

## SPECIAL NEEDS INTERVENTION AND DRAMA EDUCATION IN RESEARCH

<sup>a</sup>MARIE PAVLOVSKÁ, <sup>b</sup>VĚRA VOJTOVÁ

Masaryk University, Faculty of Education, Poříčí 7, 603 00, Brno, Czech  
email: <sup>a</sup>pavlovsk@ped.muni.cz, <sup>b</sup>vojtova@ped.muni.cz

Research project MSM0021622443 „Special Needs of Pupils in the Context of the Framework Educational Programme for Basic Education“

**Abstract:** Child alienation syndrome and the threatening processes of social informal learning are the basic phenomena that determine special education needs of children brought up in children's homes. Within the inclusive context of special education, the special needs intervention of these children is led by the perspective of the quality of their adult life and aimed at their social competences strengthening. The outcomes from longitudinal research present the application and intervention efficiency with the use of drama education forms by an example of long-term research output.

**Keywords:** research, behaviour disorder, child's home care, drama, intervention.

### 1 INTRODUCTION

Inclusive transfers in perceiving the quality of life of a person changes also the pedagogical approaches to the subject matter of educating children with social disadvantages. The perspective for the quality of life as well as strengthening of social roles of these children is the basic concept of special education intervention in this group. One of the intervention trends of the concept is extending the opportunities in the socialisation processes of their lives. Special needs are found mainly in the children who live in children's homes. They are caused by the *syndrome of the alienated child with the deprivation symptoms*. These are manifested by the emotion of permanent threat, social and emotional instability, and cognitive immaturity. Special education intervention requires balancing these deficits and transferring the life chances of these children to the level of the children living in families.

This article focuses upon the intervention of one group of children living in children's homes. These are mainly children from families with low income that are failing to fulfil the needs of their children in their best interest and that threaten their development. The most frequent reasons for the children's home placement by the court are depicted in Fig. 1. These reasons set a group of specific needs of children in children's homes that are linked with *threatening processes of social informal learning*. These specific needs of children who are socially disadvantaged are viewed upon in this research. The research took place between 2008 and 2011.

#### 1.1 Substantiation of the research

Children's homes substitute the institutional space for the informal social learning, which the children transferred to children's homes do not have in their natural communities. Concurrently, the space should also substitute the resilient environment in order to mediate within the said part of children's population the sources for strengthening as well as support in the sense of their resistance to the negative influences from their social environment (Vojtová, 2010). When concluding the principles for intervention we based our findings upon the documents of WHO (2001). That is why we orientated the intervention upon the strengthening of the individual competences within the context of social relationships and procedural influences of education. We were taking into account not only the specificities of the educational needs of the target group but also the developmental dimension of childhood. We were emphasising the implementation of the interventional methods within the educational of an institution as well as the active involvement of all their children. We aimed the objectives upon the development of their social competences as well as coping strategies from the point of view of their quality of life in adulthood. The aim of our work was to create methods for coordinated specific prevention and timely intervention via

drama in education within the context the perspective dimension of inclusive special education strategies.

#### 1.2 The target group of the research

The target group of the research were children in the risk of developing a behavioural disorder as they already had disturbed development in the social sphere and sometimes even in their personal sphere, which is why the risk of developing a behavioural disorder in the group was high. According to the categorisation of WHO (2001) these children belong to the group of people without disorders, whose problems in functioning and behaviour are the direct consequence of their social environment. WHO sees the reason of their problems within the insufficient support, **discrimination** or stigmatisation. It is mainly in children where problems become the potential barriers for successful socialisation processes and education and thus they endanger the future of the child (Vojtová, 2010).

#### 1.3 Methods and the course of the research

The main theoretical background of the research were the *multi-factorial theory* of the origin of behavioural disorders and *the theory of resilience*, which link the concepts of the interventional strategies in children with behavioural disorders in the sense of increasing their resilience as well as their skill in managing problem situations.

On the individual level we worked upon the individual life scenarios of the individual children. The concept of the applied drama in education in the intervention with the resilient processes is aimed at strengthening the resilience of the group toward the risk factors. Such an approach opens the space towards extending their coping strategies. The need for the development results from the reality that majority of the children return to their families after the institutional care has finished, the families from which they were taken to the institutional care due to their dysfunction.

