UNIT 5 MANAGING SOCIO-EMOTIONAL PROBLEMS

Structure

5.1   Introduction

5.2   Objectives

5.3   Identifying Socio-emotional Problems

5.4   Definitions

5.5   Causes for Socio-emotional Problems

5.6   Implications for a Head Teacher

5.7   Let Us Sum Up

5.8   References and Suggested Readings

5.1   INTRODUCTION

It is important for headteachers, teachers, parents and indeed all those who are interested in the welfare and healthy all round development of children to reflect upon the social and emotional problems that the children in a school may have and which may disrupt the normal and happy learning and functioning that they should ideally have in the school. Moreover, apart from being a victim and sufferer of her/his own socio-emotional problems, the individual child may be instrumental in impacting and disrupting the normal functioning of other classmates and teachers in school. Whatever the causes of such problems may be - whether home or school related, resolving them in the best possible way at the earliest, is desirable from the point of view of not only the affected child but also from that of other children in the class, the teacher, the school and also the family and society at large. The responsibility of identifying such children, guiding and counselling them towards a normal, healthy and happy life rests on the teachers and more importantly on the headteacher of the school. In this unit you will study about the nature of socio-emotional problems in children and the causes of such problems. The role of head teacher and school in looking for solutions will also be discussed.

5.2   OBJECTIVES

After going through this unit, you should be able to:

● identify socio-emotional problems in children;

● identify causes for such problems;

● understand the headteacher's role in looking for solutions.

5.3   IDENTIFYING SOCIO-EMOTIONAL PROBLEMS

How do we differentiate a socio-emotional problem from an erratic episode or behavior that may be a manifestation of a child's bad mood or just plain disinterest in the ongoing activities, and a temporary phase not requiring any special attention or only mild behavior guidance?

A child having socio-emotional problems can be identified only from outward behavior that is divergent from the normal. What is termed as normal behavior at a certain period of time and social set up may not be so at another time or place. Moreover behavior has to be molded in accordance with social norms to be termed as acceptable. Before proceeding further, answer the following question given in the form of an activity.

Activity

● *What is the difference between normal behavior and acceptable behavior?*

....

....

During the school break the headteacher finds (i) Rajesh and Ajit engaged in a fierce fight, and (ii) Anita throwing a ball in the classroom. These are instances of normal but not acceptable behavior and can be corrected by a calm talk directing the errant children towards acceptable patterns of behavior, like saying, Rajesh and Ajit, let us resolve your quarrel without anyone getting hurt; Anita, throwing the ball may hurt someone or knock off some objects in the room, let us roll it gently in an open area.

However, a repeated act of aggressive quarrels is an indicator of a socio-emotional problem.

Problem behavior may be manifested as conduct disorder/problems and emotional problems.

Conduct disorder/problems: Some children behave in peculiar ways. In most cases, as children grow and mature, they wear off socially undesirable forms of behavior. However, if such behavior persists, threatening harmful consequences, it is a matter of concern and the headteacher should intervene.

Some common conduct problems are aggression exhibited by children in the form of beating, bullying, hitting, kicking, lying on the floor and screaming; hurting self, throwing things, destroying property or being verbally aggressive by shouting, yelling or ridiculing others; showing cruelty to animals. Other conduct problems are defiance, truancy (staying away from home and school without informing anyone), lying, cheating and stealing; drugs, alcohol and tobacco use; having sexual relations at a very young age and/or with multiple partners.

Conduct Disorder essentially means that the person violates the social norms prevalent and the rights of others. It is generally a male disorder, occurring in 9% of boys and 2% of girls under the age of 18. Those with this disorder consistently keep falling in trouble, be it with parents, teachers or peers. These children manage to present a tough image to those around them; nevertheless, they suffer from a low self esteem. Their frustration tolerance, irritability, temper outbursts and recklessness are hallmarks. Extreme conduct disorder may be termed as juvenile delinquency.

Activity

● Are you aware of children in your school having conduct problems? Discuss the cases of 5 such children.

....

....

Emotional problems: Some emotional problems could range from being emotionally dependent on the mother and an irrational fear of separation from her; feelings of

insecurity resulting in anxiety and fear leading to phobia; depression manifested by crying a lot at the slightest pretext, being quiet and withdrawn, refusing to interact with the peer group, family and relatives. Emotional problems may lead to stammering, lisping, inability to speak in a group, twitching of facial muscles and even physical illnesses like suffering bouts of asthma, stomachaches, bed wetting or wetting in class.

