How to increase the number of special teachers with diploma

- Why we need and who could be a specially trained teacher –

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1.Introduction

During the history of special education there was always a question about who should take care of the "handicapped" – the people with disabilities. Different institutes and schools started, some of them with teachers who sometimes were specialised for this job, sometimes not at all, but they studied from the practice. Some institute was on the hand of medical doctors who became also teachers, nurses, who firstly take care of the patient and after continued not just a therapeutical, but an educational "care" too. Since the 18th century we can find that professionals call today's special education a "remedial-education" and "medical- or curative-pedagogy". This fact shows us, that since from the start it was clean, that care and education of these people goes together and needs a kind of professional team work with a multidisciplinary view to make the best possible help as they could. Doctors became teachers, teachers studied to be doctors, nurses took special interest in therapy and education and so on.

For example in *Hungary* between *1830 and 1840* a medical doctor whose name was *Bálint Kőszeghy* made a private school for hearing and speaking impaired. He wanted to make a better institute, therefore he made a plan how it should be look like. He wanted to integrate a medical treatment of disorders with professional teaching methods. *Kőszeghy* said that "we have to start the children's education at least when they are 5 years old to make the best progress with their development". He was one of the earliest professionals dealing with disabled, who recognised the importance of *early-development*. He wanted to work with medical doctors who are also had a teacher training or with special teachers who are become medical doctors or at least capable for special therapies and also understand the medical point of view and could work with doctors side by side. Unfortunately *Kőszeghy*'s plan never took place, but his thought is still an important point in special education.

We find the same thinking in Germany by that time – e.g. *Deinhart* and *Gerorgens* (1861) wrote a two-volume book about "how to teach handicapped children". They wrote, that the special teacher's duty is a "curative or medical education" (Heilerziehung).

2. Medical professionals and teachers

If we see the history of special education we can find many answers for our today's problems and questions. Still in many countries there are not enough specially trained professional in schools and institutes of the disabled, therefore nurses, "normal teachers" and not qualified, but helpful people take care and make educational effort even in these organisations. Here is the question, what we can do to make more special teachers who understand more the world of disability both medical and educational side? Let us to follow the historical points. If one country has many-trained nurse, but less hospital, they can train nurses to become special teachers. If a country has enough or too many trained ("normal") teachers, they could take a special educational course to have a qualification to deal with people with disability. Both ways are similar, but in the opposite way. Nurses have medical knowledge, but

they need educational training, teachers have educational knowledge, but they need medical knowledge, however in the third point they both need a special educational training which is based on the previous basic educational and medical knowledge. To understand this more, lets see these professions in details as we see them in history.

2.1. Medical professionals

Who is a nurse and what is nursing?

Nurse is a professional person who is skilled and trained in nursing. Nursing is health care profession concerned with providing physical and emotional care to the sick and disabled and with promoting, maintaining, and restoring health in all individuals. Nurses perform a diverse array of activities, including research, health education, and patient consultation. They often co-ordinate their services with physicians and other allied health providers.

Brief history of nursing

Nursing emerged as a profession in the latter part of the 19th century. Historically women have been the principal caregivers of sick family members, although religious traditions such as Christianity also have contributed to the history of nursing; during the Middle Ages religious orders specifically devoted to caring for the sick and the poor were established. It was not until the 19th century, however, that nursing began to gain recognition as a profession. The British nurse *Florence Nightingale* was instrumental in effecting this change. In 1860 she established the first scientifically based nurses' training school at St. Thomas's Hospital in London. This school became the foundation of most nursing programs throughout the Western world and marked the beginning of the modern development of nursing through its establishment of objective criteria for determining the profession's qualifications.

In the late 20th century educational programs for nurses in many countries were of two types:

1. those that required a combination of academic study and clinical practice, took between two to four years to complete, and led to either a diploma or a degree;
2. those that prepared auxiliary nurses (often called aides or practical nurses), who receive less training and perform less complicated tasks.

In the United States and Canada there is an emphasis on baccalaureate education and a move away from the traditional hospital training program of *Florence Nightingale*. Many nurses choose to specialise in various areas of care such as paediatrics, psychiatry, geriatrics, or critical care. Advanced training for teachers, supervisors, and specialists is also available. Specialised programs for nurse practitioners, clinical nurse specialists, nurse anaesthetists and nurse midwives prepare nurses to undertake certain tasks traditionally carried out by physicians.

