Case Studies of Behaviour Modification in Schools: A Counselling Perspective

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ABSTRACT: Adolescence is a time of rapid change, both physically and cognitively. It is an intermediary stage between childhood and adulthood and plays an imperative role in forming a prosocial or antisocial adult. Adolescents have to deal with puberty and hormonal changes, parental and societal forces, unprecedented stress about school and college, and career confusion. When they face such issues, they experience many emotional highs and lows and sooner or later develop behaviour issues. The present study aimed to understand counsellors' experiences while managing adolescent behaviour concerns using the case study method. The sample consisted of ten school counsellors working in Bengaluru. The researcher used an interview guide to collect the data, and thematic analysis was used to analyze the participant interviews. The analysis revealed the nature and factors of behaviour problems in adolescents, the behaviour modification techniques used by the counsellors and the subjective experiences of counsellors in the behaviour modification process.

Keywords: counselling, adolescents, schools, behaviour modification, case study, Bengaluru

Adolescence plays a significant role in the formation of an adult with prosocial or antisocial behaviour. When adolescents face self-esteem and body image issues, they may develop eating disorders due to frustration. They feel stressed when they experience peer pressure and competition at school or become victims of child abuse at home. Many of them indulge in smoking or drinking behaviours as a response to stress. Some even find relief in running away from home, playing video games or chatting on social media platforms. Suppose emotional support is not provided to them at home or in schools; they will involve in relationships with the opposite sex in school or neighbouring areas, leading to unsafe and underage sex and probable adolescent pregnancy. Many of them abuse substances and perform deliberate self-harm during a letdown. They also engage in crimes when they sense they cannot get any help or support (The Most Common Problems Teenagers Face Today, n.d.).

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Behaviour Problems in Adolescence

According to Newport Academy, a United States therapy program for adolescents established in 2009, impulsive behaviour, little or no regret for actions, lack of empathy, mood swings, recklessness, deliberate self-harm, hurting others, skipping school or absconding are some of the indicators of behaviour problems in adolescents. Therefore, adolescents with such behaviours may be seen as unsafe, impulsive, or rash (*Adolescent Antisocial Behaviour*, 2013).

Ramsey et al. (1995) suggest that externalizing or antisocial behaviours are the most common behaviour pattern of students with behavioural and emotional problems. Some behaviours include moving out of the seat, talking without permission, troubling classmates, beating or quarrelling, disregarding teachers, being argumentative and insincere, stealing, destructing assets, and not finishing homework.

A few adolescents with behavioural and emotional problems are extreme. They do not have much social interface. They lack the social skills needed to build new relationships, and they often involve themselves in daydreaming and fantasizing. Some become anxious with no right reasons, repetitively whine of illness and injury, and set off into a depression (Boyle, 2002).

Behaviour Modification

Behaviour modification in psychology is concerned with the analysis and modification of human behaviours. It is based on B. F. Skinners' principles of operant conditioning. It involves applying learning principles and techniques to assess and improve individuals' covert and overt behaviours to enhance their daily functioning. The techniques and methods used in modifying the behaviour depend on the individual's presenting problem and the goals of modification.

The value of behaviour modification techniques for improving various behaviours has been amply demonstrated in thousands of research reports. Successful applications are renowned with individuals ranging from profound learning disabilities to the most intelligent, from the very young to the very old, and from controlled institutional programs to varied community settings. Modified behaviour ranges from simple motor skills to complex problem-solving. In areas such as education, social work, nursing, clinical psychology, psychiatry, community psychology, medicine, rehabilitation, business, industry, and sports, applications are occurring with ever-increasing (Martin & Pear, 2019).

Purpose of the Present Study

The present study focuses on studying the experiences of counsellors while managing behaviour issues in adolescents. This paper posed four questions: First, what are the different

behaviour problems of adolescents? Second, what are the factors leading to behaviour problems in adolescents? Third, what are the different behaviour modification techniques used by counsellors to manage behaviour problems in adolescents? Fourth, what is the experiences of counsellors while using behaviour modification techniques? There has been considerable progress in identifying the nature and factors of behaviour problems to understand whether adolescents are instinctively irresponsible or destructive toward others and whether such adolescents can be stopped. Research efforts have also focused on validating the efficacy of different interventions instead of understanding the counsellor's experiences, counselling process, counsellor-client relationship or the counsellor's qualification and interpersonal skills.

