School Based Programs for Socio-emotional Development of Children with or without Difficulties: Promoting Resilience

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Abstract Contemporary research and the ecosystemic psychological approach both underline the role of school community in promoting psychological resilience and well-being of students, especially in case of students with socio-emotional difficulties. The aim of this study is to provide a description and evaluation of school based programs for prevention or intervention in case of students with socio-emotional difficulties, as well as school based programs that promote resilience and psychosocial well-being for the general student population. Overall, effective school based programs seem to be characterized by a holistic approach of students' symptoms, interpreting them as a reaction to problematic relationships between children with difficulties and their teachers, family and school. Under this scope, interventions are collaboratively implemented by the educational staff, mental health professionals and family, and aim at the development of a supportive school climate that promotes resilience and cultivates students' sense of belonging to their school, especially in case of students with socio-emotional difficulties, to create a system of social-emotional support for students, teachers and parents in need that could form the foundation of resilient schools and classrooms.

Keywords: *resilience, school-based programs, ecosystemic/holistic approach, students with/without socio-emotional difficulties, psychosocial and psychotherapeutic intervention, psychoeducation, school/educational psychologist, teachers, family*

1. Introduction

The belated recognition of the school's role in promoting social development, emotional balance and psychological resilience in children at risk of socio-emotional difficulties is on the rise worldwide [32]. School complements the role of the family in the development of children's self-esteem, self-efficacy, sense of mastery of external reality and crucial skills at the social-interpersonal level, as well as the academic-learning one, exposing them to the powerful influence of the support of teachers and peers, thus promoting autonomy and self-confidence by developing independence, while establishing positive relationships with others.

This reality illustrates the paradox of psychosocial development of the human beings, as they grow and acquire their autonomy and independence through complex pathways of dependent relationships with others, that affect both individual characteristics and the environment's response. Under the scope of this holistic/ecosystemic and psychodynamic model [78],

disorders in childhood are regarded as the result of a problematic relationship between the child as an evolving system and the environmental (proximal or distal) systems, in the sense of the institutions in which they develop, namely family, classmates, school and society itself [85]. In this perspective, the child's behavioral problems at school cannot be considered as exclusively located "within the child" (in person). Rather, it should be regarded as a social contextual problem since it results from multiple and continuous pathological "social interactions" [78]. This is especially true for students with social-behavioral problems that manifest themselves into serious difficulties in relating to and bonding with classmates and teachers in a positive way.

In this line a growing number of authors recognize the fundamental role of school, not only as a place dedicated to the psychosocial development of the child, but also as an institution that can provide comprehensive and effective support for allowing children with problems to develop their emotional and behavioral skills [4,82]. Indeed, research indicates that social interactions in the school context may positively or adversely affect students, both in their psychosocial development and academic

achievement [7,69,70]. A positive teacher - student relationship is an important factor for inclusive education so as to promote learning and, more generally, psychosocial development of the child [17,22]. On the contrary, negative quality of this relationship can seriously affect the social-school adjustment and psychosocial development of the child, especially in case of behavioral or emotional problems already present [20,22,96].

However, teachers are often unable to establish and/or maintain a positive relationship with students with social-behavioral problems, considering their management in classroom as one of the most difficult challenges of their profession [62]. Indeed, most educators prove unable to manage such behaviors effectively [21,49,42,55,56], many times resolving to negative teaching attitudes and punitive strategies that lack empathy and seem to only increase classroom maladjustment and children's misbehavior [49,55,77].

Therefore, the mediation and involvement of educational psychologists working within the school context is also very critical, firstly in identifying and resolving conflicting or hostile relationships between teachers and students, and, secondly, in helping teachers overcome their hostile feelings or prejudices towards "difficult students" as well as supporting their engagement with those students in more meaningful relational and teaching ways. In supportive classroom environments, children usually feel more confident to liberate their inner potential and capacities, allowing teachers to work better on their social and learning skills.