Licensing and registration are important in standardising and regulating nursing care. In many countries nurses must pass a licensure examination to be able to practice. Professional organisations such as the American Nurses Association, founded in 1896, formulate standards and administer examinations, provide continuing education and promote desirable legislation for the profession.

Nursing is practised in many settings, such as hospitals, nursing homes, and institutes of people with disabilities, schools, the military, industry, physicians' offices, clinics, and private homes. In a hospital setting nurses may hold different levels of responsibility, from staff nurse to administrator. Nurses may organise a patient's care after leaving the hospital, providing services through outpatient clinics or home care for the terminally ill through hospice programs. Community or public health, nursing involves educating the public on such topics as proper nutrition for pregnant women and methods of disease prevention too. This point shows us, that they are already providing a kind of education by the nurse profession.

2.2. Educational professionals

What is teaching and who is a schoolteacher?

Teaching is the world's biggest profession if we measured it in terms of its members. In the late 20th century it was estimated that there were 30,000,000 teachers throughout the world. Though their roles and functions vary from country to country, the variations are generally greater within a country, than they are between countries. Because the nature of the activities that constitute teaching depends more on the age of the persons being taught, than on any other. It is useful to recognise three subgroups of teachers: primary- or elementary school teachers; secondary-school teachers and university teachers. These three subgroups had in the late 20th century an approximate world-wide ratio of 57 percent, 34 percent, and 9 percent, respectively (data from Britannica Encyclopaedia). The proportions differ by country and continents: in North America for instance, they were 45, 31, and 23; in the former Soviet Union, 82, 7, and 11; and in Africa, 75, 21, and 4.

Brief history of teaching

The entire teaching corps, wherever its members may be located, shares most of the criteria of a profession, namely:

1) a process of formal training,
2) a body of specialised knowledge,
3) a procedure for certifying or validating, membership in the profession,
1) a set of standards of performance - intellectual, practical, and ethical - that is defined and enforced by members of the profession.

Teaching young children and even adolescents could hardly have been called a profession anywhere in the world before the 19th century. It was, instead, an art or a craft in which the relatively young and untrained women and men who held most of the teaching positions "kept school" or "heard lessons" because they had been better-than-average pupils themselves. They had learned the art solely by observing and imitating their own teachers. Only university professors and possibly a few teachers of elite secondary schools would have merited being called members of a profession in the sense that medical doctors, lawyers, or priests were professionals; in some countries even today primary-school teachers may accurately be described as semi-professionals. The dividing line is imprecise. It is useful, therefore, to consider the following questions:

1) What is the status of the profession?
2) What kinds of work are done?
3) How is the profession organised?

If we answer for these, we will find out is the teaching a profession or not.

Social and occupational status of primary-school teachers

A primary-school teacher is generally ranked 3 or 4 on the 7-point scale, on the same level occupied by social workers, office managers, bank clerks, small independent farmers, and foremen. Occupational status in the teaching profession is generally related to the degree of selection involved in obtaining the teaching post and to the amount of training necessary to qualify for it. Throughout the period from about 1850 to 1925, when schooling was becoming universal in the more developed countries, the primary-school teacher had lower status than the teachers of the more advanced schools. Still, there was a good deal of variation between countries. In *Hungary* and Germany, for example, the primary-school teachers were more frequently men than women, and the male Volksschullehrer (in German) had relatively high status. If he taught in a rural school, he usually had a comfortable house adjoining the school and was above peasant landowners in social status. If he taught in a city, he could look forward to becoming the head teacher or school director.

In *Japan* the evolution of the teaching profession has been somewhat similar to that in *Hungary* or Germany. Both countries traditionally have had more men than women teaching in elementary schools, and as late as

1964 only 22 percent of *Japan*'s secondary-school teachers were women. Women were not encouraged to become teachers in Japan until after 1874, when the first Women's Normal School was founded. Both of these countries had several clearly marked status positions within each school level, depending on the amount of training and on seniority.

Now, in a growing number of countries, including e.g. Germany, Hungary, Japan, England and the United States, primary-school teachers must have as much university-level training as secondary-school teachers, and a single salary scale has been established, based on the amount of training and years of experience.

