Interdisciplinary Contexts of Special Pedagogy
NUMBER 16/2017

IWONA KONIECZNA, KATARZYNA SMOLIŃSKA
The Maria Grzegorzewska Pedagogical University, Warsaw

Effective Supporting of a "Different" – Considerations on the Developmental Determinants of Therapeutic Teams

ABSTRACT: Iwona Konieczna, Katarzyna Smolińska, *Effective Supporting of a "Different" – Considerations on the Developmental Determinants of Therapeutic Teams*. Interdisciplinary Contexts of Special Pedagogy, No. 16, Poznań 2017. Pp. 93-107. Adam Mickiewicz University Press. ISSN 2300-391X

This paper will try to present the developmental determinants of multi-specialist therapeutic teams which support people with disability (from multi- to transdisciplinary model of therapeutic teams).

The developmental analysis of therapeutic teams will include formal, legal, organizational and theoretical aspects (basing on the professional competencies development theory by Stefan Kwiatkowski).

KEY WORDS: therapeutic teams, competencies of therapeutic teams, development, stagnation, competencies regression

Introduction

Being different, or *Otherness*, is often identified with strangeness, which is a universal variant used for ages to describe and organize the social world. This concept contains a certain duality in meaning. Namely, it refers to the similarity, being identical, remaining invariably the same. When talking of *otherness*, one should men-

tion its two basic dimensions: individual and social. In the first case, *otherness* indicates 'being someone' in a lasting and distinct way; 'embedded' in place and time. The second meaning refers to social identification, identifying oneself with someone or something.

The concept of *otherness* may be understood in many ways and used in various contexts and meanings, for example to distinguish between sexes, generations, nationalities, religions[1], as well as in the area of disability.

In the literature concerning pedagogy, the ambiguous nature of the concept of 'otherness' is often mentioned. *Otherness* may be the basis for identifying differences between individuals or groups that may be perceived in a different way in the social dimension. It is worth noting that the way of perceiving things is not always tantamount to attributing negative value, which causes negative attitudes and evaluations[2]. *Otherness* as a kind of diversity is considered a certain norm and value in the social dimension.

Activities aimed at supporting a *Different* have a long tradition, which manifests itself in various forms. These activities include direct rehabilitation and treatment services, various social benefits, workstation organization, as well as cultural, educational and sports activities.

The outlined approach to the rehabilitation process is clearly established on the grounds of special pedagogy, although it also refers to other fields of science, thus delivering interdisciplinary values. At the same time, it is an attempt to answer the question of the essence of practical solutions to the problem of help and assistance in relation to people with reduced fitness[3].

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[1] R. Kapuściński, *Ten Inny,* Wydawnictwo Znak, Kraków 2006, p. 9.

[2] K. D. Rzedzicka, *Nauczycielska relacja z Innym w pedagogice specjalnej*, [in:], *Pedagogika specjalna szansą na realizację potrzeb osób z odchyleniami od normy,* eds. W. Dykcik, Cz. Kosakowski, J. Kuczyńska-Kwapisz Wydawnictwo Naukowe PTP, Olsztyn – Poznań – Warszawa 2009, pp. 144-145.

[3] J. Sowa, Znaczenie procesu instytucji wspomagających proces rehabilitacji, *Szkoła Specjalna*, No. 3 (220), Vol. LXIV, 2003, pp. 136-147.

A therapeutic team is a group of qualified people whose primary task is to collaborate with each other so that the team could carry out individually varied therapeutic goals consisting in supporting a *Different*. In the cooperation of individuals, it is extremely important to take informed responsibility for the actions taken. Another vital issue is the efficient flow of information, as well as the accuracy and reliability in proving it to each other. This allows the team members to carry out systematic assessment and evaluation of jointly defined therapeutic goals in the context of supporting individuals and/or groups.

The assumptions concerning the cooperation within the therapeutic team are also related to the awareness of the individual team members of the fact that it is also their responsibility to induce the *Different* to cooperate with individual specialists and develop in him or her the motivation to take part in the process of rehabilitation in its broad sense[4].

