Abstract:

School and classroom teachers play a critical role in improving pupils’ social-emotional skills. Furthermore, inadequate handling can amplify the social-emotional deficits of children at risk. For the purposes of this study, a quantitative and qualitative approach was used in order to study teachers’ perceptions on pupils’ social dysfunctions within Greek elementary schools. More specifically, the Revised Social Dysfunction Scale (R-SDS) (Greek version) was employed to evaluate elementary school pupils’ social dysfunctions within educational settings in the area of Crete, Greece. The focus group method was employed to gain insight into teachers’ perceptions of individual and systemic factors which are related to pupils’ social dysfunctions, as well as of methods of managing critical situations within school contexts. It was confirmed the urgent need of teachers to be supported and guided in meaningful ways in their work with pupils who present challenging behavior. Based on the research findings, authors suggest a series of inclusive practices aiming at responding to teachers’ actual needs and to concrete shortfalls in the school inclusive system.

Keywords: Pupils’ social dysfunctions, teachers’ perceptions, qualitative and quantitative approach, inclusive practice

1. Introduction

Childhood is characterized by periods of transition and reorganization, making it critical to assess the mental health of children and adolescents in the context of familial, social, and cultural expectations about age-appropriate thoughts, emotions, and behavior (Carr, 1999). Adverse psychosocial experiences during childhood, occurring at home, at school, or in the community influence the psychosocial functioning and the mental difficulties/disorders of childhood. A growing body of research suggests that a high percentage of school age children experience social-emotional problems hindering their school and social integration and therefore undermining their overall psychosocial development. School integration and positive relationships with classmates and teachers are crucial dimensions of personal and social identity in childhood and adolescence (Pianta, 1999).

Research also suggests that entering school, children’s social dysfunctions (non compliant behavior, lack of social – interpersonal skills, incapacity to collaborate with others, aggressive, provocative or maladaptive behavior, extreme shyness and passivity, social withdrawal, depressive symptoms, etc.) constitute a significant risk of rejection by family, peers and educational staff, as well as being predictor for later psychosocial problems (Bloomquist & Schnell, 2002; Campbell, 2002; Frick & Morris, 2004; Car, 2001; Kourkoutas, in press). Early social-emotional and behavioral dysfunctions, if not treated adequately may lead to serious emotional or behavioral problems in adolescence.
In general, three clusters of risk factors are involved in children's problematic pathway and in the development of serious emotional and behavioral disorders during school age and in later periods (Carr, 2001; Bloomquist & Schnell, 2002; Frick & Morris, 2004):

- **Individual:** lack of interpersonal/academic skills (low I.Q., behavioral /emotional problems, low academic skills)
- **Family:** dysfunctional family relations and dynamics, problematic family structure and organization, cruel, inconsistent parental attitudes and harsh disciplines
- **School:** inflexible school organization; a curriculum focusing exclusively on performances thus marginalizing children with problems/disorders; negative classroom dynamics; non skilled teachers; lack of individualized /personalized approaches for children at risk; lack of adequate support for children with strong academic and mental health needs; a medical approach to children’s deficits/disorders; lack of standardized inclusive practices; lack of specialized supportive services.
- **Social/ Contextual:** serious social disadvantages; deprived neighborhood and poor social networks; low quality schooling.

Teachers in cooperation with other professionals have an important role to play in screening and helping children at risk. By implementing comprehensive and evidence-based programs within schools, teachers and professionals are better equipped to help these students cope with their social-emotional dysfunctions and consequently maintain a series bonds with their classmates. Positive peer-relationships, as well as positive relationships with teachers constitute a significant protective factor in childhood and adolescence.

### 2. Previous studies in Greek context

Many studies have addressed the issue of the teachers’ perceptions of pupils’ behavioral problems in the Greek schools, by the use of various methodological tools (Didaskalou & Millward, 2001; Manolitsis & Tafa, 2005; Poulou & Norwitch, 2002). Most studies’ conclusions emphasize the lack of teachers’ training and knowledge of adequate strategies to handle these behavioral dysfunctions. Some of the studies confirm the behavioral dysfunctions as being the most disturbing elements for preschool and primary school teachers to achieve the teaching process and integrate all students in the classroom activities (Thanos et al., 2006).

