



# **Journal of Exceptional People**

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**Institute of Special Education Studies**  
Faculty of Education – Palacký University Olomouc

## **Journal of Exceptional People**

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## **Journal of Exceptional People**

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# Obsah

Introduction .....	5
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## ARTICLES

Constants and variables of GOA or the high school for visually impaired at the beginning of the 21 century .....	7
IVAN ANTOV	
Possibilities of individual integration of a child suffering from Asperger's syndrome into the regular Basic School .....	17
JARMILA KADLÁČKOVÁ	
Play therapy for children with behavior disorders.....	23
KATARÍNA MAJZLANOVÁ	
Profile of inclusive teacher and its role in the process of special-educational differential diagnostics and counselling – comparison of euro-atlantic experience with focus on cultural-linguistic diversity.....	33
KATEŘINA VITÁSKOVÁ	
Inclusive education – its social and ethical aspect .....	47
KATARÍNA ZBORTEKOVÁ	
The comparison of contemporary stay of swimming persons with physical impairment in Great Britain and Czech Republic.....	53
KAREL KOVAŘOVIC, GABRIELA BŘEČKOVÁ	
The specifics of psychological counseling for children with hearing impairment.....	63
LUBICA KROČANOVÁ	
Pedagogues' insights about the organization of the development of functional mathematical literacy of students having moderate special educational needs in mainstream school.....	71
LAIMA TOMÉNIENĚ	
The hospital environment in education in Spain proposal for intervention .....	89
FERNANDO PEÑAFIEL MARTÍNEZ, ANTONIO HERNANDEZ FERNANDEZ	

Programs of Inclusive Education in Leisure time Institutions .....	103
NAĎA BIZOVÁ	

The significance of reminiscences in the life and support of seniors .....	119
OLDŘICH MÜLLER	

## **BOOK REVIEWS**

When our child cannot speak fluently.....	133
MONIKA WEILOVÁ	

Left to right.....	135
PAVEL SVOBODA	

# Introduction

Dear readers,

you are opening pages of the first issue of a new journal: Journal of Exceptional People (JEP), published by the Institute of Special – pedagogical Studies at Palacky University in Olomouc. This magazine would like to continue the tradition of Czech and Slovak special education journals, but on the other hand, it would also like to exceed their limits. And these limits are not only about crossing the former Czechoslovak border and thus the language barrier, but they mainly cover the extension of monitored topics in the field of special education space. Implemented changes that affect the overall concept of the magazine JEP naturally arise not only from the dynamic development of the actual field of special education, but also from the need for closer international exchange of knowledge and experience. We want to go beyond the EU borders.

At the time of organizing international symposia and conferences, at the time of the organization of television debates and bridges that cross continents, at this time of the beginning of the third millennium, we perceived the act of foundation of the Journal of Exceptional People as a first step that will help to a certain cementing and organizing useful information concerning the lives of minority population groups around the world. We do not therefore restrict the content of published articles, reviews, or critical studies, only to the area of “less gifted” fellow citizens, the traditional clientele of people with special educational needs, we would like to open a “thirteenth chamber” about exceptionally gifted people who are often also misunderstood, unappreciated and frustrated in our standard world.

Journal of Exceptional People is a modern magazine, which is published in both printed and electronic form with a periodicity twice a year. Its content and appearance are created and assessed by experts from many countries working as special education teachers, psychologists, university teachers, therapists and other professionals,

especially from helping professions. Editorial Board of our journal JEP welcome any idea or observation of any reader who may not only send their contribution to our office, but also express their views on the content of articles, on graphic design of the magazine, the types of texts that they miss, the types of texts that are redundant or need not to be published, etc. All this information will be regularly evaluated by the editorial board and according to them the journal will be flexibly modified.

I wish you a pleasant and also inspiring and useful reading.

On behalf of the JEP editors

Pavel Svoboda

# Constants and variables of GOA or the high school for visually impaired at the beginning of the 21 century

Ivan Antov

**Abstract:** *The paper reflects main changes which happened in the high school for visually impaired in the last decade. It is focused on substitution of the exclusive position of the special school for a possibility of a choice of the pupil (and the family) where to be educated., on providing mainstream high schools integrating visually impaired pupils with methodological support, on strengthening competitiveness of the school, on interdisciplinary co-operation etc.*

*Simultaneously, it emphasizes positive values accompanying the school in the period of its existence. In addition to educational activities obliging the students with special needs, the school provides a wide scale of activities to prepare students with visual impairment for independent life.*

*Analysis of constants and variables in the development of the school as well as insertion into the context of contemporary conditions enables to indicate prospects of the school.*

**Key words:** *high school, independent life, interdisciplinary co-operation, methodological support, student with visual impairment*

## 1 Introduction

The intention of the article is to evaluate the main changes of Gymnázium pro zrakově postižené a Střední odborná škola pro zrakově postižené (Grammar School for Visually Impaired and High School for Visually Impaired – hereafter only the School) in Prague during the last decade and to indicate the prospects of further development of the the School. The School is attended by students who are fifteen and older. The School has been transformed so that it could meet the needs of students with visual

impairment in the context of contemporary conditions, opening space for keeping choice of a student (and his family) which school to be educated in as the consensual choice is a prerequisite of optimum co-operation in mutual relations student – family – school. Selected aspects of the transformation policy of the School are focused in the following text. The article draws upon the School documents demonstrating synoptical outline of its development in the last decade. Some of the documents are available on the School website <http://goa.brailnet.cz>. Used literature is, with some exceptions, connected with the School activities.

Selective approach, focused on the School priorities, was used because of the length of the article. Analysis of priorities ought to show strenuous search for the School policy in the context of contemporary trends in education of people with special needs. The article is based on the paper which was presented at the conference organized by the department of special pedagogy of Olomouc University in March 2012.

## **2 Constants and Variables**

### **2.1 Policy Transformation**

Considering the role of the School for students with special needs means not to omit the Salamanca Statement and Framework for Action on Special Needs Education from 1994. The delegates of the World Conference under the patronage of UNESCO appealed to the governments of all countries to support the policy of inclusive education of children, youth and adults with special needs. While the Statement leaves only marginal space for special schools, Framework opens relatively wide area for them as an important source for development of inclusive educational system. (1)

Effective co-operation in the framework of the international group MDVI Euronet ([www.mdvi-euronet.org](http://www.mdvi-euronet.org)) aids the School among others to be oriented in the changing reality. Experience, expertise as well as conditions of our partner institutions providing services for people with multidisabilities including visual impairment present confronting relation between policy ideals and real needs and conditions.

Participation of the School in the Comenius project From School to the Centre from 2002 to 2005 played an important role in our school development. Our partners were special schools in Dublin and Edinburgh and Centre Vision in Örebro. While to some of our partners the project showed the way to establishment of a national resource centre (with a special school in its framework), other oriented to reestablishment of a special school as an autonomous part of the centre. Work on the project helped the School to get policy support for its transformation in the conditions of decentralized and diversified system of services for visually impaired in the Czech Republic.



The final output defined a model of a national resource centre and identified the key services resource centre could provide. Six years later a revised version of the final output was released. (2) The School because of its specifics and conditions for its activities, focused on development of the following services for students with visual impairment: access technology, adaptation services and methodological activity to support integration, activities preparing for independent life, support for learning and leisure.

## 2.2 Students

While the School (and especially Grammar School) was attended mainly by the élite of visually impaired students in the last century, substantial changes became evident at the beginning of the twenty-first century:

- mainstreaming of students with visual impairment at high schools even though sometimes aimed at the most talented and capable ones
- low populated forms entering high schools
- supply of high school education finished with A-levels not only balances demand but highly overcomes it
- influence of economic and social situation on family decisions about further education of their children with visual impairment.

Changed conditions in this way could be illustrated quantitatively. While the average number of students was ten at the beginning of the last decade, it decreased to nine in the middle of that period, and it was eight at the beginning of the school year 2011–2012. As far as the qualitative changes in the structure of new-coming students, the number of multidisabled students and autistic ones increase as their mainstreaming sometimes overcomes the possibilities of high schools or it means unwillingness of certain mainstream schools to solve a relatively difficult modification of their settings. There is also growth of students who manage demands of high school study only with serious difficulties even in optimum adapted conditions of the School. The number of students with visual impairment who were not successful in mainstream schools and continue their study at the School increases in a mild way.

The positive fact is that the exclusive position of special schools in the past was not substituted for the exclusive inclination to mainstreaming of students with special needs as the only alternative but students (and their families) have the possibility of choice which ought to be based on full information about schools. Neither parents nor students should be persuaded with the strength of legal documents or buoyant ideals but with the quality of special pedagogical work and optimum settings for effective education of visually impaired.

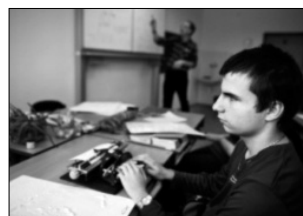
Two priorities of the School continue from its early beginnings even nowadays. We are the School for visually impaired and unambiguous majority of our students have been the ones with visual impairment. The needs of this group are fully covered by professionally trained teachers and care staff as well as with modern and purposeful equipment of the School. There is an effort to provide the students with such a level of education which is fully comparable with the level in mainstream high schools. At the same time, our students are prepared to become self-sufficient so that they could be ready for independent life despite of their disability.



Geography



Physics



Picht typewriter

## 2.3 Independent Life

Preparation for independent life is a long-term integral part of educational activities of the School. Considering that the students are over fifteen years old we follow up with activities realized in previous stages of forming of the pupil. The level of independence, the student enters the School, depends on co-operation of the family with early intervention centres and then with special pedagogical centres, and on purposive guidance to independence in special as well as mainstream basic schools.

Practical part of tuition of the School subjects includes, in accord with school educational programmes for different branches of education, support of activities oriented on acquirement of skills and habits requisite for becoming independent. They are incorporated not only in compulsory subjects but they are embodied in voluntary classes (drama, arts, goalball) and further school activities such as ski training course, tandem cycling and hiking course, adaptation course, excursions, class trips and school tours. The School offers the students according to their needs individual training lessons to improve in special activities (orientation and mobility, reading and typing Braille etc.). Other activities (housework and cooking, leisure time sports) are a part of the educational programme of the school boarding facility and are organized by care staff.

Preparation for independent life is not purposeless. Students' skills and abilities should be developed in such a way so that they could join successfully everyday life

after graduation from the school, continue in further study and/or start their working career.



Working on PC



Physical training



Break

## 2.4 Professional Team

The constant of the School during all period of its existence is the professional team of pedagogues. It is required because of the School milieu as well as the position in the system of education. Not only professional qualification is needed to become a useful member of the team. Practical knowledge, experience and skills acquired in teaching of visually impaired as well as professional and common human enthusiasm are important qualities to be able to work with students with special needs.

Further education of all pedagogical staff belongs to priorities of the School. It is fully supported as regards both teachers and care staff. The educational needs and professional interests of the staff are the way out for realization of further education of our pedagogues as well as requirements of the School on professional qualification, innovation of methods and forms of education together with reasonable financial support of the programme of further education.

Ninety-six educational programmes to increase qualification and four ones to fulfil the qualification assumptions of teachers were put into practice in the period 2008–2011.

The School supports the interests of the pedagogues in accord with the plans of further education including full payment of the postgradual study of special pedagogy and programmes for administration of special activities. (3)

Mainstreaming of the students with visual impairment changes and extends the use of professional expertise of the staff in favour of the students. In addition to internal use of the expertise which is the prior constant of the School, the external role strengthens, e.g. provision of methodological support of mainstream high school teachers of visually impaired students, professional assistance in preparation of projects (new A-levels, school educational programmes etc.), training practice of special pedagogy students.

## 2.5 Computer Technology

The School disposes computer technology more than a quarter of a century and it is effectively used in favour of teaching students with visual impairment. The beginnings were modest from the contemporary point of view as the first computer was eight-bit SAPI situated in the steel cupboard built up into the office desk with TV set Merkur as a black-and-white monitor and with an operational system adjusted from a cassette player. The first computers were used in teaching programming in language BASIC.

16.10. získala škola první a 30.10. druhý  
počítač pro vyučování programování v matematice  
a odborných předmětech ZOPu

The school received the first computer on 16 October and the second one on 31 October for teaching programming in mathematics and rudiments of economic subjects.  
(Record in Chronicle of the School – school year 1986–1987)

Nowadays, the School prepares the students with visual impairment to universal use of computers as a compensatory aid, a working tool, and a communication device. Material and technical conditions were established. The School dispose of three special classrooms equipped with computers including special software and hardware. The system is compatible to comply with the needs of part-sighted (zoom programme with/without voice output) and blind (voice output interpreting software environment of the computer, voice output with special hardware of Braille reader which enables tactile output for a blind user).

Teaching the students, all specifics of visually-impaired-person work with computer are respected. The structure of comment is adapted, subject matter of the curriculum is modified so that it could be objective and understandable for students with visual impairment. Diversified approach is used to blind and part-sighted according to their specific needs. (4)

The spectrum of subjects when computers are a part of teaching process during the classes has been enlarged. ICT (information and communication technologies) as a subject is taught in accord with the School Educational Programme On the Way to Understanding. It is a part of curriculum during the whole length of the study while in most of mainstream high schools it is taught only in the early part of the study.

The students with visual impairment do not form isolated local units but they have to be fully connected with the computer milieu. Only in this way, computer

technology can be used effectively during the lessons and all the participants are able to get feedback.

Computers enabled teachers widening of communication with students, sophisticated preparation of teaching aids and materials. Of course, the development brings paradoxes too. Braille printer made preparation of texts in Braille much easier. It opened wide space for improving students in reading in Braille. However, most of blind students prefer (and it is understandable) "reading" with voice output which is also a product of computer technology development.

Managing computers is a prerequisite for an independent life of a person with visual impairment.

## **2.6 Support of Integration of Students with Visual Impairment**

The School has been involved in the project of provision adaptation services and methodological activity to support integration of students with visual impairment in mainstream high schools for six years. The project is funded from the city of Prague programmes supporting education.

Research concerning the state in education of students with visual impairment in mainstream high schools was carried out in the first year of the project. Potential clientele were addressed. As the highest demand of mainstream teachers was oriented on methodological materials dealing with science (chemistry, physics, mathematics), the initial work on them began.

Teachers of the School have created eight fundamental methodological materials. There have been organized fourteen seminars for mainstream teachers of students with visual impairment. Methodological materials were presented there together with practical exhibits, visits in the lessons, discussions and mutual exchange of experience. Teaching materials and prints in Braille were lent. Consultations concerning teaching students with visual impairment were held. Methodological outputs were presented in conferences (including international ones) and professional seminars.

The project is a complex programme of the School in favour of students with visual impairment integrated in mainstream schools.

The project represents a creative use of the School expertise in the situation when mainstream high schools dispose initial prerequisites for integration (individual educational plans of students with special needs, assistants, co-operation with special pedagogical centres), however, the way how to ensure professional level of education of a student with visual impairment is left on schools. (5)

Systematic supply of methodological support assists to forming of optimum special pedagogical conditions for mainstreaming the students with visual impairment.

## 2.7 Competitiveness

To stand the proof with other providers of educational services and to keep its specifics means that the School cannot rely on advantage or support from outside. The main directions, the School focused on in the last decade, are outlined in the following paragraphs.

Supply of branches of education is specified and extended so that it could be attractive for the candidates but first of all so that the school graduates could be successful in labour market.

The school results and achievements are presented not only in a traditional way (open-door days, through the mediation of special pedagogical centres and special schools) but also in regional and Schola Pragensis exhibitions, in the School materials (leaflets, yearbooks), on website, in performances and activities for public (drama group, arts workshop), and in organizing competitions (national competition in computer typing, goalball tournament, poetic competitions). Presentation of our students' achievements has an important motivation effect (especially our graduates' success at university studies and in labour market).

The School makes the best for implementing modern technologies in favour of students with visual impairment. It also makes an effort to keep relatively low economic demand for creation of optimum milieu for students with visual impairment.

Support is given to project teaching (partial projects in the class or across the classes and branches of education) with interdisciplinary approach. Interdisciplinary co-operation not only forms space for understanding the context but it also opens the way to team co-operation and strengthens the feeling of responsibility of both students and their teachers.

## 3 Conclusions

Even marginal space could be effectively used for high-quality educational activities of the school for students with special needs.

Quality of special pedagogical work as well as optimum milieu for education of students with special needs are important for those who decide where they/their children will be educated. (6)

Preparation for independent life is an integral part of education in the school for students with special needs.



Building where the School is situated

### Notes:

- [1] See The Salamanca Statement and Framework for Action on Special Needs Education, UNESCO, Salamanca 1994, [http://www.unesco.org/education/pdf/SALAMA\\_E.PDF](http://www.unesco.org/education/pdf/SALAMA_E.PDF)
- [2] See The Lighthouse Model. From School to National Visual Resource Centre, MDVI Euronet, revised edition 2011
- [3] See Vlastní hodnocení školy 2008–2011
- [4] See JELÍNEK, Jakub. Kompenzace zrakového handicapu využitím výpočetní techniky. Gymnázium pro zrakově postižené a Střední odborná škola pro zrakově postižené, Praha 2009
- [5] See Věcná zpráva o užití grantu v rámci “Celoměstských programů podpory vzdělávání na území hl. m. Prahy pro rok 2011”
- [6] See FUCHS, Eberhard. The School for Visually Impaired Is Changing. ICEVI conference 2000, <http://icevi-europe.org/cracow2000/proceedings/ps2c.html>

## 4 Documents and Literature

### Documents

Kronika školy (Chronicle of the School)

Na cestě ke zkušenosti, Školní vzdělávací program internátu školy, 2010 (On the Way to Experience, School Educational Programme of the School Boarding Facility)

Na cestě poznání, Školní vzdělávací programy pro obory vzdělání Gymnázium, 2008, Obchodní akademie, 2009, Obchodní škola 2010, Sociální činnost, 2011 (On the Way to Understanding, Educational Programme of the School of Grammar School, Commercial High School, Commercial School and Social Activity)

The Salamanca Statement and Framework for Action on Special Needs Education, UNESCO, Salamanca 1994, [http://www.unesco.org/education/pdf/SALAMA\\_E.PDF](http://www.unesco.org/education/pdf/SALAMA_E.PDF)

Věcná zpráva o užití grantu v rámci “Celoměstských programů podpory vzdělávání na území hl. m. Prahy pro rok 2011” (Report of the Grant Use)

Vlastní hodnocení školy, 2006–2011 (Selfevaluation of the School)

Výroční zprávy, 2000–2011 (Annual Reports)

## Literature

- Almanach 1956–2006. Gymnázium pro zrakově postižené a Střední odborná škola pro zrakově postižené, Praha 2006
- FUCHS, Eberhard. *The School for Visually Impaired Is Changing*. ICEVI conference 2000, <http://icevi-europe.org/cracow2000/proceedings/ps2c.html>
- JELÍNEK, Jakub. *Kompenzace zrakového handicapu využitím výpočetní techniky*. Gymnázium pro zrakově postižené a Střední odborná škola pro zrakově postižené, Praha 2009
- Ročenky školy, 2000–2011
- The Lighthouse Model. From School to National Visual Resource Centre, MDVI Euronet, revised edition 2011

## Photographs

black and white photographs (6) – Martina Kaderková, Ivan Antov (1)

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# Possibilities of individual integration of a child suffering from Asperger's syndrome into the regular Basic School

Jarmila Kadláčková

**Abstract:** *This report is about the possibility of individual integration process of a child suffering from Asperger's syndrome into regular Basic School. It depicts the integration process of a child suffering from AS in the conditions of a regular Basic School and the causes of physic load perceived by a child suffering from AS.*

**Key words:** *Asperger's syndrome, individual integration, assistant pedagogue, Individual teaching programme, visualization, structured learning, method of process schemes, physic load, educational strategy*

## 1 Theme and goal of the diploma thesis

As for the topic, the present work deals with possibilities of individual integration of a child suffering from Asperger's syndrome (AS) into the regular Primary School. The principle and general goal of the thesis is twofold: examination of individual integration of a child suffering from AS in bulk as a process in setting of the regular Basic School, and understanding of this phenomenon as based on previous expert knowledge. One reason to undertake this research is also the fact that expert literature dealing with the present issues aims mainly at the description of AS diagnosis, rather than at ways of education or integration into the regular Basic School.

The basic research question, which I set at the beginning of the research, was the following: How is the process of integration of a child suffering from AS realized in conditions of a regular Basic School? This question is followed by further research questions, which appeared during the research proper and added to the main one. Among them: How does the adaptation of a child suffering from AS to a regular Basic School proceed? What are possible causes of mental strain perceived by a child suffering from AS?

The expected contribution of the thesis is believed to bring about more information on description and comprehension of specifics of the process of integration of a child suffering from AS at Basic School, occasionally also finding of further possible areas of the present topics, appropriate for future investigation.

## **2 Research sample**

As follows from the topic and the goal of the thesis the research sample represents one selected child, integrated individually to a regular Basic School, whom AS syndrome was diagnosed. During the school year 2011/2012 when the research took place the child attended the 5<sup>th</sup> grade of the Basic School. My first step to start the research activities was to address the regular Basic School in which the child suffering from AS studied. Having received the positive answer over the phone, I asked the class teacher for help; she had had the child integrated in her class for three years already. From the point of view of a complex approach to data finding I included into the research sample, from the very beginning, further significant factors of integration: assistant pedagogue, remedial teacher, and the child's parents, who after expressing their consent were incorporated into the research, too.

## **3 Case Interpretation**

### **Problem development**

As his mother told me, Johnny had problems as early as in his preschool age. When he was 3 and a half years old, problems with his speech fluency began, and he has been in care of a speech therapist since. Due to this fact he attended a special kindergarten for children suffering from speech impediments; he is said to have got on well together with other children then. Yet as early as that time Johnny's mother was aware of some of his atypical manifestations: for example, he was unable to detect emotions from mimics and facial expression of a person, and very seldom he looked at other people when talking. Also very conspicuous was his overall clumsiness: it took him long to learn to ride a bike and skate. In this connection his mother mentioned also his problems in self-care, saying that Johnny was slow and careless to dress himself. The boy is also supervised by the pedagogical-psychological advisory center because of his inferior speech performance. This is why experts suggested that he started his school attendance later. On recommendation of Special Pedagogical Centre the boy was integrated into a special logopaedic class of Basic School. As his mother said, Johnny had difficulties to acclimatize himself in class.

Difficulties appeared during the first three months of his first grade: he got tired easily, he could not concentrate in the learning process. His mother worked with him

on preparation to classes for two to three hours a day in order that he could manage school requirements at all. When he was 7 years old, the complex neurological examination confirmed the AS diagnosis in the end. As there was no continuation of the logopaedic class in a prospective second grade, the mother in cooperation with the Pedagogical-Psychological Centre and the Special Pedagogical Centre discussed Johnny's change to a convenient Basic School. She was recommended that Johnny would attend a practical Basic School (special school with modified curriculum), but she refused admitting that as far as possible she would prefer for Johnny to go to a regular Basic School in his domicile, which also his brother had attended. Evidently enough, she wants to "keep" the boy in the regular Basic School.

### **AS and adaptation to the environment of regular Basic School**

As mentioned above, Johnny was integrated to the regular Basic School for four years, and currently, namely in the school-year 2011/2012, he attends the 5<sup>th</sup> grade. As his class teacher confirmed, all subjects are run in the regular class. The boy works according to his individual education plan, which is prescribed by the so-called School Education Program, in Czech, English, and Mathematics. Because of the boy's AS diagnosis a vacancy was opened for the post of assistant pedagogue. A specific approach concerns also the system of assessment: in the subjects of Czech, English and Maths the report is produced in verbal evaluation instead of marks. The boy has his favourite subjects, too, which have something to do with his specific interests.

## **4 Discussing results**

In the present part of this chapter I would like to offer a complex overview of the problems examined, namely, the interrelation of the research outcomes with the theoretical knowledge. At the beginning of the integration the first important step for its successful progress was the mother's approach: it was during the first class meeting when she informed other parents about the situation, namely, about her child's defect and her wish to place the boy in the regular class, and she also asked for tolerance. The class teacher's approach, too, was significant, in the way that she adequately informed other pupils in class about possible manifestations of the integrated boy's behaviour, and she asked for tolerance. Thus the two approaches made good grounds for establishing a high-quality class team of children who were able to understand the needs of a pupil suffering from AS.

As followed from the research, during the adaptation phase, which is under examination, Johnny fought with burden situations. The mental burden, which is also mentioned in expert literature, is caused by changes in daily activities. As shown in the teacher's attestation, the school is prepared, following the recommended methods,

to prevent the phenomenon. The excellent example in Basic School practice is a stable, unchangeable schedule of lessons for the period of several years, which is good for a pupil suffering from AS, as well as for the rest of the class, and the endeavour of the school management not to change the class teacher of the integrated pupil. As the present research shows, the mental load is represented also by work-loads, or demands of teaching process in the regular Basic School. With Johnny it is in classes of Czech, English and Mathematics, in which he has to work with more effort in order to master them. In our case, the integrated pupil suffering from AS is able to stand the common work-loads of the Basic School under the following conditions. Regarding his or her diagnosis, the pupil is ensured an individual, personal approach, namely by an assistant pedagogue, and also in terms of the Individual Teaching Program, which concerns mainly problem subjects, such as Czech, English and Mathematics, in which his or her results are evaluated verbally rather than in marks. Based on previous specialist examinations, i. e. neurological, psychological, and pedagogical ones, as well as on the observations of teachers and mother's information, the Individual Teaching Program as conceived for Johnny comprised specificities of his needs: namely, what is important for the development in the social area is the drill in scenarios of socialization. As there is barely enough time at the regular Basic School to meet these demands, the teachers say, the practical training is provided in lessons of composition. As for the AS diagnosis, the methods recommended to master the teaching goals are those of visualisation, structured learning, and the method of process schemes. In practice, when making concrete teaching aids, such as number axes or survey cards, we find it convenient if the teacher works together with the assistant pedagogue.

The research has shown that the teaching process of the integrated pupil is influenced also by other factors, such as problems of fatigue and weakened attention, problems of text comprehension, and the pupil's slow tempo in work proper. The practice has shown that successful solution of these difficulties is conditioned by cooperation of all factors of integration: for example, as for the reduction of fatigue problem and weakened attention the neurologist suggested that Ritalin should be given to favour the medication. Having good experience with afternoon preparation the boy's mother agreed with the cure, and that is why the assistant pedagogue is allowed to give the pupil Ritalin during classes and thus eliminate fatigue troubles. As far as the problems of text comprehension are concerned, the good system in practice is the pupil's independent work with a dictionary: he can look up the meaning of an unknown word in class on his own, without disturbing his mates. Concerning the compensation of the pupil's slow rate of work, his teacher in cooperation with his mother agreed on the following system: as the pupil wishes to enjoy the feeling of success and tries to hand over the worked-out assignment in time together with his class-mates, he has the same tasks as others yet in reduced number. For instance,

in lessons of Czech two complex sentences only, whereas his class-mates have five sentences. The remaining sentences are trained at home with mother's help.

Another mental load is the sensitivity of the pupil suffering from AS to his being different from other class-mates. This fact is confirmed by his teacher and the assistant pedagogue. The analysis has shown that in consequence of this intensive feeling on the pupil's part a strong need has developed with him, namely to make up the difference. This is an important piece of knowledge for his teachers from the point of view of creation of educational strategy. In concrete terms it means to modify special approaches for the pupil so that he could accept them in the collective of his mates. Besides others, it is the above-mentioned stable time-table for the whole class instead of a visualised daily program, the system of identical tasks for everybody, yet in a reduced number for the pupil suffering from AS (this should be consequently compensated by a more intensive home preparation under his mother's supervision), more cooperative methods of work during classes instead of independent work.

One of interesting parts of the research was the finding how the pupil tries to come to terms with those exacting situations. Johnny seems to fight for his good social position in his collective, he wants to achieve the same results in class as other mates do, which is really a positive side. The analysis has confirmed that his efforts to catch up with others is not conditioned by his mother's wish only but by his striving, his ambition. On the other hand, it follows from the analysis, too, that Johnny perceives as carriers of differences also other tasks, books, which primarily has much to do with integration, modifications and methods. As a result of this secondarily the pupil reveals negative reactions, namely refusal, irritation. If the teacher is aware of reasons of these reactions, he or she can prevent these situations, look for possibilities how to meet the pupil's needs in other ways: for example, he or she can set the pupil a smaller number of tasks and thus make it possible for him to hand over the worked-out assignment together with his mates and, simultaneously, to enjoy the feeling of success.

Searching for an answer to the question "How does the integration process of a child suffering from AS run in the conditions of a regular Basic School?" one of the central categories of the whole integration process came to the fore: namely, the parental need of the pupil's mother, which is included in her attitude to education and to school as such. She considers education to be very important and valuable for her child's future. From this perspective, what she understands currently as the crucial point is for her child suffering from AS to keep on attending the regular Basic School; in such a way she believes to ensure her son better starting conditions for future, in case he went on studying or took a job. This is what motivates her to be at pains during daily, several hours lasting preparations of her son to school. She is convinced that in this way manifestations of the defect are being kept down. Another significant central category is the ability of the pupil's teacher to give him a hand in

classes, to treat him as equal as others, namely as those without the AS, which showed through the educational approach: the pupil is set the same assignments as others are. The important central category, which is active in the integration process, is the pupil's need to level up differences with his classmates. It shows that each of these factors of integration has different needs in the integration process. However, during the analysis it was very interesting to observe how these categories of needs influence each other, how they co-determine and co-qualify successfulness of the whole integration process. Practice verifies the fact that what can be developed as an inherent component of these mechanisms is also so-called inclusive category. The example may be the same tasks to work on by all the class, or the above-mentioned stable schedule of lessons lasting for several years, which serves to the whole collective of the class, and which makes it possible for the pupil suffering from AS to foresee the structure. It means that every pupil enjoys the possibility of getting what he or she really needs.

To conclude this part of the chapter, I would like to mention further areas which could possibly be explored in future. Owing to the fact that the present part of the research deals with the pupil's integration into the regular Basic School, namely the first part of Primary School, it would be a good idea to follow the integration process as this will proceed in a longer spell of time, say, in the higher form of Primary School, possibly also in the Secondary School, further on to assess barriers or stimuli of the whole process, conditions, the pupil's motivation for integration, and the key factors of integration. What can also be an apt topic, appropriate one to explore is a comparative treatise based on two or more case studies dealing with the present issues.

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# Play therapy for children with behavior disorders

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**Abstract:** *This contribution is dealing with applying projective play techniques and methods in education, diagnostics and therapy for children with behavior disorders. It is a presentation of three casuistic studies in terms of individual play therapy.*

**Key words:** *children with behavior disorders, play therapy, projective techniques, case study*

## Doll with no head

A girl is sitting in the street outside the house playing with a doll. People are walking past and she is talking to the doll. One man stops and tells her:

“How can you talk to the doll when it is not alive”?

“It is alive,” a girl answers quickly.

“How can it be alive, if it does not have a head”?

“It does” says the girl.

“There is no head” – says the man angrily.

“There is ...”

“There isn’t...”

“And you are not able to play.”

Dragan Lukič (from the Czech translation of K. Slabý).

## 1 Introduction

Dynamic conditions of the modern world alongside the emphasis on education – need to pay increasing focus on other components of mental development as well. Increased attention is given to activities such as play and creativity – their emotional relationship to harmonious development of the individual, to appropriate social adaptability, balanced relationship to oneself, to others and sensitivity to cultural values.

## 2 Some theories and opinions on children's games

A game is undoubtedly an important factor in the development of each child. It is one of the ways in which the child discovers the world. It also provides a wide opportunity for learning, training its abilities and has a great importance for social learning. According to Vygotsky (1976), the game always shows a child out of his everyday life, common behavior, e. g. in the game a child is a head taller than in reality. There are a lot of ideas and theories. Some authors emphasize its social resources, others biological, they understand and explain the game more or less deeply. Educational importance of games was highlighted by Comenius (1990), Schürer (1974), free activity, spontaneity, freedom, voluntary and enjoyable experience in the game were seen by Bühler, Bühler, Fröbel (Bartůšková 1970), Příhoda (1971). Representatives of the psychoanalytic direction thought the game as the gateway to the unconsciousness that stores all previous negative experiences, feelings of dissatisfaction, inferiority. Elkonin (1983) saw the importance of a game in preparation for future life. Social sources were described by Zaporozec (1968), Rubinstein (1967), Berne (1970), Huizinga (1971), Fink (1993). Erikson saw the means to cope with traumatic experiences in the game. According to Duke (1974) game is a way to talk about the problem and solve it in a different way. Abt (1969) in this regard says that the specific instruction on how to solve problems is creating a game. The play situation (Fink 1993) contains a mirror moment of duplication that can be demonstrated by the structural features of the game. The player hides behind his role – someone who plays a character in the game. He experiences these imaginary situations as reality and they can be repeated.

