

## **EVALUATION OF PROPER PARENTING OF DIFFICULT CHILDREN AND ITS COUNSELLING IMPLICATION**

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### **Abstract**

A difficult child is a source of constant concern to the parent, teachers, relations and peers. There is an observable increase in the number of socially maladjusted children of primary school age in our society today. In some cases, parents and even teachers neither understand why these children exhibit certain difficult behaviours nor do they know how to manage such behaviours. This paper examines some “difficult” behaviours in primary school-aged children and discusses the modalities for the effective management of such difficult behaviours by parents of such children.

**Key words:** *Parenting, children, counselling.*

### **Introduction**

Each child develops in his own individual and unique way. Some are very quiet while others are super active. There are however, some who lack the ability to pay attention and to sit still (‘an they be helped by parents). Genetic influences, brain chemistry and neurological development contribute strongly to who we are as children and what we become as adults (Taylor, 1959).

Children display a host of traits and moods that seem to be inborn. Parents have no control over these traits. The best of parents can have a child that is difficult to raise. The number of children who are experiencing serious behavioural problems is on the increase. There is a general agreement among psychologists and researchers that from 5 to 10 percent of all children exhibit extreme restlessness and that the inability of these children to pay attention, concentrate, follow rules and control impulses creates numerous difficulties for them and for their families, their teachers and their peers.

The issue is why are certain children so much more difficult and challenging to raise than others? The key problem might be attributed to “inherited disturbances in certain chemicals in the brain’s neuro-transmitter systems, which regulate brain cell function and facilitate how the brain regulates behaviour.” (Dare and Gordon, 1970). Whatever makes the

child difficult to raise, the parents priority should be to become adept at effectively managing their behaviour, providing encouragement and support rather than criticism and disapproval.

### **Who is a Difficult Child?**

In the 1950's the conditions associated with today's "difficult child" were called "minimal brain dysfunction." The category of children with minimal brain dysfunction includes those children of normal intelligence or just below or above average intelligence with behavioural or learning disabilities or both. Behavioural alternations are usually manifested as deviations in motor activity and interrelated defects in attention. Hyperactivity is the most common characteristic of minimal brain dysfunction. The child is constantly active and shows lack of inhibition and of impulse control. He touches everything and speaks and acts impulsively, his behaviour is in other ways disruptive, inappropriate or antisocial. The child cries with minimal provocation. Temper tantrums and panic are easily evoked.

### **Attention Defects**

Most children with this condition have difficulty in focusing and sustaining their attention, for they are distracted by everything. They cannot discriminate unimportant from important stimuli in the environment. The degree of impairment of attention changes from time to time. Defective attention impairs the ability to deal with abstract concepts and interferes with the learning process (Bourne, 1966).

Children with minimal dysfunction commonly experience either generalised or specific learning disabilities. The child may be poor in reading, in drawing and particularly, in copying geometric figures. Concept formation is frequently disturbed. Specific learning deficits may be present in only one sphere, such as reading, spelling or calculation.

There often are minimal neurological signs. Defects in co-ordination may be manifested by a generalised awkwardness or poor finger co-ordination. Speech defect, such as retarded speech, may be noted. Confusion of right and left often occurs. Mild somatic sensory defects or slight impairment of hearing or vision may be present.

### **General Management of Difficult Behaviours**

It has been keenly observed that never before has the family of man been confronted with such enormous problems, pressures, and anxieties as those that afflict the modern world. Times are different, the demands are more intense and more is required of children. Many of the problems which children seem to be experiencing may be either caused or influenced by changing social expectations. As the children struggle to cope with their own inadequacies, they are forced to adapt to an explosion of technological advances that rapidly continue to change in an atmosphere that can appear to be both hostile and dangerous which adds to their anxiety. Emotionally, children are too immature to handle all these problems. They need their parent's help.

