

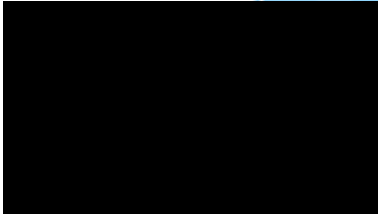
Social, Emotional & Behavioural Difficulties - Lecture 4

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Opening Task: Group-work

- * Write five interventions or strategies that are used to help children with autistic spectrum disorder
- * Write five strategies that can help children with specific language impairment

DVD – Strawberry Mansion H.S. in Philadelphia



Outline of Introduction to Social, Emotional & Behavioural Difficulties

- * Case Study – 11 year old boy with Social, Emotional and Behavioural Difficulties
- * Definitions of SEBD
- * Types of SEBD
- * Attention Deficit Hyperactivity Disorder
- * Anxiety Disorders
- * Debates and Controversies



Group-work: Case Study – 11 year old with SEBD

- * Usual Behaviour: calm, polite, friendly towards staff and pupils
- * Concerns: can lash out verbally & physically at pupils and staff
- * Incidents: staff members have been sworn at, insulted, squared up to, head-butted, kicked, punched and had missiles thrown at them. Property was also damaged e.g. broken windows.
- * Response: two suspensions, once for punching an assistant in the face and the other for striking a female assistant who went to remove him from a room he entered without permission
- * Question: Imagine you are assigned as a youth worker to work with this boy. What would you do?

Definitions of SEBD

- * Children with SEBD present with significant behavioural, concentration & social interaction difficulties which prevent them from learning like other children
- * Two main types: internalising and externalising problems
- * Difficulty: accepting help, forming positive relationships, trusting others, following instructions, managing failure etc.
- * Three P's: Persistent, Pervasive, Peculiar (Continuum)
- * Multi-causal: biological, poverty, gender, learning difficulties, trauma, poor parenting, MH problems in family, neglect, being orphaned/abandoned, poor language development

Recap: Two Main Types of SEBD



Externalising Behaviours e.g.
Aggression



Internalising Behaviours e.g.
Anxiety

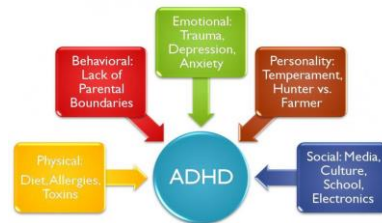
Types of SEBD

- * Externalising/Disruptive problems: ADHD (attention deficit hyperactivity disorder), conduct disorder, oppositional defiant disorder including stealing, fighting, swearing etc.
- * Internalising problems: depression, anxiety, suicidal thoughts, panic attacks, phobias, selective mutism, substance abuse, sleep disruption, self-harm
- * Gender Divide: boys more likely to externalise, girls more likely to internalise (Mels et al., 2010)
- * Discussion: African cultural attitudes to gender appropriate expressions of trauma and grief?

Attention Deficit Hyperactivity Disorder (ADHD)

- * **Externalising** Social, Emotional and Behaviour Difficulty
- * Neurodevelopmental disorder i.e. brain maturation
- * Symptoms: Attention Deficit Hyper-activity Disorder
- * Hyperactivity, Inattention, Impulsivity
- * Onset before 7 years of age
- * Impairment or interference with functioning
- * Pervasiveness of symptoms
- * Cause: complex, multiple factors, hereditary + environment
- * Prevalence: 3-9%, boys (x7) girls in clinic. Why?
- * Co-morbidity: occurs with a range of other SEN e.g. ASD

Causes of ADHD



ADHD: Debates & Controversies

- * All pupils & adults show ADHD symptoms some of time
- * Reply: onset before 7, pervasive, affects functioning
- * Few children in school will ever get an ADHD diagnosis
- * Reply: ADHD = spectrum, no diagnosis ≠ no problems
- * Parenting skills are often a factor with child with ADHD
- * Reply: fair to question parenting, unfair to blame it

Anxiety Disorders

- * **Internalising** Social, Emotional and Behaviour Difficulty
- * Definition: unpleasant feeling of tension or apprehension accompanied by physiological changes & worries or fears
- * Types: separation anxiety, generalised anxiety, social phobia, panic disorder, specific or simple phobias, PTSD, OCD
- * Range of symptoms: mild distress to incapacitating anxiety
- * Multiple Causes: temperament, genetics, parenting styles, neurobiology/neuropsychology, life events, daily stressors.
- * Early diagnosis: 1) better prognosis 2) improve functioning
- * Epidemiology: one of most frequent psychopathologies in children, often multiple anxiety disorders + co-morbid SN

Types of Anxiety Disorders



Anxiety: Debates & Controversies

- * Anxiety and Gender: unlike most SEN, boys and girls are equally affected by anxiety problems with social anxiety disorder in girls slightly more common. Why?
- * Bias in favour of help given for externalising problems. Why?
- * Nature versus Nurture: Is anxiety really hereditary?

