Innovative Practice and Interventions for Children and Adolescents with Psychosocial Difficulties and Disabilities

Innovative Practice and Interventions for Children and Adolescents with Psychosocial Difficulties and Disabilities

Edited by

Elias Kourkoutas and Angie Hart

Cambridge
Scholars
Publishing

Innovative Practice and Interventions for Children and Adolescents
with Psychosocial Difficulties and Disabilities

TABLE OF CONTENTS

Part B. School-based Innovative Practices for the Promotion of Social, Emotional and Learning Skills

Part C: Innovative Interventions in Childhood Social, Emotional, and Behavioural Difficulties and School Violence

Part D. Therapeutic Issues and Innovative Applications

CONTRIBUTORS

Michal Bat-Or, Senior Lecturer, University of Haifa, Israel

Johan Botha, Assoc. Professor, North Western University, South Africa

Angie Hart, Professor, University of Brighton, UK

Roberta, Caldin, Professor, University of Bologna, Italy

Luísa Campos, Asst. Professor, Catholic University of Portugal, Oporto, Portugal

Stefania Cataudella, Ph.D., Researcher, University of Cagliari, Italy

Lino Chiandetti, Professor, University of Padua, Italy

John Cornwall, Senior Lecturer, Canterbury Christ Church University, UK

Daniel Derivois, Asst. Professor, University of Lyon II, France

Jean.-Jacques, Detraux, Professor, University of Liege, Belgium

Pedro Dias, Asst. Professor, Catholic University of Portugal, Oporto, Portugal

Eleni Didaskalou, Asst. Professor, University of Thessaly, Greece

Ana Duarte, Asst. Professor, Catholic University of Portugal, Oporto, Portugal

Ricky Finzi-Dottan, Professor, Bar Ilan University, Israel

Adam Fowller, Erasmus-Researcher, University of Madrid, Spain

Emily Gagnon, Researcher, University of Brighton, UK

Ann Gruenberg, Professor, Eastern Connecticut State, USA

Becky Heaver, Researcher, University of Brighton, UK

Sandra Heriot, Professor, University of Sidney, Australia

Elias Kourkoutas, Professor, University of Crete, Greece

Eleni Koutsougeorgou, PhD Candidate,, University of Thessaly, Greece

Lenka Krejcova, Lecturer, Charles University in Prague, Czech Republic

Viviana Langher, Assoc. Professor, University of Rome 1, Sapienza, Italy

Matilde Leonardi, Professor, National Neurological Institute- Carlo Besta, Italy

Vânia Sousa Lima, Asst. Pofessor, Catholic University of Portugal, Oporto, Portugal

Francesco Machado, Asst. Professor, Instituto Superior da Maia, Portugal

Hannah Macpherson, Senior Lecturer, University of Brighton, UK

David Manier, Assoc. Professor, CUNY, NY, USA

Paolo Meucci, PhD, National Neurological Institute- Carlo Besta, Italy

Konstantinos Ntinas, PhD-University of Wales, Head of Special School Unit, Gianouli, Larissa, Greece

Ângela Oliveira, Instituto Superior da Maia, Portugal

Filipa Palha, Asst. Professor, Catholic University of Portugal, Oporto, Portugal

JoAnne Putnam, Professor, University of Maine, USA

Sandra Rigazio-DiGilio, Professor, University of Connecticut, USA

Ronald P. Rohner, Emeritus Professor, University of Connecticut, USA

Mariana Scriva PhD, University of Sidney, Australia

Panayiota Stavroussi, Asst. Professor, University of Thessaly, Greece

Joanna Tsiouri, PhD, University of Columbia, NY, Instructor of University of Thessaly, University Hospital of Larissa, Greece

Elisa Veiga, Catholic University of Portugal, Oporto, Portugal

Simone Visentin, PhD, Researcher, University of Padua, Italy

Elena Vitalaki, PhD, Teaching Staff, University of Crete

Anastasia Vlachou Assoc. Professor, University of Thessaly, Greece

Hilda Wengrower, Senior Lecturer, The Academic College for Society and Arts, Israel

Sara Wianberg, Researcher, University of Haifa, Israel

Rachel Lev-Wiesel, Professor, University of Haifa, Israel

Charl Wolhuter, Professor, North Western University, South Africa

ABOUT THE EDITORS

Elias E. Kourkoutas is currently Professor of Psychology and Special Education in The Department of Primary Education at the University of Crete. He has a Ph.D.in Clinical Psychology from the Department of Psychology at the University of Liege, Belgium. He taught for several years at the Technological Educational Institute of Larissa (Greece), as well as in many European Universities, as Visiting Professor or invited Professor. He has published a series of books in Greek and many articles in peer-review journals in English, French, Spanish, and Italian. He has published a book in English on Childhood Behavioral Problems (Ecosystemic Psychodynamic Interventions within the Family and School Context, Nova Science, NY) and also coauthored, with F. Erkman, a book (Interpersonal Acceptance and Rejection: Social, Emotional, and Educational Contexts. Boca Raton, FL: Brown Walker /Universal Press).