The therapeutic team builds various relationships with the *Different*. This is due to certain individual characteristics of each person. It must be remembered that any contact with the supported person will not be of a therapeutic relationship nature. It may be that it remains an instrumental and mechanically established contact. The condition to avoid that is that both parties (the specialist and the *Different*) need to actively participate in mutual contact and determine together the direction of the resulting relationship. This activity is a process that requires active participation of the *Different*.

Formal and legal conditions of therapeutic teams functioning

Supporting people with disabilities is a deliberate, organized, individually differentiated and systematically implemented process.

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[4] E. Wilczek-Rużyczka, *Komunikowanie się z chorym psychicznie*, Wydawnictwo Czelej, Sp. z o.o., Lublin 2007, p. 35.

In its formal sense, it begins after a nosologic diagnosis and a diagnosis of a disability, which results in the issuance of a valid document confirming the disability (e.g. a decision on the need for special education, a decision on the need for revalidation and education programme activities, a disability degree certificate). The document entitles its holder with a disability to benefit from specialized services. It should be emphasized that the process of providing support starts at different times and lasts throughout life.

Supporting a *Different* in Poland is still not organized in the form of a coherent system, which means that it is implemented by various authorities. As a consequence, legal regulations concerning the functioning of therapeutic teams are much varied.

In educational law, regulations concerning the organization and functioning of therapeutic teams are stipulated for example in the following documents: Regulation of the Minister of National Education on the provision of early childhood development support of 11 October 2013 and 3 March 2009 (Journal of Laws Item 1257 of 11 October 2013, and Item 133 of 3 February 2009); Regulation of the Minister of National Education on the conditions of organizing teaching, education and care for disabled children and youth, socially maladjusted and threatened with social maladjustment of 24 July 2015 (Journal of Laws Item 1133). The creation of therapeutic teams is noticeable already at the stage of early childhood development support. The composition and scope of the team's activities are determined by the Regulation of the Minister of National Education on the organization of early childhood development support[5]. The key role of the team in preparing multi-disciplinary evaluation of the child's level of functioning, as well as in the development of an individual educational and therapeutic programme, is defined by the Regulation of the Minister of National Education on the conditions of organizing teaching, education and care for disabled chil-

[5] Regulation of the Minister of National Education Regulation of the Minister of National Education on organising early childhood development support of 11 October 2013 and 3 March 2009 (Journal of Laws Item 1257 of 11 October 2013 and Journal of Laws Item 133 of 3 February 2009).

dren and youth, socially maladjusted and threatened with social maladjustment[6].

What is important in the process of social and occupational rehabilitation is the activity of the therapeutic team as the Programme Committee (composed of a manager, occupational therapists, rehabilitation and revalidation specialists, and a psychologist), whose main task is to develop annual individual rehabilitation programmes for each participant. The task is strictly defined by the Regulation of the Minister of Economy, Labour and Social Policy of 25 March 2004 on occupational therapy workshops[7].

In medical institutions, on the other hand, the work of the teams is regulated by legal acts relating to the functioning of hospitals, preventoria, mental health clinics and sanatoriums. Those acts include e.g. the Act of 15 April 2011 on medical activity[8]; Regulation of the Minister of Health of 21 December 2010 on the types, scope and templates of medical documentation and the methods of processing it[9]; the Act of 27 August 2004 on the public funding of healthcare[10]; Regulation of the Minister of Health of 27 December 2007 on the method and criteria for determining the acceptable waiting time for selected healthcare services[11]; Regulation of the

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[6] Regulation of the Minister of National Education on the conditions of organizing teaching, education and care for disabled children and youth, socially maladjusted and threatened with social maladjustment of 24 July 2015 (Journal of Laws Item 1113).

[7] Regulation of the Minister of Economy, Labour and Social Policy of 25 March 2004 on occupational therapy workshops (Journal of Laws No. 63, Items 586 and 587).

[8] Act of 15 April 2011 on medical activity (Journal of Laws of 15 February 2013, Item 217, as amended).

