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## SELF-ASSESSMENT OF DIAGNOSTIC AND THERAPEUTIC KNOWLEDGE AND SKILLS OF TEACHERS IN PUBLIC SCHOOLS

### SAMOOCENA WIEDZY I UMIEJĘTNOŚCI DIAGNOSTYCZNO-TERAPEUTYCZNYCH NAUCZYCIELI SZKÓŁ OGÓLNODOSTĘPNYCH

**Keywords:**  
diagnostic competence, therapeutic competence, self-assessment of knowledge and diagnostic-therapeutic skills

**Summary:** Teachers influence the student with their individuality, hence their knowledge, skills and attitudes in the field of diagnosis and therapy are the essence of the educational and didactic activities undertaken by the teacher in the school space. Competences are not a permanent value, they can be subject to change and they constitute the developmental professional potential of the teacher in the motivational, cognitive, emotional and social areas.

The article presents a selected area of research concerning the sources of teaching knowledge and skills in the fields of diagnosis and therapy and their self-assessment, taking into account the nominal variables of age and additional qualifications. The presented text is part of a larger research project devoted to the diagnostic and therapeutic competences of teachers of public, inclusive and special schools.

**Słowa kluczowe:**  
kompetencje diagnostyczne, kompetencje terapeutyczne, samoocena wiedzy i umiejętności diagnostyczno-terapeutycznych

**Streszczenie:** Nauczyciel oddziałuje na wychowanka swoją osobowością, stąd jego wiedza, umiejętności, postawy w zakresie diagnozy i terapii stanowią istotę działań edukacyjno-dydaktycznych podejmowanych przez nauczyciela w szkole. Kompetencje nie są wartością stałą, ale elementem zmiany i stanowią rozwój potencjału zawodowego nauczyciela w obszarze motywacyjnym, poznawczym, emocjonalnym i społecznym.

Artykuł przedstawia wybrany obszar badań dotyczący źródeł nauczycielskiej wiedzy i umiejętności w zakresie diagnozy i terapii oraz ich samoocenę, z uwzględnieniem zmiennych nominalnych: wieku i dodatkowych kwalifikacji. Przedstawiony tekst jest częścią większego projektu badawczego, poświęconego kompetencjom diagnostycznym i terapeutycznym nauczycieli szkół ogólnodostępnych, integracyjnych i specjalnych.

## Introduction

A teacher's competences, which are incorporated in his or her knowledge, skills and attitudes, are the starting point of his or her identity. Their attribute is the "dynamics showing in action, in a person's relationship with reality" (Strykowski, 2005, p. 17). Acquired teacher's competences are proven by attitudes towards activity and problem solving (Cieślakowka, 2007, p. 215). The teacher and his or her attitudes towards students are the most important tools of influencing students (Wyczesany, 2002, p. 91).

Apart from substantial, didactic, pedagogic, psychological, communication, design, self-education, media, information technology and technical competences, J. Kuźma also lists didactic and diagnostic competences, which are defined as related to getting to know the student, cooperation and democratic management, as well as shaping social and integration attitudes, courtesy and pedagogical culture (Kuźma & Morbitzer, 2005, p. 25).

The role of the teacher has evolved from simply transferring knowledge to developing the students' learning potential and resilience, shaping meta learning, inspiring the individual's self-development and influencing the internal motivation of the student in a partnership-based dialogue. "In the conditions of freedom and the diversity of human life in all fields, the model of teacher as the 'teaching technician' – relaying 'agreed' knowledge is still developing

and is maintained (it is cheaper) based on positivistic rationality” (Dróżka, 2002, p. 17).