Review of Literature

A pattern of behavioural problems is the best indicator of misbehaviour in adolescence. Fremont and Wallbrown (1979) identified four dimensions of behaviour that teachers will probably encounter in the classroom environment. They included personality problems, conduct problems, inadequate-immature behaviours, and socialized delinquency.

Various studies have also identified some of the major risk factors for antisocial behaviour. Farrington (2005) reported impulsiveness, low intelligence and low school achievement, poor parental supervision, child physical abuse, punitive or erratic parental discipline, cold parental attitude, parental conflict, disrupted families, antisocial parents, large family size, low family income, antisocial peers, high delinquency-rate schools and high crime neighbourhoods as the risk factors for antisocial behaviour in adolescents. Parent-child interactions and family dynamics are significant predictors of antisocial behaviour in adolescents (Dekovic et al., 2003; Cherlin et al., 1991).

Peers can serve equally positive and negative functions throughout adolescence. Negative peer pressure can influence adolescents to make dangerous decisions or involve in more problematic behaviour than they would alone or in the company of their family. On the other hand, peers also act as an important source of social support and camaraderie during adolescence. Adolescents with positive peer relationships are better off and well-adjusted than those who are socially cut off or have conflictual peer relationships (Lansford, 2017). Therefore, they are central to adolescent life and are crucial to understanding adolescents' engagement in various behaviours (Oswalt, 2010).

Teachers serve a significant role in the trajectory of students, particularly in the early years (Bronfenbrenner & Morris, 1998; McCormick et al., 2013). Teachers have the unparalleled

opportunity to provide support to reduce or help give away behaviour problems (Baker et al., 2008; Bronfenbrenner, 1979). One way to do so is through relationships with students. Based on attachment theory, good quality teacher-student relationships are seen to provide security and support to students through the provision of closeness, affection, and positivity (Luckner & Pianta, 2011). Research studies also suggest that good teacher-student relationships may provide a model for appropriate behaviours and scaffolding for needed social and behavioural skills (Baker, 2006; O'Connor et al., 2011; Silver et al., 2005).
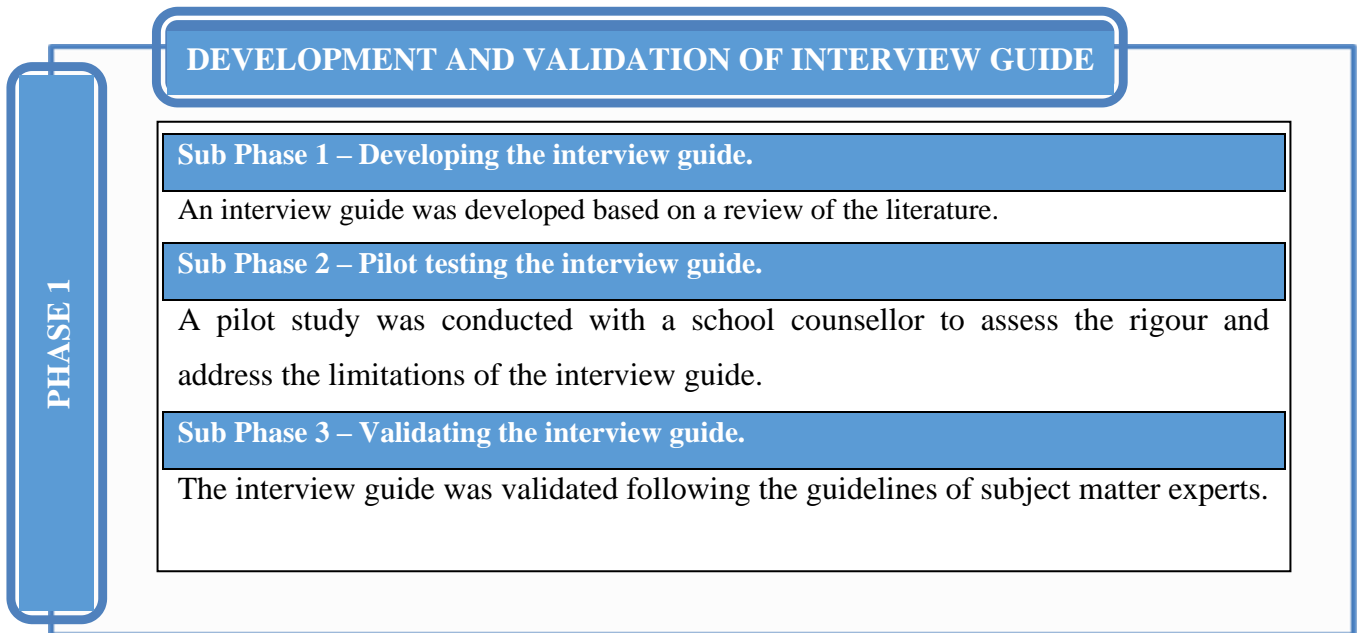
Routines, defined broadly, are procedures or behaviours performed habitually or mechanically in a particular order, in the same location, and at regularly scheduled intervals (Fiese et al., 2006; Sytsma et al., 2001). The adolescent years are a time of significant change for a child. Good routines can help them feel grounded and secure, as well as helping them plan their time more effectively so they can manage the demands of school, friends, work, play and study. Since adolescents thrive with structure, parents must get them familiarised with routines. One major factor that contributes to poor behaviour is unexpected and sudden transitions. When there is a consistent routine, adolescents know what is coming next, and it eases them through those transition periods. When they don't know what's next, this creates uneasiness and often unleashes fits because of transitions and unfamiliar circumstances (Corinne, 2017).

