



The Techniques/Methods Used by School Psychologists to Assess Children with Emotional and Behavioural Difficulties

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Abstract: *The main aim of this research was to investigate the current methods used by the Libyan school psychologists for children referred to them as having emotional and behavioural difficulties (EBD), and to make comparisons, where possible, with previous research. The data presented is taken from an adapted questionnaire which was based closely on that of McCall (1993). Analysis of responses from 8 schools from the two main Libyan cities (Tripoli & Benghazi) indicated that traditional methods are in common usage among school psychologists. Intelligent tests e.g. attainment and reading tests were used more than observation assessing the children referred. Family factors were found to be the main causes of producing behavioural problems e.g. the dynamics of relationships within the family. The greater number of children referred were found at the primary level with a larger number of boys than girls. The outcome showed tendency among teachers to remove EBD children from the main setting, though their difficulties are learning based.*

Keywords: *school psychologists; children; special educational needs*

I. Introduction

Research in the Libyan literature suggested very little is known about the role of school psychologists within the school psychosocial services (Mohassin, 1996). In fact, Mohassin highlighted the growing demands among psychologists to play an important role in the assessment procedures of children with emotional and behavioural difficulties (EBD). Historically, the notion of EBD derived from the term maladjustment (see for example, Connor, 1994), which itself, is a descriptive concept that is used from the 1940's and highlighted by Underwood Report of 1955. Maladjusted children were identified by the Handicapped pupils and School Health Regulation as pupils who show evidence of psychological disturbance or emotional instability and who require special educational treatment in order to affect their personal social or educational readjustment (Department of Education and Science, 1945). Children with emotional and behavioural difficulties can be defined as those who have difficulties in creating satisfactory relationships, and who have very serious problems of adjustment (Gadour, 2006). They are characteristically unhappy and unable to share or take turns; they may be isolated or seek to use violence to solve problems or get their own way. The debate over the term "maladjustment" has continued over the years, not only for its definition as a concept but also for its validity (Whitmore, 1975; Galloway & Goodwin, 1979; Laslett, 1983). Ideas about maladjustment have been influenced by many reports and surveys (Underwood, 1955; Warnock, 1978; National Child Development Study, 1972) causing a fundamental change from an individual problem viewpoint to that of a wider consideration of the social system and structures. However, after the Underwood Report (DES, 1955) the nature of maladjustment was recognised as an individual matter which cannot be generalised. It is not a matter that relates only to disruptive behaviour or acting-out, but also passive and quiet behaviour may which overlay extremely emotional disturbance.

Currently children with emotional and behavioural difficulties (EBD) are regarded as having special educational needs (DES, 1978). Since then they were subsumed under the concept of a disability which prevents or hinders the children from making use of educational facilities (The Educational Act, 1981), such children are quite often referred to as having emotional and behavioural difficulties. The DES (1979) reported that children with emotional and behavioural disorders have few common distinguishing features. Such difficulties spring from many causes, including difficult home circumstances, adverse temperamental characteristics and brain dysfunction. The problems underlying maladjustment may derive from or be influenced by the regime and relationships in schools, and many children may simply be reacting to these. However, Higgins (1990) stressed that there is either a close relationship between the emotional and behavioural difficulties and the maladjusted or they closely overlap. Thus, the responsibility was left to the professionals who work with children with EBD to identify them. Higgins (1990) gave an explanation in what to consider when we look at the child's repertoire of behaviour. Firstly, looking at the judgement by others with reference to certain rules, and this involves the rules or norms within a social group, such as family, school and society as a whole. Secondly, exploring under what circumstances certain behaviour is behaviour which is judged as maladjusted, so everyone has to understand the appropriateness of behaviour in different situations. Finally, looking at the form manifestation of maladjusted behaviour that is, how emotional and behavioural difficulties reveal themselves. Another question could be added, according to Tattum (1982), are those behaviours exhibited to a crude or enormous degree.