[9] Regulation of the Minister of Health of 21 December 2010 on the types and scope of medical documentation and the methods of processing it (Journal of Laws of 29 December 2010, No. 252, Item 1697).

[10] Act of 27 August 2004 on healthcare services financed from public funds (Journal of Laws of 11 September 2008, No. 164, Item 1027, as amended).

[11] Regulation of the Minister of Health of 27 December 2007 on the method and criteria for determining the acceptable waiting time for selected healthcare services (Journal of Laws of 31 December 2007 No. 250, Item 1884).

Minister of Health of 29 August 2009 on the guaranteed primary healthcare benefits[12]. It should be emphasized that the detailed scope and organization of activities of medical institutions, including the teams of specialists, are laid down by internal procedures as well as the statutes of the medical institutions concerned.

Development of the competencies of therapeutic teams

The concept of competence is discussed in a variety of ways and analyzed on many various levels of meaning. In this article we follow the definition in which the term *competence* (Latin: *competentia*) is defined as 'the ability and willingness of an entity to perform tasks at a certain level; it appears as a result of integrating knowledge, large number of minor skills and the ability to valuate.' Competencies are defined as: (1) the basis of the performance effectiveness, (2) the condition of constructing the psychosocial identity of an individual, (3) the ability of acting in a reflective way, (4) the condition of distancing understanding, (5) the potential of the an emancipatory action[13].

The general definition of the competence development refers to the 'long-term process of targeted changes, in which the successive stages of transformation of a given object can be appropriately distinguished, demonstrating the apparent diversity of this object in specific terms,' or 'the process of directional transformations, in which the objects transform from simpler and less perfect forms or states to more complex forms or states that are more perfect in specific terms[14].'

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[12] Regulation of the Minister of Health of 29 August 2009 on the guaranteed primary healthcare benefits (Journal of Laws of 31 August 2009, No. 139, Item 1139).

[13] H. Kwiatkowska, *Pedeutologia,* Wydawnictwa Akademickie i Profesjonalne, Warszawa 2008.

J. Szempruch, *Kompetencja komunikacyjna nauczycieli w działaniach edukacyjnych*, [in:] *Edukacja jutra. Aspekty wychowania i kształcenia we współczesnej szkole*, eds. A. Kamińska, P. Oleśniewicz, Oficyna Wydawnicza Humanitas, Sosnowiec 2016, pp. 277-289.

[14] Ecyklopedia, PWN, Warszawa 1996, p. 616.

