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A Family Centered Training Model Proposal to Meet the Needs of Parents Having Multiple Disabled Child*

Abstract

The purpose of this study is to identify the needs of parents with children that have multiple disabilities in early childhood and to suggest a family-centered training model for parents in line with these needs. The research was designed with qualitative research method. Three mothers, who have children with multiple disabilities, living in Mamak district of Ankara province, participated in the research. The data were collected in a group meeting through face-to-face interviews and analyzed by content analysis. The common needs of the mothers who participated in the group meetings were getting information about the disabilities of the children, learning how to increase the physiotherapy hours for them, getting the entire diaper costs of the children from the Social Security Institution and getting help about their transportation to the hospital. As for the personal needs, the mothers desired to get information about the parent-teacher association, epilepsy, visual impairment, hip dislocation and its treatment, shunt use and space therapy and they also wanted to learn whether robots would be useful for their children or not. In line with these results, it can be said that a screening study based on quantitative data should be carried out for further studies through wider participation with children that have different disabilities.

Keywords: Family needs, family centered practices, special education, multiple disabilities

Introduction

Children having multiple disabilities are described as individuals that have intellectual disability and also have one or more motor or sensory disorders and need high level support (Best, Wolff-Heller, Bigge, 2010; Boon, Spencer, 2010; Mastropieri and Scruggs, 2010; 2008). According to Şafak (2012) and Tekin – İftar (2005), the individuals that have more than one disability can take part in social life less independently because of experiencing

physical, mental and emotional problems at a single stage or at all stages. As a result of this case, these individuals have educational, psychological, social or mental needs other than the services provided to them in general classroom and special education programs. As stated in this definition, individuals with multiple disabilities experience difficulties in various areas and they have needs as parallel to this. Therefore, individuals with multiple disabilities are a heterogeneous group and have different characteristics from one another. Concerning this subject, Bahcivanoğlu-Yazıcı and

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Akçin (2014) mentions that the term multiple disability is an umbrella term containing a combination of many disabilities and each disability increases the effect of the other. While having a disability leads to a major problem in every stage of life, the people with multiple disabilities face this problem at a doubled level (Cavkaytar and Diken, 2006; Eldeniz Cetin, Sonmez, 2018). Whilst the parents with a child having a single disability have difficulty in coping with their children's disability, the parents with a child having multiple disabilities may experience much more difficulties due to facing multiple disabilities. These difficulties affect all members of the family at various levels (Eldeniz Çetin and Sönmez, 2018) and increase and differentiate the needs of family members.

The needs of parents having children with multiple disabilities differ as their children's needs due to the reasons such as the type of disabilities, how many disabilities the child has and the age of the child (Jansen and others 2012; 2014). In order to satisfy the differing needs of parents, the needs of the family, difficulties they encounter, the way they cope with them and the support they have should be determined and after that the needs should be satisfied in the most effective way in the light of this information (Putten, Vlaskamp, Reynders & Nakken, 2005). Winton (1986) and Pang (2010) stated that the subjects such as the child's characteristics, her/his information, support and education needs, the nature of the interaction between the child and the parents, family's opinion towards raising the child and living with a child having disabilities and family's existing life cycle and conditions should be evaluated in order to determine the needs of the parents.

Parents with children having multiple disabilities can face many different difficulties such as health, environmental arrangement, educational and emotional issues and thus may not utilize the support provided for parents with children having disabilities and these children adequately (Camara, 2002; Choi and others 2011; Elson, 2000; Sardohan Yıldırım and Akçamete, 2014; Trainor, 2010; Yates, 2012). It has been observed that in Turkey, where the studies concerning the individuals with multiple disabilities and their parents can be found only at a limited level, the researches conducted with regards to this subject have proved that the mothers have