School is a place of making diagnoses, where observing a child’s cognitive, social and emotional development allows for the introduction of support activities which support the development of a young human being. The substantial and methodical knowledge of the teacher regarding special educational needs does not end with theory; equally important are the etiology of disability, its meaning for the general circumstances of the child and educational and therapeutic prognoses. The purpose of diagnostic and therapeutic work planning is the understanding of the individuality of a disabled child and the mechanisms and conditions of their development (Pytlarczyk, 2007, p. 12). Diagnoses made in the educational environment have many benefits for students, because observing their behavior in specific didactic situations allows for verifying various diagnostic and therapeutic instruments. The teacher is the source of knowledge about the students in his or her class because the he or she is individual-oriented and knows the students’ capabilities and needs. Such individualization gives education special meaning; it also acts as a regulator for effective and quality-oriented pedagogic diagnostics. Diagnostic and therapeutic competences complement competences necessary for individualization (organizational, innovation, communication, facilitation, integration). Therefore, they are, besides didactic, care and educational competences, something absolutely essential in the teacher’s work (Jachimczak, 2012, p. 164). As noted by Grzesiak: “It is extremely important for teachers that diagnostic and pedagogic self-evaluation are present on a daily basis and for the teacher to approach elements which directly influence active and effective participation of each student in the learning process. These are: a teacher’s readiness to undertake new tasks (roles), the current degree of the teacher’s role in counteracting educational threats in school, environmental conditions for performing these roles and to accepting new roles by the teacher” (Grzesiak, 2008, p. 41). Proper diagnoses performed by the teacher allow him or her to specify how to work with a child in order to eliminate challenges, support development and improve internal motivation.

Beata Bocian-Waszkiewicz, making a review of teacher’s competences in inclusive teaching, notes their diagnostic and therapeutic skills. In the scope of the latter, the teacher shows knowledge of diagnostic methods, techniques and tools; analyses the data; recognizes the student’s problem area; plans corrective actions; specifies the effectiveness of undertaken actions. Therapeutic skills of

the teacher are shaped by subjective treatment, empathy, pedagogic tactfulness, gradating difficulties, the adjustment of expectations to the individual psychophysical capabilities of a student resulting from their development, accompanying difficulties or detected problem areas, organizing the student's work with regard to their capabilities and needs, appreciating even minor achievements of the student – positive reinforcement (Bocian-Waszkiewicz, 2015, pp. 94–95).

A different point of view is presented by Karolina Tersa, who states that a teacher's incompetence in diagnostics causes the teacher to reject the responsibility to make diagnoses. The teacher's understanding of diagnostics often becomes methodical, which gives a comfortable feeling that it's not connected with pedagogical competence (Tersa, 2014, p. 98). Beata Jachimczak claims that "there is, however, a limiting attitude of removing the teacher's responsibility for understanding the developmental problems of children and transferring therapeutic actions to other specialists outside of the pre-school or school institution. This may cause a lack of supportive actions for the child or impede the monitoring of the child's progress or regress in development" (Jachimczak, 2012, p. 164).

The situation of a child with special educational needs in a public school, in light of Zenon Gajdzica's study of the functioning of mildly intellectually disabled children in public schools, is as follows: a significant number of teachers (128 early primary school teachers from the Silesian voivodeship participated in the survey) felt underprepared for working with such students. Few of them improved their professional competences, e.g., by attending post-graduate studies in teaching disabled students (Gajdzica, 2001). A study conducted in 2008 by Grzegorz Szumski and Anna Firkowska-Mankiewicz (2010) showed that nearly one-third of teachers in early primary school education declared themselves qualified to work with special needs students, and therefore, public schools are not devoid of substantial support. The authors assume that this results from the teachers' own initiative or from school principals' policy. It was also shown that the respondents usually read special pedagogy literature. They usually cooperated with specialists, treating them as a valuable source of support.

