

**Building Bridges:
Promoting wellbeing for family**



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Strategic Partnerships for adult education Development and Innovation

HANDBOOK for parents



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BUILDING BRIDGES: PROMOTING WELLBEING FOR FAMILY HANDBOOK FOR PARENTS

Coordinator **Aurora Adina COLOMEISCHI**

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4. Strategies for Fostering Wellbeing within Family

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The approach to Well-being, in general, and in the family, in particular, makes us think about both Alma-Ata Declaration and Ottawa Charter (21st November 1986) on Health Promotion. This is a charter of intent that declares health as a resource and not as an end to be achieved, outlining the promotion of health as any action that aims to enable citizens to intervene in order to achieve better health. In other words, the innovation of the sense of action in health promotion lies in the right and duty of self-affirmation, pro-activity, responsibility and entrepreneurship, centered not only on the individual but on all the health agents. This means, on the one hand, that to achieve a complete state of wellbeing, individuals or groups must be able to identify and fulfill their aspirations and meet their needs in order to modify or adapt themselves to the environment, and, on the other hand, that Health Promotion is understood as a process that aims to increase the capacity of individuals and communities to control their health.

The Portuguese National Health Plan 2011-2016 (2010, p.7) seeks to understand the current and complex social requirements by considering the technical and scientific development. In addition, it also aims to establish strategies and goals that allow "to maximize the health gains of the population through the alignment and integration of sustainable efforts of all sectors of society, with a focus on access, quality, healthy policies and citizenship.

The Health 2020 Strategy also emphasizes the role of healthy environments and resilient communities in achieving health gains and reducing health inequalities. The actions to be undertaken should consider the relevance of the environment to health in general and throughout the individual and family life cycle, as well as specific environments, taking into account environmental or occupational factors. (DGS, 2015).



In a more specific way, the Directorate-General for Health is also aware of the need for a direct and targeted intervention on the mental health of this population (vulnerable individuals and families). Thus, in the executive summary of the National Mental Health Plan 2007-2016 (2008, p. 63) arises the premise of "ensuring equitable access to quality mental health care for all people with mental health problems in the country, including those belonging to particularly vulnerable groups; (...) to reduce the impact of mental disorders and to contribute to the promotion of the mental health of populations; (...).

The DGS (2012) also argues that it is important to promote health-friendly environments throughout the life cycle and recognizes that health does not accumulate, but results from a history of health promotion and disease prevention and its complications and from the adoption of healthy behaviours and experiences in healthy environments. Health losses can have a cumulative effect throughout life. In this context, it also highlights the opportunity for early intervention in risk factors, essential for the prevention of chronic diseases and complications, by screening, early diagnosis and promotion of therapeutic adherence, as well as by the rehabilitation and/or integration of the person with functional limitations. Bearing in mind that the individual health pathway is not constant, it has specific needs and particularly important moments, called critical periods, which, by the way they occur, directly influence in a positive or negative way the subsequent stages in life. The intervention at these moments - considered windows of opportunity - promotes and protects health and wellbeing and may have high relevance in the medium and long term (DGS, 2012).

Thus, family wellbeing presupposes the satisfaction of the needs that arise throughout the life cycle. Interventions should be based on life-cycle approaches and on settings, facilitating an integrated understanding of the range of health problems that should be prioritized for different age groups, in the different social roles that citizens assume throughout life on different settings (DGS, 2015).

Family members need clear and accurate information about the disability, its needs, potentialities and limitations, which should be encouraged about its relevant role for the development and rehabilitation of the disabled person (Sólcia, 2004). It follows that parents must have literacy levels adjusted to their needs, in order to understand the information provided by the technicians. For many years, literacy has been recognized as a human right in several international initiatives. In 2016 the European Declaration of the Right to Literacy was published, defining eleven essential conditions for implementing this basic right to literacy. We highlight four of them that reveal how important the family context is in the enjoyment of this right:

- Young children should be encouraged to learn language and literacy at home.
- Parents should get support in order to help their children to learn language and to acquire literacy, by providing them with accessible guidance and, when necessary, family literacy programs.
- Adults should be supported in the development of the literacy skills necessary to participate fully in society.
- Policymakers, professionals, parents and communities must work together to ensure equal access to literacy, bridging the gaps existing in the social and educational plans (Greef, Hanemann, Hammink, Mallows, & Nascimbeni, 2016).

