

Causes of social, emotional and behavioural difficulties



Understanding the cause of an individual's social, emotional and behavioural difficulties is essential before you can make a successful intervention. Critically assess this assertion in the light of an activity you have undertaken as part of this module.

Introduction

Delinquents, moral imbeciles and maladjusted children are just some of the labels historically attributed to individuals presenting the difficulties later termed as emotional and behavioural difficulties (Ministry of Education 1995).

In this essay the importance of understanding the causes of an individual's social, emotional and behavioural difficulties (SEBD) is explored in relation to whether this understanding is critical for the implementation of successful interventions. This essay primarily considers individuals within the UK educational system which covers children/young people between the ages of 4 and 16. In the study and education of individuals with SEBD there seems to be a lack of uniformity in how the label is interpreted and applied; the descriptors and definitions of SEBD will therefore be considered along with current trends in the number of school age individuals diagnosed as SEBD in order to give context to this area of discussion. Another key area of disparity is the theoretical perspective adopted when assessing and treating an individual with SEBD. The theoretical perspectives each present a different approach to aetiology and interventions, these will be considered in relation to importance of cause in the basis of each and how they lead to interventions. The key argument will then focus on the importance of understanding cause and examine evidence from published literature,

research and policies to support this followed by discussion of why understanding cause may not be essential in order to implement successful interventions. The overall aim is to ascertain whether interventions are mainly based on consideration of the aetiology of behaviour and whether there is evidence to indicate their success. Indeed Harden (2003) concluded that there was insufficient evidence for strategy effectiveness in behavioural difficulties.

The subject of cause and interventions was discussed with fellow professionals in a web based discussion (Vygotsky, Skinner and Montessori discussion group October 2010 & November 2010) and reference will be made to the two fictional case studies which formed the basis of these virtual discussions. In the first a boy, Ronnie, no information was given on his background so the focus was on the observed disruptive behaviour in school and the teacher believing he has SEBD. In the second an 11 year old girl, Vicki, far more detail was given including her recent transfer to secondary school; above average reading skills, parents separated and with new partners, the possibility of epilepsy, refusal to do homework and getting into trouble at school. These discussions elicited a range of views on aetiology, the need for information possibly relating to cause and the nature of assessment and interventions. In general the contributing professionals showed a desire to have more information about each child and to interpret the impact of background factors on the difficulties being observed although there was little acknowledgement of why this information was needed (Farrugia, 2010).

What is understood by social, emotional and behaviour difficulties (SEBD)?

One of the overriding issues in the field of SEBD is the ambiguity in understanding and identification of individuals who may have social, emotional and behavioural difficulties with those who have less severe discipline problems (Evan, Harden, Thomas 2004). This introduces the first difficulty as the decision to classify an individual as having SEBD is with the person who identifies some aspect of behaviour as problematic and is reliant on that person's constructs. Government publications have provided several descriptions of which two are considered in this essay. In Circular 9/94 (DfE 1994) Emotional and Behavioural Difficulty (EBD) is described as being between:

“ behaviour which challenges the teacher but is within normal, albeit unacceptable, bounds and that which is indicative of serious mental illness. The distinction between normal but stressed behaviour, emotional and behavioural difficulties arising from mental illness is important because each needs to be treated differently.” (p. 4)

The definition focuses on the behavioural aspect rather than emotional and indicates it is a problem for the teachers thereby restricting the difficulties to educational settings. Interpretation of what may be considered unacceptable is therefore likely to result in inconsistent identification of the types of children teachers identify as having EBD (Soles, Bloom, Heath, Karagiannakis 2008). In The Special Educational Needs (SEN) Code of Practice (2001), the definition was amended to incorporate social difficulties and so expanded to

social, emotional and behavioural difficulties (SEBD), the code defines those with social, emotional and behavioural difficulties (SEBD) as:

Children and young people who demonstrate features of emotional and behavioural difficulties, who are withdrawn or isolated, disruptive and disturbing, hyperactive and lack concentration; those with immature social skills; and those presenting challenging behaviours arising from other complex special needs (Paragraph 7: 60)

