravchenko, 2007), this category has a number of common features that need to be considered in the process of socio-pedagogical rehabilitation. Let us consider these characteristics from the point of view of possibilities of occupational therapy organization. In addition, we will analyse these features as a certain obstacle for the person with disabilities.

We believe that the first feature is presence of some limitations for employment – that is health, the objective ability for a particular activity. For example, among people with serious disorders of musculoskeletal system, mainly affecting the upper limbs (certain forms of cerebral palsy) the ability to perform hard, small-scale work (embroidery, beading, painting etc.) is objectively reduced. However, the same development of fine motor skills of such individuals is a prerequisite to their rehabilitation. In addition, according to practical experience, similar activities are popular among people of this category (Macpherson et al., 2016). Ability to complex work requires substantial development of abstract thinking is objectively reduced among people with varying degrees of intellectual disability. However, often such people are able to routine (“factory”) work which requires a long repetition of monotonous movements. That is, a person with mental deficiency can do the job better than a “normal” person. So, let us consider this feature not only as an obstacle but as a resource in the organization of occupational therapy events.

A further feature of youth with disabilities is absence of permanent employment, and as the result of limitation of opportunities for professional self-realization. Even in cases when the person is officially recognized as partially workable, it is not possible to find a decent job, with rare exception. Ukrainian enterprises are extremely reluctant to employ people with disabilities who require working part-time, special working conditions etc. And, if people with disorders of physical development eventually find typically unskilled or menial work, people with mental and cognitive development actually do not have such a chance. That greatly affects the social status of the person with a disability. In modern conditions, a person who is unemployed, lives on social benefits, has the lowest social status in society. However, examining the lack of permanent professional employment of a person with disabilities, it is impossible not to consider it as a particular resource, that is the person has time: time, which now lacks working population, time for spiritual development, creativity etc. And in this sense, organization of occupational therapy has certain capabilities – enough time for any occupational therapy events and the opportunity to be engaged in activities that bring pleasure.

Another feature that is often observed among young people with a disability is a consumer (dependant) attitude to life, society, state (Fioritti et al., 2016). In our opinion, this is one of the most important features that must be taken into account during occupational therapy organization. Today, young people with disabilities, as a rule, are graduates of boarding schools. The childhood and adolescence of these people were during the decline of the Soviet period in the history of Ukraine and post-Soviet period. Of course, it left a definite print on the identity of every person, a system of “dependency” of people with disabilities, their social isolation, segregation, discrimination dominated in the Soviet era. That is, it was believed that a person with a

disability first of all needs a necessary care, provision of a minimum subsistence level. Training issues, employment was not systematic. As for the disabled people with disabilities, they were kept in closed residential institutions or more rarely lived in families i.e. had lived on welfare, with no opportunities for professional self-determination and self-realization. This question practically was not considered. As a result, several generations of people of this category subconsciously, do not even expect to receive a decent profession, a normal employment, which would allow them to become more independent. On the other hand, actually genetically they used only to “get”: minimal care, state and non-state social assistance, benefits, and all this is quite naturally and legally. However, certain “privileges” are based on social exclusion, segregation and total discrimination had created a “dependency stance”, that is these people often have no desire to work, they used to rely on the assistance, feel themselves offended if this help is not enough.

Considering this feature as a resource in the organization of occupational therapy, we note that these attitudes might be reversed in a different direction – any resentment, dissatisfaction with their position, like other strong emotions they can be the impetus for action and activity.

Another feature which is inherent in most people with disabilities, we believe lack of communication. Studies show that this problem is most common among young people with disabilities (Layton et al., 2015). It is connected with several reasons, among which the first place takes social isolation of this category. Of course, there are objective obstacles for the normal, full communication: hearing and speech disorders, disorders of mental and emotional development. However, this isolation plays a crucial role, because of the inability of the normal formation of the needs, skills and culture of communication.

