

Teachers' Emotional and Educational Reactions toward Children with Behavioral Problems: Implication for School-Based Counseling Work with Teachers

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Abstract

Disruptive behaviour and conduct problems among children have a significant effect in their school presence, and affect the quality of their interactions with their teachers. As a consequence, teachers face difficulties in their work, resulting in higher dropout rates and burn out, while students are not supported adequately. The present review discusses the need for teachers working with children exhibiting challenging behaviour to receive help from professionals, in order to gain better insight into the psychological processes of such children. Studying the interaction between disruptive children and their teachers within the classroom, it can be deduced that each child requires an understanding of the roots of their problematic behaviour, as it is critical to find out which clinical/therapeutic or psychosocial/psycho-educational intervention fits best each case. The need for the implementation of a holistic model that incorporates therapeutic interventions in school is explained; it is critical to integrate counsellors, who will connect with the children and alleviate part of the stress that causes the disruptive behaviour. Meanwhile, the role of counsellors in this context should be to facilitate communication among students and teachers, helping the latter to gain a psychodynamic insight into each case, and to handle conscious or unconscious hostile feelings and rejecting attitudes toward the “problematic” pupil. Finally, key points are presented that summarize the steps that need to be done in order to develop a productive and functioning relationship among all parts within a school framework.

Keywords: problematic behaviour, disruptive students, school counseling, psychodynamic model.

Introduction

Many studies have shown that students' developmental disorders and externalizing problems increase teachers' stress and “confusion”, reducing their professional competence and jeopardizing the teacher-child relationship which is a critical factor in children's at risk psychosocial development (Fleming, Mackrain&LeBuffe, 2013; Kourkoutas & Giovazolias, 2015). There is evidence that few general education classroom teachers are adequately assisted in helping and “including” students with social, emotional disorders or behavioral problems, or are trained in effective methods and strategies for engaging with these students in an efficient way (Bartolo, 2015; Kourkoutas, 2012; Simpson & Mundschenk, 2012). In many UK schools, ‘good intentions’, combined with inadequate staff training has proven to be a ‘recipe for failure’, often contributing to a rising tide of social, emotional and behavioural difficulties which, in turn, result in the educational staff becoming emotionally exhausted and feeling they have reached a professional impasse (Cooper & Jacobs, 2011).

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In addition, the high rates of teachers' professional burn-out in UK and US confirm the urgent need for specialized assistance at emotional and professional level. The need of teachers to be supported by counsellors who are trained in education issues and have experience of collaborative partnership with education staff is also highlighted by the relevant research (Fleming et al., 2013; Kourkoutas & Giovazolias, 2015).

Teachers definitely require specialized support as they strongly emphasize the rising complexity of pupils' social, emotional and behavioural difficulties and the higher demands placed upon them in terms of effective dealing with a wide range of issues (Antoniou, Polychroni & Kotroni, 2009; Kauffman & Landrum, 2013; MacBeath et al., 2006; Mintz, 2007, Stavrou, 2018). In fact, a positive relationship with a supportive teacher, in combination with early specialist intervention reduces the risk of a student entering an endless cycle of mutual rejection with his peers and teachers, academic and social failure, or drop out (Cooper & Jacobs, 2011; Kauffman & Landrum, 2013; Kourkoutas, 2012; Levine, 2007; Simpson & Mundschenk, 2012).

Children with conduct and disruptive problems and risk situations in school context

Most children who have severe conduct problems have failed to develop internal working models/ self- and other or positive representations and social, emotional, and academic skills (coping strategies) that meet the requirements of school life so as to facilitate the interpersonal adjustment (Austin & Sciarra, 2016; Steele & Steele, 2014). Seemingly, these children have not developed or not learned to use alternative ways to deal with the interpersonal and school challenges/problems that elicit strong emotional reactions. This lack of emotional regulation due to the intensity of negative feelings (such as anger, rage, etc.) may consequently lead them to use inappropriate, hostile or even aggressive strategies (Frick & Kimonis, 2008; Ogden & Hagen, 2014; Tremblay, 2010). The use of aggressive or inappropriate approaches on the part of these children inevitably makes their peers and teachers react negatively. These children very often reproduce at school the problematic interactional patterns (e.g. coercive) which have been established in the dysfunctional family environment (Dishion, 2014; Kourkoutas, 2012; Snyder, 2016).

As previously explained, the "problem child" is more likely to be trapped in a distorted pattern of harmful interactions with classmates and teachers, as he is often both emotionally and behaviorally unable to effectively manage his impulses, to appropriately communicate his needs, and to positively invest his relationships with peers and adults. The escalation of hostile interactions and subsequent academic failure and experiences of rejection by peers and teachers affect these children emotionally to varying degrees. In the most serious cases (e.g., maltreated children), such accumulated negative school experiences exacerbate the psychological trauma of the child, the damaged self-identity (deficient self-concept and esteem), and the aggressive self- and other-representations/feelings; therefore, his interpersonal, cognitive, and behavioral capacities are similarly affected. The emotional response of these children in such situations varies in form and severity (from depression to disruptive antisocial acting-out) depending on the child's family/personal history and personality. In cases of problem behavior, the behavioral response of the child is elicited and intensified by his defense mechanisms, the aggressive or disruptive strategies that were learned within the family and which help him keep away the painful feelings (of rejection, maltreatment, etc.). Extreme anger, sadistic rage, and aggressive despair often identified in clinical cases of disruptive and antisocial youngsters stem from continuing traumatic experiences (physical and emotional within dysfunctional or coercive family backgrounds), and from a destabilizing sense of hopelessness and self-destruction that the child is unable to mentally cope with (De Zulueta, 2000; Snyder, 2016). Actually, such children often fight against unbearable underlying depressive feelings that are related to their family and school experiences of rejection or exclusion.

