Individualization of social rehabilitation measures in youth educational centers

Abstract: The article explains the notion of individualization of the social rehabilitation measures. In addition the author refers to the findings of its own research of different forms of individualization of the social rehabilitation measures applied in practice in the youth educational centers. The author identifies the need for the rationalization of the social rehabilitation process in the researched centers through, among others, the introduction of the uniform daily schedules and the core curriculum of social rehabilitation. Such solutions should lead to better organization and specification of the social rehabilitation measures.

Key words: Individualization, social rehabilitation center, social rehabilitation measures, rationalization of the social rehabilitation process.

The issue of individualization in the process of social rehabilitation was addressed by Otton Lipkowski mainly in relation to the principles of teaching (orthodidactics) to socially maladjusted youth (Lewowicki, 1975, 1977). The process of orthodontic measures should be aimed at incorporating students with deviations from the norm into the integrated general education system. The principles of orthodidactics can be successfully instilled into the whole process of social rehabilitation as an integrated system of corrective actions against an individual who is not socially adapted. Individualization, connected with the so-called didactics of individual differences, according to O. Lipkowski, consists in optimization of all those elements of the social rehabilitation process that influence the learning
outcomes of individuals. When recommending individualized treatment of students, attention is paid to such differentiating features as: level of intelligence, temperament, talents, interests, school achievements, social development, physical fitness, health condition (Szecówka, 2008). The didactics of individual differences, in the opinion of T. Lewowicki, is applied in the process of social rehabilitation of the students of youth educational centers. The range of personality disorders, developmental deficits and psychodynamics of individual students, as we know from diagnostic tests, are very diverse. Therefore, in accordance with the principle of individualization in the process of social rehabilitation involving different students, the content of care, educational and therapeutic measures, strategies of measures and forms of measures should be appropriately selected. It is necessary to adjust (profile) the social rehabilitation measures, to which the principle of needs applies. As M. Sztuka writes, it is “a response to the need to precisely identify the specific objectives of the social rehabilitation intervention” and the need in this case is “a synonym for every problem situation” (Sztuka, 2013). It is assumed that unsatisfied needs are at the base of deviant behaviors. The content of measures should be selected according to the care needs, conditions of antisocial behaviors, mental and therapeutic needs and dysfunctions of the students; they should have a differentiated layout, layers and structure as components determining individualization. Considering the organizational forms of measures in the social rehabilitation process, individual, group, collective, homogeneous and heterogeneous measures are recommended. The principle of individualization recommends breaking with the rigid organizational scheme of measures.

In the course of the process of social rehabilitation of the students at youth educational centers, it is necessary to develop within them appropriate social attitudes and moral judgements, which are an internal force leading the students’ behavior in a positive direction. The content of the social rehabilitation process should serve the comprehensive development of a students, in order to enrich their personality and to create in them a readiness to accept and take an interest in this content. On the basis of developing the interests of students, it should be possible to shape and strengthen the feelings and will of students with emotional disorders. The implementation of individual educational and therapeutic programmes (IPET) by educators creates them as professional educators, taking into account social rehabilitation teleology and acting methodically (Szecówka, 2008).

The work of an educator in the youth educational center should influence the stimulation and proper targeting of the social activity of the students. J. Dewey said that: “All the problems of discipline faced by the educator for most of the time devoted to classes are precisely the suppression of physical activity, which discourages the mind from the subject. The inevitable consequence of this abnormal situation, in which physical activity is completely separated from the processes of understanding, must be experienced both by the educator and the student by nervous tension and fatigue (1972). Therefore, in working with socially mal-
adjusted students, we cannot allow the phenomenon described in psychology as monotonous fatigue, around which several theories have been developed, e.g. the theory of weakening interest, predisposition, overestimation of time, mental saturation (Szewczuk, 1998, Szecówka, 2008). A student who is not socially adapted, accustomed to living a life full of movement, experiences, emotions, shows the same needs in the environment of the youth educational center. In order to meet these needs, the socially rehabilitating educator in the youth educational center should apply activating methods and forms during rehabilitation measures (cf. Kowalczyk, 2013), for example ideas exchange, brainstorming, sports activation, survival, field games, didactic games (stimulating, staging), drama, situational, laboratory, problematic methods (Kruszewski, 1991, Okoń, 2003, Kupisiewicz, 2000). By working with these methods, the students become co-creators of the process of rehabilitation and satisfy their natural curiosity or passion for exploration and discovery. Determination of two opposing styles of social rehabilitation measures in the J. Flanders’ study (Perrott, 1995): directive (direct) and non-directive (indirect) – argues that non-directive measures should be used more frequently to enhance the activity of socially maladjusted students. It is characterized by the fact that the educator accepts the needs and feelings of the students, takes into account their ideas, often asks questions and more often awards the students. According to research, the students of non-directive educators learn more, are more willing and sympathetic to science than the students of directive educators (Szecówka, 2008).