In this research we based the concept of the activities and situation for modifying the crisis life situation of the individual members of the target group as well as giving them the possibility to implement them into their individual life scenarios. The interventional potential of drama in education can be seen especially in the fact that it has impact on emotional, social as well as cognitive personal factors of children and it also uses their capacity of skills and experience regarding their active participation upon the change of their strategies of their behaviour. That is where the intervention becomes a dynamic process reacting to the topical situations, topics as well as needs, which are uncovered by its influence

### 2 INTERVENTIONAL STRATEGIES ON GENERAL LEVEL

The interventional strategy concept respects the principle of 3S influence– *strengthening, support, surveillance* defined by Věra Vojtová and Karel Červenka at the Conference of the perspective of work with the delinquent juveniles (2011). This concept regards as the basic factor of intervention the natural social environment and bonds. The condition for the conception of responsibility for changing their life situation as well as responsibility for deciding upon their behaviour in children is their active participation during the intervention. We prepared the concept for the conditions of children's homes and we compensated the absence of the natural social environment (family) by transferring the topics into stories, i.e. into imaginary situations. We combined the children's experiences with non-functional (pathological relationships with positive emotional experiences and we did not forget to work with peer and sibling relationships in the group. The basic structure of the intervention was defined by four levels. **The first level** was special needs education assessment of behaviour and competences of the

individual children, which was recorded into a structured assessment of the subject matter. We based our findings upon a) analysis of the children's documentation, b) observation in their natural social group. We used tools that we created for the assessment: a) *framework for the structured assessment*, and b) *the referential list of behavioural disorders*. **The second level** was assessment of peer social interaction using record sheets. **The third level** was assessing the individual diagnostics and subsequent working out of the basic aims for the intervention for the individual children. **The fourth level** was the intervention.

### 2.1 The original situation in the group

The intervention was implemented by 4 students of the study programme of special education at the Faculty of Education of Masaryk University in Brno in the Czech Republic under our surveillance. The group with which they started working with originally counted 8 children between 10 and 18 years of age, 6 boys and 2 girls. During the work there were some changes in the composition of the group, some of the original members left it, other came, and finally the group consisted of 7 members, 6 boys and 1 girl. The children were mainly of Roma origin. The children lived in the children's home between 5 and 8 years and 2 of them had some experience with taking addictive substances. Some of the children had contact with their families by the way of seldom visits at home, some were visited by their parents in the children's home, and some did not have any contact with their families at all. There were two sibling groups among the children.

After the initial assessment of the children's skills and competences, which took place individually we identified some *specificities* which appeared in all of them:

1. All the children were socially and emotionally unstable, which showed by their inadequate activities and reactions in social interactions. These projected into excessive initiation of physical contact with people who show some interest in them, even though they do not know them closer.
2. One part of the emotional picture of all the children within the group was excessive self-reference, quick and often changes in mood, low ability to express their emotions, inability to perceive the emotions of others, egocentrism. Most of the children also showed unreasonable and frequent changes in preferences to relate to the individual members of the group as well as the intervention team.
3. In the cognitive sphere all the children had problems with verbal communication. They were not able to express their ideas, emotions or wishes in words. At the beginning they could not even introduce themselves.

All the above stated facts will be illustrated upon two case studies, which concurrently substantiate the functionality of the intervention, which we executed in a children's home for the period of two years. The names as well as the evidence are changed in accordance with the need for protecting the data of the observed child as well as with the ethics of the research.

## 3 INDIVIDUAL STUDIES

### ROMANA

#### *Special education diagnostics of behaviour and competences*

R. appeared as a lively, merry, impulsive, headlong girl, who frequently reacted in a much unexpected way, she was trying to monopolise attention by various provocations, however, in the group she never culminated a situation into a significant conflict, and rather she withdrew. She had some experience with the junk and she frequently talked about running from the children's home. When playing games she rather subdued to others. There was one girl in the group to whom she behaved with superiority and had the tendency to act with her in a manipulative way. As soon as the girl left the group and Romana became the only girl