Krystyna Barłóg (2008) studied the area of teachers' competences for supporting mildly intellectually challenged children's development in different forms of early school education. Teachers in public schools evaluated their competences significantly lower than teachers in inclusive and special schools. Most of them used the category of "moderately satisfactory" for evaluating

their preparation. Marta Uberman and Aleksandra Mach (2016, pp. 165–185) studied the feeling of being professionally competent to work with students with disabilities among teachers in early school education in public schools. The purpose of the study was to specify the evaluation of these competences among the aforementioned 103 teachers. The global result obtained for the early education teachers in evaluation of their own professional competences in working with a child with disabilities indicates that 75% of the respondents evaluate their preparation level as average. Ten percent of the teachers admitted to having a low level of competence, with insufficient knowledge and skills for pedagogic work with students with disabilities, while 15% of the respondents felt confident that their competences are efficient for undertaking didactic and revalidation work with a student with disabilities attending a public school. Praxeological competences were evaluated as highest – 44% of the surveyed teachers considered them to be high and 42% as average. The teacher therefore has no difficulties with interpreting specialist diagnoses included in orders and opinions issued by psychological and pedagogical clinics. Teachers give good ratings to their skills in identifying developmental and educational difficulties in children with disabilities or observing revalidation work rules. They do well in analyzing students' strengths and weaknesses. This skill is the first factor allowing the teacher to effectively plan the educational and revalidation works for children with special educational needs. In general, teachers foresee the results of the didactic actions that they implement; they monitor achievements of students with disabilities and issue opinions on the efficiency of the support they receive.

The indicator of educational and therapeutic work efficiency is supporting the special-needs child's development in the cognitive, social, emotional and motor areas. It is influenced by a proper diagnosis and choice of specialists who will support the development of the child and cooperate with the child's family. Responsible organization of education and therapeutic work in the future will influence the quality of life of the disabled person in society.

### **Methodological assumptions for own research**

The presented research is aimed finding out the sources of knowledge and skills regarding diagnosis and therapy declared by public school teachers and their self-evaluation, as well as an analysis of the dependence of the declared evaluation on the teachers' age and qualifications.

In accordance with the assumptions and purposes, the following research questions were formulated:

1. What are the sources of the diagnostic and therapeutic knowledge and skills of the surveyed teachers of public school?
2. How do the surveyed teachers evaluate their diagnostic and therapeutic knowledge and skills?
3. Does the age of the surveyed public school teachers influence their evaluation of their diagnostic and therapeutic knowledge and skills? If it does, to what extent?
4. Do additional qualifications held by the surveyed teachers of public school influence their evaluation of their diagnostic and therapeutic knowledge and skills? If they do, to what extent?

Variables regarding the self-evaluation of knowledge and skills were analyzed based on the primarily assumed scale from 1 to 5. In this part of the analysis, non-parametric tests of *U Mann-Whitney* and *Kruskal-Wallis* test were conducted. In all analyses, the significance level is  $p = 0.05$ .

In order to answer the questions raised, a diagnostic survey directed at public school teachers was applied. The research tool was the survey questionnaire divided into two parts – general information and closed questions regarding the sources of the teachers' diagnostic and therapeutic knowledge and skills and a self-evaluation of their knowledge and skills in this scope. The questionnaire included categorized questions with degree of a given characteristic, where there was a three-degree scale: 1 – most important, 2 – important, 3 – unimportant.

The presented tests are a part of a bigger research project on diagnostic and therapeutic competences in public, inclusive and special schools.

The starting point for the scientific analysis is the division proposed by Z. Gajdzica (2011; 2013, pp. 103–114). This researcher differentiated sources of knowledge such as subject area knowledge, knowledge acquired on the job, trainings and workshops organized by the school board. Additionally, typology of the sources was improved by the types of skills acquired during conferences, from scientific publications, common skills including, for example, using media, the Internet and connected with a colleague's support; departmental institutional skills – trainings/workshops held by MEN (Ministry of Education); institutional skills – trainings organized by the Methodology Centre (WOM), post-graduate studies; subject area skills – acquired during the studies preparing for the job; skills acquired on the job – trainings/workshops organized by the school board.

