

Children with social emotional and behavioural difficulties



Introduction: SEBD is determined as an interesting area of enquiry in recent years. The literature covers 'Education', 'Health' and 'Social Disadvantage' as its three major perspectives. This essay centers on primary school children experiencing SEBD and its link to SLCN in raising their achievement level at school, from an education perspective.

Social, Emotional and Behavioural Difficulties (SEBD): refers to the three potential areas of developmental difficulty of a child: to understand, express, engage and acknowledge in a given context. The dictionary defines them as:

- * Social - living together or enjoying life in communities or organized groups.
- * Emotional - actuated by emotion rather than reason.
- * Behavioural - the way the person behaves towards other people.
- * Difficulty - an effort that is inconvenient.

Speech Language and Communication Needs (SLCN): refers mainly to 'Expressive' (use of words and sentences, vocabulary and grammar broadly), 'Receptive' (understanding the language and processing the information) and 'Pragmatic' (usage of language in a social context) language difficulties. Where only language development is concerned, there are three important factors to be considered. First is the ability to record the sounds of different words and second is the ability to control vocal production and the third being, the growth of symbolic function. However, it is observed as the need to find how language structure emerges through varied time frames is crucial for the current researchers.

Brief history of children identified with SEBD and also its link to SLCN:

The term 'SEBD' displays a predominant role in primary schools where children being identified for having difficulties which can be broadly observed in two types. Heneker, S (2005) postulates an interesting way when making a distinction of these disorders. First, the less-obvious disorders such as anxiety, school phobia, prolonged stress (due to various reasons such as transitions, communication difficulties, depression). Secondly, the well-known disorders such as, conduct disorders, hyperkinetic disorders. However, it is also possible that these disorders cover a wide range of abilities, including SLCN and some of the learning difficulties.

Parow (2009), finds nearly 71% of the children with SEBD are identified of having communication difficulties from the literature studies. These studies were based on 26 papers on the link between SEBD and communication difficulties, which were discovered by Benner, Nelson and Epstein (2002) amongst children with SEBD and communication difficulties. Their study indicates that Current estimation of prevalence in children with communication difficulties in England Wales is nearly 10% and also children with SEBD are inclined towards having communication difficulties. It is also a well established fact that a child with language difficulties is bound to have emotional and behavioural difficulties which further on have tendency to rise.

Children identified with SLCN may encounter and experience problems such as usage of vocabulary, understanding and recalling information, processing information, maintaining attention, following instructions by listening, taking

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part actively in various activities or joining in group discussions, relating to peers , memorizing specific vocabulary.

A large portion of children (with 50 % or more) are entering primary schools with low language levels. It is also observed that 5-7% of children from general population are identified with SLCN. Limited usage of language can oppose making relationships with peers at school and which can also lead to behavioural problems in the future.

(<http://www.bristol-cyps.org.uk/services/pdf/senconews-interim-slcn.pdf>)

Characteristics : Children with SEBD are more likely to be disruptive and disturbing, some are hyperactive and some lack concentration; some are popularly found having poor or immature social skills or personality disorders and some of them have learning difficulties, quite a few exhibit challenging behaviours, mainly due to other complex special needs. The disruptive and disturbing behaviour could be temporary or permanent which can become as a barrier towards their ability to learn as they experience restlessness, social withdrawal, poor attention and isolation according to Teacher Training Agency's National SEN Specialist Standards in 1999 (Teacher Training Agency, 1999). (http://www.talklink.org/C4/content/chapter4/4_1_3.htm)

Also these children are subjected towards low levels of self esteem, they lack in

Regulating their emotions 'emotion regulation is a form of mental - control' states Parrot (2001) in his book of 'Emotions in Social Psychology'. Hence

display disruptive anti-social behaviour or aggressive behaviour due to anger and frustration.

Developing social cognition which can lead on to failure in learning at school, as a result of emotional damage.

Initially children with EBD were been identified by health professionals but currently they are also carried by education professionals under special frameworks and assessments. However, they often carry out their assessment procedures in conjunction with educational psychologists and child psychiatrists depending on the level of difficulties experienced by a particular child.

In general the disorders are based on DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, 1994) as mentioned by Cross (2004).

Behavioural disorders : Emotional competence and Social competence influence significantly towards children's behaviour.

Attention Deficit Hyperactive Disorder (ADHD): the three major factors that manifest ADHD are: Hyperactivity, Impulsivity and inappropriate levels of Attention or simply Poor Attention. The research in this area as estimated by Gillberg, C. (2005), has found that at least 3% of school children have severe form.

Oppositional Defiant Disorder (ODD): It is very closely associated with ADHD and also other disorders like Tourett's syndrome, and considered as a co-

morbid problem in preschool or school aged children with ADHD. They are at a high risk of antisocial behaviour as well as displaying poor conduct.

Tourett's syndrome: Gillberg, C. (2005) mentions that at least 10% of school age children are affected by motor or vocal tics, or a combination of both. Recent population studies estimate that at least 1% of general population of school age children are affected by a clinically handicapping Tourett's syndrome.