been facing problems related to education (Kizir, Çiftçi Tekinarıslan, 2018), health (Bahçivanoğlu-Yazıcı and Akçin, 2014; Eldeniz Çetin and Sönmez, 2018; Sardohan Yıldırım and Akçamete, 2014), transportation (Sardohan Yıldırım, 2017), social and family relations (Karadağ, 2009; Kizir, Çiftçi Tekinarıslan, 2018), financial difficulties and future anxiety (Karadağ, 2009) following the diagnosis. The studies carried out with mothers having children with multiple disabilities in the international literature (Camara, 2002; Sterbova and Kdlacek, 2014; Yates, 2012; Wang and Michaels, 2010) have put forward that these mothers are experiencing problems similar to those of the other mothers with children having special needs. It has been found out in these studies that the mothers with children having multiple disabilities are also facing difficulties in the subjects such as financial hardships and future anxiety (Graungaard and Skov, 2007; Camara, 2002), taking part in their children's education, providing support services and learning their legal rights (Camara, 2002; Hiebert-Murphy, Trute and Wright 2011; Yates, 2012), getting accurate and comprehensive information about their children (Kamenopoulou, 2012). For example, Yates (2012) stated in his study that the parents which have children with multiple disabilities expressed that they couldn't receive accurate information concerning the appropriate support and services from different institutions for different situations of their children, besides, the parents also stated that they had close contact with the schools but could not communicate with local institutions and employees. The results of the studies designated in the literature indicate that parents need to constantly cooperate with various institutions such as health and education since the disabilities of their children are more than one. However, they do not know the terms used by the specialists in this process and have difficulty in making fast and appropriate decisions about their children, and they do not know how to overcome the difficulties they face from time to time. What's more, they think that they are not sufficient enough for their children and they make wrong and late decisions (Mednick, 2007; Nakken and Vlaskamp, 2007). Thereby, the children with multiple disabilities and their parents need more intensive and advanced level of support to join social, emotional and educational environment effectively than the chil-

dren having a single deficiency (Eldeniz Çetin and Sönmez, 2018; Jansen and others, 2014; Zijlstra and Vlaskamp, 2005). Because of these reasons, parents should take independent decisions in the process, be a stakeholder in the processes related to their children and actively participate in the processes. It should be known by the specialists that these skills will not be realized in a very short time, first of all the needs of the parents should be determined and then it should be provided not only to gain theoretical knowledge about their needs, but also to provide services to gain practical knowledge. With the aim of determining the needs of the parents and providing services to the parents there are 4 family service models that are frequently used in the literature. These models are professionally-centered, family-allied, family-focused and family-centered (Bailey, Raspa and Fox, 2012; Dempsey and Keen, 2008; Espe-Sherwindt, 2008).

In family-centered practices, specialists, together with parents, strive to support the family's decision-making skills, abilities and competences at the highest level by considering parents as stakeholders. The most important objective of the family-centered model is to strengthen the functions of the parents (Bailey, Raspa, Humphreys, and Sam, 2011; Camara, 2002; Coogle, 2012; Dunst et al., 2007; Kesiktas, 2012).

The elements on which the family-centered model is based are cherishing and respecting the family (Bailey, Raspa and Fox, 2012; Camara, 2002; Dunst, 2002) providing personal services to meet the needs of the parents (Sardohan Yıldırım, 2017; Summers et al., 2005); focusing on the strengths of the parents (Dunst, Hamby, and Brookfield, 2007; Park and Turnbull, 2003; Sardohan Yıldırım and Espe-Sherwindt, 2016); ensuring the active participation of the parents in the processes and their making right decisions (Crais, Roy and Free, 2006; Park and Turnbull, 2003; Summers et al., 2005; Turnbull et al. 2007); constituting effective communication with the family members (Dunst et al., 2007); and implementing services in the natural habitats and routines of the parents and children (Dunst et al., 2007). The other most important characteristic distinguishing the family centered practices from other family service practices is that it focuses on relational and participatory components that

practitioners are required to have (Dunst and others, 2014; Richardson, 2018). These components are;

Practices in *relational components* include effective communication skills such as active listening, empathy, and respect and no judging and being in a positive attitude towards the parents' strengths and capabilities and trusting the parents. These skills are required to be had by specialists or service providers during a training process. That a practitioner listens to the family's worries and demonstrates and details what the family tells are included in the relational component (Coogle, 2012; Sardohan Yıldırım, 2017)

Practices in *participatory components* are individualized. They support flexible practices caring about the family's priorities, providing opportunities for the parents to participate actively in decision making and choices. Also, they include actions containing processed such as cooperation between the family and specialist, informing the family in order to achieve target goals and outcomes. It targets to include the whole family in the process actively (Coogle, 2012; Sardohan Yıldırım, 2017). The parents are helped to increase their capacity and strengthen in order for them to cope with the difficulties. In participatory component, that specialist shares information with the family and information exchange between them, cooperation during training and encouragement at the point of decision-making are focused on (Coogle, 2012; Sardohan Yıldırım and Espe-Sherwindt, 2015). Decision making in cooperation is the main characteristic of participatory component and it emphasizes the participation of family members in the process (Mak, Hiebert-Murphy, Walker and Altman, 2014; Mandak, O'Neill, Light and Fosco, 2017).

