

IMPORTANCE OF VULNERABLE AND RESILIENT FACTORS AT WORK WITH CHILDREN WITH ACTIVITY DISORDERS

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Abstract: *The paper focuses on the analysis of protective and risk factors at work with children with activity disorders (hyperactive, hypoactive). Based on the analysis of the individual case reports and rich experience gained during nearly twenty years of consulting practice. Part of the text are two case studies demonstrating the effect of protective and risk factors.*

Key words: *Activity disorders, resilient and vulnerable concepts, protective and risk factors, attitude to the pupil*

METHODOLOGY AND THE OBJECTIVES

The contribution is based on the analysis of long-term evaluation of school results and key competencies of clients with ADHD, learning disabilities, behaviour disabilities, analysis of diagnostic and prognostic documentation recorded about clients during the own consulting practice over the last 5 years (total 17 years of experience in pedagogy-psychological counselling); analysis of questionnaires evaluating school performance of monitored clients, analysis of compliance with the Individual educational plan; and analysis of the results from interviews and direct observation of teachers working with pupils as part of the author's counselling practice. Monitored respondents age 7-14 were mostly boys (31 out of total number of 46 clients). Collaboration in 90 % of cases was initiated at their primary school (most frequently during the 3rd grade.).

This paper aims to highlight the importance of the influence of protective and risk factors in the concept of vulnerability and resilience in taking care of children with learning difficulties. Data analysis from the counselling practice is the starting point for the theoretical text, part of the data (development of clients treated by a teacher with a positive attitude and a teacher

with a negative attitude) is processed in the percentage scale.

INTRODUCTION

Educational problems resulting from children's activity disorders are among the most common areas that parents and teachers consult with the specialists in this time.

Children with activity and attention disorders are today quite common, and for teachers and parents is important to know what are the typical symptoms that might appear, how to respond appropriately to them and how important it is to work with the whole group, in which the child stays.

According to the statistics, currently in the school population is found 3-19% of these children, which is a quite great variance¹. Even if we take to account the most used figure - about 8% of children with these difficulties², the increase of children with these difficulties

¹ Train (2001) e.g. indicates 19%, Goetz (2010) indicates 8%, Cahová et. indicates variance between 3 – 7% (2010)

² Exact statistics is not available in the Czech Republic, the estimate is based on the M. Goetz opinion who refers to the statistics from other European countries (Goetz, 2010)

put enormous demands on everybody who is in contact with them.

This disorder is more common for boys. The most frequently cited ratio is 3: 1 (Třesohlavá, 1983).

The disorder persists in 40-50% of the cases into adulthood and occurs in 4-5% of adults. Rather than hyperactivity in this period are feelings of inner restlessness, prevails impulsiveness and attention deficit disorder.

Children due to frequent conflicts in the social setting are in care of professionals who recommend especially regime set ups, corrective exercises reinforcing the concentration of attention and a series of relaxation exercises helping to reduce the stress and tension that is very typical for these children with motor restlessness.

Very important for children with ADHD are suitable educational methods chosen by the educator (teacher, parent), minimization of educational mistakes that are still unfortunately used by the educators working with children with ADHD; and complete acceptance of the child's personality as it is. It is not so simple as it seems at first sight. The substantial moment that affects the acceptance of the difficulties as part of the child's personality (and not only ADHD, but any differences of a child) is the teacher's attitude to that pupil. The attitude formation is largely influenced by so-called protective and risk factors encountered in the context of vulnerable and resilient concepts.

Protective and risk factors in vulnerable and resilient concepts at work with children with hyperactivity/hypoactivity

Concept of resilience

The term 'resilience' has no equivalent Czech expression, but it is a very important term included in children's care with any risks in their development. In the literature we meet with the term 'resilience' as resistance to unfavourable influences (Kebza, 2005); and with the concept of vulnerability as manifestation of susceptibility to the problems; in these concepts play a very

essential role the protective and risk factors (both external and internal).

