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SOCIALIZATION OF MENTALLY IMPAIRED INDIVIDUALS: PERSONAL SOCIAL CORRECTIONAL PROGRAM

СОЦІАЛІЗАЦІЯ ОСІБ З ІНТЕЛЕКТУАЛЬНИМИ ПОРУШЕННЯМИ: ПЕРСОНАЛЬНА СОЦІАЛЬНА КОРЕКЦІЙНА ПРОГРАМА

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ABSTRACT

Purpose. The article introduces a concept and a structural model of personal social correctional program for mentally impaired individuals with the purpose of making their social life as independent as possible.

Method. The article dwells upon a complex of theoretical methods including analysis of scientific literature and the legal framework of Ukraine. It builds up the Program's component structure, and creates social adaptation algorithm based on the International Classification of functioning, disability and health.

Results. A model of an individual program of social and correctional development for persons with intellectual disabilities has been developed, comprising four interrelated components: diagnostics (transition from a deficit-based to a resource-based model),

Мета. У статті представлено концепцію та структурну модель індивідуальної соціально-корекційної програми для осіб з інтелектуальними порушеннями з метою забезпечення максимальної самостійності їхнього соціального життя.

Методи. У статті розкрито комплекс теоретичних методів, зокрема аналіз наукової літератури та нормативно-правової бази України. Обґрунтовано компонентну структуру Програми та розроблено алгоритм соціальної адаптації на основі Міжнародної класифікації функціонування, обмежень життєдіяльності та здоров'я.

Результати. Розроблено модель індивідуальної програми соціально-корекційного розвитку для осіб з інтелектуальними порушеннями, що складається з чотирьох взаємозалежних блоків: діагностичного (перехід від дефіцитарної до ресурсної моделі), комунікативного (впровадження альтернативної комунікації),

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communication (implementation of alternative communication), household adaptation (development of self-care skills), and vocational training (pre-vocational training). The study identifies key features of psychological support for families across stages ranging from denial to acceptance, which constitutes a fundamental condition for the program's effectiveness. Practical parent-oriented, autonomy-fostering exercises are integrated into the Program. The role of the territorial community in ensuring supported living services in accordance with current legislation of Ukraine has been substantiated.

Conclusions. The article proves that effective integration of mentally impaired individuals is possible only in the condition of synergy between a science-based program, active family participation and the inclusive community. Personal social correctional development for mentally impaired individuals transforms the approach to disability from a medical to a social one. Further research might prioritize the transition from institutional care to community-based supported living model.

Keywords: family support, inclusive community, international classification of functioning, disability and health, personal development program, social correctional development, social integration, socialization, supported living.

побутово-адаптивного (формування навичок самообслуговування) та професійного (допрофесійна підготовка). Виявлено особливості психологічного супроводу родини на стадіях від заперечення до прийняття, що є базовою умовою успішності програми. У програму також інтегровані вправи, що спрямовані на залучення батьків у процес підвищення рівня самостійності їх дітей із особливими освітніми потребами. Обґрунтовано роль територіальної громади у забезпеченні послуг підтримуваного проживання згідно зі чинним законодавством України.

Висновки. Доведено, що ефективна інтеграція можлива лише за умови синергії науково обґрунтованої програми, активної участі сім'ї та інклюзивної готовності громади. Впровадження індивідуальної програми соціально-корекційного розвитку для осіб з інтелектуальними порушеннями дозволяє трансформувати підхід до інвалідності з медичного на соціально-правовий. Подальші дослідження можуть бути спрямовані на перехід від інституційної підтримки до моделі підтримуваного проживання.

Ключові слова: робота з родиною, інклюзивне середовище, міжнародна класифікація функціонування, інвалідності та здоров'я, індивідуальна програма розвитку, соціально-корекційний розвиток, соціальна інтеграція, соціалізація, підтримуване проживання.

INTRODUCTION

The modern world has changed its attitude to the people with special needs. Deeper into history, people with disabilities had been subjected to isolation and mandatory treatment. Nowadays, this approach has shifted to a social, legit, human rights-based model with all the best options offered by supportive, obstacle-free inclusive surrounding (Shakespeare, 2026).

Nevertheless, socialization of mentally impaired individuals takes top priority positions in list of challenges of social and correctional pedagogy. On the one hand, the principle of inclusion has been internationally declared and acknowledged; in another – mentally impaired individuals have limited opportunities to be fully included into social life. Socialization of mentally impaired individuals is restricted due to their limited cognitive development, obstructed adaptation that often encounter indifferent and unsupportive social surrounding.