This description describes a range of characteristics associated with this disorder and recognises that such behaviours can evolve from other special educational needs. This presents a broader spectrum of behaviours linked with emotional and social difficulties and remains open to the personal interpretation of those interacting with such children. The lack of clarity of the descriptors could be linked to the increasing number of children diagnosed as having SEBD being recorded in English schools. In 2008 149, 040 children had a need of EBD on school action plus or statemented at primary, secondary and special state funded schools, this was an increase of 6. 98% year on year (DCSF 2008), EBD represented the second highest need after moderate learning difficulties. This could be due to an actual increase in the number of children experiencing difficulties or to the wider interpretation of the definition leading to more children being recorded with this difficulty who might otherwise have remained at a school action stage. Whichever the reason, it is apparent that increasing number of children within the UK education system are being identified as having a need of SEBD and this in turn has led to increasing focus on interventions in particular for behavioural difficulties as seen in the recent white paper (DfE <https://assignbuster.com/causes-of-social-emotional-and-behavioural-difficulties/>)

2010). The descriptions given in Circular 9/94 (DfE 1994) and the SEN Code of Practice (2001) make no direct reference to aetiology or the necessity to acknowledge this although The SEN Code of Practise (2001) recognises that SEBD may have co-morbidity with other biological or medical conditions (7. 52, 7. 53, 7. 58) and links with mental health (10. 27) yet guidance for specific assessment and interventions is not detailed. This could be seen as indicative of the lack of unity on the understanding of causes and interventions for those with SEBD.

Which theoretical perspective of cause of SEBD?

In 1829 a 20 year poet wrote these lines:

From childhood's hour I have not been

As others were-I have not seen

As others saw-I could not bring

My passions from a common spring-

From the same source I have not taken

My sorrow-I could not awaken

My heart to joy at the same tone-

And all I lov'd-I lov'd alone

(from Alone by Edgar Allen Poe – 1829)

The poet was Edgar Allen Poe. Poe was taken into foster care at the age of 3 following the death of his parents and at the age of 6 his foster family moved to London. Poe was said to be talented academically yet a difficult character (Poe Museum n. d.); the poem “ Alone” suggests a troubled child who considers himself to be different. In today’s educational climate he may well have been identified as a child with SEBD. Would an understanding of his early life have been important in development of successful interventions? From a behavioural perspective it could be suggested that only his observable difficult behaviour was of importance and thus treatable. The causes could not be speculated upon as they could not be scientifically measured. Bowlby, from a psychodynamic approach might have disagreed; Poe’s early childhood experiences, most notably the death of his parents and being taken into foster care, may have suppressed his inner desires and drives leading to internal conflicts. Bowlby might have been interested in the repression of Poe’s feelings following the death of his parents (Bowlby 1988). An ecosystemic perspective may have considered the effects of the changes of the family systems and the move to a different society in England as impacting on his interactions with the systems around him.

In a same vein, the web based discussions of Ronnie and Vicki (Vygotsky, Skinner and Montessori discussion group October 2010 & November 2010) led to similar questions. In the case of Vicki, fellow professionals mostly concurred on the adoption of an ecosystemic perspective for assessment based on the information given concerning the breakdown of the systems in her life; some believed that a psychodynamic approach to establish her unconscious processes and a biological perspective to examine the possible

epilepsy should also be considered. However, the intervention strategies proposed were based on a humanistic approach rather than linked to the diagnostic perspectives. As noted earlier for the Ronnie discussion there appears little acknowledgement of why the information was needed and how information may link to interventions. In the case of Ronnie, discussions indicated that more information on areas such as his family background, his learning difficulties, incidences of observed behaviour at school and the relationships within his family would be valuable in order to make a more informed recommendation for intervention strategies. This desire for more information showed an amalgamation of perspectives including social learning, psychodynamic and behavioural. Most interesting is that fellow professionals adopted a behavioural approach to interventions in the absence of further information about Ronnie. It could be that this was within the realms of their experience of available strategies in education.

