
UNIT 4 ASSESSMENT OF CHILDREN IN SCHOOLS FOR VARIOUS BEHAVIOUR PROBLEMS

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Definition of a Behaviour Problem
- 4.3 Criteria of Problem Behaviour
- 4.4 Types of Behaviour Problems
 - 4.4.1 Uneven Development
 - 4.4.2 Arrested (or Regression) Development
 - 4.4.3 Defective Development (Enduring Disabilities)
 - 4.4.4 Behaviour Problems in Children
- 4.5 Behavioural Assessment
 - 4.5.1 Behaviour Analysis and Assessment
- 4.6 The Method of Functional Behavioural Assessment
 - 4.6.1 Techniques for Conducting Functional Behavioural Assessment
 - 4.6.2 Behaviour Intervention Plan
 - 4.6.3 Possible Alternative Assessment Strategies
- 4.7 Assessment Techniques
 - 4.7.1 Interviews And Record Reviews
 - 4.7.2 Observation Methods
- 4.8 Check Lists and Self Report Techniques
- 4.9 Let Us Sum Up
- 4.10 Unit End Questions
- 4.11 Glossary
- 4.12 Suggested Readings and References

4.0 INTRODUCTION

In this unit we will learn about what behaviour problem is, the type of behaviour problems commonly seen in children and their assessment in the school setting. Also the various techniques employed in assessment process will be discussed. The child is an important human resource of the nation. It needs to be nurtured with care and protected so that it will be able to develop to its maximum capacity. Childhood is a crucial period of growth and development that needs to be filled with joy and learning. When the course of development is interrupted by psychological problems, the child is often deprived of experiences that are important for psychological growth. In this unit we shall introduce you to the behaviour problems commonly seen in children. This will be followed by the behavioural assessment using various methods and techniques and the likely intervention to deal with them. All this will enable you to understand how to identify the causes of the behaviour problems and why the child behaves the

way he does. You will also learn to how to identify the interventions to deal with the problem behaviours.

4.1 OBJECTIVES

After learning all this you will be able to:

- Identify the different behaviour problems;
- Explain the causes and the context in which these behaviours occur;
- Describe a functional behavioural assessment;
- Analyse the appropriateness of various assessment techniques to collect information; and
- Elucidate the likely intervention plan to deal with the problems.

4.2 DEFINITION OF A BEHAVIOUR PROBLEM

A problem behaviour is a hindrance that disrupts the continuity of processes within the individual or in a group. As such any behaviour that disrupts the teaching, learning processes or that which disturbs the individual and group interaction or which disrupts the individual's ability to function adequately will constitute a behaviour problem. A behaviour becomes a problem when it goes to an extreme, when it persists and develops and results in maladjustments of the individual. For example, if a teacher comes across a boy in the class, who shows aggression on a certain day, it will not be regarded as a problem, but if this behaviour is repeated day in and day out, then it would indicate a chronic disturbances in the child, like deeper underlying tensions. But a serious single disturbance such as a serious temper tantrum or a serious lie may constitute a behaviour problem in the psychological sense of the term.

Another angle from which certain behaviour can be regarded as a problem is the socio-cultural norms of the group to which the child belongs. All the members of the group are expected to conform to certain norms or standard. The behaviour of an individual has to be acceptable by the group. As such repeated non-conformance to the group standards will lead to a behaviour problem which involves social objection or concern from people may be parents, teachers, associates or neighbours. Thus a behaviour problem is viewed as a discrepancy between the behaviour of a child and the demands-placed on him by his associates. If parents, teachers and companions do not expect a child to steal, stealing will be regarded by them as a behaviour problem, but stealing is not a problem if the social setup to which the child belongs, encourages stealing and other antisocial behaviour. The first view stresses on the individual and the forces within him whereas the second view brings out the importance of the forces outside the individual, the demands of people or society in the form of norms and value systems.