One of the manifestations of the individualization of the rehabilitation process is the adaptation of tasks to the cognitive capabilities of a student. While observing this principle, one should not allow the students to be disappointed by their own inadequate cognitive conditions. The psychophysical condition of a minor, directed to a youth educational center, speaks to their disadvantage – in comparison with their peers from the state school (Szecówka, 2008). As mentioned above, the socially maladjusted student is characterized by a lower level of intelligence, a significant educational delay and general pedagogical neglect. Therefore, the principle of adapting tasks to cognitive abilities suggests the need to facilitate, simplify and shorten certain parts of the curriculum. Both the methodological recommendations and the instructions for organizing the process of social rehabilitation of students in youth educational centers indicate the rehabilitation measures adapted to the psychophysical possibilities. However, the removal of some too difficult content of rehabilitation measures (caring, educational and therapeutic) may not affect the purpose (teleology) of these measures. The aim is to preserve the structural logic and essential elements of diagnostic knowledge on the specific needs of a student and to adapt to them appropriate rehabilitation measures aimed at correcting and eliminating dysfunctions in the psychosocial functioning of the minor. Reasonable observance of this principle requires full diagnostic knowledge of the student’s pedagogical negligence and observation of the correction and equalization (rehabilitation) course. Adapting tasks to the
cognitive capabilities of the student protects them from overload, ensuring systematic, though sometimes very slow, progress. Along with the successes achieved in the rehabilitation work, according to this principle, the requirements towards the student should be gradually increased. In their gradual (phased) acquisition of knowledge and skills, John Robert Anderson (1998) recommends proportional distribution of amplification and operant conditioning (cf. Szecówka, 2008).

Lipkowski believed that the individualization of the rehabilitation measures should be universally recognized. The behavior of individuals with abnormalities differs in degree and quality as well as in etiological factors of derailment, therefore individualization in the rehabilitation process is of particular importance. Individualization should be carried out in all types of care, educational and therapeutic measures. According to the author, it should be visible, among others, in direct contact with a child, in individual conversations, in assistance in learning, in facilitating contacts with colleagues, teachers and family (Lipkowski, 1987).

Research problems

In the course of my own research, which I have carried out within the framework of my doctoral thesis, I aimed, among others, at obtaining an answer to the question: what are the manifestations of the individualization of special educational measures in the process of rehabilitation of the students covered by the research?

The aim of my research was to analyze how the process of rehabilitation (care, educational and therapeutic measures) is carried out in youth educational centers. The analysis of the manifestations of the individualization of special educational measures was one of the parts of my research interests.

The implementation of the rehabilitation process, which I have studied in my dissertation, was considered in terms of the methodological actions taken. It can be said that the usefulness of the rehabilitation process and its functionality have been studied. In accordance with the recommendations of the modern pedagogical research methodology, the investigation of the proceedings of the actually conducted measures was carried out in order to make a specific assessment on this basis. The research was conducted in youth educational centers of the Małopolskie Voivodeship. These were: MOW Wielkie Drogi, MOW Mszana Dolna, MOW Kraków-Górka Narodowa. The group of respondents was made up of educators and students. It was the research for my doctoral dissertation, which I carried out in the period: April-June 2014. However, in this article I would like to present only some fragments of the research results. For the purposes of this article, the fragments of the research which concerned the manifestations of the individualization of educational measures are important. I have studied here the opinions of educators, i.e. the creators of rehabilitation measures. The research of this group of respondents was conducted by means of a questionnaire.
The questionnaires were addressed to 108 educators employed in the above mentioned centers. Questionnaires incorrectly filled, in the number of 6, were rejected. Eventually, I have received 102 fully completed questionnaires back and that is how many were included in the analysis.

