

The prolonged expert treatment of elementary school children manifesting behavioral disorders

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Summary

This study presents the prolonged expert treatment of pupils with behavioral disorders in the circumstances of Zagreb elementary schools and the effects of its implementation. The study presents the concept of such prolonged expert treatment and its expert justifiableness with a review of concrete example of its implementation. In the concluding part of the study the author considers the possibilities for its improvement and the raising of quality of its implementation.

Key words: elementary school, prolonged expert treatment, behavioural disorders

1. Introduction

If we wish to talk about child's behaviour we must take a look at the interaction of numerous factors that make its etiological basis. Family, as the primary and inevitable environment deserves the most prominent position in the hierarchy of important social influences in the child's development. Mother and father are suggesting to the child its first notions about itself and the world around it, they convey to the child their own model of communication, they are responsible for its emotional and economic protection and security, and they are preparing it for the further steps of its socialization (Kljaić, Prišlin, Bajer, 1986; Lacković-Grgin, 1982). Family is the child's first »school« of moral and social feelings, as pointed out by Dobrenić et al. (1975).

Child's entrance into the world of elementary school means the encounter with the »adult model« (teacher) and the large group of its peers. Elementary school represents the place and the time in which the child gathers new experiences and new understanding of former experiences, acquires new knowledge, habits and skills, adapts to them and compares them with previously acquired skills or knowledge.

The dominants of our schools are the rules and demands in accordance to which every child chooses its own reactions, which depend, among other things, on its personal characteristics.

In the population of elementary school children, besides those who are positively functioning, we can quite frequently observe such children who have some form of difficulties in their social integration, which include the problem of behavioral disorders. The importance of

school and its role in the prevention and elimination of behavioral disorders among pupils was emphasized also by Bašić (1980). It has been established long ago that school is the scene on which all outbursts of child's dissatisfaction, as also the manifestations of child's problem behaviour are being expressed and reflected. The teacher in the lower grades of elementary school is an extraordinarily important person, whose personality and expertise, as well as motivation and activity determine in what measure he or she will engage themselves on solving the detected problem and whether or not will he/she request the expert help. However, whether the teacher will be able to bring those qualities to the expression, this may not always depend upon the teacher himself, although Binet (as quoted by Vrgoč, 1992) says that the quality of education indicates the quality of the teacher. Extensive and over-demanding school programmes often take precedence in teacher's work, so that this reduces the space for personal contacts and influences. This was discussed by Skaberne (1992, as quoted by Kovčo, 1994) who finds a number of faults with the present school system. Among other things, he underlines the need to form smaller classes and the importance of inclusion of certain experts. In that sense, the need for the expert and systematic preventional work and treatment of behavioral disorders appears quite urgent and such measures as long overdue.

The basic intention of this study is to present the model of prolonged expert treatment of children with behavioral disorders in the elementary schools (further PST) and the effects of its realization.

2. Prolonged expert treatment in elementary schools

The prolonged expert treatment is a defectological treatment, i.e. a special form of preventive work with elementary school children manifesting some behavioral disorders and with their primary environment. Namely, it has been frequently emphasized by the experts that the child's problems in school are the indication of problems within the family (Bujanović, Mejovšek, Uzelac, 1984).

The realization of such form of preventive work has started thirteen years ago with establishing of the Work Unit PST in the Reform Center for Children and Young Adults in Dugave (Zagreb). The basic idea was to send the experts to the source, i.e. to the location where the problems are developing and/or becoming evident. The special educators, mostly defectologists – social pedagogues and a few social workers and psychologists – are working with twenty (20) groups of pupils in twelve elementary schools in Zagreb.

Children who are not able to satisfy adequately the school demands and master the educational contents are included into the PST programme on suggestion of school pedagogue and following the decision of the competent Social Work Center. In the case of those pupils, their failure in school is closely connected with forms and intensity of behavioral disorders. The initial unwillingness to learn gradually grows into total avoidance of school obligations and is often connected with aggressive behaviour, loafing around the settlement, skipping school and other behavioral deviations.

