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**THE IMPACT OF RATIONAL-EMOTIVE EDUCATION  
ON PSYCHOLOGICAL, BEHAVIORAL AND  
EMOTIONAL DEVELOPMENT OF PRE-SCHOLARS  
AND YOUNG SCHOOLARS**

**PhD. Thesis Abstract**

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## **I. Introduction**

In the contemporary society, children are confronted with a variety of situations which are frequently associated to negative consequences on the socio-emotional and academic development, and also on the long term well-being. Many studies reported that an optimal socio-emotional functioning reduces the inadaptability risk, the dysfunctional relationships, interpersonal violence, substance abuse and increases the civic engagement and the well-being (Zins, Weissberg et. al., 2004). Moreover, it seems that the emotional and social competences present a relatively stable pattern through time, from preschool years to adolescence (Abe și Izard, 1999). Based on these findings, we consider it is necessary to offer a special attention to emotional and social competence in school children.

### *1.1. The specificity of emotional and social problems in primary school children*

Usually, the children's behavioral problems are derived from the lack of emotional and social competencies and are conceptualized as internalising and externalising problems.

Externalising problems, including aggressive, defensive and hyperactive behaviors, are displayed when the child cannot control, self-regulate or inhibit the disruptive behaviors. These children have difficulties in understanding the others' emotions and motivation (Rubin, Bream & Rose-Kasnor, 1991) and have difficulties in social relations (Milich și Landau, 1989). Externalising problems are related to lack of social functioning and academic problems in adolescence (Hinshaw, 2002).

On the other hand, internalising problems imply a high control and refers to behaviors as sadness, social withdrawal, anxiety. These behaviors are related to the lack of social and academic functions, but also with low career planing abilities (Lewinsohn, Rohde, Seeley, Klein, & Gotlib, 2003). More than that, children who developed anxiety and dæpression are more exposed to these symptomatology in adulthood and also have suicidal behavior. (Lewinsohn, Rohde, & Seeley, 1995). Internalising problems are more specific to girls than to boys. In childhood, boys show more externalising problems than girls, but regarding anxiety and depression there is no

difference by gender. Girls are twice as predisposed to become depressed and anxious than boys, a pattern which continues also into adulthood. (Silverman, LeGreca, & Wasserstein, 1995).

Campbell (1995) results sustains that the presence of internalising and externalising problems in childhood is related to multiple negative effects in adolescence and adulthood. More than that, both behavioral problems become more and more resilient to change in time (Tremblay, 2000). Regarding the stability in time of externalising and internalising problems, the research results are contradictory. Some authors claim that externalising problems are more stable (Verhulst et. al., 1993), other researchers suggest that the differences are small or even absent (Ferdinand & Verhulst, 1995). Also, the comorbidity between internalising problems, depression and disruptive behaviors in children is reported in many studies (Birmaher et. al.,1996).

There are many evidence based results which show the fact that children living in a low economic status family develop dezadaptative behaviors and deficiencia in social and emotional functioning more than children living in families with high socio- economic status (Bolger et. al., 1995). In children and adolescents aged 6-17 years old, low socio-economic status was related to aggressivity and delinquency, reported by teachers and parents (McCoy et. all., 1999). Poverty was related to juvenile delinquency, internalising, exernalising and attention problems in children and adolescens from 5 to 14 years old ( Zubrick et. al., 1999).

Taking into consideration those theoretic and empirical aspects, the purpose of the present study is a national screening in order to identify the main emotional and behavioral problems in primary school children living in families with a low socio-economic status and who study in schools from disadvantaged communities. In our country specific intervention programs are designed and implemented but few universal programs are discussed and this is because we didn't have a national screening meant to identify the developmental profile of school children. Our study try to make a first step in this direction.

### *1.2. Rational emotive education*

Rational emotive behavioral therapy (REBT, Ellis, 1971) asserts the idea that people's reaction to an event is the result of the interpretation they give to that specific situation. Most of the emotional and behavioral problems that children show are a consequence of their irrational beliefs (Silverman, DiGiuseppe, 2001). Therefore, if we want to decrease negative behaviors and emotion, the best way to do it is to enhance rational thinking. Following the "classic model" of