Any intervention should primarily attempt to interrupt the vicious cycle of negative interactions among disruptive children and their environment (parents, teachers, peers) that exaggerate psychological pain and consolidate the defensive-aggressive behavior and social isolation of these children (Kourkoutas, 2012). It is obvious that teachers involved in behavior management are not aware that by responding aggressively to an aggressive child implicitly intensifies coercive interactions and strengthens the aggressive behavior. Seemingly, many teachers involved in such complex situations are increasingly convinced that these children are "pathological cases" requiring psychiatric intervention, because they are not aware that operating this way reduces the possibility of providing to the child an alternative model of connectedness and behavior, thus opening him to another form of relationship and communication (Kourkoutas, 2012; Schmidt, 2010). Aggressive children, from their own side, when experiencing such forms of rejection or counter-aggressions also become convinced that adults are insensitive and uncaring, cruel and unfair, thus justifying their intrinsic antisocial and aggressive tendencies (Austin & Sciarra, 2016; Kourkoutas, 2012).

Teachers' stress and anxious or inappropriate reactions in the face of students' behavioral challenges

An increasing body of studies has shown that challenging and disordered behavior of school children is a major source of anxiety and concern for their teachers (Kauffman & Lundrum, 2013; Walker et al., 2004). This means that, even in countries with more sophisticated special education programs and mental health services, teachers do not feel sufficiently prepared or trained to deal with disruptive forms of student behavior. It is therefore not surprising that much research has shown that pupils or students with disruptive acting out behavior receive less support and feedback from their teachers than those considered as behaving "properly" (Greenhalgh, 2001; Hanko, 2002; McEvoy & Welker, 2000). Many of these students do not receive adequate treatment suitable to their needs and difficulties/disorders (Cooper & Jacobs, 2011; Walker et al., 2004).

As for educational responses, it is more likely that teachers who deal with students with disruptive behavior use implicit or explicit punitive or remedial techniques instead of positive or more sophisticated and elaborate strategies, based on a specific and thorough understanding of the case, when dealing with these students (Bloomquist & Schnell, 2002; Botha & Kourkoutas, 2015; Kauffman & Landrum, 2013). The least effective teachers tend to deal with hostile-aggressive children, using a combination of negative strategies such as warnings, punishments, reprimands, or sending them to the principal's office (Bloomquist & Schnell, 2002). The use of negative consequences is an important and sometimes effective class management technique, yet this strategy can be "problematic" and less effective when it is exclusively or permanently used and does not rely on a trusting and positive student-teacher relationship; moreover, it fails to respond to the students' expectations and deeper needs for emotional and behavioral improvement, through other type of techniques, such as role modeling, on the part of the educator (Bloomquist & Schnell, 2002; Hanko, 2002; Kourkoutas, 2012).

Aggressive students often perceive such strategies as *unfair* or *extreme*, and they may experience them as an intentional "attack" against themselves when they are practiced or implemented within a framework of a conflicting student-teacher relationship (Kourkoutas, Hart & Smyrnaki, 2012). This means that a multitude of alternative strategies that do not result in negative consequences or punishment are necessary and required in most cases of problem behavior children (Austin & Sciarra, 2016). The contemporary models of behavior management in schools, which traditionally was based on restricted behavioral principles, initiates new techniques of reward and punishment, focusing on positive alternatives (modeling) to punishment. By this we mean that the child instead of being punished and intentionally deprived (which usually reinforces feelings of revenge) is called upon to perform tasks which relate to the common good.

The teacher, along with the school counselor/ school psychologist, is invited to collaborate with the child to work on his emotions and experiences so that he will be progressively enabled, by the use of additional methods, to associate and work with others in non-destructive ways.

In general, teachers everywhere consider that their basic training is not adequate in preparing them to manage challenging behaviors in the classroom. In a series of studies at the University of Crete, teachers reported that they had no awareness of the behavioral techniques which should be implemented to resolve difficult and disruptive behaviors in class, and to treat them effectively (Kourkoutas, Georgiadi & Hatzaki, 2011; Thanos, Kourkoutas & Vitalaki, 2006). In another study, teachers declared they do not feel confident, but rather they are "anxious" when they are confronted with children who exhibit behavioral or emotional problems (Kourkoutas, 2012; Thanos, Kourkoutas & Vitalaki, 2006). International research also confirms these findings (Cooper & Jacobs, 2011; Kaufmann & Landrum, 2013; MacBeath et al., 2006).

Some teachers make sincere efforts to help children with behavioral problems adapt to the classroom and academic processes. A lack of response or inappropriate response on the part of the youngster can make teachers feel rejected (Kourkoutas, 2012). Teachers can feel irritated and provoked when their efforts bring forth only partial or no results.

A clue to the feelings of teachers brought forth by difficult, unresponsive students can be found in the various negative consequences administered in classroom. Whatever the means used, and whatever the rationale for the use of various pressure techniques (e.g., peer pressure) and visible warning to the child, in the end all these techniques make use of public shaming, increasing the aversive feelings of the child (anger, rage) as he feels less valued, rejected, and hopeless which leads to additional aggression (Kourkoutas, 2012; Mintz, 2007).

Unfortunately, many of the emotionally “wounded” and disordered “disruptive” children (who have suffered from harsh or inconsistent rearing practices, family conflicts, and violent parental reactions) (Dishion, 2014) react with additional aggression in the face of a positive and accepting approach on the part of teachers, as they defend the “sensitive” part of themselves they consider weak (Austin & Sciarra, 2016; Kourkoutas, 2012). They prefer remaining detached from others in a cold, callous, unemotional position and being aggressive and rejecting toward adults and peers who positively approach them, because they usually carry experiences containing painful or ‘troubling’ attachments and relationships, and because emotional distance and hostility is a form of defense mechanism to protect themselves (Austin & Sciarra, 2016; Kourkoutas, 2012). Actually, these children are afraid of being overwhelmed by their heartbroken feelings and profound unmet emotional needs, afraid to enter into a closer relationship with others. The average teacher is not aware of such internal processes. Inevitably, he feels rejected, failed, inadequate, or even enraged by the child’s unresponsiveness (Cooper & Jacobs, 2011; Kourkoutas & Mouzaki, 2007).