In our opinion, this feature is an obvious resource of occupational therapy. Of course, organization of a particular activity is always accompanied by communication. With it, communication can be of higher levels. Working together requires formation of a communication culture, and this, in turn, of course, contributes to the rehabilitation of a person with disabilities.

The last characteristic of youth with disabilities we believe inclination or the desire to get “fast” fun. In our opinion, it is a manifestation of the psychological immaturity of a person. One of the humanistic trends in psychology – Fritz Perls, Laura Perls and Paul Goodman’s Gestalt therapy considers the psychological maturity of a person as the ability to transition from reliance on the environment to himself. People with disabilities generally who have to rely on the environment often do not realize their real needs and are therefore deprived of certain opportunities to develop independence and self-sufficiency. Scientific studies indicate that these people have many problems related to the lack of bright emotions, feelings, love and respect from others. However, somehow they are looking for some “fun” trying to

manipulate the environment. In our opinion, that is what determines the appearance of serious secondary disorders among these people namely the propensity to dependent behaviour. This tendency can manifest as abuse of food, alcohol, deviant sexual behaviour, painful attachment to a specific person, computer and Internet addiction etc. I.e., anything that does not require considerable efforts and gives a fast result brings vivid emotions and pleasures. However, over time, the need to satisfaction increases, respectively, the degree of dependence increases too. All this destroys the person who has problems with psychological maturity.

But like other features, this feature can become a specific resource for the organization of occupational therapy. Joint labour activity and visible results of work satisfy certain needs of people. Consequently, a person with disabilities, who sees the result of his work will definitely enjoy it. And it is not “fast” satisfaction, it is not attained through the environment. This pleasure is the result of his own labour, and therefore promotes formation of psychological maturity of a person.

Thus, characteristics that are considered include certain restrictions on employment (health, objective ability of a particular type of activity); lack of permanent employment and, as a consequence, restriction of opportunities for professional self-realization; consumer (dependent) attitude to life, society and state; lack of communication and tendency or desire to get “fast” pleasure are the barrier on the one hand, and on the other hand – the resource for organization and implementation of occupational therapy.

These features allowed us to determine the socio-pedagogical conditions of using the occupational therapy for rehabilitation of people with disabilities:

- consideration of psycho-pedagogical and psychosocial characteristics of youth with disabilities and particularly the use of potential (resource) of these features;
- the specific functioning of the group (organization, department etc.) of youth with disabilities and the presence of material resources, premises;
- the providing of medical and social support in the rehabilitation process with means of occupational therapy.

Let us consider various types of occupational therapy that scientists propose to be used when working with people with disabilities. We note that the leader in this question is psychiatry. Scientists in this sphere studied the most deeply the possibilities of occupational therapy for mentally ill people treatment (Linden et al., 2009). So, Angelo Forit considers this kind of occupational therapy as ergotherapy. The author examines connection of rehabilitation of a person with impaired mental development with its employment and it proves the effectiveness of ergotherapy (Fioritti et al., 2016). N. Leighton considers ergotherapy as a basis for inclusive processes in society.

So, one of the main types of occupational therapy is ergotherapy, which means everyday work activity and immersion in daily activities with the goal of rehabilitation and/or treatment work. In English sources ergotherapy is often called occupational therapy.

Thus, traditional occupational therapy is firstly ergotherapy. However, there is a broader interpretation of occupational therapy especially when we are talking about people with disabilities. According to some scientists, occupational therapy can also include art therapy, and sport therapy and play therapy. The last types of therapy as kinds of occupational therapy becomes appropriate in those cases when they give a certain result in the form of, for example, an article, a sports result or formation of skills. We share this opinion and consider in detail these types of occupational therapy.

So, Macpherson, Hart, and Heaver (2016) explores the impact of art therapy on the emotional status of youth with disabilities. The author described the results of the studies of the experiment, in which young people being collectively engaged in art have been significantly expanding their adaptive capabilities. Hacking, Sue and others consider the use of art therapy projects in groups of people with mental disorders and note serious impact of these classes on rehabilitation of these people. The most significant impact was discovered by the authors in expanding of their rights and opportunities.