## 3 Diagnostic and therapeutic importance of a game

Diagnostic use of games (Horňáková 1976 to 1980) can provide useful information about:

- mental maturity of the child's knowledge and interests,
- social relationships (relationship to oneself, to people, social norms),



- socialization of the child, position in a group,
- social and cultural level of the environment in which the child grows,
- motivation, behavior and acting of the child, hidden conflicts, and experiencing the inner world.

Bateson (1976) highlights the game with a child, because it draws attention to the child's own process of communication and the structure of acts within which the structure of understanding takes place. Game (Amsterová, Millar 1978) allows understanding of a child in terms of the diagnosis, it is an optimal compensation of verbal techniques to the establishment of a therapeutic contact and means of therapy.

The therapeutic importance of the game is highlighted by Millar (1978), Axlinová (1947), Werner (1978), Kondo (1989), Borecký (1982) and others.

According to Borecký (1982) a game can be a means to sustainable and natural development of the personality only if it is still near at hand.

The therapeutic importance of the game (observing the child in the playroom, the nature of games, speech and overall behavior) was and is more dealt with by professionals. Werner (1978), Klein (Bos 1966), Axlinová (1947) describe it for children with behavior disorders. By means of the diagnosis they look for motives of inadequate behavior regardless of whether the child realizes it or not. It is possible to learn about the child's problems by observing changes in its behavior during the game, which sometimes reveal their causes. This phenomenon may not be the crucial in terms of determining the child's diagnosis. Observation is supplemented by examinations and available information about the child.

## 4 Play therapy

Play therapy is a planned process aimed at achieving the desired changes in behavior, attitudes and opinions of the individual. It is actually a method through which a child explores the world, learns about it and copes with it. At the level of a play, children have the possibility of self-knowledge, correct behavior, the development of expression and communication skills. Communicating through the game is even more important, the younger the child is and the poorer his vocabulary is poor.

In preparing a therapeutic group, or even in preparation for the individual play therapy, it is important to take into account (Horňáková 1976 to 1980):

- the age, general abilities and talent, interests, family and social environment of the child,
- symptomatology and etiology of behavioral disorders (if the affected individual)-type, seriousness of the disorder,
- therapeutic target, set in teamwork with more experts (or their recommendations),

- developmental aspects of the game, its attractive forms and expressive possibilities for various ages, as well as their potential therapeutic benefit,
- psychological, special pedagogical and therapeutic and educational requirements for working with the child.

## **5 Using projective techniques in play therapy for children with behavior disorders**

A game is the means of communication, the child's speech. How this speech is "readable" depends largely on the play material. So called projective material is appropriate in terms of expression (puppets, furnishings, building sets, etc.) because they encourage children to imagine games into which they transform their experiences, current problems. In games with projective material may be revealed the causes of child's problems which often appear as disobedience, laziness, stubbornness, or neurotic symptoms (tics, enuresis, excessive drawing attention to itself, shyness, poor ability to concentrate etc.), responding to adults, child's relationship to itself, to peers.

In education, in the diagnosis and therapy puppet games are widely used and puppets belonging to the category of mimicry – including imitation, mirroring, pretense and duplication features (these create the principles of the games).

Figures in the projective game were first used by Melanie Klein (Millar 1978), who assumed that a free game symbolizes fears, joys, conflicts and desires. G. Von Steabsová used moving figurines. In her test she uses puppets (family members within three generations, figurines of animals), furnishings, natural elements. According to Von Steabsova (Borecký 1977) in applying of this technology it is dealt with the individual entry in a group where everyone creates his own scene. Rambert (1969) worked with puppets and she classified the intensity of the child's disorder according to gestures, posture, voice intonation, facial expressions. A. Freudová (Blazek, Olmrová 1985) used the game with puppets in systematic observation of the game and the method of free association. Schürer (1974), Kotásková (1966) and Veselá (1970) also worked with puppets and introduced us to the method of Moore's Doll-play. Inventory Doll-play contains a several bedroom house with equipment, complementary furniture items essential for the needs of daily life. The child solves the situations that occur in everyday family life. The method is suitable for small children – it helps to explore their imagination, reflects their relationships, feelings and opinions of the people who surround them. At the same time, this game provides an opportunity to create a variety of model situations necessary for social learning, formation and consolidation of educationally desirable responses. In our country this technique of Doll – play was applied in an orphanage by Horňáková-Prokopyová (1975), with preschool children Majzlanová (1985) and with children in pediatric diagnostic institution Erdélyová (1983).

The authors of the techniques of the world (construction of the world test) are M. Lowenfeldová and Š. Bühler (Millar 1978). It includes human and animal figurines, miniature models of fences, houses, trees, there are also water and bags of three types of sand. The game results in different creations – the country, valleys, cities with people, models of fantastic places with wild animals. The child is asked to describe what he or she has created and what will happen next. Another possibility of this technique is the game according to a scenario that allows users to create images of the environment in which the child lives, and often helps to clarify the basis of motivation of disturbed social behavior (Werner 1973). A scenery game is suitable for the less daring and less mature children. A similar technique to the world (in terms of composition of toys), is the technique of the universe by Borecký (1982). In his collection of toys there are also miniature toy trains, rails, cars and additional constructive material. The child plays alone or in a group. Team games lead children to cooperation, provoke the emergence of social situations that can be used therapeutically. The diagnostic value of the game and how to teach children to understand the game the author describes in the publication *Worlds of toys* (1982). Solomonov (Bos 1966) also describes the game with puppets. His active therapy is very popular, when the child characterizes the puppets as angry, sad, happy, and in this way reacts to situations in real life. The therapist asks questions about the city, suggests solutions. The game is suitable for aggressive, impulsive, anxious, hesitant children under 10 years. Leavy recommended the treatment by a puppet game. The aim of the therapy is to relieve child's anxiety and fearful reactions.

The importance of a game with puppets (Majzlanová 1985):

1. The game will transfer conflicts on puppets and some game parts allow them to speak freely about their problems.
2. The game deals with conflicts in the world of puppets, some of which may be indirectly removed.
3. Children learn appropriate social communication, develop freely, without pressure. Scenario games allow for a gradual, realistic adaptation of the child.

The importance of design techniques:

1. They do not make the child bored and tired, the child has an opportunity to regularly come back to them and gradually develop the game.
2. They offer the possibility of non-verbal expression of emotions, moods, problems of the child, so they can be used even for reserved and shy children.
3. They give the possibility not to interfere strictly into the development of the game and through it into the development of child's personality, and thus become an important means of therapeutic and educational activity for a child.
4. They allow a smooth transition from the diagnostic phase into the phase of a therapeutic game.

Individual techniques generally include all previously mentioned aspects, educational, diagnostic and therapeutic, which overlap and complement each other. In practice, we talk about diagnostic – therapeutic – educational approach.

## 6 Application of play therapy – case studies

In corrections of behavior disorders I used my own composition of toys, by means of which it is possible to create real situations from the family background, school background, situations in the street, in the park, in the playground, in a fairy world.

These composition of toys was put into three boxes – there were about forty – three dolls (men, women and children) animals, cubs, fairy beings, furniture, equipment, elements of nature, blocks, building sets, houses, means of transport, blackboard, scissors, drawings, pastel pencils, clay skewers.

I used puppets:

1. in an individual play of a child
2. in a play with a child
3. in a group play with 5–6 year-old children or in two parallel groups.

1. The individual play was based on free display of a child.

During the play I observed:

- the level of child's play with toys (touching, manipulating, short actions, developed actions)
- the relation to these toys (material, functional, emotional)
- the level of child's skills, knowledge and experience, creativity, imagination – according to child's age
- identification with a doll.

I used the individual play as a rule at the beginning and at the end of our play appointments. After that I analyzed and compared the results.

2. In a play with a child I concentrated on:

- the development of contents and a form of a play
- the development of communication
- the adequate usage of toys
- relationships: an adult – a child, a child – a child
- the solution of various social situations and conflicts (an adult – a child, a child – a child)
- the motivation of imagination and creativity aims, contents and the number of our play appointments. I started according to the level of child's perception, interest, problems of children according to the means of their receiving stimuli and reactions.

3. In a group play I concentrated on the observation of
  - social relations, knowledge and skills at the same time
  - formal changes and changes in contents and composition, spatial localization, features, expression of the situation, perception, conflicts, rejection of the substitute role of puppets, duplicate elements
  - the time of the theme (how long it took)
  - the number of dolls – their choice, manipulation
  - the scene, organization (as far as chaos)
  - exploitation of the space.

#### Casuistic 1

Ivan M. (7, 5) a pupil of the first form (his school attendance was postponed). His parents adopted him when he was three (3) years old.

His behavior at school was unpredictable: he damages his classmates' textbooks and exercise-books. Children reject to sit with him at one desk.

During the last month the problems in his behavior and learning were getting worse. Ivan has a close relationship with his grandfather but he is in hospital at the moment.

1. During the individual play of Ivan he was only looking at the toys and was replacing them, he did not develop any actions.
2. During the play with Ivan we chose the members of his family, furniture, the equipment together.

At the beginning we played common situations in a family. During our next session Ivan repeated some situations, verbalized them. Most frequently he identified with his grandfather. Mostly his father was missing in this composition which corresponded with the fact that his father was frequently absent. Then we concentrated on real situations – at school and in the family.

These plays provided us with a possibility to try new forms of behaviour and reacting.

This play showed that Ivan had had a very deformed ideas about expectations of his behaviour, possibilities of reacting and he even had not realized consequences of his behaviour. Some of the situations which were directed educationally we played according to topics from fairy tales by E. Čepčeková, by J. Paulovič.

3. After ten (10) sessions I put Ivan into a group of children, where he played some situations which he had seen by other children. His play was getting richer and organized and his perseverance was also getting better. Although Ivan's behaviour partly improved, it was necessary to pay attention to him and to be patient with him and also to keep his interest in cooperation.

## Casuistic 2

Mirka B. (7, 4) was very capricious – she was sometimes silent and shy, another time she reacted very impulsively. In the last period she also grimaced. She couldn't concentrate on any activity and persist to its end.

A record of our play sessions:

1. During our first session Mirka was captivated by a puppet of a cat. The longest period of time she played with the toy dishes.

Her attitude to toys was more functional than emotional. Her play was simple, concentrated on manipulation and replacement of toys.

2. When she played a family she chose the following dolls – her mother, sister and herself. In the latest scene she played her mother and she was shouting at her father. "You are drunk and you are going to beat me again." Then she shut him into the wardrobe. In the latest scenes she mostly put her father in bed and she said: "He is tired, we must let him have a rest." Many things that I found out during the play were later confronted and confirmed by her mother. Their father often came home in high spirit, he used swear words and was violent, too.

Mirka's mother accepted this situation in their family apathetically, she did not realize its negative consequences on children. In our dialogues we tried to find some solutions – what she could do for her children, what she could change – especially for Mirka.

It was promising that she hadn't taken Mirka's behaviour as disobedience. She tried to help Mirka.

3. In a group of children Mirka composed her own situations. Her interest was bigger and bigger and her compositions were also becoming richer and more fixed. According to her teacher (she more often motivated, praised and incited her). Mirka was more concentrated,, her mood was without considerable changes.

## Casuistic 3

Rudy (5, 2) was a careless child until his sister was born. Then he was getting more nervous, he was injuring other children in a nursery school, he was sometimes crying and did not want to play with his contemporaries. The reason of Rudy's problem was clear. He was jealous of his little sister and as she was growing, his behavior was getting worse.

1. In an individual play – Rudy played with a dog, he took it for a walk, he fed it, but his play didn't last too long.

2. In a play with Rudy I suggested to play a family. He chose dolls – his father, mother, sister and also himself as the members of his family.

They all took care of his sister – they fed her, took for a walk.

This game showed, that Rudy missed his father's attention, because he travelled a lot.

In our plays we also used fairy tales and short stories, which directly or indirectly corresponded with Rudy's problems.

3. In a group play Rudy joined the other children, he cooperated with them, his behaviour was getting (with the help of his family) better.

## 6 Conclusion

In educational process of institutions game activities are also applied. Their aim is to serve as a protective and preventive factor in the child's development. It is very important for a child to have enough opportunities to play. It depends on adults how they will utilize them for the development of their personalities. Although we try to help our children we should allow them to have the feeling of their own importance and their control of a play. The value of such a play was expressed by S. Eugster: "A play is not a little... A spontaneous and cheerful play is the maximum what children can be offered."

## 7 Literature

- [1] ABT, C. A. *Serios games*. New York: 1969.
- [2] AXLINE, A. *Play therapy school of education*. New York: University, 1947.
- [3] BARTUŠKOVÁ, M. a kol. *Pedagogika predškolského veku*. Bratislava: SPN, 1970.
- [4] BATESON, G. *A theory of play and phantasy*. In: Play its role in developments and evolution. Harmondsworth, 1976.
- [5] BERNE, E. *Jak si lidé hrají*. Praha: Svoboda, 1970.
- [6] BLAŽEK, B., OLMROVA, J. *Krása a bolest*. Praha: Panorama, 1985.
- [7] BORECKÝ, V. Rodinný scénotest. *Psychológia a patopsychológia dieťaťa* R. XII, č. 1, SPN, Bratislava 1977.
- [8] BORECKÝ, V. *Světy hraček*. Praha: Mona, 1982.
- [9] BOŠ, P. *Léčba hrou – příspěvek k dětské psychoterapii*. Čsl. Psychoterapie, č. 4/1966.
- [10] DUKE, E. D. *G-ming. The futures language*. London-Sydney-Toronto: 1974.
- [11] ELKONIN, D. B. *Psychológia hry*. Bratislava: SPN, 1993.
- [12] ERDÉLYOVÁ, R. *Terapia hrou v detskom domove*. Liberec: Bulletin FICE, 1983.
- [13] ERIKSON, M. H. *Pediatric hypnotherapy*. New York: Lyle Stuart, 1962.
- [14] EUGSTER, S. *Loutková hra jako pedagogický, nikoli morální nástroj*. Divadelní výchova č. 5/1969.
- [15] FINK, E. *Hra jako symbol světa*. Praha: Český sposovatel, 1993.
- [16] HORŇÁKOVÁ, M. *Prednášky z terapie hrou*. Pdf UK, Katedra liečebnej pedagogiky. Trnava: 1976–1980 (nepublikované texty).
- [17] HUIZINGA, J. *Homo Ludens*. Praha: Mladá fronta, 1971.
- [18] KONDAŠ, O., KRATOCHVÍL, S., SYŘIŠTOVÁ, E. *Psychoterapia a reedukácia*, Martin: Osveta, 1989.
- [19] KOMENSKÝ, J. A. *Informatórium školy materskej*. Bratislava: SPN, 1990.
- [20] KOTÁSKOVÁ, J. *Moorová dětská projekční metoda loutkovou hrou*. Čsl. psychologie č. 1/1966.
- [21] LANGMAIER, J., BALCAR, K., ŠPITZ, J. *Dětská psychoterapie*. Praha: Avicenum, 1989.
- [22] LANGMAIER, J., Matějček, Z. *Psychická deprivace v dětství*. Praha: Avicenum, 1974.

- [23] McMAHON, L. *The handbook of play therapy*. London-New York: Tavistock/Routledge, 1992.
- [24] MAJZLANOVÁ, K. Dramatická výchova v špeciálnej a liečebnej pedagogike. Učiteľské noviny, R. XLII, č. 24/1992.
- [25] MAJZLANOVÁ, K. Hra s bábkami, vo výchove, diagnostike a terapii detí s poruchami správania. In Ročenka Efeta 1994. Bratislava: Monitor, 1995.
- [26] MAJZLANOVÁ, Katarína. *Diagnostické možnosti hry*. In Majzlanová, K. (ed.) Zborník príspevkov Liečebnopedagogické dni II.–III. Bratislava: Humanitas, 1998.
- [27] MANSTEINOVÁ, A. *Léčivá moc hry*. Divadelní výchova, č. 3/1969.
- [28] MILLAROVÁ, S. *Psychologie hry*. Praha: Panorama, 1978.
- [29] MITAŠÍKOVÁ, PETRA. *Liečebnopedagogické pozorovania v terapii hrou – formálne a obsahové podmienky*. In Revue liečebnej pedagogiky 10, 2011. Bratislava: ProLP – internetový časopis.
- [30] PŘÍHODA, V. *Ontogeneze lidské psychiky*. Praha: SPN, 1971.
- [31] PROKOPYOVÁ-Horňáková, M. *Výchova pomocou hry a detskej drámy v detskom domove*. Bratislava: Bulletin FICE, č. 26/1975.
- [32] RAMBERTOVA, M. *Puppenspiel in der Kinderpsychologie*. München: Basel, 1969.
- [33] RUBINŠTEIN, S. L. *Základy obecné psychologie*. Praha: SPN, 1967.
- [34] SCHÜRER, M. *Dítě a hra*. Praha: Emka, 1974.
- [35] STANČÁK, J. *Test dediny ako projekčná metóda v psychiatrii*. Čsl. psychológia, č. 1/1963.
- [36] SVETLÍKOVÁ, Jana. *Výchova hrou*. Bratislava: Humanitas, 2002.
- [37] VESELÁ, V. *Preference rodičů v projektivní hře Doll-play*. Psychológia a patopsychológia dieťaťa, č. 4/1970.
- [38] VALENTA, Milan. *Herní specialista*. Olomouc: Univerzita Palackého v Olomouci, 2001. ISBN 80-244-0345-5
- [39] VYGOTSKIJ, I. S. *Vývoj vyšších psychických funkcí*. Praha: SPN, 1976.
- [40] WERNER, R. *Dieťa s poruchami správania*. Bratislava: 1978.
- [41] ZAPOROŽEC, A. V. *Psychologie*. Praha: SPN, 1968.

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# Profile of inclusive teacher and its role in the process of special-educational differential diagnostics and counselling – comparison of euro-atlantic experience with focus on cultural-linguistic diversity

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**Abstract:** *The aim of this paper is to compare the viewing of the sc. profile of inclusive teacher from the standpoint of differential diagnostics, which is necessary for an adequate assessment of capabilities of individuals entering the education process. The creation of the profile is the final result of a survey carried out by the European Commission of the EU, whose aim is to assess the possible implementation of the principles of inclusive education in the context of European educational policy from the very position of adequate role and key competences of an inclusive teacher. Directly related to the development of concept of special needs education, which is no longer a discipline oriented only towards medical understanding of its subject matter, it is necessary to harmonize the requirements of the principles of inclusion with the reality of education profession. A great emphasis should be put on strengthening the role of special needs teachers in the process of diagnostics and continuous counselling, which is an essential condition for the success of inclusive approach. The final part of the paper discusses selected aspects of specifics stemming from cultural-linguistic diversity in education, and emphasis on the balance of mutual congruency of work of individual professionals involved in inclusive education in differential-diagnostic dimension. The author builds on findings earned during her active participation in the project, which she then compares to selected Euro-Atlantic findings.*

**Keywords:** *inclusive teacher, inclusion, education, special needs education, special pedagogy, European Commission, diagnostics, differential diagnosis process, counselling, communication ability, cultural language diversity*

## 1 Introduction

The creation of a profile of an inclusive teacher is the result of a task set by the **European Commission of the EU** in an attempt to assess the possible **implementation of the principles of inclusive education** in the context of European educational policy from the position of **adequate role and competences of an inclusive teacher**. To be more specific, it is a key outcome of an extensive project called **TEACHER EDUCATION FOR INCLUSION (TE4I)** realized within the years 2009–2011 by the European Agency for Development in Special Needs Education. Currently, the Czech and Slovak Republic also belong to the member states of this agency, which is supported by European Union institutions such as the European Commission and European Parliament. This agency is an independent and autonomous organization, which was created to represent a platform for co-operation of the member states related to development of pupils with special educational needs. It is also supported by ministries of education of the participating countries (these being member states of the EU), as well as of Iceland, Norway and Switzerland, and it is also supported by the institutions of the EU through the programme Jean Monnet within its EU Lifelong Learning Programme. The agency supports collecting, processing and transmission of specific information of European and national value, and it creates for the member states an opportunity for mutual learning through exchanging various experience and knowledge. The projects of this agency included, e. g. Early Childhood Intervention Update (2003–2004), Higher Education Accessibility Guide (HEAG) (since 2009), Multicultural Diversity and Special Needs Education (2006–2008), or Young Views on Inclusive Education – European Hearing 2011 (a conference which took place in 2011 in Brussels with the participation of young persons with disabilities).

**Focusing on educational process and on professional, mainly pre-gradual but also lifelong, training of teachers** is, according to all member states of the TE4I project, a key issue in the process of inclusive pedagogy and in educating children with various needs, which is also emphasized by the WHO disabilities report from 2011 (WHO, 2011). This professional training must, however, focus on attitudes and personal values, not only on knowledge and skills (for further information see European Agency for Development in Special Needs Education, 2011). What is necessary is to focus on training of teachers in elementary education (in the so-called mainstream) to check their readiness for inclusive education.

## 2 Input premises and main outcomes of the project Teacher Education for Inclusion

**The participants** in the project Teacher Education for Inclusion were special needs education teachers and representatives of their governmental administration (min-

istries and national educational agencies), their educators (representatives of universities and other academic institutions), employers (deputies of elementary and secondary schools management), teachers from the so-called mainstream and representatives of their governmental administration, their educators and employers. Other participants were representatives of international organisations and external observers and also direct “users” of inclusive education, i. e. students with special educational needs. Altogether, there were 55 experts from 25 countries, among which were also representatives of UNICEF and UNESCO, representatives of Directorate-General for Education of the European Commission (DG-EAC), representatives of the Centre for Educational Research and Innovation (OECD-CERI) and representatives of International Bureau of Education (IBE). **The continuous and final recommendations of the project** are based on the reports regarding educating teachers from 29 countries. A significant source for much of the groundwork was the Eurydice database of EU and the expertise of the approached national experts. A partial outcome is, amongst others, the sc. matrix of the project, accessible on its webpage, summarizing the analysis of literature dealing with politics and research, national reports, study visits of selected experts to individual countries and sc. examples of good practice (for further information see European Agency for Development in Special Needs Education, 2012).

**The initial issues** were the following key questions: what kind of teachers do we need for inclusive society of the 21<sup>st</sup> century? Which teacher competences are necessary for actual implementation of inclusive education? That is why the **profile of an inclusive teacher** primarily defines the competences which an efficient inclusive teacher must possess for the purpose of encountering all types of diversities in the educational process. It represents a framework of competence areas which is relatively applicable to **all educational programmes for teachers**; these areas should be developed during **pre-gradual training of teachers**. **The profile** should also serve as the **basis for further, continuing education and professional development of teachers**. As far as the methodology of creating the profile is concerned, it was continuously being elaborated since 2009. In this time, more than 400 contributions of interested persons and more than 70 written responses were collected and analysed, including the results of activities related to validation and verification of the acquired data which was running in 2011. The participants in drafting, commenting on and revising of the profile were selected national experts who carried out study visits in selected countries, within which they identified the key factors supporting the subsequent implementation of the profile. The main areas of key competences of an inclusive teacher within the profile are the following four areas (European Agency for Development in Special Needs Education, 2011):

- ***Respecting the diversities of pupils*** – based on the premise that the distinctions (differences) between the pupils are understood as a significant source and benefit for education and not as a barrier or a downside.
- ***Supporting all pupils*** – this means that teachers have high expectations of and set high goals for all pupils.
- ***Co-operation*** – co-operation and teamwork are the essentials of **every teacher's** approach.
- ***Further personal professional development*** – education in this context is an activity connected to learning and teachers **must take responsibility for their lifelong learning**.

For each key competence, basic attitudes **were determined** as well as abilities and skills, personal beliefs and knowledge. The main recommendations and outcomes of this project for further research and implementation include the following (European Agency for Development in Special Needs Education, 2011):

- **To make more efficient the process of selecting and motivating the applicants for pedagogy studies** in relation to the implementation of inclusive education. The initial attribute is chiefly an analysis of the ways which are used to approach and motivate candidates for the teacher profession, but also of the approaches leading to increasing their sustainability both in the studies and mainly in the following teaching practice. Another necessary prerequisite is to **increase the number of teachers from various diverse groups** while respecting the variety of gender (increasing the number of men in the educational system), language, nationality, culture or with respect to adequate, sufficient representation of teachers with disabilities (so that the conditions for appropriate communicating are met, see e.g. Recommendation 1598, 2003).
- **To improve the system of educating teachers in a complex way involving pre-gradual education, training, mentoring and further professional development.** The issues of inclusion and diversity should be, according to recommendations of the project participants, an integral part of the curriculum of programmes of pre-gradual preparation of all teachers regardless of the preferred or selected age group of pupils or of subjects taught. A continuous evaluation and creating and checking a portfolio of students, their supervision, self-assessment, development of their critical thinking etc., all these activities should become a part of pre-gradual university study programmes. The co-operation of educators of teachers and schools and practice should be developed more intensively and in higher quality, since the realization of teaching practices in the inclusive context seems a little problematic. During their practice, students should be getting acquainted with dealing with critical situations which stem from different attitudes of different groups of teachers (both generation and opinion groups) constituting the teaching staff. In this

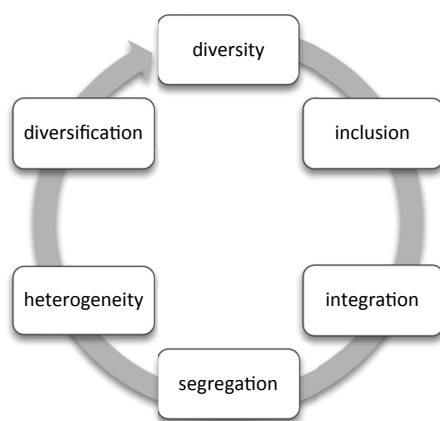
respect, students and graduates should learn to create and mainly to sustain higher enthusiasm towards the issues of practical realization of inclusion after their start in practice, where they encounter the “reality” of schools and attitudes and experience of their current, more or less experienced staff. A supporting solution could be providing more significant **continual help for graduates of teaching after their job commencement**, where a graduate usually loses the previous support provided by university teachers and practice tutors. This could be provided by introducing mentors, who would have a sample portfolio of introductory work at given school created for the needs of starting graduates, but **a significant role is, among other things, played by a quality example given precisely during teaching practice**. Eventually, the point is to strengthen the teaching profession and to **provide quality educators** of teachers so that the position of educators of teachers is increasingly occupied by experts with knowledge and **experience in the field of inclusive conditions**. A very interesting topic is also the appeal for providing sufficient **opportunities for research and for professional development of teachers in inclusion** by supporting co-operation between faculties and by stimulating an “institution-wide” approach to diversity. In some experts’ opinion, it is also appropriate to discuss some minimal limit of the length of **pedagogical education, especially as regards the teachers of specialized subjects**. Boyd et al. speak **in this respect** about the necessity of at least three-year-long education in pedagogy etc. (Boyd et al., 2007 in European Agency for Development in Special Needs Education, 2011) with referral to, among others, representatives of Spain or France, who presented their negative experience with the model of acquiring the sc. minimal teaching qualification (e. g. within subject specialization), which means earning a degree in specific subject specialization subsequently complemented by pedagogical minimum. They point out the necessity of changing the study of teaching to the sc. long master study (sc. integrated kind). What is being discussed is also a new dimension of teaching profession, where representatives of Finland recommend sc. **design of curriculum for everyone** and point out that: “... teachers are researchers supported in continually discussing, analysing and subsequently adapting their teaching...” (European Agency for Development in Special Needs Education, 2011, p. 29). Some representatives advocate a much more radical attitude and they claim that a teacher who does not accept inclusion does not belong to modern inclusive school system. Italy and Switzerland are of the opinion that for inclusion to be successful, it is necessary to identify with the philosophy of inclusion, otherwise the teacher fails and he/she is subjected to higher risk of health problems and burnout syndrome (European Agency for Development in Special Needs Education, 2011, further see e. g. Doudin&Lafortune, 2006; Lafortune, Doudin&Curchod, 2010).

- **To improve the area of school management.** Allen and Harriot (2011) emphasise the critical role of **school management**, especially of the directors. For this reason, one of the main tasks should be **ensuring or at least building of positive school climate and culture** conditioned chiefly by appropriate material, personal and methodical-educational background which respects individual educational needs of pupils in inclusive environment and reacts to them. Such a climate should be created **for all participants of inclusive education** (see above) so as to create **really supporting, pro-inclusive conditions** (including efficient instructions and instructing, assistance and tutoring, exercising the principles of co-operative learning etc.) (comp. also e.g. Sands, Kozleski & French, 2000). There are of course critics of inclusive education who claim that the support of weaker pupils means, on the other hand, not respecting the needs of more talented pupils. The participants in the projects, however, point out the results of comparing the countries which were the most successful in tests done by organisations OECD and PISA, i.e. which ranked at the top or showed a significant improvement in the recent period. The improvement of conditions for teaching students with weakest results does not have to be at the expense of the more successful ones since the more successful in these comparative surveys were those schools and countries who formulated clear and ambitious conceptual goals in their educational policy, who were better at monitoring the results of students (meaning not only grading), who granted greater autonomy to schools, created an identical curriculum for pupils under 15 years of age, invested greatly into preparation and professional development of teachers and also supported schools and pupils with weaker results in other ways (European Agency for Development in Special Needs Education, 2011).

### **3 Categorizing of pupils with SEN and terminology in the field of inclusion related to diagnostics in an environment of diversity**

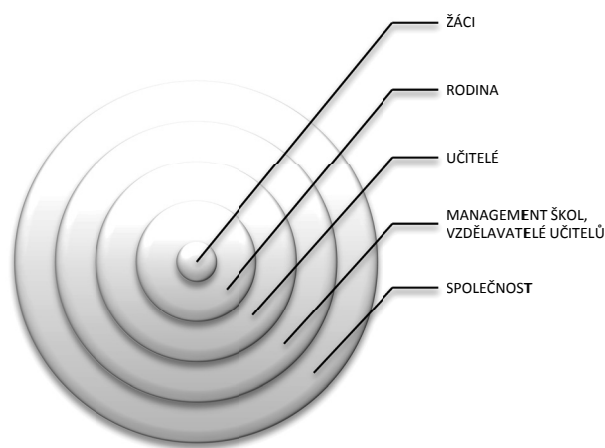
A much discussed issue related to inclusive education is sc. **categorising and labelling** of students with special educational needs, since the reform of educational policy should support all teachers and key workers in building a clear understanding of the basic premises and implications of using various terminology. According to some negative advocates of the project, “labelling” strengthens comparing, creates space for unwanted formation of hierarchic relations and may also limit the level of expected results and in consequence also of learning. However, in our opinion, identification of pupils is necessary for the process of differential diagnostics and it is so even if we refuse sc. labelling. The relatively positive benefit of labelling is pointed out, among others, by McGrady et al. (in European Agency for Development in Special Needs

Education, 2011). It must be noted, though, that some countries paradoxically adhere to the model of separate education of boys and girls, which is accounted for by e. g. different initial cognitive and emotional level and therefore by a risk of achieving higher results at the beginning of elementary school as far as gender is concerned (see e. g. educational systems of Malta or Ireland). The problem of the sc. “inclusive” terminology is speculations about and instability of individual, though key terms, and defining of what inclusion actually is (see fig. 1). In this respect, we can encounter e. g. “school for everyone”, “equal opportunities in educating and approach”, “educating for everyone” but this term can just as well be represented by “principled approach to educating and society” (European Agency for Development in Special Needs Education, 2011).



