

Efficacy of School-Based Interventions to Manage Psychosocial Problems of an Adolescent: A Clinical Case Study

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Abstract

This case study explores the efficacy of school-based intervention to address psychosocial challenges faced by an 11-year-old adolescent. The case study aimed to decrease the aggression and acting out behavior as result of being victimized at school by the peers. The aim was to assess and manage the child's aggressive behavior and academic underperformance which played a significant role in the child's low self-esteem and emotional regulation. A comprehensive assessment was conducted to rule out the difficulties and a multi-faceted intervention strategy was utilized including anger management and structured activity scheduling that helped that child to improve his academic performance as well as to learn to manage his emotional expression. Throughout 16 sessions, the intervention targeted key behavioural indicators such as emotional expression, and aggression; post-assessment results demonstrated a 22% improvement in the child's behavioral and academic challenges. The findings suggest that a multi-faceted therapeutic approach can be effective in addressing complex issues of aggression and academic underperformance in children, highlighting the importance of integrated psychological and educational interventions.

Keywords

Aggression, School-Related Problems, Bullying, Victimization, Cognitive-Behavioral Therapy

1. Introduction

Childhood experiences play an important role in shaping adolescent behaviours and personality development. The family dynamics, school environment, and social interaction significantly impact their mental well-being, academic performance and

emotional regulation during these critical ages of development. Adolescents spend most of their time in school pursuing educational activities, significantly impacting their mental well-being, social engagement, and physical growth. They are influenced by their peers and teachers, shaping their worldview and future behaviours [1]. School interactions are one of the significant aspects of a child's life, which either makes or breaks their social interactions and ability to regulate their emotions. Similarly, a hostile home environment compounds these variables, impacting an adolescent ability to cope with external pressures.

Researchers have consistently shown that family communication plays a significant role in adolescent mental health, while practical parenting skills and emotional exchange acts as protective factors against mental health issues like depression, anxiety, and self-esteem challenges [2]. Similarly, other researchers have also highlighted that practical communication skills between the parent and adolescent are a protective source for many health issues as well as provide us space to express one's feelings and feel connected to the family members, making it easier for adolescents to seek help when they want to [3] [4]. However, limited emotional interactions may increase the risk of delinquency, mental health issues and difficulty while dealing with authoritative figures among adolescents [5]. This poses more stress on the role of the parent and differentiating characteristics of communication between a parent and a child; a study has linked maternal communication with emotional content, such as sharing and being more supportive, while paternal communication is associated with autonomy and problem solving among the children [6].

Aggression and bullying are one of the common problems that adolescents face during their school time. Aggression is defined as the behavior aimed at harming others, is often a response to an overwhelming situation and can be exaggerated by school-related stressors such as bullying or peer victimization [7]. Victimization is characterized by repeated exposure to hostile actions that are linked to an increased risk of anxiety, depression, and aggression [8]. Often, aggression is viewed as a negative outcome demanding immediate ratification when parents and teachers struggle to rectify their behaviors but, in turn, negatively reinforces the child tends to see the aggressive expression as the only way to express their emotions [9]. This cyclic relationship between aggression and victimization can further isolate children from their parents and exaggerate their behavior and emotional challenges. Studies have highlighted that aggression often serves a multifaceted purpose for children. It helps them control complex emotions and express them without feeling scared while providing a safe space for adolescents [10]. Similarly, being victimized often increases the risk of deviant behaviors and seeking out targets that are easily accessible, making their peers more susceptible to become victims, while the reaction toward being victimized varies across children as often children tend to push back or aggressively act out to save themselves [11] [12].

This case study aims to explore the efficacy of a multifaceted school-based intervention designed to assess the psychosocial challenges of an 11-year-old who

was experiencing bullying and aggressive behaviors at school. This case study will examine the impact of therapeutic and educational strategies in managing aggression, improving emotional regulation, and enhancing academic performance.

2. Case Study

The current paper presents the case of an 11-year-old boy from a middle-class family, the youngest among two children and raised by a single mother. The child's father died when he was five years old. The boy was living with his mother and sister at his maternal home.

The client reported that he has always been this angry and had anger issues since childhood, as he used to fight with his cousins and children from his neighbourhood. The client reported that people make fun of him, and that makes him angry. Similarly, upon inquiry, the client reported that he lives with his maternal uncle's family and often gets scolded by his uncle and his mother. The client reported that when he gets angry, his mother scolds him more, and she thinks it is his fault if he has any fights. Therefore, the client has stopped telling his mother about other children irritating him as he finds it useless.

