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CONTENTS

EDITORIAL	7
-----------	---

ARTICLES

INTERDISCIPLINARY CONTEXT OF SOCIAL DEVIATION PREVENTION IN SCHOOL ENVIRONMENT Stanislava Hoferková, Václav Bělík	11
--	----

NEGATIVE SOCIAL PHENOMENA, SOCIALLY PATHOLOGICAL PHENOMENA, PROBLEM BEHAVIOUR, RISK BEHAVIOUR WITH FOCUS ON SCHOOL ENVIRONMENT Petra Hedrichová, Jitka Skopalová	25
--	----

SYSTEMIC THERAPY OF HYPERACTIVE CHILD: A CASE STUDY Hristo Kyuchukov, Michel Ackerman	55
---	----

DISCUSSION

WHAT ARE THE POTENTIAL WAYS TO SOLVE THE ISSUE OF PROFESSIONALIZATION OF RISK BEHAVIOUR PREVENTION IN SCHOOL ENVIRONMENT? Václav Bělík	71
--	----

REPORT

INFORMATION ON PRIMARY PREVENTION OF RISK BEHAVIOUR INTERNATIONAL CONFERENCE Jitka Skopalová	89
---	----

EXAMPLE OF GOOD PRACTICE

BRATISLAVSKÁ THEATRE – PERFORMANCE "YOU NEVER KNOW": FORUM THEATRE ON THE TOPIC OF HOMELESSNESS – ACCORDING TO AUGUSTO BOAL AND HIS THEATRE OF THE OPPRESSED Markéta Zelená	93
---	----

BOOK REVIEW

LEISURE TIME OF SENIORS Helena Grecmanová	101
---	-----

Dear readers,

the selection of the main topic of the issue is one of the difficult tasks addressed by our editorial board. The second issue of the second volume of *Social Pathology and Prevention* will present you primarily articles from the area of prevention of social deviations and pathologies, respectively. The issue of prevention is a very broad topic. Prevention is covered by a number of non-pedagogical disciplines, although it is evident that it must be viewed mainly from pedagogical perspective or from social-pedagogical perspective. In this context, I would like to draw your attention to the article by Stanislava Hoferková and Václav Bělík from the Department of Social Pathology and Sociology of the Faculty of Education in Hradec Králové. Their article analyzes the interdisciplinary context of social deviation prevention, particularly in school environment.

The topic of the terminological and content interpretation of the denomination of socially unacceptable behaviour is discussed in the article by Hendrychová and Skopalová who noticed the terminological fragmentation and inhomogeneity of designation of negative behaviours, frequently identical or similar, when studying the Czech and international professional literature.

The foreign article by Hristo Kyuchukov and Michel Ackerman titled *Systemic Therapy of Hyperactive Child: A Case Study* presents a case study with a nine-year-old German boy with ADHD. The test measures the time of the performing of the "Test of Everyday Attention for Children" in seconds and the number of the errors the child does. The author observes the child's performance on the test and measures the loss of concentration.

The profession of social educator is mentioned also in Václav Bělík's article: *Which are the potential ways to solve the issue of professionalization of the prevention of risk behaviour in school environment?* The author discusses the topic from the perspective of so called educational programs; he describes the experience from the Slovak environment and the results of current studies. A self-standing challenge for the improvement of theory and practice consists, according to the author, in the education of the teachers dealing with prevention.

Very inspiring is the act of the Brno Diocesan Charity and Markéta Zelená who collected experience with so called Theatre of the Oppressed at various international workshops. The Theatre of the Oppressed is aimed at making the actors – clients of reception centre, low-threshold daily centre and night shelter for homeless people – to tell real stories – their experience, suggestions, ideas and their life topics concerning real conflict situations from their life which get them stumped and for which they search solutions. The author of the text presents also the historical context of the development of the method.

We believe that this issue of the magazine will offer you not only interesting information but also suggestions for reflection about the potential of prevention of risk behaviours, primarily in children and young people, and we will be pleased if you offer your articles to be published on the pages of our magazine, *Social Pathology and Prevention*.

Jitka Skopalová

	ARTICLES	
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INTERDISCIPLINARY CONTEXT OF SOCIAL DEVIATION PREVENTION IN SCHOOL ENVIRONMENT

Václav Bělík, Stanislava Hoferková

Abstract

The article analyses the interdisciplinary context of social deviation prevention, particularly in school environment. The article first defines the concept of prevention, describing its possible definitions and classifications including its interdepartmental and interdisciplinary context. The authors focus on the delimitation of the issue of prevention in relation to pedagogy, as they perceive the issue of prevention as a pedagogical/socially pedagogical category. They also notice the overlap of the issue of prevention with other areas - psychology, sociology, medicine, criminology, poenology, addiction research and other branches. The article includes presentation of the results of a small study mapping the issue of prevention from the perspective of school prevention methodists.

Keywords

prevention, preventology, pedagogization of prevention, school, school prevention methodist

1. Delimitation and Classification of the Issue of Prevention

The term "prevention" comes from the Latin preavēnīre, praevenio (Šenková, 2002, p. 262). "The term is often used also in common life and we can define it as a set of measures to prevent an undesirable phenomenon like diseases, drug addictions, crimes, accidents, failure at school, social conflicts, etc." (Prague Centre of PP, 2015). Radimecký (2012) presents an interesting perspective relying upon splitting the word "prevent" into

its prefix “pre-” and root “-event-”. So the meaning of the term can be perceived as unified and clear. Pedagogy understands prevention in compliance with this meaning. The pedagogical dictionary written by Průcha, Walterová and Mareš (2013) describes prevention as a set of measures aimed at prevention of undesirable phenomena, particularly diseases, damages, socially pathological phenomena, and Miovský (2010, p. 24) adds that “it includes all types of upbringing, educational, health care, social or other interventions aimed at prevention of occurrence of risk behaviour, forestalling its further progression, mitigating the existing forms and manifestations of risk behaviour or helping to solve its consequences.”

