Boundaries and perspectives: needs of children with emotional and behavioral disorders from the perspective of children and educators

(overview essay)

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Abstract: *The text links selected findings of two qualitative researches and thus two perspectives of the situation of children with emotional and behavioral disorders. The first is based on the perspective of children with EBDs. Various types of adaptation strategies of children to their "problematic" situations are presented. The second perspective is based on the point of view of educators from educational facilities and it is represented by two educational needs of children with EBDs, which the educators consider to be one of the most important. The result of the interconnection of these views is the intervention triangle, which illustrates the relationship of the three factors in the context of the behavioral disorder intervention: the child's attitudinal response to his/her situation, the child's behavior and the intervention response of the educators.*

Keywords: *Education of children with emotional and behavioral difficulties, labeling, stigmatization, coping strategies, educational needs, qualitative reserarch*

1 Introduction

The following text integrates the results of two of my qualitative researches that focused on the issue of children with emotional and behavioral disorders ("EBDs"). The first was focused on insights into the children's own experience and on their own "problematic" behavior and self-perception. The second research focused on the experience of educational professionals from school educational facilities (behavioral disorder experts, educators, teachers from diagnostic institutions, educational institutions, children's homes with schools, counseling care centers) and their view of the children they work with and the behavior of these children. In this text I will provide a look at the educational needs of the children from two perspectives: from

the perspective of the children themselves and from the perspective of people working with them in educational facilities (educational professionals).

In the following text I will link some of the conclusions of the two researches as they follow and complement each other. In the conclusion to the first research (from the point of view of children), I formulated four adaptation strategies that can be observed in children with emotional and behavioral disorders. These strategies are the result of a combination of two typical attitudes that emerged during the data analysis: 1) the attitude of the child towards changing his/her "problematic" behavior towards conformity (the *will to change*) and 2) the attitude of the child to the possibility of this change (*belief in change*). (Červenka, 2010)

In the conclusion to my latter research (from the point of view of educational professionals), I formulated two types of EBD children's needs, which emerged as the most fundamental in the research interviews: 1) the need for (positive) boundary setting (*boundaries*) and 2) the need for open perspective and identity *(perspective*). (Červenka, 2016)

The structure of the following text is based on the so-called informed intervention process (Vojtová & Červenka, 2011), where 1) the first step is the identification of relevant characteristics (*difference*) of the child (2) the second step is the interpretation of these characteristics in terms of their impact on the child and the formulation of his/her individual educational needs (*need*) and 3) finally, the third step is intervention in the situation of the child in order to meet these needs (*intervention*).

Firstly, I will introduce four adaptation strategies as the characteristics (differences) of children with emotional and behavioral disorders. Then I will focus on the topic of boundaries and perspectives as to the needs of children with EBD (need). In the end, I will link both topics.

2 Briefly on the methodology of both researches

The first research, which resulted in two types of attitudes and four adaptive strategies, focused on the attitudes of children at risk and with behavioral disorders, on their insight into "being problematic". The research took place in a preventive educational facility (counseling care center). The data was collected mainly by the technique of semi-structured qualitative interviews with eight children (eight weeks in the center), by analyzing personal documents (texts created by the participants on *My CV*), field notes, focus groups and long-term stay in the field as an employee of the facility (educator, behavioral disorder expert). The data was collected primarily in 2001-2002.

The second of these surveys took place in 2012-2015. This qualitative research was generally focused on the experience of the so-called educational professionals, namely on their view of children with EBDs. Qualitative interviews with a total of

fifteen participants (managers, educators, behavioral disorder experts from diagnostic institutes, educational institutions, children's homes with schools, centers of educational care) had a secondary objective to examine special education process of education and intervention in children with emotional and behavioral disorders. The main thematic areas of the research were: 1) the significance attributed by educators to their relations with children with EBDs (in terms of their influence on the social inclusion of the children) in the context of behavioral disorder intervention, 2) the educational needs of children with EBDs considered by educators to be essential (Červenka, 2016). In addition to semi-structured interviews, the data material was also collected by observation techniques, three pre-research group interviews, and by field remarks.