**Figure 1:** Terms in inclusive education

Precisely in relation to inclusive education, it is necessary to emphasise the paradigm shift in special needs education from the sc. medical model, through integration model up to inclusive, holistic or sc. social model (further see e. g. Vitásková, 2009 or Jesenský in Lechta, 2009), which is based on the initial proclamation that inclusive education does not a priori concern only students with special educational needs or with specific learning disabilities, conduct disorders or everyone in danger of exclusion, but it concerns all participants in the educational process (European Agency for Development in Special Needs Education, 2011), i. e. pupils and their families, as well as teachers, management of their schools and their educators and, ultimately, the whole society (see fig. 2).



**Figure 2:** Complex range of inclusion  
(pupils; family; teachers; school management, educators of teachers; society)

Even in the inclusive process, and maybe precisely in it, it is necessary to identify **diversity**, but in this context emphasis is put on **different approach towards identifying** difficulties and “specific needs”. The difference concerns the appearance of the problem in the population of a given country, but also **migration and transition of views on diversity in population**. Differential diagnostics of needs and competences in inclusion is also highlighted as a new role of special education teachers in inclusive system together with a new dimension of counselling. In inclusion, it is necessary, as opposed to e. g. traditional conception of special education, to provide much higher **supporting forms of education, counselling, not only to pupils but also to teachers and to parents** (see e. g. Vitásková, 2010b). To give an example, we can mention the view on assessing communication competence and communication behaviour. The term and phenomenon watched in this context is “**cultural-linguistic diversity**” (e. g. Vitásková, 2010a). More extensive studies (comp. e. g. European Agency for Development in Special Needs Education, 2009) agree that **the biggest initial problem which education in inclusive environment** in the context of cultural-linguistic diversity must deal with is:

- the issue of selecting a language used for communication, and
- the problem of potential incorrectly interpreted or hidden language interferences into the area of differential diagnostics towards e. g. **specific learning disorders** (further e. g. Vitásková, 2010a).

**A problem is e. g. incorrect placement of pupils from different cultural and linguistic environment into the special education system** or their directing (by teachers, diagnostic and counselling workers) towards special education support and,



alternatively, an incorrect prediction of their cognitive deficit or specific learning disorder (Reindall, 2010 and others), which are mistakes stemming from misunderstanding of the specifics of and deviations in communication which occur precisely as a result of cultural-linguistic diversity. The diagnostics of cognitive abilities, as well as diagnostics of special educational needs, which it is necessary to identify in inclusive education, is for the main part based on **assessing the level, quality and efficiency of communication ability**, be it its verbal or non-verbal part. This is the task of quality differential diagnostics grounded in quality and objective diagnostic materials, assessment scales. In many countries, however, there is still a lack of relevant diagnostic materials which would meet these requirements as far as both validity and reliability and objectivity are concerned – what is meant here are materials reflecting all aspects (forms and parts) of communication and differences stemming not only from cultural-linguistic diversity but also at the same time from the diversity of special educational needs with regard to medical, social or other difficulties or a combination of them (further also Vitásková, 2011b). Often, materials are used from countries with a longer tradition of diversity and respecting cultural-linguistic needs (e.g. the USA), however, they are mostly used only in their translated version, without a quality professional language adaptation and standardization for the conditions in the Czech Republic and cultural and linguistic groups living there (whereas this structure is not stable, it is subjected to macroeconomic and microeconomic pressure and society-wide changes). Moreover, there is often no difference defined between the sc. “culture-friendly” tests used for differential diagnostics of deficits stemming from cultural-linguistic diversity and tests used for pedagogical-psychological evaluation of population of pupils with special educational needs, which leads to the fact that these groups of pupils are ordered into the same category or this fact is a “logical” consequence of this situation. A common phenomenon is an **inclination towards preferring non-verbal components of tests** with, however, subsequent absence of possibility to significantly compare the actual discrepancy between verbal and non-verbal part of abilities (European Agency for Development in Special Needs Education, 2009). **Non-verbal communication** is in fact a very significant source of cultural specifics and differences, it can lead to misunderstandings or even to conflicts and from many experts’ point of view, it is much more important than verbal communication.

A different perception of non-verbal communication can, however, paradoxically be influenced by the expert’s focus on special needs education or directly on the area of communication and its disruptions, which are to a certain extent present in all kinds of diversity (see the problems of sc. symptomatic speech disorders or deviations and specifics of communication – e.g. Vitásková, 2011a). In special needs education, a specific role is played by e.g. codification of non-verbal communication. **Non-verbal communication in persons with special educational needs** has a specific place and character in the context of communication of e.g. deaf persons,

blind persons, persons with deaf-blindness or autistic individuals. Seemingly **supporting** non-verbal tokens can be of the **main communication value**, which can be used in e.g. alternative or augmentative communication. The manifestations of impaired co-verbal behaviour can be noted **during speech act** as grimaces during speech, before commencement of speech or in its course, as strange body movements, socially inappropriate behaviour conditioned in fact by deviations from the pragmatic level of communication (not respecting the speaker-listener communication pattern) etc. Their causes can be **physiological, as well as psychogenic** and their **secondary consequences** can be even much more serious than the primary disruption of e.g. the flow of speech or of articulation itself – they might be aesthetically disturbing or might distract attention from the content of speech, they might become an automatic habit and so grow even much more difficult to remove than the impaired verbal communication itself (Lechta, 2003). Impaired co-verbal behaviour can also **arise for the purpose of involuntary or volitional compensation** (e.g. the escape of expiratory airflow through the nose) (Kerekřetiová, 2000). In the context of inclusive education, we can also encounter misinterpreting of non-verbal performance of pupils, which is considered similar to displays of specific learning disabilities. Fletcher & Navarett (2011) state in the results of their critical study focused on categorising and evaluating Latin-American students in the USA (in *ibid*) that in students who acquire the majority language as a secondary language there is often seen a **high non-verbal score in language-based abilities (reading, writing, speaking or listening)**. The profile of student and other similar students and the results of their tests indicate an average and above-average non-verbal score and a low score in performance tests of verbal abilities, indicating **discrepancy typical for specific learning disorders**.

Because of a significant increase in interest in the problems of autism, even in the context of inclusive education, we believe it is appropriate also to mention the communication specifics in the sc. autism spectrum disorders (ASDs). Conti-Ramsden, Simkin a Botting (2005) state that in individuals with specific language impairments (SLI) there is a **higher risk of coincidence with ASD** and for this reason, the absence of autism disorders cannot be understood as a criterion which would rule out the diagnosis of SLI in its narrower terminological sense evoking rather a subtype of developmental dysphasia (comp. e.g. Vitásková, 2008). According to the results of a survey carried out in the investigating team of Říhová et al. (“Analysis of the current state of care provided in early age and of speech therapy intervention in persons with ASD” – Specific research no. PdF\_2010\_020. *Faculty of Education, Palacký University in Olomouc, 2010/2011*. Principal Investigator: Mgr. Alena Říhová; Investigating team: Vitásková, Pastieriková, Urbanovská, see <http://www.uss.upol.cz/poruchy-autistickeho-spektra/o-projektu.php>) and in the team of Říhová and Vitásková (*Speech therapy intervention in persons with autism spectrum disorder. Specific research no. PdF\_2011\_010. Faculty of Education, Palacký University in Olomouc, 2011/2012*. Principal Investigator: Mgr. Alena Říhová; Co-Investigator: doc. Mgr. Kateřina Vi-

*tásková, Ph.D.*, 2011–2012), experts in interdisciplinary teams involved in the process of complex diagnostics and intervention in children with ASD believe **the most demanding areas of working with clients with ASD** to be:

- making contact,
- difficulties when overcoming communication barrier,
- subsequent building of a working communication system.

These surveys showed, apart from other things, that the experts involved in diagnostics and early autism intervention do not sufficiently co-operate, their co-operation is often merely accidental and for this reason, special-educational activity in this respect should be transformed into a new dimension which would put more emphasis on counselling, mutual support, communication and co-operation with parents, all of which **play a key role in inclusion**. Parents must be **much more intensively involved in working** with the child and they should also participate **in differential diagnostics** (further e.g. Říhová&Vitásková, 2012; Vitásková, 2010b).

**The outcomes of the project TE4I also agree on the necessity for support of pedagogical-psychological character.** As pointed out earlier (*ibid.*), many parents cannot function as relevant “home co-pedagogues”, which is technically an a priori assumption of inclusive system, since they have similar genetically conditioned difficulties as their children. Moreover, such involvement of theirs in the intervention is often demanding, frustrating for them and it increases stress factors, especially if parents **do not identify with the inclusion of their child, if it is the unavoidable or only form of education** (Vitásková, 2010b). Runswick-Cole (2008) or Yssel et al. (2007) give us through their research a possibility of comparison of Great Britain, the USA and South African Republic, which implies that the positive approach of parents in interdisciplinary intervention team decreases with the increasing extent of their self-justification and self-realization. Parents understand inclusion in a much more complex way (i. e. also from the point of view of general attitude and approach) than teachers do, who focus their effort and attention more on specific problems connected to specific learning difficulties etc. Parents are, on the other hand, much more sensitive as regards perception of respect, equality, participation in decision-making and co-operation in communication with teachers and with professional environment, and they even assess some teachers in elementary education as not ready for inclusion, although officially, teachers must accept inclusive educational strategies and system. However, if teachers themselves do not in fact internally identify with them, inclusion fails. Parents perceive their children in inclusion as “invisible”, which leads to negative feelings of both the parents and of the pupils themselves. Pupils with medium or serious forms of special educational needs (SEN) are still de facto excluded into special classes or conditions (see e.g. studies in USA) and parents must be supported also because of often higher demands for financial and emotional commitments for providing sufficient out-of-school supporting services. Providing these

services is, however, beginning to be (also in connection with worldwide economic crisis) above standard, which requires funding from private sources (e.g. costs of physiotherapy or speech therapy services etc.).

#### 4 Summary

The basis for the author's opinion was a content analysis of available published papers and documents, as well as participant observations and interviews with pedagogues, pupils and parents focused on the problems of inclusion in relation to special educational needs in the countries of the EU carried out during inspection trips within the EU (e.g. within participation in the project Teacher Education for Inclusion in co-operation with European Agency for Development in Special Needs Education) and in the USA (Georgia, Ohio, South Carolina). The selected outcomes concern mainly the issues of inclusive education in the context of cultural-linguistic diversity. Since we already discussed this topic in earlier publications, we refer to some of them for the possibility of a deeper understanding of much of the context.

This paper is also a partial outcome of a current project of the specific research *PdF\_2012\_012*, which is being investigated (under the title "*Impaired communication ability from the point of view of the impact of its symptomatology on the interdisciplinary co-operation of experts and family in complex intervention – the specific role of special pedagogue and speech therapist*") at the Department of communication and sensoric disorders at the Institute of Special Education Studies at Faculty of Education, Palacký University in Olomouc (Principal Investigator: Kateřina Vitásková, co-investigators: Alena Říhová, Renata Mlčáková, Jiří Langer, Monika Kunhartová, Monika Weilová, Martina Čermáková). The project focuses on impaired communication ability from the point of view of the impact of its visible, but also of the more difficult to identify or hidden symptomatology on the everyday diagnostics and education of individuals in the context of interdisciplinary co-operation of experts involved in its complex intervention. The aim of the project is, on the basis of selected partial research, to analyse the specific impact of representative types of impaired communication ability (selected in advance) and the extent of perception and identification of these impacts on reality, quality and efficiency of interaction and communication of experts involved in their diagnostics, education and complex intervention, and thus to react to the current transformation of European education and special needs education approach towards inclusion.

In conclusion, it is possible to say that the efficiency of intervention activity in inclusion is ensured providing there is mutual co-operation of individual experts and parents, and the development of a working communication system is preferred. In this respect, we can agree with Luterman (in Falsher, Fogel, 2012, p. 193–194) that "...speech, language, hearing, and swallowing disorders do not occur in isolation but

impact an individual's social and adaptive functioning within the family and extra-familial relationships. While the client's disability inevitably impacts their role in the family, inclusion of the family in the provision of services can be empowering and can give family members an opportunity to work collaboratively on the problem. In any case, the family can provide living strategies that minimize dependency...". Identification and stimulation of communication ability of pupils is, however, determined by a wide range of various factors which make its realization more difficult and place higher demands on the workers in inclusive system. It is vital to incessantly carry out continuous differential diagnostics and evaluation of the efficiency of the intervention process as regards communication deviations, specifics and deficits in the inclusion process, and to ensure the readiness of teachers for inclusive conditions within pre-gradual education of teachers, which involves not only theoretical but also practical knowledge in the field of communication impairments and deviations (from the area of special needs education, psychological, linguistic, medical and other disciplines), but also of various communication specifics and deviations. It seems necessary to understand the position of individual experts in the interdisciplinary team involved in the problems of communication ability, with a new emphasis on inclusive approach related to educational as well as clinical and counselling conditions and environment.

## 5 Literature

- [1] *Across Europe – Challenges and Opportunities*, Odense, Denmark: European Agency for Development in Special Needs Education. Retrieved March 1, 2012 from: <http://www.european-agency.org/publications/ereports/te4i-challenges-and-opportunities/TE4I-Synthesis-Report-EN.pdf>.
- [2] ALLEN, H. E., & HARRIOT, W. A. (2011). Administrative Responsibility: Providing Resources for Students with Special Needs in Inclusive Classrooms. *National Social Science Journal*, 37 (1), 1–7.
- [3] CANGES, R. L. (2011). Investigating how general education middle school teachers support the social inclusion of students with special needs. Dissertation Abstracts International Section A: Humanities and Social Sciences, 71 (9-A), retrieved September 20, 2011 from <http://digitallibrary.usc.edu/assetserver/controller/item/etd-Canges-3789.pdf>.
- [4] DOUDIN, P. A. & LAFORTUNE, L. (2006). Une vision de l'aide aux élèves en difficulté entre inclusion et exclusion. In: P. A. Doudin, & L. Lafortune (Eds.), *Intervenir auprès d'élèves ayant des besoins particuliers: quelle formation à l'enseignement ?* (pp. 45–74). Ste-Foy, Québec: Presses de l'Université du Québec.
- [5] EUROPEAN AGENCY FOR DEVELOPMENT IN SPECIAL NEEDS EDUCATION (2011) *Teacher Education for Inclusion European Agency for Development in Special Needs Education* (2012). Retrieved March 1, 2012 from <http://www.european-agency.org/>.
- [6] FLETCHER, V. L., FOGLE, P. T. (2012). *Counselling skills for speech-language pathologists and audiologists*. 2 ed. New York: Delmar, Cengage Learning.
- [7] KEREKRÉTIOVÁ, A. (2000). *Orofaciálny rázštep v klinicko-logopedické praxi*. 2. ed. Bratislava: Vydavateľstvo UK.
- [8] LAFORTUNE, L., P. A., DOUDIN, & D. CURCHOD (2010). Inclusion et intégration vers une équité sociopédagogique. *Revue du CERFEE*, Montpellier. Centre de Recherches sur la Formation, l'Éducation.

- [9] LECHTA, V. (1997). *Narušené koverbálne správanie*. Bratislava: Univerzita Komenského.
- [10] LECHTA, V. A KOL. (2009) *Východiská a perspektívy inkluzívnej pedagogiky v strednej Európe. Asgarpunkte und Perspektiven der Inklusiven Pädagogik*. Martin: Osveta.
- [11] RECOMMENDATION 1598 (2003). Protection of sign languages in the member states of the Council of Europe. *Assembly debate* on 1 April 2003 (11th Sitting) (see Doc. 9738, report of the Committee on Legal Affairs and Human Rights, rapporteur: Mr Bruce; and Doc. 9765, opinion of the Social, Health and Family Affairs Committee, rapporteur: Baroness Knight). retrieved August 7, 2012 from <http://assembly.coe.int/main.asp?Link=/documents/adoptedtext/ta03/erec1598.htm>.
- [12] REINDAL, S. M. (2010). What is the purpose? Reflections on inclusion and special education from a capability perspective. *European Journal of Special Needs Education*; 25 (1), 1–12.
- [13] RUNSWICK-COLE, K. (2008). Between a rock and a hard place: parents' attitudes to the inclusion of children with special educational needs in mainstream and special schools. *British Journal of Special Education*. 35(3), 173–180.
- [14] ŘÍHOVÁ, A., & VITÁSKOVÁ, K. (2012). *Logopedická intervence u osob s poruchou autistického spektra: odborná publikace pro logopedy*. Olomouc: Univerzita Palackého v Olomouci.
- [15] SANDS, D. J., KOZLESKI, E B., & FRENCH, N. K. (2000). *Inclusive education for the 21st century*. Belmont: Wadsworth.
- [16] VITÁSKOVÁ, K. (2009). Inkluzivní pedagogika ve střední Evropě – možnosti aplikace: zkušenosti z České republiky se zaměřením problematiku komunikační schopnosti. In: V. Lechta a kol. (Ed.) *Východiská a perspektívy inkluzívnej pedagogiky v strednej Európe. Asgarpunkte und Perspektiven der Inklusiven Pädagogik*. (pp. 52–57). Martin: Osveta.
- [17] VITÁSKOVÁ, K. (2010a). Multikulturní prostředí. In: V. Lechta (Ed.). *Základy inkluzivní pedagogiky*. (pp. 400–416). Praha: Portál.
- [18] VITÁSKOVÁ, K. (2010b). Využití rodiny v intervenci narušené komunikační schopnosti – některé limity a specifika vyplývající z etiologických vazeb. *E-pedagogium*. (2., special issue). 260–270.
- [19] VITÁSKOVÁ, K. (2011a). The importance of the speech and language assessment in persons with symptomatic speech disorders in interdisciplinary approach – selected aspects. In: A. Stankowski (Ed.). *Pedagogické aspekty diagnostiky a poradenství v teorii a praxi speciální pedagogiky*. (pp. 179–186). Ružomberok: Verbum.
- [20] VITÁSKOVÁ, K. (2011b) Zmapování některých přístupů v teorii a praxi inkluzivní edukace v zahraničí v kontextu kulturně-jazykové inkluze. In: V. Lechta (Ed.) *Inkluzívna edukácia jako multidimenzionálny výchovný problém. Inclusive edukation als mehrdimensionales erzziehungsproblem*. (pp. 198–210). Bratislava: Iris.
- [21] WORLD HEALTH ORGANISATION (2011). *World Report on Disability*. Geneva (Switzerland): WHO.
- [22] YSSEL, N., ENGELBRECHT, P., OSWALD, M. M., ELOFF, I., & SWART, E. (2007). Views of Inclusion: A Comparative Study of Parents' Perceptions in South Africa and the United States. *Remedial & Special Education*. 28 (6), 356–365.

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# Inclusive education – its social and ethical aspect

Katarína Zborteková

**Abstract:** *Inclusive education of children with special educational needs, conditioned by health or social disadvantage, was again the topic of political parties in their election rivalry. The election programs of political opponents agree in that respect that special schools are the anachronism and the brake of personal and social development of students. The paper will focus on motives of such an attitude and will concentrate on some ethical issues of integrated education of hearing-impaired children and youth. We will rely on our several-year research and consulting practice.*

**Keywords:** *Inclusive education, hearing impairment, academic competencies, social inclusion*

## 1 Introduction

When more than twenty years ago integrated education started to be implemented in our schools along with democratic changes in our society, it was generally accepted as the essential humanization element of the education system. However, after the initial enthusiasm the political will to economically secure its efficient operation soon faded away. Thus, the education of health-disadvantaged children in mainstream schools progressed coincidentally in practice and it achieved a different quality (Zborteková, 2004). The biggest problem became the weak professional skillfulness of teachers, the lack of personnel and material support (the lack of special school teachers and aids, also the zero salary valuation of teachers). However, the legislation gradually improved.

## 2 Attitudes of society

Today, the term “integration” was completely replaced by the term “inclusion”, but without paying regard to fulfilling its content, as the Casablanca Congress defined in 1994. The remodeling of the majority society’s attitude towards persons with special needs, which does not require assimilation from part of the minority anymore but is rather alone willing to adjust to the minority’s special needs and to respect its diversity, has been going slowly and is bumping into economic limitations.

Simultaneously, in times of the economic crisis and the pre-election fight a political interest sprang to life in Slovakia with focus on the issue of integrated education for children with special educational needs. In the program declaration of the outgoing government and in electoral programs of political parties, without a clear justification based on verified facts, it is stated that “*it is necessary to promote the gradual integration in mainstream schools*” (SDKÚ – Slovak Democratic and Christian Union), because “*special schools have a substantially adverse impact on lives of many children*” (KDH – Christian Democratic Movement). The SAS (Freedom and Solidarity) party openly says that “*special schools are too expensive and the quality of their education is lower.*” The situation, according to its leaders, could solve the “*increase of the normatives imposed on the integrated pupil*”, which is presently already three times higher than in the normal pupil. This tempts many schools to recruit a higher number of pupils with special educational needs without knowing how to provide professional care for them, since the use of the normative is not systematically controlled. The economic liberals have a real vision how to efface the segregation of pupils with special educational needs and pupils from socially dependent communities as follows: “*to provide standard education in mainstream schools to which professional workers from pedagogical and psychological counseling centers will move.*”

Is then the integrated or inclusive education the only correct way to help children with special needs to develop their potential and to succeed on the labor market at times of high unemployment? Or is there any *sine qua non* behind the interest in minorities to limit public spendings?

## 3 Research results

In our research and counseling practice we pay a long-term attention to the issue of integrated education of hearing-impaired children and adolescents. We will therefore briefly summarize what this type of education brings to the deaf and what the dissolution of special schools would mean to them.

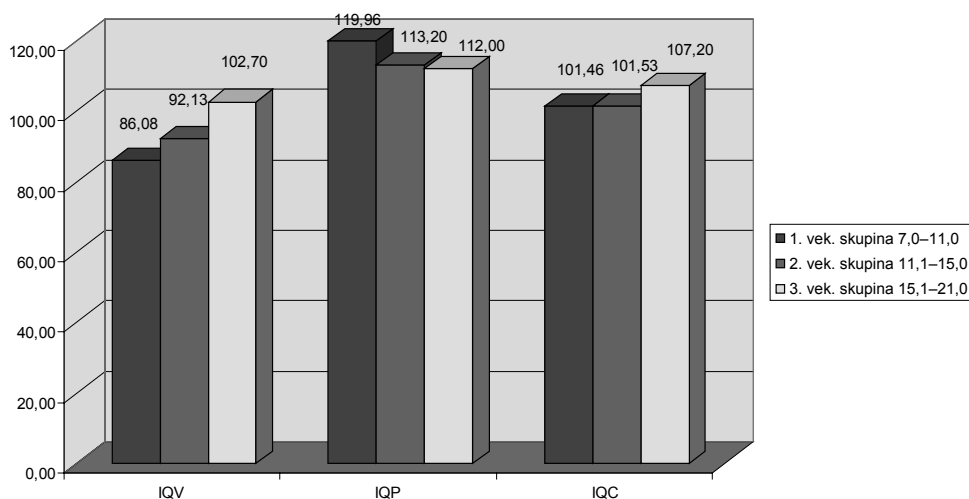
The indicators of successfulness of school integration can be considered to be the achieved academic competencies and the level of social inclusion. Our researches, which were focused on cognitive and social-emotional development of moderate-



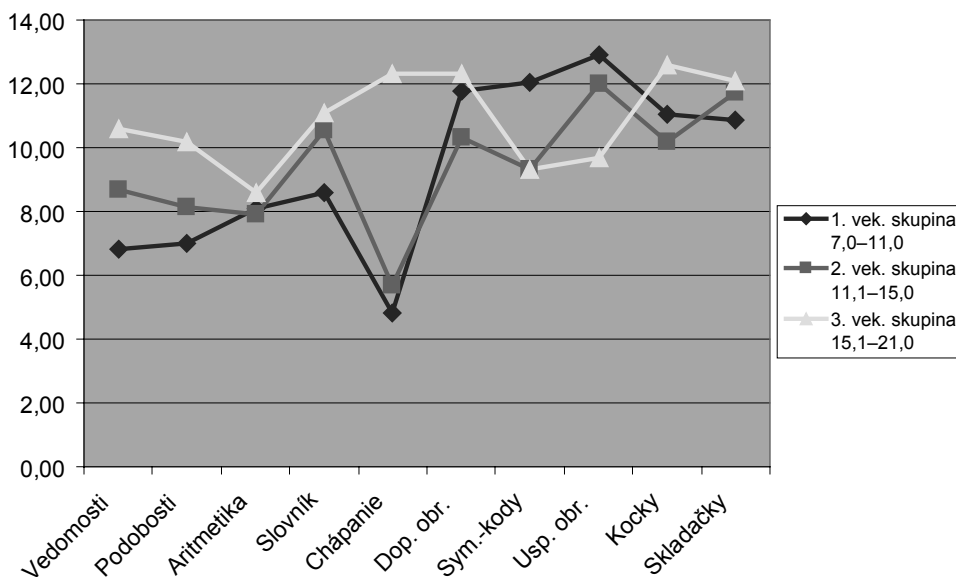
severely and severely hearing-impaired pupils in integrated education in mainstream primary and secondary schools, have repeatedly confirmed the effect of positive developmental changes primarily in the area of the development of verbal abilities (Chart 1, 2). We can infer from this that the mainstream school environment in which the hearing-impaired children were educated by the oral method only and the education in family influence the development of speech in such a measure that in the period of secondary-school studies they reached the values in the range of the population mean.

On Chart 2 you can see that the most significant changes occurred in the range and in the ability to use the general knowledge, in the development of conceptual speech thinking, in vocabulary, and in the ability to comprehend the spoken and written language, and in the orientation in routine life situations.

**Chart 1:** Comparison of mean values of verbal IQ, performance IQ, and total IQ of hearing-impaired pupils on the basis of age (N=81).



**Chart 2:** The mean values of weighted scores in the profiles of individual subtests of Wechsler Scales (Information, Similarities, Arithmetic, Vocabulary, Comprehension, Picture Completion, Coding, Picture Arrangement, Block Design, Object Assembly) – the comparison of three age groups of hearing-impaired pupils.



In the socio-emotional area we noticed, in the respondents that we followed up, the higher occurrence of introvert orientation (63.33%). Pupils of primary schools showed their unwillingness to adapt to the changes, they manifested a good formal adaptability, very good observation abilities, sensitivity, a high need for recognition and self-realization, a desire for new experiences, and internal insecurity. In the secondary-school students we diagnosed a high occurrence of anxiety, lower emotional differentiation, adjustment difficulties, signs of depressive experiencing, feelings of insufficient emotional saturation, a desire for love, happiness, fun, and joy.

The risk of the long-term strain, which the integrated education for hearing-impaired children surely involves, will be relieved quite well by the functioning family background at younger age. The period of adolescence can be difficult for the deaf in that sense that they are forced to accept, in addition to demanding training, also their own distinction, which complicates the inappropriate social status and insufficient social acknowledgment of one's own value from part of the hearing peers.

In addition to acquiring new knowledge, during the school attendance children form, in natural peer interactions, their social competencies which are important for establishing and maintaining social relationships. Social inclusion of hearing-

impaired pupils in integrated education is a serious problem that does not receive the adequate attention from part of parents and teachers. In six schools, in which we conducted the research focused on the social status of deaf pupils in the class collective, we found that only in exceptional cases they had the appropriate position. Most of them were on the margin of their classmates' interest, within the scope of sociometry they received low ratings, they did not have any decision-making part in activities in their classroom. We witnessed ignorance, passivity, misunderstandings, rejections, underestimating, loneliness, and also bullying of deaf children in mainstream schools. They failed to defend themselves and could not speak about their experiences.

In our counseling practice we meet with a large group of hearing-impaired children who, despite their several-year stay in the hearing environment of a mainstream school, do not progress in their cognitive development, are stagnating, or their performance declines. Usually, in the child's medical history also health problems or behavioral disorders are present – this is how the child responds to its long-term stress. After the child is transferred into the special school, a refinement of these symptoms comes to pass after a certain time; however, teachers signal gaps and deficiencies in the acquired curriculum that cannot be easily caught up with.

From the above-mentioned research and empirical findings it is clear that the comparison of statistical means, behind which are hidden distinct interindividual differences, cannot be completely sufficient in cognizance of the multifaceted reality. The qualitative and case-study analyses help us, too, achieve the more truthful and complex picture of the benefits of inclusive education for children with severe health disadvantage.

## 4 Conclusion

It cannot be denied that integrated education has a humanistic intent – to provide equivalent education to health-disadvantaged children without being separated from their families, and simultaneously to form the prosocial and empathic behavior of intact children. They have the same goal as special schools – to prepare children for life. However, they do this in a different manner and, obviously, not always perfectly. Both forms of education cover the children's needs and have a good reason for their existence. Those special ones offer a refuge to those who, for various reasons, are unable to successfully withstand the requirements of regular schools and unable to experience joy from cognizance and from fellowship with peers. Therefore, not even a bad economic situation should be the reason to limit the rights of the child and its parents to decide on the appropriate way of education, even if this would take place on behalf of the noble idea to eliminate the segregation. Pragmatic and insensitive political decisions may harm those who are the most vulnerable.

## 5 Literature

ZBORTEKOVÁ, K.: Možnosti a limity integrovaného vzdelávania sluchovo postihnutých detí a adolescentov na Slovensku. *Psychológia a patopsychológia dieťaťa*, 2004 roč. 39, č. 2–3, s. 150–165

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# The comparison of contemporary stay of swimming persons with physical impairment in Great Britain and Czech Republic

Karel Kovařovic, Gabriela Břečková

**Abstract:** *The aim of the contribution is to compare the present state of conditions and levels of swimming courses for people with physical impairment in Great Britain and the Czech Republic. This comparative study is held on the basis of historical evolution of both evaluated states.*

*Furthermore, in accordance with the collected data the study evaluates the influence of the state institutions for swimming of physically challenged people, on the professional education of teachers (assistants) as well as on the legislative supports and state interventions for creating wheelchair access environment. The evaluation of the current state is an evaluation of applied methodology of swimming education and its focus on physical rehabilitation activities, of social, interest or performance kind. The table method is used for the mutual comparisons and assessment of the total number of the clubs and organizations dealing with this activity in listed European Union countries.*

**Keywords:** *physical impairment, swimming, requirements, methods, comparison*

## 1 Historical conditions and formation of organized swimming for physically challenged people in Great Britain and the Czech Republic

Swimming for physically challenged people as an organized and managed physical activity in both countries evolved in completely different social conditions. Nevertheless, the primary goals of physical exercises in water and swimming were across those differences identical. There was provided physiotherapy care in specialized institutions and facilities. Later on there was an element of socialization, of interest, of recreation and of body building assigned to those activities. By gradual expansion

of the original goals there were continuing necessary changes in the conditions for organizing the activities. Initially, this issue was dealt mainly in medical and physiotherapy departments, where the whole process was usually terminated by achievement the stabilized state of health of the individual. With the gradual expansion of physical activities of physically challenged people, there was also a great increase of the impact of social organizations that provide the activities for the whole population, or organizations that were created directly in order to provide the appropriate conditions for people with special needs. With the increasing influence of central authorities, there are created new laws and rules for the organizations in different areas of the society. New conditions have brought following consequences: building standards, creation of transportation systems, educational programs for professional (special) educators, etc. The state gradually takes over the dominant role in the creation of the limiting conditions. With respect to the specific conditions and historical contexts, the aim of our text is to monitor and assess the current situation in terms of ensuring the full integration of people with physical impairment to selected swimming program in selected states, all members of the European Union.

## **2 Historical development in the UK**

The first activity, which led to the organization of people with physical impairment, can be considered the establishment of The British Polio Fellowship. This organization was founded together by Patricia Carey and Frederic Moreno in 1938. This organization was focused on improving the overall living conditions of people diagnosed with Poliomyelitis. In 1944 under instruction from the British government there was established a special hospital for patients with spinal disabilities – The Stoke Mandeville Hospital. In connection with the Olympic Games in London in 1948 there were organized the Stoke Mandeville Games for the patients of this hospital. Swimming was included among the contests as one of the individual disciplines. Another major step was the activity of swimming club London Southgate Seals Swimming Club, which invited to the swimming races six physically challenged girls from Halliwick School for Girls Crippled, in 1949. Participation of girls in swimming races initiated the need for systematic training and long-term approach to the swimming education for people with physical impairment. The first comprehensive concept for Halliwick School was developed by hydromechanics James McMillan. His ten-point program became the basis for Halliwick method of swimming education of people with physical impairment, which has been applied in the United Kingdom till these days. Development of basic methodology has enabled to found the first swimming club in 1951, bringing together physical challenged swimmers who called themselves Halliwick Penguins Swimming Club. In 1952, there occurred a need for establishing

a central authority that would deal with the specific activities. The Halliwick Association of Swimming Therapy was founded. The formation of this organization brought great development of swimming of people with physical impairment. They are mostly organized in swimming clubs, where the Halliwick method is being applied. The increasing number of swimming clubs for people with physical impairment led to the gradual establishment of national and international organizations, such as BSAD (British Swimming Association for Challenged, 1960), ISOD (The International Sports Organisation for Challenged, 1964), or NASCH (National Association of Swimming Clubs for the Handicapped, 1965).