Although the family centered practices are rarely implemented in Turkey, in terms of both principles and content (Bingöler Pekcici, Atay, Öztürk and Ertem, 2011; Turan, 2010;2015), it is a commonly used practice in the international literature (Berryhill, 2013; Bustos, 2011; Camara, 2002; Marian, 2011; Yates, 2012). According to this practice, the cooperation created with the family is seen to be more effective than supporting the family's strengths, increasing their capacity of actualization about their child's training and teaching children specific skills by a specialist (Bailey, Raspa and

Fox, 2012; Brown and Nott, 2005; Desjardin, 2006; Turan, 2010; Mahoney, 2009).

The practices to be planned and implemented in the suggested family centered training program are in accordance with the culture of the society which the individual live in and the family's socio-cultural structure make them more effective. Family centered training programs have been used since 1980s in international area studies (Camara, 2002; Dunst, Trivette, Davis and Cornwell, 1988), in these studies positive results have been achieved in terms of parents and children. In Turkey, studies carried out with parents having children with multiple disabilities are seen to be limited (Ayyıldız, 2007; Bahçivanoğlu-Yazıcı and Akçin 2014; Eldeniz Çetin and Sönmez, 2018; Kızır and Çiftçi Tekinarslan, 2017; Sardohan Yıldırım and Akçamete, 2014). Determining the needs of the parents with children who have multiple disabilities in early childhood and proposing a family-centered training program accordingly constitutes the problem of the study. Therefore, the objective of this study is to determine the needs of parents with children having multiple disabilities in their early childhood period and to suggest the parents studying in this field a family centered training program in this direction. When the literature related to the subject was examined, limited studies were found concerning the children with multiple disabilities and their parents. This study, which is thought to provide important and fundamental contributions to the literature, is expected to be guide for the further researches.

Method

Research Design

The research was designed with a descriptive approach based on qualitative research. By this way, in accordance with the objectives of the research, it was thought

that it would be possible to focus on understanding the events and the perspectives of the participants (Denzin and Lincoln, 2000; Yıldırım and Şimşek, 2013), and to understand all the dimensions of the parents' needs related to their children. As the present study is designed with a descriptive approach, it can be said that the views and perspectives of mothers can be understood in depth through this way and with the results obtained, it can serve to create concrete suggestions for improving the quality within the process of service provision for the parents with children having multiple disabilities. What's more, in order to identify the needs of the parents with children having multiple disabilities and within this context for the needs of parents a family-centered training model proposal will be presented.

Participants

3 mothers who have children with multiple disabilities in early childhood aged 0-8 (children with mental disabilities, chronic illness, orthopedic insufficiency and visual impairment) and who are living in Mamak District of Ankara participated in the study, which aimed to determine the needs of parents with children having multiple disabilities. In terms of research ethics, the mothers' approval was received regarding their participation in the study (Miles, Huberman, 1994). An agreement was signed with each mother who agreed to participate in the study, which stated that the purpose of the study was to comply with the ethical rules of the researchers and that their real names would not be used.

As explained in Table 1, it was seen that the mothers who participated in the study had low socio-economic status, 2 mothers were high school graduates, 1 mother was primary school graduate and all of the 3 mothers were housewives and their children had multiple disabilities.

Table 1.
Information about the participants.