Angie Hart is the Academic Director of Cupp. She is also Professor of Child, Family and Community Health in the School of Nursing and Midwifery, Faculty of Health and Social Science at the University of Brighton. She teaches professional courses for health and social care practitioners and undertakes participatory research into inequalities in health and social care in relation to children and families. Professor Hart has widely published (books and articles) on issues related to resilience, CoP, and disability. As well as being a university academic, Professor Hart is a community practitioner with many years experience of working at the front line in child and family mental health, As the adoptive parent of three children from the care system, she has much experience herself as a service user of health and social care services in both the voluntary and statutory sector.

INTRODUCTION

ELIAS KOURKOUTAS
UNIVERSITY OF CRETE
AND ANGIE HART
UNIVERSITY OF BRIGHTON

This book covers a wide spectrum of questions and topics in relation to children's, adolescents' and families' difficulties, as well as to epistemological, meta-theoretical, taxonomical, and intervention issues. Particular emphasis has been given by many authors to discussing and suggesting various alternative methods and practices of promoting child, family, and school potential and capacity to deal with personal and contextual risks and adversities. Most of the suggested approaches highlight the psychosocial, system- or community and especially school-based and child-centered paradigm focusing, not only on the treatment of children's deficits but mainly and above all on strengthening and sharpening their social, emotional and learning skills and on promoting child, family, and social-school resources and well-being.

Contributors to this edition come from many parts of the world, including Europe, America, the Middle East and Australia. Chapters are set in the context of innovative worldwide trends in the area of childhood and adolescence disorder and disability (emotional, behavioural, developmental, learning, and social-school adjustment difficulties). They considerably advance our knowledge of child psychology, inclusive-special education, and of valuable and advanced psychosocial, educational, and therapeutic interventions related to childhood vulnerability.

All authors draw on major disciplines of psychology such as clinical, school, and educational psychology, thus ensuring that the topics are discussed within a broader theoretical framework.

 More specifically, the following topics are addressed:

- Epistemological, theoretical and taxonomic issues related to childhood difficulties/disability

- Inclusive Education for children with disabilities or who are at-risk in other respects
- School and Community based Resilient Interventions for children with disabilities/ or are at risk and their families
- Social Emotional Skills Literacy- Mental Health and Psychosocial Interventions for children at risk or with various disabilities
- Innovative Interventions for children with Social, Emotional, Learning, and Behavioural problems (including Hyperactivity/ADHD, Antisocial youths, Abused, and disabled children)
- Art Therapy
- Youth with Emotional Difficulties and Aggressive behaviour and Cognitive Emotional Schemata
- School violence, youth violence and resilience

The book aims to present these fundamentally important issues within the context of up-to-date research on childhood vulnerability/disability that helps strengthen family and child-school relationships, and enable professionals, teachers, parents, and children deal with a wide spectrum of difficulties and risks. As such, the book should constitute a useful reference source for Academic researchers, Clinicians, Teachers, Special Educators, School Counsellors, School Psychologists, Art Therapists, Social Workers, Education Policymakers, and many other professionals (as well as general readers who are interested in such issues).

Overall, this book is a significant contribution to the field because it draws on research from around the world to offer a global perspective on the above issues that are fundamental for the design of new, comprehensive and meaningful social-emotional development (mental health) policies within or outside school for the children at risk, their families, and the educational and professional staff (see below, in detail, the rationale behind this project).

Chapters in this volume are representative of major issues concerning thousands of researchers and practitioners in many nations worldwide who are interested in the topic of how innovative models of intervention can increase the benefits for vulnerable children and adolescents and advance their knowledge on children's social-emotional difficulties, childhood disability and school-based practice and policy.

One of the book's advantages is that it includes chapters that are research oriented, theoretical, and practice focused, as well. In addition, the book integrates clinical, educational and psychosocial/resilient based practices and interventions that can be useful for clinicians, school counselors, psychologists, special educators, and teachers.