PST programme offers those children help in overcoming their learning difficulties through the group work and an individual approach, and through such contents which allow them to become aware of themselves and their abilities, and to feel successful, thus making them more motivated for better efforts in school. The groups are working before or after the regular school. The term used generally in schools for PST groups is »prolonged stay«. This is, however, an inappropriate term, because the work in PST groups is not simply a way of keeping the child off the street during the after-school hours, but an effort to offer the child an opportunity to fulfill its certain needs. For instance, it is very important for the child to fulfill its need to belong (Glasser, 1984). Soon after the initial period of adaptation it becomes noticeable how the children are relieved to have someone to whom they can turn for help or with whom they can talk. The educator is oriented on total care about the child, on everything what for whatever reason the child's parents are not able to do. That, of course, does not mean that parents are relieved of their obligations. Parallely with working with children, the PST team initiates frequent contacts with parents, because without their cooperation and agreement it is hard to expect any progress. So, the purpose and intent of the prolonged expert treatment is to help the child to recognize the participation in the PST group as an opportunity for gradual change of its self-concept, whereupon it will be able to reconcile »in itself« the influences of family dynamics and school, and finally – to establish a new, positive image of itself in the eyes of the others.

This aim of prolonged expert treatment is based both, on expert knowledge gained by professional experience

and on results obtained in series of scientific researches conducted in the Republic of Croatia. For instance, Kovčič (1993) has shown in his research that the »problem« pupils should be helped, because this help will result in child's later development in a socially competent person and that once observed »problem« family cannot be permanently defined as such, because the dynamics of life in connection with various influences and interventions can change the situation in some families, so that they can be no longer regarded as »problem« families, but at the same time, some other families might become »problem« families.

Further, the research conducted by Tasić (1994) shows that the child's specific »self-concept«, formed in the context of specific communication with the parents, who again, through communication, form their own specific concept of their child, contributes to the development of modalities of behaviour, which – if there is no attention paid to them – can become »classical« deeply rooted forms of behavioral disorders.

Naturally, we are aware of the fact that the children of elementary school age are passing through a period of intensive growth and development and that therefore, we cannot talk about definitely formed patterns of behaviour. It is necessary, however, to follow permanently the dynamics and quality of development of every child, so that we could react in good time to any manifestation of unadjusted or undesirable behaviour. The terms »unadjusted« and »undesirable« are used primarily because such forms of behaviour prevent the normal functioning, first of the child itself and then of the people around it.

3. Case description

The boy A.B., 11 years old, was included in the PST group work at the beginning of the sixth grade. He is growing up in a complete family that shows no indications of a disturbed family climate. With his physical appearance and whole repertory of his reactions, he leaves the impression of a much younger child. In his lower grades he was successful and well functioning pupil. At the beginning of the fourth grade he was absent from school for several weeks because he was hospitalized for meningitis. Already toward the end of that school year he has shown slight deviations in his behaviour and deterioration in school work, which have significantly intensified in the fifth grade. His total failure became evident in the first trimester of the sixth grade. He has negative grades in most subjects, shows the tendency to skip classes and attends the group work irregularly, following the rhythm of his momentary moods. Since the beginning of the school term, his parents are seldom enquiring about the status of their son. The PST educator insists on their more active engagement, because this is one of the basic factors in the process of solving of his problem. The emphasis is put on cooperation with boy's father, who until now has been passive in regard to the upbringing of his son and has left it completely to his wife. Only after the firm structuring of an all-encompassing activity content, A. B. started to choose reactions according to the changed model. The activity »steps« were coordinated and defined in cooperation with the boy and his parents, and

later realized through a mostly individualized approach. At the same time, the boy's teachers were informed about the planned phases of work with the boy and after that, there was a noticeable change in the way they were treating him in the class.

An integral part of this form of the expert treatment is the observation of even the slightest changes in the child's behaviour or his problems. So was A. B.'s obviously fragile physical constitution soon explained by his persistent refusal of regular meals, instead of which he was eating only fast food and sweets. Apart from his bad eating habits, the educator has also observed an anomaly of the spinal column and has instructed the parents to take the boy to the school doctor and the orthopaedist for consultation. This detail proved to be the turning point in educator's communication with the boy.