Hanko and other clinicians and researchers who have worked with traumatized children or groups of teachers who deal with maltreated disruptive students argue that these children’s distressing experiences are likely to induce strong emotions in educational staff, hindering their capacities to act and work adequately. These professionals often seem to internalize the powerful unmanageable feelings the children displayed (Kourkoutas, 2012). Only when the staff were helped to understand this “transference” and were themselves provided with support to contain their own distress, were they able to help these children (Hanko, 2002, p. 48).

There is a link between some forms of antisocial behavior, conduct disorder, and depression (see Mash & Wolfe, 2013; Van Vlierberghe et al., 2007). Many children and youngsters with antisocial tendencies and behaviors might also manifest signs of depression in adolescence, and the existence of a depressive subgroup characterized by specific parental schemas should be recognized (Scriva, Herriot & Kourkoutas, 2015; Van Vlierberghe et al., 2007). It is a commonly neglected issue the “comorbidity” of disruptive behavior disorders and depression, which has been well established in community and referred samples of youngsters (Scriva, Herriot & Kourkoutas, 2015; Van Vlierberghe et al., 2007). In these cases, antisocial behavior sometimes ‘masks’ the depression because it is mainly externalizing problems that lead to referral (Van Vlierberghe et al., 2007).

In addition, clinical practice informs us that in many cases, even during childhood, children with behavioral disorders appear to suffer from depression or anxiety that remains misdiagnosed, as a result hindering their skills or competencies. In other cases, it is considered that behavioral problems and aggression may operate as antidepressant strategies in children who have serious problems with anxiety and hopelessness or dysthymic mood (see Campbell, 2006; Kourkoutas, 2012). Many of these children are struggling against such depressive feelings or feelings of impotence, powerless, and vulnerability. Teachers, with the help of professionals, should learn to recognize this phenomenon to gain better insight into the profound psychological processes of children who are likely to disrupt classroom procedures (Kourkoutas & Giovazolias, 2015).

A clinical supervision program aimed at supporting and coaching (supportive supervision) preschool- and elementary school-teachers who had to deal with “difficult cases of children” revealed a series of interesting findings that offer us a global insight into how educational staff perceives and copes with behavioral problems in classrooms and with students labeled as “challenging” (Kourkoutas & Giovazolias, 2015; Kourkoutas & Georgiadi, 2011; Kourkoutas, Stavrou & Loizidou, 2017; Kourkoutas, Georgiadi & Hatzaki, 2011). Part of the study investigated participant teachers’ estimation of how their colleagues in Greek elementary school operate when they have to deal with such cases.

Results revealed that: (a) there is strong conviction on the part of teachers that school is not responsible for such children’s behavior and its management, and that extreme problem or aggressive behaviors are inherited and pathological; (b) teachers are only partially-trained, have a significant lack of understanding of clinical practice, and do not recognize the complexity of intervention that should be implemented; (c) many teachers seem to believe in “magical solutions and behavior modification,” if appropriate strategy is applied; they are also likely to believe that psychologists should intervene independently, without the teacher’s involvement; (d) most teachers request simple recipes to organize their own interventions; they tend to believe in a unique “master key” intervention, tending to conceptualize behavioral difficulties/problems as a one-cause disorder; (e) many teachers are not aware of the complexity and variety of the intervention process that depends on the underlying dynamic, or of the preliminary work that has to be done in order to design really effective interventions; (f) teachers are neither aware of the ongoing

evaluation of the intervention outcome and the serious modifications that sometimes are necessary to be done in the course of the process; (g) many teachers tend to underestimate the students' underlying emotional dynamic /problems and the way these problems contribute to disruptive behavior—or to overestimate the pathological aspect of the behavior; (h) most teachers are eager to get specialized assistance, though only some of them are proceeding to do so; (j) many teachers feel inadequate, confused, anxious, or overly punitive and rejecting toward children with disruptive behaviors; and, (k) there is an urgent need to establish school-based interdisciplinary teams in order to help teachers adequately handle critical situations (Kourkoutas & Giovazolias, 2015).

In addition, teachers found the clinical supervision process (a) very enlightening for understanding the underlying emotional processes and acting-out of children with acute family and behavioral problems; (b) useful to better handle their own difficult emotions and tensions (stress, anger, confusion, ambivalence, withdrawal, implicit rejection, embarrassment, etc.) and gain further awareness of the coercive interactional processes; (b) helpful for elaborating novel techniques based on their own knowledge of the child; (c) important in helping them gain self-confidence and take personal initiative; (d) an instructive training model for personal and professional development that can sharpen teachers' awareness and self-introspection, allowing them to express and understand their own negative feelings (feelings of inadequacy, confusion, anxiety, stress, anger against parents, colleagues, or school principals, etc.); (e) an indispensable working practice for the contemporary educational system, which may enable teachers to effectively deal with challenging students and to cooperate with professionals (Cooper & Jacobs, 2011; Kourkoutas & Wolhuter, 2013).

One important conclusion of this study, based on in-service teachers' reports, is the danger of overemphasis given by many school principals, teachers, and parents on managing behavior without attempting to understand the child's feelings (see also Greenhagh, 2001) and resolve the individual-internal/family dynamic/problems. These problems may continue to impact the child's functioning and reinforce his confrontation of the school context which, in turn, results in the teachers' conviction that this is a "pathological or untreatable child case" (Kourkoutas, 2012). Many teachers reported that negative prejudices or stereotypical and ineffective attitudes their colleagues develop toward their "challenging pupils" relate to their lack of clinical knowledge, their inability to get insight in children's problems, and the lack of experience of positive cooperation with professionals who have been effective in helping them (Kourkoutas & Hart, 2015).

