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Diagnostic and intervention competences of a teacher regarding the work with students with CAN syndrome

Abstract

The paper discusses some problems of teachers' pre-gradual preparation and practice in the area of teachers' competences forming. The primary attention is paid to diagnostic and intervention competences in education.

Key words: teachers' competences, CAN syndrome, CAN child at school

Introduction

Information about various socio-pathological phenomena is spreading out more often these days. News about parents disregarding, abusing, molesting, tormenting or even killing their children are in the centre of media attention. On the other hand, the media are also discussing displaced reactions of children, including suicides. Not only Slovak periodicals and electronic media are preoccupied by this topic; also foreign media reports provide sufficient proofs that the problem is an international one. Publishing such news often reminds one of a sensation; it probably also carries commercial purpose. Apart from this fact, we shall perceive the positive effect: highlighting the problem for wide public. From this point of view, spreading the news about tormenting the children can also be prophylactic (P o k r i v a e k o v a, 2000, p. 38).

Experts in legal, medical, psychological, sociological or educational branches view the problem of tormented and abused children differently. This problem vitally affects people in affiliated professions; such as teachers at all educational levels and types of schools. Apart from the fact that solving out this problem belongs to ethical codex of teaching, it is reflected in professional competences of teachers. Therefore pre-graduate teacher training programme should provide efficient preparation.

In Europe there are 2 models of teacher training programme: so-called minimum professional model and high expert model. Regarding the mod-

ern school, the high expert model should be applied. The high expert model presents: "a teacher being self developed and self reflected personality, a personality that is able to analyze his own activity, identify learners needs; to respond to them and evaluate results of his interventions" (N e z v a l o v a, 2001, p. 19).

Changes in concept of teachers training programme and teachers competences

Being a teacher - an expert with pedagogical, psychological and sociological aspects - is tightly connected to everything that happens in the school environment; especially in social sphere. The characteristics of actual but also anticipated micro, mezzo and macro conditions of school environment are transformed into fading or arising functions or competences of a teacher. There are, at least, two fundamental circumstances reflected in a teacher's competences:

The first one exposes the relationship of society - family - school; changing socio-political and economical conditions and the overall change of lifestyle affect families. Contemporary families are facing new, unknown and unexplored phenomena. Statistics shows that majority of learners grow up in families endangering their education and healthy development.

The second condition can be perceived in the following relationship: society - school - family; gradually, we acquire the philosophy of school being a kind of a service for inhabitants: parents and learners being the clients; they pay for the provided services via the tax system. This service also requires accurate competence of teachers.

Issuing from new facts that were revealed by psychological, pedagogical and sociological research on full health and personality development of children, we are able to state the concept of teachers' competences and their content:

- regarding a child as an individuality,
- regarding a class as a specific organism,
- regarding local educational potential,
- regarding teaching staff as a team,
- implementing parents into educational endeavours.

Competences and standards of teachers are very often discussed these days. Issuing from the new legislative norms regarding the universities, we can conclude the following: changes have affected university educational system as well as teachers training programme. We are not going to analyse the changes in system organisation (ECTS, credits, subjects' information sheets and programmes); we want to highlight inevitable changes in the field of education; focusing teachers training in particular. Questions of teachers' competences in elementary and secondary schools are discussed in many publications, e.g.

I. Turek, D. Nezvalova, M. Zelina, V. Spilkova, A. Gogova, G. Porubská, E. Petlak, J. Komora, and many others. According to V. Spilkova (2003, p. 6), the two basic areas of competences can be defined: a) subject-based competence area and b) pedagogic- psychological and psycho-didactic competences. In the first one, the change in the teacher's priorities is considered. The priorities shall follow from what to teach to whom to teach it and how to teach it. In the second area, diagnostic and intervenient competences are stressed together with the related advisory and tutorial competences. According to the aforementioned, a teacher shall be able to analyse learners' actions, their reasons and problems and deliver an appropriate solution as well as to carry out communication with learners' parents.