Professional societies and academic associations whose members would be most likely to buy the book include the following: American Psychology Association; British Psychological Society; Various National Associations of School Psychologists and Special Educators; Academy of Social Sciences (UK); British Association of Social Workers;; International Society for Interpersonal Acceptance-Rejection; Various European and worldwide National Psychological Societies, and others.

Furthermore, all authors are academic faculty working individuals in different countries all over the world and as such, they are likely to promote this book in their university departments for the benefit of their students and colleagues.

Most of the contributors of this volume (A. Hart, H. Wengrower, J. Cornwall, J.A. Putnam, I. Tsiouri, R. Rohner, R. Lev-Wiesel, etc.) have already authored or edited books published by well known publishers (Routledge, Sage, Brookes, Jessica Kingsley, Springer, etc.).

The aim of this book is not to offer another handbook on contemporary and innovative practice and therapeutic interventions for children and adolescents. The aim, is rather, to offer a volume that discusses and integrates different approaches in dealing with children's and adolescents' difficulties and disorders and that go beyond the dominant individualistic perspective of the traditional pathology model (see Fraser et al., 2004; Sameroff & McKenzie, 2004; Weare, 2005).

We are convinced that a wide range of childhood difficulties, disorders and disabilities should be examined from developmental, ecosystemic, and dimensional approaches and addressed within innovative educational practice contexts. These practices take into consideration children's internal dynamics and subjective experience, proximal, contextual (risk, protective, and resilient) factors, and the complex nature of what are conceived and conceptualized as disorders or symptoms in the traditional medical based models (see also Cooper & Upton, 1991; Kourkoutas, 2012; Schmidt, 2010; Urquhart, 2009). According to all available data, combining such approaches could lead to more comprehensive interventions and practices that help children to deal with their internal and external barriers constructively, to meet the developmental requirements and challenges successfully, and to eventually overcome their innate or acquired difficulties.

Promoting holistic resilient based and comprehensive approaches by including teachers, school staff, and parents in a partnership to address children's needs and difficulties is not to say that we disregard expertise and specialized knowledge. On the contrary, integrating scientific evidence and evaluating practice to investigate and highlight the best components that can promote resilient characteristics and buffer risks is of capital

importance. In addition, integrating various innovative or traditional tech-
niques in a wider psychosocial and resilient inclusive perspective seems to
be one of the most promising approaches to childhood disorder and disa-
bility.

In fact, our work is heavily influenced by the social implications of
disability and the theory of inclusive education, also taking into account
the wealth of knowledge accumulated by scientific research and psychoso-
cial-therapeutic practice. Such knowledge challenges the utility and ra-
tionale of individual-based practices and the effectiveness of empirically
based approaches to psychopathology and special education, when imple-
mented without combining them with an understanding of the broader
social context and the child's personal experiences and voice. Instead, we
propose a broader framework of working with children's and adolescents'
difficulties that is not restricted by the prevailing deficit model, but that is
instead enlightened by ecosystemic and psychosocial resiliency based
models, combining both conventional and alternative approaches for in-
clusive education and school psychology that are empirically validated for
their effectiveness. Additionally, this broader approach may be valued for
introducing new ways of conceptualizing childhood difficul-
ties/disorders/disabilities and for promoting new ways of investigating the
child's experience and of working in an interdisciplinary and partnership
perspective with the children at risk and their families.

Particularly, we are advocating approaches related to school inclusion
and school-based comprehensive practices that are created in an eclectic
manner and focus on contextual and micro-systemic factors, as well as on
promoting the psychosocial features of children's functioning; these ap-
proaches therefore challenge the classic school mental health models that
are exclusively individual-centered and focused on a rehabilitation per-
spective (Elias, Zins et al., 2004).

Furthermore, this book deals not only with issues related to the design
of effective or evidence based practices, but also with issues related to
epistemological and meta-theoretical questions of the dominant and of the
new emerging paradigms in special education, inclusive approaches,
childhood psychology-disorder-disability, and in educational and school
policy and practice (Dyson & 2009;; McNaab, 2009; Simpson & Mundes-
chik, 2012; Terzi, 2005; Weist, 2005; 2006).

Contributors to this volume are outstanding academic teachers, re-
searchers, and practitioners in their own country and worldwide. Their
biographies attest to their excellent reputation. They are leading experts on
these issues from the USA, West, Central, and Southern Europe, the Mid-
dle East, and Australia. This renders the book global in its appeal.

