

SUGGESTIONS FOR RE-EDUCATION OF DEFICIENT MENTAL AND PSYCHOMOTOR FUNCTIONS

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The project is based on the cooperation between Střední škola Olgy Havlové and the Norwegian social enterprise Fretex Pluss AS. The aim of the cooperation is to help young people with intellectual disabilities to successfully integrate into society by strengthening their personal and civic skills. The project is intended to promote awareness of personal rights and opportunities among these young people, to help them become self-sufficient and self-confident. The intention is to create pedagogical resources (courses and manuals with guides) and visual products that could be used in both Czech and Norwegian environments and that could be adapted according to the needs of the target group.

Suggestions for re-education of deficient mental and psychomotor functions

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Introduction

This brochure is meant for parents of children with mild mental disabilities and also for caregiving organisations and also caregivers such as teachers, educators and assistants.

The brochure is divided into chapters, where each chapter describes tips, methodical support and development guides for a certain development area. Introduced recommendations cannot be used generally for all cases. Each person may differ from the others with additional disturbances, for instance, autism or Asperger's syndrome. A parent or caregiver knows its child (or client) best hence will know what methods should be preferred in every individual person.

All the learning aids were tested with real pupils with mild mental, physical or combined disabilities in a dormitory with a weekly regime. The dormitory is a part of Obchodní akademie, odborná škola a praktická škola Olgy Havlové, Janské Lázně, which provides high school education for pupils with physical and combined disability and for pupils with autism, learning and behavioral disability and mental disability. The brochure's target group are people older than 15 years. However, most of the aids can be easily modified for younger people.

The brochure's main task is to inform caregivers and caregiving organisations about possible development of people with mild mental disabilities through tested tools. Mostly, the problem for caregiving organisations and families is inaccessibility of aids for a certain age group. Didactic cards sometimes contain infantile pictures or they do not reflect needs of a certain age group despite the deficit of mental abilities. Introduced information regards to development of self-service and to increase of knowledge related to sexual topics where this deficit is the largest one and it is still a social taboo. A significant motivation for creating this brochure was the need to acquire as many illustrative aids as possible. Educators and assistants can use those tools to teach, explain and train self-service easily.

Another problem is that caregivers and caregiving institutions have a small budget while the didactic tools remain expensive. That is why most of the tools mentioned in the brochure are possible to be created at home in an easier and cheaper way. The brochure could thus be a good guide for families and low budget caregiving organisations. In this text, the word 'client' will be used as a replacement for a person who is being developed thanks to learning aids.

For clients with intellectual disabilities, we use aids that are focused on the area of re-education, especially re-education of perception, fine motor skills and visuomotor coordination speech functions and cognitive functions. Furthermore, the area of self-care

development, understanding social ties and relationships, which is also linked to the area of sexual education and the topic of intimacy.

1 Mental disability and its influence

Mental disability manifests itself in difficulties in learning and normal daily activities as a result of limitations in conceptual, practical and social intelligence. These intellectual limitations are usually associated with an IQ of 69 or lower on multiple intelligence tests. However, the intellect itself is an insufficient basis for determining mental disability. An individual with a mental disability has reduced adaptive abilities. Limited adaptive abilities occur in the context of the social environment. One of the important aspects of improving and upgrading the quality of life of people with mental disabilities is the correct determination of appropriate and permanent support.

According to the international classifications of diseases (ICD-10, DSM-IV-TR), persons with mental disabilities are further divided into groups according to the depth of their disability (mild mental retardation, moderate mental retardation, severe mental retardation, deep mental retardation).

For caregivers and educators, IQ is not so crucial. When working with clients, they focus on evaluating a number of other aspects of personality. In particular, the level of socialization and coping with everyday situations is essential. It is therefore important for the teacher to take into account the individual circumstances that often have a major impact on successful socialization and integration.

A large proportion of families where a disabled child is born naturally show fears for life, later for the health and future of their child. This results in greater caution and often overprotectiveness. According to Valenta (2012), the child does not have enough opportunities to gain experience and social contacts in their natural environment. In this case, parents are the initiators of social contacts, they form them and have constant supervision over them. On the contrary, the upbringing of a child with a disability can also be perfectionistic, which Přinosilová (2004) classifies as an inappropriate type of upbringing of a child with a disability. In this type of upbringing, parents strive to make their child as perfect as possible in everything, especially focusing on school success. From the family's point of view, social status is thus preserved.

The parent of a child with a more serious disability is often forced to communicate with many institutions and authorities participating in the provision of health and social care from the birth of the child. In these sensitive times, mistrust and sensitivity towards institutions and their work often builds. Since the birth of a child with a disability, parents undergo an exhausting carousel of examinations with various specialists and they often meet with contradictory conclusions. Parents usually have different ideas about effective and quick help. Parents can transfer the gained distrust to cooperation with the school facility.

Another aspect may be social insecurity and fear of future provision for the child and frequent exhaustion and fatigue of all caregivers in the family. The degree and extent of disability and the socio-economic level of the family have the greatest influence on successful integration into society and education. According to Krejčířová (2002), relationship aspects in the family play a significant role (including the perception of the value of education).

According to Valenta (2012), mental retardation manifests itself in particular:

- reduced adaptability to the requirements of society,
- impulsiveness, excitability, hyperactivity or, conversely, overall slowness of behavior,
- disorders of cognitive processes, simplification and specificity of judgments, adherence to details, reduced mechanical and logical memory,
- visual motor and motor coordination disorders,
- increased dependence on parents and other people, infantility of personality, increased readiness to anxiety, neurotic children's reactions and passivity of behavior,
- suggestibility and rigidity of behavior,
- delayed psychosexual development,
- in insufficient personal identification, understanding of oneself and one's "I",
- in an imbalance of aspirations and performances,
- an increased need to feel secure and satisfied,
- disorders in interpersonal relationships and communication.

Our brochure will therefore focus on the re-education of deficit functions according to individual areas. This is how the individual exercises in the appendices will be arranged.

- 1) Communication
- 2) Motor skills
- 3) Perception
- 4) Memory and attention
- 5) Thinking, aspiration and will
- 6) Emotions
- 7) Intimacy and sexuality
- 8) Self-service skills
- 9) Orientation in the environment

In the Czech Republic, support measures according to the Decree means „the use of special methods, forms, procedures, and means of education, compensatory, rehabilitation and teaching aids, special textbooks and didactic materials, the inclusion of subjects of special pedagogical care, the provision of pedagogical and psychological services, the provision of

the services of a teacher's assistant, the number of pupils in a class or study group or other arrangements of the organisation taking into account the special educational needs of the pupil.“ (Decree No. 147/2011 Coll.)

2 Re-education of deficit functions

2.1 Communication

Although there is no clear definition of the concept of communication, it is clear that in a person's life this ability has an irreplaceable meaning. Some scientists speak of communication as the general human ability to use means of expression to create and maintain interpersonal relationships, some describe communication as the exchange of various information between individuals or groups. However, the clear purpose of communication is a social interaction. Every person is motivated by successful communication from an early age. We need to communicate what we feel and what we think. Through successful communication, we establish relationships, satisfy the need for closer contact and confirm our social position. In a person with intellectual disabilities, both the ability to communicate (convey a message) and to instruct (to negotiate and reach an agreement) is usually limited, and the receptive and expressive components are impaired. Often, these individuals understand irony literally, they have difficulty understanding more complex sentences, foreign words and technical terms. Passive vocabulary predominates. Thus, disruption of communication skills often disrupts relationships themselves. That is why we present here the basic principles that are important to respect in communication with people with intellectual disabilities and people with autism.

2.1.1 Principles of communication with people with mental disabilities

- When communicating with the client, remember that he is an adult only with limited ability to understand. Don't talk to him too loudly, unnaturally and do not use any diminutives especially when addressing the client. This point can be highly recommended for parents of adolescents and older children. It is closely related to the understanding of oneself as an adult and not a child and thus with acceptance of the set rules of behavior.
- When communicating, it is also important to maintain eye contact. However, how clients tolerate eye contact is very individual.
- Nonverbal communication is also important - pay attention to your facial expression (furrowed eyebrows can look angry even if you are just focused for example), do not exaggerate gestures.
- When communicating with mental disabled client, pay active attention to him. How you perceive a person with a mental disability and receive their message will greatly

affect the outcome of the entire communication, especially the willingness of the person to share their feelings and fears with you.

- Use simple speech, short words and sentences. Formulate your thoughts clearly, do not use foreign words and ambiguities. Try to avoid abstract concepts.
- Speak so slowly that the pace of your speech doesn't overwhelm the mentally disabled person. Be patient and empathetic, give your partner enough time to respond.
- Finally, check whether the client understands what you have told him. Paraphrase in a short summary. For example, would you need help with your math assignment then?
- Talk about just one main idea. Go to the next one only after making sure that the client understands you.
- People with mental disabilities are usually very influenceable - so-called suggestible. Therefore, beware of guiding questions that you can unintentionally manipulate them with, e.g. to an answer with which they disagree (*Fialová, 2006*).



2.1.2 Principles of communication with people with autism

- Do not treat people with autism, despite their differences, as someone who needs special communication. Only when you feel that something is not working, try to adapt more.
- Be natural and empathetic when communicating. Every person with autism is an original. He may be a linguist, or a person who understands only little or no spoken word at all. Get rid of the prejudices that people with autism don't want conversation and social contact.
- Try to show the person with autism that you are genuinely interested. Don't force or worry about eye contact. Some people with autism have trouble making eye contact, avoid looking into your eyes, or stare at you intently. Both can be quite annoying.

People with autism often don't think about eye contact in a conversation, they just try to focus on what they need to say. Do not take it as bad manners or a sign of insincerity and untrustworthiness. Even clingy contact is not an attempt to show superiority or make you nervous. Don't point out or require a difference in eye contact in everyday conversation. Do not judge or be offended.

- People with autism sometimes have trouble recognizing what they can say out loud and what they can only think. They may say unpleasant things to you, even if they want to work with you and they like you. They don't have to greet, thank, apologize or remain silent when you expect them to. Impolite behaviour is usually not a manifestation of wilful ignorance, arrogance and an attempt to offend you, but of difficulty in evaluating the social situation.
- Keep a reasonable distance. Some people with autism can't keep a proper distance during conversation, standing too far or too close. Most people with autism are unaware of the intimate zone violation and will not be offended if you politely and matter-of-factly warn them. If the person with autism still doesn't respect the information, you can turn sideways to make you feel more comfortable. Likewise, respect the specific personal zone of people with autism, also avoid unpleasant and unwanted touches.
- Do not rely on information gained from nonverbal communication. Don't you want to be too assertive and prefer to gently indicate your attitude to a person with autism with tone, gesture or facial expressions? They may not understand you. Instead, speak your opinion unequivocally. Similarly, the nonverbal communication of people with autism may not be readable to others. They may over-gesticulate, appear stiff, sad or angry. However, nonverbal behaviour may not correspond to their feelings or thoughts. Be aware that you may misinterpret the body language of people with autism. If you feel the need, ask about their feelings.
- Try to be clear. Be specific, don't imply between the lines. Don't make sure they understand everything after each sentence. Try to minimize information with unclear, vague and ambiguous interpretation. As for people without autism, it is important that the person with autism knows WHY, HOW, WHAT, WHO, WHEN, WHERE. For a person with autism, seemingly clear issues and information may be difficult to understand, while others, even very complex, can be understood without difficulty.
- Do not admonish, do not act superiorly, be helpful. People with autism have difficulty requesting, formulating or reporting certain information. They may talk too much or too little. The pace and volume of their speech may be unreasonable. Behave diplomatically and tactfully, do not point out conspicuousness unnecessarily.

- Speak directly to the person with autism, not to their escort. Ask if you don't understand or are not sure about something. Provide your reflection, opinion, advice, especially if the person with autism assures you that they want it. People with autism may not be aware of their behaviour, and factual information can help them. Gently moderate the conversation. People with autism may wander out of context to their favourite topics, enter the conversation with a seemingly unrelated question or remark, get stuck in details, or jump into a conversation. Bring this to their attention and continue with your subject line.
- If you want a person with autism to join the conversation, repeat him what you are talking about. Also show interest in his favourite topic, it will be simpler for him to work with you. Respect a different way of thinking. The thinking of people with autism is in some situations too detailed and clear-cut. They often think of relationships and communication as technical systems. Respect that. An incorrect assessment of the situation can cause inappropriate behaviour (such as vulgarity, aggression) that you no longer have to or cannot accept. Respond to the communication style. People with autism face varying degrees of difficulty in communication, and among people naturally gifted at social communication, they tend to have a hard time.
- Some people with autism have developed a distinctive way of communicating. For example, they emphasize important information by repeating it several times, similar to raising our voices to amplify the meaning of what is being said. For example, they may use an ending ritual at the end of a sentence in the sense of "I switch" to indicate that they are finished and the other party can continue (e.g., "Do you know?" and they wait for a response: "Yes, I know."). If you understand and adapt to the rules of conversation, you can make communication much easier for a person with autism.
- Get feedback. At key moments in the conversation, make sure you understand the person with autism. Summarize what has been said, emphasize the important points of the conversation. If necessary, offer a written summary (*Bitmann, 2017*).

2.2 Motor skills

Motor skills is a term referring to the overall movement ability of an organism. It plays a significant role in a child's development. It participates in the development of cognitive functions and is the first means of learning about the world around us. A distinction is made between gross motor skills, which are carried out through large muscle groups – movements of the head, trunk and limbs, especially legs and their mutual coordination, and fine motor skills, which are provided by small muscles – movements of hands, fingers, articulatory

organs. The prerequisite is mastery of gross motor skills and coordination with the sensory organs. The degree of motor abilities and skills permeates the entire development of the child. It affects physical fitness, choice of physical activities, participation in a team, perception, speech, drawing and writing. Movement clumsiness is manifested mainly in the accuracy and speed of movement. This can result in a more frequent feeling of failure and avoidance of more challenging activities.

To develop fine motor skills and support the coordination of small muscles with sensory organs, we include various manipulation activities, graphomotor exercises (graphomotor skills = a set of psychomotor activities that are performed during writing and drawing), exercises of oromotor skills (movements of the speakers), facial expressions (conscious expression of one's face) and visuomotor skills (hand-eye coordination).

Attention is the concentration of consciousness on certain objects and activities, it is related to immediate perception and cognition. The deliberate attention of individuals with intellectual disabilities is characterized by a low range of the observed field, volatility, adhesion and fatigue. As the number of operations increases, so does the number of errors. Attention for individuals with intellectual disabilities is short-term and mechanical, concentration must always be followed by relaxation. The maximum concentration time is between 15 and 20 minutes. For the correct focus of attention and subsequent recall from memory, it is necessary:

- regular repetition,
- the diversity of stimuli,
- alternation of activities and didactic methods,
- dividing tasks into sequential steps, then connecting and repeating units,
- verbalization of instructions accompanying all steps,
- constant motivation,
- immediate feedback,
- switching between performance and relaxation.

2.3 Perception

Perception is one of the basic processes of human orientation in the world. It is a reflection of objects and phenomena that affect our senses at any particular moment. Through it, knowledge about the surrounding world and learning skills are learned. For individuals with intellectual disabilities, this process should be assisted through training and therapeutic exercises.

2.3.1 Visual perception

Visual perception is one of the most important human abilities, thanks to which we obtain up to 80% of information about the surrounding world. Mental disability complicates the overall development of the central nervous system, thereby hindering and modifying from the beginning the cognition of the world, including the use of visual experience. Associated visual disturbances can lead to visual deprivation. The lack of visual objects thus hinders the development of the child's perception, slows down the development of thinking and deepens mental retardation.

Colour perception is quite specific for clients with mental disabilities, their differentiation also depends on the degree of disability and its origin. It is believed that healthy babies distinguish green and red colours from the birth, in the second month they distinguish primary colours. As Švarcová (2006) states, colour differentiation is considered to be an important indicator of the level of thinking. Evidence of the development of thinking is abstraction (that is, if the child can choose a common feature of a set of objects, e.g. colour). For clients with mental disabilities, specific thinking often persists throughout their lives, thus associating a specific colour with a specific object (e.g. yellow like the sun, green as grass).

A healthy individual perceives space globally, an individual with mental disabilities usually gradually, which makes it difficult for them to orient themselves. Another problem for clients with mental disabilities is the absence of global visual perception, recording penumbra, perception of perspective and overlapping contours. Discrimination against the background figure is violated. The perception of space, depth and time is also disturbed (Pugnerová, 2016).

For caregivers and educators, it means that the client's current perception of the stimulus is influenced mainly by conspicuity, colour, shapes and size. Knowledge of these specifics makes the selection of educational materials and the production of specific aids very effective.

In the attachment you will find examples of specific exercises strengthening abstraction, training of discrimination of the figure in the background, perception of perspective, exercises of visual memory and differentiation.

2.3.2 Auditory perception

One of the most important factors of auditory perception is the perception of human speech. Due to the impairment of the development of the rational component and thinking, this perception is also affected in individuals with mental deficits.

According to experts, the human fetus is already capable of auditory perception. From the fifth month of pregnancy, the baby reacts differently to various sound stimuli. In a child with mental retardation, the ability of auditory perception is also modified. What a child hears and perceives as sound depends on the quantity and quality of conditioned connections formed in the cerebral cortex. Again, it depends on the overall development of the central brain system, the degree and time of onset of mental disability. Auditory perception also affects the perception of space, time and one's own body.

According to Matějíček (1987), auditory perception matures between the fifth and seventh year of age and is developed by the child's everyday experience.

Clients with mental disabilities often encounter stagnation at a certain stage of development or certain peculiarities in manifestations related to auditory perception.

In the attachment you will find suggestions for exercises that support auditory differentiation, rhythm perception and support speech fluency.

2.3.3 Tactile (touch) perception

Touch is an essential element in the relationship between mother and child, an integral part of socialization and relationship building. It is also an essential part of all daily activities related to play and learning.

Sensory perception in individuals with mental disabilities is characterized primarily by reduced differentiation of ability, inactivity, slow pace, selectivity and stereotype. According to experts, tactile perception is relatively the least damaged sense compared to other senses. Bartoňová (2005) draws attention to the usually reduced sensitivity of tactile sensations associated with delayed perception of the body scheme and later impaired coordination of movements. The receptors of the skin (for the perception of touch, pressure, heat, cold and pain) are well developed. In general, clients with intellectual disabilities have problems distinguishing information from these receptors.

Touch in the life of a mentally disabled individual strongly reflects the psychological state of the individual (physical, social and emotional well-being). Children who, due to their disability, are placed in institutions providing foster care often suffer from emotional deprivation, mainly due to the absence of social contact, touch and other stimuli.

Ideas for stimulating tactile perception

- Recognition of objects according to their properties without visual control. We will use a bag filled with various items that the client knows for sure. We increase their amount with safe knowledge of existing subjects.
- Recognition of objects according to their properties without visual inspection using a tactile bag, distinguishing by: size (large, small, heavy, light), shape (round, angular, sharp, blunt), surface treatment (rough, smooth, dry, wet), temperature (cold, warm), hardness (soft, hard).
- Collection, sorting and taking over of natural products (acorns, chestnuts, pine cones, twigs, pebbles, bean seeds, lentils, wheat corn, sand pebbles). After dividing the products of nature into groups, we can also assign cards with the names of natural products to individual groups. We accompany by narration what they are used for, what is made from them, etc.
- Tactile memory game – the blindfolded client assigns pairs of the same materials (leather, fur, moss, satin, etc.). When mastered, we can increase the difficulty.
- Use of tactile plate on which pieces covered with different materials (fur, cone, moss, stones, clay, sandpaper, etc.) are placed.
- What is hiding... (we fill opaque containers, e.g. muesli box, with various natural products or objects – the client's task is to know by touch what their content is).
- Handling sand or flour. When using flour, make sure that the base is black or dark sheet to ensure sufficient contrast.
- Work with ceramic clay, its kneading, rolling, plating. Clay is very well replaced by salted dough or self-hardening masses that do not need to be fired.
- Cups – see the attachment – the goal of the game stimulating fine motor skills is to sort plush balls according to the assignment into paper cups (can be replaced by mugs, buckets, etc.)
- Bricks – LEGO for adults. Currently, there is a large offer of LEGO projects for teenagers and adults on the market. Initially, you can use the exercises in the attachment, we pay attention to the use of cubes of a particular colour and size.
- Threading of beads, production of jewellery (necklaces, bracelets).
- Recycled plastic jewellery (cut plastic bottles of different colours into small shapes and round them over the flame of the candle by heating. Help the clients to create holes for the thread with heated clove. We can thread jewellery wire or earring components into the hole.
- Peg games – „peg chase“ – everyone wears three pegs pinned to their clothing. The goal of the game is to move all the pegs to other players. After the time limit, the one, who has the least number of them, wins.

- Reordering and picking up objects – initially larger objects, later smaller ones using a pinch grip.
- Sweater ripping – in environmental or aesthetic education, we can use ripping wool and wrapping it into balls to knit or crochet a new product to stimulate tactile perception.
- Paper stickers - a game with a teambuilding subtext – two teams of 4 players, each team gets a notebook with self-adhesive papers. The task of the players is to stick the selected players from the team with all papers in the best possible time and immediately after completing this task to move all the tickets to the next player in the team. The faster team wins.

2.3.4 Olfactory and taste perception

Although smell and taste are generally not given as much attention as other senses, they have a very significant impact on human development and life. For example a child recognizes its mother by smell as early as 45 hours after birth. The development of smell and taste has a great impact on the adaptation of the individual throughout life, it allows the recognition of danger and risk situation (smell of smoke, gas, etc.).

Fragrances are known to affect both short-term and long-term memory, feelings and emotions. The perception of pleasant smells and unpleasant odours can affect the human psyche by stimulating various centres and areas of the central nervous system. This is a valuable insight for caring staff, educators and parents. Based on this information, they can stimulate the client's sense of smell, for example, by using aromatherapy oils or scented candles. Activities should be complemented by relaxation with soothing music. On the contrary, to activate a group of clients, it is possible to use, for example, a game of „sniffing“, where samples of intense scents and odours are hidden in opaque jars, which the client has the task of recognizing blindfolded. We can use, for example, cinnamon, vinegar, gingerbread spices, washing powder, coffee, cat granules and more. A similar game is „tasting“, when the blindfolded client has to recognize food samples. However, we do not recommend this game for clients with ASD, who often cannot overcome the unpleasant feeling of being blindfolded, do not have visual control over what comes into their mouth, and often find it very difficult to tolerate intense smells or odours.

2.4 Memory and attention

Memory is a selective cognitive function, it does not have the character of a technical record. People with intellectual disabilities remember information stereotypically and learn

mechanically. They lack intrinsic motivation when learning, they often learn in order not to disappoint the person who requires it from them (parent, educator). The task of a caregiver or a teacher is to arouse a real interest in the topic in the mentally disabled person and to stimulate internal motivation. Therefore, it is not good to constantly condition the meeting of each task by material rewards or sweets. In this case, the client learns to ask more often „And what will I get in return...“ and client's intrinsic motivation is denied by the prospect of reward. The client learns the thing not because he knows what it will be useful for but in order to get the promised reward.

Knowledge acquisition is very slow for mentally handicapped people, information is difficult for them to retain, and they have problems with recalling what they have already learned. A specific feature of storing knowledge is not sorting it according to its importance and need. Learning of these clients requires constant repetition and interconnection of the curriculum through perception with all the senses. Another specificity of learning for our clients is the so-called disruption of intermodality, which Valenta and Lečbych (2012) describe as the ability to use the acquired knowledge and skills in a different context or environment. It is necessary to repeat the activity in different environments, under changed conditions, or to carry out the training with different teachers.

The condition of successful learning is, of course, sufficient time and patience (both the client and the teacher). The emotional state of the client and the teacher/caregiver is also important. The melancholic mood of one of the actors condemns the training to failure, excessive haste or nervousness of the teacher striving for a quick result as well. Equally detrimental to the result is the teacher's comparison of the current level of two clients who are learning at the same time. Specifically, sentences like: „Try to make it as beautiful as Peter.“ This can result in a sense of failure, loss of interest and motivation. When practicing together, continuous motivation, encouragement and immediate feedback are therefore necessary.

Attention is the concentration of consciousness on certain objects and activities related to immediate perception and cognition. Intentional attention of individuals with mental disabilities is characterized by low range of monitored field, volatility, clinginess and fatigue. With the number of actions, the number of errors also increases. Attention in individuals with mental disabilities is short-term and mechanical, concentration must always be followed by relaxation. The maximum concentration time is between 15 and 20 minutes. For the correct focus of attention and subsequent recall from memory, it is necessary:

- regular repetition,
- variety of stimuli,
- alternation of activities and didactic methods,

- division of tasks into sequential steps, subsequent connection and repetition of wholes,
- verbalization of instructions accompanying all steps,
- constant motivation,
- immediate feedback,
- alternation of performance and relaxation.

2.5 Thinking, aspiration and will

For people with intellectual disabilities, thinking is very specific, uncritical and with an error rate in judgements. Also typical is reduced comprehension, which often results from imperfect phonemic hearing and associated speech disorders. Valenta (2009) also states that thinking is characterized by a weak management role and considerable uncriticalness, when individuals are not able to think through their action, they often approach solving tasks without orienting themselves in them.

Another sign of thinking of people with intellectual disabilities is the inability to abstract and a high degree of egocentrism. At the forefront there is always their own opinion and the urgency of their own need. At the same time, thinking is clinging, with signs of rigidity and stereotypes. The ability to generalize, analyse, synthesize, form judgements, plan and sequence individual activities is also limited.

Behaviour is often infantile, impulsive and feisty. The will and self-motivation to act is often weak. Aspiration of these individuals may be low (they underestimate themselves, do not believe in themselves) or, on the contrary, higher (they do not estimate their abilities, they overestimate themselves, they have unrealistic expectations). According to Pipeková (2006), higher feelings, such as a sense of duty, conscience and responsibility, are formed much later and to a limited extend. If mental disability is associated with autism spectrum disorders, there is often a reduced ability to empathize (Valenta, 2012).

2.6 Emotions

Emotions can be defined as experiencing a subjective state and a relationship to acting stimuli. The sign of this experience is the pleasantness or unpleasantness of the stimulus. Emotions are also associated with physiological changes (e.g. heart rate, breathing, sweating) and motor stimuli (facial expressions, gestures). Emotions evaluate the facts, situations and events and help to take a positive or negative attitude towards them. It is one of the most important motivating factors. The ability to experience positive emotions increases the quality of life. It is very appropriate to link the learning of these individuals

with a positive experience. What has been learned is strengthened over time, positive character traits are formed, such as joyfulness and friendliness. According to Švarcová (2006), consistent educational guidance and a certain control of external manifestations of emotions have a great influence on the successful integration of an individual.

Emotional and volitional processes in individuals with mental disabilities are characterized by frequent emotional lability and inadequate strength of experience. Variability of the strength of experience and feelings within the same diagnosis is also possible. One person with a mental disability can perceive the same stimulus very deeply, on the contrary another one can perceive it very superficially. According to Valenta (2012), phobias and anxious reactions to stimuli often occur. This is also related to the low frustration tolerance and increased irritability of the feelings of individuals with mental disabilities and their difficulty in controlling their own emotions. They prefer actions that bring them satisfaction in the moment. A common reaction to stress or a challenging situation is panic, escape or aggression. Mood swings can range from euphoria to apathy.

In education, it is necessary to take into account that individuals with mental disabilities also experience a delayed development of moral feelings (honour, sense of justice, etc.). Their development needs to be focused on in education the most.

As we have already mentioned, our school also provides education to pupils with autism. With these pupils, we focus on safely recognizing their own emotions and the emotions of other people as a part of individual training. For example, we use cards which you can find in the attachment, using them the client fulfils the task of assigning the type of emotion to a card with a picture of a face experiencing this emotion. These cards can also be assigned under the categories of pleasant and unpleasant emotions. We recommend not to sort emotions into positive and negative ones because, for example, sadness is an unpleasant emotion but it has an irreplaceable place in human mental health and it is okay if a person is sometimes sad.

The more difficult exercise is using the cards with pictures of social situations. They represent people in various, often emotionally tense, situations. The client's task is to describe the card and estimate what the people in the picture are experiencing, what they are doing or what they could have just said. These pieces of exercise try to bring the emotions closer to the client, to connect them with a certain situation and facial expression through mechanical training. The client thus gains a better idea of the surrounding world and better understands behaviour and actions in social communication. As with all previous types of exercise, it is necessary to perform the training from simple tasks to more complex ones. We repeat the training according to the client's individual needs. Training can also be performed by viewing a family album, in which the client and the caregiver name the individual emotions captured in the photographs.

In the attachment you will also find cards called „How I feel today“. Through them, the stuff or the caregiver can determine the psychological state of an individual, group or class. Furthermore, the attachment contains a sample of the individual escape strategy used by pupil with autism which works on the principle of a keychain, in which you can scroll through individual situations and then choose relief strategies to solve them. With this aid, it is important to teach the client to cooperate in designing relief strategies, i.e. in determining what to do in a particular situation and what helps the client to calm down. Favourite music, or counting to ten or deep breathing or leaving the situation or some other strategies can help different clients. Therefore it is not a universal tool, it is always tailored to the client.

3 Social deficits

3.1 Intimacy and sexuality

This chapter is dedicated to the intimacy of people with intellectual disabilities. The topic of intimacy is often taboo for both the public and the family of a person with an intellectual disability. However, in the environment of a secondary school dormitory, various conflicts and misunderstandings often arise, stemming from the denial of the needs of a person with mental disabilities and their understanding of their adolescence.

Historically, people's sexuality has been viewed inadequately probably because of fear and misunderstanding on the part of the majority population. In the Czech Republic, Petr Eisner, DiS. or Mgr. Hana Šimáčková have been dealing with this issue for over twenty years. They both agree that during their practice they encounter the fact that the taboo around the sexuality of mentally handicapped people arises from the fact that we often perceive them a bit like children and it is difficult for us and especially for their parents to imagine that they also have their sexual needs. Naturally, parents have the greatest influence and opportunity to open the topic. However, they often live with the knowledge that their child has reached a mental age of, for example, five years, so it is very difficult for them to accept that sexual needs may not correspond to this mental age. However, this approach to the child also stems from a lack of intimacy. A client growing up in such a family is automatically addressed by the diminutive of his name, he is not given the transfer of responsibility for his actions (at least to an extent proportional to the degree of disability), he is artificially kept in the position of a child and does not receive the necessary support during the already complicated adolescence. One of the main causes of the appearance of difficulties is the lack of intimacy provided from the beginning of adolescence. Because the adolescent is always kept in the role of a child, often his room is accessible to anyone at any time. Similarly, parents do not consider it necessary or safe to leave the child space for privacy in the bathroom. It is very similar, for example, with hugging. Since parents still treat their adolescent like a small child, they don't find it strange that he hugs all the people he meets. That's nice about a child. However, the "child-adolescent" already adopts these models with the constant support of parents and takes them with him to the environment outside the family.

Difficulties arise naturally at a time when the child is already becoming a pupil. In our case, in a boarding facility, where he stays all week, he shares a room with another pupil and meets all pupils across disciplines during leisure activities. This also means with pupils with physical disabilities without mental deficits. Here, naturally, situations arise for which a client with a protective upbringing that does not allow adolescence could not be prepared. For

example, a pupil considered it common from home to sit down to eat in her pajamas in the morning and evening, so she did not find it inappropriate to go through several floors of the dormitory, the connecting corridor and several floors of the school to the common canteen in her pyjamas. Similarly, the child's phase is supported by an infantile style of dress and hairstyles.

In adolescence, anatomical models, animated films with this theme or picture cards for narration and description are suitable support. Just these cards have proven useful in the boarding school, for example, on the topic of adolescence and the transformation of a child into an adult. The aim of the activity is to identify the client with one of the characters in the pictures and the stage of adolescence in which the character finds himself. This activity will help you better diagnose how the client feels, which stage of adolescence he identifies with, and thus understand their vision of the world around them. Cards like these can also help you initiate behavior. They always show a variant of appropriate and a variant of inappropriate behavior – for example, exposing oneself in shared areas on the way to the shower, etc. These cards show the required and inappropriate activities, the pupil chooses the right variant in the form of a game, we accompany the explanation with justification.

We accompany all the client's activities with the emphasis that he has a right to his intimacy. That his body is only his and nudity is only associated with a certain type of environment and, above all, with privacy.

In the home environment, we also advise parents to maintain their child's right to privacy. For example, learn to knock when you enter your adolescent's room. It will increase his self-confidence, promote mutual respect, and certainly will not cool your relationships. This right to privacy should also be accompanied by an explanation of what time behind closed doors can be used for. In no case it is appropriate to be angry with a child for manifestations of sexuality. As we have already mentioned above, it is good to talk openly about sexual satisfaction and the forms of its achievement. The client then understands that sexuality is part of his intimacy, connects it with privacy, and usually does not have the urge to satisfy his needs in public.

A very inappropriate way to get acquainted with their own sexuality, which some parents use instead of a personal interview, is to hand over, for example, an erotic magazine or pornographic material to their adolescent with mental disabilities. A person with an intellectual disability very easily succumbs to the idea that sexual intercourse must correspond to what he has seen (theatricality, number of partners and sex regardless of the relationship and mutual love and understanding. Especially girls have a very distorted idea and often great fears).

In the Czech Republic, an organization called the Union of Sexual Confidants associates verified experts in working with sexuality and relationships of people with disabilities. It is a connection of individual experts or organizations in which they work. The Union is publicly presented as the voice of experts and aims to constantly redefine and maintain the professional standard in working with sexuality and to connect experts throughout the Czech Republic in pursuit of this goal and the competencies of professionals. More information can be found at this link: <https://www.nebudnanule.cz/unie-sexualnich-duverniku/>. Specific examples of work with a client on the topic of intimacy and sexuality can be found in the appendix.

3.2 Self-service skills

Self-service skills are closely related to gross and fine motor skills. These skills are especially important for the autonomy and independence of each individual. Valenta and Michalík (2012) rank hygiene among the most frequently mentioned areas of self-care, especially maintaining cleanliness, washing, independent use of the toilet, dressing and footwear. Catering self-service and dining, i. e. eating and drinking also belong there. Last but not least, there are also skills including health care and lifestyle. As with motor skills, their level decreases with increasing mental retardation, similarly in self-care, the degree of self-sufficiency depends on the degree and nature of the disability. Regarding children with mild mental retardation, the area of self-care is not significantly impaired. Most of them achieve complete independence in a personal care and practical home skills, although development is slower than the development of ordinary children. Children with moderate mental retardation are able to master common habits and simple skills. However, some individuals may find it difficult to carry out more complex activities and require supervision and assistance throughout their lives. Valenta also states that the cause of delays in self-care may not always be mental retardation but also the inappropriate educational approach of parents who perform all acts of self-care for their child. As we mentioned in the introduction, this approach significantly limits the development of the child and deepens his lack of independence and dependence on others.

Training of self-service activities in the high school environment builds on the previous experience and habits of the client. The teacher should therefore be patient enough but also consistent and should respect the mental level of the client, his motor and visual-motor abilities and personal characteristics.

In the process of practising self-service skills, motivation, constant encouragement and sense of success play a big role (even with small shifts or demonstrated effort).

The clients, who we work with in a secondary school dormitory, most often have difficulties with the organisation of personal belongings and with the consistency and regularity of hygiene. When combining mental and physical disabilities, we very often encounter the so-called learned helplessness, i.e. the above-mentioned expectation that everything will be arranged by a parent or teaching assistant, without their own efforts or expression of the client's own will.

In the boarding school environment, it is also possible to influence another area of self-care, which is health care and a healthy lifestyle. The client is led to automate appropriate hygienic, eating and working habits. The goal of the training is a more stable daily routine in self-care.

For clients with combined disabilities, if the extent of their disability allows, we also practice independent transfers (from the wheelchair to the bed and back, safe movement in the bathroom with sitting down to a bathing chair, independent washing and combing of hair, braiding for girls, etc.). For clients with ASD and autism, we use visualization of daily activities with individualized structured daily routines or tables with a daily activity plan.

In any case, the activities are regularly repeated and rehearsed step by step, from simple to more complex ones. When mastering the individual steps, the direct supervision of the educator decreases. Of course, daily feedback and praise for mastering the activity is still needed.

3.3 Orientation in environment and time, daily routine

Spatio-temporal orientation often makes it difficult for people with intellectual disabilities. Occasionally, they also have difficulties with orientation in their own body (for example, confusion when asking questions such as: show where your right hand or left leg is or understanding what is behind me, next to me, etc.).

Clients with mild intellectual disabilities are usually able to orient themselves in the daily and weekly rhythm but it is more difficult for them to orient themselves in the months and seasons. Often, the identification of individual seasons is accompanied by a combination of strong emotions and significant events, such as Christmas.

Each person needs a certain amount of predictability to orient themselves in space and time, so it is advisable to structure the client's daily routine using repetitive regular activities, such as breakfast, lunch and dinner. It is advisable to include individual favourite activities with a precisely defined time limit (client's favourite series, regular leisure club, PC game, social networks, etc.) in the structured regime. In the attachment you will find suggestions for daily routine templates and illustrations of individual activities for the structured daily regime.

You can also use blank cards in which you can write down other activities and times of their implementation. During the training, the classic lists of tasks and activities have also proven to be effective, which the client can gradually tick off as they complete them.

The ability to orient oneself in time is not only the ability to recognize the clocks but also the ability to orient oneself in the differences between past, present and future, as well as the differences between the worlds of reality and fantasy. Orientation in space and time is therefore important for people with intellectual disabilities especially so that they can be as independent and self-reliant as possible in their lives.

Regular and consistent training, which is carried out step by step, helps the client to understand time and space better. In the appendices you can find examples of aids that make this training easier for the client. For the effectiveness of this training, the client's activity and involvement of as many senses as possible are always crucial.

The structuring of the day is especially important for clients with autistic spectrum disorders (ASD). Visualization of daily activities with their time schedule reduces stress and aggression in these clients and promotes maximum independence and a sense of security. More detailed steps in the visualization of the day are so-called process diagrams. For example, these can be photos, images, or videos. The basic requirement for their creation is that individual activities are always phased into sub-steps. Of course, these schemes must be tailored to each client's individual abilities and skills. According to Čadilová (2007), schemes should answer the client's questions: where will I do the activity, when will I do it, how long will I do it and how will I do it.

We also strengthen the client's spatial orientation by practicing step by step. We start with the micro-environment (client's room, orientation in personal belongings, sanitary facilities), after mastering the orientation, we add more difficult routes. At the same time, we include the verification of the client's orientation in their own body and understanding of their orientation in space in a non-violent way in everyday activities. To verify, we can use sentences like: "Could you please put the cup up on the shelf?" You can assess your orientation in your own body, for example, during exercise, when you assign tasks such as: "Bend your right leg" or "Place your right palm on your left knee", etc.

In personal matters and preparation for lessons, marking the shelves with tags with the names of individual days allows the client to orientate easier. This makes it easier for the client to learn to prepare their own curriculum or clothes for the next day independently.

The work surface of the desk should be organised in such a way that the tasks that await the client are prepared on the left and the client puts off the tasks that are already done on the right.

4 Exercises and aid in the appendix

The exercises and aids in the appendix are divided according to the areas whose re-education they primary focus on (motor skills, perception, orientation in the environment,...). Individual areas are colour-coded according to the enclosed key by a coloured circle in the upper right corner.

In the area of orientation in the environment, we have included not only orientation in time but also financial literacy and mathematical competences, especially because of their significant influence on later successful inclusion in the social environment.

The aids can be used variably, many of them develop several areas at the same time. In the manuals you will find tips on how to use them further. The aids serve not only to re-educate individual deficit functions but also to motivate the client, prepare a stimulating and entertaining environment for training.