A behaviour problem is the resultant of both these forces. It is the outcome of the interaction of forces within the individual, his motives, wishes and desires, and those coming from his environment resulting in an inability to withstand a serious shock or prolonged strain or in maladjustments or attempts at making faulty adjustments.

4.3 CRITERIA OF PROBLEM BEHAVIOUR

Before labeling a behaviour as ‘problem behaviour’, it should always be considered against various criteria:

Adaptive behaviour criteria: In order to label a behaviour as adaptive, it should be age, sex and culturally appropriate.

Age-epoch: Wetting the bed is only a developmental milestone up to the age of the 1.5 yrs, but it is definitely abnormal after the age of 5 years. This is true of other habits like thumb-sucking or even stuttering.

Social and cultural background of the problem behaviour: Absence from school or not going to school may not even be recognised as abnormal by parents of some slum dwelling children.

Time and magnitude: certain behaviours occurring once or twice may not be regarded as problem behaviour. This criteria includes.

The frequency: Children may talk in sleep or even get up from sleep once in a few months or so. But they have to be recognised as “problems” only when they do it once in few days.

Intensity of symptom: An anger that boils up to violent, destructive behaviour or fainting spell is definitely abnormal.

4.4 TYPES OF BEHAVIOUR PROBLEMS

For further understanding and evaluating the problems of children some basic facts also need to be kept in mind and a behaviour could be checked against these. Remember that child’s problems are usually transient by nature. This is so because, the child is essentially a growing organism with no fixed points of growth. Most of the limits of growth are reached at a much later date and thus they have great potentialities for overcoming their initial setback.

The principle of multiple causality and multiple effect: In school years, many factors like arrival of a new sibling, defective vision, fear of a class teacher etc., may all end up in one problem, namely, absence from school. Again one psychological factor like intense ‘parental quarrelling’ at home may be expressed in numerous forms of behaviour problems, e.g. nail biting, headache, quarrelsomeness at school and bed-wetting.

The pace of growth and development in skeletal, locomotor, social, emotional and intellectual field do not run exactly parallel. Limit of physical growth is usually reached in about 25 years with spurts in the first year, between 4th and 6th year and again between 12th and 18th year. Intellect grows rapidly during initial 4 to 5 years and then slowly to reach the peak between 16 and 18 years. Emotional growth is rapid in the first 5 years and then at the onset of adolescence and again around 25 years of age. But emotional maturity is achieved very slowly around 35 years of age., A child of four years may show skeletal growth of a four year old, social development of a three year old child. The important point to note is, how closely the growth levels approximate with chronological age level and in how many fields the growth profiles remain scattered.

Growth and development is usually not a smooth and continuous process. Rather, it exhibits a wave like pattern. There are cyclical rhythms of unrest and disequilibrium followed by periods of quiet consolidation. The sequences of these changes have been summarised by Ilg and Bates Ames (1980) as follows:

| | | | |
|-----------|-----------|----------|-----------------------------------|
| 2 years | 5 years | 10 years | Smooth Consolidation |
| 2.5 years | 5.5 years | 11 years | Breaking up |
| 3 years | 6.5 years | 12 years | Rounded, balanced |
| 3.5 years | 7 years | 13 years | Inwardised |
| 4.5 years | 9 years | 15 years | Inwardised, Outwardised, Troubled |
| 5 years | 10 years | 16 years | Smooth consolidated |

A child may mistakenly be labeled as problematic if the child has been observed during one of these “unsettling cycles”. There are individual variations in the ages mentioned above but all observant parents can easily notice the phenomenon of cyclical changes in their children.

The different pace of various developments, accident, injuries and illnesses as well as emotional development can lead to three types of situations.

- Uneven development
- Arrested development (temporary lag) and
- Defective development (enduring disability)

4.4.1 Uneven Development

A child of nine years, may be alright in his physical development but intellectually he may be like a eleven year old, but socially may be like a seven year old child and emotionally may be have emotionally like a six year old. This wide scatter may be particularly evident during one of the “unsettling cycles” and may also be caused by a variety of reasons. One need not panic unduly. Given enough time, encouragement and programmed opportunities for learning, the child may catch up with the average growth levels by twelve years of age, provided of course the intellectual growth of the child does not suffer.