Even though a large number of books deal with the issue of childhood disability-disorder, the present book covers a wide spectrum of key aspects of this phenomenon, mainly from different and innovative perspectives, combining school, educational, psychosocial, and integrative interventions and theoretical models.

The book might be appropriate as supplementary reading in the following courses: School Psychology, Clinical Psychology, Inclusive and Special Education, Courses related to Psycho-social or Psychotherapeutic Interventions within or outside school.

PART A:

EPISTEMOLOGICAL, THEORETICAL AND FAMILY ISSUES IN CHILDHOOD DIFICULTIES/DISABILITY

RESILIENCE BASED INCLUSIVE MODELS OF STUDENTS WITH SOCIAL-EMOTIONAL AND BEHAVIORAL DIFFICULTIES OR DISABILITIES

ELIAS KOURKOUTAS, ELENA VITALAKI
UNIVERSITY OF CRETE
AND ADAM FOWLER
UNIVERSITY OF MADRID

Introduction

The area of disability, socio-emotional and behavioral disorders in childhood and adolescence, poses a series of questions and challenges to families, schools, professionals, scientists and society in general. School policies, inclusion, integration of students with disabilities, categorization and classification of disorders, the choice of terminology, the model and the scientific paradigm, methods or practices are at a crossroads between many scientific disciplines, philosophies, practices and epistemological approaches.

In addition, the role of specialists, teachers, educators, psychosocial strategies and clinical practice, conceptualization and implementation of these practices, philosophy, the quality of interventions and their interdisciplinary characteristics are challenging, conflicting and controversial aspects that are at the center of the contemporary problematization in the field of special education needs and inclusive education.

The medical model for considering childhood disorder which, in fact, emphasizes a pathologizing and deficit-centered approach has been seriously contested. Therefore, we will refer to and discuss issues related to innovative practices inspired by the paradigm of the resilience approach and psychosocial models for children with Special Educational Needs (SEN) (with learning disorders, emotional disorders, behavior problems)

or children from disadvantaged and very "problematic" family environments.

The fundamental assumptions of the medical model and the classic paradigm of school psychology

The application of the medical model is closely related to the ideology of disease ("illness ideology") in the discipline of psychology (Quick, 2008). This has led, on the one hand, to the depletion of its function in the identification of the deficit, disability, and disorders, understood as the deviation from the norm, and on the other hand, to the reduction of the psychological objectives in the deficit of recovery and rehabilitation (Thomas & Loxley, 2007). Although this model is defined by science (scientific axiom base) and is based on the objective observation of external reality, its objectivity and neutrality are considered to be quite reductionist. Therefore, it is believed that when the discipline of psychology adopts the medical model it is missing a holistic vision that allows it to grasp the complexity of childhood reality in its dynamic interaction between intrapsychic aspects, both physical and relational reality.

The conceptual framework used for the study of disability in childhood is of fundamental importance for intervention with regard to the definition of goals, objectives, methods, techniques and expected results. Generally, the approach to the problem affects and also shapes the categories used to interpret the phenomenon. We must think of how the categorization of deficiency or dysfunction has organized the system of diagnosis /assessment, the type of measurements, evaluations and tests used, the type and the direction of applied research and the philosophy of intervention on the level of "policy-making" and daily practices.

The exclusive use of the medical approach is therefore unable to capture the multifaceted dynamics of the phenomenon of disability/disorder and while focusing only on observable "facts" it becomes an entirely ideological position, only seeking to defend the axiom of objectivity. This means that many aspects that are inevitably beyond naturalistic observation are thus ignored by the model in question, such as the role of emotions in the case of disorders of conduct and learning, or the role of the environment in the state/condition of the disability. These issues usually have a significant impact on the growth and development of socio-emotional processes in children. Following this line of thought, a unique approach to the problem should not be reductive if the goal is to provide an overview of hermeneutics intra-psychic functioning and relational or communicational patterns in children. To give another example, the neu-

ropsychological model can become monolithic and limited; if it does not contextualize and interpret the longitudinal data then it does not consider the impact of the environment on the early development of the child's neuropsychological abilities. Fortunately, the bias involved in the medical model has already been questioned by psychosomatic medicine. For example, there is still a long road ahead in school and educational psychology, including the understanding of the dichotomy between physical and mental functioning, between the normal and the pathological, there still remains a dominance of categories of diagnostic models (DSM) when it comes to socio-emotional disorders. This has serious consequences in regard to the philosophy of intervention involving the various difficulties and disorders in childhood.