Exercises and aids are used by our teachers when working with individual pupils or in smaller groups. In our facility, the aids are sorted according to individual areas on marked shelves and provided with a list of pupils with individual support measures. These recommendations are then used as the basis for the focus of the training itself. Teachers thus have aids and exercises available at all times and use them according to the individual needs of pupils.

Due to the age of our pupils, the priority of the teachers of the boarding school is to support independence and mastery of all practical activities in real life. For these reasons, aids for self-care activities include, for example, the practise of an independent phone call, the practise of washing, drying and ironing laundry or independent shopping.

Conclusion

The goal of this publication is to outline the specifics of individual areas of development of people with intellectual disabilities to parents and caregivers and, in particular, to show the possibilities of re-education of deficit mental and psychomotor functions. Thus, it can be used as inspiration and used as the basis of a stack of activities with the client.

When using individual aids and exercises, it is important to engage as many senses as possible in the client, to carry out the training thoughtfully, over a long period of time, patiently, appropriately and in individual parts. When working together, it is important to keep in mind that the client must always have the right to choose. The space for free choice even in small things strengthens his volitional qualities and his self-confidence in later decision-making.

However, for the successful management of the individual steps, as well as for the successful course of the entire educational process, the personalities of the teacher or caregiver and his approach to the client are absolutely crucial. It is a job that many see as a mission and often sacrifice everything for it. It is therefore understandable that it is absolutely necessary for parents, educators and caregivers to protect themselves from burnout. Our publication will hopefully contribute to the prevention of this burnout and to a more varied everyday work, especially through a creative approach to re-education itself.

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ATTACHMENTS



COMMUNICATION



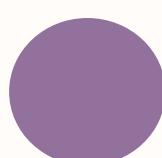
MOTOR SKILLS



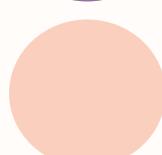
PERCEPTION



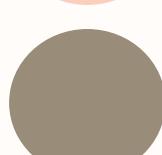
MEMORY AND ATTENTION



THINKING, ASPIRATION AND WILL



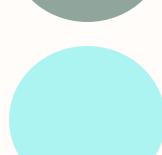
EMOTIONS



INTIMACY AND SEXUALITY



SELF-SERVICE SKILLS



ORIENTATION IN THE ENVIRONMENT

AI

GOALS

THE GOAL IS THE DEVELOPMENT OF COMMUNICATION SKILLS, ESPECIALLY THE DEVELOPMENT OF VOCABULARY.

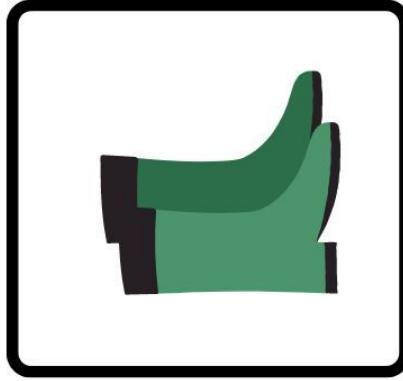
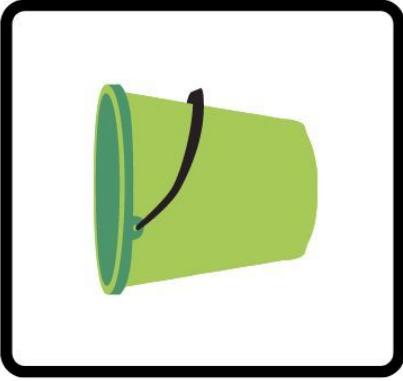
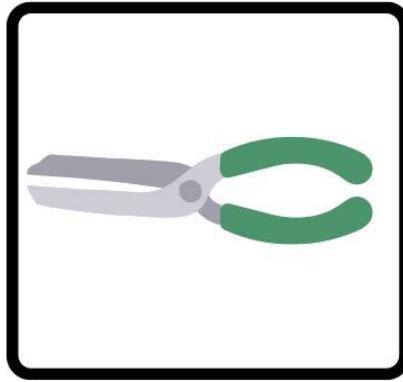
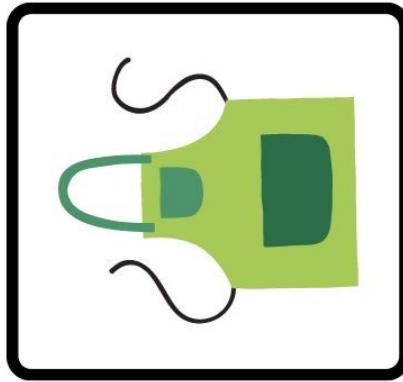
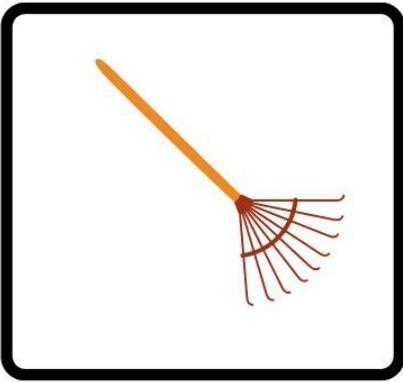
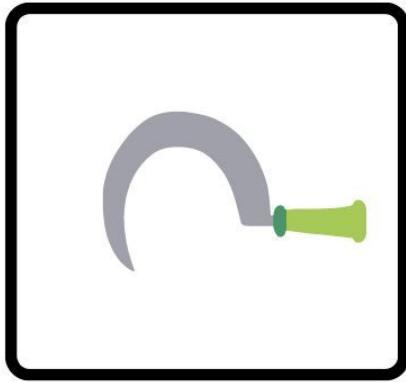
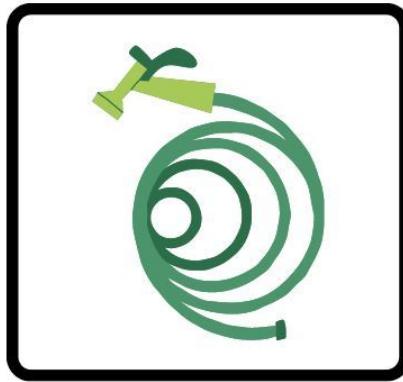
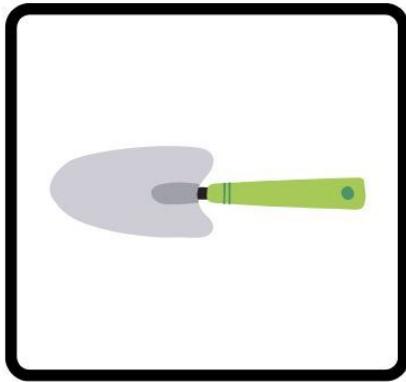
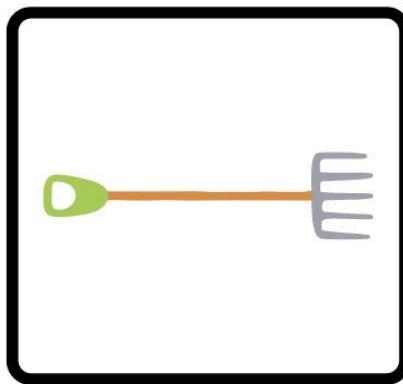
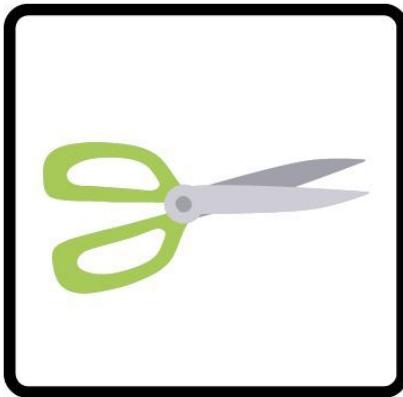
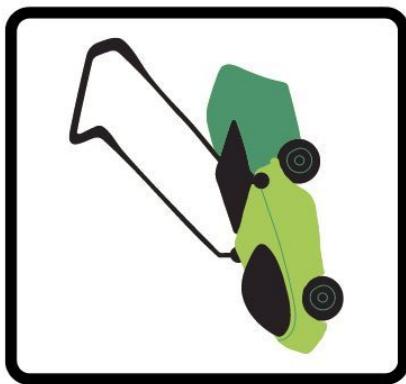


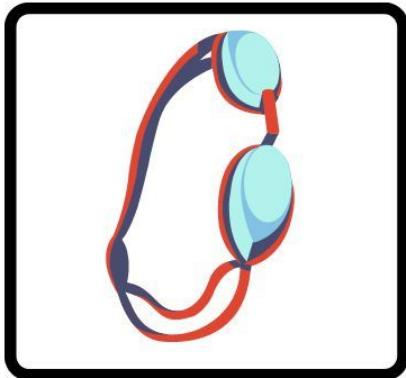
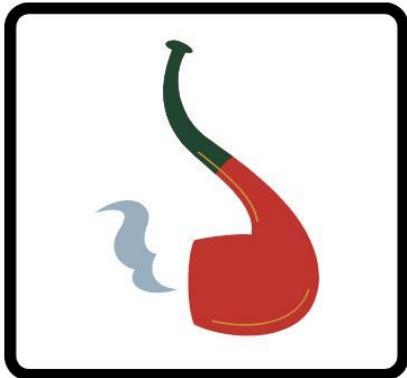
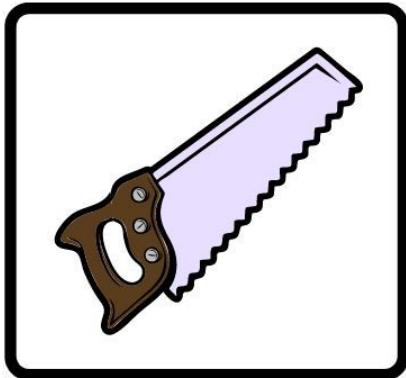
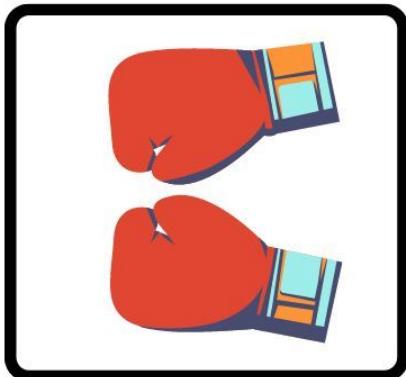
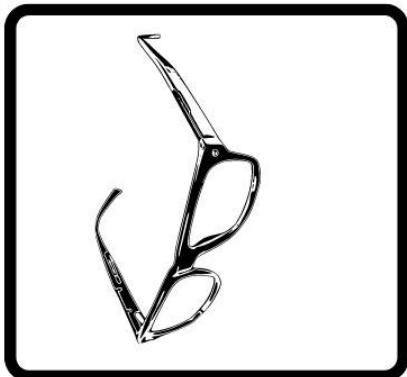
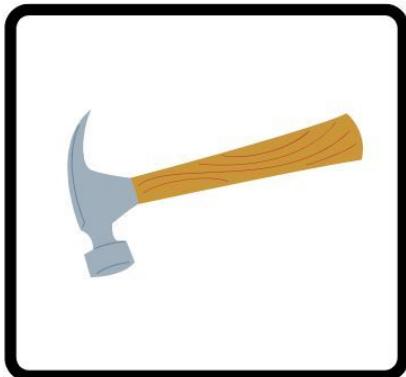
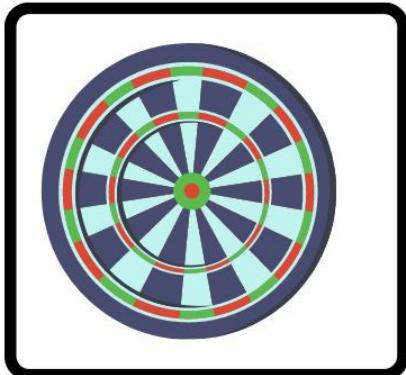
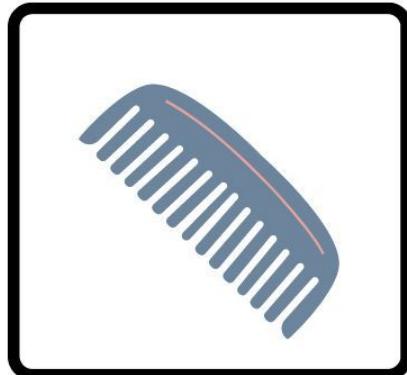
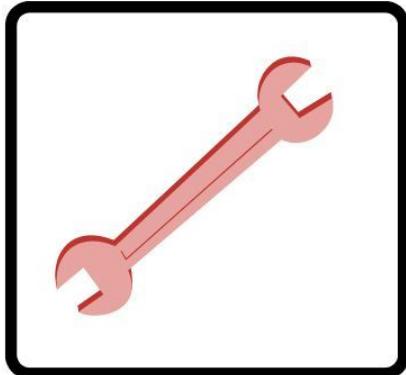
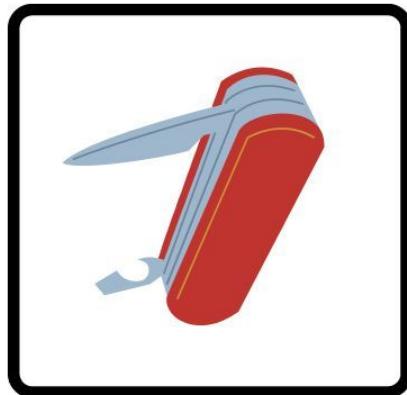
WAYS TO USE:

IT IS GOOD TO USE EVERY OPPORTUNITY TO DEVELOP COMMUNICATION SKILLS BECAUSE COMMUNICATION PLAYS A CRUCIAL ROLE IN THE CLIENT'S LIFE. TO DEVELOP VOCABULARY AND ACCURATE EXPRESSION, YOU CAN USE THE ITEM CARDS IN THE APPENDIX. USE QUESTIONS LIKE: WHAT DO YOU SEE IN THE PICTURE? WHAT IS IT USED FOR? WHO NEEDS IT FOR THEIR WORK? DO YOU USE IT AT HOME? ETC.

THE CARDS CAN ALSO BE USED TO DEVELOP VISUAL DIFFERENTIATION AND MEMORY TRAINING IN THE FORM OF MEMORY GAMES OR CONCEALED MEMORIZATION CARDS.



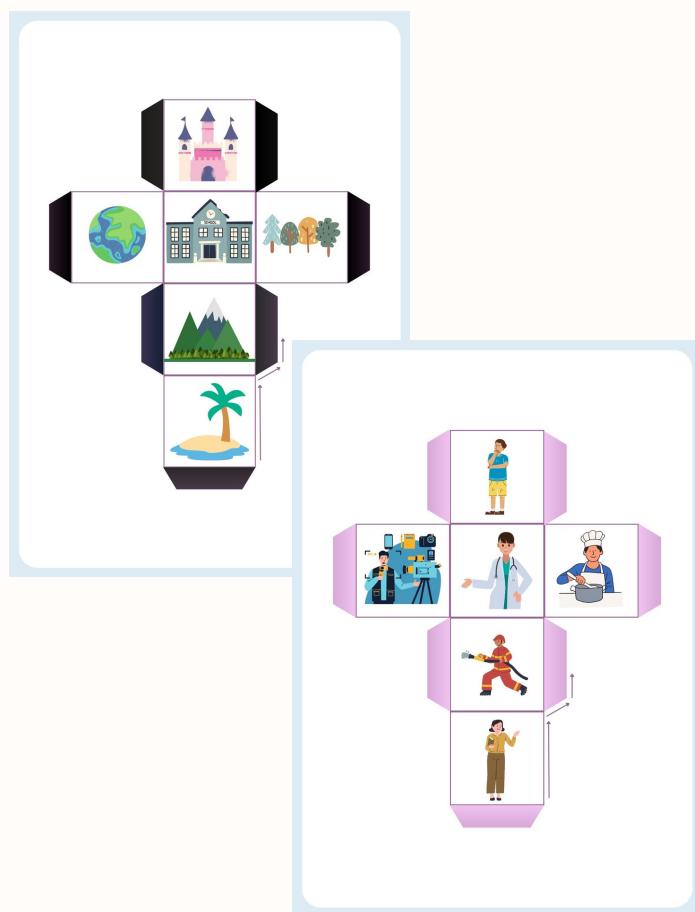




AID

GOALS

GOAL IS THE DEVELOPMENT OF COMMUNICATION SKILLS, ESPECIALLY THE DEVELOPMENT OF VOCABULARY.



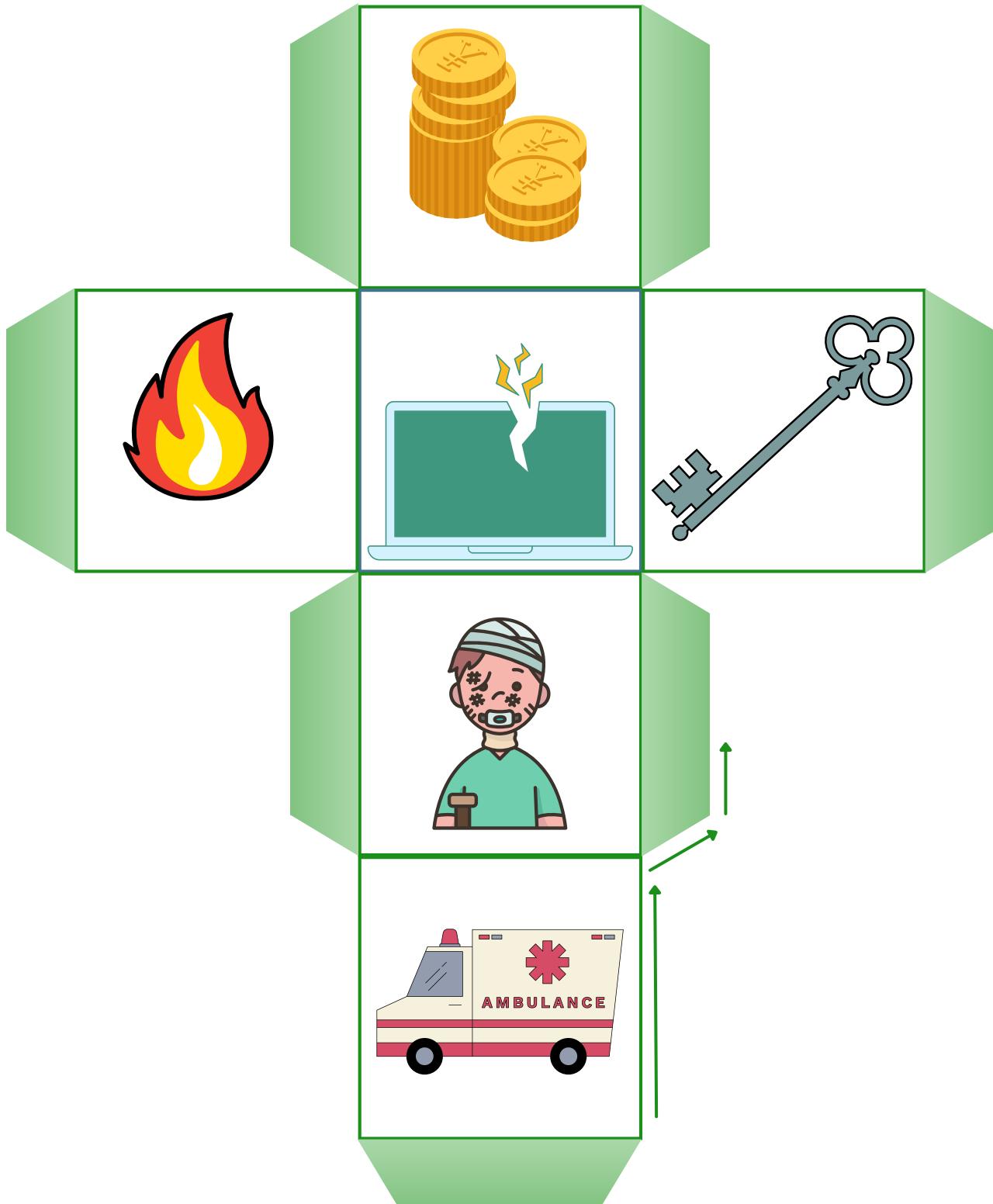
WAYS TO USE

CUT OUT THE CUBES WITH THE STORY FROM THE ATTACHMENT AND GLUE THEM TOGETHER IN THE HIGHLIGHTED PLACES. TRAINING OF COMMUNICATION COMPETENCIES CAN TAKE PLACE INDIVIDUALLY OR IN A SMALLER GROUP. THE CLIENT ROLLS DICE, THEN HE TRIES TO CREATE A STORY ACCORDING TO THE PICTURES. DICE CAN BE USED INDIVIDUALLY OR VARIOUS ACTIONS CAN BE BUILT (INCLUDE DICE CONTAINING PEOPLE, VERBS, DESTINATIONS, ETC.). DURING TRAINING, YOU CAN ALSO USE A BLANK CUBE FROM THE ATTACHMENT TO WRITE YOUR OWN WORDS OR THE NAMES OF THE PARTICIPANTS AS A "DRAW" DICE WHEN PLAYING IN A SMALLER GROUP.

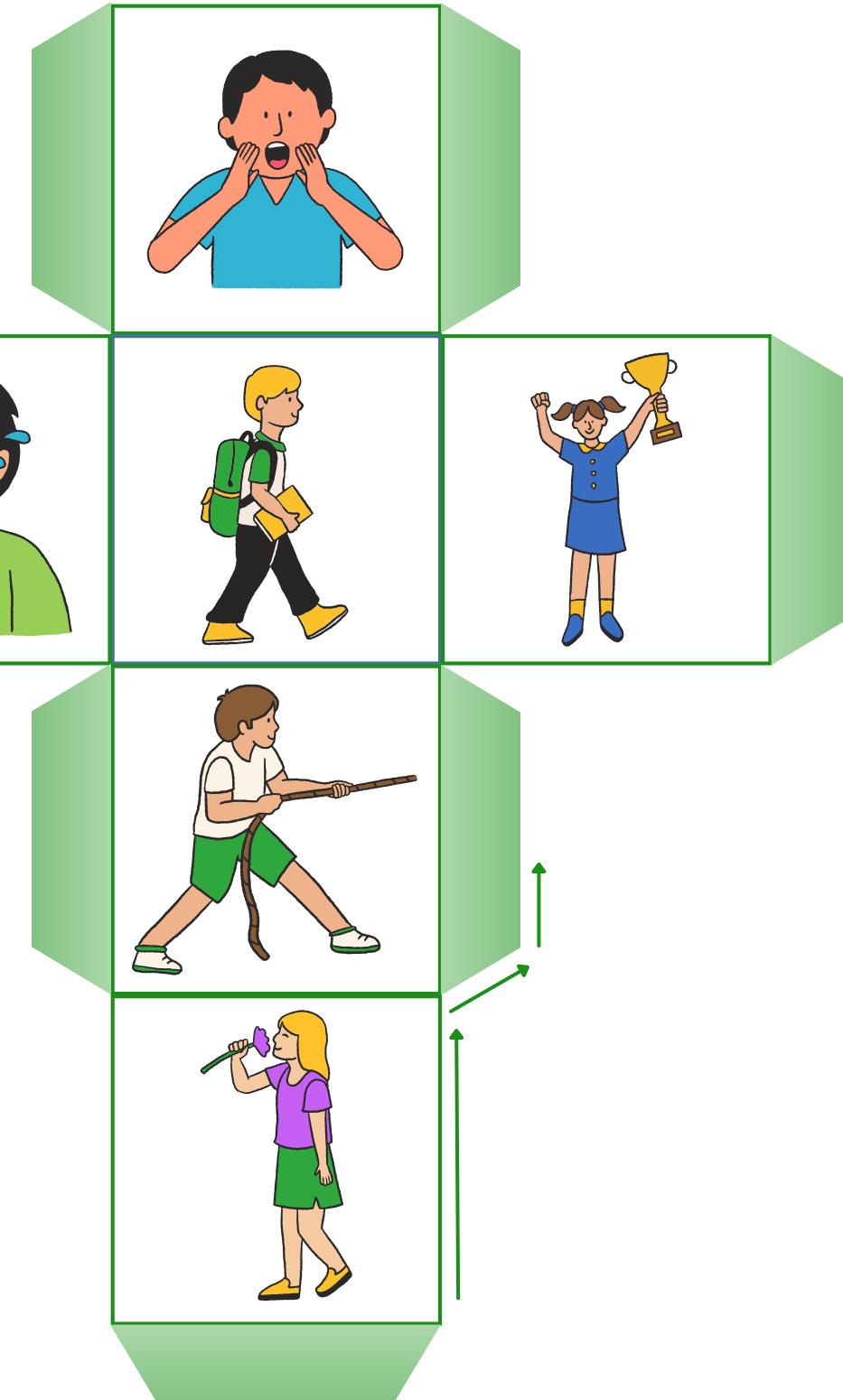
THIS AID CAN ALSO BE USED IN FOREIGN LANGUAGE LESSONS OR DURING AFTERNOON TUTORING TO DEVELOP VOCABULARY AND CONVERSATION. DURING GROUP REHEARSALS, YOU CAN CHANGE CLIENTS TO COMPOSE A STORY TOGETHER.

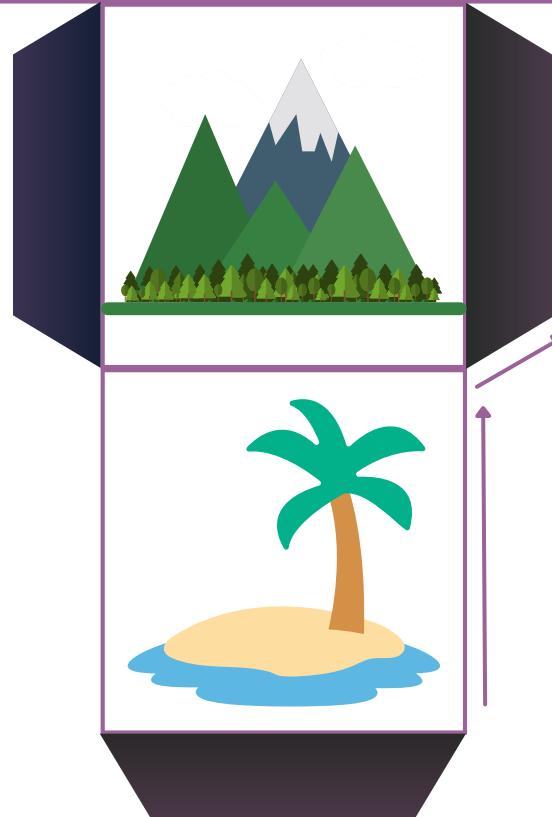
EVERYONE THEN INSERTS ONE SENTENCE INTO THE STORY ACCORDING TO THE DICE WITH WHICH THEY ARE ROLLING. THE STORY THUS FOLLOWS WITH ANOTHER THROW AROUND AGAIN.

STORY DICES









EXERCISE

GOALS

TRAINING OF MEMORY, FINE MOTOR SKILLS AND VISUAL DIFFERENTIATION.



WAYS TO USE

THE CLIENT'S TASK IS TO REMEMBER HOW THE COLOURS OF THE PEGS GO ONE AFTER THE OTHER. AFTER A SHORT DEMONSTRATION, COVER THE PEGS. THEN THE CLIENTS MEMORIZE THE COLOURS OF THE PEGS AS THEY REMEMBERED THEM.



THIS GAME CAN BE EASILY VARIED WITH ANY SMALL ITEMS. YOU CAN ALSO USE CARDS WITH PICTURES. FOR MORE DIFFICULT ALTERNATIVE OF THE GAME, USE THE CARDS WITH ONLY NAMES OF THE ITEMS ON IT.



EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS AND VISUAL DIFFERENTIATION.

WAYS TO USE

THE PHOTOS SHOW EXAMPLES OF FINE MOTOR TRAINING, ESPECIALLY DURING PRACTICAL DAILY ACTIVITIES.

No. 1



No. 2



No. 3



No. 4



No. 1 – training of buttoning during which it is possible to use a dressed tailor's doll or dummy,

No. 2 – practicing braiding with the help of a wig, a toy designed to play hairdresser,

No. 3 – training of fine motor skills and pinch grip using a simply made wooden plate with holes for threading the lace,

No. 4 – training of fine motor skills when stringing beads starting from larger to smaller ones with smaller holes.

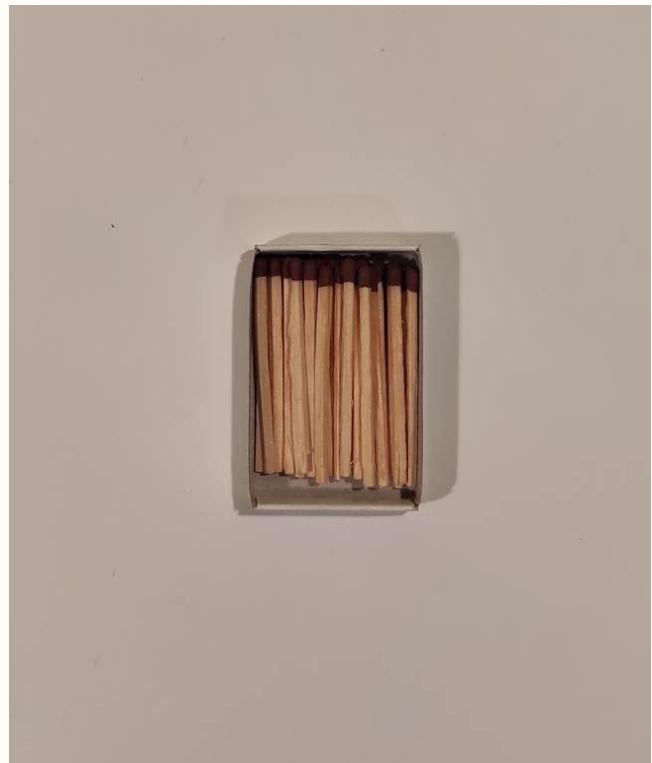
EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.

WAYS TO USE

THE CLIENT'S TASK IS TO ARRANGE THE MATCHES BACK INTO THE BOX, ALL OF THEM SHOULD HAVE THE HEAD IN THE SAME DIRECTION.



TIP: TO FACILITATE THE EXERCISE, YOU CAN USE FIREPLACE MATCHES WHICH ARE MORE MASSIVE.



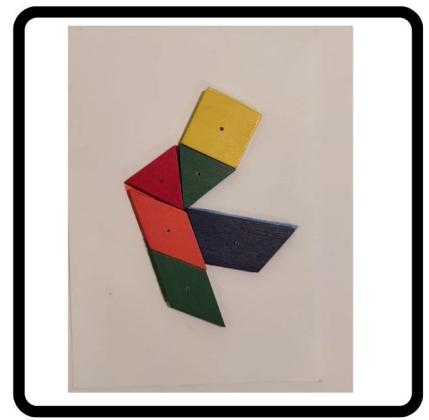
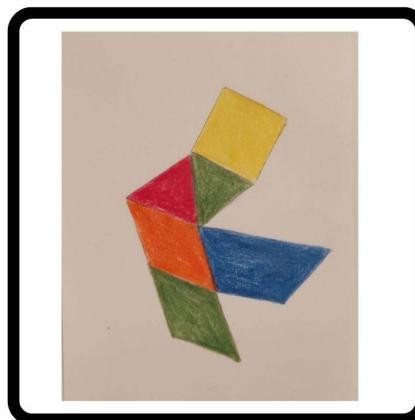
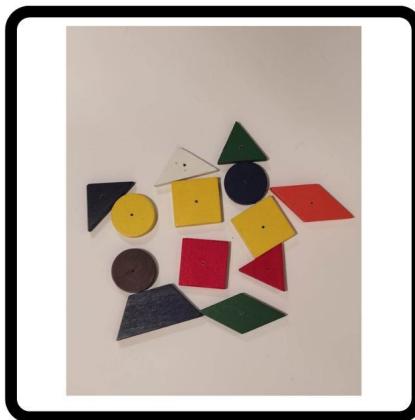
EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.

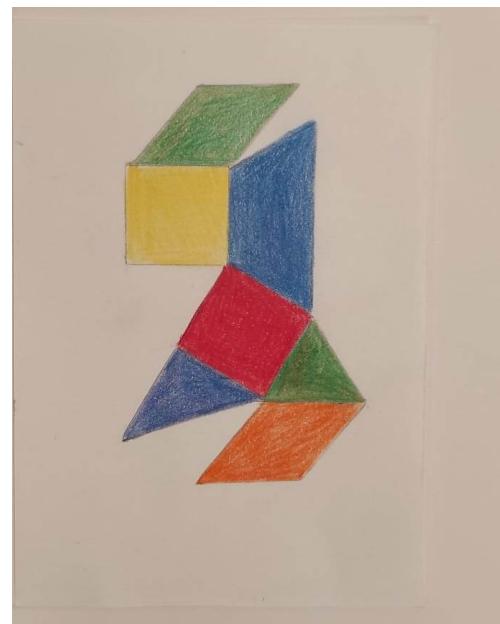
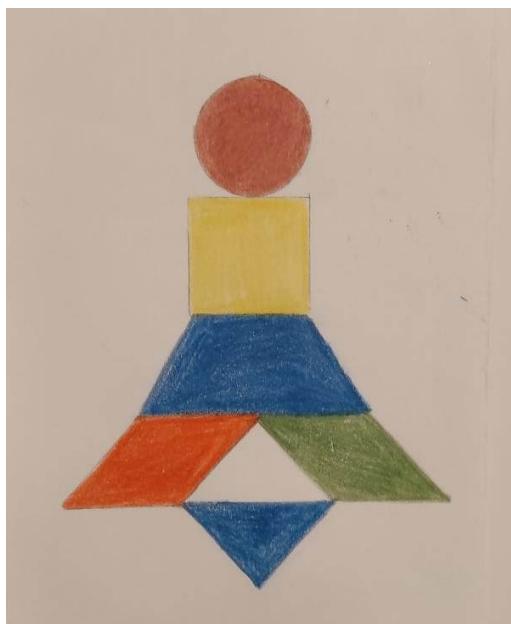
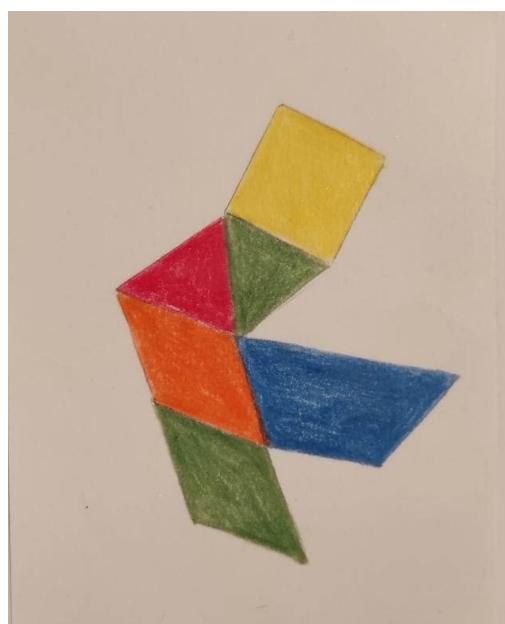
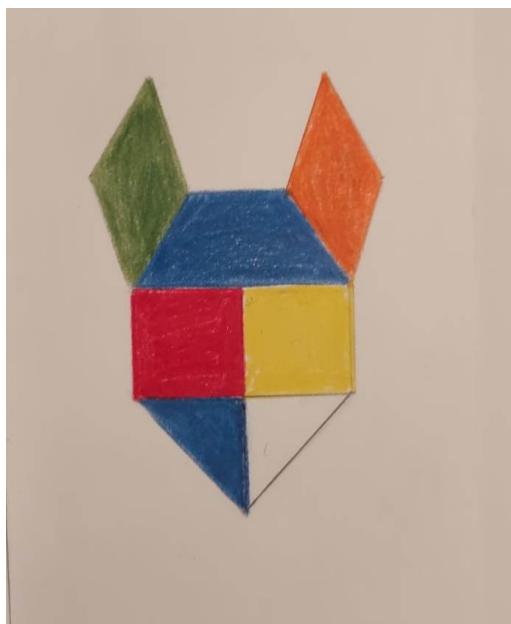
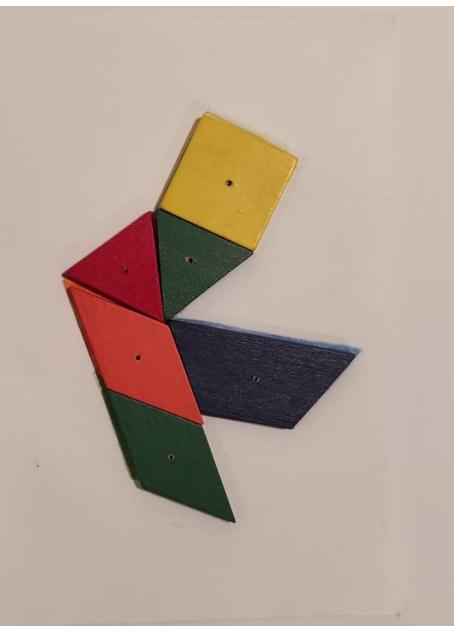
WAYS TO USE

THIS GAME IS CALLED TANGRAMI. THERE ARE MANY VERSIONS, SIZES AND DESIGNS. CARDBOARD OR PLYWOOD CUTTINGS CAN ALSO BE USED FOR PRODUCTION. WE WILL THEN PREPARE THE CORRESPONDING TEMPLATES FOR THEM.



WE PAY ATTENTION TO THE ACCURACY OF EXECUTION, CORRECT COLOUR AND CHOSEN SHAPE.





EXERCISE

GOALS

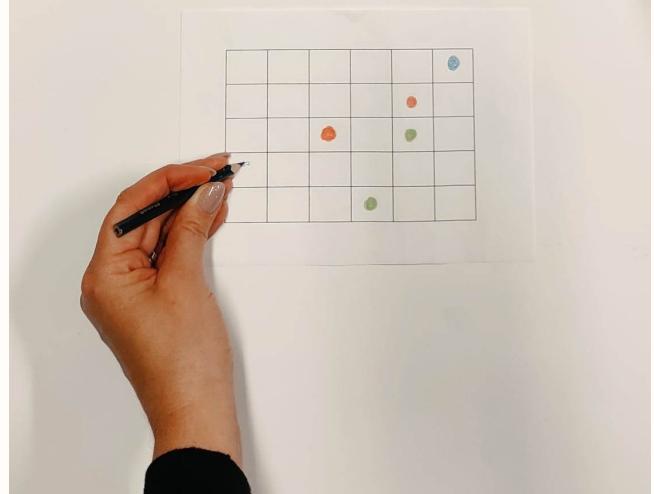
TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.



TIP: FOR PRACTICE, WHEN INSERTING INTO THE PLATE, YOU CAN USE FOR EXAMPLE GRILL TONGS OR PLASTIC TWEEZERS FOR MEAT.

WAYS TO USE

- 1) DRAW RANDOMLY COLOURED POINTS INTO THE ATTACHED TABLE (SEE ATTACHMENTS), THE CLIENT INSERTS OBJECTS INTO THE PLATE ACCORDING TO THE ORIGINAL.
- 2) PLACE COLOURED FLOWERS, BALLS OR BOTTLE CAPS, THE CLIENT DRAWS TO THE TABLE.



EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.

