

DIDACTIC METHODS FOCUSED ON REEDUCATION AND DEVELOPMENT OF INDIVIDUALS

METODY DYDAKTYCZNE KONCENTRUJĄCE SIĘ NA REEDUKACJI I ROZWOJU OSOBISTYM

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SUMMARY

The following article provides a comprehensive description of didactic methods that can be employed by a nurse taking role of an educator in the process of reeducation and development of individuals. Their effective usage is determined by a nurse's qualifications and experience. The author of the article focuses and elaborates on protective – educational methods, reconstructive – educational methods, experience – educational methods, interventional educational methods, educational methods of positive acquisition, case study methods, exemplification methods, therapeutic methods (play therapy, work and activity therapy). In addition the concept of reeducation and its objectives are explained. The author also stresses the importance of relationship and interaction between a child and his/her parents for the child's physical, emotional and intellectual development. A nurse may contribute to this process by educating parents and offering professional support and advice especially to parents of handicapped children.

Key words: didactic methods, reeducation, handicapped children.

STRESZCZENIE

Niniejszy artykuł zawiera wyczerpujący opis metod dydaktycznych, które mogą zostać wykorzystane przez pielęgniarki w roli edukatora w procesie reedukacji i rozwoju jednostek. Ich efektywne wykorzystanie zależy od kwalifikacji pielęgniarek i ich doświadczenia. Autorka artykułu skupia się na rozwoju metod ochronnych nauczania – metody edukacyjne, rekonstrukcyjnych – metody wychowawcze, opartych na doświadczeniu – metody wychowawcze, interwencyjnych metod wychowawczych, edukacyjnych metod pozytywnych, metody studium przypadku, metody egzemplifikacji, metody leczenia (terapii zabawą, pracą i działalnością terapeutyczną). Ponadto wyjaśnione zostało pojęcie reedukacji i jej cele.

Autorka podkreśla znaczenie relacji i interakcji między dzieckiem – jego rozwojem fizycznym, emocjonalnym i intelektualnym a jego rodzicami. Pielęgniarki mogą przyczynić się do tego procesu poprzez edukację rodziców i oferowanie im profesjonalnego wsparcia i doradztwa, w szczególności wobec rodziców dzieci niepełnosprawnych.

Słowa kluczowe: metody dydaktyczne, reedukacja, dzieci niepełnosprawne.

INTRODUCTION

Humanization of education brings good opportunities to use alternative didactic methods. Their implementation and use depend on the knowledge and experience of a nurse – the educator who is able to apply knowledge from various educational approaches in nursing.

Besides all known methods commonly used in education and so called human sciences, or fields of science focused on humans, in development of individuals also therapeutic methods are used. These methods may be used mostly in reeducation, as well as in psychiatric nursing and community nursing.

These methods can be divided into protective – educational methods, reconstructive – educational methods, experience – educational methods, interventional educational methods, educational methods of positive acquisition, case study methods, exemplification methods and play therapy.

Reeducation is an education that is continuing, developing and rehabilitating.

It connects previous knowledge, includes revision and provides further information owing to changing conditions [1]. Reeducation can be carried out using different, also alternative methods, various principles, forms and means. Through reeducation it is possible to achieve changes in behaviour of an individual and

changes in social area. Our aim in education is to achieve positive changes which means higher quality of life of threatened individuals and thus positive changes throughout the society.

Protective – educational methods

Protective – educational methods are based on positive contact between a child and an adult, or ill or disadvantaged person and his family member, special pedagogue or therapeutic pedagogue, nurse and the individual. An emotional bond, support, friendship is created when a nurse helps to create a relationship based on trust in protection and help to be provided by a supporting person. These methods are used in taking care of individuals coming from environment with limited or no stimuli and in a special form in geriatric, psychiatric and community nursing.

One of the protective methods is e.g. educational supervision provided by a professional for individuals or their family member – supporting persons in case of violating basic care, therapeutic or nursing regime or other preventive measures. If the reason for educational supervision over a family or the underaged is ensuring proper care of an adult responsible person (education, food, hygiene, etc.), educational supervision may be qualified as a protective method. On the basis of cooperation with social workers, social benefits that aim to fulfil family economical needs and thus prevent pathological processes in the family could be also qualified as a protective method.