On the other hand, the concentrated focus on "evidence" by the medical model, and the consequent de-contextualization of the disorder or disability of the child conceived as an individual pathology, intrinsic to the child, underestimates the role played by the "environment" in the way the subject perceives and experiences his or her disabling condition (Mittler, 2000; Oliver, 1993). Here, then, the underestimation of the personal experience of disability in a certain social context and the interaction between internal and external processes becomes a logical consequence of the application of the medical model. We present below some of the consequences associated with the use of the medical model applied to childhood disorder and disability:

(a) *The predominance of the traditional expert model (expert-based model*): the core business of the professional is aimed at individual treatment and at recovering the deficit, without taking into account the complex parameters that might reinforce individual vulnerability or the contextual resources that might strengthen student resilience;

(b) *An exclusive focus on reducing the child's symptoms, disorders, and dysfunction* in a strongly "medicalizing" or rehabilitative perspective and more importantly, without systematically working with the school and family, since they are complex systems that may hinder or promote individual strength and reduce children's disorders;

(c) *The asymmetrical relationship established between professionals and "users"*: the family and the child are passive users of mental health services and subjects of the specialized intervention;

(d) *Parental involvement in the evaluation and intervention process* and in school procedures is reduced to a simple transfer of

knowledge or provision of information. At school, other factors that are crucial to the development and psychosocial adaptation of the child are therefore ignored, such as the quality of the relationship between the teacher and the child and between the child and his/her peers;

(e) *The lack of working partnerships between school or educational psychologist, mental health and other professionals involved in intervention*. This type of intervention underestimates other community and association resources to which the child or his family adheres.

In conclusion, the traditional medical approach to disability leaves no room for psychoeducational and psychosocial interventions aimed at the promotion of interpersonal skills or contextual changes, because it looks at disability and disorder exclusively as an individual disabling feature.

The socio-emotional difficulties and SEN: issues related to the philosophy of taxonomy and categorization systems

In recent years the concept of Special Educational Needs (SEN) has been adopted in many European countries. For instance, the educational policy of England and Wales and in other European countries recognizes the existence of such needs even if these are not due to the condition of disability or an illness arguing instead that Special Educational Needs may also come from psychosocial problems or lack of adequate access to education. Specifically, emotional and behavioral difficulties (EBD) appeared for the first time in the strategic documents of education in the 90's (Simpson & Mundschenk, 2012).

Special Education reports and government papers of many European countries tend to expand the framework established by previous laws regarding school segregation, in particular in regards to the exclusion of children with disruptive behaviors from mainstream schools, proposing a system of special education for these students and planning their reintegration into ordinary school. The categories identified in such documents are as follows: (a) "difficult" students with emotional and behavioral disorders (EBD), (b) students with EBD but not considered "difficult", and (c) "difficult" students without EBD (Jones, 2003). On the one hand, these documents break down the individual pathology of the EBD, and on the other hand, they state that difficult behavior should be understood as a social problem stemming from complex and continuous interactions between the child and his/her environment.

According to various authors who are in favor of the philosophy of Inclusive Education (full Inclusive Education) the recognition of the psychological and social aspects involved in the concept of Special Educational Needs, demonstrates a turning point in favor of a shift from the model of individual pathology and medical practice often dominant in this area.

Looking at the issue from the "social model" perspective, there are many authors who point out that the interests of professionals and scientists of mental health have led to the adoption of practices that stigmatize and discriminate against those children who, for various reasons, are defined as "difficult" in school (Jones 2003; Harwood & Allan, 2014; Kourkoutas & Raul Xavier, 2010; Schmidt, 2010; Timimi, 2002; Timimi & Taylor, 2004). Such practices essentially aim at reducing the symptoms/deficiencies, ignoring in this way the internal and contextual reality of the ("disabled/disordered") child (Harwood & Allan, 2014; Schmidt, 2010). A similar approach usually fails to take advantage of and promote the child's underlying potential and resilience capacities.

It is also important to emphasise the need to distinguish between disability and disorder, understood as an individual deficit, as a standard deviation from the norm, from aspects of school and family context that affect disability and disorder themselves. Inappropriate psychosocial support and assistance and lack of educational practices based on a holistic and reliable assessment of children's difficulties and capabilities will expose those students to the risk of exclusion and stigmatization (Kauffman & Landrum, 2009; Kourkoutas & Raul Xavier, 2010; Weare, 2000). However, the need to ensure that these pupils receive adequate or specialized support during the schooling process does not mean that their education should take place in a system of special education. On the contrary, it is desirable that mainstream educational inclusion should not fail to meet the increasing challenge of the needs and interests of these young students.