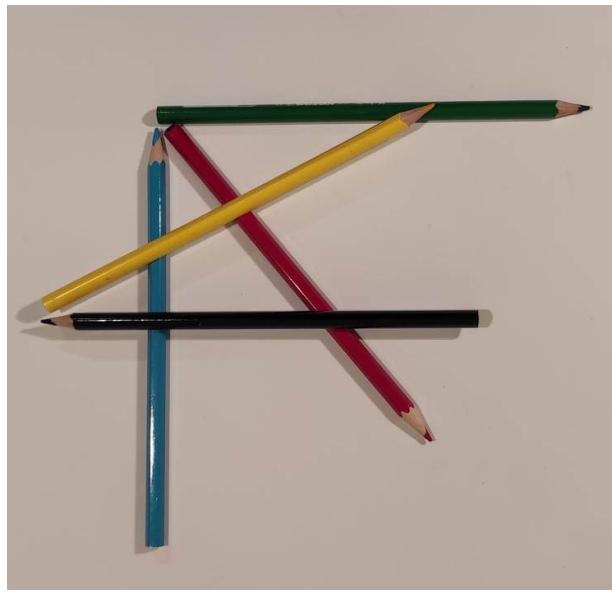
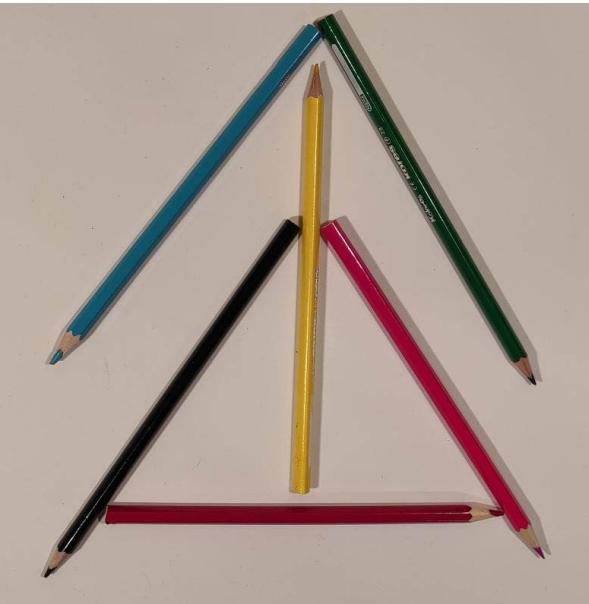
WAYS TO USE

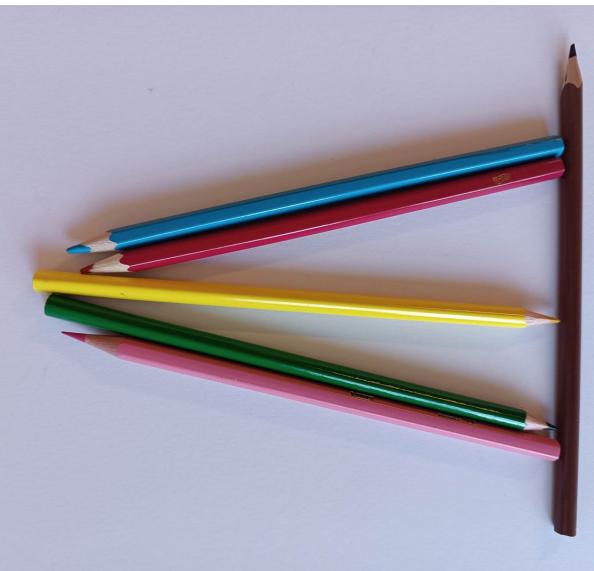
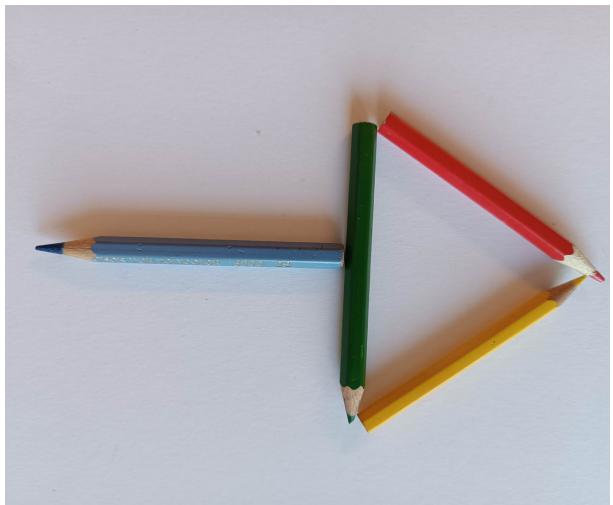
CUT OUT THE CARDS WITH THE PICTURES IN THE ATTACHEMENT (SEE BELOW). THE CLIENT ASSEMBLES COLOURED CRAYONS ACCORDING TO THE ORIGINAL. WE PROCEED FROM SIMPLER PATTERNS TO MORE COMPLEX ONES.



WE PAY ATTENTION TO THE ACCURACY OF EXECUTION, ESPECIALLY IN THE PLACES WHERE THE CRAYONS ARE FOLDED OVER EACH OTHER, AND ALSO TO WHERE THE TIP OF THE CRAYON IS POINTED.







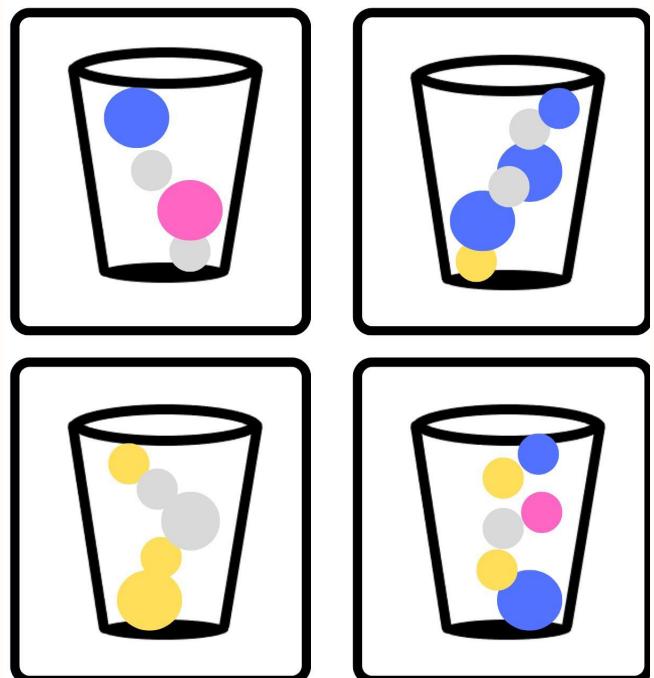
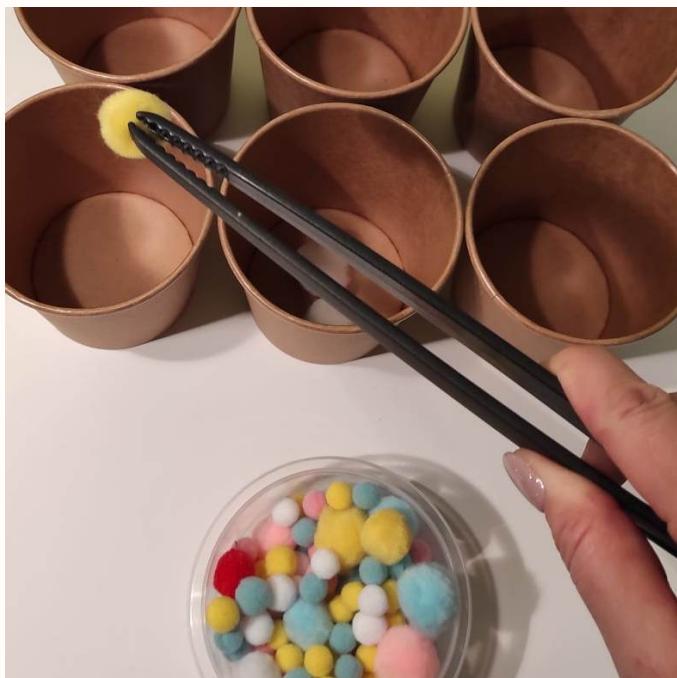
EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.

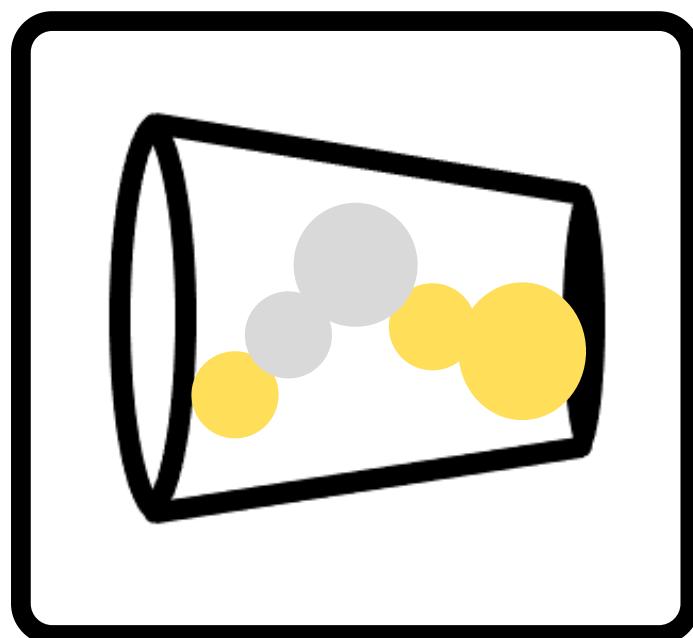
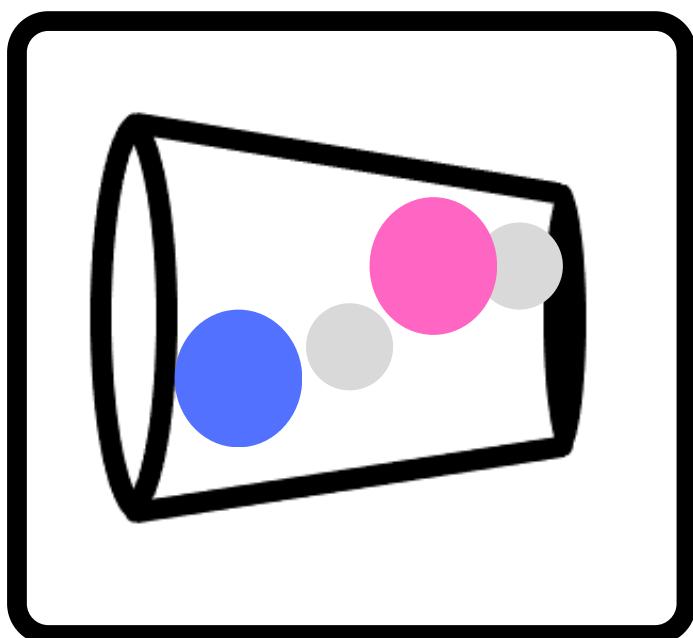
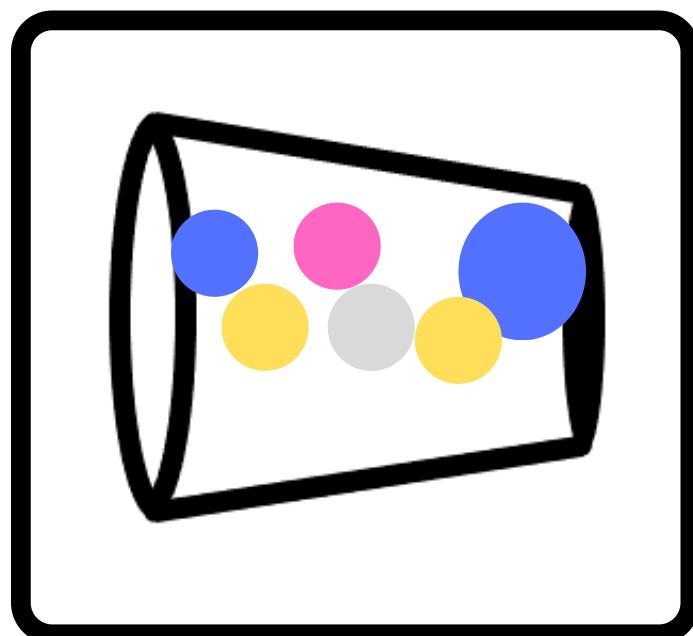
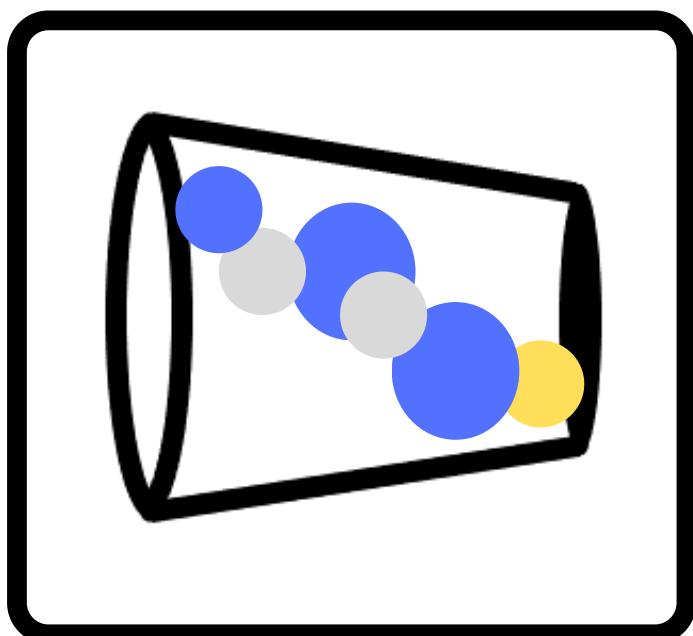
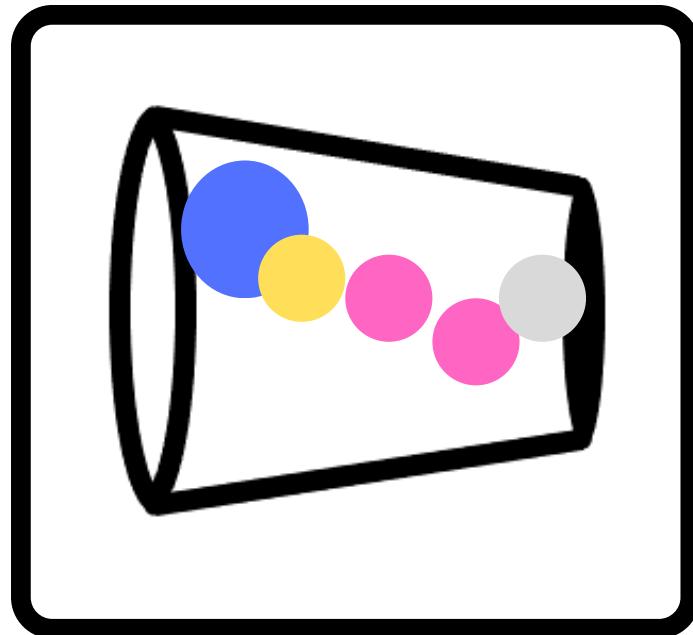
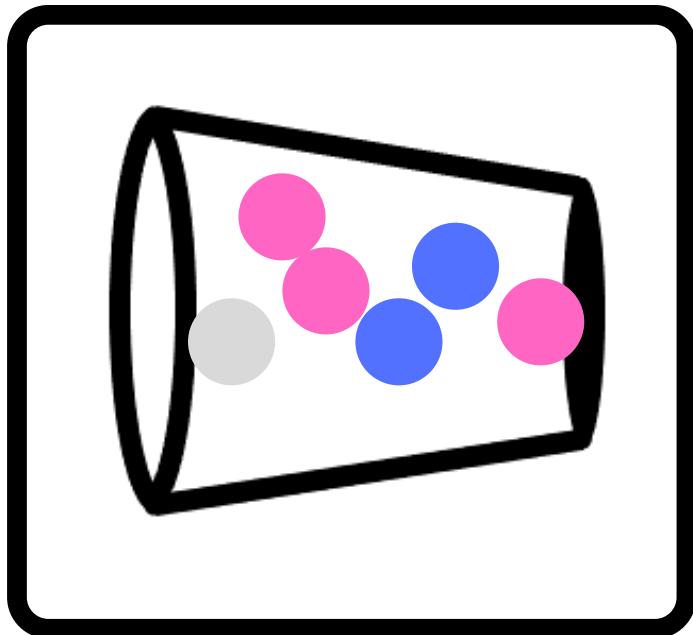
WAYS TO USE

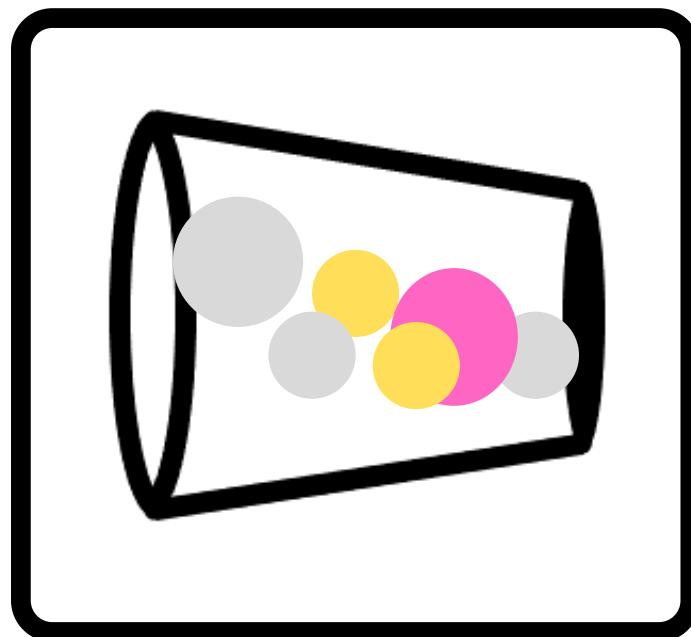
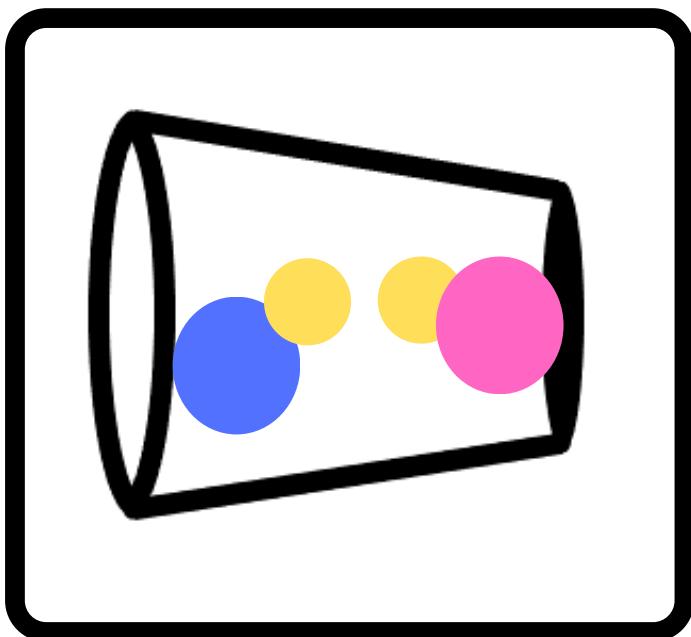
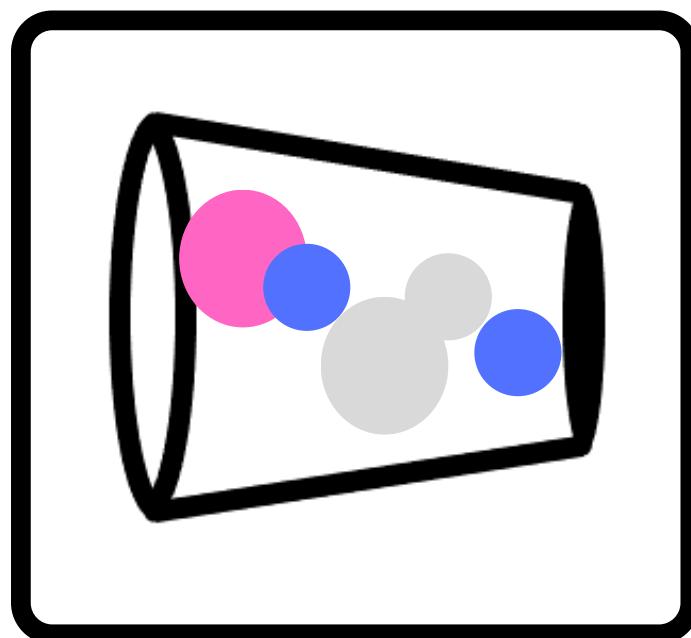
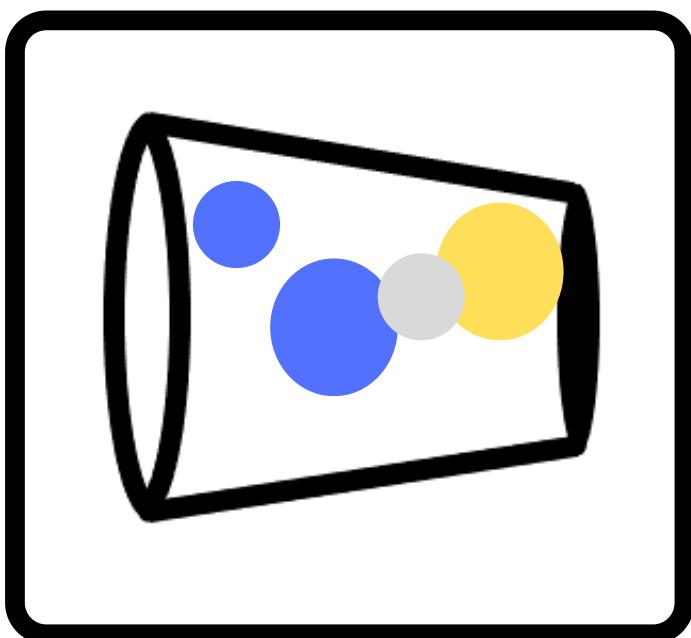
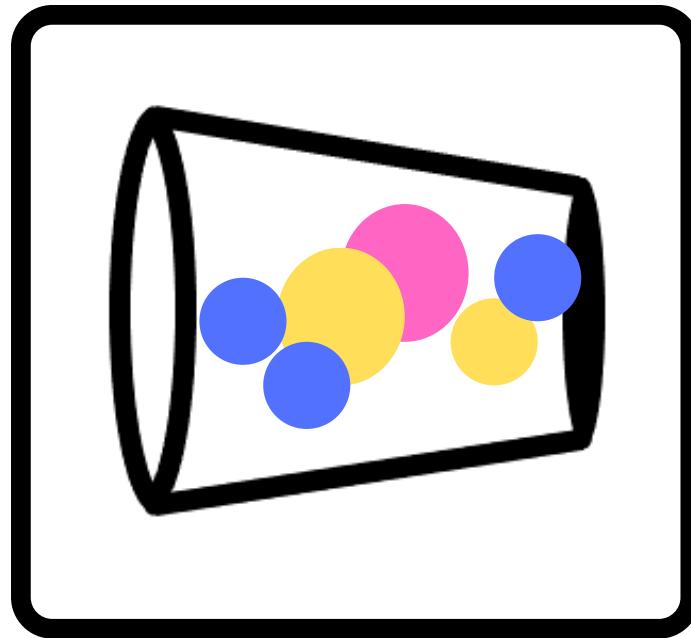
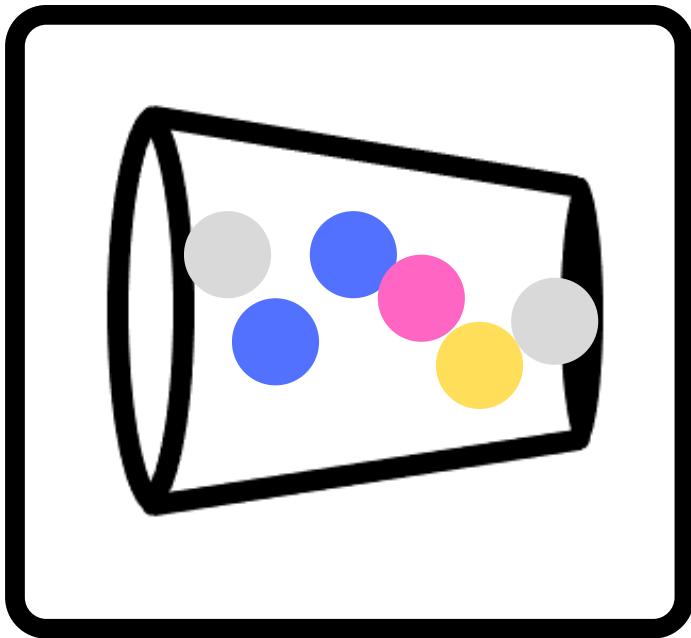
CUT OUT THE CARDS WITH THE PICTURES IN THE ATTACHEMENT (SEE BELOW). THE CLIENT INSERTS COLOURED PLUSH BALLS USING GRILL TONGS OR MEAT TWEEZERS ACCORDING TO THE ORIGINAL. PLUSH BALLS CAN BE REPLACED WITH PAPER BALLS OF DIFFERENT SIZES OR BEADS.



WE PAY ATTENTION TO THE CORRECT ORDER, SIZE AND COLOUR OF INSERTED ITEMS. WE START INSERTING ACCORDING TO THE ORIGINAL FROM THE BOTTOM.







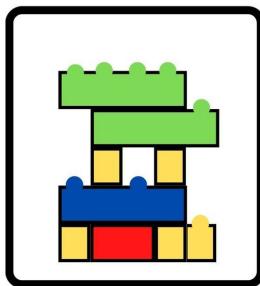
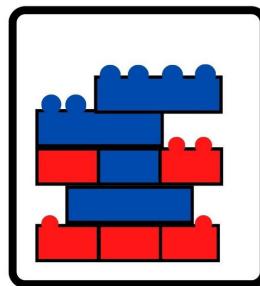
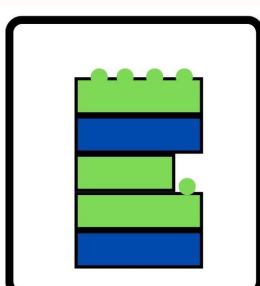
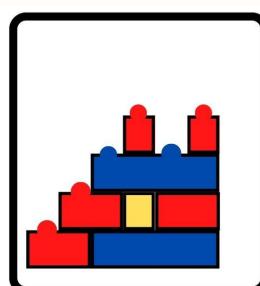
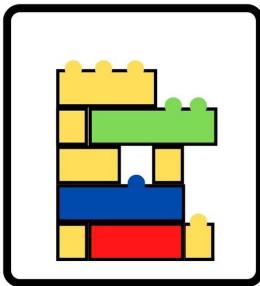
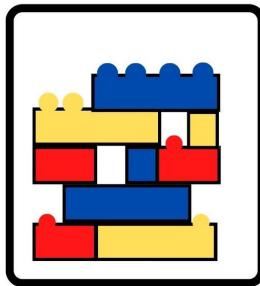
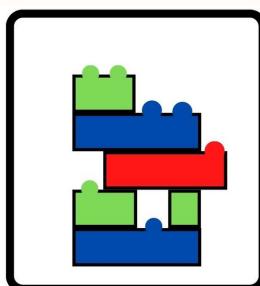
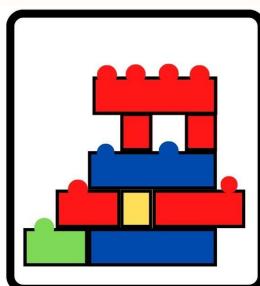
EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.

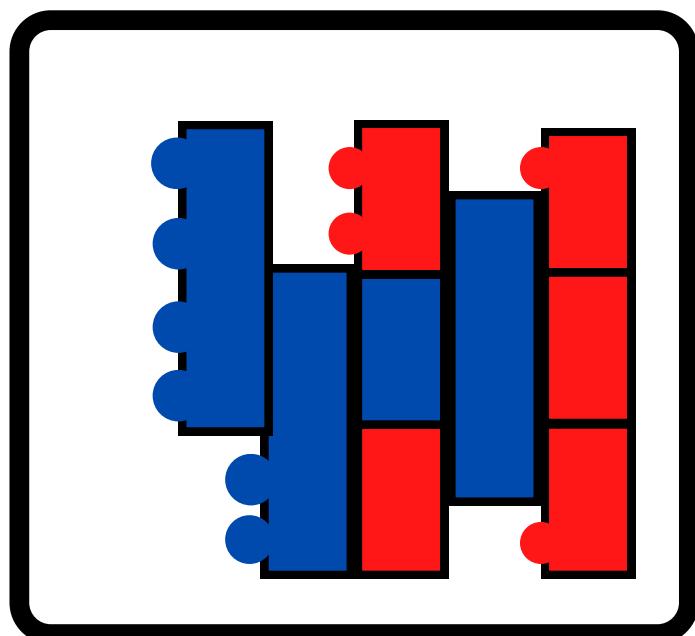
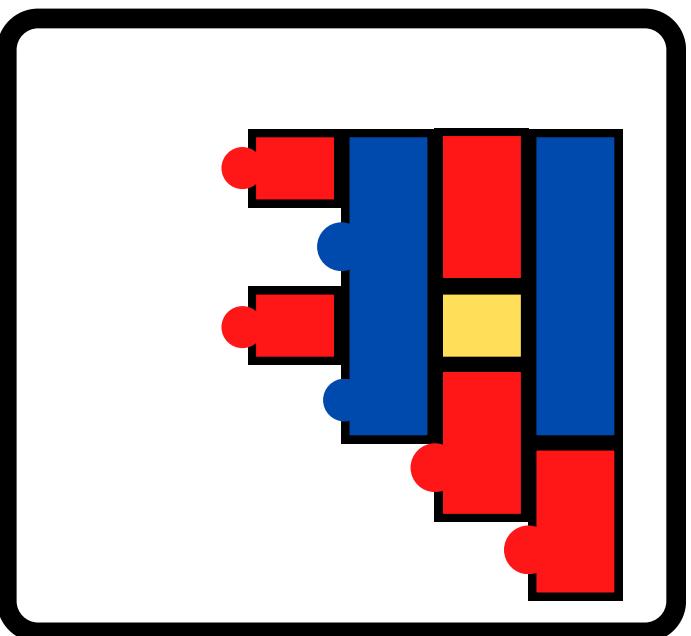
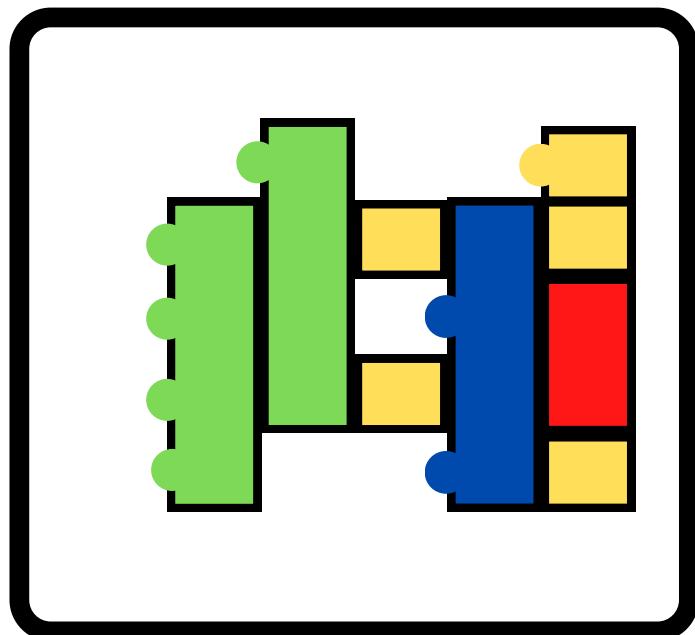
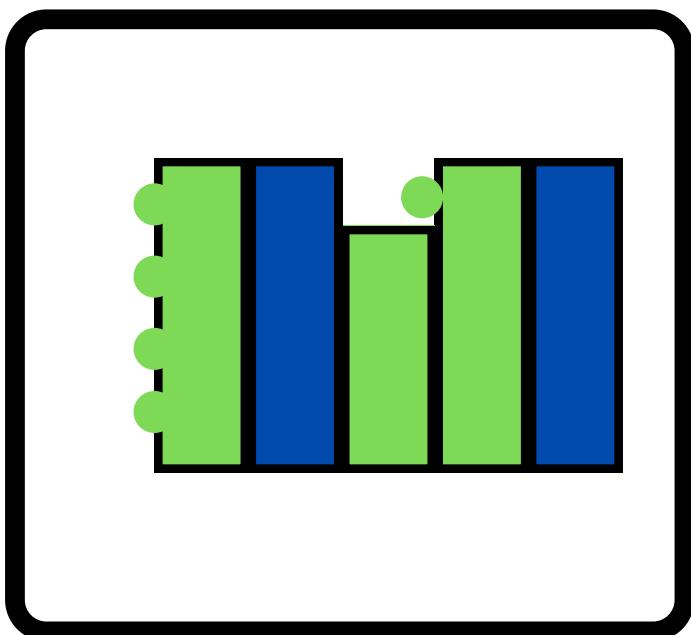
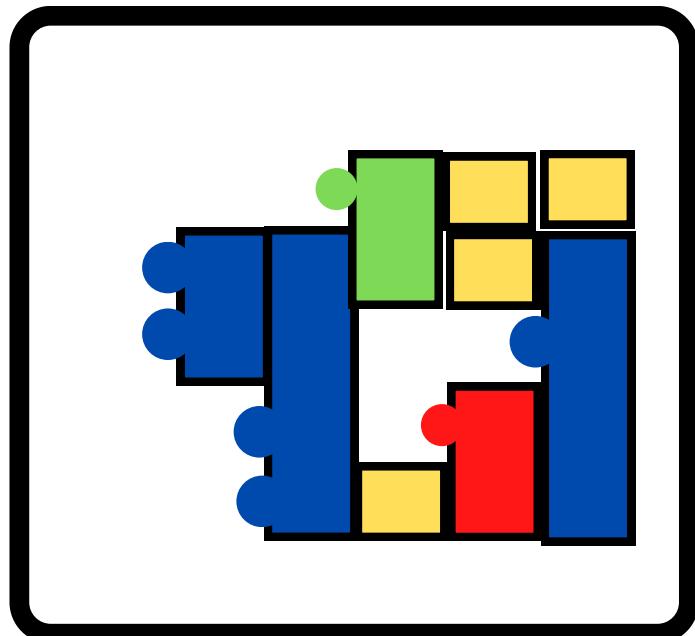
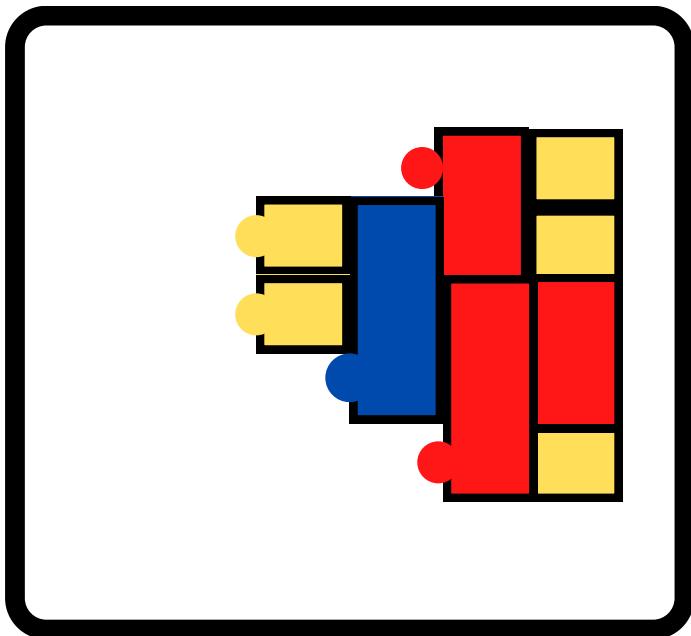
WAYS TO USE

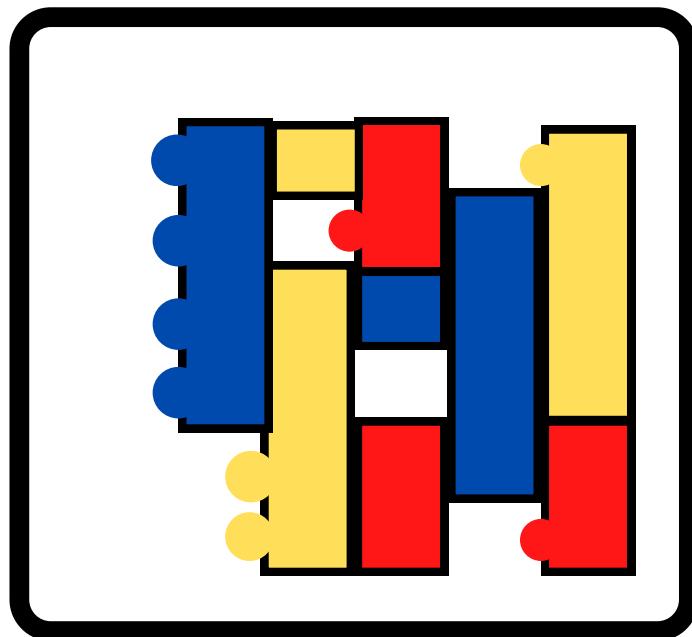
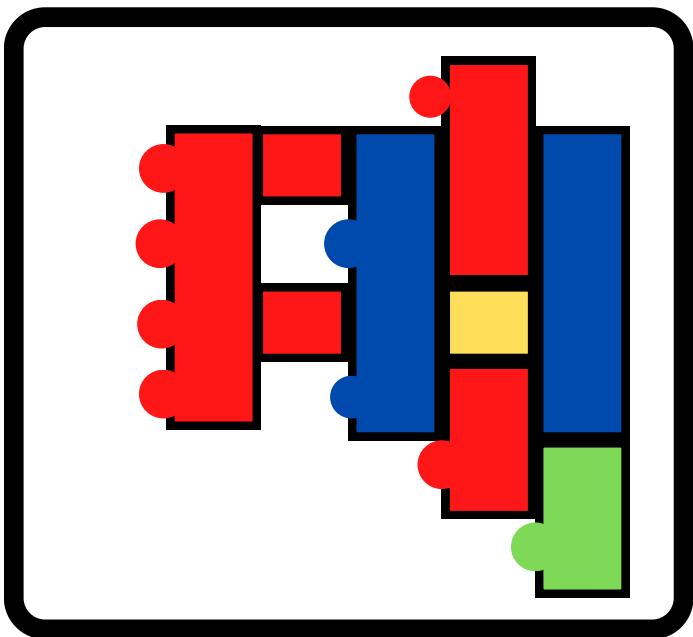
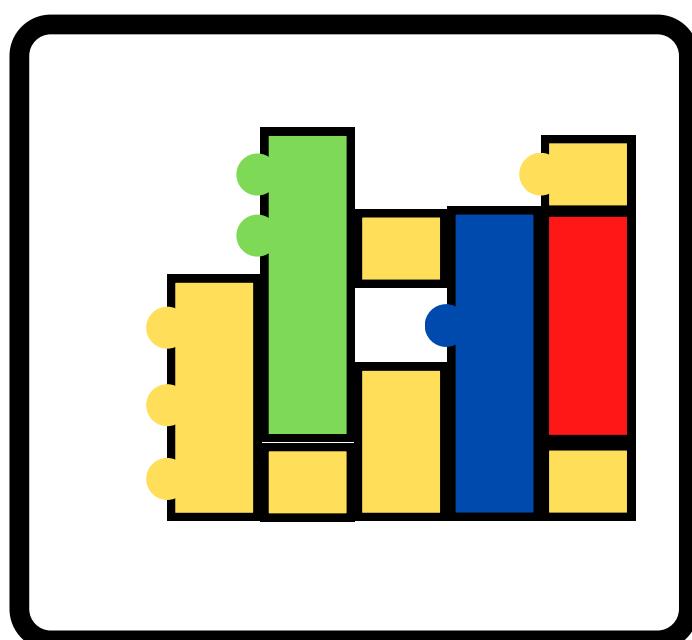
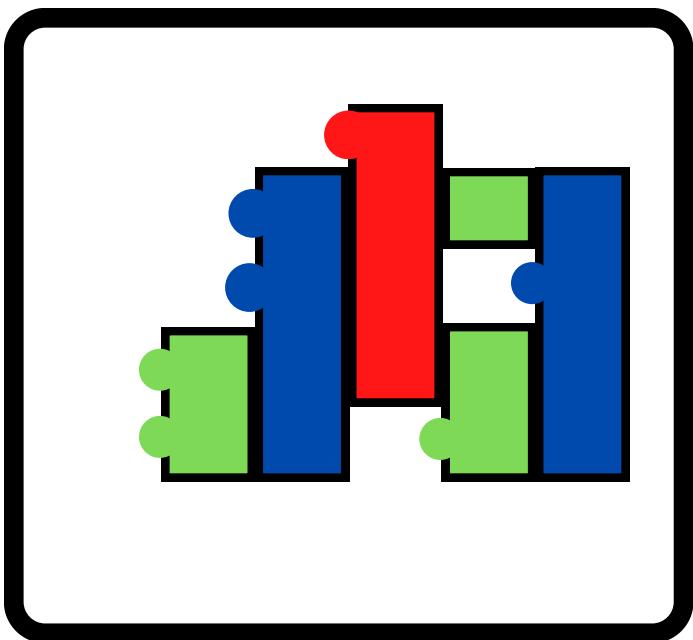
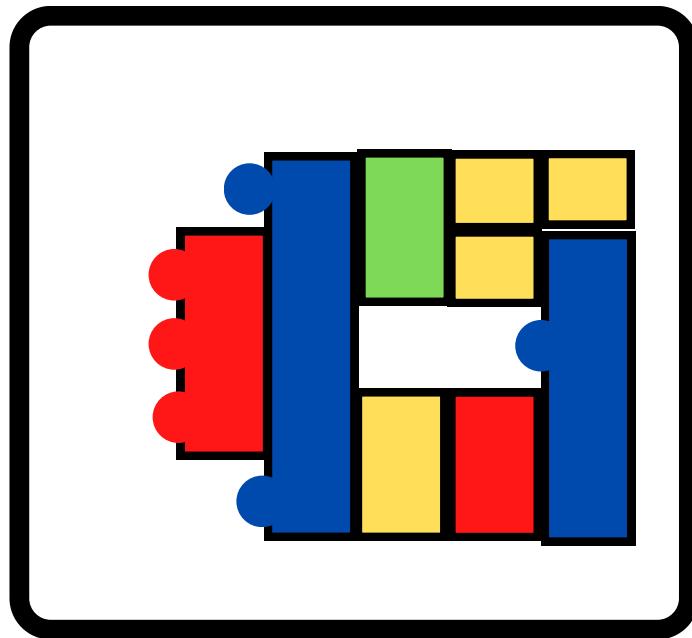
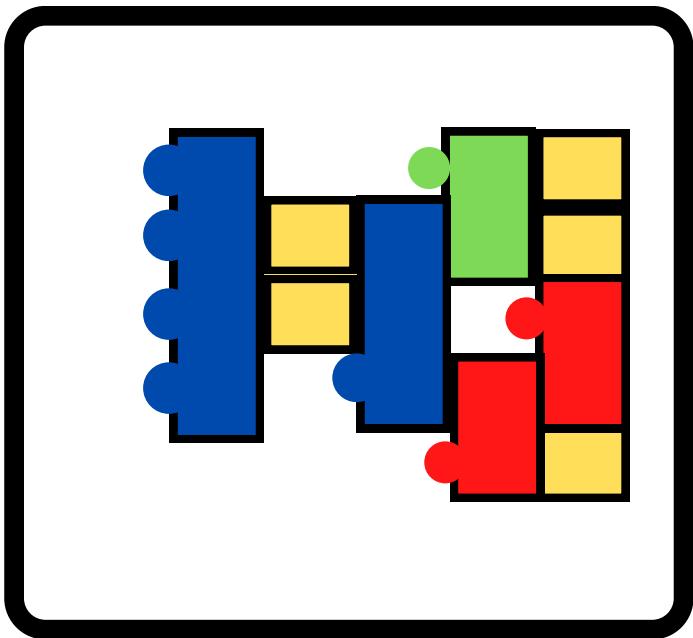
CUT OUT CARDS WITH PICTURES IN THE ATTACHMENT (SEE BELOW), THE CLIENT FOLDS COLOURED LEGO BRICKS (LEGO DUPLO CAN ALSO BE USED) ACCORDING TO THE ORIGINAL. WE PROCEED FROM SIMPLER PATTERNS TO MORE COMPLEX ONES. WHEN MASTERING THE TASK, YOU CAN PLAY A GAME IN PAIRS TO SEE WHO WILL BUILD THEIR TEMPLATES FASTER.