Empirical studies have shown that many teachers are likely to refuse or hesitate to seek professional help to effectively approach and manage such behaviors in the classroom (Cooper & Jacobs, 2011; Kauffman & Landrum, 2013; Monsen & Graham, 2002). Their resistance to take on responsibility so that they could manage difficult situations and their refusal to seek professional help relates to a series of factors that pertain to the work of teachers in general. More specifically, it was found that the following factors inhibit the use of alternative strategies and prevent teachers from seeking help for managing behavior problems in children in more productive or sophisticated ways (Austin & Sciarra, 2016; Cooper & Jacobs, 2011; Fleming et al., 2013; Hanko, 2002; Kauffman & Landrum, 2013; Kourkoutas, 2012; Kourkoutas & Giovazolias, 2015; Levine, 2007; Monsen & Graham, 2002; Schmidt, 2010; Simpson & Mundschenk, 2012; Weare, 2013): (a) excessive and exclusive focus on the teaching process (overestimation of learning); (b) a belief that there are "good and bad characters or temperaments" which are innate and unchangeable in children; (c) a tendency to attribute the reasons for behavior problems to "within the children" factors, especially to the family meaning that the school and the teachers are not held responsible; (d) strong negative emotional reactions (confusion, stress, ambivalence, hopelessness, despair, etc.) elicited by the problematic behavior which reinforces stereotypical attitudes toward children with conduct problems, because teachers often experience them as intentional attack on their personal or professional identity; (e) overestimation and idealization of personal experience and practices used by the teacher; (f) fear that teachers will be judged or criticized for the way they manage these children; and, (g) lack of experience of positive cooperation with and sufficient support from professionals (school or clinical psychologists, etc.).

Teachers often need support and guidance because the emotional experience of teaching constitutes an essential component of the educational process (Kourkoutas et al., 2017; Liebenberg et al., 2016; Masten et al., 2008). In addition, the pedagogical relation with students inexorably implies a personal emotional involvement intensified by the responsibility teachers are requested to assume when they are faced with defiant oppositional or aggressive and antisocial behavior (Hanko, 2002; Kourkoutas et al., 2011; Monsen & Graham, 2002).

Summarizing the outcome of research on factors that may negatively affect and hinder the psychosocial development and school inclusion of certain groups of children or, on the other hand, positively and implicitly reinforce aggressive and oppositional behaviors, we conclude that the following practices related to school, class and teacher behavior may play a decisive role (see Fraser et al. 2004; Levine, 2007; Richman, Bowen & Woolley, 2004; Simpson & Mundschenk, 2012; Young et al., 2004): (a) failure on the part of schools and teachers to establish clear rules and boundaries, while at the same time being unable to realize their expectations regarding the desired behavior and performance of children at school (Kauffman & Landrum, 2013; Young et al., 2004); (b) inconsistent or unrealistic expectations about the children's abilities, that stem from the stereotypical or distorted perceptions of the teacher, the negative behaviors of the child, the information he gets from his colleagues. or even the results of a special diagnosis concerning the child (Kauffman, 2000; Young et al., 2004); (c) failure on the part of the school and teachers to adapt their responses to the special needs of children (Kauffman, 2000; Young et al., 2004); (d) a rigid stereotypical and unidimensional attitude toward students and their problems, for instance, inconsistent and contradictory techniques used to manage behavior problems (Bloomquist & Schnell, 2002; Hanko, 2002; Kauffman & Landrum, 2013; Young et al., 2004); and, (e) failure to provide the child an appropriate educational setting (unclear instructions, poor or restricted curriculum, not focusing on psychosocial skills development, repulsive school activities, ineffective and outdated instructional strategies, failure to foster students' creative and critical skills, extreme emphasis on the learning character of education, a school focused on a stereotypical learning environment, unpleasant or inappropriate facilities, etc.).

Teachers must be aware that children with oppositional, disruptive, aggressive, or antisocial behavior do not constitute a homogeneous group with common family or individual background, despite common characteristics, regarding behavior or coping/defense mechanisms and ways of being with the others. On the contrary, each child has embedded within his own individual history and part of the family system, his particular school and psychosocial trajectory and unique emotional experiences with his/her classmates and peers; these complex realities imply complex and incessant interactional and transactional processes that shape the quality of child's internal working models and interpretative system, an underlying emotional dynamic and symptoms' expression (Fonagy et al., 2004; Sameroff, 2009; Schmidt, 2010; Steele & Steele, 2015). Fonagy and colleagues (2004) underline the existence of an interpersonal interpretative mechanism that grows out of the attachment system and that enables children to develop insightful capacities.

Therefore, each child typically requires a special approach and understanding of the specific problems and functioning, concealed by the disruptive behavior, as it is critical to find out which clinical/ therapeutic or psychosocial/psycho-educational intervention fits the best to this specific case. There are cases where a strategy (e. g., set firm boundaries) may be effective in the classroom or the play-yard and others that may lead to the opposite results (reinforcement of defiant/ oppositional and aggressive behavior, strengthening and exacerbating negative feelings or tantrums).

Counseling Teachers Who Work with Students with Aggressive or Disruptive Behaviors

Teachers undoubtedly play a substantial role in acting to prevent students from developing further psychological problems. However, teachers are not trained to be experts in psychological difficulties and interventions;

Evidence supports a model in which school-based counsellors and educational psychologists work beyond their traditional assessment role and support teachers and school principals at an emotional and psycho-educational level so that they become more effective in dealing with 'difficult' students (Adelman & Taylor, 2010). To achieve this goal, it seems necessary for school counsellors to assume a systemic, resilient (strength-based) orientation in their work with teachers to provide them with a useful insight into the personal and family dynamics or emotional and developmental challenges of children at risk (Fleming et al., 2013; Kourkoutas & Giovazolias, 2015; National Association of School Psychologists, 2010; Schmidt, 2010). A psychodynamic insight may be essential and helpful for many teachers, as it could allow them to get a deeper understanding of students' puzzling, hostile or ambivalent emotional/cognitive states as well as their impeded potential and hindered skills (Bartolo, 2015; Hanko, 2002; Mintz, 2007; Schmidt, 2010)

Specifically, the work of clinical-school psychologists and counselors with teachers should be based on developing an essential collaborative relationship with them, and on designing an inclusive psychodynamic and systemic intervention model that would reduce challenging or at risk pupils' distress and need to use disruptive defenses; drawing from this theoretical and clinical background and using alternative and innovative methods (such as art-based and experiential techniques), school psychologists and teachers could establish a multidimensional model that can help these students to modify their negative self- and others' conceptions, improve their prosocial skills, and ultimately find "a valuable" place in the classroom, "in the mind and soul of their classmates" (Dyson & Howes, 2009; Kourkoutas & Raul Xavier, 2010). This is often a complex and long term transactional process implying various psycho educational or clinical adjustments and modes of intervention with the child and the family, on the part of an interdisciplinary/professional team. The school psychologist should approach the teacher on a personalized, individual level and devote enough time to connect with him and to realize the way in which the teacher considers and treats children with problems (McNab, 2009; NASP, 2010). The psychologist needs to understand the way the teacher works, his teaching concepts and professional representations, his profound thoughts and beliefs about problematic behaviors in pupils, as well as his own personal experiences with such pupils or with the specific case of a "problem behavior" student.