The bigger part of personal development programs is represented by formal, theory-based protocols involving a series of complications in practical implementation. Most of these programs are focused merely on academic skills with insufficient pursue of practical competences, vocational training, stress-resistance and psychic stability. Heavy focus on classroom-based learning cuts functional life skills.

Nowadays, it is crucially important to implement a methodology that combines diagnostic, correctional and integration components into an integral personal program of social correctional development. This dynamic program is expected to reflect the changes in the digital and social environment and focus on the idea that self-determination and autonomy are more important than artificial mentor-based overprotective safety.

Both Ukrainian and international scholars actively explore socialization. Skoromna (2024) provided a foundation for psychological and pedagogical support for children with special educational needs. Gorbenko and Khokhlina (2025) highlighted the theoretical bases of role-play correction as a means of adaptation of children with special educational needs. Maslova and Kryvorotko (2025) dedicated part of their research to psychological and pedagogical support of war-impacted internally relocated children with special educational needs. Polyshchuk (2023) focused on training specialists in the social and pedagogical sphere for the prevention of children's deviant behavior.

Foreign scholars have made a considerable contribution to personal programs for mentally impaired individuals. Bertelli et al. (2022) redefined the adaptive behavior. Thompson et al. (2023), Shepley and Waddington (2024). expanded the "Supports Intensity Scales" shifting the focus from personal disabilities to the "instrument kit" these people need to function. The World Health Organization guidelines emphasize the use of the International Classification of Functioning, Disability and Health as the gold standard for rehabilitation (WHO, 2001; Ministry of Health of Ukraine, n.d.; Schmidt et al., 2023).

The main **purpose** of this article is to substantiate a comprehensive conceptual framework and an integral functional model of a personal social correctional program designed to facilitate autonomous socialization of mentally impaired individuals. This research aims to demonstrate a systemic transition from a medical approach to a social model. A four-components algorithm comprising multidimensional diagnostics, communicative instruments, household adaptation strategies, and vocational training is used to demonstrate the model. Furthermore, the article seeks to validate the role of family resilience and parent-centric interventions as key factors for the Program's validity within the context of deinstitutionalization and community-based supported living.

METHODOLOGY

This study includes theoretical research aimed at developing and substantiating a structural-functional model for the social and correctional development of mentally impaired individuals. The research process was grounded on a systematic sequence of scientific methods to ensure their relevance, efficiency and practical value.

The primary methodological framework is based on the systemic-structural approach which made it possible to conceptualize Personal correctional program as an integral system of four functional blocks (diagnostics, communication, adaptation, and vocational training).

Analysis and synthesis were used to examine the current state of socialization practices and to integrate diverse psychological and pedagogical theories into a unified roadmap.

Classification and categorization were used to define the specific stages of parental adaptation and to align them with appropriate pedagogical interventions.

A significant part of the methodology involved a comparative legal analysis of the current Ukrainian legislation (Laws of Ukraine "On Education" (Pro osvitu ..., 2026)," "On

Social Services" (Pro sotsialni posluhy ..., 2026)," and "On Rehabilitation of Persons with Disabilities") and international guidelines. A key methodological instrument is the International Classification of Functioning, Disability and Health, which was used as the conceptual foundation for shifting from a medical diagnostic model to a resource-based functional assessment.

Pedagogical modeling method was applied to construct the four-component socialization algorithm. This involved identifying critical issues in the transition from institutional to community-based care, synthesizing cognitive and behavioral techniques into parent-centric exercises, establishing hierarchical links between diagnostic data and practical integration.

The methodology is grounded on the principles of deinstitutionalization and social model of disability. The exercises and the algorithms are based on the "dignity of risk" concept, preferring mentally impaired individual's autonomy and self-determination to traditional overprotective pedagogical patterns. This comprehensive methodological approach ensures that the Program is both scientifically rigorous and ready for implementation within local territorial communities.

RESULTS

Socialization refers to a process and a result of successful integration into society. Socialization of individuals with special needs is not just a process of training behavioral norms and rules, but integration into culture by the means of special terms (Baltremus, 2026). The main obstacle here is malfunction of higher nervous activity which results in malfunction of psychic processes. Thus, processes of socialization are supposed to be carefully planned and coordinated.

