

## Parental involvement in the clinical practice of the MEII methodology



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### ABSTRACT

**Objective:** Expose the practice of a transdisciplinary team that includes parental practice and parental psychological support in its own methodology of therapeutic intervention. These spheres are part of parental involvement, which is one of the pillars of such methodology.

**Report:** The experience that will be reported takes place in the model clinic of the Intensive Integrated Stimulation Method - MEII, which is located in the city of Petrópolis-RJ. The method aims to develop work with the families/caregivers of its patients, as it recognizes that their participation, commitment, and well-being are essential for the success of the interventions. **Final considerations:** According to the experience gained in the practical application of the MEII methodology's model clinic, it is possible to observe better results with patients whose family members and caregivers engage in the proposal of parental involvement. As they come to better understand diagnoses, prognoses, postural and behavioral management, developmental phases, among other aspects that assist in daily practice, as well as receive psychotherapeutic listening to help with their life issues, they become contributors to the therapeutic process.

**Keywords:** Training, Parenthood, Intensive care, Transdisciplinary team.

## 1 INTRODUCTION

Caring for a person diagnosed with a disability, whether physical, mental, intellectual, or sensory in nature, can be quite challenging, hence the importance of adequately training the main caregivers of these people (EMILIO AR, 2022). In other words, the family needs to receive support that collaborates with the real needs of the individual, this help can come according to the support network that this family seeks to help in the care of the person (BRAUN SVM et al., 2021).

In this context, patients assisted by the Intensive Integrated Stimulation Method (MEII) are included, such as: individuals with Autism Spectrum Disorder (ASD), Attention Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Learning Disorders, Down Syndrome, Cerebral Palsy, Intellectual Disability, among others. Those responsible for the care of people with disabilities are often overloaded with the intense routine of care, due to the concerns and demands due to the person's greater dependence, in addition, they go through a long process of adaptation, since at each stage of the individual's life, those responsible will need to adapt to the conditions of that moment (BRAUN SVM et al., 2021; DE SOUZA RFA and DE SOUZA JCP, 2021).



There are many difficulties and challenges faced by families in the face of diagnoses, requiring information with support, quality references, and coordinated therapeutic services (succeeding each other jointly in their objectives), as well as psychoeducation and skills training (MENEZES CAB et al., 2022).

In view of this, the MEII methodology perceives the importance of promoting actions of parenting practices for the participation of parents and/or main caregivers, as well as parental psychological monitoring, as it understands that the family is the first and most significant social group in which the child is inserted. According to Ferreira LG et al. (2021), the feelings of these families can have several stages such as shock, denial, sadness, balance and organization, and the proposal of the MEII is that these family members are balanced and organized so that they can perceive the real situation of their children, considering their singularities (difficulties, potentialities and needs established by the disability).

Those responsible also need special attention and they also need care, as they go through obstacles and need assistance. For the MEII, the mental health of those responsible is as important as that of their patients, and is seen as part of the process of stimulation/rehabilitation and/or empowerment of those involved. Good results in the family field are based on adequate mental health (LONDERO A. et al., 2021).

The MEII increasingly understands the need for the participation of the family and/or caregivers engaging in the therapeutic treatment of their patients, since studies indicate that the family environment is rich in stimuli, and the importance of interventions also contemplating this context emerges (ELIAS RC and BERNARDES LA, 2020).

Thus, this approach treats the family as a whole and not only the patient in question, enabling the opportunity to intervene more effectively in the environment in which the problems occur (DE QUEVEDO RF et al., 2019). That is, it prepares parents and family members so that the intervention work can be continued in other environments, seeking to generalize the effects of the treatment (DIAS MCH and SELLA AC, 2023).

Thus, the present study reports the experience of the transdisciplinary team of the MEII model clinic that aims at parenting practice and parental psychological monitoring as one of the foundations to collaborate with the global development of its patients.