In order to achieve a working partnership with educational staff, it is essential to give responsibility to classroom teachers, making them feel part of the interdisciplinary team. It becomes crucial to share and communicate the case formulations or hypothesis and beliefs about the way in which the work should be done with the "problem pupil" and his family in individual sessions. Many teachers feel puzzled and confused when they are excluded from clinical conclusions and evaluation data, and are simply requested to follow specific guidelines or tips without been previously consulted. Hence, teachers should be made aware of the assessment and evaluation process' conclusions regarding the child and his family. Moreover, it is necessary that the clinical and practical approach of the school psychologist should be clear and meaningful for the teacher. Reasons and background rationale of every suggested strategy should also be adequately specified, becoming the product of common decisions based on the teacher's knowledge and intuition about the specific case. In such cases the school psychologist bases his case formulation on clinical data provided by the psychometric assessment of the child, as well on his own sessions with the child and the family. Clearly, the teacher's conclusions and suggestions should be included as essential elements of every thorough and multisource evaluation of the child with problems.

The school psychologist and professionals who work in schools should be clear and consistent about what they seek from teachers and the kind of collaboration and professional alliance they want to establish with them. School psychologists should be positive and non-critical toward educational staff's incompetence or mistakes and inappropriate choices and interventions. They should also avoid developing a dominant specialist position or an antagonistic and conflicting relationship with them, even in periods or moments of high stress and pressure that can characterize working with challenging pupils.

The expert-centered model in work with pupils and families at risk, which exclusively emphasizes the clinician's knowledge, has been widely contested and replaced by broadened systemic and partnership models that promote an ecological and child-centered perspective. Clinical knowledge is coupled with other professionals' experience, knowledge, and practice, as well as with the family's experience and awareness (Turnbull et al., 2006).

Respecting teacher's knowledge, weaknesses, feelings of confusion, or even irrational reactions and beliefs, and avoiding personal comments or becoming judgmental are essential elements for developing a truly cooperative relationship and working alliance. Many school psychologists are not aware of their covert critical attitudes towards teachers, the professional superiority they may feel, and an implicit underestimation of the teacher's experience. Such attitudes are often rationalized and hidden behind clinical expertise that psychologists think they own, based on the tests' "objective" data on which base their case formulation. In many cases, teacher's experience and knowledge of the pupil are consciously or unconsciously, explicitly or implicitly, omitted by the psychologist, and cooperative work with him is undermined. Teacher works with the student in the classroom every day, playing a pivotal role in the student's school inclusion which is an important protective factor for decreasing aggressive behavior. Many school psychologists are unaware of research concerning the effectiveness of school inclusion and the systemic ecological approach in reducing children's behavior problems and emotional disruptions (Weist et al., 2009). School psychologists used to rely on the expertise-model which exclusively prioritizes and focuses on within-the-child individual work (medical approach). These psychologists are not trained in systemic educational or psychodynamic issues, and are likely to reject the inclusive educational and partnership model as non-clinical.

Thus, they tend to emphasize individual treatment, increasing the risk of producing ineffective responses because essential parameters of the student's environment are not taken into consideration and treated. When school parameters and contextual risk factors are omitted or excluded from the clinical case formulation and intervention the whole project risks resulting in significant impasses (Simpson & Mundschenk, 2012). Therefore, it is essential that the school psychologist work in tandem with teachers in child-centered and school-inclusive projects (Dyson & Howes, 2009; McNab, 2009).

Overall, the school psychologist should recognize and respect the experience of teachers, while at the same time being aware of his own negative feelings and antagonistic tendencies in interactions with the educational staff. Usually conflicts emerge because the teachers' experiences are undervalued. Quite often experts opt for tactics which are theory-based but do not necessarily correspond to specific case requirements. At the same time, they may not realize the special dynamics which develop within a school classroom, and between teachers and students with behavioral problems.

Giving enough space and time to empathetic listening and understanding of the teacher's problems, convictions, and perceptions primarily his feelings is considered the first significant step for development of essential communication, enabling teachers to develop their professional capacities, knowledge, intuition, and creativity (Fell, 2002; Hanko, 2002). The main goal of working with teachers is to help them gain a psychodynamic insight into the case, and to handle conscious or unconscious hostile feelings and rejecting attitudes toward the "problematic" pupil. Consequently, an essential part of the work consists of trying to ensure a positive attitude from the teacher, avoiding any arguments in order to be productive and to find and implement the most effective solution (Fell, 2002). Moreover, counselors and school psychologists may have to work with teachers who are very hostile and rejecting of challenging pupils. In such cases, counselors should develop exceptional professional skills to gain trust, positively collaborate, and impact the work of the educational staff in order to reduce risk situations. Alternative solutions can be found in such cases, and school psychologists should make every use of their creative capacities.

Frequently, teachers have no plan to refer to when children place themselves or others in danger or seriously disrupt learning. Besides counseling, a plan is often required with a structured "back-up system" to contain a child's behavior, for those times when the staff involved lose control (Wahl, 2002). With a plan agreed to and contracted, a means of response can be implemented in a consistent manner. This provides staff (and the child) with the security of a having a structured response available which adults know can be followed through (Wahl, 2002).

There are also teachers who are involuntary ineffective with problem children. Such educators might have tried a series of tactics and strategies, but failed to modify the child's behavior. As a result, they may feel emotionally disappointed or distressed by the children's negative responses. Some other teachers are not aware of their hostile or distressing emotions related to the behavior of such students. Therefore, they may easily be upset or entrapped in coercive interactions when they are not able to handle the stress induced by challenging behaviors. The acute stress usually leads to ineffective or hostile responses. Psychologists and counselors who opt for a psychodynamic systemic perspective are called upon to help teachers to be aware of such feelings and the impasses they present.