### 3. Rationale of the study

Social dysfunction in children represents a known predictor of psychopathology and other negative outcomes. Unfortunately, many clinicians do not have access to scales of social dysfunction that make use of the most up-to-date research in this area. Specifically, many screening measures available to clinicians are broad in scope and offer a single scale of social dysfunction as if it is still considered a unitary construct (Gerhardstein, 2005). For this purpose, we opted to use the Revised Social Dysfunction Scale which covers a wide spectrum of overt-covert social-emotional dysfunctions based on the literature (Gerhardstein, 2005). The measure was constructed on the basis of eight different types of social dysfunction including Instrumental-Proactive Aggression, Hostile-Reactive Aggression, Relational Aggression, Passive-Anxious Withdrawn Behavior, Unsociable Withdrawn Behavior, Maladroit Behavior, Excessive-Reassurance Seeking, and Odd-Eccentric Behavior.

Besides, schools and not clinical settings are considered as an ideal site for screening and treating social-emotional dysfunctions in childhood (Raines, 2008). In this perspective, teachers have to play an important role in the primary identification and in the further collaboration with professionals in order to implement efficient school-based interventions. With their experience, teachers can also significantly contribute in the design of the school based interventions. Thus studies aiming at exploring teachers’ problems, difficulties and perceptions of the social-emotional dysfunctions are essential in discovering the way schools organize their formal or informal interventions towards these groups of children.
it is a tool that can produce specific forms of knowledge and new experiences for the involved subjects, as well as for the researchers as it allows discussing, confronting and working different points of views.

4. Goals of the study

In this study, a combination of quantitative and qualitative approaches has been used in order to explore the following:

- the degree to which elementary school teachers face problematic behavior and social-interpersonal dysfunctions in their everyday work
- the way teachers perceive, experience and handle issues related to children's problematic functioning
- the organizational and systemic barriers obstructing teachers’ capacity to deal with these forms of deficits
- the types of interventions, according to teachers’ views, that should be implemented within the school context in order to address these forms of critical difficulties/deficits
- school responsibility for taking care of children at risk and addressing their deficits

A mixed-methods study allows the researcher the opportunity to create sections of the report that may expand on the traditional.

5. Methodology

5.1. Instruments

In this study the Revised Social Dysfunction Scale (R-SDS) (Gerhardstein, 2005) (short version in Greek) (Kourkoutas, unpublished) was applied at the first stage of the study and the focus group technique was used at the second stage in order to further understand the way teachers perceive and manage these types of dysfunctions. The focus group method is a form of group interview and it is considered to be a naturalistic approach (Krueger & Case, 2000). The focus group method allows us to gain insight into the participants' perspectives.

The Revised Social Dysfunction Scale in the original full English version consists of 28 items and comprises 5 subscales (Aggression, Withdrawn, Maladroit, ERS, Odd/Eccentric subscale) exploring basic aspects of the child psychosocial functioning and disorders.

Regarding the psychometric characteristics of the Greek version, the overall internal consistency is quite satisfactory (Cronbach’s α = .868). Only two items were found to limit the internal consistency of the scale (This child would rather be alone than with others and This child isolates himself/herself). As for the factor analysis, in the Correlation Matrix the determinant is also high (0,006>0,00001). The KMO (Kaiser-Meyer-Olkin) Measure of Sampling Adequate is satisfying (0,880>0,5) which means that there is no need to exclude any variable. The Bartlett’s Test of Sphericity is also significant (2282,417). The Rotation Matrix analysis has showed the following four factors as important: a) the Aggression, b) the Anxious-Withdrawn, c) the Unsociable-Withdrawn, and d) the Maladroit-Unsociable. The Aggression factor was the most important one and it consisted from 4 items (1. This child often starts fights to get what he/she wants, 5. This child bothers other kids, 7. This child does not control his/her temper in conflict situations with peers, 9. This child tries to exclude certain peers from group activities). The Anxious-Withdrawn factor was also important consisted of two items (10. This child isolates himself/herself because he/she is afraid others won’t like him/her 3. This child would rather be alone than with others). The Unsociable-Withdrawn factor consisted from two items (8. This child has little to no interest in other children, 4. This child doesn’t understand others feelings). The Maladroit-Unsociable factor which consisted of two items (6. This child lacks interest in social activities, 2. This child rarely thinks before engaging socially) was the less important. Focus group methodology is one of several qualitative tools that researchers in education and psychology can use to generate valid information, important to the understanding and advancement of programs, communities, schools and classroom organizations (Hennink, 2007; Rabiee, 2004). The concept behind the focus group is that group processes can help researchers to explore and clarify views and experiences which would be less easily accessible with classical quantitative methods (Willing, 2008). Therefore, this approach allows the subjects to communicate their experiences in a meaningful way. Four (4) sessions were held in total at a university over a period of 2 months. The groups were conducted by 2 experienced psychologists. Each session lasted almost 3 hours. The first psychologist’s role was to facilitate self disclosure and to promote open communication and discussions.
among group members. The second psychologist played the role of reinterpreting and reframing the teachers’ perceptions. In the focus group part of our study, psychologists were involved in the group process in a dynamic manner (questioning, commenting, confronting, reinterpreting or reframing subjects’ perceptions, etc.) in order to incite teachers to talk about the ways they deal with critical situations. Teachers were also encouraged to think and suggest methods to improve the way schools deal with cases of childhood disorders. To sum up, we sought in our focus group study to help teachers articulate their views and to put forward their narratives on schooling. Focus group meetings and discussions were organized around the following six topics:

- causes of pupils’ social-emotional and behavioral dysfunctions (SEBD)
- risks leading to the development of SEBD and social exclusion
- the role of teachers and schools role in SEBD management/treatment
- types and efficacy of interventions
- types and forms of educational services for these groups of children
- types and forms of supportive services that schools should be equipped with

Social services that should be provided for teachers and children with problems

Focus group discussions were audio-taped and transcribed in written form by 4 students. The extracted material was analyzed and codified by two external raters on the basis of the six previously mentioned topics.

5.2. Sample

The sample of the study consisted of 50 school teachers who completed the R-SDS for 446 preschool and primary school pupils. 47.53% of the pupils were females and 52.47% were males. The majority of the pupils were Greek (87.76%) and 12.33% were of another nationality. 58.07% of the teachers were working in rural school areas and 41.93% in urban school settings. 15 teachers were selected according to the amount of problematic behaviors in their classrooms and all of them agreed to participate in the focus group process.

6. Results

6.1. Results of the quantitative method

Data was analyzed using SPSS and carrying out appropriate descriptive and inferential statistics. Univariate analyses of variances (ANOVA) were also performed.

Results showed that the most problematic behaviors mentioned by the teachers are the following (Figure 1):

- Discipline problems /covert aggression/deviant behavior, as reported by primary school-teachers.
- Fighting and overt aggressive behavior, as quoted by pre-school teachers.
Social interpersonal dysfunctions concern a high percentage of children's functioning in Cretan schools according to our sample, as it was reported by teachers (Figure 2).

Figure 1
Mean value of all attitudes which are often adopted by children according to teachers

Figure 2
Mean value of problematic behaviors
There is strong relation between the variable “The child bothers other kids” and the variables: 1. “this child often starts fights”, 4. “this child doesn't understand others feelings”, 7. “this child doesn't control his/her temper in conflicts” and 9. “this child tend to exclude certain peers from group activities”. The model predicts more than 65% the values of this variable. As it was expected, bothering behaviors are related in a high degree to open aggressive behaviors (lack of appropriate social/interpersonal skills), lack of empathy toward other children, lack of self control, exclusion of other kids (Figure 3).