Thus, the aim of this review is to present, describe and evaluate school programs designed to promote the social-emotional development of students with and without difficulties, with an emphasis on the holistic models that take into account the interactions between various systems in children's lives.

2. Psychosocial Interventions and Curriculum-Based Programs in Schools

School based academic interventions evaluated by empirical research include the following three groups of psycho-educational/psychosocial programs: (a) programs aiming to enhance and reinforce the interpersonal/psychosocial skills in children, and their ability to solve social/interpersonal problems; (b) programs exclusively aiming to reduce violent or aggressive behavior; (c) programs designed to enhance self-control and reduce negative emotions, such as anger (e.g., anger management programs), that are considered to be a source of aggressive behavior, impulsivity, and interpersonal problems [13,48,73,95]. Further, classroom-based interventions are classified in four types, according to the areas of children's functioning that are targeted: (a) interventions that promote positive behavior, such as compliance; (b) interventions that aim at preventing problem behaviors such as talking at inappropriate times and fighting; (c) interventions that teach social and emotional skills such as conflict resolution and problem solving; (d) interventions aiming to prevent escalation of anger/acting-out behavior [10].

Despite many criticisms over the effectiveness and the conditions of implementation of school-based alternative psycho-educational programs (e.g., programs for the enhancement of emotional and social skills, problem-solving programs, anger management programs, PATHS Curriculum??, programs for reinforcement of emotional intelligence, etc.) many positive results in various domains of children's functioning have been reported either short or long term [8,23,35,39,45,46,61,80,87,89,97]. Actually, there is a growing number of studies that present promising evidence for the effectiveness of such intervention programs [8,10,28,46,81,88,89]. An example is the application of the School-Based Resolving Conflict Creatively Program (RCCP) in public elementary schools in New York, in a particularly representative sample of 1,160 children from the first through the sixth grade. Results showed that after the program implementation children were less likely to exhibit provocative and hostile tendencies toward peers in ambiguous social situations. They were also less likely to be aggressive during interaction, they showed fewer behavior problems, and they had significantly fewer symptoms of depression and aggressive fantasies [1]. In addition, it was reported that incidents involving teachers' aggressive behavior problems in classes were significantly decreased [1].

Walker and colleagues [84], have suggested a Social Skills Intervention Program which teaches 43 social skills that teachers and parents broadly agree are important to the development and effective functioning of children and youths in a *tell-show-do* sequence corresponding to coaching through verbal instructions, modeling, and behavioral rehearsal through role-play respectively [84]. Selected social skills interventions have four fundamental objectives: (a) promoting skill acquisition; (b) enhancing skill performance; (c) removing or reducing competing problem behaviors; and, (d) facilitating generalization and maintenance. The program attempts to enhance a series of social skills across five domains of interpersonal functioning: (a) cooperation; (b) assertion; (c) responsibility; (d) empathy; and (e) self-control.

As for other child-centered programs that target social competencies, the Interpersonal Cognitive Problem-Solving curriculum uses games ranging from simple word concepts to strategies for finding solutions to interpersonal problems, and for thinking consequentially and learning to empathize [86]. Children in this program become less aggressive, more socially appropriate, and better able to solve problems.

Programs that focus on academic skills enhancement produced studies with promising results. Specifically, a review on the effects of well designed programs on the academic and behavioral outcomes of at-risk youth found that these programs have a positive impact on academic functioning [86]. Academic programs that target elementary or high school students who have already developed academic and behavioral problems are less likely to be effective [86]. In any case, basic skills programs seem to be more effective when they are implemented early-on with younger children.

Concerning Universal intervention programs that target serious conduct problems, the Seattle Social Development Project for elementary school children is one of the few such programs to report significant long-term reduction in

violent antisocial behavior [86]. The program offered parent management training, social competence training, and support for academic skills to increase the child's attachment to school and family, reduce involvement with antisocial peers, and reduce aggressive behavior [40]. They also reported higher academic achievement and less misbehavior in school [86]. This program also offers intervention programs that target serious conduct problems, and is one of the few programs to report significant long-term reductions in violent criminal behavior [86].

