RENAVIGATING THE DOMAIN OF SPECIAL EDUCATION:
Discovering – Rediscovering Disciplinary Paradigms That Matter Now

EDILBERTO I. DIZON, Ed.D.
Professor of Special Education and SPED Diagnostician-Counselor

The Essence of Renavigating

Renavigating the discipline of Special Education (SPED) in the Philippines means revisiting and tracing back its past and how it has developed into its current state.

Renavigating entails a long, arduous journey back to its beginning, analyzing the dynamic processes of its becoming, and thereafter, determining outcomes as we see and experience them at these contemporary times.

Renavigating is surveying what has become of SPED: mapping its present parameter, discovering and rediscovering the needs, urgencies and thrusts that have compelled adaptation/modification resolutions and intentions, and thereafter, reformulating and renovating its domain and restructuring and reinforcing its disciplinary fortress.

Like a seafarer who has seen impediments, struggles as well as achievements, permit me to share with you these significant nautical milestones that have shaped SPED into what it is now and also foreseen milestones as we sail along its disciplinary waters.

You, SPED supporters and stakeholders – like the ever-present lighthouse – have been keenly witnessing the calmness as well as the turbulence of the sea, oftentimes anxious about uncertainties. You deserve a chronicle of significant developments and identified but still persistent concerns from the journals of my disciplinal renavigation!
Every SPED specialist-practitioner, after having obtained his/her degree/s in SPED is expected to have achieved mastery **of** and **in** his/her discipline. The discipline **itself** – its parameter and the components therein – must be the first body of knowledge to be mastered thoroughly and comprehensively. Learning what the discipline is and its scope is fundamental! But of course, such mastery must also cover utmost proficiency, excellence in the different area contents in the discipline.

**The Domain of Special Education**

Special Education – upon close scrutiny and critical analysis – consists of six interrelated components constituting its disciplinal body. These components are presented and labeled as follows:

![Components of SPED](image)

**Figure 1. Components of SPED**

Why is there an urgent need for explicitly categorizing the disciplinal body into six components? It is because we want to ensure mastery of the disciplinal domain. Breaking the body into six components permits a much more systematic and thorough academic approach to learning about the discipline.
The Six Components (C’s)

The six C’s are described as follows:

Component 1: Conceptualization

The legal, philosophical, psychological, pedagogical, socio-cultural, religious, medical and other related/allied disciplinal foundations that explain and support SPED and from which we draw ideologies and perspectives indispensable to the existence and practice of the discipline.

Component 2: Contextualization

The context in which SPED is conceptualized and in which its programs and services are planned and implemented. In the Philippines, it is the localization of programs and services responsive to identified needs and concerns and attuned to the topographical features and other factors subsumed under Component 1, Conceptualization (e.g., socio-cultural, religious) including economic factors.

Component 3: Categorization

The classification of learners with special needs by disability/exceptionality usually expressed by label as diagnosed by clinicians/diagnosticians of different professions. Classification may also be by developmental area need: fine-motor, gross-motor, language-communication, self-care, etc.

Component 4: Connections and Collaboration

Linkages with support persons/professionals as vital team players, and also the participation and involvement of school, home, business sector, government organizations, non-government organizations and the community as a whole – being a significant part of the support system.

Component 5: Core Contents and Career Destinations

Assessment, curriculum, placement, instruction and materials production: scope, functions, priorities, practices and expected competencies.

Preparation of learners with special needs for the future: career directions and transition programs.
### Component 6: Charting New Directions

Current and foreseen trends, developments, issues, and concerns in and related to SPED.

