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Behaviour Problems among special children in Kota Kinabalu, Sabah: Some preliminary findings

Mohd. Sharani Ahmad Suwaibah Zakaria
School of Psychology and Social Work, Universiti Malaysia Sabah, Malaysia

A B S T R A C T

This paper reports on a pilot study which investigated the behavior problems among special children in Sabah. Questionnaires and interviews methods were used as the method to collect the relevant data. A total of 292 respondents in this study were taken from primary and secondary schools in Kota Kinabalu. They were comprised of primary and secondary special education teachers (N=82), primary and secondary school counselors (N=45), and primary and secondary school children (N=165). The results show that, there were 12 problems found among special children. The results indicated that, special education teachers ranked the problems such as more severe, disobedience, impertinence, tattling, and overcritical. What so ever, counselors noted the problems as more severe dishonesty, depression, hyperactivity, easily discouraged, enuresis, shyness, dependency, and dreaminess. The correlation between special education teachers and counselors rankings was significant at ($p < 0.05$), which indicated a similar point of view regarding the school children problems. The study also suggested several approaches in dealing with the special children behavior problems.

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Correspondence address:
msharani@ums.edu.my

1. Introduction

There have been numerous studies which examined behavioral conduct disorder among children. For example, the study by U.S. Department of Education (2002) demonstrated that one percent of children, ages from 6 to 21 years old were identified and served as exhibiting a behavioral disorder. About 5 to 10% of the population displays significant behavior problems as early as preschool and early elementary (Jones, Dodge, Foster, & Nix, 2002; Shaw, Gilliom, Ingoldsby, & Nagin, 2003).

Furthermore, some studies also demonstrated that the problematic child behavior exhibits; disruptive, troublesome or inattentive behavior in childhood would led to positively correlated to the usage and misuse of substance and alcohol (Burrow-Sanchez, 2006). Thus, it is widely recognized that young children exhibit behavior problems that are concern to parents and those who responsible for the welfare of this children whether they are normal or special children, such as, the Ministry of Education and Social Welfare Department.

These behavioral problems can be seen at home and/or at school for a variety of reasons. They may be the result of bad parenting and social problems beyond the child's control, or it may result from frustration caused by other learning difficulties and it may also be symptoms of a particular disorder (Steinberg, 2000). Although, it is more common in those who have significant developmental disabilities, some clinical behavioral difficulties in young people are very rare – perhaps as low as 2% (Smith, Schloss & Hunt (1987). Nevertheless, many practitioners experienced significant behavioral difficulties in children who did not have any recognized behavioral disorder but displays otherwise a typical developmental stage. Such difficulties comprised of behavior that are suitable in one time and place for example, moving about, which is disrupting the present context, such as group story time (DiSalvo & Oswald, 2002).

Multiple risk factors related to heredity and family environment have been linked to each of disruptive and other ill conduct behavior portrayed by children (Johnston & Mash, 2001). In addition, parental depression also has been linked to disruptive behavior in children due to the difficulty of raising children with a disruptive behavior disorder (Biederman, Newcorn, & Sprich, 1991). Other factor, such as parenting practices also contributed to the demonstration of negative behavior by special children. For instance, dysfunctional parenting may be partly a reaction to the difficulty of raising a child with difficulties such as ADHD. Moreover, studies also found that children with oppositional and conduct problem often have families characterized by coercive interaction styles, inconsistent discipline, lack of parental involvement and, lack of positive and warn interactions between parent and child (Fletcher, Fischer, Barkley & Smallish, 1996).