Closing Task: Debate

- * 4 person teams
- * Arguments for & against Inclusion of children with SEBD in a parish youth group
- * 10 minutes to prepare a 2 minute speech
- * Select two volunteer teams to deliver debate

Social, Emotional & Behavioural Difficulties – Assessment - Lecture 2

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Opening Task: Group-work

- * Answer the following four questions in groups:
- * 1) What are the two main categories of SEBD?
- * 2) How does ADHD and anxiety differ with regard to their prevalence among boys and girls?
- * 3) What role does parenting play in explaining ADHD?
- * 4) What role does parenting play in reinforcing anxiety?

Outline of Assessment of Social, Emotional & Behavioural Difficulties

- * Tests & Measures used to Identify Social, Emotional and Behavioural Difficulties
- * African Youth Psychosocial Assessment Instrument
- * AYPAs (African Youth Psychosocial Assessment) – Sample Questions
- * Debates and Controversies

Tests & Measures used to Identify Social, Emotional and Behavioural Difficulties

- * Two main choices:
- * Option (1) Observation (2) Questionnaires, Checklists and Rating Scales
- * Option (2a) translate a Western-developed instrument (e.g. Strengths & Difficulties Questionnaire (Goodman, 1997), Boxall Profile (Boxall, 1984)) pilot the questions to ensure it is understood and record
- * Problems??
- * Option (2b) Develop your own measure by interviewing people in the area about locally understood symptoms of distress (e.g. kushika tama), combine these symptoms to create a measure, translate to English, back-translate, pilot and evaluate
- * Benefits??



Observation

- * Systematic Observation – Behavioural based assessment
- * Steps: 1) define behaviour 2) measure frequency/duration of behaviour 3) record events/conditions occurring before & after
- * Key Question: what function does the behaviour serve?
- * Key Point: “All Behaviour is a form of communication”
- * Problem 1: presence of observer affects behaviour i.e. children often act better when another adult is in the room
- * Problem 2: how representative of a child’s behaviour is a short observation? i.e. observation may occur in a favourite subject

Debates and Controversies in Assessing SEBD

- * SEBD & Culture: Afro-Caribbean pupils x4/x6 times more likely to be excluded than white pupils (Gilborn and Gipps, 1996). Highest rate of exclusion for SEBD in the UK is for Irish Traveller/Roma gypsy children
- * MH and Culture: are symptoms of distress similar across cultures e.g. schizophrenia versus evil spirits
- * Only SEN where a diagnosis is more likely to lead to future school exclusion. Why?



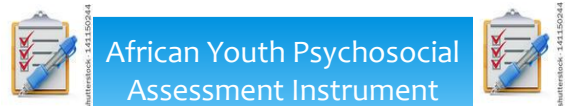
Recap: Two Main Ways of Measuring SEBD



Option 1: Observe the child at school, at home and in the community

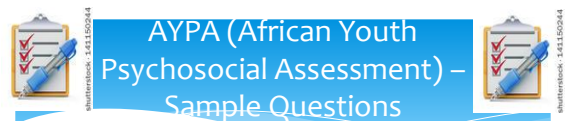


Option 2: Use checklists, questionnaires and rating scales



African Youth Psychosocial Assessment Instrument

- * African Youth Psychosocial Assessment Instrument – (AYPA Betancourt et al., 2009) – measures internalising & externalising symptoms
- * AYPA is the only African developed, validated measure. It is a 40-item measure developed in northern Uganda after extensive qualitative consultation with youth, caregivers & MH workers.
- * 4 Axes: anxiety/depression, conduct, pro-social behaviours, somatic complaints
- * Include symptoms of distress that do not appear in Western-developed measures (e.g., muttering to oneself, feeling pain in your heart, sitting with your head in your hand, believing people are chasing you etc.)



AYPA (African Youth Psychosocial Assessment) – Sample Questions

- * Task: Group the following symptoms from the AYPA into the table with the four headings listed below

Depression/Anxiety	Pro-Social Behaviour	Conduct Problems	Somatic Complaints
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- * I listen to others, I feel cold, I fight, I get headaches, I think about suicide, I use bad language, I share with others, I worry, I take drugs, I sit with my cheek in my palm, I have pain all over my body, I help others

Social, Emotional & Behavioural Difficulties – Intervention - Lecture 3

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Opening Task: Group-work

- * Which of the following is an example of Positive Reinforcement to encourage appropriate behaviours (a) Praise (b) Criticism of pupils (c) Time-Out time
- * What is a danger of using punishment to reduce the incidents of swearing in class (a) Teachers have less control over their class (b) Pupils can start swearing even more (c) Undesired behaviours can be replaced by other, more undesirable behaviours
- * Which of the following is a behavioural interventions for a child with social, emotional and behavioural difficulties (a) Social Skills training (b) Behavioural Contract (c) A visual and structured classroom

