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Social Work and Psychoeducational Markers Regarding University Education for Students with Disabilities

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Abstract: *The main purpose of this article is to theoretically present a perspective for social work and the field of education regarding psychoeducation, as a way to ensure an inclusive approach to quality education in university studies for disabled students. The approach of the research topic is a theoretical one, based on the fact that psychoeducation is a new method of psychosocial intervention; its role is to support various categories of beneficiaries, aiding medical professionals, psychotherapists and social workers. The discussions part of our research concentrate on the fact that psychoeducation focuses on the educational methods that can be used to facilitate the acquisition of information and skills by a person or their relatives, when there are incidents of various psycho-cognitive or behavioral illnesses that raise medical, social, psychological difficulties for the integration of the person in a family, community, inter and intra-personal level, with the aim of medically and socially rehabilitate the beneficiary in all aspects of their existence. Psychoeducation involves a series of direct interventions, which are focused on the education of the participants and on the support and development of their adaptation skills to the social context in which they live. The conclusions chapter emphasizes on the issue that psychoeducation has become a common technique in social work practice since the 1970s, as it involves educating participants about the significant challenges of the client's illness, helping them develop their social skills, personal resources, and ability to manage existing or new challenges they face.*

Keywords: *theology, social work, psychoeducation, inclusive education, disabled students.*

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Introduction

The lack of harmony that is felt socially stems from various reasons: economic, socio-cultural, lack of access to medical services, the consequences of poverty, the causes of migration, along with the dissolution of families for all the previously listed reasons, is complemented by the family's vulnerability to the problems generated by the disability of some of its members (Achiţei & Nistor, 2023). All the factors listed above are only part of the causes that determine the risk of marginalization or social isolation of people with disabilities, in which case the principles of social cohesion and human solidarity are put aside (Brady et al., 2016) because of the struggle for financial survival and personal identity in an aggressive and individualistic society, such as postmodern society. The obvious manifestation of these social disparities is the exclusion of people with learning difficulties from quality education, with strong repercussions on their insertion or social acceptance in the long term, and this happens even if, according to the law, the rights of these people are taken into account, and the legislative framework appears to be coherent and complete.

The discriminatory situation is not related to the legislative framework or any form of structural violence, but to the effective acceptance of these people in educational institutions, which are not prepared to function from the perspective of the special importance currently given to inclusive education, as a social phenomenon and process (much more than as a principle of legislative policy in education), and this happens especially because the education specialists were not educated from a pedagogical point of view to optimally approach these cases, and the community of colleagues and parents of the persons with disabilities has not been educated enough to promote equal opportunities, in order to establish social equity for all categories of vulnerable people, implicitly for pupils and students with disabilities (Motlova et al., 2017).

Until now, the inclusion of disabled people in the school environment has seen progress especially in pre-university schooling, especially in primary and secondary education, although there are still many schools where teachers have never worked with a student with special needs and they have not attended any professional development course in this regard. For this reason, even many of the teaching staff are unprepared (professionally and personally) to take on the work with children with special educational needs, and even less to help their integration into the school environment, educating other students against discriminatory attitudes, and

are even less prepared to maintain the balance between the students' parents and their divergent attitudes towards the integration of people with disabilities (Nistor, 2024a,b,c). The lack of a functional system for the integration of people with special educational needs is felt, all the more, in the university environment or on the labor market, given that this is a global process, involving all stages of learning, new approaches and understandings, but at the same time, it is a rather multifaceted and controversial social problem (the opportunity and benefits of inclusive education are often criticized). The solution implies political, economic, family, psychological, social work, consulting and educational structures, as well as social acceptability (Huidu & Sandu, 2020; Sandu & Nistor, 2020) and inclusion from the part of the academic community.

The *purpose* of this article is to theoretically present a theological perspective for social work and the field of education regarding psychoeducation, as a way to ensure an inclusive approach to quality education in university studies for disabled students. The *research objectives* are: 1. analysis of the benefits of psychoeducation for the quality of life of people with special educational needs and their families; 2. identifying methods to integrate psychoeducation in the education models of people with special educational needs. In order to achieve the proposed objectives, we started from the following *research questions*: 1. how can psychoeducation contribute to increasing the quality of life for people with special educational needs and their families? 2. what are the ways in which psychoeducation can facilitate the therapeutic process? 3. how is psychoeducation integrated into the educational-pedagogical methods of people with special educational requirements? 4. how can the social worker capitalize on the specific methods of psychoeducation in the assistential process?