A significant change of the resilience research perspective came in seventies, from static, linear model of interaction to a dynamic model of Transactional model, which has its roots in Piaget theory (Piaget, Inhelderová, 1997), and in general systems theory. From this perspective the child's development appears to be just a reaction to the environment. The child is acknowledged to be active, constantly attempting to organize his/her world. Transactions between caring environment and constitutional characteristics over the times determine the quality of the result. Any failure in this regard is a consequence of the continuing malfunction in the relationship of organism and environment, which blocks the child in adopting the world's order.

In the development of resilience was very important to determinate protective factors that reduced the incidence of deviant behavior according to the research. Gradually, is used the concept of "competence", as an ability to adapt to the demands of a situation, to cope with it, on certain level, to see beyond it. The comprehensive interest about children has increased and these children thrive despite the risk they were exposed to; in spite of unfavorable prognosis. These children became known as "resilient" or "stress-resistant" (Malá, 1989).

Later, has increased the interest in psychology of the life course, which monitors individual maturation and development throughout life, the history of the formation and development of a personality in certain generation; and focuses its attention on the factors conditioning the quality wellbeing. Our scholarly literature mostly offers the psychology concepts of the life's journey (e.g. Křivohlavý 2004) and biodromal psychology that emphasizes and maximizes the potency of an individual (Veteška, 2011, Vašutová, 2010). Mastenová (1990) defines resilience as a process, capability and as well the result of a successful human adaptation, despite unfavourable or endangering conditions.

Resilience appears in these three cases:

- good results despite the high risk;
- retained competence even with permanent load ;
- healing from a trauma and subsequent well being.

Concept of vulnerability

With the concept of "resilience" is closely related the concept of vulnerability. Thus identifies the individual sensitivity (susceptibility to disorders). This is related to risk factors which are the biological or psychological danger that increases the possibility of adverse developmental effects in a group of people (Werner, Smith, 1992). Garmezy (1974) states that labelling a child as a 'vulnerable' or in 'high risk' is based on several basic models dealing with the characteristics of the etiologic of behavioural disorders:

- genetic predisposition;
- pathological disorganization of environment, i.e. family;
- cultural environment of the child;
- deprivation during prenatal or neonatal period.

During the development of negative effects, it is necessary to consider the interaction of various factors in particular.

The concepts 'resilience' and 'vulnerability' are related to protective and risk factors that are essential for work with children with activity disorders (H + / H-). Protective factors basically suppresses adverse effect of the ambient conditions, so that the result of the adaptation of the individual path is better than without them (Matějček, 1998). Risk factors may have an opposite effect, i.e as factors that contribute more to occur of unfavourable conditions. It is important to realize that protective or risk factors do not clearly have positive or negative results, but can significantly affect them. These factors act as important social factors that can

positively or negatively affect the behaviour of the educator, and his/her specific attitude to the particular pupil.

Risk factors - unfavorable - act as a significant risk factor that rather induces reluctance to lower tolerance of the educators to the difficulties and the consequences that the child's behavior has on other members of the social group; lack of interest in finding innovative ways of solving problems, reluctance to cooperate in solving the problem, extra care can significantly affect the motivation and the educator's overall well-being. Such factors have often impact in the educational process on educators who do not see the difficulties of a child as any specific diagnosis, but pathology of the child, or completely inappropriate way of upbringing (i.e. lack of educational requirements). Certainly, this type of educator's behaviour is not professional, on the other hand, it must be mentioned that the educator is a parent who is not a professional, too. It is also important to notice that even the professional under the influence of certain personal characteristics, is perceiving the emotional tuning of others; is influenced by a number of aspects of social interaction and faults, which we meet in social interaction that must be in special attention to every teacher .