Supervision is recommended for psychologists and other professionals who work in high stress and group-dynamics situations. This enables them to recognize their own emotional tensions and negative feelings generated from conflicts on a professional level. That supervision helps to deal with the stress they feel when they try to offer solutions and work with children's, parents, and teachers' resistance.

Hanko suggests that in-service teachers may better understand the psychodynamic base of problem behavior and counseling work if they come to realize (a) that children with problem behavior are experiencing feelings they find difficult to bear, but that behavior is more likely to be managed through the extent to which these feelings are understood by those who are involved; (b) that children's difficult here-and-now (whether displayed overtly or masked in over-compliance or withdrawal) is a likely reaction to a present situation they perceive as unmanageably difficult because it echoes similar past events in perhaps damaging relationships; (c) what matters is that something changes in the way in which such a child is helped to perceive himself differently, becoming able to experience himself as valued in relation to others important to him; and; (c) a child's behavior in the classroom is further influenced by our responses to it and, in its turn, further influences ours. Thus the trained professional's response may be a major influence on whether the interaction becomes a virtuous or vicious cycle (Hanko, 2002, p. 379).

The lack of adequate psychodynamic insight on the part of teachers may lead them to overemphasize the pathological aspects of children's problems. Actually, it has been pointed out that many educators are likely to use psychiatric terms (e.g. syndromes, ADHD, etc.), when they refer to children with difficulties. Such terms locate problems within students rather than within the educational system and interactions among them. These labels can also limit the way that others perceive and interact with students, thereby disabling the students academically and hindering the development of their self-esteem. Educators must recognize that no two students are alike and that each educational program must be based on individual strengths and behavioral challenges rather than on a label (Sadler, 2005).

In order to work effectively, from a therapeutic perspective, and contribute to "difficult" students' overall improvement, at psychosocial and academic level, it is critical to develop a model that enables counselors to cultivate and empower their capacity to connect with the emotional reality of children. The theoretical counseling model used in this purpose should therefore allow counselors and teachers to have a clearer perception of what is visible and problematic in the "here and now", but at the same time, of the overall underlying individual contextual dynamics or past experiences and incidents that shape the "problematic reactions or behaviors". It is critical, for instance, to understand that sometimes, behind child aggressive or hostile behavior lie feelings of depression, anxiety and distress stemming from traumatic experiences at school and in the family, or painful feelings (such as guilt, shame) and unresolved mourning, lack of adequate psychosocial skills and coping strategies (Kourkoutas, 2012; Putzu-Williams, 2015). To develop more meaningful connections that enable them to consider the "problematic child" in all their complexities and establish the proper interventions, counselors need a theoretical model that goes beyond symptomatic reactions (Kourkoutas, 2012). Despite the clinical complications and contradictions of such work, it is also important to provide teachers with a clear and meaningful intervention model and framework that recognizes and respects their difficulties, their needs for practical and emotional support, their strengths and potential, as well as their significant role in helping these students. Psychodynamic and systemic counseling in schools for "problematic" students might be a useful framework to allow all parties involved to get a meaningful insight into individual and institutional complex realities (Doran, 2012; Kourkoutas, 2012).

Within this framework, student's challenging behaviors and crisis situations are not considered as static expression of purely individual pathologies; they are believed to be linked to a number of negative and problematic experiences for everyone involved (parents, children, teachers, peers) resulting from complex and intense mutual interactions that are quite emotionally tensed with often a longitudinal character (Sameroff, 2009). The developmental stages the child is going through and the needs and challenges inherent to these stages render such complex realities more difficult for counselors and teachers to disentangle and understand (Kourkoutas, 2012). A systemic psychodynamic model that might also use a series of other models' techniques and tools might be a functional framework to deal with these complex and puzzling individual and institutional situations (Putzu-Williams, 2012).

Concluding, we outline basic parameters and the key concepts of psychodynamic counselling work with teachers (see also Delgado, 2008; Doran, 2012; Hanko, 2002; Kourkoutas, 2012; Music, 2009; Music & Hall, 2007; Putzu-Williams, 2012; Winship & MacDonald, 2018):

- Establishment of a positive working relationship with the teachers, based on the awareness of their own personal perceptions and the acceptance of their weaknesses and limitations in understanding the complex interplay between family, individual, and school parameters that contribute to problem behaviour development.
- Stable collaboration and respect of teachers' professional needs, often amplified by reasonable stress and objective pressures or problems within the classroom, when working with disruptive students, that need to be resolved.
- Active awareness of teachers' personal anxieties, resistances and difficulties so they can conceptualize on the importance of using a different approach on each occasion, rather than applying a psychiatric model with "disruptive students" (e.g. to manage their own professional and personal distress or hostile feelings, teachers often need to know what is helpful and applicable and what is not in the "here and now" situation for each "problematic" child).
- Elaboration of the teachers' stereotyped conceptions and prejudices about the character or the goal and the meaning of the children's behavior problems;
- Recognition of the problems and negative feelings teachers experience with challenging pupils;

- Counseling meetings in order to elaborate the negative feelings (anger, rage, humiliation, and feelings of injustice), teachers may experience for the child's and his parent's behavior and attitude;
- Exploration of the teachers' personal knowledge and views of the children in order to proceed to a holistic and multidimensional case evaluation and formulation, to inform them about the clinical assessment and hypothesis, as well as about the evaluation of the family dynamics.
- Facilitate teachers understanding the child's underlying emotional dynamics or previous negative experiences in family and school that shape their actual reality; teachers need to have a concise and clear perspective of children's family or individual dynamics and ways to deal with the dysfunctional patterns that children are involved.
- Involve teachers in the design of effective interventions at the family, child, and classroom level;
- Involve teachers in the intervention project in terms of providing her with consistent feedback about the changes and the emerging needs or difficulties of the child and the ;
- Support and help teachers to broaden their perceptions about the child's internal emotional states, reasons for problematic behaviors, and family dynamics;
- Foster and support the teacher's personal intuitions and initiatives;
- Coaching teachers to develop specific classroom strategies and educational support in order to promote the child's school inclusion;
- Helping teachers develop positive strategies for the effective management of the child's behaviour inside the classroom;
- Developing and implementing in cooperation with the educational staff psychosocial skills programs that target the deficits of children with behavior problems;
- Strengthening the relationship of teacher-parent;
- Support the teacher to understand and overcome any difficulties or conflicts with the child's parents;
- Resist teachers' pressures for immediate solutions and formulate a comprehensive clinical hypothesis about effective strategies or effective solutions for specific problems without abandoning a long term and systemic perspective of the intervention project;
- Avoid the provision of ready-made solutions and design holistic strategies through partnership with the educational staff and other professionals.