### Themes/Contents Under the Six Components of Special Education

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3. Placement: scope, functions, issues, concerns, priorities and decision-making
4. Instruction: scope, functions, issues, concerns, priorities and methodologies/scheme
5. Materials Production: scope, functions, issues, concerns, priorities and possible outputs
6. Career education and Transition
   - further schooling
   - work training
   - employment
   - raising a family
   - community living
   - contributing to the community

F. **Component 6: Charting New Directions**

1. Information and communication technology in SPED
2. Emerging careers for SPED specialists
3. Medical, Psychological, Social, Work technologies, innovative schemes and services
4. Alternative Medicine
5. Teacher Training
6. Quality of Life
7. Peace Education
8. Environmental Education
9. Death education
10. Wellness and Quality of Life
11. Persons with Disabilities: Potential for Raising a Family, Child-Rearing, and Community Development

**Discovering – Rediscovering Paradigms That Matter NOW!**

Hereunder are the choicest catch from the vast domain of Special Education – most timely, most filling to all those who support and serve CSN, their families and their communities.

**Paradigm 1:** **SPED: Pro-Life, Pro-Humanity, Pro-God**

Special Education as **PRO-LIFE** values the presence of a child with special needs (CSN) and the nurturance of his/her family and significant others. Special Education as **PRO-HUMANITY** values a community of concerned individuals who genuinely facilitate the child’s growth and becoming. Special Education as **PRO-GOD** values the presence of a Divine Being and the power of faith and belief in His Providence and Intervention.

**Paradigm 2:** **Back to the Rudiments of Special Education: Loving and Beyond Loving a Child with Special Needs**

Special Education reaffirms its commitment to the well-being of the CSN and its conviction that this child is not only body. He/She is also heart and soul.

Loving and more than just loving the CSN by way of actualizing such love in positive, specific and concrete actions are realized within these dimensions and their themes:
**Paradigm 3:** **Life-Span Model in SPED**

The life-span model of development and intervention adheres to the perspective that the provision of intervention must synchronize with the pursuit of life-skills continuum. This will enable the CSN to function harmoniously and competently within the mainstream throughout life.

**Sample A:** **JOURNEY THROUGH LIFE**

The birth of a special child heralds an arduous journey. It is a journey where wayfarers: the child himself and his significant others need to tread unfamiliar routes toward an unforeseen destination. It is a journey painstakingly planned not only to meet a need but also to fulfill a pledge toward the special child’s future. It is not an easy journey, nay, a predictable one. There are peaks and valleys, also the vagaries of weather. But wayfarers have to move on no matter how slow. They have to rise whenever they fall. It is a journey for those who BELIEVE.

This is our journey. Not by our own choice but charted and blue-printed by a Divine Providence who makes and clears the way for each special child’s step. He has picked us out from all the rest to ensure that each special child gets to be the best than he can be – according to His will.

Figure 2. Journey Through Life
Milepost 1: Being: In Celebration of Life

- What we believe
- Core conditions of helping
- Pro-Life
- Toward a positive and purposive direction
- Definition of who we are

Milepost 2: Belonging: Into a Bigger World

- Where and with whom the child learns
- Synchronicity
- Placement options/schemes
- Normalization
- Continuous progression scheme
- Individualization
- Pro-Humanity
- Instructional methodologies
- Learning avenues and material resources

Milepost 3: Becoming: Toward a Positive Direction

- Special child has a future
- Pro-God
- The future relies on the present
- Transition
- Normalization possibilities
- Advocacy

Sample B:  SUCCESS CRITERIA IN THE EDUCATION OF CHILDREN WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD)

Among children with disabilities, those with attention deficit/hyperactivity disorder (AD/HD) are often the most misunderstood. This is so because of the atypical behaviors they exhibit despite their ability levels. Such behaviors: hyperactivity, inattention and impulsivity are often not deliberately demonstrated to spite others. These behaviors usually get out of control beyond the neuro-cognitive and affective levels of the child. Thus, these children are often mislabeled as "bastos", "makulit", "walang modo" at "di tinuturuan ng magulang".

Just like other children with different disabilities, children with AD/HD need to be educated for a future. They deserve utmost concern and care so that they, too, can achieve the best they can.