We note that in the described cases art therapy classes had a specific result. That is, a person with disabilities, doing any kind of work, has the opportunity to see/get the result of his work: paintings, goods, musical achievements etc. In addition, the result, under certain conditions, could become a “goods” for which the person receives a fee. So, we consider certain artistic measures to be rightfully attributed to the varieties of art therapy.

Another type of occupational therapy can be considered sports therapy or prolonged exposure therapy. As in the previous case, sport activities particularly the professional classes are a serious work that brings concrete results: specific achievements in sport and physical improvement. According to many scholars, people with disabilities who are professionally engaged in sports are the most socialized among the other “special” people.

The last type of occupational therapy is play therapy. In this case, we consider a play as a means of obtaining certain skills primarily associated with the social adaptation of the person. Multiple repeating of everyday situations faced by a person with a disability also becomes a labour that requires considerable efforts. Basic communication skills in public places and garment, body, premises care skills are formed during special games. Skills are the result of such work. Therefore, in certain cases, regularly we consider a play therapy as a variation of occupational therapy.

Thus, the theoretical analysis of the problem led to the study, which was carried out on the basis of department of day care of Zaporizhzhia city territorial

centre of social service. The study involved 27 young people aged from 18 to 35 years old with various disabilities. Among them are young people with a diagnosis of cerebral palsy of various forms and degrees of severity, including those who move in a wheelchair and those who have cerebral palsy combined with other pathologies (mental retardation, epileptic syndrome etc.), people with sensory and mental disabilities, including Down syndrome and autistic disorders.

The aim of this study was to determine the level of formation of adaptive abilities among youth with disabilities. We recall that we have considered rehabilitation as an extension, development of adaptive possibilities among youth with disabilities. The study envisages development of hirudo-therapists rehabilitation program.

To conduct summative studies there was identified criteria and indicators, which made possible verification of the level of adaptive skills of people with disabilities, and further verification of the effectiveness of the developed hirudo-therapists program.

Taking into account the fact that socio-pedagogical rehabilitation involves work in three main areas, namely: restoration (correction) of the physical and mental state, promoting maximum independence in daily life and increase of the level of socio-psychological activity of youth with disabilities, we have transformed these points into criteria.

So, the first criterion is a psycho-physical status of the person with disabilities. Indicators of this criterion are: degree of motor activity (within capabilities), mobility; mood and health. The second criterion is presence of independence in everyday life. Indicators were self-help and personal hygiene skills; social orientation skills. The third criterion is a social-psychological activity. Indicators are participation in social life; interpersonal skills; initiative. According to the criteria and indicators three levels of development of the adaptive capabilities of youth with disabilities were defined: sufficient, average, and low.

Sufficient level of adaptive capacity requires a good level of development of motor activity and human mobility (taking into account its objective limitations); mood and health are satisfactory, a person feels healthy, vigorous, is mostly in a good mood. The self-help and personal hygiene skills are developed; he freely guides in society, independence is at the highest level. A person is involved in public life at the group and in society generally; he has formed skills of positive interpersonal interaction; he is initiative.

The average level of development of adaptive capacity requires average degree of development of motor activity and human mobility (taking into account its objective limitations); mood and health are changeable, a person not always feels healthy, vigorous, is in a changing mood. The self-help and personal hygiene skills are developed medium; he guides in society with the help of others, autonomy is at the secondary level. A person is involved in

public life only at the group level; he has some skills of positive interpersonal interaction; there is a lack of initiative.

Low level of development of adaptive capacity implies a low level of development of motor activity and human mobility (taking into account its objective limitations); mood and health are unsatisfactory/inadequate, a person does not feel healthy, vigorous, is in changing and often depressed mood. The self-help and personal hygiene skills are poor; he is confused in society, independence is at a low level. A person sometimes takes part in public life only at the group level; he has some interpersonal skills; he does not show the initiative.

