Impact of Counseling on Psycho-Social Behavioural Problems of Academically Backward Children

Dr. Nasreen Banu¹, K. Yashoda²

¹Principal Scientist, AICRP-HD (All India Coordinated Research Project – Human Development, PGRC, PJTSAU (Professor Jayashankar Telangana State Agricultural University), Rajendranagar, Hyderabad – 30, India

²SRF, AICRP-HD, PGRC, PJTSAU, Rajendranagar, Hyderabad – 30, India

The author is a trained Counselor by the Hyderabad Counselling Association, Hyderabad Note: The present study is supported by ICAR under XII plan period

Abstract: Present study was taken up to address the Psycho-social behavioural problems of academically backward (Secondary school) children. The sample consisted of 150 children ($6^{th} - 9^{th}$ class) in the age group of 12-17 years attending ZPHS (Zilla Parishad high school) from the operational villages (5) of Moinabad mandal, RR district, Hyderabad. Checklists developed by the unit (AICRP-Child Development) were used to find out the Psycho-social behavioural problems of academically backward children. Based on the results, Counselling sessions (Individual & Group) were conducted for a period of 10 months (involving school teachers), for the selected sample and separate sessions were conducted for the mothers too. The post test scores indicated a positive impact, reflecting the effectiveness of the Counselling programme.

Keywords: Psycho-social behavioural problems, counseling, academically backward children

1. Introduction & Background

Adolescence is a stressful developmental period filled with major changes in physical maturity and sexuality, cognitive process, emotional feelings and relationship with others. It is a phase of life marked by special attributes like rapid physical, psychological, cognitive and behavioral changes and developments, including urge to experiment, attainment of sexual maturity, development of identity, and transition from dependence to relative independence.

Adolescence is a time when many problem behaviors and emotions begin or escalate. The biological, psychological and social changes that occur during adolescence can influence the development of such behaviors and emotions. Sometimes the reduction of support and guidance from family members can leave many adolescents to problematic behaviors, reducing their ability to respond in a healthy way when faced with difficult decisions (Haugaard, 2001).

Some of the factors responsible for adolescent maladjustment include economic instability, parental discord, inadequacy of school offerings, lack of understanding of adolescent psychology on the part of parents and school faculties, unwholesome neighborhood or community conditions, inadequate recreational facilities etc (Bhardwaj, 1997; Kakkar, 1999; Prathiba, 2006; Jeevarthina, 2010).

2. Operational Definitions

Academically backward children: As per the norms suggested by the Dept of Education, Telangana state, children who obtained C+ grade and C grade were considered as academically backward.

Psycho-Social Problems

Psycho-social Problems refers to various problems of adolescents like behavioural problems, emotional problems, educational problems and social problems. Problems related to any or all the external activities of a person, which are observed directly, like behavior that harms or threatens to harm others, lying, violation of rules etc, are behavioral problems.

Emotional problems are the problems related to any of the particular feelings that characterize the state of mind. Educational problems include problems related to cognitive skills, teachers' and parental motivation in academic field, adjustment with the school etc. Social problems are the problems related to social environment such as social behavior, social participation, peer influence and adjustment with family, society and religion.

Risk and Protective Factors: At each stage of the lifecycle, there exists an interrelated set of factors which impact behaviors, choices, and outcomes of individuals. Risk factors are those which increase the likelihood that a young person will experience negative outcomes, whereas protective factors counter balance the risk factors, increasing the likelihood that he or she will make a positive transition to adulthood.

Counseling: Counselling is face-to-face communication between the counsellor and the client. It involves *active listening* to the client problems; giving them comfort in an atmosphere of empathy and helping them to work out what to do about their problems.

3. Methodology

The total sample for the study constituted 768 school children from 5 ZPHS studying 6^{th} , 7^{th} , 8^{th} , and 9^{th}

standard. These children belong to the age group of 12-17 years. There were 768 children from class $6^{th} - 9^{th}$ (from 5 villages). Out of 768 children, 178 (23%) children were found to be academically backward. Out of 178, 150 children were selected for the present study. Out of 150 children 80 (53%) were boys & 70 (47%) were girls. These findings were based on Teacher's observations & Academic grades of children.