The content of the concept of prevention covers the issue of forestalling risk behaviours. But in practice, it is often confused with the content of the concept of therapy – i.e. solution of problems that have emerged already. We can see the issue of prevention in many different scientific disciplines. The concept is often used for example by medicine that defines prevention as a set of social and health measures aimed at forestalling health damage, origination of diseases and lasting consequences. We can find prevention also in the area of civil law. The prevention is aimed at forestalling conflict to avoid their solution by court decision. (Kraus, Hroncová et al., 2010)

Specialized literature most frequently classified risk behaviour prevention into primary, secondary and tertiary prevention. Most authors mention this classification in relation to prevention of drug addictions. In view of the focus of this article, we will mention the classification from general perspective that includes all risk behaviour types:

1. Primary prevention includes all activities aimed at the whole population and implemented in order to forestall risk behaviours (Matoušek & Matoušková, 2011; Strategie MŠMT, 2009).
2. Secondary prevention is aimed at individuals showing increased danger of risk behaviour origination. According to MŠMT (Ministry of Education, Youth and Sport), secondary prevention aims at forestalling “origination, development and persistence of risk behaviour” (Strategy of MŠMT, 2009, p. 9). It is implemented in form of early intervention, consulting and therapy.
3. Tertiary prevention is aimed at persons who have personal negative experience with a specific problem. It should forestall further spreading and recurrence of the problem through resocialization and reintegration.

Primary prevention consists of all activities aimed at forestalling the origination and development of risk behaviour in general population. There are a lot of activities aimed at prevention; therefore this broad concept should be specified in more detail. Programs aimed directly at some of the risk behaviour forms and focused on a specific target group are called specific primary prevention (Miovský, 2010; National Strategy of MŠMT, 2012). The National strategy of prevention of risk behaviours in children and youth within the scope of authority of the Ministry of Education, Youth and Physical Education for 2009–2012 (hereinafter referred to only as the National strategy of MŠMT (National strategy of

the Ministry of Education, 2012) describes them verbatim as a “system of activities and services focused on work with the population in which further negative development can be expected, if such activities and services are absent, and aimed at prevention or reduction of its increased occurrence”. Specific primary prevention is clearly delimited in time and space. The implementer should have the needs of the target group mapped, a plan prepared and a program preparation elaborated. The program should be evaluated and have a specific context (Miovský, 2010). Miovský (2010) divides the specific primary prevention, in compliance with the Strategy of MŠMT (2009) and later with the National strategy of MŠMT (2013) into three levels:

- A. General primary prevention – the target group includes groups of general population, regardless of specific risk groups. The groups are divided only by age and they are larger (e.g. a school class). The programs of general PP try to influence the children’s attitudes, values and behaviours.
- B. Selective primary prevention – is focused on groups with increased risk of origination of different risk behaviour forms (e.g. children from socially weak families, children with poor school results, behaviour disorders, etc.). It is aimed at strengthening the individuals’ social skills, communication competences, mutual relations, etc. The demands on professional qualification of the preventists are higher here as compared to general primary prevention.
- C. Indicated primary prevention – precedes secondary prevention. It works with distinctively endangered individuals or with individuals who have already shown the risk behaviour. It is aimed at reducing the frequency of risk behaviour occurrence and at mitigating its consequences.

A second possibility of preventive action consists in non-specific primary prevention. Unlike specific prevention, it does not include the demand on focus on a specific risk behaviour type, and it does not distinguish to what target group it is focused. It includes “all methods and approaches allowing the development of harmonic personality, including the opportunities to develop talents, interests, exercise and sport activities” (Strategy of MŠMT, 2009, p. 9). Through support of meaningful spending of leisure time, the individuals acquire positive social behaviour, healthy life style and develop their personality, which allows forestalling the origination and development of risk behaviour.

2. Prevention as an interdepartmental and interdisciplinary topic

The prevention comes under the competence of multiple departments in the Czech Republic. The Ministry of Education, Youth and Physical Education, the Ministry of the Interior or the Ministry of Health can be considered dominant. Other departments participating in the prevention system include the Ministry of Labour and Social Affairs, the Ministry of Justice and the Ministry of Defence that cooperate with superordinate

authorities (Government Council for Coordination of Anti-drug Policy at the Cabinet Office and the Republic Board for Prevention of Criminality at the Ministry of the Interior – all departments with material competence are represented in these authorities). The individual ministries elaborate their strategies or programs in the area of prevention in more detail in separate intra-departmental materials. (Hoferková & Šimková, 2012) The following part offers a selected list of departmental and supra-departmental documents valid for the relevant periods, concerning the issue of prevention:

- Strategy of prevention of criminality in the Czech Republic for the period of 2012 to 2015.
- National strategy of anti-drug policy for the period of 2010 to 2018.
- National strategy of prevention of violence against children for the period of 2008–2018.
- National strategy of cybernetic safety of the Czech Republic for the period of 2015 to 2020.
- Strategy of fight against social exclusion for the period of 2011–2015.
- Concept of prevention and solution of the issue of homelessness in the Czech Republic until 2020.
- Concept of fight against extremism for the year 2015.
- Action plan of prevention of domestic and gender-conditioned violence for the years 2015–2018.
- Health 2020 – National strategy of protection and support of health and prevention of diseases (the individual action plans include e.g. the Action plan for creation of interdisciplinary interdepartmental framework of primary prevention of risk behaviour in highly endangered children groups in the Czech Republic, the Action plan for the area of control of tobacco in the Czech Republic for the period of 2015–2018, the Action plan for reduction of alcohol-caused damages in the Czech Republic for the period of 2015–2018, the Action plan for support of exercise for the period of 2015–2020, the Action plan of right nutrition and eating habits of the population for the period of 2015–2020, the Action plan for prevention of obesity, the Action plan for mental health, etc.).