applying adult therapy techniques to children (child therapy), psychologists took REBT principles and transposed them into two types of programs: (1) rational emotive therapy (or RET), used in individual counseling and therapy session with young people and parents or significant others, and (2) in the form of a curriculum taught to a class of children (Hajzler, Bernard, 1991), called rational emotive education, or REE. Since 1976, many studies have pointed out that REE decreases irrational beliefs (Buckley, 1983), has a significant effect on emotional regulation mechanisms (DiGiuseppe, Kassonov, 1976), school performance (Sapp, 1996, Weissberg et al., 2007) and social skills (Flanagan et. all, 1998), reduce anxiety (Rosenbaum et. all, 1998, Egbochuku et all, 2008, Birle, Opre, 2008) and depressive symptoms (Wilde, 1999). Having analyzed 19 meta-analyses available between 1997 and 2007, Diekstra (2008) noted that Social Emotional Learning programs or SEL had a positive impact in both externalized and internalized problems, although there are fewer studies on stress, depression, suicidal attempts, anxiety. The REE programs mostly mentioned in different databases have been conducted in the US, Canada or Australia, there are REBE and REE programs in Europe too, known under the name of SEL (Social and Emotional Learning) , Social and Emotional Aspects of Learning (SEAL), Skills for Life, Emotional Intelligence, Character Education etc. All these programs are a form of REE and focus mainly on behavior and emotional regulation. In Romania, teachers and psychologists use translations of well-known programs like - “Rational stories for children” ( V. Waters), “Developing Emotional Intelligence through Rational Emotive Behavioral Education” (A. Vernon), “You Can Do It! Education” (M. Bernard). Although some studies confirm the positive effects of the programs mentioned above (Trip et. all, 2010), other studies have revealed some problems – not all the stories and activities are well understood by children (Giba, Opre, 2010), the stories don’t follow the pattern our children are familiar with, the activities don’t have the same impact on children as expected (Cristea et.all, 2008), some topics or situations discussed in the group sessions are not familiar to our pupils etc. Taking all these into consideration and the fact that many research centers use their own programs, we created a new REE curriculum - SELF KIT.

### *1.3. SELF Kit program*

As scientific literature states (Diekstra, 2008, Hajzler, Bernard, 1991), a good rational–emotive education curriculum is a complex program with materials designed for educators, children and teachers. SELF Kit ( Social Emotional Learning Facilitator Kit, 2010) takes into consideration the following outlines: (1) respects the ontogenetic stages of development, (2) it is based on the psychological development characteristics of children, (3) follows the structure of Romanian educational curriculum, (4) it is based on the specificity of Romanian culture. Based on teachers’ and parents’ answers to questionnaires we identified 8 disfunctional negative emotions that ought to be included in our program: sadness/ depression, separation anxiety, fear of emotional injury/ or being hurt, anger, guilt, shame, jealousy and envy. Each emotion is presented in a module that comprises: a story, a folk tale, one or more therapeutic activities, games with letters, words and images (crosswords), poems, coloring pages, encyclopedia, proverbs and sayings, board games and the audio storytelling. All these elements are saturated in REBT theory and principles. Each story follows the pattern of a counseling/therapy session, in which the main character is confronted with a situation that activates his/her irrational beliefs. As in a classical counseling session, another story character (the therapist) teaches “the client” how to think rationally, and how rational thoughts change the way he/ she feels and behaves. The therapeutic activities dispute the main character’s irrational beliefs, focusing mainly on children re-living the negative experience, or on identifying the relation between cognition and emotion and how they can change “unhealthy thoughts” with good ones (they do this through specially designed games, role-playing, conversation or debate). The poems, the board games, the cross-words, the coloring pages are all a reminder of the ABC cognitive model of REBT, in order to constantly remind the children of the power of rational thinking. Looking for ecological validity the purpose of the present study was to measure, in natural environment, the efficiency of SELF Kit program in developing social and emotional competencies of kindergarten children.

#### **Study 1. Social and emotional problems of kindergarten children**

*Participanți.* The participants were 223 preschool children (116 girls and 107 boys), aged 4 to 6 from Cluj Napoca and Bistrița. 8 were included, for disruptive behavior, in a monthly

session with a school psychologist. No other problems (emotional or behavioral) were mentioned by the teachers or psychologist.

*Measures.* The children were assessed by their teachers using the PEDa Platform (Platform for Child Development Evaluation, Cognitrom, 2010) from which we used only the social and emotional scales.

*Results.* For pre-schoolers, internalizing and externalizing problems are predicted by the level of socio/emotional development (Cole, Teti & Zahb-Waxler, 2003; Spinrad et al., 2007; O’Conner et al., 2012; Morgan et al., 2009). Although we can’t say that our group was a national sample, there is a high deficit in social and emotional abilities of children, as showed in table below. The overall percentage exceeding 10% are listed as high as in other studies of this kind (OMS, Social and Emotional Education. An International Analysis, 2011, life quality studies of INS România).