Method

The study aimed to understand the experiences of counsellors while managing behaviour problems in adolescents. Being a case study, the design of the study was descriptive. The researcher performed in-depth interviews with a sample of ten school counsellors working in Bengaluru, India, with English as their second language and at least two years of experience in school counselling.
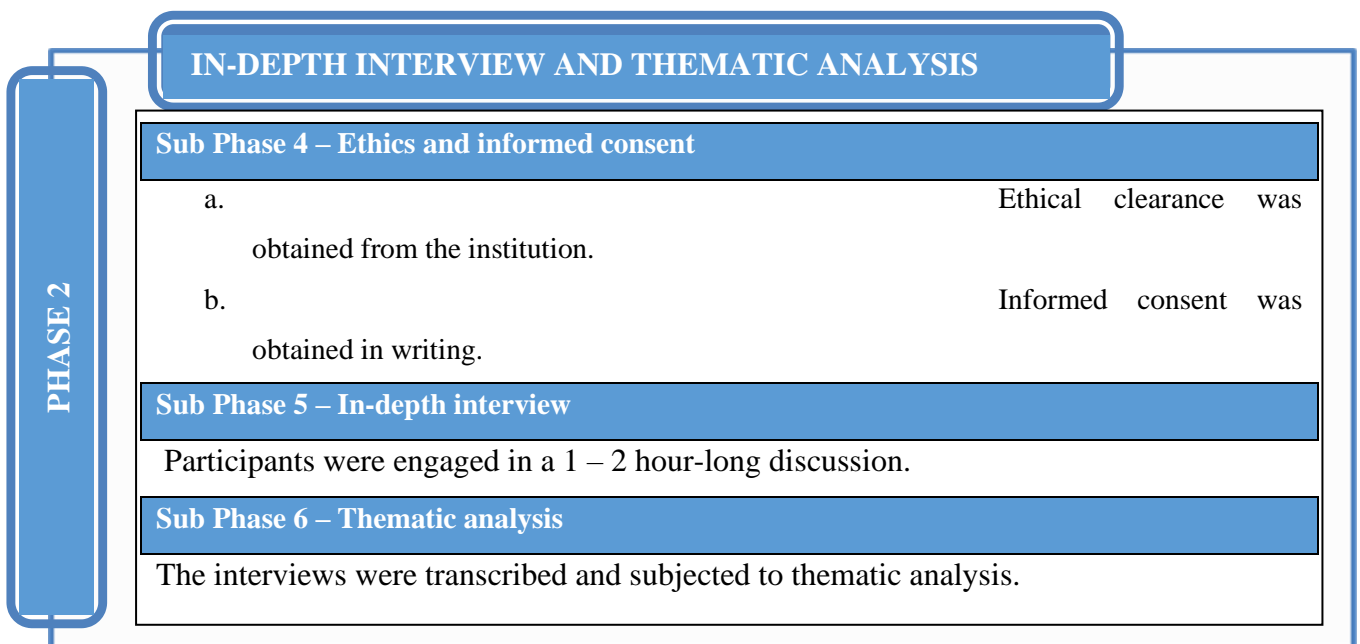
In Phase one of the study, a pilot study was conducted with a school counsellor to assess instrumentation rigour and address any limitations before carrying out Phase two (the formal phase). The instrument was then validated and finalized following the guidelines given by four subject matter experts. Figure 1 shows the methodology followed to develop and validate the tool.