Often, the difficulties that children face in adapting to the school environment have their roots in their family background. There may be additional reasons that may prevent parents from providing adequate psychosocial support and education for their children: parental personal or family problems, parental psychopathology, social marginalization or scarcity of a social supportive network, economic hardship, extreme poverty, and so on, that amplify existing family dysfunctions. These and other factors may affect the process of socio-emotional and interpersonal skills development of the child, as well as the process of identity formation, emotional autonomy, self-esteem, and adequate coping mechanisms that are necessary to deal effectively with the challenges of a more extended social and interpersonal environment. Lastly, the recognition of the impact of the family

environment regarding the process of growth and adaptation of the child, allows for a further step away from the medical model.

It is therefore essential to recognize the often complex and troubling interpersonal experiences that these children go through such as, coercive or inadequate rearing practice, conflicting or ambivalent family relationships or situations of alienation and enmeshment, traumatic relationships and family violence and contradictory or unbearable emotions. It is therefore an illusion to think of excluding this component from both the study of childhood disorder and disability and the intervention process (Schmidt, 2010).

Taking into consideration the social and family contexts is therefore imperative to understanding and responding to the needs and requirements of each student proactively and effectively. Acknowledging the internal confusion, the emotional suffering and the cognitive dysfunctions or deficiencies provoked by traumatic experiences in family environments, is the first step towards designing comprehensive strategies and practices that respond effectively to the challenges of these children within the school context (Kauffman & Landrum, 2009; Mash & Wolfe, 2010; Schmidt, 2010; Urquhart, 2009). This type of approach can then be defined while the objective of educational inclusion is being carried out, by focusing both on the academic inclusion of the child and by considering a holistic view of the problems the students are facing on a social, emotional and interpersonal level. In fact, a holistic and school-wide approach takes into account the complexity of the relational systems and realities in which every child is enveloped at home, in the classroom and at school.

Many teachers remain witnesses to the exclusion and stigmatization of some of their students because they are unable to understand (or to take a holistic view of the child's problems), and therefore to provide adequate help and support during the learning process. A holistic and school-wide inclusive view supported by many scholars requires teachers to expand their pedagogical role and find innovative ways to successfully deal with the socio-emotional and learning needs of their students. Moreover, many school-based programs focusing on strengthening vulnerable students' interpersonal and academic skills consider the teacher's role as critical for the successful implementation of the program. In addition, a teacher-child positive relationship is also considered to be a crucial component of such programs.

Mainstream school curricula and traditional special education intervention mainly emphasize academic performance at the expense of socio-emotional factors that are involved in the learning process. There exist an increasing number of studies that have instead, emphasized the importance

of these factors and the impact they have on the academic performance of students. Such research, drawing on different perspectives and various disciplines, have so far failed to provide a comprehensive, interdisciplinary model that can guide policy makers and administrators, as well as school units to reconsider the importance of socio-emotional dimensions in schooling and the learning process. Consequently, many educational systems and school units fail to provide their vulnerable students with the appropriate educational environment that promotes their emotional and academic resilience, with specific psychosocial and psychoeducational actions (Barbarasch & Elias, 2009; Cohen, 2013; Doll, 2013; Elias et al., 1997; Zins & Elias, 2006).

The socio-emotional development of the student is related both to the quality of his/her academic performance and classroom integration/inclusion. We can therefore mention four components of a socio-emotional nature that can promote school success and social-academic resilience: (a) the emotional investment and involvement of teaching in school; (b) the "specialized guidance" and "supportive supervision" of the teacher; (c) positive relationships and shared (solidarity/collaborative) values; (d) practices related to mental health well-being and socio-emotional training programs embedded within the regular curriculum (Allen, 2007; Becker & Luthar, 2002; Doll, 2013). These factors do not refer only to the student but to his/her dynamic interaction and exchanges with both the school and family environments. Therefore, an intervention in inclusive orientation is effective if it takes into account the complex dynamics of all the factors involved in the development process of a child's learning at school and at home.

