MEETING THE NEEDS OF CHILDREN WITH SOCIAL AND EMOTIONAL PROBLEMS

Guidelines for Teachers

I.N.T.O.
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Foreword

In 1993 the INTO conducted a survey of members on the issue of discipline and published a report of its findings. It emerged from this survey that, with the exceptions of schools in the inner city or disadvantaged areas, the overall numbers of children with severe behavioural problems was low.* It acknowledged however that the impact of even one such child in a classroom can make school life very stressful for the teacher, the other children and for the child concerned.

When asked to identify categories of children who present most serious problems, teachers ranked highest children with difficult home backgrounds and children with emotional problems. The INTO report noted the minimal recognition given to these children by the Department of Education and the lack of provision for them. In the “Report of the Special Education Review Committee” published by the Department of Education in 1993, the Review Committee’s Survey estimated that there are 2823 pupils in ordinary national schools who may be deemed to have emotional and/or behavioural disorders and points to the fact that the only additional teaching support in practically all cases is the remedial service and this is available only to about 77% of pupils.

This booklet explores some of the approaches currently being used by teachers in helping to meet the needs of these children. The idea for the booklet came from teachers who participated in an INTO Inservice course on Children with Social and Emotional Problems which took place during the summer of 1994. The course and this publication form part of the INTO Professional Development and Training Programme.

We hope that the contents will provide teachers with some practical, relevant information and positive coping strategies for responding to the needs of children with social and emotional problems.

The views expressed by teachers are based on their classroom experience and do not necessarily reflect INTO policy.

Senator Joe O’Toole
General Secretary

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The names and family circumstances of children included in case studies have been changed to protect their identities.
CHAPTER ONE

Recognising Children with Social and Emotional Problems

For teachers, the first step in addressing a child’s problem behaviour is to try to identify its source. For example children with specific learning difficulties may be very disruptive or withdrawn in class, despite the fact that they come from a secure environment. The source of the problem for such children may only be addressed when the learning difficulty has been identified through the remedial or psychological services and the child’s needs are answered.

On the other hand children with emotional problems may also have severe learning difficulties. The source of these learning difficulties may be disruption in family life, emotional insecurity, or social difficulties in the community or in the school. In this situation the child’s emotional problems present a block to learning. Attention then needs to be focussed on countering the effects of the child’s emotional problems and providing a secure environment for learning.

During the 1994 pilot summer course, the participants identified behaviours which children with social and emotional problems exhibit in their own classrooms or school. In a workshop directed by Dr. Tony Humphreys*, the participants discovered that the behavioural problems they identified from their classroom experience corresponded with expert findings on maladaptive behaviour. These behaviours could be subdivided into three categories which indicate a child’s distress and/or inner conflict. These three categories are:

(a) Physical signs

*Dr. Tony Humphreys (B.A., H.D.E., M.A., Ph.D., Consultant Clinical Psychologist; Specialist Lecturer for Healthcare Professions and Teachers at U.C.C., U.C.D. and Mary Immaculate College of Education).
(a) **Physical signs of a child’s inner conflict:**

- aches and pains;
- bed-wetting and soiling;
- nervous habits such as nail-biting;
- overweight;
- underweight;
- fatigue;
- hunger;
- hypersensitivity;
- hyperactivity.

(b) **Under-control signs:**

- negative body language;
- aggressive behaviour;
- violence;
- destroying school or other children’s property;
- destroying own school work;
- explosive outbursts;
- bullying;
- making threats;
- jeering;
- carrying fights from home and streets into school;
- use of abusive language;
- frequent bad humour;
- lack of concentration;
- constant attention-seeking;
- refusal to attend school;
- annoying other pupils;
- constantly talking;
- lack of participation in activities such as art;
- inability to share;
- inability to co-operate;
- criticising own work;
- running home from classroom.
As these signs indicate, under-control behaviour is clearly identifiable. The child who exhibits this behaviour cannot be ignored as s/he disrupts the school day continuously for both teacher and classmates. This child is loudly signalling his/her distress. Research shows that boys are more likely than girls to exhibit under-control behaviours.

(c) Over-control signs:

- poor communication skills;
- sadness;
- obsessive behaviour;
- no sense of self-worth;
- poor academic progress;
- perfectionism;
- constantly wanting to please;
- a loner not interacting or playing with other children.

A child with over-control characteristics can be easily ignored in class because this child hides his/her conflict and suffers silently. S/he does not disrupt a class. Because of their silence, these children can be more emotionally at risk than the children who demand attention aggressively. Teachers need to be watchful and aware of over-control signs in order to recognise and respond to a child who is distressed in this way.*

A child who is regularly exhibiting two or more of the behaviours outlined above is showing clear signs of hidden emotional conflict.

**HAPPY AND WELL-ADJUSTED CHILDREN**
The characteristics of children who are happy and well-adjusted include:

- high self-esteem;
- motivation;

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♦ cooperation with teacher and classmates;
♦ participation;
♦ responsiveness;
♦ relaxed posture;
♦ good-humour;
♦ flexibility;
♦ helpfulness;
♦ assertiveness;
♦ independence;
♦ positive coping skills;
♦ enthusiasm;
♦ a good mixer;
♦ good communication skills;
♦ leadership qualities;
♦ non-aggressive behaviour;
♦ positive attitude to less fortunate children;
♦ good school attender;
♦ relates to other children’s feelings;
♦ sustains friendships;
♦ likes coming to school;
♦ likes going home;
♦ sits in his/her place;
♦ popular;
♦ initiates conversation.

These children will be able to interact easily with other children and usually love learning. They generally do not find it difficult to make friends because they have an inner confidence. Children with a high level of self-esteem are not afraid of asking questions nor are they afraid of making mistakes, because they regard mistakes as opportunities for further learning.
High or low-self esteem is the common denominator which will influence the behaviour and reactions of both teacher and children in the classroom. Research indicates that the teacher-pupil relationships can be conducive to either raising or reducing the pupils' level of self-esteem.* Self-esteem enhancement contributes positively towards both academic achievement and towards personal and social development and teachers are well positioned to be able to influence this advancement.† From the child’s perspective, the home environment is the main influence on his/her level of self-esteem. The child starts school bringing with him/her the effects of relationships with significant adults in his/her life. These relationships are the foundation stone on which a child builds self-esteem. Even though a child will be influenced by relationships with classmates and teachers, the home environment will continue to have an influence with regard to the development of self-esteem. When a teacher has identified children showing signs of emotional and social difficulties, the teacher can begin to focus on building those children’s self-esteem.

Humphreys explains the two main aspects of self-esteem as: (i) the feeling of being lovable; and (ii) the feeling of being capable. For instance if a schoolchild is timid, shy, reticent, extremely quiet, clinging or attention seeking, aggressive or displays characteristics of a bully it is likely that the child doubts his/her lovability. If on the other hand a child is afraid of failure, unwilling or resistant to take up new challenges, easily upset by mistakes, overly diligent with regard to schoolwork, a perfectionist or deceitful in relation to homework, these are indications of the child’s doubts about his/her

*Lawrence (1988), Enhancing Self-Esteem in the Classroom, p. 25. P.C.C.
†Lawrence, Ibid, p. 11.
The challenge for the teacher therefore is to be aware of children who manifest symptoms of low self-esteem and if possible to work actively to enhance the child's level of self-esteem.

The quality of an individual's social relationships will depend on how an individual evaluates him/herself. In the school situation this has implications for teacher–pupil, teacher–teacher, assistant teacher–principal teacher, teacher–parent relationships. Research has shown that people respond in completely different ways to issues and occurrences and events in their lives according to their level of self-esteem. The teachers who participated in the pilot summer course identified their own inappropriate reactions to children with social and emotional problems in their classes. These reactions fell into two main categories:

(i) Teacher–pupil relationships

- too high expectations;
- over-indulgence of the disruptive child;
- labelling a child a troublemaker;
- constantly picking on a troublesome child;
- inconsistency in discipline.

(ii) Teacher's personal responses

- fear;
- frustration;
- anger;
- low morale;
- anxiety;
- over-control;
- under-control;

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• aggressive behaviour;
• feeling burnt out;
• hiding own vulnerability;
• feeling isolated;
• feeling guilty;
• blaming him/herself for negative behaviours of problematic children;
• irritability;
• intolerance;
• negative body language;
• depression;
• lacking school staff support.

These negative reactions reflect three significant needs which have to be addressed by teachers both on an individual level and as a whole school staff:

1. The need for awareness by teachers of the underlying reasons for children’s difficult and disruptive behaviour.
2. The need for a whole-school approach in coping with these children.
3. The need for teachers to enhance their own sense of self-esteem and to be supported in this through inservice training.

1. Reasons for children’s social and emotional problems
Children’s disruptive or maladaptive behaviour is an outward expression or symptom of their underlying problems. The sources of these problems can lie within the family, the child, the school, or local environment.*

*Humphreys, T. (1993), Self-Esteem—The Key to your Child’s Education, pp. 159–165. Published by Humphreys, Cork.
The Family
Children's social and emotional problems can occur through negative family circumstances. These circumstances can include a poor parental relationship which does not provide the child with security and love. The parents may be hostile, critical and violent towards each other and the child. This can become a major source of stress for the child and contribute to low self-esteem.

Some children experience poor relationships with their parents because of alcoholism, drug abuse, depression, violence, sexual abuse and bullying. If children witness predominantly negative behaviours in the home, there is a strong likelihood that they will repeat these behaviours in their relationships at school.

Loss of a parent through death or marital breakdown can have devastating emotional consequences for a child if the loss is not acknowledged and addressed.

The Child
A child's inadequacy and insecurity can occur for reasons other than the family itself. If a child is physically or mentally handicapped, his/her social and emotional needs must be recognised and addressed. If a child needs remedial attention in school, his/her withdrawal from class must be handled sensitively. S/he is frequently self-conscious about the difference between his/her academic performance and those of peers. A child can be disadvantaged by coming from a home where priority is not given to education, stimulation and skills for independent living. This child can be vulnerable to criticism in school from teachers and peers for his/her academic and social inadequacies.

School
Within a school environment, a disruptive and difficult child's problems will become more aggravated if the school does not try to recognise the reasons for the child's problems and does not
provide a caring support structure. Within the classroom, such a child is totally dependent on their teacher's and their peers' reactions. If a teacher has no understanding or compassion for the child, or if the school is not supportive when a teacher is trying to cope with a disruptive child, the child will become more marginalised and problematic.