### **3 Historical development in the Czech Republic**

The first specific organization that has been systematically dealing with people with physical disability was The Institute and School of Prague called “Jedličkův ústav”, founded in 1913. As a part of rehabilitation procedures there were also included different types of hydrotherapy. In 1947 the Rehabilitation Institute in Kladruby-Vlašim started to serve a similar purpose. At this institution in 1948 the first Kladruby games focusing on sport were organised there, and swimming was also included. Another qualitative shift of interest in activities for people with disabilities was the foundation of the Central Unity for disabled in 1949. In the beginning of the 50th there was created the State Commission for the management of physical education and sports of athletes with special needs, which was transformed into the organizational structures of the Central CSTV, such as section for athletes with special needs in 1961. In 1970 the independent Union of Physical and Visually Impaired Athletes was founded, it allowed the development of foreign contacts, the entry of different teaching and training methods and confrontation of sport performance. An important step was also enactment of swimming lessons at primary schools, which, however, into the curriculum of special schools for the disabled came only as an alternative physical activity. Through further transformation processes inside CSTV in 1988 The Union of Disabled Athletes was created from which the independent Union of Physical Disabled People was allocated in 1990. All these organizations operated primarily in the swimming performance. The area of swimming education for people with physical disability was insufficient, which caused increased physical and social isolation of disabled people until the time of the social changes. The first organization that had the primary aim of integration of people with physical disability was The Wheelchair Association in 1990. Another major benefit of swimming education for people with physical disability had the presentation of Halliwick Method by Rajko Vutem from Ljubljana at the University of Palacky in Olomouc. The subsequent study stay of Doc. Mgr. Blahutková Ph.D. in Slovenia helped significantly to the extension

of this method in the Czech Republic. In 1995 the project KONTAKT started, with its main aim to integrate people after the injury or illness with the loss of mobility into the society. Based on this project there was created the independent civic association Kontakt bB in 1999.

It can be said that until 1990 institutional and family care dominated in the area of swimming and organizing physical activities in water. Until that period integration of disabled people was not considered as a social problem. After the social changes the problem of integration, socialization and equal employment opportunities for disabled people, including the new grant system of funding those activities became the priority of social organizations. Finally, there have been changes in the educational system, including the emergence of new curricula at faculties of pedagogy (Physical education and craft for people with disability, Applied Physical Education, Special Education, etc.)

#### **4 The current state of swimming program for people with physical disabilities in the UK**

The main organizations providing these activities in the UK are the Association of Halliwick Method. Small specialized clubs, associations and local organizations working in the administrative units, cities, or municipalities form the executive branch for working with people with physical disability. Halliwick Association creates a network of 16 regional organizations marked AST (Association of Swimming Therapy). The so-called ASTRA is an organizational unit of a particular region, and it manages the work of all clubs and organizations with a swimming program for people with physical disability. In addition to this network there exists many clubs working with people with physical disability on the base of voluntary association with support of the city, village or even swimming institutions in the UK. To create the basic idea of the mass character of the involvement of people with physical disability into this program and into voluntary associations the authors of the article present a summary of organizations registered in ASTRA in 2011:



	Number of registered	Number of volunteers	Number of pools used
ASTra 1	295	12	12
ASTra 2	108	7	7
ASTra 3	31	2	2
ASTra 4	124	6	6
ASTra 5	186	11	12
ASTra 6	54	4	4
ASTra 7	11	1	1
ASTra 8	87	5	5
ASTra 9	62	3	3
ASTra 10	100	4	4
ASTra 11	71	3	3
ASTra 12	149	7	7
ASTra 13	19	1	1
ASTra 14	inactive		
ASTra 15	249	13	13
ASTra 16	inactive		
IN SUM	1546	79	80

Every club function is performed voluntarily and without pay. The same organizational structure appears in every club:

- President (Chairman of the club)
- Club Secretary
- Social worker
- Web site administrator and administrator
- Swimming instructor
- Teacher – Certified expert for Haliwick method
- Physiotherapist
- A group of volunteers to work with disabled
- Treasurer

The dominant methodology applied in the teaching of swimming of people with physical disability is Halliwick method also called The Ten Point Programme. This method is for the expert in terms of swimming nonspecific and can be used for swimming lessons with healthy people with anxiety states, for seniors, for patients in rehabilitation and swimming lessons for pre-school children. The main characteristics of this teaching method are the principles of “one to one” and “face to face”. In each successive step the dominant element is safety of a client and positive learning atmosphere. Other specific methods of teaching swimming to people with disability are not used in Britain. Legislative support for these activities for the construction

and operation of swimming institutions is a “barrier-free law of recreational buildings.” To evaluate the usability of these institutions the following criteria are defined:

1. Availability of equipment
2. Barrier free parking
3. Freeway – free route from entrance to the building up to join the pool
4. Adapted changing rooms or cabins
5. Adapted sanitary facilities (toilets, showers)
6. Non-slip surfaces in the pool hall
7. Solution entrance and coming-out to the pool
8. Safety features at the pool (handles, a dedicated sector, walking floor, etc.)
9. Trained staff
10. Dedicated time for the people with special needs
11. Water temperature
12. Availability of swimming aids
13. Price reduction
14. Availability of pre-medical and medical care, including technical equipment

The list of monitored criteria fulfil fully the term “barrier-free system” thus safe and seamless client journey from home, until to a pool and other support for this activity. The most deficiencies occur in items 6, 7, 8, 10 and 11.

## **5 The current state of swimming for people with physical disabilities in the Czech Republic**

Swimming for people with physical disability is organised by the Union of Physically Disabled in the Czech Republic. The Charles University of Prague; The Faculty of Physical Education and Sport, The Masaryk University of Brno; The Faculty of Sport Studies, The Centre of Life Education of Brno and The Palacky University of Olomouc; The Faculty of Pedagogy are participating in the preparation of university-educated professionals in this specific area. Although the educational system in the Czech Republic educates plenty of experts to ensure all the needs of people with special needs, their representation in public sector management (Government Legislative Council, Ministry of Health, Labour, and Ministry of Education) is minimal. The consequence of this situation leads to partial and often different solutions in different state regions in individual swimming institutions. The organisation of all activities for people with physical disability is provided by the Union of Physically Disabled in the Czech Republic; managed by the Administrative and Supervisory Board. These managing bodies of the Union have in their competence lower organizational units at regional districts, cities, and municipalities. In 2011 there were 456 organizational

units with approximately 45,000 members. 33 organizational units have their own swimming program. The list can be found at [www.svaztp.cz](http://www.svaztp.cz). Physical activity, including swimming of associated people is only supported and organisationally ensured. The executive national organization is Kontakt bB, managed by the administrative and supervisory board, administrative leadership; in control there also acts a supervisor and a professional medical section. Kontakt bB operates in many locations with their own professional ensuring. Its clubs have the same structure containing the centre manager and his deputy, a coordinator and a head of swimming lessons. Each centre also includes a group of volunteers for contact with people with disability. Personnel of clubs perform their duties without pay. Significant is also the co-operation with the civic association with rehabilitation institutes, especially in Kladruby. This cooperation helps to affect difficult mental states of clients after loss of mobility, often culminating in the active phase of their life, through swimming activities. In the Czech Republic there are also other special interest organizations that provide access to swimming activities for people with limited physical ability, but their activities do not create a separate organizational structure. Some of these organizations cooperate with Kontakt bB, especially in the area of teaching methodology. To get a framework overview of the involved people and organizations the following data can be presented:

	Number of registered	Number of people in the team	Number of equipment used/ weekly
Kontakt bB Praha	121	25	1/5×
Kontakt bB Brno	89	44	2/2×, 3×
Kontakt bB Karlovy Vary	55	31	2/3×, 1×
Kontakt bB Č. Budějovice	33	17	2/3×, 1×
RÚ Kladruby	cooperating organization in the area of methodology		
O. s. OKNA J. Hradec	27	17	1/3×
SK Vodomílek Jihlava	26	19	2/1×, 2×
Cesta životem K. Hora	16	9	1/2×
O. s. DRÁK Liberec	18	21	1/1×
Plaváček Děčín	cooperating organization		
TOTAL	385	184	12

Swimming for people with physical disability is ensured directly by swimming clubs and by other sports clubs, as Dukla Prague – Division of People with Disabilities, or the Association of disabled in the Czech Republic – association of Strakonice; in addition to the above mentioned data.

In the Czech Republic there are applied mainly two methods of teaching swimming for people with limited physical ability. In the Czech Republic there is also

used ten-point Halliwick method program. Its application is mainly concentrated in rehabilitative care and experiential swimming in rehabilitation institutions. Experiential swimming with application of this methodology is organized for example in the Social Care Institute for children with physical disability in Brno-Kociánka. The professional supervisor of this facility and for the whole Czech Republic is Doc. Mgr. Marie Blahutková Ph.D. Furthermore there is used a methodology that was created by representatives of the Kontakt bB. The basic principle of this method is access to the people with limited physical ability, concerning even psychosocial, experiential and health preventive (recreational) areas. It is primarily focused on resocialization of people with physical disability. Sports (performance) swimming creates only a kind of superstructure of this process. Like Halliwick method this teaching is divided into two successive steps in the learning stages, preliminary and basic. The content of these stages is comparable with the general phasing of swimming instruction with respect to the specific conditions of physical impairment. The final objective of preparatory phase is to stabilize the body of a swimmer with limited physical ability on the surface without floating aids. In the basic stage, there are rehearsed simple loco motor movements, especially in the position on back. Particular attention is devoted to swimming breathing and rhythm of exhale into the water. Other gradual steps are sensorimotor exercise, practising changes of positions and specific stroke movements – sculling. In the professional press this methodology is called in English Aqua (E)Motion Therapy.

Barrier-free access to buildings is legislatively supported by a number of sub-decrees and government regulations. The major organization working in this area is Czech Chamber of Architects, engineers and technicians involved in constructions. This organization is the creator of mandatory standards and professional guarantor for barrier-free program. Unfortunately professionally treated is only the part of building. Other elements of barrier-free access are fully in responsibility of the regional state administration bodies. Therefore to create a complete barrier-free system (freeway) is often unsolvable problem. Another problem is represented by private investors or operators of swimming institutions. Even minor modifications, feasible for maintenance or reconstruction increase the required amount of funds. Without the financial participation of the state there are not implemented many of the necessary adjustments. A positive element is implementing the issues of people with special needs in the educational program of Water Rescue Service, responsible for training lifeguards in every institution in the country.

## 6 Conclusion

The comparative study is focused on evaluating the basic organizational structures that are creating specific conditions for swimming of people with physical disability in the two states of the European Union. Also the methods of teaching swimming and ways of ensuring swimming for enjoyment for people with limited physical ability are being assessed. Part of the text is an evaluation of legislative support for barrier-free programs and social conditions ensuring wide utilization of this activity, which brings significant health and integrative effects.

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# The specifics of psychological counseling for children with hearing impairment

Ľubica Kročanová

**Abstract:** *The objective of this paper is to highlight the issue of psychological care for children with hearing impairment and also the possibilities of psychological diagnostics delivered to these clients. Mentioned are also some factors that have a negative impact in psychological counseling focused on the hearing-disadvantaged child client and its family – for example, the evident lack of psychologists dealing with this issue, or the lack of specific methods of work that take the child's hearing impairment into account.*

**Keywords:** *psychological care, psychological diagnostics, child with hearing impairment*

## 1 Introduction

The psychological counseling care with complete diagnostic services and the subsequent therapy for children with hearing impairment and for their parents provide here the specialized workers in government and private counseling facilities of a special pedagogic type CŠPP [Center of Special Pedagogic Counseling], SCŠPP [Private Center of Special Pedagogic Counseling], DIC [Child Integration Center], SDIC [Private Child Integration Center], DC [Child Center]). This is an interdisciplinary collaboration of special and pedagogic therapists, psychologists, social workers, pediatricians, and therapists dealing with this professional subject in their practice. If parents of a hearing-impaired child for some reasons refuse to contact the center of special pedagogic counseling, they will usually visit a counseling facility of a regular type. Is this because they want to see their child “at any cost as if it could hear?” Or did they decide that it would be included in the majority social environment and they chose an inclusive way of education? In this case, however, they must be registered in one of the special educational counseling networks (Gušťaříková, 2010).

## Early psychological intervention for the hearing impaired

Which problems do we most frequently encounter when delivering psychological services to families with the hearing-impaired child in the period of early development? It is clear that with counseling intervention it is appropriate to begin at the child's age of 0 to 3 years if there is either a suspicion that the child can develop a loss of hearing, or it has been diagnosed with hearing impairment. The most acceptable appears the utilization of professional services directly in the home environment and for all family members, but due to the real financial situation they are commonly carried out in facilities of special pedagogic counseling. The definite confirmation of the hearing disability diagnosis with determination of its degree – that is, the etiology of the disorder – should be the onset of the intervention activity in the family. **We consider the early diagnostics and the already mentioned early onset of professional help to be the crucial psychological factors** in managing the initial stress, which parents must bear with the birth of a disabled child. It is therefore appropriate for parents in this period to cooperate with expert workers (Prevendárová, 1998). The uneasy parental position demands a professional support, especially at the time when parents are getting used to the new life situation. In a simplified way it could seem that deaf partners more easily accept and elaborate the fact that their child is hearing impaired, because they are able to immediately provide it with the communication system. However, there are not rare cases when birth of an equally handicapped child brings disappointment to the family because they expected a healthy child. It is natural that with hearing parents only a very small part of them is immediately able to competently and acceptably cope with the basic principles of immediate care for such a child.

Every deaf child as well as the healthy one has a certain potential for developmental possibilities. In opposition to the child without a disability it is more beneficial to intensively and systematically offer the child various stimuli, because it searches for them less initiatively. If it is not regularly stimulated and if it remains without a professional help, it begins to lag behind more significantly in comparison with the child in which special pedagogic and psychological support service was indicated and delivered on time. It is apparent and confirmed by research (Zborteková, 1996, Špotáková, Tomčániová, 2000) that professional care from early age manifests itself by natural increments in the cognitive development of child with hearing handicap, by increasing communication and social competencies, too, and later even by better chosen interests. Especially stimulating for the intellectual and speech development unambiguously appears to be the child's family environment. In practice, many times there are delays in psychological, special pedagogical and overall professional influence on child clients suffering with hearing impairment, which reduces the quality and the resulting effect of the delivered intervention.



## Counseling for the child with hearing impairment and for its parents

The procedures and methods of counseling work with hearing-impaired children and with their families are utilizable practically in all types of counseling facilities. The counseling service should have a complex effect and should be based on interdisciplinary activities of several specialized workers (a pediatrician, a special pedagogue, a psychologist, a social worker, a therapist). It usually takes place on the following levels:

- **medical:** the large-scale application of perfect screening by a simple method for examination of hearing immediately after the child's birth with the subsequent central record of the risk newborns,
- **special-pedagogic:** informing about available educational opportunities for hearing-impaired children, solving their communication problems from the speech therapeutic and surdopedagogic aspect,
- **psychological:** providing assistance in solving a wide range of issues associated with the child's development, with overcoming emotional problems related to acceptance of the child and its handicap in the family,
- **social:** explanation of questions from the area of social security,
- **technical:** informing about compensation aids and their availability.

The counseling work for hearing-impaired children has **much in common with work for children with impaired communication ability**, for children from linguistically and socially disadvantaged settings – that is, generally for children who have problems with communication. In cases that require counseling intervention, the object of which is a problem but hearing child, the work of specialized workers goes in the direction of consistent knowing of the child toward the information about its settings. **If the counselor cooperates with the hearing-impaired child, his/her activities are mainly focused on the family**, i. e. counseling intervention is usually provided not only to the child but also to its parents. Parents are able to cooperate with their counseling psychologist only after overcoming the initial adaptation phase, when they themselves cope with the fact that their child is disabled. They are getting used to the increased long-term mental, social, economic, but also physical stress in the family; their attitudes and relationship to the disabled child vary considerably in this period. They particularly need to understand and accept their own situation. They look for a practical guidance – “how to work with the child?” They expect clear and mostly true answers to questions that turn up in concrete situations. The psychologist should help parents deal with their everyday problems they face regarding their child's hearing impairment. The best thing is if he/she can offer several alternatives from which they can choose accordingly. The uniqueness of every family must be taken into account, its autonomy must be respected, as well

as expectations and needs and the final decision-making right of parents. During the child's development changes take place in the measure of coping with parental stress. According to parents' testimonies, the period of training appears to be one of the most demanding things. They also point out to the eighth year of the child's age – the time they begin to focus more on controlling its speech with a belief that the child should already communicate really well. Particularly at this time parents are looking for an accepting attitude toward the child and its disability. They need to take advice on how to, in the most adequate way, handle the situation in their family, how to cope with social and work limitations or partner problems, how to find back the missing family well-being. They also need guidance in assessing the child's developmental prospects in the area of education; later in vocational issues. It is very useful to involve parents into the decision-making processes about their child and to enhance their competences in this regard. Parents would appreciate if the specialized worker communicated with them without making distinctions and with empathy, if he/she could listen, if he/she accepted them as a concrete family and without making generalizations. In their mutual communication mostly truthfulness in the information exchange is necessary, as well as nondistortion and nonembellishment of facts. Most parents proactively seek out all available possibilities how to help their child regardless of whether they choose a special pedagogical environment or integration into normal social environment.

### **Psychological diagnostics of hearing-impaired children**

Subsequently the **diagnostic work with the child alone comes into action** – to determine the level of intellectual development, the assessment of personality traits, the evaluation of the course of emotional and social development. Very important appears to be the information on development of fine motor skills (directly related to the level of articulation skills and to the prerequisites for the acquisition of sound speech as the communication code) and the expressions on the choice of the communication channel (oral language, sign language, other supportive language means, bilingual access, etc.).

Overriding is the **thorough knowledge of personal and family history** of the child, on the basis of which we can assess the perinatal, postnatal causes, or the genetic conditionality of hearing disability. After careful collection of the anamnestic data, it is possible to proceed to the **examination of intellectual abilities**. Psychological diagnostics of the level of cognitive abilities significantly affects the child's school performance; therefore the responsible assessment of the child's individual possibilities and preconditions in the area of mental development is vital. Presently it is already quite apparent and verified by research that the child's intellectual development does not take place uniformly, but in "leaps". The selection and use of IQ

tests in children with hearing impairment is substantially limited. Typical is the lack of adequate techniques of psychological differential diagnostics. Such methods are used that are designed for the hearing population with the fact that in the evaluation and interpretation of the results attention is paid to the child's hearing disability. In our psycho-diagnostic practice the following tools are most frequently used **to determine the cognitive development level in hearing-impaired children** – the Leiter International Performance Scale (LIPS), the Raven's Colored Matrices, the Wechsler Intelligence Scale (WISC III) – only the performance part is most frequently administered – and the Terman-Merrill Intelligence Scale (T-M).

Part of the psychological diagnostic process in hearing-impaired children should also be the **diagnostics of eupraxia** (co-ordination and integration of fine motor activities), which, as Dutch experts suggest, has a key significance in the process of speech production. The management of speech presupposes also a reasonable degree of fine motor development. Equally important place has also the **diagnostics of memory processes** of hearing-impaired children. Insufficient memory abilities can be the cause of problems in later educational activities, although the development of intellect is normal (Luterman, 1999).

In counseling practice it is necessary to know the child complexly, hence also from the aspect of its personality traits or its course of emotional and social development. Thorough knowledge of the said partial characteristics in children affected by hearing deficiency is often very problematic and requires – in addition to quality psychodiagnostic test material – also a rich practical counseling experience.

### **The specifics of psychological diagnostics in children with hearing-impairment**

When working with hearing-impaired children, it is necessary to pay regard to certain specifics (Leonhardt, 2001):

1. **Communication barrier** – it strongly influences the choice of psycho-diagnostic methods that can be used in testing this category of children. There are only a very few techniques that do not require utilization of the speech channel in their administration. However, at the same time they provide less encompassing information about the child.
2. **Age specifics** – the psychologist usually follows the deaf child immediately after the hearing loss is diagnosed already in the so-called “pre-problem period”, when in the child's development there are not any other differences apparent except for hearing impairment. Parents perceive the loss of hearing as their child's major problem.
3. **Time span of working with the child** – usually the onset of a long-term cooperation of the child – that is, of the family with the psychologist (from identification of hearing impairment through the educational period up to the professional orientation).

4. **Direction of psychological activity** – in most cases the model for intervention is a problem of the normally developing child in the context of family or school environment. The psychologist's work usually begins through consistent knowledge of the child and then it goes in the direction of identification of its problems in the relevant environment. In case of cooperation of the psychologist with the family of the hearing-impaired child, the professional care is devoted primarily to parents (the period of parental stress), and only in the further phase it is directed toward the diagnostics of the child alone.
5. **Predictive orientation of psychological activity** – the psychodiagnostic process is predictably oriented toward assessing the child's successfulness in personality and educational development on the basis of long-term follow-up and in-depth knowledge. The goal of thusly-focused psychological intervention is to avoid possible failures and developmental irregularities in the future.

**Psychodiagnostics in children with hearing-impairment at preschool age** has its own distinctive specifics. The use of intelligence tests in these children is significantly limited not only as regards the limitability of their selection (mostly typical performance tests are used such as LIPS, the Raven's Progressive Matrices). On their basis it is possible to determine the child's non-verbal intellect, but they cannot predict the child's ability to acquire the language. At the same time, it is apparent that the assessment of information on mental development of the deaf child is necessary, however, we need to gather much more information about the child and we can then also have a prognostic benefit from it (anamnestic data, etiology of disability, personality characteristics, etc.). And just in children with hearing impairment at early and preschool age the question of predictability in the area of the choice of the communication code is very essential. Parents often insist on advice – they ask what are the child's possibilities in the area of speech development. The psychologist's role is to responsibly assess the child's preconditions as well as the possibilities of the family in dealing with and in coping with the difficult communication problem.

**The psychological diagnostic process appears to be least problematic in hearing-impaired children of school age**, which is due to several reasons:

- available is a wider choice of psychodiagnostic methods than for children at preschool age,
- cooperation with the child at this age is typically not troublesome, as it is usually cooperative at this age and with regard to its hearing handicap it has the well-built communication system with which it is possible to communicate with this child.

**Counseling services for the family with hearing-impaired child** (Kročanová, 1999):

- **psychological counseling in coping with the increased long-term mental, physical, economic and social burden in the family,**
- **reducing the level of parental stress** by enhancing stability, by supporting cohesiveness, the uniformity and completeness of the family, as well as the current internal microclimate by acting on positive personality qualities of parents,
- **assistance in the adjustment process of the family** in the presence of the disabled child and in its acceptance,
- **selection of educational approaches,** formation of positive attitudes toward the child, solution of social-emotional problems,
- **managing partner problems** and social-vocational limitations of parents,
- **providing the up-to-date information** on possibilities of training, vocational orientation of the child with disability,
- offering **educational and stimulating programs** to the child and also to parents.

## 2 Conclusion

Only a little part of psychologists from practice pay attention to psychological counseling and to it closely related diagnostics of children with hearing impairment in our country, although this is a very contemporary issue. Simultaneously, this area is, too, typical with the lack of specific and appropriate means and methods of work, therefore only those are utilized that are designed for the hearing population with the fact that regard is paid to the child's hearing impairment. In the future, this problem in the area of psychological and special pedagogic counseling must be addressed more actively.

## 3 Literature

- [1] GUŠTAFÍKOVÁ, K. (2010): Manažment v poradenstve u klientov so sluchovým postihnutím. In: *Trendy a nové výzvy v špeciálnej pedagogike*, Bratislava, Iris, 2010, s. 445–453. ISBN 978-80-89238-36-1.
- [2] KROČANOVÁ, L. (1999): Psychická záťaž v rodinách so sluchovo postihnutým dieťaťom. *Psychológia a patopsychológia dieťaťa*, 1999, 34, 3, s. 245–249. ISSN 0555-5574.
- [3] LEONHARDT, A. (2001): Úvod do pedagogiky sluchovo postihnutých. Bratislava, Sapiencia, 2001, 248 s. ISBN 80-967180-8-8.
- [4] LUTERMAN, D. (1999): Counseling Families with a Hearing-Impaired Child. *Early Identification and Intervention of Hearing-Impaired Infants*, 1999, 32, 6, s. 1037–1050.
- [5] NOVÁKOVÁ, K. (1995): Komunikačná interakcia v rodinách so sluchovým postihnutým dieťaťom. *Psychológia a patopsychológia dieťaťa*, 1995, 30, 1, s. 121–125. ISSN 0555-5574.
- [6] PREVENDÁROVÁ, J. (1998): Rodina s postihnutým dieťaťom. *Psychoprof*, Nové Zámky, 1998, 132 s. ISBN 80-967148-9-9.

- [7] ŠPOTÁKOVÁ, M., TOMČÁNIOVÁ, B.(2000): Sociálna interakcia zdravých a postihnutých detí predškolského veku. Psychológia a patopsychológia dieťaťa, 2000, 35, 2, s. 137–148. ISSN 0555– 5574.
- [8] ZBORTEKOVÁ, K. (1996): Osobnostné charakteristiky sluchovo postihnutých detí a možnosti ich psychodiagnostiky. Psychológia a patopsychológia dieťaťa, 1996, 31, 2, s. 144–151. ISSN 0555– 5574.

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# Pedagogues' insights about the organization of the development of functional mathematical literacy of students having moderate special educational needs in mainstream school

Laima Tomėnienė

**Abstract:** *The article deals with the insights of pedagogues about the importance of the development of functional mathematical literacy for students having moderate special educational needs, the possibilities of the improvement of the education process of mathematics in senior heterogeneous classrooms of mainstream schools, where students with moderate special educational needs learn integratedly, have been discussed. 275 pedagogues have participated in the research: 151 teachers of mathematics from mainstream schools and 124 pedagogues from the Lithuanian vocational training centres and vocational schools who according to programmes of vocational education educate young people having moderate and severe special educational needs.*

**Keywords:** *functional mathematical literacy, modelling of the system of education oriented towards the development of functional literacy, practical application of mathematical knowledge, students having moderate special educational needs, teaching (learning) paradigm and methods.*

## 1 Introduction

In recent several decades in the whole world many changes in social and education area have taken place. The main changes in the system of education are the alteration of legal attitudes of education; distinct transformation of classical education paradigm to more child-oriented education, respect for personality, acknowledgement of differences; implementation of the ideas of inclusive education in the systems of education of various countries. The ideas of inclusive education have expanded the spaces of education to various contexts (both formal and informal) of the system of education in order to ensure the use of all possible resources and effectively meet students'

needs. On the international level the UNO Convention of Children's Rights (1989), the Declaration of Salamanca (1994), the Convention of Dakar (2000) had especially big significance for the spread of the ideas of inclusive education, while in Lithuania – the Law on Education of the Republic of Lithuania – (1991) and recently published legal acts implementing the Law on the Amendment of the Law on Education of the Republic of Lithuania (2011), the Law on Social Integration of People with Disabilities (2005), Strategic Provisions for the Development of Education of the Republic of Lithuania (2003–2013) (cit. Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė, 2011). All the aforementioned documents emphasize the essential attitude related to education – ensuring equal possibilities for all members of the society (including people with disabilities, national minorities, representatives of different cultures). The mission of education in these documents is perceived as an assistance for a student in perceiving contemporary world, gaining the basics of literacy, cultural and social competence and becoming an independent, responsible person creating own and community life, while the mission of contemporary vocational training – the education of qualified specialists able to act independently, take decisions and compete in the labour market of the European Union.

After regaining of Independence in Lithuania creating the system of education and searching for the best possibilities to effectively educate children of various abilities and needs Lithuania has chosen multi-track system of education that suggests many various ways, education forms and institutions to educate persons having special educational needs (Aidukienė, Labinienė, 2003). In the Law on Education of the Republic of Lithuania (2007) it is indicated that students having special educational needs may use the possibility regulated by the laws on education of the Republic of Lithuania to choose the form of learning: complete integration (in mainstream classes of all types of schools – primary, basic, secondary mainstream schools, now also progymnasiums, gymnasiums, schools-kindergartens, boarding-schools, youth schools, children's socialization centres); partial integration (in special classes of all types of mainstream schools); education in special educational institution (special schools, education centres and other special educational institutions); education at home. Education at home is prescribed only in exceptional cases for a student who cannot attend school because of various health and socialization disorders. Recommended education forms depend on student's special educational needs – mild, moderate, severe and very severe, that are assessed in stated order by school commissions of child's welfare (until July 2011 – school commissions of special education) or by the specialists of Pedagogical Psychological Service orienting not so much towards developmental disorders but towards special educational needs conditioned by them (Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė, 2011). The degrees of special educational needs are assessed according to the criteria describing the ways of pedagogical assistance that are needed by a student to make



teaching efficient: application of content and ways of education (level of programme; education methods, pace, etc.); adaptation of educational environment; intensity and many-sidedness of specialists' assistance; needs for special means of education, etc. (Description of the procedure for the determination of groups and their special needs in the distribution of levels of pupils having special educational needs, 2011). The bigger is the number of criteria that describe the conditions necessary for students' education, the more complicated is the level of his/her special educational needs. In Strategic Provisions for the Development of Education of the Republic of Lithuania (2003–2013) it is indicated that children and youth with special needs have possibility to learn in schools of all types in educational environment favourable for them according to the programmes of formal and informal education.

The data of the monitoring of the education system of Lithuania show that in special educational institutions the number of students with special educational needs is annually decreasing, while the part of these students who study in mainstream schools is increasing. If in the school year of 1999–2000 students having special educational needs made up 8,5 per cent of all students of mainstream schools of Lithuania, in the school year of 2008–2009 children having special needs made up already over 10 per cent of all students of Lithuania (out of them 90 per cent learned in mainstream classes of mainstream schools together with peers, 1 per cent in special classes and 9 per cent in special schools), while in the school year of 2009–2010 in schools of Lithuania there already learned 11,6 per cent of children of school age having special educational needs (Education Management Information System (ŠVIS), 2010). According to the data of the Ministry of Education and Science the number of students having special educational needs in mainstream classes of mainstream schools is annually increasing, while the number of students choosing the form of education in special schools is decreasing. It conditions new changes in the organization of education of mainstream school. The idea that teaching and learning of students having special educational needs should be based on pragmatic and constructivistic approach gets more and more approval, in this approach education takes place through practical activity, not the amount of gained knowledge but the ability to apply this knowledge in practical activity, to orient in real-life and work situations becomes important. Applying active methods it is attempted to obtain the closest possible relation with reality, with real life, with problems of community and society. It increases students' learning motivation and their interest in learning process. Before that, during the decades in Lithuania in mainstream school much attention was paid to the development of academic knowledge, and less attention to the development of functional literacy. Systemic learning was too little related to student's future life, not oriented towards the being an adult. In main documents regulating education system of Lithuania it is indicated that the time has come to change this system.