General objective: Impact of counseling on Psychosocial behavioural problems of Academically backward children

Specific objectives:

- To find out the Psycho-social behavioural problems of Academically backward children
- To find out the Risk & Protective factors associated with Psycho-social behavioural problems of Academically backward children
- To conduct Counseling sessions for the Academically backward children with Psycho-social behavioural problems
- To study the impact of Intervention (Counselling sessions) on the Psycho-social behavioural problems of Academically backward children
- To develop and to disseminate IEC material in vernacular language for the school teachers for the continuation of the programme:

≻ Resource book on Counselling Process involved in Counselling children & youth

≻ Resource book on Guidelines on managing Issues concerning children & youth

➢ Brochure on 'Psycho-social problems of youth − Effective management strategies'

Research strategy adopted:

In order to achieve the above objectives Counseling sessions and Capacity building programmes were organized to the academically backward children involving School teachers and also for their mothers.

Research tool details:

1. Psycho-social behavioural problem checklist: It is developed by AICRP-CD, Hyd Unit (2015). The scale is designed to measure four areas: Behavioral, Moods & Emotions, Academic concerns and Relationships (9). Behavioral area has 15 statements, Moods & Emotional area has 10 statements, Academic concerns area has 8 statements and Relationships area has 9 statements.

Altogether, Psycho-Social Problems checklist consists of 42 statements, which are arranged on 5 point scale ie., Very true is marked as 5; Somewhat true is marked as 4; True is marked as 3; Not true is marked as 2 and Not at all true is marked as 1.The total scores were further grouped as Normal / no problem; Mild level of problem; Moderate level of problem; Severe level of problem and Extreme level of problem. Based on the level & in which area the

student has problem, intervention was planned accordingly.

Behavioral problems: It includes - Argues over trivial issues; Problems with eating & sleeping; complains often; answers back to authority/ adults; aggressive towards others; teases other children; indulges in physical fights; blames others; threatens other children; Difficulty accepting responsibility for actions; . Social withdrawal; Tendency for lying or stealing

Emotional problems: It includes - Feels anxious or nervous; Has low self-esteem; Cannot control emotions; Over sensitive; Restlessness & irritability; Looks worried & depressed; Emotional immaturity; Feels anxious & nervous; Gets worried easily; Rapid mood swings; Feeling of insecurity

Academic problems: It includes–poor academic performance; poor quality of schoolwork; lack of concentration; Inability in continuation of the tasks related to study; lack of interest in studies; gets distracted; Poor time management; irregular attendance

Social / Relationship problems: It includes- Ability to make & maintain friends; maintains good relationships with peers, siblings, parents Has very few friends; Avoids social contacts; Exhibits impulsive behaviour; Gets in to conflicts with others

2. Risk factors associated with Psycho-social behavioural problems: The rating scale was developed by AICRP-CD, Hyd Unit (2015). The scale is designed to measure four areas: Individual, Family; School and Community.

1. At Individual level: Insecure attachments; Difficult temperament; Non compliance; Chronic illness; Low self esteem; Poor social skills; Impulsivity; Low locus of control

2. At Family level: Parental unemployment; Death of family member; Disabled family member; Family member with chronic illness; Divorce & family break up; Violence in the family; Physical / emotional abuse; conflicted family relationships; permissive or uninvolved parents

3. At School level: Bullying; Peer rejection; Peer pressure; School failure; staff discrimination; Unsupportive staff

4. At Community level: Socio-cultural discrimination; Lack of support services; Isolation; Neighbourhood violence; Lack of recreational facility

Individual area has 12 statements, Family area has 9 statements, School area has 6 statements and Community area has 6 statements. Altogether, the **Risk factors** associated with resilience checklist consists of 33 statements, which are arranged on 5 point scale ie., Very true is marked as 5; Somewhat true is marked as 4; True is marked as 3; Not true is marked as 2 and Not at all true is marked as 1.The total scores were further grouped as No risk; Mild level of risk; Moderate level of risk; Severe

Volume 6 Issue 4, April 2017 <u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY level of risk and Extreme level of risk. Based on the level & in which area the student has problem, intervention will be planned accordingly. Test - retest reliability of internal resilience scale was found to be 0.70. Validity of the scale has been tested by giving the scale to 15 experts.

3. Protective factors associated with Psycho-social behavioural problems: The rating scale was developed by AICRP-CD, Hyd Unit (2015). The scale was designed to measure four areas: Individual, Family; School and Community.