4.4.2 Arrested (or Regressional) Development

After an accident, illness or emotional deprivation (even an imagined deprivation of love) a child often tends to slow down or even slip back in all aspects of intellectual, social and emotional responses. For example, the arrival of a new born or a change of school may cause relapse of bed wetting or stuttering. These situational reactions are indeed transient and with a little patient emotional support they overcome the problem within a few weeks or months.

4.4.3 Defective Development (Enduring Disabilities)

Brain damage due to head injury, infection of the brain or even genetic defect (like Mongolism or Tay Sach’s disease) may leave permanent defects in the quality and quantity of development. These defects usually affect a large spectrum of cognitive functions.

Some problems are rooted in the child’s maturational processes and some others, in their interactional processes (not always contributed by the child itself.). John

Bowlby, described five types of instinctual impulses in the infants which need be satisfied by the mother for a healthy growth. Sucking, clinging and following these three are physically directed to mother, while crying and smiling responses are intended to induce reactions in the mother. Unfortunately over these latter two reactions, the child has little control. If either of these two sets of responses is not satisfied, the child develops tension (Primary Anxiety). John Bowlby has also shown convincingly that sudden deprivation of maternal love within the first five years of life (loss or separation of parent) may permanently alter the child's emotional responsiveness to other human beings.

The child's language development and capacities for abstraction are somewhat limited and its ability to find substitute gratifications being very circumscribed, the child often expresses its problems as a physical complaint. For instance if the child had not completed the school homework, the child may complain of tummy ache in the morning before going to school. This is called 'Somatisation' of psychological conflicts and tensions.

Many a times child exhibiting behaviours like bedwetting, stomachache, tension headache, breathing difficulty is rushed to a doctor for checking the physical symptom but which may be due to or a result of psychological factors like anxiety, tension, parental quarrel.

4.4.4 Behaviour Problems in Children

In the school setting children exhibit several behaviour problems. Some of the common ones are:

Temper tantrums: These are characterised by behaviours, such as shouting, screaming at the top of his voice, crying, throwing things, kicking with legs, stamping the foot on the floor when angry.

Aggressive reactions: are characterised by hostile disobedience, quarrelsome, physical and verbal aggressiveness, vengefulness and destructiveness. Hostile teasing other children is common.

Phobias or fears: fears when irrational and intense are called phobias like fear of strangers, school phobia, phobia of high places, spiders, dogs.

Depression: in children is characterised by behaviours such as withdrawal, crying, avoidness of eye contact, physical complaints, poor appetite and aggressive behaviour. In some cases suicide tendencies.

Oppositional Defiant behaviour: The child with this behaviour problem, frequently loses temper, argues with adults, is defiant towards authority figures refuses to comply with requests or rules, annoys others and blames others for its own mistakes and problems.

Attention Deficit Hyperactivity Disorder (ADHD): is characterised by inattention, hyperactivity and impulsivity.

Attention problem: This is characterised by the child's difficulty to keep attention focussed on tasks and thus this lack of attention interferes with the child's learning. The child is also not able to give attention to the tasks so that the assignments could be completed on time both at school and at home. Lack of attention also

leads to the failure to listen to instructions given by the teacher at school or pay attention to details.

Hyperactive behaviour: is overactive impulsive behaviour.

Withdrawing, Recessive Reaction: This is characterised by exclusiveness, detachment, sensitivity, shyness, timidity and a general inability to form close interpersonal relationships.

Over anxious reaction: This is characterised by chronic anxiety, excessive and unrealistic fears, exaggerated autonomic responses. He is self conscious, immature and lacks self confidence, conforming inhibited, dutiful, approval seeking and apprehensive in new situations and unfamiliar surroundings.

Stealing: Taking away things that belongs to others.