Mother	Date of Birth	Income	Educational Status	Profession	Children's Disabilities
Buse	1984	Minimum Wage	High School	Housewife	Physical and mental disabilities
Sude	1979	Minimum Wage	Primary School	Housewife	Visual, physical disabilities and chronic illness
Aydan	1974	Minimum Wage	High School	Housewife	Physical and visual disabilities, chronic illness

Data Collection Technique

The data were collected at a group meeting held with mothers through face to face interviews. The reason of selecting the group meeting is the mothers' children having similar disabilities, their children's coming to school on the same day, two of the children's attending the same class and their mothers' statements about their being good friends. These realities may mean that they can empathize with each other, observe one another and be open to cooperation. Besides, when the education levels of mothers are taken into consideration, it has been revealed that the best way for mothers to express themselves is the interview technique. For these reasons, the interview questions were prepared in order to be used in the group meeting. After the interview questions were prepared, in order to enable validity, they were sent to 5 special training specialist. As a result of the feedback from the specialists, the questions were put into their final form and they were directed to the parents. At the group meeting held with the parents, the parents were asked questions about the strengths of their children, about what they need concerning their children, and about the difficulties they faced in the flow of life. After analyzing the data obtained from the group meeting, the researcher received confirmation considering the needs of the parents for the proposal of a qualified family-centered training model.

Collection of the Data

Setting the philosophy of family-centered practices as the basis, some adaptations have been made in data collection. These adaptations include interrupting the meeting when the children need their mothers (such as to take them to the toilet) and when mothers need to keep school, medicine and nutrition routines of the children. The data of the study has been collected through interviews at the group meeting. Interview which can be defined as the form of collecting data from related people within the framework of the questions sought in the research provides in-depth information about a particular research topic or a question (Büyükoztürk, 2008).

The process of the group meeting was sound and video recorded. The interview took an hour and 40 minutes. The research was conducted in Mamak Training School and Vocational Training Center located in

the district of Mamak in Ankara. The researcher has carried out the Teaching Practice course of the Students at the Department of Special Education of Ankara University since 2013-2014 academic year. In this process, the researcher recognized the difficulties faced by parents with multiple disabilities and decided to carry out the research at this school. The interviews implemented with mothers were done in school principal's room.

Analysis of the Data

The data obtained from the research were collected through content analysis. During the data analysis process, the recorded data, which was converted from the voice recorder into written forms, was placed into the interview coding key and each line was encoded. The coded pages were read one by one and the main concepts were written on the sides of the specially prepared analysis pages (Cohen and Manion, 2007) and were analyzed with content analysis.

In the reliability calculation of the conducted study, the codings obtained by consensus in the interview coding key were divided by the sum of the consented and dissented codings and the reliability was calculated by multiplying by 100. Inter-rater reliability ranged between 80% and 100% and the mean reliability was defined to be 89%.

Reliability and Validity

1. The interview questions that were prepared during the data collecting process were created as a result of literature review and then sent to the field specialists, their opinions were get and the questions were re-arranged in this direction.

2. Code names were used in order to protect the participants' private lives.

3. Direct quotations from the interviewers were used to prove the comments and conclusions.

4. The consent of the participants for the data collection tools used were taken, before the research their consents were taken.

5. As a part of the principle of honesty and transparency, the whole data was sound and video recorded, the issues that the mothers wanted to be kept as secret weren't recorded.

Results

In this chapter, the findings revealed as a result of the analysis of data obtained in the group meeting with mothers were included.

As a result of the group meeting held with the mothers, two themes emerged for their needs. The first theme is the common needs and the second theme is the personal needs of mothers regarding their children.

Theme 1: Common Needs

In the process of obtaining information about their children's inadequacies, mothers want to communicate with specialists in the field to whom they can ask questions they want and who can explain the answers in a way that they can understand, do not use medical terms and are open to communication.

Regarding the issue Mrs. Buse said *"I want to get information about my child's deficiency. We only know what we see on the TV". Doctors use medical terms and I don't understand anything. Some doctors are too strict and I can't even ask a question* (The group meeting, 17.43").

The mothers stated that the standardized hours of physical therapy and rehabilitation were not sufficient for the recovery and education of their children because their children's disabilities were severe. The mothers suggested the education hours given to their children to be adjusted according to their children's disability levels as a solution. However, mothers stated that they did not know where and how to apply.

Regarding the issue Mrs. Aydan said; *"My child has severe cerebral palsy (CP), and he has mental disability. The physical therapy and education hours aren't adequate. The treatment given to my child and the duration of education are the same as those with mild levels. I want this to be increased but I don't know where I should apply to"* (The group meeting, 19'47").