The benefits of psychoeducation for the quality of life of people with special educational needs and their families

Inclusive education began to have a special place among educational policies in Romania, although for a long time it was ignored, even if, legally, attention was paid to highlight it in normative acts, government decisions, national strategies and in international agreements ratified by Romania. Numerous psychoeducational and mental health guides for social work practitioners expand the professional toolkit at their disposal with the specific approach of psychoeducational methods. Walsh (2010) describes the theories and fundamental curative factors behind of all psychoeducational interventions, but also provides advice for professionals to become effective

in educating and supporting clients. He states that psychoeducation is based on a structured lifestyle and the regularity of healthy habits, detecting early signs of cognitive-behavioral diseases and adherence to treatment.

Walsh (2010) also focuses on the idea of alleviating mental and emotional distress caused by compulsive behavior disorders, as well as people further disadvantaged by physical health conditions associated with behavioral disorders. As a result of his experience as a social worker, Walsh (2010) has outlined a number of practical theories of psychoeducation that are useful for professionals providing psychotherapy, counselling and case management services to help practitioners make a meaningful impact in the lives of clients and their families. It is very important for psychotherapists and psychoeducational trainers to instill life skills in the beneficiaries, to focus on preventing the recurrence of psycho-cognitive and behavioral manifestations of the disease, to educate the family in all practical areas of living with the patient, for a higher quality of life, as close to normal as possible.

Psychoeducation has a practical purpose similar to that of coaching techniques, so it must focus on acquiring the behavioral skills necessary for the whole life, that is, on improving the daily functioning of the beneficiary. Psychoeducation must take into account the creation of skills to prevent the recurrence of negative behaviors, prevention being equally important both for the person in question and for the family, who must recognize the signs that herald behavioral crises and know what mechanisms to apply in order to de-tension the patient and ensure the resolution of their internal conflict without psychotic manifestations. Families can experience a whole range of conflicting feelings, from guilt to hopelessness, from fatigue to following the therapeutic course to abandonment and extreme grief, which generate a set of specific needs, which are superimposed on a range of additional reasons for pressure, such as financial ones (generated by the costs of therapy), social ones (determined by the constant problems in the elementary socialization processes of the patient, each such moment being, for these families, a potential triggering factor for a difficult to manage behavioral crisis) and psychological ones (burn out).

When one of the family members suffers from a certain disability or a psycho-social and emotional imbalance, although the main goal of psychoeducation is to improve patient outcomes, one of the goals of psychoeducation remains to promote the well-being of the family (McFarlane, 2016). Family support and abandonment prevention programs for children and young people with special needs consider the support formulas necessary to prevent the dissolution of the family under the

pressure of managing the illness of one of its members, because the management of the illness *per se* decreases the quality of life, so that some of the members of the family refuse contact with the problems generated by the disease and abandons the sick relative. This is the reason why many parental couples separate when a child with special educational needs is born, or the parents leave the country, under the pretext of the need to get a job abroad, leaving the children in the care of less emotionally involved relatives (who, implicitly, will not strictly follow the therapeutic recommendations) (Nistor, 2024a).

Although financial support is essential for these families, perhaps even more important is the imparting of new skills, which can be learned by the family not only to recover the individual through their own intervention (thus reducing therapy costs), but above all to do all these steps in an atmosphere as close as possible to a normal social and psycho-emotional life. If the family believes that the primary solution is the administration of medication, a therapeutic failure is predicted, because it is unlikely that the family will be motivated to introduce positive changes or learn new skills (Goodwin et al., 2016), other than simple coping, which involves psycho-emotionally surviving the disease with a minimum of effort, but without leading a qualitatively valuable existence (a situation that is the precursor of depression among the caregivers of such patients). Psychoeducation helps the family focus on building skills that help make positive changes, emphasizes perseverance for the best possible recovery (as much as the degree of disability allows), realizing and taking into account that there is a high rate of recidivism for which they take psychiatric medication, which is lower for those who do behavioral therapy, are educationally integrated (even partially), and strive to lead a life with a schedule and a range of activities as close to normal as possible (Nistor, 2024c).

