Psycho-Educational Processes as Strategies for Students Presenting with Emotional and Behavioural Disorders

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Abstract

Historically, in the Jamaican educational system, children have suffered many times from psycho-social and handicapping conditions such as a lack of understanding and empathy from teachers, administrators and their peers. The literature is replete with evidence of such treatment leading to negative student behaviour and the resultant poor performance. Consistent with this, is the reality that the number of students with special needs or learning difficulties has been increasing rapidly. Of those children with special needs, however, the ones most likely to be misunderstood are those with emotional and behavioural disorders. This paper calls into question the issue of what researchers consider normal behaviour in schools. A discussion of the construct "emotional and behavioural disorders" within the purview of the Jamaican educational system is provided in order to give credence and validity to this paper. Intervention/Treatment models are offered followed by practical and evidenced-based classroom strategies addressing the needs of students with emotional and behaviour disorders. Discussing the aforementioned also support the researchers view that changes are long overdue in creating standards and significant guidelines for helping students with emotional and behavioural problems.

Keywords: Emotional, Behavioural Disorder, Psycho-education Process

1. Introduction

As the field of educational psychology continues to evolve and the new knowledge we acquire is internalized, the need for education of children with emotional and behavioural disorders should be apparent to every stakeholder within the Jamaican educational system. Specifically, it is paramount that classroom teachers become more equipped in their approach to teaching. The effective classroom teacher should endeavour to acquire the necessary skills in an effort to maximize the potential of our students with emotional and behavioural disorders**.** In achieving these objectives, the need for a greater understanding of students with special needs cannot be over-stated. This research seeks to help teachers understand and work with students impacted by emotional behavioural disorders. It draws on the researcher's own experience as an educational psychologist as well as discussions with both probationary and experienced teachers and is intended to guide educators on how to deal with students who display symptoms of emotional behavioural disorder.

School aged children spend most of their time away from home in Educational institutions .It is hoped that, at the very least, they should experience healthy classroom environments conducive to the ultimate goal of creating the new and brighter generation. Alas this seems like a "pipe dream" for many. Historically, in the Jamaican educational system, children have many times suffered from psycho-social and handicapping conditions such as a lack of understanding and empathy from teachers, administrators and their peers. In his analysis of the Jamaican educational system, Bourne [5] surmised that, "schools in Jamaica provide a solace where children escape the realities of the home and community from which they come. These harsh realities have made for a devastating impression on the psyche of the students which may explain the social deviance and low performance of pupils". Consistent with this perception, the number of students with special needs or exceptionalities has been observed to be increasing rapidly. Of those students, however, the ones most likely to be misunderstood are those with emotional and behavioural disorders.

1.1. The Jamaican Context

In the Jamaican school, situation, there have instances where parents, school administrators and teachers have misunderstood exceptionalities such as hyperactivity and aggression for dissidence and what some have termed "just plain rude and disgusting". (Lambert et al, [16] who studied Jamaican classroom using direct observations and teachers' reports, assert that teachers and parents' reports on children's problems are largely influenced by their personal beliefs, values and expectations of the acceptable behaviour children should display.

This paper calls into question the issue of what researchers consider normal behaviour in schools. Dixon and Matalon [9], purport that children who behave normally are expected to conform to certain standards that are usually set by the adults of the society. They do, however, explain that "some children behave contrary to what is expected for their age and stage of development. These aberrant behaviours are oftentimes referred to as emotional and behavioural disorders." [9]. In view of this perspective, the Jamaican educational system has shown no gold standard as it relates to teachers and parents becoming cognizant of the fact that the often described 'disgusting behaviours' children display in classrooms might actually be assessed as emotional and behavioral disorders. Consequently, a discussion of the construct "emotional and behavioural disorders" with an overview of the Jamaican educational system is necessary in order to give credence and validity to this paper. Discussing these constructs will also support our view that changes are long overdue in creating standards and significant guidelines for helping students with emotional and behavioural problems.

2. *Literature Review*

The Ministry of Education reported that emotional and behavioural disorders have significantly affected the academic achievement of some students. The Jamaica Teachers' Association (JTA) and the Ministry of Education concur that schools need to devise ingenious ways of engaging these students in school-related learning. They posit that technology is one sure way of getting more students involved in their own education.