The mothers who participated in the study stated that they could not start toilet training because their children had severe cerebral palsy, and that they used diapers for their children but they had difficulty in affording diapers because of their low financial status. The mothers requested from Social Security Institution to meet their children's diaper expenses. Regarding the issue, Mrs. Sude said: *"My child can't get used to toilet and I can't afford my child's*

diaper expenses. Why doesn't the state supply the money for diapers?" (The group meeting, 42'36").

The mothers stated that they experienced great difficulties in going to the hospital with their children because they did not have a personal car and taxi fares were expensive, that buses were not suitable for disabled people, that there were no bus stops near their houses, and that bus drivers did not allow them to get on the bus with child strollers. Regarding the issue, Mrs Aydan said *"My daughter has severe CP and she uses shunt. I know nothing about that, also we have difficulty when going to the hospital since my child's CP is severe, none of the buses take us with pushchair. I can't get it on the municipality buses on my own"* (The group meeting, 23'08").

Finally, parents stated that they wanted to participate in their children's education processes, follow their education, support their children but they did not know how to do it and where to start. About the matter, Mrs. Sude said, *"I don't know what my child is taught in what situation at school. I don't even know what my child needs to learn. If I knew, I would help him study at home. I don't know how to support my child about his lessons, actually we all need that most."* (The group meeting, 43'12").

Theme 2: Personal Needs

The mothers' personal needs appeared in the group meeting conducted. The mothers' personal needs;

Mrs. Buse's need was *"I would like to do something about the children and parents at school. We must have a voice. Everything is for the children"* (The group meeting, 22'42"). Thus, she needed to be cooperative between parents and school.

Mrs. Sude said that, *"My child's condition is much worse, for example, I can't sleep at night for fear of an epilepsy crisis. My child has a hip dislocation, and sight problems. I need someone who is patient, reliable and specialist to ask the questions that I have in my mind. Because of my son's inadequacies, we go to different doctors in the hospital. I am so depressed and sad that I even forget to ask the questions in my mind. Actually, I don't know whether they will answer all of my questions if I ask."* (The group meeting, 47'06"). She stated that, *"I asked a doctor to explain me how to use the medications and he told me to ask*

the pharmacist". (The group meeting, 48'11"). Thus, she needed to be informed about epilepsy, visual impairment, hip dislocation and the way to prevent them.

Regarding the issue, Mrs. Sude said *"My child has epilepsy but I don't know what to do when he is going through an attack, also his teachers say that my son can barely see, I don't know where to go, what to do about this "* (The group meeting, 51'37").

Mrs. Aydan said that her daughter used shunt and she didn't understand when the shunt clogged. She added that the place of shunt turned red and she thought something went wrong but she didn't understand what and she needed information about such matters. She also stated that she was curious about the latest developments and applications about cerebral palsy, but that there were a lot of hope traders on this subject and she could not reach scientific information.

For this reason, her need is to learn about shunt usage and space therapy and whether the robots are useful for her daughter. Mrs. Aydan mentioned her opinions about the issue by saying *"My daughter uses shunt but I don't know what to do if something happens to the shunt, also we are people who wants to know about every solution for our children, so I want to know whether space therapy and robots are useful for my daughter or not"* (The group meeting 57'21").

The common and personal needs expressed by the mothers are grouped and the training sessions that can be applied for the proposed action plan are listed in the table below.

As can be seen in Table 1, common needs expressed by mothers are the need for information about their children's inadequacy, increasing the hours spent on the physical therapy and training of their children, reimbursement of money spent on diapers by the Social Security Institution, supplying vehicles to the hospital and active participation in their children's education.

For the personal needs expressed by the mothers, the researcher included in the action plan the inclusion of the mothers' personal needs into the common needs, and into the plans of the specialists carrying out the training sessions. For example, it was suggested that mothers' need for information on shunt use, hip dislocation and

epilepsy should be met by the person who will conduct the training session on cerebral palsy. It was suggested that the need of the mother who wants to take part in the school family union should be met in the session on teaching legal rights. Following the specification of the needs of the parents, the researcher proposed a family training program based on the principles of family-centered practices to meet both common and personal needs.

