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SPECIAL EDUCATION, PSYCHOLOGY AND PUBLIC POLICIES: THE DIAGNOSIS AND THE PEDAGOGICAL PRACTICES

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ABSTRACT

The article aims to analyze public policies, diagnostic and pedagogical practices in special education, highlighting conceptions and articulations between them, mainly affecting the work of psychologists and teachers. Aspects of the legislation are considered with regard to special education and the diagnostic process, and the work done at school, based on these elements. Based on historical-cultural psychology, the reflections are permeated by the case of Roberto, a 4th year student, diagnosed with intellectual disability in psychological report, it is important to highlight that the research participant was not related to the focus of this article. The predominance of the clinical perspective in policies and practices is pointed out, based on an individual and biological conception of disability, for which failure is the responsibility of the individual; and also that, from this perspective, the pedagogical mediations are of low quality, infantilizing, so that they result more in exclusion and inferiority than in the subject's learning and development.

Keywords: Special education; Psychology; public policies.

Educación Especial, Psicología y políticas públicas: el diagnóstico y las prácticas pedagógicas

RESUMEN

En el artículo se tiene por objetivo analizar políticas públicas, prácticas diagnósticas y pedagógicas en la educación especial, destacando concepciones y articulaciones entre ellas, principalmente afectas a la labor de psicólogos y profesores. Se consideran aspectos de la legislación, en lo que concierne a la educación especial y al proceso diagnóstico, y del trabajo desarrollado en la escuela, a partir de esos elementos. Basadas en la Psicología histórico-cultural, nuestras reflexiones impregnadas por el caso de Roberto, alumno del 4º curso, diagnosticado con deficiencia intelectual en laudo psicológico, participante de investigación cuyo objetivo no estaba relacionado al enfoque de este artículo. Se apunta la predominancia de la perspectiva clínica en las políticas y en las prácticas, ancle en concepción individual y biológica de la deficiencia, para la cual el fracaso es responsabilidad del individuo; y también que, a partir de esa perspectiva, las mediaciones pedagógicas son de baja calidad, que infantiliza, de modo que más resultan en exclusión e inferioridad de que en el aprendizaje y en el desarrollo de sujeto.

Palabras clave: Educación especial; Psicología; políticas públicas.

Educação Especial, Psicologia e políticas públicas: o diagnóstico e as práticas pedagógicas

RESUMO

O artigo visa analisar políticas públicas, práticas diagnósticas e pedagógicas na educação especial, destacando concepções e articulações entre elas, principalmente afetas ao trabalho de psicólogos e professores. Consideram-se aspectos da legislação, no que concerne à educação especial e ao processo diagnóstico, e do trabalho desenvolvido na escola, a partir desses elementos. Baseadas na Psicologia histórico-cultural, nossas reflexões são perpassadas pelo caso de Roberto, aluno do 4º ano, diagnosticado com deficiência intelectual em laudo psicológico, participante de pesquisa cujo objetivo não estava relacionado ao enfoque deste artigo. Aponta-se a predominância da perspectiva clínica nas políticas e nas práticas, assente em concepção individual e biológica da deficiência, para a qual o insucesso é responsabilidade do indivíduo; e também que, a partir dessa perspectiva, as mediações pedagógicas são de baixa qualidade, infantilizadoras, de modo que mais resultam em exclusão e inferiorização do que na aprendizagem e no desenvolvimento do sujeito.

Palavras-chave: Educação especial; Psicologia; políticas públicas.

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INTRODUCTION

This article analyzes public policies, diagnostic and pedagogical practices in special education, pointing out conceptions and articulations between them, mainly related to the work of psychologists and teachers, taking into account the historical-cultural psychology. To this end, public policies and legislation relevant to Brazilian special education and guidelines for the elaboration of a diagnosis related to disability are considered, highlighting concepts that support them and articulations between them and between these with pedagogical practices within the scope of special education. The attention to the psychologist's professional practice stems from the central role that its initiatives, notably the diagnosis and the elaboration of the report, had in view of the student's case that serves as a substrate for our analysis, including influencing the definition of pedagogical practices developed with him.

