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PSYCHOLOGICAL ASSISTANCE TO CHILDREN OF CONVENTIONAL STANDARD OF HEALTH WITH MALADJUSTMENT PROBLEM

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Abstract

In Russia public psychological, medical and social centres have gained more than twenty years of experience. Being a part of the additional education system, they are currently undergoing reorganisation. The aim of this article is to review reference literature and analyse experience of psychological assistance to children as part of a comprehensive interdisciplinary approach. Global reach via the internet and media sometimes negatively affect the level and the nature of fears and anxieties. For about half a century already clinical psychologists talk about broadening of the scope of their professional activities due to informational stress. Some scholars note that the development/growing-up process in the pupil becomes multidimensional due to scientific progress, which facilitates our everyday life making it, as it seems, more and more comfortable. However, the seeming facilitation (cars, computer, mobile phone, etc.) creates conditions human physiology and mentality are not quite adapted to. Mental health of a modern child is conditioned by the factors of technological advancement: informational overload, speeding of life, formalisation of interpersonal contacts, remote communication, including during the educational process. This leads to difficulties in adolescents with formulating a purpose of life, and sometimes even to neurotic development of personality. A number of emotional distortions, primarily related to anxiety, is on the rise. A time-tested model of psychological counselling of a preadolescent and a teenager has been proposed including crisis counselling as part of urgent psychological support.

Keywords: Conventional standard of health, anxiety, perfection, deviant 441ehaviour, destructive tendencies of personality, causal therapy.

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1. Introduction

The problem of children's maladjustment to school has been recognised by different scientific disciplines. In response to environment demands not adequate to his/her capabilities, the child initially gives reaction — situational, intuitively clear and partly adequate to difficulties. In cases when no attention is timely paid to the child's difficulties, e.g. communication model is not changed, intuitively clear reaction may solidify. The risk of persistent adjustment difficulties arises. Such problems become more obvious at school, the main socialization institute for children, but are present even earlier, in kindergarten.

Thus far, scientific schools don't have a common definition of maladjustment. The concept of "adjustment price" – expenses of the person on overcoming the current situation (Kaplan, 1999) – invented by R. Bayevsky caught our interest. From the clinical psychology point of view, maladjustment makes personality suffer somehow. It is understood that maladjustment to school is a combination of evidences that social, psychological and physiological status of a child doesn't correspond to school education requirements. Whatever are the actual reasons of maladjustment to school, this phenomenon goes global nowadays. According to our longitudinal interdisciplinary survey, 35% of pupils (Osnitsky & Tarasova, 2011) consistently fall into the risk group by school anxiety and maladjustment. Similar figure (30-35%), when talking about quantity of schoolchildren in risk group (neurotic, overanxious), is also found in the works of other authors (Prikhozhan, 2009). The problem encompasses pupils of different age.

2. Problem Statement

Maladjustment to school and mental health of a child

Scholars discuss problems of school difficulties (SD) in children from the risk group (neurotic, overanxious). What do SD mean? In general, SD appear in three types: chronic academic failure, distorted emotional attitude to particular situations or to school in general, strikingly unusual behavior at school.

Who are these children?

- children and teenagers in a prolonged stressful situation such as loss of a closed one, grieving;
- children and teenagers with prenosological forms of neuropsychiatric disorders, including borderline forms of mental retardation;
- frequently ill children, children with physical or cosmetic defects, or children with experience of physical suffering;
- children and teenagers in a stress because of the borderline state of personality.

It is worth to note that, unfortunately, in practice the above-mentioned criteria are often found in combination. Moreover, if there is mental development retardation (borderline form of dysontogenesis), apart from difficulties with cognitive sphere development, children can have anxiety as a stable personality complex.

3. Research Questions

What kind of stress do modern school children experience? Global reach via the internet and media sometimes negatively affect the level and the nature of fears and anxieties. For about half a century already clinical psychologists talk about broadening of the scope of their professional activities due to informational

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stress. According to recent research, over the last decade an average pupil at school, among fears, indicates, for example, physical violence from unknown people (Prikhozhan, 2009). Some scholars note that the development/growing-up process in the pupil becomes multidimensional due to scientific progress, which facilitates our everyday life making it, as it seems, more and more comfortable. However, the seeming facilitation (cars, computer, mobile phone, etc.) creates conditions human physiology and mentality are not quite adapted to. Mental health of a modern child is conditioned by the factors of technological advancement: informational overload, speeding of life, formalisation of interpersonal contacts, remote communication, including during the educational process. This leads to difficulties in adolescents with formulating a purpose of life, and sometimes even to neurotic development of personality. A number of emotional distortions, primarily related to anxiety, is on the rise.