Common risk factors include e.g.: disadvantageous temperament of a child, neurotic symptoms of a child, anxiety, tearfulness, withdrawnness. Risk factor might be even a child's appearance (hair colour), an ethnic minority, poor social background of a family, sub-standard visible characteristics – e.g. cleft palate or other visible disability. In practice, it is still possible to see the negative and worried approach of educators to individuals with psoriasis (especially the acute form). We can often find disability of an internal nature (cardiological problems, metabolic defects) that recalls in educators more supportive attitudes, especially if the child has other "positive" personality characteristics.

Protective, unfavorable factors in care of children with various difficulties including hyperactive/hypoactive children make everything easier. Such factors induce greater willingness, tolerance to difficulties, higher interest in finding ways to solve problems, high willingness to cooperate with parents and other professionals. We meet also with the willingness to provide extra childcare.

We can usher common protective factors e.g.: positive attitude, good communication skills of a child, preferred type of temperament, cuteness, proportionate interest in teaching, obedience, intelligence, social background of the family, parents' willingness to cooperate, communicative and helpful parents. Some educators possibly see the sex of a child as a protective factor. Some women teachers openly admit that they prefer to work with girls in the primary school. While sociological surveys show that girls are not nicer than boys and e.g. cases dealing with a bully show that girls can be particularly cruel and bully very sophisticatedly.

It is sure that effects of these factors are very specific. While one educator might see one factor risky, thus leading to a rather negative attitude to a given individual, the very same factor with the same child might cause to another educator neutral or supportive reaction, as positive as a protective factor.

Unfortunately, the number of cases from practice shows that exposure to the risk factors may influence the decision-making of a teacher in a situation with bullying behavior (or bully as such) and teachers under the influence of these factors support those who bully and hurt the pupil ("It is totally understandable that they swear on him, he's always so annoying, weird looking, I do not blame them "). Parents requirements seem inappropriate and unequivocal to the teacher; it is clear in his/her opinion that

parents themselves are incomplete in the child's care and just transfer responsibility to another - in this case to the school (but this needn't be the true and parents behaviour is probably suitable to the situation).

An interesting analysis is the evaluation of all case studies, which the author's diagnostic practice - almost twenty years - was dedicated to. In all cases where has been a positive development of a child, the major role played the teacher / teachers attitude. Even in cases where parents' cooperation on the corrective exercises was limited. In all cases where teachers were willing to follow the recommendations of counselling center and accepting the extra care of a child as the professional honour and were able to develop a positive attitude (despite initial negative stand) - at the end of the professional care was achieved condition such as that the child had no need of an Individual education plan (significance of IEP in pedagogical work - Šauerová, 2014); and the child managed school requirements appropriately with regard to his abilities, just using the common teaching methods. Likewise, based on the results analysis of the client's evaluation is clear that teacher's negative attitude perceiving the child as impudent, incapable or provoking despite the expert's recommendations; parents as utterly uncooperative and troublesome, no positive shift has occurred. Some clients who were willing to accept a change of the school have seen the shift within two months from changing the school environment. In this case was obvious again the teacher's positive attitude.

The aforementioned qualitative evaluation can be transformed into a table with the percentage expressing occurrence of improvement, stagnation or deterioration of previously diagnosed difficulties - see table no. 1

Tab. no. 1 Assessment analysis of the client's status for teachers with a different attitude to a pupil.

	Number of pupils	Improving in %	Unchanged in %	Worsening of difficulties, secondary difficulties formation in %
Positive attitude to the pupil	27	81,5%	14,8%	3,7%
Negative attitude to the pupil	19	10,52%	5,26%	84,2%
Total no. of pupils	46	50%	10,9%	36,9%

As we can see in the percentage, nearly 61% of the 46 clients improved the condition after five years of counselling care or status remained unchanged, while for pupils, where was proved the teacher's positive attitude were positive shifts up to 81% of cases. Likewise, it shows that in the group with demonstrable negative attitude of the teacher is up to 84% of the deterioration in the group, which significantly affects the overall assessment of the state of the client after a five-year period. Orientation of the teacher's attitudes towards the child can indeed be considered as one of the key factors in the care of a pupil with activity disorder, ADHD, ADD. In regard of these results, it is advisable to consider specifically targeted workshops - educational seminars - which would suitably give the teachers understanding about the mechanism of certain difficulties, their symptoms and possible overlaps in areas where are not expected for the teachers. It seems necessary to provide teachers with techniques that could be helpful with their own self-diagnosis and self-reflexion; evaluate the quality of teacher's attitude to the pupil and his diagnosis and techniques helping to create a positive attitude in areas where teachers feel insecure or uncomfortable.