Now, if this is important in most families, it becomes more important for families with children with Special Needs, where they themselves have special needs, special experiences and special motivations in order to achieve better conditions of wellbeing. The concept of **emergent literacy** has arisen recently among the various types of literacy, which underlies that everyone is



prepared to learn something and that exists an appreciation of all knowledge, even of the most elementary, as an important point of support for any learning. Hence, it appears that emerging literacy does not lie exclusively in language, but in the process that underlies it (Mata, 2006). This author considers emerging literacy as a process that is based on eight vectors: Cultural process (... process of integration in the multiform world); Social process (dependent on the ability of others to involve the child in literacy activities); Conceptual process (the signs that the child makes are full of meaning in every way); Early and continuous process; Active and participatory process (subjects construct and reconstruct their own conceptual hypotheses); Contextual and meaningful process (opportunity to explore and gain the sense of belonging); Functional process (language is easy to learn whether it fulfils a functional need); Affective process (it is from the affective characteristics of the initial contacts with the writing that they will develop more or less positive attitudes and consequently with more taste and pleasure).

a. Self-esteem and Self-confidence of Parents with Disabled Children

Families, as the first context of socialization, play a fundamental role in children's behaviour and development (Baumrind, 1991; Parke & Buriel, 2006). Early relationships have been identified as key to the development of the child (Baumrind, 1978; Bornstein, 2002, 2006; Maccoby, 2000; Sroufe, 2000), and the quality of parental care is often singled out as the most important variable for child development (Sroufe, 2002). Family has a major role in the maturity and biopsychosocial development of individuals, presenting some primary functions that can be grouped into three categories that are closely related: biological (survival of the individual), psychological and social functions (Osório, 1996). As for the psychological functions, we can mention three groups:

- a) to provide affection to the newborn, key aspect to ensure the emotional survival of the individual;
- b) to support humans in situations of existential anxiety during their development, by assisting them to overcome the "vital crises" through which all humans pass throughout life (an example of a crisis that can be mentioned here is the adolescence);
- c) to create an appropriate environment that allows the empirical learning that sustains the cognitive development process of humans (Osório, 1996).

According to Romanelli (1997), the family corresponds to a privileged place of affection, in which are inserted intimate relationships and the expression of emotions and feelings. Therefore, it can be said that it is within the family that the individual maintains his initial interpersonal relationships with significant people, establishing emotional exchanges that act as an important emotional support when individuals reach adulthood. These lifelong emotional exchanges are essential for the development of individuals and for the acquisition of central physical and mental competencies for each stage of the psychological development.

Studies suggest that the family still keeps its specific role in the social context in which it is inserted. At the micro-social level, the family continues to play a central role throughout the development process of its members, performing particular functions at each stage, although changes have been observed in terms of the intensity with which these functions are exercised in contemporaneity (Nogueira, 1998).

In view of these arguments, it is imperative to invest in parent orientation programs to enable them to better cope with their adolescent children, helping parents to acquire more precise guidelines that serve as a reference for adolescents when facing situations that require reflection and decision-making. Psychology has shown concern by studying the influence of the environment on the development of an individual, being the parental behaviour the research target of many researches with relevance for the understanding of human development and its (in)adaptive functioning (Canavarro & Pereira, 2007). Pereira, Canavarro, Cardoso and Mendonça (2009) mention several studies that suggest that the negative behaviours of parents can increase the risk of adjustment of their children. The same authors suggest that the relationship between parents and children plays a central role in understanding their behavioural and psychosocial development. For Canavarro (1996) parents are often seen as key players in the development of children, in the same way that the family becomes their main context of socialization. Subsequently, this will contribute to the formation of the identity of the subject that is dependent on the social, intellectual and emotional development that results from the established family relationships.

One of the fundamental aspects for the development of self-esteem is the recognition that the parents express to children by their behaviours. Self-esteem can only develop from the person's participation in social contexts, being this development proportional to the capacity that the social environment (parents, family, etc.) has to provide positive reinforcement for their members (e.g. children). It is maintained and developed by the person himself, as she learns self-recognition from others and observes their behaviours and the positive reinforcements they produce. Self-esteem is a basic need (Maslow, 1968) of the human being and it acts as the propellant that makes us to overcome the challenges and build a peaceful inner world. It is an achievement that is produced throughout life according to the relationships that the subject builds, feeling himself loved and fulfilled, thus ensuring a good emotional balance. Self-confidence refers to the feeling of personal competence.