2.1. What are Emotional and Behavioural Disorders?

The National Association of School Psychology [23], concur that there is no single definition for the constructs emotional and behavioural disorders. In fact there are a number of terminologies used with reference to emotional and behavioural disorders. Researchers in the field of psychology have used terms such as emotionally disturbed, psychotic, socially maladjusted and emotionally handicapped. However, in the context of this paper, the term "emotional and behavioural disorder" means a disability that is characterized by behavioural or emotional responses in school programmes so different from the appropriate age, cultural, or ethnic norms that the responses adversely affect educational performance, including academic, social, vocational or personal skills" [2].

In light of this definition, it is easy to concur with research perspectives which continue to emphasise that students with behavioural and emotional disorders are those whose performance outcomes over a significant time span are grossly affected especially when such effects are substantial. It has also been observed that the Jamaican teaching/ learning situation is woefully unprepared to cater to the needs of these children.

Behavioural and emotional disorders, which are also classified as conduct disorders, "are the most common forms of psychopathology among children and young adults" [24]. Newman [24] further explains that "behavioural and emotional disorders are repetitive persistent patterns of behaviour that result in significant disruption of other students." Outlined below are a number of signs demonstrated by children with emotional and behavioural disorders. The list is by no means exhaustive.

2.2. Characteristics of Emotional and Behavioural Disorder

Students with behavioural and emotional disorders might display some of the following characteristics:

- Attitudes which demonstrate violent behaviours to others or retaliation in a similar vein
- Attitudes showing the tendency to want to lord it over others and make them fear you
- Physically abusive of others
- Always cursing and wanting to take advantage of others
- Having no regard to other peoples' property
- Not caring about others or caring whether they suffer hurt
- Indifferent to other peoples' feelings or not showing any apathy

- An inclination to carry tales about their friends and also to pass off their own blame on others
- Possessed of a learning challenge which cannot be easily explained
- Unable to have friends, social or authority relationships, for more than a short period of time
- Un-natural behavior and attitudes even under normal circumstances
- A tendency to appear generally unhappy or "out of sorts" or

A tendency for personal school problems to create anxieties and unease quite readily [12; 24]

It is important to note, at this juncture, that researchers have also concluded "that there is no single, standard way of measuring social, emotional or behavioural functioning" [8]. In order to identify abnormality, there needs to be some amount of subjectivity as deviance is relative to the particular culture. What is being advocated here is that one culture might identify a behaviour as abnormal while the similar behaviour is perfectly endorsed by another culture. Perhaps due to the challenges with measuring the disorder, some researchers have included schizophrenia and autism as two other disorders which can be classified as emotional and behavioural. EBD must not however be confused with autism in so far as social maladjustment is concerned The average EBD child is not characterized by very serious emotional disturbance. Additionally, the autistic child, classified as being in a world of his own, has to learn the necessary skills to communicate in order to manage his behavior. He therefore should not be seen as emotionally disturbed. Friend and Bursuck [13], explain effectively that autism is a condition which causes the individual to be socially unresponsiveness from an early age, requires structure and his activities must be routine. The individual is significantly impaired as well with the overall characteristics affecting his learning process.

The Literature has shown that there is no single definition for the construct "emotional and behavioural disorders" (EBDs). However, throughout this paper, it has been concluded that, in light of teachers' position as literacy specialists, EBDs deal with children who experience behaviours so different from the average child, that their conduct adversely affects their educational performance. The literature has also shown that the occurrence of emotional and behavioural disorders is more commonly found in males than in females and more obvious in one culture as against the next. However, researchers such as Townsend [32] argued that such findings could be biased. His concerns about this category of special education focus on the disproportionate number of African American males, particularly children who are disruptive, identified as having emotional or behavioral disorders [28].

