DISADAPTIVE BEHAVIOUR IN CHILDREN AND ADOLESCENTS IN THE SCHOOL ENVIRONMENT

IDENTIFICATION AND MANAGEMENT IDEAS FOR TEACHERS

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ACCENTUONS L'INCLUSION EN DÉVELOPPANT EN EUROPE L'ENTRAIDE ET LA SOLIDARITÉ

EMPHASISING INCLUSION BY DEVELOPING MUTUAL AID AND SOLIDARITY IN EUROPE

MEETING AGENDA:

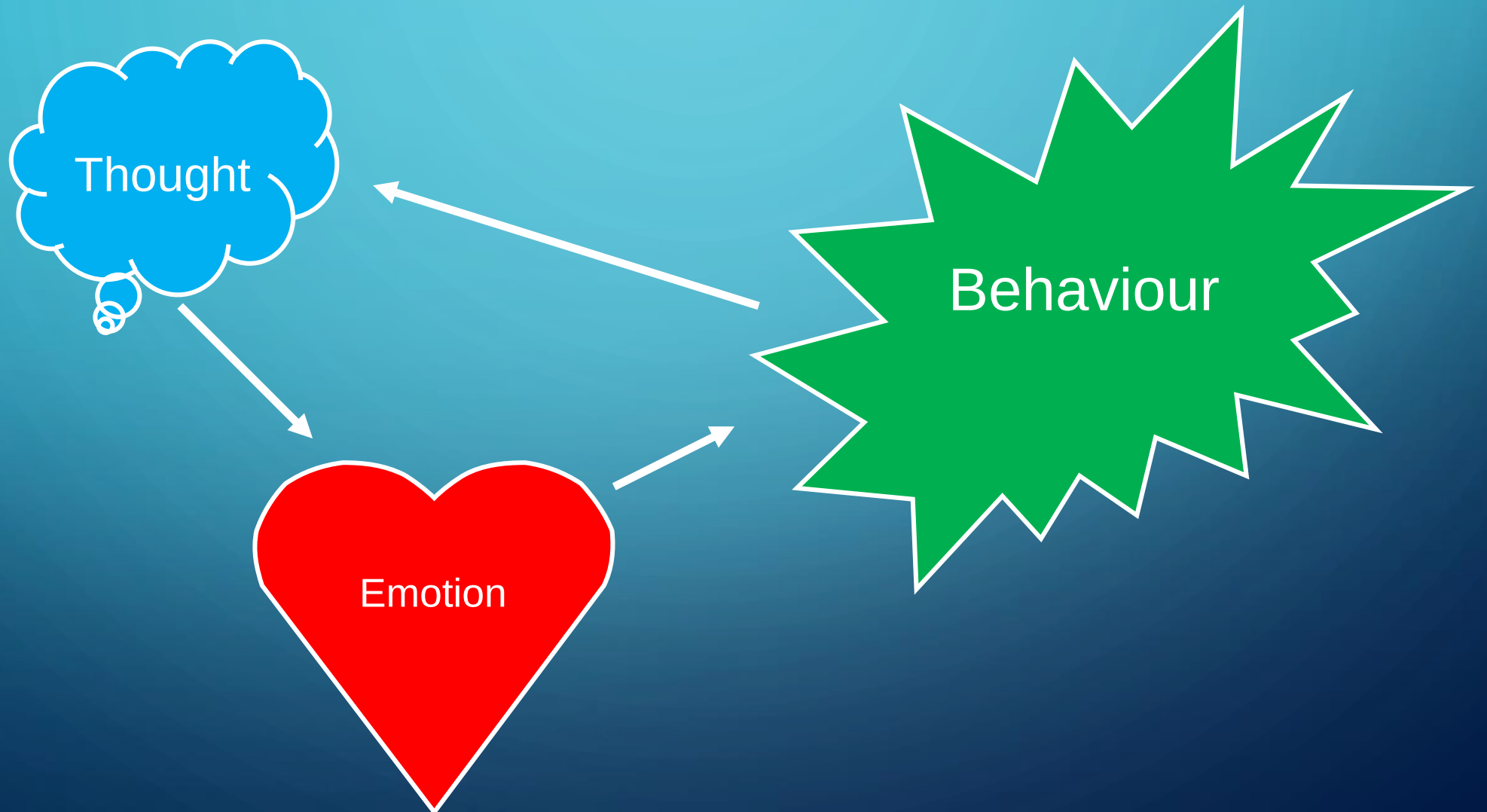
- Anxiety & depression: maladaptive behaviours in children and adolescents in the school environment

- What are these behaviours and how do we recognize them?