The client reported that when he is angry, he gets quiet, goes to the terrace, and throws pebbles on the floor aggressively; he throws bedsheets away in anger and often locks himself up in the room to calm himself down. At one time, the client reported that he learned that to manage his rage, he could use a nail and put in the wall with the hammer and strike it with all his anger, but he would hurt a few times, so he stopped doing it. Similarly, the client reported that he does not abuse anyone as he once abused, and his maternal uncle put red chillies in his mouth. Therefore, he avoids getting abusive with people, but if he gets angry, he uses slang such as dog, etc. The client reported that his mother is worried about his studies and always asks him to study and learn everything, due to which his homework is mostly incomplete as his mother asked him to know first, and that leaves no time for the completion of the homework.

The client had a few incidents of fighting in class. Once, he was completing his homework, and a child took his copy away. They got into a fight, and the teacher punished the client for not doing the homework and then fighting in class. The client does not see any support in class as he finds it useless to report it to teachers and believes that he will be punished. The client reported that the child calls him a name, makes fun of him, and often points out things to him even if he is not involved. The client reported that he does not have friends, as everyone taunts and makes fun of him. He only has one friend, who often fights with him for complaining about his performance to his mother. The client also reported that he only hangs out with one of his cousins and does not complain about him.

The client also reported needing help managing his day when he has much homework and must complete his schoolwork before class. He noted that he likes to understand how much work he gets and often needs clarification regarding whether to learn or remember it. The client studies independently, and his mother often checks his copies or listens to his work, but mostly, he does his studies

independently. He also reported that he struggles to do work. He reported that he feels the pressure of studying a lot as everyone forces him to study and work hard. Despite his learning capabilities, the client was severe regarding his studies and was trying to plan his timetable.

Similarly, the client reported that he often misses his father because he has a very loving relationship with him and never scolds him over anything. The client reported that he usually gets angry and likes to stay alone because even if he is angry, he gets scolded a lot, and everyone directs him to do things.

The child was sent in by his subject teacher while sleeping; his teacher complained of being inattentive in class, fighting with other students, having lower academic and writing performance, and having incomplete homework. He reported that his class makes fun of him for being overweight and irritates him, so he gets angry. The child reported that he cannot understand things being taught in the class and has difficulty remembering the lessons. Similarly, the child reported that his teachers and classmates complain to his mother. Therefore, he does not talk to anyone or sit with anyone in the class.

3. Methodology

3.1. Participant

An 11-year-old boy who was referred to the school counsellor with complaints of aggression, lower grades, inattention in class, and fighting in class was the participant of this case study.

3.2. Instrumentations

In addition to the presenting complaints, behavioural observations, subjective ratings of problems, academic assessment, bullying victimization scale and Buss and Perry aggression scale were used for diagnostic purposes. The behavioural observation revealed low mood, lack of motivation, low voice tone and lean body posture. The subjective assessment showed that the severity of problems, according to the child, was 90%, whereas anger, fighting, and being bullied and teased by other children were rated highest, *i.e.*, 10. In contrast, academic difficulty was rated next from 9 to 8. Academic assessment was carried out on conceptual, reading and writing levels, revealing that the client had severe reading problems and enunciating issues due to which he lacked conceptual clarity.

Similarly, the results of the Bullying Victimization Scale [13] revealed moderately severe results and verbal content revealed that he was being fat-shamed and name-called in class. Also, the Buss and Perry Aggression Scale scores depict the client's overall aggressive outburst. Most of his responses on the items were in the high range. This correlates with his history, as he has insight into his aggression.

3.3. Case Illustrations

3.3.1. Personal Factors

In the client's case, the personal factors were submissive personality, temperamental

predisposition, and lack of a proper channel for anger displacement. Temperament refers to stable individual differences in behavioural and emotional reactivity observed in infancy that serve as foundations for later personality [14]; the client had anger issues since childhood, as he highlighted many childhood incidents of anger. From a temperament perspective, child anger is conceptualized as individual differences in activating and expressing anger in contexts where a goal is blocked [15]. Thus, the client had an aggressive temperament, which predisposes the client's aggressive tendencies as the client lives in an uncongenial environment, which often triggers anger.