Gresham et al. [12] postulate that emotional and behavioural disorders can be divided into three groups:

- Externalizing
- Internalizing
- Low Incidence

2.3. Externalizing Behaviours

Externalizing behaviours refer to a group of behaviour problems that are readily apparent from how children's behavior plays out in their actions and derive from the fact that the child is negatively reacting to external situations [11]. Hinshaw as cited in Liu, [20] listed these externalizing disorders as those that are disruptive, hyperactive and aggressive. Terms such as conduct problems, antisocial and uncontrollable have been used as descriptors when professionals in the field of psychology make reference to externalizing behaviours. These researchers' views have led us to conclude that children, whose behaviours are characterized as being external, act out in aggressive ways by an outward show of behaviours aimed at others outside of themselves. In view of these perspectives, Clarke (1957 suggested that "Jamaican adults are less tolerant of externalizing behaviours in boys than in girls and that the converse is true for internalizing behaviour problems. Thus, boys may exhibit more externalizing behaviour problems than girls and the converse may be true for internalizing problems" [16].

2.4. Internalizing Behaviours

In stark contrast to those children who visibly display characteristics of externalizing behaviours,, children with internalizing behaviour problems such as becoming withdrawn, anxiousness, being inhibited, and having feelings of depression, have reactions internally/within their own psyche and not played out in terms of any external manifestations of behaviours (Campbell et al.; Eisenberg et al.; Hinshaw [11].

2.5. Low Incidence

Some disorders occur very infrequently but are quite serious when they occur. Smith, [28] gives consideration to schizophrenia, which can have tragic consequences for the individuals involved and their families. According to the American Psychiatric Association, [1] "…approximately one percent of the general population over the age of 18 has been diagnosed as having schizophrenia. Children with schizophrenia have serious difficulties with schoolwork and often must live in special hospitals and educational settings during part of their childhood." In view of these research perspectives, a few pertinent questions should be asked.

2.6. Mainstreaming Children with EBD - the issue of Inclusivity

How have successive governments in Jamaica and the Caribbean catered to the needs of children who experience emotional and behavioural disorders? What is the Ministry of Education's policy on the treatment of children with emotional and behavioural disabilities in school? These questions bring to bear the issue of inclusivity and the controversies surrounding the inclusion of students with emotional and behavioural disabilities in school.

Inclusivity has been at the center of major controversies in educational circles. The major controversy is whether to include students with emotional and behavioural disorders and other exceptionalities in mainstream classrooms. The Clover Park School District, Child Study and Treatment Center and Seattle University School of Education [7] explored the issue and found that, "…one third of students with emotional and behavioural disorders receive 60% or more of their education outside the general education classroom." Conversely, the Council for Exceptional Children, [8] proffered that "…80% of all students identified as having emotional and behavioural problems are educated in regular schools." The Jamaican educational system has yet to create a national system where children can be referred, assessed, programmes planned and implemented to meet the needs of students with exceptionalities. What now entails, in our view, is vastly limited.

No doubt, the inclusion of children with special needs such as those with emotional and behavioural disorders has increasingly been on the agenda of the United States government. The United States Green Paper of 'Excellence for All 1998' outlined an inclusive policy. In keeping with this, the 1998 Education Act of the United States government had moved towards entitlement to a full curriculum for children with special educational needs which gave rise to a system special education needs that was intended to provide resource to meet these needs. The more recent move has been towards the inclusion of pupils with emotional and behavioural difficulties [21]. Jamaica has also seen improvements with the establishment of the Special Education Unit within the Ministry of Education. According to the Ministry, "special education constituted the educational provision for children whose levels of functioning deviated from the norm such that special programmes and services were necessary to facilitate optimum learning" [22].

The Ministry of Education's initiative arrives on the heels of reports by researchers in educational psychology who "admit that due to the high prevalence or increasing number of children with emotional and behavioural disorders, classroom teachers have had a hard time coping with these children. In fact, unacceptable behaviour of students has been cited as the primary reason for teachers deciding to leave the profession" [16]. Teachers feel that they spend more time disciplining students rather than instructing them. Niesyn [25] brought the discussion of children with emotional and behavioural disorders home to our Jamaican situation when she explained that it is becoming increasingly common for normally trained teachers to find themselves working with children who require specialized attention and teaching skills. In retrospect, our classroom experiences have caused us to pause and think of incidences in which students were aggressive and displayed out-of-control behaviours while others sat in a corner withdrawn from the rest of the class. Had we been more knowledgeable about these disorders, these classroom episodes of teachers shouting and embarrassing these children in the presence of their peers would have been different.

One of the arguments proposed by the discussion of EBDs is whether the Jamaican educational system has demonstrated a national thrust in which children can either be referred, assessed and programmes planned and implemented to address the needs of students with identified differences.