A POPULAR TOOL FOR TRAINING FINE MOTOR SKILLS AND CONSTRUCTION SKILLS IS A LEGO OR MERKUR KIT. ADULT PROJECTS ARE ALSO AVAILABLE. WHEN BUILDING ACCORDING TO THE CARDS, WE PAY ATTENTION TO THE ACCURACY OF THE COLOUR DESIGN AND THE CORRECT SELECTED SIZE OF THE CUBES.







EXERCISE

GOALS

TRAINING OF FINE MOTOR SKILLS, VISUAL DIFFERENTIATION, SPATIAL PERCEPTION, CONSTRUCTION SKILLS.

WAYS TO USE

CUT OUT THE CARDS WITH THE PICTURES IN THE ATTACHEMENT (SEE BELOW). THE CLIENT ASSEMBLES COLOURED STICKS ACCORDING TO THE ORIGINAL. WE PROCEED FROM SIMPLER PATTERNS TO MORE COMPLEX ONES.



WE PAY ATTENTION TO THE ACCURACY OF EXECUTION, ESPECIALLY IN PLACES WHERE THE STICKS ARE FOLDED OVER EACH OTHER..



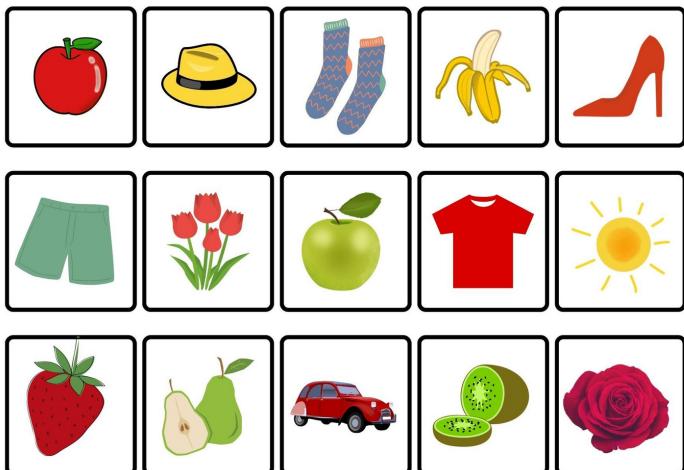




EXERCISE

GOALS

TRAINING OF VISUAL PERCEPTION AND ABSTRACTION.

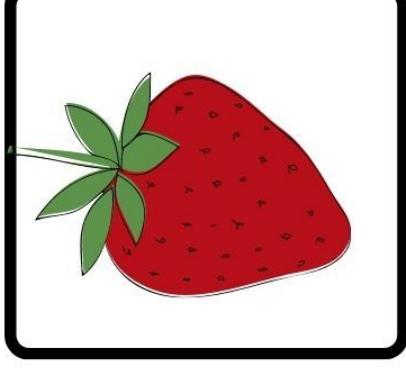
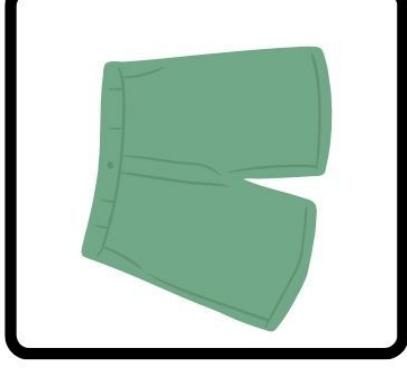
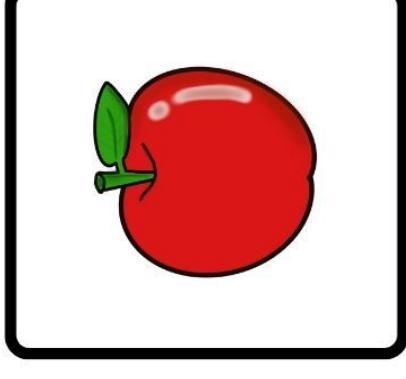
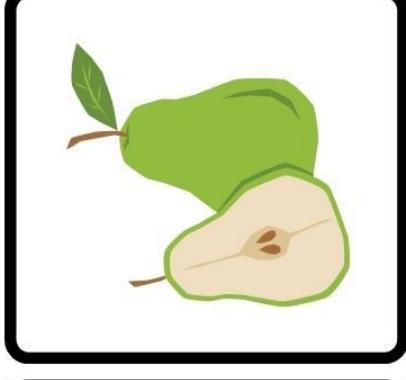
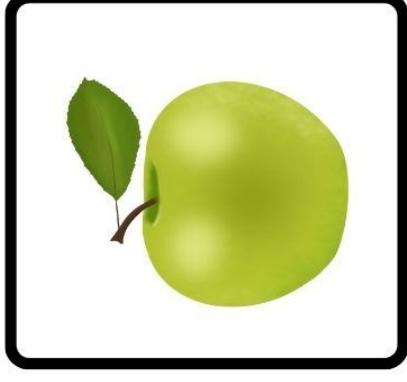
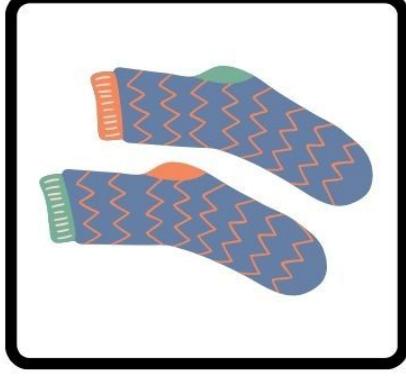
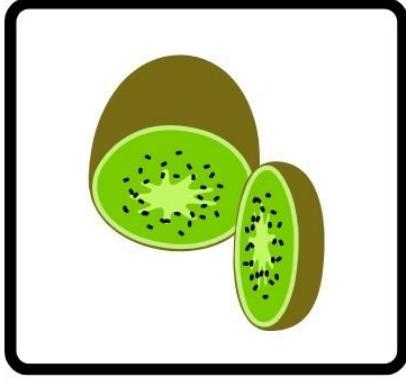
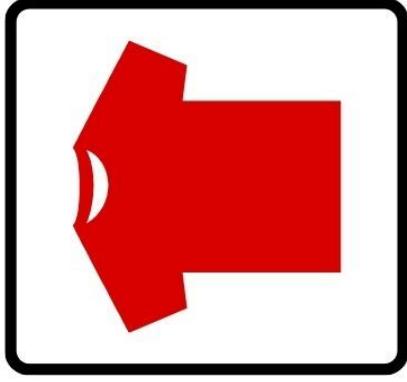
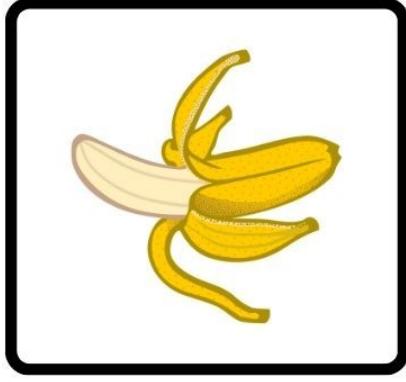
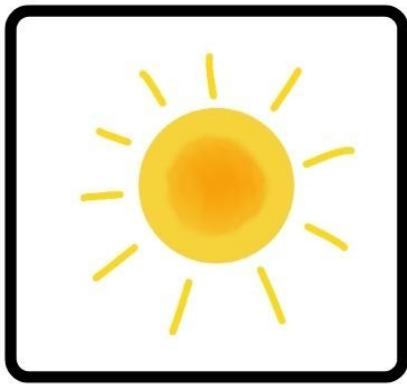
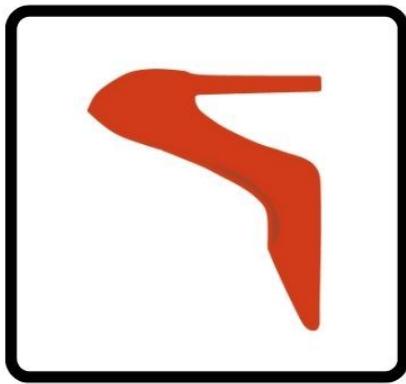


WAYS TO USE

CUT THE IMAGES IN THE ATTACHMENT INTO INDIVIDUAL CARDS. PLACE ALL THE CARDS IN FRONT OF THE CLIENT AND ASK THEM QUESTIONS SUCH AS: SHOW ME ALL THE RED OBJECTS. YOU CAN ALSO SPECIFY A TASK OF THE TYPE: CREATE GROUPS OF IMAGES BASED ON ONE MATCHING CHARACTER (COLOUR, USAGE,...). A MORE DIFFICULT OPTION IS THESE EXERCISES INCLUDED IN FOREIGN LANGUAGE LESSONS, FOR EXAMPLE FOR CLIENTS WITH AUTISM SPECTRUM DISORDER.

THE CARDS IN THE APPENDIX ARE ALSO USED TO DEVELOP COMMUNICATION COMPETENCIES. THE CLIENT'S TASK IS TO DESCRIBE, FOR EXAMPLE, WHAT TWO IMAGES HAVE IN COMMON OR WHAT THE OBJECTS ARE USED FOR. A VARIATION OF THE GAME ARE RIDDLES IN PAIRS, WHERE ONE HINTS TO THE OTHER BY COPYING THE OBJECT THAT IS IN THE CARD BUT MUST NOT REVEAL THE ROOT OF THE WORD DURING THE GAME.

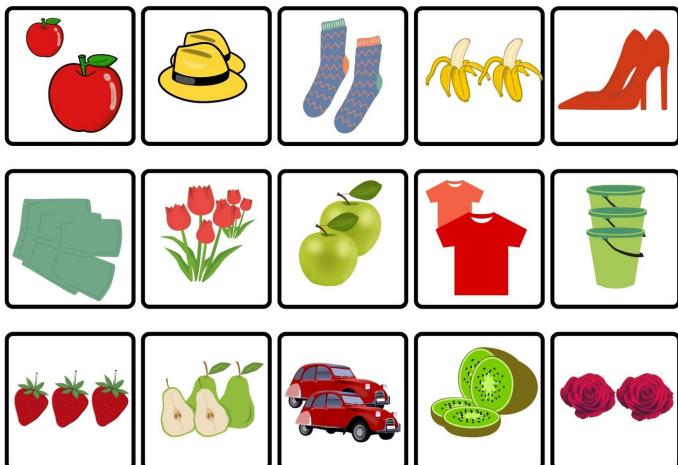




EXERCISE

GOALS

TRAINING OF VISUAL PERCEPTION, ACUMEN, PERSPECTIVE PERCEPTION AND VISUAL MEMORY.

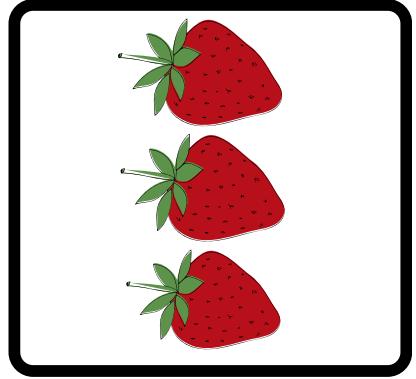
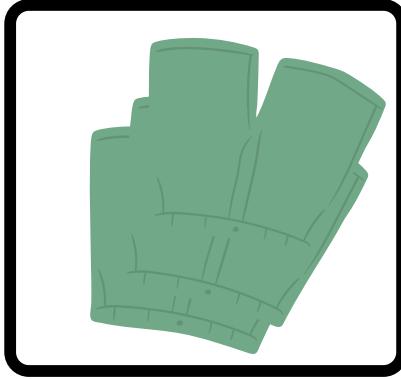
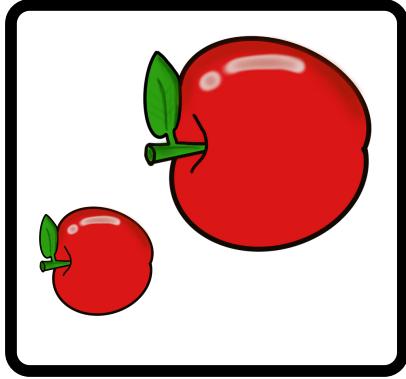
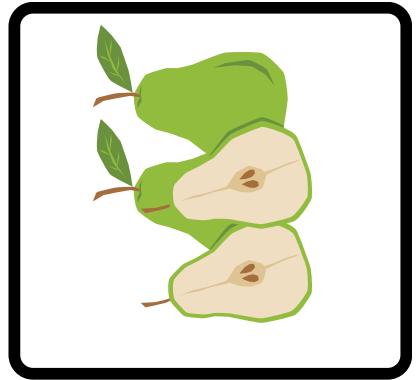
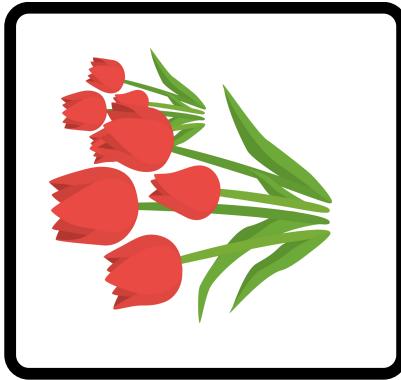
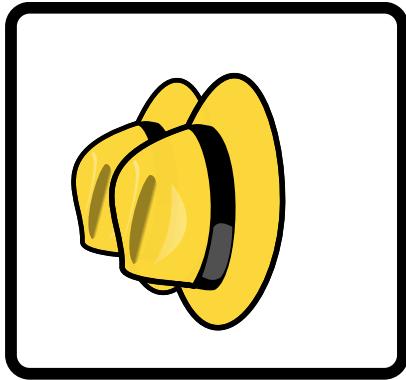
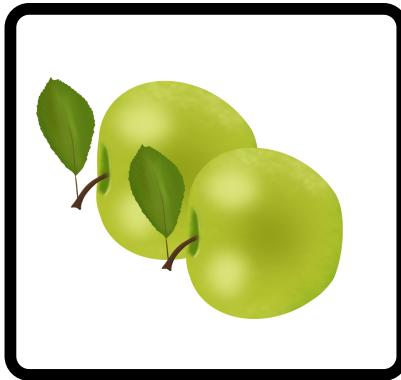
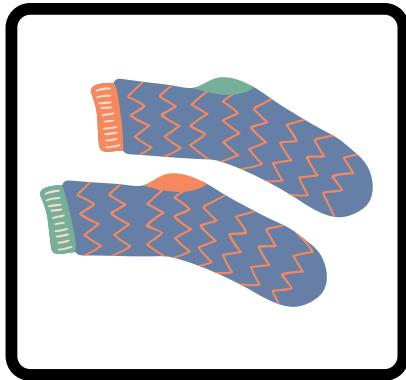
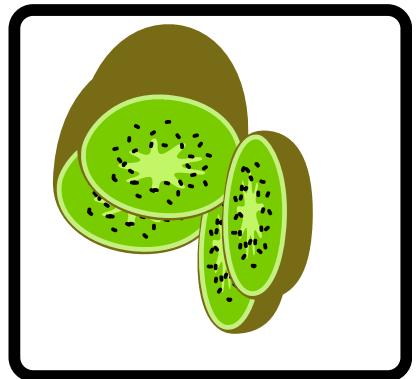
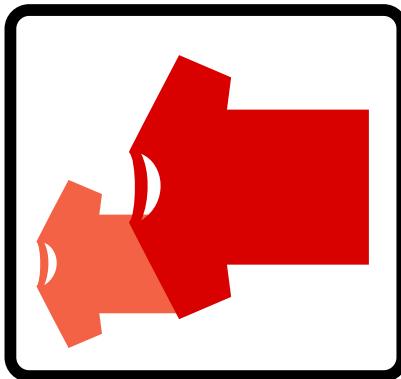
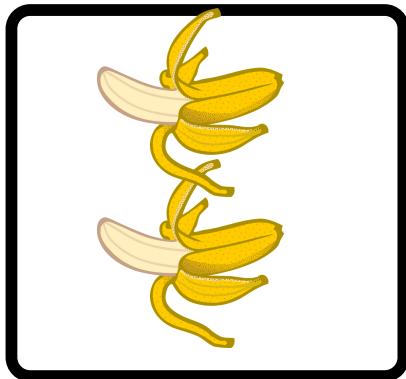
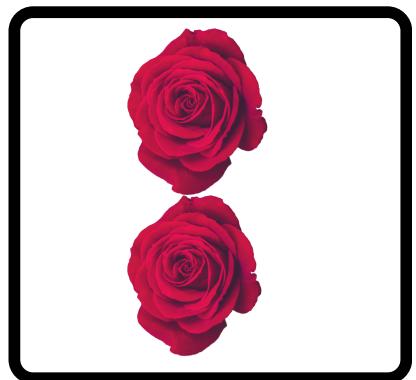
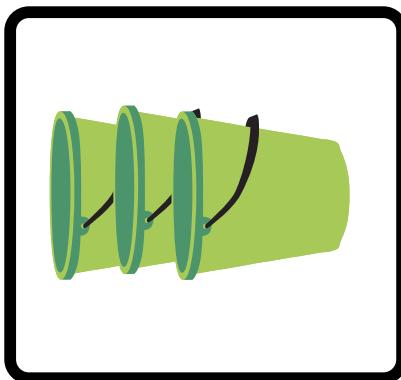
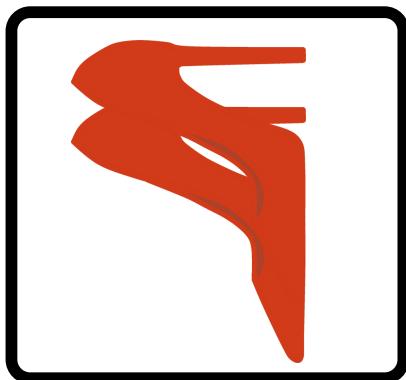


BEFORE STARTING THE EXERCISE, MAKE SURE THAT THE CLIENT CAN RECOGNIZE SAFELY THE OBJECTS SHOWN IN THE CARDS. ALWAYS START WITH A SMALLER NUMBER OF CARDS. AS YOU COMPLETE THE TASK, SLOWLY INCREASE THE NUMBER OF CARDS.



WAYS TO USE

CUT THE IMAGES IN THE ATTACHMENT INTO INDIVIDUAL CARDS. PLACE ALL THE CARDS IN FRONT OF THE CLIENT AND ASK THEM QUESTIONS SUCH AS: IS THE SMALLER RED APPLE IN THE PICTURE IN THE FRONT OR BACK? ARE BOTH SOCKS OF THE SAME COLOUR? DO RED T-SHIRTS HAVE THE SAME SHADE? HOW MANY BUCKETS ARE IN THE PICTURE? OBSERVATION CAN ALSO BE PRACTICED BY SHOWING THE CLIENT ONLY FOUR CARDS, GIVING THEM TIME TO LOOK AT THE PICTURES, AND THEN TURNING THE CARDS OVER. ASK QUESTIONS ABOUT SPECIFIC DETAILS THAT THE CLIENT HAS REMEMBERED. FOR EXAMPLE: DID THE PANTS HAVE POCKETS? WHAT COLOUR WAS THE RIBBON ON THE HAT? HOW MANY STRAWBERRIES WERE IN THE PICTURE?



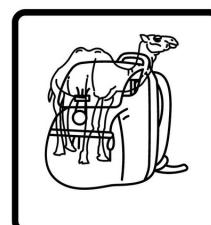
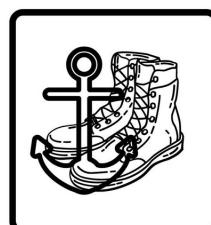
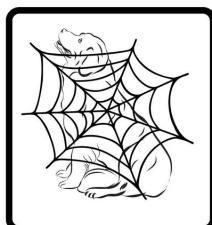
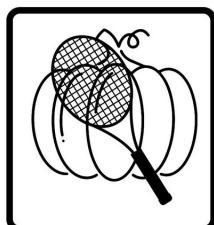
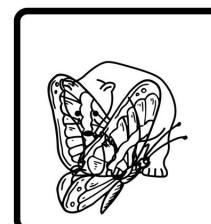
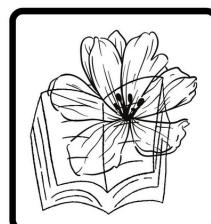
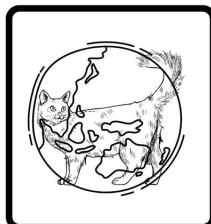
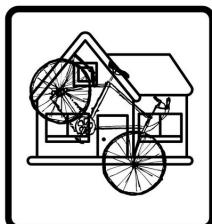
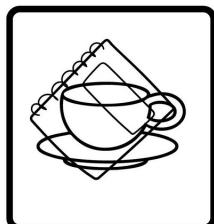
EXERCISE

GOALS

TRAINING OF VISUAL PERCEPTION,
DISCRIMINATION OF FIGURE AND BACKGROUND.

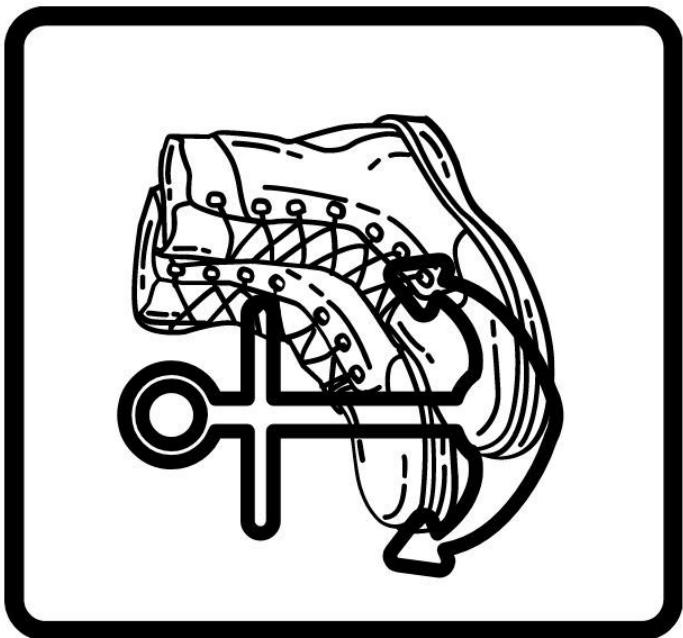
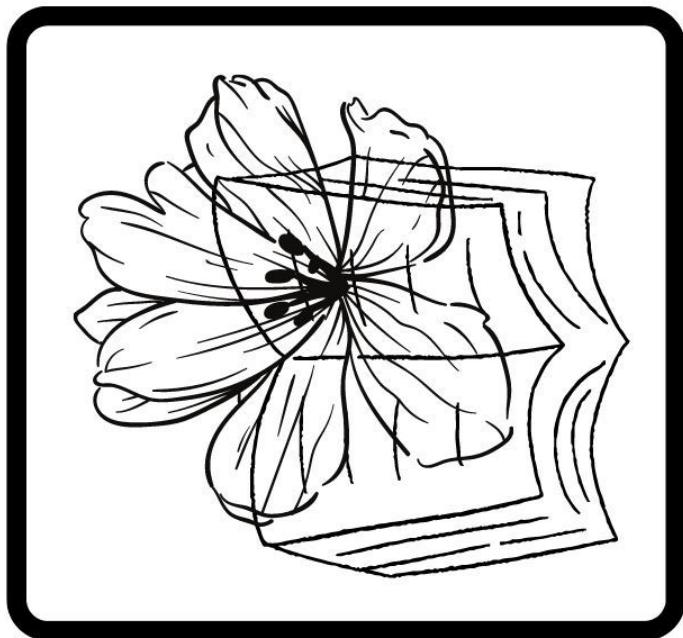
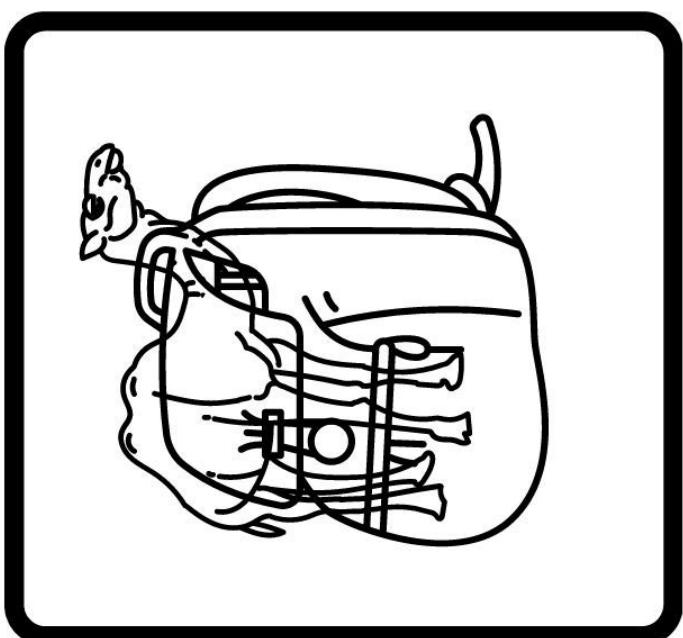
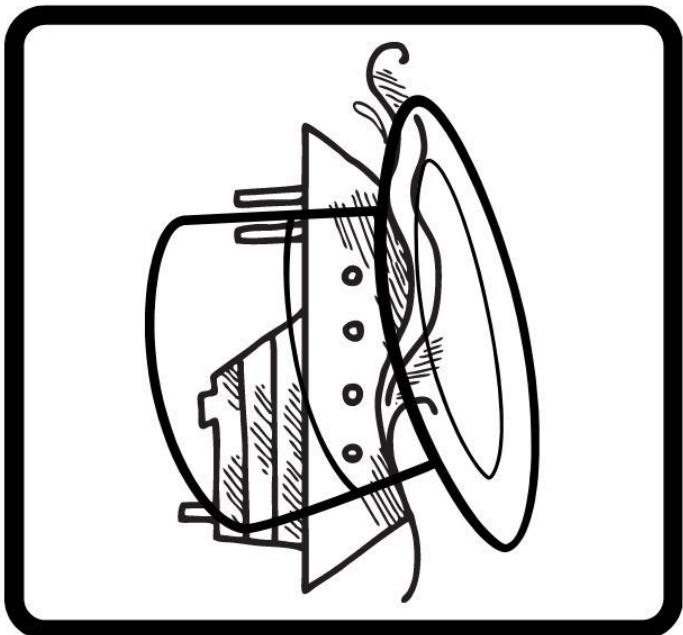
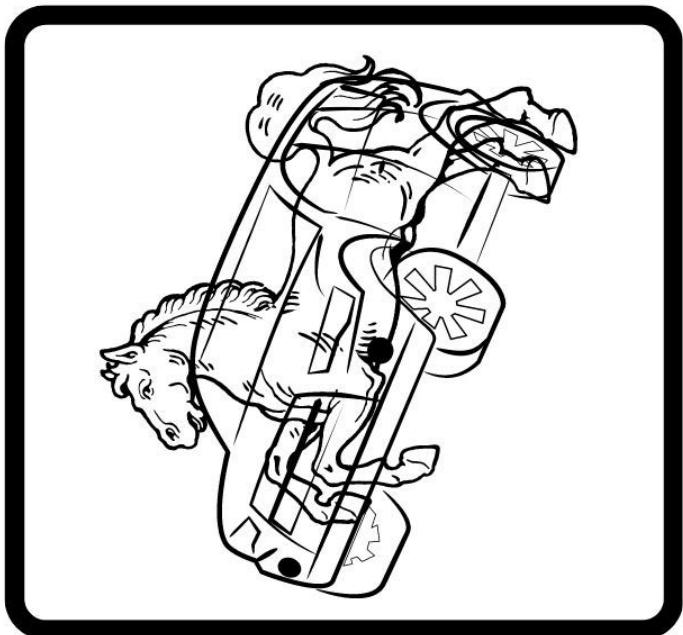
WAYS TO USE

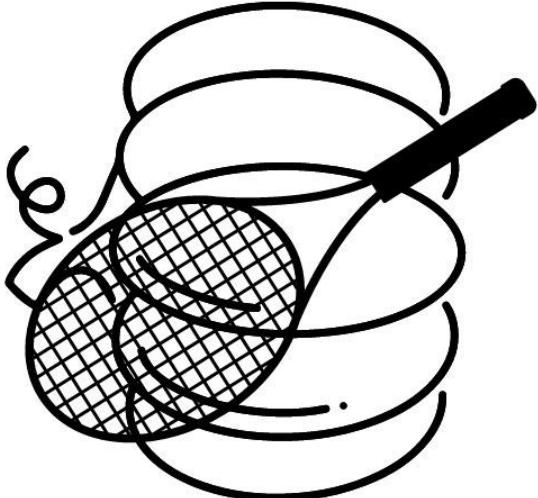
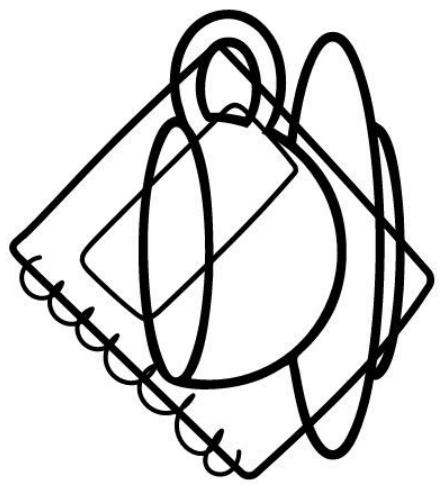
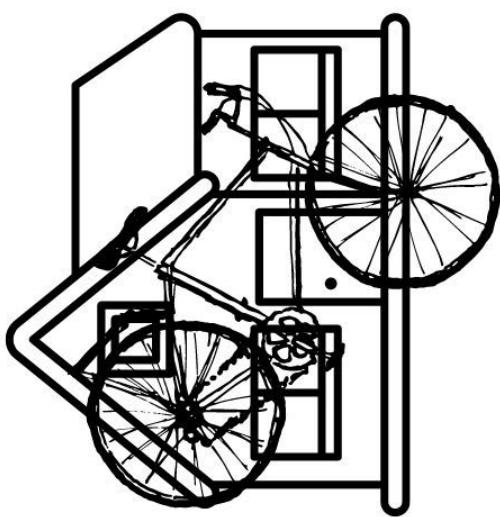
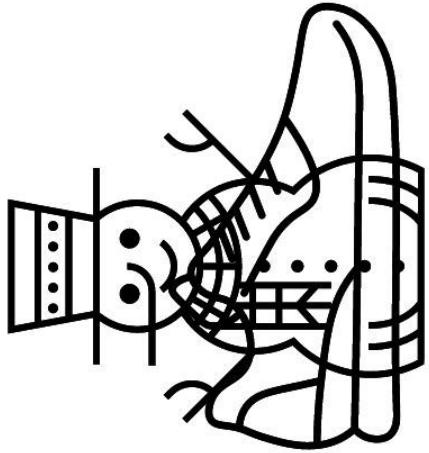
CUT THE IMAGES IN THE ATTACHMENT INTO INDIVIDUAL CARDS. THE CLIENT'S TASK IS TO FIND OUT WHICH TWO IMAGES OVERLAP.



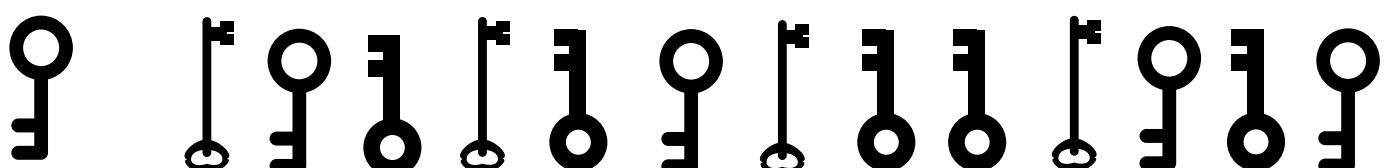
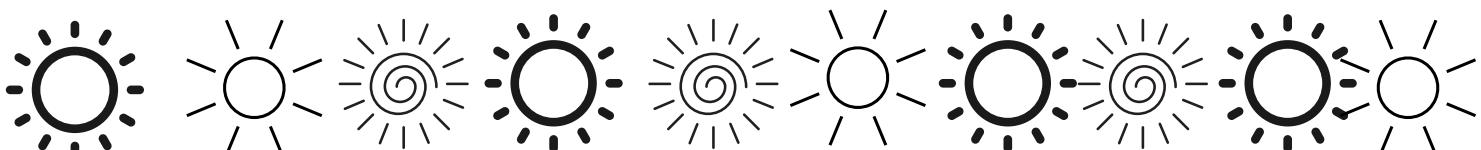
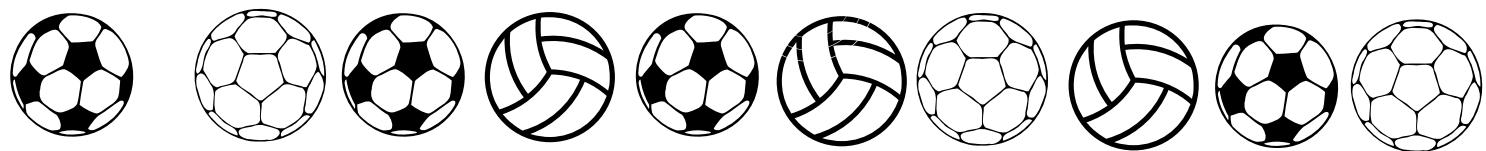
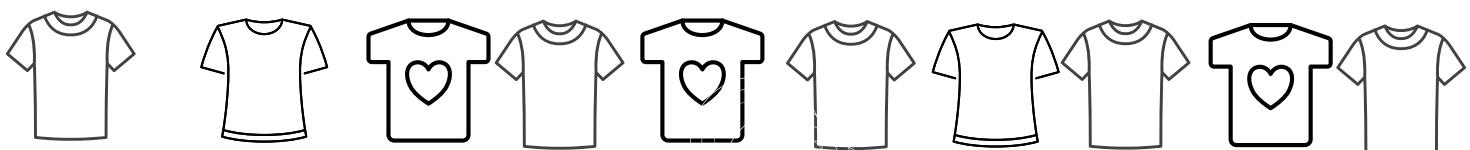
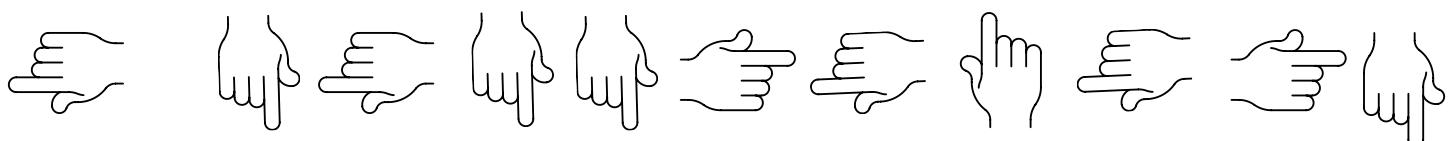
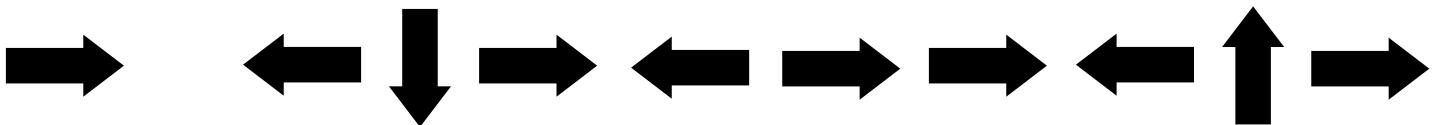
THE CARDS IN THE APPENDIX CAN ALSO BE USED TO DEVELOP COMMUNICATION COMPETENCIES. THE CLIENT'S TASK IS TO DESCRIBE, FOR EXAMPLE, WHAT TWO IMAGES HAVE IN COMMON OR WHAT THE OBJECTS ARE USED FOR. A VARIATION OF THE GAME CAN BE RIDDLES IN PAIRS, WHERE ONE HINTS TO THE OTHER BY COPYING THE OBJECT THAT IS ON THE CARD.