Many a times these conduct and emotional problems may be difficult to identify and can be done so by sensitive and/or expert adults in charge of the child. Sometimes peers provide valuable information and insight about the child's deviant behavior. The affected child usually gives out many discernible signals about his problems and is crying out for help at most times. A sensitive headteacher on the watch out for affected children can identify such children by observing children in classrooms, playgrounds, during recess time; by talking to teachers, peers of children and friendly interactions with parents. Consulting professional counselors from time to time is also fruitful.

5.4 DEFINITIONS

Emotional disturbance

Many terms are used to describe emotional, behavioral or mental disorders. Currently, students with such disorders are categorized as having an emotional disturbance, which is defined under the Individuals with Disabilities Education Act (IDEA) as follows:

"...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

3. Inappropriate types of behavior or feelings under normal circumstances.

4. A general pervasive mood of unhappiness or depression.

5. A tendency to develop physical symptoms or fears associated with personal or school problems."

[Code of Federal Regulations (1997), Department of Education, United States of America; Title 34, Section 300.7@(4)(i)]

As the definition given above is comprehensive and universally applicable, we may adopt it as valid in our social set up too. These problems take a number of forms. The children may be self-abusive or aggressive towards others; withdrawn, fearful or depressed. Some with the most serious disorders may be out-of-touch with reality and have unusual fantasies or hallucinations.

Activity

● *What are some of the outwardly expressions that you have noticed in children that are:*

i) *Self-abusive*

....

....

ii) *Aggressive towards others*

....

....

Patterns of Disordered Behavior

There is considerable agreement about general patterns or types of disordered behavior.

Achenbach (1982) suggests two discrete patterns, which he calls

"externalizers" (aggressive, disruptive, acting out) and

"internalizers" (withdrawn, anxious, depressed).

Researchers have also identified the following four dimensions in emotional disturbance:

- **CONDUCT DISORDERS** (aggression, disobedience, irritability);
- **PERSONALITY DISORDERS** (withdrawal, anxiety, physical complaints;
- **IMMATURITY** (passivity, poor coping, preference for younger playmates); and
- **SOCIALIZED DELINQUENCY** (involvement in gang subcultures).

Emotionally disturbed children mayor may not show learning problems and vice-versa. The two factors are often co-relational in nature and prevalence.

*Activity*

- *Do you know of children who exhibit patterns of disordered behavior? Discuss these patterns.*

....

....

How Are "Emotional Disturbances" Defined?

We may come to a consensus that the child is said to be emotionally disturbed or suffering from a conduct disorder when:

The child demonstrates conflict within himself or herself or, with others, and shows deviant behaviors in two of the three social systems listed below:
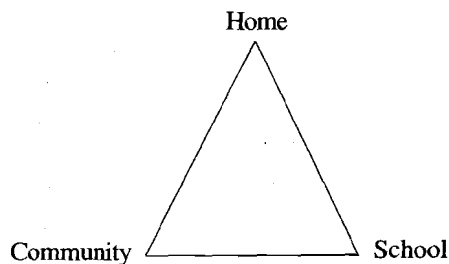
The child's behavior may be chronic, frequent, or severe.

Therefore, we all agree that emotional and behavioral disturbances represent significant behavioral excesses or deficits. Many labels are used to denote deviant behavior; these labels include: emotionally handicapped or disturbed, behaviorally disordered, socially maladjusted, delinquent, mentally ill, psychotic, and schizophrenic. Again, we agree that these definitions have arisen out of "what is deemed as appropriate behavior or conduct in a particular context or a culture". Each of the above mentioned terms refer to patterns of behavior that depart significantly from the expectations of others.

Prevalence of school children with emotional disorders:

Estimates of the number of school-age children and adolescents with emotional or behavioral disorders depend on the definitions and criteria that are used. Most of you would agree that, at some point in their lives, most individuals exhibit behavior that others consider excessive or inappropriate for the circumstances.

Activity

● *How do we draw the line? How do we decide what is appropriate and
  when a particular behavior becomes undesirable?*

....