2.7. Using Technologies to help students with behavioural challenges

Much debate and research currently focuses on the impact of information technology on students' academic performance and behavior [29].

Even though it has been said that technologies like television and video games have somewhat contributed to poor scholastic performance and behaviour among students, Santrock [27] argues that television programmes like "Sesame Street" have helped in teaching both social and cognitive skills among children. The use of computers, the Internet, cellular, audio and video technology has also been effective tools in helping children to understand and learn more about behavioural issues and how they can be managed. The actual use of technology in the classroom "may enable the learner to be more actively involved in his or her own learning" [18].

The Internet has continued to be a powerful tool used to have students at different age group undertake research in areas such as conflict resolution and management, social and emotional intelligence and cognitive behavioural management skills. Teachers, parents and counsellors now have, at their disposal, several online activities that can be used to help youth understand and overcome some of their challenges.

2.8. Intervention/Treatment Models

Although in existence for some time, positive outcomes have resulted from a number of models developed for children with emotional and behavioural disorders. Intervention which has its core in behavioural principles is arguably the most effective way of treating emotional and behavioural disorders (Hallahan and Kauffman; Kauffman and Landrum; Stichter; Walker, Ramsey and Gresham [15]. The Behaviour Modification Model, the Development Sequence Model, the Biosocial Interaction Model of Childhood Externalizing Behaviour and Hayden's Storied Model have all been widely accepted as tools to be used with children who exhibit emotional and behavioural disorders. While these models have been popular in developed nations, the Jamaican context has seen consistency in more traditional ways of addressing children's behaviour. It can be surmised therefore, that a lack of understanding or opposition to adopting these models has resulted in some teachers continuing to adhere to the old fashioned ways of addressing the needs of children with emotional and behavioural disorders. While each one has singlehandedly shown limitations, they have proved to bring about positive adjustments in the lives of children with emotional and behavioural disorders. In the context of this research, three models will be discussed briefly.

2.8.1.   The Behaviour Modification Model

The behaviour modification model has as its primary focus maladaptive behaviours. More specifically, the model focuses on the 'what' rather than the 'how' or the 'why' aspects of behaviour management. The child who exhibits interrupting behaviours is seen as a failure of socialization as his behaviour is considered learnt. Thus, the teacher's role is that of a learning specialist. First, the teacher selects the appropriate 'something' to offer the child as a starting task. Second, the teacher sees to the expansion of this task in order that the child reaches a standard of functioning that is desired in the classroom. Finally, he or she offers positive meaningful consequences for the acceptable behaviour.

The underlying principle of this model is to identify the maladaptive behaviour that interferes with learning and to aid in the development of more adaptive behaviours by way of positive schedules which require no additional reinforcements. Boree, [4] concludes that the model "is based on B. F. Skinner's theory of operant conditioning. It is very straight-forward: the class teacher extinguishes an undesirable behaviour by removing the 'reinforcer' and replacing it with a desirable behaviour through reinforcement."

The United Nations Educational Scientific and Cultural Organization UNESCO, [30] explored two other theories of behaviour modification which can provide a framework for teachers who deal with children with emotional and behavioural disorders. The "respondent learning theory was formulated by the Russian psychologist Ivan Pavlov. The theory is more commonly known as classical conditioning and is based on a stimuli-response formula." Cherry, [6] explains that teachers can use this "classical conditioning" approach by creating for their students an environment which will help them to overcome fear. This can come about when the teacher places the student in contrasting circumstances before a group of persons, such as one likely to engender fear and another, pleasant feelings/associations, which can help the student to deal with fear by helping/encouraging the child to make new associations. This can create a situation where the child feels relaxed and at ease [30]. Social modeling also explained by UNESCO, is based on work done by Albert Bandura who asserted that most learning derives by chance from simply watching and following what is observed. This learning may or may not come about because of external facilitating factors.

The central focus of the literature is that behaviour modification techniques "should be applied by parents, teachers and administrators to show the impact of reward systems or reinforcements on children's behavior. Rewards constitute the means by which positive behavioural outcomes result [30]. Rewarding good performance, not ignoring the child, providing sound examples of appropriate behavior, making the punishment appropriate in the circumstances and measures such as the response cost technique" and the "shaping technique are modification strategies proposed by UNESCO for managing emotional and behavioural disorders.