Lying: Saying things which are not true.

Disruptive behaviour: which interferes or creates obstacles or hinders others from performing tasks or activity.

Runaway reaction: is characterised by the child escaping from threatening situations by running away from home or school a day or more without permission. He feels rejected, inadequate and is friendless. He is immature and timid.

Group delinquent reaction: children with this problem have acquired values, behaviour and skills of a delinquent group or gang to whom they are loyal and with whom they characteristically steal, skip school and stay out late at night. Amongst these children, shop lifting is also common.

Acting out behaviour: In this the child tries to seek attention or approval from others by misbehaviour in the classroom.

It is common for children to violate or break rules or misbehave. But some display patterns of negativity hostility and defiance that are frequent, intense and disruptive than the norms. They are considered to have behaviour problems. Most of these problems emerge in preschool and elementary school years.

These problems lead to difficulty for the child in adjustment, makes the child inadequate, unhappy and uncomfortable. These behaviour problems have to be corrected by detecting the typical problems ahead in advance. If these problems are left untreated, they are likely to become more serious and chronic disorders as the child passes into adulthood.

To overcome these problems, one of the remedial measures is behaviour therapy which has been demonstrated time and again to be of value and quite effective in treating these problems. Before behaviour therapy begins, there must be a behavioural assessment. This assessment focuses on the causes of the behaviour and is highly specific. It assumes that the person is best understood and described by what he/she does in a particular situation. Also it is intervention oriented which necessitates the use of a variety of assessment procedures like interview, observation etc. for collecting information from multiple sources about the behaviour problems. The treatment strategies are individually tailored to different problems in different individuals.

Self Assessment Questions

- 1) A behaviour becomes a problem when it is,
.....,
- 2) The factors lead to a behaviour problem are
- 3) Name five common behaviour problems of children.
.....
.....
.....
.....
.....

4.5 BEHAVIOURAL ASSESSMENT

In the early application of behaviour therapy in managing behaviour problems, assessment received little attention. Since 1970's the importance of assessment has become increasingly recognised. There are three major functions of assessment procedures in behaviour therapy, firstly assessment techniques help in defining the child's problem through a functional analysis of the problem behaviour. Such an analysis will fully specify the treatment objective such as overcoming a phobia or obsessive thoughts and include a description of the stimuli that elicit the target behaviour and the situations in which such behaviours occurs and the nature, magnitude and frequency of the particular behaviour. The second way in which assessment procedures can guide is in selecting the appropriate treatment. Thirdly assessment helps to assess the behaviour change that results from the treatment. Such assessment include techniques for monitoring change in order to permit the evaluation of treatment effectiveness and introducing alternative procedures and terminal measures to attain a satisfactory status and to plan for follow up procedures as needed.

4.5.1 Behaviour Analysis and Assessment

The term behaviour modification refers to a set of psycho therapeutic procedures based on the learning theory and designed to change inappropriate behaviour to more personally and socially appropriate behaviour. The inappropriate behaviour may be excesses, deficits or other inadequacies of actions that are correctable through behavioural techniques such as systematic desensitisation, counter conditioning and extinction. Much maladaptive behaviour like fears or phobias, overeating, anxiety, non assertiveness can be tackled with behaviour therapy.

- i) *Behaviour Analysis:* To understand the problem behaviour we need to identify its antecedents, causes including both history, social learning and the current environment and the results or consequences of this behaviour. A fundamental principle of behaviour modification, based on operant learning, is that behaviour is controlled by its consequences. In designing a programme, to correct the problem behaviour, we need to identify not only the conditions that precede and trigger the behaviour but also the reinforcing consequences that sustain it. Using this approach the process of behaviour modification is preceded by a 'functional analysis' of the problem behaviour. The analysis

consists of A-B-C, sequence in which A stands for the antecedent conditions, B-the problem behaviour and C the consequences of this behaviour. B is modified by controlling A and altering C. The antecedents and consequences of the target behaviour may be overt objectively observable conditions or covert mental events reported by the person, whose behaviour is to be modified.