## **2 EXPERIENCE REPORT**

It refers to the experience carried out in the model clinic of the MEII Method, in the city of Petrópolis, located in the state of Rio de Janeiro. MEII is a method that was developed by physiotherapist and psychopedagogue Carina Miyahira. The author, when developing the method, established five pillars of great relevance, namely: training of the transdisciplinary therapeutic team,



flexible therapeutic environment appropriate for treatment, investigative period, elaboration of the intensive integrated stimulation program and parental involvement. The present study will report on the last pillar.

The MEII recommends parental involvement as one of its pillars, as it understands that the family plays a fundamental role in the biopsychosocial development of the patient, thus seeing the importance of the participation of families and/or caregivers in the therapeutic process.

Parental involvement, as the name implies, seeks to involve the patient's parents and/or main caregivers throughout their treatment, understanding that they are fundamental to the success of interventions. Parental involvement is subdivided into four important parts, consisting of: Daily Therapeutic References (which are a support through the cell phone/computer application, where the patient's transdisciplinary therapeutic team and their main legal guardians are present, in order to exchange daily information regarding the sessions performed, as well as observations that the family needs to pass on to the team and/or guidance from the therapists to the family members); Quarterly Meetings and Quarterly Maintenance of Treatment Goals (when each quarter meetings are held with the patient's guardians and professionals, aiming at maintenance and advances in therapeutic planning); Parenting Practice (parental training approach, focusing on the main demands presented by caregivers); and Parental Psychological Follow-up (where caregivers receive psychological support in order to help them with the existing demands both in relation to the patient and their own needs).

The present study will emphasize Parenting Practice and Parental Psychological Monitoring, given their efficiency in meeting the needs related to sensory, motor, cognitive, communication, nutritional, socio-emotional and behavioral issues, related not only to the development of patients, but also aiming at the quality of life and mental health of families in general.

In the process of parenting practice, families are invited to participate weekly in a part of the session, where the therapist present will conduct practical proposals regarding the most emerging demands of the patient, seeking to expand the repertoires that are incited by the therapists, aiming at their generalization to other environments.

The practice is carried out every quarter by a therapeutic specialty, according to the objectives of the treatment. In the quarterly meetings, the family and the therapeutic team make observations about the evolutions and needs that they have been perceiving on a daily basis, in view of this, a general objective is set so that all therapists make approaches to achieve this. Therefore, family members also need to engage in order to collaborate in the development of this goal. According to the stipulated objective, the choice of the professional who will accompany the family in the parenting practice is made. This choice is made according to the area of activity that is most compatible with this objective. It is worth mentioning that in therapeutic planning, in addition to the general objective, each therapist chooses specific objectives according to the demands observed in the office.



Through parental practice, the family member is encouraged to perform behavioral, motor, communication, cognitive and nutritional management in order to expand learning situations outside the clinical environment, as well as to help the patient in situations in which he needs to self-regulate in general. Thus, the parenting practice becomes relevant since it collaborates with family members to deal more assertively with day-to-day confrontations.

On a weekly basis, families are also offered Parental Psychological Follow-up, where each family has a psychologist (different from the psychology professional who attends the main patient of the MEII). In some cases, the family decides to participate in this process together, in others only one of the caregivers feels comfortable to participate, but in both cases, the follow-up aims to collaborate in the promotion and psychoeducation of factors that will help in the issues demanded by the patient, such as strengthening the family relationship, developing affective bonds, enable the learning of skills, values and actions that enable them to make assertive decisions. There is constantly an exchange between the psychology professional responsible for the family and the one who cares for the MEII patient, given the need to exchange information to collaborate in the psychotherapeutic process of both, however, always aiming at the ethical issues of the profession.

For the MEII, family support is an essential basis for treatment, which is why such proposals are offered. Thus, the MEII becomes a transforming agent for these families.