Obsessive Compulsive Disorder (OCD): As Tourett's syndrome, OCD affects (1%) of school age children. They display obsessions and compulsions. Initially it was regarded as a 'neurosis', however it is now considered as a 'neuropsychiatric disorder' states Gillberg, C. (2005).

Emotional disorders: Undoubtedly, it can be agreed on what Cross (2004) states, that anxiety and depression are often exhibit co-morbidity in children who experience disruptive behaviour disorders (e. g. ADHD); where one of the other disorders could include 'Selective Mutism', which is considered as a social anxiety. For instance, their spoken language is considered to be limited; though they have the ability to speak, and tend to remain quiet by choice.

Other disorders include Developmental Disorders (like Autism seen as a Pervasive Developmental Disorder) and Reactive Attachment Disorder, Schizophrenia, eating disorder and Post-traumatic Stress Disorder.

Explanations:

Co morbidity of language impairment and SEBD.

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Language impairment social, emotional behavioural difficulties are interlinked. Pupils having difficulty in expressing emotions and understanding emotions verbally are the ones who are more inclined towards experiencing or to develop SEBD and vice versa Studies include the children with SEBD have been studied for the co-occurrence of language difficulties where Benner (2002) finds 71% of the children being experiencing language difficulties significantly and other authors argue if it is due to a core neurological deficit.

Psychiatric Co morbidity: It is noticed that 42% of children who had speech or language difficulties at the age 5 had psychiatric disorder when diagnosed, Beitchman et al (1996).

30% of seven to eight year olds were determined as having difficulties of specific language impairments, on the total scale of the teacher completed 'Strengths and Difficulties Questionnaire' from both the special and mainstream schools. Lindsay and Dockrell (2000).

Cohen et al, (1993) ascertained the percentage of children referring child psychiatric services for behavioural and emotional problems having an unsuspected language impairment was 33%. The prevalence from other studies also suggest that learning difficulties can account for high percentage of language problems in children with SEBD (Cross 2004).

Often a communication difficulty can be interpreted differently as a behavioural difficulty in some cases (for example, a child who is unable to convey a message to his friend while playing can behave in a noncompliant and aggressive way). In contrast a behavioural difficulty can be interpreted <https://assignbuster.com/children-with-social-emotional-and-behavioural-difficulties/>

differently when the other person is aware of the communication difficulty or need of that particular child according to Parow (2009).

Some of the causes and risk factors for SEBD and SLCN: Earlier children experiencing difficulties with social interactions, bad conduct disorders, children exhibiting high levels of frustrations due to peer-rejections/maladjusted, aggressive behaviour or inappropriate behaviour in adjusting to school environment were regarded as 'abnormal' (e. g. Dodge , 1980) and 'immature'(e. g. Selman, 1980) social cognition according to Happe and Frith (1996).

'It is not what we think or feel but what we do that makes us maladjusted.... continued severity anxiety may get the better of people and induce them to take desperate ill-considered action which is against their interest but it is the action and not the anxiety which ranks as maladjusted.'(Scott 1982).
(<http://www.talklink.org/C4/content/chapter4>)

The word 'Social' has been introduced to Emotional, Behavioural difficulties (EBD) in the year 1998. Nevertheless, children experiencing SEBD are considered with Special Educational Needs (SEN) by the 'Code of Practice, (2001)'.

Fortin and Bigras (1994) states that any of these below mentioned risk factors occur in isolation, addressing the complex interaction of the factors associated with SEBD. The main factors being- predisposing factor, child-based factors, contextual risk factors and also family - centered risk factors. They concluded that the accumulation of these factors increases the probability that a child may develop SEBD.

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Language difficulties lead on to substantially high risk of anti-social behaviour receptive language difficulties not only go undetected but have adverse negative behaviour and have a profound affect on vital relationships throughout one's life span. These children tend to face a significant or high risk in attaining school achievement. The fact is neither they are very different from their peers nor they particularly fall under a homogenous group, although they can be considered on a continuum.

Instruments currently available for measuring underlying cognitive process are less technically adequate than instruments designed to assess language development or academic achievement, Owen (1996). It is also noticed that changes in one component of language may effect development in another component. Other research suggests that children with language difficulties may have underlying cognitive processing delays (Beitchman, et al 1998).

Previous reviews of literature examined that relation between on wide range of antisocial behaviour (example juvenile delinquency) and communication difficulties (Language and speech) but very little of previous study or reviews focused specifically on Language skills of children identified with emotional , behavioural difficulties.

What is also interesting here to notice is the majority of these behavioural disorders have been found in boys. It is found that normally girls appear four times less in behavioural problems. Does it suggest that the girls have a less tendency in exhibiting their difficulties or there very less evidence of research? However it appears like girls go undiagnosed and lack in services

provided through intervention programs, which indicates the need to explore and illustrate the reason behind the difference of their behavioural disorders.

Interventions:

Today in UK what necessary provisions and strategies are undertaken to raise children's achievement level? What evidence does the literature provide to evaluate the strategies being practiced by schools?