Discussion

The needs of the children with multiple disabilities differ since their disabilities are complicated and more than one. Therefore, these children and their parents cannot take advantage of the provided support services, also the parents can face differing obstacles in accessing the services about their children's education and health (Hanson and Espinosa, 2016). As the support services that the parents need for their children and the difficulties that the children face differ, since their disabilities are more than one, they cannot get into the single service system. Thus, the family training stage towards the parents' needs are ignored (Williams et. al., 2013 quot Sardohan Yildirim, 2017). In addition to that, the fact that the parents have difficulty in accessing the support services that their children need to have affects their trust on the services and their thoughts on searching for and taking help and support for issues about their children in the future negatively, therefore affects the issues like parents' life quality, well-being, and giving support to their children's education (Bishop, Snyder, Algina, Leite, 2016; Dunst, Espe-Sherwindt, 2016). Such findings as the mothers' need for information about the inadequacy of their children, learning about their legal rights and applying to appropriate places, transportation, participating in the education processes of their children and supporting their children in these processes were obtained from the research. These requirements of mothers are in parallel with the literature. When the inadequacies and needs of the children and their mothers' potential to meet these needs are taken into consideration, it appears that the service system based on a family-centered model is the most suitable for mothers.

Table 2.*Recommended program content based on common needs of the mothers and family-centered practices*

Common Needs	The Session Planned to Program via Suggested Family Centered Training
The need for getting informed about the child's deficiency	-Informing about Mental Disabilities and Cerebral Palsy and Chronic Illnesses
The deficiency of the physical therapy and education hours and the need to get informed about how to increase them	-Teaching the process of applying to related institutions according to the need and the legal rights they have
The need for making Social Security Institution (SSI) include their children's diaper expenses	-Teaching the opportunities provided by Ankara Metropolitan Municipality for the individuals with disabilities and their parents within social support
The need for transportation services to hospital	-Introducing SERÇEV's functions -Endeavoring for the disabled service vehicle to put into service in Mamak district
The need for giving support for their children's lessons	-Teaching the skills of playing with the children and develop language skills

Bronfenbrenner (2000) states that, as the first person to use family-centered early intervention in the literature, working with children's parents, children, and other family members is the best practice for early childhood intervention (Dunst, Espe-Sherwindt, 2016). Accordingly, child centered practices in special education, early intervention and early childhood intervention are seen to focus on family centered practices and accordingly on family systems approach and ecological approach (Sardohan Yıldırım, 2017; Odom, 2016;). As a result, the concept of family is a holistic system, since all the dynamics in it will affect each other and the children with multiple disabilities cannot be considered separate from the parents (Bailey, Raspo and Fox, 2012; Dunst, Espe-Sherwindt, 2016; Guralnick, 2011), when the related literature is reviewed the family centered practices are suggested due to the following reasons;

- the child's being continuous in the life of the family,
- providing full, clear and noncontradictory information to the family during the parents' decision making process,
- building the strengths of the family and making them aware of the strengths
- creating family-specialist cooperation and the parents' supporting one another
- implementing flexible, accessible and responsive interventions appropriate to the family,
- showing respect for parents of different cultures, races and ethnic origins

- being dependent on evidence-based practices
- helping the family in improving the child that has disabilities and satisfying her/his needs,
- providing high quality parent-child interaction,
- enabling the family to decide independently,
- supporting the parents to be legal representatives,
- strengthening the parents (Camara 2002; Cole, 2014; Dunst, 2002; Dunst, Espe-Sherwindt, 2016; Espe-Sherwindt, 2008; Gregg, Rugg and Souto-Manning, 2011; Hiebert-Murphy, Trute and Wright, 2011; Sardohan Yıldırım, 2017; Seliner, Latal and Spirig, 2016).

Together with all these reasons, it was decided that the family centered practice was suggested in the research since the children with multiple disabilities and their parents were expected to obtain efficiency from the services they took and 7 stages given below were explained. In figure 1.

Figure 1 shows the stages of the family-centered training program proposed to parents based on their needs. Stage 1 is determining parents' need; stage 2 is determining the educational environment, materials and methods; stage 3 is finding the specialists and institutions; stage 4 is conveying the characteristics, needs, learning resources and materials of parents and children to the specialists; stage 5 is arrangement of the family trainings; stage 6 is determining whether the parents are satisfied with the trainings and in this direction,

deciding to renew the training session or to switch to the other session. Stage 7 is a session to assess whether the training sessions are beneficial for parents. Descriptions of the steps in Figure 1 are given below.