Always circle the pictures that match the first picture in the row.



EXERCISE

GOALS

TRAINING OF VISUAL AND AUDITORY PERCEPTION, MOTOR COORDINATION AND RHYTHM.

WAYS TO USE

CUT THE IMAGES IN THE ATTACHMENT INTO INDIVIDUAL RECTANGLES. THE CLIENT'S TASK IS TO CREATE A RHYTHM ACCORDING TO THE TEMPLATE. A LEG MEANS A STAMP, A FIST A SLAM ON THE TABLE, AND TWO HANDS A CLAP.



ALWAYS WORK FROM A SIMPLE TO A MORE COMPLEX RHYTHM. IN CASE THE CLIENT CAN HANDLE ONE SEQUENCE, YOU CAN INCREASE THE DIFFICULTY BY ARRANGING THE SEQUENCES ONE AFTER THE OTHER. THE EXERCISE CAN ALSO BE USED WHEN WORKING WITH A GROUP, WHERE THE CLIENT DEMONSTRATES HIS SEQUENCE AND THE OTHERS REPEAT THE RHYTHM AFTER HIM.



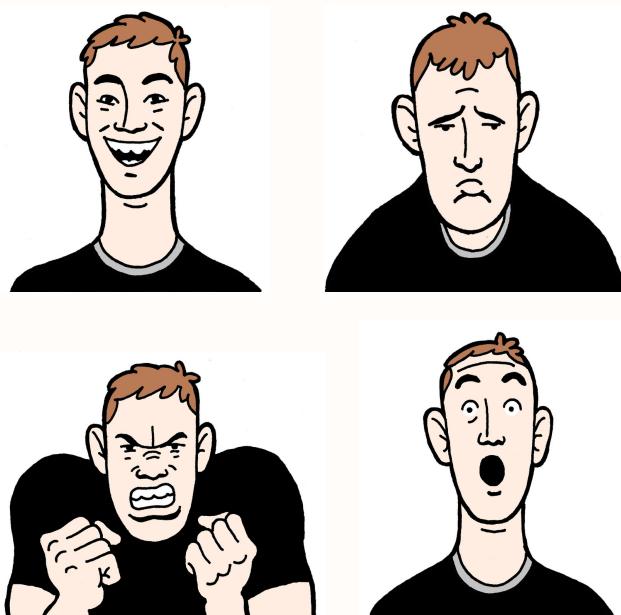




EXERCISE

GOALS

TRAINING IN RECOGNIZING ONE'S OWN AND OTHERS' EMOTIONS. WORK ON SELF-CONTROL, EMPATHY.

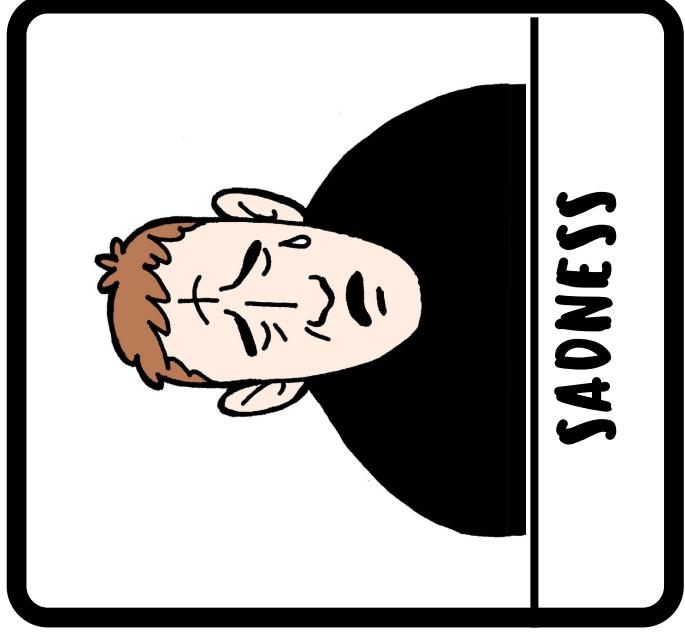
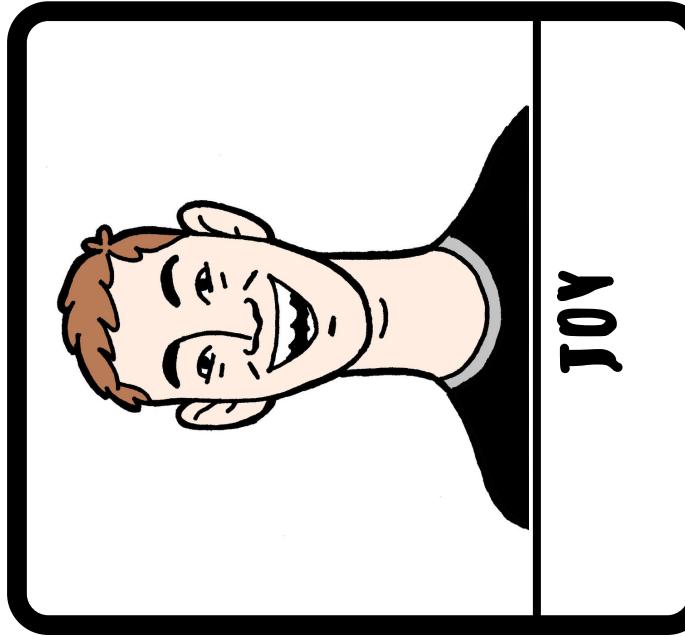
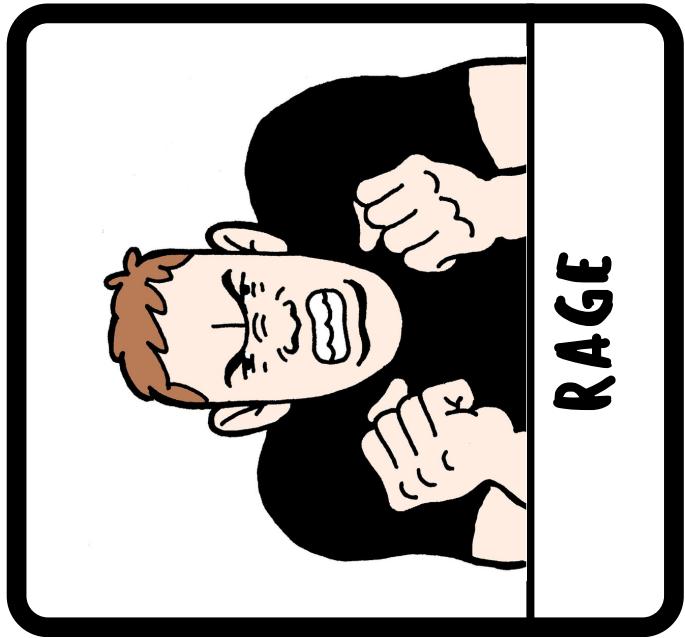
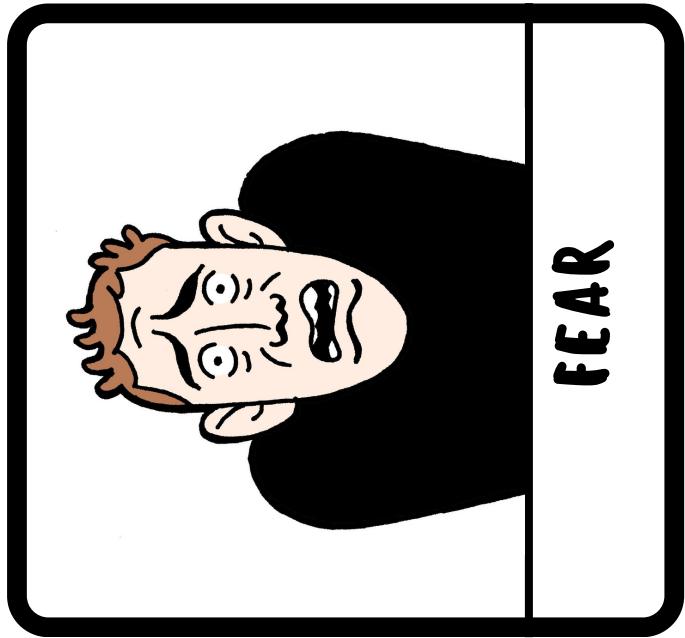
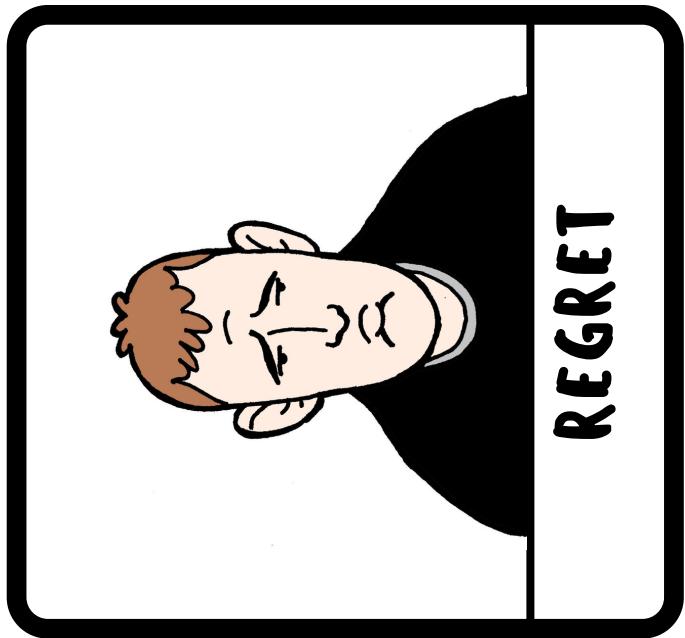
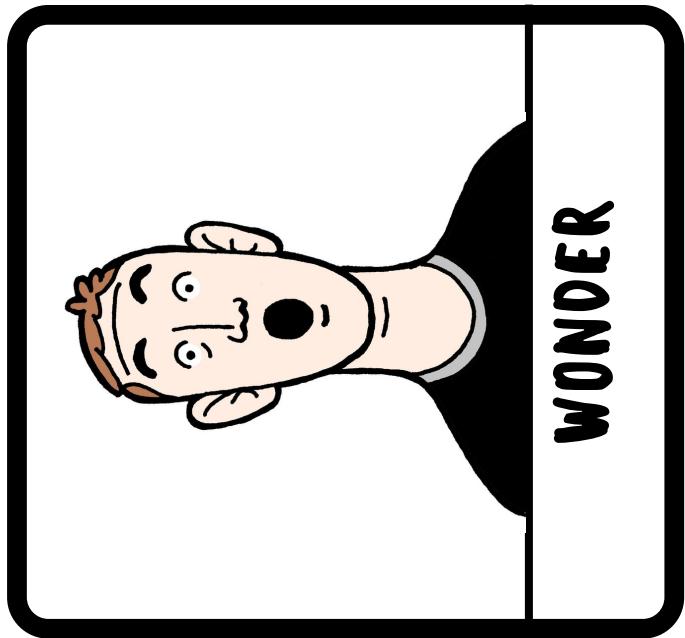


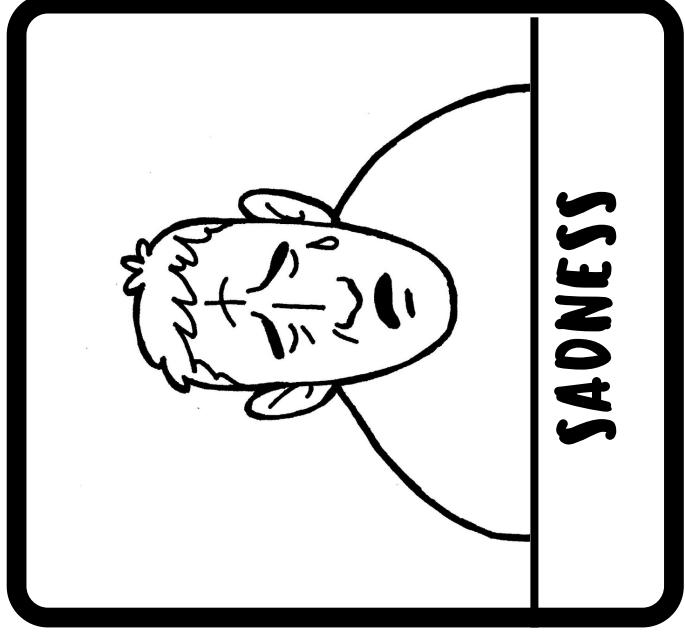
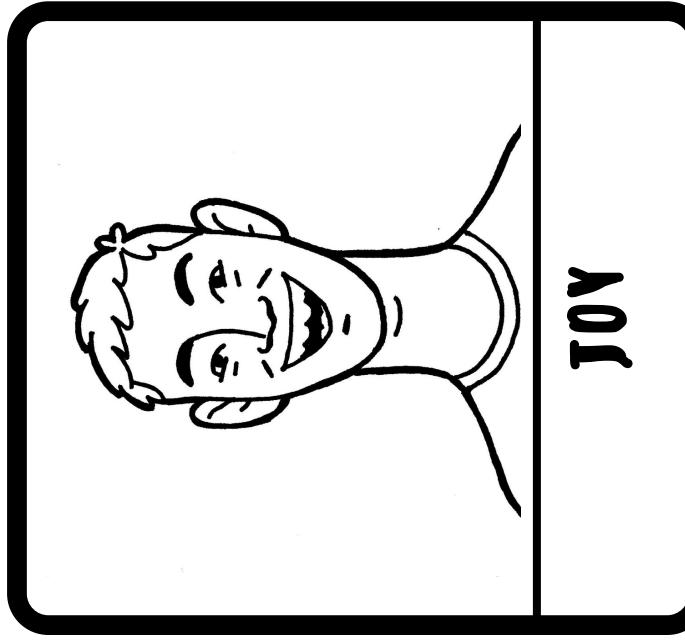
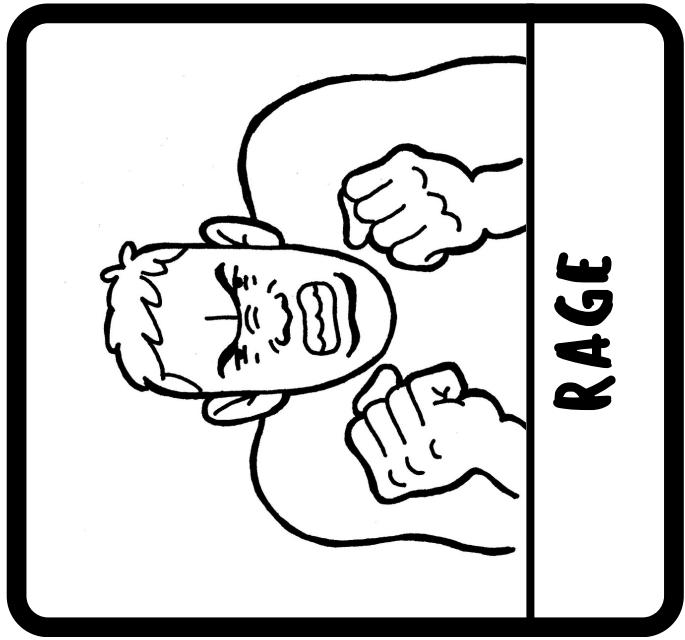
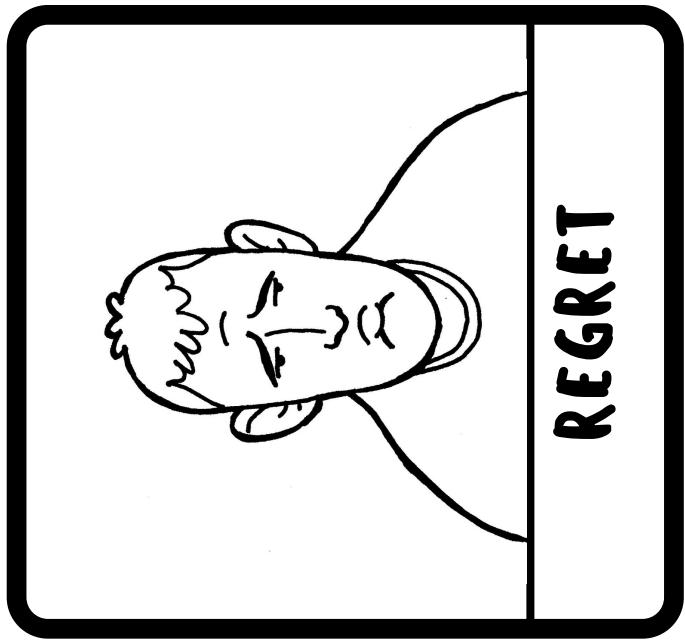
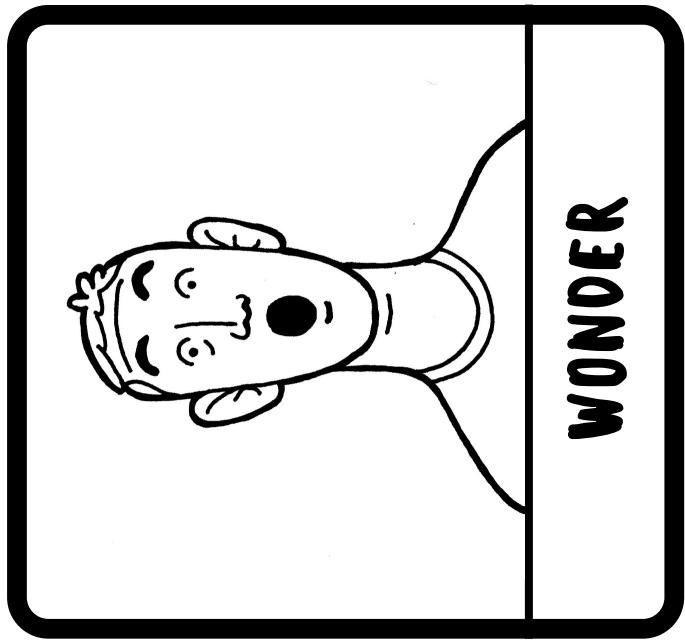
WAYS TO USE

CUT OUT THE CARDS WITH THE PICTURES IN THE ATTACHMENT (SEE BELOW). THE CLIENT CAN USE THEM TO INDICATE EMOTIONS AT A GIVEN MOMENT OR DURING AN ACTIVITY. IT CAN ALSO BE USED FOR DRAMATIZATION IN GROUP MEETINGS, EVERYONE DRAWS A CARD AND TRIES TO PLAY IT TO THE OTHERS, THE OTHERS GUESS. THE CARDS WILL ALSO SERVE AS AN INTRODUCTORY ACTIVITY DURING CLIENT MEETINGS, WHEN THEY HAVE TO ANSWER THE QUESTION OF HOW THEY FEEL TODAY WITH ONE CARD.

YOU CAN ALSO TAKE YOUR OWN PHOTO GALLERY OF EMOTIONS. IDEAL PHOTOGRAPHS ARE THOSE OF A PERSON CLOSE TO THE CLIENT, WHICH CAN SERVE THE CLIENT TO IDENTIFY INDIVIDUAL EMOTIONS BETTER.







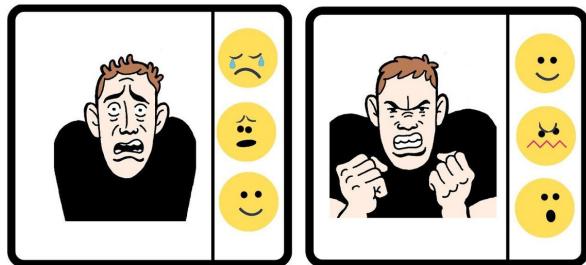
EXERCISE

GOALS

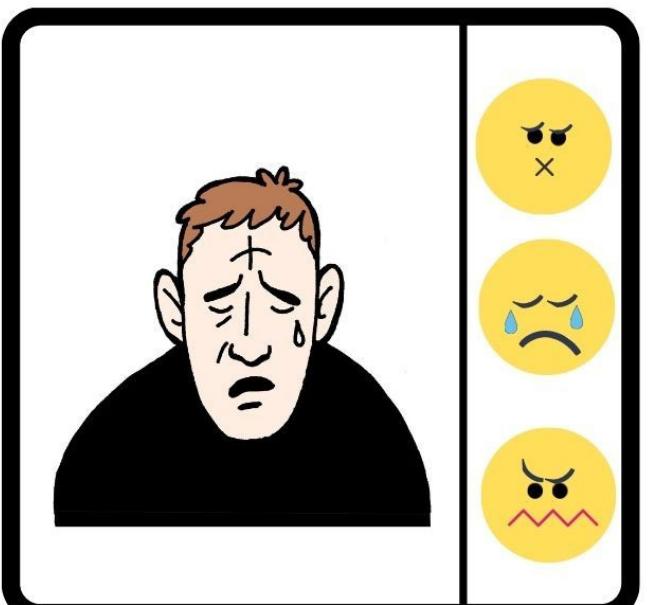
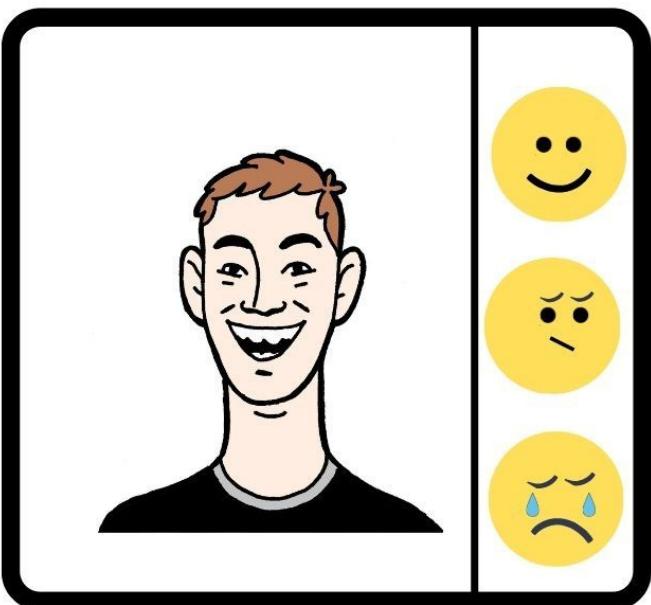
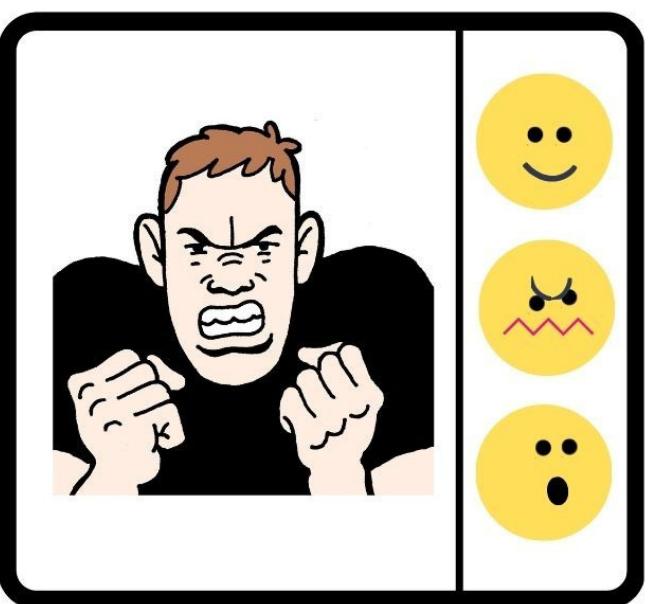
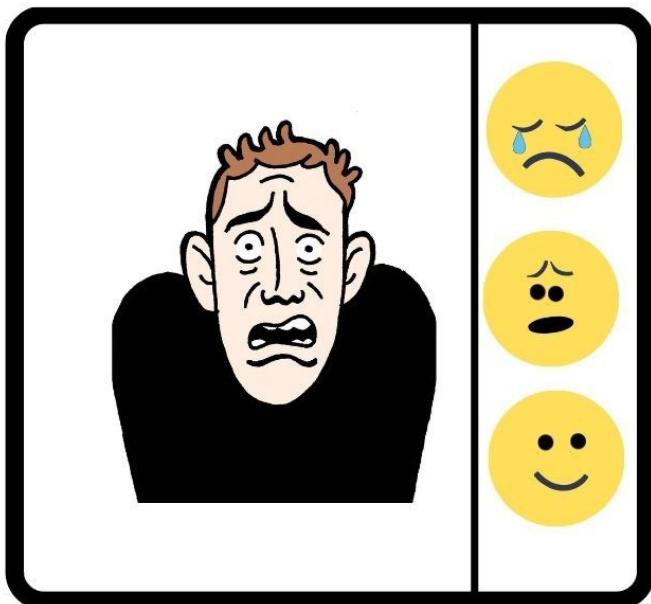
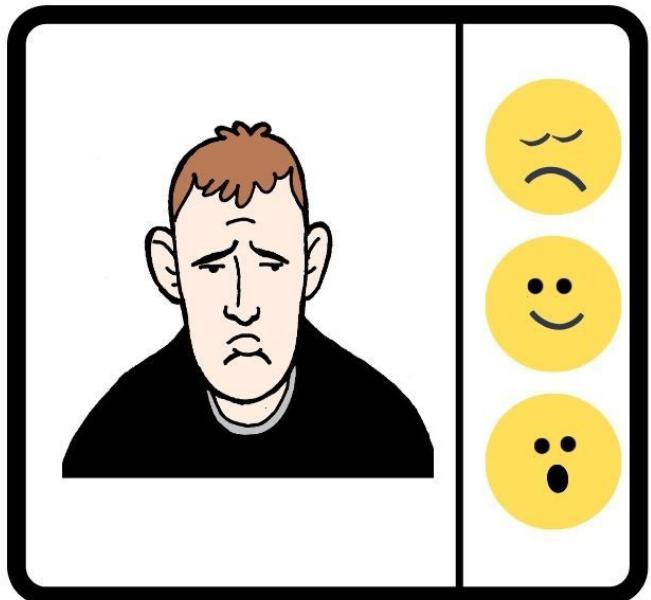
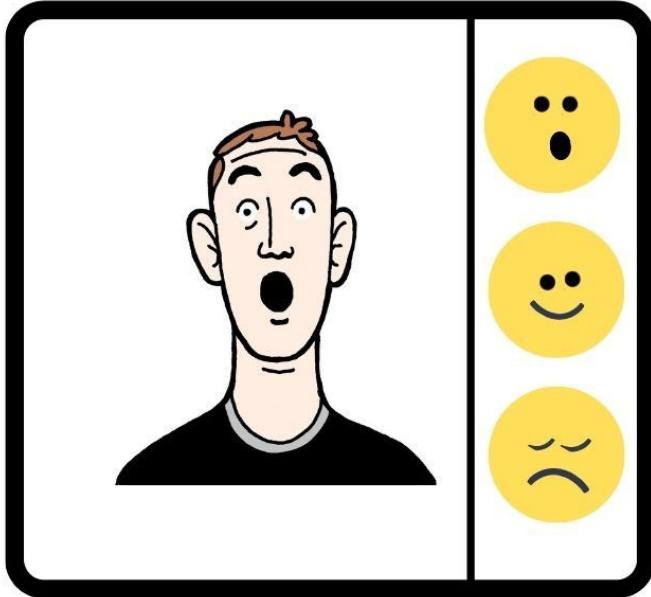
TRAINING IN RECOGNIZING
ONE'S OWN AND OTHER
PEOPLE'S EMOTIONS,
WORKING ON SELF-CONTROL
AND EMPATHY

WAYS TO USE

CUT OUT THE CARDS WITH
THE PICTURES IN THE
ATTACHMENT (SEE BELOW).
THE CLIENT'S TASK IS TO
ASSOCIATE THE EMOTION
OF THE DRAWN PERSON
WITH THE CORRESPONDING
EMOJI ICON (SMILEYS).



IN THE ATTACHMENT YOU WILL ALSO FIND THE SO-CALLED MOOD BAROMETER, THESE ARE CARDS WITH SMILEYS THAT REPRESENT DIFFERENT EMOTIONS. THE CLIENT MARKS THE ONE THAT MATCHES THE CURRENT EMOTION. IN A GROUP ACTIVITY, MARKED CARDS CAN BE LEFT NEAR THE CLIENT SO THAT OTHER CARING CLIENTS CAN SEE WHAT THE CLIENT'S MOOD IS. IF YOU LAMINATE THE CARDS, YOU CAN WRITE ON THEM REPEATEDLY WITH A MARKER DESIGNED FOR WRITING ON THE BOARD.



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?



How do you feel
today?

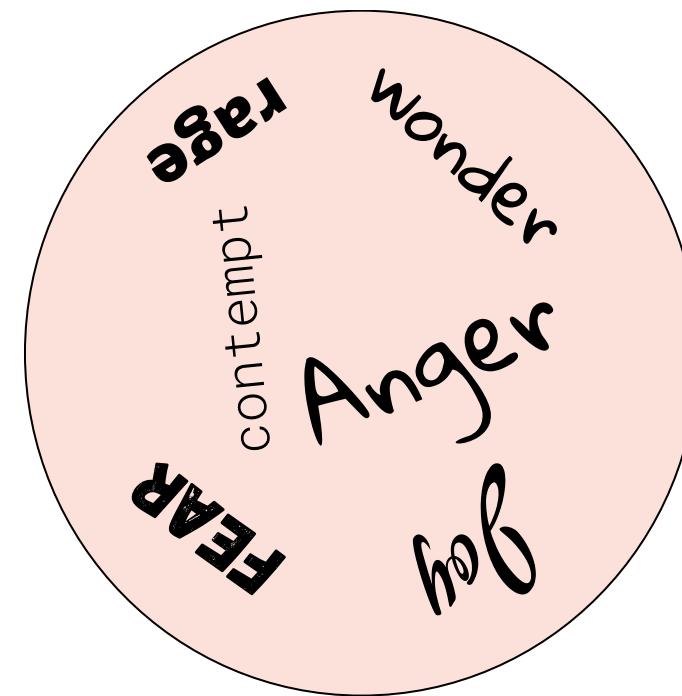
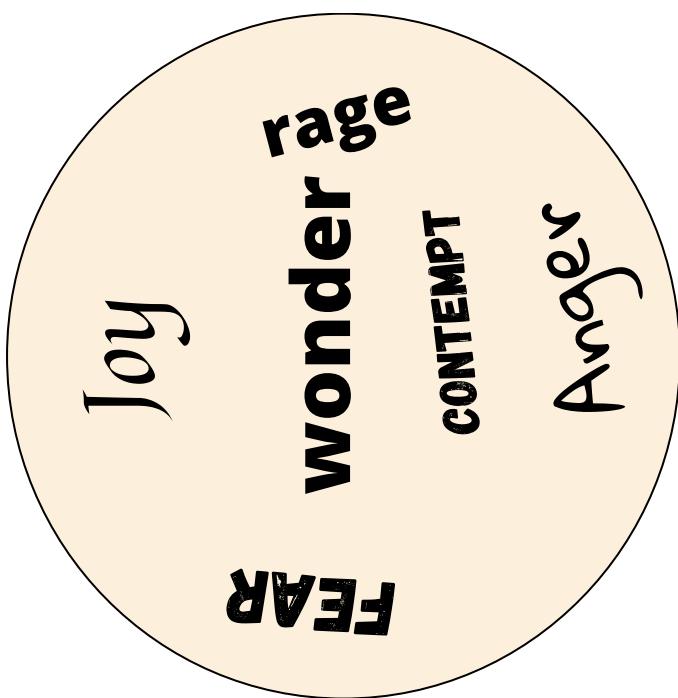


How do you feel
today?

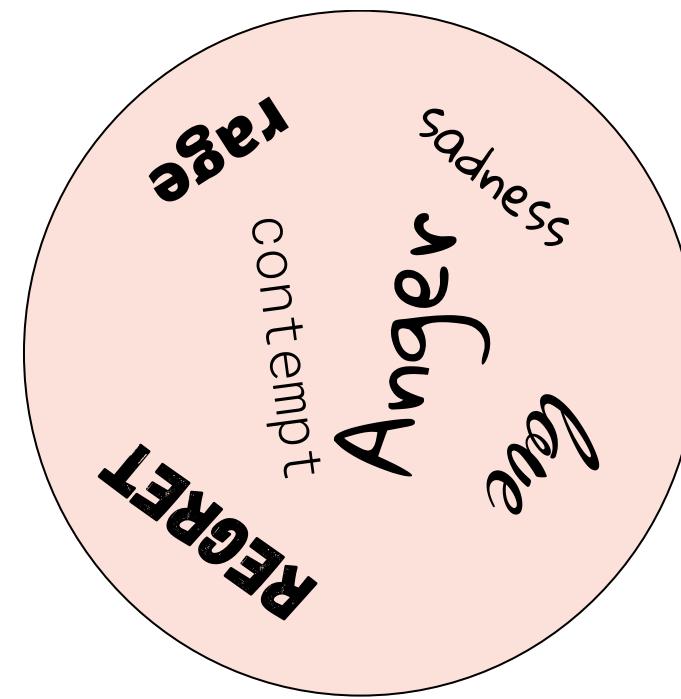


How do you feel
today?









EXERCISE

GOALS

TRAINING IN RECOGNIZING ONE'S OWN AND OTHERS' EMOTIONS. WORK ON SELF-CONTROL, EMPATHY.

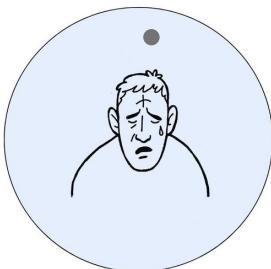
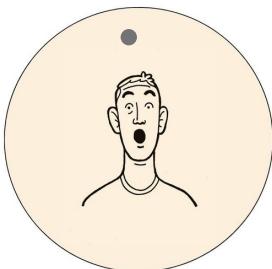
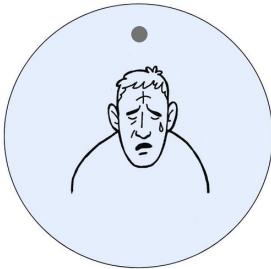


WAYS TO USE

CUT OUT THE CARDS WITH THE PICTURES IN THE ATTACHMENT (SEE BELOW). THE CLIENT CAN USE THEM TO INDICATE EMOTIONS AT A GIVEN MOMENT OR DURING AN ACTIVITY. IT CAN ALSO BE USED FOR DRAMATIZATION IN GROUP MEETINGS, EVERYONE DRAWS A CARD AND TRIES TO PLAY IT TO THE OTHERS, THE OTHERS GUESS. THE CARDS WILL ALSO SERVE AS AN INTRODUCTORY ACTIVITY DURING CLIENT MEETINGS, WHEN THEY HAVE TO ANSWER THE QUESTION OF HOW THEY FEEL TODAY WITH ONE CARD.

IN THE ATTACHMENT YOU WILL ALSO FIND A SMALLER VERSION OF THESE CARDS WHICH CAN BE USED FOR CLIENTS WITH AUTISM. WE RECOMMEND LAMINATING THE CARDS, PUNCHING THEM IN THE MARKED PLACE AND HANGING THEM, FOR EXAMPLE, ON A KEYCHAIN SO THAT THE CLIENTS ALWAYS HAVE IT WITH THEM AND MAKE IT EASIER FOR THEM TO COMMUNICATE WITH THE CAREGIVER AND UNDERSTAND HOW THEY FEEL.

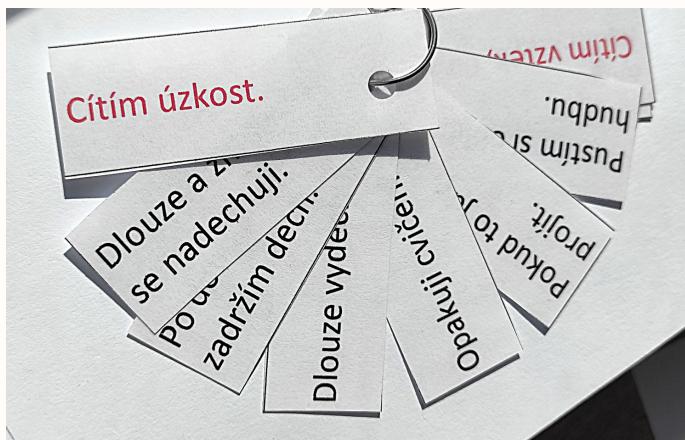
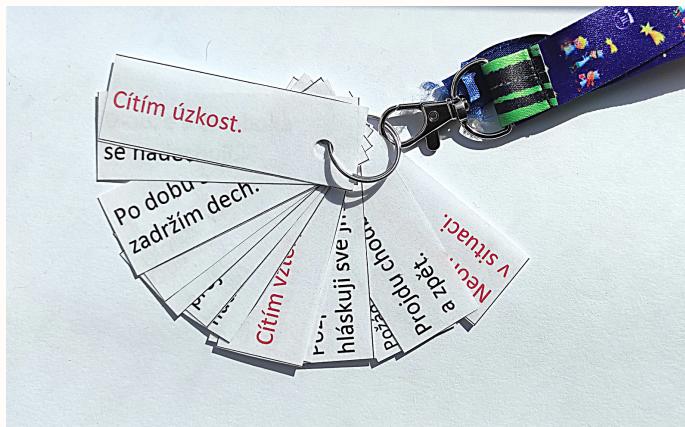




AID

GOALS

THIS AID CAN MAKE IT EASIER FOR SOME CLIENTS TO NAVIGATE MORE COMPLEX SITUATIONS. IT WORKS AS AN INDIVIDUAL GUIDE ON HOW TO PROCEED TO MANAGE TENSION, STRESS OR ANXIETY SUCCESSFULLY.



WE TAILOR THE PROCEDURE TO THE CLIENT'S NEEDS, WITH DIFFERENT TECHNIQUES AND ACTIVITIES HELPING EVERYONE TO COPE WITH THE SITUATION. WE RECOMMEND LAMINATING THE CARDS AND HANGING THEM ON THE RING OF THE KEYCHAIN SO THAT THE CLIENT CAN ALWAYS HAVE THEM WITH THEM.

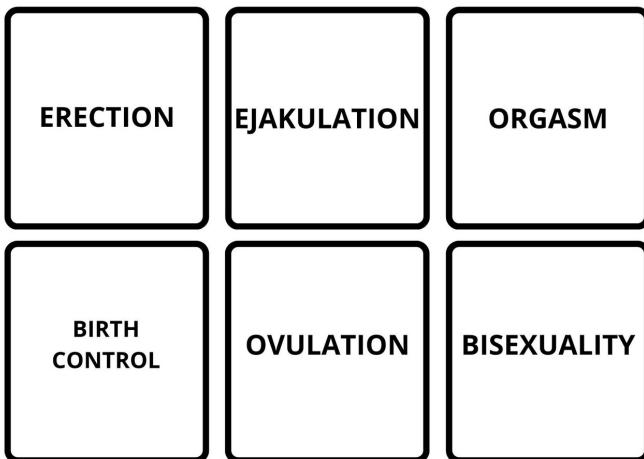


I feel anxious.	I feel anger, tension.
I take a long, deep breath.	I take a deep breath.
I hold my breath for three seconds.	I count to a hundred.
I exhale for a long time.	Pozpátku v duchu hláskuji své jméno.
I repeat the exercise 3 times in a row.	I walk back and forth down the hallway.
If I can, I go for a walk outside.	I walk until I burn 15 calories on my fitness bracelet.
I'll play my favorite song.	
I watch my favorite series.	
I don't understand the situation.	
I ask the educator for an explanation.	