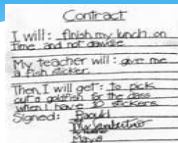
Outline of Interventions to Assist Children with SEN

- * Recap on Definition, Types and Assessment of SEBD
- * Interventions based on Behavioural Strategies
- * Interventions based on Cognitive Strategies
- * Interventions based on Psychodynamic Strategies
- * Interventions based on Systemic Strategies
- * Debates and Controversies

Interventions based on Behavioural Strategies

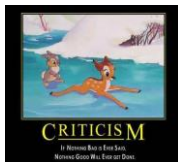
- * Example: behavioural contract signed by pupil, teacher & parent
- * Positive Reinforcement – (e.g. praise). Danger: different things are valued by different pupils e.g. sweets v's note home
- * Negative Reinforcement – (e.g. criticism). Danger: teachers may unwittingly use negative reinforcement & increase undesired behaviour e.g. less homework if a pupil complains
- * Punishment: (e.g. time-out) occurs. Warning: can damage pupil-teacher relationship and arouse very negative emotions.
- * Caveat: undesired behaviour may be replaced by another, more undesirable behaviour

Behavioural Interventions for SEBD



Behavioural Interventions

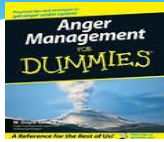
- Behavioural Contracts
- Praise for Positive Behaviour
- Criticism for Negative or Unacceptable Behaviour
- Time Out from Positive Reinforcement



Interventions based on Cognitive Strategies

- * Anger-management
- * Self-instruction training
- * Social skills training
- * Self-esteem support
- * Problem: self-esteem programmes don't improve deviant behaviour, especially if this behaviour is reinforced by peers

Cognitive Interventions for SEBD



- Cognitive Interventions
- Anger-management
 - Self-instruction training
 - Social skills training
 - Self-esteem support



Interventions based on Psychodynamic Strategies

- * Nurture groups
- * Small group: 6-10 children/YP & 2 supportive adults
- * Aim: address learning barriers arising from SEBD e.g. aggression, limited independent work, withdrawal
- * Time Spent: 2-4 terms, remain part of their class group
- * Assessment: Boxall Profile → SEBD targets
- * Philosophy: foster attachment with key adult, help self-regulation of behaviour, learn coping strategies
- * Bridge: home and school, physical & emotional needs
- * Caveat: need to ensure academic progress is made too

Psychodynamic Interventions for SEBD: Nurture Groups



Interventions based on Systemic Strategies

- * Multi-level (i.e. systemic) Anti-Bullying Programmes
- * Multi-level: children and staff work together to develop guidelines & procedures, monitored by child prefects, parents contribute, curriculum used to aid integration
- * Whole-setting approaches: target 'culture' & ensure consistency from staff, group to group & year to year
- * Success: multi-level interventions reduce bullying by 5-20%
- * Key: most of the promising interventions for SEBD focus on systemic factors. Why?

Systemic Interventions for SEBD: Second Step Bullying Prevention Unit



Debates and Controversies in Interventions for SEBD

- * School's account for approximately 30% of the influence on a young person. Home and community account for 70%. Thus, there is a limit to the amount schools can do to assist pupils with SEBD.
- * Parents versus Teachers: often have different expectations and perceptions of acceptable behaviour which may be exacerbated by culture.



Case Study: Educating Kenyan Children with Emotional & Behavioural Difficulties

- * Education for children with emotional & behavioural disorders in Kenya: Problems & Perspectives (Mukuria & Korir, 2006)
- * 1977: Special education curriculum (Kenya Institute of Educ)
- * 1984: Educational Assessment of Individuals with Disabilities
- * 1986: Kenya Institute of Special Education was founded
- * 2003: Kenyan government began free primary education for all
- * 2003: People with Disabilities Act – Article 18: illegal for a learning institute to discriminate, onus on learning centre to adapt their entry requirements to take into account special needs, setting up of more special schools & institutions

Challenges Remaining in Educating Children with SEBD in Kenya

- * Attitudes towards children with SEBD: helpless or hopeless (Kiarie, '04), embarrassment (UNESCO, '74), cursed (UDPK, '03)
- * Criminalisation of SEBD: children with SEBD are treated in the same manner as juvenile delinquents (Ndurumo, '93)
- * Medicalisation of SEBD: identification of SEBD is left to medical professionals who place children in hospitals for mentally ill
- * Over-diagnosis of SEBD among certain ethnic groups: masculinity and acceptable aggression and violence is culture-dependent
- * Un-even distribution of assessment and treatment facilities: poverty & lack of facilities affect those in North/North-East more

Any Questions?