Bullying in schools can also aggravate the problems of children with social and emotional difficulties.* Children who are victims of bullies live in fear of the bully and may eventually refuse to go to school. This fear leads to insecurity and distress. Children who are bullies often need psychological help for their own lack of self-esteem.

**Local environment**
A child can suffer stress from problems encountered outside the home or school environment. These problems can include unfriendly neighbours who can restrict the child's play and social interaction with other children in the neighbourhood. The child might be victimised by other children in the local area which again limits his/her opportunities for positive social interaction. If a child does not have a secure family life, s/he may well seek approval from peers. To gain approval and a sense of belonging, s/he may conform to peer behaviour, whether good or bad, thus increasing the chances of being at risk. A child might be suffering physical, sexual or emotional abuse by a relative, neighbour, baby-sitter.

2. **A whole school approach to children with social and emotional problems**
The aim of a whole school approach should be to provide a safe, secure and caring environment where children who have social and emotional problems feel respected and valued. There

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*Department of Education Circular 20/93, *Guidelines on Countering Bullying Behaviour in Primary and Post-Primary Schools.*
are a number of ways in which a school staff can create and maintain a caring environment which helps to build children's self-esteem.

The principal with a high sense of self-esteem can lead the school staff positively in providing a supportive environment for both teachers and pupils. School policy should prioritise staff as well as pupils' development. School policy should encourage the staff to set appropriate expectations in relation to teachers' and children's behaviour. Pupils should be given responsibility and positions of trust within the school. A pleasant and welcoming school atmosphere enhances both teachers' and pupils' self-esteem. Within a school, consistency on discipline is vital for children with social and emotional problems. Guidelines should be devised as part of a whole school approach. Good communications, internally between staff and externally with parents, can provide an important support in dealing with a child's disruptive behaviour. Building good relationships with other professionals is valuable in terms of support and additional expertise.

3. Teachers and self-esteem
In order to focus on building a disruptive child's self-esteem, teachers need to concentrate on building and maintaining their own sense of self-esteem.

Research has shown that teachers' own self-concept has an influence on their own and others behaviour, including that of their pupils. A teacher's level of self-esteem will influence his/her style of teaching, and ability to develop good pupil–teacher relationships. Teachers' level of self-esteem will also have an influence on their perception and expectations of themselves as teachers and of their pupils as learners.*

*Burns (1979), The Self Concept, p. 300. Longman.
Teachers with a healthy level of self-esteem who are confident and relaxed about their role as teachers, communicate positive messages both verbally and non-verbally to their students. Staines (1958)* classified the words and phrases most commonly used by pupils and teachers into two categories: "those which are encouraging, praising, valuing and generally relaxing and those which are cajoling, blaming, pushing and generally anxiety producing. The level of students' self-esteem and the level of scholastic attainment was higher in the first group". The conclusion from this research is that there is a positive and a negative way of saying the same thing and whichever is used has either a beneficial or a detrimental effect on a pupil's self-esteem.

The following practices commonly applied by teachers will help to enhance a troubled child's self-esteem:

♦ fair rewards and punishments;
♦ realistic expectations of individual children;
♦ compassion and sensitivity to individual needs;
♦ teacher sets reasonable and clear limits to class behaviour;
♦ teacher as model of correct behaviour;
♦ talking and listening to the child and the parents;
♦ positive discipline;
♦ recognition of effort, not achievement;
♦ ignoring minor disruptions;
♦ building trust;
♦ teacher does not take disruptive behaviour personally;
♦ helping children to cope with suffering and loss;
♦ teacher showing his/her vulnerability;

*Quoted in Lawrence, op. cit., p. 25.
admitting his/her mistakes or failures;
ability to apologise, if in the wrong.

Trying to cope with children who have behavioural and emotional problems can be a major cause of stress for teachers. It is essential for the wellbeing of both teacher and child that a teacher realises when s/he cannot cope alone with a child who has social and emotional problems. A teacher who can discuss the child’s problems with a supportive principal and staff members is at a great advantage.
CHAPTER THREE

What’s Happening in Schools?

In schools throughout the country teachers are coping positively on a daily basis with children who have social and emotional problems. In this chapter four practising teachers relate their individual experiences. In their accounts the teachers also describe how they act as a support or are themselves supported by their school staffs and the children’s parents. The four teachers are a remedial teacher, a resource teacher, a home/school liaison teacher, and a teaching principal.

A REMEDIAL TEACHER

BACKGROUND

I work as a Remedial English teacher in a senior school in Tallaght, Dublin, and every day I withdraw small groups of children from each class. During my first year in Remedial, 1992–1993, I became aware that the majority of the children I saw had problems which were not just learning-based. They had emotional and behavioural problems and had little sense of their own self-worth. They were often very insecure and were very low achievers. I knew that unless I addressed some of these issues in my teaching and in my relationships with the children my work in phonics and comprehension and grammar would be futile. I thought that helping to increase the children’s self-esteem in a systematic way would be a good course of action to take. I did some reading and sought help from the School Psychologist. I discussed the idea of setting up a self-esteem group with the Principal. Later this was discussed with all the staff at a staff meeting and
everyone agreed to co-operate. The co-operation of the Principal and the flexibility of the staff were invaluable in developing the project.

DEVELOPMENT OF PROJECT

In my Remedial classes I include work on developing the children's self-esteem. I use Rob Reasoner's "Building Self Esteem in the Elementary School"* as my guide for discussions and ideas. In addition to this I run a separate self-esteem group three afternoons a week for children from all classes who may or may not be also attending Remedial. This group is run along the lines of a club. At the start I sent letters to the parents concerned and met them to seek their permission and to discuss the work proposed, and how we could help each other. I had a number of requests from teachers to do some work on social skills also. Work concentrates on the following objectives:

(a) Developing and enhancing the children's self-esteem.
(b) Fostering a positive self-image.
(c) Developing personal responsibility and concern for others.

I use Rob Reasoner's lessons as the foundation of the self-esteem work. These lessons and the discussions arising from them are fundamental to the whole project, particularly in the way the children talk about themselves and in the things I am constantly learning about myself and my relationship with them. Drama, art and craft activities, project work or board games are included each day, and we have an awards system. Each child has a personal folder in which to keep their work. We designed record cards on which the children kept a note of their work, behaviour, positive things that happened to them at home and at school. Recently this had developed to a real diary with daily entries. The children each wrote a book about themselves. They have done family projects and self-portraits. Once a week we have a session with some short highly-participative drama games. Throughout all the sessions there is an emphasis on listening and discussion, co-operation with each other, enjoyment of the work, and praise.

EVALUATION

The response of teachers and parents to this project has all been positive. Some parents have said they have noticed changes, especially an increase in confidence in the more withdrawn children. While it is difficult to measure or quantify progress in children in this area, I feel that within the groups there is a higher morale and an ever-increasing rate of participation of these children in our discussions. In the beginning, with all the groups, there was a certain reticence in the children. They often don’t have the facilities—the language, the vocabulary, the openness—to describe their feelings. Neither do they have the confidence. There is often a fear of ridicule and a great lack of trust. They are sometimes suspicious and wounded and have closed themselves as a way of self-preservation. So in this situation I found that I had to lead by example, be open and honest and show my own vulnerabilities to the children. After a few weeks the children become less protective and more expressive as they learn how to talk about themselves and gradually gain the trust of the whole group. Some of the staff felt that by highlighting self-esteem they became more aware and conscious of it themselves in their teaching. Some said that these children were usually low achievers, but in the Club, they were successful for that part of the day. I would like to meet the teachers and parents more often to keep fully in touch with day-to-day events and incidents, but due to time constraints and class duties this isn’t always possible. There are also many more children who would benefit from extra help or from working in small groups.

The following comments by children make my work more imperative, enhance my commitment and encourage me to continue helping children within the project.

What the children say:

“People don’t know that I’m good sometimes.”
“If my ma died, I’d kill myself.”
“I wish I was a dog, cos dogs have lots of friends.”
“People who don’t know me think I’m ugly. I cover my face passing a group of girls on my road cos they say ‘Look at that ugly bitch’.”
“D’you know what I do when Ma and Da are fighting—I make myself fall down the stairs.”
A RESOURCE TEACHER

BACKGROUND
The senior national school in which I teach is a sixteen-teacher unit catering for boys and girls from third to sixth class in a middle class area of north Dublin. I have taught there since the school opened in 1976. In 1990 I became the Resource Teacher in the school. The position was created as a result of a temporary bulge in the school population and lasted for four years. As well as teaching Remedial Maths, I counselled children who were having personal/social/emotional problems on a one-to-one basis. I want to outline why I undertook this work and how it developed and how the lessons learned can be applied generally in primary education.

DEVELOPMENT OF PROJECT
I, like many of my colleagues, was often uneasy that some children were leaving primary schools having achieved less than would reasonably be expected of them. These were children who did not have a specific learning difficulty. Their problems seemed to lie in their inability to cope with the demands of everyday life at home, at school, at play. Many teachers will be familiar with the child whose work deteriorates because of a particular trauma in the child’s life—a parent’s illness, a death, a separation. Many other children experience difficulty in school but the cause of the problem is not immediately obvious—it lies somewhere in the personal/social/emotional difficulties with which they are grappling unsuccessfully on an ongoing basis.

When the position of Resource Teacher was created in our school the staff were asked to suggest work that needed to be done. A list of suggestions was circulated and the staff were asked to prioritise those. I had worked as a marriage counsellor for ten years and felt that those counselling skills could be utilised, as part of my role as Resource Teacher, to help children with personal/social/emotional problems. The counselling of children was voted second on the list of priorities. I allocated one hour each day for seeing children individually. The school’s strongroom was converted into a small classroom and I was ready to begin.
When I began work in September 1990 I was totally dependent on my colleagues to refer children to me. Fortunately they willingly obliged. Sometimes they would know the nature and cause of the child’s difficulty but lacked the time and/or expertise to deal with it. Other times they could not pinpoint either the nature or cause of the problem. After an exploratory first meeting with the child (lasting approximately thirty minutes), I would assess whether the child could benefit from counselling. I would then invite the parents to meet me to outline the reasons for our concern, the programme planned for the child and the role of the parent in this programme. At each subsequent counselling session the previous week’s work/problems were reviewed, a particular aspect of the child’s difficulty was examined, ways and means of dealing with that particular difficulty were explored and specific targets were set for the coming week.

