



Universities for labour inclusion of people with intellectual disabilities

The psychological empowerment of emotional and interpersonal competencies of individuals with intellectual disability.

Guidelines for best training practices

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SUMMARY

The Erasmus+ project “U4Inclusion” is a European program aimed at creating a common educational curriculum for young adults with mild intellectual disability (ID) in order to help them acquire psychological competencies that can foster their social inclusion. The project is aimed at creating a 2-year common University curriculum intended to provide ID individuals with personal, interpersonal, and vocational competencies through the implementation of a set of modules focused on relevant domains of ID individuals’ emotional and interpersonal life. A relevant intellectual output, which the project is based on, consists of structuring the practical guidelines that can allow for best practices in training this population to job attainment and maintenance. The guidelines touch on different aspects of ID individuals’ needs, such as personal skills, interpersonal relationships, decision-making autonomy, community life, and assistive technology. The efficacy of the training framework outlined by the European partners of the “U4Inclusion” project is based on a rational integration of the diverse inclusion cultures that are present in the different European countries. The practical guidelines outlined by the project are based on the current scientific literature and represent an extremely significant step towards labor inclusion and social integration of individuals with ID.

List of acronyms:

- ID = intellectual disability
- IO = intellectual output

INTRODUCTION: THE ERASMUS+ EUROPEAN PROJECT “U4INCLUSION”

The Erasmus+ project “U4Inclusion” (Erasmus+ Grant Agreement number: 2019-1-ES01-KA201-064661), a European program aimed at structuring a common educational curriculum for young adults with mild intellectual disability (hereinafter, ID), is aimed at enhancing ID individuals’ opportunities for inclusive employment and social integration. The training framework put forward by the project partners – the University of Calabria (Italy), KVelocity and the Miguel Hernández University (Spain), the Institut für Inklusive Bildung (Germany), and the Thomas More Kempen (Belgium) – consists of a 2-year University curriculum for young adults with ID. The “U4Inclusion” project is intended to enhance personal, interpersonal, and vocational competencies in ID individuals who have concluded their school years, and who are able to perform appropriate social behaviors in their daily life activities. The methodology followed by the project is based on dignity, diversity, accessibility, autonomy, security, and self-determination.

The second “Intellectual Output” (IO2) of the “U4Inclusion” project was aimed at creating a common material to be included in the European curriculum intended to help young individuals with ID attain significant social, interpersonal, and adaptive competencies. The present guidelines are thus intended to lead the partners in the definition of the common curriculum based on a review of the findings presented in scientific literature on the topic. The target population is comprised of ID individuals between 18-30 years of age (although the upper limit is flexible).

The scope and goal of the project (i.e., to enhance personal, interpersonal, and vocational competencies in individuals with ID) is attained by fostering these people’s cognitive and physical abilities, improving their social and interpersonal skills, and focusing on the special factors that directly influence professional tasks. The program is based on the premise that mutual and meaningful relationships are to be facilitated, and positive atmosphere is to be created. The training methods are aimed at providing support and enhancing the educational learning processes according to the person’s capacities and needs. Mentoring and assistance processes are finally used along with support mechanisms in order to promote the goals of the learning processes.

We are presenting here the guidelines that can and should be utilized to more effectively empower individuals with ID within the “U4Inclusion” program. These guidelines’ rationale is based on the contemporary scientific literature dealing with the best practices that are to be adopted in order for individuals with ID to be provided with the tools to better learn, work, and



perform daily life activities. In what follows, these guidelines are outlined. In each section, we will first present the scientific, literature-based rationale of our discourse, and then the practical tasks that contemporary research on ID suggests in order to significant competencies of this population.

These guidelines are specifically meant to touch on the different aspects of the common curriculum intended to foster labor inclusion of ID individuals through a training focused on interpersonal competencies, self-concept and perception of stigma, decision-making abilities, community settings, and assistive technology, respectively. The common curriculum devotes much space to interpersonal, adaptive, and vocational skills. Since the acquisition of the latter requires a specific methodology, these guidelines are intended to provide information based on the literature to structure modules related to their acquisition by ID individuals. This is of extreme practical utility for the society to meet the needs of the ID population in different European countries.