The data analysis method was very similar in both surveys. Atlas/Ti software was used. The data analysis was based on ethnographic approach (see Emerson, Fretz & Shaw, 1995) and the analysis was conducted at the level of open and focused coding. Major research findings were published in two research monographs (Červenka, 2014, 2016).

3 Pairs of attitudes and four adaptive strategies or differences of children with EBDs

3.1 Two attitudes of children with EBDs towards changing the "problematic" situation

Data from the first research revealed two typical attitudes of children towards changing their "problematic" situation. I labeled the first one, which relates to changing the situation proper, as *will to change*. The second, concerning the possibility of change, as *belief in change*.

The attitude of *will to change* closely touches upon the identity of the child. It is about how the child feels, how he/she thinks, how he/she thinks about him/herself, and how he/she thinks that others think about him/her. Identity means the sum of the child's external and internal identities. Goffman (2003) considers three identities of the actor: social, personal and self-identity (ego identity). The first two types of identities represent two levels of the actor's social status (who others believe that he/she is). The third, self-identity (ego identity) refers to the actor's self-concept. The notion of identity in this sense allows us to grasp the state and dynamics of the inner and outer levels of the individual's life.

The self-identity of an individual participates in decisions and life choices and it is manifested in behavior. Behavior of an individual is one of the bases on which an actor's external identity stands, on which the neighborhood conceives the concept of who the individual is and how others will react to him/her.

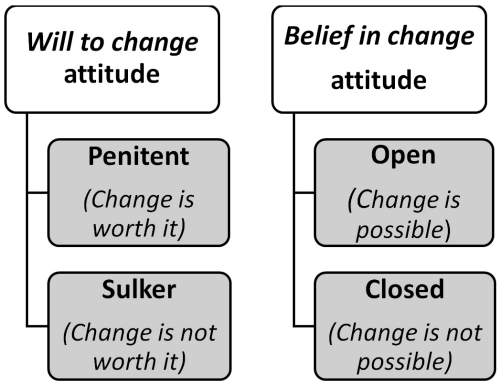

Figure 1: Two attitudes of children towards the „problematic" situation (Červenka, 2012)

The attitude of the *will to change* the situation refers (in terms of the child's identity) to the extent to which the child identifies him/herself with his/her "problem" status (a *problem child, a child with a behavioral disorder*) as far as he/she understands it as part of his/her self-identity. This attitude has two variants: the attitude of the Penitent and the attitude of the Sulker. The attitude of the Penitent represents the child's willingness to change his/her problem situation and reject the status of a "problem child". The position of the Sulker, on the other hand, points to the acceptance of the "problem child" status into internal identity and, to a greater or lesser extent, internal identification with this status (see Figure1).

> *"There are people here [in the counseling care center] who want to do something about it. There are people who do not want to do anything about it and they show it a lot. And there are people here who do not want to do anything about it, although they pretend they do." (An excerpt from an interview with a client of a center for educational care)*

The second attitude, the *belief in change*, concerns the child's conviction of the extent of the *possibility* of changing his/her difficult life situation and his/her "problematic" behavior and status. While the attitude of will to change refers to the *identity of the child*, the attitude of belief in the change refers to the topic of *future life perspectives*.

> *"I have a rotten life... that's clear. It will never be better... I keep getting in trouble. If they expel me from the preventative educational facility, they'll put me back in the psychiatric ward."*
> *"I'll end up in jail anyway... So why would I even try? They all say so. My parents do not give a damn and I cannot do anything about it."*

3.2 Four typical adaptation strategies

By combining the variants of the two presented types of attitudes, we obtain four attitudinal complexes, or four variants of a typical adaptation strategy to a "problem" situation and status:

1) Open Penitent (has the will to change and sees it as possible)
2) Closed Penitent (has the will to change, but does not see it as possible, does not believe in it)
3) Open Sulker (does not have the will to change, does not want it, but thinks that he/she chose it, it would be possible)
4) Closed Sulker (does not want change and does not see it as possible, does not believe in it).

