
ACTIVITIES WORKSHOP: GIVING ATTENTION TO DISABLED CHILDREN FAMILY

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ABSTRACT. The aim of this study was to identify the perception of caregivers of disabled children regarding their experience in activities workshop. It is a longitudinal study involving nine primary caregivers of children with disabilities. The caregivers participated in ten group meetings, once a week, to carry out different activities. Two procedures were used for data collection. At the beginning and at the end of each meeting, the participants chose one of three figures, representing three facial expressions corresponding to feelings of happiness, sadness and intermediate emotional state. By means of the choice of an illustration, the participants expressed their feelings on that day. The choice was justified by the end of each meeting. An individual semi-structured interview was carried out by the closing of the ten meetings. The results suggest that the participation in the group provided moments of pleasure, creativity and temporary distancing in relation to the disabled children's care. Besides, the strengthened of new friendships beyond the moments enjoyed in the group. The results of this study can be useful to the health professionals who are working with disabled children, aiding them in the intervention process that not only considers the health conditions of these children, but also who are routinely linked to them, their caregivers.

Keywords: workshop activity; family; disability.

OFICINA DE ATIVIDADES: ESPAÇO DE ATENÇÃO AOS FAMILIARES DE CRIANÇAS COM DEFICIÊNCIA

RESUMO. Objetivou-se neste estudo identificar a percepção de cuidadores de crianças com deficiência que se referem às suas vivências em oficina de atividades. Trata-se de um estudo longitudinal envolvendo nove cuidadores primários de crianças com deficiência, os quais participaram de dez encontros grupais, uma vez por semana, para a realização de diferentes atividades. Para a coleta de dados, foram utilizados dois procedimentos. No início e no final de cada encontro, os participantes escolhiam uma dentre três figuras, que representavam três expressões faciais correspondentes a sentimentos de felicidade, tristeza e estado emocional intermediário. Por meio da escolha de uma figura, os participantes expressavam seu sentimento naquele dia. A escolha no final de cada encontro era acompanhada da justificativa da opção realizada. Ao final dos dez encontros, foi realizada uma entrevista individual por meio de um roteiro semiestruturado. Os resultados sugerem que a participação no grupo propiciou momentos de prazer, de criatividade e de distanciamento temporário em relação aos cuidados do filho com deficiência. Além disso, foram consolidadas novas amizades, que se extrapolaram os momentos vivenciados nas oficinas. Os resultados deste estudo podem ser úteis aos profissionais da saúde que trabalham com crianças com deficiência, auxiliando-os no processo de intervenção que considera não apenas as condições de saúde delas, mas também as daqueles que estão cotidianamente ligados a elas.

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Palavras-chave: oficina de atividade; família; deficiência.

TALLER DE ACTIVIDADES: ESPACIO DE ATENCIÓN PARA FAMILIAS DE NIÑOS CON DISCAPACIDADES

RESUMEN. El objetivo de este estudio fue identificar la percepción de los cuidadores de niños con discapacidad en relación con sus experiencias en el taller de actividades. Se trata de un estudio longitudinal con nueve cuidadores primarios de niños con discapacidad que participaron en diez reuniones de grupo, una vez a la semana, para llevar a cabo diferentes actividades. Para recopilar los datos, se utilizaron dos procedimientos. Al principio y final de cada reunión, los participantes elegían una entre tres figuras, que representaban tres expresiones faciales correspondientes a sentimientos de felicidad, tristeza y estado de emoción intermedio. Mediante la elección de una figura, los participantes expresaban su sentimiento en ese día. La elección al final de cada sesión fue acompañada de una justificación de la opción elegida. Al final de diez reuniones, fue realizada una entrevista individual por medio de un guión semiestructurado. Los resultados sugieren que la participación en el grupo llevó a momentos de placer, creatividad y alejamiento temporal en relación con los cuidados al hijo con discapacidad. Además, propició la consolidación de nuevas amistades, que sobrepasan los momentos vividos en los talleres. Los resultados de este estudio pueden ser útiles para los profesionales de la salud que trabajan con niños con discapacidad, ayudándoles en el proceso de intervención que tenga en cuenta no sólo las condiciones de su salud, sino también a los que están unidos de forma rutinaria a los mismos.

Palabras-clave: Taller de actividad; familia; discapacidad.