Modern parents are equally over-stretched as they struggle to cope with the stresses of life generally while attempting to meet the basic needs of their family members as well as coping with the enc less demands of a difficult child at home It is essential for parents with difficult children to realise that these children often loose comprehension (reasoning) once they have reached their stress-tolerance level, hence they tend to be very irritable, saucy and inconsiderate in reacting towards their parents at times. Such reactions make the parents feel confused, angry and helpless as well as resentful towards them, while they (parents) also feel guilty about the situation. It is important, therefore, for parents to act with insight during moments of tension. They defuse the situation by backing off and giving the child time to control himself/herself.

### **Behavioural Management**

Behavioural management models all have a way of changing and maintaining behaviour. To introduce a new value system to a difficult child, specific actions must be mapped out for the child as well as for the parents. While sharing such actions, emphasis should be placed on autonomy and independence on the part of each member. Behavioural management also aims at changing attitudes. In changing the attitude of the difficult child, for instance, both the child and the parents must work out and agree on specific plans. Parents should help the child to understand the plan very well. In a friendly but firm way, make explanations brief and let every significant person in the child's life enforce the set plans. Since some of these children are highly intelligent and very creative, they pose a challenge to parents handling situations that require reasoning Such children often have a way of pointing out flaws in a parent's most brilliant logic. Parents should not let them. They should retain their authority as parents. Avoid warning too much. If discipline is called for, it should be given promptly in a calm, confident and firm way, (Dale, 1972). Parents should always talk to the child to attract his attention. At such moments, the child should be called by name and the language should be simple. Parents should not loose control by screaming at the child. They should mind not only what they say but how they say it.

### **Discipline Without Abuse**

Proper discipline creates an environment of trust, stability and warmth, therefore, when discipline is necessary, it should be administered with explanations. It is important to note that there are no instant solutions to the training of children, since they learn gradually over time. It takes a lot of loving and caring, a lot of time and work, to raise any child properly, especially a difficult-to-raise child. Parents should, therefore say what they mean and mean what they say. In short, they should do what they say they will do.

One of the most frustrating aspects of the problem of dealing with children who have worrisome behaviour is their inordinate craving for attention However, parents should be quick to notice, commend or reward good behaviour or a job well done. This is very encouraging to a child. At first, such efforts might seem exaggerated but with time, it would yield results. Children need small but immediate rewards.

### **Rewarding Good Behaviour**

It is vitally important in raising a difficult child to reinforce appropriate behaviour and to provide warning and, if necessary, a penalty for misbehaviour. The more structured and consistent parents can be, the better results they will achieve. The time-out has been found to be an effective device to attain a behaviour change as well as instituting a programme of reinforcement to encourage more positive behaviour. Such reinforcer can include a smile, a hug, a word of approval, a token or a privilege.

An important device associated with time-out that can be used to attain behaviour change is the use of a sticker chart. This is simply a type of notice board. At its top, parents can put what the appropriate behaviour is. Each time the child performs the appropriate behaviour, he is given a sticker to put on his chart. When the chart has an agreed number of stickers, for example, ten or twenty stickers, he gets a reward. This is usually something he readily enjoys doing such as going to the Church or visiting a friend's house. It is helpful because it motivates him to behave well. He puts the stickers on and can see how he is doing and how close he is to a reward. For example, a child of about five can be fond of crying at Church because he could not sit still for a long time. The sticker chart could be used with appropriate (reward to correct this misbehaviour. He thus sees benefit in the appropriate behaviour and the parents show recognition of his improvements.

### **The Aggressive Child**

An aggressive child is a child who generally exhibits these characteristics. Overt or covert hostility, verbal and physical aggressiveness, quarrelsomeness, vengefulness, disobedience and destructiveness. The child may engage in lying, fire-setting, solitary vandalism and temper tantrums. In the Vandersall and Weiner (1970) study, the case of a seven-year old boy who set fire under the crib of his nine-month-old sister was cited. When these children are angry, they are aggressive, and in most cases such aggression reduces the tension aroused by frustration.

According to Freud, the energy that fuels the aggressive instinct in man gradually accumulates and if it cannot be discharged in small amounts or in socially constructive ways, it will eventually be discharged in extreme aggression or violence. This is sometimes exhibited by a difficult child.