The survey was held in the Silesian voivodeship in eight randomly chosen public schools; 120 teachers who work with special educational needs children participated in the survey.

More than half of the teachers (53.3%) were 40 years of age or older, and 46.7% of the respondents were pedagogues aged 20–39. Most of the respondents (62.0%) have additional qualifications.

## Own research results

On the basis of collected data regarding the sources of knowledge and skills in diagnostics and therapy declared by the surveyed teachers at inclusive schools (Figures 1 and 2), it can be said that in the case of diagnostic knowledge, the most common sources are knowledge acquired on the job (71.5%), subject area knowledge (51.8%) and “scientific” knowledge (46.7%). Institutional non-departmental and institutional departmental knowledge are indicated by 46.0% and 45.8% respondents, respectively. The remaining participants (41.6%) are using common knowledge. The most indicated sources of knowledge on therapy are knowledge acquired on the job (73.7%) and institutional non-departmental knowledge (53.3%). Subject area knowledge (preparation for the job) and “scientific” knowledge are declared by 52.6% and 47.4% respondents, respectively. The remaining subjects use common knowledge (35.0%) and institutional departmental knowledge (34.3%).

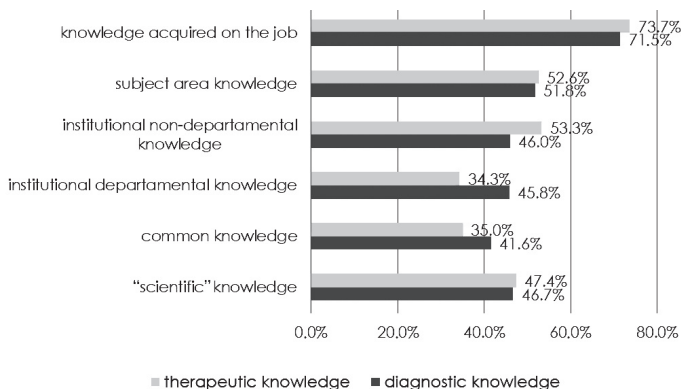


Figure 1.

Sources of knowledge declared by the surveyed teachers of public school.

Source: own research.

With regards to the sources of skills in diagnostics, the most common sources are the skills acquired on the job (85.6%), subject area skills (74.6%) and institutional non-departmental skills (54.2%). Common and “scientific” skills were chosen by 43.2% and 24.6% of the respondents, respectively. The remaining participants (6.8%) use institutional departmental skills. The most often chosen sources of skills in therapy are those acquired on the job (82.2%), subject area skills (79.7%) and institutional non-departmental skills (50.8%). Common and “scientific” skills were chosen by 50.0% and 22.0% of the participants, whereas 9.3% of the respondents use institutional departmental skills.

Figure 2 presents the data regarding the sources of diagnostic and therapeutic skills.

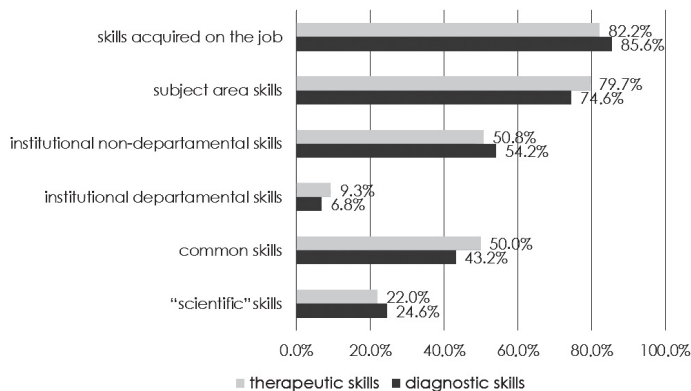


Figure 2.

Sources of skills in diagnosis and therapy in surveyed teachers.

Source: own research.