....

It is the frequency, intensity, duration, and context that must be considered in making
judgments of disturbance. Unlike some other educational disabilities, emotional and
behavioral disorders are not necessarily lifelong conditions.

Although teachers typically consider 10%-20% of their students as having emotional
or behavioral problems, a more conservative estimate of the number whose problems
are both severe and chronic is 2%-3% of the school-age population.

Etiology

Like most of the developmental constructs, the nature- nurture debate enjoys its position
in determining the causes of emotional disturbance or a conduct disorder. In addition,
the causes may be different for each child.

Although various factors such as heredity, brain disorder, diet, stress, and family
functioning have been suggested as possible causes, research is not indicative of any
of these factors to be the direct cause of behavior or emotional problems.

Contemporary research trends indicate that biological, social, psychological and
environmental factors are important in understanding the etiology of social emotional
problems.

Characteristics of children with emotional disturbances:

Some of the characteristics and behaviors seen in children who have emotional
disturbances include:

● Hyperactivity (short attention span, impulsiveness);

● Aggression/self-injurious behavior (acting out, fighting);

● Withdrawal (failure to initiate interaction with others; retreat from exchanges of
  social interaction, excessive fear or anxiety);

● Immaturity (inappropriate crying, temper tantrums, poor coping skills); and

● Learning difficulties (academically performing below grade level).

Children with the most serious emotional disturbances may exhibit distorted thinking,

● excessive anxiety,

● bizarre motor acts, and

● abnormal mood swings.

Activity

● *Don't you agree that all the children that you may have seen or observed
  show one or more of these behaviors. When, in your opinion, does it become
  a problem?*

....

....

Yes, when these behaviors continue over long periods of time, bit is indicative of the
child having an emotional disturbance. Their behavior, thus signals that they are not
coping with their environment or peers.

Some are identified as children who have a severe psychosis or schizophrenia.

Activity

● *Think of a child in your school who exhibits some of the above behaviors or shows an inkling of developing these traits. What else can you remember about the child?*

....

....

Doesn't he/she also come across as a bright child with good problem solving skills? Haven't you been more than once surprised with the child's creative answer even though he/she may not be very verbose or good at abstract reasoning skills?

As you may have observed that many of these children have normal or above average, IQ's, but have two or three years behind academically, and have lower verbal skills and abstract reasoning abilities. Hence, they appear to make mistakes often when verbally told how to do a task.

It is this sensitivity to observe the difference between the outcomes that is the outcome of either the parents or the educator's view of the child:

● Is the child viewed as a hopeless case?

● Or is the child understood as having academic difficulties that needs extra help?

Activity

● *Think of the ramifications of having the above-mentioned characteristics. What aspects of the child's life do you think would be affected the most?*

....

....

The problems adversely affect all aspects of a child's life include the following:

a) academic progress,

b) social relationships,

c) personal adjustment,

d) classroom adjustment,

e) self-care and/or

f) vocational skills.

Activity

● *Ms. Prasad, the headteacher of a co-educational school noticed Jasmeen a bright and chirpy student of grade V looking sad and not chatting or playing wholeheartedly as she used to earlier. On making discreet enquiries she found that the child had recently lost her grandmother. What could Ms. Prasad do to help the child get over the bereavement?*

....

....

Further Brainstorming Questions

Once identified, how do we manage these problems in children, which may be home related or may be induced by a classroom situation, peer disapproval, or an inherent

deficiency or disability. What theoretical frame works does an educator, researcher or a parent follow have when dealing with these problems?

Activity

● *Think some of the strategies that would work in effectively dealing with these problems?*

....

....

Case Study

Ashish is a student in Grade V in a reputed school. He is an only child to professional parents- one of whom is an architect and the other, an engineer. His family enjoys most of the lifestyle-luxuries and spends well on the child. Given this background, let discuss what his problem is?

Ashish shows specific behavioral patterns when called out to speak in class. His hands start shaking, his feet get cold, and he lisps. Most of the times, he is even unable to utter a word.

His teachers report that he is shy, withdrawn and needs to be more outspoken. They also believe that when asked individually (when his peers are not around), Ashish is able to answer most of the questions correctly. When asked the reason for his obvious peer -fear, he replied," I have a problem. I feel they all will laugh at me". The teachers are perplexed whether they should draw him out or just let him be.