Reconstructive – educational methods

Reconstructive – educational methods are focused mainly on family as a social unit. The aim of education is to reconstruct and fix relationships within a family. Reconstructive methods are supposed to help mutual communication between all family members, to establish their own rules, to build up a family system and find new opportunities to contact other people outside the family. These methods are used e.g. in the case of long-term separation of one of the parents (in the case of alcoholism treatment, prison sentence, etc.) and their return to families. Nurses may team up with other specialists to provide holistic approach to individuals and their families.

These methods are focused mainly on the area of family climate, cooperation and family atmosphere. A special pedagogue or a therapeutic pedagogue in cooperation with a psychologist or a social worker can use these methods when working with young, quite personally immature married couples who are not ready to undertake the roles of parents, husband, wife, caretaker, etc.

Experience didactic method of education

Experience didactic method is based on positive experiences that would be a source of something new, encouraging for a disabled, old, endangered or ill individual and thus creates a battery of positive experiences, memories, builds a new image of oneself that leads to self-acceptance, strengthening actions of will, etc. This method may be implemented in the form of clubs, organised meetings, trips, etc. It is suitable in all educational range. As for nursing, it fits the needs in geriatric and neurology nursing (e.g. patients with Alzheimer disease, dementia, etc.). It is important for individuals to change the way they perceive themselves. They can also be used when working with neglected, maltreated and abused children where these methods are proper supplement to some of recommended therapies and the aim is to “replace“ negative frustrating experiences with new, encouraging, and positive ones.

Didactic educational methods of intervention

Interventional methods intervene into the life of family or individual. These methods aim to support, reinforce a family or individual, also to encourage ability to cope with reality emerging from problematic situations caused by altered health status and illness. Short-term direct help in the situation which an individual or family is not able to handle on their own may also be part of interventional methods.

Methods of intervention also include most up-to-date methods based on direct intervention of a nurse into a family. These methods are inspired by everyday life reality. A nurse observes interpersonal communication within the family, family members' status, mutual acceptance rate, etc. Then in cooperation with all persons concerned, she takes part in evaluation, looking for causes of impaired family relationship and searching for solutions.

Didactic method of positive acquisition

Didactic method of positive acquisition is, in special and therapeutic pedagogy as well as in other areas of education (e.g. in nursing), focused on stimulation of useful, beneficial, enriching activities for an individual. M. Hornáková feels that this method is the one that “stimulates useful and self-satisfying activities through developing hobbies, social feelings, adequate self-evaluation and defining life orientation [2].

Case study methods

Case study methods are based on confronting a certain situation which is a problem of its own. Bringing about problematic situations in education makes it possible to vary different approaches to

solve the situation and prepares people how to solve a stressful situation within discussion. These methods or case methods respectively are used differently in nursing (e.g. psychiatric nursing), psychology, pedagogy and social work. In pedagogy they are classified as preventive methods that aim to prepare individuals for solving a possible conflict situation in advance. In psychology, this method is used for removing negative consequences of real problematic situation connected with e.g. abuse. Case study methods have four stages: “preparation and presentation of situation, its analysis, discussion and conclusions” [3].

Preparation stage (reports, notifications, memoranda, witness reports, etc.) is considered one of the most difficult case study stages.

Didactic methods of exemplification in education

Didactic methods of exemplification of education are non-traditional methods where examples and contrasts, or patterns and anti patterns help to introduce certain behaviour patterns. As J. Grác states “exemplification means effect of example as a means or method of interpersonal influence that can significantly change or form relationship” [4]. Nurses should thus set a positive example for individuals concerned.

A classical example of identification according to Atkinson [5] is identification of a child with its parents. Besides understanding positive examples exemplification premises the ability to tune up to selected example emotionally and to transmit this example. This method should result in a stronger desirable behaviour pattern. Exemplification has its own spontaneous form that contains risk of adapting negative, antisocial behaviour patterns. These may include e.g. aggressive father, indifferent mother, negative TV screen or comic book heroes, etc. [6].

Therapeutic educational methods

Therapeutic educational methods are specifically based on preventive, therapeutic and educational help to individuals. Nurses may be part of a team of specialists and thus cooperate in early diagnostics and act when difficulties in education occur. Education, therapy and educational care about endangered, ill, disabled people are of great importance; all that enables to obtain a positive change by learning and various methods of work or activity therapies. The aim of therapeutic educational methods is to learn to live with an illness, disease, handicap and to seek a new meaning of life.