Figure 1: *Methodology followed to develop and validate the tool.*

DEVELOPMENT AND VALIDATION OF INTERVIEW GUIDE

PHASE 1

Sub Phase 1 – Developing the interview guide.

An interview guide was developed based on a review of the literature.

Sub Phase 2 – Pilot testing the interview guide.

A pilot study was conducted with a school counsellor to assess the rigour and address the limitations of the interview guide.

Sub Phase 3 – Validating the interview guide.

The interview guide was validated following the guidelines of subject matter experts.

In Phase two of the study, ethics approval was obtained from the Institutional Research Conduct and Ethics Committee (RCEC). The identified participants were provided with the information sheet to inform them about the study. After obtaining informed consent in writing, they participated in a one-two hour-long interactive discussion based on the semi-structured interview guide. The recorded interviews were transcribed verbatim and later subjected to thematic analysis. Figure 2 shows the methodology followed in conducting the in-depth interview and analyzing the recorded participant interviews.

Figure 2: *Methodology followed for data collection and data analysis*

IN-DEPTH INTERVIEW AND THEMATIC ANALYSIS

PHASE 2

Sub Phase 4 – Ethics and informed consent

a. Ethical clearance was obtained from the institution.

b. Informed consent was obtained in writing.

Sub Phase 5 – In-depth interview

Participants were engaged in a 1 – 2 hour-long discussion.

Sub Phase 6 – Thematic analysis

The interviews were transcribed and subjected to thematic analysis.

Results

Table 1 shows the socio-demographic details of school counsellors. All counsellors were females, and their ages ranged from 25 to 43, with a mean of 30.3. Eight counsellors have pursued their post-graduation in Psychology, one counsellor in social work, and one in international studies. Four of them also have additional qualifications in counselling skills, personality disorders, arts-based therapy and B.Ed. The mean year of experience as a counsellor is 4.9.

Table 1: *Socio-demographic profile of the participants.*

Participant	Age	Education and degrees earned	Years of experience as a counsellor	Grade level assigned
P1	43	MSc Counselling Psychology	5	Middle and high school
P2	42	BSc Nursing and Student Counselling	14	High school
P3	26	MSc Psychology	2	Middle and high school
P4	30	MSc Psychology	5	Middle and high school
P5	26	MSc Counselling Psychology	3	Middle and high school
P6	25	MSc Counselling Psychology	2	Middle and high school
P7	31	Master of Social Work	6	Middle and high school
P8	30	MSc Counselling Psychology	7	Middle and high school
P9	25	MSc Counselling Psychology	2	Middle school
P10	25	MA International Studies	3	Middle and high school

Table 2 shows the socio-demographic details of the schools in which the counsellors are working. Eight counsellors are working in private schools and two counsellors in government schools. The schools are affiliated to the State, ICSE and CBSE curriculums. The mean number of behavioural issues reported weekly is 12.4.

Table 2: *Socio-demographic profile of the schools.*

Participant	School type	Affiliated board	Behavioural issues reported weekly
P1	Private	State	33
P2	Private	State	5
P3	Private	State	12
P4	Private	ICSE	13
P5	Private	ICSE and CBSE	17
P6	Govt.	CBSE	23
P7	Private	ICSE	4
P8	Private	ICSE	6
P9	Govt.	State	5
P10	Private	ICSE and CBSE	6

The themes and sub-themes derived from the analysis of the recorded participant interviews have been elucidated in Table 3. Each of the themes and sub-themes is supported by participant quotes in the discussion section.