EXERCISE

GOALS

TO INTRODUCE THE BASIC CONCEPTS OF SEXUALITY TO THE CLIENT,
TO INSTILL IN THE CLIENT THE PRINCIPLES THAT APPLY TO INTIMATE INTERCOURSE TO PREVENT THE CLIENT'S ABUSE.



BE COMPLETELY OPEN WHEN DISCUSSING. ANSWER ALL QUESTIONS, DO NOT LET THE TOPIC OF INTIMACY BECOME A TABOO FOR THE CLIENT. EXPLAIN ALL UNKNOWN WORDS DURING THE DISCUSSION.



WAYS TO USE

IN THE CASE OF USE IN A LARGER GROUP, IT IS GOOD TO GIVE CLIENTS THE OPPORTUNITY TO WRITE ANONYMOUS QUESTIONS IN ADVANCE. WE RECOMMEND A SEPERATE DISCUSSION OF GIRLS AND BOYS WITH A CAREGIVER OF THE SAME SEX.

1. CONDUCTING A JOINT DISCUSSION SUPPORTED BY PICTURES - FIRST THE GENITALS, NAMING THE INDIVIDUAL PARTS.
2. DISCUSSION OF INTIMACY AND ITS RULES - SEE EXERCISE 11.
3. RULES OF SEXUAL EXPRESSION:
 - I WILL NEVER LET ANYONE TO DO ANYTHING THAT I DO NOT WANT, THAT MAKES ME UNCOMFORTABLE.
 - NO MEANS NO.
 - I FOLLOW THE RULES OF INTIMATE HYGIENE AND SAFE SEX.
4. BASIC TERMS - DISCUSSION OF WHAT THEY MEAN. USAGE OF CARDS FROM THE ATTACHMENT.

ERECTION

EJAKULATION

ORGASM

**BIRTH
CONTROL**

OVULATION

BISEXUALITY

MASTURBATION

PENIS

VAGINA

SAFE SEX

PROMISCUITY

HOMOSEXUALITY

**Vaginal
pessary**

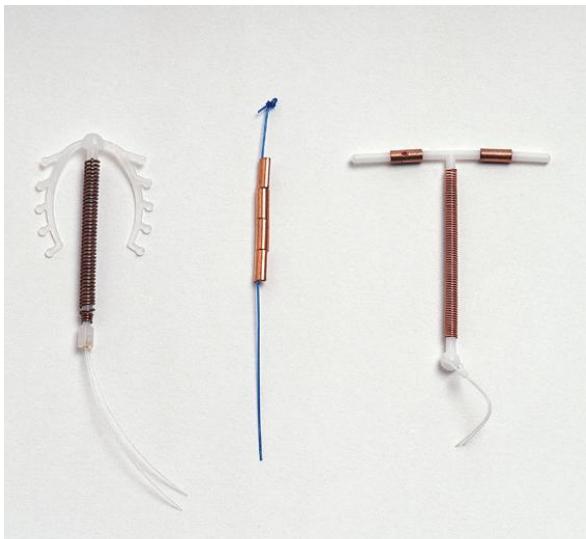
**Intrauterine
devices**

**Hormonal
tablets**

**Hormone
patches**

Vaginal ring

Condoms





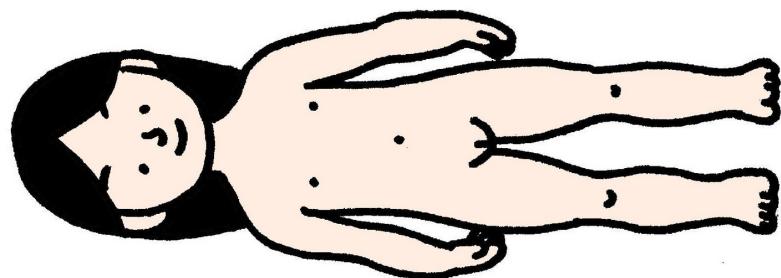
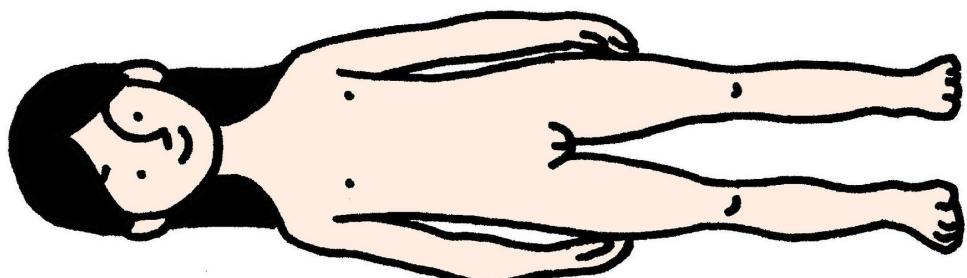
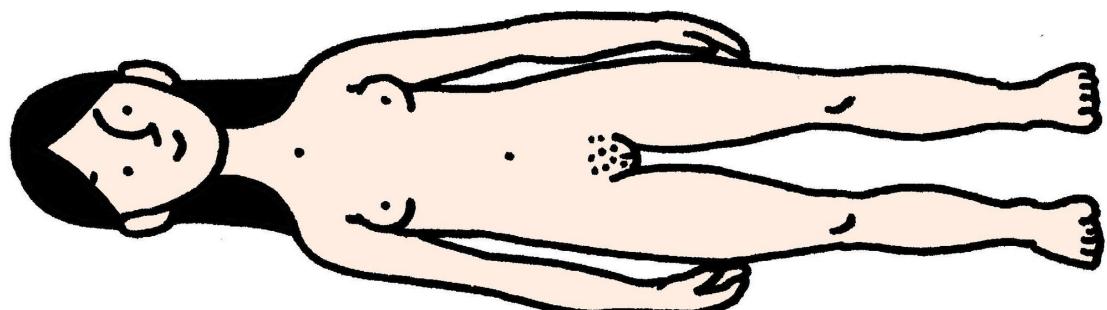
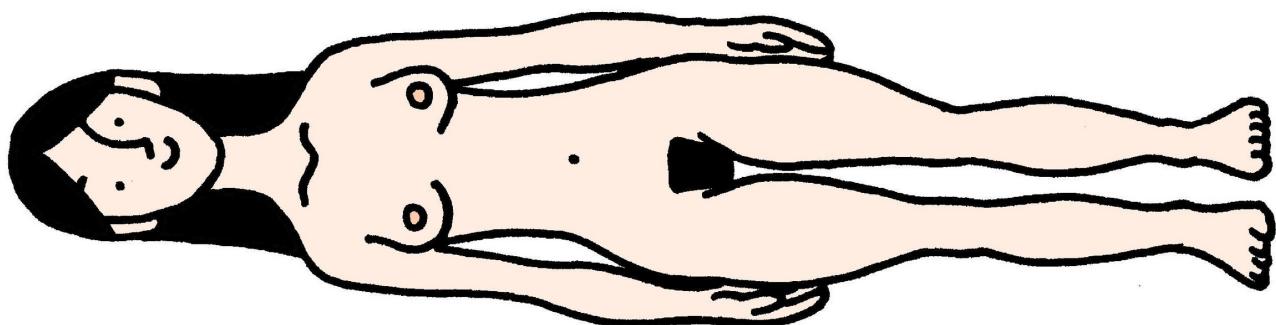
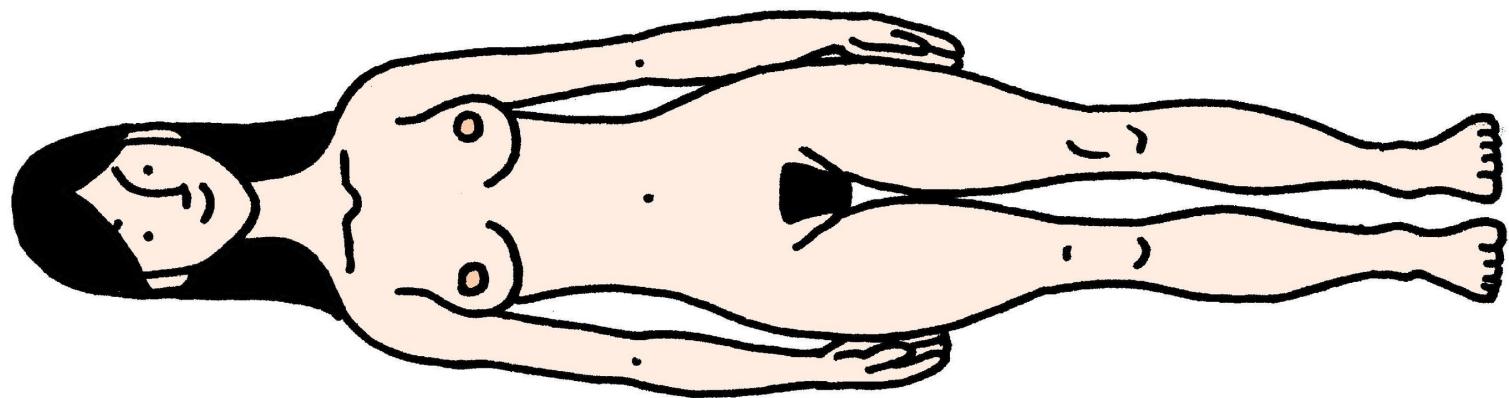
Vaginal
contraceptive
cream

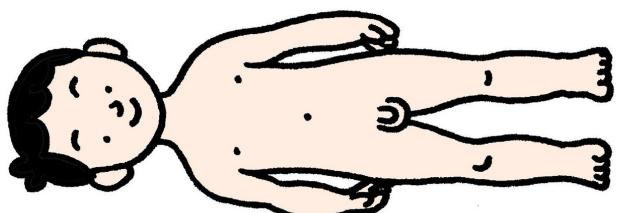
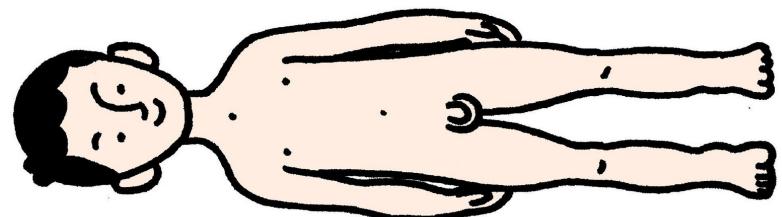
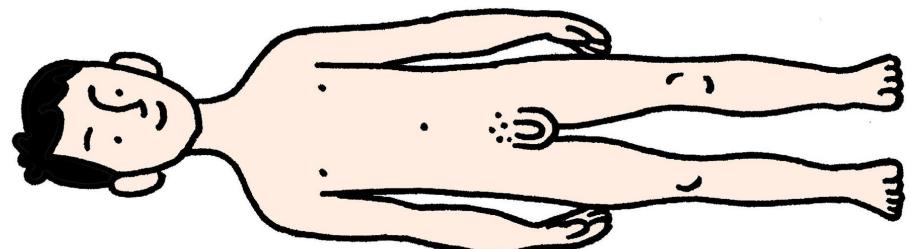
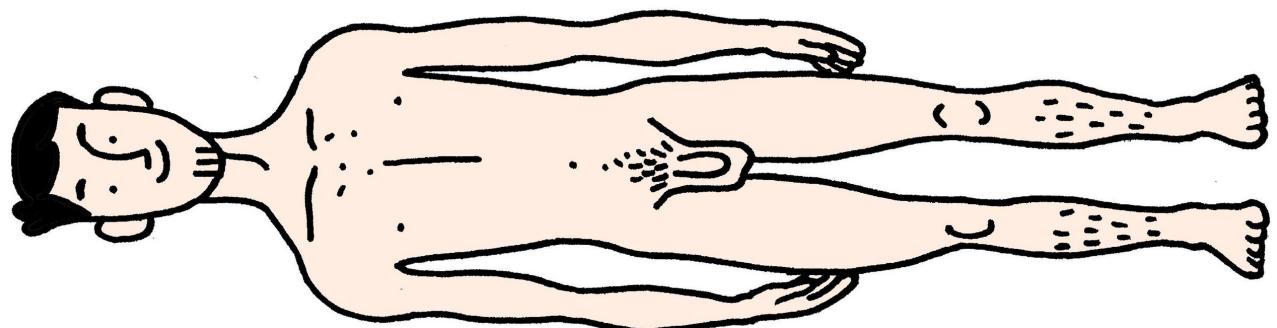
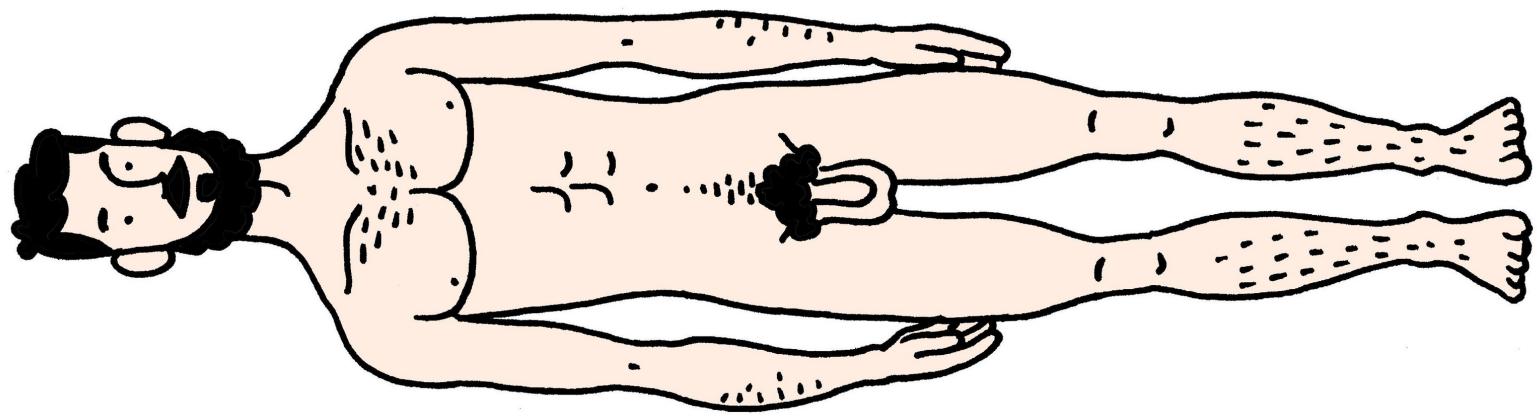


Basal
temperature
measurement



Cervical
pessary







PLEASE
DO NOT
DISTURB

!!!

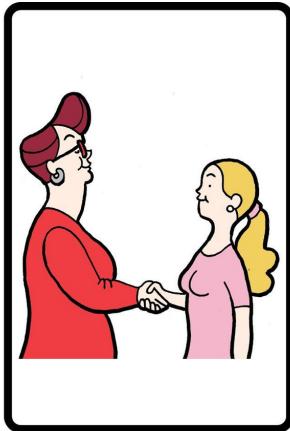
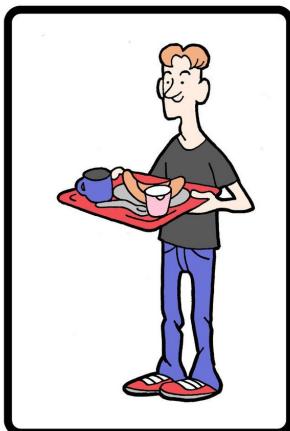
THANK
YOU



EXERCISE

GOALS

TO FIND OUT HOW THE CLIENT PERCEIVES THEIR OWN BODY, TO ACHIEVE THE RIGHT PATTERNS OF BEHAVIOUR IN PUBLIC AND TO TEACH THE CLIENT TO RESPECT PERSONAL SPACE.



WAYS TO USE

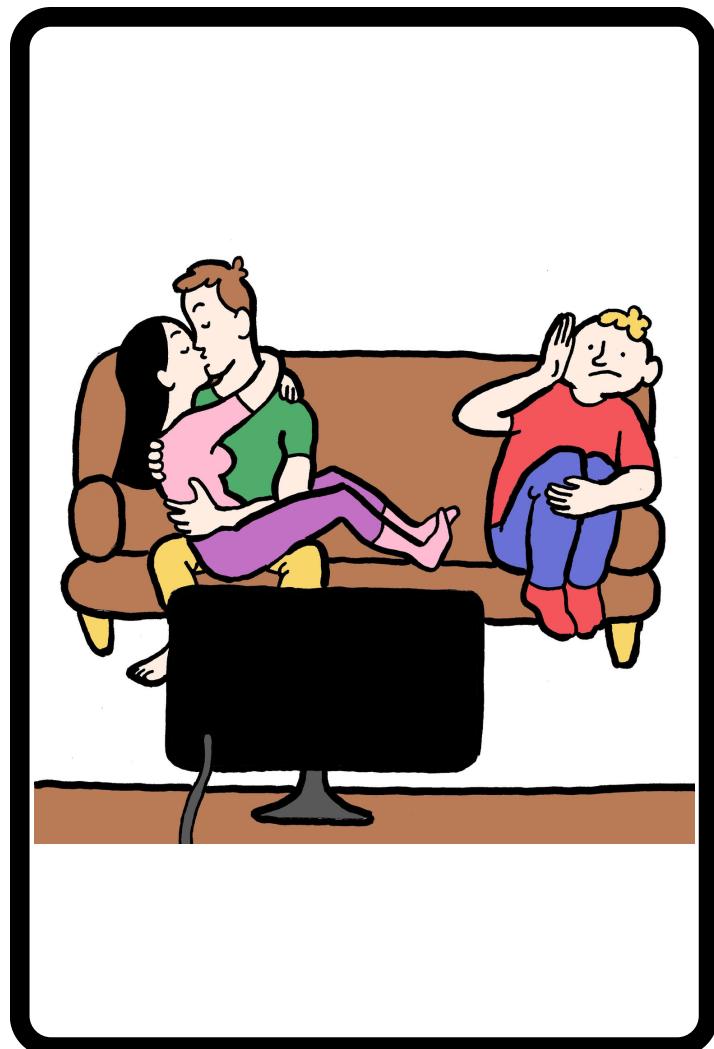
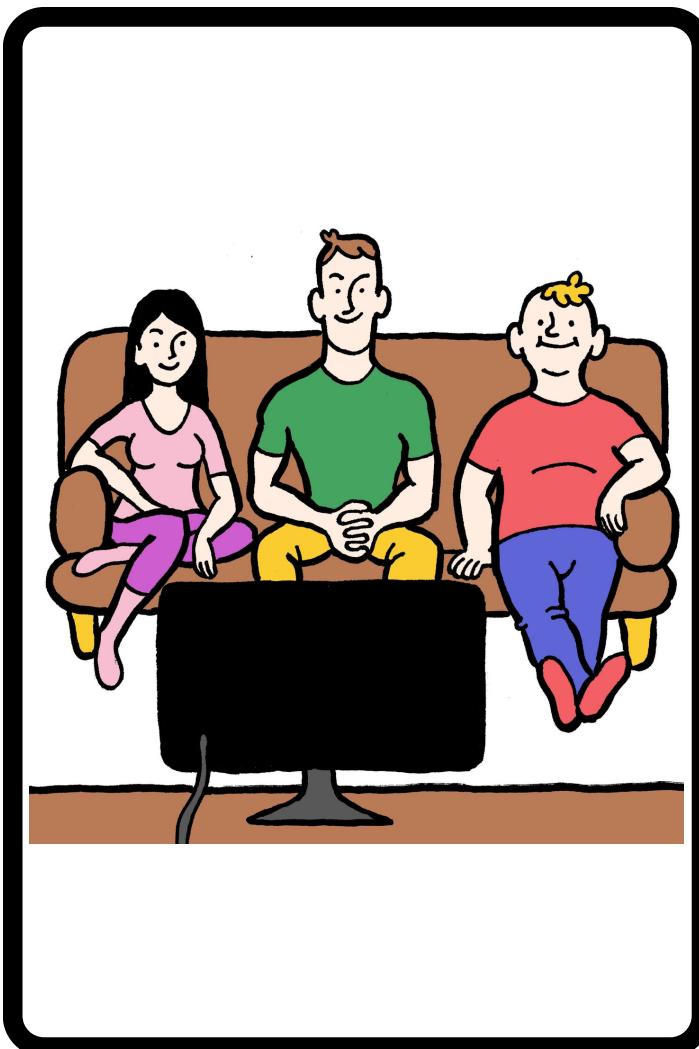
1. DISCUSSION ON WHAT THE INTIMACY IS
2. UTILIZE CARDS FROM ATTACHMENT THAT REPRESENT CORRECT AND INCORRECT VERSIONS OF BEHAVIOUR
3. USE OF THE ENCLOSED CARD TITLED ADOLESCENCE OF THE WOMAN, ADOLESCENCE OF THE MAN. THE CLIENT'S TASK IS TO SHOW IN THE PICTURE WHICH STAGE OF DEVELOPMENT HE IDENTIFIES WITH. THE EXERCISE THUS GIVES THE CAREGIVER A BETTER IDEA OF HOW THE CLIENT SEES HIMSELF OR HERSELF AND OFTEN EXPLAINS SOME OF THE CLIENT'S BEHAVIOURAL PATTERNS.

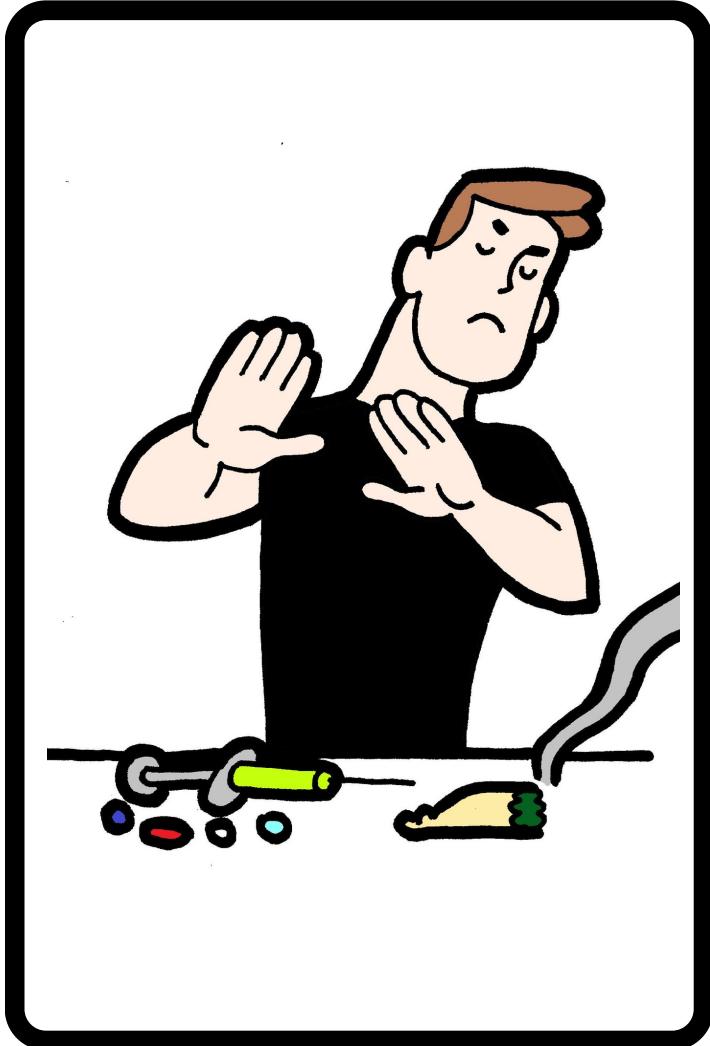


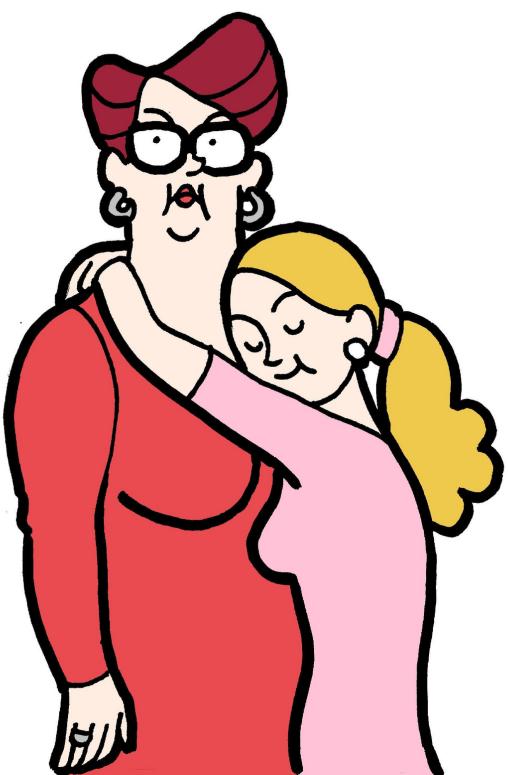
IN A SHARED ACCOMMODATION ENVIRONMENT, YOU CAN ALSO CREATE AN ILLUSTRATIVE MAP FOR THE CLIENT, IN WHICH THE ROOMS IN WHICH NUDITY IS ALLOWED WILL BE MARKED (SEE APPENDIX – MAP OF THE BUILDING).







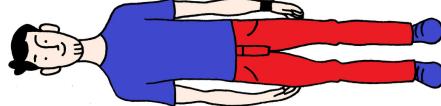




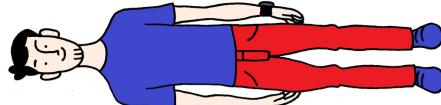


Map of the building

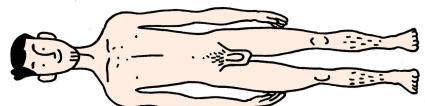
My room



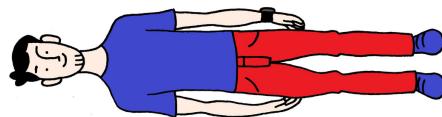
Hallway



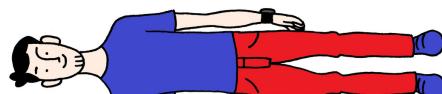
Bathroom



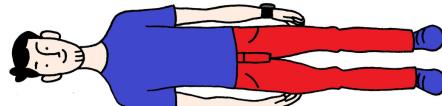
Recreation room



Dining room



Classroom



Map of the building

My room

Hallway

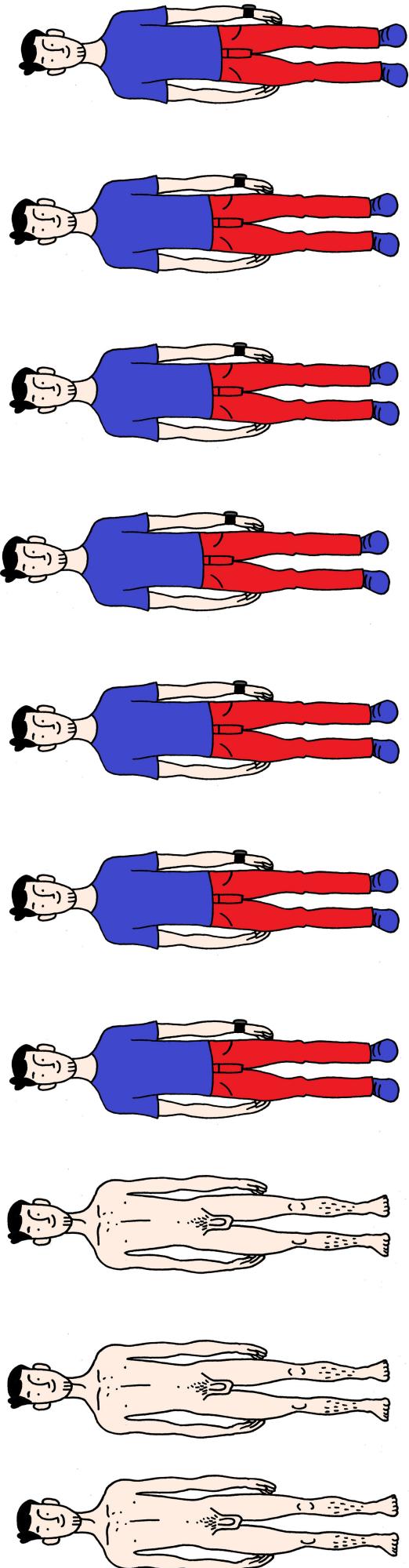
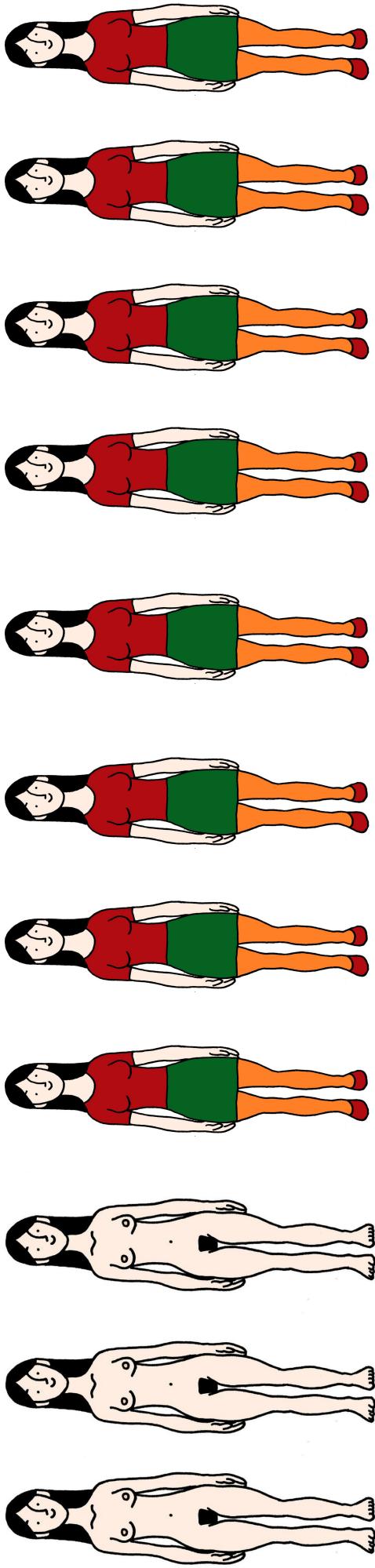
Bathroom

Recreation room

Dining room

Classroom

Templates for gluing into maps



EXERCISE

GOALS

WAYS TO USE

TRAINING OF SELF-CARE SKILLS NEEDED FOR INDEPENDENT LIVING.

ORIENTATION IN THE ENVIRONMENT: IN THE BOARDING SCHOOL ENVIRONMENT, THE TRAINING IS CARRIED OUT WITH THE CLIENT IN THE FOLLOWING INDIVIDUAL STEPS:

- FIRST, WE PRACTICE ORIENTATION IN THE MICROENVIRONMENT (THE CLIENT'S ROOM OR THE ARRANGEMENT OF HIS PERSONAL BELONGINGS, SANITARY FACILITIES, COMMON ROOM, ETC.).
- THE CLIENT IS ALWAYS PROVIDED WITH THE PHONE NUMBER OF THE CAREGIVER SO THAT THEY CAN QUICKLY CALL FOR ADVICE,
- A SELECTION OF IMPORTANT PHONE NUMBERS IS ALSO AVAILABLE TO THE CLIENT ON A PERSONAL BOARD IN THEIR ROOM,

· **TIP:** IT CAN HELP THE CLIENT TO SAVE IMPORTANT PHONE NUMBERS UNDER SPEED DIAL ON THE PHONE,
· GRADUALLY, WE ADD A JOURNEY TO SCHOOL AND BACK, ORIENTATION IN INDIVIDUAL CLASSROOMS, DURING THIS TRAINING WE USE GROUP DYNAMICS, THE CLIENT LEAVES THE ROOM ACCCOMPANIED BY CLASSMATES WHO ALREADY KNOW THEIR WAY AROUND THE PREMISES SAFELY AND THUS GAIN A SENSE OF THEIR OWN RESPONSIBILITY AND IMPORTANCE.

· GRADUALLY WE ADD MOVEMENT IN THE VICINITY WITH AN ESCORT AND IF WE HAVE VERIFIED THE MASTERY OF THE ROUTE, WE CAN TRY TO ADD ROUTES AROUND THE NEARBY SURROUNDINGS OF THE DORMITORY, BUS RIDES, PUBLIC TRANSPORT, ETC. IT IS GOOD TO GIVE THE CLIENT CONFIDENCE THAT THEY WILL BE ABLE TO HANDLE THE REHEARSED ROUTE.

· IT IS IMPORTANT TO MANAGE DAILY ROUTES SAFELY.

EXERCISE

GOALS

WAYS TO USE

TRAINING OF SELF-CARE SKILLS NEEDED FOR INDEPENDENT LIVING.

AN INDEPENDENT PHONE CALL:

AGAIN, WE PERFORM THE TRAINING WITH THE CLIENT STEP BY STEP. IT IS ADVISABLE TO CALL, FOR EXAMPLE, AN OFFICE TO WHICH THE CLIENT WILL CALL FOR SPECIFIC INFORMATION UNDER YOUR GUIDANCE. ANOTHER VARIANT OF TRAINING, WITH THE DESIRED REWARD AT THE END, IS TO ORDER FOOD WITH DELIVERY BY PHONE. OTHER OPTIONS CAN BE PHONE CALLS TO SHOPS THAT THE CLIENT HAS IN THE AREA AND ASK WHAT THE OPENING HOURS ARE OR WHETHER THE REQUIRED SIZE OF SHOES OR CLOTHING IS IN STOCK.

WE RECOMMEND THAT YOU FIRST TRY THESE PHONE CALLS TOGETHER WITH THE CLIENT SO THAT THEY FIND OUT INFORMATION, ADHERE TO THE PRINCIPLES OF POLITE BEHAVIOUR AND MEANINGFUL CONVERSATION, BUT FOR THE TIME BEING IN THE ENVIRONMENT OF A SAFE PHONE CALL WITH YOU (PREFERABLY EACH IN A DIFFERENT ROOM OR BUILDING SO THAT THE CLIENT REALLY HAS TO START RELYING ON HIMSELF). YOU CAN ALSO SUPPORT THE CLIENT WITH A SHORT POINT OUTLINE OF THE PHONE CALL. AFTER MASTERING THIS OUTLINE, INTENTIONALLY INCLUDE UNUSUAL ANSWERS SO THAT THE CLIENT IS AS PREPARED AS POSSIBLE FOR A REAL CONVERSATION. THEN YOU CAN MOVE ON TO TRAINING IN PAIRS BETWEEN CLIENTS OR MAKING PHONE CALLS TOGETHER TO REAL PLACES. FINALLY, DON'T FORGET TO PROVIDE FEEDBACK TO THE CLIENT AND SUPPORT EVERYTHING THEY HAVE DONE WELL.

EXERCISE

GOALS

WAYS TO USE

TRAINING OF SELF-CARE SKILLS NEEDED FOR INDEPENDENT LIVING.

LAUNDRY CARE

LAUNDRY CARE TRAINING IS CARRIED OUT WITH THE CLIENT STEP BY STEP. IT IS ADVISABLE TO INTRODUCE THE CLIENT TO THE MATERIAL SAMPLER, ON WHICH HE CAN COMPARE, FOR EXAMPLE, THE DIFFERENCES BETWEEN SYNTHETIC AND NATURAL MATERIALS BY TOUCH SO THAT HE CAN BETTER DISTINGUISH THE REQUIREMENTS OF INDIVIDUAL WASHING AND IRONING PROGRAMS. THE NEXT STEP IS TO FAMILIARIZE THEMSELVES WITH THE SYMBOLS ON CLOTHING LABELS AND THEIR MEANINGS.

THIS IS FOLLOWED BY PRACTICAL TRAINING OF ACTIVITIES, FROM SORTING LAUNDRY, LOADING THE WASHING MACHINE, DOSING DETERGENTS, HANGING LAUNDRY TO IRONING AND FOLDING.

WE RECOMMEND THAT THE CLIENT CREATE A VISUALIZATION OF THE WASHING AND IRONING PROCESS USING PICTURES OR PHOTOGRAPHS OF INDIVIDUAL TYPES OF LAUNDRY AND THE APPROPRIATE WASHING PROGRAMMES AND WASHING AND IRONING TEMPERATURES ASSIGNED TO THEM.

THIS GRAPHIC MANUAL WITH BRIEF DESCRIPTIONS SHOULD THEN BE LAMINATED AND PLACED NEAR THE WASHING MACHINE AND THE IRONING AREA SO THAT THE CLIENT CAN ALWAYS MAKE SURE OF THE CORRECT PROCEDURE.

AIL

GOALS

THE GOAL IS TO VISUALIZE DAILY ACTIVITIES, A STRUCTURED REGIME OF THE CLIENT'S DAY, TO FACILITATE ORIENTATION IN TIME AND IN THE SEQUENCE OF INDIVIDUAL ACTIVITIES.

