

Psychological bases of developing social competences of seniors with disability

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According to international documents, older people have the right to fully develop their skills and and knowledge, and to have a sense of dignity. Seniors with disabilities also have the same rights. For this reason, it is necessary to provide personal development and education that enables a good quality of life, in spite of their disability. Developing social competences is an important part of education, however it is necessary to follow specific requirements when working with this target group. This study is concerned with the analysis of psychological bases and specific features of developing social competences of seniors with disabilities. It offers possibilities for developing their social competences by means of the training programme Happy Senior.

Keywords: disabled senior, specific features of senior education, training of social competences, training programme Happy Senior, cognitive-behavioural approach

Introduction

The number of people older than 60 will increase from 11% (in 2006) to 22% by the year 2050. By then, there will be more seniors than children for the first time in the history of the human race. The ageing population, along with the social consequences, significantly emphasises the importance of the ageing society as well as individual ageing (WHO, 2007, in: Veteška, 2016). Longer years of healthy and active lifestyles and maintaining functional ability lead to successful ageing (Dienstbier 2009). These can be supported by providing general information (together with prevention) and systematic education for adults (including education for seniors about healthy ageing). There are two basic aims fulfilled by education: the social aim oriented to the development of human resourcefulness, and the individual aim of dealing with the personality of individuals and their ability to adapt themselves to changing life conditions (Porubská, Határ, 2009).

We live in a time marked by significant demographic changes in population. Compared to the past, living standards have increased, directly impacting the growing age of the population. In the past the composition of the population had a pyramidal shape – with an increase in age there was a corresponding decrease in the number of people. Now we see this shape has narrowed and in the future it will more closely resemble a tree. Average life expectancy increases with better living standards. As the number of retired people increases, the percentage of disabled and disadvantaged seniors is proportionally higher as well. As a consequence of their disability, these seniors are often placed in residential social service institutions or in other facilities for seniors (Határ, 2014; Müller de Morais, Jedličková, 2015).

The attitude of society to seniors and seniors with a disability is quite negative. Ageing and illness are generally perceived to represent the decline of a human life. In Central Europe, there is still a predominant stereotypical perception of older people as unproductive because their experience and competences are considered less relevant (Balogová, 2009; Határ, 2014). The value system of this society emphasises maintaining our competences, appearance, efficacy and performance, which puts older people and older people with a disability in a very disadvantaged position. This emphasis is supported by mass media who confirm the importance of outward appearance, health, vitality and

activity. All exceptions to this norm are considered to be non-beneficial. Therefore ageing is not only everyone's individual problem, but a social problem as well. Society should respect seniors with all their specific attributes influenced by age and health conditions. We should provide them with conditions for their personal development that will improve their quality of life.

In our article we emphasise the importance of personal progress for seniors with a disability that can be achieved through training in social competences. The aim of our study is to analyse psychological bases to identify specific ways of developing the social competences of seniors with a disability. We also look at the possibilities of developing their social competences through the programme *Happy Senior*, which is used as an example of programmes for seniors carried out in social service institutions.

Education for seniors with a disability and its psychological bases

Psychologists (Langmeier, Krejčířová, 2006; Vágnerová, 2000) say that people are as old as they feel. Judging the quality of life by years is the same as judging the value of a book by the number of pages. In other words, it is not possible to measure quality of life by life expectancy. People can keep their minds and bodies fresh if they are able and motivated to acquire new skills and knowledge and to develop their personalities. Many researchers (Balogová, 2009; Határ, 2016; Dienstbier, 2009) confirm that education for seniors carries importance. This raises many questions related to the education of seniors with a disability living in residential social service institutions or other facilities. These institutions are mainly orientated to satisfying their physiological needs. However, all humans, including seniors with a disability, are unique, with their own psychological needs to be satisfied in order to have a better quality of life.

Vágnerová (2000) characterises these psychological needs more thoroughly and she includes: the need for stimulation, the need for orientation and learning, the need for activity, the need for emotional certainty and safety, and the need for self-realisation and an open future. Many retired people are no longer performing a professional role so they need to redefine themselves later in life. The needs of seniors are very individual. However, all these needs form a complex relationship

which consists of the physical, the psychological, and the social, and these are inseparable from each other. These needs should be taken into consideration and could be satisfied through education.

Muhlpachr (2004) describes education for seniors as a purposeful process with internal rules, specific targets, forms, methods and means, representing the tools for achieving determined aims.

Prusáková (2005) thinks about the questions that have to be answered in order to make this education effective:

What makes the orientation of education for seniors so specific?

What characteristic features do educational situations with seniors have?

What psychological and sociological aspects influence the educational intentions? These questions help to analyse their needs and look for possible solutions.

Planning this education requires knowledge of the psychology of an older person. Čornaničová (2007) defines this from the aspect of:

1. Specific features as bases of modelling the education for seniors
 - To perceive education for seniors as a lifelong process.
 - To take into consideration all the possibilities of the educational system.
 - To recognise the needs and interests of seniors.
 - To enable education for all seniors without discrimination.
 - To improve the quality of life for seniors by means of educational activities.
 - To remove the traditional opinion about life in the senium.
 - To support the active life of seniors.
 - To make use of their life experience for themselves and for society as well.
2. The proper process of education for seniors:
 - To choose adequate methods, forms and means.