Toynbee (1990) has emphasised the thin line that separates civilised man from savagery. There is a persistent vein of violence and cruelty in human nature. Man has often striven to rid himself of what he recognises as being a hideous moral blemish, unworthy of human nature's better side (p.3).

Man is aggressive by nature. When the difficult child cannot have his way or when he is frustrated, he exhibits aggression to satisfy his human nature. Such aggression may take different forms ranging from fighting or breaking things to the use of abusive language and so on.

Bandura, Ross and Ross (1963) have concluded that a child exposed to violent models will learn aggressive actions as part of his behaviour repertoire. Such actions would be brought into operation under certain conditions. According to this theory, a difficult child can learn to be aggressive through watching aggressive models on television or from any other mass media.

Bandura and Walters (1963) present aggression as learned coping behaviour. Their early studies show that aggressive behaviour is readily learned through the observation and imitation of aggressive models and that it can be reinforced and maintained by variety of rewarding conditions.

Physically aggressive behaviour can be learned in accordance with the tenets of learning theory just like any other response. Aggressive habits are acquired largely through imitation or through the direct rewarding of aggressive responses (Ilfeld, 1969, p. 678).

### **Dynamics of an Aggressive Child**

Researchers seem to generally agree that the family setting of the aggressive child is typically characterised by harsh and inconsistent discipline, some level of rejection and general frustration. Frequently, the parents are unstable in their marital relationships, are emotionally disturbed and provide the child with little in the way of consistent guidance, acceptance or affection. Often, the child is unwanted, hence the child lives in a home broken by divorce or separation and may have a step parent (Shamsie, 1968). Some cases may be characterised by harsh and inconsistent punishment and actual physical abuse.

Thus we seem to be dealing here with certain family patterns that result in a defect in the child's socialisation processes and in his tendency to act out frustrations in hostile, antisocial behaviour.

### **Behaviour Management of an Aggressive Child**

Changing the behaviour of the aggressive child is likely to be ineffective unless the child's life setting is modified. Where the parents are maladjusted and in conflict between themselves, the family members need to be counselled on the need to accept and love the child. An aggressive primary school child needs warm, loving and stable parents to model after.

The home environment should be conducive to the proper upbringing of the child. Understanding the child's preferences, his likes and dislikes and adapting to them can help to alleviate unnecessary pressure and tension in the home. Since the nature of these children is often erratic and impulsive, their interaction with other children can be a very difficult experience. Sharing, especially toys might be a particular point of conflict, so parents might allow such children to choose favourite items that can be shared. Parents should allow each

child to grow in his own way. They should avoid compressing or moulding the child to unnecessary conformity. For example, if a child detests a certain food or article of clothing it should be eliminated. In effect, parents should not attempt to control everything. They should be balanced but when decisions are taken, they should try and stick to them (Thomas and Associates, 1993). Finally, they should encourage and reinforce friendly associations with others and provide suitable models for the child to imitate.

### **The Socially Withdrawn Child**

The characteristics of the socially withdrawn child include failure to initiate verbal or motor behaviour toward parents, peers and others, failure to reciprocate the initiations of others and peer rejection. They also exhibit unrealistic fears, shyness, timidity, over sensitivity, sleep disturbances and fear of school. The Socially withdrawn child however, attempts to cope with his fears by becoming over dependent on others for help and support. He apparently attempts to minimise his anxiety by turning away from a reality and withdrawn into himself. The child lacks self-confidence, is apprehensive in new situations and tends to be immature for his age. Parents often describe these children as being prone to worrying, nervous, sensitive, being easily discouraged and moved to tears. Typically, they are dependent, particularly on their parents.

The socially withdrawn child detaches himself from a seemingly dangerous and hostile world Jenkins (1969) describes the results of this defensive strategy thus: -

In turning away from objective reality, these Children turn away from normal practice of constantly checking their expectation against experience. With such turning away, their capacity to distinguish fact from fancy tends to deteriorate. They function ineffectively and fail to develop effective patterns of behaviour (p.70).