We have already mentioned that the purpose of this article is to demonstrate a consequent personal training program for mentally impaired individuals relying on a managed, structured and hierarchical approach. Rather than a static set of instructions, this algorithm functions as a dynamic roadmap evolving alongside the individual's progress. We offer an algorithm consisting of four deeply integrated functional components:

1. Diagnostics: Social and correctional approach shifts from typical diagnostics to reliable and efficient functioning. This shift is operationalized by the International Classification of Functioning, Disability and Health, which facilitates a holistic view of the individual through the multidimensional lenses of "Body Functions", "Activity", and "Participation" (Schmidt et al., 2023).

This component is grounded on the Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine" (Zakon Ukrainy pro ..., 2026), and the Cabinet of Ministers of Ukraine resolution #545 "Approval of the Regulation on inclusive resource centers" (Cabinet of Ministers of Ukraine, 2017). It is important to note that the diagnostic component consists of several stages including multidisciplinary comprehensive assessment, ecological screening of social barriers, individual's social passport.

A specialized team normally guides the diagnostic process on the first stage. It consists of a neuropsychologist, special educator, social worker and a therapist (if necessary). This team does not merely record available skills; it identifies the zones of proximal development – the critical connection between what an individual can achieve independently and what they can accomplish with structured support.

The second stage involves assessing the physical accessibility to the local neighborhood (public transport, shopping, recreation areas etc.) and, crucially, the general attitude of

the local community. Individual's social passport serves as a reliable functional instrument detailing not only the individual's critical support needs, but also their unique talents such as high sensory empathy, strong visual-spatial memory or musicality. This passport becomes the primary tool for inter-agency coordination ensuring that all specialists share identical values and plan to achieve the common purpose.

2. Communication: Social Interaction Instruments. This component is based on the Law of Ukraine "On education" (Pro osvitu ..., 2026). Communication is the key to integration. Verbal communication is frequently obstructed among people with intellectual impairments, which results in deeper social isolation or deviant behavior as a tool to express own wants and needs.

The process of social interaction includes several stages: alternative communication, social scripts, emotional intelligence training, and pragmatic speech etiquette. The first stage ranges from low-tech solutions, such as picture exchange and use of tactile objects, to high-tech speech-generating devices and tablets with specialized software. These tools open an opportunity for cognitive connections; individuals with severe intellectual impairments carry on from passive observation to active social interaction.

Social integration stage requires more than just training mentally impaired people to ask for an item or for a service. It requires the ability to navigate social life. Using role-play and video modeling, individuals are taught social scenarios represented by scripted behaviors for high-anxiety units such as medical clinics, public transport, or post offices. These exercises focus on recognizing social cues, managing emotional regulation, and practicing urgent communication (e. g. dialing emergency hotlines or explaining a problem to an ambulance doctor or to a police officer).

Pragmatic speech etiquette sub-component is meant for mentally impaired people with higher verbal potential. The program focuses on the pragmatics of language – the "give and take" of conversation. This includes training how to initiate a dialogue, to select a topic, to understanding non-verbal messages. This type of training helps to reduce social distance between mentally impaired people and the community.

3. Household Adaptation: Foundation of Supported Living. This component is designed to bridge the gap between institutional dependency and community-based autonomy. It aligns directly with the supported living and social adaptation standards defined in the Law of Ukraine "On Social Services" (Pro sotsialni posluhy ..., 2026). This component's purpose is to dismantle the learned helplessness often found in institutional units or overprotective family members. Household adaptation component includes several sub-components, such as functional life skills, safety protocols, and home environment customization.

The first sub-component includes foundation of supported living. Every daily task, from personal hygiene to basic meal preparation, is supposed to be remodeled using the chaining methodology. We utilize backward chaining: mentally impaired individuals are expected to complete the final step of a task first in order to develop own experience of immediate success. The following step is to work the assignment through gradually towards the beginning. These activities are supported by visual schedules and digital timers, which help the individuals learn the concept of time-management and reduce reliance on verbal prompts from caregivers.

Training functional life and basic financial skills includes a set of specialized exercises on domestic and community safety. This involves safe operation of household appliances and clear protocols for emergency situations, e. g. fire or water leaks. As far as the

financial skills are concerned, the program focuses on the correct identification of cash money, use of no-contact payment systems, and the conceptual understanding of budgeting for small, desired purchases.

Third sub-component is based on the recommendation to the family on how to modify the home environment to promote independence, such as using color-coded labels for drawers, visual checklists on exit doors, and sensory-friendly zones to prevent cognitive overload. Mentally impaired individuals are trained to take basic care for themselves within domestic environment either independently or minimally supervised.