- To respect psychophysical changes in the process of ageing.
- To see all the specific features of this education.
- To advise seniors how to solve their personal problems by means of educational activities.
- To support creativity and an active lifestyle.
- To provide not only knowledge but also psychological support.

Seniors with a disability require a different approach than other educational groups in different age categories. It is very important to be aware of the psychological aspects typical of the education and instruction of seniors. In order to make the education of this target group effective, we have to respect and accept these particularities.

When old age occurs, there are physical, psychological, personal and social changes that alter a person's ability to learn and which influence the course of education as well. This decline in abilities, such as those related to the recording, storing and using of information, start to be evident in the senium (Vágnerová, 2000).

Table 1: An outline of developmental changes and specific features of education for seniors

Developmental changes	Specific features of education
<p>Changes of the activating level – slowing down of mental activity, worsened concentration and attention, greater tiredness, delayed reaction time.</p>	<p>Slower presentation speed – respect longer reaction times and information processing. Allow time for thinking about answers. Provide smaller amounts of information in the same time frame. Formulate instructions and tasks clearly. Reiterate provided information often. Use analogical methods – similarity. Strengthen the knowledge using illustrative methods (practical exercises, demonstration, experiential methods, and tools).</p>

Developmental changes	Specific features of education
<p>Changes in orientation of the surroundings – reduction in sensual perception, changes in vision – far-sightedness (hyperopia), presbyopia, reduced adaptation to darkness.</p>	<p>Educational materials: Use white paper (not blue nor green paper for example). Do not use glossy paper. Use a bigger font size. Use a black or red font on a white background. Use simple sentence structure. Use bigger graphical visualisations. Adopt the use of a magnifying glass. Check reading glasses. Create a safe environment for education (no risk of injury).</p>
<p>Changes in hearing – reduction in hearing, worsened perception of high tones, sounds, fast speech and speech of more than one person at once</p>	<p>Use short and simple sentences. Repeat information more often. Speak clearly and slowly. Speak more loudly but do not shout. Speak with seniors face to face. Minimise disturbing moments. Remove background noise. Check the functionality and correct setting of their hearing devices. Find out which ear is better for hearing.</p>
<p>Decline of memory competences – decay and slowing down of all memory processes, reduction in the ability of short-term memory.</p>	<p>Plan shorter and more frequent educational units. Include longer breaks. Use pictorial and illustrative methods of education more often.</p>
<p>Changes in intellectual functions and difficulties in learning – decline of intellectual abilities, bigger reduction of fluid intelligence, tendency to use knowledge and ways of thinking which were acquired in the past (crystallic intelligence).</p>	<p>Use adequate forms and methods of education for seniors (in relation to the subject matter and type of topic, age particularities, and health limitations of seniors). Respect preferred styles of learning. Teach seniors 'how to learn'. Motivate seniors to use their previously acquired knowledge, strategies of thinking and ways of solving different situations. Allow seniors to apply their own experiences when solving any model situations. Provide plenty of opportunities to speak and express themselves. Use objects, pictures or drawings as a starting point and ask seniors to tell you what they see. Give seniors a chance to talk about what they are learning. Be interested in their learning difficulties: ask them what is easy and what is difficult. By planning model situations, make use of personal needs and interests, provide seniors with a possibility to show their curiosity and creativity. Use different methods of repeating and strengthening knowledge. Enable them to apply the acquired knowledge and skills in particular activities. Provide systematic positive feedback.</p>

Developmental changes	Specific features of education
<p>Declining ability to coordinate different cognitive functions and to use different information in analysing problems – reduced possibility to use more complicated strategies, a tendency to solve problems in a simplified way.</p>	<p>Respect any hierarchy of learning by seniors. Use life experience of seniors by learning. Support experiential learning. Apply active and creative activities. Use methods of solving problems in teaching. Activate the attention of seniors by applying adequate initial and continuous motivating methods. Create a logical structure of topics (concept maps, supporting points, key words, graphs, schemes). Facilitate the process of learning by seniors with the application of manifold mnemotechnic aids. Include as many senses as possible in the process of learning.</p>
<p>Changes in will and will processes, changes in personality, changes in emotional experience and social relationships – slower deciding, increasing the need for safety and stability, deepening introversion, carefulness, punctiliousness, anxiety, tendency towards impatience, higher concentration on self and close people in one's surroundings.</p>	<p>Provide plenty of opportunities for seniors to get to know and support each other. Create a light atmosphere in the educational group with humour, jokes and laughter. Include social activities in the educational group which support the feeling of belonging to the group. Use learning in teams and support small group projects. Apply adequate strategies and methods of emotionalisation. Teach them how to verbalise feelings so that seniors can express how they feel. Enable them to plan their social activities, debates, exhibitions of their own projects, trips or excursions.</p>
<p>Psychological changes of increasing character in senium – (calmness, perseverance, patience, stability in opinions, wisdom, ability of forming judgements etc.).</p>	<p>Support the development of creativity by means of reading, writing, word games and other activities. Support positive motivation, joy and enthusiasm in seniors. Respect specific individual characteristics of their personalities in their learning. Stimulate their positive character features using manifold psychology games.</p>