**Tabel 1. Group risk for pre-schoolers**

	<b>3 - 4 years old</b>	<b>4 – 5 years old</b>	<b>5 – 7 years old</b>
Social abilities	32%	26,4%	27%
Emotional abilities	28%	19,8%	25,3%

## **Study 2. Social and emotional problems of primary school children**

Usually, the children’s behavioral problems are derived from the lack of emotional and social competencies and are conceptualized as internalising and externalising problems. Taking into consideration those theoretic and empirical aspects, the purpose of the present study is a national screening in order to identify the main emotional and behavioral problems in primary school children living in families with a low socio-economic status and who study in schools from disadvantaged communities.

### **2.1. Participants.**

In this study were included 1259 children, 7 to 11 years old, from different rural and urban regions in Romania, 552 were boys (43.8%), and 707 girls (56.2%). They live in families with a low socio-economic status and study in schools from disadvantaged communities

## 2.2. Measures.

In order to identify the emotional and behavioural problems in school children, we used: ASEBA (*Achenbach System of Empirically Based Assessment* Thomas, Achenbach, 1991), and SSRS (*Social Skills Rating System*, Gresham & Elliott, 1990). Both scales are translated and adapted for Romanian population and because of the age of the children we applied the self-report forms. Children fill in the questionnaires in two different days, during one week of camp.

## 2. Results:

Taking into account the fact that there are no standardised etalons, in order to identify externalising and internalising problems on the Romanian population, we used a cutt-off point of  $\pm 1$  standard deviation from the samples means. The results showed a 21% risk for social problems, 17.1% risk for internalising problems and 13.7% for externalising problems in our sample of 1291 primary school children. Also, in order to test the differences between boys and girls regarding internalising, externalising, social problems and social skills, we conducted a Multivariate analysis of variance (MANOVA, see table 1). The results revealed a significant differences between boys and girls:  $F(4, 424) = 6.58, p=0.01$ ; Wilks' Lambda = .97; partial eta squared = .047). More specific, there were significant differences in externalising problems ( $F=7.292, p=0.017$ ) and social skills ( $F=12.147, p=0.001$ ). Despite the statistical significance, the differences are quite small ( $\eta^2 < .28$ )

Our results are consistent with other studies that reported less externalizing problems in girls than in boys across childhood. Also, girls are more predisposed to depression and anxiety or to inhibition and timidity.

In order to make a more specific profile of socio-emotional development in our sample, we analyse the correlations between the internalizing, externalizing and social problems scales from ASEBA and SSRS scale- social abilities. Our results showed that the prevalence of social and emotional problems in Romanian primary school children from families with low socio-economic status is relatively high. We found a significant shared variance between externalising problems, internalising problems and social problems which means that the probability to appear together in real settings is high. Also, the common variance can prove the fact that behind those

categories of problems there are the same factors. As a matter of fact, from a rational emotive and behavioural point of view, the emotional problems are the results of a dysfunctional way of thinking. In children, the cognitive style interferes with goal setting and achievement, academic success and social interactions with classmates and teachers. (Vernon & Bernard, 2006). Therefore, implementing Rational Emotive and Behavioural preventive programs in educational settings can help children improve their cognitive style and to adapt easily to threatening life events.

### **Study 3. The efficiency of SELF Kit program on developing socio-emotional competencies of preschool children**

*3.1. Subjects.* The participants were 223 preschool children (116 girls and 107 boys), aged 4 to 6, enrolled in a mainstream education institution.

*3.2. Measures.* The children were assessed (in pre and post-intervention) by teachers and parents using the PEDa Platform (Platform for Child Development Evaluation, Cognitrom, 2010) under the supervision of psychologists team. For this study, in accordance with our objectives, we used only the social competencies scale, emotional competencies scale, cognitive competences scale, motor competencies scale, personal autonomy scale, disruptive behavior scale and Spence anxiety scale (adapted for the Romanian children population). Each scale has items rated on a Likert scale type with 3, 4 or 5 points.

*3.3. Procedure.* After the initial evaluation (pre-intervention assessment with PEDa) the children were assigned to different intervention groups. Because we know that the teacher's educational background can influence the result, we chose to use the team expertise as an independent variable (REE expertise vs. no REE expertise), along with the type of intervention (3x2 factorial design). One group followed the SELF Kit program, implementing all 8 modules (1 module per week). In the second group the teacher had a conversation with the children about emotions, thoughts, good behavior (non-systematic REE program) and the last group received no intervention. After 8 weeks, the children were again evaluated, using the same scales.