The figure on the next page presents a diagram showing child, home, school and community factors. The specific factors that apply to each individual with AD/HD will significantly determine the success he will achieve in the future. Thus, it is imperative to articulate that success criteria gauging the achievement of an individual at any life phase are attributed to such facilitative or non-facilitative factors.
Sample C: PLEASE SEE PARADIGM 10 (INSTITUTIONALIZATION VS COMMUNITY LIVING) WHICH ALSO ADOPTS THE LIFE-SPAN MODEL.)
Paradigm 4: **Special Education as an Array of Services Through Inclusive Education**

Inclusive education believes that the array of services for children with special educational needs (CSEN) could be available in the general education classroom. The earmark of education for CSEN is individualization which could be provided in varied placement programs including regular classes. Such individualization in any type of placement program suitable to/best for the child with SEN is a provision of special education. Thus, a child with SEN who is provided an individualized curricular and instructional program in a regular school is provided SPED. The relationship of special education and general education is now seen as a continuum of placement schemes – from segregation to integration. This now re-confirms that the end-goal of special education is the inclusion of CSEN in the mainstream of general education. We do not, therefore, define special education as a separate system detached from general education anymore! Special education, viewed as an array of services rather than a separate, segregated system – could be present in any school or non-school program as long as individualization is provided. Such perspective enables the child to learn and grow with his regular peers in the regular class while at the same time avail of special support education services.

Placement of CSEN in regular classes enables them to go through the ladder of schooling and even pursue a career. Many high-functioning CSEN have enormous potential for tertiary education and competitive jobs. Placement in non-graded special classes does not permit an upward movement toward higher education and moreso, competitive employment. The fact, however, remains that many CSEN – considering the severity of their abilities – will have to be placed in segregated programs which include special classes. Placement decision-making is a function primarily of SPED specialists but the parents of the child – in the end – still have the final say.

Inclusive education being the educational expression of normalization, is not contextualized in the school setting only. It utilizes home, neighborhood and community contexts and resources through planned curricular provisions rendered by school administrators, teachers and support services in collaboration with the family and community manpower resources. From the classroom, through direct classroom instruction, class/school programs, co-curricular activities/clubs/orGANizations, sports activities, etc. expanding onto the home and neighborhood and the community: play areas, public transportation, foodshops, churches, parks, malls, supermarkets, wet markets, hospital work places, zoos, sports facilities, etc., community helpers and other public amenities. These are the venues/spHERes for learning, socializing, working, spending leisure, and traveling with all others! In short, inclusive education aims to make a child with SEN a part of humanity without discrimination, bias, oppression, and even labels!
**Paradigm 5: Multifactored Contextualization of SPED**

SPED models are largely anchored on the context for which they have been conceptualized and in which such models are implemented. Philippine SPED is the outcome of the interplay of diverse factors which makes it distinctly unique. In the context of economic constraints alongside other factors (variations in religion, topography, socio-cultural orientations, unemployment rates, family factors: number of children, mother and/or father absence, access to schooling; political climate and governance; infrastructure deficits; limited health services; armed conflicts/wars; degradation of the environment; calamities; quality of law enforcement; child labor; and quality of teacher/support person preparation and availability. All these have significant impact/effects on the quality of life of and services for persons with special needs.

**Paradigm 6: “Educationalizing” Labels**

Categorizing CSN by label is done in view of the expertise of clinicians/diagnosticians in different areas of specialization/discipline. It is, therefore, observed that diagnostic labels are often expressed in their respective disciplinal terms. The standardization of diagnostic labels by disability/exceptionality across continents/nations get organizational support for valid reasons. There is, however, the element of relativity in nomenclature depending on: a) the specialization of clinicians/diagnosticians, b) the expression of such terms even if they refer to the same disability/exceptionality, and c) the rhetoric of labels suitable to specific groups of clientele. Efforts in SPED, therefore, are geared toward the “educationalization” of labels – veering from the jargon/technicalities of other disciplines. Special Education serves families, educators, paraprofessionals and even non-professional service-givers like nannies, drivers and maids, and connects with publics we see everywhere and everyday. Labels in varied media use contribute to the crystallization of support and empathy but also of indifference and discrimination, among others. “Educationalizing” labels eliminates the “mystique” of technical disciplinal terms that even generate unfounded fear.