(Adapted according to Cohen, 2001, Zanolitová, 2015, Vágnerová, 2000, Langmeier, Krejčířová, 2006, Škorvařová, 2016)

Neurological changes are related to the psychological changes in old age (i.e. changes in the central nervous system). It has been demonstrated that the human brain loses between 10% and 15% of its weight (Stuart-Hamilton, 1999, in: Veteška, 2016). It can have an influence on the psychology because the cells of the central nervous system cannot be replaced (Stuart-Hamilton, 1999, in: Veteška, 2016).

Changes in intellectual ability occur in different ways. Older people tend to keep their ability to use previously acquired knowledge and ways of thinking. Bigger changes can be seen in the ability to process new information and solutions. They keep their previously acquired knowledge, strategies of thinking, and solving different situations much more easily. This fact also confirms the importance of experience

– the more we learn, the more we will apply through to our old age (Langmeier, Krejčířová, 2006).

The majority of current conceptions about ‘successful ageing’ emphasise the importance of maintaining a decent amount of activity in old age. Inactivity is pathogenic not only physically (e.g. muscular atrophy, sensory defects, immobilisation syndrome) but also mentally and socially. Many studies (Langmeier, Krejčířová, 2006; Vágnerová, 2000) demonstrate that adequate activation of cognitive processes (after some short training) helps older people to achieve results that are comparable to the results of many younger people when testing fluid intelligence (Langmeier, Krejčířová, 2006).

In regards to creativity, numerous statistics point out that people achieve their peak in all areas of creative activity between the ages of 25 to 40, and then their productivity usually decreases. However, if we look at the performance of some famous people in their old age, the statistics in this area can be misleading (e.g. Goethe finished the second part of *Faust* at the age of 83, Sophocles wrote his *King Oedipus* at the age of 80, etc.). We can agree with the opinion that there is no upper age barrier limiting human creativity. People can be creative throughout their whole life. Motivation, persistence and enthusiasm are more decisive here than age (Langmeier, Krejčířová, 2006). According to Cohen (2001), our creativity, positive outlook and sense of well-being boost our immune system.

Ageing causes performance to slow down as well. Older people have more difficulty understanding and adapting to new situations. But the worsening of general ability does not necessarily occur concurrently; for example, older people may need more time for some activities but they are still able to do them (Vágnerová, 2000).

In education for seniors we have to take into consideration that the load of the organism – the biological and psychological load – increases with ageing. Therefore a very important role is played in how people prepare for their old age. There already exists courses in preparation for old age (e.g. in the USA since 1949 and England one year later). The main aim is to increase the quality of life of the individual and to contribute to intergenerational cohesion. Educational activities help to ensure a successful transition and adaptation to later developmental periods and they contribute to keeping and improving health (Veteška, 2016).

At the same time, we would like to emphasise that the aforementioned developmental changes in old age are very individual – they have an individual character and not all old people experience these changes in the same way.

It is indisputable that personal development can continue in later life and old people can benefit from their own wisdom and experience. There are many old people who start learning a new language, or braille alphabet, typewriting or working with a PC. Psychological changes in old age also depend on biological as well as socio-cultural influences. However, the time when these changes start to become evident, their dynamics and also the reactions to them are fully individual (Vágnerová, 2000). Research (Merriam, 2001, in Crawford, 2004) supports the idea of lifelong learning of healthy individuals up to at least the age of 70.

Similarly, other studies (<http://www.euromedinfo.eu/teaching-older-adults.html/>) also confirm that learning capacity usually remains at a performing level up to the age of 80. We cannot stop the process of ageing, but we can use certain methods that are connected with increasing the ability of keeping mental processes active: education, exercise and manifold other stimulating activities for the brain.

Older people cannot learn as fast as young people but they can compensate this deficit with a wide scale of experience (Crawford, 2004). When teaching older adults, we can make use of the psychological character developments occurring in old age, in that older people are calmer, have more perseverance, patience, wisdom, stability in opinions, and the ability to form judgements (Zanovitová, 2015).

In addition to the aforementioned developmental changes, the ability of seniors with a disability to learn is also influenced by the type and degree of disability, which must be taken into consideration when choosing topics, principles, methods, forms and strategies. In order to be able to work with seniors with a disability, it is necessary to have adequate theoretical knowledge and practical experience of the particular expressions and features resulting from certain kinds of disability. Knowledge of the disability area enables us to choose educational principles, methods, forms and aids correctly. We can apply educational strategies that will facilitate and make the education process more effective. They can help us to achieve our determined educational aims and, in this way, they will increase their quality of life

at retirement age. In order to achieve educational aims it is important to set up educational programmes in such a way that participation in these programs will help seniors solve their personal problems. We also emphasise the importance of providing opportunities for the participation of seniors, for their creative self-expression and cultivation of their personalities in order to develop their social competences (Müller de Morais, Rapsová, 2017).