Special needs are not needs that arise in a child with disabilities/disorders with regard to a system that is fixed. Rather they are needs that arise between the child and the educational system as a whole when the system fails to adapt itself, its teaching and educational practices to the learning and social-emotional characteristics of the child (Terzi, 2005). Adopting an extremely radical position, Tregaskis argues that disability could be eradicated if educational systems and policies were organized in ways that took the needs of all students into account (Tregaskis, 2004). Although, this extremely radical position has been strongly criticized by many scholars (see for example Anastassiou & Kauffman, 2011; Cooper & Jacobs, 2011), it is, however, imperative for schools to develop systems of care and of schooling which take into consideration the children's difficulties and (learning or social-emotional) needs and strengths. Contemporary schools should be in position to develop interdisciplinary practices that can effectively respond to this population's needs and encourage vul-

nerable students to overcome their internal or external barriers (Ellis, Tod & Graham-Matheson, 2008). It is, however, illusionary to stress that children with disabilities will always have to be supported by external agencies in ways that help them to overcome each individual restriction or external barrier.

A social system of support for the most vulnerable students is imperative for every democratic school system. It is, however, important to assume a strategic plan that focuses on strengthening vulnerable and disabled or troubled students by enabling them to develop their emotional and academic resilience. In fact, even if systemic changes towards a more inclusive direction are needed, a school based system of support will allow vulnerable or troubled children to be more competent in responding to social and educational challenges. Helping those students take advantage of the internal and external resources and be self-autonomous, as far as possible, should be one of the major goals of the social model of childhood disorder and disability.

The resilience and empowerment model in school and the classroom for students with social-emotional and learning problems

Many studies have highlighted the failure of schools to meet the social and emotional learning needs of their pupils, leaving them largely unmet (MacBeath et al., 2006; Mash & Wolfe, 2010). A conservative estimate shows that approximately 20 % of young people are in need of psychosocial interventions and this figure reaches, in some approximations, 38% (Committee on School Health, 2004; Mash & Wolfe, 2010). This percentage does not, however, include young people "at risk", meaning, young people who might benefit from teacher or counseling help or support instead of long-term targeted interventions. Moreover, between one-sixth and one-third of the students who have been diagnosed with some disorder do not receive any treatment. Students with social, emotional and behavioral problems should be taken into consideration too. The Committee on school Health (2004) reported that less than half of these students receive treatment and appropriate support at school. Considering the framework that has just been presented, it is clear that there is a risk of psychiatric problems for these children. By not finding adequate support in school they have to make use of traditional treatments in mental health services, resulting in the pathologizing of their different situations (Kourkoutas, 2012; Timimi, 2002; Weare, 2000).

Among the categories used to describe disorders in childhood behavior are those of externalizing problems which are then acted out and those that do not result in observable behaviors, defined as internalizing and are amongst the most common (Mash & Wolfe, 2010). Externalizing problems (aggressive and destructive behavior, anger, temper tantrums, impulsivity, and hyperactive behaviors) have been identified as a potent risk factor for school failure and the development of criminal behavior in adulthood. This type of problem seems to affect the quality of the teacher-pupil relationships more than with respect to internalized problems. In fact, many studies have shown that externalizing problems (conduct problems) are considered more disturbing by teachers when compared to shyness and anxiety (internalizing difficulties) (Cefai, 2008; Hanko, 2001; Kauffman & Landrum, 2009; Kourkoutas et al., 2011; Poulou & Norwich, 2000).

A very disadvantaged or dysfunctional family environment as well as having developed emotional problems, be they learning or behavior (BES) related, are both factors that expose children to the risk of rejection or exclusion from the classroom. Such repeated experiences will lead the child to expect he/she will be rejected in future.

In addition, the student who is repeatedly rejected by peers is likely to be more withdrawn in his/her social interpersonal relationships and less actively involved in academic activities and learning procedures. In addition, the reduction of interaction with peers and the exclusion from classroom academic and social activities may affect his/her psychosocial and learning abilities hindering his adaptation to the classroom and to school (Cefai, 2008; Richman et al., 2004; Salend, 2004). It must be emphasized, however, that emotional withdrawal is due to an environment that is perceived as rejective. Furthermore, an isolated or excluded child perceiving others as rejective may in addition develop a series of more serious psychosocial disorders. In contrast, the qualities of the student's positive relations with his/her classmates and especially with his/her teacher are factors that can prevent the development of socio-emotional troubles and difficulties in the future (Cefai, 2008; Salend, 2004).

In fact, a positive relationship between teacher - student is an important factor for inclusive education so as to promote learning and, more generally, to promote the psychosocial development of the child (Cefai, 2008; Doll, 2013; Kourkoutas & Georgiadi, 2009; Weare, 2000). As a result, the negative quality of this relationship can seriously affect the social-school adjustment and psychosocial development of the child, more so if there are inherent behavioral or emotional problems present (Cohen, 2013; Doll, 2013; Zipper & Simeonsson, 2004).