As the list shows, the issue of prevention is an area appropriated by different scientific disciplines, but in practice also by different professions. It is interesting to view the issue of prevention from the perspective of the disciplines and their graduates involved in this issue in the Czech environment (see Fig. No. 1). The list probably is not complete, but it shows illustratively how the issue can be viewed from different perspectives. For the future, a self-standing discipline should be considered in this context in order to integrate the issue of prevention from different scientific disciplines and to link the respective pieces of knowledge. As the existing experience from other countries indicates, preventology could be such a discipline.

Fig. No. 1: Multidisciplinarity of preventology



Source: own processing

The disciplines of departure to approach the issue of prevention can include:

- Pedagogy – with focus on the pedagogical reality under use of pedagogical categories (as mentioned above). Particularly the special-pedagogical discipline of ethical pedagogy plays an important role with respect to risk behaviour.
- Sociology – the description of social reality under use of the sociology of the town, family, school, social pathology, methodology, including statistics.
- Psychology – one of its areas, psychology of health, has the issue of prevention in its subject of interest. Knowledge of psychology of personality, social psychology, psychodiagnostics, etc. is important too.
- Medicine – particularly addiction research dealing with the issue of addictions. But the knowledge of somatology, neurology, genetics, psychiatry and other disciplines is important for the prevention workers as well.
- Criminology – as the discipline describing the issue of prevention from the perspective of law including new trends (probation and mediation, early intervention system, etc.).
- Poenology – tertiary prevention, prevention of relapse is the central focus of poenology as a scientific discipline and of penitentiary and post-penitentiary treatment.
- Social work – focuses on prevention of social exclusion of the individual from the civil society.

3. Prevention as Key Topic of Pedagogy

The occurrence of risk behaviour of pupils and students is still unsatisfactory in the school environment. There are different forms of aggressive behaviour, directed not only against pupils, but also against teachers; occurrences of risk behaviour through information technologies are increasing; the situation is alarming also in the area of use of legal habit-forming substances (alcohol and tobacco). It is confirmed by the results of studies carried out e.g. by Csémy, Hrachovinová, Starostová and Čáp (2013), Foltová (2012) or Pelcák, Hoferková and Bělík (2015). In the Slovak environment, the same trend is indicated by study findings of Emmerová (2011, 2012), Niklová (2012), Kamarášová (2012), Dulovics (2012) or Nemcová (2009). As Abromaitienė (2004) states, this trend concerns a great part of the European Union countries; a specific situation can be seen in the post-Soviet countries. The above stated reasons lead to focus the attention on prevention in the youngest age categories, primarily in the school environment.

The issue of prevention is a very broad topic. It is covered by a number of non-pedagogical disciplines, although it is evident that it must be viewed from the pedagogical perspective, or from the social-pedagogical perspective, respectively. We can often see the concept of social prevention; therefore, the term "social" should be delimited too:

1. Social in terms of collective; social reality and a process related to more people.
2. Social in terms of existence of liking to other people, positive relation to the society, respect to other people (a condition and process concerning ethics).
3. Social in terms of personal or group attitude, satisfaction existing in mutual coexistence, e.g. proportionality.

It can be therefore stated that "social" can be delimited in general as coexistence with its multiple interpersonal and material relations (Geck, 1971).

As the concept of prevention is used for different activities in different disciplines, it can be explained in different terms. The concept of prevention is commonly used in the pedagogical environment, but it is often erroneously linked with contents acquired from non-pedagogical areas. Prevention is defined as solution of an actually hot issue and presentation or suggestion of strategies for its elimination. The authors in literature often erroneously assume that a phenomenon occurs in the environment under research and they say: "Let's solve it." That shifts the meaning of the actual concept of prevention in practice. Different kinds of therapies, treatment of social diseases in full-blown stage are called prevention. But the actual concept of prevention means forestalling, as we have stated above. That implies building such inner strength in the individual and in the social group (equipping the individual and the group with such competences) to make them resistant against external influences and able to face them actively.

To speak about pedagogization of the issue of prevention, we must clearly delimit which areas of pedagogical reality are crucial for prevention. We understand the concept of pedagogization of prevention as a universal view on the issue across scientific disciplines

and areas of human life dealing with prevention. (Bělík, 2014) We understand it as specification of preventive upbringing goals, delimitation of standards (key competences for prevention; means that help us to achieve the standard and preventive principles), determination of organization and organizational forms of preventive actions, assessment of preventive activities and work with preventive upbringing methods, or also other pedagogical categories. Within this approach, school prevention should be aimed to:

- Change the interaction relationships at school, replace the authoritative atmosphere by a humanistic-creative atmosphere.
- Support the harmonic development of pupil's personality.
- In the context of current social topics, respond with adequate upbringing steps to problems emerging in the society, including multiculturalism, xenophobia and other problems.
- Prefer healthy life style in all school and after-school activities.
- Create conditions to shape healthy personality and resistance against socially pathological phenomena.
- Bring the pupils up towards responsibility for own decisions.
- Create space at school to help the pupils help their life problems.
- Develop prosocial behaviour and shape the above stated social competences.

4. Prevention as Seen by School Prevention Methodists

In 2015, we carried out a small study to map the situation in the area of risk behaviour prevention at selected elementary school of the Region of Hradec Králové. Six school prevention methodists from middle-size elementary schools took part in the study; semi-structured interview was chosen as the research method. The following table shows selected results related to risk behaviour and the prevention form (compare Zavoralová, 2015).