- What solutions do we have?

- Let's practice!

"... ALL LEARNING HAS AN EMOTIONAL BASIS" *(Platon)*



CHILD AND ADOLESCENT ANXIETY *

- ✓It is a natural emotion with an adaptive role.
- ✓Physiological anxiety has the role of protecting us from danger. In the process of development, the child goes through periods in which it is natural to experience various fears that can cause significant distress, but these are transient.

The medical information is extracted from the project: “Support for the development of community mental health services for children and adolescents” - NT 125 / 30.03.2020, project carried out by CNMSLA - NATIONAL CENTER FOR MENTAL HEALTH AND DRUGS AND NTNU - Iceland Liechtenstein Norway grants, with the permission of the project developers.

Age	PHYSIOLOGICAL ANXIETY ("normal")
0-6 months	Fear of loud noises
6-8 months	Anxiety towards strangers
12-18 months	Separation anxiety
2-3 years	Fear of natural phenomena (thunder, lightning), fire, water, dark, animals, imaginary creatures
4-5 years	Fear of death, darkness, storms, loss of attachment
6-12 years	Fear of specific objects (animals, ghosts, monsters) Fear of germs or getting sick, physical dangers Fear of natural disasters or traumatic events (earthquake, accident, abduction) Performance anxiety School anxiety Generalized anxiety
12-18 years	Social anxiety Panic

CHILD AND ADOLESCENT ANXIETY

- ✓ Anxiety becomes pathological when it is intense, causes significant discomfort, lasts for some time (min. 6 months) and interferes with social, academic and occupational functioning.
- ✓ In this case, the diagnosis is made by a pediatric psychiatrist, who, among other things, collects information from the school environment such as: relationships with teachers, with other children, social skills, group involvement, how to react when examined , school attendance pattern, etc.)

WHAT WE CAN OBSERVE IN CLASS:

Thought

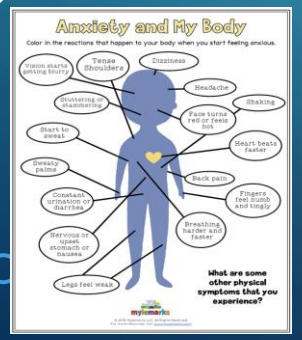
✓Anticipates danger through ‘ruminations’, worry, negative anticipation, negative thoughts, IRRATIONAL about the situation that causes fear.

Emotion

✓Feeling scared, embarrassed, emotionally distressed. Depending on the age and education, the child may or may not express emotions.

Behavior

✓AVOIDANCE is the central behavior of all anxiety disorders, which can also be manifested as: hesitation, insecurity, withdrawal.



✓ Physical symptoms (somatic charges): headache, nausea, vomiting, diarrhea, abdominal pain, muscle tension, palpitations, hyperventilation.

CAUSES OF ANXIETY

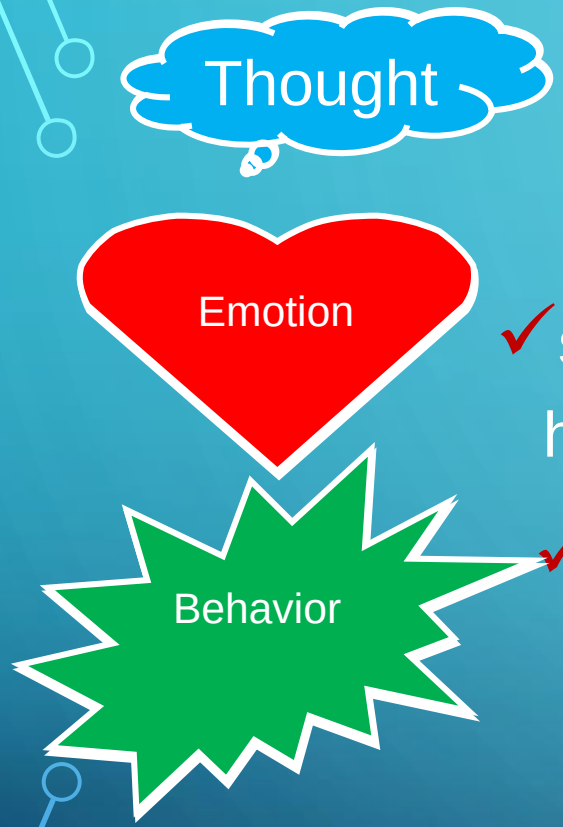
- Heritability is over 40% in the case of anxiety disorders.
- Behavioral inhibition, withdrawal, shame and fear, low tolerance for humiliation, fear of failure, depression, female gender are risk factors.
- The hyperprotective parenting method sends the message of danger to the child, thus accentuating the anxiety and limiting the exposure. Even children without behavioral inhibition traits raised in a hyper-protective environment can develop anxiety by adopting the fears and coping strategies of Prince Anixos.
- Negative life events: exposure to domestic violence, stressful events (death of a loved one), involvement in life-threatening events (natural disasters), loss of a parent's job, the birth of a brother, bullying, school failure.

