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An out line of a major classification within child psychiatry and some view on the role of the Algerian teacher in the treatment of child's psychiatric disorders

Résumé

L'enseignant peut jouer un rôle primordial dans l'allégement des troubles psychiatriques de l'enfant à l'école.

Quel est donc ce rôle ? Est-il capable d'aider l'élève efficacement à suivre des stratégies qui lui permettent de comprendre la leçon en classe malgré ses handicaps mentaux ?

Dans cet article, nous essayons d'examiner ce rôle.

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ملخص

- هـل للمربـــي فـــي مؤسســـاتنا التعليميـة دور فـي تخفيـف آلام الطفل الذي يعاني من مشاكل نفسية خانقة؟

- و هل بإمكانـه أن يسـاعده علـى إيجاد استراتيجية فعالة تمكّنه من فهم الدرس داخل القسم؟

هذه أهم التسـاؤلات التـي نحـاول أن نجيب عليها من خلال هذا البحث الوجيز.

Psychiatrists and clinical psychologists all over the world were attempting to study in depth the psychiatric disorders that are preventing the child from learning in an efficient way.

It is for this reason that they sought to bring a satisfactory clarification of these disorders.

THE CLASSIFICATION OF THESE PSYCHIATRIC DISORDERS

On the whole, they obtained two major classifications, which were opposed to each other:

- On the one hand multi-category systems, which consist of lists of categories, which cover different concepts such as presenting clinical syndrome, aetilology, intelligence, level of development deviation and environmental stress.

- On the other hand, multi-axial schemes composed of a certain number of major axes to be used.

Today, most psychiatrists use these axes systems upon which every child's disorders is classified.

The work carried out by psychiatrists (P.Barker 1979) on multi-axial systems has let them to center

their attention particularly on a five axis scheme. (c.f. The ninth edition of the international classification of diseases –I C D -10 1994).

The items which cover clinical psychiatric syndromes were classified in the first axis.

- The second set of items which cover specific delays in development were classified in the second axis.
- The third axis comprised intellectual items.
- The fourth axis is composed of all remaining codes in the international classification of diseases –I C D), particularly non-psychiatric disorders.
- Finally, the fifth axis deals with abnormal psychosocial situations.

These axes are classified as follows:

Axis one, (clinic psychiatric syndrome) psychoses: senile and presenile organic psychotic disorders, alcoholic psychoses. Drug induced psychoses:

- Transient organic psychotic conditions,
- Other psychotic conditions (chronic),
- Schizophrenic psychoses,
- Affective psychoses,
- Paranoid states,
- Other non-organic psychoses,
- Psychoses specific to childhood,

This axis also includes neurotic disorders, personality disorders and other non-psychotic mental disorders.

- Neurotic disorders,
- Personality or character disorders,
- Sexual deviations and disorders,
- Alcohol dependence,
- Drug dependence,
- Non-dependent abuse of drugs,
- Physical conditions arising from mental factors,
- Special syndromes and syndromes not elsewhere classified,
- Acute reaction to stress,
- Adjustment reaction,
- Specific non-psychotic disorders following brain damage,
- Depressive disorders not elsewhere classified,
- Disturbances of conduct not elsewhere classified,
- Disturbances of emotions specific to childhood and adolescence,
- Hyperkinetic syndrome of childhood,
- Specific factors associated with diseases elsewhere classified.

Axis two (specified delays in development):

- No specific delays,
- Specific reading retardation,
- Specific arithmetical retardation,
- Other specific learning difficulties,
- Developmental speech (language disorder)
- Specific motor retardation,

- Mixed developmental disorder,
- Other specified,
- Unspecified.

Axis three (intellectual levels):
- Normal variation,
- Mild child retardation,
- Moderate mental retardation,
- Sever mental retardation,
- Profound mental retardation,
- Unspecified mental retardation,
- Intellectual level unknown.

Axis four (medical conditions) includes all remaining codes in I.C.D.