Overall, there is a growing body of research data indicating that this relationship may positively or adversely affect the student, both in his/her psychosocial development and academic achievement (Baker, Grant & Morlock, 2008; Richman et al., 2004; Rohner, 2010).

One of the most difficult challenges for educational staff is classroom management and, in particular, the management of children with conduct problems (Mitchell, 2007). The nature and origin of these problems is in fact very complex. In most cases, behavioral problems have to do with the emotional, relational, and communication patterns and dynamics developed within the family context (Howe, 2011; Mash & Wolfe, 2010). It is clear, however, that psychological intervention at school must give priority to the role of the teacher, even if he/she is not always in a position to properly solve the problem of the child's behavior (Cefai, 2008; Cefai & Cooper, 2009; Hanko, 2001).

On the other hand, a growing number of authors recognize the fundamental role of the school, not only as a place dedicated to the psychosocial development of the child, but as an institution that can provide comprehensive and effective interventions for children with emotional and behavioral difficulties and their families (Allen, 2007; Kourkoutas, 2012; Urquhart, 2009). School may therefore be the place to create a series of practices and psychosocial services oriented towards the promotion of different kinds of skills for children considered to be high risk (Barbarasch & Elias, 2009; Cefai & Cooper, 2009; Christner et al., 2009; Urquhart, 2009).

The belated recognition of the school's role in promoting social development, emotional balance and psychological resilience in "vulnerable children or children at risk" is on the rise worldwide. Schools provide a critical context for the development of self-esteem, self-efficacy and sense of mastery of external reality and a series of crucial skills at the social-interpersonal level, as well as the academic-learning one. Especially for children between the ages of 5 and 12 years, school plays an even more significant role than that of the family, exposing them to the powerful influence of the support of teachers and peers, promoting autonomy and self-confidence by developing independence, while establishing positive relationships with others. This is an undeniable reality and illustrates the paradox of the psychosocial development of the human being as he/she grows and acquires his autonomy and independence through dependent relationships. A reality that is all the more true for pupils with difficulties and social- behavioral problems that manifest themselves into serious difficulties relating to and bonding with classmates and teachers in a positive way.

In most cases, support for children with social, emotional and behavioral problems requires the intervention of professionals outside the school environment. In fact, many studies show that children with conduct problems represent a significant risk factor for classroom organization and functioning affecting teaching procedures and teachers' psychological well-being, (Copper & Jacobs, 2011; Henricsson & Rydell, 2004; Kauffman & Landrum, 2009), as many educators prove unable to effectively manage such behaviors and help these students effectively (Cooper & Jacobs, 2011; Kauffman & Landrum, 2009; Kourkoutas & Georgiadi, 2009; Henricsson & Rydell, 2004; Kourkoutas, 2012). Furthermore, negative teaching attitudes and punitive strategies on the part of teachers in everyday interactions with these students seem to increase their classroom maladjustment. In particular, punitive practices seem to have a seriously negative impact on the long-term problem behavior of the student who may become more defiant, provocative, or even violent and destructive when dealt with using hostile tactics (Kauffman & Landrum, 2009; Kourkoutas, 2012; Simpson & Mundschek, 2012).

Therefore, one of the main objectives of school or educational psychologists is to focus on resolving, where found, conflicting or hostile relationships between teacher and pupils. It is, in fact, crucial for professionals who work in an inclusive perspective to help teachers overcome their hostile feelings or prejudices towards "difficult students" and be engaged in their classrooms and with those students in more meaningful and creative relational and teaching ways. In addition, it is important to help children develop their social skills, because, even though these skills may seem to be a weak strategy, they can be a protective factor with respect to the emergence of additional problems in the future. In any case, this should be further investigated by means of longitudinal studies so as to develop protective factors that can support students with internalizing and/or externalizing problems to achieve a satisfactory level of school adjustment, and thus avoid dropping out of school and preventing them from developing mental health disorders or entering antisocial pathways (Plant, 2006).

Many researchers (Bernard, 1993; Dyson & Howes, 2009; Goldstein & Brooks, 2007; Rees & Baile, 2003) have proposed a series of key features and qualities that schools should possess so as to ensure a "holding" and supportive educational environment for students with high incidence needs and difficulties. An educational setting that compensates for family or poor school adjustment problems assisting, in this way, vulnerable or "problematic" students to maximize their learning and social-skills potential and achieve satisfactory academic adjustment. Indeed, in order to rein-