DEPRESSION IN CHILDREN AND ADOLESCENTS

- All of us, children, teenagers or adults alike, are from time to time sad by nature.
- Depression differs in that sadness, upset, irritability, or boredom are much more severe or last much longer.

Under these conditions it becomes a disease that affects our mood or feelings, behavior, thoughts and physical condition. The diagnosis is made by a pediatric psychiatrist.

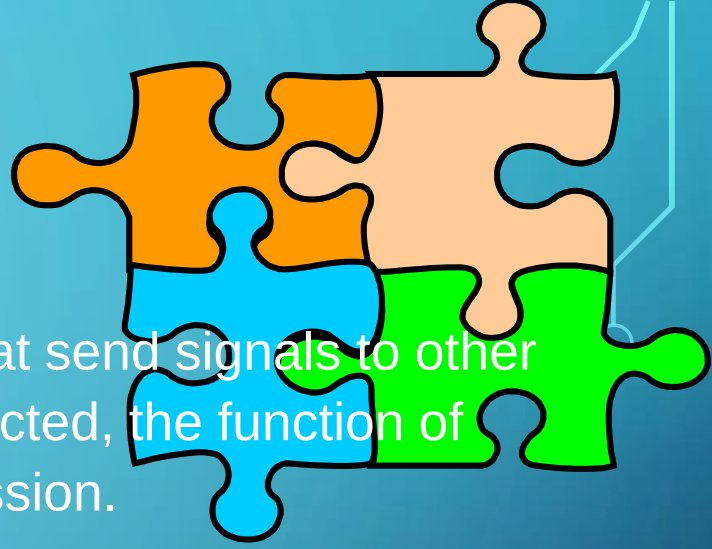
WHAT WE CAN OBSERVE IN CLASS:



- ✓lack of concentration, memory impairment, poor ability to make decisions, self-criticism, loss of interest. Negative thoughts about oneself and / or others, ideas of death or suicide, excessive ruminations.
- ✓sadness, irritability, anger, boredom, guilt, frustration, helplessness, low self-esteem, need for exaggerated confirmation
- ✓Isolation, crying, reduced activity, self-harm, slow motion, slowness or, conversely, agitation, indecision, alcohol abuse, tobacco, drugs (in teens)

Physical symptoms (somatic charges): sleep disorders, appetite disorders, changes in body weight, fatigue, loss of sexual interest in adolescents

CAUSES OF DEPRESSION



- Brain chemistry. Neurotransmitters are natural chemicals in the brain that send signals to other parts of the brain and body. When these chemicals are abnormal or affected, the function of the nerve receptors and the nervous system changes, leading to depression.
- Hormones. Changes in the body's hormonal balance may be involved in causing or triggering depression.
- Inherited causes. Depression is more common in people whose blood relatives - such as a parent or grandparent - also have this condition.
- Early childhood trauma. Childhood traumatic events, such as physical or emotional abuse or loss of a parent, can cause brain changes that make a person more susceptible to depression.
- Learned patterns of negative thinking.
- Adolescent depression can be linked to learning helplessness mechanisms - rather than learning to feel able to find solutions to life's challenges.

How do we manage these behaviors as teachers?

- We observe the behavior of students in the classroom:

✓ what physiological reactions do they have when they respond: they get stuck, they blush, their palms sweat ...

✓ how they interact in group work tasks: get involved or not, they are left out by colleagues

✓ reaction to a low note: indifference, panic, acceptance and understanding, asking for more information

✓ comments or their absence in the event of an injustice

✓ how often I ask them to go to the bathroom

- We do not "judge" the student in front of the class, we do not label or nickname him

✓ We discuss after class, in private - not in front of the class, the behavior manifested in class - what thoughts and emotions are behind his behavior?