4. Vocational Training. This final component proves that meaningful work is the optimal motivation for socialization of adult individuals. It includes a structured daily routine, a sense of self-esteem, and a recognized role within the community. This component is based on the Law of Ukraine “Law of Ukraine on the Basics of Social Protection of Persons with Disabilities in Ukraine” which emphasizes the right to labor and professional development (Pro osnovy sotsialnoi ..., 2026).

Labor activity is the ultimate form of socialization providing mentally impaired individuals with a structure and sense of life. Meaningful contribution and civic identity of mentally impaired individuals comprise pre-vocational training, transition to supported employment, civic engagement and volunteering.

Pre-vocational adaptation is closely connected with simulated workspace. Before entering the open labor market, mentally impaired individuals are invited to take part in “simulated labor environments” within educational or social hubs. Here, they learn critical soft skills including keeping to a schedule, following multi-step instructions, maintaining workplace safety, and collaborating with peers on collective tasks (e.g. sorting, packaging, gardening etc.).

Transition to supported employment facilitates transition from educational or social hubs to inclusive community workshops. This involves job coaching, where a specialist provides on-site support to both mentally impaired people and their prospective employers. We focus on sectors with high success rates for mentally impaired individuals, such as social enterprises (inclusive bakeries, urban farms) and/or “green economy” (recycling, plant care).

Civic engagement and volunteering: the program encourages active volunteering in order to ensure the individuals are not merely consumers of social services. Participation in community clean-ups, animal shelters or local cultural festivals helps transform the public perception of the person from an “object of care” to a “subject of contribution”. The final step in completing social integration is taking active part in community life.

Family is the primary institution of initial socialization. Diagnosis of intellectual disability often triggers a systemic family crisis. Research shows that parental resilience is a key predictor of the individual's success (Grohnick et al., 2023).

Psychological transformation of family is the most critical issue of any personal program of social and correctional development. Family is the primary social ecosystem; however, the diagnosis of intellectual disabilities often shatters the available family structure, impacting a profound emotional reconstruction (Ministry of Social Policy of Ukraine, 2020). As a rule, parents go through the four stages of denial, anger, depression and compliance.

The post-diagnosis parental shock and denial perform the function of protective shield. Upon receiving the initial diagnosis, parents often feel a state of emotional anesthesia or acute cognitive dissonance. This stage is characterized by the doctor-shopping

phenomenon resulting in a relentless, sometimes global search for a “medical miracle” or a diagnostic error to disprove the reality of the intellectual impairment. During this phase, family is highly vulnerable to misinformation. The personal program in this period prioritizes psychological safety over pedagogical goals. Professionals provide empathetic, non-judgmental listening, offering space for the family to process the trauma without the pressure of immediate, high-stakes decision-making.

The energy of resistance transforms into parental anger and aggression. As the reality of the situation permeates the initial denial, a powerful surge of anger often emerges. This aggression may have multi-vectoral directions. This includes accusations of incompetence to medical staff, blaming spouses for genetic factors or lack of support, blaming society at large for its perceived indifference. If left unaddressed, this volatile energy can lead to family disintegration or social isolation of the family. However, if professionally channeled, this stage can be transformed into a powerful vector for advocacy. Sublimated negative energy makes parents ready to protect the rights of mentally impaired individuals and include them into extended community.

Depression is the result of loss of the “ideal child” dream. This stage marks the compliance with the inevitability of lifelong disability and the ruination of idealized image of the child’s future. Parents often experience a sense of existential hopelessness, social isolation, and chronic fatigue, which can evolve into clinical depression. The personal program’s most important part is to convert from purely child-focus to family-resource management. Peer-support groups become the most effective tool here. Cooperation with other parents who have successfully overcome this condition helps to normalize the experience and provides a realistic blueprint for the future.

The partnership stage is grounded mainly on constructive adaptation. This is the final and most resilient stage; parent-professional relationship shifts from one of “expert-to-client” to “collaborative partners”. Parents finally focus on the unique personality of their child, not on the fact of disability. They become co-therapists, using the specialized knowledge to adapt the personal program to everyday reality of the home environment. In this phase, the family becomes more stable and the focus shifts toward maximizing the individual’s autonomy, social integration and the dignity of risk inherent in a self-determined life.

The process of coming through these stages is rarely linear; families may regress during the process of developmental transition or societal crisis. However, a personal program that integrates these psychological realities rather than ignoring them, ensures that home environment becomes a catalyst for socialization rather than a barrier of overprotection.

