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WORKING WITH CHILDREN WITH INTELLECTUAL DISABILITIES IN POLISH MAINSTREAM SCHOOL

This paper discusses the problem of working with intellectually disabled child in Polish mainstream school. Educational contexts of child development support must be based on the principle of individualization. Recent legislative changes open up new possibilities for disabled pupils, helping them teachers, other professionals and parents. This paper attempts to approximate the methods of work with disabled children based on the nature of the phenomenon of disability, barriers and strengths of children with disabilities. Beyond the theoretical considerations this paper discussed the legal context of recent developments relating to children with special educational needs.

Intellectual disability – theoretical implications.

The phenomenon of disability, defined both in everyday and scientific approach varies widely. In general, often stereotypical terms, dysfunctional person by physical and/or mental disability is not able to fully satisfy their own needs, as well as to fulfill certain social roles, which makes it socially impaired. The occurrence, however, difficulties in social functioning is a factor inadequate to make a diagnosis of disability. On the other hand the same dysfunctionality of biological structures is also not sufficient to define it (Sęk, 2001). In modern terms, the lack of social integration is a constitutive element of the image of disability. Both mental disability and social dysfunction may result from the body coupled with an individual, subjective assessment of their capabilities (Kowalik, 2000). Adopted in Poland, the definition of disability clarifies that “the physical or mental health causes permanent or long-term impediment, limiting or preventing participation in social relations and the fulfillment of roles according to established criteria and

standards” (Zabłocki, 1997, p. 15). This approach combines the different facets of disability, therefore, pointing to the causes and consequences of the functioning of a disabled person. Importantly, the inherent element, is the possibility of deficits in the psychological sphere, which will be identical to the reduction of intellectual ability. The first definition of disability under the Polish law appeared in the Charter of the Rights of Persons with Disabilities from 1 August 1997 and identified people with disabilities, as these “(...) whose physical, psychological or mental permanently or temporarily impede, limit or prevent the daily life, education, work and the performance of social roles, in accordance with the standards of legal and customary”.

However, a subsequent Act of 27 August 1997 on vocational and social rehabilitation and employment of disabled people say about disabled people “whose physical, or mental permanently or temporarily impedes, restricts or prevents the fulfillment of social roles, in particular the ability to perform professional work, if they have been given a decision”.

The term intellectual disability was introduced in 1997 by the International Association for Research on the Mentally Disabled, which recommended its use (Kościelska, 2000). For comparison it should be noted that in force in Poland, International Classification of Diseases ICD-10 continues to function the concept of mental retardation. These concepts will surely not be treated equivalently. According to the American classification DSM, mental impairment is a significant reduction in the general intellectual level below the average, while coexistence of deficits or weakness adaptability, which consists of functional areas such as communication, interpersonal skills, functional academic skills, self-service, the use of public infrastructure, work, independent living, leisure, health and safety. An important diagnostic criterion is also younger than 18 years of age, which accounts for recognition of symptoms (Kendall, 2004). An alternative approach in the International Classification of Diseases ICD-10 (ed. 2000, p. 189) defines mental retardation as a state of “stop or incomplete development of mind, which is characterized by a particularly revealing damage skills in development, and making up the overall level of intelligence - cognitive, speech, movement and social change”. Mental retardation is divided here by the depth of the deficit :

- mild mental retardation (F70)
- moderate mental retardation (F71)
- severe mental retardation (F72)
- profound mental retardation (F73).

The degrees of mental retardation are determined by standardized intelligence quotient tests. In the definition of sources of intellectual disability is taken to have arisen as a result of corruption of the development process, which takes time and that consists of many factors, such as a genetic defect, brain damage or mental trauma. This latter factor highlighting the so-called psychosocial lowering the intellectual capacity is discussed today. Mental activity may also limit the child's upbringing institutional, which comes to the demeaning of the dignity of the child, over-controlling and limiting the taking of their own decisions and to gain experience (Warchał, 2011). Similar inhibit the development of intelligence may appear in a symbiotic relationship with the mother's child. The result of both situations will not only be reduced intelligence quotient, but also low levels of various skills development (Kościelska, 2003).

Table 1

Table of classification of low IQ. Source : Brzezinski, et al. (2007)

Disability categories	IQ in Stanford-Binet (SD=16)	IQ in WAIS-R (SD=15)
Mild	52-67	55-69
Moderate	36-51	40-54
Severe	20-35	25-39
Profound	0-19	0-24

The diagnosis of intellectual disability for the purposes of law.

Diagnosis of intellectual disability is not an easy task due to factors interfering the process of assessing the intellectual and social functioning of individuals. The result of determining the IQ test influences not only the level of test performance, but also the manner of conducting the test, the calculation results and their interpretation. It should also be borne in mind that each test only examines a range of intellectual abilities, and like any research tool has some limitations. Not without significance is the fact that child measured through a psychometric is functioning in various social situations that affect the perception of reality and his mental state. The wide range of children's individual characteristics, such as the motivation to examine whether language skills, will affect the quality of responses provided in the test.