Table No. 1: Risk behaviour prevention as seen by school prevention methodists (ES=elementary school)

	Most frequent risk behaviours	Long-term prevention programs	Short-term prevention activities (talks, lectures, ...)	Specialized pedagogical workers (except school prevention methodists and upbringing advisors)	Reserves in implementation of primary prevention
ES1	alcohol, cigarettes, bullying	NO	authority for social-legal protection of children, district prevention methodists	part-time school psychologist	cooperation with parents, lack of information at creating prevention plan

	Most frequent risk behaviours	Long-term prevention programs	Short-term prevention activities (talks, lectures, ...)	Specialized pedagogical workers (except school prevention methodists and upbringing advisors)	Reserves in implementation of primary prevention
ES2	truancy, bullying (cyber-bullying)	NO	authority for social-legal protection of children, fire fighters, nursing school, pedagogical-psychological advisory centre, non-profit organizations; upbringing concerts		time and financial limits
ES3	alcohol, cigarettes, bullying, vandalism	NO	authority for social-legal protection of children, pedagogical-psychological advisory centre, non-profit organizations; external courses	special educator, school psychologist	insufficient education of prevention implementers
ES4	truancy, bad relationships	YES	authority for social-legal protection of children, police, prison service; external courses		more frequent prevention activities
ES5	truancy, bullying, bad relationships	YES	authority for social-legal protection of children, pedagogical-psychological advisory centre; external courses		financial limits
ES6	smoking, bad relationships, vulgarisms	YES	authority for social-legal protection of children, physician, fire fighters; external courses		financial limits

The results of the study have confirmed that the most frequent risk behaviours include truancy, use of habit-forming substances (the school prevention methodists remark that such behaviour type takes place most often out of school and only in some individuals), bullying and generally bad relationships in class groups. Phenomena related to information technologies, particularly cyberbullying start constituting a problem – some teachers admit that they still are not able to work efficiently with such phenomena. We can state that the schools under research approach the preventive programs responsibly and exert considerable initiative in this area. A half of the schools make use of long-term prevention programs; each school also makes use of short-term preventive activities offered primarily by authorities for social-legal protection of children, police, but also by other – governmental and non-governmental – subjects. Most respondents consider important to implement external class courses in order to strengthen the relationships in the class group. All respondents mentioned that some kind of prevention takes place also during common lessons, primarily in civics or family education, health education and natural history.

As for the limits in primary prevention, the school methodists gave very varied answers; nevertheless, their responses coincided in some matters. The schools most frequently face lack of funds, which strongly limits the choice and frequency of preventive activities and programs. Two schools have the preventive area completely supported by the municipal government that has designated funds from its budget. One school is supported by the municipal government only in part, and one draws money from a grant. All the schools mentioned above are concerned whether they will be able to continue the cooperation in the upcoming years, because of financial issues. For some schools, a limiting factor consists also in the time that must be designated for the programs on the expense of the number of lessons of individual subjects. A minimal preventive program becomes another reserve of two schools under research, as they are not familiarized with its form and therefore are not able to compile it with the necessary requisites to make it effective. Other drawbacks perceived by the schools are based on individual experience and personal opinions of school prevention methodists; therefore, they did not come along repeatedly in the interviews. The schools would welcome better cooperation with the parents to achieve compact preventive effect not only on the part of the school. Further, they would appreciate larger offer of educational courses for teachers in the preventive area, with focus on hot topics, for example cyberbullying.

The educational tasks in the area of development of social competences constitute the basic element of social prophylaxis and prevention of all social deviations. But to be able to develop them, the teachers and the school must be prepared to master such tasks. Both formal and informal stipulation of competences pertaining to teachers constitutes an important factor in making the school or the teachers, respectively, to act as an imaginary social indicator of all depravities of the present and as an efficient dissolving agent of potentially emerging problems. At this moment, we do not refer only to teaching competences (Bělík, 2012) but primarily to upbringing and legal competences that will help the teachers considerably to acquire a much higher social prestige and

to implement their upbringing-educational or also preventive-educational goals. (Bělík & Kraus, 2011)

Conclusion

The ways to approach the issue of prevention of social deviations in the Czech school environment are as interdisciplinary as the issue of prevention in itself. Prevention in school environment is in charge of the school preventive system – school direction, upbringing advisor, school prevention methodist, special educator. The issue of prevention involves also the school psychologist, and also the social educator at some schools (mainly schools in the Region of Zlín and in the South Moravian Region that employ social educators within the ESF project). Auxiliary institutions include pedagogical-psychological advisory centres or special pedagogical centres, as well as centres of upbringing care within so called preventive upbringing care.

Prevention consists of a professional discourse of a number of disciplines. Addiction research discusses the issue of prevention in school environment; social work discusses the role of social worker at school. Therefore, we can perceive the issue of prevention as an interdisciplinary – inter-transdisciplinary issue.

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NEGATIVE SOCIAL PHENOMENA, SOCIALLY PATHOLOGICAL PHENOMENA, PROBLEM BEHAVIOUR, RISK BEHAVIOUR WITH FOCUS ON SCHOOL ENVIRONMENT

Petra Hedrichová, Jitka Skopalová

Abstract

On one hand, the article is aimed at terminological and content interpretation of designations of socially unacceptable behaviours. When studying both Czech and foreign specialized literature, we noticed terminologically fragmented and unequal designations of behaviours (often the same or similar) with a common characteristic of being socially unacceptable or negatively evaluated and perceived by the society. Additionally to the risk behaviour, understood by us as a superordinate term, we found also the following designations of socially unacceptable behaviours: problem behaviour, deviant behaviour, delinquent behaviour, antisocial, disocial, asocial behaviour, socially pathological phenomena, etc. On the other hand, the article has the purpose to present selected theoretical concepts and constructs explaining the causes of risk behaviour. The theoretical concepts searching the causes of risk behaviour are mostly focused on one area of variables – biological, psychological or sociological. But we believe that the human personality and behaviour must be viewed from multiple sides, that multiple factors are simultaneously involved in the emergence and incidence of risk behaviour, and that one form of risk behaviour influences the origination of another risk behaviour.

