Abstract

This article describes the pre-emptive program which focuses on development of emotional and social competence of the 1st grade primary school pupils with behavioural disorders, outlines objectives of the group work with pupils, states hypotheses and methods applied in the study, describes the research process, and provides statistic results as to the pre-emptive program’s efficacy. In the conclusion, it offers experience from program’s application, provides qualitative and quantitative results on the efficacy of the program and emphasizes program’s function.

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delinquency, are nowadays increasing in number and working radius. This observation leads to the question of effective prevention and its raising topicality in today’s context (Gajdošová, Herényiová, 2002; Rosová, 2011). The preventive social work is supposed to be operated by highly qualified social workers, whose task is to prevent occurrence of dysfunctional processes in social life. Behavioural disorders, similarly to primary problems on their background, from which they stem, have tendency to further develop and deepen if these primary problems are not being solved. This very tendency forms the ground for gradual delinquency and drug addictions development (Rosová, 2004; Smiková, 2011). We presuppose that learning difficulties, emotional and social straits, or struggle in social interaction lead to fixation, if not properly addressed. Unresolved frustrations of the pupils represent a serious sanity hazard and a timely interception of these problems equals to applying preventive activities that we find crucial for children to weather out successfully in school environment.

The problem of behavioural disorders in pupils appears to be interdisciplinary and therefore the social worker working in the team of professionals at the CPPPaP (Centre for Pedagogical and Psychological Guidance, and Prevention) is required to understand it thoroughly (Matula, 2004; Rosová, 2010). Based on the experience from practice we assume that in order to solve the client’s problematic situation it is indispensable for social worker to cooperate closely with other specialists (e.g. psychologist, specialized pedagogue, doctor, etc.)

2. Behavioural disorders

The evidence from numerous literary sources shows that the behaviour labelled as disordered may be described as a conduct that differs from the average school discipline and accepted behaviour as to the quality, quantity, manner and reasons. This kind of behaviour can be further described as following attributes:

1. Behaviour that does not respect the social standards valid in our society
   - should an individual not be capable of understanding the importance and meaning of social values and standards, his or hers behaviour canon be described as disordered. The case does not address mentally disabled individuals but rather people originating from a different socio-cultural background (Šareková, 2007);  
   - if an individual understands the values and standards but does not respect them, his or hers behaviour is described as disordered. The reasons for this kind of conduct may emerge from having a different hierarchy of values or an inability to control one’s behaviour (Vágnerová, 2008).

2. Individuals with behavioural disorders are not capable of developing and maintaining bilaterally acceptable social relations with others (Gajdošová, Herényiová, 2002). They do not understand the importance of conforming to a particular social norm, they hat not experienced an emotional relationship within their families that would provide them with a positive experience and develop their skill in empathy (Rosová, 2004; Train, 2001).

3. Group-Work with the Pupils

Methods of group-work educational activity with pupils that suffer from behavioural disorders under the program’s implementation are following:

1. Games Educationally Functioning as an Useful Tool for Socializing:
   - spontaneously tests the dexterity;  
   - satisfies the need for both activity and relaxation;  
   - provides compensation for unpleasant experiences, and feelings of inferiority;  
   - is an ideal method to reveal connections and relations  
   - instigates and accelerates examination of the outside world (Rosová, 2004; Rosová, 2010; Komárová, Slaměník, Výrost (eds.), 2001).

3. Dialogue: Group leader needs to be an expert in leading a dialogue and communication (Gabura, 2005; Rosová, 2010).

4. Artistic activities: passive and active - music therapy, for instance, that has a specific place in the system of complex caretaking for the critical and disturbed individuals (Rosová, 2013). Its aim is to objectively improve their condition by using musical means of expression. (Vymětal, 2007).

5. Community regime: gives the pupils space and opportunity for active social learning (Kačáni, Bucková, 2001). Implements playful and relaxing activities, group games, thematic discussions, physical training activities, art therapy activities and relaxing exercises (Šicková-Fabrici, 2005; Rosová, 2013; Smiková, 2011).

4. The Pre-emptive Program

At CPPPaP we drafted and realized a pre-emptive program for 1st grade primary school pupils aimed at development of their emotional and social competences. We were basing upon wants and demands from practice which had been lacking an integrated pre-emptive program for 1st grade primary school pupils with behavioural disorders, that would not only take into account the very work with the child, however it would also address working with his or hers immediate social environments: family and school.