We support the idea of creating complex programmes based on the needs of the practice. They should respect the overall view, from the individual as well as to the heterogeneity of the training group (Veteška, 2013).

Developing social competences of seniors with a disability through the Happy Senior program

It is necessary to develop more adaptable social competences in seniors with a disability in order to improve their quality of life and to minimise the negative consequences of their disability. Social training can be very beneficial because the competences to manage a wide range of social situations provides a certain protection in stressful situations, tensions and conflicts. A reasonable level of social competences significantly determines the ability to cope with daily stress, to create good and non-conflictive interpersonal relationships, and to find more efficient ways of solving conflicts and misunderstandings. Socially competent people play an active role in their life, they can express their needs and they achieve their personal aims (Lieberman, Derisi, Muesser, 1989, Praško, Možný, Šlepecký, 2007, Wilkinson and Canter, 2005).

The social competences of individuals is equally related to their social life and feeling of being healthy. The training of social competences can also provide possibilities on how to avoid and reduce stressful situations. It supports their efficient psycho-social performance and interpersonal relationships. In this way, they start participating actively in the society that provides them new options and other suitable models for their social learning. New interpersonal relationships can help to improve adaptability, to see personal performance aims in a more realistic way and also to express deep, hidden feelings. The group form of social training can help them to solve their problems because the principle of 'more heads, more ideas' is valid here (Lieberman, Derisi, Muesser, 1989).

Currently the development of social competences has been at the centre of attention in many areas of social practice. Programmes aimed at developing social competences have become a part of lifelong education and psycho-therapeutic procedures. In our work we understand social competences as part of a wider range of educational activities. It is a practical activity that supports the process of (social and cognitive) learning based on interpersonal experience and emotional feelings. Its basic principle is the purposeful and organised development of social behaviour. The training of social competences follows changes in social behaviour. This approach does not try to change the personal character or experiences of the individual. As people become more socially competent, changes can occur in other areas of their life. Because they are more effective in their social interaction, they are able to act in different social situations, their self-perception and self-confidence are much stronger, and they start to believe more in their own skills.

Nowadays, all programmes based on functional development of social behaviour aim their strategies of acting on three important areas of personality (Zelinová, 1997):

1. Abilities, intellect and thinking – a cognitive approach
2. Emotions, feelings and experience – an experiential approach
3. Behaviour – a behavioural approach

Currently specialists have been trying to connect different areas and theories of professional help with the aim of finding more effective ways of intervention. This approach is based on looking for similar features and methods. For example, one such approach regarding the training practice is the eclectic approach – integration or combined usage of different methods, tendencies and schools in order to help people more effectively (Popelková, Zatlková, 2009).

A very effective model of social training is based on the cognitive behavioural approach. We prefer this model in our work as well.

The training of social competences can be carried out in individual or group form. The individual form allows us to concentrate on the specific problems of the participant. This way is preferred when we work with a person with a disability or a person who has problems with joining a group (Wilkinson, Canter, 1982). However, the group form has several advantages. One of its biggest benefits is that the group creates a social

situation which is already 'a real situation'. There are different types of people and this is a positive aspect in role playing and providing feedback. Members of the group represent different models and they can help others to realise that the model of the coach is not the only 'correct' one there. This form of learning is more effective when the models have features similar to the observer/participant of the training (Bandura, Grusec, Menlow, 1967, in: Wilkinson, Canter, 1982). The group form of training allows the participants to meet different types of people and to practise new competences. These sessions can help participants to feel more self-confident. If there are more advanced people in the training session, they can influence the expectations of the others in a positive way.

The *Happy Senior* training programme is part of a research project of The Scientific Agency of the Ministry of Education, Science, Research and Sport of the Slovak Republic and the Slovak Academy of Sciences: no. 1/0176/15 *Paradigms in the education for disabled adults and seniors in the residential care*.

This project was basic research and the model of our proposed training programme did not go through the experimental verification. Other outputs of solving the given research project were published in several works by Határ (2016), Müller de Morais, Jedličková (2015), Müller de Morais, Rapsová (2017), etc. The model of the *Happy Senior* training programme is created on the basis of the training manual of social competences by Wilkinson, Canter (1982). We also applied our own longtime experience in carrying out training of social competences in different age groups. Moreover, it is inspired by the works of: Beck (1999); Ellis (1999, 2001); Friedman, Thase and Wright (2008), Mahoney (1974), etc. We hope that some ideas and methods of our training programme model can also be applied in the education of seniors with a disability in the Australian context.