Keywords

problem behaviour, risk behaviour, social deviation, social norms, social pathology

Introduction

Socially unacceptable behaviours are called in summary socially pathological phenomena, deviant, delinquent and criminal behaviour, antisocial behaviour, problem behaviour, and risk behaviour. Risk behaviour includes activities that can, directly or indirectly, damage

the individual's successful development or lead to psycho-social and health problems of the actor or of other persons (Cvečková, 2010; Macek, 2003, Širůčková, 2009). Individual risk behaviour forms affect and condition each other, they are interconnected and interrelated. It was demonstrated that specific risk behaviour displays occur together, having similar causes and protective and risk factors (Jessor, 1995).

Risk behaviour constitutes the greatest danger particularly to children and adolescents who are the least resistant against different undesirable influences and who use inadequate solutions when solving their problems. They are easy to influence, unable to realize the consequences of their behaviour. Adolescents long to get their peers' appreciation, to become independent, they are highly critical, they experiment, test their limits and the adults' responses to them, they try to imitate the adults' behaviour. All that can, in our opinion, contribute to origination and development of risk behaviour.

Unfortunately, risk behaviours are present even in the school environment, i.e. at the place where children spend a substantial part of their day, thus becoming an undesirable part of the life of the school and affecting both the pupils and the teachers. The school, together with the family and with the peer group, plays an important role in shaping the child's personality, in influencing the upbringing and education, leisure time activities, work with the children's values and attitudes. It can work as a protective factor, but also as a risk one. For example a negative school climate can constitute a risk factor for the individual, similarly as for example the membership in a minority, urban environment or low social status of the family, etc. (Espozito, 1999). On the other hand, the school acts as an important protective factor, particularly in the area of risk behaviour prevention.

Specialized literature (e.g. Fischer & Škoda, 2014; Hrčka 2001; Kraus & Hroncová, 2010; Miovský et al., 2010; Mühlpachr, 2008; Urban & Dubský, 2012, etc.) qualities different concepts designating the behaviour forms and the phenomena considered undesirable by a given society or culture, contradicting social (religious, legal, custom and moral) norms or often prohibited. Socially unacceptable behaviours have for example the following designations: aggressive behaviour, antisocial behaviour, asocial behaviour, delinquency and delinquent behaviour, deviant behaviour, criminal behaviour, addiction behaviour, negative social phenomena, unadaptable behaviour, problem behaviour, risk behaviour, socially pathological phenomena, etc.

The above stated terms are often not only considered identical but also understood as synonyms for one fact. On the contrary, sometimes the given terms have different meanings, which is mostly related to different intensity of dangerousness attributed to the respective phenomena. Unequal terminology can lead to incorrect understanding of the given issue.

Risk, delinquent, deviant or other above stated behaviours are influenced not only historically and culturally, but also by the urbanization of the society, by the technical-technological development, by changes of traditional values or by social perception of norms and normality. Of course, during the development of the society, the approach of the society to behaviours considered "normal" and, on the contrary, to what is not in compliance with norms and norms develops and changes too.

Social Norms

As Kudrjavceva et al. (1988) state, social norms constitute a model of human behaviour, determining goals, opportunities, forms, conditions of the behaviour. Unlike other norms (technical, medical, etc.), social norms regulate such behaviours that are related to mutual relations among individuals, groups and the society. Similar delimitation can be found also in the work of Jandourek (2012, p. 170), a Czech sociologist who states that "social norms define the forms of behaviour in a social situation". Ondrejkoč et al. (2000, p. 21) additionally defines social norms as "regulations for expected or even required social behaviour with the character of categorical imperative."

In general understanding, a norm represents a "verbalized rule to be respected by the individuals in their behaviour and considered as binding to them" (Maříková, Petrusek, & Vodáková, 1996, p. 692). Geist (1992) works on a similar concept, stating that the norm can be seen in each rule, measure, regulation or model with binding validity, or a criterion serving to assess a specific phenomenon.

Social norms, or social rules, respectively, constitute an indispensable part not only of the life of the individual but of the whole society. They determine the individual's behaviours understood as desirable, covetable, acceptable and adequate, but they also set behaviours and behaviour patterns considered undesirable and unacceptable by other people or by the society, respectively. Adherence to norms is important to maintain the cohesion of the society and the social order. If people do not adhere to rules, there would be confusion and chaos in the society.

Vágnerová (2001) means that the knowledge of norms and rules is important for the individual as it satisfies the need of assurance and orientation. The individual knows how to behave in order to be positively evaluated, what behaviour is acceptable, what behaviours are and are not tolerated by the society. Additionally to the knowledge of the relevant norms, the interpretation of the given norms is important too. The interpretation may depend, to some degree, on the emotional relation to the given fact or on the individual's intellectual level. The knowledge and respect of the norms is an indispensable condition for the individual's adaptation process allowing the individual to live in a specific society, to be its member.

Each human acquires different rules to behave during life. They include conscious rules observed and followed by the individual as they are considered correct by and could be beneficial to the individual; they also include unconscious rules the individual acquires during childhood (Giddens, 1999).

But we can also see cases in which the standards or sets of standards are not exactly observed equally by all people. It can be stated that no norm is observed always under all circumstances and in all its range. "The observance of a specific norm is evenly distributed under normal circumstances" (Ondrejkoč, 2002, p. 133). That means that extreme behaviours, both positive and negative, occur less than conforming behaviours in the society.

The thing is that there is a tolerance limit, an area where it is socially acceptably to violate the norm to some degree (Petrusek, 2009). Thus the tolerance limit determines

what degree of deviations from the norm are tolerated within the society. There is for example different tolerance towards consumption of alcoholic drinks, from absolute ban, prohibition or delimitation of places and times where alcohol may be consumed, to toleration of some amount of alcohol consumed for example at New Year's Eve. The range of the tolerance limit depends on the specific situation, culture, and traditions.