*3.4. Results.* As we expected, the group that worked with the SELF Kit program and had a teacher with REE expertise proved to be more efficient in improving the social, emotional ( $F=4.14$ ,  $p < .05$ ) and behavioral skills of children ( $F=5.10$ ,  $p < .05$ ), relative to all the other groups. The data, analyzed with MANOVA, showed no significant difference between non-systematic REE intervention groups, regardless of the teacher expertise. There is also a significant difference ( $F=5.04$ ,  $p < .05$ ) between the non-systematic REE intervention group with an expert teacher and the no intervention group with no teacher expertise. As concerns the parents' and the teachers' assessments, there were no significant differences between the scores in pre or post-intervention evaluations. For the cognitive scale and the personal autonomy one, the scores revealed a significance of  $p < .01$  ( $F=4.41$ ) for the SELF Kit program with an expert teacher compared to all the other classes of children.

#### **4. Discussion and conclusion**

Working with children as young as 4 can be very difficult, especially if you want to change their thoughts – irrational beliefs in our case. They have problems in differentiating between emotion-cognition- behavior. They don't have an appropriate and discriminative emotion vocabulary. Most of the children we worked with were not able to identify or name other emotions besides “happiness” or “sadness” and their synonyms. Thus, the first step in working with emotional development programs for young children is to help them name, identify/recognize and describe emotions. At this age children play a lot, so the games in our program, such as the memory –game, prove to be of big help for emotion recognition and naming of emotions. The results support the idea that a systematic and complex intervention has better results on children. So if the child is presented with a large and diverse material that immerses him in the topic, he understands at the end what we want him to learn. The teacher's expertise was also an important factor that influenced the efficiency of our program. We observed that even if they had taken up the training program, for those with a poor understanding of the ABC model, it was very difficult to make connections only between B (beliefs) and C (consequences). These findings are not surprising, because in the Romanian educational system we often teach educators how to change behaviors only by giving or taking something (rewards or penalties) to/from the children. That was how we knew where the development was going (the children learn what to do and not to do and why- the parents or teacher's explanation).

#### **Study 4. The efficiency of SELF Kit program on developing socio-emotional competencies of primary school children**

As in the case of preschool children, we hypothesized that implementing the preventive program SELF KIT, focused on specific problems (emotional, social, behavioral), will reduce the incidence and intensity of symptomatology associated with internalizing, externalizing and social problems in primary school children.

We used a quasiexperimental 2x2 type design, with an intervention group and a control group, assessed before and after intervention. The participants were 94 children from 4 mainstream schools in Romania.

*Measures:* Children were assessed by their teachers using ASEBA (The Achenbach System of Empirically Based Assessment). The items are clustered in 3 categories of problems: internalizing, externalizing and social problems.

*Procedure:* After the initial evaluation, the children were assigned either in the experimental group, or in the control group.

The program activities were implemented by two members of SELF KIT team, psychologists with expertise in REBT. The program was implemented 8 weeks, 2h/week, at each of the two experimental classes.

**Results** .Looking for testing the efficacy of SELF KIT program on internalizing, externalizing and social problems, we performed separate mixed between-within subjects analysis of variance for II<sup>nd</sup> and IV<sup>th</sup> grades, for each categories of problems.

II<sup>nd</sup> grade: we didn't found statistically significant effects of interaction, neither on internalizing and externalizing, nor on social problems.

IV<sup>th</sup> grade: we found statistically significant effect of interaction for externalizing ( $F(1,40)=9.1$ ,  $p<.04$ ) and social problems ( $F(1,40)=5.2$ ,  $p<.027$ ), but not for internalizing problems.

Although, we didn't find statistically significant effects for all the problems categories, there are sesizable thendencies of internalizing, externalizing and social problems reduction in children who received the SELF KIT intervention.

## **V. Final consideration.**

Our survey is like a first step in trying to identify problems faced by preschoolers and young schoolars. Taking into consideration the growing incidence of the children's emotional and behavioral problems, the current paper has two major objectives: a) to determine the prevalence and the profile of the socially and emotionally related problems in a Romanian sample of children from low-budget families and studying in schools from disadvantaged communities; b) to test a new instrument that we elaborated in order to sustain the positive impact of EREC on the prevention of social and emotional problems and the behavioral correlates of these, by using samples of school children from populations with different socio-economic backgrounds.

Therefore, this research reunites two studies. During the first study, we investigated the socioemotional profile of a sample made of 1258 participants – children aged 6 to 11 years, coming from all the regions of Romania. In the second part, we selected two classes – first grade and forth grade, from two schools in Cluj-Napoca , with different characteristics, in order to test de preventive program SELF KIT, based on the principles of the rational emotive behavior therapy.

The present paper contributes through its findings to the psychology literature that discusses the theme of prevalence of the socio-emotional and behavioral problems in children aged 6 to 11, and on how to prevent these problems in the school environment.