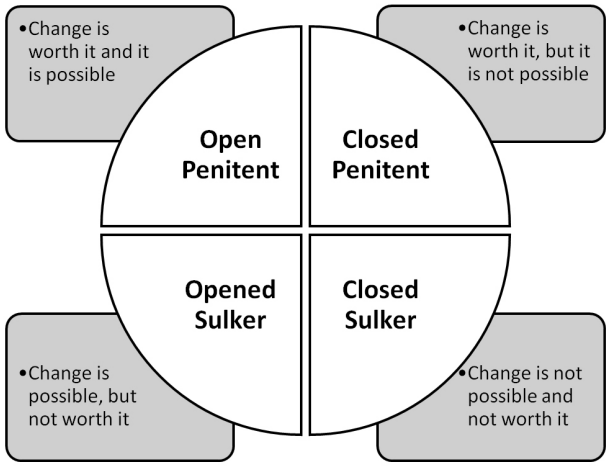

Figure 2: Four adaptation strategies to „problem" situations (Červenka, 2012)

The four strategies represent ideal types which we will most likely never encounter in practice. Let us assume that we are more likely to encounter the tendencies in individual children's behavior towards one of the above types.

With the four adaptation strategies, I introduced combinations of variants of attitudes of children with EBDs to their life situation and thus I also redefined their specific characteristics. This refers to differences in the situation of children with EBDs that we can anticipate, and in terms of inclusive informed intervention, we should interpret them in the language of individual educational needs. This can help us plan effective intervention focused on the needs of the child.

We are now ready to present how educators perceive the situation of children with EBDs and the needs arising from this situation. I will focus on the two types of needs that I named in the conclusions of the research as 1) need for (positive)

boundary setting and 2) need to open perspectives. In the following text, I will show the close relationship between the two above-mentioned attitudes (the will to change and the belief in change) and these two needs (boundaries and perspective). I will also show the role of identity in this interconnection and its relation to the other actors' behavior. By combining the perspectives of children and educators, we get a more sophisticated idea of a situation that is referred to as a disorder of emotion and behavior.

4 Needs of children with EBDs

In the framework of data analysis of the second research, two topics were identified in interviews with educators, representing the needs and, therefore, the two intervention goals that they link to EBD children: 1) the need for positive setting of boundaries (to have set boundaries); and 2) the need for opening of perspectives (to have open perspectives). Later I will show how these two needs are interconnected and how they can relate to the types of adaptation strategies presented above.

4.1 The need to set boundaries as a way to form identity

The need for children with EBD to *have boundaries* for their behavior was apparent in interviews with educators in various forms. From the analytical point of view, we understand the issue of boundary setting in two ways: *negatively* (limiting the room for negotiation, or preventing behavior as such) or *positively* (defining the space for negotiation or support, strengthening the behavior as such). Negative or positive boundary setting should not have judgmental connotations. It is only an analytical definition of how to "set boundaries".

Negative boundary defining is accomplished by identifying a space that is not accessible. This also involves disciplinary functions – *I know where I cannot go*. This is an approach of negative discipline, which uses bans to define rules and punishments to prevent trespassing of these rules. This reprehensively tuned approach to boundary setting is typically associated with the upbringing of children with EBDs.[1] It is also an approach where an authority (teacher) plays an active role in disciplinary policy, while the child is typically placed in a passive role and is thus implicitly dependent on the authority that defines boundaries for his/her behavior. As a rule, we speak of interventional concepts of repression or restrictions transmitted.

[1] From the point of view of research findings, it is interesting to note that the participants (educational professionals) did not speak about the fact that they would prefer a repressive approach in the intervention. The topic of repressive approaches, according to some of them, comes into the environment of educational facilities from the outside, which according to them is influenced by stereotypical ideas about educational institutions primarily as institutions punishing children with EBDs.