Social Control and its Mechanisms

In order to work well, each society must have mechanisms to defend itself against the individuals violating the norms and to exert pressure on the individuals to adapt to written and unwritten norms, i.e. to behave conformably. Thereby, it tries to minimize the incidence of social conflicts and, on the other hand, to increase the chance to satisfy the needs of all its members. As G. Munková (2004) states, people observe standards thanks to the existence of social control mechanisms aimed not only at producing fear of violating norms and rules but also at preventing social conflicts or, in case of people who have violated the norm already, at eliminating their urge to do it again and at teaching them to behave "normally" (Urban & Dubský, 2012).

To enable the individual to learn socially healthy behaviours, to acquire socially conforming behaviour during the socialization process, formal and informal social control mechanisms must work sufficiently and flawlessly, as they can play a crucial role in preventing or minimizing the origination and incidence of deviations. Hřčka (2001) ascribes an important role to informal control executed by the family, friends, coworkers, neighbours, etc. It includes for example parent supervision, relations of adolescents to their parents, teachers, adaptation at school, relations to classmates, etc., which are closely correlated with risk behaviour. If the informal control of observance of certain norms is insufficient and unsatisfactory, or completely missing, formal control acquires importance. It usually has an institutionalized form and is executed by state organizations, authorized to apply force and pressure (different authorities, the police), and by non-state organizations (e.g. the Church, a club, a company, etc.) (Urbanová, 2006).

It is difficult to determine an exact boundary between formal and informal control. In smaller groups and communities, informal control can have more effect; people in such groups are more controlled by other members and there are less opportunities to violate the norms. On the other hand, the present is characterized by substantial development of city life with increasing anonymity and mobility of population that may lead to weaken the influence of informal control.

The above stated social control types constitute external social control consisting in imposing different sanctions, both in form of rewards for conforming behaviour or in form of punishments for violation of norms or in form of loss of the existing reward, respectively. Additionally to external control, there is also internal control leading the individuals to regulate their behaviours and attitudes based on specific norms and rules the individuals have acquired during socialization and identified with them, which allows

The determination of the norm may also reflect the current level of knowledge in a specific society. According to Vágnerová (2004), some behaviours may be perceived as abnormal, as people do not understand them, are not sufficiently informed of them, or on the contrary, the behaviours are conspicuous, draw more attention, and thus may be considered abnormal. The assessment of abnormality is also influenced not only by the development level achieved by the assessing person (different opinions of children and adults about the same offences), but it also depends on the system of social values and the resulting attitudes or on the specific social context (Fischer, 2006).

¹ The issue of normality in the area of psychology and psychiatry was discussed in detail by E. Syříšřová in her book "Normality of personality". E. Syříšřová et al. (1972, p. 14) states that "the problem of normality of personality (of the behaviour) has its roots in general biological relations on one hand and in specific relations of mental development and psychosocial interactions on the other hand".

The assessment of normality also considers development factors; for example the behaviours of younger children is assessed with higher level of tolerance, so that they can achieve the required norm. This approach respects the fact that the development of individual children can have different progress. The period of childhood, or adolescence, respectively, is considered by Czech and foreign experts (e.g. Erikson, 2002; Langmeir, in Syříšřová et al., 1972; Piaget & Inhelderová, 2010; Řičan, 2004; Vágnerová, 1997) the most dynamic period of human life, during which extensive changes occur in all personality components. It is therefore sometimes difficult to determine whether a child's further development will progress normally or whether it will deviate from norm; that's why it is important to aim at the right selection of upbringing, therapeutic and other actions and at a timely intervention, as a later and inadequate intervention may not be effective (Langmeier in Syříšřová, 1972). Sometimes, the individual may also be inadequately evaluated due to deviations from "population averages", which may lead to inaccurate, bad diagnostics and to subsequent inadequate actions, like placing the child into specialized school facilities, although there may not have been any real reason for it.

The previous text shows that normality can be assessed by different criteria and that the concept of normality can be handled by different theoretical approaches (e.g. Fischer & Škoda, 2014; Urban & Dubský, 2012; Vágnerová, 2004, etc.):

- Statistical approach to normality – normal is what occurs most frequently or what shows features of the average. Statistical normality correspond to what is common and most widespread in the society. In simple words, normal is what the majority does. A disadvantage of this approach can be seen in the fact that normal behaviour is seen in average behaviour, while on the contrary each deviation from the average, overstepping the boundaries of deviations, is considered abnormality (deviation). One of the disadvantages consists in the abnormality of the phenomena that can be beneficial to the society. The examples include individuals with exceptional talents and natural abilities or genial persons who do not appear in the average zone, and therefore may be considered strange, abnormal personalities by their surroundings.
- Normative approach to normality – expresses compliance with social norms and individual and group norms. But this approach implies some risks too. Behaviours that are perceived as normal and trouble-free, corresponding to national regulations by members of one nation can be perceived as deviant by members of other groups, and vice versa.
- Functional approach to normality – this approach considers normal what contributes to optimal function of the individual or the group in the society. Thus we can state that the essence of functional approach of normality consists in a specific system fulfilling correctly its function. A problem can consist in objective delimitation of optimal functioning. Optimal functioning can be seen in achieving of a specific goal or in satisfaction of individual needs of the individual.
- Ideal approach to normality – this approach specifies a model, a perfect status, process that should be achieved. Thus everybody who does not achieve the perfect

level is abnormal. The effort to achieve the ideal fulfils the motivation function on one hand, but on the other hand, it also implies risks, as the achievement of the ideal, of perfection is an unrealistic and unachievable goal, which can lead to frustrations, disorders and problems (e.g. the effort to approximate the ideal of female beauty often leads to serious eating disorders).

The above stated facts show that there are multiple ways to delimit normality; they are situationally, culturally and historically variable but do not exclude each other. It cannot be determined which approach is correct or the best, as each of them has its positive features, but also limitations, and they are often mutually combined.