As it is supported by previous research findings and theoretical assumptions, there is a link between social dysfunctions and interpersonal skills (Campbell, 2002; Frick & Morris, 2004; Car, 2001). In our study, it was also found a statistically important correlation between the following 3 clusters of attitudes: a) open aggression/problematic behavior, b) social behavior dysfunctions, c) psychosocial /interpersonal deficient skills. The values of psychosocial /interpersonal deficient skills are predicted in percentage of 66% from the model which produced from the other 2: (a) open aggression/problematic behavior b) social behavior dysfunctions. The 3 clusters of dysfunctions are highly correlated. This means that children who have problems in one section /aspect of their life, they also face problems in other sections (Figure 4).
The most striking finding is the high percentage of behaviors reported by teachers as being dysfunctional and problematic. It has been suggested that teachers are more likely to identify the externalizing behaviors of their students as problematic, than their internalizing ones and thus experience them in a negative way (Kauffman, 2001). However, we should remain very cautious about the clinical value of these reports. Nevertheless, the way teachers perceive and experience their pupils’ behaviors is a key factor in the design of adequate intervention programs within schools (Kauffman, 2001). As many teachers reported in the focus group, some of their pupils’ dysfunctional and problematic behaviors may elicit in them acute negative feelings or confusing emotional reactions (see also Poulou & Norwitch, 2002). We are unable to identify to what degree teachers are inclined to pathologize and to react in inappropriate ways towards the difficult, immature or problematic behaviors of theirs pupils. In any case, the findings of this study clearly suggest the extreme need for implementing school based interdisciplinary teams to adequately identify these problematic situations and help teachers develop the appropriate educational practices to handle their pupils’ dysfunctions.

6.2. Results of the qualitative method

To ensure a certain degree of consistency regarding the collected data two independent external raters were involved in the categorization of the transcribed audio-taped material (Borg & Call, 1989). The inter-coder consistency between the two external raters was quite satisfying (78%). Based on the data categorizations, we have concluded the following interpretations of the findings (see also Rabice, 2004).

Regarding the factors related to the development of SEB Dysfunctions, teachers are likely to have contradicting perceptions:

- They tend to attribute every dysfunction to family problems /to inappropriate parenting or to inherited features (character) or to genetic deficits (especially aggression)
- Many teachers openly accuse parents of being careless /indifferent /irresponsible or overprotective and unable to impose boundaries on their offspring
- They tend to believe that these children are either immature or “problematic”
- Regarding the school and the teacher’s role in addressing SEBD
- Many teachers believe that with very problematic children, the teacher’s role is quite limited and children have to be exclusively referred to external specialists
- Most teachers agreed that the dysfunctional behaviours of certain pupils during classroom activities or in the yard generate states of high anxiety both in them and in other pupils
Many of them wondered about the significance and the value of the school intervention in the case of very dysfunctional or problematic family environments. Some of them expressed the idea that special schools should take the responsibility for educating these pupils. Although they believe that a teacher’s involvement in the intervention process is important, they are often unable to describe in detail what the nature of this involvement should be. Regarding the nature of the intervention they use or should adopt to manage these dysfunctions and help the child.

Most of the teachers try to approach the “problematic child in a kind or friendly way. Many of them recognize that the “good way” is not sufficient, as they often find themselves overwhelmed by children’s adverse emotional reactions. Most of the teachers report having experienced in the past intense negative emotions and overreacted towards these pupils. Some of them seem to believe in or put forward (stereotyped) ready-made practices without taking individual cases into account. Many of them do not value the importance of taking into account the child’s profile, the child’s family background and the responses of previous schoolteachers to the child’s behavior. Some teachers adopt a clearly medicalized/pathologizing approach to SEB dysfunctions. Teachers are not able to perceive the SEB Dysfunctions as a complex and dynamic phenomenon related to transactional and developmental processes and to factors situated outside the individual or the family (Sameroff, 2000).

Many teachers report being in extreme need of specialized guidance and continuous emotional support from professionals. As they are inclined to attribute the child’s dysfunctions exclusively to the characteristics of the individual and their family, many of them are not aware of the impact that the school and certain teachers’ attitudes can have on the deterioration in the child’s dysfunctional behaviors.

Teachers relate their incapacity to adequately deal with this kind of problems to the following:

- lack of specialized knowledge
- fear of exacerbating pupils’ problematic reactions or negative emotions
- stress related to taking responsibility for “dysfunctional children” and successfully managing the rest of the classroom
- highly intense emotional reactions that some aggressive behaviors elicit in teachers /teachers are often trapped in a personal fight with the “problematic” child
- some of the teachers experienced pupils’ problematic behavior as an “attack” on them personally
- lack of specialized support from existing services
- lack of support from the school head
- lack of support from colleagues

Teachers tend to focus on specialized training as the ideal (magical) solution for resolving every problem with “difficult” pupils’ behavior.

