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Teachers' Experience and Management of Young Children Treated Because of Home Conduct Problems: A qualitative study

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In the present study, a sample of 27 teachers were interviewed regarding their experience and management of young children with conduct problems in day-care or school settings. The children had been referred and treated because of oppositional and conduct problems at home. Qualitative analysis of data was performed by using elements of a grounded theory approach. Although the children had complex conduct problems presenting considerable challenges for their teachers, most teachers described a close and engaged relationship with these children. Teachers used within-discipline and within-classroom approaches in their work with a main focus on managing the child's daily life in day-care or school, supported by close colleagues. Their practices were not deeply rooted in evidence-based knowledge and methods. Most teachers reported collaboration with parents as positive and necessary, however, they only pursued it to a limited extent. Representatives from supplementary services, such as school psychologist, child protection care and child psychiatry, were rarely involved in the work of teachers. Implications of the findings are discussed.

Keywords: *Conduct problems; Day-care and school; Teacher experience; Teacher management*

Introduction

In the past, many children with conduct problems were educated in special schools. Today they are educated in mainstream day-care or schools and most teachers expect to have to deal with different kinds of conduct problems as a part of their normal duties, adjusting their classroom organisation and management style (Chazan, Laing & Davies, 1994).

   Teachers often report that children with conduct problems present a major challenge in their work (Gray & Noakes, 1994, Ogden, 2001). Minor child conduct

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problems, such as talking without turn; disrupting other children; breaking rules in the classroom or school; and noisy behaviour, are seen as the most troublesome aspects of daily life in school (Ogden, 1998). Most teachers report feeling distressed and that much energy is required to manage children with conduct problems in day-care or in the classroom, where there are many other children (Webster-Stratton, 1999). Previous research has shown that teachers often think that they have limited competence in dealing with child conduct problems and that they become frustrated when the strategies they adopt are ineffective (Martin, Linfoot & Stephenson, 1999; Myers & Holland, 2000; Webster-Stratton, 1999).

Traditionally, the discourse of special education in schools has been based on an understanding of conduct problems as a psycho-pathological condition of the child (Fylling & Sandvin, 1996; Nordahl & Overland, 1998; Skrtic, 1991). Skrtic (1991) argues that because it is important for the educational system to present the school as a rational organisation, it implicitly presupposes that child school failure is due to its psycho-pathological predispositions. By defining conduct problems in school as a matter of individual traits, the school system avoids critical self-questioning and evaluation. Teachers' beliefs about the causes of the child's misbehaviour, and evaluations of quality of pupil–teacher relationships, have been found to be related to their actual behaviour toward the child (Pianta, 1999; Scott-Little & Holloway, 1992). If teachers attribute misbehaviour to causes controllable by the child, they respond to the misbehaviour with more power-assertive strategies (Scott-Little & Holloway, 1992). In negative relationships, teachers more often attempt to control children's negative behaviour, rather than supporting their pro-social behaviour (Pianta, Stuhlman, & Hamre, 2002). Furthermore, both day-care and school personnel emphasise the importance of developing good relationships with parents. However, previous studies have shown that in work with children with special needs, these relationships do not always function as intended (Fylling & Sandvin, 1998; Hughes, Wikeley, & Nash, 1994).

Royer (2001) stated that the family is often ignored, excluded or blamed by the school and, according to Bastiani (1993), parents are often seen by teachers as being either too interested or not at all interested. Hughes et al. (1994) found that teachers tend to perceive most parents as having one of the following roles: partners, consumers or problems. In special education, Fylling and Sandvin (1998) also described two more typical parental roles: implementers and clients. Of these different roles, only the "partner" role is likely to promote a reciprocal relationship between parents and teachers. In respect of cooperation between school and other professions, Martin et al. (1999) reported that teachers tend to deal with conduct problems in children on a within-school basis, rather than involving professionals from outside the school, such as psychologists or medical personnel. This is regrettable because children with severe conduct problems often need different kinds of services (Bloomquist & Schnell, 2002).