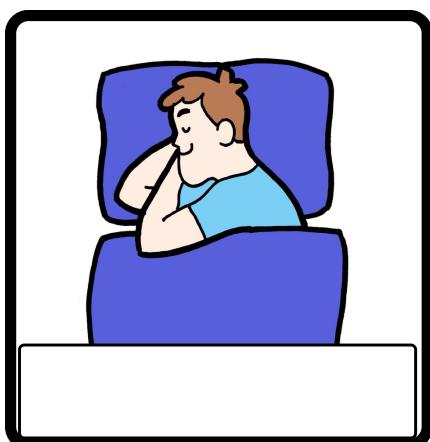
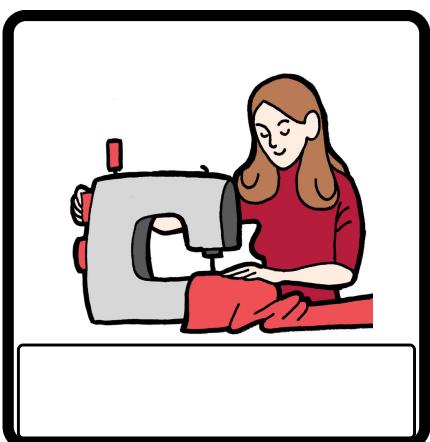
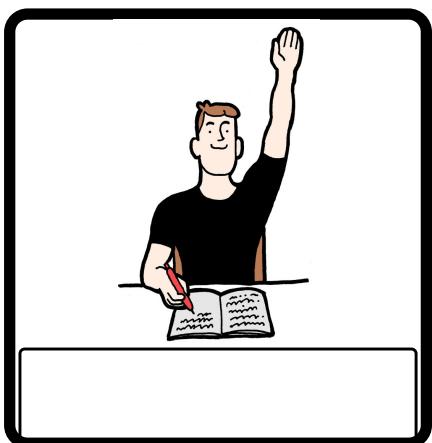
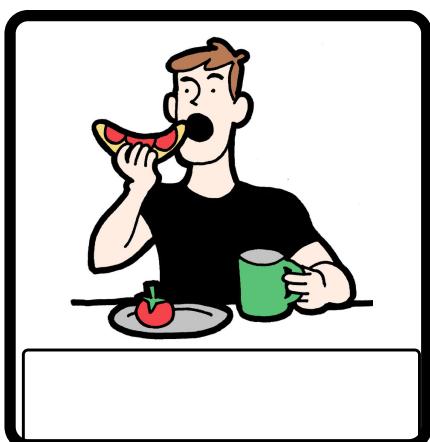
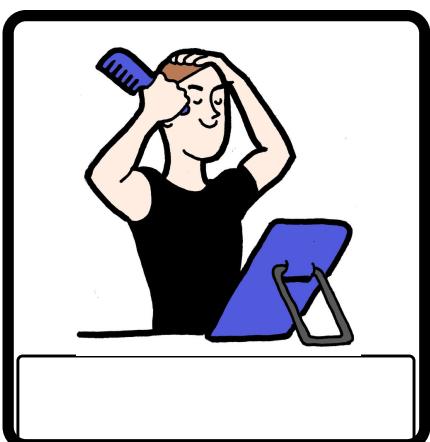
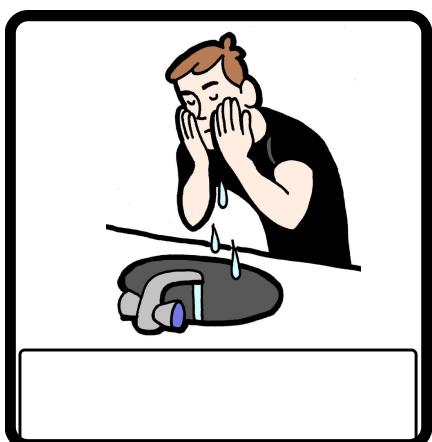
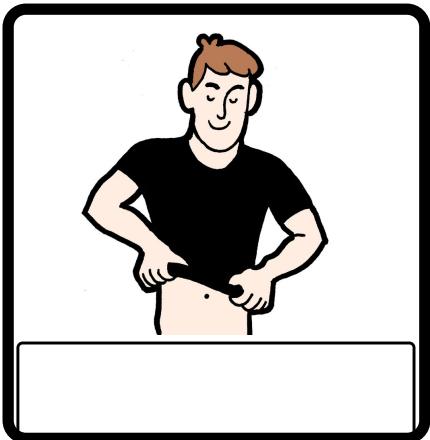
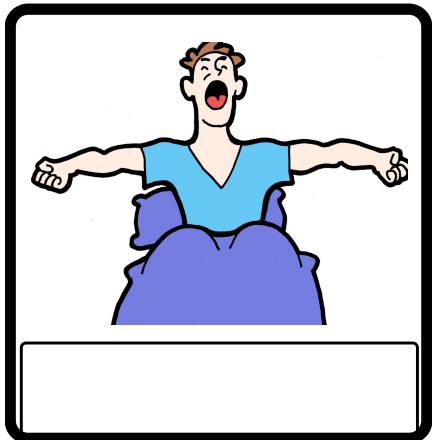
WAYS TO USE

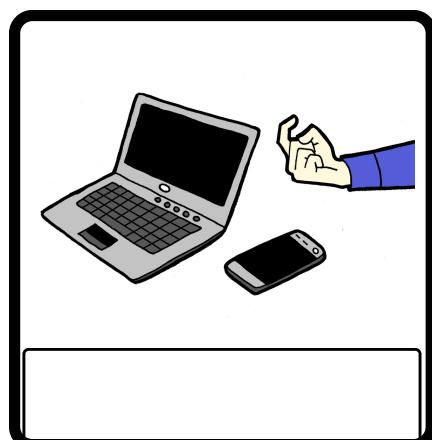
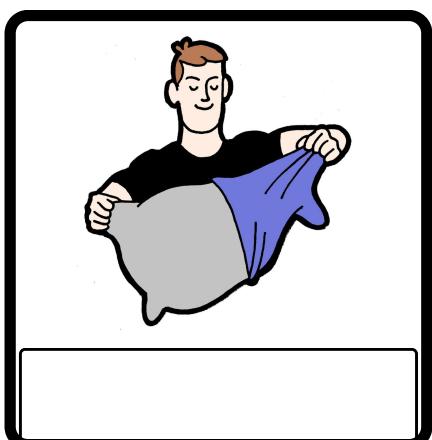
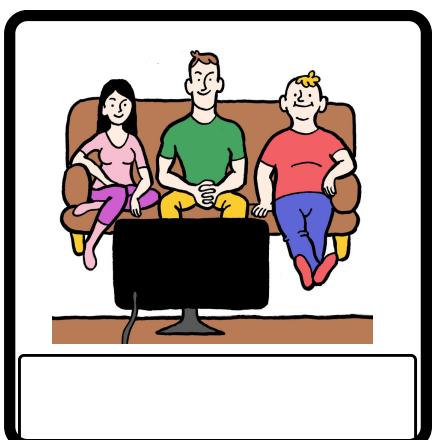
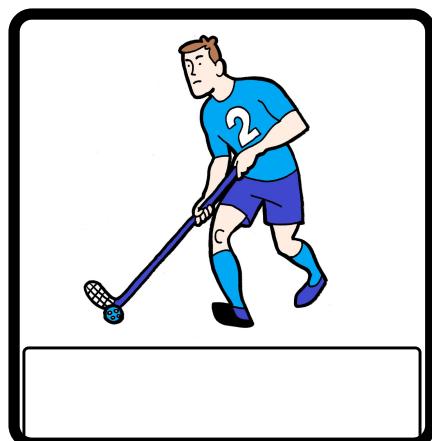
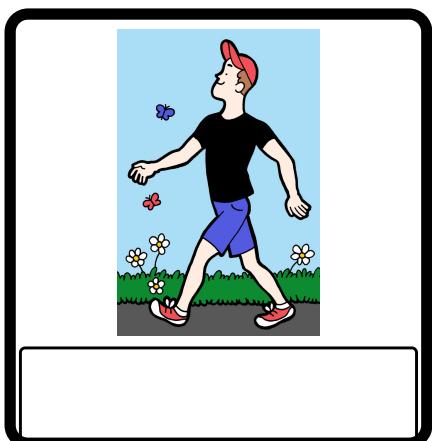
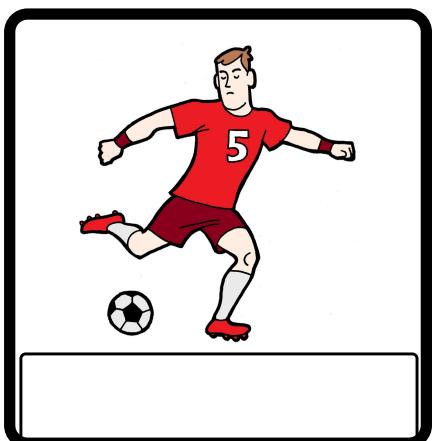
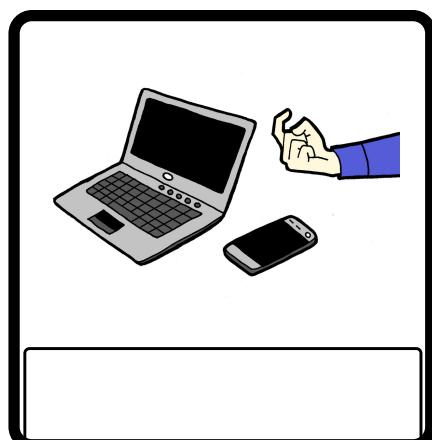
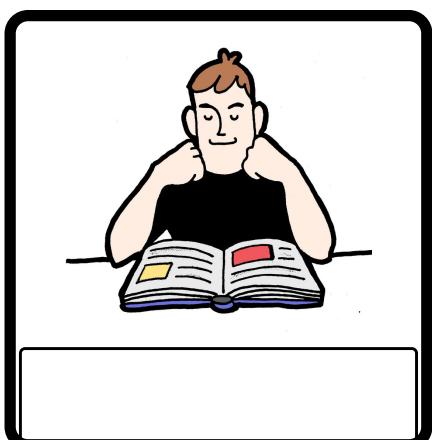
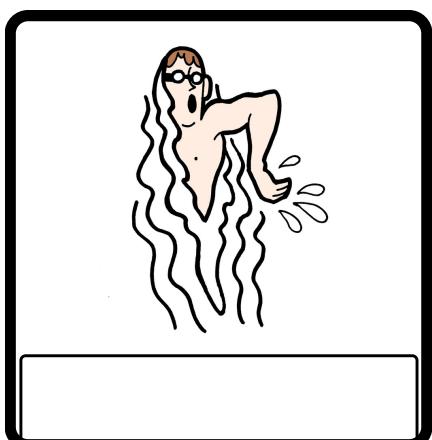
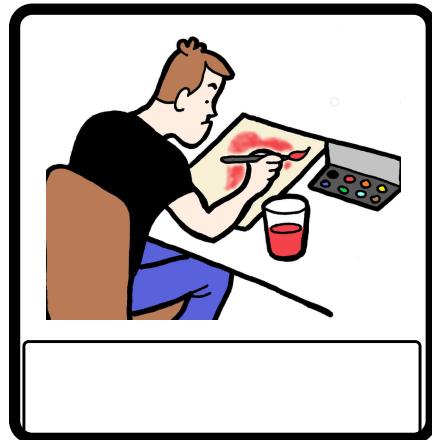
CUT OUT THE CARDS FROM THE APPENDIX, THE FREE FIELDS ARE USED TO WRITE THE TIME OF EACH ACTIVITY. WE RECOMMEND LAMINATING THE CARDS AND STICKING VELCRO TO THEM ON THE OTHER SIDE SO THAT THE CARDS CAN BE LINED UP ONE AFTER THE OTHER.

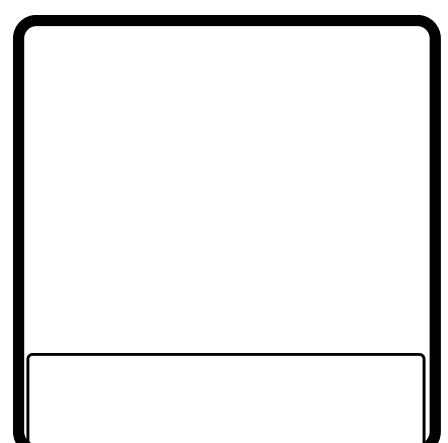
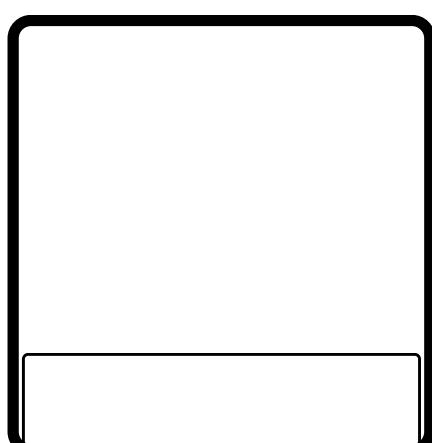
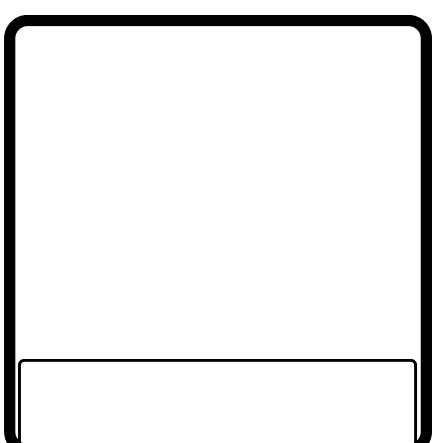
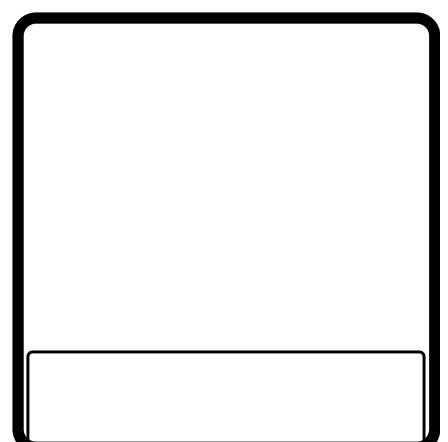
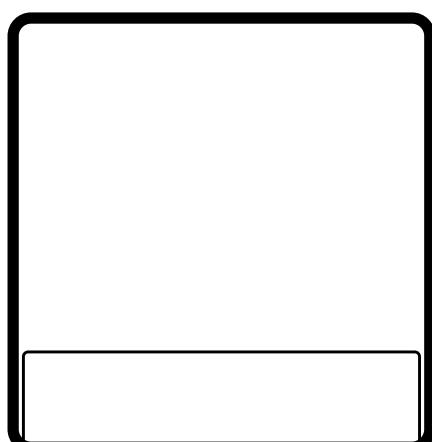
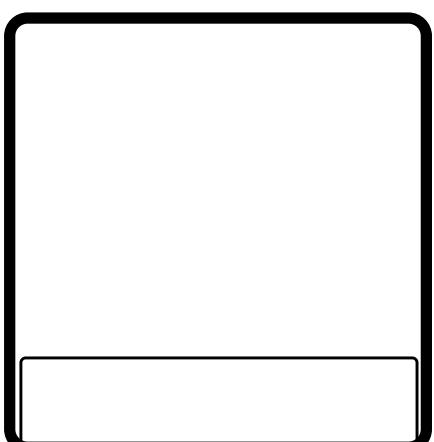
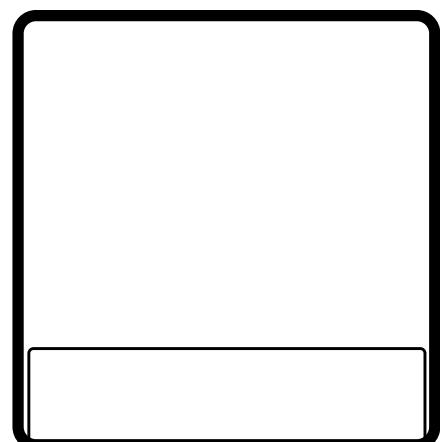
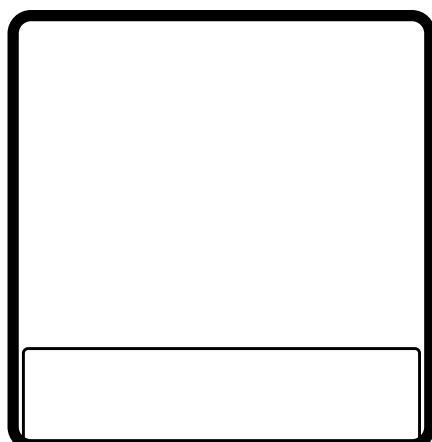
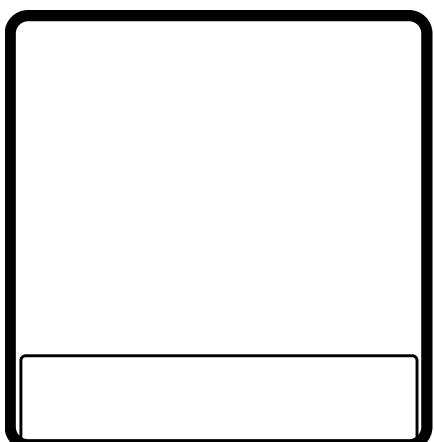
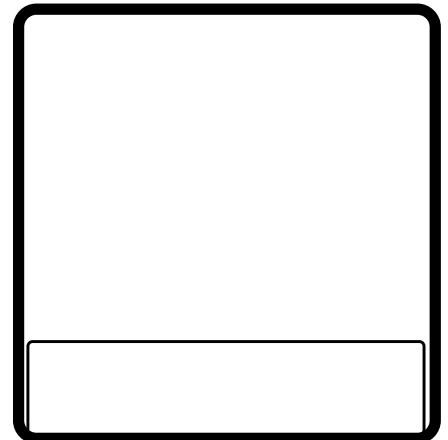
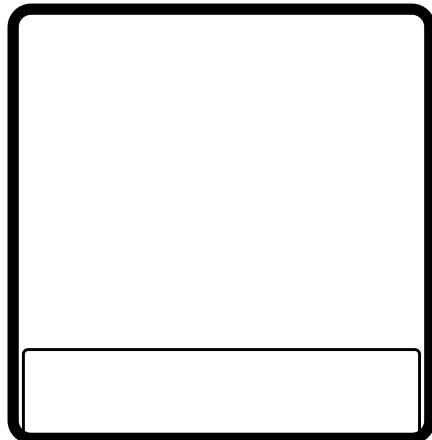
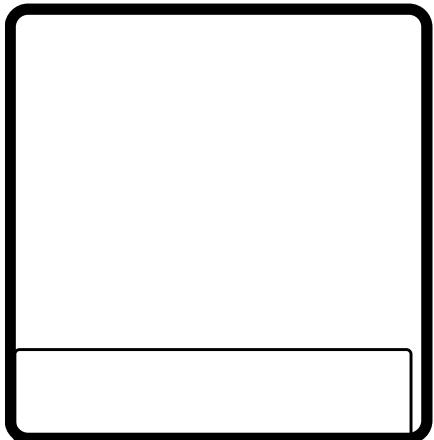


THE CARDS IN THE APPENDIX CAN BE USED TO CREATE A STRUCTURED MODE ON A WOODEN BOARD, WHERE THE INDIVIDUAL ACTIVITIES ARE ARRANGED CHRONOLOGICALLY ONE AFTER THE OTHER AND THE CARDS ARE AGAIN ATTACHED WITH VELCRO. THE BOARD CAN BE REPLACED WITH A BINDER WITH A RING BINDING. WE ALSO INCLUDE A BLACK-AND-WHITE VERSION FOR OTHER USES.









AID

GOAL

THE GOAL IS TO DEVELOP ORIENTATION IN TIME.



WAYS TO USE

VARIOUS TYPES OF WOODEN OR PAPER CLOCKS WITH MOVABLE HANDS CAN BE USED WELL FOR PRACTICE. SETS WITH ENCLOSED CARDS WITH THE TIME INDICATED IN DIGITAL FORM ARE ALSO AVAILABLE. CLIENTS ARE USUALLY BETTER ABLE TO RECOGNIZE IT, SO IT IS GOOD TO CONNECT AND STRENGTHEN THESE ILLUSTRATIONS THROUGH PRACTICE.



VCLOCKS THAT ALSO SHOW THE TIME FROM 1PM TO 12PM O'CLOCK ARE VERY SUITABLE. IN THIS WAY, THE CLIENT BETTER UNDERSTANDS THE CONNECTION WITH DIGITAL TIME.





MY WEEK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

DON'T FORGET:

NOTES

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DAILY SCHEDULE

WHAT TIME:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
	DINNER	DINNER	DINNER	DINNER	DINNER

TASK AND THEIR PERFORMANCE

Wednesday

Thursday

Friday

Saturday

DAY OF THE WEEK

Sunday

Monday

Tuesday

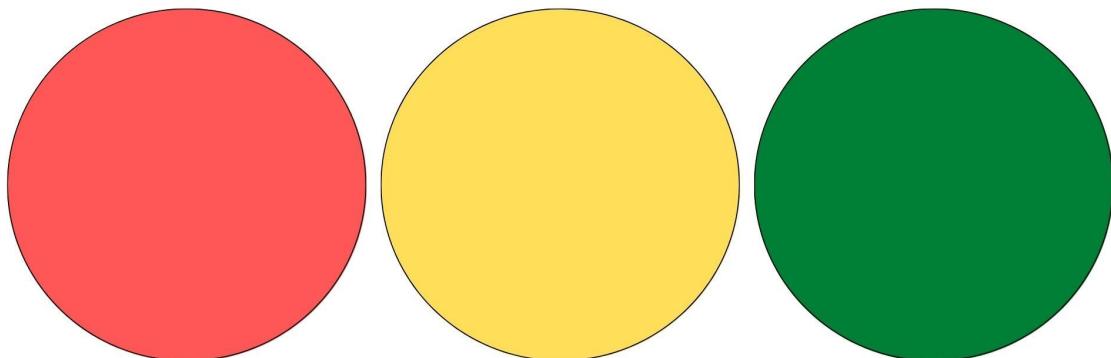
AID

GOALS

RAPID DIAGNOSIS OF PROBLEMS AT WORK AND A QUIET WORKING ENVIRONMENT.

WAYS TO USE

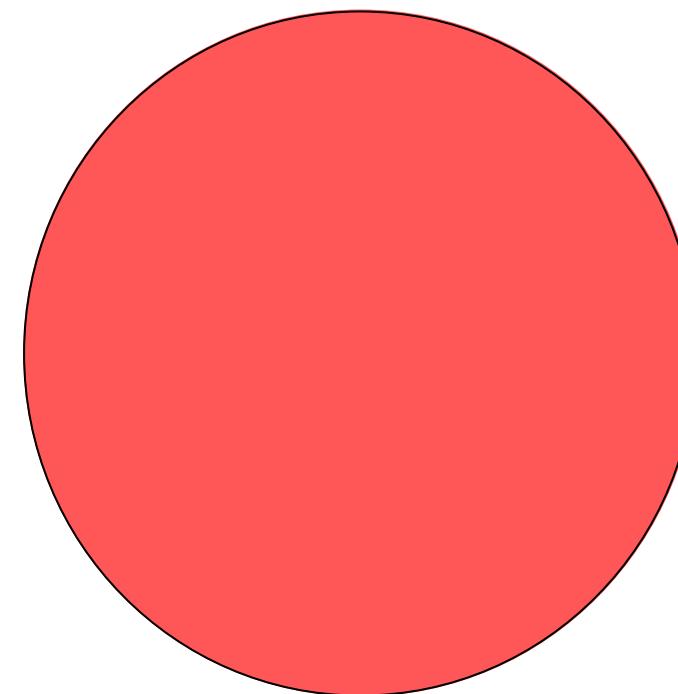
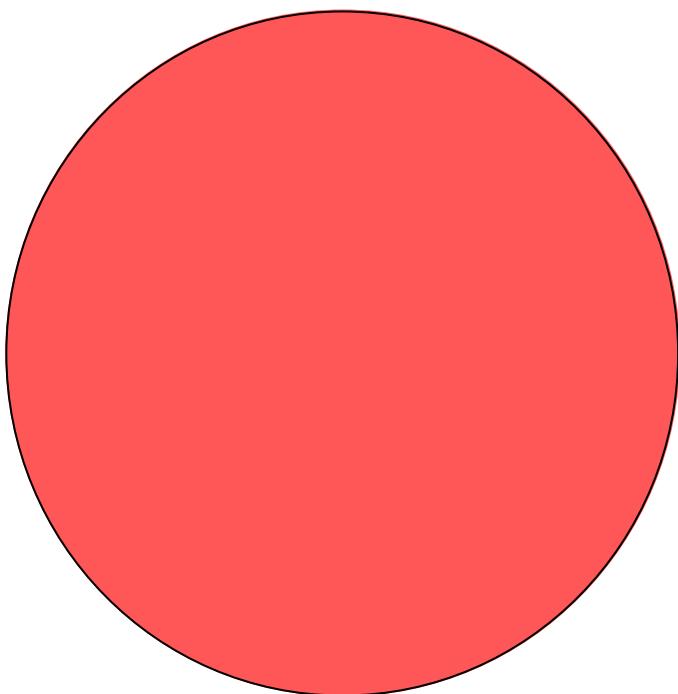
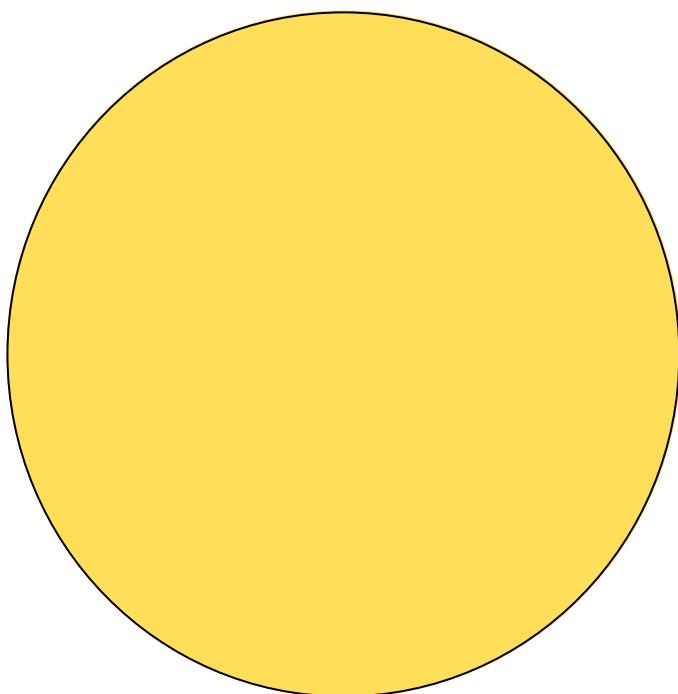
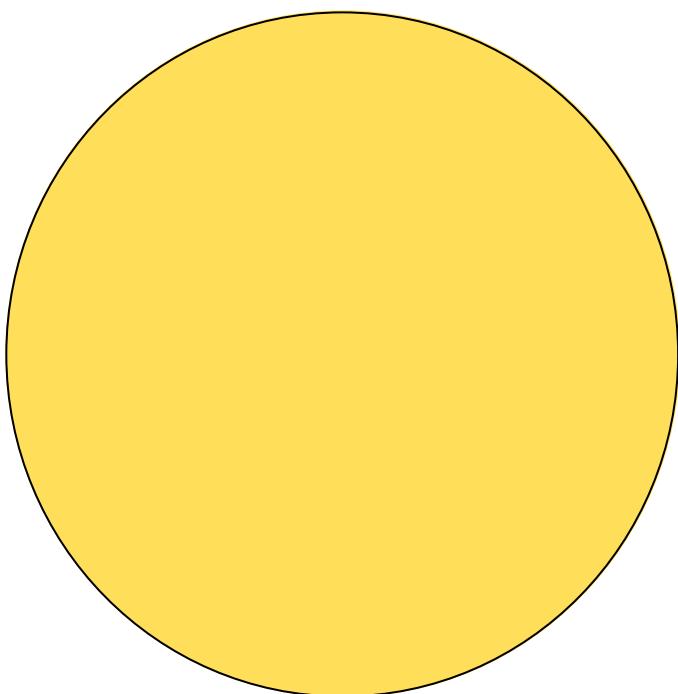
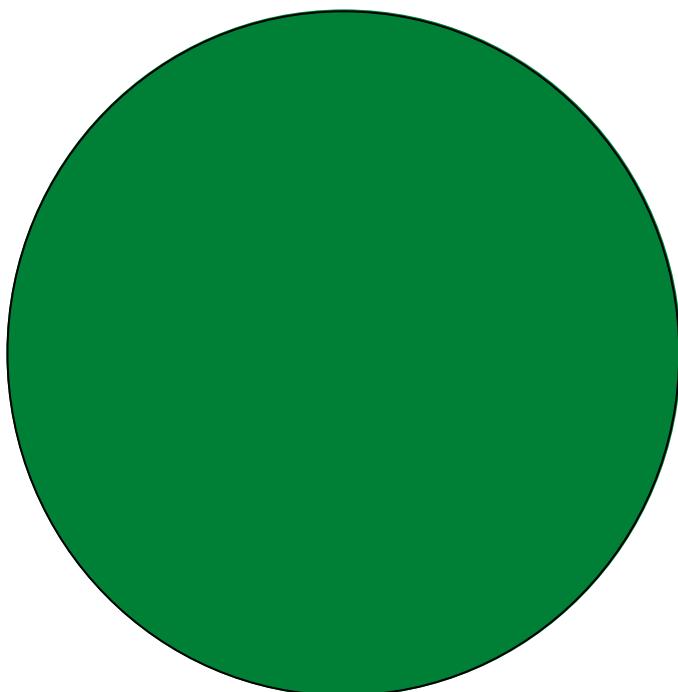
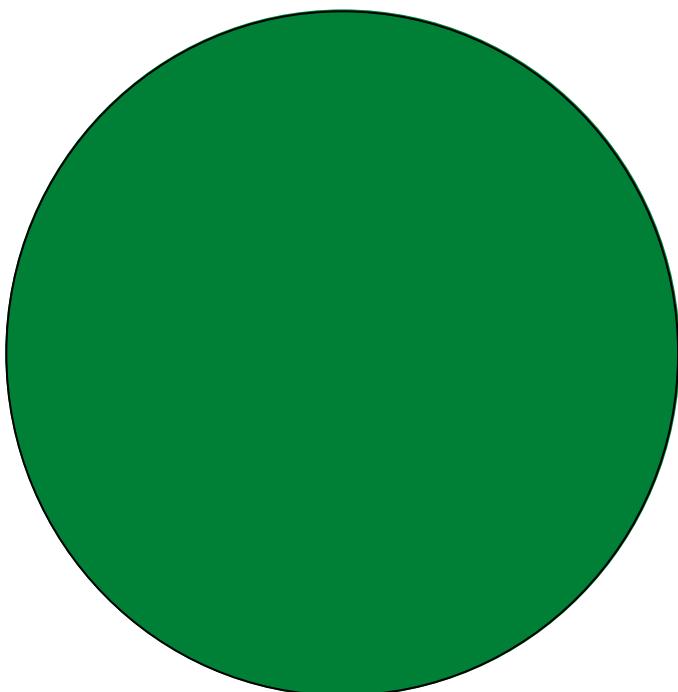
THE CLIENT HAS THREE COLOURS OF WHEELS AT HIS DISPOSAL. THEY ARE USED TO SIGNAL TO THE CAREGIVER WHETHER THEY CAN HANDLE THE WORK INDEPENDENTLY (GREEN), MANAGE THE WORK BUT NEED TIME (YELLOW) OR NEED HELP WITH THE ASSIGNED TASK (RED).



WE RECOMMEND LAMINATING THE CARDS. IT IS ALSO POSSIBLE TO USE ONLY THE GREEN COLOUR = I CAN HANDLE IT, THE RED COLOUR = I NEED HELP.

THIS "SEMAPHORE OF UNDERSTANDING" CAN ALSO BE USED IN TEACHING FOR THE FINAL EVALUATION OF THE LESSON. THE CLIENT/PUPIL PICKS UP A GREEN CARD IF HE UNDERSTANDS EVERYTHING, A RED ONE IF HE NEEDS A SUBSEQUENT EXPLANATION OF THE STUDIED CURRICULUM.





AID

GOALS

THE GOAL IS TO IMPROVE THE CLIENT'S FINANCIAL LITERACY AND TO HANDLE THE HANDLING OF THE ENTRUSTED AMOUNT OF MONEY.

WAYS TO USE

AFTER THE CLIENT HAS SAFELY RECOGNIZED THE FORM AND VALUE OF THE COINS, COUNTING OF THEM CAN BE PRACTICED ON THE INCLUDED CARDS. CUT AND LAMINATE THEM, THE CLIENT IS TASKED WITH MATCHING A PICTURE WITH COINS TO A CARD REPRESENTING THEIR SUM. A MORE DIFFICULT OPTION IS TO PLAY A MEMORY GAME WITH CARDS.

€ 10



€ 6,50



€ 8



€ 5,50



€ 7,40



€ 1,20



THIS TOOL CAN BE COMBINED, FOR EXAMPLE, WITH CARDS FROM A GAME TO TRADE, WHERE THE CLIENT'S TASK IS TO FIND OUT WHAT HE CAN BUY FOR A GIVEN AMOUNT OF MONEY.



€ 8



€ 6,50



€ 10



€ 1,20



€ 7,40



€ 5,50



€ 1



€ 3,50



€ 4,20



€ 9,20



€ 4,70



€ 6



€ 7,20

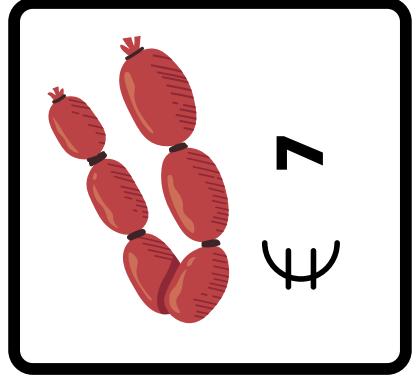
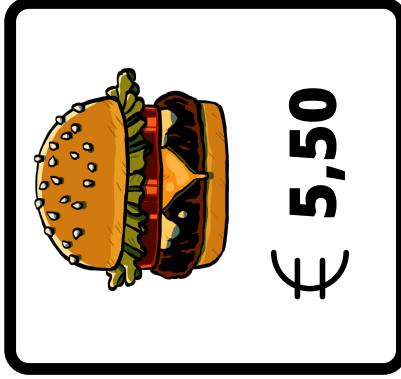
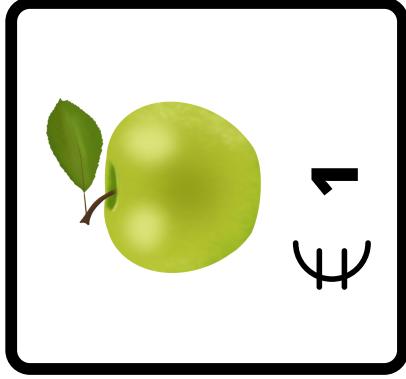
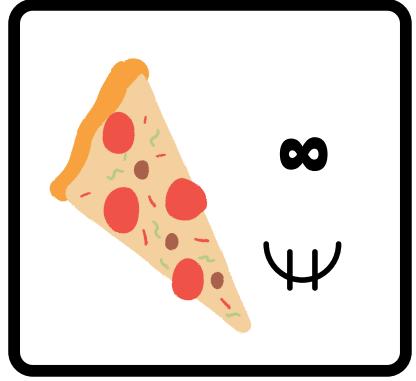
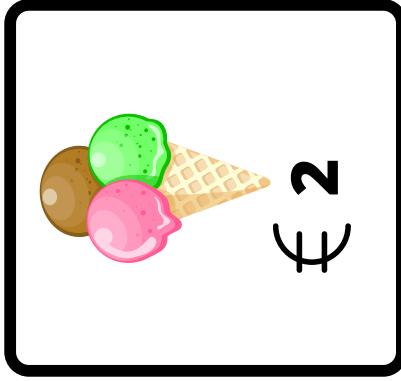
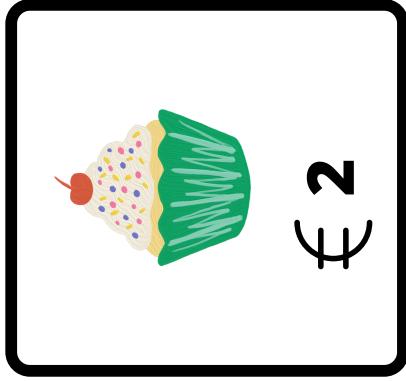
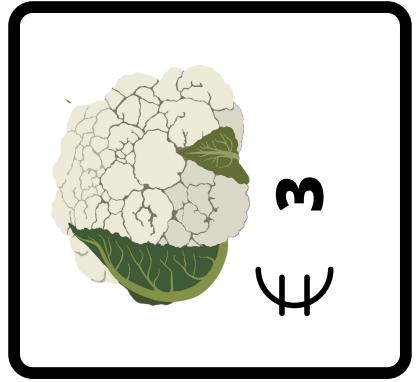
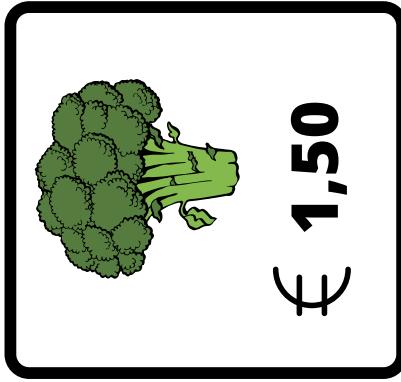
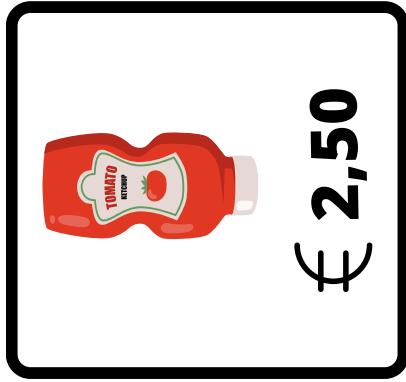
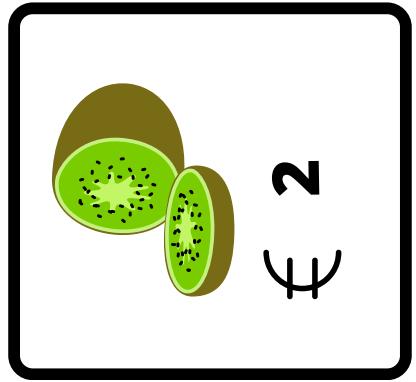
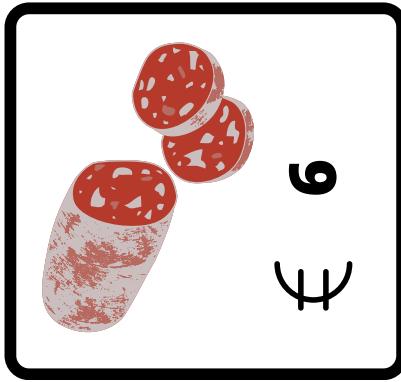
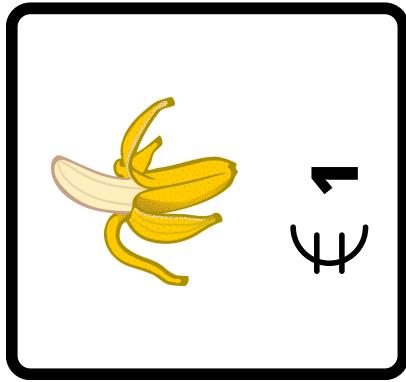
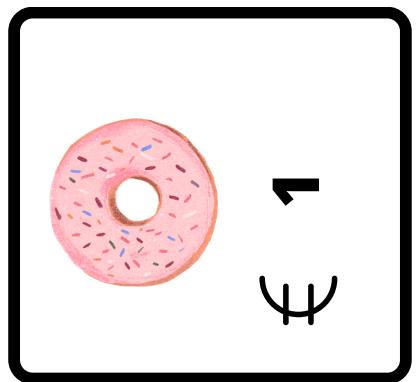
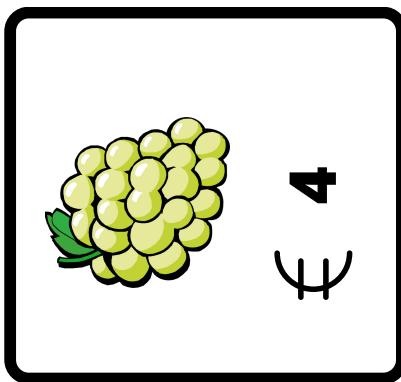
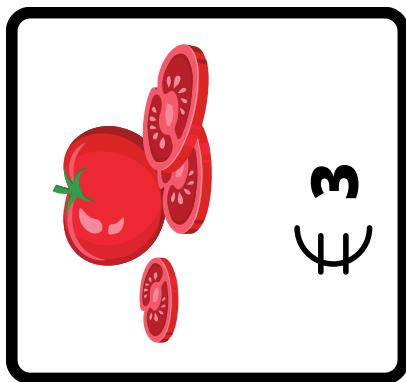


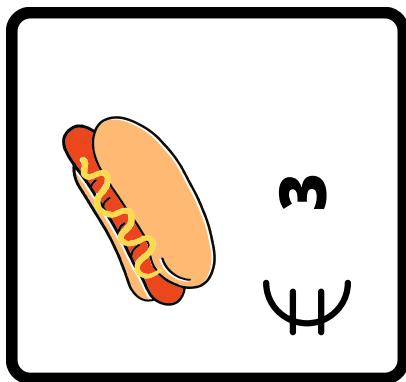
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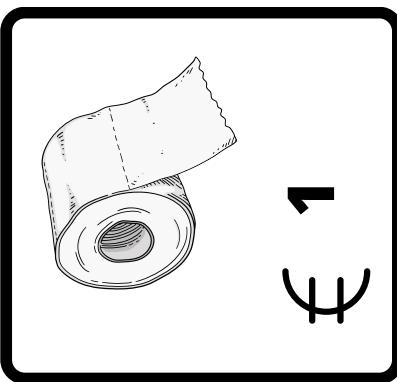
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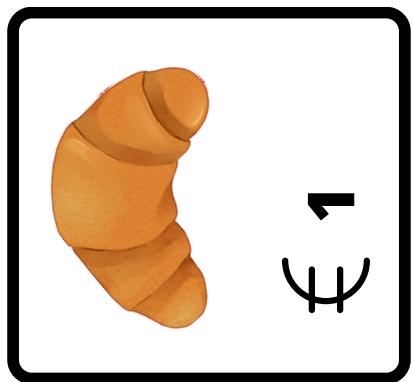