These didactic educational methods in endangered, ill and disabled people follow therapeutic and educational influence in difficulties in education and are implemented as a form of intensive educa-

tional help focused on obtaining maximum possible self-competence in life situations, relationships and values and in the sense of prevention in healthy individuals. Educational activity can be perceived in two ways. It can be seen as all educational help with development to self-determination, social integration or inclusion. In a narrow sense it can be defined as forms of intensive educational help. Pedagogical influence should support holistic approach to all individuals with no exception. This influence is based on steady relationship and it is all about creating specific educational situations that allow individuals to mature and change in a positive way. Education thus becomes a therapy, as it improves overall status of individuals in life and social situations. Proper relationship between a nurse and an individual and their family as well as education lead to building up self-competence of their client. This may be seen in accepting other people, understanding people in their knowable reality, nearness and empathy, trust and optimism.

General tasks when implementing above mentioned educational methods emerge from practical problems of people. All forms serve as prevention to prevent disturbance. Education is led towards positive relation to health or immediate status by means of aimed educational measures to change attitudes, understanding as well as physical, psychical, spiritual, and social development and life conditions enhancement. Educational methods are focused also on social integration. A nurse tries to achieve, by means of social integration, mutual positive influence on relationships and to create conditions for their flexibility at work and in society. Team cooperation offers help with solving problems and crisis in order to achieve the highest possible rate of independence and self-realization. Status of individuals and groups can be normalised by eliminating their isolation and following integration into society so that quality of their life and orientation in the environment and the world around them (space, time, things, and relationships) may get better. These methods are used by educator to develop interest, readiness, to direct his educants' activity, to create trust, develop self-esteem, relationships and healthy self-conceptualization. It is difficult for persons in education to learn how to understand connectivity, solve problems, recognise values, and create perspectives and search for the meaning of life in those difficult and challenging situations. It takes time and physical disposition to mediate social experiences and continuous help and support for individuals and their families. Tasks connected with implementation of such didactic educational methods call for knowledge and skills from evolutionary, educational and process diagnostics. Certain skills and experience

are required in planning, organizing and implementing individual or group sessions, basal stimulation, reception stimulation, communication and relaxation.

Proper special pedagogical and psychological preparation of nurses may widen competences of nurses so that they would be able to help all individuals with no exception; it also means those who are taken care of by different people and specialists outside the health service field (very often philanthropists with personal experience). Nurses should become a main team coordinator and be able to give proper advice to individuals and their family members who to consult with different problems. Thus a nurse should combine all new information and a new strategic plan is made and real team cooperation of all concerned persons is carried out.

Planning and organisation in the home environment of an individual should be absolutely natural as well as the ability to create individual or group therapeutic and pedagogical program using the methods of active and creative therapies. The field of education should also include elaboration and implementation of special therapeutic and educational programs for individuals with serious developmental disorders or other specific disorders with elaboration of possible help to solve practical problems, e.g. caring about oneself, independence, to solve conflict in everyday life, to form perspective life orientation, as well as counselling and help to relatives or searching for further sources of help.

Further qualitative development of education in future will be achieved also by means of education and self-education, or in specialization in the field of aimed exercises, work and activity therapies, plays, drama therapy, art therapy, psychomotoric therapy, music therapy and bibliotherapy. Activities helping individuals also include stimulation and development programs with emphasis on relationships and procedures used. Suitable methods of pedagogical help in these cases are:

- method of offering actual stimuli (reception, motorics, speech, thinking, emotional and social life with aim to achieve possible maturity),
- method of self-competence reinforcement,
- method of emotional enclosing an social anchoring (active embracement),
- method of organising educational influences, requirements and experiences,
- method of immediate benefit,
- method of planning experiences of joy and forming positive life perspectives,
- method of supporting creativity and positive activity.

Specific alternative pedagogical methods are carried out in forms of play, work and activity therapies

focused on individual itself or its relatives, family, community. Significant attention is dedicated to Montessori therapeutic pedagogy and therapy whose methods lead to holistic, general development of an individual.