However, now the client has a submissive personality, as he tends to stay quiet when someone is scolding him and believes nothing will change in his life. Such as, there are many incidents where the client did not report anyone regarding the bullying and teasing, not even his mother, as he believes that everyone is going to blame him for whatever happens to him. The client reported that he did not see any point in asking for help, and the client is a victim of bullying in class and his neighbourhood but does not report anything to his family or teachers. The studies have highlighted an association between non-assertive social behaviour and the risk of victimization among the peer group [16]. Children who have submissive personalities and passive behavioural tendencies are more prone to victimization [17].

Another personal factor in the client's case was no proper anger channeling in the client. Previously, the client had tried to manage his anger. However, his ways were extreme, and he would get hurt. The tendency to react with high levels of anger to a blocked goal or provocation, along with poor self-regulation, has been found to increase the risk of externalizing problems, peer rejection, and victimization [18].

3.3.2. Familial Factors

In the client's case, family factors were an unsupportive family environment and over-vigilance from the family was exaggerating the client's issues. Recent research confirms that many of the most salient risk and protective factors for the development of aggression and violence reside in the family system [19]. The family can also serve as a powerful adaptive system counteracting the risk of aggression and violence. Parents can promote healthy behavioural development through warmth, structure, and prosocial values, as well as by fostering adaptive resources in the child and community [20].

The client's family and teachers are overly concerned regarding the client; however, their concern is often depicted as criticism and scolding, which triggers and increases the client's aggression as he feels no one understands him. A diathesis-stress model suggests that some individuals, due to a vulnerability in their behaviour or temperament, tend to disproportionately be more prone to be affected by adverse environmental stressors [21], such as whenever the client is scolded for not being suitable in studies or for his fight with other children, his family often ignores the child's perspective which aggravates the client's anger.

The client lives with his mother, as his father passed away when the client was

young. The client was raised by his mother, who tends to be overly involved in the client's education and always stresses studies and correct doing things. Different parenting styles also affect reactions to anger in children [22] [23]. Prodding and pressuring by parents can lead to anger, resentment, and rebellion in children [22]. Similarly, another father is the absence of a father figure in the client's life. The client was reluctant to talk about his father but misses him most. A study conducted to determine the psychological characteristics of individuals who had lost their fathers to predict anger as a personality trait has revealed that children who lost their fathers early in life tend to develop psychological characteristics of anger as a personality trait [24].

3.3.3. School Factors

In the client's case, school factors are bullying, teasing, name-calling, teachers' defeatist attitude, and fewer peer friendships. The client had few friends and tended to avoid his peers because they made fun of him. Bullying was identified as one of the main reasons for the client's aggression, as there were many incidents reported by the client where his classmates teased him. Olweus (1978) [25] has highlighted that children who are victimized are often aggressive as well, and the literature highlights them as bullies/victims or provocative whipping boys as well. However, the study highlights that many children who are victimized are often aggressive, and their aggression works as a way to overcome their fear and anxiety associated with a harmful situation [16]. A factor that is certain to influence the proportion of children identified as aggressive victims is the magnitude of the dimensional association between aggression and victimization [26]. Similarly, another researcher has highlighted that aggressive victims are the children who tend to be involved in emotionally charged conflicts with their peers and have difficulty in modulating their effect during their interpersonal conflict so that when they become angry or when they are teased, they escalate relatively benign group interactions into more aggressive exchange [27].

Similarly, other school factors, such as the negative attitude of teachers toward the client and fewer peer interactions, also become significant factors in the client's behaviour. The teacher's negative behaviour increases resentment and impacts the client's psychological well-being, making the client doubt his ability and often stay quiet in class to avoid any confrontations. The positive and negative teacher-child relationship may influence the client's adaptation to the school environment as they set the stage for later learning. Studies have highlighted that a warm relationship increases a child's academic performance via increased emotional security and self-confidence, while negative interaction may decrease performance via increased emotional distress and lower availability of cognitive resources for learning [28] [29].