Another issue pertained to the surveyed teachers' self-evaluation regarding their diagnostic and therapeutic knowledge and skills, shown in Figures 3 and 4.



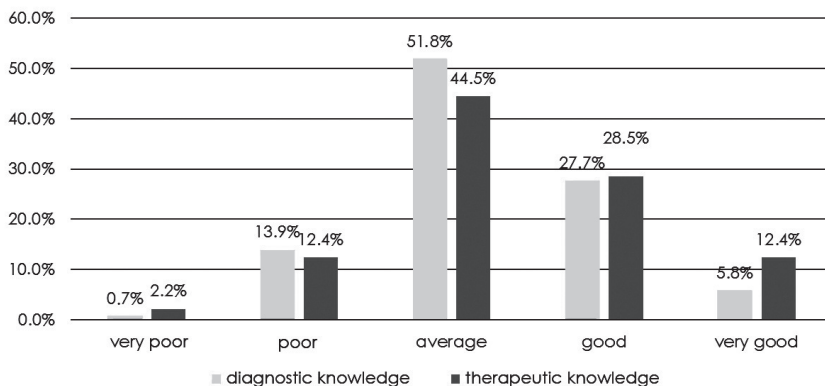


Figure 3.

The surveyed teachers' self-evaluation of their diagnostic and therapeutic knowledge. Source: own research.

According to 51.8% and 27.7% of the respondents, respectively, their diagnostic knowledge is average or good, while 5.8% of the respondents find them to be on a very good level. The answers “poor” and “very poor” were chosen by 13.9% and 0.7% of participants. In the case of therapeutic knowledge, 44.5% of the participants describe their knowledge as average and 28.5% of them as good. In the opinion of 12.4% of the participants, their knowledge is very good. The answers “poor” and “very poor” were chosen by 12.4% and 2.2% of people in this group.

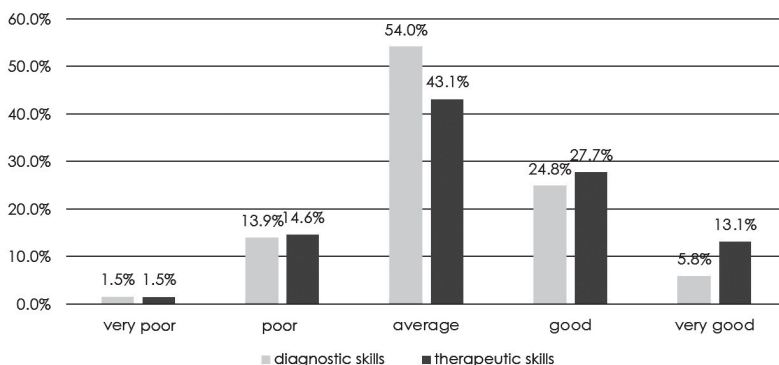


Figure 4.

Self-evaluation of the surveyed teachers' skills in diagnosis and therapy. Source: own research.

According to 54.0% of the respondents, their diagnostic skills are average. Good and very good skills are declared by 24.8% and 5.8% of respondents, respectively. Moreover, 13.9% of people in this group evaluate them to be poor, and 1.5% of them – very poor. In the case of therapeutic skills, 43.1% participants say that they are average. They are considered good and very good by 27.7% and 13.1% respondents, respectively. In the opinion of 14.6% and 1.5% of the respondents, they are on a poor and very poor level.

Then, data analysis was performed, which allowed for looking at any correlations between the age of the surveyed teachers and their declared knowledge and skills in diagnosis and therapy (Table 1).