Today it is difficult to adapt to constantly changing society if skills of problem solving are insufficiently well developed, if there is lack of knowledge, willingness to learn and improve, confidence in one's strengths. Classes of mathematics provide main knowledge and skills necessary for mathematical literacy. It also conditions new importance and new requirements for teaching and learning mathematics at school. Contemporary education theory and practice with regard to changing life requirements raise a task for teachers of mathematics to constantly review the contents of the subject, assess and reorient educational priorities, help each child to develop the most important and essential general abilities and value attitudes that will help in future to choose a profession, to find a place in a rapidly changing society, to successfully work and act in the society, to feel good and be happy (Baranauskienė, Tomėnienė, 2010; Tomėnienė, 2010, 2011). Undoubtedly it is very important in organizing the education of senior grade students having moderate special educational needs at school during prevocational period because in the report of the research "Meeting special educational needs: the experience of Lithuania in the context of foreign countries" (2011) it is indicated that not enough attention in mainstream school is paid to prevocational counselling and provision with information, for getting ready for independent living, vocational activity and the development of general and social skills. All this encourages changing the contents and process of teaching mathematics in the way it would become valuable and important for future learning, vocational activity and self-expression of a young person with disability. Thus collaboration between teachers working at schools and vocational schools becomes relevant. With this purpose the survey of pedagogues from Lithuanian mainstream schools and vocational training centres have been performed, and 275 pedagogues participated in it: 151 teachers of mathematics in mainstream schools and 124 teachers of professions and subjects from Lithuanian rehabilitation and vocational training centres who educate young people having moderate and severe special educational needs. It has been interesting to analyze the aspects of the organization of the development of functional mathematical literacy of students having moderate special educational needs (**research object**) in the prevocational period. Problematic **questions** – What are the insights of pedagogues about the organization of the development of functional mathematical literacy in senior classes of mainstream school? What didactic paradigms, methods, structure and dynamics of didactic process should be applied in a heterogeneous classroom where a student having moderate special educational needs learns?

*Aim of the research* – to reveal pedagogues' opinion about the possibilities of the organization of the development of functional mathematical literacy in mainstream schools for students having moderate special educational needs.

*Sample of the research.* Selecting the participants of the research the method of target sampling has been used. In the present case the sample group of the quantitative

research consisted of 275 pedagogues: 151 teachers of mathematics in mainstream schools and 124 teachers of professions and subjects from Lithuanian rehabilitation and vocational training centres who educate young people having moderate and severe special educational needs. In choosing the participants of the research the attention was not paid to their age and gender.

## 2 Methodology

Methods of the research – Analysis of scientific and methodical literature, questionnaire survey, quantitative data analysis. Statistical analysis (descriptive analysis of frequencies, arithmetical means (M), standard deviations (Sd)) of the data has been performed using programme packages of processing statistical information (Statistical Package for the Social Sciences) 17.0 and Microsoft Office Excel 2007.

Questionnaire written survey in the form of anonymous questionnaire meant for pedagogues of vocational training of people with disabilities has been chosen as the main method of the research. The questionnaire consists of three blocks: demographical block (data about the respondents) has been presented, the second block of questions is meant to assess actual level of mathematical literacy of young people with special needs studying in vocational training centres, their ability to apply mathematical knowledge in their practical and vocational activity, the third block presents the questions about the possibilities of the improvement of the process of mathematical education, of choosing the directions of activity and education during the period of prevocational training.

In the present article the obtained results of the research of the third block – pedagogues' insights about the possibilities of the improvement of the education process of mathematics in senior grades of mainstream schools in the context of the development of functional mathematical literacy of students having moderate special educational needs have been analyzed in more detail.

While creating the survey questionnaire the requirements set for the creation of questionnaire have been regarded: it has been reasonably, briefly and logically explained why the research is performed; the presented questions are concrete and the variants of the responses are understandable to make the respondents' efforts minimal. The questions of the third block of the questionnaire are of closed-type when it is necessary only to choose one of the presented answers or choose several answers in order to know pedagogues' personal opinion; at the end of each question the option "other" is indicated, which gives possibility for a pedagogue to express his/her own opinion.

### 3 Results of the research

Having reviewed the essential issues of mathematical literacy and its concept referring to the research of the scientists (Steen, 2004, Niss, 2003, Carss, 1997, Briggs, 2002, Gillman, 1999, Johnston, 1994, Manaster, 2001, Dudaitė, 2008) it has been noticed that one of the main elements is the applicability of mathematical knowledge in practical and real-life situations, the ability to solve the problems one faces. Literacy is not meant only for the people who are the best at mathematics.

The necessity of the change of the principal attitudes towards teaching (learning), the need to look at the preconditions and possibilities of individual's cognitive development and evolution from pragmatic constructivistic aspect encouraging to look for new ways of modelling harmonizing with the new system of education was accentuated by Dewey (1938, 2008), Bruner (1966, 1973), Vygotsky (1982), Kolb (1984), James (1995), Arends (1998), Jensen (1999), Piaget (2002), etc.

In UNESCO Policy Guidelines on Inclusion in Education (2010) it is emphasized that a student having special educational needs being educated together with peers has a possibility to take over their experience, to learn how to communicate, also creating conditions for his/her more advanced and skilful classmates to learn while teaching others, to develop positive attitudes towards people's differences, to form value attitudes acceptable to contemporary society (cit. Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė, 2011). Teacher's disposition to involve all students in learning process taking place in a classroom, to create conditions for everyone to be educated according to his/her possibilities, to raise adequate learning goals that are relevant for everyone, to choose suitable strategies of the evaluation and self-evaluation of achievements is also very important.

In literary sources it is indicated that the problems of meeting special educational needs in the context of inclusive school is often related to the problems of the adaptation of the contents of education, the selection of the methods of teaching and learning and the evaluation of academic achievements, in other words, the question of the quality of education in a heterogeneous group is raised. It is also approved by the data of the survey presented in the report of the research "Assessment of pedagogues' professional competence in the aspect (of the development of education) of children with special needs" (2003). It is indicated there that every fourth pedagogue in Lithuania experiences difficulties in choosing appropriate methods and ways of education, in differentiating education in a group or class, in strengthening students' learning motivation. King-Sears (2008) states that pedagogues may face certain problems because of the attitude that they must teach the same thing to all students at the same time, also because of the fact that applied teaching methods are not suitable for all students and their achievements are not as expected. Speaking about educating students of different abilities together, most often, according to the author, the mistake is made

about two things: it is supposed that children having learning disabilities are unable to learn the same thing as their peers do; and that teachers must teach everything what is previewed in programmes despite of student's success. Denying these attitudes King-Sears (2008, cit. Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė, 2011) states that children having learning difficulties are able to learn the same thing as their peers do. The most important thing is that appropriate methods and techniques should be applied; some students need special, extraordinary learning that is not always available in a mainstream classroom; the criteria and ways of evaluation and the adaptation of the contents of education is necessary.

According to Štitilienė (1995), teaching mathematics help students having special educational needs to adapt in the society, to get ready for life. This teaching forms and corrects such forms of intellectual activity as comparison, analysis, synthesis, creates conditions for the correction of memory and the development of attention, thinking and other psychical functions. Therefore, the teacher of mathematics needs to apply various ways and methods of teaching mathematics employing various didactic material and visual means, differentiating and individualizing work. Teachers working with children having special needs should not only notice the abilities of their students but also with regard to them individualize teaching process, in case of need, change the contents of education, choose necessary material and present it using appropriate teaching methods. Children having special needs learn in mainstream classes, therefore, it requires teacher's extraordinary ability to differentiate and individualize teaching.

Researches (Farrel, Dyson, Hutcheson, Gallanaugh, 2007; Meijer, 2001; Mitchell, 2008; Nind and Wearmouth, 2006; cit. Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė, 2011, p. 31) show that there are several factors and strategies conditioning the success of integration: cooperative learning and peer support; *collaborative teaching* and joint problem solving in a team; heterogeneous grouping and adapted teaching (in the sense of the contents and organization of education) allowing successful differentiation of education; teachers' in-service training and rendering assistance to them; close relations with parents.

The aforementioned strategies should be flexible in the sense of time, place and form. Essential education strategies (e.g., cooperative learning, activity-based learning, peer support, etc.) show the importance of methods that meet different needs. Generalizing it is possible to state that the development of mathematical literacy in mainstream schools gives all students the possibility to know the subject of mathematics, its importance in life, the concepts, the ability to apply knowledge in practice is improved, mathematical skills are trained. It is especially relevant educating students having moderate special educational needs. Teacher should help students to perceive their actual interests, to reveal the main needs related to future plans, everyday life and then organize teaching meeting these interests and needs. It is

important to aim at student's active participation in the process of education and self-assessment of achievements, independent controlling of one's own possibilities and activity, students' involvement in solving social, practical and other problems. Thus, inclusive education requires shift of attention from how all students could attain the same level to how every student could attain higher level.

By the research it has been attempted to reveal pedagogues' insights (attitude) about the possibilities of the improvement of the development of functional mathematical literacy of students having moderate special educational needs in senior grades of mainstream school. Svetlana Tamutytė, the master student of the Faculty of Social Welfare and Disability Studies, helped to interview teachers of mathematics of mainstream schools according to the adapted questionnaire prepared by Laima Tomėnienė, the doctoral student of Šiauliai University, for pedagogues of vocational training centres.

The analysis of the answers to the questions of the demographical block has shown that the majority of the respondents are women, because 82,2 % of women and 17,8 % of men participated in the research. Pedagogues' age is very different: mainly the pedagogues of vocational training centres and mainstream schools of the age of 41–60 years of age participated in the survey (83% of all the respondents). The mean of the duration of pedagogical work experience of the pedagogues of vocational training centres who participated in the research is 18 years, while the mean of the duration of work in general is 22 years. Among the teachers of mathematics working in mainstream schools the teachers with pedagogical work experience of 21–30 years (38,9%) and 31–40 years (33,6%) are predominant. The majority of the pedagogues from vocational training centres (N = 110) and mainstream schools (N = 144) have higher education, 7% of the respondents have college education, 6% of the pedagogues did not respond to this question. Almost all the respondents (96%) have pedagogical education, however, 10 pedagogues from vocational training centres do not have this kind of education. Out of 265 respondents having pedagogical education 17,1% have the qualification category of teacher, 38,6% – senior teacher, 40% – teacher methodologist and 3,7% (9 pedagogues of mainstream schools and 2 pedagogues of vocational training centres) – expert, the number of pedagogues who do not have the qualification category was very small (0,6 %). Most often it is young specialists who had recently started working at school. More than a half of the pedagogues working in vocational training centres who participated in the research (56,2%) in vocational training centres and vocational schools teach the theory of speciality and practical teaching of speciality; 29,8 % of the pedagogues teach the theory of speciality or practical teaching of speciality; 13,7% teach general cultural subjects. All of the pedagogues working in mainstream schools teach the subject of mathematics in senior grades, where students having moderate and severe special educational needs integrally learn. Teachers' education and qualification show their

subject and professional competence, their preparedness to analyze changing aims and contents of mathematical education in basic school, also their independence planning their work with all students and particularly with students having moderate special educational needs, improving their qualification. The results of the research show that the majority of the participants of the research have big experience of work with young people having moderate special educational needs, therefore, their answers are quite important and valuable.

Analyzing the questions about the improvement of the process of education it has been interesting in what way, according to the pedagogues, students having moderate special educational needs succeed the most at learning, what forms of activity would be most useful to be applied in the classes of mathematics so that the majority of students having moderate special educational needs would successfully participate in the activity of the lesson, willingly learn and achieve positive results of education. The respondents had to choose one out of possible answers. Respective score of measurement: “Almost for everyone” – 5, “For the majority” – 4, “For almost a half” – 3, “For less than a half” – 2, “For some students” – 1. The results of the research have been presented in Table 1.

**Table 1:** Students’ ability to successfully work in lessons (N = 275)

Ability, strategy of teaching or learning	Teachers of mathematics of mainstream schools		Pedagogues of vocational training centres	
	Mean	Std. deviation	Mean	Std. deviation
To work productively during the main part of the lesson	2,71	0,97	2,55	1,14
To finish tasks assigned to him/her in the time of the lesson	2,52	0,76	2,54	1,20
To work individually	2,17	0,91	2,52	1,13
To work in a group collaborating with other children	3,04	0,72	2,97	0,74
To work in a pair with peer’s support	3,02	0,70	2,97	0,74
To work individually	1,84	0,83	2,07	1,08
To do their homework	2,33	0,97	1,98	0,97

The pedagogues of vocational training centres and mainstream schools state that one of the most suitable learning strategies in the lessons of mathematics developing mathematical literacy of students having moderate special educational needs is to apply *work in a group collaborating with other children* (M = 3,04 /attitude of the teachers of mathematics/ and M = 2,97 /attitude of the pedagogues of vocational training centres/), and *work in a pair with peer’s support* (M = 3,02 /attitude of the teachers of mathematics/ and M = 2,97 /attitude of the pedagogues of vocational

training centres/). The respondents pointed out that applying these learning strategies more than a half of students having special educational needs are able to successfully work in a lesson. It is possible to make a presupposition that learning in groups and pairs students get possibility to collaborate, to discuss with friends, to share works and activities among themselves, to experiment and express their ideas with more courage, to learn from the others, to present arguments. It is also approved by the results of previously performed researches. Ambrukaitis, Ruškus (2002), Dabrišienė, Narkevičienė (2002) and other educologists especially emphasize the importance of cooperative learning educating children having special educational needs. According to them working in groups raising of problematic questions, verbalization, reflective thinking, mutual support, individual work are encouraged. In the opinion of Teresevičienė, Gedvilienė (1999), learning in heterogeneous groups and pairs encourages the development of both capable children and of those having poorer abilities.

More than a half of students experience difficulties in working productively during the major part of the lessons *individually* even being often helped by teachers ( $M = 2,17$  /attitude of the teachers of mathematics/ and  $M = 2,52$  /attitude of the pedagogues of vocational training centres/). Such students often do not trust in their abilities, they want teacher's acceptance and explanation. The students experience the most difficulties in working *independently* ( $M = 1,84$  /attitude of the teachers of mathematics/ and  $M = 2,07$  (attitude of the pedagogues of vocational training centres)). Such activity for students having SEN is complicated enough. 93% of the respondents pointed out that less than a half or some students of senior grades and especially learning in vocational training centres regularly do their homework. The results of Sd deviation show that the pedagogues evaluated this question very differently.

The question for the teachers of mathematics "Do you agree that in the lessons of mathematics..." was followed by the statements and the pedagogues had to agree or disagree with them. With this question it was aimed to find out whether in the lessons of mathematics the possibilities are created for students having moderate special educational needs to gain social, general, vocational skills, what senior grade students having moderate special educational needs should be taught. Sd deviation shows that the pedagogues did not assess this question unanimously. The data show that the pedagogues *agree* with the following statements: it is important to teach students to reason and discuss; all students should do quite many exercises forming skills; it is necessary for students themselves to try, explore and discover as much as possible.

The pedagogues *partially agree* with the statements that say: students during the lessons of mathematics gain enough social skills; the conditions are created for students to gain work skills; the possibility to express oneself in practical activity is given.

The interest has been shown in the pedagogues' opinion about the topics of mathematics the knowledge of which is necessary in real-life situations, practical activity.



All the respondents pointed out that in helping students having special educational needs get ready for life practical purposefulness of teaching is very important. According to the teachers of mathematics the most necessary topic in real-life situations is *natural numbers* ( $M=2,77$ ). The pedagogues also think that among the most necessary topics are *basics of economics* ( $M=2,38$ ), *multiplication and division of natural numbers* ( $M=2,36$ ), *angle, triangle and rectangle* ( $M=2,35$ ), *areas* ( $M=2,29$ ). In order to learn a profession, according to the majority (80–98%) of the pedagogues of vocational training centres, knowledge and practical abilities of four main mathematical topics (*Natural numbers. Addition, subtraction, multiplication and division of natural numbers*; *Fractional numbers. Operations with simple and decimal fractions*; *Primary geometrical concepts, calculation of perimeter and area*; *Basics of economics*) are the most necessary.

The opinions of the teachers of mathematics and profession coincided discussing the least necessary topics under doubt and discussion. According to the pedagogues the least necessary topics under doubt and discussion are the following: *Trigonometric expressions and their manipulation* (77,4% of the answers), *Progressions, Limit of function and differential calculus* (77% of the answers each), *Axioms of stereometry* (76% of the answers), *Exponentiation with rational exponents* (75% of the answers), *Functions and Square equations* (72% of the answers). The analysis of literary sources, General Programmes (2008), Recommendations of the application of general programmes of basic education for education of students with special needs having low and very low intellectual abilities (2010) shows that in contemporary context it is much more important to develop the ability to use mathematics in various situations than to teach how to perform certain complicated theories or operations that are actually applied by students only in the lessons of mathematics and are easily forgotten. Sd deviation shows that the pedagogues very unanimously evaluate the necessity under doubt and discussion of these topics for mathematical education of students having moderate special educational needs.

The third block presents the questions about the necessity and possibilities of the improvement of the process of mathematical education at school, domination of educational paradigms in teaching mathematics for students having moderate special educational needs, choosing methods during prevocational training. The statements have been chosen referring to adapted comparison of classes and activities that are traditional and based on the principles of constructivism and pragmatism by Brooks J. G., Brooks M. G. (1999) (cit. Jurašaitė-Harbison, 2008), and educational paradigms of teaching and learning presented in scientific literature. The opinions of the pedagogues from mainstream schools and vocational training centres coincided discussing the relation of teaching and learning paradigms educating students having special educational needs. The majority of the respondents have indicated that the most important educational paradigm that should dominate in working with

students having special educational needs is the paradigm of learning. According to the pedagogues, teaching during the lessons of mathematics should be based on students' experience, environment and learning "everywhere and always" should be in the first place and various sources of information and means of learning should be considered important ( $M = 6,14$  /attitude of the teachers of mathematics/ and  $M = 6,42$  /attitude of the pedagogues of vocational training centres/), teacher should be a teaching adviser (counsellor), specialist, adviser ( $M = 6,22$  /attitude of the teachers of mathematics/ and  $M = 5,28$  /attitude of the pedagogues of vocational training centres/, next to traditional teaching methods teacher should use individual and group ways of solving, non-traditional methods  $M = 5,20$  /attitude of the teachers of mathematics/ and  $M = 4,59$  /attitude of the pedagogues of vocational training centres/). In pedagogues' opinion, teachers and specialists should the least follow such educational paradigms as *only teacher is the active participant who has a goal and acts according to it* ( $M = 2,91$  /attitude of the teachers of mathematics/ and  $M = 2,94$  /attitude of the pedagogues of vocational training centres/), *teacher in classes often uses explanation, questioning, writing, text reading, lecture, demonstration* ( $M = 3,58$  /attitude of the teachers of mathematics/ and  $M = 3,78$  /attitude of the pedagogues of vocational training centres/). Sd deviation shows that pedagogues unanimously evaluate the following educational paradigms: a student is a passive receptor of information; teacher is in the process of the transmission of facts and abilities, their memorization and reproduction. The pedagogues' responses show that still the following opinion is predominant that students having special educational needs are unable to appropriately formulate learning goals, a teacher should form the lessons and teaching goals, because only he/she is responsible for what his/her students will learn ( $M = 4,19$ ).

Summing up it is possible to make a precondition that pedagogues agree teaching and learning should be based on pragmatic and constructivistic approach, therefore, it is important to be interested in the peculiarities of student's development, his/her thinking abilities, gained experience, learning motivation, practical application of mathematical knowledge modelling various real-life situations in the lessons as often as possible. It is emphasized that learning is an active two-sided process the aim of which is not to transmit and receive information but improve student's individual perception through active practical performance.

From the answers to the question "What in your opinion is important individualizing the programme of mathematical education?" asked to the pedagogues it has been aimed to find out the most important aspects of individualized programme of mathematical education. The respondents could choose one of the possible answers. Respective score of measurement: "Very important" – 3, "Important" – 2, "Under doubt" – 1 point. The results of the research have been presented in Table 2.

**Table 2:** The aspects of individualizing the programme of mathematical education (N = 275)

Aspects of individualization	Teachers of mathematics of mainstream schools		Pedagogues of vocational training centres	
	Mean	Std. deviation	Mean	Std. deviation
Choosing the pace of learning	2,34	0,54	2,33	0,59
Foreseeing implementable goals and aspirations	2,66	0,47	2,49	0,53
Application of suitable learning (cognitive) strategies, teaching to apply	2,68	0,47	2,39	0,55
Foreseeing of possibilities of the realization of individual needs	2,45	0,50	2,42	0,56
Planning activities in the lesson developing collaboration	2,08	0,47	2,35	0,57
Involvement of interested persons (student, parents, specialists) in planning	1,95	0,56	2,18	0,69
Assessment and record of student's progress	2,22	0,42	2,37	0,53
Individualized assessment and feedback	2,55	0,50	2,48	0,55
Harmony between teaching and safe environment	2,22	0,44	2,45	0,58

In the table it is clearly seen that the most important 3 aspects, according to the teachers of mathematics, necessary individualizing the programmes of mathematical education are *application of suitable learning (cognitive) strategies, teaching to apply* ( $M = 2,68$ ), *foreseeing implementable goals and aspirations* ( $M = 2,66$ ) and *individualized assessment and feedback* ( $M = 2,55$ ). According to the pedagogues of vocational training centres the following 3 aspects individualizing the programmes of mathematical education are the most important: *foreseeing implementable goals and aspirations* ( $M = 2,49$ ), *individualized assessment and feedback* ( $M = 2,48$ ) *application of suitable learning (cognitive) strategies, teaching to apply* ( $M = 2,39$ ). Consequently, the same aspects have been mentioned, only the order of priority was a little different. The most questionable criterion, according to the teachers of mathematics, is *Involvement of interested persons (parents, specialists) in planning* ( $M = 1,95$ ). However, according to Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė (2011) parents' role in educating students with special educational needs is very important, sometimes even decisive, therefore, this aspect should not be underestimated.

In the respondents' opinion the individualization and differentiation of teaching, application of teaching and learning methods should help to develop general abilities of students having special educational needs, their positive attitude to competently use knowledge and skills in personal, professional and social life. The statistical data

analysis have revealed the pedagogues' opinion that showed that it is the most expedient next to traditional methods to choose *active methods* ( $M=2,34$ ) and *methods combining various activities* ( $M=2,29$ ), that help students gain knowledge, abilities and skills, train aptitudes, from significant social attitudes. All teaching methods individualizing the programme of mathematics for students having special needs in mainstream school are assessed as necessary because the scores vary from 1,80 to 2,24. Sd deviation shows that the pedagogues' opinion on the questions of the application of methods is not very unanimous. In scientific, methodical literature it is pointed out that under contemporary conditions teaching methods should not only help to provide thorough knowledge, to form practical abilities and skills but also to teach how to independently gain knowledge, to teach how to interpret the obtained knowledge, to solve concrete problematic situations referring to it. Therefore, next to traditional methods new modern teaching and learning methods should appear, working with which the role of students and a teacher essentially changes. It has also been proved by the research by Ambrukaitis, Ruškus (2002), that showed that in the reality of the education of students having special needs it is necessary to speak about new teaching methods that can ensure the quality of the education of students having special needs, because in a contemporary classroom students with different academic abilities, different possibilities of activity and different educational needs meet. The following situation is created when a teacher during a short time of a lesson has to meet different individual needs.

The analysis of the answers to the questions "What teaching and learning methods in your opinion encourage students to get actively involved in the process of education during the lessons of mathematics?" has shown that *the method of solutions* ( $M=2,98$ ), *puzzle in certain succession* ( $M=2,96$ ), *patchwork method* ( $M=2,91$ ), *peer support* ( $M=2,91$ ) encourage students to get actively involved in the process of education during the lessons of mathematics the most. Sd deviation shows that the pedagogues evaluating these statements were unanimous. The pedagogues of mainstream schools and vocational training centres distinguished three things that according to them are needed for students to be good at mathematics: it is necessary to understand how mathematics is used in real life (71,7%); to think consistently and logically (69,9%); to understand the concepts, principles and regularities of mathematics (63,7%). In generalizing the results of the research the presupposition can be made that in order for students having special educational needs to understand how mathematics is used in real life, to understand the concepts, principles and regularities of mathematics during the lessons it is necessary to use various teaching and learning methods, especially the active methods.

## 4 Conclusions

1. The results of the research have shown that the directions of the development of mathematical literacy of students having moderate special educational needs should be oriented towards a new teaching paradigm when a student is an active centre of the learning process. The paradigm of learning should essentially change the aims of education, the relation between an educator and a student, methods, educational and learning environment.
2. Teaching and learning mathematics should be based in pragmatic and constructivistic approach, refer to close relations with the real world in order to encourage students to seek explanations and discuss, to solve problems personally relevant to them. In the process of education more attention should be paid to the formation of the abilities of all activity areas of mathematics showing practical applicability of mathematical knowledge and developing general, social, life and vocational skills.
3. It has been noticed that the majority of young people having special educational needs during the lessons are the best at learning when working in a group and collaborating with other classmates. Cooperative learning, according to the pedagogues, encourages students to work together and it in itself is a step towards the realization of the idea of inclusive education. However, referring to the analysis of scientific literature it is necessary to point out that to make cooperative learning successful a teacher should create such conditions where every student would take responsibility, support each other, share resources and information, be able to listen, get constructive feedback, be able to constructively solve disputes, to listen to the other's opinion.
4. Individualizing the programme of mathematical education the application of suitable teaching strategy, foreseeing of implementable aims and aspirations, individualized assessment are important. It is also the most expedient to choose active methods and methods combining various activities stimulating student's learning motivation and helping a young person to get ready for life and vocational education.

## 5 Discussion

During all the period of the reorganization of special education it has been investigated how students' special educational needs are met, especially in mainstream schools. The integration of students having special educational needs into mainstream schools and other institutions is a complicated process, therefore, quite many researchers have been performed that analyze conceptual ideas of integration, values, concrete phenomena of integrated education, pedagogues' attitudes and competences, pos-

sibilities of the reorganization of teachers' and other specialists' collaboration with students and their parents, the contents and process of education; the search for the facts revealing advantages and disadvantages of certain forms of education (integrated and special education), etc. (Ališauskas, Ališauskienė, Gerulaitis, Kaffemanienė, Melienė, Miltenienė, 2011). According to the data of Kaffemanienė (2005), although it is attempted to individualize teaching of students having special educational needs, however, it is too little oriented towards a child in general learning activity of the classroom, too few pedagogical contacts are devoted to a special child, it is too little oriented towards the initiation of a productive interaction with a student factually separating him/her from a classroom.

Although there are constant discussions about systemic changes in education ensuring equal opportunities of education, the suitability of the forms and ways of education of students having special educational needs and the possibilities of development, however, only now more extensive discussions are starting about the creation of the model of education of senior grade students having moderate special educational needs integratedly learning in mainstream school oriented towards practice and the functionality of knowledge; the adaptation of the contents of education when not knowledge but practical ability to apply possessed knowledge in real-life situations and solving problems becomes the main factor of the programme of the subject (in this case mathematics). The necessity appears to analyze the development of functional mathematical literacy of students having special educational needs in the system of pragmatic education, oriented towards a person as an active social individual, towards his/her interests, needs, experience and natural interaction with environment, child's social culture, the context of everyday life, self-expression and practice. The development of mathematical literacy, foreseeing its place in the process of education and the search and revelation of the ways of its improvement, realization and stimulation is a relevant pedagogical problem. Therefore, more thorough scientific research in this area is to be encouraged and necessary.

## 6 Literature

- [1] AIDUKIENĖ, T., LABINIENĖ, R. Vaikų, turinčių specialiųjų poreikių, ugdymo tendencijų apžvalga tarptautiniame bei Lietuvos švietimo reformos kontekste (1990–2002 m.). *Specialiojo ugdymo pagrindai*. Šiauliai: Šiaulių universiteto leidykla, 2003, p. 31–49. ISBN 9789986384236.
- [2] ALIŠAUSKAS, A., ALIŠAUSKIENĖ, S., GERULAITIS, D., KAFFEMANIENĖ, I., MELIENĖ, R., MILTENIENĖ, L. Specialiųjų ugdymo(si) poreikių tenkinimas: Lietuvos patirtis užsienio šalių kontekste. Šiauliai, 2011. ISBN 978-609-430-089-9.
- [3] AMBRUKAITIS, J., RUŠKUS, J. Specialiųjų poreikių vaikas bendrojo lavinimo mokykloje: ugdymo kokybės kriterijų identifikavimas. *Specialusis ugdymas*, 2(9), p. 61–72. Šiauliai, 2002. ISSN 1392-5369.
- [4] ARENDS, R. I. Mokomės mokyti. Vilnius: Margi raštai, 1998. ISBN: 9986-09-179-9.
- [5] BARANAUSKIENĖ, I., TOMĖNIENĖ, L. Funkcinio matematinio raštingumo ugdymas kaip sudedamoji specialiųjų poreikių mokinių ikiprofesinio rengimo dalis. *Specialioji pedagogika: nuo defektologijos iki inkliuzinės pedagogikos*: tarptautinė mokslinė konferencija: stendinių pranešimų santraukos (p. 16-18) [elektroninis išteklis, CD-ROM]. Šiauliai: VŠĮ Šiaulių universiteto leidykla, 2010. ISBN 978-609-430-038-7.
- [6] BRIGGS, W. L. What Mathematics Sould All College Students Know? 2002.: <[www-math.cudenver.edu](http://www-math.cudenver.edu)>.
- [7] DABRIŠIENĖ, V., NARKEVIČIENĖ, B. Individualizuoto ugdymo programų specialiųjų poreikių moksleiviams sudarymo principai: teorinis pagrindimas. *Specialusis ugdymas*, 2 (7), 24–33. Šiauliai, 2002. ISSN 1392-5369.
- [8] Dėl mokinių, turinčių specialiųjų ugdymosi poreikių, grupių nustatymo ir jų specialiųjų ugdymosi poreikių skirstymo į lygius tvarkos aprašo patvirtinimo. LR ŠMM 2011-07-13 įsakymas Nr. V-1265/V-685/A1-317. *Valstybės žinios*, 2011-07-21, Nr. 93-4428. ISBN 978-9955-18-358 -7.
- [9] DEWEY, J. Democracy and Education, 2008. <[http://en.wikisource.org/wiki/Democracy\\_and\\_Education](http://en.wikisource.org/wiki/Democracy_and_Education)>.
- [10] DŽEIMSAS, V. Pragmatizmas. Vilnius: Pradai, 1995. ISBN 998640522X.
- [11] Inkliuzinio ugdymo plėtra. *Inkliuzinis ugdymas: būdas skatinti socialinę sanglaudą*. Tarptautinės konferencijos, vykusios 2010 m. kovo 11–12 d. Madride, išvados. <[http://www.inclusive-education-in-action.org/iea/dokumente/upload/b2fal\\_madridflyer-lt.pdf](http://www.inclusive-education-in-action.org/iea/dokumente/upload/b2fal_madridflyer-lt.pdf)>.
- [12] JURAŠAITĖ-HARBISON, E. Konstruktyvizmo teorinė įvairovė, praktinė raiška ir raidos tendencijos. Žvirblių takas. 6, 2008, p. 2–6. ISSN 1392-1037.
- [13] KAFFEMANIENĖ, I. Pedagoginės sąveikos struktūra ugdant mokymosi negalių turinčius moksleivius bendrojo lavinimo klasėje. *Specialusis ugdymas*, (1) 12, p. 85–101. Šiauliai, 2005. ISSN 1392-5369.
- [14] KING-SEARS, M. E. Facts and fallacies: Differentiation and general education curriculum for students with special education needs. *Support for Learning*, Vol. 23, 2008, p. 55–62.
- [15] KOLB, D. A. Experiential Learning: Experience as the Source of Learning and Development. New Jersey: Prentice-Hall Inc, 1984.
- [16] LR Švietimo įstatymo pakeitimo įstatymas (2011, kovo 31). *Valstybės Žinios*, 38, Publ. Nr.: 1804.
- [17] Lietuvos švietimo plėtotos strateginės nuostatos: švietimo gairės 2003-2012 metai. Vilnius: Dialogo redakcija, 2003. <<http://www.smm.lt/strategija/docs/svietimo.gaires.pdf>>.
- [18] Nežymiai protiškai atsilikusių vaikų ugdymas. Sud. Ambrulaitis J., Štitiienė, O. D.1 Šiauliai: ŠPI, 1995. ISBN 9986380545.
- [19] Pagrindinio ugdymo bendrųjų programų pritaikymo rekomendacijos specialiųjų poreikių žemų ir labai žemų intelektualinių gebėjimų mokinių ugdymui (2010). Vilnius: Švietimo aprūpinimo centras.
- [20] Pedagogų profesinės kompetencijos vertinimas specialiųjų poreikių vaikų (ugdymo plėtros) aspektu, 2003. <[http://www.smm.lt/fit/sv\\_bukle/tyrimai\\_sb.htm](http://www.smm.lt/fit/sv_bukle/tyrimai_sb.htm)>.