The pillars of self-esteem are built up early in the life of the human being. Children acquire their self-esteem through the relationships they establish with people in their daily lives. Thus, it is important that families provide conditions for children to build good self-esteem through valorisation and self-respect.

High self-esteem helps man to take risks, to be creative, to learn new skills and to be more productive, taking advantage of the maximum potential of each one, contributing to the improvement of family and organizations and, consequently, of society.

According to Mack R. Douglas, (1998, p.189): "In order to have high self-esteem, the child needs parental approval from the first days of life and throughout the life cycle. This includes the perception of his personality, his sense of ability and individuality. "

A healthy environment that enables the development of children is that which provides support when necessary and allows independence, choice of options; allowing the child to observe secure and consistent references and to be aware of his possibilities.

b. Self-management (emotion regulation, self-control)

The ability of self-management/self-regulation is reflected in Daniel Goleman's (2003) theory on Emotional Intelligence (EI). The author defines EI as the ability to manage our emotions in order to deal effectively with life situations.

EI is a set of skills or attitudes that include, for example, keeping intense emotional reactions under control, being driven by achieving goals, understanding others and being flexible when faced with changes or new situations, among others. Thus, the same author decomposes the components of (EI) into five fundamental dimensions: **Self-awareness/self-knowledge** (to know me), ability to recognize your own emotions and how they affect your thoughts and behaviour, to know your strengths and weaknesses, and to have self-confidence; **self-control/self-regulation, self-management** (to manage me), ability to control impulsive behaviours and feelings, to manage your own emotions in a healthy way, to take initiative, to fulfil commitments and to adapt to changing circumstances; **self-motivation** (to mobilize me); **social skills** (ability to understand other people's emotions, needs and concerns, to capture the emotional signals of others, to feel comfortable in social situations), and **Empathy** (to understand others, knowing how to put yourself in the place of others in order to understand them, to perceive others' feelings through their body language, to have consideration for others' points of view, needs and/or interests) (Goleman, 2003).

We can thus subdivide EI into intrapersonal intelligence, which adds the dimensions of self-consciousness, self-regulation and self-motivation; and interpersonal intelligence, that aggregates the dimensions of empathy and social aptitude.

Therefore, Self-control/self-regulation/self-management integrates the EI competency map, constituting the dimension of "I manage myself". Self-control skills help us to keep our balance when facing life's challenging situations, such as changes and events that destabilize us, and to be seen as people who manage the job well. **Self-control** is about keeping intense emotional reactions under control. We can observe that the person who evidences this competence demonstrates the following characteristics/indicators: It dominates emotional outbursts and impulsive actions; Contains the expression of feelings when they are not adequate; Can think clearly in situations of pressure.

EI is the basis of personal development. It is the ability to deal adaptively with our emotions, to recognize one's own and others' emotions, and the ability to manage one's own and others' emotions, constituting a "dance" between our rational brain and our emotional brain. The intersection between both brains and their interaction is what constitutes the EI.

The stress in personal and family life and the negative events that arise throughout our life cycle require self-regulation and social and emotional self-control, that if we do not train, if we do not work those skills, will produce devastating results.

c. Positive thinking / Positive Psychology

The movement denominated "Positive Psychology" appeared officially in the United States in 1997/1998, from the initiative of Martin E. P. Seligman (psychologist and professor at the University of the Pennsylvania in the United States) that, in team with other researchers, initiated a set of researches with the ultimate goal of promoting a change in the focus of psychology. As professor of psychopathology, at some point in his clinical practice, he wondered about the frequent tendency of psychology to focus its studies on diseases, on dysfunctional aspects, without however emphasizing the positive aspects of human development.

From 1997 onwards, Seligman became president of the American Psychological Association (APA), and his research began to be disseminated worldwide. It is considered that from the 1990s his questions began to give rise to Positive Psychology. Thus, a "new" research paradigm emerged, where a change of focus could be observed - from the negative to the positive -, emphasizing the construction of positive qualities or virtues (Seligman & Csikszentmihalyi, 2000; Snyder & Lopez,



2009). In this sense, Positive Psychology starts to address the positive functioning of personality, subjective wellbeing and teaching of resilience, where emotions and feelings play a crucial role in how people react to the circumstances of the various ecological contexts (Bronfenbrenner, 2009).

This branch of psychology is dedicated to the study of positive emotions (happiness, pleasure), positive traits of character (wisdom, creativity, courage, citizenship, etc.), positive relationships (friendship, trust, healthy affective bonds) and positive institutions (schools, companies and communities).