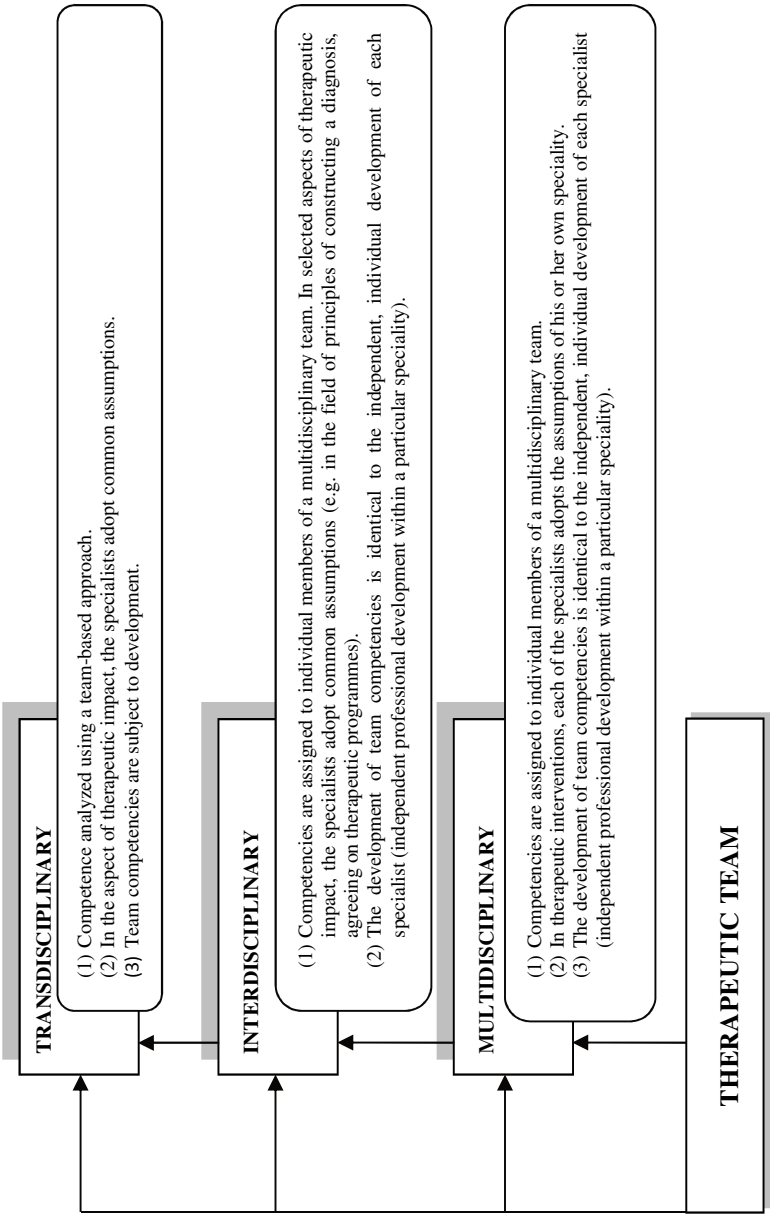

Diagram 1. Development of therapeutic teams in the context of therapeutic competences

Taking into account the criterion of organization and functioning of individual therapeutic teams supporting the *Different*, one can distinguish three basic team models: multidisciplinary, interdisciplinary, and transdisciplinary team model (Diagram 1).

In a multidisciplinary therapeutic team, each specialist performs the tasks according to his or her qualifications. This means that s/he prepares a diagnosis (e.g. speech therapy diagnosis, psychological diagnosis), develops a separate plan to support a person/child with a disability, and meets the child's parents/guardians. In the specialist's professional activities, s/he only considers his or her own specialization, which also determines taking responsibility only for his or her 'own plan' of action, accomplished in accordance with his or her area of interests and competencies. What is significant is the fact that the ways in which team members communicate are of informal character. As far as the basic theoretical assumptions are concerned, in the multidisciplinary model each specialist takes on the assumptions of his or her own field and pursues independent professional development within the field.

The multidisciplinary model is considered to be the most traditional construct, implemented in healthcare clinics and in psychological and pedagogical counselling. As far as the imperfections within the model are concerned, the fact that the functional diagnosis and the resulting recommendations may be completely unsuited to the actual needs of the *Different* is emphasized.

In the interdisciplinary therapeutic model, each of the team members also makes a diagnosis according to his or her speciality. As compared to the previously analysed team, this one is fundamentally different in the area of preparation and implementation of programmes and responsibility for their effects. It is worth pointing out here that individual specialists agree with one another their plans for working with the *Different*, which results in the fact that the responsibility in the area of the collected information concerns both the responsibility for the proposal of one's own activities and for the common goals developed during the meetings. It also means that specialists within a specific team carry out not only their own

parts of the plan, but also incorporate in it the generally accepted assumptions of all specialists, determined in the process of irregular meetings at which the so-called 'case study' is carried out. In the presented model of teams functioning, parents meet each specialists individually, or a representative of the entire team. Most often, team development takes place in such a way that its individual members undergo independent professional development in relation to others, enriching their competence with the skills from other areas that may become useful.

Maria Piszczek[15] claims that it is a model in which care and educational facilities for children and young people with disabilities operate. However, it may be noticed that specialists raise a number of comments and objections to the diagnoses made, as well as to the guidance provided in relation to the specialists that work using the multidisciplinary model. The constructed image of the *Different* is a more holistic image, while the hypotheses verified in practical terms assume making mistakes to a limited extent only, which directly translates into the construction of appropriate support programmes.