Let us begin by attempting to understand, " Does the behavior of Ashish qualify to be called as a social- emotional problem?"

....

....

Do you think that special attention would help the child in overcoming his "shyness"? What all do we need to know as practitioners before helping the child?

....

....

And before you address these issues, the question that we need to answer foremost is "Do we label the child?"

....

....

Do labels do more harm than good?

....

....

But should a teacher in a classroom of forty youngsters, in a pressure to cover the syllabi, incorporate Ashish's behavior in a range of acceptable behaviors?

Don't you think that the teacher would feel inadequate and often frustrated in dealing with withdrawn behavior? At the other end of the continuum, we often also see behavior that is disruptive, aggressive, or attention seeking.

Does the classroom situation with its rich dynamics and a predisposing culture, provide room for all these range of behaviors to be addressed and "'sorted out" or "attended to ".

However, often the teacher finds herself inadequate to handle such behavior and seeks the help of the headteacher. There may also be cases where the teacher does not bring an instance to the notice of the headteacher but a vigilant headteacher must be on the lookout and be able to identify children needing help by talking to teachers, pupils, parents and observing children within and outside the classroom.

Activity

- *What are some of your experiences in dealing with such behaviors (as exhibited by Jasmeen and Ashish) It would be desirable to discuss these along with the role and responsibility of the headteacher and administration in identifying and resolving such behavior before moving on.*

....

....

i) *List such observable problem behavior that you have encountered in classroom situations.*

....

....

ii) *Propose the possible causes for such behavior.*

....

....

iii) *What, if any could be the possible solutions?*

....

....

iv) *How and when may the headteacher intervene for taking positive measures?*

....

....

"Also, attention needs to be drawn to the fact that we are attempting to focus on the problem behavior" which is a shift from the "problem child". Here it is the behavior that gets addressed and labeled rather than the child who becomes the scapegoat. This may not be the ideal philosophical premise but at least it is a welcome shift from the labels that perhaps children carry for all their lives and in all that they do.

You may have noticed it in the way Ashish identifies himself as a problem child.

Discussion

Any behavior that deviates from the normal and causes disruption, in the normal school life of the child is cause for concern for the teachers and the headteacher. It may cause distress not only to the child him/herself but also to the peers and be cause for spread of an unhealthy atmosphere in school.

In this case the child, Ashish is aware of his problem, but is not able to get over it on his own. He needs intervention from the authorities, who in turn need to know how to identify and find possible causes for such behavior.

Indicators of emotional disturbance

Let us arrive at a baseline for demarcating behavior that may be constituted as an emotional disturbance:

The child is unable to develop or maintain satisfactory interpersonal relationships.

There is a general pervasive mood of unhappiness, depression, or a constant state of anxiety.

The child exhibits a tendency to develop physical symptoms, pains or fears associated with personal or school problems.

There may be a disorder in communication or problems in socially responsive behavior, for example, autistic-like.

The child shows an inability to learn that cannot be explained by intellectual, sensory or health factors.

The child shies away from social interaction or may show aggressive behavior over long periods of time.

5.5 CAUSES FOR SOCIO-EMOTIONAL PROBLEMS

Most socio-emotional problems have their roots in social causes. In the case of Ashish cited above, the cause of his fear of speaking in a peer group is his fear that the others will ridicule him. In the absence of his classmates, he can speak without any problems. The problem probably lies in the insensitivity of the other children towards his problem but it is possible that the deeper roots lie in the child feeling insecure and neglected at home because his parents are both busy professionals.

In other cases of socio-emotional problems the social causes could be disruption in family life because of divorce or separation of parents; quarrels among adults at home, abusive parents (both physically and psychologically); bereavement in the family (child losing one or both parents, or grandparents or a sibling); parents staying away from home for long or being too busy or tired to spend quality time with children; neighborhood problems like living in a crowded place with no adequate place to play; facing rejection from parents or peers because of gender or a physical handicap; excessive T.V. watching; receiving no or misguided information regarding adult sexual life etc.

There could be inherent physiological reasons for problem behavior like an identified or not identified handicap such as low vision or hearing impairment, lack of nutrition or an essential mineral, excessive sugar consumption etc. which may result in hyperactivity or low activity in the child.