It's interesting to note that changes occur at the physiological level too. Psychological techniques revealed close correlations between cortisol concentration in children's saliva and anxiety level. However, in general, data is ambiguous (Ouellet-Morin et al., 2011). Higher concentration of cortisol is mainly recorded in children as reaction to lasting and deep stress. Adults with a history of a psychological trauma (emotional deprivation, frequent admissions, car accident), on the contrary, showed lower concentration of cortisol in saliva samples. This is explained by "blunting" of hypothalamic-pituitary-adrenal axis. At the moment there are debates about what is a lasting effect at the physiological level, and what is a short-term adaptive response in a traumatic situation. Hypothalamic-pituitary-adrenal axis sometimes registers quite situational hyperexcitation, while lasting stress leads to hypoexcitation of the axis due to circadian rhythm dysregulation.

Social situation of uncertainty has great effect meaning continuous transformation of values, norms, and standards (Seu, 2016). In the first place, look at common social and economic changes seen on the former USSR territory over the last 20 years. Those changes impacted the issues of financing in schools, preparation and rotation of teaching staff. Many education institutes conduct long-term experiments aimed at enhancing teaching methods. There is constant increase and quantitative change in teaching load. Implementation of the new federal educational standard requires diagnostic, consulting and expert support of the members of the educational process from the psychologist. The opinion of the psychologist and experts from allied disciplines is especially important from the pupil personality health perspective.

Aggressive actions can have both external and internal vector. Show the same accident on 10 different TV channels, and the person may well acquire the feeling of a total nightmare. Here it is appropriate to recall Marilyn Monroe effect, a phenomenon much talked about since 70th of the last century in the US. The death of the popular actress invoked 12% increase in suicides in the US and 10% - in the UK compared to the norms (Berkovits, 2001). The similar phenomenon of imitating aggressive actions in relation to other people if they were spotlighted in media has been described (Prikhozhan, 2010). It is well-known that teenagers and preadolescents are more compulsive than adults, more dependent on important other people's opinions, possess judgmental maximalist mindset which increases the risk of self-aggression and deviant behavior in general. In secondary and high school there is a higher risk of suicide. Firstly, parent-child conflict becomes more acute; secondly, there may be a disproportion between the number of responsibilities laid upon the child by society and individual capacity to fulfill them due to the lack of life experience. The results of such discrepancy between requirements from adults and capacity of children are

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stress, maladjustment and, hence, self-aggressive behavior. It's worth to note that a suicide becomes younger and is encountered among children of 6-7 years old, even if in the form of demonstrative behavior or blackmail. Self-aggressive behavior is activated in a situation of "being left alone", loss of love or self-esteem. However, there are internal individual presuppositions. Self-aggression usually hides the problem of the forming image of "Self", too instable self-esteem, self-alienation problem or feeling oneself as a victim. This is enough for social and psychological difficulties to appear: declining school performance, difficulties with communication with the peers. This is what parents, teachers, classroom teacher see at the behavioral level in the form of excessive shyness. Unhealthy interest to the topic of voluntary passing can be registered.

Therefore, this paper is the attempt to describe conditionally healthy child having persistent difficulties at school. As showed above, we talk about "borderline" children – those who need special consulting and social, and psychological support on the basis of a psychological centre. Borderline states are blurred forms of neuropsychiatrist disorders lying near the conditioned border between mental health and pathology. The scope of borderline states is wide. From neurotic development of the personality and accentuation of personality traits to psychopathy, adjustment problems when activities become more difficult and psychosomatic appearances. Recording and account of concrete psychological and social factors in the borderline child environment by the expert is vital. Without timely prophylaxis of poor environmental conditions, without counselling of the family and study process an "adjustment failure", as physiologists say, may occur.