Learning life skills and coping skills through psychoeducation is very important, first of all to help the patient and his family accept that there is a problem that needs to be actively and proactively addressed, to identify the triggers of crises that fundamentally affect lifestyle, recognize specific symptoms and choose the optimal approach, contribute to a positive and progressive rehabilitation plan (Salcedo et al., 2016). If it is difficult for the patient to adapt to the demands of behavioral therapy, the family must accept the fact that this specific problem exists and make the necessary efforts to solve this problem. With each step implemented towards recovery, the feeling of hope will develop, and hope is a strong motivator for treatment compliance not only of the patient, who often has impaired discernment, but especially of the family, who need to know that the efforts

made have a finality at the level of the time factor and feel in everyday life progress towards improving the quality of life.

The importance of psychoeducation in the therapeutic process

Psychoeducation is an honest dialogue between the beneficiary and the social worker or therapist, through which the former acquires a higher level of understanding and acceptance of their problem and, implicitly, of their own person, of the etiology of the dysfunctions they face, and all this generates a change of perspective on life, on the person and their problems (Gallagher-Thompson et al., 2015). With the help of psychoeducation, the beneficiary deals with their problems by evolving from the stage of ignorance or refusal of awareness to the stage of acceptance. Psychoeducation is a therapeutic intervention complementary to drug and psychotherapeutic treatment. Psychoeducation responds to the need of the patient and their family to be informed about the evolution and consequences of the disease, as well as about the solutions offered by the multidisciplinary team, working together to solve the beneficiary's problem.

Patients suffering from psycho-behavioural illnesses as well as their families need counseling on the causes, course and treatment of the illness, as well as on how seizures can be prevented. This information can be provided by the social worker, psychiatrist, psychotherapist, information brochures, but also by attending a psychoeducational groups. Psychoeducation constitutes, in the opinion of some authors (Bauml et al., 2006), a set of measures and techniques of psychological and psychopedagogical origin through which the individual (the client) or the group (the patient's family or other people with whom they socialize) are educated in solving the current problems raised by the disease, in optimizing interactions with the patient and with others, in order to achieve well-being, but also to increase the quality of life. Psychoeducation, unlike other types of therapy, shifts the emphasis from intervention to training and development. The programs carried out with different categories of beneficiaries of social work services (families with problems, unemployed, victims of abuse, persons deprived of liberty, persons with physical or mental disabilities, persons with affective, depressive or anxious disorders, etc.) aim to remove the negativist approach to existence and the stimulation of positive thinking. These counteract cognitive distortions (fatalistic thinking of the "all or nothing" type) that generate negative affective states and which could ultimately end in autolytic behaviors. Psychoeducation can occupy a major place in the training of beneficiaries, by offering them a set of pieces of

knowledge and minimal techniques for relating, listening, effective help to psychologically and socially cope, by improving dysfunctional states, preventing negative events and resizing the existential meaning (Klainin-Yobas et al., 2016).

Psychoeducation also involves the specialized help offered through education to those who have a certain health problem or a socialization problem, because it combines the empowerment of those affected by a certain disease with the expertise of scientific treatment in the most effective way possible. Therapists must assist people with psycho-behavioral diseases, provide them with information about the nature of their problems, but also about the effects of these problems within the overall perspective on life (Thompson & Young-Saleme, 2015). They must also help clients integrate this information into how they actually relate to those around them. Psychoeducational interventions include a wide range of activities, which combine education with counseling or support intervention. Psychoeducational intervention can be developed in individual or group work, both having distinct goals, and can be adapted or standardized to various types of diseases or problems. Psychosocial intervention generally includes providing information to clients or beneficiaries of social services about diagnosis, treatment, symptoms, resources or support, questions related to training and psychoeducational services, forms of care and problems associated with the disease, manifestations of the disease, strategies, problem solving and coping for disabled people.

Among the most important aspects of psychoeducational programs or models, in which both beneficiaries of social work services and their relatives take part, we mention (Matsuda & Kono, 2015): information on available social and medical services; distribution of information on rehabilitation and how beneficiaries can contact people in a similar situation; looking for alternatives for inappropriate behaviors; practicing the necessary skills to bring about changes in negative attitudes and conceptions; explaining and practicing social and communication skills; training the beneficiaries in order to become autonomous and to detect the causality of the problem they face; instructing the beneficiaries to know their rights, but also their obligations; supporting beneficiaries and their families to benefit from better psychosocial support, but also from better social recognition of their needs; learning coping strategies for the feelings of pain and anxiety generated by the patient's inadequate social functioning, feelings that have the potential to hinder the smooth progress of the therapeutic process.