Children with emotional disturbance show problem behaviours in several areas: anxiety and withdrawn behaviour, acting-out, disorganised, antisocial behaviour, distracted behaviour (Kaufman, Swan and Wood, 1979). In comparison between the behaviour problems and the emotional problems, the former have clearly an impact on other people, giving rise to disapproval and distress to them (Lindsay, 1983), while the latter are described as abnormality of emotions, but no loss of sense of reality. In Libya, children with emotional and behavioural difficulties tend to be less welcome in mainstream schools and as such are more likely to be segregated since they are considered to be a threat to the image of the school (Al-Shabani, 2001; Gadour, 2006). Hence, a great number of children who were referred as having EBD are very challenging to deal with, which makes the management of them a source of worry and anguish (Varma, 1990). It can be summarised that children with emotional and behavioural difficulties are faced with interpersonal relationships, and their maladjusted behaviours are only a way of coping with difficult situations. In fact, research has shown that Libyan teachers spend far more time to manage classroom behaviour than actually teaching (Gadour, 2006). As a result of that, the level of exclusions and referrals of EBD children to psychosocial services have dramatically increased (Gadour, 2006; McCall, 1993). Yet, school psychologists have always been puzzled by the intention attached to the referral from and find it difficult to deal with e.g. whether teachers are asking for another placement for the child or asking for intervention because of the child's behaviour problem. In addition, headteachers quite often control the assessment procedures and manipulate it according to their discipline procedures. In line with this concern, the Advisory Centre for Education (1987) stated that school psychologists should have a clear picture of the referred child and should not be pressurised by headteachers to legitimise their suspension of children presenting problem behaviours. Indeed, having positive interaction between school psychologists and other school personals is essential to have better understanding of how behaviour can be managed in a group and the school generally (D.E.S, 1989).

In reviewing the UK literature, concerning the methods/techniques used by the SPs to assess the referred children, it appears that very little has been done related to this area. Most of the work done however, related to psychological services, did not expand our understanding of the real nature of the methods used by SPs in assessing children with emotional and behavioural difficulties. Tyler and Miller (1986) pointed out the wide use of psychometric instruments, while the D.E.C.P.(1980) stated that the psychological services for children in England and Wales concentrated on the time consumed e.g. division of work, contacts etc., rather than what was done with individual children. However, McCall (1993) tried to investigate the current assessment used by the educational psychologists (Eps) in the field of emotional and behavioural difficulties through sending out questionnaires to many districts and London boroughs. McCall found that traditional methods were used in assessing children with EBD, using interviews with the child, parents and other school staff as well as using psychological tests e.g. attainment test which were frequently used (reading tests), intelligence test (IQ and SAB), and followed by personality test (Bene Anthony Family Test).

However, recently there has been a change toward using personality measures and observation. McCall (1993) claimed that the result of the assessment showed readiness among educational psychologists to get referred child institutionalised and expelled from the setting where the problem happened, but it was not always necessary for the child to be in a special school. McCall also confirmed that boys were referred more than girls and the frequency of ages of children referred for assessment were 7,10 and 14, of whom acting-out was presented as the most common behaviour by educational psychologists. With regard to the time consumed for each case, McCall's found an average of 20.7 hours were spent almost equally on the child, parents, teaching staff and other administrators (of 5 people contacted). Thus, an attempt has been made in this study to explore the role of school psychologists within the psychosocial services in Libya and highlight the assessment of the children referred to them as having EBD. This was with the aim to find out whether this reflects the findings of McCall's study. Subsidiary to the above, to see how far and how successfully school psychologists could put theory into practice when they deal with children presenting behaviour problems.

II. Research Methods

The central aim of this study stems from the ambiguity of the methods/techniques used by Libyan school psychologists with the referral children; this combined with the intention to see how far and successfully these psychologists could put theory into practice when they deal with EBD children. In order to achieve this aim, a questionnaire based closely on that of McCall (1993) was used after careful translation and adaptation to the Libyan context. A total of forty school psychologists from the two main Libyan cities (Tripoli & Benghazi) were selected through the local educational authorities in these districts. Eight schools were suggested by the LEAs as they have psychosocial services dealing with children's learning, emotional and behavioural difficulties. Prior to the visit to these schools, telephone calls had been made by the researcher asking for a meeting with the headteachers, to explain the nature of the research and its value. Every individual psychologist also received a sheet for guidance attached to the questionnaire explaining the steps that they should follow. Firstly, confidentiality was reassured and every individual was given the choice to turn the application down. Secondly the referral should be recent and if possible within this year or the latest last year, so the data would be built on actual cases rather than hypothetical examples from the school psychologists. Thirdly the referral should concern children between at the basic educational level (6-15) years of age.