Intellectual disability is given priority here, considering Roberto (fictitious name), a nine-year-old student enrolled in the 4th grade at a school in the municipal education network of Natal, State of Rio Grande do Norte. His experience will be taken as an element to guide the discussion, considering its relevance to the objective of this article. It is noteworthy that Roberto was a doctoral research participant (Kranz, 2014), in which the in-depth analysis of the specificity of his case was not developed at that time, as it was not directly linked to the objectives of the investigation.

At that time, Roberto's relationship with the school was mediated by two reports issued by a psychologist from a "clinical-pedagogical institution" in the State of Rio Grande do Norte. Although with different justifications, since each of them was supported by different International Classifications of Diseases (ICD), the reports contained the same diagnostic and prescriptive text.

It is noteworthy that the reports were a standard form of the institution and, therefore, had a previously defined content, the professional was only responsible for filling out the personal data of the patient and the ICD codes. The time lag between the two reports, issued when Roberto was six years old - still without school life - was less than eight months. Both diagnosed him as "having a specific nosology that makes him dependent and has canceled his civil liability and work capacity and must remain under custody". Despite these common elements in diagnosis, while the first was supported by ICD F71 (moderate mental retardation) and ICD 80.1 (expressive language disorder), the second was supported by ICD F88 (other disorders of psychological development) and ICD F91.8 (other conduct disorders).

Based on Roberto's significant reality, some questions demonstrate the object of reflection throughout the article: how has the diagnosis process been carried out by psychologists and/or other professionals? What conceptions of disability have supported this process? How do the public policies of special education relate to the diagnosis process and the report? In what ways does the report interfere with the teaching and learning processes at school? What have been the pedagogical practices of teachers and psychologists in this context?

THE DIAGNOSIS, CONCEPTIONS OF DISABILITY, AND SPECIAL EDUCATION POLICIES

It starts with the understanding that the report is a document, the result of a diagnostic process. Thus, in addition to the content of the report, it is necessary to examine such a process, the concepts that guide it and its implications for the school life of the person who receives a report of disability and/or disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV), published by the American Psychiatric Association (APA), one of the documents guiding the diagnostic processes at the time of issuing Roberto's report[1], held a clinical character (Bridi, 2011), globalizing the American psychiatric model (Guarido, 2007). Taking as an element for our analysis the intellectual disability (called mental retardation in the referred Manual), attributed to Roberto in the first report and aspect of his identity in the school context, it is worth pointing out the criteria for his diagnosis, according to DSM IV:

> Intellectual functioning significantly below average: an IQ [Intelligence Quotient] of approximately 70 or below, in an individually administered IQ test...
> Concomitant deficits or impairments in current adaptive functioning (that is, the person's effectiveness in meeting the standards expected for the age by their cultural group) in at least two of the following areas: communication, personal care, home life, social skills/interpersonal skills, use of community resources, independence, academic skills, work, leisure, health and safety.
> Beginning before 18 years old. (American Psychiatric Association [APA], 1994, p. 93-94).

Once Roberto was diagnosed, in the first report, as a "bearer" of moderate mental retardation, the assumption is that his intelligence quotient - IQ - should range between 35-40 to 50-5 (APA, 1994). As mentioned,

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[1] Other documents also supported the clinical diagnoses at the time: the International Classification of Diseases (ICD-10) and the International Classification of Functioning, Disability and Health (CIF), both published by the World Health Organization (WHO). As the concept of mental retardation and the instruments to be used for its verification are similar (Bridi, 2011), we decided for referring to DSM IV because it is a publication in an area more directly related to the topic treated.

the Manual's orientation towards the diagnostic process for measuring IQ is limited to an individual test, a process that, in our understanding, is very limited in assessing a person's intellectual capacity, regardless of the content of the test. As stated by Anache (2001) and Bridi (2011) on the psychometric perspective of the diagnosis, at the moment when the process is guided by individual testing and the average of the individual capacity, attention is drawn to the fact that the specific social insertion of the subject is disregarded, as well as the subject' social skills, learning and development process in this context.

Also in this regard, when referring to tests for measuring the "intelligence quotient", Leontiev (2005) states that "in the best case, the measurements obtained with the tests only give a superficial idea of the level of development" (p. 89), they "never discover the nature of the delay, nor do they allow it to be interpreted at all. They only give the illusion of an explanation of the cause of failure" (p. 89).