The transdisciplinary team assumes that all specialists in a particular team, including parents treated as fully-fledged and active members, will provide a common diagnosis and that they will jointly develop one common plan of work with the *Different*, taking into account the needs of a family. When analysing the diagnostic process in which all members participate, one needs to mention the activities focused on the selection of one person to perform the so-called inventory of the environment in which the *Different* is staying and to identify the necessary activities and skills the possession of which will allow the *Different* to function effectively in this particular environment. Each of the specialists has access to the inventory and introduces his or her suggestions to optimize the functioning of

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[15] M. Piszczek, Różne modele funkcjonowania zespołu specjalistów odpowiedzialnych za diagnozę i edukację dzieci głębiej upośledzonych umysłowo, *Rewalidacja*, No. 1(7), 2002, pp. 90-112.

the *Different*. At a later stage, the team diagnoses functional skills through the use of specific diagnostic methods and techniques. The next step is to determine the type and extent of support, and to formulate the objectives of specific activities based on common assumptions.

All implementers of the individual programme take responsibility for its execution. It is worth pointing out here that in this model a person is appointed who implements the plan together with the parents. The teams hold regular meetings of all their members at which it is possible to exchange experience (information, knowledge and skills). Each specialist, if necessary, can cross the boundaries of other specialists' scope of activity, which promotes the expansion of individual competence, but also improves the work of the entire team. The transdisciplinary model has been implemented in numerous West European countries for many years. Its gradual introduction in Polish healthcare institutions has also been recently noticed.

Competencies of a therapeutic team from the perspective of the Stefan Kwiatkowski's theory of professional competence development

Stefan Kwiatkowski proposed a theory of professional development that takes into account the dynamics of changes in professional competencies. According to the theory, the development of competencies may be analyzed in the context of changes in knowledge, skills and social competence. They can be discussed in three ways, i.e. from the perspective of: (1) development – the increase in knowledge, skills and social competence; (2) stagnation – the lack of increase in knowledge, skills and social competence; (3) recession – the loss of knowledge, skills and social competence[16].

[16] S. Kwiatkowski, Rozwój kompetencji zawodowych w procesie pracy, *Szkoła. Zawód. Praca,* No. 12/2016, p. 14.

In each of the descriptions there is an increase, a lack of increase, or a decrease in knowledge, skills and social competence.

The development of professional competence can be linear or irregular, and it is analyzed in the context of a systematic increase in knowledge, skills and social competence[17]. The development is conditioned by edno- and exogenous factors, both on the individual level (aspirations and capabilities of the team members) as well as on the group one. In principle, the development of therapeutic team competencies is a result of internal conditions that depend on the individual team members, and external conditions that are determined by the institution.

In the multidisciplinary and interdisciplinary model, the development of team competencies can be identified with the independent individual development of each specialist, which means only that it is an independent professional development within a particular speciality. The specialist – member of the team develops expanding his or her knowledge, and improving his or her skills and social competencies, i.e. the soft skills. Any competence of any specialist may be in the process of development, stagnation or regression. Various compilations may arise here. The thing is that when the development of individual team members is independent and planned by them rather than by the teams or team coordinators, it is still in line with the needs of the team. In such case one can assume that in a way the team develops, although the development is unplanned which arises as an additional benefit.

In the case of a transdisciplinary team, the team competencies develop, which means that the planned development of competencies requires the diagnosis of the needs arising from the team's core tasks, as well as from the team members' abilities, while taking into account current and potential tasks of the team and planning educational activities on that basis; in such case, the development is linear and it concerns all team members. Still, it does not necessarily have to be in line with their professions. It is worth emphasizing once

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[17] S. Kwiatkowski, Rozwój kompetencji zawodowych w procesie pracy, *Szkoła. Zawód. Praca*, No. 12/2016, p. 16.

again that in the transdisciplinary model the boundaries between specialities are crossed.