The birth of a child with some kind of alteration in his development can profoundly modify the expectations, dreams and family wish fulfillment. These feelings can affect the acceptance by parents and therefore the latency time to adjust to this situation and seek a specialized treatment (Hiratuka & Matsukura, 2009).

The adherence to the specialized treatment designed to disabled children may involve routine change of the whole family, which can result in difficulties, determined by the new demands resulting from this change and from the diversity of different rehabilitation services that usually the child with a disability must be submitted. It may fall on the family additional duties according to the special needs related to the child's condition and the charges made by professionals, relatives and friends, often accompanied by negative social attitudes expressed or covertly expressed by these people.

The family is usually the main source of the caregiver and the women predominate in care (Trigueiro, Lucena, Aragão & Lemos, 2011). Normally it is attributed to the mother the role of primary caregiver, making her responsible for providing all kind of care that disabled children need (Miura & Petean, 2012). The care process, added the increased responsibilities that this function entails, directly affects the caregivers life quality, leading to fatigue, overload, stress, isolation and discouragement (Camargos, Lacerda, Viana, Pinto & Fonseca, 2009). The focus of attention is directed to the sick individual while the caregiver is noted as an additional resource in the rehabilitation of that individual and not as the target of the professional attention (Brito, 2009). This duty and the excessive involvement of the family members in the educational activities and in the rehabilitation services, whose focus of attention and care is directed to the children with disabilities, can increase the family stress.

In the services for the rehabilitation of children with various disabilities, the actions of the health professionals and the families commonly relate to the technical and specific guidelines, such as ways to physically handle and feed the child (Takatori, 2006). Normally, the participation of the mothers in the treatment of their child with a disability has the primary objective to be guided by professionals for continuing the treatment at home (Gondim, Pine & Oak, 2009). When this perspective is predominant, it takes the risk of the priorities of the professional come in conflict with those of the family.

Families of disabled children need to be included in the planning care and in the child rehabilitation process, but they may also require themselves professional special cares (Barbosa, Pettengill, Farias & Lemos, 2009). If the family is not well attended by the health professionals and if they are indifferent to

its feelings and needs, it will tend not to collaborate with the children treatment, compromising the relationship with the disabled child (Barbosa, Chaud & Gomes, 2008).

It makes no sense to think about strategies to promote the social inclusion and the development of disabled children regardless of the emotional aspects of those who maintain daily relationship with these children by affective ties (Gregorutti, 2013). Questions related to the birth consequences of a child with a disability on the family and the need for professional attention to families, have been debated for more than half a century, as pointed Omote (in press).

In fact, since there is already widespread the recognition that the specialized services for the care of disabled children need to have the participation and collaboration of their families. The family participation in the intervention process directed to the child, through the guidelines given to it by different professionals, and the attitude of acceptance and the hearing by the professionals on the family feelings need to be addressed as part of any care for disabled children.

The attendance to the families can take different configurations depending on the nature of the needs of each of them. It can range from a simple opportunity to be heard to more complex interventions such as family therapy or couples therapy. A relatively simple intervention that can be done with the family members who devote a significant portion of their time caring for a child with disabilities is to provide relatively structured situation in which everyone can tell a little of his experiences and exchange ideas, in small groups under a moderator coordination.

The implementation of some simple and enjoyable activity can put the participants at ease and encourage this verbalization. In this sense, the feature known as activities workshop can provide this opportunity. As Silva (2013) "the workshops are spaces consisting of a social group in which related proposals are set to do, to the human action, which promote the shared learning" (p. 486).

The activities workshop enable participants' new experiences related to the embodiments of a concrete object. This action can also enable the creation of new links among the people and generates opportunities for building new life projects (Lopes, Borba, Trajbel, Silva & Cuel, 2011). Interacting with others, share goals, feelings and experiences with people who experience similar problems, identify himself with groups, to influence and be influenced are inseparable components of the human nature and, on that basis, they provide the foundations for the construction of the personal and social identity (Rodrigues, Assmar & Jablonski, 2010). Being with his peers, that is, those who share the same problem can be particularly comfortable to be able to express feelings and thoughts that could hardly be expressed in the relation with people outside this problem (Goffman, 2013).

Thus, it was designed one activities workshop constituted by a group of family members of disabled children. The group approach can facilitate experiences for the to make and it can create opportunities for the exchange of experiences and ideas among the participants. The aim of this study was to identify the perception of disabled children caregivers regarding their experience in activities workshop.