Diagnostic toolkit for ascertaining experiment was chosen taking into account the possibilities and limitations of youth with disabilities. There were used observation, survey, documentation analysis, testing, and method of expert evaluations. Observation was used as one of the main methods, taking into account complexity of the study of this category, the difficulties in communication etc. These techniques made the overall diagnostic technique and has provided the ability to determine the initial level of the adaptive capacity development of young people with disabilities.

In order to implement the experiment for each group member it had been opened a health card in which were written the results of the study for each criterion.

The first was determination of the total relations to work, to various kinds of useful activities within the group. Observation was used to determine the relevance of the issue of occupational therapy for this group. There were interviews with each participant of the experiment. The agenda of each individual interview included following questions: 1. How do you feel about useful work? Do you help your family at home? 2. Whether you love to perform the work: at home, in the garden, in the workshop? 3. Does a person have to work if she has certain health problems? 4. Would you like to work and get paid for it? And what about volunteer work? 5. Are there often cases when you refuse to carry out normal day to day work because of health? 6. How do you understand the concept of "self-realization"? 7. Would you like to learn a useful work (self-service facilities, basic sewing, growing flowers etc.)?

Results. As a result of observation and interviews we obtained the following results. Five young people (about 18,52 %) believe that a person with disabilities should not work; 22,22 %, on the contrary, replied with "I believe that everyone should work". 16 young people (about 59,26 %) answered that it depends on the situation.

On the question whether you like to perform housework, to work in the garden, workshop etc., the answers were distributed as follows: ten members of the group, mostly boys (about 37,04 %) believe that household chores housework are not interesting and they don't need it personally; seven people

(about 25,93 %) believe that household chores should be performed only as needed. The other ten (about 37,04 %) believe that homework is important and they do it regularly.

To the question “does a person have to work if he has certain health disorders?”, the answers were distributed as follows: 62,96 % of people said “he should work”; 22,22 % of young people said “sometimes, depending on the situations”; four young men (14,81 %) said “should not work”.

On the question about cases when a person refuses to perform the daily work because of the health, it was found out that the majority (55,56 %) believe that it is right and the health plays a crucial role in question to do or not to do.

On the issue of the concept “self-realization” only about 18,52 % of people said that they understand and strive for self-fulfilment; about 48,15 % ones answered that they do not really understand the essence of the concept, but they would like to understand; 29,63 % ones said that it is not possible for a disabled person, about 3,7 % (one respondent) said he has already implemented himself (in creative work).

To the question “would you like to learn a useful work (self-service facilities, basic sewing, growing flowers etc.)?” the majority of respondents (70,37 %) answered positively. However, as noted, they were more interested in the process, but not in the result of training. Four people (approximately 14,81 %) said that they already know everything, and the last four people (approximately 14,81 %) are not confident that they will succeed.

General conversation with the specialists of the Department on the attitude among young people with disabilities to work have shown that there is a problem with the consumer attitude of many young people to the environment; presence of dependent attitudes. Of course it does not apply to 100 % of respondents, but there is a clear general trend. Experts attribute this to the fact that most of young people are not employed because of many reasons (objective and subjective), they get disability pension and there is no hope to find a job.