4. Results

4.1. Therapeutic Interventions

The child was sent by his teacher for counselling purposes. After his assessment,

the therapeutic plan was developed. Based on his case formulation, derived through various sources that helped in providing helpful information such as presenting complaints, history, observation and assessments, his therapy plan comprised of school-based intervention for psychosocial problems initiated with child and family psychoeducation plan along with cognitive behavioral therapy, relaxation techniques to help the child manage his anger, distraction techniques withdraw his anger reaction, cost and benefit analysis, anger management; anger thermometer, my anger face, physical symptoms, anger iceberg, cost and benefit analysis of anger, traffic light concept and use of FRIENDS acronym to help manage anger. Strength and weakness identifications help the child know and work on his strengths and weaknesses. Positive coping statements, mirroring technique to boost self-confidence, assertive training to help stand against bullying, emotional regulations to help identify and manage emotions, academic management through phonics practice, reading and writing practice, use of a dictionary to help find the meaning of words, activity or timetable scheduling to manage studies, do homework and maintain daily learning habits, mind mapping to make links and develop conceptual clarity and Pomodoro techniques to help to manage studies and taking attentional breaks. At the same time, tutoring (peer and home tutoring) was advised by the child's mother and teacher to aid the child's shortcomings.

4.2. Outcome

The intervention plan was carried out in 16 sessions in total. The outcome of the intervention plan showed a significant decrease in the number of problems. Informal observation of the counsellor and mother showed positive changes in the child, such as more present and positive home and classroom interactions, giving feedback on how coping statements are helping, and the child sharing his routine and use of the learning techniques. Different measures were used to compare problems before and after the intervention, such as changes in subjective ratings, the Bully-Victimization Scale, and the Buss and Perry Aggression Scale. The change in the subjective ratings is shown in **Table 1**.

Table 1. Showing the post management ratings of the client.

Problems	Pre-Subjective Ratings	Post-Subjective Ratings
Anger	10	7
Difficulty in studies	8	7
Reading and writing problems	9	7
Fighting in class	10	6
Children teasing and bullying	8	7
Total	45/50	34/50
Percentage	90%	66%

The severity of the symptoms after the therapy was 66%. The pre and post management ratings revealed the percentage of improvement in the client's condition

after the therapy. The rate of change in the symptoms severity of the client was 22%. Hence, the client's condition improved up to 22% after the management.

The pre and post-management ratings showed as in **Figure 1** that the client's pre-subjective ratings were 90%, which reduced to 66% after the therapy, showing a 22% improvement in the client's condition.

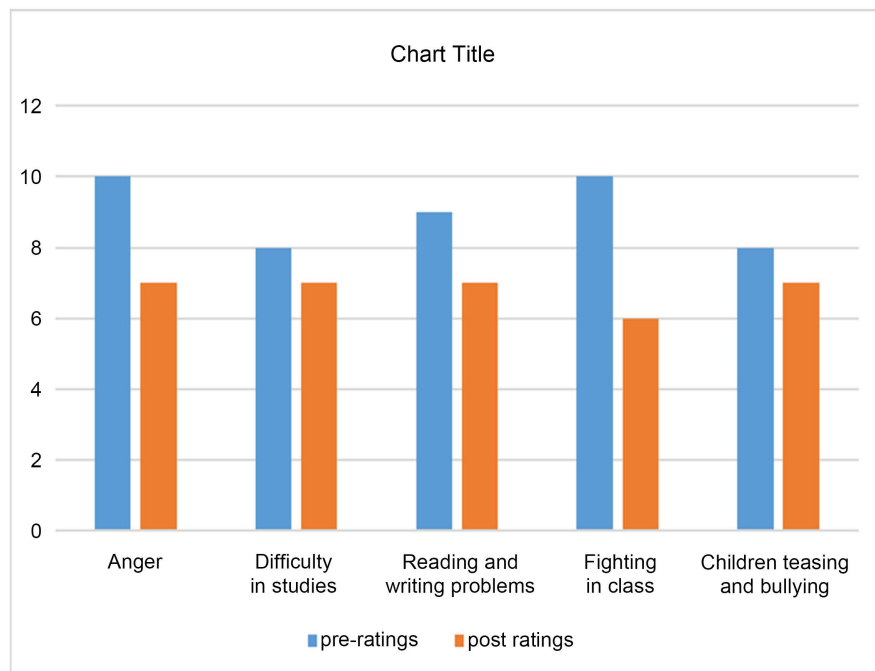


Figure 1. Pictorial representation of Pre and Post management rating of symptoms.