In other studies, the definition of disruptive behavior refers to a cluster of externalizing behaviors that includes noncompliance, aggression, and destructive behavior and it's the most common reason for referral of young children to mental health services (Offord, Boyle & Racine, 1991). This disruptive behavior originates from multiple interacting biological, environmental, and family factors. For instance, significant parent factor include depression (Querido, Eyberg & Boggs, 2001); marital distress (Bearss & Eyberg, 1998) and parenting stress (Leung, Leung, Chan, Tso & Ip, 2005). These parent factors were often thought to influence child behavior through their effect on parenting (Tolan, Guerra & Kendall, 1995). Parent's interactions with their children are the most proximal influence of their children development (Campbell, 1997) and parenting practices continue to play a critical role in the maintenance of disruptive behavior throughout children development (Leung et al., 2005).

The behavior problems have received a great deal of publicity in the media lately. Several frequently poor behavior displays in school is a simple attention-seeking behavior and such children are best managed by behavior management/ modification programs. Stability of problems is particularly for children who exhibit severe problem both at home and in school settings. For example, Egeland, Kalkoske, Gottesman & Erikson, 1990) found that children who were rated as problematic by teachers and observers during their preschool years were much more likely to have continuing problems.

The school environment could be a source of socialization for children. Teachers and counselors could play a vital role in helping special children in their activities. Thus, special education teachers are very important factors in this child's socialization processes. It seemed reasonable to expect children's opinions of behavior problems to resemble those of the special education teachers more closely than those of the counselors. With this consideration in mind, a pilot study was conducted to examine the behavior problems among special children in Kota Kinabalu, Sabah. The following hypotheses were articulated:

1. There will be a positive relation in ranking of children's behavior problems between special education teachers' and counselors' raking.
2. The correlation between children's and special education teachers' in ranking of children behavior problems will be higher than the correlation between children's and counselors' ranking.
3. The correlation between special education teachers' and secondary school counselors' in ranking of children's behavior problems will be higher than the correlation between special education teachers' and primary education counselors' rankings.

2. Methods

Subjects

The subjects were 82 special education teachers in secondary and primary schools in Kota Kinabalu, Sabah; 165 secondary & primary children from the same area (girls N=93, boys N=72); and 45 school counselors (primary school counselors N=17 and secondary school counselors N=28).

Material

For special children, a list of 30 behavior problems was compiled, based upon 50 problem checklists (Quay & Peterson, 1993). The checklist was given to the subjects with the following instruction: The following is a list of 30 behavior problems of school children. Please rank them according to their degree of severity. Number the problem which, in your opinion, is most serious as number 1, the second most serious as number 2, etc. The problem which, in your opinion is the least severe will therefore be numbered 30.

The problems were:

1.	Aggressiveness	16.	Lack of interest in work
2.	Cruelty	17.	Laziness
3.	Dependency	18.	Nervousness
4.	Depression	19.	Overcritical
5.	Dishonesty	20.	Over interest in sexual activities
6.	Disobedience	21.	Resentfulness
7.	Domination	22.	Sensitiveness
8.	Dreaminess	23.	Shyness
9.	Easily discouraged	24.	Stealing
10.	Egocentricity	25.	Stubbornness
11.	Enuresis	26.	Suggestibility
12.	Fearfulness	27.	Tattling
13.	Hyperactivity	28.	Temper tantrums
14.	Impertinence	29.	Truancy
15.	Irresponsibility	30.	Unsociability

Procedure

Special education teachers, counselors, and children were given the checklist with the above-mentioned identical instruction. All groups worked without time limit. Children worked in groups; special education teachers and counselors were given the checklist individually. The researchers tried to avoid misinterpretation problems by defining each of the behavior problems listed. For example, 'laziness – does not work, does not prepare his lessons. This is because, the researchers are aware that words could indicate different meanings to different persons, as proven in many semantic studies. Therefore, the issue was found somewhat tricky to prevail.

3. Results

The average ranking for each group was computed and compared, using the Spearman rank correlation. The results appear as in table1.