A. B. is now more frequently initiating contacts, he extensively verbalizes his problems, talks about the physical therapy that the doctor has prescribed for him, especially about swimming, which is the part he likes the best, since this is the skill he did not have an opportunity to learn before. Finally, and most importantly, A. B. is starting to believe in his abilities and in educator's support in solving of his problems. In addition, the parents are almost daily in contact with his class teacher and the educator, and this, of course, adds to the boy's sense of security and his motivation.

The improvement is also becoming noticeable in his school activities. The boy comes to the class well prepared, he has succeeded in correcting the negative grades from the first trimester and to raise the average of his grades in several subjects. The awareness of his successful performance in class has resulted with changes in the behavioral sphere. Although he did not succeed in getting a passing grade in mathematics and was sent to a correcting exam, this did not discourage him in his work, so that he finished the sixth grade with a good overall success.

The described course of the boy's treatment indicates that the observed behavioral disorders were in this case of a milder degree and that for him PST has proved to be the appropriate form of treatment. Conclusively, this example speaks in favour of this treatment's basic aim, which is prevention of behavioral disorders of children in the elementary school age in order to preclude the development of those relatively mild aberrations into a more complex forms.

4. Review of the success of prolonged expert treatment in the elementary schools

In view of all said above, as well as in view of the results of the past thirteen years of practical implementation of this form of treatment, it can be safely said that PST programme has undoubtedly proved its purposefulness within the framework of preventive social activities. For instance, in the city of Zagreb, at the end of the school year 1995/96 the PST programme has proved effective in 90% of the cases. Here, however, we must say something about the criteria for such evaluation. Namely, the main purpose of PST programme was to prevent later delinquent behaviour of pupils from the so called »risk« group,

representing a complex form of behavioral disorders. Therefore, the preventive work is fulfilling its purpose if it succeeds in elimination of causes of certain forms of behaviour, of which we know that they are extremely complex (bio-psycho-socially conditioned; Kovačević, Stančić, Mejovšek, 1988).

In that sense, the success or failure in school certainly represents an indicator of the pupil's behaviour. However, this indicator has a character of a consequence and should not be the significant criterion of the successfulness of treatment, as it is, unfortunately, frequently regarded in the circumstances of the elementary school.

The fact that success/failure in school is frequently the starting criterion for selection of pupils for inclusion in the PST programme and the estimation of its appropriateness for an individual pupil, reflects itself in the content of PST work in such a way that the help in mastering of school subjects takes up most of the time reserved for treating of and dealing with etiological factors of behavioral disorders.

The thesis that success/failure in school is the consequence of the number of etiological factors of behavioral disorders is confirmed also by the circumstance that the pupils included into the PST programme have mostly started to show the various forms of behavioral disorders long before their inclusion in the programme and that these forms of behaviour were at the time of the beginning of treatment already in a significantly advanced phase of development. In this way, the PST programme acquires more the character of therapy treatment, instead of prevention of behavioral disorders.

Therefore we believe that the effectiveness of PST programme, defined as prevention of more complex forms of behavioral disorders, could be significantly improved if those people who are selecting the pupils for PST would pay more attention to the level of their behavioral disorders. The practical experience shows that the pupils from the lower grades of elementary school who have not as yet started to neglect their school obligations, although according to the number of indications they show difficulties in following the school programme, as also some »milder« aberrations in their behaviour, are the most suitable for inclusion in the PST programme. More so, because we know that the age limit in manifestation of behavioral disorders is constantly getting lower and that the forms of such disorders are becoming more and more complex (Singer, 1980).

Apart from that, as we have already mentioned earlier, the appearance, and likewise the resolution of behavioral disorders are influenced by a number of social factors, and this has also a significant influence on the realization of the PST programme. An especially important element is the intensive cooperation between educators (defectologists – social pedagogues) and the teachers in the lower grades of elementary schools, which can facilitate the early detection of problems and adequate selection of pupils for the PST groups. Such cooperation will further have positive reflections also on the structure of the PST groups, the contents and the methods of work, and through this on the overall quality of their functioning, thus contributing significantly to the fulfillment of the purpose and the aim of the PST programme.

5. Literature

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