2.8.2. The Development Sequence Model

The Developmental Neuropsychiatry Institute of the University of California, at Los Angeles, has, as it central focus, a developmental framework which describes the essential behaviours or competencies all children must have if they are to achieve success in the classroom. Two hypotheses critical to this model are;

- For successful learning to take place, the child must pay attention, respond, follow directions, explore the environment freely and accurately and conduct themselves appropriately in relation to others.
- The learning of these behaviours occurs during the normal course of development from infancy to school age, a failure to acquire any or all of these will warrant the preclusion of the child's entry to school.

The above model has been influenced by Piaget, Sigmund Freud, Anna Freud, Erikson and Maslow.

Piaget views child development as adapting the existing schema to changes experienced by the child as it develops through different stages (Sensorimotor, preoperational, concrete operational and formal operational) [27]**.** Students learn different concepts as a result of their different stage of development. The major emphasis of Piaget is how students reach equilibration through assimilation and adaptation of schema thereby suggesting that there are sequences in how a child develops through active interaction with material**s** presented.

Sigmund Freud, whose theory was further developed by Anna Freud and Erikson, see individuals going through different stages of development called "psychosexual stages". For Freud, individual**s** experiences different circumstances at the different stages that determine their future development. It is this theory that assesses the impact of the conscious, subconscious and unconscious on behaviour and future psychological disorders. For Freud, the psychosexual stages of development (oral, anal, phallic, latency and genital) contribute to how teaching and learning should take place and additionally, how unresolved conflicts and crises can manifest themselves in behavioural disorders.

Erik Erikson, [27] who expanded on Freud's theory, viewed the individual in a psychosocial environment where he/she develops based on the social interaction and the influence of significant others in one's life. Students develop a greater sense of themselves as they resolve the inner and outer conflicts faced in the course of their development. They experience conflicts and crises at the different stage of development. One classic example is a child's inability to resolve the identity versus role confusion that takes place at the beginning of adolescence which tends to be associated with behavioural and social emotional problems in school.

Abraham Maslow [27] on the other hand, sees the importance of human beings reaching their full potential through the fulfillment of certain needs. Providing students with an environment that facilitate growth and development, where they feel empowered to excel, contribute to significant improvements in academic and behavioural outcomes. This theory also suggest that teachers, principals and parents should identify the problems and deficiencies that impact students' learning and provided the needed support and intervention to help students improve performance outcomes.

2.8.3. The Biosocial Interaction Model of Childhood Externalizing Behaviour

Liu [20] explained that this model was first conceptualized by Raine et al who focused on early biological risk factors. During the prenatal or perinatal stages of pregnancy, certain genetic and maternal factors such as malnutrition, illnesses, smoking and using drugs during pregnancy could retard the growth of the fetus**.** A child may inherit genes responsible for externalizing behaviours from both mother and father. Certain prenatal maternal activities, for example, drinking of alcohol can damage the brain of the unborn child [20]. In addition, there may be complications during delivery which can have similar effects. The Jamaican unborn child may similarly be exposed to maternal malnutrition, illnesses, smoking and the use of drugs during the mother's pregnancy. This model is therefore applicable to the Jamaican context as biological risk factors are prevalent in our society

2.8.3.1. The Psychosocial Risk Factors

Psychosocial risk factors comprise the second component of the model. Such risk factors occurring during a child's early development are psychological and social in nature. These risk factors are associated with increased risk for negative outcomes, for example, poverty, high psychosocial stress, unwanted pregnancy, teenage pregnancy and drug and alcohol abuse. These psychosocial risk factors can also be described as those not biological in nature [20].

There is a reciprocal relationship between psychosocial risk factors and biological risk factors in that, psychosocial factors can give rise to biological factors, in much the same manner as biological risk factors could predispose the individual to social risk factors and thereby result in emotional and behavioral issues such as, aggression, hyperactivity and delinquency [20].