Table 1: Coefficients of correlation between rankings of different groups

Group	Counselors (General)	Secondary Counselors	Primary Counselors	Children
Sp. Edn. Teachers	0.49**	0.40*	0.51**	0.84***
Counselors	-	0.71***	0.65***	0.18
Secondary School Counselors	-	-	0.77***	0.27
Primary School Counselors	-	-	-	0.15

The correlation between boys and girls were 0.98
*p<0.05 ** p< 0.01 *** p< 0.001

1. Correlation between special education teachers' and counselors' ranking

The correlation between special education teachers' and counselors' rankings was significant at $p < 0.05$, which indicated a similar point of view regarding the school children problems. This is in accordance with the first hypothesis, which is therefore accepted.

When we studied the 10 problems ranked as most serious by the special education teachers and counselors, we observed some differences, which can be seen in Table 2.

Table 2: Ten most serious problems as ranked by special education teachers and counselors

Teachers	Counselors
1. Cruelty	*1. Cruelty*
2. *Dishonesty*	2. Depression
3. *Aggressiveness*	3. Nervousness
4. Stealing	*4. Aggressiveness*
5. Temper tantrums	5. *Temper tantrums*
6. Egocentricity	6. Shyness
7. Disobedience	7. *Stealing*
8. Tattling	8. Hyperactive
9. Nervousness	9. Easily discouraged
10. Impertinence	10. *Dishonesty*

Note: Problems common to both groups are in italics.

There were 12 problems in which there was a higher than eight-point discrepancy between the rankings of special education teachers and counselors. Special education teachers ranked as more severe, disobedience, impertinence, tattling, and overcritical. Counselors noted as more severe dishonesty, depression, hyperactivity, easily discouraged, enuresis, shyness, dependency, and dreaminess.

2. Correlation between children and professionals

In accordance with the second hypothesis, it was found that the correlation between children's ranking and special education teachers' ranking was highly significant ($p < 0.001$), whereas that between children and counselors was not significant.

When considering discrepancies higher than eight points between special education teachers' and children's rankings, we found that, only four of such problems exist. Special education teachers ranked behavior problems as most severe are, 'temper tantrums', 'nervousness', and 'depression', while children only ranked 'resentfulness' as the most severe behavior problem.

The discrepancies between the counselors' and children's rankings, were found very low in its correlation. Therefore, only problems with the differences above 14 were taken into consideration. For that reason, the researchers have identified only seven of such problems. Consequently, it was found that, counselors noted problem behaviors as more severe are 'depression', 'shyness', and 'dependency'; while children noted 'impertinence', 'over-interest in sexual activities', 'domination', and 'laziness' as problem behaviors.

3. Correlations between special education teachers, primary school counselors, and secondary school counselors.

The third hypothesis was rejected since there was no significant difference between the correlations in the rankings of special education teachers and primary school counselors (.51) and special education teachers and secondary school counselors (.40).*

4. Discussion

Several factors may explain the similarity found between the special education teachers' and counselors' ranking on the behavior problems. One explanation for this could be the fact that, in the schools where the checklist was given, the counselors and special education teachers would cooperate closely in their attempt to understand and solve the children's behavior problems. They discuss the problems and, as a result, make a joint decision as to the children severity and the methods advised in handling them. When referring children to a counselor for diagnosis or treatment, special education teachers must complete questionnaires compiled by counselors. Perhaps, while filling in the forms, special education teachers were influenced by their terminology and tend to analyze the child in a counselor's frame of reference. In addition, special education teachers in Sabah demonstrate very high interest in counseling. This is evidence by the numbers of special education teachers furthering their studies in counseling (Unit Pendidikan Khas, Jabatan Pelajaran Negeri Sabah, 2010).

Qualitatively, among the 10 problems ranked as most severe by the two groups (see table 2), it appears that, what characterized the problems ranked by special education teachers as most severe, was that they are school-oriented problems which are teacher-pupil reactions or peer relations. On the other hand, what characterized the counselors' ratings were problems in the personality field and not necessarily overt problems ('depression', 'hyperactivity', 'shyness', 'easily discouraged'). This may be due to the commonly different points of view between these two groups. While the special education teachers consider what disturbs them within the classroom framework (pupil behavior), the counselors consider the 'whole' and 'over interest in sexual activities', which is taboo. Conversely, counselors are again characterized by their discernment of personality problems which are not always overtly expressed and therefore do not elicit a reaction from teachers or children. Since these are problems to which no attention is given in the school framework, it is obvious why they are not considered worthwhile ranking by the children.