The Collaborative for Academic, Social, and Emotional Learning (CASEL) issued a report on evidence-based social and emotional learning programs. This report was a review of the existent literature on the development and implementation of curriculum based programs promoting the socio-emotional well-being of students with and without difficulties. Their initial search resulted in a total of 242 programs, from which only those that fulfilled certain criteria were included in the final review. The criteria that had to be met were that the programs selected a) should be structured, offering an organized curriculum of at least eight lessons, that the teachers will be able to follow; b) this structured curriculum should have a duration of at least two sequential school years. Such a duration increases the effectiveness of programs, as the results of the first year are maintained and reinforced during the following year, and; c) those programs should be available at a national level [58]. Finally, 80 programs that fulfilled the criteria listed above were selected, that shared as a common ground the fact that they all cultivated children's sense of belonging to their school, as well as their ability to set goals, solve problems, discipline themselves, acquire the responsibilities corresponding to their age and role as students, and, in general, build their character and identity.

The main criticism that has been addressed to a variety of such school-based prevention and intervention alternative psycho-educational programs is mainly related to implementation and evaluation issues: (a) very short time and limited resources are allocated to staff training and the implementation of the programs; (b) lack of empirical evidence on the way such programs are implemented in school settings, e.g., these programs are often applied in a fragmented or incomplete way; (c) lack of control and monitoring during implementation and systematic evaluation of the interventions; (d) lack of long-term follow-up studies on their effectiveness; (e) assessment of the success that is usually based exclusively on measuring changes in perceptions about violent or aggressive behaviors and not on assessing long-term behavioral changes [61]; (f) lack of focus on specific risk factors [34]; (g) lack of an individualized and precise strategy, as most programs have a general preventive character rather than specific goals that target specific groups of children [84]; (h) lack of a coordinated strategy and partnership among teachers and professionals for the effective implementation of such programs and; (i) although curriculum-based procedures for promoting social and emotional skill building and conflict resolution skills often increase children's knowledge, they have demonstrated only a modest effect on behavior [10].

Greenberg and colleagues [36] examined the effectiveness of interventions implemented in the school context, targeting substance and/or drug use, antisocial behavior and frequent absence from school while at the same time promoting students' positive psychosocial development and mental health. Their results revealed that programs with adequate structure and design that are implemented efficiently by mental health professionals and school staff can produce significant outcomes both in preventing problem behaviors and promoting positive development in the health, social and academic domain. According to this review, the effectiveness of such programs is increased when the mechanism of change revolves around student involvement, changes in the group dynamics and relationships, and changes in the structure and organization of classrooms but also school itself [58]. In addition, evaluations of the prevention programs targeting aggressive or antisocial youngsters and youths have brought to light a variety of problems, including recognizing developmental issues for children and adolescents, defining and measuring outcomes, relating selection criteria and targeted outcomes to risk-factor research, and other practical issues [86].

In conclusion, schools can play a critical role in the development of emotional resilience and of social, communication skills in youths with problems. It is important to note that youths with antisocial, aggressive behaviors should be able to belong to and depend on a network of positive and supportive relationships with peers who are socially well integrated. Importantly, the school should be able to support and reinforce the self-confidence of academically failed students and to adequately guide them to reintegrate in academic and social processes [66,84]. Undoubtedly, this requires important modifications in the ways schools work, function, and reason. Specifically, important changes should be realized in the ethos, culture, and mentality both on the part of the parents, the school, and society in general.

Inclusive education attempts to transform and radicalize teachers' perceptions of children with particular difficulties, disorders or disabilities, as well as to revolutionary the educational policy [3,27,44,65,74,76]. The progressive transformation of the school culture and rationale and therefore the changes in the attitudes of teachers and specialists toward children with disabilities, has led to the development of a series of intervention programs based on an alternative conceptualization of mental health and academic difficulties. These are relative to a more holistic pedagogy, one that does not consider the behavioral problems or exceptionalities of children as "pathological" [87]. The first outcomes of the implementation of programs of early intervention and prevention, based on these principles of enhancing and supporting positive behaviors, are encouraging [47,63,83,88].