- [21] PIAGET, J. Vaiko kalba ir mąstymas. Vilnius: Aidai, 2002. ISBN 9955-445-33-5.
- [22] STEEN, L.A. Everything I Needed to Know about Averages. I Learned in College. 2004. <[www.aacuedu.org](http://www.aacuedu.org)>.
- [23] *Švietimo valdymo informacinės sistemos (ŠVIS) duomenų bazė*, 2010. <<http://www.svis.smm.lt>>.
- [24] TOMĖNIENĖ, L. Matematikos ugdymo turinio individualizavimas specialiųjų poreikių mokiniams atnaujintų bendrųjų programų kontekste. *Matematikos ir informacinių technologijų ugdymo turinio individualizavimo ir diferencijavimo bei integravimo su kitais mokomaisiais dalykais praktika atnaujintų bendrųjų programų kontekste*. Šiauliai, 2011, p. 17-20. ISBN 978-9955-928-60-7.
- [25] ВЫГОТСКИЙ, Л. С. Мышление и речь. Собрание сочинений. Москва: Педагогика, Т. 2., 1982, с. 304–361.
- [26] ТОМЕНИЕНЕ, Л. Значение функциональной математической грамотности для старшеклассников с проблемами в развитии при подготовке к обучению профессии. *Интеллектуальные технологии и средства реабилитации людей с ограниченными возможностями* (ИТСР-2010). Москва, 2010, с. 118–126. ISBN 978-5-9799-0026-1.

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# The hospital environment in education in Spain proposal for intervention

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**Abstract:** *The care of pupils with health problems, who spend long periods of time in medical centres, is handled through compensatory education programmes aimed at balancing the deficiencies that the regular system offers to such pupils. The hospital classrooms respond to the basic right of the Spanish as expressed in Article 27 of the Constitution: "Everyone has the right to education." However, the mentioned classrooms are regulated by Law 13/1982 on social integration of the disabled; the Article 29 of the law duly states that all hospitals with paediatric services are obliged to have a pedagogical section. The aim of these sections or classrooms is to avoid the marginalization of the education process of school-age pupils in hospitals. In other words; to enable hospitalized children some sort of continuity in their education so that they do not miss out their educational development and can integrate better in school once discharged.*

**Key words:** *hospital, education, hospital classrooms, health, educational care*

## 1 Introduction

Everyone is well aware of the problems faced by a child who has to miss school due to illness. The care afforded to such pupils, who consequently spend long periods of time in medical centres, is handled through compensatory education programmes aimed at balancing the deficiencies that the regular system offers to such pupils. To this effect, this supportive and auxiliary attention is necessary and plays an essential role, although not free of difficulties when performing a task or ensuring consistency in work and efficient monitoring.

## 2 The hospital environment and educational intervention

The work of the education professionals in the hospital environment should have a distinctly inventive and innovative character, supplemented by consistency and commitment, i.e. they should be aware of their performance, evaluate their procedures, development and monitoring in a way that the individualised care extended to children is subjected to a constant process of feedback, searching, investigation and revision. This means assuming the professional as a qualified expert, able to place himself or herself in the face of any presenting scenario with respect to his or her own situation.

To this effect, the teacher should create the investigation patterns for the proper rationalization and comprehension of the different situations that interact in the complex working environment of the hospital. Such intervention schemes should focus on, among other, the attainment, enhancement and support of the following aspects:

- Analyses of the communication relations of the child in the hospital.
- Study of the learning processes of the child in the hospital, emphasizing: the study of intervention methods and the techniques so that they are duly adjusted to address the necessities and the characteristics of each subject, the effectiveness of one intervention model over the other (for which it is necessary to know the advantages and disadvantages of each) and the evaluation of the individualized care.
- Study of the self-concept of the child.
- Study of the language, behavioural and emotional conditions.
- Knowledge of the social and family background.
- Study of the technological means necessary for creating the learning and communicative environment for the pupils inside and outside the hospital classrooms, as means of overcoming barriers and isolation of pupils.
- Study of the semantic – pragmatic environment of the child. Decisions on the necessity of strengthening for extrinsic reasons (hospital – illness of mid or short duration).

This also supposes close and permanent contact with other professionals having a direct or indirect bearing on children admitted to the medical centre: doctors, clinical staff, physiotherapists, just as with the Education Services personnel, creating an environment where the interpersonal relationship between the pupils' families and the education centre, if there is one, would be a constant reality.

For this reason, it is necessary to carry out preliminary psycho-pedagogical assessments of the children on individual basis, which will work as a standard for creating, starting, continuing and evaluating the necessary curricular proposal that should respond to all possible demands in an appropriate and effective manner.

By constant evaluation of the process, we can make useful changes or additions to those aspects of the intervention, in particular the teaching practice and the curricular aspects, where even marginal inconvenience has been ascertained for the pupils and the environment.

### **3 The project of education in the hospital environment**

All the above mentioned points call for working out, creating and justifying a performance project affecting pupils in medical centres, which would be supported not only by the Constitution acknowledging the right of all people to education and the objective of providing all people access to those educational and cultural levels that will allow them to realize their personal and social potential, but also, besides the legislation related to the whole national territory, by the corresponding legislation that each autonomous community might create.

The Ministry of Education has taken the responsibility for organizing and running the school units in hospital institutions and the National Institute of Health has undertaken to provide the necessary premises in medical centres to assure proper operation of the school units, in addition to bearing the costs relating to infrastructure, maintenance and conservation of equipment, and of the provision of information and audio-visual equipment.

The standards for creating and providing for the hospital school units have been established as well. To this effect, it has been agreed that the provision – economic as well as human resources – would be subject to the number of paediatric beds in each centre. At the present, since the educational and health competences have been assumed by Autonomous Communities, hospital classrooms have become dependent on the corresponding autonomous institutions qualified in the subject matter.

The legislative frame supporting the hospital care is the following:

- Law 13/1982 of 7 April, on Social Integration of the Disabled.
- Royal Decree 334/1985 of 6 March, on Special Education Organization.
- Organic Law 1/1990 of 3 October, on General Organization of the Education System.
- Royal Decree 696/1995 of 28 April, on the organization of education of pupils with special education needs.
- Royal Decree 299/1996 of 28 February, on the organization of the actions for compensation of inequalities in education.
- Organic Law 2/2006, of 3 May, on Education (LOE)

Furthermore, the different local Councils of Education and Science, and the Councils of Health of the Autonomous Communities keep in effect the agreements on cooperation that, due to their pedagogical sections, will enable to prevent the marginalization

of the education process of school-aged pupils in hospital by early application of the specific strategies of adaptation to the new environment, which will also help them to accept the changes in their customs, emotional development and in the new troubled situation caused by their disorders or illnesses. This last paragraph, therefore, will be the starting point for the development of our project.

If are to commence with the fact in mind that taking a child to a hospital already means a break from reality in which the child has been immersed until that moment, immediately faced with a new and strange environment where his/her vital infant energy has to, suddenly, coexist with the illness, the suffering and in some cases even the death, we then believe the above to be sufficient argument in itself for creating an action framework in which the child is able find a way to overcome or navigate this stage in the least possible traumatic way, avoiding total loss of instruction, adaptability and lack of interest when re-joining the school, which would result failed performance.

Even though it is every teacher's work to try to aim at increasing the personal experience of joy (Delgado 1988), in the case of a hospital centre teacher this is even more paramount as the teacher should treat the pupil in a way that he or she could forget about the illness or at least take it as something that does not advocate reduction in intellectual capacity, with parallel support for communicative relations with other children and hospital staff, and encouraging the pupils to continue in the schooling process if they have already started it or to start the process if they have not.

#### **4 The intervention programme**

In most cases, children hospitalised with chronic organic disorders (diabetes, cardiopathy, haemophilia, leukaemia...) can participate in socio-affective and cultural activities which enable their best integration or reintegration into the school and social life. With regard to these suggestions and considering the global, and at the same time personalized, care of a child, depending on their illness and their possible physical and psychical limitations, we would set the following objectives:

- Create an environment that motivates the child to play and socialize.
- Offer activities and stimuli that enable the creation of meaningful learning.
- Adjust the hospital function to the needs of integral stay of infants.
- Reduce the lagging-behind factor at school pursuant to long term hospitalisation.
- Continue working with the curricular designs of the corresponding primary centres (if the child has already started tuition).
- Support communicative relations between the child and the medical centre staff, the same with his or her classmates or children from other medical centres.

- Take the opportunity of the hospital environment to introduce, in some cases and deepen in other cases, one of the cross themes of the curriculum, such as education for health and morals, and civic education, education for peace, education for international cooperation, education for equality, environmental and road education, sex education and education for consumption.
- Support self-esteem in children.

For the above, we will pay special attention to the work of professionals and their performance and abilities. A medical centre teacher has to take care of pupils who have been taken out of their natural environment and where everything now revolves around the disorder. The presence of the teacher has to be interpreted as a mediator who will assure the child link with the society and his/her school, far from the strict medical environment, liberating the child from the anxiety caused by the feeling of being shut in such an institution.

Thus, the competence of the teacher will be very wide and specific at the same time. The defining features will be: to be realistic about the subject matter, open to introduction and/or inclusion of various aspects and situations at any time, motivating, able to stimulate the pupils, interdisciplinary and contextual, adaptable to the environment and to the interests and qualities of the children, while referring to a specific intervention programme.

The following has to be taken into consideration at all times: the disorder, the illness, the physical and psychical condition and the level of education of children adjusted to the lifestyle expected of a child in hospital care. These features will be closely related to the tasks that the professionals will develop in medical centres and will comprise, above all, of the following fields: psychological, activities, medical, pedagogical and logopedic.

#### **A. The tasks referring to the psychological field:**

- Try to make the child consider the disorder as another stage of life and not take it as the end of it.
- Support the child to accept his or her actual situation and realize that it does not stop him or her from developing his or her intellectual qualities and making use of them.
- Act as a mediator between adults regarded as strangers by the children (medical staff), the place where they live (clinical centre) and the pupils themselves.
- Care towards full development of the child.
- Recreate the environment and the pace of activities.
- Offer all necessary means so that the child is an active element of the process.
- Reduce possible egoism consequent to the disorder.

**B. The tasks referring to activities:**

- By means of games, support emotionality so that it does not suffer alterations or interruptions.
- By means of games, try to reduce the stress caused by the hospital routine.
- Offer total and full support when conducting activity games.
- Offer, through games, the possibility to expand and open up to the world.
- Offer a wide range of game-based stimuli supporting his or her normal development.
- The tasks referring to the medical field:
  - Keep in constant contact for exchanging information with the medical staff.
  - Cooperate with the personnel that care for the child in the therapy guaranteeing the prescribed treatment and the integral development of the child in the hospital.

**C. The tasks referring to the pedagogical field:**

- Treat the children individually depending on the original centre.
- Use suitable motivation depending on each child.
- Prevent marginalization of the education process and reduce the possibility of lagging behind at school.
- Programme in a flexible way including motivation, varied activities and games.
- Plan according to the qualities of each child, the length of stay in the hospital, the general conditions, etc.

**D. The tasks referring to the logopedic field:**

- Cooperation with the school logopedic service to assure continuity of the treatment.
- Evaluation of the linguistic background of the child in case of lack of school report.
- First priority to semantic-pragmatic rehabilitation care, then care for other aspects.
- Cooperation and request for support after leaving the hospital.
- The discharge report and cooperation with the school logopedic centre.

The main task that will prove the daily significance of a speech therapist in hospital centres is to equip the child with linguistic means and mechanisms necessary for understanding, accepting and bearing the reality change that he or she has to face against his or her will.

Additionally, it also concerns the devising of an action plan where we will take into account the typology of the medical institution, its internal routines, and the children in the medical centre and their individual characteristics. This means implementing a series of phases where the following basic aspects are developed:

**The contact phase:** when the teacher will get to know the hospital environment where he or she will carry out work. Once the teacher has introduced himself or herself to the hospital authorities, he or she will learn all possible information on the centre: the internal routines, the layout of hospital rooms, the schedules, the existence or absence of a classroom where the teacher may carry out his or her work and the team activities with pupils, etc.

**The filing phase:** The teacher will conduct investigative work on the hospital files to gather information about the number of children, their diseases and the period of hospitalization for each of them.

**The selection and distribution phase:** Once the teacher has familiarized with the structure of the hospitalised children to be in his or her care, he or she will divide them into groups according to their length of stay:

- Children on short stay: less than two weeks.
- Children on temporary stay: from two weeks to a month.
- Children on long stay: more than a month.

**The planning phase:** Since the children admitted to a hospital for a longer period of time are more likely to suffer from failure at school, it will be them who will determine the actions of the teacher in the hospital and therefore, also the planning phase of his or her work. As this is the phase in which action plan is dependent, we will focus on it in more detail.

### **General work layout**

In this paragraph, we will include all elements that have their specific significance in the teaching-learning process, keeping in mind that our framework is one hospital. Our starting point will be the initial diagnosis of each pupil, which will include:

- a) As for the reason for hospitalization: The disorder and the degree of the illness, the supposed length of hospitalization, the prevailing general conditions, etc.
  - Possibility to participate in games and educational activities.
- b) As for the academic plan:
  - The centre of origin.
  - The level of education.
  - Evaluation of the teacher/tutor's opinions and the opinions of other teachers as for the characteristics of the child.
  - The degree of acceptance of the child in class.

## General objectives

### *Psychological:*

- Support the child in accepting his or her actual situation.
- Offer the means that would help the child to be the main “doer” of the process of curing.
- Care towards complete and balanced development of the child.

### *Sociological:*

- Act as a mediator between the child and the clinical staff around him or her.
- Act as a link of the child with his or her original school and the actual social reality.

### *Emotional and communicative:*

- Support the emotionality to avoid emotional alterations and interruptions.
- Try to reduce stress caused by the hospital routine.
- Offer total and full support in every day actions and interventions.
- Enable emotional currents to facilitate opening up to the world.
- Prepare varied situations rich in communication, requiring explanation
- Enable feelings of happiness.

### *Didactic:*

- Use suitable motivation depending on each child's qualities.
- Treat the children individually.
- Respect the pace and methods of work for each child.
- Present knowledge and practice in suitable manner to develop meaningful learning structures.
- Prevent marginalization of the external education process.
- Flexibly programme every day activities that have to be rich and varied.
- Adjust programming to the actual class of the child.
- Enable the development of habits that are healthy and beneficial for the child as well as for the surrounding environment.

### *Logopedic:*

- Analyse the original background of the child.
- Analyse the current environment of the child in hospital.
- Identify special transitional education needs mainly in the semantic and pragmatic environment.
- Establish appropriate mechanisms of cooperation.
- Establish the objectives of appropriate linguistic rehabilitation.
- Carry out convenient activities and techniques with suitable evaluating criteria at proper times, following suitable schedules and ensuring continuity of the programme.



The carried out activities will depend on the needs of the children and availability of the human and material resources. So:

**As for the teacher:**

- Interview the clinical staff caring for the child, also his or her family, the teacher from his or her original school and the child as well.
- Make a report on each child in his or her care, including the dates of interviews, the noted observations and then to study each case on its merit.
- Devise a tailored work plan depending on the qualities of each child.
- Implementation of each work plan according to the established schedule.
- Ensuring continuity in each case, not only during hospitalisation but also after returning to the normal school routine.
- Constantly search for material that might widen his or her possibilities of performance.
- Maintain constant relation with the child's family, the class tutor and the medical staff.
- Establish contacts with teachers working in similar environments and facilitate exchange of experience.
- Keep in contact with the support teams in the area.
- Constantly evaluate his or her performance.
- Broaden the knowledge related to particular disorders and its symptoms.
- Constantly reflect on his or her performance during the entire course.
- Search for strategies of performance which would make the teaching-learning process simpler.
- Note down all relevant observations (working diary).

**As for the pupils:**

The activities to be conducted with and by the pupils will be less specified as they shall depend on the specific characteristics of each child, the nature of their illness, the stage of the disorder, the length of hospitalisation, the stage of evolutionary development, the school level, the original background, the general conditions, etc.; they will be specified and stated in the individual work plan that the teacher will draw up for each pupil.

However, the main characteristics of the activities will be their distinctive game character. The children should be presented with a large and varied amount of such activities facilitating development and the feeling of happiness, and avoiding tasks that might lead to routine sessions and consequently boredom, the most hated feature of hospitalisation for a child. In the planning stage, the period of hospitalization of the child will have to be taken into account.

As for the children who are admitted for longer periods, it is necessary to incorporate in each individual work plan, besides recreational and entertaining activities,

a series of activities design at keeping pace with their respective school programme and as stated earlier, it should be adopted to each individual (of course the activities will be planned differently for an infant and for a pupil of second year of primary school). As for the children admitted for temporary hospital stay, these should be given support in helping to overcome school absence besides game activities.

For children of short stay in the hospital, the activities will be oriented towards their leisure and free time.

It is undoubtedly evident that the timing in such programmes has great importance and influence on the efficiency and quality of the intervention.

As for the teachers, during the hours of stay in the hospital, he or she will have to organize their time in a way suited to the individual programmes of each pupil, the group activities, and keep the necessary contacts to be able to carry out his or her work effectively. At the same time, the teacher will have to count with the time needed for programming individual and group daily activities of each child and also for incorporating new pupils in the work plan.

The activities will be planned with respect to the individual plans of the pupils on the one hand, and with respect to their group plan on the other, provided that the illness permits so. In any case, the time allotted to an activity cannot be too long in order to avoid boredom and monotony.

This supposes the development and use of specific methodology determined, above all, by the characteristics and the needs of each child. Children, whose illness does not prevent them from movement, will attend a specially adjusted classroom where they will develop the individual as well as group activities.

Bedridden children will have to be treated individually if there is no possibility of bringing other children to them for group activities. The programme for children with long convalescence in the hospital, their home and sometimes at school will have to be developed well in advance and worked out in close cooperation with the tutor and the hospital teacher. Considering the fact that we want to stimulate game and communication activities to the maximum, we will tend to prefer group activities as much as possible although these will also include some periods of individual care. For this reason, we will need to depend on all resources that should be at hand. We will need:

- Human resources where we include the tutor, the clinical staff, the family, external Support Team of the area, etc., and
- Material resources. The characteristics of the hospital will have to be considered but a classroom will be necessary in any case where both the group and individual activities would be carried out and where didactic and game material suitable for carrying out socializing, motivating, recreation and specifically didactic activities would be placed.

Among other things it would be convenient to have a classroom equipped with such material specific for each school year that could meet the needs of all pupils. Grosso modo let's mention: cassettes, tapes, an overhead projector, flannel graph, slides on different topics, cork board, noticeboards, posters, building games, puzzles, domino, abacus, skipping ropes, hoops, pikes, beads, cloth, puppets, punch, globe, balls, balloons, modelling clay, argil, coloured pencils, wax, tempera, watercolours, finger paint, wool, needles, white chalk and coloured chalks, Bristol board, glossy paper, silk, cardboard, cushions, dictionaries, logic blocks, children library, books of different editorials, reference books, mirrors, pencils, rubber, markers, rulers, set squares, compass, etc., which will have to be adjusted to the hospital characteristics and its environment.

Since the whole programme is based on reflection via an action, the evaluation will be the main element of the teaching-learning process.

It will be accomplished in contact with the teacher/tutor giving him or her report on the activities and achievements that the pupil has reached during his or her stay in hospital, as well as all the observations that have been collected during this period of time. And when leaving the hospital, the follow-up monitoring of the pupil's incorporation into the original class in the academic, emotional and behavioural fields will be accomplished.

As for the teacher, a series of records of "my performance" will be accomplished and the qualified authorities will be informed about "my work". To this effect, we believe that it would be convenient to emphasize on the triangulation of the involved parties as means of confronting opinions about the interventions in the teaching-learning process: the teacher of the medical centre, the pupils and one observer participating in the process that could be a practising teacher, a social assistant, medical attendant, etc.

## 5 Hospital classrooms

The actual situation of hospital pedagogy, and consequently the performance of the teachers in Spanish hospitals, is, we could say, at a critical turning point as, nowadays, there are very few hospitals that do not have a hospital classroom among their facilities and that do not dedicate part of their budget to the care and improvement of these centres. However, the process has been very long and complex to reach in the today's situation. At first, classrooms emerged in some hospitals spontaneously because of the concern of some people about school attendance of children who spent long periods of time in hospitals, far from their family environment, and the possibility of losing a school year.

The first schools in hospitals surfaced in the 50s in hospital centres linked with the hospital order of Saint John of God, as it happened in the Maritime Clinic in

Gijón that was run by the friars; this work continued other branch hospitals, in this case in Madrid in the Saint Rafael Asylum. A few years later, approximately in 1965 during the polio epidemic affecting the Spanish population, the necessity to help these children not only from the medical point of view but also from the scholar and educational one gained rapid recognition.

This initiative led to the opening of classrooms in different hospitals throughout Spain, in particular in the hospital in Oviedo, in La Fe in Valencia, in Manresa (Barcelona) also by the friars of Saint John of God and in Madrid: Baby Jesus Hospital, Clinic, Gregorio Marañón and Hospital of King, a few classrooms linked with the National Health Institute, at the time known as the Ministry of Work and Social Security, and thus paved the way for global introduction of hospital schooling care. For example, in 1966 in the Baby Jesus Hospital in Madrid, a total of ten units of Special Education were established and of these only four remained in 1997.

It has to be mentioned that at first the classrooms were created with the idea of meeting the demands of the society to care for children with certain diseases such as polio, cerebral palsy, the toxic syndrome, etc. At the beginning, the aim was to entertain the children rather than providing continuity in their education according to the school programme of their original school.

This initiative continued in 1974 after the opening of the National Hospital for the Paraplegic in Toledo. At that time, the Pedagogical Section started its operation with five classrooms, a library, an office and one staff room with four teachers, out of whom only three remain to date. The aim of this Section was to care for the education needs of children and adults in hospital, meeting an ever rising demand of the Spanish society. However, this initiative did not manage to catch on neither in other hospitals nor in the education administration that was busy resolving the problems like the famous “rapeseed oil” scandal.

The matter had to wait until 7 April 1982; the date when the Law on Social Integration of the Disabled was issued with this right was truly embodied. From this moment on, wide legislative work started, on the one side by the Ministry of Education and Culture, and on the other also by various local Councils of Education and Health of the corresponding autonomous communities upon assuming the competency for education and health matters under the umbrella of the right that each child has to education, including ill children and children in hospitals, which was embodied in the European Charter of Rights of Children in Hospital, passed by the European Parliament in 1986. Finally, on 18 May 1998, a treaty between the Ministry of Education and Culture, the Ministry of Health and Consumer Affairs and the National Health Institute was signed establishing the basis and the compensation policy that should solve the education of convalescent children or children in hospitals.

At present, most Spanish hospital centres have, among their most valuable facilities, one or more classrooms to care for children that have to spend some time in

the hospital far from their original schools. They care for children from the age of 3 to 16 years, although sometimes also children of higher age, i. e. those attending pre-university studies. Nowadays, also a new form is developing its way within the hospital education care, the form adopted by the Psychiatric Sanatoriums of some hospitals, like that of the “Saint Isidore’s Meadow” in Madrid, caring for adolescent children that need psychiatric treatment of continual and monitoring character.

## 6 Conclusion

Hospital classrooms are such school units that are established within a hospital and where the main aim is scholastic care of children in hospitals in compliance with one of the main rights defined in Law 13/1982 on social integration of the disabled. Article 29 of this Law states that all hospitals with paediatric services must have “...a pedagogical section to prevent and avoid marginalization of the education process of hospitalised school-age pupils...” This Law was later amended with various Royal Decrees defining more clearly the functions that are to be developed in these classrooms, adding a more important content to the term.

These classrooms are attended by children who, during any period of time, shorter or longer, suffer from different physical illnesses, diseases, ruptures, operations, etc., and for that reason they have to be hospitalized. In this manner, they may normally continue in their education process within the abnormal situation of having to stay out of their homes, the school and their natural social environment.

## 7 Literature

- [1] A.E.D.E.S. (1996). La escuela en el hospital. *Revista de A.E.D.E.S.*, (9)
- [2] ALGUACIL, S. (1997). Pasado, presente y futuro de la escuela en el hospital. En *Intervención educativa en el medio hospitalario*. In: *Actas VII Jornadas de Pedagogía Hospitalaria*.
- [3] ALVES, M., ORTIZ, M.C., & SERRADAS, M. (2004). El método eduterpéutico como estrategia de apoyo al niño hospitalizado. *Revista de Educación*, 335, pp. 229–246.
- [4] BAÑO, L. CARRASCO, P., MARTIN, C., & PASTOR, C. (2003). Atención al alumnado en estancia hospitalaria. *Padres y maestros*, 280, 14–19.
- [5] BARRUECO, A. ET AL. (1997). La acción educativa en la asistencia al niño hospitalizado. *Revista de Educación Especial*, (29).
- [6] CARPENA, Á. (2009). Atención a la diversidad en aulas hospitalarias: educando en el hospital, educando para la vida. In: *Actas del VI Congreso Internacional y XXVI Jornadas Nacionales de Universidades y Educación Especial*. Cuenca
- [7] CASTANEDA, L.(2006). Educando en el Hospital: demanda tareas y competencias para un equipo pedagógico multidisciplinar. In: *XXIII Jornadas Nacionales de Universidades y Educación Especial*. Edición electrónica. Universidad de Murcia.
- [8] DOVAL, M. I. (2002). Claves y tendencias actuales de la Pedagogía Hospitalaria. *Educación, desarrollo y diversidad*, 5 (2), pp. 9–58.

- [9] GRAU, CL. (2004). La atención educativa integral del niño enfermo de cáncer en la escuela inclusiva. In: *III Jornadas de Pedagogía Hospitalaria*, Barcelona.
- [10] Ley Orgánica 1/1990, de 3 de Octubre, de Ordenación General del Sistema Educativo.
- [11] LIEUTENANT, C. (2006). La evolución de las escuelas hospitalarias: un camino por recorrer. In: *VIII Jornada Nacional e Internacional de Pedagogía Hospitalaria*. Fundación Carolina Labra. Santiago de Chile.
- [12] MINISTERIO DE EDUCACIÓN Y CIENCIA. (1997). Intervención educativa en el Medio Hospitalario. 1997. In: *VI Jornadas de Pedagogía hospitalaria*. Secretaria General de Educación y Formación Profesional. Madrid.
- [13] OCHOA, B., SOBRINO, Á. Y LIZASOAÍN, O. (1999). Recursos materiales de la pedagogía hospitalaria en Europa. In: *Boletín de Novedades CREDI*, nº 209.
- [14] ORTIGOSA, J. M. Y MENDEZ, F. X. (2000). *Hospitalización infantil: repercusiones psicológicas: teoría y práctica*. Madrid: Editorial Biblioteca Nueva.

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# Programs of Inclusive Education in Leisure time Institutions

Nada Bizová

**Abstract:** *Recalling the principles proclaimed in the UN Convention on the Rights of Persons with Disabilities inclusive education relates also to leisure time facilities that are supposed to create adequate conditions for the participation of disabled children in leisure time activities. Since the attention of specialists has been in the long term concentrated on didactic questions of inclusive education within the teaching – learning process, elaboration of the issue in the leisure time education isn't sufficient at present, at least in the region of Central Europe. The study clarifies some of the possibilities of the support of inclusive education of disabled children in one of the types of leisure time facilities, specifically, in a school club. Two types of programs were pilot-verified in selected facilities in SR, which demonstrated stimulating findings. The programs were carried out by experiential form through games, which enabled the intact pupils to realize particularities and limitations that emerge from a specific disability. A considerable change in attitudes toward inclusion of pupils with disability in leisure time facilities was noted in a preparation program carried out with the intact pupils solely; a less considerable change was noted in a supportive program carried out in an integrated environment. After the completion of the program some of the participants presented a negative, possibly ambiguous attitude toward their physically disabled classmate. Despite this finding the implementation of the above mentioned programs into practice may be one of the ways of the support of inclusion of disabled children in leisure time facilities.*

**Keywords:** *inclusion, children with disability, leisure time activities, leisure time institutions*

## 1 Introduction

Participation in leisure time activities, games and recreation is an inseparable part of the life of every child. Recalling the principles proclaimed in the UN Convention on the Rights of Persons with Disabilities (2006) disabled children and pupils have the right to carry out these activities in an inclusive environment. Article 30 of the Convention states, apart from other issues that disabled children should have the same access to participation in games, recreation, sport activities and utilization of leisure time as other children and they should be provided with the access to cultural facilities, national monuments and sights, leisure time institutions, sport facilities, etc. Disabled persons should be enabled to have opportunities for development and utilization of their creativity, artistic and intellectual potential and not only for their own benefit, but also for the enrichment of society (cf. UN Convention, 2006). Considering the fact that the attention of specialists has been in the long term concentrated on didactic questions of inclusive education within teaching-learning process, the issue of application of principles of inclusion in leisure time education has been little discussed and insufficiently elaborated in specialized literature. However, the practice indicates (cf. Lechta 2012) that inclusion starts outside the classroom, i. e. in leisure time of the pupils. The authors of the study *Issues of access: what matters to people with disabilities as they seek leisure experiences* (N. Stumbo, J. Wang, S. Pegg, 2011) certify that creation of inclusive environment in leisure time facilities is a complicated and long-term process as they claim that employees of leisure time and recreational facilities need to improve the quality of their programs in case they want to reach a complete and full participation of disabled persons. Commenting on the above mentioned statement it's needed to add that in the USA and Australia, where the cited authors work, the inclusion in leisure time facilities has been taking place for many years and since the 1990s several publications concerning the issue have been published (e. g. R. Smith et al. 1996; S. Schleien, M. Tipton Ray, F. Green, 1997).

Out of several leisure time facilities the submitted study concentrates on school clubs, which are the most attended facilities in SR (cf. The Institute of Information and Prognoses of Education SR, 2011). The time frame that a child can spend in such a facility is among its strongpoints. For example, if a pupil spends 2 hours of leisure time activity in a leisure time centre or a school centre, the time spent in a school club in the afternoon participation, which usually takes from 1 p. m. till 5 p. m. Monday to Friday, is decuple. This fact encourages some of the specialists (e. g. B. Hájek, B. Hofbauer, J. Pávková, 2008) to attribute social function to the school club, too, while according to some of the parents it is the sole function of a school club.

At present, school clubs have been undergoing a content change in Slovakia; by the Act No. 245/2008 Coll. they should execute the educational activity according to educational program that includes educational standards, educational curricu-



lum, educational plan and other matters. Thus, school clubs should provide not only recreational and leisure activities as well as preparation for education, but also they should lead children to development of personal, social, communicative, cultural, working and other competences. Current research findings on implementation of educational programs in school clubs were published by J. Gubricová and A. Chlpatá (2011).

Regular attendance of a school club can be for a disabled pupil first of all a source of social interactions, but also a space for the development of the above mentioned competences. However, if the inclusive opportunities are not created in a concrete facility, the experiences of a disabled pupil from a school club attendance might be negative or even traumatic.

## **2 Social barriers of inclusion**

According to several research studies one of the most identified barriers of inclusive education are non-adequate attitudes toward inclusion, which can be manifested by educators, intact pupils, but also disabled pupils. Negative, indifferent or ambiguous attitudes to inclusive education are in the specialized literature known as social barriers of inclusion (T. Pery, A. Conner, D. Shelar, 2008). The attitudes of intact pupils to disabled classmates and attitudes of educators to inclusion of disabled pupils, in particular, have been researched during the last decades.

According to research results presented by W. Smith et al. (2011) the employees of recreational facilities consider the attitude component being the most important part of the competences when working with disabled persons. J. Herbert (2000), for instance, found out that the implementers of therapeutic experiential programs perceived the disabled participants and intact participants without any difference; however, they preferred activities with the intact participants to the disabled participants. Similarly, S. Schleien et al. found out, already in 1996, that employees of recreational facilities consider the absencing skills of the personnel (484 providers of recreational agencies/facilities took part in the research) being the biggest barrier in inclusive recreation, apart from the insufficient financial means; there were also other representative researches conducted in the USA that pointed to shortages in personal field. In connection, D. Sugerman (2001) pays attention to the attitudes of the personnel to inclusion as one of the first modules within the suggested model of inclusive facilitation. As she notes, taking into consideration the fact that society used to isolate disabled persons from ordinary life for a long time, many employees do not have any experience with interaction with disabled persons and thus they do not know how to communicate with them and how to behave to them. Prejudices and refusing attitudes do emerge from it.