Whatever the status distinctions may be, the teaching profession in general is an important avenue of upward social mobility. Because teaching does not require capital, property, or family connection, it provides a good opportunity for the economic and social advancement of able and ambitious young people.

Within the profession, the degree of status mobility is not great, at least in the primary and secondary schools. A classroom teacher is likely to remain a classroom teacher unless he or she seeks out an administrative post or follows some speciality, such as curriculum work, counselling, or the *therapy and education of handicapped people*.

3. General Issues in the Education of Special Teachers

In nearly all developed countries, courses of the "Special Teacher" category contain three main elements:

1. The first element is the study of one (or more) type of special educational and therapeutical line such as:
    a. the education and therapy of people with intellectual disability (previously known as oligophren-pedagogy),
    b. the education and therapy of people with physical disability (known as somato-pedagogy),
    c. the education and therapy of people with visual disability (known as typhlo-pedagogy),
    d. the education and therapy of people with hearing disability (known as surdo-pedagogy),
    e. the education and therapy of people with speech and language disability (known as logopedics or speech-language pathology)
    f. the education and therapy of children with social- and emotional disabilities (known as psycho-pedagogy) etc.

A second element is the study of special educational principles and basic sciences, increasingly organised in terms of complex and multidimensional science disciplines such as medical science, psychology, sociology, philosophy and ethics.

2. A third element consists of professional practice "on the field of therapy" (like special institutes, hospitals, group homes etc.) and school experience "on the field of teaching".

There is one more important point in the training of special teachers. They may also receive introduction and teaching/therapeutical instruction in the content and methods of subjects other than their own specialities (what is in the primary curriculum of their chosen type), because of overlapping and multiple disabilities.

In some colleges and some universities (like in Hungary), these important elements run parallel to one another, and the student is professionally committed from the outset of his/her course. Elsewhere (like in Germany), the study of educational processes and professional work (including school experience and real therapy) may follow the completion of a period of academic study.

3. **What is the special education and who is a special teacher?**

The special education is the education of children who deviate socially, mentally or physically from the average to such an extent that they require major modifications of usual school practices. The children include the gifted, the mentally retarded, the emotionally disturbed, those with impairments of vision, hearing or speech, and those with orthopaedic and neurological handicaps.

4.1. Brief historical background

Some attention was given to the care and protection of handicapped children shortly after the beginning of the Christian era in Western society, but special education did not truly begin until the 16th century. Pedro Ponce de León successfully taught some deaf pupils in Spain to speak, read and write. It is assumed that Juan Pablo Bonet, who in 1620 published the first book on the subject, followed his methods. This gave rise to a wider interest in the education of the deaf in Europe. In 17th-century England, John Bulwer wrote about teaching the deaf to speak and read the lips. In France a similar work was carried on by Charles-Michel, abbé de l' Epée (1712-89), who made a most profound contribution in developing the natural sign language of the deaf into a systematic and conventional language, to be used as a medium of instruction. His work was developed by the abbé Sicard and gave rise to the manual system or silent method of teaching the deaf. In Germany Samuel Heinicke educated deaf children orally. Later in the 19th century Friedrich Moritz Hill (1805-74) - perhaps one of the greatest educators of the deaf -, developed his method in relation to the concept, that education must relate to the "here and now" principle - known as the natural method. Thus arose the oral method of instruction, that continued to influence the teaching of the deaf and in time became an accepted practice throughout the world. The first *Hungarian* institute for deaf (hearing impaired) opened it's doors in *1802* in the city of Vác.

No really serious attempt was made to educate or to train the blind people until toward the close of the 18th century. Valentin Haüy a Frenchman got the title of the "father and apostle of the blind" afterward, because he opened the National Institution of Blind Youth (Institution Nationale des Jeunes Aveugles) in Paris in 1784, with 12 blind children as his first pupils. News of Haüy's success in teaching these children to read soon spread to other countries. Subsequently, schools for the blind were opened in Liverpool (1791), London (1799), Vienna (1805), Berlin (1806), Amsterdam and Stockholm (1808), Zürich (1809), *Hungary (1827)* and Boston and New York City (1832).