4. Purpose of the Study

The purpose of this article:

- to describe the group of conditionally healthy children and teenagers, still having persistent difficulties with adjustment to school environment;
- to outline and describe approaches to correction work with such children on the basis of the psychological centre.

5. Research Methods

The aim of this article is to review reference literature and analyse experience of psychological assistance to children as part of a comprehensive interdisciplinary approach.

So, what methods of correction does the psychologist offer the child, the parents, and the teacher? We would like to warn against any uniform approach, though this sometimes may look quite appealing. In practice, even a battery of diagnostic methods can't be made uniform, a "one-stop shop". The methods are pitched by journalists and age in time. Without thorough diagnostics, monitoring of the child and the family dynamically, any correction program will only be aimed at symptomatic treatment. From the scientific perspective, it's not enough. From the economic perspective, it's inefficient. That is, it is necessary, in the first place, to determine the target for correction individually. Determination of the target for correction includes neuropsychological and personality aspects. In the context of this article, we expand on the personality aspect in more detail. Experts from psychological, medical and pedagogical commission, which

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must include pediatric psychiatrist and pediatric neurologist, identify the person's problem and match it with the verbalized request. It's also worth to note that today it is highly recommended to consult the addiction psychiatrist when solving issues related to teenagers and even preadolescents.

In order to determine the target for correction the most obvious reason for maladjustment has to be found. There are both endogenous and exogenous factors that in combination hinder normal personality development. Among most important is neglect at home and at school driven by difficult social and economic situation in this country. Here are the pre-conditions for children's maladjustment: break-up of the family, continuous conflicts between parents, lasting illnesses and deaths of relatives, an alcoholic and people with asocial forms of behavior in the family. According to our findings, parents from seemingly well-being and respectable families often pay little constructive attention to their children. Sometimes it is easier to buy an iPad than to talk to your son or daughter and show sincere interest in their life. In such family the child feels himself/herself lonely despite an ocean of expensive toys. The issue of neurotic desire to possess raised by K. Horny has never been more relevant. This phenomenon may be linked to the general social and economic situation, position of media, but it is not the subject matter of this research. To add, children and teenagers with stable pronounced destructive tendencies have experienced emotional and physical violence in personal story (Walter, Nau, & Oud, 2012). Destructive tendencies in schoolchildren are encountered in deviant behavior up to suicide attempts. Therefore, in practice, one of the most important and desirable forms of psychological assistance in educational process is crisis counselling as part of urgent psychological support as requested by schools. It is critical that the clinical psychologist does counselling on the territory of the psychological centre not in the school attended by the child to avoid stigmatization. German colleagues justifiably believe that incorrectly organised psychological support can be not just harmful, but even dangerous (Walter et al., 2012). Moreover, during psychological, medical and pedagogical commission, testing and monitoring conducted at schools it is good to pay close attention to the following behavioral manifestations of extreme maladjustment from a pupil: steep decline in academic performance and difficulties with communicating with peers. Modern psychological tools such as Dembo-Rubinstein scale modified by Sokolova and Borozdina allow to identify children in self-aggression risk group in a timely manner.

6. Findings

Determination of the target for psychological correction

It is best to start psychological support with counselling in the form of causal therapy. This is a quick and reliable method to find the reason for maladjustment and outline the real problem, not as stated by parents. Absence of this first step can lead to ridiculous situations in practice. Back in the 20-30th of the 20th century Vygotsky (1983) wrote about a miserable excuse for a counselor. During the appointment he listened to a mother of an 8-year old boy, asked colleagues for advice and told the woman that her son is an epileptoid. "What does it mean?" asked the worried mother. "It means that the boy is ill-natured, edgy, quick-tempered, when angry he is besides himself…" "But I've just told you the same", said the disappointed mom (p. 258). Counselling in the form of causal therapy is especially useful when working with complex cases – if a teenager or a preadolescent showed suicidal intentions. The following statements can be heard: "I want to get asleep and never wake up", "It is not living, it is suffering", "I'm bored to live",