**EVALUATION**

In this work I was given generous support by my principal and colleagues on the staff. All the parents with whom I met in connection with this work, except one, supported my efforts; some participated enthusiastically in dealing with their child’s difficulty, others did not always back up their words with action. There was no overall formal evaluation of my work. I evaluated each child’s case in conjunction with the class teacher and his/her parents. There is no magic cure for children with personal/social/emotional problems. What can be done is to help children to cope better with the demands that life makes on them. Using the child’s ability to cope as the criterion by which to judge success or failure, I believe that some children benefited enormously from the counselling sessions, others showed no observable amelioration of their difficulties, with many children falling somewhere between those polarities.

Based on my four years’ experience of working with children on a one-to-one basis I have come to the following conclusions:

1. Some children do need one-to-one counselling.
2. Class teachers do not have the time to deal adequately with children who are in need of individual counselling.
(3) Even if they had the time, most class teachers do not have the expertise to deal with those children in a counselling situation. I felt woefully inadequate despite my years of experience counselling adults.

(4) A comprehensive Inservice programme needs to be provided to equip teachers with the necessary counselling skills. The Inservice Diploma for Remedial Teachers seems an appropriate model.

(5) Post-Primary schools are allocated a Teacher Counsellor for every 500 pupils. It is reasonable to demand a similar concession for primary schools, with extra teacher-counsellors for disadvantaged areas.

(6) Over the last thirty years some provision has been made for children with particular learning difficulties—remedial teachers, special classes, special schools, visiting teachers for children with special needs etc.

There is now within the primary school population a significant number of children whose progress is impeded by personal/social/emotional difficulties. Their problems are so acute as to be outside of the range with which the class teacher might normally be expected to deal. We owe it both to the child and the teacher to provide a professional back-up service—a school-based teacher-counsellor.

A HOME/SCHOOL LIAISON TEACHER
I would first like to outline the aims of the Home/School/Community Liaison scheme and to indicate the importance of this scheme in helping children with social and emotional problems. In that context, I will then describe my role as a Home/School Liaison teacher working within two urban communities.

THE HOME/SCHOOL/COMMUNITY LIAISON SCHEME
A primary aim of the Home/School/Community Liaison Scheme (HSCL) is to develop and consolidate links between the home, school and community to which the child belongs.
Much of the focus of the home/school liaison teacher’s work is on parents. The remit of the liaison teacher in working with parents is:

✧ to establish structures whereby parents can become involved in the life of the school;
✧ to work with parents on courses designed to develop their own skills and talents to work effectively with their children;
✧ to act as support for parents through home visits.

The home/school liaison teacher also works closely with the principal and staff of the school and with other professional personnel and representatives of local agencies concerned with the welfare of the child.

The Home/School/Community Liaison Scheme currently operates only in designated disadvantaged schools. At primary level, the scheme is in many cases “shared” between two or more schools in a locality. The obvious characteristics of disadvantage such as poor living conditions, unemployment, poor literacy level among parents, increasing drug and crime problems impact greatly on all aspects of school life.

The Home/School/Community Liaison Scheme is one initiative employed to counteract the effects which disadvantage has on the potential of children.

THE ROLE OF A HOME/SCHOOL LIAISON TEACHER

I work in two schools in a disadvantaged area in Dublin City South. The strategies adapted by a particular home/school liaison teacher to support parents and children with social and emotional needs will vary according to the needs of the family and the resources of the school and community.

Some practical strategies employed by me in both schools include:

(i) **Home Visitations**

Parents, in their own home, talk through their concerns regarding their child. During my visit, potential areas of support for the school and support services are discussed.
(ii) **Parent Courses**
Parents are encouraged to participate in a wide range of courses/activities in the school. One objective of all courses is to develop parents’ sense of self-esteem and confidence as the primary educators of their children. Programmes established in the school to date specifically for parents who express concern regarding the social and emotional development of their children include:

(a) *Skills Training Programme for Parents;*
(b) *A Parents’ Support Group.*

(iii) **Parent Time With Child**
Parents of children with particular needs are invited to come to the school on a regular basis to work with their own child. This provides quality time for the child with his parents during school hours.

(iv) **Meetings**
(a) Meetings are arranged between the parents of children with social and emotional problems, the class teacher and the home/school liaison teacher. The objective of each meeting is to develop ways in which we can work effectively together for the benefit of the child. A plan for future action is discussed and decided between parents and teachers.
(b) Meetings between in-school teaching staff and other professionals working with a family (psychologists, social workers etc) provide opportunities for sharing information and developing co-ordinated approaches to working with families.

**RESPONSE OF THE PRINCIPAL AND STAFF**
In response to these strategies, the Principal and staff of both schools stated that:

◊ They have a greater understanding of “where the child is coming from”. This leads to a greater empathy with the child and a more positive approach to working with children with social and emotional needs.
They feel it is a positive development for the children to see their parents involved in the life of the school.

They find meetings between parents, class teacher and the home/school liaison teacher beneficial and effective in "breaking down barriers" between the home and the school.

It is of benefit to the school to have a specific person, such as the home/school liaison teacher, linking with the support services.

A co-ordinated approach of teaching staff and other professionals working with a family is effective and should be extended.

Principal and teachers stress the need for their own regular release from class to hold structured discussions with the home/school liaison teacher who could keep them informed of initiatives and developments in working with children with social and emotional problems.

**RESPONSE OF PARENTS TO THESE STRATEGIES**

Parents of children with social and emotional needs stated that as a result of the strategies adopted:

- They feel more comfortable talking with the principal and teachers about their children.
- They feel less isolated and are a support to each other. (Parents Support Group Members)
- They have a better understanding of behavioural problems and how to initiate change.
- It is important for them to talk about their own children and their problems rather than adhere to a particular programme. (Parents Training Programme Members)
- They have to change themselves before they can hope to see a change in their children. (Personal Development Group Members)

**THE LIMITATIONS OF THESE STRATEGIES**

- The time investment required to work with extremely marginalised parents in order to develop trust and co-operation is often difficult to achieve.
In school, meetings involving the class teacher with parents or other professionals are dependent upon the ability of the school to provide time for the teacher to be released from class.

Lack of adequate and co-ordinated support services for children with social and emotional problems is a huge source of concern for parents, teachers and other professionals.

Parents in poverty areas have to travel out of the area to meet professionals regarding assessment and therapy of children. Parents in these areas are intimidated by the prospect of these meetings in unfamiliar surroundings.

Teachers and other professionals can be frustrated by the lack of co-ordination in services and how under-resourced existing services are in terms of finance and personnel.

In conclusion, for the above strategies to realize their full potential they must be used in conjunction with other initiatives within the school and community to help children with social and emotional problems.

A TEACHING PRINCIPAL

PROFILE OF TEACHING ROLE

I am the Principal teacher of a two-teacher rural school. I have all the responsibilities of any Principal except that my duties are on a smaller scale than that of a larger establishment. In addition, I teach a group of children from third class to sixth. The second room is occupied by my colleague, her class comprising pupils from Junior Infants through to Second Class. With some exceptions, the children come from families where most of their parents are involved in part-time sheep farming. The extended family is the norm here, with grannies and grandads as well as neighbours, contributing to the everyday society in which the children live. Roles are clearly defined along the traditional lines of a rural Irish community.
STRATEGIES
The old adage that prevention is better than cure also holds true in the context of problems in the classroom. Respect is central to the ethos of our school and where respect for each individual is present, many potential problems are diffused. In order to establish such an ethos, I embarked on a course of raising self-esteem and confidence. One of the strategies involved is discussion, where children are taught to chair a discussion and to participate in same. The rules, which they themselves set out, gradually evolve as a result of their own frustration with interruptions, and being shouted down. The skills acquired include listening, respect for the opinions of others, questioning, evaluating, and verbal reasoning. Because practical conflict resolution skills are also learned in the process, after an initial experience of discussing topics, this format becomes a useful medium for airing grievances. Other tactics used to help build confidence are drama and personal development games. As this type of openness becomes the norm, children learn to take responsibility for their actions and thus behaviour improves in general.

More specifically, children who display either temporary or consistent signs of behavioural problems are monitored carefully. It is important to identify some of the more apparent aspects of the trouble. Once identified, these can be considered for appropriate and immediate remedial action.

RESPONSE OF PARENTS AND STAFF
A good relationship with parents means good back-up support. If the pupil is disruptive in school this behaviour often stems from, or is continued at home. Once parents realise that the teacher has their child’s interest at heart, most are very willing to co-operate. There is a greater chance of success when consensus can be reached or a contract made with parents and child on the proposed remediation.

When a difficulty arises it is sometimes necessary to spend private time with the individual. The understanding and support of all staff
members is essential in order for this to be carried through. In a larger school where a specialist practitioner is not available, there may be one teacher who is better than others at talking with a troubled child. When such a situation occurs in our school the second teacher is happy to take both classes for singing or art or a quiz while the disturbed pupil is given individual attention.

LIMITATIONS
The influence of the home has long been recognised. If there is no working relationship with the parents, the task facing the teacher is more difficult. Where contracts have been agreed upon, they must be carried through. If they are not, the child will not learn what the expectations and limits are of his/her behaviour.

Unless a whole school approach is applied with behavioural difficulties, a teacher will not be supported to spend the necessary time with such a child or another teacher’s positive results may not continue as that pupil moves up through the school.

In the short-term, this process takes up extra time. The advantages may not be immediately apparent.

POSITIVE EFFECTS
As the self-esteem strategy takes hold in the classroom, less time is expended dealing with unacceptable behaviour of individual children. (The analogy of a tidy room needing little work comes to mind.) It has been my experience in the long term, as children become more confident and begin to take responsibility for their actions, their school work improves. They are more highly motivated and because skills such as listening and questioning have been developed, these aid greatly in acquiring and retaining knowledge.
The skills acquired in the process described above, contribute to educating the whole child beyond their school days. This is a holistic approach to education.

A CASE STUDY

When 'Eamon', aged nine, arrived, I was the only teacher in the school. My class comprised of thirty children ranging in ages from four to thirteen years. His reported learning difficulties were less noticeable than his behavioural problems.

I identified four areas of difficulty. These were:

(a) Neglected homework
(b) Frequent absences
(c) Hyper-activity
(d) Bullying of other children

The solution to the first two was found in meetings with his parents. A 'contract' was agreed that any breach in attendance or homework would be explained in writing.

I applied a 'hands on' policy to deal with his hyper-activity. I literally kept him within an arm's reach for the first three months. Once his interest in practical matters was noted, he was encouraged to fix plugs and door-handles, tune in the video, start up the computer, etc. as a respite from more passive activity.