The model of this training programme is based on the cognitive behavioural approach which has two central principles: first, our cognition has a significant impact on our emotions and behaviour: we act as we behave, it can strongly influence our thinking patterns and emotions. Second, the desired change in behaving and acting can be achieved by a change in thinking (Wright, Basco & Thase, 2008). The cognitive behavioural approach is based on the theory that the cause of psychological difficulties is found in wrong ways of thinking and behaving

which are taught and kept by outer and inner factors. People are able to re-learn these wrong ways of behaving, or they can learn newer, more suitable ways of behaviour which will enable them to adapt themselves to different situations more effectively and to solve their problems. Over the course of several decades, many behavioural methods have arisen (e.g. methods of creating new behaviour, methods of changing existing behaviour, operational conditioning, etc.) as well as cognitive methods (e.g. cognitive restructuring, self-briefing, etc.). They have a wide application not only in the therapeutical approach to the treatment of mental disorders but also some of them have been applied to the training of social competences and developing of social competences of the wider population. Social training as a model social situation is based on the assumption that there exists the process of cognitive and social learning in every group interaction. After completing the training, the acquired social competences and components of social behaviour can be applied to real life by means of transferring them from the model situation.

The *Happy Senior* training programme is based on the interpersonal experience of the participants in the training group, its cognitive processing and the accompanying emotional experience. It depends mainly on the purposeful and organised development of the components of social behaviour and on increasing the social competences of participants in the training programme.

The program aims to increase social competencies by developing social skills and knowledge in five key areas:

1. Knowing themselves and others
2. Interpersonal communication
3. Understanding their emotions
4. Solving conflicts and coping with difficult situations
5. Being more

These individual parts of the programme are mutually independent.

The contents of this programme should be manifold, fulfilling specific features, requirements, interests, current needs and aims of the participants in the training group. We recommend carrying out this training in the form of small social groups and to divide the traditional group session into six parts:

1. Warming up the group.

After arriving, members of the group get acquainted with the new situation, establishing a feeling of safety and certainty within the group. Help them to understand any new conditions and start relaxing the group by means of some warm-up exercises. You can use the warm-up exercises as an introductory part of the training programme and a complement to other activities as well. Particular types of warm-up exercises can be created in order to practise different aspects of behaviour.

2. Instruction.

Every group session should be based on a certain topic (social competences), which can be related to nonverbal or verbal behaviour. The first step of training social competences to be achieved is letting the participants feel the need or desire to acquire the given social competences and understand its benefit. The task of the coach is to describe the given behaviour in detail and to explain its importance. The coach will explain to the participants why it is necessary to use this competences in the social interaction; what advantages are connected with its acquisition and what disadvantages we may meet if we do not know or do not use these expressions of behaviour. It is possible to create the need or desire to acquire social competences by means of a dialogue or discussion about the advantages of using them, or by using a film or video recording. It is very important that the coach gives clear and understandable instructions presented on the basis of examples, which should be similar to the situations the participants experience and should be expressed in a language that the participants understand without any problem. The instructions are not only given to inform participants about the social behaviour, but should also provide the basis for any subsequent training and role-play. The participants should be aware of what they are supposed to do during the role-play before taking part in them.

3. Modelling.

The essence of modelling is the performance of a social competences by means of a living or symbolic model. It is subsequently followed by specific training of the given social competences. The training of the social competences starts in such a way that two volunteers are asked to perform the given social competences. Feedback is very important

at this step. In this way useful information can be provided to the participants about their behaviour, what they are doing correctly or incorrectly, and what they lack the most so that they can correct and improve their behaviour. After practising there should follow a discussion where we can analyse their behaviour, look for the best ways for using the social competences, or some alternative options. Modelling and practising the behaviour of participants necessarily needs guiding and controlling by the coach of the training, mainly by means of verbal instruction and feedback on social learning.

4. Role-playing.

The main component of training social competences is the training of behaviour. After the instructions and performed behaviour (competences), participants play out short scenes that simulate real life situations. The task of the coach is mainly to deal with the preparation of a suitable environment for role-playing. When everything is ready, the coach should explain to the participants which type of specific behaviour will be practised. In this way, the participants can concentrate better on the practised behaviour during the scene, and provide feedback later.

5. Strengthening.

When all participants have received information about a certain social competences by means of instructions and models and they have practised the given behaviour, their skills will be improved on the basis of strengthening. Strengthening can take the form of positive or negative feedback which will provide participants with information about their behaviour and a reward (appraisal), or we can use another form of evaluating. The coach and other members of the group can provide feedback. If the feedback is provided by the participants of the training group, the coach should prepare them in advance to be positive so that their feedback is helpful for all the group. The process of providing feedback can have a significantly positive influence. It provides an opportunity to practise direct communication with others and it helps other members of the group to concentrate on the shared activity. It unifies them and also increases the possibility of learning to observe the behaviour that they were just learning. Concerning rewards, we can use verbal rewards (praise and encouragement) or non-verbal rewards (nodding in agreement, a tap on the back, some applause) or we can use other forms of reward (stars as rewards, etc.) The systematic use of

feedback and rewards can shape the individual in the correct way and it increases the probability of repeated occurrence.