The question of which theoretical understanding of cause is the correct one cannot be fully answered. Professionals in the field of educational research tend to support a particular perspective; there are differences of opinion between psychological, medical and sociological perspectives, this is further compounded by newer perspectives such as eco-systemic and humanist which have evolved from earlier theories. As Visser (2000) notes most do acknowledge that “ it is a mixture of perspectives which can provide insights into understanding and explaining that behaviour.” (p. 33). The trend for which cause can be seen in the changing descriptors given for SEBD as noted previously (DfE 1994 & SEN Code of Practice 2001) and also in approaches to behavioural difficulties adopted by schools. The trend towards

a behavioural psychology approach of operant conditioning and behaviour modification as a strategy for treating children with SEBD has been seen since 1975 (Cooper 1999). Children are seen as making a choice not to behave and through use of behavioural approaches such as consequence and reward they can be taught to want to behave so a new behaviour is learnt (Greene 2008). From this perspective, aetiology is not a considered factor and emphasis is on implementing a system of rewards and consequences which aim to reduce unacceptable behaviour and encourage a re-learning of acceptable behaviour.

The blanket approach of many behavioural policies, in part dictated to schools through government directives, suggest that policy makers and educationalists do not consider there is a need to understand causes of SEBD. Behaviour is assumed to be within the control of the child and the school is assumed to be able to influence and change the behaviour. Recent years have seen a change in approach with prominence given to systemic approaches taking into account the interaction of systems and environments surrounding the child as key factors impacting on their social, emotional and behavioural difficulties (Evans, Harden and Thomas 2004). From this perspective there is a need to understand cause in terms of the environments of the individual. This was evident in the web based discussion on Vicki (Vygotsky, Skinner and Montessori November 2010) where contributors were mostly united in adoption of an ecosystemic approach and attributed the cause of the difficulties to disruption in Vicki's home and school life.

Understanding the cause of the SEBD is essential before making a successful intervention.

In the previous section a number of theoretical approaches to identifying cause were examined and it is concluded that there are difficulties in finding consensus on one approach and one understanding of cause. Despite the difference of opinions of the likely origins of the SEBD, there is widespread support of the need for understanding the cause. Visser (2005) is opposed to a prescriptive approach to dealing with behavioural difficulties and thus supports the case for recognising that each child with SEBD may have a different cause of SEBD although he previously acknowledged that there are still gaps in understanding of both causes and of approaches used in children with EBD (Visser 2002). Others in this field also advocate the benefits to teachers having understanding of pupils with SEBD; Cole, Visser and Daniels (1999) in a paper examining effective EBD practices in mainstream schools promote the need for school staff to understand the complex causation and the varied aetiology of EBD in order to be able to match apposite interventions.

Another way of considering cause is to examine underlying difficulties which may be causing SEBD, not from a theoretical perspective but from a possible medical or other difficulty so the behaviour is not directly linked to a psychological or systemic root but rather from some other difficulty which leads to the behaviour emerging as a symptom. Cross (2004) believes that a relationship exists between communication difficulties and emotional and behavioural difficulties. Communication difficulties may arise from biological causes such as Pervasive Development Disorder, Attention Deficit

Hyperactivity Disorder or from environmental factors such as child abuse and neglect, or from learning difficulties. Cross maintains that whatever the origin, it is the communication difficulty which must be addressed as a priority as weak communication skills can have a negative impact on a child's ability to interact and socialise, this can aggravate emotional and behavioural difficulties. In this sense the observed behavioural difficulties could be masking underlying communication difficulties which, if not treated, will not improve the behaviour. In the web discussion on Ronnie (Vygotsky, Skinner and Montessori discussion group October 2010) fellow professionals concurred that a link was likely between his possible learning difficulties and his behavioural difficulties and that this should form a key part of any interventions.

In his book, *Lost At School*, Greene (2008) maintains that teachers cannot know what to do with challenging behaviour unless the reasons for it are understood, referring to these reasons as "lagging skills"; those skills which are lacking irrespective of diagnosis. Staff need to identify and understand the skill lacking as this is pivotal to implementing a successful intervention. Greene (2008) lists many lagging skills, including difficulties with maintaining focus, considering likely outcomes, managing emotional responses, which professionals may attribute to a range of disorders such as learning difficulties, autistic spectrum disorder, cognitive difficulties, or anxiety. It is identification of the specific lagging skills which are of more importance than the actual diagnosis as the diagnostic label does not in itself indicate which skills are lacking. Emphasis should therefore be on identifying the specific aspects which are lacking; the lack of a skill alongside an environment which

demands these skills is the trigger to there being a problem (Greene 2008). This is in line with an ecological perspective as the behaviour is an outcome of the lagging skill conflicting with the environment.