2.8.3.2 Emotional, Behavioural and Language Disorders

Benasich, Curtiss, and Tallal; McDonough; Prizant et al; Warr-Leeper, Wright and Mack, as cited in Benner, Nelson and Epstein [3] who purported that a relationship does exist between children who have emotional and behavioural disorders (EBD) and language disorders. Baltaxe and Simmons, (1990) [28] point out that; teachers might actually help to maintain the "aberrant or disgusting behaviours" through a negative reinforcement paradigm.

Although the nature of the relationship varies, children with language disorders are at risk for emotional and behavioural disorders and many students with these disorders appear to have language deficits.   Addressing specifically the language skills of children who experience emotional and behavioural disorders, McDonough; Baltaxe and Simmons in Benner, et al [3] reported that expressive language skills of children identified with behavioural disorders were significantly below those of chronologically similar aged peers. Notably, we believe that literacy skills such as speaking, oral retelling, dramatizing and role playing might be adversely affected. To this end, McDonough as cited in Benner, et al [3] wrote that "… emotionally handicapped subjects could not handle the conversational moves necessary to maintain coherent, fluent interactions." Finally, like Warr-Leeper et al. it must be argued that the problems in understanding abstract language concepts, comprehending language without contextual support and decoding language, require children with emotional and behavioural disorders to work harder than children in the general population [19].

2.9. Addressing the Needs of Students with Emotional and Behaviour Disorders: Classroom Strategies - Jamaica

Addressing the needs of students with emotional and behavioural disorders in classrooms encompassing the Jamaican educational system was one of our goals. In attempting to achieve this, the perspectives of Tolan, Gorman-Smith, and Henry, [31] who expressed the view that teachers and schools can have a tremendous influence on students is pertinent. In this regard, "teachers' expectations affect the questions they ask students, the feedback they get and their interactions with students. Problems can decrease because of teachers' actions and they can also get worse. In other words, what educators do can make a difference? It is not a simple task for the weak at heart, as the teacher holds the key to successful treatment and psycho-educational output of children with emotional and behavioural disorders" [31]. Given these points, the Jamaican literacy specialist and other teachers must not only become cognizant of the implications of having students with emotional and behavioural in his or her classroom but should be able to address these children's needs effectively.

The expectations and values of all good teachers will be tested the first year the child with emotional and behavioural disorders is placed in his or her class. In fact, this could be seen as a "crisis year' for the teacher. Additionally, teachers will discover that the approaches and strategies which they have come to believe in, have tried and have come to regard as having "worked well" with students, might not be so reliable after all. Equally, the same is true for the Jamaican classroom as teachers often deal with children from various backgrounds. With this in mind, the following are some implications that literacy specialists, classroom teachers and other school administrators must take into consideration when attempting to address the needs of children with emotional and behavioural disorders. These implications are by no means exhaustive. However, they could serve to minimize the shock of that first year's experience as the teacher attempts to address the needs of these children.

If the teacher is willing to internalize them, show that effectiveness means he or she is willing and able to work under circumstances that require dedication and commitment, then the children he or she encounters will improve.

3. The Methodology

A qualitative research approach was used to examine how teachers could employ bahavioural modification and computer- aided instructions to help students cope with behavioural problems in the classroom. Special emphasis was placed on teachers' experiences and how these experiences could inform future interventions for reducing or ameliorating behavioural (conflicts, aggression) in the education system.

3.1. Participants

This study involved a total of eight Literacy Education students doing the course 'Dealing with Conflict and Aggression in the Classroom' at the University of West Indies, Mona. The students who volunteered were teachers employed to inner-city and urban primary and high schools. They were selected based on their experiences with working with students who have characteristics of behavioural disorders.

3.2. Procedure

In the initial phase, students, as a result of a lecture and discussion of the brain and its effect on behaviour, saw it necessary to help their students who they thought were academically gifted but suffered from severe behavioural problems. As a result of the behaviours students exhibited, they spent more time in detentions, on suspension and being asked to wait in the vice principal's or dean of discipline's office. Also, in the initial phase the teachers gave their experiences of teaching in a class where disruptive behaviours prevented other students from learning.

The teachers were taught how to implement the cognitive behavioural model and use technology effectively in their classroom. They were required to chart the behaviours and the impact of their intervention over a three month period. In addition, they were to develop and share strategies with the other teachers that could improve students' behaviours. The sharing of ideas and strategies were done during bi-weekly discussions.