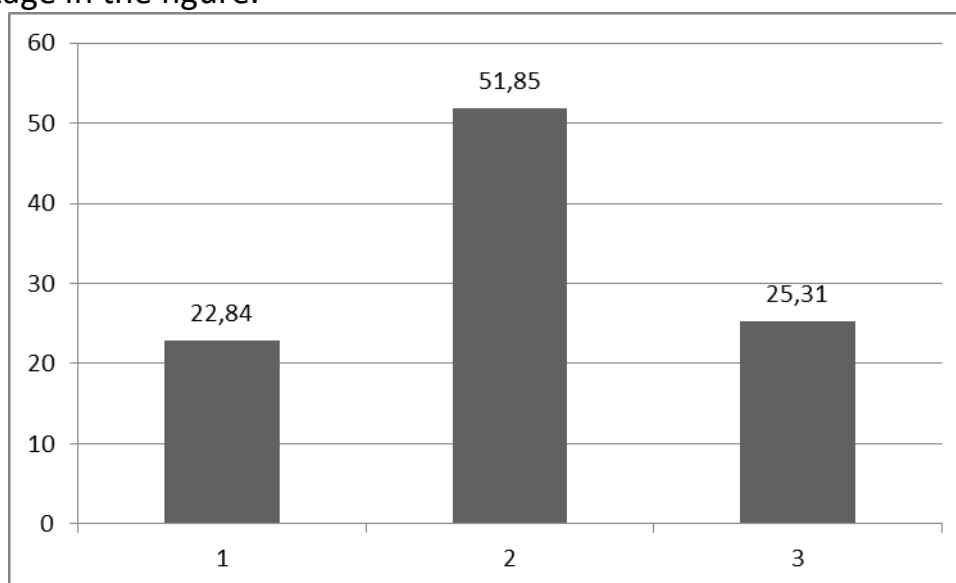
The next step was diagnostics of youth with disabilities according to certain criteria. Studies related to the first criterion of “physical condition” provided determination of the physical activity and mobility degree, and mood and health. The degree of motor activity was determined using observations, expert evaluations and analysis of documents. Mood and health were tested using observation, interview and HAM (health-activity-mood) technique. The results obtained in the study, were reduced to the average and made it possible to evaluate group members according to the first criterion: a sufficient level (that is, motor activity is sufficient and meets the capacity; mood and health are satisfactory) is inherent in 16,67 % of the respondents; the average level (the motor activity does not quite match the capabilities, it is noted that the man does not use its own capacity; mood and health are changeable) is 44,44 %; low level (low motor activity often

contraries to possibilities, the person is inherent in laziness or habit; mood and health are unsatisfactory) is 38,89 % of the respondents.

Research on the second criterion – independence in daily life – also was conducted using the methods above. We studied self-assistance and personal hygiene skills; social orientation skills of young people with disabilities. The overall results were according to the second criterion: 27,16 % of the respondents had a sufficient level (that is, young people are quite capable for self-assistance, personal hygiene, have developed social orientation skills (they can attend institution without someone’s help, are capable of social actions); 54,32 % of average level (they have some self-service skills, not always adhere to the personal hygiene, have problems in social orientation (e.g., they can’t go to the shop, hospital, etc.) and about 18,52 % have low level (they have problems with self-care, personal hygiene; don’t have skills for social orientation).

The third criterion – social-psychological activity – was tested using observation, particularly participant observation, interviews, survey of specialists. According the third criterion a sufficient level is inherent in 24,69 % of respondents (that is, young people take part in social life, have well-developed interpersonal skills, are initiative); average level is about 56,79 % (they take part in social life only at the group level, have underdeveloped interpersonal skills, initiative is shown rarely); and low level have 18,52 % of young people with special needs (they almost do not participate in social life, they do not have formed interpersonal interaction skills, no initiative).

The obtained data for all three criteria were calculated (average values were determined) and the average levels of adaptive capacity development in young people with disabilities were determined. The results are shown as a percentage in the figure.



In the figure, the first column shows a sufficient level, the second – an average one, the third – a low level of adaptive capacity among young people with disabilities who visit the territorial center of social services. Thus, the

conducted ascertaining experiment proved that there are certain problems in the group associated with the lack of adaptive capacity. The attitude to work is somewhat scornful, there was a tendency to dependant life position. However, conditions of the Department allow to introduce the method of occupational therapy into practice. Therefore, the next step will be development and implementation of occupational therapy program for rehabilitation of young people with disabilities.