Teacher seen as analyst, advisor and co-operator

Identification process and therapy of a CAN child is delivered in the following phases: detection → diagnosis → therapy. The aforementioned suggests teacher's "obligations" towards the child; especially in the two initial phases. Teacher identifies the diagnosis, e.g. the tormenting (molesting, mistreating) of the child. To deliver accurate diagnosis, it is necessary to be familiar with the basic criteria defining the CAN syndrome (Seidler, 1997). At the beginning of diagnostic process, teacher asks question, such as: Why do I think the child is tormented?: "What made me think so?" and the like. Then, his opinion is confronted with other teachers involved in the teaching process of the child. Professional ethic binds the teacher to absolute reticence regarding the school type and its location. It is also necessary to keep local customs and regulations. These can differ according to the urban or rural locality.

To the diagnostic and intervenient competence

When providing the diagnosis, the teacher takes into consideration actual symptoms of the child. Symptoms that have already been mentioned in the above text can initiate teacher's suspicion. He can suspect the child being exposed to any kind of abusing or tormenting. Sometimes, the actual symptoms can be of post-traumatic origin; the particular trauma could have happened, years ago but never has been healed. The teacher could have reopened it by his enquiry. That would be the crucial moment in which teachers' competence should be stressed.

As the research proves, trauma caused by molestation and mistreating can be revealed many years after actual experience (Van der Kolk, Mark Katz and others). The most dangerous traumas are those experienced in the early child-

hood, up to 3rd year of age. Very interesting is the research examining the brain functions and various chemical reactions during the tormenting or abuse. These reactions irreversibly damage the brain. The damage connected with insufficient nutrition, physical punishment, pain or emotional neglecting can be far more dangerous than brain diseases - those can be cured by medical or surgery means. The research shows that the children that lived in fear and stressful environment chronically suffer from high level of hormone cortisol in their bodies. Comparing to normal children, abused or tormented children suffer from delayed mental development in cognitive and social levels as well as mobility dysfunctions.

Problems in concentration, difficulties in the learning process, aggressive behaviour or inadequate reactions (child is annoyed or scared even in emotionally safe environment) might indicate unpleasant experiences in the past.

Furthermore, the research of traumatised children indicates higher probability of psychiatric diseases in the years of adolescence and adulthood. Regarding the frequency, strength and length of child's exposition to trauma, one half of the children undertake the risk to develop neuropsychiatric symptoms. The longer diagnostic process in the more serious damage can be expected. Symptoms exposed in adulthood might be the following:

- higher probability of alcohol and drug addiction,
- defencelessness,
- delinquent and criminal behaviour,
- physical and mental health problems.
- copying behaviour of adults: repetitive mistreating and molestation of own children the latest being extremely important.

In such a case, empathic and sensible teacher is able to find the way out of the vicious circle - it is generally known that victims of home violence continue the violent practises of various forms (at home, in school, among children of the same age group aimed towards weaker children, towards animals or material values).

Counselling and advisory competence of teacher seen as an expert suggests particular level of counselling for parents. Services providing various educational programmes for being parents are delivered in many countries. These courses concentrate on "parents already" counseling, not "parents- to-be" advisory services. Unfortunately, these services are not delivered in Slovakia.

Experienced teachers with broad knowledge and sufficient practise shall deliver the courses. We were able to attend one of these courses on handling the anger and expressing emotions towards the child. Parents could learn how to communicate effectively with their children and were able to comprehend the danger of tormenting and cruelty.

P. Ondrejko v i c (2000, p. 96) suggests very tentative therapy. He calls it "protective-therapeutic approach". The main role is to deliver therapy for all the family. The aim is to improve mutual relationship and living conditions of the family. Therapy is effective only if mistreating of the child was more or less accidental and the parent feels guilty and fears what may come in the future of the child.

Illustrative empirical findings

Theoretical starting points will be complemented by the data from practical teaching. The research was carried out with help of students who in their diploma theses dealt with the issue of CAN (H u d e c o v a , 2003; K u l a c s o v a , 2003). The aim was to find out the level of teachers' familiarity with this problem. The research sample was made up of 88 teachers, 78 of them teaching at basic schools and 10 at special basic schools, and, as far as gender is concerned, 74 being female and 14 male teachers. As for the professional experience, 39 teachers had a shorter teaching practice than 15 years and 49 have taught more than 15 years. The research methods consisted of an interview, questionnaire, observation and the study of school documents. Since the survey was focused also on other partial tasks, we will not present detailed results here, but just single out the ones which illustrate our theoretical starting points.