1. At Individual level: Easy temperament; Adequate nutrition; Attachment to family; Above average intelligence; School achievement; Problem solving skills; Internal locus of control; Good social skills; Social competence; Effective coping skills; Moral beliefs & values; Optimism; High self esteem

2. At Family level: Supportive & caring parents; Family harmony; Secure & stable family; Strong family norms & moral values; Responsibility within the family

3. At School level: Positive / conducive school climate; Positive peer relationships; Recognition of achievement; Positive teacher – student relationship; Collaborative teaching strategies; Sense of belongingness / connectedness; Opportunities for success; School norms against violence

4. At Community level: Networking within the community; Sense of connectedness; Access to support services; Strong cultural identity; Participation in cultural groups; Community norms against violence

Individual area has 12 statements, Family area has 5 statements, School area has 8 statements and Community area has 6 statements. Altogether, the Protective factors associated with resilience checklist consists of 31statements, which are arranged on 5 point scale i.e., Very true is marked as 5; Somewhat true is marked as 4; True is marked as 3; Not true is marked as 2 and Not at all true is marked as 1. The total scores were further grouped as high level of protection; moderate level of protection; average level of protection; below average level of protection; and very low level of protection. Based on the level & in which area the student has problem, intervention will be planned accordingly. Test - retest reliability of internal resilience scale was found to be 0.73. Validity of the scale has been tested by giving the scale to 15 experts.

4. Teacher's Self-assessment checklist for supportive classroom interaction: Self-assessment checklist was developed for the class teachers to identify how well the classroom interaction and practices support student's psycho-social well-being, and to identify areas for improvement. The scale measures eleven important areas such as: 1.Secure attachment with the care takers; 2.Meaningful peer relations & social competence; 3.Identity & Sense of belonging; 4.Sense of self worth, value & self esteem; 5.Trust in others; 6.Access to

opportunities; 7.Intellectual & physical stimulation; 8.Physical & psychological security; 9.Hopefulness & optimism; 10.Responsibility & empathy and 11.Adaptability & creativity.

Intervention Programme: Based on the pretest scores Counselling sessions (Individual & Group) were conducted for a period of 10 months (involving school teachers), for the selected sample. Counselling cum capacity building programmes were also organized for the rural mothers to sensitize and to manage issues concerning children.

Psycho-Social Counselling approach was used while counseling children and rural mothers: This approach looks at the child with his / her risk factors in relation to his / her environment. The Psycho part is concerned with mental processes such as feelings, thoughts, behaviour, & motives and the Social part include society, family, school, and peers. The child's problem situation is analyzed and understood from his /her psychological, social, and cultural perspective.

Counselling helps in many ways to all age groups:

- It provides an opportunity to share difficulties in confidence with a trained and skilled counsellor
- It provides opportunity and space to explore different ways of looking at the problem
- Helps the client in finding and utilizing available internal and external resources
- Promotes awareness and motivates clients to take action
- Provides encouragement and guidance
- Helps people to cope more effectively with their problems
- Brings about Change in problematic behaviour
- Brings Progress in one's ability to perform academically
- Brings out Positive change in personal relationships

Group counselling (10-12/ group) sessions were organized for common problems and Individual counselling sessions (10 children / day), were conducted for specific problems unique to the individual for a period of 10 months, involving school teachers for the continuation of the programme in the future. Separate Counselling sessions and capacity building programmes were conducted for the mothers too.



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Capacity building programmes were organized for the mothersto strengthen the **protective factors by**:

- Providing warm, secure and stable family environment
- Maintaining healthy Family relationships
- Maintaining family cohesion; care & nurture
- Providing unconditional love and care
- Modelling behavior that you would like the child to display
- Encouraging the child to demonstrate empathy and caring,
- Helping the child begin to accept responsibility for his or her own behavior
- Accepting errors and failures while providing guidance towards improvement
- Providing opportunities for the child to practice dealing with problems and adversities



Following methods were used for promoting counseling skills among School teachers

- Video clipping on
- ➢ Basics of Counseling process
- > Approaches in Couneslling
- Effective Counselling practices
- > Counselling children with behavioural problems
- Mock Counselling sessions
- Following Resource books were developed for school teachers as ready reckoner







Impact of counselling on Psycho-Social Problems of Academically backward children (N=150)