The exclusive use of tests as diagnostic tools is likewise criticized by Vygotsky (2005), for whom the tests can only point to the child's effective development, understood by the traditional orientation of pedagogy and psychology, as a "limit not overcome by the child" (p. 37). According to the relationship between learning and development in historical and cultural psychology, in addition to the real development of the subject, it is necessary to consider its learning possibilities when in collaborative and mediated contexts. Such learning is a source of new developments, which will enable new and more complex learning.

Still according to Vygotsky (2005), "a simple control demonstrates that this level of effective development does not completely indicate the child's developmental state" (p. 35). The research undertaken by the author indicates that the relationship between the development process and the child's ability to learn cannot be defined when limited to a single level of development. In this sense, Vygotsky (1994) affirms that it is necessary to take into account what the child is still unable to do with autonomy, but can do with the help of other people, what he calls the Potential Development Level. For Vygotsky (2005),

> Therefore, the area of potential development allows to determine the child's future steps and the dynamics of his/her development, and to examine not only what development has already produced, but also what it will produce in the maturation process... The child's state of mental development can only be determined by referring to at least two levels: the level of effective development and the area of potential development. (p. 37).

Regarding the second criterion of DSM IV for the diagnosis of mental retardation, which refers to the capacity for adaptive activities, which are not mentioned in Roberto's report, the question is: have they been evaluated? In what way? Which of them can be evaluated in a child under six years old? This gap leads us to question the diagnostic process and its result, the report, in view of the meaning and its effects, particularly, in a person's school context, as is the case with Roberto. The importance of the report for the school is so significant that it plays a mediating role in the pedagogical and social relationships that take place within the institution. An example of this is the need that, in general, the school has that the student who presents any difference is referred to the diagnosis (Franco, Tuleski, Eidt,& Chaves, 2013; Brzozowski & Caponi, 2013; Guarido, 2007), as well as how the pedagogical process is shaped, to be developed with such a subject (Brzozowski & Caponi, 2013; Guarido, 2007). In view of this context, it is thought, with Leontiev (2015):

> What is the value of investigations by physicians and psychologists on the problem of mental retardation? To what result do their diagnoses and prognoses, their selection methods lead? Can they lead to a decrease in the number of children classified as mentally underdeveloped, or perhaps they determine the opposite result? (pp. 87-88).

Notwithstanding the above analyses on the diagnosis, the report and its implications, resulting from Roberto's situation, it is emphasized that the report is currently not mandatory for the inclusion of the student as a target audience for special education in Brazil (Brasil, 2014). In other words, despite the fact that Roberto arrived at the school with a report, in view of the fact that his social and educational process in the institution started to be mediated by such an instrument, a significant portion of the children are only inserted in the special education modality after being at school.

This insertion occurs at the initiative of the educators, with referral to the teacher of Specialized Educational Service - AEE2, as recommended by Technical Note 4/2014, from the Directorate of Special Education Policies (DPEE) of the Secretariat of Continuing Education, Literacy, Diversity and Inclusion (SECADI), from the Ministry of Education (Brasil, 2014), in line with Resolution 4/2009, of the National Education Council (CNE), which establishes Operational Guidelines for AEE

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[2] Specialized educational assistance is defined as the set of activities, accessibility and pedagogical resources organized institutionally, provided in a complementary or supplementary manner to the development of students in regular education (Brasil, 2008, article 1 paragraph 1).

in Basic Education, a Special Education modality (2009). In its Article 9, Resolution 4/2009 establishes that

> The elaboration and execution of the AEE plan are the responsibility of teachers who work in the multifunctional resource room or AEE centers, along with other teachers of regular education, with the participation of families and in interface with the other sectorial services of the health, social assistance, among others necessary for care.

It is worth mentioning the fact that, although Roberto's report was signed by a psychologist, the current legislation related to the inclusion of students in special education does not explicitly include the participation of this professional in the process. Although the psychologist may be part of the health, assistance or other services, as provided for in the Resolution, its performance is not provided in school, and its function is not directly linked to pedagogical issues. Anache (2009) calls attention to a possible "adaptationist", "normalizing" direction of this performance (p. 241).