Table 3: *Themes and sub-themes derived from the analysis.*

Themes	Sub-themes
1. Nature and factors that are leading to behaviour problems in adolescents.	1.1 Nature of behaviour problems 1.2 Factors leading to behaviour problems
2. Behaviour modification techniques used by the counsellors.	2.1 Ideal behaviour modification technique 2.2 Individuals involved and their responsibilities 2.3 Time required to show a change in behaviour 2.4 Best behaviour modification technique 2.5 Other techniques or therapies used
3. Subjective experiences of counsellors while managing behaviour problems of adolescents.	3.1 Experiences 3.2 Challenges faced 3.3 Areas for professional growth

Discussion

Nature and Factors leading to Behaviour Problems in Adolescents

Nature of Behaviour Problems

The different behaviour problems that can be seen in adolescents were attention-seeking, jealousy, bullying, physical abuse, verbal abuse, substance abuse, internet addiction, aggression, pornography, relationship issues, emotional instability, rebelling behaviour, defiant behaviour, non-compliance, deliberate self-harm, body image issues, peer fights, teasing, stealing, and lying. The participants shared:

> *Students are adamant, and they won't agree with what we are saying. They don't obey us. Immediately they show themselves as an independent individual and try to show that they know more than us. They don't know the concept of respect. They also have aggressive behaviour. There are also bullying issues.* (Participant two)

> *The common behavioural issues are indiscipline, peer fights, verbal abuse, relationship issues and substance abuse. We also have adolescents from two extremes, i.e., very extroverted and very introverted. I have seen adolescents cutting their hands, dressing up differently and wearing a lot of makeup.* (Participant five)

Some environmental or social conditions such as unstable home, disregard or absence of supervision, sexual abuse or separation from peers can increase behaviour problems. However, it is commonly believed that students with deviant behaviours will become individuals with normal functioning as time passes. Though, Wahler and Dumas (1986), Patterson et al. (1991), and Tremblay (2000) say that this is not the case for adolescents showcasing a regular pattern of behaviour problems. A pattern of behaviour problems is the best interpreter of misbehaviour in adolescence. Adolescents with behavioural problems have a greater probability of abusing substances, dropping out of school, or dying young (Ramsey et al., 1995; Lipsey & Derzon, 1998).

The capability to develop and sustain societal relations during childhood and adolescence helps predict the changes in the present and future. Adolescents with behavioural and emotional problems always experience difficulty developing and maintaining relations (Cartledge & Milburn, 1995; Gresham et al., 1999). Schonert-Reichl (1993) made a comparison of the social relations of students with and without behavioural problems. The findings suggest that students with behavioural problems lack compassion toward others and quality relations; they do not engage in curricular activities and have less frequent contact with friends.

Factors leading to Behaviour Problems.

The different factors leading to behaviour problems in the adolescents were the influence of social media, peer influence, identity issues, conflicts in the family, academic pressure, hormonal changes, observing and internalizing socially unacceptable behaviours, poor parenting, clinical issues, lack of confidence, inability to communicate feelings, the influence of gadgets and technology, social and emotional acceptance, lack of spirituality, negative belief system, low self-esteem, lack of social skills, lifestyle, sibling rivalry and personality characteristics. The participants shared:

One of the factors why they engage in such behaviours is because their social or emotional acceptance level or self-esteem is very low. Difficulty in academics also leads to behaviour problems. And there are a few adolescents with ADHD and learning disabilities, so they also get involved in behaviour issues. (Participant four)

Family issues are one of the main reasons for all the behaviour problems because students then have an internal clash between their personality and what they are supposed to do according to their family culture. But most of the adolescents whom I have met lack self-image; they don't know who they are. Their self-image and self-knowledge are very poor. They just know what their parents have told them. (Participant six)

According to various theories and researches, comprehend who is likely to engage in behaviour problems has resulted in two different views, resurrecting from the nature versus nurture debate. One view is that genes and inherent traits are most important in determining behaviour problems. The other view emphasizes the role of environmental factors, such as parenting style, peer relationships, poverty, and lack of education (Moffitt, 1993).