- ii) *Behaviour Assessment:* This has multiple functions like identifying the target behaviour, alternative behaviours and causal variable, designing intervention strategies and reevaluating target and causal behaviours (Haynes and Heiby, 2004). Various techniques are employed including observations and interviews in addition to check lists, rating scales and questionnaires completed by a person who is acquainted with the concerned child.
- iii) *Observation method:* This is another assessment method, and is used in behaviour analysis by noting the frequency and duration of the target behaviour and the particular contingencies (antecedents and consequences) of their occurrence. Behaviour observations are recorded by the teacher or parent of the child.

To give an example, The number of times the child hits other children in 1 hour, 2 hours etc.

- iv) *Self monitoring:* This is perhaps the easiest and the most economical way to determine how frequently and under what conditions, a particular target behaviour occurs. Recording of the occurrence of the target behaviour, the time and place at which it occurs, the circumstances under which it occurs etc., can be to an extent done by the child if old enough and is able to understand what is required. Sometimes self monitoring can result in reducing the problematic behaviour.
- v) *Behavioural interviewing:* Another method which is a part of assessment is a type of clinical interviewing in which the focus is on obtaining information to plan a program of behaviour modification. This entails objectively describing the problem behaviour as well as the antecedent condition and reinforcing consequences to the child (interviewee). After obtaining the necessary information, a programme of behaviour modification is developed and the child is asked to adhere to it.

| |
|--|
| <p>Self Assessment Questions</p> <p>1) In behaviour analysis, explain the terms A-B-C.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
|--|

2) What kind of problems do you feel are more appropriate for behavioural assessment?

.....
.....
.....
.....
.....

3) What are the various methods of assessment?

.....
.....
.....
.....
.....

4) Explain behavioural analysis and assessment.

.....
.....
.....
.....
.....

5) What is self monitoring?

.....
.....
.....
.....
.....

4.6 THE METHOD OF FUNCTIONAL BEHAVIOURAL ASSESSMENT

A functional behavioural assessment has to be conducted to identify the underlying causes of behaviour. One of the first steps is to define the problem behaviour so as to identify the same.

Thus the first step in the process is to define the problem behaviour in concrete terms. An example of concrete descriptions of problem behaviours are given below in the table.

| Problem Behaviour | Concrete Definition |
|---------------------|---|
| Sita is aggressive. | Sita hits other students during recess when she does not get her way. |
| Ram is hyperactive. | Ram leaves his assigned area without permission. Ram completes only a small portion of his independent work. Ram blurts out answers without raising his hand. |

The child’s behaviour has to be carefully observed in different situations and during different types of activities and interviews are conducted with other school staff and care givers to pinpoint the specific characteristics of the behaviour.

After defining the problem functional behavioural assessment is conducted to determine the functions of behaviour.

4.6.1 Techniques for Conducting Functional Behavioural Assessment

- i) **Indirect Assessment:** This technique uses structured interviews with students, teachers and other adults dealing with the child to yield information about the setting in which
 - a) the behaviour occurs,
 - b) where it does not occur,
 - c) who is present when the behaviour occurs,
 - d) what activities or interactions took place prior to the behaviour
 - e) what happened after the behaviour
 - f) what can be the acceptable behaviour to replace this behaviour.

Interview with the child is useful in identifying how the child perceives the situation and what caused the child to react in the way it behaviour did things.

- ii) **Direct assessment:** This involves observing and recording antecedent and consequence events behaviour using A-B-C approach.
- iii) **Data Analysis:** The next step is to compare and analyse information collected to determine whether or not there are any patterns associated with the behaviour. To give an example, Sita gets what she wants by hitting other children. This is a typical pattern which gives the child not only what she wants but also makes her feel great about it and all these reinforces her behaviour of hitting other children to get what she wants.