Conclusions. Thus, generalization of results of theoretical and practical research has allowed to make conclusions about the possibility of using occupational therapy in the process of socio-pedagogical rehabilitation of youth with disabilities. It is determined that occupational therapy is a promising means of rehabilitation because of its compliance with the needs and characteristics of young people with disabilities. With socio-pedagogical conditions of occupational therapy for the rehabilitation of people with disabilities there were defined the accounting of psychological, pedagogical and psycho-social characteristics of young people with disabilities, and in particular, the use of potential (resource) of these features; certain functioning of the group (organizations, departments etc.) of youth with disabilities and availability of material and technical resources, facilities; medical and social support of the rehabilitation process by means of occupational therapy.

We consider further substantiation and development of occupational therapy programs for rehabilitation of disabled and partially disabled youth with disabilities to be a promising direction for further research in this area.

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АНОТАЦІЯ

Соловійова Тетяна, Лещенко Олена. Трудотерапія як засіб соціально-педагогічної реабілітації людей з інвалідністю.

У статті досліджено український досвід щодо сутності та змісту реабілітації молоді з інвалідністю засобами трудотерапії в умовах територіального центру соціального обслуговування.

Висвітлено соціально-психологічні особливості означеної категорії: наявність певних обмежень здоров'я щодо трудової діяльності; обмеження у професійній самореалізації та відсутність постійної зайнятості; «споживацька життєва позиція» молоді з інвалідністю у ставленні до життя та суспільства; дефіцит спілкування та ін.

Було визначено сутність поняття «трудотерапія» щодо людини з порушеннями психофізичного розвитку та проаналізовано вплив різних засобів трудотерапії на реабілітацію молоді з інвалідністю. Поняття реабілітації розглядалося як розширення, розвиток адаптивних можливостей молоді з інвалідністю.

Авторами статті представлено результати діагностування сформованості адаптивних навичок у молоді з інвалідністю. Для проведення констатувального дослідження було визначено критерії та показники, за допомогою яких стала можливою перевірка рівня сформованості адаптивних навичок людей з інвалідністю, а в подальшому і перевірка ефективності розробленої трудотерапевтичної програми. Узагальнення результатів проведеного теоретико-практичного дослідження дозволило зробити висновки щодо можливості застосування трудотерапії у процесі соціально-педагогічної реабілітації молоді з інвалідністю. Визначено, що трудотерапія є перспективним засобом реабілітації через її відповідність потребам та особливостям молоді з інвалідністю. Результатом дослідження стало визначення соціально-педагогічних умов реабілітації, на яких має ґрунтуватися трудотерапія молоді з інвалідністю: урахування психолого-педагогічних та психосоціальних особливостей молоді з інвалідністю та використання потенціалу (ресурсу) означених особливостей; певне функціонування групи (організації, відділення тощо) молоді з інвалідністю та наявність

матеріально-технічних ресурсів, приміщення; забезпечення медико-соціального супроводу процесу реабілітації засобами трудотерапії.

Ключові слова: *трудотерапія, молодь з інвалідністю, соціальна адаптація, соціальна реабілітація, самореалізація.*

РЕЗЮМЕ

Соловьёва Татьяна, Лещенко Елена. Трудотерапия как средство социально-педагогической реабилитации людей с инвалидностью.

В статье исследован украинский опыт сущности и содержания реабилитации молодежи с инвалидностью средствами трудотерапии в условиях территориального центра социального обслуживания.

Авторами статьи представлены результаты диагностики сформированности адаптивных навыков у молодежи с инвалидностью. Результатом исследования стало определение социально-педагогических условий реабилитации, на которых должна основываться трудотерапия молодежи с инвалидностью: учет психолого-педагогических и психосоциальных особенностей молодежи с инвалидностью и использования потенциала (ресурса) указанных особенностей; определенное функционирование группы (организации, отделения и т.д.) молодежи с инвалидностью и наличие материально-технических ресурсов, помещения; обеспечение медико-социального сопровождения процесса реабилитации средствами трудотерапии.

Ключевые слова: *трудотерапия, молодежь с инвалидностью, социальная адаптация, социальная реабилитация, самореализация.*