Generally the early intervention programs improves the growth and development of children experiencing difficulties (e. g. Language development - including communication needs and moral development - including, social and emotional behavioural needs being met). Very truly, it is been noticed as the more it gets prolonged in identifying and tackling any concerns regarding these difficulties, the greater would be the effect in overcoming them.

These programs expand the quality of nurture by their primary care givers and educators from school and other settings. It is very clear to state that the primary intervention programs include many factors in providing specific-structured-training to provide effective child rearing practices in overcoming such developmental difficulties among young children, suggest literature from the 'Intervening Early and Current Interventions used by Primary Schools'.

Henker (2005) proposed an individualized intervention for the children at a pre referral unit (PRU) who are identified for a specific communication need to ameliorate their skills such as: vocabulary, social skills and speech,

grammar. It has been noticed that children were able to show improvement
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in one or more area, where they were attending this speech and language therapy weekly or twice a week. Evaluating staff questionnaires suggests that improvement has been obtained by the children with communication needs.

PALS- a program to develop Social Skills for children aged 3-6. It emphasis and aims towards building confidence in children and participate actively in social contexts. The main purpose of this program is to teach social skills such as listening, sharing, taking turns, dealing with feelings of fear, coping up with frustration, dealing with emotions effectively, etc. It is accepted by early childhood psychologists and NSW (New South Wales, Australia, Department of Health) that PALS program reduces problem behaviour and increases social skills significantly for children aged 3-6 years.

The graph of the success rate indicates that PALS effectiveness is more on the age group ranging preschool children when compared to primary school aged group of children. www.palsprogram.co.uk Cooper (2002), states that social skills interventions work less effective for primary school aged children and on the other hand it works more effectively for preschoolers earlier as addressed by Elliot and Gresham (1993).

Evaluations:

The storytelling intervention program called 'The Big Book of Storysharing' by Peacey (2009), has demonstrated in bringing up a positive change while prioritizing on communication and sharing personal stories amongst primary school children.. Especially children from special school were able to use words or signs, gaze eye contact while speaking, joining in narration by

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listening and telling stories, whereas the children from mainstream perceived to be more confident and gained pleasure in narrating stories which shows the strength of the project. On the other hand, it has certain drawbacks. When the children were assessed in the areas such as, Attention, Impulse control and flexibility; It fails to identify and explain the gain of attention at both mainstream as well as special schools and it couldn't control impulses of all the children. Also, it consumes time with regards to preparation for the project towards discussing objectives with the members for their participation and affirmation.

However, Peacey (2009) conceives that this project can demonstrate well if a named person from each school takes in charge to mediate with other members of the staff to motivate and repeat or retell the stories for the children. The second factor is to assure the age group of children has to be well chosen. Also this project did not demonstrate to be an effective one in measuring children's specific difference in their usage of language on the standardized assessments for the children who were at the early stage of language development and have showed only minor improvements as they were experiencing learning difficulties. Overall, the project has been identified for a positive outcome of making progress with their story telling skills and also they enjoyed and valued their experiences. This project also established the concept of inclusion in both school cultures.

Today in United Kingdom the government is providing the opportunity to the primary school teachers in various ways to provide better services to the children. For example, a SENCO training enables a class room teacher in understanding the different areas of difficulties experiencing by a child can <https://assignbuster.com/children-with-social-emotional-and-behavioural-difficulties/>

play a vital role with the support of specific frameworks. There are other professionals from the local authorities to liaise with in supporting children with special needs including children with social, emotional behavioural difficulties as well as speech, language and communication needs.

On the other hand, most of the parents are unwilling to accept the fact that they are in need of help with regards to their children's behavioural problems and look for help when they find when they realize the situation at a high risk. It is true that the response towards intervention programs is less when the behavioural problems are at an advanced stage. Parow (2009).

Recent literature also indicates that children with internal behavioural difficulties (withdrawn, shyness, anxiousness, passivity) lack in communication skills which again has a significant effect in developing their social skills at schools and finally has an impact of low level of school achievement.

[http://www. questia. com/googleScholar. qst? docId= 5001505653](http://www.questia.com/googleScholar.qst?docId=5001505653)

Conclusion:

Within primary schools, there has been a growing emphasis on interventions that can enable to bring difference in children identified with SEBD and also SLCN, with the aim of promoting the child's level of school achievement.

The research literature in this particular field indicates that intervention programs that were carried for a longer period of time with an intensive participation of the parents or primary care givers, children and the trainer, were the ones which became successful.

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The Special Educational needs in England graph indicates the percentage level of children with SEBD inclines gradually with their age from primary school. Whereas the SLCN tends to decline as the child grows.

Nevertheless the relation ship is unclear in identifying the primary difficulty in decision - making clinically is not appropriate for the population of children where language difficulties are unidentified/ unsuspected previously. The possibility for impacting language skills in children with SEBD needs furthermore research.

Therefore, the research indicates the need to encourage diverse participants for further research, other than public sectors of educational, health and social service or charity organizations and to include clinical psychologists, community developers, epidemiologists, medics, etc.