in the group she expressed her sorrow of losing her "friend" mainly in front of the members of the intervention team. She did not have problems with conversation even though she was not clever in it, she did not adhere to the chain of events, were not able to listen to others and react to the content of what was communicated. She was not capable of continuous utterance, she talked in individual words, could not express her experiences, not even say what was her mood on a specific day. The main topics of hers were the relationships with boys, fashion, music and sex; she jumped from one topic to another and frequently came back to the partner and sexual relationships. Even in personal communication with the intervention team members she transferred the conversation in this direction. She made social contacts with her peers without any difficulties, however, she was not able to keep them and frequently changed her interest in a concrete person, moreover, and she had the tendency to initiate a competing relationship between the persons she was interested in. She, herself, was jealous of other children when they were gaining attention of people who belonged to her momentary favourites. She behaved unskillfully in the social relationships also in further circumstances. She was not able to express her disagreement with other people's opinions or behaviour, she frequently behaved in a confrontational and aggressive way (insults, accusing, crying) or she withdrew and refused to communicate. On the other hand, she was not blind to manipulation and did not let the others to manipulate her, if she did not want to behave in the way another person wanted, she was able to hold her opinion. She favoured some children in the group, nonetheless, she communicated with all the children. If it was needed she was able to help others, however, only to those she chose and under aimed support of the intervening people. She also provoked, laughed at and threatened chosen individuals. She laughed at others, for example, by imitating their behaviour. It was hard for her to concentrate as well as to understand instructions and rules of some games. She did not like expressing her emotions, if she did, it was inaccurate, on the other hand she was quick when commenting emotions of the others. She was not able to describe concrete situations, it was hard to her to describe her behaviour, she did not know how to evaluate things and phenomena. She expressed her worries of losing the goodwill of her peers, educators, intervening people. In the situations linked with her original home and life perspective she expressed anxiety. Even her nonverbal language showed uncertainty. Especially in connection with the others' opinions of her she had the tendency to estimate the expected reaction and subdue her behaviour to it.

#### *The main aims of the intervention*

- In the social sphere we determined the basic aims of the intervention to be creating the skills and strengthening the following:
  - actively enter interaction with peers with a concrete conscientious objective;
  - actively enter interaction with adults with a concrete conscientious objective;
  - react to contact as well as demand upon interaction in a corresponding way.
- In the emotional sphere we determined the basic aims of the intervention to be creating the skills and strengthening the following:
  - evaluate one's own emotions, differentiate them, express them;
  - prevent aggressive manifestations;
  - evaluate and differentiate emotions of others.
- In the cognitive sphere we determined the basic aims of the intervention to be creating the skills and strengthening the following:
  - listen to others and adequately evaluate the obtained information;
  - reflect upon one's own behaviour in concrete situations, perceive the consequences of one's behaviour;
  - communicate about further topics, express one's opinions, decide.

### *Reaction to the intervention*

In the beginning she perceived drama activities as fun, games that she wanted to use to amuse herself, which led to her not paying attention to instructions, she frequently did not know what to do and seemed confused. This changed after some time, she started to concentrate, listen to instructions and later she actively cooperated. Even though we have to state that as soon as a problem, conflict, was to be solved, she did not want to cooperate, and if she did, she was solving it only surface-wise, directly, using verbal or physical aggression. She wanted to match with the boys. The point of break in her problem-solving was a story about a thief. Romana played the thief and she entered the spirit of the role in such a way that she managed to seized the whole group, which then managed to find several solutions, how to get from that situation. Since then she had entered the roles and had been trying to look for constructive solutions of a problem or conflict. She was most taken by the topics of friendship, family, and drugs. She was looking for a positive solution in the interventions, she was trying to decide with contemplating upon the consequences of her acting.

Romana made significant progress in developing her communication and cooperation. At the end of the intervention she was analysing her emotions, she could name them and explain. In the beginning she refused to cooperate, only listened, she did not want to express her opinion to anything. After about a year of work she was able to express her opinion in front of everybody as well as defend it. Her position in the group improved and at the end of our work she became one of the leading personalities of the group, the other members respected her, asked her for her opinion, and cooperated with her. Nonetheless, there was not any significant improvement in the emotional sphere. She managed, to a certain point, to control her aggressive outbursts and, with the help of others, control her behaviour in the former "risk situations". However, the changes of moods outstayed in her, being influenced a lot by her personal life (her parents were moved out, the loss of belief in returning home). This echoed also in her involvement in the intervention, which resembled a seesaw. One day she was marvellous and cooperative, other day she was indifferent or cheeky. She tried to speak about her personal problems, however, when she managed to open a topic, she withdrew. Even the great effort of the intervening team did not manage to change the situation.