The attitudes of intact pupils to inclusion and inclusive recreation are not less important. E. Tsai et al. (2005) discovered that respondents with hearing disability participating in sport leisure time activities in inclusive environment stated that the biggest limitation is an “uneasy feeling” from the attitudes of society toward disabled persons and lack of information, while factors like physical uneasiness, lack of physical coordination and lack in activity adaptation were perceived as less important. Similar findings were brought by the research conducted by J. Pivik, J. McComas, M. Laflamme (2002), where pupils with physical disability (aged 9–15) and their parents were questioned. According to the research findings the biggest barriers in school environment for these pupils were narrow corridors and space limitations, further on improper attitudes of classmates and teachers and physical limits. The attitude barriers were divided into two groups by the authors: intentional and non-intentional. The intentional attitude barriers include social isolation, physical or emotional bullying. Isolation stands for intentional ignoring and difficulties with establishing friendships and the physical bullying stands for non-requested manipulation with a wheelchair. However, the most frequent were the demonstrations of emotional bullying in the form of name-calling, finger-pointing, ridiculing, ripping and unequal treatment from the side of classmates. These demonstrations were perceived as the most traumatizing by the respondents. The non-intentional attitude barriers were related to the lack of knowledge about disabilities and they were noticed on the side of educators and specialized workers. The respondents most often claimed that educators assigned inappropriate tasks to them and instead of adjusting the conditions of the environment for their complete participation in the activities together with the rest of the pupils, for instance, during the PE classes, they were excluded in advance or their possibilities and limits weren't assessed correctly.

K. Allenby (2009) in her research into attitudes of intact pupils toward diversity found out that pupils who were involved in leisure time activities in clubs and in peer programs together with their disabled classmates proved higher level of acceptance than intact classmates who didn't participate in these activities, but they were classmates of disabled pupils. The research findings suggest that apart from quality variables it is also the frequency of a direct contact with disabled classmates that determines pro-inclusive attitudes significantly and lessens the occurrence of stereotypes and prejudices.

L. Bedini (2000) introduced a sample of 15 adult respondents with different kinds of disability and examined the way these respondents coped with negative attitudes of others in the field of leisure time activities. The author identified three following strategies of coping: a. resignation with a feeling of infirmity, b. resistance against stigma, c. acceptance of the disability and coping with real possibilities of implementation of leisure time activities. There are various researches identifying negative attitudes to disabled persons that indicate comparable findings.

### 3 Programs of inclusive education in a school club

The change in attitudes toward disabled pupils in leisure time facilities is possible to be reached through systematic support. The Consortium of Inclusive Recreation of Delaware County, Pennsylvania points to the necessity of pro-inclusive attitudes as to one of the key factors of the inclusion successfulness. The representatives of the consortium draw the attention to false concepts of some of the providers of recreational services who hold that mere adjustment of the environment and conditions of the realization of activities ensures the inclusion. There's a considerable difference between a physical presence of a disabled child in a room and a social integration, i. e. active participation in the group activity, while the attitudes, possibly their change, might be instrumental in the achievement of inclusion.

#### *Preparation program*

Children in a school club represent a group and their collective behavior toward a disabled child can be either accepting or refusing. Considering the fact that lots of children do not have any experience with social interaction with their disabled contemporaries, they can have a priori refusing or ambiguous attitudes toward a disabled child, which can be caused, apart from other matters, by the lack of information. On the basis of our initiative a program aimed at formation of positive attitudes of intact pupils toward inclusion in a school club was elaborated and pilot-verified (see Javorská 2012). The goal of the program, which lasted for 2 months with the periodicity of 2 meetings per week (approximately 60 min per one meeting), was to prepare children, through experiential activities, for a potential inclusion of a pupil with visual or hearing impairment into a school club. These impairments were selected on purpose, since to aim our effort at all impairments at once in such a short period of time would be, from our point of view, ineffective. The activities were carried out on a regular basis within the framework of leisure and recreational activities. The way they were designed enabled the pupils to realize particularities and limitations arising from specific disability through collective activities in an experiential form. For example, the pupils were asked to perform a fine art activity without a visual contact, they were asked to invite a classmate to play without the usage of words, they were asked to overcome obstacles without the help of their sight while using an assistant, etc. Evaluation that consisted of reflection on the experienced activity was a part of each activity. For better illustration we present a sample of two activities and their reflection being part of a preparation program aimed at visual and hearing impairment (Javorská, 2012).

**Title:** Come and play

**Classification:** recreational activity

**Objective:** to empathize with a deaf child

**Duration:** 10–15 minutes

**Aids:** ear studs

### **Methodology**

**Motivation:** Imagine that we have a deaf classmate among us, who is sad and no one plays with him/her. He/she would like to play, but he/she doesn't have any friends. A task for one of you is as follows: through a pantomime offer the deaf classmate to join a collective game. Who would like to try this out?

**Realization:** A child is chosen out of all pupils; this child plugs the ear studs into his/her ears. The task of his/her friend is to ask this child to join and play through pantomime – gestures, non-verbal communication, movements.

**Reflection:** Did you know what you were asked to do, what kind of game you were offered by the friend? What was difficult about it? How can a child who is really deaf and without friends feel? According to you, what needs to be done in case such a classmate comes to your class, school club?

**Observation:** How did children conduct the given task? How did they empathize? What was its contribution?

*Sandra and Peter.<sup>1</sup> were the ones who joined the task voluntarily. Peter plugged the ear studs into his ears and Sandra's task was to ask him to play; the game was a competitive running among skittles. Peter empathized with his role very quickly, with Sandra it was more complicated. It was obvious that it was really hard for her to think of a way how to invite Peter to a collective activity. After a while she started pointing to Peter using various gestures, imitating a run, crossing a finishing line and being a winner. It didn't take a long time and Peter joined the game, however he maybe didn't understand his task completely. During the Reflection Peter claimed that he somehow worked out that it was supposed to be a competition, but he wasn't sure what kind of a competition it was. It was difficult for him to understand some of Sandra's gestures. He realized himself that these children are having hard times and after a conversation with all the children we reached a conclusion that it would be beneficial if both participants understood the meaning of the gestures. In such a case they would understand each other better and would know exactly what the other is indicating. Jane added that "a better eye contact and lip-reading would be surely helpful; the same holds for the previous activities".*

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<sup>1</sup> Names of the participants were changed in order of personality protection.

**Title:** Auto portrait

**Classification:** leisure time activity

**Objective:** to accept the differences in others, to demonstrate an appropriate trust in one's own abilities in games and activities and gradually, to perceive and accept feelings of the speaker while listening

**Duration:** 20–30 minutes

**Aids:** paper, colors, scarf

### **Methodology**

**Motivation:** According to you what are the features people that people have in common and what are the features that differentiate them? When you look around, you can see different colors of hair, eyes, and shapes of head...

How can children who were not that lucky like you and can't see distinguish these things? Let's try it, compare it and experience what these children feel.

**Realization:** The eyes of the children will be muffled with the scarf. They can sit at their desks or freely round the classroom on the carpet. Their task is to draw an auto portrait. They are provided with a paper and color pencils. After finishing the drawing their eyes will be untied and they will compare their creations. Afterwards, the pictures can be pinned to a board in order to remind themselves even later how difficult it all is for a sightless child.

**Reflection:** How did you feel while drawing? Were you afraid that your picture will be the ugliest one or on the contrary? Did you believe that you can draw yourself? Do you know what could help you with the drawing?

**Observation:** How did children conduct the given task? How did they empathize? What was its contribution?

*Children were freely concentrated around the classroom and tied the scarves for each other. While drawing the auto portrait the children were well-behaved. Sandra, who was sitting at the first desk, noted loudly, "I'm afraid to look at it at all, it'll be so ugly, probably the ugliest piece of all." After finishing the drawing and putting down the scarves the children immediately looked at the picture of their neighbors. They amused themselves and commented on these creations in a humorous way. There were no barriers noted and the activity was treated rather in a funny way. The children agreed univocally that the thing that would help them by drawing would be sight. Together we reached a conclusion, just like with the rest of the activities, that a huge help would be their sighted assistant. (Javorská, 2012).*

An integral part of the pilot program is its verification. Interview is the key method in the preparation program. Selected participants were interviewed in the field of general information on disabled people and attitudes toward inclusion before and after the implementation of the program. The answers from the input interview from the preparation program of V. Javorska (2012) demonstrate that majority of pupils have



the question positively, i. e. they expressed a positive attitude. The comparison of their answers clearly suggests that after projection of these answers into statement levels of Likert scale majority of the pupils experienced a one level shift in the value of their attitude. In another question the pupils were asked whether a disabled child could attend the school club or any other leisure time facility. A surprising finding occurred when all of the interviewed children stated a positive answer even before the program: I suppose, there's a difference in the pupils' perception of a disabled child's placement in an ordinary class and in the department of a school club, i. e. a leisure time facility. The following chart illustrates the ways the pupils would help their classmates with a visual or hearing impairment.

## Chart No. 2:

Interview question:

*Do you know how you could help disabled persons  
(having visual and hearing impairment)?*

Answers of the respondents before implementation of the program	Answers of the respondents after implementation of the program
R 1: I don't know.	R 1: I do now, to help them with the barriers, to navigate them.
R 2: When they're crossing a barrier to alert them, hold their hand.	R 2: To help them when they're in danger, when they're recognizing the space around, reading or talking, too.
R 3: When they cross a street.	R 3: There are various ways, I could also talk using gestures, help them with a barrier.
R 4: The easiest way is to smile, show something to the deaf person.	R 4: To take them somewhere, advice them.
R 5: I don't know.	R 5: Especially with the barriers, in a classroom and the whole school.
R 6: Not really.	R 6: I do, e. g. while drawing to tell them how to draw, when they do not hear well to articulate better.
R 7: To open the door, for example.	R 7: To take care of them in a classroom, while learning.
R 8: To take them for a walk.	R 8: When playing to support them, navigate them.
R 9: No, I don't.	R 9: Yes, I do, there are many ways.
R 10: No, I don't.	R 10: Yes, I do, I would hold their hand, advice them, speak more slowly.

Source: V. Javorská (2012)

Half of the respondents could not state any form of help to visual or hearing impaired persons before the implementation of the program. After completing the program these pupils stated at least one area where they could help, e. g. R5, "*Especially with the barriers, in a classroom and the whole school.*"; R6, "*I do, e. g. while drawing to tell them how to draw, when they do not hear well to articulate better.*" The impact of the

program was present also with those pupils who stated a specific example of help in the input interview. In the output interview they stated higher number of possibilities, some of the respondents being able to generalize, e. g. R2 (before), *“When they’re crossing a barrier to alert them, hold their hand.”* – (after) *“To help them when they’re in danger, when they’re recognizing the space around, reading or talking, too.”*; R7, (before) *“To open the door, for example.”* – (after) *“To take care of them in a classroom, while learning.”* Similar changes in opinions, attitudes or knowledge were recorded mainly within every question. Inspiring answers were obtained in a question that inquired into participants’ opinion on preparation for collective spending of leisure time.

**Chart No. 3:**

Interview question:

*Do you think that you or a visual or hearing impaired child would need to prepare in order to spend leisure time together?*

Answers of the respondents before implementation of the program	Answers of the respondents after implementation of the program
R 1: No, I don't.	R 1: Well, after these activities, yes, it helped me, because I would probably know how to treat them.
R 2: It would be probably sufficient if parents prepared us.	R 2: Yes, I do, both them and us healthy.
R 3: Yes, they would probably need to.	R 3: Yes, I do. These activities were sufficient for me and I knew how to help them in many ways.
R 4: Yes, but probably not me.	R 4: Yes, I do, both sides, definitely.
R 5: Yes, I do.	R 5: Yes, I do.
R 6: Not really.	R 6: I don't know now if they do, but me, certainly. I found out that it's difficult, but I guess for them, too.
R 7: Yes, I do.	R 7: Yes, I do
R 8: Yes, but don't know what way.	R 8: Yes, I do, both me and them. Maybe it would be sufficient to play with them the way we used to play.
R 9: Yes.	R 9: Yes.
R 10: Well, to prepare, if they lead them by the hand and explain it.	R 10: Yes, I do, but it would not be probably sufficient only to talk about it with them, because during our meeting and playing it could be completely different. So it's better like this, through games so that we can try it out.

Source: V. Javorská (2012)

The comparison of interview questions and observations of the course of activities certify the efficiency and utility of the preparation program. However, as I indicated, changes in the pupils’ attitudes can be assessed only in the cognitive, possibly affective



area. In case of a real situation it can't be said whether an attitude change would be demonstrated also in the area of performance and whether the pupils who expressed positive attitudes would exercise them in practice. Thus, supporting programs of inclusion after placement of a disabled child should take place in school clubs.

### ***Supporting program***

Departments attended by disabled pupils where no preparation programs were realized before are focused on during the pilot – verification of supporting programs, since both types of programs have been taking place simultaneously since 2011. A supporting program is based on the same principles as a preparation program the difference being its aim, which is to support, strengthen or increase social position of a child in a classroom. The program, through an experiential form, approaches the disadvantagedness of a disabled child while performing basic activities and praising qualities of their personality. Thus, some of the activities approach type of disability some enable a child to excel in those activities which they are skillful at. The crucial factor which influences the efficiency of supporting program is the disabled child's personality. Researches into social position of disabled children in regular classes suggest that it's not the disability itself that is the cause of exclusion of a child from the contacts with their contemporaries (Leonhardt, 2011, Balážová, 2011). A research of the Greek author E. Avramidis (2010) conducted in regular schools in Great Britain demonstrated that disabled pupils, in a percentage comparison with intact pupils, gained comparable scores in sociometric measurements and they were equally refused, excluded or praised. This fact was also proved during implementation of our supporting program, where it was discovered that a pupil with physical disability (cerebral palsy) who attends the department of a school club has a good social position within the collective of classmates (Hermanová, 2012). In order to find out about social position the pupils were asked 3 sociometric questions which they were supposed to attribute 5 votes (*Who would you like to play with in a school club? Who would you like to meet after the classes? Who would you like to play puzzle with?*). In the sociometric measuring the disabled pupil gained 17 votes out of the maximum 23, 9 of them were mutual. In the output measurements the disabled girl gained the highest number of votes (22) together with two other boys. Choices of this girl were the same in both of the measurements. A certain proof of the above mentioned statement about positive influence of a disabled child's characteristic features on their position in a collective of classmates might be the following: in the examined group of pupils there were three participants who gained the minimal number of votes: a girl (3 votes in both measurements), a boy (6 votes in both measurements) and a boy (6 votes before the measurement and 7 after). A contrary example, when a disabled child was an outsider in the department of a school club on the basis of its behavior, was noted during the implementation of a social skills development program (Vyšlanová, 2012). The program was primarily not based on inclusion, but

its individual themes were related to the support of inclusion, e.g. awareness of the needs of disabled pupils and intact pupils, naming one's own feelings, development of effective cooperation and solving of simple conflicts. A pupil with Down syndrome, who attends the department of a school club, didn't gain a single vote either in input or output measuring and didn't choose anyone as her choice. During the time of the program she was absent for majority of the meetings and when she was present, she usually didn't take part in the activities, created her own ones; in case she took part in an activity, it was already in the course of the activity. Although the pupil didn't have to refuse the activities always on purpose, due to her disability, the unwillingness to cooperate was one of the causes of her outsider position.

An interview, which is carried out with the intact pupils and the disabled child, is a part of the program verification. Although majority of pupils expressed positive attitudes toward the disabled pupil in the input interview of the above presented supporting program of M. Hermanova (2012), some of the pupils weren't identified with this attitude, e.g. in an input interview question *Do you have a friend with a disability?* some of the classmates of the disabled pupil answered negatively, but in the output interview positively, stating her name, too *"Now I do, it's Silvia"*. One of the pupils answered the input interview question *Do you try to help people like this? In what way?* "No." but in the output interview he answered *"Now I do, I understood how hard it's all for them"*. An input interview question *What do you like about Silvia?* was answered *"Nothing"* but in the output interview *"She tries to do all the things like us"*. There was no change in the input and output interview concerning the feelings a disabled child evokes, majority of the pupils labeled them as *"sad"*, *"unhappy"*, there was only one pupil who stated a positive feeling *"happy, when they're happy"*. However, a surprising finding was noted; some of the pupils didn't change their attitude toward the disabled girl after completion of the program and they didn't agree with her presence in the school club: before the program three out of eight interviewed pupils stated a clearly negative attitude to inclusion of the disabled classmate to the school club and after completing the program only one of them changed his attitude expressing *"Perhaps yes."*, another pupil expressed his *"I don't know."* and the third one went on disagreeing. The input and output interview was carried out with the disabled pupil, too. The disabled girl answered the input interview question *Do you try to help each other with the classmates in the school club?* *"Yes, when I drop something, my classmate picks it up or when we're having lunch, she helps to carry my plate"*. After completing the program her answer was *"Now I have found out, also through playing, my classmates try to help me"*. Relationships among the pupils got better by means of the program; it can be proved by the answer to the question *Are you friends with the classmates also outside the school?* where the pupil stated one name in the input interview, but after the program she noted *"After these games I'll have more of them"*. A stimulating answer was stated by the girl to the question *What do you like the most*

*about your friends?* (before the program): “*They like me the way I am.*” and also after the program: “*They often help me and take me as I am.*”. The sole negative aspect, so to speak, was noted in her answer if she would like other disabled pupils to attend the school club; in both of the interviews her reply was negative “*No, because I feel better like this, they help me*” (Hermanová, 2012).

## 4 Conclusion

Removal of social barriers is an inevitable condition for successful inclusion of disabled children in leisure time facilities. Presented findings from a preparation program indicate that systematic preparation of a collective of children for inclusive education can be an appropriate way of minimization of social barriers, however, the implementation of the program itself doesn't ensure successfulness of inclusive education, since the intact individuals may demonstrate unwanted behavior in real situations in everyday contact with disabled children and thus revise their originally positive attitudes toward inclusion of disabled pupils. This may be proved by the findings from our supporting program to a certain extent, which demonstrated that the implementation of the program didn't influence the attitude change in all of the participants. On the other hand, comparable findings were brought by other researches, too. M. Devine, M. O'Brien (2007) found out that disabled respondents and respondents without disability, who attended a one-week residential camp labeled their experiences as “good for me” but at the same time “strange” and “frustrating”. M. Devine discovered in another research already in 2004 that disabled pupils who completed inclusive programs in leisure time facilities perceived the intact participants as a. connectors, who minimized social barriers, b. distancers, who accentuated the difference and c. neutralizers, who were ambivalent toward inclusion. The necessity of preparation and inclusion support was pointed to by the research of R. Sable (1995), who compared attitudes of intact participants to disabled children in a residential camp, where the disabled children were integrated only physically; then in a camp where the participants were acquainted with particularities of disabilities and in an inclusive experiential program. The research findings demonstrated that physical integration didn't influence the attitudes of intact participants to disabled participants significantly, on the other hand, the rest of the programs had a statistically significant impact on the change of attitudes to inclusion of disabled children, while a statistically significant difference between them was not noted. Similar findings were also presented by Ch. Bojd et al. (2008), through the program STAR, which was carried out in an inclusive environment in summer day camps. Observations of interactions among disabled and intact pupils suggested that preparation of intact pupils for inclusion had a distinct influence on the frequency of interpersonal social interactions.

The outcomes of cited researches as well as our findings indicated that implementation of preparation and supporting programs can have a key importance for the successfulness of inclusion. Thus, from the perspective of practice the implementation of such programs is necessary to be carried out possibly in all leisure time facilities, since from the prospective point of view disabled children and youth will attend not only regular schools but also available leisure time facilities more frequently.

Translation: Marína Trnková

## 5 Literature

- [1] ALLENBY, K.: Inclusive Education and Attitudes Toward Diversity. In: *Chrestomathy: Annual Review of Undergraduate Research*. Vol. 8, 2009, p. 1–16
- [2] AVRAMIDIS, E. (2010). Social Relationships of Pupils with Special Educational Needs in the Mainstream Primary Class: Peer group Membership and Peer-assessed Social Behavior. In *European Journal of Special Needs Education*. Vol. 25, No. 4, 2010, p. 413–429
- [3] BALÁŽOVÁ, J.: Vyhodnotenie sociometricko-ratingového dotazníka so zameraním na žiaka so špeciálnymi výchovno-vzdelávacími potrebami. In: Medzinárodná vedecká elektronická konferencia pre doktorandov, vedeckých pracovníkov a mladých vysokoškolských učiteľov. Prešov: Prešovská univerzita v Prešove, 2011, s. 348–354, ISBN 798-80-555-0482-7
- [4] BEDINI, L., A.: Just Sit down, so we Can Talk: Perceived Stigma and Community Pursuits of People with Disabilities. In: *Therapeutic Recreation Journal*. Vol. 34, No.1, 2000, p. 55–68
- [5] BIZOVÁ, N.: Inklúzia ako problém výchovy vo voľnom čase. In *Efeta*, č. 4, roč. 21, 2011, s. 4–7, ISSN 1335-1397
- [6] BIZOVÁ, N.: Podpora inklúzie v školských výchovno-vzdelávacích zariadeniach. In: LECHTA, V. (ed.): *Inkluzívna edukácia ako multidimenzionálny výchovný problém*. Bratislava: IRIS, 2011, s. 146–153, ISBN 978-80-89256-69-3
- [7] BOJD, Ch., M., FRAIMAN, J. L., HAWKINS, K., A., LABIN, J., M., SUTTER, M., B., WAHL, M., R.: Effects of the STAR Intervention Program on Interactions between Campers with and Without Disabilities during Inclusive Summer Day Camp Activities. In *Education and Training in Developmental Disabilities*. Vol. 43, No. 1, 2008, p. 92–101
- [8] CARTER, E., CUSHING, L., CLARK, N., KENNEDY, K.: Effects on Peer Support Interventions on Student's Access to the General Curriculum and Social Interactions. In: *Research & Practice for Persons with Severe Disabilities*. Vol. 30, No. 1, 2005, pp. 15–25
- [9] Convention on the Rights of Persons with Disabilities, New York, UNO, 2006
- [10] DEVINE, M., A., O'BRIEN, M., B.: The Mixed Bag of Inclusion: An Examination of an Inclusive Camp Using Contact Theory. In: *Therapeutic Recreation Journal*. Vol. 41, No. 3, 2007, pp. 223–243
- [11] DEVINE, M., A.: "Being a 'Doer' Instead of a 'Viewer'": The Role of Inclusive Leisure Contexts in Determining of Social Acceptance for People with Disabilities. In *Journal of Leisure Research*. Vol. 36, No. 2, 2004, p. 137–159
- [12] EKINS, A, GRIMES, P.: *Inclusion: Developing an Effective Whole School Approach*. Berkshire: Open University Press, England, ISBN-13: 978-0-33-5236046
- [13] GUBRICOVÁ, J.: Školské kluby detí v systéme zariadení zabezpečujúcich výchovnú starostlivosť o žiakov vo voľnom čase. In: *Výchova, škola, spoločnosť – minulosť a súčasnosť*. Bratislava: UK, 2007, s. 521–526, ISBN 978-80-223-2295-9
- [14] HÁJEK, B., HOFBAUER, B., PÁVKOVÁ, J. 2008. *Pedagogické ovlivňování volného času*. Praha: Portál, 2008, ISBN 978-80-7367-473-1

- [15] HERBERT, J., T.: Therapeutic Adventure Staff Attitudes and Preferences for Working with Persons with Disabilities. In: *Therapeutic Recreation Journal*. Vol. 34, No. 3, 2000, p. 211–226
- [16] HERMANOVÁ, M.: *Podpora inklúzie dieťaťa s telesným postihnutím v ŠKD*. Trnava: PdF TU, 2012, diplomová práca.
- [17] JAVORSKÁ, V.: *Príprava detí na inkluzívnu výchovu v ŠKD*. Trnava: PdF TU, 2012, diplomová práca.
- [18] LECHTA, V.: Úspešnosť verzus neúspešnosť inkluzívnej edukácie z transdidaktického aspektu. In: LECHTA, V. (ed.): *Výchovný aspekt inkluzívnej edukácie a jeho dimenzie*. Bratislava: IRIS, 2012 (v tlači)
- [19] LEONHARDT, A.: Sociálna situácia žiakov so sluchovým postihnutím ako výchovná úloha inkluzívnej školy. In: In: LECHTA, V. (ed.): *Inkluzívna edukácia ako multidimenzionálny výchovný problém*. Bratislava: IRIS, 2011, s. 164–174, ISBN 978-80-89256-69-3
- [20] PIVIK, J., MCCOMAS, J., LAFLAMME, J.: Barriers and Facilitators to Inclusive Education. In *Exceptional Children*. Vol. 69, No. 1, p. 97–107
- [21] SABLE, J.: Efficacy of Physical Integration, Disability Awareness, and Adventure Programming on Adolescent's Acceptance Individuals with Disabilities. In *Therapeutic Recreation Journal*. Vol. 29, No. 3, 1995, pp. 206–217
- [22] SCHLEIEN, S., RAY, M., T., GREEN, F., P.: *Community Recreation and People with Disabilities. Strategies for Inclusion*. Paul, H. Brookes Publishing Co. Baltimore, Maryland, 1997
- [23] SCHLEIEN, S., J., GERM, P., A., McAvoy, L., H.: Inclusive Community Leisure Services: Recommended Professional Practices and Barriers Encountered. In: *Therapeutic Recreation Journal*. Vol. 30, No. 4, 1996, pp. 260–273
- [24] SMITH, W., R., AUSTIN, D., R., KENNEDY, D., V., LEE, Y., HUTCHISON, P.: *Inclusive and Special Recreation. Opportunities for Persons with Disabilities*. Sagamore Publishing LLC, 2011, ISBN 978-1-57167-646-7
- [25] SMITH, R., AUSTIN, D., KENNEDY D.: *Inclusive and Special Recreation: Opportunities for Persons with Disabilities*. Brown & Benchmark Publishers, 1996
- [26] STUMBO, N., WANG, J., PEGG, S.: Issues of access: what matters to people with disabilities as they seek leisure experiences? In *World Leisure Journal*. Vol. 53, No. 2, 2011, p. 91–103
- [27] SUGERMAN, D. Inclusive Outdoor Education: Facilitating Groups that Include People with Disabilities. In *The Journal of Experiential Education*. Vol. 24, No. 3, 2001, p. 166–172
- [28] The Institute of Information and Prognoses of Education SR: Statistical Annual Report, 2011
- [29] TSAI, E., FUNG, L.: Perceived Constraints to Leisure Time Physical Activity Participation of Students with Hearing Impairment. In: *Therapeutic Recreation Journal*. Vol. 39, No. 3, 2005, pp. 192–206
- [30] VYŠLANOVÁ, E.: *Rozvoj sociálnych kompetencií detí v ŠKD*. Trnava: PdF TU, 2012, diplomová práca
- [31] Zákon o výchove a vzdelávaní č. 245/2008 Z. z.

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# The significance of reminiscences in the life and support of seniors

Oldřich Müller

**Abstract:** *The text is concerned with the standing of reminiscences in the life and support of persons of senior age. Special emphasis is laid on seniors dependent on care, in particular for health reasons (viz dementia of Alzheimer type). At the same time the significance of involutional and disease-caused loss of memory are differentiated. Attention is also devoted to the possibilities of targeted application of reminiscences in institutional care ensured by special educators, directed at prevention and therapy (reminiscence therapy).*

**Keywords:** *Reminiscence, person of senior age, memory loss, involution, disease, dementia of Alzheimer type, dependence on care, prevention, therapy, reminiscence therapy, special education, gerontagogics*

## 1 Introduction

The beginning of the 21<sup>st</sup> century can be characterized, besides others, by significant aging of the population, in particular in the so-called developed countries. According to a report of the EU (published 15. 5. 2012) a substantial change is expected in the age structure of the population of the Union in the coming decades. Its total number will not increase dramatically up to the year 2060 (the current number of 502 million will grow only to 517 million); however the population will be greatly older – 30% Europeans will belong to the age group 65 years and over (Greying Europe – We need to prepare now, 2012). This trend is also valid for the Czech Republic. According to the Prediction of the Population of the Czech Republic up to the year 2050 elaborated by the Czech Bureau of Statistics at the end of the year 2003 there will be intense growth of the number of people over 65 years of age, while on the contrary,

the number of children will diminish. According to its median variant there will be more than double the number of the population over the age of 65, while the number of the oldest persons, i.e. over 85, will grow to five times the current number (Svobodová, 2005). The above-mentioned phenomenon will manifest itself in various social spheres, in which there must be a specific method of resolving the problems of life quality of all persons of senior age.

With regard to the fact that life quality, besides others, is dependent on the possibilities of the development (maintenance) of human potential and competency in a given person (enabling further realization, maintaining a certain level of psychic and physical health, being a part of a safe environment), its solution grows in significance in spheres and disciplines in which it proceeds and whose subject of interest is a lifetime study. One of such disciplines is special education – gerontagogics which is concerned with an independent method of study of the stated age structure.

As an important partial theme in the solution of the possibilities of development (maintenance) of the human potential and competence of persons of senior age (especially of seniors dependent on care) appears to be in this respect the ascertainment and description of all pieces of knowledge associated with the application of reminiscences. This theme entered professional consciousness at the time that Erik Erikson presented his concept of eight stages of human psycho social development and when Robert Butler (American gerontologist and psychiatrist as one of the first persons called attention to the existence of discrimination based on age and who began systematically to use reminiscences – viz method Life Review) published the results of his longitudinal research of healthy seniors from which ensued that the latter endeavoured naturally to recapitulate and comprehend their own lives, which can be exploited also for their support (Butler 1963). And it is this very theme that became crucial in the following text.

The text *The Significance of Reminiscences in the Life and Support of Seniors* has not only the ambition to link up conceptually and in content to the preceding texts of the author (Müller), but also to attempt to explore deeper the given field of problems – accordingly to outline related novel themes, place them into new associations and expand them in line with the latest scientific knowledge. All of this is to be done with necessary emphasis on the fact that the possibilities of the presented article are small and far from the factually existing information (which all the more, deserve a separate monograph).

In the processing of the texts use was made of theoretical methods of description and comparison, subsequent generalization and classification of information, including the application of own experience and preceding scientific research work of the author.



## 2 Reminiscences at Old Age

At old age occurs one of the crises which come during the period of human life. Such a crisis can become a threat in that if not overcome, it would impair required life integrity, successiveness and the further meaning of life. This is also confirmed by E. H. Erikson (psychologist and psychoanalyst): an individual passes through eight stages from his birth till death (later on Erikson supplemented a ninth stage), while at the same time each stage is marked by a crisis of identity, which must be overcome (without commensurate personal identity no mature ego can develop); *in late adulthood*, occurring after the age of 60 and including old age, this crisis can be evoked by a *conflict between the integrity of one's own personality* (or by the state of fulfilment of the tasks of the preceding stages, state of productiveness and meaningfulness of life, state of maturity encompassing sagacious equilibrium of one with oneself and with one's imperfectness, state of positive reminiscences and the like) *and scepticism about one's past* (threatening genesis of a state of hopelessness, disappointment, despair) (Erikson, 2002, 1999).

It is evident that at old age, a time at which a degree of satisfaction with oneself and one's life acquires extraordinary significance (according to Erikson the conflict between integrity and scepticism right up to sheer despair), an important regulating role is played by continual reminiscences and contemplation issuing from them (which fact is confirmed by a line of authors – e.g. Butler, 1968, 1980, Schweitzer, 2008, Gibson, 2011). It is thus, because these reminiscences are (can be) a natural and effective means of balancing an often interrupted life sequence (originating e.g. from termination of employment, moving away from original place of residence to institutional care, sudden illness, etc.).

According to comparative and research findings of the author, reminiscences of oneself at old age help (or can help):

- to maintain life perspectives (satisfaction/dissatisfaction with one's own past can, at least, motivate aspiration),
- to shape, comprehend and accept the meaning of life (assessment of one's own past can aid in uncovering/organizing values, give importance to life situations /more, viz Logo therapy V. E. Frankl/), answer very important questions: "What is/was my life like?" "Has my life / did my life have any meaning?" "What meaning?"),
- to maintain identity (concept of own past, comprehension and acceptance of the meaning of life, capability of staking out attainable goals and overcoming obstacles, these can be of help in answering the key question "Who am I?"),
- to maintain (to achieve) life wholesomeness – integrity (coherence, prospects, meaning, identity, are important for acceptance of life as a whole),

- to satisfy specific requirements – in particular those connected to human autonomy:
  - The need to remain in one's intimately known environment, whether physically or in memories (especially of home as a space which I know and control, in which I feel safe and have things which have practical and personal / symbolical importance for me, a space which is full of positive relations with persons close to me). This need can also be projected into reminiscent escape from an aggressive and threatening world that lays emphasis (and demands) on being young, dynamic and capable of action.
  - The necessity to maintain a certain level of activity (to the extent of maintenance of minimal self-reliance up to activities bringing results).
  - The need of communication and maintenance of human relations.