*Table 1*

Age of the surveyed public school teachers and their declared knowledge and skills in diagnosis and therapy

Self-evaluation of knowledge and skills	Age	M	SD	Min	Q25	Me	Q75	Max	U	p
Diagnostic knowledge	20–39	3.1	08.	1.0	3.0	3.0	4.0	5.0	1977.000	0.090
	40+	3.4	0.8	2.0	3.0	3.0	4.0	5.0		
Therapeutic knowledge	20–39	3.3	1.0	1.0	3.0	3.0	4.0	5.0	2125.000	0.333
	40+	3.5	0.9	1.0	3.0	3.0	4.0	5.0		
Diagnostic skills	20–39	3.0	0.8	1.0	3.0	3.0	4.0	5.0	1884.500	0.032
	40+	3.4	0.8	2.0	3.0	3.0	4.0	5.0		
Therapeutic skills	20–39	3.3	1.0	1.0	3.0	3.0	4.0	5.0	2141.500	0.375
	40+	3.5	0.9	2.0	3.0	3.0	4.0	5.0		

M – medium; SD – standard deviation; Min – minimum value; Max – maximum value; Q25 – lower quartile; Me – median; Q75 – upper quartile, U – statistics of U Mann-Whitney test, p – significance.

Source: own research.

Between the teachers aged 20–39 and those aged 40 and more, there were no statistical differences regarding their diagnostic knowledge ( $U = 1977.00$ ,  $p > 0.05$ ). In both groups, similar quartiles and medians values were specified ( $Q25 = 3$ ,  $Me = 3$ ,  $Q75 = 4$ ).

Between the teachers aged 20–39 and those aged 40 and more, there were no statistical differences regarding their therapeutic knowledge ( $U = 2125.00$ ,

$p > 0.05$ ). In both groups, the same quartiles and medians values were specified (Q25 = 3, Me = 3, Q75 = 4).

There were statistical differences between the teachers aged 20–39 and those aged 40 and more regarding their diagnostic skills ( $U = 1884.50$ ,  $p < 0.05$ ). In both groups, the same quartile and median values were specified (Q25 = 3, Me = 3, Q75 = 4).

Between the teachers aged 20–39 and those aged 40 and more, there were no statistical differences regarding their therapeutic skills ( $U = 2141.50$ ,  $p > 0.05$ ). In both groups, the same quartile and median values were specified (Q25 = 3, Me = 3, Q75 = 4).

Another analysis looked at whether holding additional qualifications by the surveyed public school teachers influenced their declared knowledge and skills in diagnosis and therapy (Table 2).

*Table 2*

Additional qualifications of surveyed public school teachers and their declared knowledge and skills in diagnosis and therapy

Self-evaluation of knowledge and skills	additional qualifications	M	SD	Min	Q25	Me	Q75	Max	U	p
Diagnostic knowledge	no	2.9	0.6	1.0	3.0	3.0	3.0	4.0	1455.500	0.000
	yes	3.4	0.8	2.0	3.0	3.0	4.0	5.0		
Therapeutic knowledge	no	2.9	0.8	1.0	3.0	3.0	3.0	5.0	1154.000	0.000
	yes	3.7	0.9	2.0	3.0	4.0	4.0	5.0		
Diagnostic skills	no	2.9	0.6	1.0	3.0	3.0	3.0	4.0	1419.500	0.000
	yes	3.4	0.8	1.0	3.0	3.0	4.0	5.0		
Therapeutic skills	no	2.8	0.8	1.0	2.0	3.0	3.0	5.0	1098.000	0.000
	yes	3.7	0.9	2.0	3.0	4.0	4.0	5.0		

M – medium; SD – standard deviation; Min – minimum value; Max – maximum value; Q25 – lower quartile; Me – median; Q75 – upper quartile, U – statistics of U Mann-Whitney test, p – significance.