A possible explanation for the third finding which there is no difference between correlation of special education teachers' and secondary and primary school counselors' rankings is that, counselors in Sabah are equipped with some clinical background and they are working closely with special education teachers in schools. The research has shown that, in Sabah, special education teachers and counselors have similar points of view concerning the severity of children's behavior problems. While children view the problems more like how the special education teachers do, rather than how the counselors do.

Based from the study, special children portrayed behavioral disorder that needs to be addressed in order for them to function well in their daily life activities. This study also provides some of the criteria that are necessary to focus on when dealing with special children. For example, school teachers and counselors should be able to arrange and plan some sort of classroom management and teaching strategies in which both parties should not used techniques such as punishing, threatening, blaming and criticizing students as a way of influencing their behavior which is only works for a short period of time. Research has shown that for special children with behavioral disorder conduct, school teachers and counselors should work together and reinforce appropriate behavior and teach social problem solving skill. Besides that, other techniques such as, token systems, time out and response cost were proven to assist students with chronically disruptive behavior to be very calm and obliged to the class rules ((Leung et al., 2005; Walker, Colvin & Ramsey, 1995).

One of the important aspects that both school teachers and counselors need to work hands-in-hands is to adapt education instruction and curriculum to the needs of the individual students. Such adaptations could also refer to the criteria of disruptive behavior demonstrated by them; or based on their specialization of causes of behaviorally disorder conduct such as ADHD or emotionally disturbed children (Aber, Brown & Jones, 2003).

In addition to the aforementioned arrangement and planning by school teachers and counselors, they also as well should involve parents of the challenging behavior students. Kazdin (1994), has demonstrated that parent management and parent therapy have shown considerable promise for affecting special children behavior. Such techniques used in the parent management are the usage of strategic and praise which could be utilized by both teachers and parents in order to stimulate the emergence of good behavior among special children who exhibit challenging behavior (Webster-Stratton, Hollinsworth & Kolpacoff, 1989).

Furthermore, parent therapy could be one of the sources that seek to address family conflict which in return, by employing it could contribute to the discontinuing in the occurrences of disruptive behaviors and at the same time could stabilize the behavior displayed. In the family therapy, school counselors could advise and equip parents with necessary skills and resources to solve their family problems in relation to their children's disruptive behaviors. Christensen, Round and Franklin (1992) have proven that the usage of family therapy as one of the approach in the home-school collaboration program could minimize the negative behavior exhibit by these special children.

Finally, it is important for school counselor to carry out individual counseling to special children with behavior conduct problem. Nonetheless, according to Kazdin (1988), and Gottfredson (1997), the used of peer involvement in counseling technique could somehow help to minimize the negative behaviors demonstrated by these special children. Whatsoever, the burden of conducting individual counseling coupled with peer involvement technique could not be handled by only one school counselor alone due to the intricacy in handling special children. On top of that, giving too much information and instruction to special children could be too demanding for them to take hold of (Hughes & Cavell, 1995).

Yet, this study was only a preliminary investigation on special children challenging behaviors which were rated accordingly by the school children, teachers and counselors. In spite of that, the available information gathered in this study, could be used in executing future comprehensive studies in investigating the similar phenomena with the intension of arriving at more inclusive findings. So that, enhance plans or programs to minimize the behavior problems displayed by these special children would be significant. Thus, the collaboration from special children, parents, school teachers and counselors could be used as baseline to implement such program to work. It is suggested that, the program should also include some intervention technique and therapy for both parents and children.

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