The AEE plan, in accordance with paragraph IV of Article 10 of the same CNE Resolution, consists of "identifying the specific educational needs of students, defining the necessary resources and activities to be developed" (Resolution 4/2009, 2009). In other words, when the student is already part of the school, suspicion of disability, global developmental disorder or high skills/giftedness - notably by teachers - should be referred to a case study by the AEE group, which operates according to the aforementioned guidelines, without the need for diagnosis and the elaboration of a clinical report. Thus, the procedures recommended by the documents guiding public policies on special education have a pedagogical character, much more than clinical, despite the fact that educational action has been anchored in clinical reasons - disease, disorder, disability.

Even though the practice of the psychologist has been consistent with this clinical guideline, according to Anache (2009), the school/educational psychologist would have relevant contributions in this process, in terms of "stimulating the processes of analysis and enabling teachers... to build their own criticisms within schools, whether special or not" (p. 230); the "... transformation of school failure processes ..." (p. 238) of students with intellectual disabilities; the "construction of spaces for interlocutions between other voices and dimensions of knowledge ..." (p. 240).

At this point, it is emphasized that the pedagogical/clinical contradiction, evidenced above in school practices and in the psychology's performance, can also be identified in the Resolution, which guides both the procedures to be adopted in the AEE, as well as the criteria that lead a student to be included in special education. The apprehension of such criteria requires an understanding of the concept of disability present in the document, in which students with disabilities are understood as "those who have long-term physical, intellectual, mental or sensory impairments" (Resolution 4/2009, 2009, article 4, paragraph I). Therefore, the concept adopted by the CNE, which guides the public policy of AEE and the pedagogical practices in school institutions, expresses the individual and clinical conception of disability, associated with which is the understanding of the subject due to its limitation and disability - in the case of intellectual disability, inability or limitation to learn. Contrary to an understanding of this nature, Vygotski (1997a) sustains that "... no educational practice is possible based on purely negative principles and definitions" (p. 13, our translation).

Thus, although the report is not mandatory, the indication of students for AEE and the pedagogical practices developed therein tend to reproduce the concepts that articulate disability, incapacity and disease, from which it is concluded that the medical conception in relation to disability is still dominant in school culture. This relationship, resulting from the same conception, is present in Roberto's report, considered "bearer of specific nosology". This perspective was already criticized by Vygotski (1995), according to whom,

> The traditional conception [of psychology] started from the idea that a defect meant a deterioration, an imperfection, a failure in the child's development that limited and restricted its field of development. A negative point of view was formulated about such a child, its development was characterized by the loss, fundamentally, of one or other functions. (p. 312, our translation).

As the concepts that guide the legislation, diagnostic and pedagogical practices are the focus of this article, it is worth pointing out and reflecting on the concept of disability present in official documents in Brazil. Such a concept, in CNE Resolution 4/2009, for example, is in contradiction with that instituted by the Convention on the Rights of Persons with Disabilities (ONU, 2006), ratified by a qualified quorum in the National Congress in 2008 and, therefore, equivalent to constitutional amendment in our country. According to the Convention (ONU, 2006),

> People with disabilities are those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, can obstruct their full and effective participation in society on equal terms with other people. (Article 1).

The Resolution is also in contradiction with the guiding document of the Special Education Policy from the perspective of Inclusive Education (Brasil, 2008), which brings the concept of students with disabilities similar to the ONU Convention: “students with disabilities are considered to be those who have long-term impairments, of a physical, mental, intellectual or sensory nature, which in interaction with different barriers may have restricted their full and effective participation in school and in society ”(p. 15).

Thus, the differential that both documents bring, in relation to the concept that is in the CNE Resolution, is particularly the contextual element, the conception that the disability, beyond the limitation of the subject, is a social construction. As can be seen, despite the fact that Brazil has ratified an international treaty, in which disability is conceived in a very advanced way and from an inclusive perspective, which considers the potential of the individual and the importance of the context for its development, the conception that guides specific legislation of public policies and daily practices of special education is still quite traditional, based on the individualizing medical model.