Play therapy as an educational method

Basic principles of didactic methods of play therapy in education include friendly, warm relationship of an educator/therapist towards an individual, in this case a child. This method is also suitable for individuals who are “eternal children” who are mentally retarded or demented. Creating a good relationship and contact assumes accepting an individual just the way they are, creating safe atmosphere filled with trust in which an individual is able to express their feelings. A nurse taking the role of therapist or educator tries to recognise individual feelings and reflects them in such a manner that the individual can get better orientation and thus understands their own behaviour. This is the way that allows individuals to achieve the ability to cope with their problems and difficulties on their own. At the same time a nurse respects an individual and does not make any attempts to influence them against their will, accepts their behaviour and manifestations, does not manipulate, nor does she direct or lead against the individual’s free decisions. The individual shows the way and the nurse accompanies and respects them. It is not desirable to speed up the educational process by forcing and pushing the individuals towards the goal they do not identify with. It is better to take it step by step so that an individual could (if they are able to) form their own opinion about the problem and its solution. Play therapy should be carried out in space that was agreed upon beforehand and time limited, persons concerned cannot be put in danger and under no circumstances can it harm their health. Play cannot be interrupted by force or terminated; a need to play should be satisfied. Possible outcome of this activity shall be a motivation for organising further activities.

Work and activity therapy as a educational method in nursing

In the past, practical training of clients and handicapped, mainly in psychiatric institutions in the form of work therapy was part of therapy. It was seen as training for certain, not demanding jobs. Almost every work was considered to be a therapy – cutting wood, growing vegetables, gardening, plumbing, various odd jobs under the supervision of foremen and nurses. Their disadvantage laid in the fact that there was no conception and didactic preparation, no targeting. These simple monotonous work made use of active movement or opportunity for informal chatting.

It is important to prepare jobs and work activities professionally from the didactic point of view, as well as organise and assess them so that these would allow to achieve a specific aim, e.g. little works of art, masks, puppets, toys, taking photos and making films based on original scripts, etc. This is the way to develop creativity and self-expression that carries high diagnostic and prognostic value. Little workshops and little farms are nowadays very perspective in terms of education and reeducation of ill, handicapped, mentally ill or addicted clients. It is quite a common reality that in institutions and some families ill or seriously mainly mentally handicapped are more taken care of than meaningfully educated. That is why there is a need for overall education and preparation of the society so that all population would learn about and know options offered by the society.

Hornáková mentions that work and activity are one of the methods that could be used to achieve positive changes through attractive activity. She also claims that targeted jobs enable rehabilitation of impaired functions or correcting non-desirable behaviour models, e.g. bad habits, unsuitable attitudes, behaviour disorders [2, 5].

These methods are also used in today's practice by therapeutic and special pedagogues but they should also be included into educational methods used in nursing. Individual development through work activities generally becomes a way to influence the whole person. Exercising and manual skills development help to improve physical and mental functions of an individual, new experiences improve their thinking and enrich their vocabulary. Through group works interpersonal relationships are built.

Work with animals is being redesigned. Taking care of animals develops the feeling of responsibility for animals and their life and thus individual responsibility in other activities. Animals depend on quality of their work and pay back by their devotion. An individual feels that he is needed, important and does not feel lonely, abandoned or desperate. Besides this, animals are known for their therapeutic abilities. Hippotherapy, canistherapy are only a few examples of those used in nursing as well. Positive effect of animals on humans is also used in nursing in basal stimulation. Active therapy as one of work therapies is considered one of physiotherapeutic, resocialising, therapeutic and educational care methods.

Targeted play occupations, training of sensomotors, simulation programs, drill of particular procedures when solving a practical problem are of great importance for every individual life and thus for the whole society. Education is then carried out in a non-violent way, educational process is cleared of all stress situations and this is a perfect way to apply prevention

in forms of individual and group therapy. This is the way to fulfil educational aims. Activity therapy measures focus on how to prevent emerging disorders in children with endangered, unbalanced development, on secondary prevention of emerging disorders in the handicapped, on education of individuals focused on improving physical, psychical and social development predispositions and conditions. Rehabilitation is accomplished through pedagogical means, counselling, help to parents, carers, educators and also by affecting systems of help in all the population within the care system.

Work and activity therapy as part of early intervention takes interdisciplinary approach, helps availability and flexibility in services provided, where clients and their relatives, parents and children may find just the specialist they need. This team usually consists of a doctor – specialist, nurse, psychologist, special and therapeutic pedagogue and social worker who, if this is the case, visits the family. Therapists work with a parent and a child at the same time at two levels, *focus on an ill person or handicapped person and focus on his relatives*.

The basic task in parent or relative oriented help is to support their optimal relationship. When a handicapped child is born, parents are traumatised and they have to cope with this trauma. The quality of relationships and interaction between a parent and a child significantly influences a child's development. Mother, above all, is fully competent to satisfy her child's needs. Insensitive reactions from social environment, lack of professional help, lack of sense of safety, love tokens and tenderness is another threat for an ill or handicapped child. Alarm signals may include e.g.: child handling without kind and gentle words, a child's indistinct reaction to his mother leaving the room or her coming back after separation, possible bruises may be the tell-tale signs of maltreatment.