Material and Methods

This study is part of a larger project approved by the Comitê de Ética em Pesquisa (Research Ethics Committee) of the Faculty of Philosophy and Science, UNESP, campus of Marília/SP/BR (Protocol No. 3226/2008). The participants received information on the aim of this workshop and on the activities to be undertaken, then the agreement was sealed at the moment they signed the free and informed term of consent.

The study included nine primary caregivers of children with disabilities, met in an interdisciplinary school clinic, which provides care to the city and region population, through compulsory academic internships required in the Physiotherapy, Speech Therapy and Occupational Therapy areas. The clinic offers a team of trained professionals in the mentioned areas and also in Psychology, Pedagogy and Social Services. This clinic is linked to a public University of São Paulo inland. From the nine caregivers, seven were mother, a grandmother and a father. All of them attended the meetings from the beginning to the end. In Table 1, it is found the characterization of the participants and the children.

Table 1 - Participants and children characteristics.

Participant	Gender	Age	Relationship to the child	Child's diagnosis	Gender	Age
P1	F	26	Mother	Spastic diplegia Cerebral palsy	F	2 years and 6 months
P2	F	35	Mother	Spastic diplegia Cerebral palsy	F	4 years
P3	F	41	Mother	Spastic quadriplegia Cerebral palsy	M	9 years
P4	F	56	Grandmother	Spastic quadriplegia Cerebral palsy	F	9 years
P5	F	36	Mother	Spastic quadriplegic Cerebral palsy	F	4 years
P6	F	28	Mother	Spastic hemiplegia Cerebral palsy	F	4 years
P7	F	37	Mother	Ataxic cerebral palsy	F	7 years
P8	F	42	Mother	Down Syndrome	F	2 years
P9	M	35	Father	Myelomeningocele	M	4 years

The Workshops

The workshops took place at weekly meetings, at the same time and day when the children were in specialized care in the school clinic. The proposal was characterized by the interdisciplinarity, and the workshops were coordinated and planned by an occupational therapist, with the help of a psychologist. In weekly meetings of 60 minutes, in a total of ten sessions, craft and painting activities were held in pre-programmed screen. Doing these activities was established as the main purpose of this group. Topics such as, proper handling of the child with a disability, ways to feed him, school inclusion, adapted furniture and other matters with which parents of disabled children are used to hearing were not part of the proposal. The meeting should be experienced as a moment of pleasure, creativity and exchange of experiences related to the activities running. Nevertheless, considering that refer to disabled children is almost inevitable when meeting a group of people responsible for children with similar problem, it was decided that the verbal manifestations related to the disability, if they occurred, would be discussed among the participants of the group. In these situations, the participants were reminded of the importance of directing the reflections to the needs, desires, experiences and care of themselves. During the meetings, the group should focus on itself, although it had no psychotherapeutic purpose.

Data collection and analysis

To identify the participants' perception about their experiences in the activities workshop, we used two collection procedures data.

The first procedure was to describe the emotional state of the participant at the beginning and at the end of each meeting. The participants received figures representing three facial expressions corresponding to the feelings of happiness, sadness and neutral intermediate emotional state. Before starting the activities, the family members were told to choose a figure that would represent their feeling at that time and save it until the closing of the session. At the end of the day's activities, the family members repeated the same procedure, being aware of the possibility to opt for the same figure chosen at the beginning of the meeting. Then each family member reported the reason for his initial and final choice. The chosen facial expression may characterize the emotional aspect of the participant, but the biggest interest was to obtain data on the reason for choosing, to verify if this was related to the time lived in the activities workshop. The reports were recorded for later analysis.

The second data collection procedure consisted of a personal interview at the end of the ten scheduled meetings, by means of a semistructured script containing questions that focused on the expectation in relation to the participation in the activities workshop, to the evaluation of the experience in participating in these workshops and to the group's meetings contribution to the everyday life of each of them. The verbalizations were recorded and transcribed, for subsequent content analysis based on Bardin (2011).

The verbalizations concerning the choice of the facial expression in each session were grouped into two themes: *sociability* and execution of activities. The category *sociability* includes events for the welcoming found in the group and the sharing of experienced moments with other people in a similar situation. The category *execution of activities* includes verbalizations that express meanings attributed by the participants to the act of carrying out activities planned for each meeting.