5. Discussion

The current paper is based on the in-depth analysis of the single case study of an 11-year-old boy exhibiting aggressive behaviors, academic underperformance largely driven by bullying and peer victimization. The school based interventions are defined as strategies that can be implemented within the school setting to promote better well-being and reduced academic difficulties while promote being a supportive and nurturing learning environment. The present study contributes to the growing recognition of the importance of integration of psychological support into educational framework [30]. The literature has consistently highlighted the positive impact of school-based interventions in interpersonal and interpersonal domains [31] [32]. The current case study reinforces those findings by demonstrating how targeted interventions such as anger management training cognitive behavioral therapy and relaxation techniques along with providing tips to manage academic pressure can help a child to improve not only his emotional regulation but also can help in achieving better academic results by identifying the triggers and teaching the child appropriate coping strategies the interventions can help in reducing aggressive outbursts and improve his ability to manage and regulate his emotions particularly those arising from bullying.

5.1. Counselling and Emotional Regulation

One of the most essential components of this intervention was based on the cycle education, which played a significant role in helping the child to understand the therapeutic process and the importance of addressing his emotions constructively. Through psychoeducation, the therapies enhance the person's ability to accept their problem, promote active cooperation with the treatment, highlight the significance of treatment and medicine adherence, and strengthen the coping skills by compensating for the weaknesses associated with the disorder [33]. This was further supported by emotional regulation techniques such as deep breathing and distraction, which allowed the child to manage his anger and respond more effectively to provocations from peers consistent with the literature; emotional regulation helped individuals to manage their emotions and appropriately express them [34] which helps in improving the behaviour.

5.2. Anger Management and Cognitive Behavioral Therapy

The interventions also focus on enhancing children's ability to regulate their anger through anger management techniques, which were tailored according to the child's need, focusing on distinguishing between internal and external triggers. At the same time, cognitive behavioural therapy helps the child rationalize his thought process and assess the cost-benefit of his reactions. This method also aligns with the existing evidence on cognitive behavioural therapy being effective in helping individuals manage their impulsive behaviours by encouraging more deliberate and thoughtful responses [35]. The anger control program was used to identify internal and external triggers and respond to the situation appropriately and more calmly. Assertive training was the aid to empower the child to handle bullying more effectively by expressing himself in a calm, controlled manner and reducing the likelihood of aggressive reactions

5.3. Self-Esteem and Confidence Building

Assertiveness training is based on the principle that every individual has a right to express his thoughts, feelings, and needs to others as long as they do so respectfully. The mirror technique and positive affirmation are activities for building self-esteem, confidence and self-belief. The mirror techniques allow individuals to look at themselves and say positive things to themselves. In this technique, the client is asked to straighten their back and take a deep breath while looking in the eyes confidently. Then, they are encouraged to put a smile on their face to look determined. And then start repeating the positive things to one's reflection. Such as "I believe in myself", "I can do it", and "everything will be all right" [36]. The client was taught to say these things, write all the information on paper, and repeat it to himself in the mirror.

5.4. Academic Improvement and Learning Techniques

The intervention also focused on enhancing the child's academic performance

through structured activity scheduling, phonic training, and mind mapping. These strategies were aligned with the child's need to organize his study time, improve reading comprehension, and clarify complex concepts. This academic improvement is essential as previous research has shown a strong association between economic difficulties and behavioural problems in children [37]. The Pomodoro technique was also used to improve the child's attention span, which was particularly useful in helping him stay engaged during the study session, reduce frustration, and improve his concentration, which helped improve productivity.

5.5. Recommendations and Limitations

Regardless of the positive outcome, the study has several limitations. First, the study focuses on a single case study, limiting the generalizability of the findings. The intervention's effectiveness might vary across children, particularly those with varying psychological issues and different social and cultural backgrounds. Additionally, the short duration of the study (16 sessions) may not capture the long-term effect of the intervention; therefore, longitudinal studies with a larger sample size may be needed to sustain the desired results regarding the behavioural and academic improvement that was being observed. The intervention was based on a school setting; however, a more comprehensive approach that includes greater involvement from the family could enhance the outcomes. Further studies could explore how the combined school-based and home-based interventions contribute to a child's overall well-being and academic success. Lastly, given the limited access to mental health resources in Pakistani schools, it sorts the need to explore more cost-effective and scalable models for implementing such interventions in the school.

5.6. Conclusion and Implications

This case study highlights the potential of a school-based intervention in improving not only the behavioural outcome of our children but also their academic performance by incorporating treatment techniques within the educational framework. School can play a critical role in fostering holistic development and addressing the complex psychosocial needs of the children; however, further research is needed to explore the long-term impact of these interventions and how different students from different backgrounds and different psychological issues can adapt to these interventions.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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