Negative Social Phenomena, Socially Pathological Phenomena, Problem Behaviour, Risk Behaviour

In our opinion, the concept of negative social phenomena designates a broader scale of socially undesirable phenomena, from less serious offences to serious crimes. We support the opinion of Skopalová (2000 p. 3) who understands as negative phenomena "all undesirable behaviours, i.e. behaviours deviating from the given norms, primarily from moral norms. Thus the issue is broadly delimited, from relatively small offences and misdemeanours like lie or impudent, defiant behaviour to asocial behaviour like bullying to really socially pathological phenomena, e.g. criminality, all addictions, involuntary prostitution, etc."

On the contrary, Hřčka (2001) sees the use of the concepts of negative social phenomena or even antisocial phenomena and behaviours as unacceptable, as they imply negativity and ideological subtext in their essence. That opinion is supported by Mühlpachr (2008) who thinks that such designation does not guarantee a value and emotional neutrality (some negative social phenomena may not constitute a violation of generally recognized norms and rules).

Socially unacceptable behaviours are often designated with the term socially pathological phenomena (social pathology).² There is no unified definition or delimitation of social pathology³. For example Pokorný, Telclová & Tomko (2003) understood socially

² The concept of social pathology (from the Latin pathos – suffering, disease) designates a scientific discipline, a study branch, as well as a summary designation of undesirable phenomena in the society. The concept of social pathology was introduced into sociology by H. Spencer who, in the 2nd half of the 19th century, dealt with the idea that there is some parallel between biological pathology (disease) and social pathology, i.e. a disease of the society, between the biological and social organism (Kapr, 1997).

³ E. Durkheim considered social pathology a "science dealing with morbid and adverse facts, behaviours that deviate from the set norms, but at the same time constitute an organic component of life of social groups". (Kapr, 1997, p. 94). Podgórecki (1969, p. 24) defined social pathology as "such behaviour, such type of organization, such type of social system function that is in basic contradiction with the values accepted and recognized by the given society." According to Hartl & Hartlová (2010), social pathology is an obsolete term for sociology disciplines dealing with the progress and conditions of abnormal social processes like criminality, alcoholism, job related accidents, traffic accidents, socially conditioned mental disorders, job related injuries and illnesses, poverty and unemployment, etc.

pathological phenomena as behaviours characterized by nonobservance and violation of social norms and laws on one hand, and on the other hand by unhealthy life style that leads to health problems of the individual and to damage to the environment, causing individual or society-wide disorders.

As Ondrejko^{vič} et al. (2000, p. 9) state, socially pathological phenomena constitute "unhealthy, abnormal, generally undesirable social phenomena" to which higher degree of social seriousness and danger is attributed and which violate legal norms. They include negatively sanctioned forms of deviant behaviours (Krejčířová & Skopalová, 2007). Many socially pathological phenomena rather have individual character and impact, e.g. alcoholism or suicidality. Nevertheless, they may have society-wide consequences.

Bláha (1968) understands socially pathological phenomena as consequence of inadequate arrangement of social conditions and of disorders in social processes and social systems. The assessment of a specific phenomenon to see whether it does or does not rank among socially pathological phenomena depends on the specific time and place and is based on the approach to normality, accepted by the given society. A given phenomenon is not equally understood always and everywhere. That depends both on the differences of individual cultures and on the differences of their social norms and on the time in which they are assessed. The same phenomenon may be evaluated from common to unacceptable behaviour in different cultures. For example the consumption of alcohol is tolerated to a considerable degree in our country, while it constitutes a gross violation of norm in the Islamic world. What is termed as a socially pathological phenomenon, may not have been termed as such some years ago (mobbing, bossing), or even did not exist (cyberbullying). On the contrary, phenomena formerly considered socially pathological in our country are now stipulated by legislation (civil union). Thus we can state that socially pathological phenomena are socioculturally and historically variable.

Kvaśniewski (1991) thinks that additionally to historical and sociocultural determinants, the different evaluation of social phenomena as desirable or undesirable is influenced by subjective opinions of the individual who perceives specific social phenomena as negative. Although there were efforts to overcome the subjective assessment of socially pathological phenomena, an unambiguous definition or list of pathological phenomena could not be successfully created.

On the turn of the 20th Century, socially pathological phenomena included primarily criminality, suicidality, alcoholism, homosexuality and other sexual deviations, prostitution, divorceability, or also unemployment and war. Later, drug abuses, drug addictions, violence, aggression and hooliganism were added (Kap^r, 1994; Ondrejko^{vič}, 2000). Hroncová, Kraus (2010) include also e.g. unemployment, poverty and accident tendency among socially pathological phenomena. Socially pathological phenomena can include also venereal diseases, runaways, parasitism, low social adaptation, divorces, violence in family, deprivation of parent rights, bureaucracy, corruption, and organized crime (Stankowski, 2001).

In 2010, Marešová (p. 53) listed the following phenomena understood as pathological:

- alcoholism, drug addiction and other addictions including pathological gambling,
- membership in extremistic groups and religious sects, racism, xenophobic behaviours, violent behaviours at demonstrations,
- domestic violence, stalking,
- bullying at school, at the workplace, social harassment,
- prostitution, promiscuity, involvement in porn production, pimping, commercial sexual abuse,
- gambling, including gambling without the character of pathological addiction,
- vandalism, graffiti vandalism, violence at sport stadiums, street violence,
- antisocial behaviour spread through the Internet and social networks,
- suicides,
- corruption, clientelism,
- creation of street gangs among minors, homelessness.

The concept of social pathology was broadly used until the 1940s; later, it was replaced by the concept of social deviation, both due to excessive analogy with the biological organism, widespread in the society, and due to the fact that the concept of social pathology may evoke negatively toned connotation of a social phenomenon.