Psycho-Social Problem area	Category	Score	(N=150) Pre	(N=150) Post 1	(N=150) Post 2
	Normal(1)	<15	98 (65%)	108 (72%)	123 (82%)
Behavioral (15)	Mild level of problem (2)	15 - 30	37 (25%)	30 (20%)	21 (14%)
	Moderate level of problem (3)	30 - 45	15(10%)	12(8%)	6(4%)
	Normal(1)	< 10	95 (63%)	103 (69%)	112 (75%)
Moods & Emotions (10)	Mild level of problem (2)	10 - 20	37 (25%)	28 (18%)	23(15%)
	Moderate level of problem (3)	20 - 30	18 (12%)	19 (13%)	15 (10%)
Academic concerns(8)	Normal(1)	< 8	27 (18%)	45 (30%)	63 (42%)
	Mild level of problem (2)	8 - 16	63 (42%)	57 (38%)	42 (28%)

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	Moderate level of problem (3)	16 - 24	45 (30%)	36 (24%)	39 (26%)
	Severe level of problem (4)	24 - 32	15(10%)	12(8%)	6(4%)
	Normal(5)	36 - 45	95 (63%)	108 (72%)	118 (79%)
Relationships (9)	Mild level of problem (4)	27 - 36	37 (25%)	27 (18%)	20 (13%)
	Moderate level of problem (3)	18 - 27	18 (12%)	15 (10%)	12 (8%)
	Normal(5)	< 78	90 (60%)	111(74%)	120(80%)
Over all intensity of the	Mild level of problem (4)	78 - 102	27 (18%)	18 (12%)	15 (10%)
problem (42)	Moderate level of problem (3)	102 - 126	18 (12%)	15 (10%)	10 (7%)
	Severe level of problem (2)	126 - 150	15(10%)	6(4%)	5(3%)

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The scores in the above table clearly indicate the significant Impact of counselling on the Psycho-Social Problems of Academically backward children at different phases.

- With regard to overall intensity of Psycho-Social Problems, 60% of the sample who were found to be in normal category during pre test, their number increased to 74% during post test-I and to 80% during post test-II.
- Similarly 18% of the sample who were found to be in **Mild level of risk category** during pre test, their number decreased to 12% during post test-I and to 10% during post test-II.
- 12% of the sample who were found to be in **Moderate** level of risk category during pre test, their number decreased to 10% during post test-I and to 7% during post test-II.

		Total scores		Means		
Area	Pre test (A)	Post test-1(B)	Post test-2(C)	Pre test (A)	Post test-1(B)	Post test-2 (C)
Behrl	3188	2936	2766	21.25	19.57	18.44
M&E	2143	1931	1824	14.29	12.87	12.16
Acade	2427	2154	2032	16.18	14.36	13.55
Relatn	5213	5358	5469	34.75	35.72	36.46
Total	12971	12379	12091	86.47	82.53	80.61

Mean values of Psycho-Social Problems of Academically backward children (Area wise) at different phases (N= 150)



Aroo	Μ	ean differer	T values		
Area	A-B	A-C	B-C	A-B	A-C
Behrl	1.68	2.81	1.13	1.28**	2.55**
M&E	1.42	2.13	0.71	2.73**	4.29**
Acade	1.82	2.63	0.81	3.72**	2.67**
Relatn	0.97	1.71	0.74	2.12**	4.58**
Total	3.94	5.86	1.92	2.03**	1.14**

The above table presents the **overall Psycho-Social Problems of Academically backward children's** total raw scores, means, SD& 'T' values at different phases (pre test and post test I & II). The table shows the progressive increase in the total scores across pre test to post test 1 & 2, along with the increase in the mean differences, which shows the impact of intervention programme. T values between the two means of pre test and post test I & II were found to be highly significant, as the calculated values were found to be greater than the tabulated value.

Impact of counselling on the Risk factors associated with Psycho-Social Problems of Academically backward children (N=150)

Risk factors at	Category	Score	(N=150) Pre	(N=150) Post 1	(N=150) Post 2
Individual level	No risk (1)	<12	94 (63%)	105 (70%)	123 (82%)
(12)	Mild level of Risk (2)	12 - 24	37 (25%)	30 (20%)	19 (13%)
	Moderate level of Risk(3)	24 - 36	19 (12%)	15 (10%)	8 (5%)
	No risk (1)	<9	83 (55%)	97 (65%)	114 (76%)
Family level (9)	Mild level of Risk (2)	9-18	57 (38%)	44 (29%)	30 (20%)
	Moderate level of Risk(3)	18 - 27	10 (7%)	9 (6%)	6 (4%)
School level (6)	No risk (1)	<6	108 (72%)	117 (78%)	126 (84%)
	Mild level of Risk (2)	6-12	42 (28%)	33 (22%)	24 (16%)
a	No risk (1)	<6	100 (67%)	117 (78%)	129 (86%)
Community	Mild level of Risk (2)	6-12	30 (20%)	22 (15%)	14 (9%)
level(6)	Moderate level of Risk(3)	12 - 18	20 (13%)	11 (7%)	7 (5%)
Over all intensity	No risk (1)	<33	90(60%)	108(72%)	117(78%)
of the risk factors	Mild level of Risk (2)	33 - 66	42 (28%)	30 (20%)	24 (16%)
(33)	Moderate level of Risk(3)	66 - 99	18 (12%)	12 (8%)	9 (6%)