6. Giving homework.

By means of this training, participants will have acquired social competences in the model situations. Therefore it is important that they apply them in real life. Giving homework provides an opportunity to try newly acquired ways of behaviour in real situations and in this way they can transform the competences acquired during the training sessions into their own environment. It is useful to write down the setting of homework on paper or in an exercise book. We can ask the participants to record their performance and take notes of everything that was happening during the practise of the given task, and their success, feelings, and difficulties with which they had to cope. Taking a note of homework enables them to monitor their own behaviour and also provides useful information to the coach who can subsequently give feedback to the participants in future sessions. Noting homework together with subsequent feedback can be a very powerful tool for improving behaviour.

The constellation of the group session can change according to the situational and individual needs of participants. The particular tasks, activities and breaks that are included in the training, work according to the preceding analysis of the group situation, depending on the needs of the participants and the type and degree of their disability.

We recommend carrying out the *Happy Senior* training programme in small homogeneous groups (according to their disability). Each part requires 10 sessions. The sessions should be regular, taking place once a week. The length of these meetings depends on the health condition of the participants. If it is possible, we recommend 60 minute sessions.

A group of up to 15 participants represents an optimal group for developing social competences. Smaller groups can mean more intensive work for the individual. Groups of 3 to 5 participants are the smallest groups where training is still possible (Hermochova, 1982).

From the point of view of effectiveness, a training plan of 8 to 12 sessions with a normal group size is considered to be one 'presentation' of the different ways of developing social competences. However, working with disabled participants requires certain modifications of

time schedules according to their type and degree of disability. We suggest a longitudinal programme (a total number of 50 sessions) where long-term effects can be expected.

The group sessions should take place in a room where there is enough space for the free movement of participants and for role-play. There should be carpet, comfortable chairs, and a blackboard or flipchart (boards on the walls are also suitable). Privacy is an important factor of these sessions and therefore sessions should not be interrupted by many observers.

When creating the aforementioned training program, we applied several principles which are based on the principles of working with individuals with special needs (Jesenský, 2000; Jedličková, 2014). It is also necessary to respect these principles in the subsequent application of the programme in the target group of seniors with a disability:

1. *Principle of humanity and respect of human dignity of people with a disability*: this is the most important principle; that is, above all the other mentioned principles because it influences all educational activities. We always have to keep in mind that we work with people who, despite their disability, want to keep their human dignity and they deserve our respect. The coach of the training programme is supposed to be sensitive, empathic, tactful and tolerant of the target group. At the same time the coach should try to have a positive and balanced attitude to seniors and be willing to help them to achieve any personal aims and solve any problems and difficulties.

2. *Principle of purposeful proceeding and performing*: it is important to consider all interventions and components which form the educational process. We must not forget about personal interests, motivation or participation of the person with the disability in solving the given task. Intentionally established situations must be guided and completed by spontaneously acted means.

3. *Principle of well-being, rationality, emotionality, adequateness and prevention against stress*: we must avoid overly high requirements and stress during the educational intervention. Activities should become gradually more complicated. It is also necessary to alternate work with relaxation and to establish a positive atmosphere. Educational actuation should represent prevention against undesirable phenomena, mainly the arising and development of defectiveness.

4. *Principle of respecting the needs of people with a disability, plurality and comprehensiveness of the educational actuation:* is based on the fact that adults with specific educational needs already have a formed personality. They usually know what they need and it is important to respect that.

5. *Principle of activity, independence, assertiveness and emancipation:* represents the abilities, qualities and states where people with a disability usually have a low performance score. It is connected with underestimation and depressive states resulting from an inability to accept their disability or distortion. It is possible to overcome these states with the help of suitable means.

6. *Principle of applying re-educational and compensative methods, technical conditions and marketing of educational services:* this is an adaptation and modification of the conditions of education regarding the type and degree of disability and the use of compensation and rehabilitation aids.

7. *Principle of dominance and complementarity of tasks, means and institutionalisation:* during the educational intervention, depending on its character and tasks, different approaches, means and forms can be used. Some components will have a dominant position and this dominance influences the effectiveness of the chosen means. An important task of the coach of the training programme is to determine and regulate this dominance.

8. *Principle of integration, partnership, support and solidarity:* the basis of this principle is to support the integration of people with a disability into a society of people without disabilities or people with similar disabilities. It can help them to get rid of isolation, segregation and defectiveness.

9. *Principle of union of educational, rehabilitative and social actuation:* the education of adults or seniors with a disability should be related to their rehabilitation or social intervention. Therefore, the differences between the educational, rehabilitative and social actuation should not be big, but instead complement each other. Competent specialists should be able to cooperate mutually and coordinate their actuation in favour of supporting the personal development of person with the disability.

10. *Principle of subsidiarity and participation:* this is a requirement to approach the educational actuation in ways that can be carried out in every

environment wherever people with disabilities live. At the same time, this principle requires some adjustment of local conditions and adequate schooling of people who are in daily contact with people with disabilities.

The effectiveness and success of educational-rehabilitative programmes is influenced more by the psychosocial components than any existing disability or illness. In this target group, often we see apathy and resignation present, as well as a decrease of performance conditioned by the organic changes of the brain, which reduce and complicate the effectiveness of the educational-rehabilitative actuation. However, it is possible to overcome this. We can achieve this by determining small and easily accessible aims. The steady results form the most important motivation in the area of education, activation and rehabilitation of seniors (Vítková, 2006).