Intelligence tests are standardized psychometric tools that are used to assess the ability of the person being tested for deliberate action, i.e. capabilities for intelligent behavior. They are used *inter alia* to examine competence in education and subsequent professional (Brzezinski et al., 2007). Tests available in Poland can be divided based on age of persons for whom the test is intended and the test procedure with the version of "paper and pencil" and computer versions. All of the following standardized tests are diagnostic tools, characterized by the accuracy and reliability, which are used to assess the intellectual level of children (Warchał, 2011).

The common use is the Wechsler Intelligence Scale, which is available in two versions : for school-age children 6-16 years of age (WISC-R) and for young people aged 16 and older and adults (WAIS-R). The scale is used to measure the level of intelligence in wordless scale and verbal scale, which make up the overall level of intelligence. Profile analysis based on the results obtained allows to determine the "weaker" and "stronger" intellectual test pages, which in turn facilitates the comparison of results between specific tests, specific to certain groups or types of clinical disorders.

Just as often its application in the study of the intellect is Raven's Progressive Matrices test, which has different versions for specific age groups and to surveys (diagnostic testing and selection.) And so Raven's Progressive Matrices Test in color (TMK) is designed to test intellectual capacity of children aged 4 - 10 years and persons with reduced intellectual abilities, Raven's Progressive Matrices Test Standard Edition - Classic Form (TMS-F) is used primarily for selection in the population of children from 6 years of age, adolescents and adults with an average intellectual level.

Another well-known tool to study intelligence are the Leiter International Performance Scale (non-verbal intelligence test for the study of children from 3 to 15), Battery Tests APIS-P (R) (multidimensional battery for measuring general intelligence test designed for children completing their education in primary school, attending high school and starting secondary school), and The Diagnosis of Intellectual DMI (a tool for assessing intellectual performance in children of school age). As a complement to diagnose the level of intellect can be used The Comparison Test of Familiar Shapes MMF. It explores the soulfulness - impulsivity, as a dimension of cognitive style, which is an important determinant of the control exercised by the unit over the course of their cognitive function, and thus the degree of use of their intellectual capacity.

For the diagnosis of cognitive function is also used Wisconsin Card Sorting Test (WCST), which correlates with other measures of intellect. It is used to measure executive functions, which include supervisory, control and direct the human cognitive activity.

Diagnosis of mental retardation is difficult not only because of the test procedure, but also because of the consequences. It affects not only the continued existence of the child, but also on the perception by the child himself and the attitudes and responses of the environment. Any diagnosis of the disorder occurring in a child changes the functioning of the entire family system. Not only the child has to cope with the difficulties encountered in the course of its development, but also the child's parents and teachers will have to run an entire set of resources (both in personality and physical) that will allow them to deal with emerging problems. In addition, the label disabled child

can lead to improper conduct with him, including deterrence not only by parents but also by a school environment. At the same time a formal diagnosis can start the process of rehabilitation - treatment and empowers the child and his family to benefit from the expertise of specialists and adequate support from educational institutions (Carson, Butcher, Mineka, 2003).

Characteristics of an intellectually disabled child.

Characterizing intellectually disabled child should be taken into account the differentiation of mental retardation according to the intellectual level of the degree of mild, moderate, severe and profound. Depending on the degree of disability will be done differently child's development and its functioning. The largest group of children is diagnosed with mild impairment, but the diagnosis is usually put up until school age, as only the most apparent difficulty in learning and attention deficits. Children in this group are considered as capable of learning in school, although there are difficulties in impulsive behavior, difficulty in predicting the consequences of their actions, immaturity and emotional processes. Intellectual level stops at the stage of 8-11 years old, but a child with intellectual disability manifested a lower rate of processing information than the child healthy at the same age. Due to the educational requirements beyond the capabilities of the child, we can also observe behavioral problems. Rapid diagnosis of intellectual deficits, and the inclusion of expert assistance and appropriate program allows to achieve the intellectual level, sufficient for the social adjustment, school basics knowledge, learning basic skills and in the future to live independently in society.

Persons with moderate mental retardation achieve the intellectual level of children aged 4-7 years and have the ability to train some simple steps to enable self-service everyday. The learning process in these patients is relatively slow, but some people from this group can learn to read and write to a limited extent. They use quite a poor vocabulary, their words are often grammatically incorrect, and speech slurred. In addition, they exhibit poor motor coordination and because of the frequent problems of bone disorders are physically clumsy. In their behavior there is a lack of initiative and independence. Children, however, exhibit a strong need for contact, are friendly oriented to others, but they may also exhibit aggressive behavior, hostile, especially in situations of increased stress and frustration when they feel a threat. Early detection of disability and proper training can obtain a partial autonomy of self and social functioning in adulthood (Carson, Butcher, Mineka 2003).