There are many quantitative studies in this field, but only a few qualitative studies of children with conduct problems exist. Webster-Stratton & Spitzer (1996) carried

out a qualitative study among parents to obtain more in-depth knowledge of their experience of living with a child with conduct problems. To supplement their study, we in the present study wanted to use a qualitative approach to focus on the perspectives of teachers. Children today are socialised both by their parents and teachers and, given the lack of in-depth knowledge regarding this issue, we wanted to further explore the perspectives used by teachers in their work with young children with severe conduct problems using a qualitative approach. Teachers' management of children with conduct problems is likely to be much influenced by their understanding of these children and their perceptions about the reasons for their misbehaviour (Scott-Little & Holloway, 1992). Teachers are the most valid informants regarding how children typically display their conduct problems in day-care and school settings and can evaluate child behaviours as compared with other children at the same age and how such problems are generally dealt with in day-care and school settings.

In the present study, qualitative data collected from 27 teachers of children aged 4–10 years with clinical levels of conduct problems in day-care/school were analysed addressing the following topics: (1) teachers' descriptions of problem behaviours in the children and the reasons for these behaviours and (2) teachers' descriptions of how they dealt with conduct problems.

Methods

Participants

Of a sample of 127 children aged 4–8 years participating in a controlled treatment study, qualitative interviews with teachers of 27 children were conducted (Larsson et al., forthcoming). The children had been referred to outpatient child psychiatric clinics because of conduct problems at home and were treated with the Incredible Years parent training and child therapy programme (Webster-Stratton, Reid & Hammond, 2004). All children in the study scored above the 90th percentile on the Eyberg Child Behaviour Inventory for home problems and met the criteria for a sub-threshold or a confirmed diagnosis of oppositional defiant behaviours (ODD) and/or conduct disorder (CD). Of these children, 83% were also found to have conduct problems at clinical levels in day-care/school before treatment, i.e. they had pervasive conduct problems (Drugli, Larsson, Clifford, & Fossum, 2007).

The 27 children in the present study were randomly selected from a sub-sample of children scoring above clinical levels of conduct problems in day-care or school before treatment. At the time of the interview, 14 children had finished treatment, 12 children were in active treatment and one child had been assigned to the waiting-list control-group. In this study we should not focus on treatment effects and differences between treatment conditions, however on teacher's perceptions of day-care and school conduct problems.

Thirty three percent (9) of the children were from day-care (age of children ranged from 4–6 years) and 67% (18) from school (age of children ranged from 5–9 years),

reflecting the proportion of children in the intervention study. The mean age was 7.8 years. There were 4 girls (15%) and 23 boys (85%), leading to an under-sampling of girls as compared to the intervention study, where the proportions of girls and boys were 20 and 80%, respectively. Forty-one percent (11) of the children in the present sample had a CD diagnosis and 59% (16) were diagnosed with attention deficit hyperactivity disorder (ADHD) in addition to an ODD diagnosis, leading to an over-sampling of CD and ADHD diagnoses as compared with the intervention study, where the proportions for these diagnoses were 19 and 35%, respectively.

Eight of the teachers were educated as day-care teachers, 13 as school-teachers, and six had no formal educational training. In the following, we use the term "teacher" for all these three groups. Twenty of the informants were women and seven were men. The informants were from day-care centres and schools in six local authorities in central Norway.

The study was approved by the Regional Committee of Ethics on Medical Research, University of Tromsø.

Data Collection

Qualitative methods were chosen for the present study because these are especially relevant for research questions concerning subjective perceptions of individuals, construction of meaning and sense-making processes (Ulin, Robinson, & Tolley, 2005) and, because we wanted to supplement findings from our previous quantitative studies, with in-depth knowledge from qualitative data. We have referred to findings from the quantitative studies carried out among the total sample of 127 children when we found them relevant for findings in the present qualitative study.

An individual, open interview was carried out with each teacher. Interview time ranged from 45–70 minutes. The main topics of the interview were descriptions of the conduct problems as they were manifested in the day-care/school setting, how teachers managed the conduct problems, reasons for the problems, interactions with peers, interactions with the teacher and collaboration with parents, colleagues in school and other professions. Each topic was introduced by an open-ended question and pre-formulated follow-up questions were used only if needed. The interviews were recorded and then transcribed to text.