In contrast with the approach of traditional psychology, which focuses on the study and treatment of disorders such as depression and anxiety, the field of action and intervention of Positive Psychology (PP) is intended to focus more on strength rather than weaknesses. It also integrates the premise that believes in the power of activities that promote psychic wellbeing and, consequently, the way of seeing the world. Individual differences, which play an important role throughout this process, are also considered. In other words, positive psychology deviates from the tendency of clinical psychology to focus on pathology, placing the emphasis on the positive traits that make up our human repertoire.

The area of intervention of Positive Psychology focuses on understanding the "science and anatomy of happiness", positive experiences, **optimism** and altruism, pointing out to a view that psychological health is much more than the absence of symptoms. In this vision about the promotion of full mental health, we can include the following variables: **Satisfaction** (Living with joy, happiness and pleasure, having positive emotions). **Engagement** (to live the very best of you, to mobilize the strengths and virtues of your character). **Meaning** (to find a meaning in life (Mission, vision and values). **Relationships** (to build healthy relationships, with bond and mutual support).

Positive psychology is gaining ground within the social and behavioural sciences, considering, among others, aspects such as happiness, optimism and other positive emotions, its benefits and the strategies for developing them.

In this epistemological paradigm, the healthy and adaptive functioning of the human being is identified as the main object of study, being interested in the psychological traits and experiences considered positive, such as **optimism**, satisfaction, wellbeing, happiness, gratitude, hope, resilience or empathy. In this sense, Martin Seligman stresses the study of the "positive skills" of the human being, redirecting the focus to the promotion of quality of life.

Seligman has grouped the three pillars of PP:

- Positive states of **subjective wellbeing** (satisfaction with life, happiness, **optimism**);
- Positive individual/psychological traits (creativity, courage, compassion, integrity, wisdom, self-control, spirituality);
- Positive Institutions (healthy families, community, school, work environments, mass media).

How to define what is positive/good? Diener and Suh (1997) point out three guidelines to define "positive/good", defining this concept as "something that is chosen systematically, which is seen as a source of satisfaction (whether an object, event, process or outcome)."

The PP is based on the concept of resilience, as a deep capacity for overcoming crises in adverse situations. Resilience is often mentioned, by processes that explain the "overcoming" of crises and adversities in individuals, groups and organizations (Tavares, 2001; Yunes, 2001; Yunes & Szymanski, 2001). Walsh (1998) identifies as key processes of resilience: belief system; organizational patterns and communication processes.



In 1902, William James wrote about the "determination of the mind to be healthy" (James, 1964). Allport (1958) expressed interest in the positive features that incorporated the human repertoire. Maslow (1968) focused his study on the healthy person. Cowan (2000) developed research in the area of resilience on children and adolescents. In terms of intervention, positive psychology advocates that treating "is not just arranging what is damaged; it is also taking care of something or someone and fostering the best we have" (Seligman & Csikszentmihalyi, 2000). In this way, the forces are improved instead of correcting weaknesses, which has been one of the main PP objectives.

d. Positive Thinking/Optimism

We are told that human beings, when confronted with difficult, adverse or traumatic situations, experience a range of feelings that goes from anxiety, anger and depression to enthusiasm, strength and self-improvement. (Carver, Scheier, & Segerstrom, 2010). The balance between positive and negative feelings is strongly related to the differences between optimistic and pessimistic orientations in life.

For Seligman (1998), to be optimistic is related not only with having positive thoughts, but also with the way one thinks about the causes of negative events. The difference between optimists and pessimists lies in the way they explain the cause of negative or positive events that happen to them in everyday life, that is, their "explanatory style" (Peterson & Steen, 2002).

In general, we can therefore say that an optimistic person is one who sees difficulties as temporary, punctual, and does not blame himself for their occurrence. When confronted with a difficult situation, he perceives it as a challenge and strives to overcome it. On the other hand, a pessimistic person believes that negative events will endure and undermine all his actions, demonstrating a tendency to blame himself for such events (Scheier & Carver, 1992)

We found research that points out to the influence of optimism on the constitution of personality and positive indicators, such as self-esteem, which could result in differences in the physical and mental wellbeing. Optimism has been associated with better recovery outcomes in several areas of physical health (Zenger, Brix, Borowski, Stolzenburg, & Hinz, 2010).