Besides the negative setting of boundaries, it is possible to define the boundaries positively. The concept of *positive* boundary setting shows the need to identify what to do. The means is the forms of support and empowerment that shapes the behavior in the intended direction. "Boundary setting" can be done by offering a role model that children can identify with or through an offer of opportunities for personal development or entertainment. The child is more likely to play an active role in the disciplinary policy. Boundary setting may not only limit or prevent certain (undesirable) behavior, but it may support certain (desirable) behavior, showing its form, content, and direction. Under the positive setting of boundaries we can imagine, for example, an "act of creating space, figuratively speaking, pitching the playground, rather than the act of limiting a space beyond which it is impossible to go." (Červenka, 2016, p. 79). Positive boundary setting is a prerequisite for the opening up of perspectives that I will write about later.

Positive and negative boundary setting can only be a matter of perspective and interpretation. "Both the negative and the positive approach to setting boundaries define the same space. But we do it in different ways. The effect is the same as when we talk about a half-empty or semi-empty bottle." (Červenka, 2016, p. 80)

The following roles of boundaries (in the sense of positive boundary setting) have emerged in the research: boundaries as search for limits of how far can I go; boundaries such as a ritual, regularity, custom; boundaries as asylum – escape from freedom to security of the boundary; boundaries as natural authority, leadership, role model, idol.

As you can see, the concept of *positive* boundary *setting* is closely related to the tendency to put the child into the role of an active agent. It is an active alternative to carelessness, mentioned by Helus (2004), when "the child asks for help, shows interest in interacting with his/her educator, asks for suggestions and events that will help him/her in his/her development" (Helus, 2004, p. 92).

4.2 Need to open up perspectives

Before we look at the need to open up perspectives and identities, we need to briefly introduce the situation from which this need arises.

4.2.1 Closing of identities and perspectives as one of the consequences of a behavioral disorder situation

One of the consequences of a child with a behavioral disorder is that the child gradually adopts the "problematic" status into his/her identity, his/her own self-concept – he/she is increasingly perceived as "problematic" or "a child causing problems". The problem, of course, is not just this process in terms of self-concept, self-identity, but also the fact that his/her external identity is changing – that others are increasingly

perceiving him/her as "someone who is in trouble". Eventually, it may happen that his/her external (and indeed internal) identity gets stabilized – a child with a "problem child" identity will not be able to "just" get rid of it. The process leading to such a situation is referred to as the process of identity closure. As a result, the child's identity is hardly changeable, the child is "closed" in it without having a chance to leave it or choose another identity (as is the case with a number of conventional identities).

In other words, the main component of the child's inner and outer identity in a behavioral disorder is the "problem" identity (which becomes the main status)[2]. This "problem" status tends to be generalized to the rest of the child's personality, thereby limiting the possibility of changing the child's self-image and the chance to change the way others perceive him/her (as perceived by others). Problem identities usually stick more than the non-problem ones.

From the point of view of practical implications, the "problematic" identity of the child prevents transition to conventional behavior and a conventional life situation. Identity is a symbolic phenomenon, but it carries with it absolutely real consequences. This concerns, as mentioned above, both internal and external dimensions of the child's life. At the external level, how others perceive a child is reflected in their behavior towards the child (see stigmatization). On an internal level, how the child perceives him/herself is reflected in his/her behavior towards him/herself, to others, and what goals he/she sets for him/herself (see learned helplessness, self-efficacy).

To illustrate: in research interviews, education professionals talked in this context about "labeling" of children with EBDs in their natural social environment (at school, etc.), pointing to the process of labeling or stigmatizing. Examples have also emerged that illustrate the issue of "problem" careers of children with EBDs. One behavioral disorder specialist described the situation of a girl who was proud of her "problematic" actions and presented herself through them, taking pride in it. Another example that points to the relationship between the external and internal identities and the behavior of the child may be the situation of a boy who, according to a behavioral disorder specialist, said: "When they say I am a punk, then at least I am a good punk and a good thug."