In the humanistic education, it should be taken for granted that pupils' confidence to teachers plays a significant role. We think that a child communicates with the teacher always when there is problem - at school or at home. Our survey, however, has not proven this hypothesis, since the results showed that only 16% of pupils who have problems come to see their teacher. Almost 79% of teachers have said that pupils come to see them rarely, 5% said that pupils would not come at all. When pupils have problems they more often turn to women than men. Interesting were teachers' answers to the question of whether during their practice of a class teacher they came across a case of a tormented child. The answers showed that 30% of teachers were often confronted with such cases, 70% only sporadically. This raises a question whether the sporadic occurrence was caused by the fact that they did not have such a child in their classroom, or because they are not familiar with diagnostic symptoms and thus they could not identify a pupil with such problems. We find the second alternative rather true. The research further showed that the most frequent of childhurting behaviour is the neglecting, than physical torment and abusing. Most of these children came from incomplete families, though the margin between the complete and incomplete families was small (60%-40%). As most frequent signs pointing to such a child were, first of all, hygienic-cleanliness defects (not

properly dressed, dirty, smelly, and neglected children - 71 pupils), than physical signs (bruises, burns - 53 pupils), suddenly worsened marks (46), apathetic behaviour - a type of "who cares" attitude (36), and aggressive behaviour (35). Moreover, there was an informal sexual behaviour (if compared with the behaviour expected from a child of that age); in 18 cases there was even an attempt to commit suicide (E l l i o t t o v a, 1995).

As far as the cooperation of the family with the school is concerned, there always occurs a dilemma as to what extent the teacher should take interest in various (including sensitive) issues of his/her pupils, especially when it is evident that a problem was caused by the family. Within our sample, 95% of teachers think that to care about various difficulties pupils go through at home or at school belongs to professional responsibilities of teachers. However, as much as 80% of teachers also think that they should have more competences in dealing with the CAN syndrome. 20% of teachers think that they do not have any competences with regard to this matter. This holds true especially for teachers with a shorter teaching experience.

The greatest problems in dealing with CAN are related to the difficulties of cooperation with parents. Experience shows that this cannot be even considered cooperation, but a total lack of contacts between a problematic family and the school. Some published cases show that even attacking teachers physically is not rare at all. The cooperation of school and institutions of public order (police) is sometimes very complicated. Interviewed teachers stated that it is quite common for the police to be non-interested, even ignorant when it comes to dealing with the issue.

The teacher should know that if symptoms of tormenting or abusing are detected, he/she should contact first of all the school's headmaster. It is natural that the headmaster, as a statutory representative of an educational institution, should be informed about the problem so that adequate measures benefiting the child can be taken in cooperation with parents. It is striking that almost 45% teachers from our sample reported their suspicions to the parents! There is a reason to expect that the results would be the same even if the research was done with a larger sample.

What seems to be emerging from the research results is the fact that the cooperative function of teachers should be strengthened, not only with regard to the family, but also to institutions and facilities involved in dealing with prevention and therapy of the CAN syndrome (such as, for example, SLONAD, Slnieeko, etc.). Moreover, teachers themselves perceive insufficiency of their own level of knowledge about the CAN; 43% of them evaluated their level of information as good, 57% as moderate or weak. Only one teacher (a man with over 15-year long teaching experience) said that he does not know anything

about the issue and one female teacher said that she is perfectly familiar with the issue (she dealt with it in her rigorous thesis). The increase of all teachers' interest in further study and in the cooperation with the above (as well as other) institutions can be considered as positive phenomenon.

Conclusion

In the introduction it was noted that a transformation of study programmes in the field of teacher education is currently under way and that this opens space for addressing the problems as outlined in the paper. Pedagogical and psychological disciplines may significantly influence further directions of teachers' training, especially within the framework of the discussed model of teachers' wide professionalism. This is important, because the expected EU enlargement may bring a greater migration of population resulting in an increased gravity of the above problems.

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