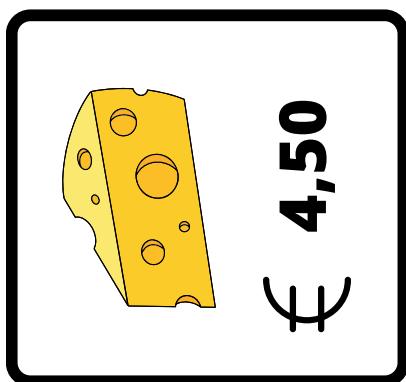
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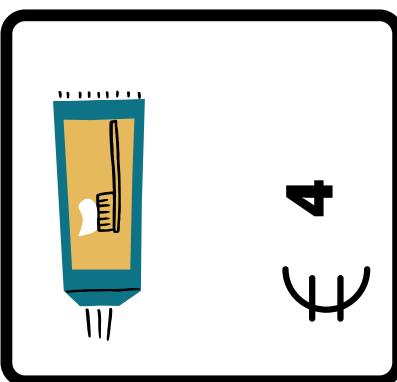
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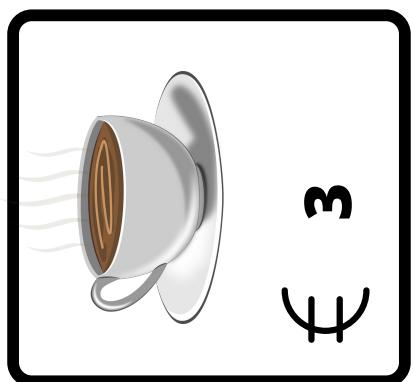
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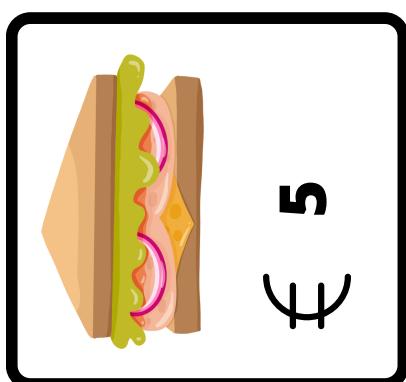
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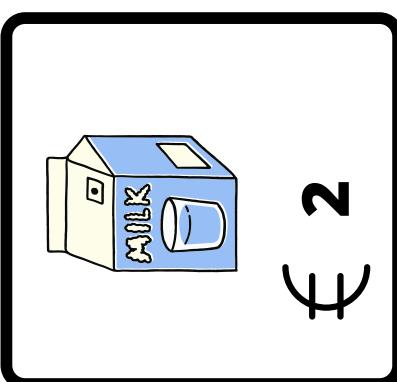
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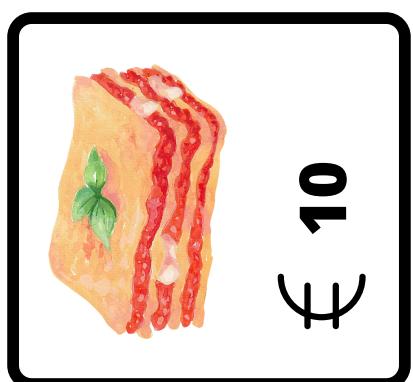
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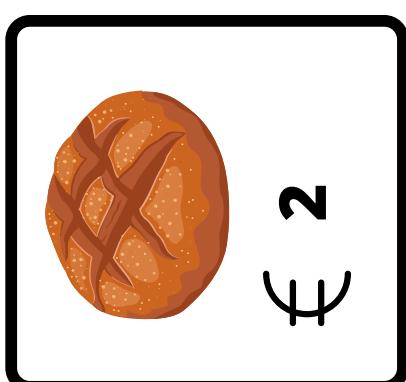
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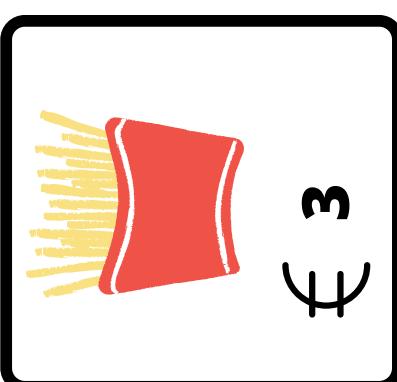
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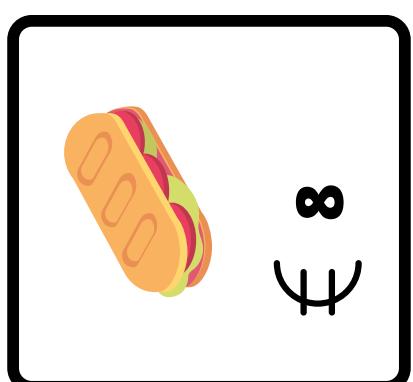
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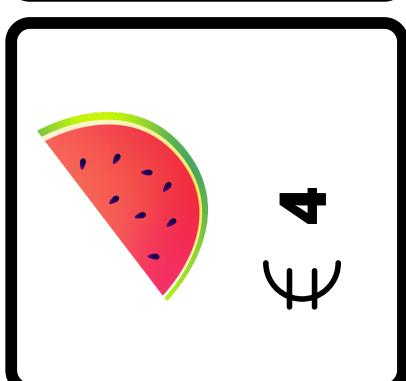
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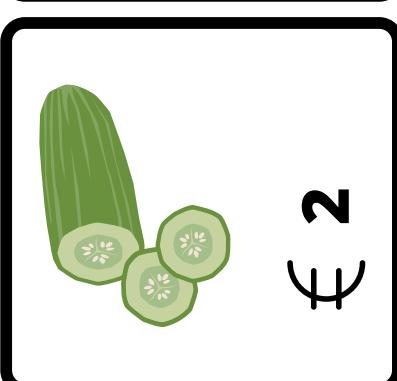
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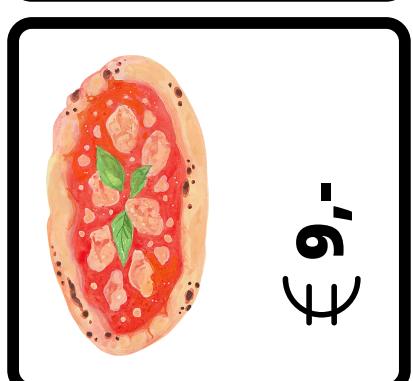
€ 8



€ 4



€ 2



€ 9,-

Shopping list

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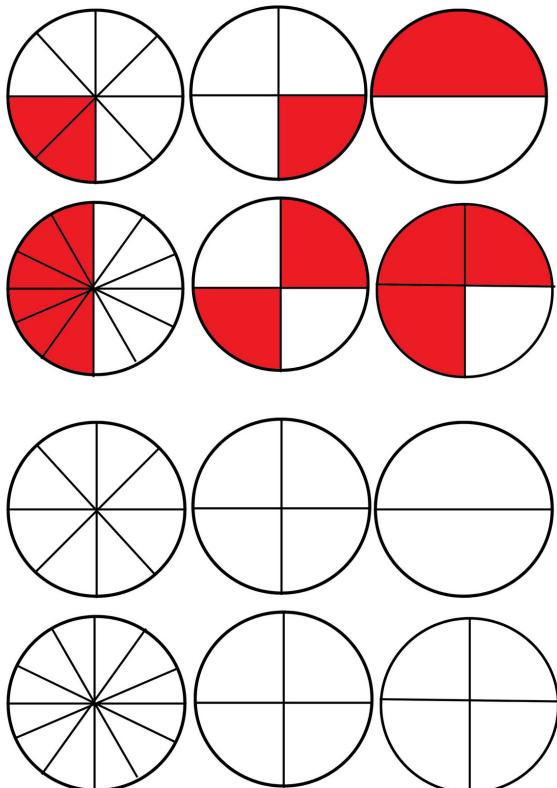
Shopping list

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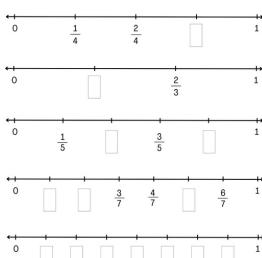
GOALS

THE GOAL IS TO DEVELOP MATHEMATICAL COMPETENCIES.



FRACTIONS

Fill in the missing fractions in the blanks

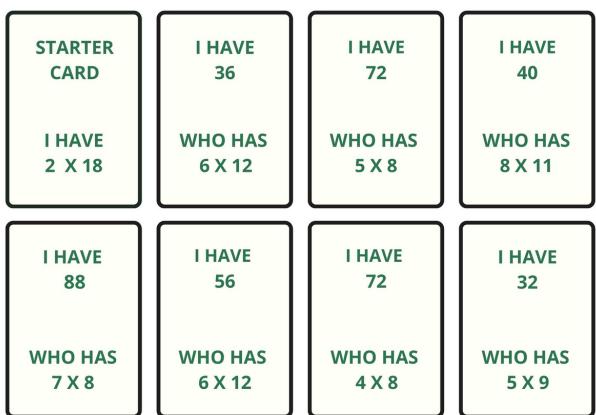


Match the right pairs

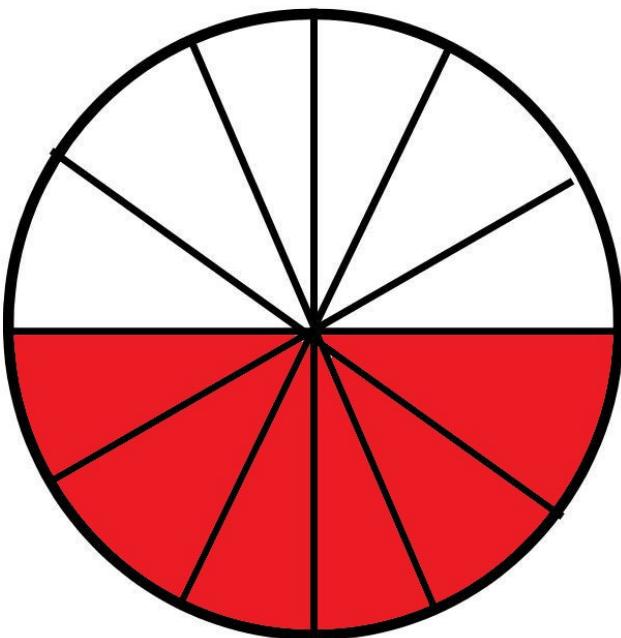
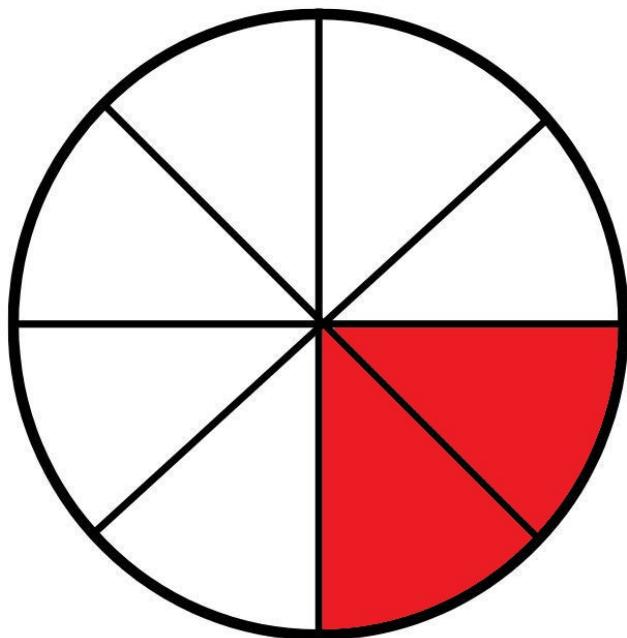
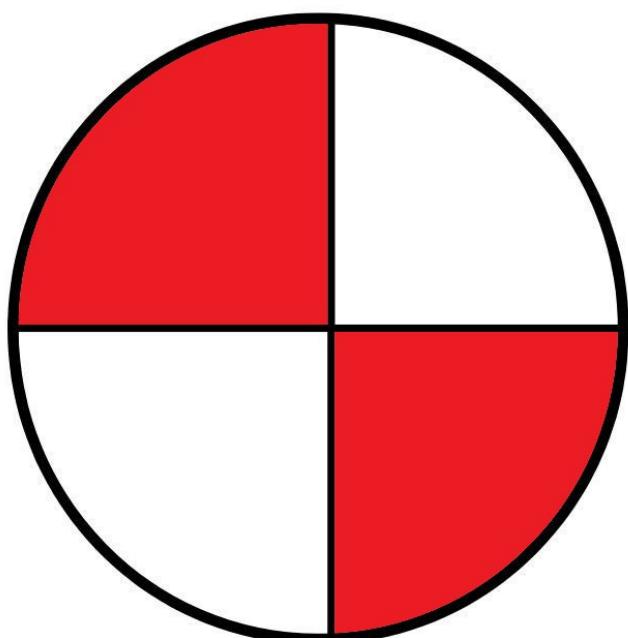
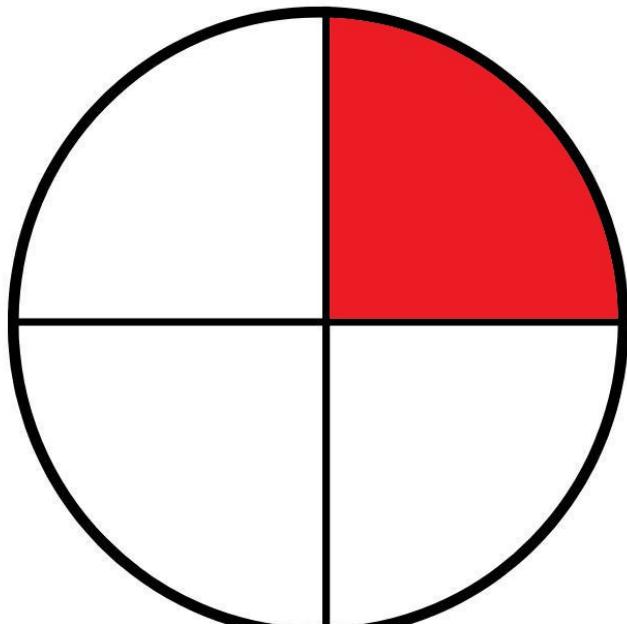
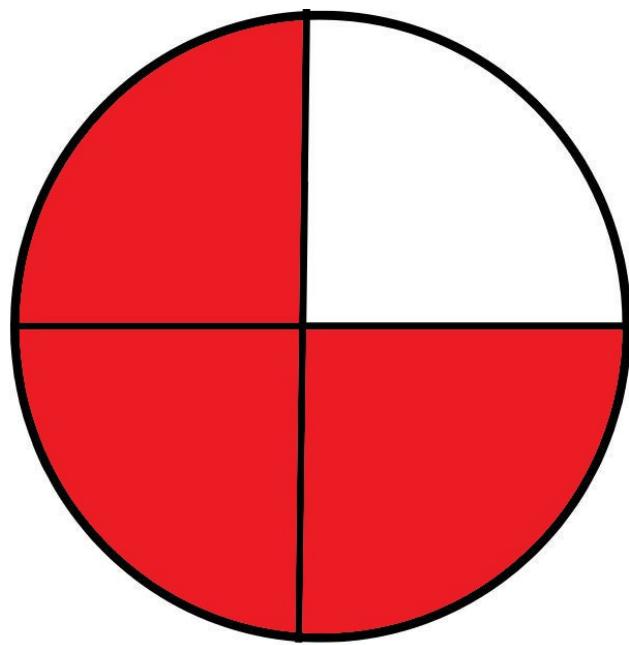
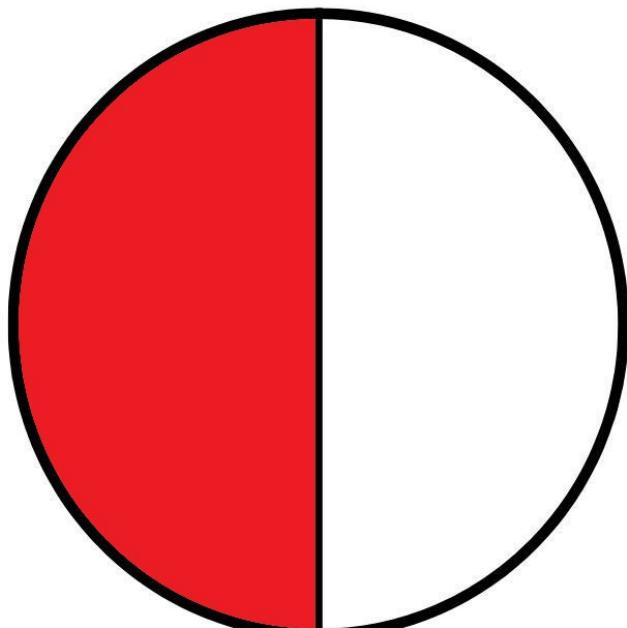
	•	• $\frac{1}{4}$
	•	• 1
	•	• $\frac{1}{2}$
	•	• $\frac{1}{3}$

WAYS TO USE

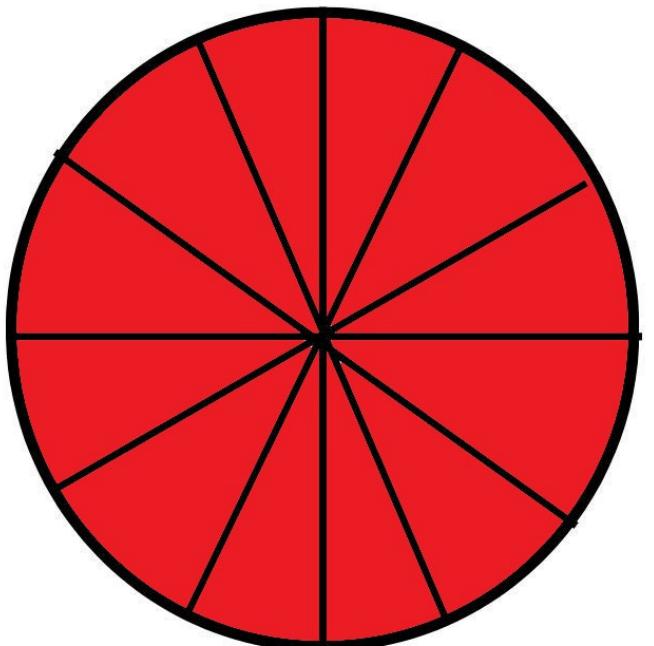
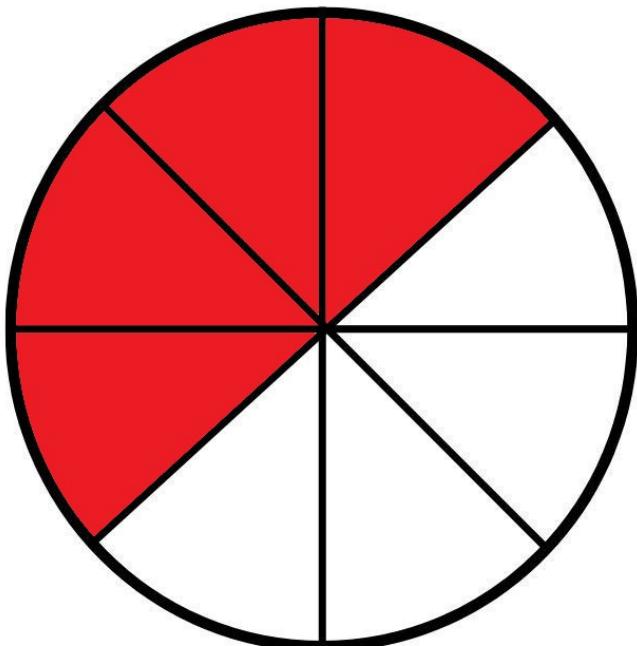
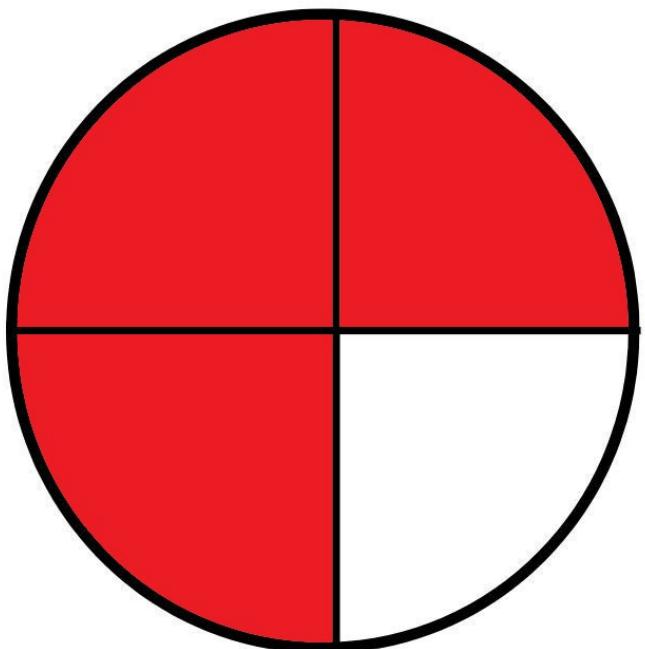
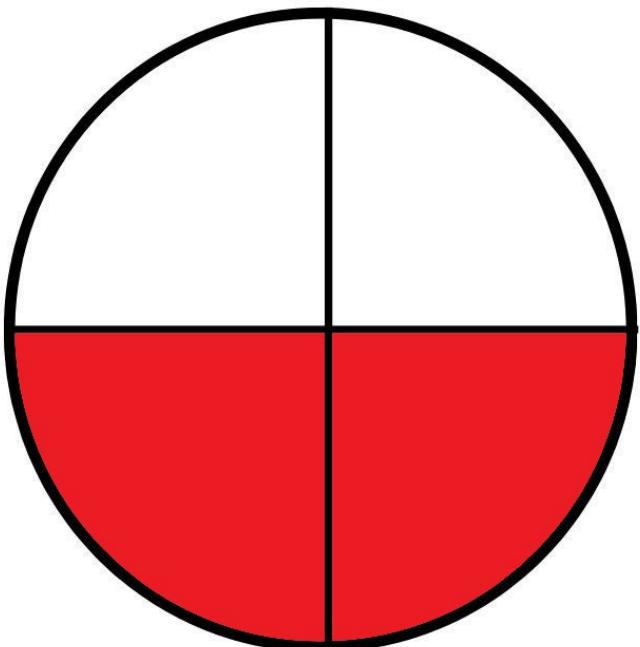
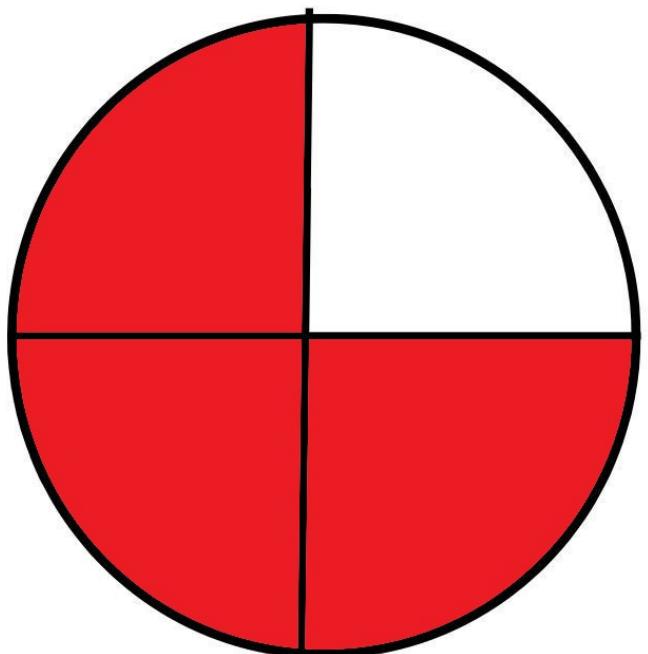
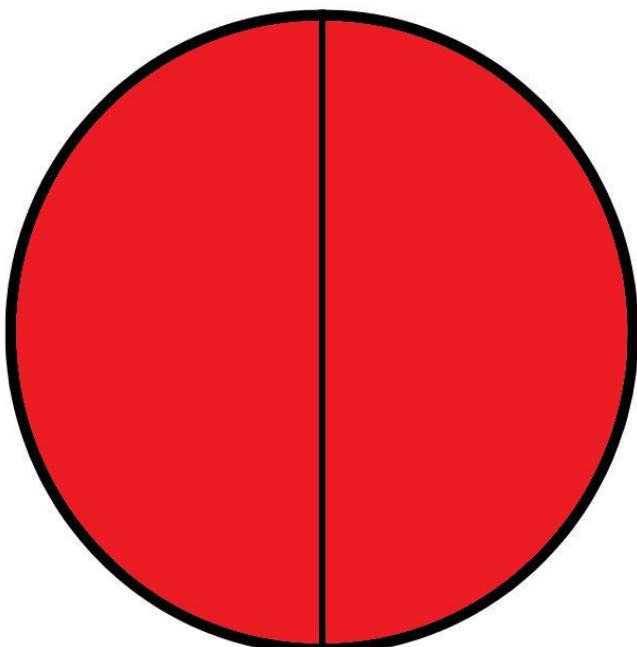
TO DEVELOP MATHEMATICAL COMPETENCIES, IT IS IMPORTANT TO USE VISUAL AIDS OR MATERIALS CONTAINING PICTURES AND VISUALIZATIONS. IN THE ATTACHMENT YOU WILL FIND, FOR EXAMPLE, A GAME FOR PRACTICING THE MULTIPLICATION TABLE "I HAVE, WHO HAS". THIS GAME CAN BE MODIFIED FOR ANY ARITHMETIC OPERATION. THE APPENDICES ALSO CONTAIN CARDS FOR THE "FIND THE SAME FRACTIONS" GAME, IN WHICH THE CLIENT LOOKS FOR PAIRS REPRESENTING THE SAME FRACTION VALUES. ILLUSTRATIVE NUMBER AXES ARE ALSO USEFUL, EXAMPLES OF WHICH CAN ALSO BE FOUND IN THE APPENDICES.



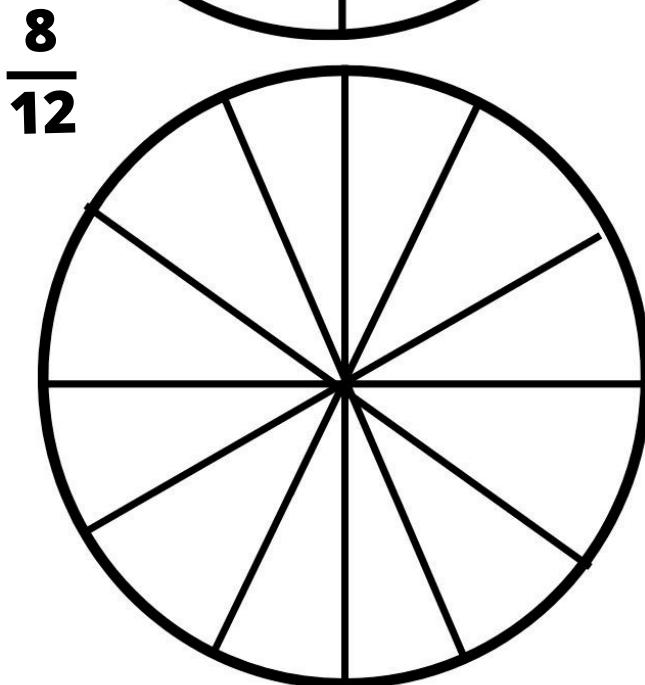
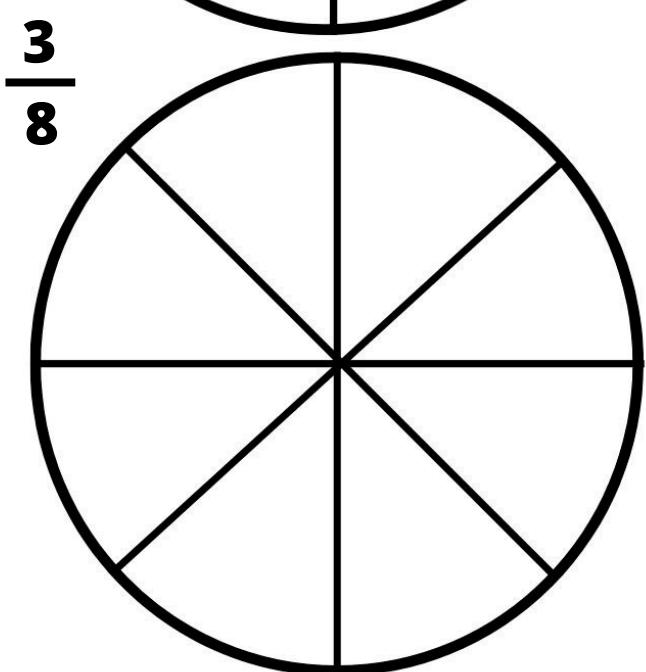
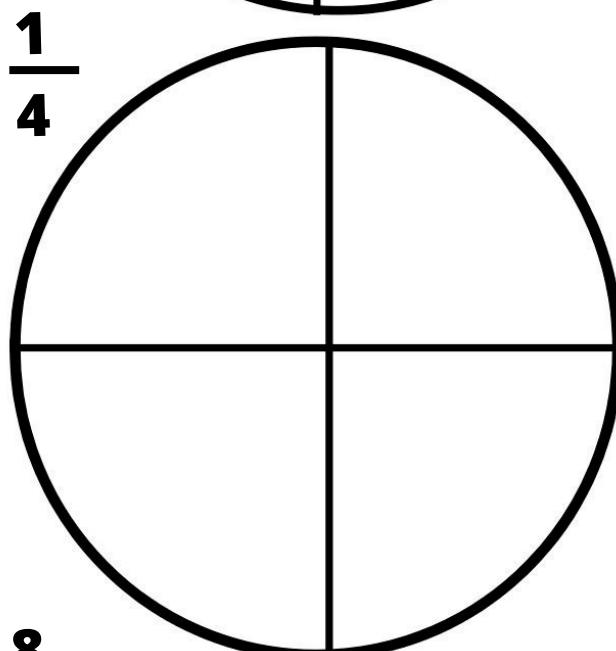
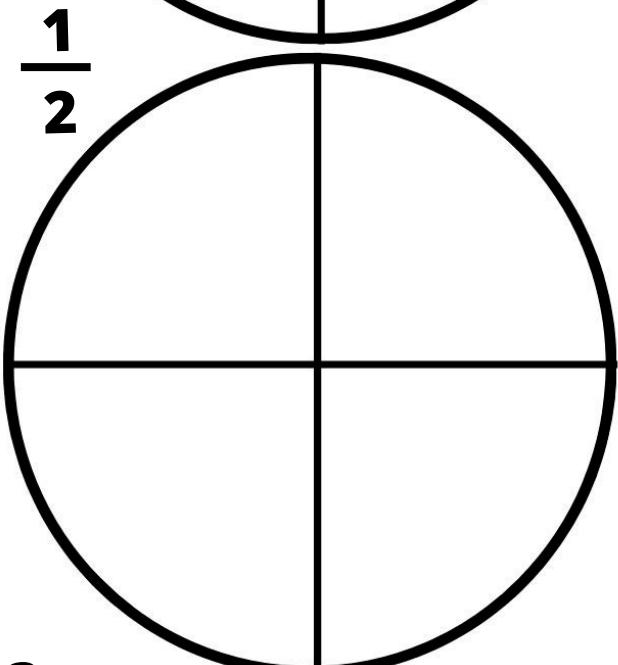
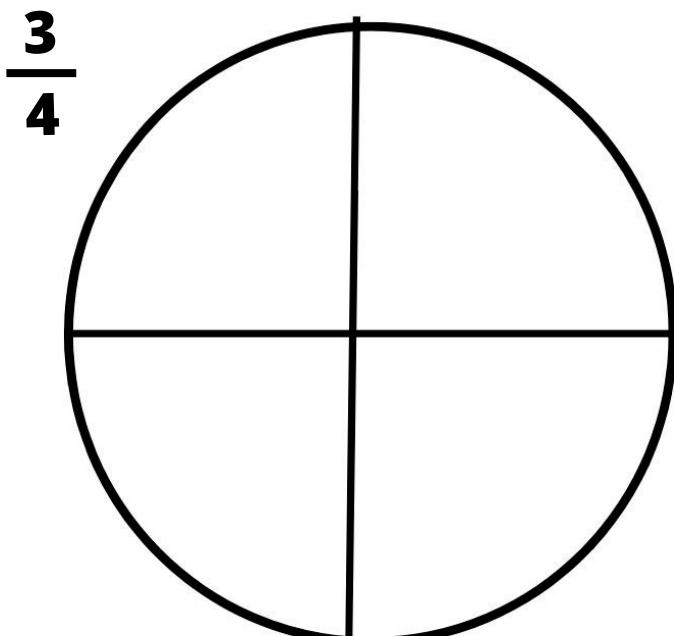
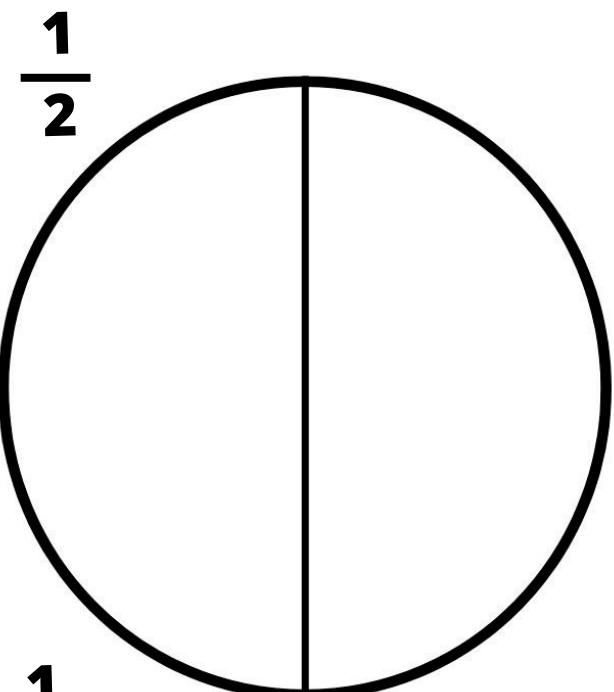
Match the right pairs



Match the right pairs



Colour the fractions according to the labels



Divide the pizza into the indicated parts

8

$\frac{4}{4}$

12

6

$\frac{2}{2}$

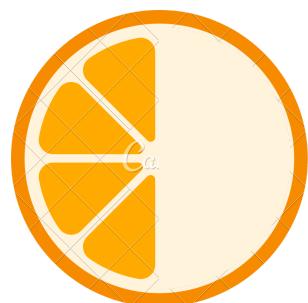
4

Match the right pairs



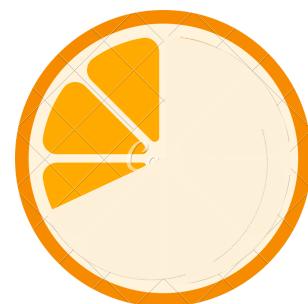
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• $\frac{1}{4}$



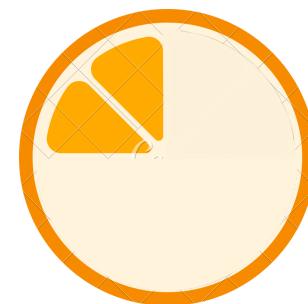
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• $\frac{1}{2}$

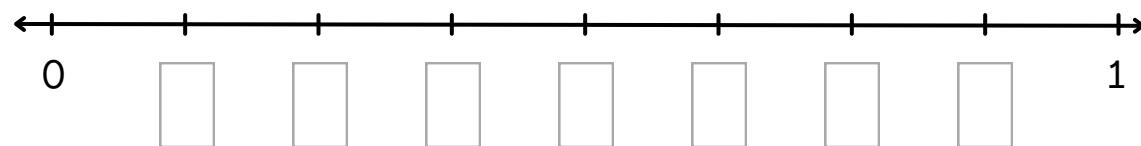
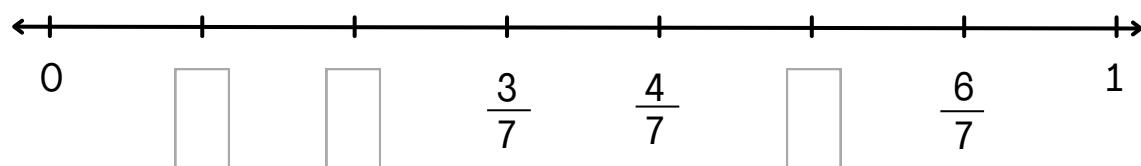
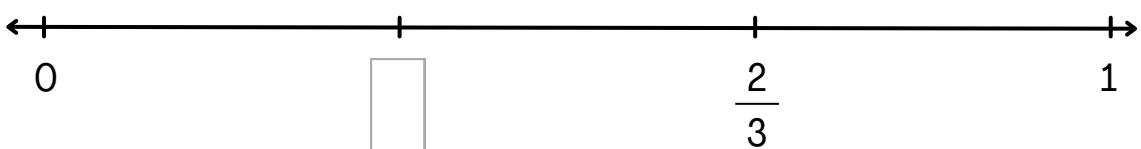
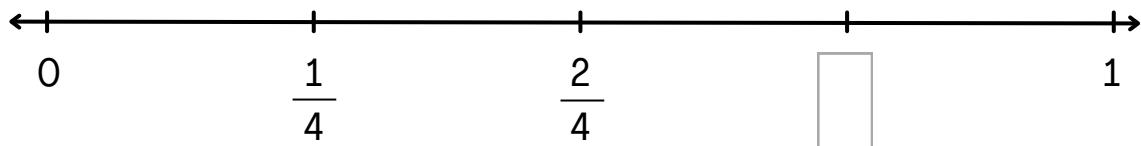


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• $\frac{1}{3}$

FRACTIONS

Fill in the missing fractions in the blanks



I HAVE
40

WHO HAS
8 X 11

I HAVE
72

WHO HAS
5 X 8

I HAVE
36

WHO HAS
6 X 12

STARTER
CARD

I HAVE
2 X 18

I HAVE
32

WHO HAS
5 X 9

I HAVE
72

WHO HAS
4 X 8

I HAVE
56

WHO HAS
6 X 12

I HAVE
88

WHO HAS
7 X 8

I HAVE
38

WHO HAS
 5×20

I HAVE
63

WHO HAS
 2×19

I HAVE
39

WHO HAS
 7×9

I HAVE
45

WHO HAS
 3×13

I HAVE
120

WHO HAS
 3×14

I HAVE
42

WHO HAS
 10×12

I HAVE
81

WHO HAS
 6×7

I HAVE
100

WHO HAS
 9×9

I HAVE
72

WHO HAS
 7×5

I HAVE
55

WHO HAS
 8×9

I HAVE
56

WHO HAS
 11×5

I HAVE
42

WHO HAS
 8×7

I HAVE
54

FINAL CARD

I HAVE
36

WHO HAS
 9×6

I HAVE
0

WHO HAS
 4×9

I HAVE
35

WHO HAS
 0×15

Other brochures were produced in the same project:

- **Financial skills**
- **Work skills**
- **Self-care skills**
- **Digital skills**
- **Democratic participation**

Suggestions for re-education of deficient mental and psychomotor functions
Hana Konopáčová
and Střední škola Olgy Havlové team
2023
Střední škola Olgy Havlové, Janské Lázně