However in certain cases the pattern may not be so clearly visible or observable, in such cases, other assessment methods for assessing behaviour have to be identified by reviewing and revising the functional behaviour assessment plan.

- iv) **Hypothesis stated:** Based on the information obtained from analysis, hypotheses or what is called the tentative solutions have to be formulated regarding the functions of the behaviours in question. This hypothesis

predicts the conditions under which the behaviour is most and least likely to occur (antecedents) as well as the consequences that maintain the behaviour. For instance if a teacher's report is that 'Reena calls out during class instruction' a functional behavioural assessment might reveal that the function of the behaviour is to gain attention (verbal approval of classmates), avoid instruction or seek excitement or both, in order to gain attention and avoid less interest subject. Only when the relevance of the behaviour is known, can the function of the behaviour be verified and one can work out an individual behaviour intervention plan.

Manipulation of the various environmental conditions is done to verify the hypothesis regarding the function of the behaviour. In the above example, the teacher may make provision in the environment that Reena gets peer attention she seeks as a consequence of appropriate behaviours. If this manipulation changes Reena's behaviour, the hypothesis is proved correct. But if Reena's behaviour remains unchanged despite the environmental manipulation, a new hypothesis needs to be formulated using data collected during the functional behaviour assessment.

4.6.2 Behaviour Intervention Plan

After collecting data on the child's problem behaviour and after developing a hypothesis of the likely function of behaviour, a behaviour intervention plan for the child is developed. Intervention plan should not be based on one assessment alone or on data collected from only one observer. When designing behaviour intervention plan, one has to consider the following to address the disruptive behaviour:

- 1) Manipulate the antecedents and / or the consequences of the behaviour.
- 2) Teach more acceptable behaviours that serve the same function as the in appropriate behaviour.
- 3) Implement changes in the curriculum and instructional strategies and
- 4) Modify the physical environment.

4.6.3 Possible Alternative Assessment Strategies

Multiple sources and methods are used for this functional behavioural assessment, as a single source may not give accurate information because the functions of a problem behaviour vary according to the circumstance. When considering the problem behaviour we need also to know whether the problem is due to skill deficit. The child who lacks the skills to perform the expected tasks may exhibit behaviour that helps the child to avoid or escape those tasks or the problem may be due to performance deficit. (Non performance is rewarded or performance of the task is not sufficiently rewarded).

Based on the type of deficit that is linked to the problem behaviour an assessment plan has to be devised which will intimately lead to more effective behaviour intervention plan. The intervention plan should emphasise on the skills, the child needs to behave appropriately in providing motivation to conform to the required standards and not on controlling behaviour.

Thus functional behaviour assessment is an approach that incorporates a variety of techniques and strategies to diagnose the causes biological, social, emotional and environmental factors that imitate and sustain the behaviour. It helps and to

identify likely interventions to deal with the problems behaviours knowing why the child misbehaviours based on functional behavioural assessment in extremely useful in addressing a wide range of problems.

4.7 ASSESSMENT TECHNIQUES

There are varieties of techniques to be considered, when doing functional behavioural assessment. No single assessment is perfect. The major assessment procedures that can be used for behavioural problem, include interviews, record reviews, observation methods, check lists and rating scales. The choice of the procedure depends on the nature of the problem, characteristics which the child exhibits and the environment in which the client (child) must operate and the facilities available at the school. In most cases a combination of several assessment procedures is desirable.

4.7.1 Interviews and Record Reviews

These help to define the problem and provide a historical content for the problem. The record reviews describe incidental or behaviours observed in the particular child, parent or teacher in concrete narrative terms. These types of recording gives insight about the cause and effect by detailing what occurred before the problem behaviour took place, the behaviour itself and the consequences or events that occurred after the behaviour.

Both interviews and record reviews are used early in the assessment process because these procedures focus and inform the assessment process. However, assessors can use these procedures throughout the assessment process to refine and test their definition and hypotheses about the student's problem.