In the cognitive sphere we managed to improve Romana's attention as well as strengthen her communicative competence. She succeeded in reflecting upon her behaviour and interpreting her emotions in concrete situations. She used her competences better in the controlled activities within the intervention. She was able to transfer them, according to the words of the educators, also into her life in the home; however, they were not incorporated enough yet to become a steady component of her behaviour.

The intervention was concluded after a year and a half before summer holiday. The plan was to continue after the holiday with the aim to strengthen the acquired competences in common stereotypes in her behaviour. However, Romana ran away from the children's home during the holiday and was transferred into a children's home with an onsite school. That is to say that the intervention ended due to external conditions. According to the above described outcomes we can conclude that drama education has interventional potential and its use brings positive changes for the competences of the target group.

## **MAREK**

### *Special education diagnostics of behaviour and competences*

Marek is the oldest member of the group and he has his siblings in it. He is unselfish, easygoing, likes having content people around him, which is why he tries to create pleasant atmosphere. He does not provoke others and it is not easy for other to provoke him; he tries to solve everything in a calm way. He is communicative; he is not afraid to talk about himself, though he does not say everything and has his secrets. His vocabulary is

limited though. He is the informal leader or "father" of the whole group. Everybody listens to him, he is interested in everybody, gives advice, speaks to their souls and so on. He wants to look clever and adult, to be the best, though not at the expense of someone else. He gives space to the other children. He strengthens his leading role by using professional words from the fields of sociology and psychology, and even though, they often do not make sense, they have influence upon the children. However, for us it sometimes felt comical. Even though he is the leader of the whole group, he watches the interests and will of the other children. He does not like full interference into their lives, he would only like to support them in what he thinks is right and proper. Unfortunately, he is not capable of distinguishing these two dimensions of behaviour, which causes a problem as he takes what is good and proper uncritically from adults not thinking himself about it, without putting it into context, he cannot evaluate a situation, which is why the advice he gives is sometimes not adequate for the situation. We verified that during the diagnostics when we were able to observe his helplessness in our artificially created situations and his inability to consider possible alternatives for solving them. Nonetheless, we identified Marek's ability to ask for support from the intervening person. Within the context of the wider special education intervention we found out that the above stated ability was not interiorised in such a way to make Marek able to use it in everyday social situations. That is to say we needed to anchor and train this ability in such an extent to make it for Marek his common competence in everyday life. That is why we were incorporating problem-solving, argumentation, opinion defending exercises, etc.

Marek is sometimes very sad but he is trying not to show it. He is a **boy, who had to mature ahead of time**. He was trying to deal with the situation in which he and his siblings found themselves adequately to his age. What we observed in Marek's behaviour was increased tension which manifested itself in elevated strictness and being critical on one hand, and in protectiveness to their needs on the other. He seems to feel great responsibility for his siblings. His above described attitude together with the low perspective for successful solution of the family problem (the parents had been moved out of their flat) are assumed to be the source for his emotional unstableness and tendency to feel depressed. These did not show very much during the intervention, however, the educators stated that they belonged to Marek's personal characteristics.

In the beginning he was very naive regarding his personal professional future. He thought that he would be able to study sociology of psychology at university even without A-levels as his results at the vocational school were good. After having read one psychological and one sociological book he admitted himself he did not understand them and refrained from that intention. His dream is to be able to work as a **social worker**. When we were talking with him about this advising what was needed for this profession, he said he did not need to study as he had it in himself, in his blood. His idea was that he would go to his Roma fellow citizens telling them the story of his life and his successes, telling them how important it is to work and not to steal, tell the truth, live in a clean flat. He also wants to help them solve various problems, etc. He believes that they will accept it from him, as he is like them, of the same origin.

### *The main aims of the intervention*

- In the social sphere we determined the basic aims of the intervention to be creating the skills and strengthening the following:
- be able to observe other people's behaviour and assess it – to differentiate the positive behaviour patterns from the negative;
- be able to evaluate problem situations, choose from the offered solutions, decide for solutions;
- strengthen the ability to find support, ask for support as well as provide support;
- anchor this ability in the competence of common situations in the children's home, at school-cooperation with the educators and teachers;

- be able to say no in interaction.
- In the emotional sphere we determined the basic aims of the intervention to be creating the skills and strengthening the following:
  - evaluate one's own emotions, differentiate them, express them;
  - evaluate and differentiate emotions of others.
- In the cognitive sphere we determined the basic aims of the intervention to be creating the skills and strengthening the following:
  - listen to others and adequately evaluate the obtained information, react to critique with arguments, evaluate different opinions;
  - view one's own behaviour, needs, reflect upon one's reactions to stimuli in concrete situations, perceive the consequences of one's acting;
  - enlarge one's vocabulary, understanding words' meanings, expressing one's opinions and decision making;
  - create an idea upon the strategies for fulfilling the perspective of one's life.