Data Analyses

The data were analysed using elements from a grounded theory approach (Strauss & Corbin, 1990). Grounded theory is inductively derived from the study of the phenomena it represents. The researcher abstracts qualitative data into concepts and categories using three major types of coding: open, axial and selective coding (Strauss & Corbin, 1990; Webster-Stratton & Spitzer, 1996). Variation and similarities in concepts and categories are systematically examined during constant

comparison. In the open coding process, data is broken down by naming small meaningful units in the text. Similar units are then labelled and grouped to form categories. Axial coding is the first step of putting the data together. In this process, the categories are compared and contrasted to detect potential similarities and differences among them. An axial code is an overriding category encompassing two or more codes. Selective coding is a process of focusing selectively on higher-order categories that make sense. Relationships between categories are explored and integrated in a more abstract level than in axial coding. The goal of this phase of analysis is to create higher-order categories and, if possible, to develop a theory.

The coding, categorising and analysing of data was discussed with two supervisors throughout the process of analysing.

Results

From our analyses of interview data, four core categories emerged: "Complex problems", "Management inside the class-room", "Limited parental involvement" and "Within-discipline approach". These four categories will be discussed in detail below.

Complex Problems

When teachers were asked to describe behaviour problems in the child, they gave nuanced descriptions of different types of such behaviour. Only three children were described as having one or two types of problem behaviour. The majority of children seemed to display a broad spectrum of problem behaviours in day-care and school settings. Different combinations of oppositional problems (anger, quarrels, won't follow rules or requests), attention problems (short attention span, easily distracted), impulsivity problems (restlessness, walking around, acting without thinking), more serious conduct problems (fighting, hitting, damaging, lying and stealing) and social problems (always wants to decide in play, gets into conflicts, doesn't know how to initiate contact) were described. The majority of the children got along quite well with some of their peers, but they often had conflicts with other children, while a few children were described as not having friends at all, because their peers were afraid of them.

When teachers were asked to describe possible reasons behind conduct problems in the child, their answers fell into three categories: one quarter reported that: "It has something to do with the child" (e.g. a disorder, such as ADHD, minor brain damage or a neurological problem), another quarter stated: "It has something to do with the parents or family situation" (e.g. negative parenting style, conflicts after divorce, negative relations with step-parent, parents' psychiatric symptoms, low degree of support), while half of the teachers thought that: "It has to do both with the child and the parents or family situation" (e.g. "I think it has something to do with

the child and the situation at home does not make it better", "he has ADHD and the mother has enough with her own problems") .

Management Inside the Classroom

The children's behaviour in the classroom was reported by teachers as having considerable impact on their daily work, in that they used a substantial amount of their time and energy in planning to meet the children's special needs ("This child is my last thought in the evening and my first thought in the morning", "I get very tired, I use so much of my energy on this child", "I don't like to say it, but the days when the child stays at home are easy days for me"). These children were also described as much more difficult to handle compared with other children who sometimes displayed negative behaviours.

When teachers were specifically asked how they handled conduct problems in the study child, they reported using different types of strategies. No teacher used only one particular method or only one type of strategy. The majority of the teachers reported that they had to search for solutions that worked for a particular child ("No method works for all children", "I have to try out different strategies", "What worked last year, does not work now"). Proactive and organising strategies inside the classroom/department, such as defining clear rules, organising small groups of children, making plans for the day to adapt to the child with conduct problems and being conscious of own feelings, seemed to be frequently used. These strategies were sometimes combined with use of praise of positive behaviour, but not all teachers were convinced that such strategies worked. A few teachers mentioned that they tried to reward the child's positive behaviour, however, this strategy was used infrequently ("Last year we tried to use rewards, maybe we should do that again", "I have tried to use rewards, but often I forget"). Social problems were mostly dealt with by talking with the child about social problem-solving strategies and explaining other people's feelings and reactions. About half of the teachers reported to have used the Second Step Programme (Nasjonalforeningen for Folkehelsen, 1998) in their work with social competence in children. However, they did not use it systematically at the time of the interview. More serious conduct problems, such as hitting, fighting or vandalism led the teacher to remove the child from the situation or hold the child until he/she had calmed down. Ignoring was also used ("When he runs away, we only wait for a while. If we run after, he gets worse. He always comes back", "We try to ignore some negative behaviour, and then she stops doing it").