Source: own research.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their diagnostic knowledge ( $U = 1455.50$ ,  $p < 0.05$ ). Among the surveyed in the first group,

the results fell between  $\text{Min} = 1$  and  $\text{Max} = 4$ . Median in this group amounted to  $\text{Me} = 3$ . Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of  $\text{Q}25 = 3$ ; in half, they were no higher than  $\text{Me} = 3$ ; and in three-quarters, they were no higher than  $\text{Q}75 = 4$ . This means that the teachers with additional qualifications evaluated their diagnostic knowledge higher than the other respondents.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their therapeutic knowledge ( $U = 1154.00$ ,  $p < 0.05$ ). Among those surveyed in the first group, the results fell between  $\text{Min} = 1$  and  $\text{Max} = 5$ . Median in this group amounted to  $\text{Me} = 3$ . Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of  $\text{Q}25 = 3$ ; in half they were no higher than  $\text{Me} = 4$ ; and in three-quarters, they were no higher than  $\text{Q}75 = 4$ . This means that the teachers with additional qualifications evaluated their knowledge on therapy higher than the other respondents.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their diagnostic skills ( $U = 1419.50$ ,  $p < 0.05$ ). Among those surveyed in the first group, the results fell between  $\text{Min} = 1$  and  $\text{Max} = 4$ . Median in this group amounted to  $\text{Me} = 3$ . Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of  $\text{Q}25 = 3$ ; in half, they were no higher than  $\text{Me} = 3$ ; and in three-quarters, they were no higher than  $\text{Q}75 = 4$ . This means that the teachers with additional qualifications evaluated their skills in diagnosis higher than the other respondents.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their declared skills in therapy ( $U = 1098.00$ ,  $p < 0.05$ ). Among the surveyed in the first group, the results fell between  $\text{Min} = 1$  do  $\text{Max} = 5$ . Median in this group amounted to  $\text{Me} = 3$ . Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of  $\text{Q}25 = 3$ ; in half, they were no higher than  $\text{Me} = 4$ ; and in three-quarters, they were no higher than  $\text{Q}75 = 4$ . This means that the teachers with additional qualifications evaluated their skills in therapy higher than the other respondents.

## Conclusions

The presented research pertaining to the sources of the teacher's knowledge and skills in the areas of diagnostics and therapy allow for formulating the following conclusions, which, however, are not subject to generalization because of the sample size.

1. The surveyed teachers from public schools declare that their knowledge pertaining to diagnosis and therapy was acquired on the job (70%) and the subject area knowledge which prepared them for the job. Skills in diagnosis and therapy are competences acquired on the job (more than 80%) and during preparation for the job (more than 70%).
2. The surveyed teachers of public schools rate their diagnostic knowledge as average (more than 51%), and only 28% respondents rate it as good. Diagnostic skills are considered average by 54% of respondents and good by 24%. Their therapeutic knowledge is considered average (44.5%), similarly to their acquired skills (43%).
3. The age of the surveyed teachers in public schools does not influence the evaluation of their knowledge and skills in diagnosis and therapy. Between the teachers aged 20–39 and those 40 and older, there are no substantial statistical differences pertaining to their knowledge in diagnosis and therapy. However, there are substantial statistical differences regarding the diagnostic skills between teachers aged 20–39 years and teachers aged 40 and up, while there is no such difference in reference to their therapeutic skills.
4. Additional qualifications held by the surveyed teachers of public schools influence the self-evaluation of their knowledge and skills in diagnosis and therapy. Between the teachers with and without additional qualifications, there are statistically significant differences regarding their self-evaluation. This means that teachers who have additional qualifications evaluate their knowledge and skills in diagnosis and therapy higher than the other respondents.

## Summary

An increasing number of children with disabilities attend public schools. Supporting children experiencing challenges is a process which requires teachers to improve their diagnostic and therapeutic competences, keep their knowledge

up to date and seek the best educational and therapeutic methods. Showing the holistic nature of topical knowledge, professional knowledge and caution based on responsibility for the actions undertaken towards children with special educational needs, it is necessary to note the importance of reflective practical experience when considering actions undertaken strictly in connection with the educational reality and the occurring civilizational, social, technical and cultural changes. “Reflective practical experience is an experience where a person is facing the necessity to modify the intended actions” (Pearson, 1994, p. 154).

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