Because of the ethos of respect within the class, the other children became part of the strategy to deal with the last identified behavioural problem, i.e. bullying. His peers were quick to express their hurt or annoyance at his treatment of them. When they could not resolve incidents among themselves, they asked for time to discuss them. Eamon was confronted with their complaints about his behaviour and heard how it had affected them. He had to be accountable to his peers. Obviously-disruptive children tend to stand accused of all
misdemeanours while they might only be responsible for two-thirds of them. The open discussion also gave Eamon an opportunity to express his grievances. While he never became a totally reformed character, he soon learned what the boundaries of acceptable behaviour were. As a result he became more settled and his learning improved. As his behaviour became more modified, he gained in popularity. With this came a raising of his self-esteem. This experience was important for all the children. Even though the majority were not overtly exhibiting social or emotional problems, through open discussion they began to see and understand the effect their actions could have on others.
The school curriculum can seem inflexible and unaccommodating to the needs of a child who is suffering socially and emotionally and to a teacher who is trying to cope with these needs. However, Art and Drama are two areas of the curriculum which provide opportunities and flexibility for both teacher and child.

For the child who needs emotional healing, Art and Drama have potentially immense therapeutic value as they can both provide non-threatening opportunities for learning. The teacher can use these media to provide the child with opportunities to build self-esteem, to relate positively to peers, to express feelings in a safe, structured way and simply to have fun without fear of failure.

For the teacher, Art and Drama activities provide opportunities to concentrate on building up a relationship with the child and to integrate successful art and drama exercises into academic areas of the curriculum, making these more attractive learning experiences.

This chapter illustrates the healing or therapeutic value of Art and Drama based on the work of two practising teachers—Damien McCormack (Drama) and Arthur O’Sullivan (Art). They developed a special interest in these media through their professional experiences of relating to children with social/emotional problems combined with their recognition of the potential of Art or Drama to provide a positive response to these children’s needs.
A third contributor, Maeve Dunne, is a qualified art therapist who works as an art teacher in a special education centre for children with serious social and emotional difficulties. Maeve discusses the concept of formal art therapy in education while also highlighting the informal therapeutic art activities which take place daily in Irish classrooms.

**Drama**

When we use Drama in our Primary school it is usually with the aim of fostering creativity, confidence and enjoyment in our children. I would like to outline how Drama might be used in the classroom for its therapeutic qualities. Practical suggestions will be offered and some further reading suggested.

Drama is used as a therapy form either as Dramatherapy or Psychodrama. An important distinction must be made when we come to discuss its therapeutic use in schools. What is suggested is that the teacher might use drama because of its long-established therapeutic value—known from earliest times in man’s social and religious ritual. In most situations it would be quite inappropriate for the teacher to offer therapy—since the contract between pupil and teacher is quite different to that of the client and therapist. At a very basic level clients usually have a choice about presenting for therapy—children are obliged to attend school!

What is for consideration here then is how a teacher might safely use drama activities, possibly already familiar, to help and heal children with social or emotional special needs.

The suggestions which follow are intended for whole-class participation. To try to avoid marginalisation of children having special problems the activities are inclusive and an atmosphere of belonging is encouraged. However some children may find it very
difficult to cope in a large group and may become over-stimulated or aggressive etc. Perhaps in some cases, with support from other staff it might be possible to have one teacher run a small group for such children.

The following reading/resource list is offered as a most useful companion for developing this work with children.

*Creative Drama in Group Work* (1986), Sue Jennings; Winslow Press.
*Drama for People with Special Needs* (1992), Ann Cattanach; A & C Black.
*Playing For the Fun Of It*, Dale N. Le Feore; Element Books Ltd.
*Theatre Games in the Classroom*, Viola Spolin; Northern University Press.
*Windows To Our Children* (1969), Violet Oaklander; Real People Press. (The Centre for Gestalt Development)

**WHY DRAMA?**

Drama has much to offer being a group exercise, active, absorbing and usually enjoyed by children. Drama also provides a vast range of techniques from which to choose. Although all drama activities may be seen to be therapeutic, the following are offered as being especially helpful as ways to work with children as described above:

*Drama as Play*
*Drama/Theatre Games*
*Role Play*
*Relaxation and Imagery*
*Circle Game*

**DRAMA AS PLAY**

Psychologists outline for us the importance of play in healthy development. Indeed where play is absent in a child's life it might sometimes be our task to teach children to play. Sue Jennings, a
drama therapist long engaged in what she terms Remedial Drama, outlines the developmental stages of Play as:

**Embodiment**
The senses are the main focus of these play activities. For example, how would we feel as we move over different surfaces—i.e. hot, cold, sticky muddy—and how could we show those feelings?

**Projective Play**
Objects are the main focus. For example, an object might be used in a symbolic way—what is it? What could it also be? etc.

**Role Play**
"Let's pretend" activities are used in this stage.

Ann Cattanach explains these stages of play in "Drama for People with Special Needs".

**DRAMA/THEATRE GAMES**
These are very useful, especially with older children. Such games help create enjoyment and a good class atmosphere. They offer a break to teacher and pupil, reducing stress. The games should be non-competitive and it is best if teachers choose games they themselves feel happy to play. Through these games children might broaden social skills, learn to negotiate rules and to abide by them.

**ROLE PLAY**
This might usually be undertaken through improvisation, enactment or from story work. A practical example of how we might use it would be in "modelling" behaviour, i.e. friendship. How do other children handle different situations? What could s/he have done instead? Was s/he right to say that? etc. The discussion element at the end of Role Plays is very important. On a general note—children need training if role play work is to rise above superficial caricature. Equally teachers need training. Begin with general role taking, i.e. the train station . . . proceed to smaller group then duos. Also remember to derole at the end of role play, i.e. "My name is Ann—I am not like the person I was playing because . . ." Without this element children can be confused and continue to act out roles after the session has finished. Role play
has the potential to be very powerful and must always be treated with respect.

RELAXATION AND IMAGERY
This has obvious therapeutic value. Though sometimes discussion may follow relaxation sessions or guided imagery time, it is also appropriate that children experience the activity just for itself.

CIRCLE GAME
Children and teacher form a circle doing a "round" of activity which might be action, sound or speech at different times, e.g. initiate an action. Pass it on. Initiate a sound. Pass it on. My name is Tom. The best thing about me is . . . This type of exercise is invaluable as through it the importance of listening, taking your turn, etc. can be encouraged. "Pass" may be used but do return to the child who does so. The need for simple "boundaries" might develop from such sessions to include:

♦ Safety—both physical and emotional.
♦ Respect for each other and for teacher.
♦ No hitting.
♦ Listening to each other.
♦ No put down comments.
♦ Fair play.
♦ What starts here stays here—confidentiality.

Once agreed with the group these rules are observed in all drama sessions especially where personal material, i.e. feelings, is the topic.

DRAMATIC DISTANCE
An opportunity is provided in using drama therapeutically to process difficulties experienced in life in a safe way through dramatic distance, i.e. puppets can help shy withdrawn children to find a voice. Masks might be used, i.e. "this is the face I have when I'm angry". Unless teacher is skilled in conflict resolution it is wiser to proceed from the general to the particular, i.e. role plays might use a symbolic giant or ogre to introduce the topic of bullying rather than actual recreation of happenings in the yard!

Damien McCormack
ART AS A THERAPY IN THE CLASSROOM
(with particular reference to clay and pottery)

Art in various forms is a useful tool in a classroom setting that involves children who have social and emotional problems. The use of clay has a particularly important role, one unfortunately that is often dismissed because of what may appear at first huge difficulties with introducing such an art experience to the classroom. I am the principal of a three-teacher school in the west of Ireland. From my experience of almost twenty years as a primary school teacher, pottery is a stimulus, an experience and a therapy that should not be denied to any classroom. Clay has been a lifeline to some of the children in my care who were experiencing social and emotional problems in varying degrees.

It is very easy to argue a convincing case against the use of ‘real clay’ (as distinct from other substitute materials) in any classroom. Clay is a dirty, messy medium that demands classroom reordering, flexibility with timetables, a truly ‘hands-on’ approach from the teacher and a certain investment from the school.

Let me argue the positive case for a moment. The dirt, as we say in the west of Ireland, is “clean dirt”—once dried, clay will brush off clothes, carpets and almost any material. With a minimum of care pottery will only be a fraction of the problem of many other art lessons. The classroom reordering and the flexibility with timetables let a breath of freedom blow through my own classroom and this freedom seemed to result in a relaxing of the tensions that are often part of a classroom dealing with children who have social and emotional problems. The investment was a kiln and a few bags of clay—total £400.

This investment in material, the change in structures, the interaction of teacher and pupil and the tactile nature of the learning cannot be overvalued. The results in my own case were marvellous to watch. I think particularly of two children—the first child, a girl of ten years who had been described by one teacher as “bouncing off the walls” since she came to school. There was a history of aggressive behav-
iour from her through the school, difficulties interacting, constant movement, severe inattentiveness, and learning difficulties. Problems of alcoholism and separation at home were compounding, if not causing, many of the behaviours. For her, pottery class came to mean peace and concrete results. At first the mere task of ‘balling’ the clay was a fascination and this child would ‘ball’ clay for other and often ‘brighter’ children who had difficulties manipulating this material. The social value of that exercise was invaluable. This (concrete and psychological) “touch therapy” as I call it, had a calming influence that no other lesson had ever produced. Concentration span increased and intensified. There was nothing quite like this child seeing her own hands begin to form the first ‘thumb pot’—true ownership of a real product. It was not necessary either that the child’s end product be “the best”—any product was a validation of her own concentrated effort. This child was obviously a ‘tactile learner’ who hadn’t experienced enough of her type of learning.

The second child, a boy of thirteen, was introverted, shy and an unwilling participant. By the second pottery lesson he had discovered a talent for ‘coiling’ and building those coils into a coherent shape. The skill was admired by others in the class who adopted him into a group to help produce coils for others. It was a simple thing—but again the implications of that small ‘touch’ had a therapeutic value that I could never have achieved in other ways. Once again the clay had produced a result—almost like the transformation from clay to ‘greenware’, from dull thud of dried clay to the musical note of fired pottery.

Both of these children still have difficulties, but the introduction of pottery as art and as a therapy has had enormous implications and some directly valuable results. One child has learned to smile without, the other has learned to smile within. The use of clay in the classroom as a therapy, stimulus and catalyst needs to be encouraged. As a teacher, I would not be without it for some part of each child’s experience.