Once a child's problem has been identified, a sensitive headteacher will not find it hard to determine the causes with the help of teachers, parents, peers of the child and if need be psychologists and other experts.

Above all the headteacher must always be vigilant that the cause is not a school generated one. Extremely strict rules, abuse - verbal or physical, ridicule from teachers and peers, curriculum overload and examinational related stress are all causes leading to socio-emotional problems.

Activity

● *What happens when a child is labeled?*

....
....

A label may have serious ramifications in the child's self-concept, identity formation and his self -esteem. Educationists the world over have linked a child's self-esteem not only to academic and scholastic achievement, but also in adjusting and coping with everyday life situations. These may include interacting with peers and other adults, and forming healthy relationships. As practitioners with humanistic leanings, we all also understand that it is not just the inter-psychological dimension of a child's life that gets affected, but also the intra- psychological aspects of a child's personality.

Labeling is disabling. The headteacher must ensure that the child is not labelled. Instead it is the behavior that may be labeled.

Also the label is one of the many other barriers that exist in pin-pointing and isolating the child and later in attempts to integrate the child in the mainstream. The mainstream here may not just refer to going to the same school or the same classroom, but also joining the mainstream in spirit and in principle. There is a strong temptation to draw an analogy with tiny rivulets joining in with the mainstream river and mingling as if they were one. Wouldn't it be ideal if the social emotional or other ranges of unacceptable behaviors were incorporated in the larger whole? That, in essence, would reflect the true spirit of inclusion. The headteacher should ensure that no child feels ridiculed, lonely or rejected by peers or teachers because s/he displays conduct/emotional problems.

Incorrect: 'Suraj, you are a bad boy.'

Correct: 'Suraj, it is irresponsible to leave your toys all over the place.'

Activity

- *What are some of the ways in which this attitudinal barrier (labelling) expresses itself?*

....

....

- *Mr. Lal a headteacher, found children of grade VI jeering at Rajni and not including her in their group saying she was a 'cry baby" What should Mr. Lal do?*

....

....

5.6 IMPLICATIONS FOR A HEAD TEACHER

The educational programs for children with an emotional disturbance need to include attention to providing emotional and behavioral support as well as helping them to master academics, develop social skills, and increase self-awareness, self-control, and self-esteem.

- To begin with, the headteacher should, and persuade parents, teachers and peers of the child to accept the child with his/her drawbacks as a complete, worthy individual.

- Do not panic or become too anxious or at least not display anxiety as this may harm the self-esteem of the child and not help him/her in overcoming his/her problems. One should relax and let the child do the same.

- The child should be provided with opportunities to participate in-group work. The child should not be criticized/made fun of as he/she may become worried and the problem instead of decreasing in intensity may aggravate.

- Affected children are very sensitive about their problems. So be very thoughtful about how you behave towards them.

- Encourage the child to talk out her problems and try to get at the root cause.

- Remove the cause of the problem, if possible.

- Do not pay undue attention to the illness behavior as it may have adverse effects.

- Teach the child better strategies to solve problems.

- Positive reinforcement wherein a good behavior is appreciated gives rise to feelings of rise in self-esteem. If a child lives with approval, he/she learns to live with himself/herself.

- Channelize aggression into socially approved forms such as vigorous games and competitions.

- Relaxation procedures are helpful.

- Play therapies like using clay, paints, creative writing, dramatization, puppetry, etc. are helpful.

For instance, in the case of Ashish cited earlier, (i) Do not look away from the child when he is speaking. This may give the child the feeling of being neglected; (ii) Encourage, but do not force the child with serious speech defects to speak before others or take over and speak for him; (iii) Give him non-verbal assignments and responsibilities; (iv) Highlight his accomplishments in other areas; (v) Provide the child with a good speech model but do not expect him to speak correctly at this stage; (vi) Take appropriate diagnostic and remedial steps such as taking him to a speech therapist for speech correction, but do not make too much of his speech problem; (vii) Ensure that the care-givers give the impression that he is different or that they are anxious about his problem.

Multi-disciplinary educational teams must design programs to meet the individual behavioral and academic needs of identified students. These teams are ideal if they involve parents. Most students can benefit from supportive treatments provided in regular programmes.