4. Data Collection and Analysis

The data were collected from focus group discussions conducted with the eight teachers. The discussions were recorded and verbatim transcription done to maintain validity of the content. Content analysis was done through topic coding reflective of the research emphasis.

5. Findings

The analysis of the focus group discussions identified four (4) aspects that impacted students' emotional behaviour problems as a result of the intervention.

5.1. Teachers Experience of Behavioural Problems in Schools

Teachers' experiences reflect that children who misbehave in the most unusual ways are labeled as problem children, classified as deviants and unfortunately, are subject to corporal punishment as a mean to "bring them in line." One teacher recalled that she would often exclaim, **"Yuh cum a school fi fight. weh yuh nuh tan a yuh yaad."** (Why don't you stay home instead of coming to school to engage in fights)? It was clear that at least some of the students were misdiagnosed in terms of their file reports. For example, a male student who, based on subsequent clinical analysis, turned out to be ADHD (Attention Deficit Hyperactivity Disorder), was documented as "just seeking attention and having a poor work attitude"…..these, of course, are symptoms of such a disorder but everyone was made to believe that it was his fault. The problem was that the individual needed treatment in order to address his problem and for adults to begin to understand and help him.

Another teacher reported that children identified as having attention deficit hyperactive disorder were among these and were many times under-socialized as a result of a lack of understanding on the part of those with whom they came in contact. Teachers interpret this behaviour as reflecting children not being able to sit still. Some teachers go so far as to make comments such as **"*Bwoy, yuh caan kip quiet. If a lick yuh, yuh si"***('Boy, please be still; don't let me punish you). Note that ADHD is a common developmental and behavioural disorder. It is characterized by poor concentration, distractibility, hyperactivity and impulsiveness that are inappropriate for the child's age.

Children and adults with ADHD are easily distracted by sights and sounds in their environment, cannot concentrate for long periods of time, are restless and impulsive or have a tendency to daydream and be slow to complete tasks. The educators, having such knowledge of the student are better positioned to initiate appropriate treatment and the individual himself, is in a better position to understand himself and what ''is going on with him".

The literature is also consistent with the views of the participants that although children with emotional and behavioural disabilities display good mental ability, they have difficulty integrating intellectual ability and directing them toward realistic goals. These children present no visible motor disability and could readily be accepted in any social group. As a result, they are not stigmatized as other persons with more obvious signs of disability. The fact still remains, however, that because these children are prone to unpredictable, uncontrollable and erratic behaviours, they suffer from rejection by their peers as well as others in their social settings. In the same way, due to their poor neuromuscular coordination, their ability to learn is significantly impaired.

5.2.   Training in Behaviour Modification

Teachers stated that the training received at teachers college did not adequately prepare them to treat with these students. While they were taught the different behavioural modification approaches, some were merely temporary fixes for the behaviours encountered. Some students did not see the need to change as they were gaining attention and power from other students. The first bi-weekly discussions with the teachers revealed that some teachers did not have the necessary training to understand the students and were not really prepared to find out. They said the Ministry of Education should provide special education teachers in all schools to help teachers work with students with special needs. Additionally, if the Ministry used the Task Force Report commissioned, then they could make positive interventions. They also heard of a behaviour modification camp in the summer which could help the students. However, to this date nothing has been done; there is more policy than practice in the Education system.

5.3. Academic Responses and Behaviour

One teacher reported that she worked at an up-graded high school located in an inner city community. This school received students with the lowest Grade Six Achievement Test Scores (GSAT). These students also entered with emotional and behavioural problems which affected how much they are able to learn. As it relates to Language classes, some of them are at primer in reading, making it difficult to teach the syllabus. There tended to be more special education classes for them which the students did not want to attend because they did not want to be taught like Grade 3 students. However, whenever they are taken to the computer room to do the same topic, everybody would be present and willing to participate. Therefore using computer aided instructions was more likely to make them more eager to learn. Additionally, students understood that, if they misbehaved, they would be denied the privilege of going to the computer room. Another teacher of a traditional high school located in an urban community had a completely different experience. She reported that some students enter with high GSAT scores and are motivated to learn. However, they have similar behavioural problems that, if tolerated by the school, would be exacerbated.