Also in behavioural consultation procedures, interviews are used to define the problem, analyse, the causes of the problem, select intervention and evaluate the intervention outcomes.

4.7.2 Observation Methods

Observation is used commonly as a part of the diagnostic assessment. Assessors use observation method to redefine their definition of the problem, generate and test hypotheses about why the problem exists, develop intervention within the classroom and evaluate the effects of an intervention.

Observation can be informal (indirect) or formal (direct). Informal or indirect observation is conducted in a naturalistic situation by the teacher. It provides narrative, qualitative records of the data for understanding a problem. The assessor can evaluate the child's behaviour in the context in which the behaviour occurs, helps to compare his behaviour to that of his peers (that determine what typical for that classroom) and detect environmental factors that might contribute to the behaviour problem.

The formal or direct observation is behavioural observation for recording the frequency, intensity and duration of the target behaviours. Multiple observation strategies should be used to record multiple aspects of multiple behaviours simultaneously. Formal observation helps to monitor change over time and circumstances and focuses on factors relevant to take problem at hand. These observations are done in multiple sessions to have stability over time.

Both the formal and informal observation methods should be used to identify the problem, develops hypotheses, suggest intervention and monitor the child's responses to classroom changes.

Both observation method and interviewing are used in behaviour analysis and in designing behaviour modification programmes.

4.8 CHECK LISTS AND SELF REPORT TECHNIQUES

School based psychological assessment also gathers information directly from the informants in the assessment process. In addition to interviews, the assessors use checklists to get the parent and the teacher perspectives on the child's problems. Self reports of behaviour are also used from students to help them monitor and identify the problem. Checklists are designed to identify behaviour problems in children. A checklist requires the observer to note whether a particular characteristic is present or absent.

A rating scale requires the observer to note the degree to which a characteristic is present or how often the behaviour occurs.

Child behaviour checklist – Teacher's Report form (Achenbach and Edelbrock 1986) is completed by the teacher. It provides a picture of problem behaviours and adaptive behaviours of children in the school settings.

Revised Behaviour Problem Checklist (RBPC) - can be used to screen behaviour disorders in school and to measure behaviour change associated with psychological intervention. It identifies conduct disorders, aggression and attention problems, immaturity anxiety, withdrawal; motor tension excess etc.

Other Checklists

Connors Rating Scale (1997) gives specific information for hyperactivity. Checklists developed by March (1997) for anxiety, Reynolds (1987) for depressions Murell and Walters (1998) for internalising disorders like aggression. Checklists are most useful for differential diagnosis because they tell us the degree of a typical behaviour the child has, with respect to the age or grade level peers. For example, severe emotional disturbance and mental retardation.

Peer nomination: Peer nomination instrument is one form of checklist or rating system that is unique to the schools. The students are asked to respond to items like who in your classroom is most likely to fight with others or who would you like to work with to identify maladaptive and prosocial behaviours. These are generally reliable and stable over time.

Self Report by the client comprises a diversity of techniques such as interviews, self monitoring records of the target behaviours and associated conditions by the client and checklists and inventories. Self report inventories are used for preliminary screening, identification and for monitoring target behaviours.

Other instruments like objective *rating scales* can be completed by multiple informants.

Behaviour Rating Scale (Reynolds and Kamhaus (1992)) for teachers can be used to record direct observations of classroom behaviours.

The **Social Skills Rating system by Gresham and Elliott (1990)** for parents and teachers to evaluate problem behaviours of students in educational and family settings.

It provides linkage of assessment result with planning of intervention strategies. The use of self report and checklist instruments in schools help to screen programs for prevention and early intervention. E.g. Reynolds Adolescent Depression scale in the school setting can help the psychologist to intervene prior to the onset of various symptoms.

Psychological assessments in schools prefer more objective approaches to assess behaviour problems than to use projective techniques. However, a projective test like Draw a person test developed by Naglieri, Mc Neish and Bardos (1991) may be used as a screening test for children suspected of behaviour problems and emotional disturbances.