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"It's better to die than live like that". The higher self-aggression level the more negatively a pupil sees what other important people think about his/her personality: parents, friends, teachers ("They don't need me", "They don't love me", "They say I'm bad", etc.). Self-aggressive behavior may be a reaction to a change in important relationships. During psychological tests and monitoring in the schools it is highly recommended to pay attention to the following risk factors of self-aggressive behavior:

a. Highly unstable self-esteem. Strong dependence of schoolchildren's self-esteem on parent-child relationships, attitude in the class, scores. Vulnerability, sensitivity of self-esteem and self-conception in general, inappropriately low self-esteem, overanxiety while defending his/her opinion in arguments (according to the results of the psychological test). Feeling bad, unwanted, neglected. Here is the abstract from the note written shortly before the suicide: "Mommy, I don't want to live because of you any longer… I want to feel the pain, strong pain until everything is over".

b. Perfectionism (Damian, Negru-Subtirica, Stoeber, & Băban, 2017; Sokolova, & Tsygankova, 2011). Feeling oneself special, not like others. The feeling of "being different" that easily transforms into the feeling of inferiority, defectiveness, shame or disgrace (Limburg, Watson, Hagger, & Egan, 2017; Lloyd, Schmidt, Khondoker, & Tchanturia, 2015). Competition in the social group (e.g. in the class) that raises concern. Possible manifestations: manipulative behavior (warnings, hysterics, demonstrative behavior and blackmails).

c. Primitive, immature defending mechanisms and strong emotions up to the affective depth of emotional reaction. Certain somatosensations (also according to the results of the anxiety level estimation as stable personality complex (Prikhozhan, 2009)). Cognitive dissonance. Strong guilt feeling relevant at the moment.

d. Self-righteousness and maximalism of personality set of concepts. It is better to analise set of concepts taking into account all three components: informative, emotional-value and behavioral.

e. Undeveloped mechanism of sign mediation of emotions with symbols and language which leads to direct reaction on one's intentions and inclinations in action. Such children usually seek help using not words but body signs including harmful ones.

f. Traumatic situation: early loss of love object, divorce, conflicts between parents; emotional, physical, sexual violence; steep decline in academic performance; rejection by class members, etc. When analysing rejection of the child by the peers it is necessary to account for sociometry and involved observation data received during monitoring on the territory of the school or from the school psychologist.

g. Serious disturbance in early development of love towards one's body, care for body defense. Distinctive personal meaning of pain feelings. This phenomenon may be the result of frequent somatic suffering, admissions, mother care deficit or other form of deprivation.

Psychological counselling options

Look at the crisis counselling stages as part of urgent psychological support (Walter et al., 2012):

1. First contact. The psychologist faces the following tasks:

to lower the level of emotional tension, to bring excessive mental stress to the norm;

if possible, to form a motive to a relatively open demonstration of emotions;

to make the client think that working with the psychologist opens the way to the problem solution.

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The first contact is like a time bridge from the inner personality chaos. There are the following substages in the first contact:

a) to persuade the child in the need for emotional acceptance, sympathy, and readiness to understand;
b) to strengthen personality identification by gathering information about the child's personality, his/her current situation and life story in general;
c) to structure the situation by ranging stressful events (non-verbal techniques can be used);
d) to "crystallize" feelings, e.g. "Yes, it hurts". The survey of crisis counselling process shows that this technique makes the client feel understood, forms motivation to further expression of emotions, going deeper into the honest talk;
e) to describe the general picture of psychological and somatic state improvement as a result of work with the psychologist. Usually the psychologist tells about his/her experience with other people, about the real support he/she provided;
f) to actualize positive sets of concepts in the child by describing his/her success and achievements, seeking other important people not related to the conflict. The psychologist has to take into account the real situation, personality and nature characteristics of the parents, etc. This difficult task has to be handled in circumstances when he/she knows very little about people close to the child, so great caution is required. If the psychologist makes mistakes in his/her calculations, the situation may start unfolding unpredictably;
g) to try to work on motives that stay in the way to getting psychological support (critical but difficult stage). The task is to form interest in the content of future counselling work.

2.Deepening honesty level. The following techniques can be used: mirroring, verbalization of emotional states by C. Rogers, rational persuasion. According to psychoanalytically oriented experts, the metaphor of mirroring allows the client to get the picture of himself/herself in most painless way. We think the basic thing here is to be recognised as important by the other person, namely the counsellor. Also, we share the opinion of many family psychologists and psychotherapists that the best situation in crisis counselling is when the choice of the scientific school and relevant techniques is determined not by personal preferences of the psychologist but by special aspect of the client's case.