How do we manage these behaviours as teachers?

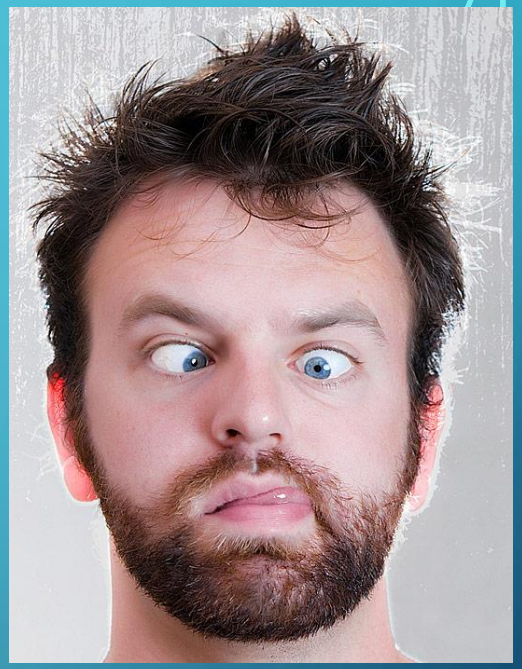
- We talk to the student's teacher, then to the student's parents, to help the child adjust to the school environment.
- Guidance of parents to the school counsellor, other specialists - in case of depression, the treatment is also medical and is recommended only by a pediatric psychiatrist
- PSYCHOEDUCATION

✓ Trainings, workshops for teachers and parents on the causes of these behaviors, manifestations and solutions for managing them

How do we manage these behaviours as teachers ?

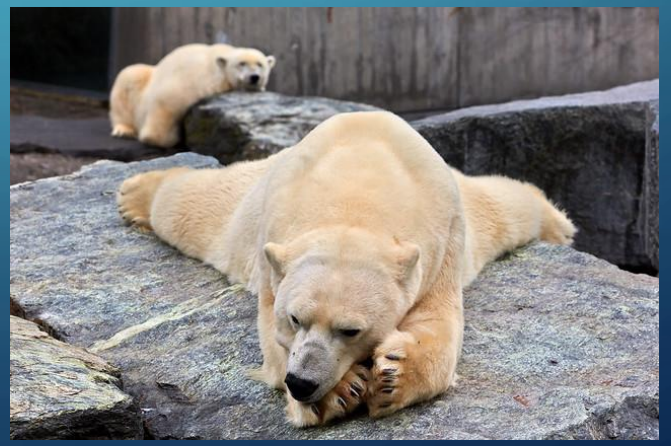
- Let's teach students:
  - creative thinking techniques,
  - solution strategies,
  - ways to cope with both success and failure,
  - relaxation techniques,
  - techniques to increase assertiveness and self-esteem,
  - identifying personal and social values..
- PERSONAL EXAMPLE
- ✓ Other practical solutions

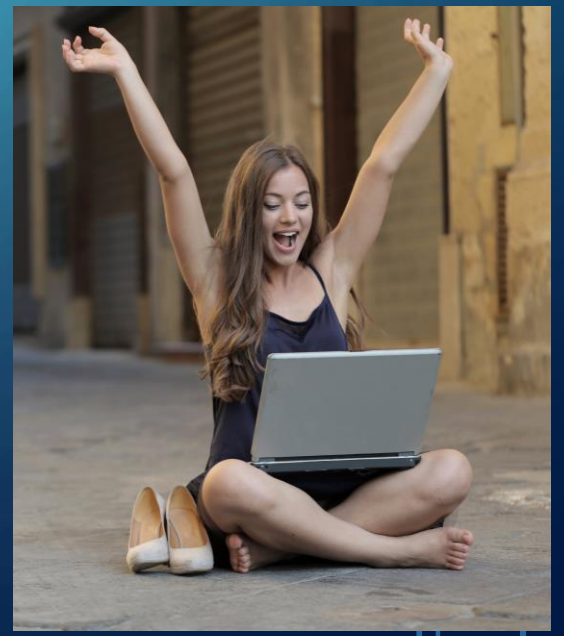
Too much tension? Let's relax!



- Imagine you are a tree and your outstretched arms are the branches

- Make funny faces!
- Squat down to get as small as possible
- Imagine that you are a large animal that walks very slowly around the room
- Raise your arms and stretch them out to the
- ✓ Lie down and stay as calm as you can





THANK YOU!

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