The integration of psychoeducation in the therapy and education of people with special educational needs

In order to support adult students with mental and psychiatric disorders, but also preschool and school children, as well as, of course, their relatives, different models of psychosocial intervention have been developed in the last decade. In the therapeutics of social and psychosocial illnesses, one of these models is psychoeducation. Psychoeducation is a form of psychosocial intervention, but which has an essentially educational objective and structure, the educational methods and materials used in psychoeducation emphasizing learning that takes into account the symptoms of the mental disorder of the pupil or student (Alper & Ryndak, 1992). Psychoeducation offers patients and their relatives theoretical and practical support to develop coping strategies for the disease, as well as the socio-psychological context it triggers. Psychoeducation is often associated with a series of therapeutic methods, which aim to improve communication with the patient or reduce the frequency of crises, by constantly practicing the skills they have acquired in the learning process (Nistor, 2022; 2023).

Until lately, the medical approach and the educational approach had a somewhat relatively parallel path, with only occasional intersections: from a medical perspective, the emphasis was mainly on treatment, so therapeutic means was placed in the foreground, and in education, even in special schools dedicated to disabled students, the emphasis fell on the accumulation of information, as in formal education, but taking into account the manifestations of the disease, which hinder the educational process. Currently, a particular emphasis is placed on the correlation of therapy with formal education, numerous recent specialized works (Huţul et al., 2022) criticizing individual therapy methods for their strictness, which does not lead to a harmonious development of the patient's personality and insisting that the strategies therapeutic be replaced to a large extent with means that are more supportive of educational or even didactic activity. Thus, psychoeducation helps patients and their families by deepening their knowledge about the disease, but it also focuses on the alternative behavior (Andrewartha & Harvey, 2017) of the patient when they become autonomous from the supervision of their companion, caregiver or support teacher, while it also emphasizes on their autonomy and independence from the therapeutic and care team, as well as practicing the skills acquired in the therapeutic setting and their generalization in extra-therapeutic contexts.

Among the most important aspects of psychoeducational programs, in which the beneficiaries and their families alike take part, are (Batchelor et

al., 2020) information on mental illness and on the medication that can be used to relieve symptoms; information about available social and medical services; distribution of information on rehabilitation and how relatives of the disabled person can make contact with other people in a similar situation (the emphasis is on the exchange of experience and on support groups); explaining how the first psycho-somatic warning signs of an imminent crisis can be recognized; looking for alternatives to inappropriate behaviors, such as practicing the skills needed to bring about changes in negative attitudes and conceptions; explaining and practicing social and communication skills, both of the patient with those around them and of the family with strangers, in order to discreetly warn and notify that they are in the presence of a person who requires attitudes and behaviors centered on the disease, while at the same time avoiding that these notifications generate conflicting contexts or the feeling of social exclusion or humiliation of the patient's family members; training patients for self-care; supporting patients and relatives in their efforts to benefit from better care from state institutions (eventually getting involved in lobbying activities or social activism) and a better social position (focusing the patients' relatives on their own personal development, not only on the development of the person with special needs); learning coping strategies to combat the feelings of pain and anxiety generated by the impossibility of normal socialization, the patient's lack of emotional empathy, their low reciprocity towards the emotional impulses transmitted to them, the superficial and forced experience of specific events at different stages of life, but also increasing confidence for a better functioning of the family, for a life as close as possible to normality (Nistor, 2024c).

The duration of psychoeducation varies from case to case. The argument offered in favor of long-term psychoeducational programs is that preventive effects are or become effective after a considerable number of meetings (Bellacicco & Pavone, 2020). Unlike individual programs, long-term group programs involve the participation of a large number of people in similar situations, but in this case the strictly educational or informative element represents only a small percentage of the psychoeducational activities, the emphasis being on the psychotherapy of the patient's family, by listening to the success stories of the participants in the support group, but also by proactively supporting the members who bring their failure stories to the attention of the group members.