1. Determining the needs of the parents

The researchers decided to determine the mothers' needs in the group meetings. In the implementation process of the group meeting, characteristics of relational and participatory components of family-centered practices were taken as basis. The aim of arranging group meetings is to create the environment and program appropriate for the mothers' educational levels by the researchers. As the researchers stated, during the process of interviews with the parents, asking questions regarding the daily routines, hopes and expectations about their children is critically important.

2. Determining the environment, parents' learning sources and teaching materials

The researchers suggests, to obtain consistent findings and to propose a qualified program, collecting data from multiple sources, children's environment in order to reveal children's performance and mother-child interaction, therefore, hope that they

can determine the mothers' needs exactly as they stated with the analysis of the all data collected. This attitude of the researchers shows parallelism with the suggestion given by Bailey and others (2012) in their study. The researchers mentioned about the advantages of executing the family centered practices in the institutions where the children are educated. In addition to data collection, researchers recommend that training sessions should also be conducted where parents' routines will not be disturbed and separated from their children (Childress, 2004; Sardohan Yıldırım, 2017). The opinions of the parents participating in the research should also be taken regarding this issue and a training place should be found in accordance with the parents' choices. In order to ensure the active participation of the parents in the training process, another point suggested in the research is determining the parents' learning sources (e.g. Powerpoint presentation, brochures and etc.) and methods (e.g. Drama, direct teaching and etc.) and the necessity to get the parents' approval about the learning sources for each sessions. In also these planned details, the elements of the participatory and relational components are taken as basis.

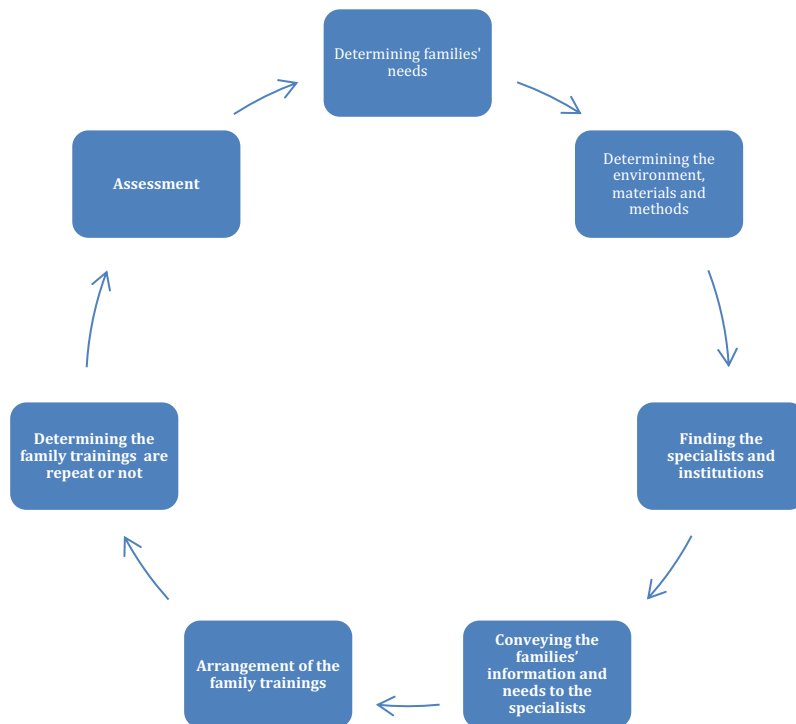


Figure 2.
7 stages

3. Finding the specialists and institutions

During the process of satisfying the parents' needs the participation of the field specialists (e.g. Physiotherapist studying with the children in special needs, social service specialist, specialist working on the field of legal rights of people with special needs, special training specialist and etc.) whom the parents can get first hand and trustworthy information is suggested in the research. The researchers and the field specialists should be in contact and cooperation during the process of satisfying the parents' needs. It is thought that their communication skills will also improve as parents communicate directly and individually with different specialists. Besides, support should be get by not only field specialists but also sharer institutions and organizations, collaboration should also be enabled with them.