Therefore, it is questioned how a Resolution of the year 2009, of such an organ relevant to the legislation and to the public educational policies in Brazil, such as the National Council of Education, can use a different and antagonistic concept to that advocated by the International Convention with constitutional amendment statute in the country, as well as by the document guiding the special education public policy of the Ministry of Education. In this regard, Maia (2013, p. 294) states that “any concept of a person with a disability contained in infraconstitutional standards that contrasts with the concept brought by the Convention has been revoked”.

The consequences of adopting such a concept are not small. An example is the fact of the already mentioned Technical Note 4/2014 (Brasil, 2014), which deals with “guidance on supporting documents for students with disabilities, global developmental disorders and high skills/giftedness in the School Census” (p. 1), be guided by Resolution 4/2009 and its concept of disability, for “the declaration of students, target audience of special education, within the scope of the School Census” (p. 3). Another example is the adoption of the same Resolution and definition to guide the “guidelines for the institutionalization of the offer of Specialized Educational Service - AEE - in Multifunctional Resource Rooms, implemented in regular schools”, as provided for in Technical Note 11/2010, also from MEC (Brasil, 2010, p. 1). As can be seen, according to the CNE document, the Ministry of Education also uses a concept of disability different from that defined in the Brazilian legislation, to guide its public policies. Interestingly, despite the fact that both technical notes of MEC refer to the ONU Declaration, in which the concept of disability is more inclusive and social, they guide in the sense that actions within the scope of special education are based on the concept of the CNE, with all its contradictions and implications.

In addition, the effects of the CNE Resolution also impact other aspects of public policies on special education, since, among other guidelines, it defines the financing of enrollment in the AEE (article 8), the inclusion of the AEE in the educational project of schools (article 10), the roles of the AEE teacher (article 13). In summary, the consequences of the Resolution are widely felt, ranging from the allocation of resources from the National Fund for Maintenance and Development of Basic Education and Valorization of Education Professionals (FUNDEB) for students of special education, to the political-pedagogical of schools and, from it, on the pedagogical work developed in the classrooms and in the multifunctional resource rooms of the AEE.

Guiding special education through the clinical-medical concept, which individualizes and medicalizes disability, is a setback in the face of the most recent inclusive advances; it means maintaining the traditional conception, historically adopted in this modality and in the AEE. The history contained in the document of the National Policy on Special Education from the perspective of Inclusive Education (Brasil, 2008) states that

> Special education has traditionally been organized as a specialized educational service replacing ordinary education, showing different understandings, terminologies and modalities that led to the creation of specialized institutions, special schools and special classes. This organization, based on the concept of normality/abnormality, determines forms of therapeutic clinical care strongly anchored in psychometric tests that define, through diagnostics, school practices for students with disabilities. (p. 6).

Finally, the implementation of special education policies in Brazil has been repeating the traditional conception of disability and difference. As a result, it is contaminated with contradictions, whose most damaging effect is the constitution of the subject based on negative principles, marked by the inability/limitation to learn and to develop.

How does this conception permeate the school culture and what are its consequences in the school pedagogical practices of teachers and psychologists?

SCHOOL CULTURE, PEDAGOGICAL PRACTICES, AND THEORETICAL CONCEPTS

It starts from the understanding that, whatever the conceptions of difference and disability, they are the expression of the way in which the constitution of the subject and the role played by the school institution and the educational actions in this process are understood. When the subject is seen from its lack, from its disability, that is, when the school has the clinical report as the main guiding element of its practices, when it is a mediating instrument, the effective pedagogical mediation tends to be low quality, infantilizing. Educational actions are restricted to elementary processes, more of a sensory-motor character, as pointed out by Vygotski (1997b), reducing the possibilities of learning and, consequently, of development - confirming the downward difference, the social and historical incapacitation of the subject. The results of such a perspective cannot be other than medicalization, the protection of the subject, the stigma and prejudice that fall on him/her.

In this way, due to the report, Roberto had a prescription for controlled medication, as did countless other children (Franco et al., 2013). He ingested Gardenal daily, a Phenobarbital-based medicine whose package says it is "a barbiturate used as an anticonvulsant and sedative drug", which "acts on the central nervous system", and it is "used to prevent the onset of seizures in individuals with epilepsy or seizures from other sources" (Gadernal – complete package insert, 2019). The package insert also states that pediatric drops should be administered with caution in children under 12, as they contain alcohol and that its prolonged use may cause dependence.