Regarding the theoretical and practical training of school psychologists and teachers in clinical educational psychology, it is suggested that psychologists and teachers should be taught and become familiar with:

- The basic clinical concepts related to children with various forms of emotional and behavioural difficulties/disorders;
- Clinical case analysis of children with difficult behaviors;
- The basic concepts of family and group dynamics;
- Research in relation to family organization and parental impact on the child's development of dysfunctional patterns and behaviours.

Beyond basic and ongoing further education, continuous and long-term counselling supervision of teachers requires better and more effective training. Counselling supervision of teachers that school psychologists are called to carry out requires an additional supporting supervision of the psychologist from another professional or team of experts. This is due to the fact that children with behavior or conduct problems are likely to generate ambivalent reactions, engendering feelings of disappointment, failure, confusion, anxiety, or even extreme pressures and acute stress among the teams working with these children and their families.

Implications and suggestions for school based practice

According to available data, psychiatric mental health institutions usually provide fragmented and incomplete services to families and children at risk (see Dishion & Stormshak, 2006). It has been shown that such mental health services are unable to ensure a stable and comprehensive intervention for the child and the family that could adjust to the child's needs in a flexible way and be assessed properly. The medical character of these services contributes to the children being pathologized and labeled, especially in preschool and early school years, by teachers, specialists, and parents. This obstructs development of person-centered and individualized programs adjusted to the strengths and weaknesses of each family (Dishion, 2007).

The creation of school-based counseling services should be a top priority of contemporary education policies, and they must have a clear child-centered and holistic perspective since it has been shown that similar interventions are definitely effective (Adelman & Taylor, 2009; 2010; 2102; Christner et al., 2009; Liebenberg et al., 2016; Roeser & Eccles, 2014; Vernberg, Roberts and Nyre, 2002).

The importance of creating holistic psychosocial/ counselling services in schools, with clear psychoeducational and child-centered orientation has emerged through a series of studies where children with even milder, less serious problems can receive effective support and intervention (Bartolo, 2015; Botha & Kourkoutas, 2015; Masten et al., 2008; Patentite, 2005). The establishment of school-based services reduces the stigma often related to seeking help on behalf of the parents from psychiatric services outside school (Adelman & Taylor, 2009; Christner et al., 2009). In addition, the possibilities for provision of more comprehensive and sustainable intervention programs for teachers and parents (Weare, 2013) are increased. Furthermore, school-based services are better positioned to provide preventive psychosocial programs targeting wider groups of children at risk (Barry et al., 2013; Durlak et al., 2011; Weare, 2013). It is widely suggested that counselling sessions with parents and teachers and provision of family-centered and child-centered intervention programs are implemented better within school. Such programs can also be open to other student populations with milder problems (Boyd-Franklin & Bry, 2000; Stormshak et al., 2005; Weare, 2013). Creating interdisciplinary psychosocial services enables all children, as well as teachers, to take advantage of the knowledge and strategies used by contemporary psychology for development of interpersonal, communication, and problem-solving skills (Akos & Galassi, 2007; Aldeman & Taylor, 2013; Bartolo, 2015; Roeser & Eccles, 2014). Working within school context in a permanent way also gives school psychologists the possibility of more effective clinical interventions where they can formulate a clearer picture of the child's ecology and implement specific psychoeducational programs together with classroom teachers, targeting the child, peers, and other educational staff (Bartolo, 2015; Boyd-Franklin & Bry, 2000; Harris, 2007; Kourkoutas & Xavier Raul, 2010; Lane et al., 2014; Liebenberg et al., 2016; Roeser & Eccles, 2014).

Clinicians working within schools have the opportunity to promote a wider ecosystemic approach and a holistic intervention strategy through continuous contacts with family, teachers, and peers (Bierman & Sasser, 2014; Dishion, 2014; Lean & Colucci, 2013). In a broader sense, the development of an ecosystemic clinical/ counselling approach of children with multiple problems is one of the most crucial challenges for mental health science, education, and psychotherapy (Adelman & Taylor, 2012; 2013; Dishion & Stormshak, 2006; Kourkoutas, 2012; Lean & Colucci, 2013; Paternite, 2005; Winship & MacDonald, 2018). It is also important to emphasize that the choice of specific interventions must be based on the multisource evaluation of the child's personality, symptom severity, developmental stage, any additional pathological symptoms, psychosocial skills /deficits and functioning, and family and school dynamics.

In any case, it is widely acknowledged that continuous efforts in both clinical practice and research are needed to reveal the most appropriate specialized interventions based on evaluation of each child's specific psychosocial profile and dynamics—not on formal manualized or psychiatric approaches (Kourkoutas & Xavier Raul, 2010). Schools are ideal sites for the development of flexible, holistic, and partnership services which can combine psychoeducational with clinical models to foster meaningful and systemic approaches without necessarily medicalizing and pathologizing the child's problems and symptoms, as usually happens in classic child psychiatric settings (Douglas, 2007; Kourkoutas, 2012; Kourkoutas & Raul Xavier, 2010; Paternite, 2005; Rosenfeld, 2009; Schmidt, 2010; Timimi, 2002; Weare, 2005).