Arthur O’Sullivan
ART THERAPY IN EDUCATION

As a trained art therapist working as an art teacher in special education I welcome the opportunity to offer some aspects and techniques of art therapy to teachers of children with social and emotional problems. Art therapy is a specialized exploration of the interrelationships between the various qualities of art and mental processes as they relate to the use of art materials.

I became aware of the benefits of art therapy while teaching art to children in inner city libraries. I recognised the potential of certain art media to help children to organise and contain feelings whilst also offering the child a creative space for self-expression. Currently in Ireland there are fifteen qualified art therapists, two of whom are employed in the area of education. At present the Crawford College of Art and Design in Cork City is seeking to establish the first postgraduate art therapy training course in Ireland.

Given that it is the right of every child regardless of their disability to an appropriate education, art therapy can assist where the child is not ready or able to adapt or cope in the educational setting. The concept of health is relative to the child’s ability to adapt. The child’s adaptive mechanism is his/her ‘ego’. Such ego functions as self-control, reality testing, memory, judgement, self-esteem, tolerance of frustration, and impulse control are integral to the child’s openness to learning. Children who for ego defenses have developed maladaptive behaviour demand a different approach to their education. They may have to cope with an insufficient nurturing environment, delayed or lack of speech, traumatic experiences surrounding abandonment or abuse or any number of less than ideal circumstances that affect their psychological health and complicate their development.

The art therapy program in an educational setting can be employed to reach those children with social and emotional problems and assist in their full integration and adaptation to the learning process. Art therapy can be employed to uncover areas of disturbance in the child’s inner world or to build up areas of a child’s ego functioning to enable them to cope with the outer world. In the uncovering process
a trained art therapist will withdraw the referred child for individual or group therapy on a sessional basis within the school setting.

Children need both symbolic and experiential learning to fully understand and master reality. The art process has an important place in the child's education, not only because it contributes to the mechanics of reading, writing or arithmetic but it is a primary form of experience upon which all learning, judgement and action are based.

In the classroom, art can be used by the teacher to involve the child with social and emotional problems positively. Unconscious conflicts and preoccupations that might otherwise be hidden may emerge through visual imagery. The visual imagery is often a more powerful means of expressing inner reality than words alone. Many teachers already recognise that the creative space they offer pupils is inherently therapeutic.

To build the child's self-esteem, the teacher can apply his/her knowledge of the therapeutic benefit of certain art media. The teacher can present selected projects to a child which are based on an assessment of the pupil's social/emotional ability to achieve a successful outcome.

For example finger paint, tempera and clay make high demands on a child's ability to control and manipulate fluidity, rhythm and texture. This can be too much of a challenge for an acting-out pupil. However a withdrawn or tightly restricted pupil might find some release with such media offering a much needed regression. Materials that offer structure and containment often work successfully with the impulsive, acting-out child, i.e. matchsticks, lollypopsticks, stencils, colouring pencils, magazine collage, paper construction and folding, decorating boxes, carving dry plaster blocks, nailboards, tapestry, wood assemblage etc. These offer firm boundaries, while containing impulses and binding energy, encouraging a sense of mastery. Body tracing and markers and large mural paper can start the process of building a symbol of the physical self. Dolls, puppets and masks can express identity. Cardboard boxes and construction paper often help to concretize the outside world when used to make spaceships, trains,
dolls' houses or play shop. These representations allow the child to take a fantasy journey through play and discover the various conflictual energies contained in his/her inner life. Media can be used to build or uncover, they also connect as well as express inner and outer life experiences.

Further information on art therapy can be obtained from:

The Irish Association of Drama, Art and Music Therapy
P.O. Box 4176
Dublin 1

This association offers associate membership with experiential workshops and lectures twice yearly.

Maeve Dunne
CHAPTER FIVE

Developing a Caring Ethos in Schools

Children with social and emotional problems can be guided towards expressing their needs constructively and towards respecting the needs of others. A caring ethos in school policy, an ethos which respects the rights and needs of both teachers and pupils, can contribute to this process. While there are often circumstances where a school cannot resolve the needs of children who have severe emotional problems, nevertheless there are ways in which a school staff can create and maintain a positive caring environment which benefits both teachers and children. Two practising teachers give suggestions based on their own experiences.

A CLASSROOM APPROACH

There is a danger when dealing with children with social and emotional problems that the teacher may feel so overwhelmed by the scale of the problems faced by a child that he/she begins to consider that he/she can do nothing to help that child. This may not be so.

Many children will present problems which cannot be resolved by the school alone, but teachers must not lose sight of the positive impact which they can have on the life of a child. Children spend over five hours a day in school, and by creating a classroom environment which offers security, consistency, respect and access to a sympathetic adult, teachers can offer great stability to children with problems.

Creating a positive, secure environment requires time, planning and constant review by the teacher. The following *ideas* may be of help:

♦ Set aside time to discuss and explain the children’s entitlements and responsibilities within the class. If this is done on a
regular basis a code of acceptable behaviour will emerge which the children feel belongs to them and which they can accept and understand.

- Create a sense of equality in the classroom. Each child’s right to their own space, possessions, and point of view should be established.

- Each child’s right to access to the teacher is also important. Children need to see teachers as accessible and sympathetic. We often assume that children know they can approach the teacher with a problem. This is not always the case—children need to be told this very clearly.

- Communication is a problem especially for younger children. Try to help them by encouraging talk during discussion time. Offer a simple language for them to use. The early lessons of the Stay Safe Programme teach the child to identify and communicate about happy/sad/safe/unsafe feelings. These are invaluable lessons.

- Build assertiveness by teaching children to say “no” and “stop doing that” effectively. In doing this you are encouraging children who might be over dependent on adult intervention to take control of minor situations.

- Affirm the child’s right to tell if there is a problem.

- Do not make your relationship with children conditional on good behaviour or academic performance. When a child misbehaves a sanction should be applied and then you both move on. Withdrawing from the child to punish him/her will simply cause resentment and anger.

- Be fair in the allocation of tasks. A straightforward rota system for everyday jobs is best. Where opportunities arise outside the normal routine, try to choose children who will benefit by being given responsibility.

- Look for opportunities to praise positive and helpful behaviour.

- Children’s academic achievements should be judged on what they have achieved rather than on where they have failed.
✔ Develop your own listening skills. Always remain calm when listening to a child tell about an incident. Assess whether or not you need to intervene or whether the child can be helped to deal with the problem him/herself. Then praise the child for telling.

✔ Don’t create a “me” and “you” situation with the class. A “we” situation is much healthier—i.e. “we share the classroom every day and we operate according to an agreed code.” In building a relationship with a class, be prepared to share some of your own experiences with the children.

✔ Finally, be careful when correcting children not to use ridicule or sarcasm. Try to be consistent with sanctions, and predictable when dealing with difficult children.

A WHOLE SCHOOL APPROACH

Some children come to school often with strong feelings of fear, anger, embarrassment or sadness arising from family circumstances or other external factors. We know that when we ourselves as teachers come to school upset or distressed we find it difficult to focus and work well. It is no less difficult for the child. In fact it is usually more difficult as young children often don’t know all the facts, or understand the context of the distress they are in. Solving the child’s problem (unless it is school based) may be out of the school’s control, but communicating to the child that the school understands the difficulty can make school a much safer place and the sense of being understood can help the child work better.

SPOTTING THE PROBLEM

Identification is the first step in solving any difficulty, so the earlier problems are noted the better. It can be helpful for a school to devise a checklist for Junior Infant teachers covering attendance, punctuality and general health of the child, social skills, language skills and early learning skills. Any referrals which need to be made (e.g. to a speech and language therapist or psychologist) should be made as early as
possible. Children who have difficulty relating socially to their peers or to the adults around them need particular attention. They rarely cause major discipline problems in the infant classes so these years are an opportunity for staff to concentrate on building a good bond and a relationship of trust with them.

If behaviour starts to deteriorate as the child gets older, the teachers will then have had sufficient involvement with the child and have built sufficient trust to allow him/her to work through the difficulties. It can help to have an informal time at the start of each day in class when the teacher has the opportunity to watch out for the child who comes to school troubled and checks in with him/her offering a word of support or encouragement.

LISTENING SKILLS
Teachers who find themselves confronted with disclosures of children's problems should have in mind the basic skills and principles of counselling. The most basic skill is listening, with real attention and an awareness of the feelings expressed as well as the story. It is best to get down to the same level as the child, maintain good eye contact and relaxed posture. It can help if the teacher summarises what s/he is hearing, communicating that s/he is really listening. When asking questions, open questions are best as these allow the child to expand on what s/he is saying. Invasive questions can be threatening. Trust is built up slowly, especially with a troubled child, and the child must be allowed set the pace. It is essential also that the teacher does not judge the child in any way or tell them what s/he should do or should have done. The child needs to be unconditionally accepted and the validity of his/her experience and understanding of that experience respected. The task is to get into the "shoes" of the child, as it were and to understand what it is like for him/her. In being involved in an empathic way it is important not to be swamped by the child's story or feelings either. The teacher's own network of support is crucial in this regard.

Teachers should not venture out of their depth but neither should they underestimate the value of their support to troubled children. Teachers should not attempt to take on problems which are neither within their brief nor their capability. On the other hand, teachers
often provide much support and help to children in trouble simply because they are the most accessible adults to children besides their parents during the school week.

BUILDING SELF-ESTEEM
There is much teachers can do to build the self-esteem of children with behavioural problems. Greeting each child in a friendly way in the morning, calling the child by name and taking an interest in the things that matter to him/her, whether that is a football match, a birthday party, a medal they won, or a sick relative, is a way of telling the child that the teacher values them in themselves. Sharing a little of teacher’s own news helps too.

Displaying children’s work (and not only art) is important and everyone’s work can be included, unless the child requests otherwise. Work can also be displayed in school corridors to highlight and share different classes’ activities. It is helpful if the school provides opportunities for performances of music, drama, P.E. etc. Parents can be invited in a very informal way to see displays of work.