The advantages of a positive thinking/optimistic orientation towards life also appear to be present in the domain of interpersonal relationships, since optimistic people, with their tendency to perceive life events as best as possible, end up involving more efforts to solving problems that keep relationships alive.

We can then consider that there is a number of empirical evidence showing that positive thinking/optimistic orientation towards life is strongly associated with greater subjective wellbeing, effective coping strategies, and greater care for health, work, and relationships. Being optimistic is a predictor of better physical and mental health, and of more adaptive resources in the face of adversity in the different areas of life (Scheier & Carver, 1992).

In this sense, the optimism variable can be associated to subjective wellbeing (SWB) evaluation. In addition to the resilience variable, SWB is a positive dimension of Health. At the same time, SWB is considered a complex concept that integrates a cognitive dimension and an affective dimension. It is a field of study that encompasses other concepts and domains: quality of life, positive affection and negative affection. Diener, Diener, & Diener (1995) define SWB as the evaluative reaction of people to their own lives, both in terms of satisfaction with it (cognitive assessment) and in terms of affection (stable emotional reactions, optimism).

The World Health Organization (2004) defines SWB as the feeling of comfort and harmony; satisfaction: as the feeling experienced when a goal is achieved, through the use and expansion of knowledge; and quality of life, according to the World Health Organization: as the individual's awareness about its position in life, in the context of culture and value system in which he live and in relation to his goals, expectations, standards and concerns.

Seligman reports in his studies that optimistic people have healthier attitudes and lifestyles and believe that their attitudes are important, unlike pessimists (Seligman, 1998, 2011; Seligman & Csikszentmihalyi, 2000). People with a high degree of satisfaction with life are more likely to be careful with their food, not to smoke and to practice regular exercise, thus presenting a more regular sleep.

Fredrickson (2001) mentions research that suggests that positive emotions promote longevity, individual and collective functioning, psychological wellbeing, and physical health.

He also argues that positive emotions promote physical, intellectual and psychosocial health, which lasts "long after the positive emotion has disappeared." This positive effect provides for increased resilience and optimism, which can help to "metabolize" the damaging effects of negative emotions on the mind and body.

The same author, in a study on unhappy couples, reveals that their interaction is predictable and rigid. In short, they have a monotonous/boring relationship. Happy couples, on the other hand, interact in an unpredictable way and accumulate a surplus of positive feelings toward the spouse. This suppresses aggression when they conflict.

Evidence considers positive emotions as protective factors against diseases, since, in a complex way, they strengthen the immune system (system responsible for protecting the body from any phenomenon that is foreign to it). People who regularly feel positive emotions are somehow driven by an "upward spiral" of continuous growth and fulfilment. They "become more useful to others" and can "turn communities into more cohesive, harmonious, and higher moral social organizations."

Positive emotions do not only have in common the widening of the momentary thought-action repertoires, but they also share the task of building personal resources, from physical and intellectual resources to social resources. Most importantly, these features tend to be enduring.

e. Problem-solving

For Gardner (1993), intelligence is defined as "the ability to solve problems or to develop products that are valued in one or more cultural or community environments."

Martin Seligman, the mentor of Positive Psychology, mentions the importance of teaching resilience, hope, optimism, in order to make man more resistant to depression and able to lead a happier and more productive life (Seligman, 1998, 2011). In this sense, our intervention should be guided by the adoption of activities that promote the training of optimism (hope of success instead of fear of failure, facing obstacles as circumvent circumstances, persisting in achieving goals rather than adversities); strategies to promote self-control and self-management (to create new perspectives, to increase the level of control over one's emotions, to develop energizing habits, to boost individual potential and skills, to understand the effects of behavioural positivity, to re-evaluate life goals and to develop action plans).

Positive thoughts enable us to use the frontal lobe by triggering the executive functions (*self-monitoring, self-regulation, planning, evaluation, and problem-solving*).

When we have the habit of thinking positively, the result is a general feeling of optimism, wellbeing and high self-confidence. Other benefits include personal growth, greater motivation, energy and joy of living, and a general sense of being fully experiencing the events of our lives.

f. Social-emotional learning within family

As mentioned in the previous chapters, the family has a strong and continuous influence on how the child develops. Family atmosphere, affective life, relationships between different family members and social relationships with other families contribute to the long educational trajectory throughout the life cycle. Education in the family context influences personality characteristics that contribute to the self-confidence and self-esteem of the child, cooperating for the construction of a complete human being. An educational process, where there are no restrictions and guidelines, can “dis-educate” rather than educate in a healthy way. Thus, the daily challenge is to find the balance between what can and should be allowed or forbidden. However, the school's contribution to human development, the promotion of socio-emotional competencies and the reduction of behavioural problems cannot be neglected (Barbosa, Santos, Rodrigues, Furtado, & Brito, 2011). Oliveira & Marinho-Araújo (2010) argue that family and school should be understood together due to the role they share in socialization and childhood education.