According to their final comments and evaluation of the focus group process (and almost all were agreed on these statements):

- Teachers have been working through many of their stereotyped conceptions
- The focus group allowed them to confront their prejudices, contradictions and incapacity to conceive problems in a holistic way
- The focus group has also been used as a “therapeutic space” where teachers can express their emotions, fears, anxieties, complaints, requests and seek help
- Many creative and productive issues came out as a result of this group work
- Direct effect on their work with pupils and colleagues
- An urgent need to be supported and reframed in their work with difficult pupils
It is difficult to generalize the conclusions of the focus group process. It is also difficult to replicate our qualitative study. Although action research theory suggests that the active involvement of researchers allows a deeper understanding of the complex phenomena, it is inevitable that biases will occur in the conclusions of researchers due to their close involvement with the group sample. Further research is needed in order to better identify the difficulties experienced in the school system when handling children’s social-emotional dysfunctions.

8. Conclusions

Children with social dysfunctional patterns and emotional difficulties are at great risk of being rejected by their schoolmates and their teachers and thus encountering increased social-emotional problems with severe consequences on their academic and mental health development. The importance of school inclusion for the future development of children with behavioral and emotional problems is widely recognized. Therefore, it is essential to design valuable and effective school based services in order to adequately screen and support these children. Besides, it is important to note that school mental health programs should emphasize an inclusive psychosocial perspective (Greenhalgh, 2001; Rooney, 2002). This requires the involvement and cooperation of all people at stake (teachers, educational psychologists, school counselors, special educators, parents), as well as an adequate training of all professionals in issues related to social-emotional problems, school system and alternative inclusive practices.

Promoting mental health for all students in schools also requires taking into consideration the educational, systemic and cultural differences of each school (Bloomquist & Schnell, 2002; Carr, 2001; 2009). It is widely acknowledged that school based flexible and non psychiatric-oriented mental health services may be very helpful in addressing educational staff and students’ needs and difficulties. These services are likely to be successful when they have a holistic character (including family, teachers, group and individual components); they are child and family centered; they promote interdisciplinary and interagency collaboration; they target ecological factors; they promote comprehensive social and academic skill oriented programs for children at risk (Bloomquist & Schnell, 2002; Carr, 2009; Dryfoos, 1994; Faupel, 2002; Greenhalgh, 2001; Kourkoutas & Raul Xavier, 2010; Meevoy, & Welker, 2000; Meadows & Stevens, 2004; Nastazi, Moore & Varjasm, 2004; Ogden, 2001; Reddy & Richardson, 2006; Reid & Eddy, 2002; Rooney, 2002; Sameroff & Fiese, 2000). School based mental services should also promote a “partnership working model” with teachers and families. The Participatory Culture-Specific Intervention Model (PCSIM) (Nastazi et al., 2004), as well as our Ecosystemic Psychodynamic Inclusive Model (EPIM) (Giovazolias et al., 2010; Kourkoutas & Raul Xavier, 2010; Kourkoutas, in press) are indicative examples of models working to manage, support, and include students with difficulties in the school system. Our research clearly suggests that teachers in Greece encounter enormous difficulties in managing, helping, and supporting pupils at extreme risk of mental health disorders.

Evaluation research supports the use of comprehensive programming within schools for promoting the well-being of children and adolescents and in particular programs that are acceptable to teachers and parents (Nastazi et al., 2004). Psychologists working in schools are urged to extend their traditional roles beyond assessment and get involved in supporting, coaching and training teachers in order to help them successfully deal with pupils’ dysfunctions. School psychologists should also address the teachers’ fears, anxieties, and negative emotions and emotionally support them in a consistent way (Monsen & Graham, 2002). Teachers also need to be trained in special educational techniques to better handle the immature or real problematic dysfunctional behavior of their pupils. Ordinary classroom teachers need to be assisted by interdisciplinary teams in order to gain insight into their pupils’ problems and develop effective inclusive practices. Schools have a key role to play in developing inclusive practices supported by psychologists and special educators so as to avoid the social marginalization and the school ostracism of students with social-emotional dysfunctions (Fell, 2002; Hanko, 2001; Rooney, 2002). This requires school psychologists to have an adequate training in issues related to the emotional and educational supervision of teachers, group dynamics and school system organization, as well as becoming familiarized with inclusive practices (Kauffman, 2001; Kourkoutas & Georgiadi, 2009; Monsen & Graham, 2002; Rooney, 2002).
References