From the point of view of a special education teacher, the process of closing of identities and perspectives can be understood in the case of a child with EBDs as a barrier in his/her way of life that blocks the development of his/her individual potential and endangers the quality of his/her life – both current and future.

[2] Master status is the term used by Evert Hughes (Becker, 1991). It is a concept that closely correlates with stereotypes. According to Hughes, a social actor has two types of status – master status and auxiliary status. The master status is unique in that it "supersedes" all other statuses – for example, in one person, the main status such as a former prisoner overcomes other statuses such as a proficient footballer, friend, philatelist, etc. Others look at the actor through the master status, using it to assign importance to other statuses that are in its shadow.

If we perceive the situation of a child with EBDs as a process of closing of identities and perspectives, then it is a logical need to set up a process in which identities and perspectives are opened up.

4.2.2 The need to open identities and perspectives as an intervention goal

In order to ensure conditions and support for active participation of the child in the change of their "problematic" life situation, it is necessary from the point of view of the boundaries and perspectives discussed here that the child should begin building his/her conformational career in order to adopt a conformal ("non-problem") identity into his/her self-concept and to see his/her future as open, as a reasonable offer of opportunities – to see the meaning of his/her actions. At the external level of the child's situation, the child is offered social acceptance, manifestations of solidarity and related opportunities for development.

Here, we can see a close link between the process of opening of identities and perspectives of the child and the above-mentioned four adaptation strategies of children with EBDs. The theme of perspectives that emerged in interviews with participants – education professionals, is particularly relevant from the point of view of behavior disorder specialist intervention, particularly among children who hold the attitude of non-belief in change (Closed Penitent or Closed Sulker). Particularly in the case of Closed sulker strategy, the theme of opening perspectives goes hand in hand with the theme of opening identities (Sulker needs to be changed into Penitent).

The process of opening can be seen as part of so-called normalization (cf. Scheff, 2013), neutralization (cf. Sykes & Matza, 1957) or simply as a process of transition to "normal" identity (cf. Lofland, 2002).

The need discussed here and the resulting process of opening the identities and perspectives of children with EBDs is understood as a way to intervene in response to the above adaptation strategies, namely to those that are risky from the child's perspective (Closed Penitent, Open Sulker, Closed Sulker).

The theme of opening identities and perspectives directs our attention to the conditions and factors that affect the children and their will and faith in changing their life situation. This is about the general belief of the child in the future and in options to approach their own past, the present and their self. The process of opening perspectives should therefore focus on the identity of the child, which will be open to various interpretations so that it serves the child as the basis for the realization of multiple scenarios of future behavior and life. (Červenka, 2016)

The outcome of the opening process should be a child understood (both by other people and the child itself) as a whole personality, when the problem is perceived through the personality of the child, not the other way round. The problem is thus better perceived as one of the various characteristics of the child's personality (no

matter how distinctive or influential). This results in the opportunity to perceive potentialities in the personality and the situation of the child, on which the change of the current situation and the best possible future can be built.

So how can we imagine the process of opening of identities and perspectives? To illustrate, I will introduce several topics that emerged in interviews with education professionals and which can be considered as indicators of the opening process. Steps that can play a role in *counteracting* the effects of closing identities and perspectives of EBD children.

Need for a role model and direction – as a counterweight to the closing process

Role models generally offer behavioral directions. Social role models, including identity models, offer behavioral directions and also define the scope for action (they say what is appropriate/inappropriate, possible/impossible...). In the research, the participants (educators) often talked about the role models play in the lives of children they work with. They talked more about negative role models that, in their view, lead children to "problem" behavior.