Scientific attempts to educate mentally retarded children began with the efforts of Jean-Marc-Gaspard Itard, a French physician and otologist who was connected with an institution for the deaf. In his classic book "The Wild Boy of Aveyron" (1801), he related his five-year effort to train and educate an 11-year-old boy, who was found running naked and wild in the woods of Aveyron. Later Edouard Séguin in 1848, devised an educational method from Itard work, that used physical and sensory activities to develop the mental processes. This was the first sensory-motor therapy in the history of special education. Séguin's published works influenced for example Maria Montessori, an Italian paediatrician who became an educator and the innovator of a unique method of training young mentally retarded and culturally deprived children in Rome in the 1890's and early 1900's. Self-education through specially designed "didactic materials" for sensory-motor training was the keynote of the system.

In advanced countries in the latter half of the 20th century, special education of the disabled has become universal and in the process there are two concepts about individual differences:

1.) the concept of "inter-individual differences", which compares one child with another,
2.) the concept of "intra-individual differences", which is concerned with how the child's abilities in one area compare with his abilities in other

areas.

The grouping of children in special classes rests on the concept of inter-individual differences, but the instructional procedures for each child are determined by intra-individual differences - that is by his abilities and disabilities.

4. Brief Survey of Diagnostic Patterns in Special Education

Children with a particular kind of disability do not necessarily form a homogeneous group, so diagnosis must go beyond merely classifying the children according to their major deviation. A child with cerebral palsy for example, has a motor disability, but in intelligence s/he may be superior, average or mentally retarded. Hence children with certain labels of impairment - cerebral palsy, deafness or blindness - must be carefully assessed before they can be properly placed in a particular group.

For the gifted (genius) and the mentally retarded, the primary criterion of identification is an individually administered intelligence test. If the child result is high (for the gifted, generally above 125 IQ) or low (for the mentally retarded, below 75), s/he is considered for a special program. Usually psychologists, special teachers and medical doctors form the diagnostical team and in most cases they must certify the child for eligibility for special programs make the determination. In making their assessment, psychologists also take into account other criteria such as school achievement, personality, and the adjustment of the child in the regular grades.

Medical personnel make the evaluation of the problem with orthopaedically and neurologically impaired children. They are assigned to special programs upon the results of orthopaedic or neurological examination. Also in this case the medical doctor makes his decision with supplementary assessment by psychological and educational diagnosticians. Usually psycho-pedagogical diagnosticians, who through educational and psychological diagnostic tests determine the child's potential for learning and his level of achievement, assess children who have learning disabilities. Ancillary diagnoses by medical, psychological and other personnel are considered in the determination of eligibility for special programs and in other kind of programs that are required. Socially and emotionally maladjusted children are generally referred by parents or by regular teachers when they find it difficult to manage the child at home or in school. Psychiatrists and clinical psychologists, together with social workers and educational personnel, determine the children's eligibility for assignment to special programs. If all these professionals would like to understand each other, they have to study each other's profession too.

5.1. Difference between normal and special education

- Patterns of Instructional Adaptation (PIA) -

The goals of special education are similar to the goals for ordinary children, but the techniques for attaining them are different. That is one important reason why a so-called "normal-teacher" cannot provide the appropriate education for these children with different type of disabilities.

For easier understanding: an effort is made for example to teach all exceptional children (except those unable to profit at all from school experience) to read. Let's see these exceptional groups in small details:

a.) Most gifted (genius) children have little difficulty in learning to read and many of them having learned to read at home before entering the first grade.

b.) Children with intellectual disability, on the other hand, obviously require prolonged periods of more intensive and more individualised instruction, which includes more techniques to maintain interest, more active participation and much

repetition of similar material in varied form.

c.) Children with severe sensory disability (e.g. deaf and blind) must learn how to use other sense modalities. In some countries children with hearing impairment (deaf) learn to read through a visual method not involving the sense of hearing. The visually impaired (blind) learn to read by Braille-point system through the tactile and kinaesthetic sense.

The inability to read well inhibits other educational endeavours. Special techniques involve learning to speak by kinaesthetic and visual methods, learning to "hear" others through lip-reading and learning to read by special visual techniques to compensate for their deficiency in oral language. This groups above shows us the necessity of specially trained teachers in the special educational institutes and schools. In the next part we make a short explanation about what is the difference in each groups to prove the importance of special educational training for teachers in the special schools or who teach them in normal schools.