The transcription of the interviews at the end of ten sessions were read repeatedly and thoroughly scrutinized to identify and to organize the units of analysis, based on excerpts from speeches grouped by thematic similarity criterion. From this group, we identified three categories of analysis: *initial expectations*, *experience perception in the workshop* and *participation effects in the workshop*. The category *initial expectations* include stories that exemplify what participants expected in relation to the proposition of the activities workshop. The category *experience perception in the workshop* includes verbalizations that illustrate the perception and the evaluation of the experience lived in the activities workshop. The category *participation effects in the workshop* was split into two sub-categories: *establishment and strengthening of the interpersonal relationship*, with regard to the process of friendship which arose among the group members, and *learning activities*, including statements about learned activities and their consequences.

Results and Discussion

The choices of the figures that express emotional states can provide early evidences on the possible effect of the participation in activities. Thus, the frequencies that the figures that express each of the three emotional states were chosen at the beginning and end of the activities were computed. As they were nine participants and they had ten meetings, theoretically there would be ninety choices at the beginning and ninety choices at the end of each meeting. However, in view of some absences occurred, were totaled 81 initial choices and 81 final choices.

At the beginning of the activities, the figure that expresses the state of happiness was chosen 44 times, 25 times that of indifference and 12 times that of sadness. Already at the end of the activities, the happiness figure was chosen 76 times, four times that of indifference and once that of sadness. Comparing the choices of each participant at the beginning and the end of each meeting, 33 positive changes (from sadness to indifference, from indifference to happiness or from sadness to happiness), 48 equal choices before and after the activities and no negative change (from happiness to indifference, from indifference to sadness or from happiness to sadness) were recorded. Given the nature of these figures, it is not possible to perform reliable statistical analysis, but the changes in the choices seem revealing the possible effect of the activities performed at each meeting.

The frequencies of the occurrence of the figures choices that express different emotional states and the changes occurred in these choices can be contextualized by the justifications provided by the participants at the end of each meeting. Two thematic categories were defined, the sociability and the execution of activities.

Sociability

In the category of sociability, reports suggest that the participants found the workshops as a social space that enabled the welcoming, the socializing and sharing experiences with people who experience similar situations are included. The following cutouts exemplify these manifestations.

Now I also chose this other happier face, because I loved the group, we talked a lot, I remembered several things that are not bad enough, that marked my life and now I know that I'm not alone in the boat. (P1)

I chose the latter happy face, because it was a great meeting, I got to know different people and people who are so practically in the same day-to-day, with the same type of care. And it will be good from now on because we'll be more together and I can see that I am also not alone in the boat. (P3)

I got worried, you know, very sad. Because the week was not very easy at home, my mother did not go well. But now I caught the happy face because I entertain myself here talking to everyone in the group, and making beautiful things. (P7)

The reports highlight one of the possible benefits of doing activities together with people who share similar problems. Being among equals can form themselves into a positive experience. The comparisons someone makes of himself with others enable to assess his own abilities and opinions, especially when there is no clear parameters of what is appropriate or inappropriate (Rodrigues, Assmar & Jablonski, 2010), as may occur with the disabled children families.

The condition of having a child with a disability is a special and differentiated experience that cannot be shared with others, except with those who also experience the same drama in the first person. Thus, the formation of a group of people who has this common ground can encourage the provision of social support to them. Dahdah, Carvalho, Delsim, Gomes and Miguel (2013) point out that the group provides the participants the opportunity to make changes in their personal behavior, to understand the difficulties, to find ways of coping with problems and trying out new behaviors from the exposed experience by the other. The authors also highlight that the opportunity to share and learn from someone who has experienced a similar situation can be the best way to overcome the challenge.

The reports of these participants reveal another important ingredient of the activities group which is focused on the interests and needs of the members themselves. The parents of disabled children, perhaps due to therapeutic or educational strategies focused on these children; do not often have dialogue opportunity about their own needs. All the conversation with the professionals just turns around the disabled children. The proposal of the meetings is precisely to give, in a systematically way, opportunity to parents to express themselves about their own needs and the subject of their interest.

There were situations where some of the participants when explaining the reason for choosing the sad facial expression or the intermediate state, referred themselves to problems and concerns regarding the children with disabilities. With the course of the meetings, it was observed that the concern voiced objects were changing and giving way to problems and experiences of a different nature from those related to the disabled children. The verbalizations suggest that the group practices, organized as activities workshops, may lead to new opportunities for socializing to the participants and they may act on their emotional aspect since the expression of progressively positive feelings during the meetings were evidenced.