> *"The fact that somebody is sentenced to prison becomes part of ... a standard part of the lives of these families, so even for our children it is not really ... a big threat or anything ... because it's part of their lives..." (P4)*
> *"I think they did not get a chance to learn ... or see how to do it ... they're mostly like that, or they just learned it the wrong way from the people around, seeing it ... Either they see their parents as role models ... or the parents do not let them learn it ... or maybe they just started as little kids doing it so to speak the wrong way and got supported – that it was OK. (P12)*

Significance of positive role models can be traced back from the statements about negative role models. The former, unlike negative role models, could be the opposite of the process of closing of identities and perspectives, opening them up. It is also a good example of the relationship between boundary issues and perspectives and the interrelation of the needs represented by these themes.

Positive role model and experience

Positive experiences can be another factor in countering the process of closing. It can be a *competitive experience* (Vacek, in Polínek 2015, p. 99) or a *corrective experience* (Kalina, 2013, p. 26-27). Such experiences may take the form of a "*trace of a good man,*" spoken of by one of the participants:

> *"I always say that if we taught the child that life can be better, just a trace of a good man, just a trace of someone respecting them that exists in this world [...]. So the goal is, because at six... at sixteen – seventeen, it is actually possible*

just to leave a trace that the world is not only bad. [...] And that he either is not only bad. (P3)

The need to neutralize the burden of the past – thick line and other chances

In one of the interviews, the term "thick line behind the past" appeared in connection with the labeling of children with EBDs and its implications for the future of the child.

> *"And **I think this is precisely what the labels do**. It's like **you're the villain, I'm going to watch you** and you get **no second chance**." (P6)*
>
> *"That the child (here in the corrective educational facility) will do something wrong, something that I do not agree with, maybe, I don't know, an act of wrongdoing, but... **I will punish him and that's it. This is where I draw the thick line**... I do not mean just punish, of course there's a punishment... a lot of interviews, we talk about it, we're discussing it to get some lessons from it, but **then there is a thick line and we start** over again. I cannot say to him in two months... something in the sense: I do not want to talk to you, I do not believe you anymore because two months ago you disappointed me, this harping on and throwing the past back in his face... the past is the past. **Because our children have a lot of problems here and they would never get out of it**. (P6)*

The technique of "drawing the thick line" can be interpreted as a need to neutralize the burden of the past. It can also be understood as opening the opportunity to establish a "new" relationship with authority. We can also see it as a way to create an opportunity for the child to escape from the troubled past and to see the future as open and encouraging to be active. The thick line is a means to offer the child another chance to change his/her life situation.

> *"I think they... should get... another chance. That when they do something, then... it's **not for life. In order not to have the sticker of a villain for life, that nothing can be done about it and that it will never change**. I think this is also very important to them. (P6)*

5 Intervention triangle

The last part of the text links the topics presented above. It links the child's perspective with the perspective of educators on the "problem" situation of the child. Figure 3 shows the intervention triangle model with three factors: 1) the child's response, 2) the child's behavior, 3) an intervention response of people around. A factor on the child's side is his/her attitudinal response to his/her "problematic" situation, and this reaction takes the form of an adaptation strategy. A factor on the side of educators is an intervention response that takes the form of steps leading to boundary setting and opening of the child's perspectives.