In order to have effective group training, two coaches are usually recommended. One coach deals with the contents of exercises. The other coach is responsible for developing the dynamics of the sessions. (Komarková, Slameník & Výrost, 2001). The ideal combination for providing models is represented by coaches of any gender. However, two coaches of the same gender can provide effective training as well (Wilkinson, Canter, 1982). At least one of the coaches should have greater experience with working with seniors with disabilities and with leading social training. It is not enough that coaches are enthusiastic about their work, they should have social competences to work with seniors with disabilities and to cope with difficult and critical situations. They should also have skill in leading group therapy (Dobeš, Fedáková, 2006).

This approach of training social competences is based on ongoing, regular evaluation of behaviour and improvement of every participant after every training part. The evaluation should be aimed at the process of training (how participants acquire new social competences) as well as on the result (how they use these competences in everyday life). In this way we can see if participants have obtained a higher level of social competences (Lieberman, Derisi, Muesser, 1989). For example, at the end of our programme one participant was able to listen to others and provide them with feedback. We could see her increased social competences through her active participation in conversation, and she was not afraid to ask for help and to reject unacceptable requirements.

According to Lieberman, Derisi and Muesser (1989), the best way how to find out if the training is running well is to frequently evaluate the

progress with role–play, involving every participant after each session. Participants also reply to questions and they evaluate the course and activities done in the session. When analysing their answers, we can also use other evaluating methods: the casuistic method, observing method (direct, hidden or mediated), method of dialogue (free or structured), techniques of regulating the behaviour (contract methods, forming, self-instruction, systematic strengthening and modelling, role playing, etc., in: Škorvagová, 2016).

Conclusion

All educational activities for seniors are based on the fact that people are able to learn and be creative throughout the ageing period into old age, a time when learning has its specific requirements. These need to be taken into consideration because they are decisive in the effectiveness of education. We agree with the opinion that the preparation of seniors for old age and also their knowledge about healthy lifestyles could significantly influence the quality of their later life in the future.

Educational activities at the senior age provide a feeling of dignity. They contribute to the satisfaction and fulfilment of psychological and social needs, and to the integration of the individual in society. They also help seniors to cope with new tasks and activities more easily and they provide a better quality of life. In the educational process seniors receive new information which subsequently enables them to be more balanced psychologically because they get an overview about their everyday life. There is also the possibility of having a more satisfying later life. Educational activities in senior age contribute not only to the autonomy, dignity and life self-realisation, but are also significant for maintaining and improving health (Veteška, 2016).

The results of certain research (Hrapková, 2011) confirms that older people who continue with their education and have a new life programme at their disposal, feel better and more vital physically and mentally. They suffer from less depression and find new meaning and dimension to life.

Határ (2014) says that many older people with a disability who need the help and care of other people due to their disability, often resign to finding a new perspective in their lives. The fact remains that psychological, social and biological factors influence the quality of life

of every individual in senior years. Therefore it is important to provide conditions to seniors so that they can live the autumn of their lives actively. In order to achieve this, psychological and educational activities (e.g. the *Happy Senior* training programme) can be useful because they have a certain activating energy which can help older people to participate in an active social life again and develop their personal potential according to their possibilities.

Social competences developed by means of the *Happy Senior* programme help older people to know themselves better and to be more successful in their interpersonal relationships with other people.

Lastly we would like to emphasise that this programme can be applied, not only in the European context, but universally in all cultures because it is based on generally valid principles of social training and on the cognitive behavioural approach that is an internationally accepted approach in medicine, psychology, education and science. This programme has an eclectic character and in its training practice we can use effective methods from different tendencies and schools. All modifications are related only to the specific needs and requirements of a particular training group and its individual members. The general principles of this programme can also be beneficial for Australia and other continents.

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References

- Balogová, B. (2009). *Seniari v spektre súčasného sveta*. Prešov: Akcent Print.
- Beck, A.T. (1999). *Prisoners of hate: The cognitive basis of anger, hostility, and violence*. New York, NY: Harper Collins Publishers.
- Cohen, G. D. (2001). *The Creative Age*. New York, NY: Harper Collins.
- Crawford, D. L. (2004). *The Role of Aging in Adult Learning: Implications for Instructors in Higher Education*.
<http://education.jhu.edu/PD/newhorizons/lifelonglearning/higher-education/implications>.
- Čornaničová, R. (2007). *Edukácia seniorov*. Bratislava: UK.