Execution of activities

The meetings also seem to have provided an enjoyable experience related to the learning in the execution of activities, whose benefit may extend beyond the space and the time of the meetings, as when P2 states that *"I got sad, thinking of the problems. And this icon (happy) is because I am learning to make these little things, and I will see if I can make them at home"* as well as suggest the following reports.

It is a hot activity to do. It is a therapy. Here the time goes by, but when you're there in that waiting room it seems that time stands still. And here, the time goes by quickly. We want more time to do the activity, to chat, but we will have it only next week. (P5)

The first face (intermediate state) is because I was a little bored to stay in the waiting room. There is a lot of noise, crying child, one talking about the life of the other. Now, this happy one is because

here the mind is in the activity, we forget the problems, the talks are pleasant, we laugh, time flies. This necklace I made I'll give it to M (his wife). (P9)

The possibility of continuing the pleasurable activity at home, as reported by P2, can be very positive, especially in terms of, among other household chores and other demands generated by a presence of a disabled child, the caregiver can take time and engage herself in an activity that gives her pleasure. As pointed Takatori (2006), the making of an object by a mother with the intention of giving to someone or to herself, to decorate the house or to sell can be an opportunity to develop projects on her family dynamic. This can be particularly important considering that many mothers abdicate their time and their personal desires to devote themselves to care the disabled child.

Another consequence is related to the importance that participants assign to the fact that they were doing significant activities together and that occurs pleasant interaction among them, as suggested by the statements of P5 and P9.

Closing the ten planned meetings, the participants were interviewed individually in order to gather data on their perception regarding the whole process experienced in the activities workshop, from the previous expectation of participation to the possible contribution to their daily lives. The statements obtained in these interviews were analyzed using three categories: *initial expectations, experience perception in the workshop and participation effects in the workshop*.

Initial Expectations

Generally, the family members of disabled children are in contact with the team of professionals that meets them. A few times to receive specific guidance regarding a problem of these children or to some aspect of the educational or therapeutic intervention, which are held with them and other times by the participation in a program of guidance and discussion about the characteristics or needs of the disabled children.

This category of *initial expectations* refers to the participants' expectation in relation to the proposition of the activities workshop. The reports indicate that the participants hoped that would comprise a group of caregivers with a proposal focused on the disabled children. When the activities began, they were surprised at the orientation focused on the own caregivers. They evaluated positively the proposal of the meetings, as shown by the reports below.

I thought it would be a boredom when they invited me to join the group, I thought I was going to do those activities, you know, of the kind that leads us to talk about the child's problems, but that is not, it is very different, I feel good. (P1)

When I was asked, they said that would have activities, but I thought it was different, I thought it was just question, a kind of a conversation. I did not think they would teach crafts and stuff, I could not realize it would be so pleasant. During the activities we get lots of laughs. (P5)

I was a little scared when they invited me. Many women, just me as a man, I thought it would be an endless chatter, like in the waiting room, where they are talking without stopping. But it is not, I liked and I like it a lot. (P9)

Usually, the family members may be called because the professional identifies any need for guidance. So who has the word are the members of the professional team. Many family members are used to hearing what the professional has to say and when they have the opportunity to speak, they must speak of what the professional considers important. The P1 report clearly explains this practice.

The difficulty that professionals usually have to understand the need that the families have to be heard or to give adequate attention to this need is probably due to the long and widely prevailing view that the deficiency is in the child himself, and therefore, it is the single target from the professional attention. In this perspective, even when a family member is assisted, there is a space for what the professional needs to tell him in view of the service that is performed with the child with disabilities. In fact, from longstanding the importance of giving attention to the needs of the family and not just to the disabled children has been identified (Omote, in press). In the third edition of the classic and excellent

manual, Telford and Sawrey (1988) point out the importance of hearing as a first hint for the professionals who need, at some point, advise the parents.

Thus, some resistance may be understandable that family can demonstrate for another service targeted for them. Such resistance can be undone inasmuch as those family members realize that the group is focused on themselves and not on the needs of their children with disabilities or of the professionals who attend them. As P5 reported above.

Experience Perception in the Workshop

This category exemplifies the perception and the evaluation of the participants regarding the proposed activities workshop. The participation in the workshop can allow the family members to turn off for a time from disabled children's issues and to experience a moment of satisfaction and joy, with pleasant interactive exchanges, as suggested by the following reports.