Self Assessment Questions

1) What is functional behavioural assessment?

.....
.....
.....
.....
.....

2) What is direct and indirect observation?

.....
.....
.....
.....
.....
.....

3) Name two checklists they can be used for assessing children problem behaviour.

.....
.....
.....
.....
.....
.....

4.9 LET US SUM UP

In this unit we have learnt about the following:

The behaviour problem is any behaviour which is disruptive persistent and intense and against the norms of the group to which the child belongs and makes the child inadequate unhappy, discomfort able and leads to difficulty in adjustment.

Some common behaviour problems observed in children such as temper tantrums aggressiveness, fears, or phobias, disruptive behaviour, attention problem, hyperactive, impulsiveness, withdrawal behaviour, acting out behaviour, oppositional defiant behaviour, lying, stealing, running away, depression and gang delinquent behaviour etc.

These problems are assessed through functional behavioural assessment before behaviour therapy is given.

Functional behavioural assessment involves behaviour analysis and behaviour assessment. Behaviour analysis consists of identifying the antecedent conditions and the consequences of the target problem behaviour using an A-B-C approach. Both observation and interviewing are used in behaviour analysis and in designing behaviour modification program.

Behavioural assessment is done through various techniques like observation methods. Self monitoring and behavioural interviewing.

The different assessments techniques such as interviews and record reviews, observation methods, checklists and self report techniques that can be used in school based assessment for various behaviour problems in children.

4.10 UNIT END QUESTIONS

- 1) What is Behaviour Problem?
- 2) Explain some common behave problems seen in elementary school children.
- 3) Explain the procedure for conducting a Behavioural Assessment.
- 4) Describe the different techniques that are employed in the Assessment process.
- 5) Differentiate between Behaviour Analysis and Behaviour Assessment.

4.11 GLOSSARY

- Assessment** : is an intensive study of an individual by gathering information from multiple sources interpreting the results and making suggestions and recommendations about the case and persistent.
- Phobia** : Is an persistant irrational fear of a specific object, activity or situation.

- Counter Conditioning** : A procedure that replaces an anxiety response to a stimulus with a pleasure or relaxation response.
- Behaviour Therapy** : A method of treatment for specific problem that uses the principles of learning theory.
- Extinction** : A process in which a conditioned response is reduced to its preconditioned level. Previously reinforced responses are no longer reinforced.
- Systematic desensitisation** : A behaviour therapy technique in which the patient while in the relaxed state, imagines anxiety provoking stimuli or presented with the actual stimuli, progressing from the least to the most feared situations. The patient learns to remain relaxed- a response that should carry over to real life situations.
- Functional behavioural assessment** : It is an approach that uses a variety of techniques and strategies to diagnose the causes of the problem behaviour and identify the likely intervention to deal with the behaviour problem.

4.12 SUGGESTED READINGS AND REFERENCES

Aiken, L.R and Marnot G.G(2009) *Psychological Testing and Assessment* (12th Ed.) Pearson Education Inc.

Comer, Ronald.J (1998) *Fundamentals of Abnormal Psychology*. M.Y, Freeman Company.

References

Edelbrock, C (1988). Informant Reports. In E.S.Shapiro and T.R.Kratchowill (Eds.) *Behavioural Assessment in Schools. Conceptual Foundations and Practical Applications* (PP.351-383) New York: Guilford Press.

Groth- Marnot, G.(2003) *Handbook of Psychological Assessment*. (44 Ed) Hoboken,N.J.Wiley.

Haynes, S.N and Heiby.E.M. (2004). *Comprehensive Handbook of Psychological Assessment, vol.3, Behavioural Assessment*. Hoboken N.J. EWiley.

Sarason .I.G and Sarason, B.R (2002). *Abnormal Psychology* (10th Ed), New Delhi, Pearson Education.

Wolff, W.T and Mersens, M.R.(1974) Behavioural Assessment. A review of clinical methods. *Journal of Personality Assessment*, 38, 3-16.