Axis five (abnormal psychosocial situations) :
- No significant distortion or inadequacy of psychosocial environment,
- Mental disturbance in other family members,
- Discordant intra-family relationships,
- Lack of warmth in intra-family relationships,
- Familial over involvement,
- Inadequate social linguistic or perceptual stimulation,
- Inadequate living conditions,
- Inadequate or distorted intra-familial communication,
- Anomalous family situations,
- Stress or disturbance in school or work environment,
- Migration or social transplantation,
- Natural disaster,
- Other intra-familial psychosocial stress,
- Persecution or adverse discrimination,
- Other psychosocial disturbance in society in general,
- Other disorder (specified),
- Not known.

It is noteworthy to cite other classifications of child psychiatric disorders which still exist in many parts of the world, but the researchers agreed that the I C D -10 (1994) classification is the most likely to be used in the study of child's psychiatric disorders, particularly because it covers many difficulties the child encounters at school and at home.

THE ROLE OF THE TEACHER

Yet, the major concern of this study is to produce some informations about the role of the teacher in the treatment of those child's difficulties and disorders; specifically when it becomes hard for him to inform the group he is studying with, about the persistent trouble he is encountering while he is performing a task.

In a situation like this, the teacher, either in the primary or in the secondary school, is likely to intervene in order to deal with one child's cognitive difficulty (Whittaker

J.K 1979). His main task in this context, is to promote the child's inner organization by building and organizing the outer environment, as for example, he tries to explain to other pupils who want to make fun of their friends, that the difficulties their troubled friend is facing in learning might occur to anyone of them.

Furthermore, the teacher should aim at finding out adequate skills that might enable the child to manage the internal turmoil of emotions (D.Maclay 1970). To reach this goal, the teacher should center his efforts on the development of the following factors:

Self-image and social perception: concerning the development of self-image, the teacher is expected to convince the child that accurate and positive thoughts and feelings about the self are necessary for meaningful social interaction.

The development of child's social perception is also important. The role of the teacher in this context, is to enable the child to read the effective productions of others and to bear the natural voice of a social setting necessary for learning how to make friends.

It is worth noticing here that language might become one of the most important obstacles that can prevent an interaction between teacher- troubled child and society-troubled child.

It is for this reason that the teacher is expected to play a prominent role in promoting the troubled child to a better level of self-expression.

It therefore becomes necessary that the teacher should produce tremendous efforts in the following areas: phonemics, vocabulary, auditory reception and auditory association.

Concerning the first area, the teacher has to show the child how to discriminate between individual sounds correctly. This strategy enables the child to learn better sound and pronounce words correctly (C.Rogers 1982).

In the field of learning vocabulary, the child should receive an important appropriate help. For example, he should be given the opportunity to understand the meaning in different contexts. If the teacher succeeds in helping the child in this area, his interpretation of written and spoken communication will substantially improve.

The development of the auditory reception is also important, in this area the teacher is expected to play a role, particularly in enabling the child to derive meaning from verbally presented bits of information (P.Barker 1979).

In auditory association, the troubled child gets confused about how to establish a relationship between objects; in this case, the teacher is expected to use oral description to make him understand the relationship between a concept and an object.

Usually, children with language difficulties try to express themselves by using simple words or very simple sentences.

The role of the teacher in this situation is to make sure that a meaningful exchange is taking place (P.Barker 1979).

This action can be carried out by allowing the child more time in which the teacher can make the sentence much more easy to understand by using pictures or gestures as aids to meanings.

Furthermore, the teacher should be careful in choosing adequate questions. When the child encounters some difficulties in expressing himself the teacher might help him by asking questions that elicit more specific responses.

For example instead of asking him "what would you like to play today?", he should say to him "would you play tag?"

The troubled child is always in urgent need for a more elaborated programs that are closely related to educators teaching style and also to the learning environment. Those programs should be aiming to help the child to acquire the message of the teacher despite his learning difficulties.

To reach this goal, the teacher must make an initial step whereby he can assemble as much information as possible about the child learning style. The first step should be understood as a process of overall assessment rather than diagnosis.

This process could be carried out through the elaboration of models that can be used as check-lists of deficiency in order to know how to diagnose the child's disorders in the field of learning. The success of the teacher in this domain depends heavily on his behaviour with the child, for instance he has to listen carefully to what the child knows about himself and should try to observe his performing a variety of tasks.

This process should be ongoing and subjected to developmental change and should consider every major shift in the curriculum goals.