Program’s schedule was intent on three target groups:
1. Pupils with behavioural disorders.
2. Parents of pupils with behavioural disorders.
3. Tutors of pupils with behavioural disorders.

After program’s implementation its efficacy was examined.

5. Objectives of the Group Work with Pupils

Main goals to be followed in pre-emptive program for 1st grade primary school pupils with behavioural disorders and development of their emotional and social competence that we had set before scheming out the program were following:

O1: development of empathy, emotional intelligence, emotional competences: (emotional self-confidence, emotional regulation, productive usage of emotions);
O2: development of social skills (encompasses the growth of self-respect and self-understanding, building self-confidence), improving the relations with peers, leading to creation of pro-social and cooperative relationships;
O3: development of communication skills;
O4: constructive problem solving – teaching the pupils to appropriately handle difficult situations, and solve problems in non-aggressive way;
O5: reduction of inattention, improving concentration;
O6: reduction of the manifestations of motoric hyperactivity, control of involuntary movements;
O7: relaxation.

The schedule of meetings with individual groups was aimed at reducing or modifying the undesirable forms of behaviour, the efficacy of which was later determined by a survey. We had the following hypotheses:

6. Hypotheses

- We assumed that the implementation of pre-emptive program would lead to positive increase in pro-social demonstrations in the pupil’s behaviour.
• We assumed that by applying the pre-emptive program, negative aspects of conduct in pupils with behavioural disorder would eliminate; the level of hyperactivity would diminish, the intensity of impulsiveness would get weaker, and the number of defects related to self-regulation would decrease.

• We assumed that the implementation of pre-emptive program would motivate the parents to more appropriate methods of raising their children. Individual and group meetings and consultations with parents in order to discuss and practice appropriate means of communication amongst the family members would improve the way children were taken care of, and eventually improve child’s discipline.

• We assumed that after the application of the pre-emptive program, most pupils with behavioural disorders would perform positive changes in examined indicators with respect to comparison between first and third observation.

7. Methodology

1. Selection of research methods assigned for the parents:
Child Care and the Family Test drafted out by Martin Herbert in 1996 consist in several phases, denominated by the author as questionnaires. It enables the social worker working with infants implement qualitative innovations in their cycle of operation. Methodology provides facilities applicable in search for difficulties’ procuring causes, their identification, and planning an adequate intervention on the grounds of their proximate cognition. The test is only taken into account when the client is recommended for a therapeutic intervention, which needs to be carefully considered, planned, and performed. Test comprises thirty-six sections designed for parents’ evaluation on basis of questions propounded by the social worker. So acquired data and information permit formulation of hypotheses and consequently their rational harmonization with the operating plan and therapeutic intervention.

Conners Parent’s Rating Scale and akin scales assist in identification of problematic behaviour in pupils via comparison made between answers acquired from teachers and those acquired from parents (Gajdošová, 1998). Conners Parent’s Rating Scale helps isolate behaviour dysfunction in infants and youngsters aged from three up to seventeen years. Two variants of the scale are available. First one includes ninety-three behavioural demonstration types. Nevertheless, we an abridged version covering forty-eight behavioural demonstration types tracing behavioural difficulties in infants and youngsters in six following aspects:

• The Impulsiveness Aspect.
• The Anxiety Aspect.
• The Self-regulation (Struggle) Aspect.
• Psycho-somatic Issues Aspect.
• Learning Difficulties Aspect.
• Hyperactivity Index Aspect.

2. Selection of research methods assigned for teachers:
Conners Parent’s Rating Scale identifies behavioural abnormalities in children at age of four to twelve. It comprises thirty-nine behavioural demonstrations and categorizes them under six factors:

• The Hyperactivity Factor.
• The Anxiety Factor.
• The Self-regulation Struggle Factor.
• The Emotional Disorder Factor.
• The Asocial Question Factor.
• The Daydreaming Occurrence Factor or The Complications in Settings of School Reality Factor (Gajdošová, 1998).

3. Selection of research methods assigned for the social workers:
Simultaneous Examination: According to J. Gabura (2005) the social worker in the research focuses and closely examines external behavioural demonstrations. Content of every child was subject to a detailed examination for ninety minutes at our meetings. By employing the examination at the meetings we searched for expressions of particular pro-social interactions, aggressive behaviour, impulsivity, concentration and motoric hyperactivity. This examination profuse of signs of qualitative followed the five categories of pro-dissocial interaction – “physical assistance”, “physical help”, “verbal assistance”, “verbal help”, “sharing”(Buss,1986). Our intervention was aimed to encourage this type of behaviour in pupils and would lead to cooperation and mutual acceptance. A positive result has been greatly evident in the reduction of impulsive behaviour during games.