What underlying meanings do labels convey? How must labels be communicated? Or can we do away with labels? Can classifying by need or other alternatives minimize or soften the stigma associated with disabilities? Let us keep them, meanwhile, for another lecture-forum!
Paradigm 7: Support Schemes

The shift from center-based intervention: therapies, behavior management, academic tutorial, to where CSN are exhibiting academic, motoral, language and self-care difficulties, atypical behaviors and social deficits is gaining much support. This is so because of the CSN’s difficulty/limitation in the transfer of learning from a center-based program onto school, home or community where they are expected to actualize target competencies/skills. The goal of helping CSN generalize learning is easily achieved when done in “actual-application” contexts. Thus, for example, academic deficits are addressed by the support person in school; speech delays by the therapist in school or community small-group sessions; atypical behaviors by the therapist at home; and, atypical verbal-behavioral-social concerns by the behavior coach in the community.

Sample A: Shadow Teaching

Shadow teaching is the deployment of a trained professional to render needed support/intervention to the CSN placed in an inclusive school. This scheme is designed to ensure that the CSN’s placement with typically-developing peers facilitate his/her positive inclusion toward greater social, behavioral, academic independence and vocational maturation through the normalization process.

Five area functions of the shadow teacher are: a) behavior management, b) curricular modification/adaptation, c) social skills management, d) individualized instruction, and e) team working.
A conceptual framework for shadow teaching is presented in the following diagram:

![Diagram showing the Inclusion Program with roles of Regular Teacher, Shadow Teacher, and Goals]

Figure 4. The Shadow Teaching Scheme

**Sample B: Behavior Coaching**

Behavior coaching refers to the individualized intervention designed for the adolescent/adult with special needs enabling him/her to acquire psychosocial-educational skills and competencies consistent with the normalization perspective. When an A/ASN remains center/school-based or has moved on to a homebound program, increasing further his/her behavioral, social and educational skills and competencies through one-on-one intervention needs to be prioritized. This is so because he/she needs further development and refinement/enhancement of prioritized skills and competencies in day-to-day living with others at home, in school and in the community. Behavior coaching empowers the A/ASN to know and utilize his/her abilities/potentials within the context of community living; to blend positively and constructively within the community; and, to co-learn and transact with others appropriately and possibly, independently.

**Paradigm 8: Psychoeducational Assessment in SPED (PA-SPED)**

The PA-SPED utilizes the expertise of a trained SPED diagnostician – Individualized Educational Plan (IEP) specialist. This practitioner assesses the referred child suspected with a disability/exceptionality utilizing varied tools and strategies: observation, interview, FRICS (forms, records, inventories, checklists and scales), informal skill survey, and standardized psychological-educational tests.
The practitioner prepares the report containing the results and the educational prescriptions. He meets the parents/guardians and the child’s teachers and other support givers: therapist/s, tutor, caregiver, etc. to discuss the results and the recommendations. He then meets the team periodically for follow up, and after a year, meets again the child for re-assessment.

The diagram below presents the psychoeducational assessment model:

![Psychoeducational Assessment Model Diagram]

Figure 5. Psychoeducational Assessment Model

**Paradigm 9:** Career Education and Transition and the Child with Special Educational Needs

Career Education is a systematic process of guiding the CSEN throughout his/her life span as he/she moves forward from one milestone to another – keeping him/her within the positive track – so that he/she, too, can achieve a purposive, meaningful and productive adult life. Thus, early on, it is imperative that appropriately-designed curricular, instructional and psychosocial programs based on periodic assessment are provided. Such preparation ensures that the CSEN – as early as possible – is proactively taught and guided toward a life direction based on his periodic psychoeducational assessment data.