The above table presents the **Impact of counselling on the Risk factors** associated with **Psycho-Social Problems of Academically backward children** at different phases.

- With regard to over all intensity of the risk factors, 60% of the sample who had No risk associated with Psycho-Social Problems during pre test, their number increased to 72% during post test-I and to 78% during post test-II.
- 28% of the sample who were found to be in Mild level of risk category duringpre test, their number decreasedto20% during post test-I and to 16% during post test-II.
- 12% of the sample who were found to be in Moderate level of risk category during pre test, their number decreased to 8% during post test-I and to 6% during post test-II.

		Total scores		Means		
Area	Pre test (A)	Post test-1(B)	Post test-2(C)	Pre test (A)	Post test-1(B)	Post test-2 (C)
IL	2366	2263	2162	15.77	15.09	14.41
FL	1741	1640	1573	11.61	10.93	10.49
SL	1217	1007	977	8.11	6.71	6.51
CL	1383	1090	1041	9.22	7.27	6.94
Total	6707	6000	5753	41.7	40.00	38.35

Mean values of Risk factors associated with Psycho-Social Problems of Academically backward children (Area wise) at different phases (N= 150)



A moo	Μ	ean differe	T values		
Area	A-B	A-C	B-C	A-B	A-C
IL	0.68	1.36	0.68	1.67**	4.18**
FL	0.68	1.12	0.44	1.59**	2.64**
SL	0.02	0.18	0.2	4.07**	9.58**
CL	0.36	0.31	0.33	2.96**	4.24**
G.Tot	1.7	3.35	1.65	1.07**	4.22**

Note: ** at 1% level of significance

The above table presents the **overall Risk factors associated with the Psycho-Social Problems of Academically backward children's** total raw scores, means, SD & 'T' values at different phases (pre test and post test I & II). The table shows the progressive increase in the total scores across pre test to post test 1 & 2, along with the increase in the mean differences, which shows the impact of intervention programme. T values between the two means of pre test and post test I & II were found to be highly significant, as the calculated values were found to be greater than the tabulated value.

Impact of counselling on the Protective factors associated with the Psycho-Social Problems of Academically backward children (N=150)

Protective factors			(N-150)	(N=150)	(N-150)
at	Category	Score	(N=150) Pre	$\frac{(N=150)}{Post 1}$	(N=150) Post 2
	High level (5)	48 - 60	18 (12%)	15 (10%)	12 (8%)
Individual level (12)	Moderate level (4)	36 - 48	38(25%)	41(27%)	45(30%)
	Average level (3)	24 - 36	48 (32%)	54 (36%)	63 (42%)
	Below average level (2)	12 - 24	25 (17%)	25 (17%)	21 (14%)
	Very low level (1)	< 12	21 (14%)	15 (10%)	9 (6%)
	High level (5)	20 - 25	25 (17%)	23 (15%)	18 (12%)
	Moderate level (4)	15 - 20	42 (28%)	45 (30%)	48 (32%)
Family level (5)	Average level (3)	10 - 15	45 (30%)	51 (34%)	60 (40%)
	Below average level (2)	5 - 10	23 (15%)	18 (12%)	13 (9%)
	Very low level (1)	< 5	15 (10%)	13 (9%)	11 (7%)
	High level (5)	36 - 48	56 (37%)	60 (40%)	63 (42%)
School level (8)	Moderate level (4)	24 - 36	40 (27%)	43 (29%)	47 (31%)
	Average level (3)	16-24	33 (22%)	29 (19%)	26 (17%)
	Below average level (2)	8-16	21 (14%)	18 (12%)	15 (10%)
	High level (5)	24 - 30	18 (12%)	15 (10%)	17 (11%)
	Moderate level (4)	18-24	33 (22%)	38 (25%)	39 (26%)
Community level(6)	Average level (3)	12 - 18	48 (32%)	55(37%)	63 (42%)
	Below average level (2)	6 - 12	30 (20%)	24 (16%)	19 (13%)
	Very low level (1)	< 6	21 (14%)	18 (12%)	12 (8%)
	High level (5)	124 - 155	30 (20%)	35 (23%)	37(25%)
Over all intensity of	Moderate level (4)	93 - 124	38(25%)	44(29%)	48 (32%)
the Protective	Average level (3)	62 - 93	45 (30%)	52 (35%)	54 (36%)
factors (31)	Below average level (2)	31 - 62	22 (15%)	10 (7%)	6 (4%)
	Very low level (1)	< 31	15 (10%)	9 (6%)	5 (3%)