Support for the importance of understanding aetiology is also found in educational guidance; the School Discipline and Pupil – Behaviour Policies (DCSF 2010) advises that it is essential to ensure correct assessment of possible reasons for children not behaving appropriately and acknowledges that behavioural difficulties may be caused by learning difficulties, environmental factors or other cognitive, social or emotional difficulties (paras 3. 9. 29 -3. 9. 33); yet a subsequent subheading is “ Pupils who can behave but choose not to” (p. 58). This takes the school back to the descriptors of SEBD and places interpretation back in a subjective framework where the school has to distinguish between the former and the latter. In much the same way as seen in the SEN Code of Practice (2001) there is a lack of clarity in how cause should be identified and how this knowledge should guide interventions.

A recent report entitled Not Present and Not Correct (Evans, 2010) examined the efficacy of fixed term exclusions in curing behavioural problems. The report concluded this was not an effective strategy based on the number of fixed term exclusions having increased by 5. 4% since 2003-4. Persistent disruptive behaviour was the reason for the majority of fixed term exclusions (23. 3%) and permanent exclusions (29. 6%) in 2008-9. These numbers have not shown significant change year on year indicating that current interventions are not effective. The report recommends that a trigger is needed to prompt a needs assessment where fixed-term exclusions are used

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continually. Yet, in the SEN Code of Practice (2001) this trigger should be happening for pupils who do not respond to standard behaviour management strategies or individualised behaviour management programme moving them to a School Action Plus stage. This could suggest that either appropriate referrals are not taking place or, if they are, the resulting interventions are not successful. If the latter is the case then it may indicate that either causes are not being considered or, if considered, are not leading to successful interventions.

The American based Assertive Discipline approach to managing behaviour in schools is rooted in a behavioural perspective. A study by Jones and Smith (2004) concluded that the this approach was effective in improving minor mis-behaviour and led to overall benefits for teaching and learning in the school at the centre of the study; yet, a small but significant group did not benefit from the approach. This group may therefore have required further personalised assessment of the cause of their SEBD with individual strategies being put in place. This lends support to the necessity of understanding cause in those specific situations where the standard strategies employed in mainstream schools are not resolving social, emotional or behavioural difficulties. It also suggests that the importance of cause is not essential at initial stages of identification of behavioural difficulties, but may need to be understood if current intervention strategies are not achieving the desired outcome.

A key factor in identifying the cause of the SEBD lies in the choice of the perspective adopted. As seen in the web based discussions for Vicki

(Vygotsky, Skinner and Montessori November 2010) causes could be <https://assignbuster.com/causes-of-social-emotional-and-behavioural-difficulties/>

attributed to several aspects of the individual's life. Depending on the approach taken, the diagnosis and intervention will vary which means that successful intervention cannot be guaranteed. Overall, whilst there is much debate and research on causality and at the same time growing emphasis on the rise in behavioural difficulties in the classroom, classroom based research for children with SEBD tends not to link theory to identification, policy and effective interventions (Maras and Kutnick 1999).

Understanding the cause of the SEBD is not essential before making a successful intervention.

All perspectives consider cause to some extent although a behavioural approach is founded mainly on observed behaviour. There is little research advocating that identifying cause is not essential or important in terms of implementing interventions. The argument against the value of understanding cause is mainly one of whether knowing the cause can actually lead to a specific and effective intervention. Whilst Visser (2002) advocates the importance of understanding cause, it has proved difficult to find evidence which gives clear guidance for a link between cause and effective intervention strategies. In discussing the Individual, Medical or Deficit Model (IMD), Macleod and Munn (2004) suggest that the implication of causation should be rejected which is the reverse of the consideration of disabilities with a bio-medical root. This view is based on the belief that the biggest difficulty in identifying cause is the lack of agreement in what SEBD actually is, as seen in the earlier discussion on the interpretations of definitions. It could be argued that focus should be on strategies and not on cause as interpretations of the cause are too subjective.