Mother is involved in educational activities and exercises and a nurse or a specialist trains her susceptibility and ability to find optimal level of communication and stimuli and thus direct the child's activity. Child's overstimulation by his mother leads to lower activity level and interaction disturbance. Every child needs their own time to react to a stimulus because *overstimulation means a stress situation with possible consequences in form of health impairment*. Child's activity can only be caused by a fairly strong stimulus, a weak one does not catch his attention, does not evoke motion reaction, neither does it mean a new experience nor does it lead to being ready for a more demanding task.

A nurse leads a parent (close person) to find a reasonable daily regime, to choose time when and individual (child) cooperates the best, to realise how im-

portant it is to create active moments throughout the day. Activity and keeping an individual busy prevents bad habits like e.g. sucking fingers, rocking or other passivity. It is important to engage an ill individual into life in their environment as much as possible. For some relatives, parents, it is convenient when their child is passive and they try to help him and protect him so that he does not hurt himself. It is a burden for parents to solve a number of practical problems and they need a piece of advice or encouragement but also relaxation. Didactic processes of education should take from gradual observation, touching, grabbing and manipulating to examining features and possibilities how objects or phenomena may be used. An individual should be given as much time as they need. Otherwise lost of interest, tiredness and resignation occur which is a signal there is a time for change.

Concrete suitable educational methods are plays that mediate simple perception, similar to those in basal stimulation. Methods like pouring water on hands, sanding, touches, caressing faces, tenderness (with close relative), etc. are recommended. Ill or handicapped individuals learn to distinguish soft and tough, warm and cold, gentle and rough, dark and light. Little by little they pass to more and more complicated perceptions, stimuli are offered, not forced because it is better to win over their indifference or limited abilities amicably. They deserve praise and encouragement for every achievement, even effort. When leaning something new it is good to use situations with positive emotions. Although institutional environment offers very good material and personal conditions, family environment is the best educational environment for an ill or handicapped person who welcomes every effort to improve their life. An ill or handicapped person should not only be taken care of, but they should become an active and participating factor, which means making decisions concerning taking care of his health freely.

Help to children in education is focused on altering moments of intensive concentration and relaxation, discussion and rest. Simple work activities should help to develop the concept of meaningful acting, work habits, responsibility for the work done as much as possible. A nurse follows real aims that have been agreed on between her and an individual. Thus a common activity becomes an external expression of inner motivation, will and determination to act in agreement with his health needs. Individuals cooperate freely, initiatively and independently. They feel joy and pleasure when examining and trying new things.

To carry out exercises it is important to accept an ill or handicapped person the way they are. Thorough knowledge and diagnostics in different situations, evaluation given by other persons concerned and specialist help holistic approach is applied to these individuals. Apart from diagnostics it is essential to be familiar with expressive means, be able to understand play, acting, creations, be able to play, please, be empathic in living and activity. A nurse must be, in the case of activity, able to choose, use and assess different materials, know different techniques and situations connected with them. Patience, understanding and ability to help must be always present. A nurse must be always ready to change her program should it prove to be disturbing for positive contact and mutual relationships.

Each exercise begins with contact and brings about a situation in which an ill or handicapped individual is willing to cooperate. Practical exercises must be thoroughly prepared, carried out and evaluated. It is important to keep notes which contain information about exercises planned, their aim, process and evaluation of an individual in different situations. Stages of planning, implementation and evaluation of practical activities must be kept as logically consequential steps: 1) preparation (with diagnostics), 2) introduction, 3) implementation, 4) target, 5) closure.

Stimulation of disturbed and insufficiently developed abilities of individuals in the process of education and reeducation leads to their integration, inclusion or adequate professional orientation and self-sufficiency in the society.

CONCLUSION

Education starts in the early childhood when a child learns about the world using his/her senses and realizes principles in its environment. The child must be deliberately formed physically and mentally since once, as a grown-up person, he/she will, depending on his/her social role, take partial responsibility for managing society. It is vital for the education to be taken seriously in every field of social practice. It takes a personality of a professional, educator who will be prepared in terms of methodology as well as pedagogy and psychology. After gaining proper pedagogical competences, this professional may in future take responsibility for this activity and its proper implementation.

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