5.4. The Use of Technology

One teacher from an upgraded high school reported that collaboration with peer counsellors facilitated working online with students in Emotional Intelligence Activities for teens aged 13-18 years. Additionally, students were able to use several forms of technologies such: iPods, cellular phones, laptop computers and digital cameras to produce a video of activities they were involved in for the duration of the programme.

Both boys are girls were charged with the responsibility of channeling their energies into using technologies they had at their disposal to produce a video of their activities in the programme. The students were able to use cellular phones and video cameras to take photographs and record several activities throughout the time. Music was identified and selected from iPods to contribute to the production of the movie. On the final day of the camp, the music, still photographs and videos were up-loaded to the laptop computer for the production of the video. By using Windows Movie Player, students were able to work with each other in creating a video of the intervention in which they all were involved. At the end of the process, students expressed their appreciation in learning a skill that not only could help them to channel their energy in a positive direction but also to understand how to work with others in achieving commons goals.

6. Implications for Teaching and Learning

- To begin with, the teacher must be prepared to show more warmth and care towards these children. Teachers must remember that they are not problem children; they are children with problems and, although their behaviour at times seems unbearable, the need to believe in them is of paramount importance. Reflecting on Maslow's Needs Hierarchy affirms that the successful teacher must endeavour to see through such a facade knowing that the behaviour is not the will of the children but caused by their disorder and therefore punishing them will only exacerbate the situation.
- Teacher effectiveness will increase if the teacher learns to attend and understand non-verbal communication which includes her own as well as the child's. This is particularly important as the teachers try to develop students' skills of speaking and determining their comprehension of content.
- The teacher should understand that what children with emotional and behavioural disorders need is someone who can provide, especially through modeling, stability and order in the midst of their chaos.
- The teacher will achieve greater success with these children if she expects the unexpected. In that way she is prepared at all times.
- The teacher is also likely to do much better if she expects and accepts little progress in some of these children, especially in the first few months with them.
- The teacher will definitely increase her output if she treats each case separately by looking at their individual diagnoses carefully; noticing the different types of behaviours and always keeping in mind the particular strengths and weaknesses of each child.
- The teachers should collaborate. As was mentioned earlier, a defining characteristic of students with emotional and behavioral disorders is poor school performance and school failure compounds other problems these children experience. However, improvement requires the concerted effort of all partners (school, community, and social services) to assist both families and children [9].
- Teachers should establish classroom regulations at the onset of the school year. Rules should be specific, clear, fair, attainable and practical. They should help students manage their behaviour and any subsequent lack of adherence should be treated with the appropriate and equal consequence. Rules should also be posted and reviewed periodically and clearly taught. Teachers can ensure that rules are stated positively regarding observable behaviours [25].
- Teachers/disciplinary committee members should implement a preventive-discipline programme rather than to respond to every inappropriate behaviour. Sabatino, [26] established ten components of such a programme;

  I. Let students know what is acceptable behaviour
  II. Create situations that have reinforcing externalities
  III. Produce an environment conducive to learning
  IV. Don't issue threats
  V. Be fair
  VI. Make students feel and encourage a sense of confidence in themselves
  VII. Think positively about students' qualities
  VIII. Ascribe due recognition of good qualities about students when it is fit to do so
  IX. Use positive reinforcements
  X. Use the curriculum and classroom environment to your advantage

The final strategy is for the teacher to incorporate the use of technology and especially the computer. The computer can be helpful to a student with emotional or behavioural disorders (Bryant and Bryant, 2003). [33] The computer does not criticize the child who is using it and it facilitates learning without the pressure of being judged in a subjective manner.

7. Conclusion

In conclusion, it must be noted that as a nation we continue to search for and find solutions for understanding and working with our children. We are cognizant of the fact that we are yet to develop a national programme suitable for addressing the dire needs of children who experience emotional and behavioural disorders.

While there has not been a comprehensive theoretical framework for the education of these children, incorporating and combining existing treatment models with measures of flexibility and creativity will generate very positive outcomes.

In the final analysis, the challenge is to get families, educational psychologists special educators and literacy specialists on board in order that the right methods can be employed and the confidentiality of the child is maintained. It is the family that will play the pivotal role in helping to plan intervention programmes including the goals and objectives for the child. Their input will be enlisted in terms of follow up and continuity both at home and school.

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