The web based discussions on Ronnie and Vicki, despite consisting of differing views for diagnosis and cause, saw a commonality in the recommendations for a multi agency approach. This is also seen in Diagram 8 model (Cole, Visser and Daniels 1999) in which consultation with the Local Education Authority (LEA) and relevant agencies, such as Child and Adolescent Mental Health Services (CAMHS), is seen as an important factor in schools which are successful in the inclusion of children with SEBD. Whilst Visser (2005) has been cited earlier as an advocate of the need to understand aetiology, in a talk based on a term he encountered in his professional work, “ eternal verities”, he looked at factors which may be universal in implementation of successful interventions for SEBD (Visser, 2002). Understanding cause of the SEBD was not a factor given which lends support to the view that, whilst understanding cause may be desirable and informative, there are more important factors necessary for successful intervention. Only a third of secondary schools were deemed as effective in meeting the needs of pupils with SEBD (Ofsted 2004), which suggests that focus should be on identifying effective strategies. Research carried out by Evans, Harden, Thomas (2004) concluded that there was a limited evidence base of recommended strategies which were effective for children with EBD and they recommended “ a focus for more strategic commissioning of future primary research...” (p. 8).

In the case of Ronnie (Vygotzky, Skinner and Montessori discussion group October 2010), there was a quest to know more from those assessing the situation. Was it not enough that his behaviour was disruptive and so class room based behavioural strategies should be put in place to make Ronnie

learn appropriate behaviour? The answer in this case seems to lie in the understanding of cause. If Ronnie had a learning difficulty, there was support for this being addressed first/or in conjunction with the behaviour interventions. If it then emerged that Ronnie was having problems at home, such as parental conflict or neglect, this may have required another form of intervention. In the case of Vicki (Vygotsky, Skinner and Montessori discussion group November 2010) there was more information on her background situation; this meant some probable causes could be explored which could then lead to a range of possible interventions. Having more information still led to a discussion on which perspective may be more applicable and in fact the interventions proposed were mostly similar to those for Ronnie. Although the participants suggestions for interventions for Ronnie tended to be school based whereas those discussed for Vicki were both within school and outside with a wider multi agency approach.

Professionals such as teachers, educational psychologists, CAHMS practitioners and behaviour support specialists will all bring their own approaches to the SEBD table. It could be that attempts to understand the cause through a multi-agency strategy may lead to disjointed and confusing interventions at worst and a prolonged period of assessments and treatments at best, neither of which presents an ideal situation for a child (Rayner 1999). The range of interpretations, social constructs and perspectives makes a case for a scientific approach to developing interventions for children with SEBD. The aetiology is acknowledged but it is the present symptomatic patterns which are the key to successful interventions.

Conclusion –

Is it essential to understand the cause of an individual's social, emotional and behavioural difficulties making a successful intervention?

In seeking an answer to this question, much of the published research advocates the need to establish the cause of SEBD before implementing intervention thereby assuming the intervention will be more successful. The difficulty in this belief is twofold; firstly the definition of what constitutes social, emotional and behaviour difficulties and in particular at what point the severity requires specific interventions and secondly, which perspectives should be adopted to correctly identify the cause(s) and thus which interventions are most suitable.

With the definition of SEBD including a wide range of characteristics, it seems most likely that there is also a wide range of causes and thus a wide range of interventions. Most evidence supports the desire to investigate and define the cause; this is also reflected in government and SEN policy and guidelines. Yet evidence to support the importance of this in securing successful intervention is sparse. Overall, whilst the need to understand the cause seems to be supported in research and advocated in government guidelines, the interventions put in place within educational settings are predominantly based on a behavioural approach where it is the observable behaviour which is addressed, measured and evaluated; this is where an anomaly exists.

Over time, more responsibility and accountability has been awarded to schools and local authorities for children with SEN including SEBD. This in

itself appears to have reduced the focus on understanding cause as schools have to manage this responsibility alongside government directives for improving behaviour in schools. With increasing emphasis on schools primary accountability being for student achievement in academic terms and the move to reduce the number of statements, there is likely to be less emphasis on aetiology in favour of interventions based on controlling children with SEBD – certainly in mainstream education. The current government's support of academies may also magnify this as the removal of local authority involvement means that schools can decide whether there is economic value in seeking input from agencies that may have more concern with aetiology.

It may be that there are other factors necessary in implementing successful strategies aside from understanding cause such as the necessity for a positive ethos within the school itself (Cole, Visser, Daniels 1999). It is concluded that understanding the cause of an individual's SEBD is part of the equation for successful intervention but unless the adults responsible acknowledge the cause and seek to promote appropriate and differentiated solutions which can be proven to be successful, then understanding on its own is not sufficient.