3. Specialized Psychotherapeutic and Psychosocial Interventions

There is a variety of psycho-educational and psychotherapeutic techniques (about 250) involving the treatment of psychosocial or mental health problems or disorders in childhood and adolescence [52]. Although those issues are considered to have negative prognoses

and generally are not easily "cured," great strides have been made in this area over the past years [15], with the development of procedures and techniques known to bring positive results [10,15,31,52,90,91].

Four categories of interventions have been developed based on the treatment of children with antisocial tendencies and behavioral problems for which there are adequate research data: (a) behavioral parent training; (b) child-focused problem- solving skills training; (c) functional family therapy, and (d) Multisystemic Therapy for Antisocial and Delinquent Adolescents, in line with the holistic approach of children's psychopathology [13,16,41,52,73].

Holistic approaches such as multimodal models and multisystemic therapy seem to be very effective, even for children and adolescents with severe behavioral problems and antisocial tendencies, because they apply to all levels (individual, family, school), using a variety of techniques [41,57,63].

In general, the principles and directions of multisystem holistic interventions are: (a) assessment and understanding of the relationship between the symptom (behavioral problems) and the environment (school, family, peers, neighborhood) that possibly contribute to the persistence of the symptom (b) assessment and analysis of all the relationships with people that have a particular meaning for the child or significantly impact his functioning; (c) interventions on an individual, family and social-school level; interventions may relate to the processing of children's experiences in different settings, but usually they involve parents and teachers, and more rarely other classmates or educators; however, they can be associated with specialized psycho-educational interventions in school and classroom; (d) modifying behaviors by changing the elements and aspects of the ecosystem (the social and domestic) that contribute to problematic conditions; (e) for individuals and families the emphasis is on positive reinforcement and skill development; (f) interventions are planned so that appropriate and responsible behaviors are promoted, while all family members are discouraged from adopting dysfunctional attitudes; (g) interventions focus on the present, on the development of specific actions and the achievement of specific goals; still, they may often center on resolving recent or past traumatic experiences and conflicts which have negative impact on the child; (h) interventions are individualized and customized to meet the child's developmental stages and take into account the peculiarities of each child; (j) interventions are dynamic, structured and require the regular cooperation and involvement of the family and other professionals; (i) application of an ongoing and dynamic assessment of the intervention outcome from different sources and aspects; (k) maintenance of positive results through continuous and systematic cooperation with parents and teachers, especially through consultation; (l) uninterrupted supervision of practitioners and special educators by external specialists, considered an important component of a successful intervention.

A first problem that relates to the outcomes of therapeutic interventions is the fact that although a certain amount of progress in the psychosocial functioning of the child is made, it is often not enough for the child to succeed in adapting to the academic and social context [72]. The second important issue in relation to the effectiveness of interventions is that it was found that most interventions applied do not bring any short term positive results [9,51,52,53,54,59,72]. This means that no radical structural changes in the way the child operates are achieved, and the positive effects of these interventions occur at the level of external behavior for a limited time only. This issue was addressed by most researchers interested in the evaluation of psycho-educational and psychotherapeutic interventions for children with behavior problems.

One question that remains unanswered regarding the action of psychotherapeutic interventions is which mechanisms, mobilized by these interventions, bring changes in the behavior of these children [54]. Research concerning the results of some psychotherapeutic interventions appears to systematically ignore questions concerning the nature of these mechanisms, the way they work in order to bring about changes, and whether some interventions are effective while others are not [52,54].

Another issue that arises in relation to children and families with problems concerns the difference between the clinical reality and the experimental conditions where these interventions are usually implemented and evaluated [53,54,92]. This lack of ecological validity means that it is not absolutely certain that the positive results achieved by research using planned interventions can also be achieved when these therapies are applied in the context of the everyday life of the child [54,92]. Similarly, interventions that for various technical reasons have not been evaluated at an experimental stage may well have positive results in clinical practice [52].