3.Finding new opportunities to overcome difficulties. Planning together how to handle difficult situation; then a constructive plan of next steps is drawn up.

4.Finalizing the solution, making the child more self-confident, active emotional support of the child; actualization of success and achievements is repeated again.

During the crisis counselling session the clinical psychologist slowly goes from empathic hearing stage to relative engagement in handling and solving the problem which is reflected in changes in his/her activity at different stages. After the first psychological aid the child needs further psychological support because deeply laid problems of extremely unstable self-esteem and "Self" image in general, elevated anxiety, personality traits that lead to maladjustment require lasting correction work after the desactualization of stressful state. In the absence of further support stage self-aggression risk and risk of adjustment failure stay very high. It is critical that the clinical psychologist doesn't exceed the limits of

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his/her competence, and, if needed, advise parents (lawful representatives, guardianship and wardship authority representatives) of the child or teenagers to refer to a psychiatrist in the medical centre.

The longitudinal survey identified schoolchildren from the main risk group by anxiety and maladjustment at school (Osnitsky & Tarasova, 2011). The children take a meaningful place in the class, observe discipline and study hard. Although their position in the class, appearance, financial position of parents and academic performance are quite good, these schoolchildren demonstrate stable generalized anxiety. According to the self-report, the schoolchildren are afraid of losing the high status in the social group. The teachers note the fear of making a mistake, often in public situations. The conflict of self-esteem drives to be successful and at the same time leads to continuous doubts about this success. According to the research, predisposition to relieve oneself of the right to make mistakes, exhaust oneself with unrealistic desires are connected with pronounced destructive tendencies up to committing a suicide (Sokolova, & Tsygankova, 2011). Perfectionism in its extreme form is materialized in attempts to prove to oneself and others one's own meaningfulness, success, to gain recognition, praise from important people even at the cost of mental stress and body exhaustion. Moreover, the essence of abnormal forms of perfectionism lays in its insatiability in principle. All real achievements are usually devalued by the child while requirements to oneself are constantly increasing, creating the endless way to improvement, constant level of overanxiety (fear of not living up to parents' and teachers' expectations, fear of failure) and guilt feeling with the followed up self-punishment in continuum from elevated self-criticism to suicide attempts in case of even small mistakes. The ideal "Self" of a teenager never gets close to the real "Self". The reason for such forms of perfectionism is "conditioned acceptance" phenomenon in parent-child relationships ("I will love you if you…"). It's worth to note the success cult in modern society that strengthens and aggravates perfectionism. Thus, a-level students, "star children" are included in the risk group by maladjustment as they are not psychologically ready to accept failure and weaknesses, and constantly feel anxious chasing success.

In this context, the target for psychological correction for children from the risk group was the higher level of anxiety as emotional and personality complex. Here both individual and group psychological counselling is appropriate. But the training group has to be organized carefully. By the way, in this context "training" means already classic form of group counselling. Moreover, any training consists of theory and individual counselling of children, parents, teachers and representatives from the educational institute administration. As methodological basis for our training we took the concept describing destructive tendency development by Guggenbühl (2006). The author sees anxiety as "anthropological constant" and proposes to use a myth and drama method during practical classes with schoolchildren. In Russian psychology there is a similar approach – nondirective fairy tale therapy. Having principles close to those of the German-language school, it is often applied to pre-school age and elementary-school age children. Based on the principle of psychosomatic unity, we usually start our counselling work with children after relaxation exercises.

7. Conclusion

We propose the approximate plan of individual exercises with pre-adolescents and teenagers (Dossey, 2018).

1. Study of the client's life story, gathering objective psychological anamnesis.

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2. Initial diagnostics (classic pathopsychological check-up and standardised methods to assess mental development and survey personality, directly and indirectly), psychological conversation using projective techniques. If necessary, the specialist tells the child and the parents what tasks psychology can tackle, what are the areas of expertise (e.g. support in difficult life situations, support of talented people, etc.).
3. Further diagnostics and counselling in the form of causal therapy. Interaction with the client is built in the humanistic approach paradigm. The main technique is empathic hearing. At this stage assumptions about the reasons of personal problems are made, and the target for psychological correction is determined.
4. Artistic materials usage. Spontaneous drawing and modelling. Music associations. At this stage it is important to comply with the principle of acceptance of the client in order to strengthen the alliance and prepare him/her for possible personality changes.
5. Discussion and/or nonverbal work on the following topics: “my usual day”, “my wishes”, “the person whom I love”, “the person whom I don’t love”, etc. (see Figure 1-2). Accumulated psychological anamnesis should be considered.