When giving feedback to children about their assignments it is always helpful to mention the good things first and recognise whatever effort has gone into the work. Specific feedback is best. “I notice that your letters are all on the line now” is more helpful to the student than “Your writing is getting better”. When corrections have to be made it helps to ask the child to evaluate their own work first, using such questions as “How hard did you work on punctuation?” “How could you improve this work?” Once children realise that these questions are asked with respect they become remarkably honest in their assessments. This encourages them to take more charge of producing quality work. Noticing effort as well as achievement is important as is expecting the children’s best effort. Their performance is very much influenced by the teachers’ expectations. Classroom duties can also be assigned to these pupils, the hidden message being “I believe that you are a responsible person”. It is important to avoid comparisons between pupils, as not only is it divisive but it puts both children involved under pressure.
School and class debates and discussions or other opportunities for sharing ideas are important in building self-esteem, as are opportunities to choose the topic of a project or assignment. A free period in the week when each child chooses what they work on and evaluate their plan does much to develop responsibility. Fun needs to be built into learning as much as possible to keep spirits up and motivation high. Celebrations and class outings build the group spirit in the class and the school.

WITHDRAWN CHILDREN
Withdrawn children have to some extent given up on themselves and it is crucial that the school take a contrary view. The school should believe that the child can and will choose to participate more fully in school life. The first step then is for the class teacher to establish a friendly relationship and get to know and value the child's interests. Chat to the child about his/her interests. Notice what the child's skills are too and build on his/her strong points to get him/her involved in classroom and school responsibilities. Continue to invite the child to share ideas and opinions and include him/her in question sessions, but without putting pressure on the child.

Take a few minutes occasionally to ask the child how s/he finds school. Listen without judgement and acknowledge his/her feelings and any difficulties s/he has. Work out a simple plan to make school a better place. The plan should be simple and achievable. Continue to make plans using the child's ideas and suggestions. Once s/he has agreed to a plan, expect his/her co-operation. Be on the alert for times when s/he shows initiative and encourage this. There may be other children or staff whose help the teacher can enlist to encourage the child to play and work with others.

Look at the successes s/he has in learning and his/her learning style. Does s/he learn by listening and discussion, by reading, or is s/he a visual child with keen observation skills? Use this knowledge to increase the child's chances of success within the class and within the school.
THE DISRUPTIVE CHILD

It is important to understand disruption as behaviour which is the child’s best attempt at the time to meet some need. It could be a physical need such as food or warmth, a social need to connect with a friend or a supportive adult, a need to achieve or to avoid a failure experience, a need to be heard, a need for fun, or a need for more freedom of movement or activity. If the teacher can understand this s/he is less likely to take the behaviour personally and more likely to focus on the child’s need rather than his/her own.

As in the case of the withdrawn child—building a friendly relationship and trying to make school a better place for the child, building on his/her skills and interests is important. Once a good relationship is established a child will be more likely to respond to requests from the teacher. The child is also the one who will tell the teacher what it is s/he wants, once trust has been established. The rules of the classroom and the school and the expectations for pupil behaviour should be very clear, consistently enforced and in so far as possible stated positively.

If all this is in place and the student continues to disrupt, it helps to ask the child to evaluate his/her behaviour with such questions as “What are you doing?” “How is it helping you learn?” “How is it helping me teach or other children to learn?” “Can you think of something you can do that would be more helpful?” and if s/he does come up with a responsible choice “How long can you do it for?” In this way the work of evaluating the behaviour shifts from the teacher to the child. If s/he continues to disrupt, some time has to be made to talk things out and agree on a plan. The message is “We want you here in the class and the school but we are not going to have you here if you break the rules”. Counselling of the child at this point can explore the difficulties the child is experiencing and the support the child might need to begin working. Very often the child has a need which the school can meet but the child has not been able to make a direct request. At other times the acknowledgement of a difficulty outside the school can be enough to help the child trust that the school staff are allies. However the child must not be allowed deny the reality of school life and the right of other children to an education free from disruption. The child can be led to replan his/her behaviour

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so that it meets his/her needs while respecting the rights of others. Plans made with a child should be simple, achievable and likely to succeed. Star charts can be invaluable in helping the child focus on the behaviour s/he has chosen, and in helping the child evaluate his/her progress. Some schools have a Resource Teacher who can talk all this through with the child. If no such teacher exists, the class teacher has to find the time to talk things through or can enlist the cooperation of a colleague who has a good relationship with the child. ‘Time out’ is often needed until the child has committed him/herself to responsible behaviour. This whole process, while challenging the child very much, need not be punitive.

Some pupils do not choose to respect the rights of others even with support from the staff. Each school has a discipline code and whole staff co-operation on its implementation does a lot to manage disruptive pupils. Parental support is crucial but it must be recognised that it is not always forthcoming. It can help if staff make a realistic assessment of the support they can ask of parents in each case so that any plans made for co-operation have a high chance of success. A clinical assessment is sometimes sought by the teacher of a disruptive or withdrawn child, and the referral can be made by the child’s G.P. or the Area Medical Officer. Waiting lists are long in some areas and the teacher still has to cope on a day-to-day basis. The patience and resilience of teachers in this situation needs to be acknowledged.

Central to the child’s ability to learn is the relationship with the teacher. Essentially the child must believe that this adult cares for him/her and believes in his/her abilities. Once s/he is secure in this knowledge it becomes safe to try, and fail, and try again which is what learning is about.
Where To Go for Help!

The questions below reflect the practical concerns and daily realities challenging teachers of children with social and emotional problems. The answers are provided by Nuala Doherty, a senior psychologist working in the North Eastern Health Board, and a former primary teacher and member of the INTO.

SPECIAL CLASS/SCHOOL PLACEMENT

1. **What are the criteria for placing a child in a special class/special school?**

   Special schools and special classes cater for various categories of children with special educational needs, for example:

   - Mild mental handicap or mild learning disability
   - Moderate mental handicap/learning disability
   - Severe/Profound Mental Handicap/Learning disability
   - Hearing Impairment
   - Visual Impairment
   - Specific Speech and Language Disorders
   - Emotional Disturbances—mild or severe
   - Physical Handicap
   - Children of Travellers

   To qualify for entry into any of these special school/classes a child's special educational needs must fall into one of the above categories.

   The largest category of special school/class is for children with learning disabilities, in particular children with a mild mental handicap. Full criteria for admission to these special classes are outlined in the Dept. of Education circular entitled "Criteria for
the Admission of Pupils to Special Classes in National Schools” (Circular 23/’77). The criteria are similar for special schools, the decision based generally on geographical suitability. Briefly, a child should be medically, socially and psychologically assessed. These assessments are generally carried out by Health Boards or voluntary agencies or the School’s Psychological Service. Parental permission must be obtained prior to any assessment. Children who are functioning within the category of ‘mild mental handicap’ on a standardized test of intellectual functioning are eligible for admission to special school/class. However, a parent must agree to such a placement and so too must the Board of Management. Children who are assessed within the ‘borderline’ range of intellectual functioning and who have additional difficulties (mild emotional disturbance, immature social behaviour or poor language development) may be eligible for entry to special school/class but the permission of all parties outlined above and including the appropriate District Inspector of schools is required. Finally the circular stresses that placement in a special class should be looked upon as a serious education intervention and such placements should be regularly reviewed by the principal teacher and the special class teacher.

SPEECH PROBLEMS

2. If a child has a speech or language problem, where does a teacher go for help? Who makes the referral? What are the criteria for placing a child in a special language class or school?

Children with speech, language or communication problems are referred for assessment, diagnosis and appropriate treatment to a Speech and Language Therapist. Speech and Language Therapy is a service provided mainly through the Community Care Programme in Health Boards. Some therapists are employed by hospitals, voluntary bodies or special schools. However, in general this service can be accessed by contacting your local Health Board, County Clinic and/or Health Centre. Information will be provided on the availability of services, referral procedures, waiting lists etc.
Referrals
Referral procedures to speech and language therapy vary between Health Boards. Some areas operate an open referral system whereby referrals are accepted from all sources—parents, families, teachers, public health nurses etc. However, in some areas a medical referral is required, e.g. through the Area Medical Officer who visits the school or the general practitioner. This information will be available by contacting the local Health Centre. In all cases parental consent for the referral is required.

Speech and Language Therapy in Primary Schools
In general speech and language therapy services are not provided in primary schools: A therapist may visit occasionally to discuss a child’s presenting problem and management with his/her teacher.

There is one exception to the above. Services may be provided in mainstream national schools for children with specific speech and language disorders through the establishment of Language Units/Classes.

“Pupils with specific speech and language disorders are those whose non-verbal ability is in the average band or higher and whose skill in understanding or expressing themselves through the medium of spoken language is severely impaired. Their disability is not attributable, however, to factors such as defective hearing, emotional or behavioural disorders or a physical condition.”

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Language Units/Classes are established through joint co-operation between the Departments of Health and Education. They are staffed by a full-time Speech and Language Therapist and Teacher. The pupil–teacher appointment ratio is 7:1.

Entry to these Language Units/Classes takes place through a special admissions committee. All children must be assessed by a Speech and Language Therapist and a Psychologist. Further information on the availability of Language Units/Classes in a region can be obtained by contacting the Speech and Language Therapist in the local Health Board offices.
SERIOUS LEARNING DIFFICULTIES

3. If a child has serious learning difficulties that are beyond the scope of remedial intervention where does a teacher go for help?

Learning difficulties can be either global/generalised or specific. If a child has a global learning difficulty the child's general level of ability and achievement is poor. The child is weak across the board at school. If the teacher considers that a child's achievement is consistent with their ability level an assessment for special education may be considered, in consultation with the parents.

A child requires a psycho-educational assessment by a psychologist for entry into either special school or class. This may be carried out by the school's psychological service, if available in the area, the local community care Health Board psychology service or local voluntary agencies offering a service to people with a mental handicap.

If the child has a particular difficulty or problem with learning, if the child's progress seems at odds with his/her general ability and/or if his/her achievement varies the child may have a Specific Learning Difficulty. This is an umbrella term and it may present as a difficulty in reading, writing, spelling or maths. Dyslexia is one kind of Specific Learning Difficulty.

If there is a concern about a child having Specific Learning Difficulty (SLD), consider having the child assessed, preferably by an educational psychologist who will be able to assess the nature/extent of the difficulties and to offer a remediation programme. The school or the parents may wish to contact the Association for Children and Adults with Specific Learning Difficulties (ACLD) who will arrange psycho-educational testing. This is not a free service. Private assessments can cost, on average, £100 per assessment. The address for this Association is: ACLD, Suffolk Chamber, 1 Suffolk St, Dublin 2. Tel: 01-6790276.
DISRUPTIVE BEHAVIOUR

4. *If a teacher has a child who is continually disruptive and whose ability falls within the normal range, where can the teacher go for help?*

It is important that in most cases the available school’s procedures and channels for resolving these problems have been exhausted before outside help is sought. Local solutions increase the teacher’s and the school’s experience and confidence in dealing with problems and this can also enhance the school’s relationship with the child’s family and engage them in the solution of the problem.