FOSTERING LABOR INCLUSION OF ID INDIVIDUALS. A THEORETICAL PREMISE

One of the most important competencies for ID individuals consists of adaptive skills (Jonker et al., 2021), namely, the abilities that are required to autonomously function in society (Tassé et al., 2012). Even though ID impacts all stages of life, and requires high health and societal costs, it has been underrepresented in health care and research (Salvador-Carulla et al., 2015), and in several countries the number of services for people with ID does not meet these individuals' needs (Salvador-Carulla & Saxena 2009). Little scientific knowledge exists about training and education for health professionals who care for ID individuals in Europe (Salvador-Carulla et al., 2015).

The opportunity to find and maintain a job is a fundamental goal for the social inclusion of people with ID (Gomes-Machado et al., 2016). In this regard, adaptive skills are extremely significant, in that they are thought to modulate the relationship between ID individuals and their sociocultural environment (American Association on Intellectual and Developmental Disabilities [AAIDD], 2010). Our project aimed at strengthening the psychological empowerment of these people, improving their personal, emotional, adaptive, and communication skills, which can help them with job insertion after school. The main goal is to improve the inclusion and social participation of these people, allowing them to be better aware of their needs and acquire adequate abilities to care about themselves.



FOSTERING LABOR INCLUSION OF ID INDIVIDUALS. GUIDELINES FOR BEST TRAINING PRACTICES

I. EMPOWERING INTERPERSONAL COMPETENCIES OF INDIVIDUALS WITH ID

1.1. Literature-based rationale

According to Gül (2016), all definitions of ID ultimately point to the relevance of social and interpersonal skills in the definition of this diagnosis. In fact, individuals with ID often experience social difficulties, in that they often struggle when learning social skills or using previously acquired social skills in new environments. These social difficulties can be accounted for by environmental factors (e.g., too burdensome demands), behavioral components, or cognitive difficulties (Embregts, 2003). However, these individuals can positively overcome their social difficulties through specific training programs involving direct teaching, social reinforcement and feedback, cooperative learning, video modeling, and social stories (Gül, 2016).

Adult adjustment is likely to be crucially influenced by previous social interactions and quality of interpersonal relationships (Margalit, 1995). Social difficulties at a young age can lead to future poor interactions, which can in turn impair the development of social and intersubjective competencies.

ID significantly impacts the potential to achieve effective social and interpersonal competencies. This occurs in different social life domains, such as community environments, intersubjectively shared activities, and general daily life. Training programs for the ID population must focus not only on remediation of interpersonal competencies, but also – and most importantly – on “generative” social skills, defined as the ability of constantly creating and executing skillful behaviors in diverse contexts (Gumpel, 1994).

1.2. Guidelines for best training practices

Training programs aimed at ID people should take into account the relevant role that social and interpersonal skills play in their adaptation and integration in their social environments. Since they often experience social difficulties, training programs should be aimed at empowering this population’s interpersonal abilities by making use of diverse types of methods, such as direct teaching, social reinforcement and feedback, cooperative learning, video modeling, and social stories. Furthermore, since social difficulties in turn hinder the development of social competencies, training programs aimed at enhancing social adjustment for this population should reinforce social interactions and interpersonal

relationships. Finally, life style planning skills, as well as diverse life activities besides work (e.g., leisure and recreation), should be also taken into account when aiding ID people in mustering the interpersonal competencies required for their social integration.

II. EMPOWERING POSITIVE SELF-CONCEPT IN INDIVIDUALS WITH ID

2.1. Literature-based rationale

Since all individuals derive their identities in interpersonal interactions, the construct of “personal identity” cannot be separated from “social identity” (Deaux, 1992). Specifically, some individuals receive a label of ID from others when they significantly differ from a culturally accepted idea of a “normal” intellectual functioning (Manion & Bersani, 1987). The diagnosis of ID is often supposed to be permanent and hard to leave (Harris, 1995). Beart et al. (2005) argued that “having intellectual disabilities is not a peripheral or neutral social identity, but is a powerful and often dominant identifying label as well as a stigmatizing one” (p. 49). In fact, the social status of ID individuals is such that all their other identities (e.g., gender, ethnicity, sexual orientation, and religion) tend to be overshadowed. People with ID are also seen as individuals having cognitive difficulties that override all other emotional problems, which tend to be in turn regarded as consequences of their condition (Reiss et al., 1982). Accordingly, segregation of people with ID results in fewer employment opportunities, less chances to get married, and poorer social relationships if compared to people without ID.