4. General Guidelines for Effective Interventions

To determine common elements of mental health programs aiming at providing preventive or early intervention services to at-risk children, Browne, Gafni, Roberts, Byrne, and Majumdar [12] synthesized 23 reviews describing the empirical literature on prevention strategies implemented in or involving schools. The authors found the following common elements of effective prevention and early intervention programs [58]: (a) Programs aiming at developing protective factors have shown greater positive results than programs aiming at reducing pre-existing negative behaviors, but vary by age, gender, and ethnicity of children; (b) younger children show greater positive results than older children, but some programs are effective for older children; (c) programs directed to address a specific problem have greater effect than broad, unfocused interventions; (d) programming that has multiple elements involving family, school, and community is more likely to be successful than efforts aimed at a single domain; (e) strategies were enhanced when based on and informed by sound theoretical foundations; (f) fear-inducing tactics and delivering information in only a didactic format were generally less effective; and, (g) long-term strategies are more effective than short-term strategies when they have the continued presence of appropriate adult staff or mentors.

Our literature review reveals that, in order for the psychotherapeutic interventions with children and adolescents to be effective, the following requirements must be met [5,8,14,25,57,58,68,71,75,79]:

- They must adopt a holistic perspective of the child, in line with the ecosystemic approach, interpreting the secondary reactions of the child as inappropriate adaptation strategy and recognize the coercive pattern that has been eventually established between school, family, and the child;
- They must suit the needs, and in particular evaluate and acknowledge the "problematic" child's qualities and capacities;
- They must adopt a long-term orientation and not exclusively focus on the immediate reduction or elimination of the symptoms ("quick fix");
- They must be implemented consistently and collaboratively by the educational stuff, mental health professionals and the family, and should be combined with other strategies and intervention policies and practices (e.g. psycho-educational programs, classroom interventions, etc.)

5. Conclusion

Contemporary literature in the field of education seems to be focused on the identification of factors that favor or, on the contrary, inhibit the psychosocial development and, as a consequence, the social and academic inclusion of students at risk of or manifesting disabilities and/or socio-emotional difficulties [33,67]. Further, contemporary research is also concerned with the development of innovative school based interventions or psychoeducational programs that could foster psychological resilience as well as academic and social inclusion [6,8,23,24,29,82,93,97]. Along this field of research, what seems to emerge as a common ground for the effectiveness of school based interventions is the favorable effects of the engagement of children's environment, namely teachers and family, including the psychoeducation of the school staff on case-management in a potential situation of crisis [37,38].

Such an approach of multidisciplinary involvement and inclusion of "difficult" children in the school context seems to prevent school drop-out, while at the same time appears to act as a protective factor for the emergence of mental health problems [2,19,77] as well as for the deterioration and chronicity of social, emotional and educational problems already existing or diagnosed [2,19,24]. Further, a resilient, inclusive school context appears to favor students' development in both the academic and the social domain [24,26,36,97]. As a matter of fact, a recent study by Fleming et al. [30] indicates that the academic and social competence are interrelated, as in their study children with more frequent positive social interactions at school, greater socio-emotional competence, and more developed decision-making skills scored higher on standardized tests, while, on the other hand, children with attention deficits, problematic relations with their peers, and aggressive or destructive behavior scored much lower on standardized tests. In this direction, a considerable number of programs, which have been shown to be effective at promoting positive youth development [24] and preventing aggressive and disruptive behavior problems [64,77,94], and mental health difficulties [43] have been developed.

As a conclusion, recent literature reviews and meta-analyses indicate that the extensive research on the field of resilience in the school context, deriving from the basic tenets of developmental models and contextual dynamics theories [33,60], has provided professionals with a theoretical knowledge that underlines the role of the involvement of teachers and families in the effectiveness of school base interventions [6,11,18,20,22,82]. Resilience cannot, indeed, be identified, understood, or facilitated without consideration of context at many levels and in multiple ways [6].

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