Personal social and correctional program includes a cognitive-behavioral therapy for parents of mentally impaired individuals. Shifting from catering model cultivating the learned helplessness results in autonomy development. It is important to supplement this article’s theoretical material with reliable correctional exercises for parents. Practical methodology is grounded on applied socialization exercises.

The first exercise we highlight is “Map of a Future Autonomous Life”. The purpose is to cease/stop helicopter parenting. The primary obstacle to autonomy is based on domestic support which is often taken for granted. Parents are instructed to conduct a rigorous audit of ten daily household tasks they currently perform on behalf of the individual (e.g. warming up foods, sorting laundry, or setting a digital alarm).

Once the to-do-list is ready, the family selects one task per month to be fully delegated to the mentally impaired individual. This transition is supported by the creation of a task map represented by a visual, step-by-step instruction manual with photographs of the actual home environment. The parents are expected to step back, moving from physical assistance to verbal prompts and finally to silent observation.

This methodical training helps gain the experience of broader autonomy and independence. Seeing the successful completion of a task parents previously deemed “impossible” for their child serves as a powerful cognitive restructuring tool, replacing parental fear with evidence-based confidence in their child’s potential for supported living.

Second exercise is named “Echo of Choice”. This exercise targets the phenomenon of learned helplessness, where mentally impaired individuals discontinue all the attempts to influence their environment because all decisions are made for them. The “double choice” method is introduced as a key tool in the personal program to foster self-determination.

Throughout the week, parents are supposed to replace imperative commands i.e. “Put on your shoes” with a binary choice: “Do you want to wear your blue sneakers or your brown boots? The critical pedagogical element is to allocate 10-30 seconds to let process the answer. It is crucially important for parents not to repeat the question or give prompts during this time, allowing mentally impaired individuals to make their own preference and give the answer.

Parents use binary choices as the basic tool of this exercise. It helps to reinforce the concept that the individual’s will has a tangible impact on reality. Over time, this builds the neurological connections required for complex decision-making process, shifting mentally impaired individuals from passive recipients of care to active participants in daily routines.

Third exercise uses the 10-second communication rule to help mentally impaired individuals better interact in public. Parents frequently play the role of interpreters, answering questions addressed to the mentally impaired individual before they have a chance to respond. This exercise substitutes this pattern with a relevant direct social interaction between mentally impaired individuals and community members.

In public places, such as a pharmacy, grocery store or post office parents commit to a 10-second silence when a third party (a cashier, a neighbor or an official) addresses the mentally impaired individual. This pause creates the necessary psychological and social space to initiate a response using a preferred method (verbal speech, manual signs or a high-tech AAC device).

This exercise serves as a stress test for social skills within a safe real-world environment. Community members interact with the mentally impaired individuals, thereby reducing social stigma. Positive experience of real-world interaction, even a brief one, considerably increases social confidence and sense of belonging to local community.

The fourth exercise involves training social navigation. Spatial autonomy is the foundation of successful supported living and de-institutionalization. This exercise levels up mentally impaired individuals from guided passengers to independent navigators within their neighborhood.

The exercise is implemented in three mutually-integrated phases. Primarily, parents and mentally impaired individual create a photomap using real-world landmarks (e.g. “the yellow house,” or “the flower shop sign”) rather than street names. Secondly, they perform a joint path-finding mission where mentally impaired individual leads while

parents follow silently. Finally, the individual walks the route alone while being monitored remotely (via GPS or at a pre-arranged distance of 15 meters).

Help card with contact details ensures safety, but the focus remains on the individual's ability to recognize environmental anchors. This exercise helps to build a route of trust not only for mentally impaired individuals who learn how to navigate their community safely, but also for the parents who get more proofs that their children with special need can do safely on their own in public surrounding without permanent supervision. The structure of this article makes it important to add some material on deinstitutionalization and the community infrastructure.

The shift from institutional care to community-based services is a cornerstone of modern social policy. Supported living allows mentally impaired individuals to reside in standard household property with the assistance of a personal aide. The territorial community should be prepared for this in order to guarantee successful integration of these people. Stigma-reduce campaigns may help transform the community from a place of "availability" to a place of "belonging".

DISCUSSION

The interpretation of the findings of this study confirms that the socialization of mentally impaired individuals is not a linear pedagogical process but a multi-dimensional synergy between a well-structured personal program, family resilience and the inclusive community. The results indicate that the shift from the medical model to a social-legal one is only possible when the social passport, derived from the ICF, becomes the functional basis for all the further procedures (WHO, 2001; Ministry of Health of Ukraine, n.d.).