Bittencourt (2008), professor of Neurology at UFSC, in an article addressing the excessive use of medicines, states that

> with regard to PB [Phenobarbital], we take too long to recognize its most serious problem: it is extremely difficult to find a chronic user who does not develop *barbiturism*, that is, the combination of drowsiness (or paradoxical hyperkinesia) with cognitive-behavioral disorders in varying degrees. (p. 81).

The professor found that the medication made Roberto "very agitated and inattentive", which could effectively be a side effect of Gardenal, compromising the student's ability to participate and develop the activities proposed in the classroom. Referring to the report, she pointed out that it lacked information. "The report only brings in writing the deficiency. Roberto's report only has the CID, what's up? I think the psychologist or the physician should say that the code is about such a disorder". In this testimony, the concern with the student's individual characteristic, with its limitation: what is it? Roberto was considered at school to be a "DM" student (abbreviation for Mental Disability, now called intellectual disability), independent of the other ICDs that comprised both the first and second reports, and regardless of their other characteristics and peculiarities.

In the same way that at no time was reference made to the guidelines for a pedagogical work that qualifies Roberto's teaching and learning process, the management team and the teachers understood that the psychologist's contribution to the inclusion of the student would be the provision of individual assistance, which also does not provide pedagogical guidance. The role of the school psychologist, understood in this perspective, would only contribute to the confirmation of the individual and pathologizing guideline of the report, contributing little to the student's development. On the other hand, since the report did not, the school psychologist could articulate the individual and the collective and cultural in the constitution of the subject and the disability, bringing pedagogical principles that could guide school practices with a view to learning and developing Roberto.

For Vygotski (1997b, p. 313, our translation), the development of a child with a disability "does not depend directly on [his/her] organic defect"; on the contrary, "... cultural development is the most important sphere where it is possible to compensate for insufficiency. Where organic development is impossible, there are endless possibilities for cultural development".

As for the pedagogical work developed with Roberto, in the 4th grade class, he composed, with two other students, also with disabilities, a group isolated from the rest of the class. According to the teacher, they performed "simpler activities" (painting, cutting, covering letters, pasting), which were guided by a professional without pedagogical training and hired specifically for this purpose. Until the middle of the year, he wrote his name and recognized some letters, but he did not know how to count or recognize numbers. He had a great desire to "take from the board" (in the teacher's words), that is, to copy in his notebook what was written on the blackboard. Although the school context was marked by a lot of care with his behavior, there was little investment in relation to the learning of concepts. Likewise, he was also not taught simple skills, such as tying his shoelaces; it was up to the mother and the teachers to perform this task, respectively at home and at school.

It is understood that the work developed in this perspective not only starts from the individual limitations of the subject, but also validates the concept of clinical-medical disability, since it does not allow mediations that can effectively promote the learning and development of all students. To segregate a student from a relevant pedagogical activity directly means to exclude him/her from learning; offering simpler activities means not investing in his/her human potential for development.

In the school context, it is necessary to develop inclusive mediations, through which it is possible to teach concepts also to students with disabilities, which would, at the same time, make it possible to provide new meaning to the individual concept of disability. Vygotski (1995) defined mediation as the "means that man uses to influence psychologically in his own conduct, as in that of others; it is a means for his/her inner activity, aimed at dominating the human being himself: the sign is oriented inward" (p. 95, our translation). For the author, psychological instruments are mediators of social origin that "are directed to the domain of own or alien processes" (Vygotski, 1997a, p. 65, our translation), involving "language, the different forms of numbering and calculation, mnemotechnical devices, algebraic symbolism, works of art, writing, diagrams, maps, drawings, all kinds of conventional signs, etc." (Vygotski, 1997a, p. 65, our translation).

The importance of this concept in the present study refers to the type of work that is developed in the classroom by the teacher and, at school, by all its actors. Psychological instruments, as pedagogical mediators, must be understood in their potential for this, that is, they are possibilities to mediate students' learning and development processes. According to Wertsch (1988 as quoted by Daniels, 2003), "cultural instruments, by themselves, can do nothing and only have an impact when used by agents" (p. 118, our translation). Furthermore, the quality of pedagogical mediation must also be taken into account. How are such instruments used in pedagogical practices? We understand that such uses are permeated by the conceptions of subject, learning and development, difference and disability present in school culture, constituted and ratified dialectically by public policies and by the participants of the school institution.