Children manifesting the withdrawal reaction tend toward timidity, inability to form close interpersonal relationships and seclusiveness. They often appear to be apathetic and are prone to daydreaming and fantasies.

### **Dynamics of the Socially Withdrawn Child**

Early illnesses, accidents or losses that involve discomfort and pain can undermine a child's feelings of adequacy and security. The traumatic effect of the child finding himself in an unfamiliar situation as during hospitalization, can make the child internalise fear. The effect of modelling after an anxious and over protective parent can sensitize a child to the dangers and threats of this world. Parent's over-protectiveness communicates a lack of confidence in the child's ability to cope, hence reinforcing his feeling of inadequacy.

The failure of an indifferent or detached parent to provide adequate guidance for his child's development can lead to withdrawal reaction. In this case, the child is neither rejected nor given adequate support in mastering essential competencies and in gaining a positive view of himself. When the child faces repeated experiences of failure, stemming from poor learning skills, it may lead to subsequent patterns of anxiety and withdrawal in the face of "threatening" situations. The withdrawal reaction "occurs in children who have found human contact more frustrating than rewarding." (Jenkins, 1970, p. 41).

### **Behaviour Management of the Socially withdrawn child**

So that the withdrawal reaction of childhood may not continue into adolescence and young adulthood, both the child and his parent should undergo behaviour counselling where the child would be exposed to desensitization, assertion training and skills in mastering essential competencies. As the child grows and his World widens in School and peer-group activities, he is likely to benefit from such corrective experiences as making friends and succeeding at given tasks. Teachers, who have become aware of the needs of the shy, withdrawn child, are often able to foster constructive interpersonal relationships. Behaviour counselling procedures employed in structured group experiences within educational settings can ensure favourable outcomes. Also the child should be rewarded for opening up and participation in any social activities with siblings and peers at home.

### **Conclusion**

This paper cannot possibly address all types of problems posed by difficult children at home. Within the scope of this paper, parents are advised to adapt to the individual needs of their unusual children because they can become a beautiful part of their lives. Each child must be appreciated for his own qualities. There should be a focus on the positive. Rather than stifling children, parent should encourage each one's creativity and appreciate that he is a worthy person who deserves dignity, love and respect.

### **References**

- Bandura, A., Rose, D & Ross. S. A. (1963). Imitation of film aggressive models. *J. Abnormal Soc. Psychol.*, 66 (1), 3-11.
- Bandura, A & Walters, R (1963). *Social Learning and Personality development*. New York: Holt, Rinehart & Winston.
- Bourne, L. E. (1966). *Human conceptual behaviour*. Boston: Allyn & Bacon.
- Dale, D. J. A. (1972). *A Change in Attitude* In E B. Nygwst and G. R. Hawes (Eds.) *Open Education*. New York. Bantam Books.

- Dare, M. T. & Gordon, N. (1970). Clumsy Children a disorder of perception and motor organisation.
- Ilfeld, F. W. (1969). Overview of the causes and prevention of violence. Arch. gen. Psychiat., 20 (6), 675-689.
- Jenkins, R. L. (1969). Classification of behaviour problems of children. Amer. J. Psychiat., 125 (3), 68-75.
- Jenkins, R. I. (1970). Diagnostic Classification in child psychiatry. Amer. J. Psychiat. 127 (5), 140-141.
- Obot, A. E. (2001). Hints on handling of clumsy children. Nigerian Journal of Educational Foundations 1(1), 38-41.
- Taylor, E. M. (1959). Psychological appraisal of children with mental defects. Cambridge: Harvard University Press.
- Thomas, A., Chess, S. Birch. H G. and Korn, K. (1963). Behavioural individuality in early childhood. New York: New York University Press.
- Toynbee, (1970). Human Savagery cracks thin veneer. Los Angeles Times, September 6, 3.
- Vandersall, T. A & Weiner, J. M. (1970). Children who set fires Arch. gen. Psychiat, 22 (1). 63-71.