4. Conveying the parents' information and needs to the specialists

At this stage, It is suggested that the researchers introduce briefly and give information (e.g. the parents' socio-economic status, literacy levels, learning sources, teaching methods appealing to the family, the children's disabilities and etc.) about the parents to the invited specialist. The researchers should convey the parents' needs to the specialists and the specialists should be asked to include the issues the parents need commonly and personally in the program prepared by the specialists about the issue. Also, the researcher should inform the parents before each session about the field specialists participating in the training sessions.

5. Arrangement of the family trainings

According to the findings obtained in the research, the common needs stated by the mothers were getting information about their children's disabilities, inadequate physiotherapy hours and increasing them, learning about legal rights, getting transportation service to the hospital, getting information about applying to the related institutions according to the need and obtaining information on how to support their children in lessons and the need to do practice. Upon examining the needs appearing, it can be stated that the mothers are aware of their needs. Besides, these needs can be categorized in information and practice dimension in the general frame and show simi-

larity with the needs appearing in Camara (2002), Sardohan Yıldırım (2017) and Yates' (2012) studies. Accuracy of supporting the mothers' personal needs in the frame of individualized intervention is stated in the literature (McCullum and Hemmeter, 2000, quot. Kesiktaş, 2012). In addition, in family-centered practices, when determining family outcomes and family quality of life, it is critical to determine the needs of families and provide appropriate individual services to families. (Epley and others, 2011). When the mothers' needs are examined, it is seen in the examined sources that these are not only the needs of the parents with children having multiple disabilities, they are but also the needs of all parents with children having disability (Bernstein and Barta, 1988; Berger, 2008; Çetinkaya and Öz, 2000; Eldeniz Çetin and Sönmez, 2018; Kesiktaş, 2012; Kizir and Çiftçi-Tekinarslan, 2017; Sucuoğlu, 1995). Here the point that catches the attention is that, Blackhurst (1993) stated, the problems faced by the parents and their needs differ according to their socio-economic status, the severity and number of the child's deficiency, parents' knowledge level about their children's deficiency (Quot., Sağıroğlu, 2006; Ghosh, Parish, 2013; Sardohan Yıldırım, 2017). The thing suggested at this stage is executing the family trainings by taking the parents' personal characteristics into consideration.

6. Determining whether the family trainings were executed and repeating the training if need

It is suggested that the parents should be asked if their needs are satisfied and they are satisfied with the training sessions after the training sessions executed. If the parents' responses are affirmative, the next session should be arranged afterwards and their suggestions about the training sessions should be asked. If the parents' responses are negative, it should be understood that their needs aren't satisfied and the reasons should be found out (e.g. not being satisfied with the specialist, the content of the training doesn't appeal to the needs, the teaching materials are inefficient and etc.) and the training should be rearranged and the training should be repeated by taking these reasons into consideration (Wilder, & Granlund, 2015).

7. Assessment

In the process of assessing the training sessions, first of all it should be asked if the parents don't understand anything or not, and the points they want to contribute to in the process should be determined. Then, the parents should be given opportunity to practice with their children in the training sessions based on skill teaching and the training is suggested to be assessed generally (Sardohan Yıldırım, 2017).

Conclusion and Suggestions

It is obvious that the studies executed for the determination of the needs of parents with the children having multiple disabilities are quite limited in the examined literature (Bahçivanoğlu-Yazıcı ve Akçin, 2014; Eldeniz Çetin and Sönmez, 2018; Kizir and Çiftçi-Tekinarslan, 2017; Karadağ, 2009; Sardohan Yıldırım and Akçamete, 2014; Sardohan Yıldırım, 2017). Indeed, this situation can even be the sign that the children with multiple disabilities and their parents get inadequate support, it can be said that the needs of the children and their parents taking part in this group are ignored. Therefore, providing support and necessary services to the parents with children having multiple disabilities, revealing these parents' strengths, determining contents of training programs, being able to provide necessary support services appropriately, acting in cooperation with local governments and determining the needs of parents to enable family participation, and creating a family centered program based on these needs and the family is an important process (Bailey, Raspa, Humphreys ve Sam, 2011; Caicedo, 2014). For further studies, it is recommended to increase the number of participants, to collect data from different disability groups and to determine the needs of fathers about their children. Besides, the family centered training program suggested in this process is thought to fill the big gap in the local and foreign literature.

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