**Manifestations of individualization of educational measures by the educators covered by the research**

The research on individualization of special education of youth educational centers' students included the following methods: method of sending messages, method of role models, method of expressing suggestions, method of educational counseling and method of convincing, method of organizing teaching experiences, method of self-example and method of disciplining measures.

In order for the educator to successfully apply the principle of individualization of the rehabilitation process, they must have the necessary knowledge about the psychophysical properties of the student, their intellectual, physical, emotional, social capabilities and limitations in this respect. This knowledge should be used not only to adapt the organization of the rehabilitation process to individual capabilities and needs, but also to build a well-cooperating educational team and pedagogical staff (Reid, Forrestal and Cook, 1996).

Respondents had to address the following aspects of the individualization of special education: giving messages adjusted to the cognitive predispositions of the students; involvement of the educators in searching for positive role models for the students; stimulating the students to pro-social activity; building emotional bonds with the students; using counseling in individual problematic situations of the students; respecting the student's individual views, disagreements, searching for educational compromises; requirements adjusted to the student's individual abilities; individual and detailed control of the tasks performed by the students; individual assessment and motivation of the student before and after the performed educational tasks; presentation of the attitude of the student adjusted to the individual situation of the students; presentation of the attitude of the student adjusted to the individual needs of the student (non-directive attitude); individual motivation of the student by presenting the personal advantages and values of the educator as an example to imitate; adaptation of penalties and rewards to the individual situations and behavior of the student. Respondents expressed in their opinions their commitment to the realization of particular aspects of individualization of subsequent educational methods.

Based on the analysis of my research and my own experience, I notice that special educational measures are not always adjusted to the cognitive needs and abilities of the students. Based on the conducted research, it can be stated that: the involvement of educators in individualizing special educational measures is
small. It is especially expressed in the individualization of the measures of direct influence: the method of sending messages, the method of personal patterns, the method of expressing suggestions, the method of educational counseling and the method of persuasion. Here, on average, 24.3% of educators show various manifestations of adapting these measures to the cognitive needs and abilities of the students. However, in the case of indirect influence measures: the method of organizing teaching experiences, the method of self-example, the disciplining method, on average 63.4% of educators try to individualize these measures to the cognitive needs and abilities of their students.

Table 1. Manifestations of individualization of educational measures in the process of rehabilitation of the studied youth educational centers

<table>
<thead>
<tr>
<th>Educational measures</th>
<th>Manifestations of individualization of special educational measures</th>
<th>Involvement of educators N = 108</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of cases</td>
</tr>
<tr>
<td>Method of sending messages</td>
<td>Message adapted to the interests of the students</td>
<td>11</td>
</tr>
<tr>
<td>Method of role models</td>
<td>Involvement of educators in the search for positive role models for the students</td>
<td>6</td>
</tr>
<tr>
<td>Method of expressing suggestions</td>
<td>Stimilation to pro-social activity</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Building an emotional bond with the student</td>
<td>37</td>
</tr>
<tr>
<td>Method of educational counseling</td>
<td>The use of counseling in individual problem situations of the students</td>
<td>26</td>
</tr>
<tr>
<td>Method of convincing</td>
<td>Respecting individual views of the student, disagreement, seeking compromises</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Requirements tailored to the individual needs of the student</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Individual and detailed control of the tasks performed by the student</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Individual assessment and motivation of the student before and after the tasks performed</td>
<td>73</td>
</tr>
<tr>
<td>Self-example method</td>
<td>Self-critical attitude of the educator, adapted to the individual situation of the students</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>The attitude of the educator adapted to the individual needs and requests of the student</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Presentation of the advantages and values of the educator for the individual motivation of the student</td>
<td>56</td>
</tr>
<tr>
<td>Disciplining method</td>
<td>Adapting penalties and rewards to individual situations and behavior of students</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: own research.
In the area of research on the implementation of educational measures, the measures of direct impact on the student, indirect impact through the use of an educational group or situational where natural or specially organized situations are used to perpetuate the desired changes in the behavior of the students were taken into account (Kalinowski, 2008).

When analyzing the results of the research in terms of the usefulness of particular methods of education in the process of rehabilitation, a few conclusions can be drawn. Among educational measures, the methods of indirect, group and situational influence used by educators are more popular than direct influence. When examining, among others, the implementation of the method of expressing suggestions or educational counseling in rehabilitation practice, one can say that their use is insignificant. In the opinion of the surveyed group of respondents, suggestions and educational advices do not achieve the intended result aimed at the proper targeting of the students' behavior. For this reason, they prefer to use (as much as 80% of respondents) in their practice penal-disciplinary methods, focusing on formulating primarily positive motivations towards their students.