The need and importance of the services provided by the social worker, together with other specialists from the university environment, for an inclusive education

Inclusion, as a social problem in higher education, is an approach that can benefit from the skills of the social worker and their integration into the multidisciplinary support team for students with disabilities. Inclusive education is a multivalent, multidimensional, interdisciplinary process, which is not only related to the ability or inability to learn of a disabled person in university academic environments, but also to how the academic environment relates to the person with a certain disability (Helmstetter et al., 1998). From a legal point of view, inclusion refers to the process of ensuring equal access to studies, regardless of the person's special learning needs, disability, social position, nationality, family, income, social class etc. This process of inclusion is achieved by creating a procedure based on equality in admission to higher education institutions. Also, inclusion requires institutional educational policies nationwide, the transformation of the attitudes and personal views of teachers, students, administrative and auxiliary staff towards students with disabilities admitted to studies, as well as the intervention of the team of specialists who support patients, through psychoeducational techniques.

In this sense, the educational process requires the provision of support in the didactic act for the education of people with disabilities of any type, the organization of volunteer activities from the academic community to support students with disabilities, but also the manifestation of a supportive attitude towards individual work and participation in internships regarding the problems of disabled people (Nistor, 2022). Inclusion, as a social phenomenon, involves not only the academic community, but also the collaboration of the academic staff with society as a whole and, above all, with the team of specialists who provide support services for students with disabilities, in order to prepare the necessary conditions for graduation education and employment (Hunt & Goetz, 1997). In order to achieve this, it is necessary to understand the role of the social worker in the multidisciplinary educational team, a visible and necessary role in the process of social integration, but also in the school or university integration of people with disabilities.

The competence of the social worker is evident in the development of certain programs that link education and the skills thus acquired to their generalization in everyday life, but also through the network of relationships that the beneficiary develops with different institutions as a result of the advice and information received from the social worker. Also, the correlated

activity of social workers, through the reports and institutional strategies carried out, has the role of helping to raise awareness, both nationally and internationally, of the need for integrated programs for students with disabilities, thus contributing to the development and finalization of social policies in support of vulnerable people (Nistor, 2024a).

A primary objective proposed by social work specialists is the integration and activation of students, through individual and group counseling, in the rehabilitation process of people with special educational requirements, of acquiring social functionality, of adaptability or readaptability in the case of a disability acquired during life, of relating to the teaching staff, but also of activating individual interactions and productivity (Sandu & Nistor, 2020; 2021). Studies (Salisbury et al., 1995) show that a student with a disability can play an active and positive role in the academic community, if a social worker and the team of specialists who support them work with the disabled person, with the people to whom they work and interact, with the family, with the group of friends, with the academic environment, if therapy is focused on the development of social skills for students with disabilities, but also on activities that involve preparing society to integrate students with disabilities. This can be achieved by the social worker by various methods, because the social worker is placed in a special position, which involves attributions corresponding to the responsibilities and activities of a multitude of roles: counselor, psychoeducator, teacher, intermediary, broker, case manager, mediator, negotiator etc (Nistor, 2023; 2024a,b,c).

Conclusions

The novelty brought by our research on psychoeducation to the field of humanities is made visible by a continuous effort made in multiple works that we have published over time (Nistor, 2024a,b,c), some of which together with our collaborators (Sandu & Nistor, 2020, 2021; Neagu & Nistor, 2024) to connect education, religion, social work and sociology in order to find suitable approaches to more efficiently help people with dissabilities and vulnerable groups of population. This implies a relational approach between the efforts made by the team of doctors, psychologists and social workers with the family of the beneficiary and the school environment. Although these efforts have been constantly improved over time in state institutions, the society as a whole still has a long way to go. In this regard, the multidimensional approach that we propose in our scientific works, including in this paper, on the topic of psychoeducation is a plea to use it as an instrument for a better society as a whole. This involves the

massive popularization of the benefits of psychoeducation and the pulication of research papers that constantly adapt to the ever changing needs of the beneficiaries and the dynamics of society. The main benefits of our scientific approach is that it puts psychoeducation into perspective, by presenting the bigger picture, because it correlates multiple research areas: sociology, education, social work, psychology and theology.

The psychoeducational paradigm aims to help the patient and their family overcome feelings of helplessness, passivity, ignorance or revolt towards the disease and the socialization problems generated by the disability, from a position of understanding and active collaboration (with the staff from the university environment), determined by a realistic vision of the problem, the ways to deal with it, the therapeutic options and possibilities and future perspectives. From this point of view, psychoeducation presents three distinct dimensions, namely: the pedagogical dimension, through which information about the disease is presented to adults in an efficient way in the learning process; the psychological dimension, through which the problems inherent in the disease and its understanding are addressed; the behavioral dimension, through which strategies are presented and taught with the purpose of changing unacceptable social behaviors generated by the disease.

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