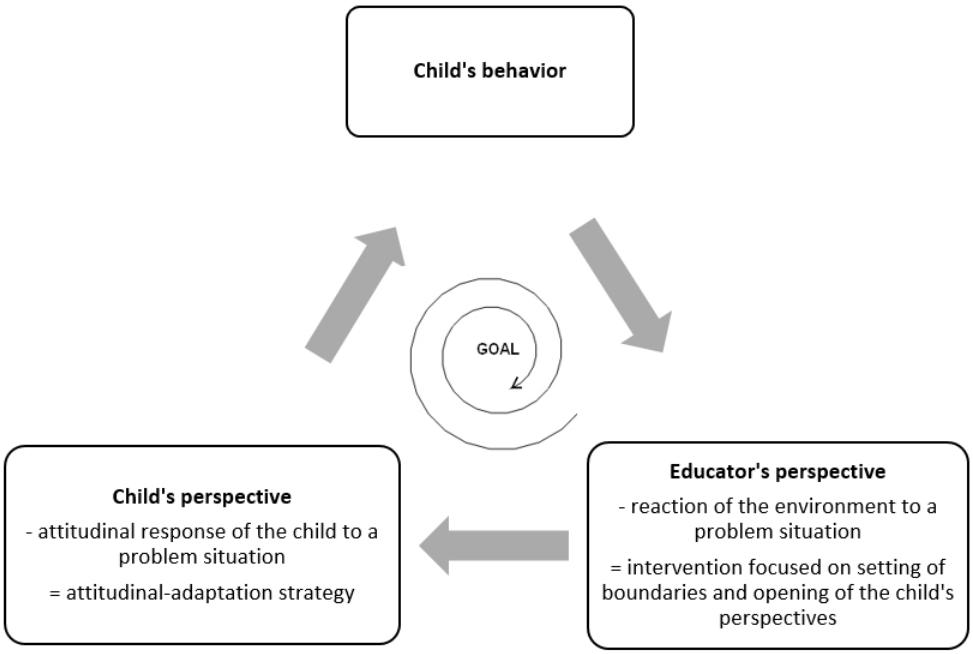

Figure 3: Intervention triangle and intervention spiral

Here, I was freely inspired by Albert Bandura's model of reciprocal determinism (1977), which links the factors of the individual's personality, his/her behavior and the environmental factors. The Bandura's model is based on the assumption of mutual (reciprocal) influence among all of the above factors. The model of intervention triangle presented here is not based on reciprocity. It represents only a part of the process shown by the Bandura's model and declares the relationship of sequential influence of the above three factors. Figure 3 also shows a spiral in the center of which is the goal of a behavioral disorder intervention. The intervention triangle diagram is a representation of the cyclical repetition of the intervention process, with each another cycle (ideally) being more specifically targeting and approaching the intervention target. Thus the spiral metaphor. After each intervention cycle, a reassessment of the child's situation should follow, while interventions in the next cycle should be adjusted and clarified until the intervention goal is reached, and then the intervention can be stopped.

Since the discussed adaptation strategy can be considered as one of the typical characteristics of the situation of a child with EBDs, in Figure 3, the aspect and **response of the child** is represented by an attitudinal (cognitive, emotional, acting) reaction to his/her "problem" situation. It can be assumed that such a reaction will approach one of the above four types of adaptation strategies (Open Penitent, Closed

Penitent, Open Sulker, Closed Sulker). This attitude response subsequently affects the behavior of the child, which is graspable for the child's environment in his/her behavioral manifestations. This is followed by the **reaction of the environment**, namely educators, consisting in three steps of informed intervention (1) identification of relevant characteristics and differences of the child with EBDs and its situation, 2) formulation of individual educational needs of the child, and 3) planning and realization of the intervention steps focused on setting boundaries and opening up the identities and perspectives of the child. While setting boundaries is more about shaping the child's identity, opening perspectives points to his/her attitude toward the future. From the point of view of different types of adaptation strategies, it can be concluded that, for the Open Penitent, intervention should offer support to continue to change his/her problematic situation. For other types of adaptation strategies, but especially for Closed Sulker, intervention should be primarily aimed at creating conditions for change in the will to change, i.e. the identity of the child (towards conformational identity), and at the level of belief in change, i.e. perspective (toward an open future).

6 Conclusion

A model of the interventional spiral was presented in the text, which points to the inevitable interdependence of the child and educators in the context of the intervention process in behavior disorders therapy. If the intervention is to be effective, it must be based on the subjective perception of the child. However, it must also take advantage of the external viewpoint of the child's situation, which offers the necessary expertise. In the model, the two sides of the same coin are represented on the one hand by the attitudinal reaction of the child to his/her situation and by the intervention response of the educators on the other hand, in the context of informed (inclusive) intervention.

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