#### *Course of the intervention*

Marek actively participated in the intervention. Our interest as well as the understanding of the importance and successes of his person was a significant factor for it. Concurrently, he was showing us that the interventional activities were too simple for him. He looked down upon the games as he felt too mature for them (he liked the games but he did not want to act as a child). In etudes working on social roles Marek, by his involvement, enthused other children to activity as they admired him, they joined in with him and were solving the problems contained in the etudes with enthusiasm; which was the role that suited Marek the most.

As quickly as at the beginning of our cohabitation we determined the rules for it. Marek kept all the rules we determined together and watched that the others kept them as well. He felt more and more responsible for his siblings and he often prioritised. Sometimes he acted as a kind of a moralist of the group. Unfortunately, he learnt to accept opinions from adults uncritically and he behaved as a puppet who is led by someone and who only repeats the heard words. It took a long time for him to learn to evaluate a situation and solve it. Even at the end of the intervention he had the tendency to ask for help in problem-solving, but it was rather rare.

During the intervention Marek made progress in his personal development, he acquired the ability to look upon his behaviour, evaluate and verbally describe his emotions. He learnt to say no when he needed to study or when he did not agree with something.

In the cognitive sphere Marek, as confirmed also by the educators, managed to develop problem-solving competence, deciding in various situations, as well as looking at the situations critically. Marek stopped expecting help which would come from somebody else, but started actively solving problems on his own.

Currently, Marek attends a secondary vocational school. He has excellent marks, is often praised, competes on behalf of the children's home in table-tennis, likes playing football (was nominated the sportsperson of the year.) and painting (he had an exhibition of his pictures).

The academic year of 2010/2011 is Marek's last year in the children's home. He is 19, he asked for an extension of his stay there due to finishing his preparation for his profession. He also became a father. The mother is also a resident of the children's home. Before the child was born he had a beautiful idea that he would start to work, find a flat, get married to I. and then they would have a child. Now he has to solve this life situation. We think that Marek is a person that is capable of looking after himself in life.

## 4 CONCLUSION

Intervention in children living in children's homes has its specificities which are linked with the life scenarios of the concrete children in the group regarding their past, present, as well as the future. In this chapter we presented the case of a girl who actively participated in the intervention and who showed development and shifts in controlling her own behaviour. This example of our research points to the possibilities of using drama in education for strengthening socialisation processes in a target group of children.

#### Literature:

1. Helus, Z.: *Dítě v osobnostním pojetí*. 1.vyd. Praha: Portál, 2004. ISBN 80-7178-888-0.
2. Matějček, Z.: *Výbor z díla*. 1. vyd. Praha: Karolinum, 2005. ISBN: 80-246-1056-6.
3. Pavlovská, M.: *Cesta současné školy ke škole tvořivé*. Brno: MSD, 2002. ISBN 80-86633-02-0.
4. Valenta, M.: *Dramaterapie*. 2.vyd. Praha:Portál, 2001. 150 s. ISBN 80-7178-586-5
5. Vojtová, V., Pavlovská, M.: Enforcing competences in children with the risk of behavioral disorder in conditions of children's home and practical primary boarding school, in: ŘEHULKA, E. *School and Health 21, Topical issues in Health Education*. 1. vyd. Brno : MU, 2009. ISBN 978-80-210-4930-7. MSM0021622421
6. Vojtová, V., Červenka, K.: *Umíme vnímat odlišné strategie dětí s poruchami chování? Perspektivy práce s delikventní mládeží*. Brno, Ratolest v tisku (2011)
7. Vojtová, V. *Inkluzivní vzdělávání žáků v riziku a s poruchami chování jako perspektiva kvality života v dospělosti*. Brno: MSD, 2010. ISBN 978-80-210-5159-1

**Primary Paper Section: A**

**Secondary Paper Section: AM**