Taking into account the profile of social maladjustment, its broad spectrum of differentiation, the occurrence of various social disorder in combination with mental disorder of the students (summing up the frequency of mental health disorders of the examined minors treated psychiatrically, showing suicidal tendencies, psychiatrically diagnosed with psychiatric disease and having organic damage to the central nervous system, these minors constitute 20.8% of the population of the students), it is not surprising in part that such a reaction of the rehabilitation personnel of these institutions was observed. Since, as confirmed by other research in my dissertation, it is the strong responsibility of the educators to ensure the safety of their students, this must be ensured, despite possible organizational errors in the system of guiding minors (minors undergoing psychiatric treatment). In such a diversity and complexity of problems in the social functioning of minors directed to youth educational centers, educators must find themselves, providing safety for the students, conditions for development and acquisition of new skills necessary for pro-social functioning. In most cases, they acquire them through the methods of teaching experience and the method of the own example of the educator as well as disciplining measures, which belong to the indirect methods. These methods have definitely dominated the educational measures implemented at the youth educational centers. The self-example method requires personal involvement and inspiration of the students with one's own person. The educator inspires by their example on the way to acquiring knowledge and new pro-social skills, which are different from the ones previously known and implemented in the lives of minors under research. However, the method of organizing teaching experiences requires a special arrangement of educational situations and the involvement of the students in appropriate roles, functions and tasks. The method of disciplinary measures additionally categorizes the behavior and reactions of the
students, which are more or less consistent with the prevailing social rules in the center. All these methods can help in acquiring new experiences and discovering in oneself the potential and possibilities to work on oneself, and thus to create one's own personal development, and in the future also that of their surroundings. Such an approach in the implementation of special education methods requires from the educators quite a talent and pedagogical sense. When working with a group of a dozen or so minors with various problems in social adaptation in the conditions of an educational center, the educators have to show considerable reflexes in undertaking educational activities. It is not easy, but despite unfavorable conditions for rehabilitation work, the educators perfectly cope with the implementation of indirect influence methods, which are based on working with and for the group.

It seems that such selection of measures, clear attention to the use in practice of educational centers of the methods of organizing teaching experiences, methods of personal influence of the educator and disciplining methods, results from the possibilities and organizational conditions of these centers. The notion of organizational conditions concerns the complexity of social maladjustment of minors in connection with the existing mental disorders of the students, lack of profiling of educational centers or at least educational groups in terms of behavioral disorders, addictions, numerous educational groups and lack of adequate training in specialist measures (Kędzierski and Kulesza, 2008).

Proposals for changes and perspectives for the development of the rehabilitation process in youth educational centers

From the above presented content it can be stated that in particular areas of the rehabilitation process there are methodological and organizational areas that require reform and improvement.

In the area of diagnostic work, this is certainly the increase of emphasis on identifying the problem of social maladjustment. Perhaps the introduction of an individual student card attached to individual educational and therapeutic plans, which would include information on family disorders, school education disorders, addiction problems, criminal acts and special health needs, mental health, would be helpful in strengthening knowledge and better knowledge of students by their educators in these areas. In the area of special education, it seems particularly important to intensify individual work with the student. Direct impact methods are not a strong point of rehabilitation work in the analyzed centers. Their implementation may be difficult for organizational reasons, such as: one-man on-call duties, which make it impossible to carry out an efficient individual work with a student. The educator cannot take care of the rest of the group during this
time. Perhaps it would be helpful to reorganize the work of the educators by giving them the opportunity to work individually with one student while another educator is working with the group at that time. A separate working time of the educator within the number of their teaching hours for individual work with one student would be helpful in implementation of this form. Each educator could supervise 3-4 students individually. However, in the area of therapeutic work, special attention should be paid to the specialist preparation of educators. In my opinion, it is essential for educators to improve their professional skills in this area. The increase in therapeutic qualifications, greater familiarity with different forms of therapeutic work, could help to increase the scope of its application in practice. All methodological solutions require reorganization of the rehabilitation work, possibly changes in the uniform daily schedule or creation of the core curricula for rehabilitation education for youth educational centers. I would like to add that the core curriculum for rehabilitation work in youth educational centers has not yet been established. Methodological changes therefore require a change in the appropriate placing of emphasis in the rehabilitation work.