The majority of the teachers reported that it was necessary to follow the child with conduct problems very closely throughout the day. In this way, the teacher was able to support the child when needed and intervene quickly in negative episodes ("If I do not stay close to him, everything may happen in few seconds"). Teachers who had received extra help from an assistant in the day-care or classroom reported that children's negative behaviours had been reduced. Teachers without such help stated that they had to choose whether to give support to the child with conduct

problems or to all the other children in the group or class. They had difficulties supporting the child with conduct problems and the other children at the same time, also experiencing a bad conscience towards both parties regardless of their choice of priority.

When the teachers were asked to define their own relationship with the child, the majority described it as "a good relationship" ("I feel we are very close and I believe I mean a lot to him", "She is glad when she sees me and I feel glad when I see her"). However, about a quarter of the teachers reported that they did not have a close relationship with the child ("I try to understand his problems and I do like him, but our relationship is difficult. We are not very close", "I try to give her what she needs, but I do not exactly know what to do").

The majority of the teachers thought that their work with the child led to a reduction of problem behaviours and most of them were quite satisfied with their way of dealing with conduct problems.

Limited Parental Involvement

The majority of the teachers described their relationship with parents as positive and these parents seemed to be defined as partners ("I have very good contact with the father. If something happens in school, I call him. When we meet I also tell him about positive episodes. It is important to cooperate with the father, he knows the boy best of all. I have to do my job, but the parents also have to work with the boy. I cannot do everything on my own", "The mother and I have a very good relationship. I call her, and she calls me. We also often have meetings. We agree about how to support the boy", "The parents are interested and positive. They often want to talk about the boy. We cooperate very well. We discuss what had happened and what to do. This means a lot to me"). About one quarter of the teachers reported that their relationship with the parents "could have been better" ("I think we should have a better relationship. I have to remember to support the mother because she has many problems at home. Sometimes cooperation with mother is difficult, but sometimes we have good conversations, where we discuss what to do", "Mother tells me a lot about what they do at home, but I don't think she is always honest. She has a lot of trouble in her life. I feel I can't trust her and this is difficult when we discuss the boy's needs"). Only a few teachers described their relationship with parents as difficult ("The mother is very positive when we talk, but it is only talk. The girl gets too little support at home and there are too few rules, e.g. she stays out very late in the evening", "It is frustrating. I get angry because I think they speak to the boy in a negative way and they do not help him with practical stuff like clothes, food and so on", "It should have been better. I should have known more about the situation at home. It doesn't seem like the parents want to have a close relationship with us"). In the more negative relationships, parents were defined as problems and/or clients by the teachers.

Within-discipline Approach

A majority of the teachers reported that they received very good support from their colleagues in day-care and school in their work with the problem child. Some day-care centres and schools had organised special teams, where teachers could bring up issues and discuss worries and problems they had in their work with children. Such support from colleagues within the day-care or school setting was regarded as very important by the teachers ("I get a lot of support and this is important for me. I don't know how I could have handled all these problems without it", "My colleagues tell me that I do a good job and I need this feedback").

Many teachers also described their workplace as having competence in dealing with conduct problems in children ("We work very well with these children, we have the knowledge and experience", "In this day-care, we have good special needs staff and they have taught me a lot", "We have a lot of know-how and are used to children with conduct problems, I think we work well with them"), but most of them also felt that there was always more to learn ("you never have enough knowledge in regard to such problems", "I want to learn more"). Only a few teachers reported feeling lonely in their work with the child or that there was too little time for cooperation. They regarded their work with the child as a difficult situation to handle and felt insecure in their work with the child.