Behaviour Modification Techniques used by Counsellors

Ideal Behaviour Modification Technique

In the process of behaviour modification, the counsellor and adolescent relationship impact the behaviour modification process. Therefore, the first step is rapport building. It is an absolute necessity to improve the chances of a successful outcome. Once the rapport is established, the counsellor decides on the best behaviour modification technique(s). The different behaviour modification techniques used by the counsellors were flooding, reinforcement, token economy, time out, punishment, behaviour contract and systematic desensitization. The participants shared:

I usually start my sessions with an informal or unstructured interview with the adolescent. So, I can understand where the adolescent is facing difficulty. I then provide the adolescent with a few alternative behaviours which they can start doing. After the adolescent feels emotionally positive, I will maintain consistency. I will give them a break. So, the adolescent is on their own for fifteen days or a month. After this buffer period, if the adolescent is consistent with the behaviour, they are reinforced, and the session is terminated. If not, four to five sessions are again conducted. (Participant four)

My way of implementing a behaviour modification technique would first involve rapport building. If a teacher refers the adolescent to me, they may not know why they have been referred. In that case, I have to tell them that first. If adolescents know what brought them to me, I will ask them why they engaged in such behaviour. Then I will try to understand the family profile and their likes and dislikes. Based on all these things, we make a behaviour contract. So, based on the contract developed, I help the adolescent to change their behaviour. Then continuous follow-up is required. If not, there is a chance of them engaging in the undesirable behaviour again. (Participant seven)

Individuals Involved and their Responsibilities

Depending on the severity of the behaviour concern, parents, teachers and peers are involved in behaviour modification. The role of the parents, teachers and peers is to accept the adolescent with their behaviour issue, support the counsellor in the process of behaviour modification and provide feedback on the adolescents' behaviour. Farrington (2005), in his study, identified reduced parental control, inconsistent parental discipline, cold parental approach, parental argument, disrupted families and unsociable parents as some of the risk factors of antisocial behaviour. When teachers maintain positive relations with students, the classroom becomes a generous space where students involve themselves in academic and social tasks. Students with a positive teacher-student relationship use it as a secure base to explore the school and classroom, socially and academically. Such students have an opportunity to work on their social-emotional development and develop self-esteem and self-concept. A secure relationship with parents and teachers helps adolescents find out about socially acceptable behaviours and academic expectations and how to accomplish these expectations (Hamre & Pianta, 2001). Sandler et al. (1987) studied the procedure of peer confrontation on the troublesome classroom behaviour of behaviourally disoriented students. In his study, after every episode of disruptive behaviour, the class teacher asked the peers to (a) tag the undesirable behaviour, (b) point out why the

behaviour was undesirable, and (c) recommend an appropriate alternative behaviour. The findings suggested that the procedure of peer confrontation is effective for reducing undesirable classroom behaviours of students. The participants shared:

> *If the adolescent has some expectations from the teacher or the parents, we make sure we convey them to correct themselves. The parents and teachers are asked to monitor the adolescent's behaviour at school or home. (Participant two)*

> *In every case of behaviour modification, parents and teachers are also involved. The primary responsibility of the parent or the teacher is to accept the adolescent. Most often, I say that we can't snatch their adolescence from them. As teachers, we are expected to tailor ourselves to the student's needs. (Participant four)*

Time Required to Show a Change in Behaviour

On average, counsellors required four to eight sessions to complete the behaviour modification process. Once the sessions are completed, constant follow-up is done, and adolescents start showing changes in behaviour within two to four months. Participant three emphasized that "The number of sessions required to complete the behaviour modification process varies from adolescent to adolescent. On average, four to five sessions are enough or a maximum of eight sessions." Another participant shared:

> *It takes around four to five sessions to complete the behaviour modification process. Change happens easily if we understand what the adolescents are saying, and if they understand that we have understood them, otherwise it takes time. In some cases, it can go up to months. (Participant eight)*

Best Behaviour Modification Techniques

Counsellors suggested that the best behaviour modification techniques for adolescents were reinforcement, token economy, discipline such as time out, and behaviour contract. According to participant six, "*With adolescents, I think its reinforcement, positive reinforcement and negative reinforcement, as well as techniques like time out and token economy, also work best.*" Participant seven also stated that "I make use of positive and negative reinforcements while counselling adolescents with behaviour problems. Positive reinforcement is one of the techniques that work well with all age groups."