Seeing the need for methodological and organizational changes, I present my own proposal for a schedule of rehabilitation work with a group of students from the youth educational center. In this proposal, I have taken account of the conclusions of the studies carried out. The proposal for a uniform daily schedule results from the need, recognized by me, to systematize the programmatic and planned rehabilitation measures, including the care, educational and therapeutic measures. Of course, the uniform daily schedule of rehabilitation work does not impose the content of education, but attempts to systematize proportions of three areas of measures discussed in this dissertation.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.30–7.45</td>
<td>Wake-up, morning gymnastics, toilet, breakfast, preparation for school.</td>
</tr>
<tr>
<td>8.20–13.00</td>
<td>Didactic classes at school.</td>
</tr>
<tr>
<td>13.00–13.30</td>
<td>Dinner, toilet break.</td>
</tr>
<tr>
<td>14.00–14.45</td>
<td>Educational group meeting. Determining the allocation of students to classes. Discussing the current issues.</td>
</tr>
</tbody>
</table>
| 15.00–16.30   | - Individual conversations with the educator in charge, individual therapy.  
|               | - Classes in regular thematic groups: sports, music, art, theater, garden, animal care, social work, technical work, work for the group and the center, meetings of the students’ self-government. |
| 16.45–18.00   | Time for homework. Thematic discussion with the educator or with the invited guest, group work, discussion led by the educator. |
18.00–18.15 Dinner, toilet break.
18.30–19.30 Therapeutic classes: work in regular thematic groups: group work.
20.00–20.45 Group meeting: summary of the day: thoughts, comments, feedback within the educational group, writing down thoughts in therapeutic notebooks.
20.45–21.30 Evening toilet.
21.30–6.30 Night quiet time.

Rehabilitation measures must be individualized. This means that these measures should be adequate to the diagnosed developmental needs, disorders and dysfunctions resulting from abnormal development of a minor to date, and should be adjusted to the psychophysical capabilities of the students (regulation of the Ministry of Education of 17 November 2010). The measures through which the rehabilitation objective is to be achieved must be inspired by the individual causes of the social maladjustment of each student. Then it will be possible to achieve the desired educational, caring and therapeutic results. The rehabilitation process will then be directed towards optimal psycho-physical and social development (Czapów, 1978). It is necessary to always influence the student according to their predispositions, that is, their physical, mental and spiritual abilities or skills (Sobczak, 2008).

With a view to optimally structure individualized rehabilitation measures, I also decided to construct, on the basis of my research, methodological areas important for the creation of a curriculum basis for rehabilitation education for youth educational centers. Therefore, I propose the following areas of rehabilitation measures: shaping pro-family attitudes, shaping social skills, shaping emotional self-control, shaping self-service activities, supporting interpersonal communication, developing intellectual activities, developing interests, prevention of addictions, health education and shaping physical fitness, shaping independence and preparation for the process of independence, preparing minors to care for their own and others’ safety. The areas of rehabilitation measures enable and at the same time encourage the obligation of comprehensive discernment of diagnostic areas as well as the design and implementation of corrective actions in all areas of personal development of the student. Therefore, the areas of measures I have proposed can structure and determine the areas of conceptual and projection activities and, above all, of the realization of the rehabilitation process itself.

In my opinion, the process of rehabilitation in youth educational centers needs to be reformed. This practice requires consolidation and systematization of specialist interactions and, first of all, clarification of the meaning and role of therapy in the rehabilitation process. Of course, this requires appropriate legal regulation. Despite many reforms in the educational system in recent years, the methodological documents do not contain a core curriculum which would allow to systematize the proportions and significance of all three components of
Individualization of social rehabilitation measures in youth educational centers

rehabilitation: care, upbringing and therapy at work with minors in youth educational centers. My proposal for a framework daily schedule and methodological recommendations for the core curriculum of rehabilitation education for youth educational centers are an attempt to respond to the current needs and challenges of the rehabilitation practice of persons responsible for the construction and implementation of the rehabilitation process in youth educational centers in Poland.

References

[15] Regulation of the Ministry of Education of 17.11.2010 on the conditions of organizing education and care for disabled and socially maladjusted children and youth in special kindergartens, schools and facilities as well as centers, art. 5, sec. 1.