If we examine reminiscences at old age from the aspect of processing (that is from the aspect of their course and influencing factors), and intentionally (for purposes of this text), exclude some co-acting variables (for example, the effects of the external environment, personal specifics of the senior including his (her) value index, etc.), we logically reach the basic factor, which is the state of the memory (relating also to other cognitive functions, because memory is always present in the course of their development and utilisation). The problem is that memory can be encumbered by two methods at a single moment – “normal” involutinal conditional decrease and/or by a greater decrease accompanying a disease, an integral part of which is pathological damage to the brain. This possible state then causes considerable complications in any work within a given target group.

Involutinal conditional decrease of memory generally exists, however, with a different hierarchy and variability. In other words – chronological age has a proven effect on the scale of memory output (within the meaning of its decrease), nonetheless differently in its various types (*viz Comment under the line*) – and moreover – even other determinants must be taken into consideration. Stuart – Hamilton (1999) in relation to this, mentions, for instance, vocabulary, degree of depression, family status, gender, position in employment, education (more *Viz Chapter on prevention*).

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*Comment under the line – On the Memory*

*The memory is an entirely heterogeneous capability, whose physiology functions in multiple diverse manners and which issue from anatomically completely different parts of the brain. In line with this, the classification of the types, differentiating the memory, also differs. (Schacter, 2002, Kulišťák, 2003, Grawe, 2007, Hort, Rusina, 2007, Kalvach, 2008, Baddeley, Eysenck, Anderson, 2009):*

- *non-associative (independent of association – concerns, for example, so-called habituation, getting accustomed to) and associative (dependent on association of more stimuli – for example, concerns contingent to),*
- *declarative (explicit) and non-declarative (implicit) (divided from the aspect of content and procedural):*
  - *a declarative memory is content-orientated, it concerns what we are able to recall consciously, what we can recollect consciously and what we are able to describe – it has a semantic component (a memory for facts, the meaning of words, its content is not dependent on associations with one's own life), an episodic component (remembrance of events and stories, autobiographic episodes linked to a definite period and space, its content is dependent on vital connections) – memory traces are created in the hippocampus and stored in the cerebral cortex,*
  - *a non-declarative memory is procedural-orientated, it concerns what we spontaneously and unconsciously recollect, what we are unable to describe (it concerns e.g. habituation, priming, perception memory, emotional memory, simple conditional reflexes, motor skills, perceptive and cognitive skills, the learning of habits) – the centrum is in the basal ganglia and cerebellum, the hippocampus is not necessary,*
- *iconic, short-term, long-term – short-term, medium-term, long-term – immediate, working, recent, permanent (subdivided from the aspect of time, but also from other aspects, e.g. according to participation of the cerebral structure, according to the physiological base, etc.),*
- *optical, aural, tactual, gustatory, olfactory ... (divided according to the analyzers), etc.*

*As far as other unmentioned parts of the brain are concerned “the parts responsible” for the memory, the main ones are:*

- *the temporal lobes which participate in long-term storage of information (the left one stores rather verbal information – Viz also semantic memory – and the right one stores spatial information – Viz also episodic memory),*
- *the front lobes (seat of many functions of intellectual activity) also participate in memory, especially those which are necessary to determine which events occurred recently and conversely those occurring long ago.*

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The hierarchy and variability of involuntarily conditional decrease of memory can have the following characteristics (Vágnerová, 2008, Dienstbier, 2009, Gruss, 2009):

- *small, but notwithstanding, apparent deterioration of short-term memory (this can concern a decrement of the control of memory processes: e.g. coding requiring attention, recollection of information requiring the capability of reaction*

/hus deterioration of attention and of reactive time/ – however, it can be a sign of weakening of memory itself – nonetheless, the age deficit can be tempered by training),

- as far as long-term memory is concerned, it is generally valid that any problems in short-term memory (Viz – Problems in encoding, a necessary precondition for storage and recollection) always appear in it (moreover, all is complicated by the actual state and structural changes of the individual memory regions of the cerebral cortex, by the state of intelligence, language capabilities – e. g. reading level, comprehension of a story, etc) – concretely it can be stated, that (Stuart-Hamilton, 1999):
  - semantic memory for facts (as an integral part of crystalline intelligence relating to the volume of gained knowledge) remains even during aging in a relatively good state (understandable on the assumption that forgetting is an essential integral part of the functioning of memory during one's entire life and on the assumption that normal memory loss at old age just does not exist),
  - implicit memory (in the course of which we are unable to declare remembered capabilities, because we are not aware of them) is to a greater extent not touched by aging, nonetheless individually (proven deterioration occurs only if other psychic activities are necessary for utilisation of implicit information – e. g. association during recollection of collocations),
  - validity of eventual changes of autobiographic memory is problematic – accuracy of memories can be influenced by: personal changing of details (this could occur immediately after the event), personal censoring, the method by which we request the senior to reflect on the past, the frequency of the given activated occurrence, etc. – however, it is possible to concede a certain weakening at old age.

A more serious loss of memory (persons of senior age) is predominantly accompanied by dementia, mostly dementia of the Alzheimer type. In this case the memory has the following characteristics (Kalvach, 2004, Woods, 2006, Hort, Rusina, 2007, Weiner, Lipton, 2009):

- the short-term memory is afflicted at first and more (this means that people are unable to transfer information to the long-term memory, because they do not remember what happened about 30 seconds ago – a consequence is the forgetting of orientation points in a new environment, loss of orientation in time, people, occurrences),
- the capability of remembering (the past) in the long-term memory of already stored information remains over a certain period (Comment: some authors divide long-term memory as recent /retaining information from the recent past/ and

permanent ((retaining information from the remote past)) – most resistant in our case is the permanent memory – Viz the following sign) (Shiel, Stöppler, 2008),

- The remembering of new contents starts becoming progressively a new problem, ensuing into gradual decomposition of the long-term memory (at first of those which are chronologically closest, e.g. one year old traces, then older ones and still older),
- a typical symptom can be impairment of the recent episodic word memory (forgetting of usual daily events), also the semantic memory is disrupted in various measure – subsequent problems in expressing (words are missing) are compensated by “word ballast” and lying),
- on the contrary the implicit memory is retained (again there is validity of the supplement stated for involuntarily affected implicit memory),
- the aetiology of the malfunction is important – it depends on e.g. which of the hemispheres is afflicted (e.g. some clients can have more pronounced impaired functions linked to the frontal cerebral lobes and stop being capable of planning and sequencing simple activities) etc.

### **3 Reminiscences as prevention**

In the previous chapter we outlined the significance of reminiscences at old age and marked out briefly an outline of possible involuntarily and pathologically conditioned decrease of memory (as a basic factor of their processional aspect). Now we shall focus on the possibility of utilizing reminiscences as a tool of prevention of the genesis of cognitive deficiencies.

Reminiscences can be prevention both in the broader and narrower meaning of the word. In the broader meaning of the word it has potential to fulfil tasks mentioned in this text in connection with its natural capability of helping: to maintain the sequence of life, to retain life prospects, to shape, comprehend and accept the purpose of life, to maintain one's identity, to maintain integrity and to satisfy specific needs. However, in the narrower meaning of the word it fulfils the task of maintaining activity and maximal possible psychic (mainly cognitive) capacity. Both possibilities can be realized within the framework of institutional care, e.g. specially educational (which naturally is not a precondition, because preventive targets can be achieved even without external professional support).

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*Comment under the line – Concerning education*

*It is generally known that education is of great preventive significance against psychic aging and with regard to dementia (Viz e.g. Research of cerebral plasticity D. Hebb, M. Rosenzweig, M. Diamond, E. Bennet et al – Kempermann in Gruss, 2009). It has been proven (Goldberg, 2004), that the same serious neurological disease causes less damage to a well equipped brain than to a brain less equipped. Thus the greatest “hope” is for those regions that have been activated most (e.g. people exerting the brain by creative writing, protect the temporal lobe; people who have been making decisions and planning for a great part of their lives, protect the frontal lobes); various regions can be vulnerable in various measure (Viz – Manifestation of Alzheimer disease). We shall specify the first sentence in more detail. That, which has preventive significance and that, which protects against dementia, is rather closer to activities relating to education, than to education itself.*

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In institutions realized retention (renewal) of activity and strengthening of psychic performance is (can be) achieved by various methods (it is necessary to note that as far as the mentioned methods are concerned /excluding some which are entirely specific/, there is no distinct difference between prevention and therapy) – within the framework of competencies of a special educator it thus takes place e.g. with the aid of:

- cognitive training (of the memory and with it related psychic functions – perception, attention, thinking, creativity, etc.) – utilizable are: targeted training of the memory and concentration, techniques of characterization and associative chains, creation of stories, knowledge activities of game character (quizzes, crossword puzzles), educational activities (e.g. study of foreign languages), group solution of problems, etc.,
- ensuring of orientation in the reality of the changing environment (in the sense of retention of adaptability to loads, requirements and changes of the external environment) – usable are: practice of skills of utilization of modern technologies (computers, Internet, mobile phones), change of life program (activities), support of intergenerational interaction, etc.
- stimulation of the motor system and strengthening of the physical condition (this has an influence not only on physical health, but also on the psyche ((movement affects the ability of learning including higher attention, better concentration and function of the short-term memory, the positive experience from movement negates some of the inappropriate psychic manifestations, it can change the attitude to oneself, etc.)) – it depends on the type of activity, e.g. some types of dances activate not only the motor centums, but also regions of the brain important for

orientation and perception of space and further centurms linked up to them) – various physical, relaxing and psychophysical exercises are usable.

Eventual decrease of memory can be primarily prevented by memory training. This concerns one of verified tools implemented in the branch of special education gerontagogics (modified according to the client). In order that memory training is successful, certain principles must be upheld in it.

As far as the principles of memory training are concerned we should mention in the first place the necessity of targeted and meaningful work with the short-term memory. The latter is a precondition for retention of information in the long-term memory. Daniel Schacter (2002) comments this in the following way: “any step towards limiting human forgetfulness should attempt to effect control of the occurrences happening at the early moments of creation of a memory trace – it is at this time that the fate of the new memory content is enormously affected by the processes of storage in the memory. All commonly accessible instructions for improvement of the memory know about this fundament and also use it as a base.” The mentioned work with short-term memory can be made more effective with the aid of a change of its acceptance capacity. In particular this can be done by the implementation of various associations or categorizations and transformation of information determined for memorizing. However, other “aids” can be used – for example optical imagination. Among the characteristics of procedures improving conscious encoding into long-term memory should be their simplicity.

A further principle of successful training of the memory is to lay emphasis on activation of attention and concentration. J. Suchá (2008) emphasizes that attention directs psychic activities on, what is to be retained, and with the aid of concentration to be arranged and classified among the others. For this it is important that one must be positively motivated to this activity and staying in a suitable environment. Schacter (2002) mentions that one of the routes blocking conscious storage of information into memory is a malfunction or divided attention, and adds that this can be a major source of errors to which aged persons are prone – aging becomes something similar to a kind of chronically divided attention. Also repetition has its non-substitutable significance in memory training. For transfer to long-term memory in most cases it is necessary to perform several partial returns.

#### **4 Reminiscences as a therapy**

In the event that the target is institutionalized realization of support of the senior (through reminiscence) to alleviate (remedy) the consequences of already existing pathological memory decrease, one can speak of implementation of memories (and considerations ensuing from them) for therapeutic purposes.

“Reminiscence therapies” may be represented in a whole line of therapeutic approaches (e. g. live review, theatre of reminiscence). One of the most used and most time-tested approach is reminiscent therapy (Viz Bender, 1999, Woods, 2006, Schweitzer, 2008). It is based on the following assumption. The human brain reacts well to known stimuli, whose traces it has stored in the long-term memory (inasmuch if the given region is not damaged, or with respect to involuntal changes – Viz – the contours of memory stated above). These stimuli can be concurrently excited, reactions to them evaluated and make them a means of understanding among people (in our case between the client and therapist). At the same time it respects personality (some types of personality /or personality features/ are not fully suitable – e. g. persons interpreting their past negatively, regretfully, neurotic persons, not having squared up to their lives – this, however, does not mean their categorical exclusion), and individual experiences of the client, the value, importance and positive experiential aspect of memories.

Reminiscence therapy applies the above-stated assumption purposefully, in a controlled manner, structurally and with the aid of certain specific means (these means are well described by A. Norris, 1986) which are specially adapted media functioning as motives and catalysers of reminiscences (required memory catalysers). It is a case of implementing to a maximal extent various communication channels, in particular, the effective ones. People communicating verbally with difficulty can start communicating by other methods – by means of:

- visual media,
- musical and audio media,
- media, carriers of olfactory or gustatory perceptions,
- touch (tactile) media and others.

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#### *An example from the foreign press*

*Jason Soudah, a professional singer and composer, received an offer from friends in Japan to compose a musical accompaniment to a half-hour video, on which were photographs and scenes pieced together for the purpose of reminding of distant memories. The result could not be doubted. It transpired that music with pictures was more effective in bringing back memories than the picture itself. Soudah (incidentally a former failed student of psychology) commenced further to devote himself to this phenomenon from the position of a composer and interpreter. His work confirmed practically, that music (as a strong communication medium) can “hit” those parts of the brain, which other forms of communication “will not hit” – even the most advanced stages of dementia. Thus a route was offered of how to get over obstacles of Alzheimer disease (Croucher, 2008).*

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It is possible to work with reminiscences individually, in groups, or during family gatherings, etc. During individual forms of work the individuals are led to positive recollection of their lives (chronologically to align their life activities, events and experiences, evaluate them and create own diaries, memory boxes, briefcases), which can be realized in the course of individual sittings, or during any other activity (e.g. during extra-curricular activities or taking a walk, etc.) – at the same time other specific (therapeutic) approaches can be asserted, e.g. orientation in reality or validating therapy (based on ((according to the traditions of humanistic psychology) on unconditional acceptance of the wishes and notions of the client ((primarily it concerns their positive assessment, non-refusal and possible utilisation))). Groups are formed according to various keys – e.g. open or closed – running at least once a week and including activities during which members (besides others) are encouraged to mutually share their important recollections. In this manner the identity of individuals and continuity of their social life are supported – in the case of involvement of family members, also the quality of family relations and quality of life of family carers.

In the process of reminiscence therapy, techniques based on non-verbal communication (viz possible insufficiencies of verbal expression and in the understanding of verbal communication) have regular representation) – here, for example, this concerns techniques exploiting art mediums: dramatic (simulation of past-life situations, work in simulated space), musical, dancing, creative (communication by drawings or plastic art) and literary – also direct communication by body language, space and time between the therapist and the client, have their own representation. Communication verbally can be only in a measure understandable to the client – the effectiveness of this communication is primarily dependent on the therapist.

The main tasks of reminiscence therapy for seniors handicapped for reasons of pathological decrease of memory (viz Dementia of Alzheimer type) are directed at fortification of their identity and continuity of their own lives (it is essential for them to have also constantly executed activation), partial tasks aim at re-education: of the memory and its related psychic functions (for example, language, understanding, orientation), basic and instrumental skills (self-service, telephoning, manipulation with payment cards), compensation of impairment of behaviour and experiencing, etc.

At the same time it stands that:

- functional assessment of the client must have been executed (be executed),
- we should know the cause of his eventual non-standard behaviour,
- provision of information (assisting in orientation and also in understandable communication) must be pondered over, structured and meaningful,
- cognitive training and activation have their specifics at dementia,
- movement must be motivated from the outside (often considerably specific impulses)

- each memory (even chaotic ones, seemingly without context) have meaning (it could be a last effort to arrange one's own life) and should not be lost,
- autobiographic reminiscence has precedence, but it can be counter-productive to hazardous for an afflicted brain.

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*Comment – Concerning autobiographic reminiscence*

*Autobiographic reminiscence is the most natural type of reminiscence in the life of a person (with this type of reminiscence experimented e.g. Galton, Ebbinghaus, Wagenaar). One need not be surprised, after all it is created from absolutely authentic “material”, spiced moreover with own experience. It has many meanings: it can be a sort of reaction to ennui (helping to overcome the discrepancy between prosaic presence and the past charged with events) but also a means of balancing with a life problem (or crisis) (Draaisma, 2009) – and it is in this that lies its therapeutic potential. In a person with Alzheimer type of dementia occurs however breakdown of recent episodic memory (a component of declarative memory), difficulty in seeking words, angst evoked by own lowered functionality, etc. From this ensue several potential problems in utilizing autobiographic episodes from the recent past. In particular, beware of possible traumas from unsuccessful comprehension and recalling – similarly be careful with the opening of memories of traumatic life events (Woods, 2006).*

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## 5 Conclusion

It is necessary to emphasize that research in the given region is continually running and that it does not confirm absolutely unambiguously the positive impact of reminiscence therapy at dementia (Thornton, Brotchie, 1987) – especially in the more serious forms. Work with structured groups or individual work with the life story of a client appear effective to a certain extent; reduction of depressiveness has been proved, stimulation and increased interest in activities occurred (Bornat, 1994).

## 6 Literature

- [1] BADDELEY, A. D., EYSENCK, M.W., ANDERSON, M. *Memory*. New York: Psychology Press, 2009, 451 p. ISBN 18-487-2001-7.
- [2] BENDER, M., BAUCKHAM, P., NORRIS, A. *The therapeutic purposes of reminiscence*. Thousand Oaks, Calif.: Sage Publications, 1999, 300 p. ISBN 08-039-7642-9.
- [3] BORNAT, J. *Reminiscence reviewed: evaluations, achievements, perspectives*. Bristol, PA: Open University Press, 1994, 148 p. ISBN 03-351-9041-3.
- [4] BUTLER, R. The Life Review: An Interpretation of Reminiscence in the Aged. *Psychiatry*. 1963, roč. 26, 65–76.

- [5] BUTLER, R. The life review: An Interpretation of Reminiscence in the Aged. In: NEUGARTEN, B. (Ed.) *Middle Age and Aging*. Chicago, IL: University of Chicago, 1968, 486–497.
- [6] BUTLER, R. The life review: An unrecognized bonanza. *International Journal of Aging and Human Development*. 1980, 12, 1, p. 35–38.
- [7] CROUCHER, M. *Reminiscence Therapy. Memories of the past stirred by dreamy melodies*. The Epoch Times, March 27 – April 2, 2008, B3.
- [8] DIENSTBIER, Z. *Průvodce stárnutím, aneb, Jak ho oddálit*. Vyd. 1. Praha: Radix, 2009, 184 s. ISBN 978-80-86031-88-0.
- [9] DRAAISMA, D. *Proč život ubíhá rychleji, když stárneme: o autobiografické paměti*. Vyd. 1. Praha: Academia, 2009, 302 s. Galileo, sv. 38. ISBN 978-802-0018-069.
- [10] GIBSON, F. *Reminiscence and life story work: a practice guide*. 4th ed. Philadelphia, PA: Jessica Kingsley Pub., 2011, 304 p. ISBN 18-490-5151-8.
- [11] GOLDBERG, E., KOUKOLÍK, F. *Jak nás mozek civilizuje: čelní laloky a řídicí funkce mozku*. 1. vyd. Praha: Karolinum, 2001, 257 s. ISBN 80-246-0713-1.
- [12] GRAWE, K. *Neuropsychoterapie: nové přístupy k terapii na základě poznatků neurovědy*. Vyd. 1. Praha: Portál, 2007, 487 s. ISBN 978-807-3673-116.
- [13] Greying Europe – we need to prepare now – 15/05/2012. In: *Ec.europa.eu* [online]. Brussels: Communication department of the European Commission, 2012, 19.07.2012 [cit. 2012-08-03]. Dostupné z: [http://ec.europa.eu/news/economy/120515\\_cs.htm#top](http://ec.europa.eu/news/economy/120515_cs.htm#top).
- [14] GRUSS P. (Ed.) *Perspektivy stárnutí: z pohledu psychologie celoživotního vývoje*. Vyd. 1. Praha: Portál, 2009, 222 s. ISBN 978-80-7367-605-6.
- [15] ERIKSON, E. H. *Dětství a společnost*. Vyd. 1. Praha: Argo, 2002, 387 s. ISBN 80-720-3380-8.
- [16] ERIKSON, E. H. *Životní cyklus rozšířený a dokončený*. 1. vyd. Praha: Nakladatelství Lidové noviny, 1999, 127 s. ISBN 80-710-6291-X.
- [17] HORT, J., RUSINA, R. *Paměť a její poruchy: paměť z hlediska neurovědního a klinického*. 1. vyd. Praha: Maxdorf, 2007, 422 s. ISBN 978-807-3450-045.
- [18] KALVACH, Z. *Geriatrické syndromy a geriatrický pacient*. Vyd. 1. Praha: Grada, 2008, 336 s. ISBN 978-80-247-2490-4.
- [19] KALVACH, Z. *Geriatric a gerontologie*. 1. vyd. Praha: Grada, 2004, 861 s. ISBN 80-247-0548-6.
- [20] KOUKOLÍK, F. *Mozek a jeho duše*. 3., rozš. a přeprac. vyd. Praha: Galén, 2005. ISBN 978-807-2623-143.
- [21] KULIŠŤÁK, P. *Neuropsychologie*. Vyd. 1. Praha: Portál, 2003, 327 s. ISBN 80-717-8554-7.
- [22] MÜLLER, O. Pohled na speciálněpedagogickou péči o seniory s demencí. *E-Pedagogium*. 2008, roč. 8, č. 2, 54–60. ISSN 1213-7758.
- [23] MÜLLER, O. Speciálněpedagogická gerontogika – výsledek změn paradigmatu speciální pedagogiky. *E-Pedagogium*. 2008, roč. 8, č. 2, 61–68. ISSN 1213-7758.
- [24] NORRIS, A. *Reminiscence with elderly people*. Bicester, Oxon [England]: Winslow Press, 1986. ISBN 08-638-8041-X.
- [25] SHIEL, W. C., STÖPPLER, M. C.. *Webster's new world medical dictionary*. 3rd ed., fully rev. and updated. Hoboken, N. J.: Wiley Pub., 2008, 470 p. ISBN 978-0-470-18928-3.
- [26] SCHACTER, D. L. *The seven sins of memory: how the mind forgets and remembers*. 1st Houghton Mifflin pbk. ed. Boston: Houghton Mifflin, 2002, 206 p. ISBN 978-061-8219-193.
- [27] SCHWEITZER, P., BRUCE, E. *Remembering yesterday, caring today: reminiscence in dementia care: a guide to good practice*. Philadelphia: Jessica Kingsley Publishers, 2008, 224 p. Bradford Dementia Group good practice guides. ISBN 978-1-84310-649-4.
- [28] STUART-HAMILTON, I. *Psychologie stárnutí*. 1. vyd. Praha: Portál, 1999, 319 s. ISBN 80-717-8274-2.
- [29] SUCHÁ, J. *Trénink paměti pro každý věk*. Vyd. 1. Praha: Portál, 2008, 202 s. ISBN 978-807-3674-380.

- [30] SVOBODOVÁ, K. Analýza: Stárnutí populace podle výsledků projekce ČSÚ. In: *Demografie* [online]. Praha: Demografické informační centrum, 2005, 25. 03. 2005 [cit. 2012-08-03]. Dostupné z: [http://www.demografie.info/?cz\\_detail\\_clanku&artclID=34](http://www.demografie.info/?cz_detail_clanku&artclID=34).
- [31] THORNTON, S., BROTCHE, J. Reminiscence: a critical review of the literature. *British Journal of Clinical Psychology*, 1987, 26, 2, p. 93–111.
- [32] VÁGNEROVÁ, M. *Vývojová psychologie II.: dospělost a stáří*. Vyd. 1. Praha: Karolinum, 2007, 461 s. ISBN 978-80-246-1318-5.
- [33] WEINER, M. F., LIPTON, A. M. *The American Psychiatric Publishing textbook of Alzheimer disease and other dementias*. 1st ed. Washington, DC: American Psychiatric Pub., 2009, 557 p., 11 p. of plates. ISBN 15-856-2278-8.
- [34] WOODS, R. T. *Psychological Problems of Ageing: Assessment, Treatment and Care*. Chichester/ New York: John Wiley a Sons, Ltd., 2006, 352 p. ISBN 0-471-97434-X.

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# When our child cannot speak fluently

LECHTA, V., KRÁLIKOVÁ, B. *Když naše dítě nemluví plynule*. Praha: Portál, 2011. ISBN 978-80-7367-849-4.

**Reviewed by Monika Weilová**

This year there has been published a specialized publication written by Viktor Lechta and Barbara Králiková called *When our child cannot speak fluently*, and it is now available from bookshops. Viktor Lechta has been dealing with stuttering therapy now for already 36 years and he is also the founder of the Centre for dysfluency – a workplace which is specifically focused on disorders of speech fluency in Bratislava. PhDr. Barbara Králiková works has been working as a clinical speech therapist. Currently, dysfluency of the speech of children is a hot topic that cannot be overlooked nowadays. When recognized an early intervention is appropriate to prevent any social, psychical or other complications from developing which can affect the lives of children suffering from dysfluency of speech.

The book is written using clear and intelligible style and is systematically divided into chapters. It is intended primarily for the parents of children, who suffer with dysfluent expression. There are some demonstrations of the author's own experience in this book, hence the readers will have the opportunity to clarify their theoretical knowledge with these practical examples. A positive aspect of this book is a brief exploration of the technical terms used directly in the text, and a glossary of the technical terminology which can be found at the end of the publication.

This publication is divided into segments, each that having their own signs that facilitate the reader's orientation in the text (these signs deal with questions, basic information, importance of, mistakes, and correct behavior). The first two chapters are an introduction into the problem of dysfluency, and it is here is where the manifestation of dysfluency is clarified (and this is not just about stuttering). There are some examples of these dysfluencies and the possible circumstances for the rise of dysfluency are also here explained. The authors tried to explain why some of these dysfluencies are received with fear and why others are not. They also ask themselves the question: "Are these phenomena around us actually fluent or non-fluent?" (p. 13)

The authors' answer to this is a contemplation about whether everything that is fluent is really positive and everything non-fluent negative.

In the next chapter the authors explain what can actually be counted as dysfluency and what the difference is between these kinds of disrupted communication abilities. The content of the next chapter includes the most common causes of dysfluency. Lechta and Králiková try at least theoretically to prepare parents for the course of these disorders themselves and their possible complications.

The authors pay special attention to the most noticeable symptoms of stuttering in the fifth chapter. They distinguish between the symptoms of audible and visible ones. A separate subsection is created by symptoms that are detectable only if the reader (parent) understands the child's feelings.

The sixth chapter is called *How to give help to a child effectively*; this chapter continues on from the previous quantitatively. The main subsections are created by describing developmental dysfluency, the beginning of stuttering and fixed stuttering. The authors place here emphasis on the intervention in the given phases of a child's dysfluent speech. Next, there is some good advice for parents as to how they should behave if they have a child with dysfluency. This chapter is focused primarily on the most common questions of parents and to the answers of these questions and to the explanation of the problem. The chapter called *The child with dysfluent speech at school* follows, and this one is focused on advice for teachers.

The chapter called *The myths about stuttering* is also very contributive. It presents some anachronisms that have been handed down often over the centuries. As an example can be mentioned the citation: "people suffering from stuttering are possessed by the Devil". (p. 112). Very useful is the chapter that summarizes the information about where the parents can look for professional help and where they can find more information about dysfluency of speech.

The facts in the book are accompanied by a series of black and white illustrations which complement and illustratively explain the information contained in the text.

We can conclude by saying that the publication of Viktor Lechta and Barbara Králiková called *When our child cannot speak fluently* is successful and we can recommend it to all those who care about the quality and problem-free development of children in the area of communication. The book will certainly be beneficial not only for all those who are interested in problems of disrupted communication abilities but above all for persons with dysfluent speech themselves.

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# Left to right

MANNHEIM, G., *Balról jobbra*. Budapest: Nemzeti Tankönyvkiadó Zrt. 2011.  
ISBN 978-963-19-7084-5.

## Reviewed by Pavel Svoboda

A slim publication *Balról jobbra* (a workbook designed for the development of spatial orientation) I bought at the end of August in the Hungarian city of Szombathely in the store Interspar. I picked it out of the range of books published by the Hungarian educational publishing house Nemzeti tankönyvkiadó and I was happy that in this “cathedral of consumerism” unobtrusive and useful things also occur. On the counter, there were a few coloring books for children, and a number of workbooks *Kispilóta* (Small pilot) for teaching preschool children, their familiarization with the basics of counting *Számolj 5-ig!* (Count to five!), the concentration of attention *Figyelj!* (Watch out!) and developing their logical thinking *Gondolkodj!* (Think!). From this offer I was most interested in the workbook *Balról jobbra*, because the Hungarian language is very specific for its differentiation and thus marking specific locations in space. Children at pre-school age must learn the meanings of words such as left, right, center, front, back, backward, up, down, around and others very well otherwise later they have problems with fine distinction between these directions and a location in space, which could be compared for example to the Slovak “zpodmedzi” expression. For example “vyjít zpodmedzi ...” means to come from somewhere outside of the gap between two or more objects. Czech translation “z prostředka” or even English “from the center” in this case are not very accurate.

The entire workbook respects the principle of gradually increasing difficulty. It also uses transparent icons that clearly indicate to parents and children how to work with different tasks. Children in the workbook circle, match, talk, watch, draw, colour and paint marks above and below each image. From the start of the book the authors motivate the children by the forthcoming celebration of Adam and Lili and draw young readers into the story about the preparations for a birthday party. Initial exercises focus on the training of a compliance of the directionality from left to right. They are referred to the left side and thus the location of the heart from the

very beginning. In the following exercises, children distinguish which of the figures look left or right, where cars are going, which line of flower pots is at the top, middle, bottom. At this stage, the principle use of the right hand (the welcome and farewell) is also fixed. The picture of children swinging on swings illustrates the meaning of the terms below and above. Somewhat questionable is the use of images, where the figure is looking back over its shoulder – from the perspective of the reader to the left but for itself to the right.

At the very end of exercise sheets children reinforce the importance of learned words and verbally describe the direction of their wandering in the labyrinth. Below this maze they inscribe the directions of their “march” by the arrows. Finally, they learn to identify the left and right side using the example of their paired organs, and learn to recognize these parts not only on themselves but also on other people.

Worksheets Balról jobbra are not only a useful tool for the development of spatial orientation in intact Hungarian population of preschool children, but also a welcome inspiration for work with the minority group of children with cross-laterality hand and eye or with a less favorable preference of a leading left hand. They can also well serve to children, who are at pre-school age and where later learning problems in the area of specific learning disabilities can be expected. And these children can be found throughout the world.

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# Information For Authors



## Basic information about the JEP

*Journal of Exceptional People (JEP)*, should be based on 2 times a year publishing period in both electronic and traditional – printed form. To guarantee professional standards of the Journal we have applied to the front of special needs teachers, psychologists, therapists and other professionals in the U.S., Finland, Spain, Slovakia, Hungary, China, Russia, Poland and other countries. Above mentioned scientific journal aspires to be registered into the international database of impacted periodicals (Journal Citation Reports).

*Journal of Exceptional People (JEP)* will provide research studies and articles on special education of exceptional people. This area covers individuals with disabilities and, on the other hand, gifted persons. The *Journal* will focus on publishing studies and articles in the field of education, social science (sociology) and psychology, special thematic issues and critical commentaries. The publishing language of the *Journal of Exceptional People* is to be English exclusively.

The periodical is going to be published since the year 2012 by the **Institute of Special – pedagogical Studies at Palacky University in Olomouc**.

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Scope of the article is given – should not be more than **10 pages** formatted according template (including list of references, images, tables and appendices). The body of the text shall be written in letters of Times New Roman size 11 b. Different styles are undesirable, use the normal template and also please avoid numbering of pages. The final version of the articles ought to be formatted to the paragraphs. The Editorial Board reserves the right to refuse contributions.

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