If, however, local solutions have been unsatisfactory or unsuccessful, outside help is available. It is essential, however, that parental permission and support is acquired before any referral to another agency can proceed.

These services vary throughout the country and it is not possible to provide one consistent picture. Basically, state services are provided by both the Health Boards, Health Board funded voluntary agencies which operate in some areas and the Department of Education.

There are eight Health Boards in the country and each provides for both a Community Care Child Service and a Child Guidance Service.

Community Care Services include professionals such as psychologists, social workers, speech therapists, child care workers, Public Health nurses, Area Medical Officers etc and they generally provide a localised service from the nearest Health Board clinic. Information is available from the local Health Board on availability of service, referral procedures, waiting lists etc.

The Child Guidance Service consists of a team or teams of various professionals headed by a child psychiatrist. Again, contact with your local Health Board Offices will provide local, specific details of services.
The Department of Education established a school-based psychological service on a pilot basis in 1990. Two areas—West Tallaght/Clondalkin in Dublin and South Tipperary—were selected for the project. These projects have been made permanent and ten additional psychologists were appointed during the 1994-95 school year and the service was extended to Cork, Dublin and Limerick. The Minister of Education has announced that a further ten psychologists will be appointed in 1995-96. Contact the Department of Education to elicit further information about these services.

**SPECIALISED REFERRAL**

5. *Why would a child be referred for specialised professional help? Who is involved? How can the teacher benefit?*

The decision to refer a child for specialised professional help can be quite difficult. Various factors may affect the decision to seek help.

Firstly the parents may request it. They may be experiencing problems with the child at home and may be worried about him/her.

Secondly, the problem itself may be worrying because it may be inappropriate for the age and stage of development of the child, e.g. bedwetting in an older child.

Thirdly, the problem(s) may be persistent, intense and frequent and the combined efforts of school and home may have been unable to resolve them. This strengthens the case for specialised intervention.

It is generally wise to consult with the clinical service on the nature of the difficulties and this conferral may clarify the appropriateness of the referral. The choice of professionals involved will be determined by a combination of the service used and the nature of the problem.
The purpose of the referral is to thoroughly assess the presenting problem(s) and to put a treatment plan in place to resolve the difficulties. Professionals involved in this work generally place a high value on teachers' reports and teacher knowledge of the child and family. It is normal procedure, with parental permission, to consult and seek the opinion of the teacher, and schools are usually seen as valuable resources in the treatment plan.

6. When referring children with social and emotional problems:

(a) What services are free?
Each Health Board, through its Community Care programme, provides Community based Child Care services in each local Health Board Area and, in addition, most Health Boards provide a Child Guidance service within their regions. The Community Care services for children with social and emotional problems are provided mainly by a Psychology and Social Work service. The Child Guidance service is a child psychiatric service. The level of service varies between Health Boards. Different referral systems and procedures operate with varying waiting lists. However, both types of services are free to the public and information can be accessed by contacting your local Health Board.

(b) How can a teacher/school identify the services that cost money? How much do these services cost?
There is no national directory of therapists providing services to children at present. This presents difficulties for people seeking help as there is an expanding number of people operating within the private service, offering an increasing variety of helping approaches. It is important to check out the professional person you decide to consult. It is acceptable to enquire about professional training and whether the person is registered with any professional body. The local Health Boards and/or the local general practitioners will usually be aware of local services and may be able to offer information. The current cost of these services varies from £30–£40 per session in some areas to £120 in other areas.
REMEDIAL HELP

7. If there is no remedial teacher in a school and a child in a class in the school needs remedial help, what rights does the child have re access to remedial help?

“A major deficiency in the present provision [of Remedial Education] is that it is not available in all schools. Most small national schools do not have access to remedial teaching other than that which may be provided by class teachers.”


In 1994/95 there are 1133 remedial teachers in the education system serving approximately 2061 primary schools. There is, however, no right per se for access to remedial help. Each school without access to a remedial teacher should continue to assess its pupils’ needs for remedial help, prepare a case for such a provision and invite the local Inspector to support their demand.

CHILD SEXUAL ABUSE

8a. If a child discloses to a teacher that s/he is being abused physically or sexually what should the teacher do? What is the correct procedure for referrals?

The answer to this question is contained in two documents which should be available in every school:


A disclosure of abuse by a child is a stressful situation for both child and teacher. A teacher should treat the disclosure seriously and respond with tact and sensitivity. It is important to:

♦ reassure the child that s/he has done the right thing;
♦ retain the trust of the child;
• explain the need for action and the possible consequences of this.

The correct procedure after the initial response to the child is to report the disclosure to another teacher, normally the school principal, and to advise the Chairperson of the Board of Management. The chairperson and the teacher should report the matter to the Director of Community Care/Medical Officer Health (MOH) in the local Health Board Area. If the Director of Community Care is unavailable, the matter should be reported to the senior social worker in the local Community Care Health Board Area.

8b. If a teacher suspects abuse or serious neglect what can s/he do?

The guidelines state that if a teacher has a suspicion of child abuse, in the first instance they should report the matter to another teacher, normally the principal. If the teachers are satisfied that there are reasonable grounds for the suspicions, they should advise the Chairperson of the Board of Management and they should, together, report the suspicion to the Director of Community Care or the senior social worker in the local Community Care Health Board Area.

As a rule of thumb it is always safer to discuss grounds for concerns with a colleague and with the Health Board Community Care social work service rather than evaluating the suspicion in isolation from other professional opinions.

9. If a child comes to school with a physical injury where the explanation is not compatible with the observed injury what should the teacher do?

Consult the two documents referred to in question 8 above. If the child requires emergency medical attention proceed as with any other medical emergency. In addition, follow the guidelines—report the matter to another teacher, normally the principal; advise the Chairperson of the Board of Management. If the chair-
person is not available at that time, the teachers involved should proceed with contacting the local Director of Community Care/MOH and advise the Chairperson afterwards.

Make a written note of observed physical injury. Describe, sketch it and record any comment from the child about how the injury occurred.

The procedures emphasise the three fundamental principles—confidentiality, discretion and sensitivity—which underpin the guidelines. These principles should be maintained at all times.
APPENDIX ONE

Recommendations of Special Education Review Committee

A Special Education Review Committee was established by the Department of Education in August 1991. Its terms of reference were to report and make recommendations on the educational provision for children with special needs. The report was published in 1993.*

The Review Committee made the following specific recommendations in respect of pupils with emotional and behavioural disorders:

(a) the description "pupils with emotional and/or behavioural disorders" should be used to denote this category of pupils;

(b) in those cases where a psychiatrist’s report is required in support of a referral of a child with emotional and/or behavioural disorders for enrolment in a special school, a standard system of classifying maladjusted or disordered behaviour and associated diagnostic criteria should be used;

(c) that as a matter of urgency between the Departments of Education and Health arrangements be put in place for the formal identification and assessment of pupils who have emotional and behavioural disorders in areas which do not have a child psychiatric service; these should involve school Principals and the School or the Health Board Psychological Service, as applicable;

(d) (i) special provision should be made for pupils with emotional and/or behavioural disorders who have been for-

mally identified and who are enrolled in ordinary classes, through assistance from a support-teacher, in accordance with recommendations made in Chapter 7 of the Report;

(ii) schools having pupils with conduct disorders should have access to the services of support teachers, such as guidance counsellors; they should be facilitated in becoming involved in curriculum innovation and other special initiatives, as appropriate, and be supported by the School Psychological Service;

(e) (i) special provision should be made in designated ordinary primary and post-primary schools for pupils who have been formally identified as having emotional and/or behavioural disorders;

(ii) a pupil–teacher appointment ratio, as recommended in Table 7.1.1 of the Report, should apply to additional teacher posts sanctioned in ordinary primary and post-primary schools for the provision of such a service;

(iii) pupils with emotional and/or behavioural disorders enrolled in designated ordinary schools should participate in ordinary classes for some activities, as appropriate in each case;

(f) the Department of Education should sanction a teaching post in special schools for other disability categories in respect of each six pupils who have been formally identified as having emotional and/or behavioural disorders;

(g) Special Needs Assistants should be appointed to schools and classes for pupils with emotional and behavioural disorders, in accordance with Table 7.2.4 of the Report.
APPENDIX TWO

Professional Services

The services listed below are a selection of those available.

TEACHERS’ GROUPS

INTO Professional Development and Training Programme: The INTO inservice programme is based on an inservice model which provides course design; training of trainers; course delivery. At present there is a panel of trainers available to deliver courses countrywide in Learning Difficulties—Literacy; Learning Difficulties—Maths; School Planning; Classroom Management. Trainers can be contacted through the local inservice co-ordinator in each INTO branch or through the INTO Head Office:

35 Parnell Square
Dublin 1
Tel: 01-8722533/1850-708708

A.T.C.I. (The Association of Teachers’ Centres in Ireland): The main functions of the Association are: to provide a meeting place for primary and secondary teachers to discuss issues concerning their school work; to act as a resource centre; to provide inservice training.

Donald Herron (Secretary)
West Dublin Teachers’ Centre
Monastery Road
Clondalkin
Dublin 22
Tel: 01-591816
ARTI (The Association of Remedial Teachers of Ireland): This Association draws its members from remedial teachers both in first and second level schools, as well as others professionally involved in remedial education. The ARTI organises conferences, seminars, meetings and workshops for its members. Branches of the association are located in Dublin, Sligo, Galway, Mayo, Waterford and Cork. Postal address:

**ARTI**
c/o The Teachers Centre
Drumcondra
Dublin 9

IATSE (The Irish Association of Teachers of Special Education): This Association caters for all teachers working in special education. An annual conference is held on topics relating to special education. A journal called *REACH* is also published. Postal address:

**IATSE**
c/o The Teachers Centre
Drumcondra
Dublin 9

TACA (Teachers Adopting Counselling Approaches): This is an emerging group of teachers studying counselling approaches and their relevance in the primary school. Workshops are held approximately once a term on the themes of counselling, self-esteem and therapeutic work through the arts. Contact address for inclusion on the mailing list:

**TACA**
64 Willington Drive
Templeogue
Dublin 6W

**HEALTH BOARDS**

Various services are offered by the different Health Boards. Contact the Community Care Offices of your local Health Board to see what services are available in your region.
DIRECTORS OF COMMUNITY CARE

A list of Directors of Community Care are contained in Appendix 9.1 of the INTO Members’ Handbook.