It is also important to diagnose which competencies in the team are needed, and it needs to be remembered as well that the competencies of the team may be in the process of development, stagnation or regression. If so, it needs to be determined for what reason the competencies are in a given process, taking into account the area of knowledge, skills or social competence. Moreover, external factors are also important in the development of therapeutic teams, which may include the possibilities offered by the institution in which the team operates; in such case, the development is of irregular nature.

Considering the fact that the development of the therapeutic team competencies also depends on external factors such as the organization of work in the institution, it is worth paying attention to the important features of such an institution, among which the following variables can be distinguished: (1) institution size; (2) working methods used; (3) economic situation; (4) management awareness. Depending on the circumstances and individual factors, the processes of stagnation or regression in the functioning of therapeutic teams in the process of supporting the *Different* may take place.

The fact that in addition to the periods/stages of development also the periods/stages of stagnation and regression occur is an entirely normal situation in the work of therapeutic teams. In the stages, time plays a vital role. Prolonged stagnation, and all the more the regression in the work of a therapeutic team does not help in supporting the *Different*. When analyzing the development of the therapeutic team competencies, it is interesting to investigate the factors that cause stagnation or regression of particular competencies in the field of knowledge, skills and social competence. As far as knowledge is concerned, it may be concluded that during the long-term implementation of typical and repetitive tasks in the work of the team the knowledge previously acquired by individual team members becomes disintegrated. Similar changes may occur in the area of skills, since the development of skills requires new tasks with increased difficulty and complexity, and if this condition is not

met in the work of the therapeutic team, we can expect the risk of stagnation and even regression. When analyzing the issue of social competence, it is worth emphasizing that it is one of the permanent components, as it largely depends on the individual characteristics of individual therapeutic team members.

Individual aspirations of particular members of the therapeutic team influence the external conditions discussed above, since the low level of aspiration, even with the most favourable arrangement of the abovementioned variables, hinders or slows down the development of the entire team in supporting the *Different*.

Conclusion

In the development of the therapeutic team competencies, it seems vital for the representatives (specialists) of particular disciplines to define a common goal. As a result, the work in therapeutic teams composed of the representatives of various specialities, offers the possibility to take into account many points of view concerning the achieved successes, as well as revealed difficulties, which makes it possible for the team members to develop common standards of work, and thus support the *Different* in to the greatest possible extent. The organizational skills, cooperation and professionalism of the therapeutic teams must not be considered as an individualized set of competencies, but it should function as an organizational element being an element of functioning of a given institution. The ability and readiness to improve one's skills, and the willingness to share the skills with others, are one of the most important components of the team development.

In numerous institutions it can be observed that individual specialists are still 'locked up in the drawer' of their own specializations. This is evidenced by the lack of initiatives to create joint transdisciplinary projects that go beyond individual areas of interest.

In situations where teamwork is necessary, individual members may be reluctant to cooperate. The reasons for this include the per-

ception of the need for changes in the current and routine behaviour, which requires individual members to modify their schematic behaviour and engage in the creation of new working standards. Moreover, the accompanying anxiety may manifest itself in the specialists' perceiving their own incompetence in a given field. The conviction that teamwork serves no purpose except creating the appearances of democracy and equality of individual team members, which arises from individual experience, may hinder the organization of work in the team. Team members that cooperate with each other and the results achieved in the assessment of individual team members do not necessarily serve to support the *Different*. What is additionally disturbing is the fact that informal leaders who gain authority of some specialists emerge as a result of teamwork. This determines the change of the current structure of the team, resulting in difficulties in the efficient management of the team, especially when team members are opponents of the current leader. Taking into account the organizational and legal conditions of the team's operation, it is possible that some of its members may treat their work for the team as compulsion and necessity. The persistence of this situation for a long time may lead to the professional burnout syndrome in team members. This affects not only the effectiveness of supporting the *Different*, but also results in the lack of interest in the presentation of teamwork results by other team members. However, even those specialists who are involved in teamwork do not share their feelings with others, as they are afraid that they may be criticised by their colleagues and that they will be overburdened with additional work aimed at improving the neglected area of activity of another specialist in the team.

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