The diagnosis of ID can represent a severely stigmatizing label, and is often associated with perceived low status resulting from devalued social identity (O’Byrne & Muldoon, 2017). Stigma can be the consequence of direct experience of rejection or fear of finding hostile social contexts. The perception of stigma is supposed to directly impact the well-being of ID people. Different strategies are therefore put into practice to face stigmatizing experiences, based on the personal characteristics, level of functioning, and severity of the disability. Each individual engages in social comparison strategies as an instrument for self-evaluation (Festinger, 1954). In this perspective, social comparisons are viewed as social cognitive mechanisms through which a person can define and validate one or more aspects of themselves. As such, social comparisons impact self-evaluation and thus self-perception.

An association seems to exist between high perception of stigma, negative social comparisons, and low self-esteem in individuals with ID (Paterson et al., 2012). Indeed, ID individuals tend to have low self-esteem and go through adverse interpersonal experiences (Davies et al., 2021). Larkin et al. (2012) showed that young adults with ID tend to be more likely to be (and also feel) victimized when compared with non-disabled peers. Interpersonal



conflicts can also lead to poorer mental health outcomes in ID individuals (Emerson, 2010). Individuals with ID seem to use downward social comparison processes when they compare with peers with ID (Jahoda & Markova, 2004). In fact, they tend to feel more competent when comparing with similarly disabled peers than with typically developing individuals (Dijkstra et al., 2008). Far from being passive in facing their social status, individuals with ID can play an active role in creating and maintaining a positive identity. Provided that people with ID tend to engage in socially creative comparison processes to protect their identity, their experience of stigma does not always result in a poorer self-concept (O’Byrne & Muldoon, 2017). However, the greater vulnerability of certain groups of individuals with ID (e.g., females) calls for additional support to aid these people’s needs.

Little literature investigated the role that gender plays in self-concept and perception of stigma in people with ID (Umb-Carlsson & Sonnander, 2006). O’Byrne and Muldoon (2017) found that men tend to report more positive social comparisons with others than women, who in turn tend to report more experience of stigma. The relevance of these data is paramount to consider, given that women with ID experience the psychological consequences of a “double minority status” (i.e., being women and having a diagnosis of disability). Because people with ID do not represent a homogeneous group (Quinn & Chaudoir, 2009), the individual variations of the responses to perceived stigma need to be deeply considered, also given that the one-size-fits-all approach manifests here all its limits.

2.2. Guidelines for best training practices

Given the pervasive role that a diagnosis of ID represents for the person affected by it, particular attention must be paid to the “minority” status of the ID population, in order for them not to be segregated and, in contrast, find opportunities of social inclusion. Since ID represents a severely stigmatizing label, every effort should be made in order for ID individuals to have the opportunity to focus more on their strengths than on the barriers they encounter. Fostering identity awareness in people with ID can enhance their capacity to take care of themselves, also aiding in the social comparisons processes they put into action.

III. EMPOWERING DECISION-MAKING SKILLS IN INDIVIDUALS WITH ID

3.1. Literature-based rationale

Decision-making skills and problem-solving strategies are often regarded as barriers for people with ID (Wehmeyer & Kelchner, 1994). These capacities are important in order for

these individuals to achieve positive outcomes in vocational, personal, and social contexts. Self-determination is critical to decision-making, which in turn significantly influence effective social adjustment, interpersonal competencies, employment, and self-direction in this population (Khemka, 2000). In this regard, ID individuals tend to have difficulties in interpersonal decision-making processes, which might represent an obstacle to their self-protection also in situations involving potential abuse. Critical to decision-making performance are not only problem-solving skills, but also noncognitive factors such as the person's motivation, level of confidence, and personal agency beliefs (Cacioppo & Petty, 1982).

Self-determined decision-making is correlated with the person's perception of control and influence over the surroundings (Wehmeyer, 1992), and also with the individual's selection of outcomes that match personally valued goals, whose evaluation and attainability are crucial to decision-making processes (Ford, 1992). Khemka (2000) showed that decision-making can be improved through training programs focused on the use of cognitive strategies for alternative choice generation and consequential thinking, whereby not only the cognitive components (e.g., García-Alba et al., 2020), but also the motivational aspects of decision-making are involved.

3.2. Guidelines for best training practices

Since effective decision-making skills and problem-solving strategies are often considered as hard to attain for ID people, particular attention must be paid to these competencies, as a valuable instrument to render these people more consciously aware of their agency potential and motivated in their choices. Self-determination in decision-making processes can indeed aid ID individuals in gaining a greater perception of control over the surroundings, which can in turn improve their well-being and autonomy.