I think it's very valuable for mothers and for me that I am a grandmother. We already live with these children who require more work. So at this moment, it is a therapy that is able to develop some useful, beautiful thing. It is an exercise, because if you stop now, you got very bad. (P4)

I like because it takes my anxiety of waiting out. In fact, I am not worried about what she is doing; I know she is being well assisted (referred to the care of his daughter). In the waiting room I'm looking at the clock and counting the time, but here is different, I forget the time and it passes quickly. (P7)

I love this group, too much. Here, there is not a bad day. Neither when we're bad with our children, something like that, we come here, one speaks one thing, the other speaks another and entertains the mind, you go out with renewed ideas. I never go out worse than I got here. I always come with a lot of expectations on Thursdays (group day). (P8)

Many parents of disabled children prioritize their needs, relegating to the background the other domestic and social commitments (Trigueiro et al., 2011). Thus, the opportunity they have to forget the demands implied by the presence of children with disabilities, for some time, and deal with other activities, especially those that are pleasurable, may have important role in the parents' physical and mental health.

The family members, when playing the role of primary caregivers, can develop deep stress, depression and a decrease in the quality of life (Camargos et al., 2009). It is recommended, therefore, as many authors have already done, that the professional attention is given to the family members, whereas the physical and mental health of them is a precondition for the disabled children in finding favorable psychosocial environment in the intra-family relationships in order to develop themselves the fullest possible.

The following reports suggest that the participation in the activities group can allow the family members to turn off for a time from the disabled children's issues and to experience a moment of great satisfaction and joy, with pleasant interactive exchanges.

Participation Effects in the Workshop

An activities group for the families of disabled children, such as the one developed, only has its relevance, if, somehow, the benefits extend to their daily lives, and it is not restricted only to times when they are participating in the activities. Those relating to that category reports were organized into two subcategories, as described below.

Establishment and strengthening of interpersonal relationship

The reports indicate that one of the benefits provided by the group meetings is related to the friendship that was built in the relationship among the family participants. This friendship may extend beyond the temporal and spatial boundaries of the activities workshop. See, as an illustration, what the

participants say. Participant 3, for example, reports “I loved the group, I made a lot of nice friendship, the other day we left here and went to eat pastel at the fair.” Participant 6 states:

On the daily routine I think that nothing changed, but the changes come on Thursday (group day), because I feel happier, I'm not thinking about the problems. I made new friends and, even, we started to make lunch plans each other's houses on weekends. (P6)

Learning Activities

The expertise built to perform activities such as craft can generate positive social consequences, both to be able to teach other people and to generate some income, as the following reports highlight.

It helped me a lot, it is different from the other groups and I have no permanent job, so I have no income every month, with the group I learned to make clips, necklaces, and a lot of things that I keep making and also helps to contribute to the family income. (P2).

You know, the group brings knowledge, how to make beautiful things; I made several goodies for I. to give to her friends. And these ones I made along with I., she loved it, we spent pleasant moments making crafts. And I made friends here as well important to help me out there. (P7)

For parents of a disabled child, it may have a special meaning the ability to teach their own child or others something considered important. It can help them to understand they are competent to teach some activity to their children with disabilities, instead of this learning depend on specialized professionals only, lying with parents only a duty to ensure their disabled child this special services provisions. They can also understand that it is possible to teach interesting and useful things to other people who do not suffer from the burden represented by the presence of a disabled child.

Conclusions

The observation of everyday life experienced by families of disabled children who are attended at a school clinic identified the need to develop in this space this project in order to create a welcoming environment, of significant social relationships, of pleasurable moments, of relaxation and attention given to relatives.

The data suggest that the workshop fulfilled this function in an organized and planned manner, in a level of achievement and better satisfaction than those fortuitously provided by the waiting room. The workshop proved to be effective to center the attention of the participants in themselves, instead of focusing in the discussion on issues related to the care of daily life that they are accustomed.

This project can be a partial answer to the need for attention to the families of children with disabilities. The concern for intervention of this nature and their materialization suggest the possibility of, with comprehensive approaches, the team of professionals that provides expert assistance to take strictly into account the whole surroundings of the disabled children who are in attendance.

In view of the results achieved, the project is still in development as a regular practice in the school clinic. It is suggested investment in research, with the extension interface, which seeks to collect data from the multiple needs of disabled children families and from the alternatives to cope with this demand.

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Received: Apr. 4, 2014
Approved: Jan. 20, 2015

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