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The above table presents the **Impact of counselling on the Protective factors** associated with **Psycho-Social Problems of Academically backward children** at different phases.

- With regard to overall intensity of Protective factors associated with Psycho-Social Problems of Academically backward children, 20% of the sample who were found to be having High level of protective factors during pre test, their number increased to 23% during post test-I and to 25% during post test-II.
- 25% of the sample who were found to be having Moderate level of protective factors associated with Psycho-Social Problems during pre test, their number increased to 29% during post test-I and to 32% during post test-II.
- 30% of the sample who were found to be having Average level of protective factors associated with Psycho-Social Problems during pre test, their no increased to 35% during post test-I and to 36% during post test-II.
- 15% of the sample who were found to be having below Average level of protective factors associated with Psycho-Social Problems during pre test, their number decreased to 7% during post test-I and to 6% during post test-II, as the student's number moved up to higher category.
- 10% of the sample who were found to be having very low level of protective factors associated with Psycho-Social Problems during pre test, their number decreased to 6% during post test-I and to 3% during post test-II, as the student's number moved up to higher category.

	r	Fotal scor	es	Means		
Area	Pre	Post	Post	Pre	Post	Post
Alea	test	test-	test-	test	test-	test-2
	(A)	1(B)	2(C)	(A)	1(B)	(C)
IL	5298	5841	6049	35.32	38.94	40.33
FL	2520	2758	2894	16.8	18.39	19.29
SL	2013	4260	4344	13.42	28.4	28.96
CL	2714	2964	3112	18.09	19.76	20.75
Total	12545	15823	16399	83.63	105.48	109.32

Mean values of Protective factors associated with Psycho-Social Problems of Academically backward children (Area wise) at different phases (N=150)



A 1000	Μ	lean differe	T values		
Area	A-B	A-C	B-C	A-B	A-C
IL	3.62	5.01	1.39	1.29**	7.12**
FL	1.59	2.49	2.49	2.55**	1.98**
SL	0.84	2.66	0.39	3.69**	6.63**
CL	1.67	2.66	0.99	1.81**	1.11**
G.Tot	7.72	11.38	3.66	7.77**	5.60**

Note: ** at 1% level of significance

The above table presents the **overall Protective factors associated with the Psycho-Social Problems of Academically backward children's** total raw scores, means, SD & 'T' values at different phases (pre test & post test I & II). The table shows the progressive increase in the total scores across pre test to post test 1 & 2, along with the increase in the mean differences, which shows the impact of intervention programme. T values between the two means of pre test and post test I & II were found to be highly significant, as the calculated values were found to be greater than the tabulated value. **Teacher's support for student's psycho-social wellbeing: Out of 20 sample**, half of the sample 50%(10) confirmed that they need to improve in all the eleven areasto some extent, 30% confirmed that they need to improve in this area to a large extent and only 20% expressed that they were providing adequate support for the student's psycho-social well-being.



4. Conclusion

Adolescents at higher secondary level face more problems from educational and emotional aspects. Problems like anxiety, hot temperedness, academic under-achievements and strict rules of school have a highest percent of occurrence among adolescents.

The emotional problems are also high in adolescent due to the physical and physiological changes that occur as a part of their development. Adolescents need maximum attention and care. Adolescents of today have an intense desire for independence and freedom for self expression that they deserve. If this need is not satisfied, they will start to deviate from the social norms and social values.

Teachers should ensure that their students are getting better motivation from the institution and they should help in building up a good career. The teachers and school authorities should ensure conducive physical, social and psychological environment in school because this will help the adolescent both within and outside the school. Parents and other influential members in the community should join in this effort to ensure a meaningful experience for the adolescents in their environment, recognizing the fact that the future significantly depends on them.

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