Bronfenbrenner (2009), in the bio ecological model proposed by him, argues that human development is a process of continuity and changes in the characteristics of people and groups that occurs throughout the life cycle and throughout the generations. In this model, the central concept revolves around the proximal processes that refer to the person's daily activities with other individuals, objects, and symbols in their immediate external environment, which become progressively more complex over time. For children, examples of proximate processes are the games they play among them, the school learning activities, the relationships with parents and teachers and sports practice.

These proximal processes are regarded as development drivers, and their strength and quality are influenced by the characteristics of the person, context and time (Bronfenbrenner, 2009). Thus, according to this model, the interaction of all these factors results in human development and can generate competence or dysfunction effects in the individual. The effects of competence result in the acquisition and subsequent development of intellectual, physical and social-emotional knowledge and skills. The effects of dysfunction result in the recurrent manifestation of difficulties in controlling one's behaviors in different situations (Bronfenbrenner & Morris, 2006).

In the United States, studies have been carried out that demonstrated that the proximal processes experienced in the family and in the school can act as protective factors for students facing individual or social adversities (Loukas, Roalson, & Herrera, 2010; Whittaker, Harden, See, Meisch, & Westbrook, 2011). For developing countries, such as Brazil, where there are a large number of children and adolescents in a situation of great vulnerability due to the enormous social and/or cultural inequalities (United Nations Children's Fund [UNICEF], 2012), these studies can also have an enormous social value (Diniz, Piccolo, Paula Couto, Salles, & Koller, 2013; Raffaelli, Koller, & Cerqueira-Santos, 2012). The study of different realities allows us to understand the facts and contributes to the elaboration of interventions targeted at the family and school context that aim at the integral development of children.

Whittaker, Harden, See, Meisch & Westbrook (2011) studied the effect of factors present in families living in poverty in the United States on the development of socioemotional competence in



childhood, having concluded: that the contextual variables of risk, defined as the inadequacy of family resources and family conflict, influenced parental stress, which had a negative effect on the children; and that maternal sensitivity acted as a mediator in the relationship between parental stress and the social-emotional functioning of the children. From these results, Whittaker et al. (2011) concluded that the way parents respond to the needs of their children may play an important role in protecting them from the effects of adverse family processes such as parental stress. The same authors add that, although such risks had a negative influence on children's socioemotional competences, maternal high sensitivity acted as a protective factor, particularly in those that were most vulnerable to poverty.

However, we can't just to assign responsibilities to parental stress. Other researches have shown an association between: family climate and childhood characteristics, such as behavioural problems (Schultz & Shaw, 2003), social skills performance (Valencia & López, 2011) and quality of mother-child communication (Laible, 2010). The family climate can be understood as the awareness individuals have of the quality of their relationships within the family, which can be assessed through factors such as family cohesion, conflict and hierarchy in interactions.

In the study developed by Sbicigo and Dell'Aglio (2012) on Brazilian adolescents, high levels of support and cohesion and low levels of conflict in the family were considered as predictors of psychological adaptation. Those who perceived high support and high family cohesion probably felt more accepted and loved by family members, which may have contributed to raising self-esteem and self-efficacy. The authors highlight the fact that individual characteristics can influence the perception of the family climate, resulting in distinct levels of psychological adaptation (Sbicigo & Dell'Aglio, 2012). Variables such as socioeconomic level, schooling and parental conflict may also be associated with problematic behaviours during childhood and adolescence (Borsa & Nunes, 2011). The importance of family participation in the whole process of growth and learning of the child is fundamental. The family relationship and the availability and interest of the parents in the educational orientation of their children are essential aspects when helping the child. Through their different experiences, family can promote children's participation in all activities, both domestic and social, promoting the acquisition of basic requirements for their socialization, training and value system. The participation of the parents in the life of their children is important, in a coexistence like companions, sharing emotions, which contributes significantly to the discipline. The child needs a balance between disciplinary behavior and dialogue, understanding and caring.