Vernberg and colleagues (2002) report the followings guidelines and features common to many programs as essential contributors to successful implementation of their school-based interventions: (a) maintain placement in the child's home and home school; (b) emphasize an empirical approach to guide interventions; (c) focus on cognitive and behavioral skills development; (d) attend to cross-setting linkages and events; (d) emphasize generalization and maintenance of treatment outcomes; (e) collaborate with everyone involved with the child; (f) view assessment and diagnosis as an ongoing process; (g) maintain developmental focus and cultivate an authoritative parenting style for adults involved with the child (Vernberget al., 2002, p. 415-416).

In summary, many scholars and clinicians underline the following variables revealed by a number of review and meta-analytic studies, as contributing to successful interventions at an early behavioral problem and pre-delinquency stage:

- a) projects should be focused, precisely targeted, and based on a multidimensional model; a model that draws both from systemic and individual resources, recognizing the dynamic behavioral or emotional reactions and transactions, negative or positive, among all involved individuals that are activated within the school and classroom context;
- b) combining the encouragement of prosocial behavior with discouragement of antisocial behavior may work best; providing positive behavioral support for students who need prosocial models and lack essential psychosocial skills; focus on reducing anxiety and hostile or other negative feelings (anger, rage, etc.) often experienced by disruptive students is of critical importance; these children are often overwhelmed by such feelings which become destructive acting outs when clinical or educational staff prove unable to react effectively; the inauguration of a vicious cycle of mutual negative and hostile reactions between teachers and students is crucial to break on early stage;
- c) families need to be included and convinced to work in relationship; work with families may combine and demand counseling or therapeutic adjustment, depending on the family dynamics, and individual or parental and couple problems and difficulties;
- d) building on existing services is likely to be easier and more effective than developing early new services;
- e) focusing only on high-risk samples may risk dismissing a substantial number of disruptive students who are at risk to develop more serious problems in short terms;
- f) ensuring consistency of application and adherence to the original design is important when programs work for some people and not for others.

The advantage to involving parents and teachers in prevention and intervention programs and inclusive projects is widely recognized and promoted by all researchers and clinicians in the field. In fact, evidence shows that the promotion of a combined eco-systemic and child-focused perspective in working with difficult and challenging or vulnerable/ at-risk children seems to be more effective than single-individual interventions (Carr, 2009).

Overall, a systems-based approach has the important function of facilitating the capacity and responsibility of all concerned to become contributors and stakeholders in promoting learning and child and family wellbeing (Schmidt N., 2010, p. 103).

We will conclude this paper by citing the following finding from recent research studies; *supportive relationships with teachers in K-12 can be protective* (see Luthar et al., 2014, Meiklejohn et al, 2012). To illustrate, when teachers identify the function of problem behaviors among at-risk youth and, in response, provide positive support strategies, there are significant benefits for adaptive behaviors (Stoiber & Gettinger, 2011).

Overall, based on an extensive clinical and research work with teachers for more than 15 years and on the available research findings on teachers' profession and training, we conclude that "caring for and supporting carers" is an impetus for any school system that focuses on protecting students' mental health and promoting resilience for all involved persons. In order, to "bear/ grow/ reassure" for more responsible, socially mature and less disruptive or destructive teens and adults, we should focus on creating networks of "therapeutic communities" in schools. Part of this project is also the establishment of "Communities of Practice, Shared Learning and Reflection" (Botha & Kourkoutas, 2015; Kourkoutas et al., 2017) that would allow teachers to reflect on and share their own personal and professional experience (difficulties, needs, aspirations, expectations, and creative ideas) with their colleagues and other school professionals. In order to reinforce teachers' awareness on "troubled and troubling" children's intrapersonal (emotional-intrapsychic), interpersonal, and family dynamics, as well as how these later are transferred and acted out in problematic behaviors in school context, shaping these children's learning and social trajectory, is very critical (Botha & Kourkoutas, 2015; Kourkoutas et al., 2017; Kourkoutas & Giovazolias, 2015).

Conclusion

In summary, implementing "interdisciplinary supporting teams" in schools, for teachers who are struggling with critical situations, led by well trained and experienced school psychologists or therapists who participate in daily school life, seems to be of great importance for their emotional well-being and professional development (Adelman & Taylor, 2013; Bartolo, 2015; Hanko, 2002; Kourkoutas, 2012; Liebenberg et al., 2016; Masten et al., 2008; Winship & MacDonald, 2018). By providing an intermediate 'protected space' for thinking and reflecting, relief and containment, a "transitional space", in other words, where teachers' distressful feelings and emotions, or negative self-conceptions and ideas about their professional competence or feelings of weakness and impotence resulting from

problematic experiences with students, parents, and colleagues, can be proceeded and possibly transformed in to more creative and meaningful ideas and actions, is one of the key tenets of our work (Fleming et al., 2013; Kourkoutas & Giovazolias, 2015; Kourkoutas et al., 2017; Kourkoutas et al., 2014).

By creating networks of professionals who work in partnership with the educational staff in an inclusive systemic psychodynamic perspective, teachers can be helped to better understand their “disruptive” students’ “inner world’ therefore, overcome any resistance and quit the negative or neutral attitudes towards them. It is, therefore, expected teachers to be getting involved in a more active and systematic way in elaborate formal and informal strategic plans (such whole school positive behavioral support or art based intervention to reduce distressing and hostile behaviors, or inclusive classroom practices, positive relationship and personal attitude, and so on) (Austin & Sciarra, 2016; Cooper & Jacobs, 2011; Dyson & Howes, 2009; Kourkoutas et al., 2014). Counseling guidance and resilience based strategies that draw from systemic and psychodynamic models regarding individual and contextual dynamics/transactions and individual and contextual resources might be very useful for the educational staff and overall schools (Kourkoutas & Hart, 2014). Implemented in a consistent and reliable way, they might support schools to fulfill the role of a caring and holding environment, addressing not only the vulnerable or depressed students’ needs and problems, but the most disrupted and disruptive ones’, as well (Botha & Kourkoutas, 2015; Fleming et al., 2013; Kourkoutas, 2012; Kourkoutas, Vitalaki & Perysinaki, 2015; Winship & MacDonald, 2018).

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