IV. EMPOWERING COMMUNITY-ORIENTED COMPETENCIES IN ID INDIVIDUALS

4.1. Literature-based rationale

In many countries, institutional care for people with ID is progressively being substituted by community settings (Overmars-Marx et al., 2014). This process, called "deinstitutionalization" of care (Mansell, 2006), is also fostered by the United Nations Convention on the Rights of Persons with Disabilities (CRPD: United Nations, 2006). However, the shift towards an approach to care based on respect of the fundamental rights of people with ID does not seem to have achieved sufficient benefits (Cobigo & Stuart, 2010),



also due to the stigmatization and discrimination processes that this population must deal with.

Even though it is hard to define, social inclusion has been characterized as the intertwining between interpersonal relationships and community participation, and involves individual, interpersonal, organizational, community, and socio-political factors (Simplican et al., 2015). The interpersonal competencies that are to be fostered in individuals with ID include the quality of human relationships, self-confidence, and practical skills, such as self-care and self-preservation. Social inclusion is produced in the intertwining of environmental factors, social opportunities, and personal competencies (Cobigo et al., 2012), and represents a multidimensional, dynamic, and relational process, whereby overcoming exclusion means contrasting disadvantages – and facilitating inclusion means creating new opportunities (Owuor et al., 2018).

4.2. Guidelines for best training practices

In the training programs aimed at enhancing ID individuals' social abilities, it is of paramount importance that they be considered as active agents. They must learn to internalize the processes that can lead them to perform certain types of behavior, thus enabling generalization of these same behaviors in different settings. Therefore, it is important to pay attention to enhancing the internalization of specific types of behavior in people with ID, so that they can generalize them in everyday life as well. Indeed, the well-being of ID individuals is crucially impacted by the capacity to effectively use interpersonal skills, which are paramount for this population to positively integrate into society.

V. EMPOWERING ID INDIVIDUALS' ABILITIES TO USE ASSISTIVE TECHNOLOGY

5.1. Literature-based rationale

Today, social inclusion of people with ID must occur in a period of great technological advances, which might be utilized to facilitate the exploration of new inclusive approaches (Owuor et al., 2018). The use of computer-assisted instruments to enhance training and education of individuals with ID has witnessed increasing efforts in recent years (Torrado et al., 2020). The use of digital tools specifically targeting this population also points to a greater need for educational professionals to be able to identify and utilize adequate digital instruments (Ayres et al., 2013). The use of contemporary technology as an instructional basis for education is indeed becoming progressively more prevalent in both general and special education. The outbreak of the Covid-19 pandemic compelled the world-wide

population to use digital platforms to perform activities that were previously done face-to-face (e.g., attending school, working, making purchases, and contacting others). However, existing technological devices only partially meet the needs of people with ID (Borblík et al., 2015). In fact, much still needs to be done in order to provide these individuals with adequate technology that can aid in their education and social integration (Cuascota et al., 2019).

In spite of its potential benefits, Assistive Technology (AT) – when access to it is inadequate – can represent a further obstacle for people with ID, who would witness their social inclusion and participation in the community severely hindered (Owuor et al., 2017). The need of best practices in this regard points to the exploration of the interaction between AT, community life, and social inclusion of people with ID. Virtual reality is an interactive multimedia environment where the user becomes a participant with the computer in a “virtual real” world (Pantelidis, 1993). Accordingly, interactive computerized programs can benefit individuals with ID in that they encourage active involvement in the learning process, thus providing the users with the experience of control over such process (Standen et al., 2002). For instance, video modeling has been shown to be effective in teaching individuals with ID to perform social skills such as offering assistance, appropriately responding to feedback, and verbally asking clarification (Park et al., 2020). Virtual reality offers several advantages to the learning process of people with ID (Cromby et al., 1996). First, they offer them the opportunity to learn how to perform different activities by making mistakes without suffering the consequences of them. Second, virtual worlds can be manipulated in ways that the real world cannot. Finally, virtual environments present objects that can be understood in their presence without the use of symbolic systems.

Recent research suggested that virtual reality can foster ID individuals’ acquisition of life skills as well as their application in the real world (Standen et al., 2002). Virtual reality has a relevant rehabilitative potential for people with ID, because it provides a safer setting compared to the real world, where practicing new skills might be too risky for this vulnerable population (Standen & Brown, 2005). More specifically, virtual environments can facilitate the acquisition of important competencies in these people, since it provides them with the possibility to acquire skills that can reduce the impact of their daily life difficulties (Standen & Brown, 2006).