The findings align closely with the work of Bertelly who emphasizes that adaptive behavior rate than cognitive deficit should be taken as the standard for measuring success (Bertelly et al., 2022). Implementation of household adaptation and vocational training components, we observed that social integration includes micro-steps, which confirms Thompson's assertion that support intensity is supposed to be precisely calibrated to the mentally impaired individual's environmental needs rather than their clinical diagnosis (Thompson et al., 2023).

However, this study expands upon the innovative strategies described by Skoromna by introducing specific, parent-centric exercises. While Skoromna focuses on the macro-pedagogical environment, exercises 1 and 2 provide the micro-level tools necessary to combat the learned helplessness often fostered at home. This confronts the outdated defectological approach, which historically favored institutional supervision over the dignity of risk (Skoromna, 2024; Shakespeare, 2026).

In the context of vocational rehabilitation, the results are mounted on Gorbenko's and Khokhlina's research on role play. While Gorbenko and Khokhlina (2025) focus on the skills required for the modern economy, our findings suggest that social and vocational success is equally dependent on soft skills such as communication etiquette and community mobility. The fourth exercise directly addresses the gap between technical training and the actual ability of the individual to communicate and interact within the community, an aspect often overlooked in standard vocational programs.

The analysis of the four stages of parental adaptation provides a critical psychological layer to the personal program. Our observations rely on Grolnick et al. (2023), confirming that parental compliance is the ultimate catalyst for the program's efficacy. We found that without moving past the "denial" phase, even the most sophisticated pedagogical

tools meet internal family resistance, as the parents subconsciously maintain the mentally impaired person's status as an "eternal child" to cope with their own anxiety.

The practical value of these findings is twofold. For practitioners, it suggests that a personal program must be a reliable tool that involves parents as co-developers rather than passive recipients of services. For policymakers, the results support the continued de-institutionalization of social services in Ukraine (Trubavina et al., 2022; Tverdokhliebova & Yevtushenko, 2023), providing a blueprint for how supported living can be operationalized through community-based social practices.

CONCLUSIONS

We conclude that successful socialization of mentally impaired individuals fully relies on the synergy of multi-dimensional pedagogical vectors. Positive socialization results are grounded on personal correction program, family resilience, and the inclusive territorial community. The research confirms that a fundamental paradigm shift from the medical to a social-legal, human rights-based model is one of the basic conditions for modern correctional pedagogy. We represented a structural and functional personal program which serves as a dynamic roadmap focusing on the functional capabilities of mentally impaired individuals.

The integrity of this program is ensured by profound interaction of its four core components. The Diagnostics component, operationalized through the International Classification of Functioning, Disability and Health. This component ensures the transition from a deficit-based IQ-centric diagnosis to a comprehensive functional profile. This shift helps create mentally impaired individual's social passport which identifies the areas of proximal development and serves as the primary tool for inter-agency coordination. The Communication component addresses the critical issue of communicative helplessness by implementing AAC systems and social scripts changing mentally impaired individual's role from a passive observer into an active social participant.

Furthermore, the Household adaptation component effectively bridges the gap between institutional dependency and community-based autonomy. Using backward chaining, visual schedules, and home environment customization techniques, the Program successfully dismantles learned helplessness and fosters essential life skills. The Vocational training component completes this trajectory by providing a transition to supported employment and civic engagement. Transforming the individual's role from an object of care to a subject of contribution by the means of volunteering and meaningful labor is the ultimate motive for achieving a sense of civic identity and self-esteem.

A critical discovery of this study defines the key role of the family ecosystem. The psychological trajectory of parental adaptation going through shock, anger, and depression toward acceptance is a key predictor of the Program's reliability and efficiency. The research highlights that the domestic environment acts as a motivation factor for further socialization. The introduced parent-centric exercises, such as the "Map of a Future Autonomous Life", "Echo of Choice", and "10-Second Communication Rule" supply families with practical micro-level tools for cognitive restructuring. These exercises make it possible for parents to delegate at least part of their custody responsibilities to mentally impaired individuals in order to train their social skills and make them more self-determined.

These results provide a practical blueprint for operationalizing deinstitutionalization within the frames of Ukraine's ongoing social reforms. The transition to community-

based supported living requires not only pedagogical interventions but also systemic stigma-reduction campaigns to rebuild local territorial communities into favorable inclusive environment.

Future researches in this area might explore the integration of innovative technologies i.e., virtual reality into risk-free social training and specialized mobile applications to facilitate school-to-work transition, ensuring that the socialization process remains adaptive to the digital evolution of the modern world.

CONFLICT OF INTEREST

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