Therefore, adopting the historical-cultural perspective to address the relationship between the processes of diagnosing disability and disorders with pedagogical practices and public policies on special education results, necessarily, in revealing contradictions and perspectives for transformation, both of the guidelines of the general legislation, as well as pedagogical practices.

SOME CONSIDERATIONS

This article sought, in the light of historical-cultural Psychology and in view of the role played by the teacher and the psychologist in the school/educational context, to discuss the dialectical relationship in which public policies in the area of special education are involved, pedagogical practices associated with such policies, the diagnostic processes of disorders and disabilities - notably intellectual - and the theoretical concepts that guide legislation and practices. In other words, an attempt was made to reveal the historical and cultural nature of the concepts of difference and disability that preside over public policies on special education in Brazil and that guide school practices relevant to the theme, starting from the element that mediates between them and others, what is the diagnostic process, and questioning the guideline given to educational practices in this context.

The clinical perspective of such a process was pointed out, even when developed by teachers of inclusive classes or the AEE, resulting from an individual and biological conception of difference and disability, based on which failure is the responsibility of the individual, with the possibility of asking about the student who does not learn: what is his/her problem? Why doesn't him/her learn? In other words, a conception that does not aim at the cultural element in shaping the disability and that does not signal the pedagogical processes required to face the limitation. It is revealed that, from the perspective that presupposes a disease, a limitation of the subject, the pedagogical mediations performed with him/her are not collaborative, they are of low quality, infantilizing, so that they result more in exclusion and inferiorization than in the learning of concepts and the development of higher psychological functions. Therefore, mediations that do not aim at secondary limitation, of a cultural and social character, and that confirm the clinical conception and reinforce a possible biological limitation of the individual.

Based on Roberto's report, signed by a psychologist, for which only the result of an IQ test for the diagnosis seems to be considered, the perspective that his/her professional practice has taken on in the face of pedagogical issues and contexts is problematized. We still seek to make the psychology professional who works in such contexts, whether with students or teachers, who are faced with issues similar to those discussed herein, understand the social and cultural character of the constitution of the disability, and break with the clinical, biologizing, individualizing focus. That this professional understands the role and the importance of the other in the learning and development process, and thus adopts a pedagogical and collaborative perspective in his/her professional practice at school, including in the sense of participating in the movement to build and propose inclusive public policies, founded on new conceptions of disability and difference.

Expressing the complexity of the topic and its multiple articulations, the article also points to a series of aspects that can be worked on in other writings, such as the change in the code of the ICD, from the first to the second report of Roberto, in a short period of eight months. What changes did the child present to justify such a change? Did the mental retardation of the first diagnosis cease to exist, since it was not in the second report? What are the "other disorders of psychological development" and "other conduct disorders" that justified his reference in the second diagnosis? As the institution that issued the reports has a clinical and pedagogical character, would not pedagogical guidelines fit in such documents? Why, even with a change in the ICD, did Roberto remain "dependent" and under "guardianship" regime, with canceled "civil liability and work capacity"? Does a six-year-old child have civil liability and work capacity, in order to be considered independent? Likewise, can a child at this age be under guardianship? What is the relationship between disability and disorders attributed to Roberto with nosology?

Others issues are directly related resulting from the articulation between the entire process observed in Roberto's life from the reports and the meaning of such diagnoses for his family: does the 'benefit of continuous provision', which the family receives in the name of Roberto, have a fundamental role in its financial organization? For this reason, is the family interested in questioning the intellectual disability attributed to Roberto? To what extent could the family have contributed to the issue of the reports, under the terms in which they occurred?

Finally, when it comes to the professional practice of the teacher and the psychologist who work at the interface with special education, the question is: do they have knowledge of the policy and legislation relevant to the theme? Which curricular components, in their initial training, provided such knowledge? What theoretical perspectives guide these components? What conception of history, school, man and knowledge was it possible for these professionals to develop in their training? Are they aware of the conceptions they adopt in their practice?

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