Computer-assisted technological tools have been shown to be effective in teaching diverse personal, vocational, and intersubjective competencies to individuals with ID (for a review, see Mezzalana et al., 2021). In this regard, Tardif-Williams’s (2007) team found that an interactive video-based training was as effective as a more traditional, classroom-based training in teaching individuals with ID to identify human rights violations and find possible resolutions. These results indicated that interactive computer-based technology is effective in fostering the acquisition of human rights awareness in individuals with ID. This means



that computer-assisted training programs have the potential to be at least as effective as (but more cost efficient than) one-on-one tutoring (Larson et al., 2016).

The Internet enables ID individuals to be more active in their social participation, because it can reduce the barriers that limit their access to several life activities (Chadwick et al., 2013). In the face of increased opportunities to get access to the Internet, however, people with ID need to learn computer literacy skills in order to benefit from the information presented in the web. The risks that ID individuals' access to the Internet can face involve excessive use, being harassed on social media, and accessing undesired web pages. As opposed to previous research, according to which ID individuals lack the relevant skills to access the Internet (Li-Tsang et al., 2005), recent literature has instead suggested that this population can learn how to efficiently deal with some Internet resources (Molin et al., 2017).

Despite their tendency to have a positive perception of the potential that Internet has for its users, individuals with ID also show to be aware of the dangers that their interaction with non-ID people can have for their virtual and real life. For this reason, Delgado et al. (2019) showed that instructional programs are effective in teaching students with ID how to critically read information on the Internet. Ultimately, improving decision-making skills in everyday life can positively affect ID individuals' self-determination (Shogren & Wehmeyer, 2016).

5.2. Guidelines for best training practices

Given the rapid increase of the use of technological tools in both ordinary and special education, it is of paramount importance to set up and utilize new technological tools to aid people with ID in their learning processes. A responsible utilization of these devices is also of extremely significant for the well-being of this population. Since virtual reality can foster the ID individuals' acquisition and implementation of new skills, it is very important to foster their skillful utilization of digital devices, so that they can also benefit from contemporary technology to better navigate their ordinary life. It is therefore of crucial importance to create training programs for ID individuals that can aid them in acquiring skills (e.g., responsibility and self-protection) that are useful in interpersonal interchanges with other ID and non-ID people. Last, but not least, critically reading on the Internet can enable ID people to make important choices that can benefit their well-being and social inclusion.

CONCLUSIONS

Training programs aimed at ID people should take into account the relevant role that social, adaptive, and interpersonal abilities play in their social inclusion and integration. Training programs aimed at aiding this population in mustering these skills should utilize diverse methods such as direct teaching, social reinforcement and feedback, cooperative learning, video modeling, and social stories. Training programs aimed at enhancing social adaptation of these individuals should reinforce social interactions and interpersonal relationships, including life style planning skills, as well as diverse life activities besides work, such as leisure and recreation. Moreover, specific attention should be paid to the “minority” status of certain ID populations such as women.

Training programs should foster self-awareness in individuals with ID, in order for them to be able to take care of themselves. Particular attention must be paid to decision-making skills of ID individuals, as a relevant tool for them to become better consciously aware of their agency power and motivated in their personal and relational choices. Self-determined decision-making skills can further aid ID individuals to gain a better perception of control over the surroundings. Training programs should aid individuals with ID in learning to internalize the processes of certain types of behavior, also enabling generalization of these behaviors in diverse environmental settings.

It is of paramount importance to set up and use contemporary technological devices to help people with ID to responsibly utilize digital tools for their well-being in their daily life activities. Therefore, it is very important to foster the skillful utilization of digital devices by these individuals, so that they can better navigate in their ordinary life. Finally, it is of great importance to create training programs for ID individuals that can aid them in acquiring new personal and intersubjective skills (e.g., responsibility and self-protection) that have been proven useful in interpersonal interchanges. Overall, personal, social, and interpersonal skills can help ID individuals to be better aware of their needs and find more effective ways to be and feel integrated into society. The overarching goal is indeed to empower competency-oriented skills in ID individuals, through a training program that – following these literature- and evidence-based practical guidelines – can foster the adaptive skills that are required for this population to be and feel positively integrated into society.



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