Persons with severe mental retardation are characterized by mental retardation and motor retardation of speech, which their functioning is dependent upon others. Control even the simplest self-service operations, does not allow them to function independently in daily life.

In turn, profound mental retardation requires total care in the daily operation of a lifetime. Most children with profound mental retardation is unable to master the basic steps. They are characterized by underdeveloped or poorly developed speech, physical deformities, growth retardation, a large physical awkwardness. They may also accompany impaired seizures, deafness, mutism and serious medical disorders. Both mental retardation profound, as well as a severe retardation, due to the perceived physical deformities and significantly delayed development are recognized in early childhood, in contrast to the mild one.

Working with children with mild intellectual disability.

Starting to work with the intellectually disabled child we should carry out a comprehensive medical, psychological and pedagogical diagnosis, which will determine the child's intellectual capabilities. The effectiveness of working with intellectually disabled children, their progress will depend not only on the degree of disability, but also on the possibility of a target. This demonstrates the need for individual approach to each child, strengthen its resources, rather than focusing on deficits. Working with an intellectually disabled child also requires the plan, which includes support the development of intellectual, emotional and physical, visual-auditory coordination, social development, speech therapy, and provides for the pace of work of the child, his needs, abilities. Only the systematic implementation of the plan and the gradual implementation of new, more

difficult tasks, allows to strengthen self-efficacy and will be mobilizing to achieve more success and coping with setbacks.

An extremely important element of rehabilitation is to work with his parents, which lies not only in engaging them in therapy of the child, but also in realization their expectations about the effects that it brings. Taking over parental responsibility for children's health often triggers that are exceeded their resources to cope, and instead of hope, there is frustration and resignation. It should be borne in mind that every professional working with intellectually disabled child deal with a specific part of therapy or rehabilitation, while parents are working with the child at home are included simultaneously in the role of a psychologist, speech therapist, educator, having no more time, and sometimes failing, to find the role of parent. Parents of intellectually disabled child may also need psychological help.

The inclusion of an intellectually disabled child to the process of teaching in mainstream school, which is based on the basis of the general education program, is associated with the degree of mental retardation. Diagnosed mild degree of mental retardation guarantees the same program in the various areas of education. Despite the large development opportunities in almost all areas, the functioning of the child mentally slight is associated with many secondary cognitive limitations, including:

- problems with perception,
- problems with concentration,
- problems with the implementation of complex tasks, etc.

Given these restrictions, working with mentally handicapped child must be focused on real, picture-imaging material. Working with disabled children in a mainstream school, you should also remember that intellectual disability may be accompanied by many other disorders that require a separate teaching and therapeutic approaches. You can not, therefore, develop a uniform catalog of how to work with your child about this type of disability; education must take into account both the development conditions and limitations associated with the occurrence of other associated diseases.

Systemic changes in education and working with intellectually disabled child.

The Education Act of 7 September 1991, is the basic document governing the functioning of Polish schools. Among the many tasks listed in the Act that meets the educational system there are provisions for pupils with special needs. In the current year from 1 September 2011, will be introduced gradually in Poland, a new model for providing and organizing psychological and educational assistance to pupils, their parents and teachers. The aim is to equalize educational opportunities for all children, increasing the efficiency of assistance provided psychological and educational responsibilities of various stakeholders to increase education for supporting a pupil who has a variety of developmental and educational needs. An important objective is the integration of children and youth in the community and supporting family environment in meeting their needs.

A handicapped child has problems with the perception, difficulty with concentration, with the performance of complex tasks and the thinking of cause and effect. Natural consequence of the difficulties faced in schools include:

- dysgraphia
- slower pace of work
- constraints of memory processes
- difficult to create the concept of number
- difficulties within the meaning of the text read

Taking into account the principles set out, the difficulties of working with children with mild impairments must be based on the principle of individualization – the methods, means and organization of work, reinforcing strengths and correcting deficits. Important elements supporting education is education through art and relaxation.

Child with mild mental retardation gets a decision on special education published by guidance and counselling centre. Even so, it performs the same core curriculum as well as healthy children.

The difficulty in developing a unified plan for working with handicapped pupils stems from the fact that often coexist diseases that require a specific educational approach.

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THE PROFESSIONAL DEVELOPMENT OF EARLY CHILDHOOD EDUCATION TEACHERS

Teachers' professional development are teachers' needs during education's democratization. These teachers typify intellectual autonomy, vision, sensitive, and open pose. These are very important elements especially during work with young people.

First level of teachers' education is a specific work, because this profession call for them psychological, and pedagogic knowledge. These types of teachers distinguish them self having ability to hand knowledge over to students, children, and having abilities to see children's needs,