PSYCHOLOGICAL SERVICE

A psychological service for primary schools was established on a pilot basis in West Dublin and South Tipperary in September 1990. The team psychologists provide a comprehensive range of support services with the overall aim of enhancing the psychological development and growth to maturity of children. They also provide counselling for parents of pupils manifesting emotional/personality difficulties, liaison with resource teachers, Inservice education etc. Further details concerning the psychological service in your area are available from:

The School Psychological Service
Dept. of Education, Marlborough Street, Dublin 2
Tel: 01-8734700

or

Team Psychologists
Dept. of Education Office
c/o St. Aidan’s Community School, Brookfield, Tallaght, Dublin 24
Tel: 01-4526761/4526775

CHILD AND FAMILY CENTRES

These centres provide clinic-based psychological and psychiatric assessments, therapeutic work with children (e.g. play therapy) and family therapy. Staff include psychologists, psychiatrists, social workers, language therapists and play therapists. Centres in the Dublin area include:

ACLD (Association for Children and Adults with Specific Learning Difficulties)
Suffolk Chambers
1 Suffolk Street, Dublin 2
Tel: 01-6790276
Castleknock Child and Family Centre  
Tel: 01-8214385

Child and Family Centre  
Ballyfermot  
Tel: 01-6265676

Child Psychiatric Dept.  
1 James Street, Dublin 8  
Tel: 01-4543710

Cluain Mhuire Services  
Newtownpark Ave, Blackrock  
Tel: 01-2833766

Dalkey Family Centre  
Tel: 01-2858655

Dept. of Child, Adolescent & Family Psychiatry  
Mater Hospital, Eccles Street, Dublin 1  
Tel: 01-8301122/8300700

Mater Child and Family Centre  
Ballymun Shopping Centre, Dublin 11  
Tel: 01-8420622

Mater Child Guidance Clinic  
Ballymun  
Tel: 01-8420319  
Nth Circular Road  
Tel: 01-8300700

St. John of God’s Child and Family Centre  
59 Orwell Road, Rathgar  
Tel: 01-4923596  
Blessington Road, Tallaght  
Tel: 01-4526333

Temple Street Child Guidance Clinic  
Tel: 01-8748763
Outside Dublin, there are centres located in:

**Drogheda, Co. Louth** — Tel: 041-30990

**Kill, Co. Kildare** — Tel: 045-77731

**St. Camillus Hospital, Limerick** — Tel: 061-316655/326677

Contact your local Health Board for details of other centres countrywide.

## CHILD SEXUAL ABUSE

**CAPP (Child Abuse Prevention Programme):** There are nine teachers currently seconded to work with parents and teachers in promoting the *Stay Safe* programme in schools. Forty additional teachers are being trained to be available for parent education from September 1995. CAPP can be contacted at:

The Lodge, Cherry Orchard, Dublin 10
Tel: 01-6232358

**C.A.R.I. Foundation (Children At Risk in Ireland):** Provide therapy and counselling for children who have been abused. Support and information for family and friends are also provided. Children will only be seen if they have been validated as having been abused. Services are usually limited to children under 16 years of age, but sometimes those under 18 years of age are counselled.

110 Lower Drumcondra Road, Drumcondra, Dublin 9
Tel: 01-8308529/8306309

or

**C.A.R.I. Limerick**
2 Garyowen Road, Limerick
Tel: 061-413331

**ISPCC (Irish Society for Prevention of Cruelty to Children):** Work with children and parents to provide a range of child centred therapeutic services. Child centres, family centres and child and parent centres have been established countrywide. ISPCC deals with children up to 18 years of age, provides training in parenting and child abuse prevention programmes. They are available to give talks to schools and parents.
ISPCC
Central Office, 20 Molesworth Street, Dublin 2
Tel: 01-6794944

Sexual Abuse Unit
Temple Street Hospital
Tel: 01-8745214/8742887

This unit deals with children who are sexually abused. Referrals are mainly made through the Health Boards. Has a strong link with Community Care. The unit uses forensic interview methods, usually involving the Garda Síochána, depending on the case.

St Louise’s Unit
Crumlin Hospital
Tel: 01-4558111

This unit provides an identical service to the Sexual Abuse Unit in Temple Street.

STEPS: Drop-in centre for people up to 21 years of age. General information and counselling provided. Centres in Dublin, Limerick, Cork and Wexford.

St. Anne’s, Dawson Street, Dublin 2
Tel: 01-6767588

Rape Crisis Centre: Deals with people who have been raped. Services include phone, group and individual counselling. There are ten centres around the country. Please check your local telephone directory.

70 Lower Leeson Street, Dublin 2
Tel: 01-6614911/Freefone 1800-778888

Many private therapists and counsellors specialise in this work and some have a sliding scale for those on low incomes. A full list of accredited counsellors is available from:

The Irish Association for Counselling and Therapy
9–11 Rock Hill, Blackrock, Co. Dublin
Tel: 01-2780409
FAMILY THERAPY

Claide Mór Family Centre: Deals mainly with families referred by the Eastern Health Board, though sometimes with individuals.

Swords Road, Dublin 9
Tel: 01-8425955

Clanwilliam Institute: Caters for children and adults and provides all types of counselling.

Grand Canal Quay, Dublin 2
Tel: 01-6761363

Family Therapy and Counselling Centre: Provides a counselling service for children, individuals, couples and families.

46 Elmwood Avenue
Ranelagh, Dublin 6
Tel: 4971188

ART THERAPY

The Irish Association of Drama, Art and Music Therapy offers associate membership with experimental workshops and lectures twice yearly. Further information can be obtained from:

The Irish Association of Drama, Art and Music Therapy
P.O. Box 4176
Dublin 1

MARRIAGE COUNSELLING

CMAC (Catholic Marriage Advisory Council): Some of their services include relationship programmes for Primary and Secondary Schools (Tel: 01-4780866 between 10.00 am and 1.00 pm) and personal enrichment courses for men and women. Contact your local CMAC centre for further information.

Harcourt Street, Dublin 2
Tel: 01-4780866
**Marriage Counselling Service** (non-denominational): Provide a counselling service, called *Teen Between*, for young people aged 12–18 years who are being adversely affected by the break-up of their parents' relationship (Dublin area only).

24 Grafton Street, Dublin 2
Tel: 01-8720341

**ALCOHOLISM SERVICES**

*Al-Anon*: Meetings are held countrywide for relatives and friends of problem drinkers. Contact:

The Information Centre, 5 Capel Street, Dublin 1
Tel: 01-8732699

*Alateen*: Meetings are held around the country for teenagers affected by a relative's drinking. Contact:

The Information Centre, 5 Capel Street, Dublin 1
Tel: 01-8732699

(*Can arrange to have speakers come out to different schools.)*

**Alcoholism** — General information available from:

The Health Promotion Unit, Hawkins House, Dublin 2
Tel: 01-6714711

**Alcoholics Anonymous.** Contact:

The AA Service Office, 109 South Circular Road, Dublin 8
Tel: 01-4538998

for details of your nearest centre.

**Rutland Centre:** A residential centre, specialising in the treatment of addictions, e.g. alcoholism, drug dependencies and compulsive gambling.

Knocklyon Road, Templeogue, Dublin 16
Tel: 01-4946358/4946972
APPENDIX THREE

Recommended Reading

All Around Us 1–6 (Learning Materials).
Alpha to Omega (Heinemann).
Among School Children (INTO).
Art as Healing by E. Adamson (Coventure Press).
Art as Therapy by T. Dalley (Tavistock).
Art Therapy with Children by E. Kramer (Schocken).
Behaviour Problems—A Skills Training Programme for Children with Special Needs by Baker, Brightman, Heisetz and Murphy.
Building Self-Esteem in the Elementary School by Rob Reasoner (C.P.P.).
Children and Art Therapy by E. Kramer (Schocken).
Creative Drama in Group Work by Sue Jennings (Winslow Press).
Dibs (in search of self) by Virginia Axeline (Penguin).
Different Kind of Teacher, A, by Dr Tony Humphreys (Humphreys, Cork).
Drama for People with Special Needs by Ann Cattanach (A&C Black).
Drama of Being a Child, The, by Alice Miller (Virago Press).
Dramatherapy with Families, Groups and Individuals by Sue Jennings (J.K.P.).
Enhancing Self-Esteem (INTO, 1995).
Enhancing Self-Esteem in the Classroom by Lawrence (P.C.C.).
Esteem Builders by Dr. Michele Borba (Jalmor Publishers).
Family, The—Love It and Leave It by Dr. Tony Humphreys (Humphreys, Cork).
For Your Own Good by Alice Miller (Virago Press).
Health Education in the Primary School (INTO).
I’m Glad I’m Me (Learning Materials).
Introduction to Art Therapy, An, by M. Naumberg (Teachers College Press).
Management of Children and Adolescents with Attention Deficit–Hyperactivity Disorder by Ronald Friedman (Pro-Ed).
“Me”—Language Development Programme, Available from Drumcondra Teachers’ Centre.
My Book About Myself (Learning Materials).
My World—A Handbook of Ideas by Audrey Curtis (Macmillan).
North Western Health Board Primary School Health Education Programme: First Steps—Programme for Infant Classes. Teacher’s manual and two children’s workbooks.
North Western Health Board Primary School Health Education Programme: Up and Away—Programme for First and Second Classes. Teacher’s manual and two children’s workbooks.
North Western Health Board Primary School Health Education Programme: Out and About—Programme for Third and Fourth Classes. Teacher’s manual and two children’s workbooks.
North Western Health Board Primary School Health Education Programme: Look After Yourself!—Programme for Fifth and Sixth Classes. Teacher’s manual and two children’s workbooks.
On Art and Therapy by M. Thompson (Virago).
Peoplemaking by Virginia Satir (Souvenir Press).
Playing and Reality by Winnicott (Routledge).
Playing for the Fun of It by Dale N. Le Feore (Element Books Ltd).
Poverty and Educational Disadvantage (INTO).
Professional Development of Teachers, The, (INTO).
Professionalism in the 1990s (INTO).
Remedial Education (INTO).
Report of the Special Education Review Committee (Dept. of Education).
Role of the Principal, The, (INTO).
School Planning (INTO).
Schools without Failure by William Glasser (Harper and Row).
Self Concept, The, by Burns (Longman).
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