Other Techniques/Therapies Used

In addition to behaviour modification techniques, counsellors used psychoeducation, inclusive education, progressive muscle relaxation, cognitive behaviour therapy, music therapy,

meditation, relaxation therapy, self-disclosure, art-based therapy, play therapy, anger management techniques and cognitive rational emotive behavioural therapy.

Participant one said, "Sometimes, we use relaxation techniques for adolescents with anger management issues or even art therapy or other activities for introverted and isolated persons." For participant eight, "Meditation is being used for mindfulness and relaxation. I even use music. I always carry my laptop, so I start my classes with the music itself. I feel it soothes and calms their mind.

Subjective Experiences of Counsellors while Managing Behaviour Problems in Adolescents

Experiences

Counsellors reported that working with adolescents makes them feel good, comfortable, easy to relate and understand, rewarding and sometimes difficult, challenging, intimidating and tricky. Participant three said, "It's easy to work with adolescents. It's just a matter of giving them their space by controlling the other external factors. If we take control over that and let that adolescent have the space to change, then it's easier." According to participant four, "Working with adolescents is a little tricky and challenging. Still, it's never impossible. It's highly rewarding also because when somebody comes with that heavy burden and walks out like a free bird, it makes me really happy." Another participant shared that "working with adolescents is amazing. From our perspective, it makes us go back to our age. So, we will get more knowledge about it. The only difference between our time and their time is the influence of media. All other thoughts and feelings are the same. All of us wanted identity and attention, so it's all the same. So, I see myself there so that I can relate to them more. If they are talented, they give us a very good response. If we treat them the way they should be treated, they give us good results." (Participant six)

Challenges Faced

Lack of understanding and support from teachers and the rebellious nature of adolescents were the challenges faced by the counsellors while managing the behaviour problems of adolescents. For participant two, "Challenge is when I try to convey something to them, and they misunderstand me." According to participant three, "Teachers and parents expect a sudden change; like once I speak to the adolescent, they expect the adolescent to change the next day. But to make them realize that is not the way it works is a challenge." Another participant shared:

> One thing, there are children very happy the way they are, but there are others who don't
>
> want to change. In such cases, I don't know what to say, and I don't know what next

because they are very happy, but the other party is not happy, and I stand in between. I
don't know whether I should stand for the adolescent or the school. Sometimes I am very
happy to say I am sorry because not everything is in my hand. So, those are the times I
really find it difficult. (Participant four)

Areas for Professional Growth

Counsellors revealed that they would want professional training in areas like breaking the news to parents and teachers and convincing them in the process of helping sex education, counselling students for academic issues, personal therapy, supervision, art therapy, dealing with a learning disability, and cognitive analytic therapy. The participants shared:

As a counsellor, I would want to know how to deal with parents in a better way. I would
like to know how to convince a person that there is something or how to present
something without hurting their ego while making them convinced that there is an issue.
(Participant three)

I have many cases of academic issues, and as a counsellor, I am not exactly taught how to
help with academic improvement. We need to learn how to counsel students for academic
issues, and this is something I feel I should be trained on. It's a very big challenge for me.
(Participant five)

Conclusion

A pattern of behaviour problems is the best interpreter of misbehaviour in adolescence. Problems faced by adolescents are multifarious and interconnected in many cases. One problem leads to another problem, and it continues. Sometimes, it is not easy for adolescents to manage these problems alone; as a result, they may become anxious or gloomy and remain so for an extended period. Such behaviours indicate a need for professional counselling. The findings of the study emphasize the importance of professional counselling in schools. Counsellors can help adolescents identify goals and potential solutions to their problems; improve communication and coping skills; strengthen self-esteem, and enhance mental health. It is also crucial for parents and teachers to be well aware of the problems faced by adolescents and be able to manage those problems. The school counsellors can assist parents and teachers of at-risk adolescents by suggesting appropriate behaviour modification techniques.

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