With regard to collaboration with other professions and services outside the day-care/school (such as school psychologists, child protection services and child psychiatry) the majority of the teachers expressed dissatisfaction with their degree of collaboration and involvement. They did not know very much about the work of these professionals ("The school psychologist is here too seldom. She does not know much about our situation and therefore she is not able to give good advice", "The child protection service asks for information from us, but they do not give anything back. I do not know much about their work with the family", "The child protection service wanted to stop their work with the family. I got really cross and phoned them many times. The situation at home was not good for the boy", "The school psychologist was here many times, doing observations. We have not heard anything from them since", "Child psychiatry was not interested in our information about the child", "Child psychiatry is too remote. I know nothing about their work").

However, two teachers reported about positive and close relationships with other professions which were much appreciated ("I cooperate very well with the school nurse. She knew the family from before and has helped me a lot", "In this day-care, we have very positive and useful collaboration both with the child protection service and the school psychologists. So we have with the family. This means a lot to me in my work. We find solutions together with the family").

Discussion

In the present study, 27 teachers in day-care/school were interviewed about their experience in meeting and managing conduct problems in young children. The

teachers described most children in the study as having a range of behaviour problems, a finding supported by a previous study (Drugli et al., 2007) in which children with pervasive conduct problems (conduct problems both at home and in the day-care/school setting) were, according teachers, report found to be more aggressive, have more attention and internalising problems and lower social competence, as compared to children with conduct problems only at home. A main finding is that the teachers approached the challenge of child conduct problems with a within-discipline perspective and a focus upon everyday events. Inside the classroom they attempted to help the child as best they could, mostly working alone, with some support from close colleagues. In the present study, children with conduct problems attract more of the teacher's attention and time as compared with other children in the day-care/classroom. Although teachers described conflicts and difficulties in dealing with child misbehaviour, their descriptions of the children concerned were warm and engaged. They seemed to care very much about the child. The findings regarding teachers' own perceptions did not clearly support findings in earlier studies, which describe largely negative relationships between teachers and children with conduct problems (Pianta et al., 2002). However, the qualitative data in the present study support findings in a previous quantitative analysis of the total sample in our study, in which teacher relationships with children with pervasive conduct problems were found to be more conflict-ridden, but not less close, compared with children who displayed conduct problems only in the home setting (Drugli et al., 2007).

The teachers found it difficult to handle children with complex conduct problems and at same time have enough capacity for the rest of the children in the group. This may be because they described that they had to stay very close to the child with conduct problems for most of the time to be able to give it support and prevent misbehaviour. However, at the same time they felt unable to give the same degree of attention to other children in the classroom, a dilemma described as very energy-consuming. Only teachers with an extra person in the day-care/classroom felt able to deal with both tasks.

Overall in their work with the child with conduct problems, teachers had a "here-and-now" approach, the most important issue for them being reduction of everyday kinds of child misbehaviour. Teachers did not believe in the use of special methods or strategies used systematically and therefore searched for individual solutions when dealing with a particular child and his/her needs. Few teachers seemed to have a broad and systematic focus and a long-term perspective in this regard, on the contrary they seemed rather to try "to survive" from day to day. The lack of systematic teacher management of child conduct problems found in the present study is interesting, because previous studies have found that intervention effects with conduct problems to a high degree depend on systematic and well administered interventions (Wilson, Lipsey & Derzon, 2003).

Parental and family-related factors were primarily used as causes behind conduct problems for many of the children, sometimes combined with child-related factors,

i.e. the supposed presence of ADHD. This reflects teacher's views and under-standing of parents as having great impact on the child's psychosocial development. This view is in line with Patterson's theory (1982) about coercive circles in the development of child conduct problems and goes beyond individual and psycho-pathological definitions of conduct problems found in earlier studies among teachers (Fylling & Sandvin, 1996; Nordahl & Overland, 1998; Skrtic, 1991). Surprisingly, day-care/school factors were not mentioned as contributing to the development of child conduct problems, indicating that teachers in the present study did not explicitly relate processes in day-care/school settings as possible and negative turning points (Sameroff, 2000). It may be the methods used in the present study that did not ask the teachers to reflect about these issues. However, the impression was that teachers hold the view that children enter day-care or school with already-established conduct problems and that the role of these settings is to deal with the misbehaviour of the child as best they can. Such a view may prevent day-care/school teachers adopting a critical attitude to themselves and their possible contribution to development of conduct problems in children (Skrtic, 1991).