- Dienstbier, Z. (2009). *Průvodce stárnutím aneb jak ho oddálit*. Praha: Radix.
- Dobeš, M., & Fedáková, D. (2006). *Akí sme? Program na rozvoj sociálnych kompetencií žiakov*. Košice: SVU SAV.
- Ellis, A. (1999). *How to Make Yourself Happy and Remarkably Less Disturbable*. San Luis Obispo, CA: Impact Publishers.
- Ellis, A. (2001). *Feeling Better, Getting Better, Staying Better: Profound Self-Help Therapy For Your Emotions*. San Luis Obispo, CA: Impact Publishers.
- Friedman, E. S., & Thase, M. E., & Wright, J. H. (2008). Cognitive and behavioral therapies. A. Tasman & J. Kay & J.A. Lieberman & M.B. First & M. Maj (eds.), *Cognitive and Behavioral Therapies. Psychiatry*. Third Edition (1753-1777). UK: John Wiley & Sons, Ltd, Chichester.
- Határ, C. (2014). *Kvalita života inštitucionalizovaných seniorov v edukačnom kontexte*. Nitra: UKF.
- Határ, C. (2016). *Sociálny andragóg v systéme starostlivosti o inštitucionalizovaných dospelých a seniorov (nielen) so zdravotným postihnutím*. Nitra: UKF.
- Hermochová, S. (1982). *Sociálne-psychologický výcvik: príspevek sociálnej psychologie k metodice práce s prirodzenou skupinou*. Praha: SPN.
- Hrapková, N. (2011). *Štúdium na univerzitách tretieho veku – podpora kvality života*. <https://cdv.uniba.sk/fileadmin/cdv/U3V/studijne-materialy/Hrapkova-studium-na-utv.pdf>.
- Jedličková, P. (2014). *Edukácia zdravotne znevýhodnených dospelých a seniorov v rezidenčných zariadeniach*. Nitra: UKF.
- Jesenský, J. (2000). *Andragogika a gerontagogika handicapovaných*. Praha: Karolinum.
- Komárková, R., & Slaměník, I., & Výrost, J. (2001). *Aplikovaná sociálna psychologie III*. Praha: Grada.
- Langmeier, J., & Krejčířová, D. (2006). *Vývojová psychologie*. Praha: Grada.
- Lieberman, P., & Derisi, J., & Muesser, T. (1989). *Social skills training for psychiatric patients*. Eknsford, NY : Pergamon Press.
- Mahoney, M. J. (1974). *Cognition and behavior modification*. Cambridge (Mass.): Ballinger.
- Mühlpachr, P. (2004). *Gerontopedagogika*. Brno: PF MU.
- Müller de Morais, M., & Jedličková, P. (2015). *Výcvik sociálnych spôsobilostí pre dospelých a seniorov so zdravotným postihnutím v rezidenčných podmienkach*. *Andragogická revue*, 7 (2), 4–12.
- Müller de Morais, M., & Rapsová, L. (2017). *Tréning sociálnej kompetencie dospelých a seniorov so zdravotným postihnutím*. Praha: ČAS.

- Popelková, M., & Zaťková, M. (2009). *Podpora rozvoja osobnosti a intervenčné programy*. Nitra: UKF.
- Popelková, M., & Sollárová, E., & Zaťková, M. (2003). *Intervenčné programy v príprave pracovníkov v pomáhajúcich profesiách*. Nitra: UKF.
- Porubská, G., & Határ, C. (2009). *Kapitoly z andragogiky pre pomáhajúce profesie*. Nitra: PF UKF.
- Praško, J., & Možný, P., & Šlepecký, M. (2007). *Kognitívne behaviorální terapie psychických poruch*. Praha: Grada.
- Prusáková, V. (2005). *Základy andragogiky*. Bratislava: Gerlach Print.
- Seidler, P., & Kurincová, V. (2005). *(In)akosti v edukačnom prostredí*. Nitra: PF UKF.
- Škorvagová, E. (2016). *Preventívne a intervenčné programy v kontexte sociálno-patologických javov - preventívny program Slniečnice nádeje*. Žilina: Žilinská univerzita.
- Teaching older adults*. (2018). <http://www.euromedinfo.eu/teaching-older-adults.html/>
- Vágnerová, M. (2000). *Vývojová psychologie*. Praha: Portál.
- Veteška, J. (2013). Proměny a kvalita života seniorů v evropském kontextu. C. Határ (Eds.), *Vplyv edukácie na kvalitu života seniorov (124-155)*. Nitra: UKF.
- Veteška, J. (2016). *Gerontagogika: psychologicko-andragogická špecifika edukace a aktivizace seniorů*. Praha: Česká andragogická společnost.
- Vítková, M. (2006). *Somatopedické aspekty*. Brno: MU, PAIDO.
- Wilkinson, J., & Canter, S. (2005). *Social Skills Training Manual. Assessment, Programme Design and Management of Training*. Hoboken, NJ: Wiley, John&Sons, Incorporated.
- World Health Statistics (2007). <https://www.who.int/whosis/whostat2007.pdf?ua=1>.
- Wright, H., & Basco, M., & Thase, M. E. (2008). *Učenie sa kognitívno-behaviorálnej terapii*. Trenčín: Vydavateľstvo F.
- Zanovitová, M. (2015). *Vybrané aspekty starostlivosti o seniorov*. Martin: Univerzita Komenského v Bratislave.
- Zelinová, M. (1997). Socialno-psychologicky vycvik. *Rodina a škola*, 41 (9), 5 – 7.

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