III. Discussion

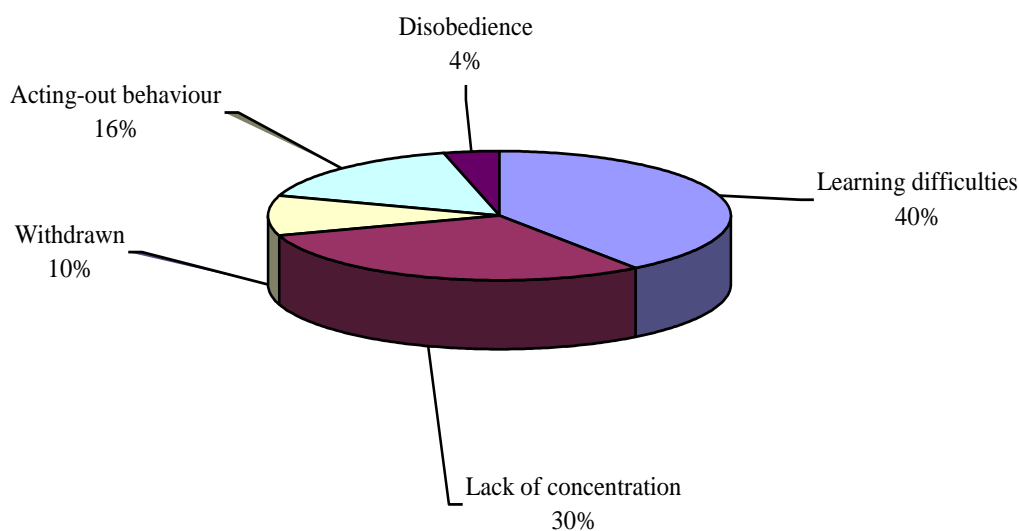
3.1 Results

Of the forty school psychologists SPs approached, 25 responded to the questionnaire of whom 16 were female and 9 were male. Table (1) shows that the majority of respondents 52% who completed the questionnaires were experienced SPs in the psychosocial services of whom ten were female and three were male. Among those who took part in this study 20% were trainee SPs, while 28% were newly psychology graduates.

Table 1. Percentage of the Respondents and Their Sexes

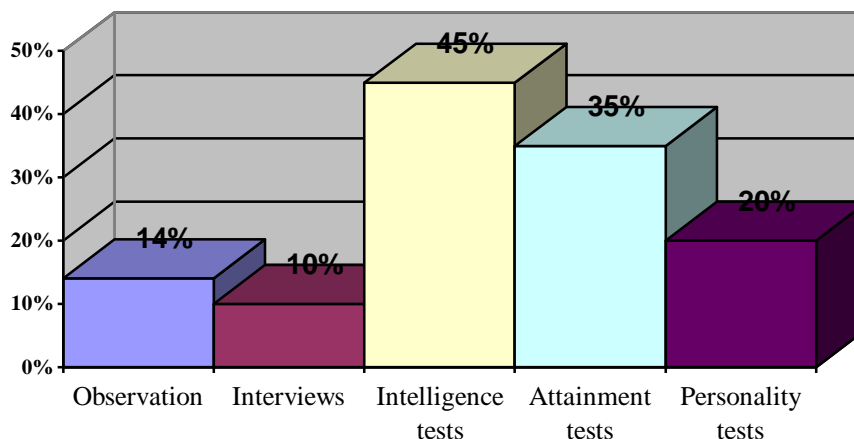
	% of respondents	Sex of respondents	
		Female	Male
Experienced school psychologists	52%	10	3
Trainee school psychologists	20%	3	2
Newly psychology graduates	28%	3	4
Total	100%	16	9

Moreover, it appears from the results that most of the referrals 72% made to the psychosocial services come from primary school children aged 10-12 years, followed by 28% of preparatory school children aged 13-15. Seventy-five percent of the referrals were boys compared with 25% girls, of whom 40% were referred because of learning difficulties LDs, while 30% were referred because of lack of concentration, followed by withdrawn and acting-out behaviour with 10%-16% respectively; whereas disobedience represented only 4% of all the referrals. Living with illiterate parents and a disadvantaged family accounted for almost all the referrals. The following Pie Chart illustrates by percentage the different types of behaviour referred to psychosocial services.



In response to the method of assessment used by SPs with the referred children, it was found that 68% of SPs called for more information (e.g. written reports from teachers), prior to meeting the child and very rarely asked for a report from home. While 76% of these were “open reports” and related to questions on the referral, the rest were “structured reports” and concerned with specific questions on the child’s family history and background. Fourteen percent of the SPs reported to use observation with EBD children mainly in the playground, while 10% appeared using the interview as a technique of collecting information from the referral children, teachers and parents. However, there was a consensus among all SPs to use psychometric tests in their assessment, though some tests were used more

frequently than the others. For example, more intelligence tests 45% were utilized than other tests, followed by attainment and personality tests 35% and 20% respectively. Bar Graph 1, illustrates the most common techniques/methods used by SPs in the assessment of EBD children.



In addition to that, 28% of the SPs appeared to use different ways of remedial treatment e.g. individual counselling and group counselling including family counselling. As a result of this intervention 52% of SPs claimed improvement in the behaviour and performance of the referrals, while 24% of the SPs reported no change in the behaviour of the referrals, 20% said the behaviour persisted. Following from these results, 72% of the SPs claimed to follow their assessment with writing a report to the school administration, whereas 20% of them reported monitoring/reviewing the outcome of the assessment with the child, parents and class teachers to see whether the behaviour improved or persisted.