### 3 DISCUSSION

From the reviewed studies, it is possible to verify that Parental Training emerged in the 60's, as a process based on psychological approaches (cognitive behavioral therapy and behavior analysis), with the purpose of helping parents and caregivers to collaborate in the evolution regarding the behaviors emitted by patients (DE MOURA DPF and MEDINA MLNP, 2022).

Cognitive Behavioral Therapy (CBT) aims to make cognitive models more flexible, in order to make behaviors, emotions, and thoughts more functional (DE MOURA DPF and MEDINA MLNP, 2022). One of the proposals of CBT is to educate patients' parents, guardians, and caregivers, making them active participants in their therapeutic process, also enabling them to change their own beliefs and behaviors, which can reflect on their children's behavior (THOMPSON KVV et al., 2018).

The environment is very important for the emotional development of individuals, characterized mainly by family support. The patient not only receives the influence of the environment, but also influences the context in which he lives, so the MEII sees the closest people involved in his context as partners in this process, that is, both the individual in treatment and his family members need care and support.

Generally, family members are the first to seek interventions for their children, seen by behavioral, emotional, motor issues, learning and speech difficulties, as well as by the losses and



setbacks encountered in daily life. However, the treatment and intervention of the child alone will not be enough to improve the condition, therefore, guidance to the parents and psychotherapy, whether for the couple, for the family or for one of the individual guardians, is necessary. Therefore, both active listening and guidance and practices towards those responsible are a great favor for the evolution of the child's therapeutic treatment process (OLIVEIRA LRF et al., 2018).

The parenting practice of the MEII is based on parental training, however, through transdisciplinarity, the other specialties began to collaborate, integrating with each other, through a common goal (global evolution of the patient). In other words, it is a procedure determined by training of family members/caregivers with the therapist with clinical experience in the area in question.

It is through transdisciplinarity that traditional obstacles are overcome, so transdisciplinary teamwork seeks to involve professionals, increasing the level of commitment and responsibility while promoting changes and expanding the flexibility of all members in order to achieve the planned objectives together (FERNÁNDEZ MM and MONTOYA PM, 2018).

From clinical practice, it is possible to highlight the relevance of all specialties included in this method, since the demands brought by families to the therapeutic process are varied, not only focusing on the behaviors and emotional issues emitted by the patients, but also from language, motor, sensory, learning and nutritional issues.

It is possible to observe the importance of transdisciplinarity even in parental involvement, where the parental practice is carried out concomitantly with the parental psychological follow-up, but with different therapists. Both therapists, although they attend parents and children separately, work together, discussing their observations in order to address and alleviate the difficulties of the child and the family (OLIVEIRA LRF et al., 2018).

The family relationship plays an important role in the development of the mental health of all its members. Contributing to the amplification of this relationship is to prevent and think about developmental consequences (NEUFELD CB, et al., 2018). Both guidance and parental counseling and interventions provide and enable changes and/or adaptations in family functioning as a whole (OLIVEIRA LRF et al., 2018).

Numerous benefits can be observed with parental involvement in the clinical practice of MEII, among them: understanding of the cognitive point of view of the family in question, adequacy of family dynamics, ascension of bonds (parent-children), knowledge about diagnoses and prognosis, greater support and assiduity to treatment, construction of strategies necessary for the demands and routines of daily life, changes in the behavioral sphere of both patients and their families (they learn to control themselves, to listen, to talk and to respect each other), expansion of repertoire/management techniques (from behavioral to motor), with the main objective of becoming significant agents of change.



In view of the experience reported here, the importance of caring for family members is perceived, since, for the most part, only patients are treated, seen and heard, while their main caregivers only perform the act of taking and picking up their children in the therapies, becoming only coadjuvants in this process. It was also possible to perceive a scarcity regarding the literature and scientific materials that support the family follow-up of patients with disabilities, that is, the care of the caregiver. Thus, the proposal of parental involvement, recommended by the MEII, becomes relevant, where patients and their families are seen as protagonists of the entire therapeutic process.



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