Resilience support

For children with risk factors is very important to support their resilience in education, thus raising the tenaciousness. The variety of strategies how to cope with the load (i.e. coping

strategies) play a very important role in this way.

These include the use of close social supporting networks, redefining stressful events or situations - positive shifts (in detail e.g. the creation of a personal philosophy or creating a positive scenario of life - Šauerová, 2011, 2012), finding spiritual support, finding resources in society - civic associations, self-help organizations, social, counselling and health services et al., personal social developmental techniques (e.g. in detail Srb, 2007, Valenta, 2006), development of communication skills (Gillernová, 2010, Vališová, 1992, 2005). Inefficient, but unfortunately very common strategy, is an escape from the problem and passivity which is for children with activity disorders relatively frequent situation.

Fundamental factors in promoting resilience are mainly problem-solving strategies lived in the family. Used strategies work as a model that shows how to organize ourselves and collaborate, initiate steps to resolving the problem, develop a constructive formula of communication, seek new ways of activities. The key role in this perspective plays the personality of both parents and the need to pay attention to their personal development or therapeutic care of the social unit in which is the child with activity disorders getting into risky situations and under the pressure can give the model of inappropriate problem-solving strategies.

Ameliorative and adaptive factors

In relation to resilience also appear so called ameliorative factors, i.e. those that protect the person and also actively reinforce the ability to improve adaptation skills and effectively act against them. Insufficiently developed adaptive capabilities can lead to maladaptive behavior (i.e. secondary formation of behavioural disorders – e.g. in detail. Šauerová, 2015), in this case also fails the protective factor. In the school environment we can include the use of reflection and self-reflection of the work and communication with pupils using techniques of social and personal development, co-operation with specialists for chosen disorders, cooperation with the Institute for video trainings of interactions, organizations focusing on the prevention of risk behaviour in schools, collaboration with low-threshold services or non-state institutions committed to promote the inclusion of children with disabilities into smaller groups of peers. Very important in this respect is cooperation between school, family and professional workplace, in which is necessary to strengthen the adaptation mechanisms of a child.

CONCLUSION

We must mention that the impact of the above factors is very specific. One factor affects one educator in a risky way, thus leading to rather negative attitude to this individual; the very same factor and the same child may affect another educator in a neutral way or possibly in a positive way that is a protective factor. It is essential to create for the teachers the environment in which they feel safe (even the number of children with activity disorders might increased), they feel supported by the school management, by consulting centre and parents. Equally important is to ensure that teachers respect the professional decisions of the consulting centre and create a positive atmosphere for communication between family and school. If the teacher sees the certain factors in the child's personality as a

cause of negative attitude (i.e. act as risk factor), it is advisable to use some techniques aimed to change the point of view (resp. attitudes towards the child), or seek professional help.

Similarly, it is important to work with children with activity disorders and offer them possibilities for personal development, in such is important to strengthen the protective factors and resilience in general; possibly introduce to these children relaxation techniques, eventually yoga exercises that may contribute to calming the child - thus will act as a protective factor and overall resilient (e.g. more Krejčí, 2011, Krejčí, Kornatovská, Kokeš, 2014). In conclusion we can mention the statement of one of the teachers who preferred the positive attitude towards children with ADHD, learning disorder, behaviour disorder: "Teaching children without difficulty is not special, but to help a child with some problem - it is a challenge for every good teacher."

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