Special programmes usually attempt to provide a structured environment where students experience a high degree of success; rules and routines are predictable; and students are consistently rewarded for appropriate behavior. The assessment and systematic teaching of social skills through modeling, discussion, and rehearsal are frequently used to help students increase control over their behavior and improve their relations with others. In addition, multifarious activities involving music, art, exercise, and relaxation techniques, as well as affective education, individual counselling, and family therapy are sometimes employed to improve self-understanding.

A preventive approach is preferable to a crisis oriented one.

Can the headteacher make use of collaboration as a solution?

While different areas of expertise and skill work together, they can individually tailor learning better for all their students. We are talking here of collaboration with other agencies, resource people, community support groups.

Reaching out to Parents

Parents are particularly important in preventing social or emotional problems. Teaching, no matter how excellent or supportive, can seldom balance out inappropriate parenting.

On the other hand, supportive family environments can counteract unhappy school experiences. Parents need correct and factual information if they are to nurture well and to be wise advocates for their children.

In the case of Rajni, cited above, Mr. Lal found that Rajni was crying easily and frequently because her father had shifted in another town recently for his office work. Speaking to the child's mother asking her to show a little more affection to the child, being tender towards her himself and counseling her peers soon had the desired effect and a major crisis looming ahead was thwarted.

Focusing on Parents of Young Children

Involving parents when children are young best prevents problems. Parents particularly must understand characteristics that may make gifted children seem different or difficult.

Involving Health-Care and Other Professionals

Concentrated efforts should be made to involve health care professionals in education programs concerning children. Pediatricians, psychologists, and other care-givers such as day-care providers typically have received little training about children with social-emotional problems, and therefore can provide little assistance to parents (Webb & Kleine, 1993).

Using Educational Flexibility

These children require different and more flexible educational experiences to incite and sustain their interest in ongoing activities in the school. The schools need to be structured and organized flexibly. Innovative schedules, school teams, mixed age teams and other options all offer opportunities for educators to respond to student differences.

Holding high expectations for student success

All students are entitled to high end expectations and challenging curriculum that lend to the same broad educational outcomes regardless of their race, class, culture, ability, gender, language, or family circumstances.

Maintenance of pro-social or affective behavior

This requires maintenance of the child's level of performance by using

- Regular evaluation of the child's behavior
- Regular feedbacks
- Giving rewards
- Sustaining motivation levels at a high
- Different forms of reinforcements
- Contingency contracts
- Individual attention may be just eye contact or a smile in an inclusive setting
- Providing pro-social role modelled behavior
- Stimulating internal rather than external motivation
- Support energetic and integrated teaching learning techniques that are aimed at exploring concepts and producing behavior that ids guided by rigorous standards.
- Foster peer collaboration and extensive interaction between teachers and students. This is possible only when the adult: child ratio is minimal. Also, the staff turnover rate needs to be low for all benefits to be cumulative.

5.7   LET US SUM UP

In a mixed group of children in a school there are bound to be some who are victims of some socio-economic disorder. A vigilant headteacher interested in the all round development of the children would want to resolve these problems for the betterment of not only these children, but also other normal children and society at large.

In this unit we discussed the following:

- how children with socio-emotional disorders can be identified;
- defining emotional disturbance;

- the responsibility and role of the headteacher in seeking to solve these problems. Managing in-school behavior;

- importance of collaborating with parents and other agencies, for resolving such problems;

5.8   REFERENCES AND SUGGESTED READINGS

Achenbach, T.M. (1982): *Developmental Psycho-Pathology,* (2nd ed.), New York: John Wiley & Sons.

Berk, Laura, E. (2003): *Development Through the Lifespan,* New York: Allyn & Bacon.

Department of Education and Science (1989): *Discipline in Schools,* Report of the Committee of Inquiry chaired by Lord Elton (Elton Report), London: HMSO.

Leadbetter, J., & Leadbetter, P. (1993): *Special Children: Meeting the Challenge in the Primary School,* London: Cassell.

Solity, J. (1992): *Special Education,* London: Cassell.

Webb, J.T., & Kleine, P.A. (1993): "Assessing Gifted and Talented Children", In J. Culbertson and D. Willis (Eds.), *Testing Young Children,* (pp. 383-407), Austin, TX: PRO-ED.