Hearing Impairment

For several centuries, the major controversy in the education of the deaf has been whether to use manual or oral methods to educate the deaf. There are thus some schools that teach primarily by the oral method (speech and speech reading, e.g. in Hungary) without the use of manual language and some that educate by a combination of oral and manual methods (e.g. Austria).

There is no major controversy about the education of the *hard-of-hearing*. These children are generally educated in regular classes with ordinary children, but receive special instruction from visiting teachers in auditory training and the use of hearing aids, speech correction, and speech reading.

Visual Impairment

Children with visual impairment are educated through the sense of hearing and the use of the tactile sense. Books are prepared in Braille, a code of embossed dots over which the blind person runs his fingers and translates the sequences of dots into meaning - much in the same manner as the average person translates sequences of seen letters into meaning. Many textbooks, much literary material, and quantities of information are also transcribed onto tapes and records for them. Mobility training has been developed to the point that it is being widely used to help them to move comfortably in their environment by using senses other than vision. *Partially seeing* children, on the other hand, are educated primarily through the visual, auditory, and haptic (touch) senses, using magnification of their limited sight, training of visual perception, and utilisation of various large-type printing.

Motor-disability

For children who have *motor disability*, in most countries the required academic adjustments are minimal, unless the child has additional problems such as learning disabilities, mental retardation, or speech problems (which are often found among them). Physically disabled children learn like other children and they can follow the same classroom materials. Special techniques are necessary, however, to help such children to adapt to their environment and to adapt the environment to their disability. Wheelchairs, modified desks and other apparatus aid the child in mobility and the manipulation of classroom materials. One of the most important aspects of the education of the child with *motor disability* is attitudinal - that is, preparing the child for adapting to the world outside the classroom and facing his handicap in such a way as to permit him to lead a "relatively" normal life.

Learning and speech disorders

Children with *learning disabilities* and those with *speech defects* require highly specialised techniques, usually on an individual basis. A speech-language pathologist or other name so-called logopedist makes this therapeutical job.

Social- and emotional disorders

For children with *social and emotional problems*, special therapeutic and clinical services may be

provided. Psychotherapy and behaviour therapy by clinical psychologists, social workers and psychiatrists are generally a part of the educational program. Academic teachers in these classes stress personality development, social adjustment and habits of interpersonal relations. With this group of children, these factors are prerequisite to academic achievement. Academic work is, however, sometimes therapeutic in itself and is promoted as much as possible.

5.2. Grouping patterns in Special Education

The most common organisation that serves the majority of disabled children has been the self-contained "special class" in either public or privately operated school systems. Special classes for the gifted, for the mentally retarded, for the deaf and the hard-of-hearing, for the blind and the partially sighted and for other children with disabilities are found in school systems throughout the world. This type of organisation allows the child to live at home and often to attend a neighbourhood school that has organised a special class.

Within the regular school, children who have speech problems, learning disabilities and other special needs are usually given tutoring by specially trained personnel – the special teacher. Such children are able to attend regular classes, but also receive special help for short periods each day or several times a week to help correct their special disability. Special teachers teach children who are homebound and cannot attend school at home (we call them travel-teachers).

"Residential schools" enrol disabled children for 24 hours a day and are usually attended by children who cannot obtain services in their community for any one of various reasons. Sometimes the services are simply not available; sometimes the severity of the disability makes it difficult to adjust in a day school or special class. Sometimes the children are dependent or the parents find that keeping the child at home creates problems for the rest of the family, or the environment does not provide sufficient help for the child himself.

5. Conclusion

One of the major goals of special education (beyond developing skills and imparting information) is the *ultimate adjustment* of the person with disability to the general society of non-disabled individuals. This goal has created a problem in the organisation of special classes and schools. One frequent criticism of special-education programs is that they tend to segregate children with others of their own kind. Currently, efforts are being made to organise programs that integrate these children with average children. For the gifted, special programs of enrichment and acceleration are increasingly preferred to special classes. Resource rooms for those impaired in sight or hearing make it possible to retain the child in the regular grades for part of the day. The older educable mentally retarded can be assigned to regular workshops, physical education classes, home economics classes, and other non-academic classes for part of the day. Similar adjustments in programs are used for other disabled children. The eventual goal is to adjust these children to the larger society of non-handicapped before they leave school. But all these efforts could take place if all these children and adults have their special educational background. This could be managed by specially trained teachers, who are possessing both medical and special educational knowledge in order to understand the needs of these children.