8. Survey Processing

Survey comprised of boys attending 1st grade at primary schools in Košice. The individual pupils were chosen by school psychologists on the basis of behavioural disorders that were observed in their conduct. The final size of the group depended on the willingness of the parents to accompany their children to the CPPPaP in the afternoons and at the same time on instructions from specialized literature, and our experience from previous group work with pupils with behavioural disorders practice. Group meetings in duration of 90 minutes were held in the premises of CPPPaP once in a week throughout the whole school year except for holidays. Children were brought to our centre by their parents who had been informed about the course of the program and with the objectives of group work. Parents also confirmed in writing that they agreed with their child’s participation in the group. Each parent then individually filled out the Family Background Test and Conner’s Rating Scale. In process of program drafting, we took into account the evolutionary individualities in regard to younger school aged pupils, reliable programs and our genuine activities. Each meeting was thematically specific. In group-work, we employed physical activities, role-plays, communication games, active social learning, art therapy, music therapy, relaxing exercises, motivation-stimulating rewards. Together we organized 23 meetings, three of those having been mixed group meetings of parents and children, which focused on family communication development, underlining the positive aspects of communication and constructive conflict-solving. We also cooperated with tutors of children attending our group. Every teacher individually filled out the Conner’s Rating Scale and was acquainted with the group work program prepared. We also agreed upon holding regular consultations. Parents and teachers once again filled out the abovementioned questionnaires after the first term and at the end of the school year, thus providing us with a feedback on our group work and its efficacy.

9. Statistical Processing of Research on Program’s Efficacy

The survey was both quantitatively and qualitatively. Under influence of our program a remarkable improvement there has been observed in every indicator, mostly however, in “the verbal assistance category”. Qualitative processing of results on the in-group pupils monitoring allocates positive changes in the following areas:

1. Levelled up pro-social interactions.
2. Diminishment of impulsivity.
3. Elimination of aggressive behavioural forms.
4. Raised caretaking standards towards the behaviourally disordered on the parents’ side and eventually vitalized discipline on the children’s side.

To analyse the results of the survey, program system Statistica 5.5 (StatSoft, Tulsa, OK, 2000) has been used. Quantitative interpretation indicates elimination of negative aspects in children’s behaviour in form of diminished hyperactivity level, continually traced by tutors, where there is a notable decline between the second and the third measuring (Dig.1).

Another significant improvement entered records at third measuring, where compared to the first and the second measuring, one can notice elimination of self-regulation problems, continually monitored by parents (Dig. 2).
The cooperation with parents can be regarded as successful. Even though they were often occupied or working,
they accompanied their children to our institute or secured them an accompanist and made sure that their child is present at the meeting. At individual meetings with parents focused on appropriate-communication-in-family training, we gradually observed corrections in parents’ conduct toward their children, and simultaneously and as a relative fact, an upturn in child’s discipline. One of the positive results of our work was the parents’ willingness to cooperate with their children’s tutors, since at the beginning there was none.

10. Conclusion

The produced results prove that the carried program has been successful. We believe that depicted experience may help motivate other specialists to work in the field of prevention. We also demonstrate the extent of the social worker’s impact and operation field when working in a team with other professionals from counselling institute. Thereinbefore, 1st grade primary schools pupils suffering from behavioural disorders and their improved conduct evidence their need of this program’s implementation. We assume that in the program it is also necessary to integrate and take into account the family background and the teachers, as well. A complex approach to the issue is an imperative and, standing at the beginning of the quest, we believe that we are treading in the right direction.

Results and experiences gained under realization of the pre-emptive program which focuses on development of emotional and social competence of the 1st grade primary school pupils suffering from behavioural disorders, point at the importance of group work with children with behavioural disorders, since in group they learn:

- how to understand themselves and others;
- how to communicate appropriately (amongst themselves and with an adult);
- how to deal with various social situations accordingly by learning solve the social conflicts positively, assertively, pro-socially, cooperatively rather than by choosing an aggressive response;
- to help one another;
- how to advance on towards positive development (Rosová, 2010).

References