Moreover, the teacher should make some statements to register the difficulties the child is encountering, such as: The difficulty the pupil has with visual motor functioning, or having trouble paying attention to teacher's instructions.

Similarly, the teacher can assess the child's difficulties by describing his reading abilities, his weak phonemic and memory abilities. The more complete this description, the more the teacher can elaborate solid strategies to deal with the child's problems.

In every educational institution, the teacher must work continuously to make his teaching programs comprehensible to the troubled child; as for example, he has to explain the aim of a particular lesson before he starts explaining its contents.

In fact, the comprehension of each lesson can be within the pupil's reach, if the teacher knows how to instruct him.

Let us take the example of an arithmetic lesson; in this situation the teacher can help the troubled child by making him understand the use of abstract number concepts. To speed up the comprehension of these number concepts, the teacher can provide the pupil with concrete objects to manipulate, such objects are important to the child because they allow him to count much faster, and enable him to conserve their color and shape in an efficient way.

Furthermore, books, games, puzzles, papers and other objects brought by the teacher inside the classroom as efficient aids to learning, should be considered as a part of a diagnosis process. In situations like these, the essence of the teacher's task is to make these learning aids useful and helpful to the troubled child, in various ways and at various stages of a dynamic process.

The researchers suggest two trends, which show how tools provided by the teacher can be used very efficiently.

- The first trend proposed that the curriculum tools should be multimodal; for instance, the teacher can use only materials that one can look at , such as books, pictures, flash cards…listen to records, tapes, cassettes…write on workbook, and journals, manipulate games and puzzles, respond to programmed learning exercises.

All these modalities should be selected depending on the preferred learning modalities of each pupil.

- The second trend suggests that curriculum material should be maximally flexible. For example, the teacher should make certain that the physical environment in which the pupil is performing a task, is flexible enough to be responsive to his learning style; such as the use of sound proof areas which surround the classroom.

Similarly, the teacher should sit not far from the learner. This situation can be reached by bringing chairs and tables together and closer to each other to enable the troubled pupil to focus more on teacher's instructions.

This situation can be reached easily if the furniture within the classroom are easily movable and the amount of light and sound are adapted to the needs of pupil's learning.

In fact more modern technology should be brought to our primary and secondary schools; in order to help pupils with different psychiatric disorders to be taught through different sensory channels.

In effect, structure teaching techniques and operant techniques have been shown to be more successful with troubled children, especially in western societies, however, their value and limitations over longer periods, have yet to be adequately assessed.

Yet, there is a growing concern about how to motivate those pupils and children with psychiatric disorders.

Some researchers suggest that on the one hand teachers should attempt to use appropriate reinforcement in order to increase their learning capabilities (Bushel E.E1968).

On the other hand (Smith G.M1969) proposed that the of feed back of results, the use of rewards and a limited dose of drugs and sometimes allowing troubled children to plan their own program of contingencies, can, to a certain extent, increase their motivation.

Children's families also can participate together with the teacher in planning an adequate treatment for these sick children, since school and home have adverse influences on these children with psychiatric disorders. (P.Barker 1979)

In one case, the teacher is expected to use a kind of individualized approach in which the child appears on his own and in a very small group. This means that he can easily observe the child and tries to give him much confidence in his ability, to recover and succeed.

This process can be carried out through five phases:

- In the first phase, the teacher should know what the child knows and does not know,

-In the second phase, the teaching program should be broken down into small parts to enable the child to learn it in an easier way,

- In the third phase, the child should be praised for his limited successes in writing, reading and comprehending texts. In this situation the teacher must apply a strategy where he can change the usual emphasis on failure to an emphasis of success,

- In the fourth phase, accurate feedback must be used both by the teacher and the troubled child to make sure that the progress is made in learning,

- In the last phase, the teacher is expected to give rewards for children who show signs of improvement.

CONCLUSION

In the end one should note that the role of the teacher is to provide children with psychiatric disorders with sufficient help of great importance, particularly if it is supported by specific techniques.

These specific techniques should be designed to ease children's difficulties and weaknesses, at the same time they should exploit their strengths to enable them making further progress in the field of learning.

Similarly, any improvement in educating a child with psychiatric disorders relies heavily on a coherent teaching program and on a continuing partnership between the teacher and the learner.

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