In addition to the above analysis, more information was given by the school psychologists, 76% of the sample reported that they identified the referred children with emotional and behavioural difficulties as having learning difficulties too. It was also found that more time was needed to make contact with other professionals concerned with LD children than with EBD children. The result also suggested that EBD children were more likely to be removed from the main setting as oppose to children with LD. Finally, in line with the self-evaluation questions, it appears that more experienced SPs were happy with their intervention and the use of methods of assessment compared with the trainee SPs and newly psychology graduates who were not satisfied.

3.2 Discussion

The initial aim of this study was to look at the current methods practised by the Libyan school psychologists (SPs) to assess the children referred as having emotional and behavioural difficulties (EBD), and draw comparisons where possible with a previous study carried out by McCall (1993). It must be noted, however, that this study was conducted in a different culture, context and used a smaller sample compared with the contrasted study. These factors seemed to affect arguments in drawing a careful and close comparison between the two studies. Although the findings of this study replicate that of McCall (1993), it appears that Libyan school psychologists rely very much on using certain methods compared with the wide range of techniques used by educational psychologists in the UK. This study also confirmed the same anecdotal view of McCall (1993) that boys were referred more to the psychological services than girls, though boys were referred more often because of acting out behaviour and lack of

concentration and girls were referred more for being withdrawn. While this can be attributed generally to the upbringing of children, boys in particular, are encouraged from an early age in the Libyan culture to retaliate for themselves and show no remorse for that, while girls are discouraged from such behaviour. Likewise, girls are not often allowed to go to the neighbourhood and socialize, whereas boys are sometimes pressurised to leave home and play in the street.

Similarly, the lack of consistency between the labels attached to the referrals and what the psychologists eventually found is apparent from both studies, which can be explained by the discrepancies in opinions in that what is considered as a problem for one person may not be the same for another. In comparison with the previous study, far more children manifesting LD were held back from promotion and eventually excluded from the main setting compared with EBD children. It is still utterly disgraceful for the child and his/her family to receive an exclusion from the mainstream school regardless of the reasons, even though parents may accept responsibility for their children's EBD. Although the tendency to attribute children's EBD to factors within the family is evident too in this study; it has remained difficult to know precisely what motivates SPs to hold parents responsible for children's EBD.

Furthermore, it appeared from the SPs intervention that they are still in favour of using traditional methods in the form of ability testing instead of moving toward eclectic and interactionist methods. While a great deal of this can be attributed to the culture constraints which allow certain methods to flourish at the expense of others, it is not always possible for SPs to use unfamiliar tools e.g. participant observation in the culture concerned. Thus, an individual approach based on attainment assessment or psychometric tests was ideal for almost all SPs involved in this study to avoid any conflicts with teachers and parents. In a similar way, SPs claim in this study to use different intelligence tests from those of McCall's psychologists, e.g. CAT (Cognitive Ability Test) which was most commonly used, followed by Raven tests; they were also keen to use school academic/attainment and reading tests to measure the referred children's abilities. This can be explained probably by the fact that the vast majority of the referred children were having learning difficulties though they were initially referred to the psychosocial services as experiencing EBD. All on all, the results suggested that there was a readiness among Libyan school teachers to remove EBD children from the main settings reflecting that of McCall (1993).

IV. Conclusion

In conclusion, the questionnaire used in this study provided an overall view of the methods used by SPs with EBD children. It showed what constitutes a problem has not changed significantly, and the link between EBD and learning difficulties is also evident. Children with emotional and behavioural difficulties are still being referred to psychosocial services. Family related difficulties were a major factor in which almost all the respondents attributed children's learning, emotional and behavioural difficulties to parents inadequate support and home circumstances. The implications of this study suggest that there is a need for clear framework for SPs to function with EBD in mainstream schools in Libya. Certainly the present methods used by SPs are not sufficient and as such it may lead to poor conclusion on children's EBD. Thus for the welfare of these children, SPs may need to reconsider their approach and adopt a rather interactionist stance, which would enable comprehensive assessments of EBD children and in turn allow these children, parents and other professionals to have a say on what may cause the problem. Yet, it is still not known from this study, nor from that of McCall how parents or schools viewed the assessment and the outcome. It was not also clear what kind of support was offered to those who remained in settings. There is a need to explore what actually the Libyan SPs claim to do e.g. use of psychometric tests with

EBD children. Besides how they generate their hypotheses when they meet with the referred children, parents, class teacher and others. Moreover, there is a need to consider the external factors rather than making the child the main focus when addressing the causes of the behaviour problems.

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