Transition pertains to the move-out/exit of the CSEN usually from grade school or high school to pursue: a) further school, b) job training, or c) employment. Transition, therefore, enables the CSEN to move on through further schooling and job training, and possibly job employment. All these placement opportunities are in support of the child’s and his/her parent’s strivings: from segregation to integration, from caregiving to empowerment education, and from human-needs provisions to independence.
The child - as early as possible - is referred to a specialist because he/she manifests over atypical behaviors/characteristics. Adults suspect that these might be symptoms of a disability/exceptionality.

Psychoeducational assessment is done to determine the disability/exceptionality as well as the intelligence, academic achievement, psychomotor skills, psychosocial skills, self-care, interests, and talents of the child. Data are drawn from results of standardized tests, FRICS (forms, records, inventories, checklists, and scales), observations, interviews, portfolio assessment, reports, and informal skills survey. Comprehensive reports on follow-up evaluation results are done periodically.

Where will the child go after schooling? Further schooling Job training Job employment

These are possibilities. The actualization of such depends on different child factors revealed by the assessment and also the quality of intervention provided by the school, home and community.

Guide Questions:
- What are the resources needed in such systems approach to career education and transition?
- What opportunities can be provided to ensure the smooth take-off of the child from assessment to transition?
- What possibilities are open to the child given well-guided and efficient career education and transition?
Where will the CSEN go after elementary/secondary schooling?

Figure 7. Toward Transition
Paradigm 10: Institutionalization vs. Community Living

So much interest in the community-living model has been observed and such interest has escalated into the conceptualization and near-future provision of a community-living estate for persons with special needs (PSN) and their families in the Philippines.

Institutionalization places the PSN in a residential home-care facility away from his family. Support provisions are confined within such facility together with other PSN with limited opportunities for out-of-the-facility life-skills provisions: picnics, sibling interactions, outings, reach-out, and other community participation.

Community living accommodates family members to be with the PSN enabling provision of numerous life-skills programs and services within and outside the community.

Sample: Happy Homes Housing Cooperative (HHHC)
Tanza, Cavite / www.happyhomeshousingcoop.org

The HHHC model has been conceptualized with the objective of providing persons with special needs a community that gives lifelong care, supervision and guidance, together with their families; work in sheltered employment; and involvement in leisure activities. It also aims to provide families support-service givers for their children with special needs.

More than just the provision of shelter, these member-families – as an organization – together with the member-support persons plan, implement and manage a cluster of interrelated programs and services. These are psychosocial and educational intervention, recreation and sports, life-skills training including vocational, and employment and possibly entrepreneurship. Families are encouraged to put up work-training and income-generating projects/businesses where persons with special needs can apprentice and work in and which they can eventually operate and manage. Together, they join hands and lead persons with special needs toward increased maturity and autonomy. Provision of inclusion is designed enabling the person with special needs avail him/herself with programs and services (e.g., inclusion in regular schools, outreach programs, community celebrations, club membership and participation) within the bigger community where Happy Homes is located.
Paradigm 11: The Expanding Roles and Functions of SPED Specialists and Supporters in the Light of Emerging Priorities

The SPED specialist, more than ever before, faces greater challenges that test his/her commitment to his/her mission, and deeper and wider involvement in programs and services that aim to improve the conditions of CSN, their families and communities.

Emerging priorities include the promise of alternative medical intervention; the pursuit of wellness and quality of life as well as responsive alternative educational delivery systems for CSN; the empowerment of families and organizations toward more relevant and significant impact on the lives of persons with disabilities; the collective drive toward peace and environmental education; the ever-increasing need for information and communication technology; and, the increased awareness of and sharpened focus on the importance of death education. All these have relevant implications and marked impact on the lives of CSN, their families and communities, and also on the preparation and practice of the SPED specialist.

Together, we parents, teachers, administrators, support persons and all others involved in the present and future states of SPED and its clientele, must join hands together, deepen our sense of volunteerism and spirituality, get more resolute, and pursue our advocacies so that those entrusted to us can be the BEST they can and have a future, a destination, too. We have been, after all, CALLED TO SERVE!