Figure 01. «My wishes»

Figure 02. «My wishes»

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6. Discussion and/or nonverbal work on the following topics: “Real myself, ideal myself”, “me in the past, in the present, and in the future”, “the person I am afraid of”, etc. Drawings “me as a weapon”, “me as a jewelry” (see Figures 3-4).

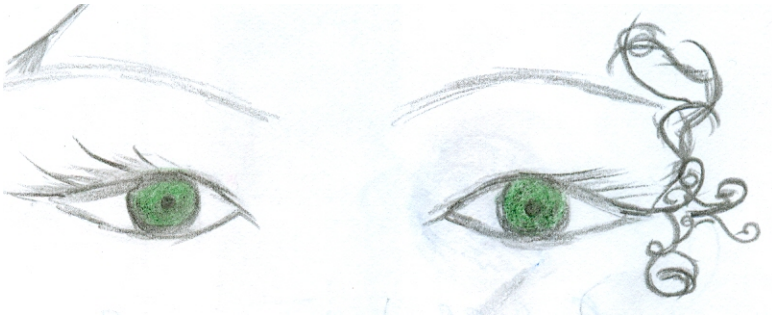

Figure 3. «Me as a weapon»

Figure 04. «Me as a weapon»

7. “Personal horror scenario” by Guggenbühl. The attempt to find out and formulate how the child deals with fears and how he/she controls them. At this stage it is important to empathically share the worries with the child.
8. Intermediate diagnostics using standardised methods. Close attention should be paid to defending mechanisms of the personality. We use methods of the Prikhozhan school.
9. Advising parents on the problem of childhood fears origination. Attitude towards expression of fear and anger by the child in different cultures. It is a good idea to tell about inductions as they contribute to growing-up, personality development, and responsibility build-up.
10. Methods aimed at development of frontal functions of target-setting, programming and control in complex activities (Hortensius, Neyret, Slater, & de Gelder, 2018). Namely, to put a teenager into different roles from a story, a fairy tale, a cartoon of interest, etc. Storytelling on behalf of a character, describing thoughts and feelings of characters.

11. Methods aimed at development of frontal functions of target-setting, programming and control in complex activities (continuing). Making stories with the same characters but different plot lines. Characteristics of characters can be changed (evil Red Riding Hood, kind wolf; evil Rapunzel, kind stepmother).
12. Projective techniques: “me in 10 years”, “my dream”, “my goal”. During counselling it is desirable to teach a teenager how to distinguish the above concepts. For this purpose, it is better to use a concrete example: “I want to get a higher score in English in the current academic term”. Further the child together with the expert tries to define what should be done and in what order.
13. Diagnostics of the forming personality of a teenager (e.g. Pathocharacterological Diagnostic Questionnaire by A. Lichko).
14. Conversation with the child based on the results of the character traits diagnostics. The psychologist explains the teenager in simple words what is character and how it is formed; the topic of “strong character” may be raised – how the client understands it.
15. Counselling of parents based on the results of the character traits diagnostics. As experience shows, discussion of relevant issues depends on general cultural and educational level of adult members of the family.
16. Myth and drama method by Guggenbühl. The story has to bear a bit of paradox, intrigue. It shouldn’t be moralistic. “Myths and fairy tales, brought to the attention of children, have to reveal problems, mention difficulties and temptations similar to those experienced by children in the class” (Guggenbühl, 2006, p. 137).
17. Final diagnostics stage. Evaluation of anxiety level and expression level of aggressive tendencies (for elder teenagers - Buss-Perry Aggression Questionnaire adapted by S. Yenikolopov). The following topics can be covered: conflict, happiness perception, unhappiness perception, scarecrow (based on the R. Bykov movie “Chuchelo”). Sometimes we discuss “black sheep” topic, if requested. But transition to such topics should be done carefully as this may entail further work with the psychologist.
18. Final counselling with the parents and/or teachers based on the whole course.

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