Most teachers described positive cooperation with parents, but when its content was specified, it mainly consisted of exchange of information regarding the child. Although, many teachers expressed worries about the child's home situation, this view was not very apparent in their actual exchanges with parents. Such matters were only discussed if parents themselves invited a discussion, and then only briefly. Parent–teacher cooperation seemed to function best when there were no worries about the home situation and when the parents were engaged and positive. Most teachers expressed some feelings of helplessness when they had to bring up topics that the parents did not themselves introduce and teachers raised such topics infrequently.

Supplementary services outside the day-care/school setting were often experienced as absent in daily work in day-care/school. If such services were involved in work with the child and family, teachers were mostly unaware of the contents of such help. The typical picture in the present study was of an engaged teacher who worked mostly alone with the child inside regular day-care and school settings. However, it contrasts with the view among most professionals agreeing that coordinated services are much needed (Bloomquist & Schnell, 2002), and most local authorities also maintain that they have good routines for coordinating different services for children with special educational or psychological needs.

One important pedagogic implication of the present study is the need for day-care/schools to evaluate critically their own contribution to the development of conduct problems in children. This perspective was absent in most teachers' descriptions of potential causes of conduct problems in children. Further, findings in the study support use of specific school-based implementing strategies when dealing with child conduct problems in day-care/school settings. Teachers and administrators in these settings seem to need to share knowledge and strategies to provide more effective help to children with such problems. Another implication is the evident need for

discussion among professionals, both inside and outside the day-care/school setting, of how young children with severe conduct problems should be helped. Currently, teachers are very much left to themselves in deciding how to translate the principles of integration of children with special needs in mainstream day-care/schools into practical routines. Severe conduct problems are likely to be managed optimally by coordinated services and evidence-based practices (Bloomquist & Schnell, 2002; Webster-Stratton et al., 2004).

Limitations

One important limitation is that the present study was conducted among a highly selected sample of children referred for clinic treatment. Other teachers working with children with less severe conduct problems may therefore not recognise the findings. However, the selected sample may also be seen as a strong point in this study. We have explored teachers' perceptions in regard to one of the most challenging groups of children in day-care and school.

Another limitation is that children were included based on pre-treatment scoring of conduct problems in day-care/school and at the time of the interview they were in different phases of their parent and child treatment. This may have influenced conduct problems differently because of different treatment gains achieved in the child. However, in a previous study (Drugli & Larsson, 2006), we found a positive generalisation effect of treatment conducted in clinic setting being very limited across day-care/school settings, implying that most children had stable, high levels of conduct problems at school or day-care throughout treatment and the follow-up period.

In the present study, the primary goal was to study teacher experience of children with conduct problems. Most children in the study were treated with parent training or combined parent training+child training. However, inclusion of more children from the waiting list control group would also have made it possible to examine differences in teacher perceptions of child problems in regard to treatment condition.

Another possible limitation is that teachers in day-care and schools may have a professional bias leading to quite a stereotyped understanding and reports of children with conduct problems. However, some of this is offset by focusing the interview on a particular child and one teacher in each class instead of issues pertaining to conduct problems in general.

Conclusion

Overall, the teachers in the present study were highly engaged in their work with children affected by severe conduct problems and they worked hard to try to help the child inside the day-care and school setting. However, the teachers seemed to base their work with children affected by conduct problems more on subjective and individual perspectives and preferences, rather than professional evaluations. Their

practices were not deeply rooted in evidence-based knowledge and methods and were more attuned to "practice-based evidence" (Kam & Midgley, 2006). This may lead to too infrequent and fitful support offered to children with conduct problems, who need extensive help in day-care and school settings. Its consequences may be serious, especially for children with pervasive conduct problems. These children are at higher risk of developing lasting problems throughout childhood and adolescence, compared with children with conduct problems exhibited only in one setting (Conduct Problems Prevention Research Group, 2002; Moffitt, 1993).

Complex issues are raised in the present study and the conclusions need to be further investigated in larger samples in future research.

Acknowledgements

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