In our opinion, the use of the concept of social deviation is more apt, as it does not determine the specific norm from which the behaviour deviates, as it does not state whether the deviation is positive or negative, and it also does not state whether the deviant behaviour is bad or good⁴ (Maříková, Petrusek, Vodáková, 1996).

Fischer and Škoda (2014), Bártlová (1998) tend to believe that the concept of social pathology cannot be identified with the concept of social deviation, as deviant phenomena may not always be pathological. Socially pathological phenomena can include phenomena which are negative, harmful or endanger the individual or the society. That is why both concepts should be distinguished and the general context should be considered when using them.

Social deviation is understood by Ondrejko (2002, p. 127) as a "sub-class of social behaviour and at the same time as a term for designation of a deviation from the expected standardized and institutionalized behaviour prescribed by the social norm applicable in a specific society, group, social structure." Jedlička et al. (2004) see social deviation in every behaviour that does not meet or exceeds social expectations and provokes social disapproval.

According to Ondrejko (2002), social deviations can be viewed from different perspectives, for example as:

⁴ But on the other hand, it should be noted that even the concept of deviation can be preconceived as negative. Hrčka (2001) points out that the term of deviation is usually not used to designate positive qualities and situation but, in most cases, is related with negative evaluations, ideas, denominations of phenomena and characteristics.

- legal definitions – based on violation of norms codified by law,
- norm-oriented definitions – based on violation of social norms,
- definitions focused on the expected behaviour in specific situations,
- sanction-oriented definitions,
- definitions including quantitative factors,
- constructivist definitions – focused on moral and cognition,
- definitions dealing with social control sanctions,
- definitions based on violation of ethnic, custom and other norms.

Deviation is generally defined as every deviation from a norm. Thus it includes not only the violation of a norm but also the exaggeration of a norm and taking it to extremes. In this context, we speak of positive deviations (abstinence) and negative deviations (alcoholism). They may occur at any phenomenon in the nature or in the society. Deviations have universal character; we can find them in all societies, from geographical, cultural and historical perspective. "There is no society or culture that has a completely conforming behaviour of its members with absolute absence of deviations." (Mühlpachr, 2008a, p. 44)

Experts (e.g. Kudrjavcev et al., 1988; Hrčka, 2001; Urban, Dubský, 2012; Sochůrek, 2009) further distinguish social deviations into:

- primary deviations (violation of a norm based on an original impulse) X secondary deviations (originate from the individual's designation as a delinquent);
- social deviations (have importance in social relations and interactions) X non-social deviations (there are no social relations and interactions among the subjects and they do not establish an organized community);
- deliberate premeditated deviant behaviour X careless, impulsive deviant behaviour.

In connection with social deviation, the concept of objective deviation should be mentioned; it emphasizes the important role of norm violation on one hand and on the other hand requires meeting of further conditions, particularly (Kapr, 1997):

- repeatability – violation of a norm in time and in different territories,
- mass scale – the norm violation must occur in larger population groups,
- social seriousness attributed to a specific behaviour in the given culture or society,
- similarity or identity of causes.

As Urban & Dubský (2012) state, each deviation has its internal structure. It consists of:

- subject (individual, group) behaving in a deviant manner;
- object (thing, individual, group, social values) focused by the deviant behaviour;
- content – individual deviant behaviour patterns;
- goals – lead to satisfaction of needs;
- consequence of deviant behaviour – guilt, normalization of deviant behaviour, etc.

It is not convenient to explain deviant behaviour only through the individual who behaves in a deviant manner. There are some other factors and facts involved in the deviant behaviour of an individual, e.g. applicable social norms, sanctions used by the society in case of violation of the norms, value system, etc. Thus social deviations usually do not have only one cause, but a number of causes that influence each other and combine with each other.

Problem behaviour⁵ is usually understood as a "behaviour that is socially defined as a problem, as a source of concerns or as unacceptable with respect to norms of the general society" (Jessor & Jessor, 1997, p. 33, in Širůček, Širůčková & Macek, 2007). As Langr (2001) states, we can speak of problem behaviour in school environment when a pupil shows distinctive drawbacks in school results and in behaviour, disrupting the educational process. Vágnerová (1997) distinguishes three areas of pupil drawbacks and problems that may lead to attribution of the role of a problem pupil: problems in the area of school results, problems in the area of behaviour and problems in the area of emotional experiencing.

We are focused on problems in the area of behaviour. A pupil with discipline problems makes the teaching conditions difficult to the teacher and reduces the teacher's action upon other pupils by problem (unsuitable) behaviour. The pupil does not meet the teacher's expectations and repeatedly deviates from the norm by his/her reactions, attitudes, opinions and performances. The teacher may perceive such a pupil as a burden, as he/she requires special approach and attention (Vojtová, 2004).

If a pupil is designated as a problem pupil, it may have the effect of a social stigma that has a negative impact on the pupil's self-image, self-conception and self-assessment, it provokes a negative emotional experience and may distinctively influence not only the pupil's further attitude to school, to the teacher, to school duties and to the classmates (Kohoutek, 2000) but also the pupil's acceptance (or non-acceptance) by other teachers (Vojtová, 2004a). The label of "problem pupil", "pupil with behaviour disorder" may become a barrier on the way to promising socialization. Vágnerová (2001) highlights the danger of acceptance of the opinion or assessment of one teacher unreservedly by other teachers, as it may lead to labelling and to a negative attitude of the teachers to the given pupil.

We have seen the above stated situation several times during our teaching practice, as some teachers consider it easier to accept the opinion, attitude, conclusion expressed by somebody else, particularly if it was expressed by a more experienced colleague, than to think of potential solutions of the given situation.

Problem behaviour includes different types and forms of behaviour with different degrees of seriousness. They include not only behaviours like forgetting of aids, cribbing,

⁵ According to Jandourek (2012), the behaviour is the response of the organism to changes in its surroundings, displayed by activities, mimics, speech. The behaviour constitutes the sum of external displays, activities, actions responses of the organism (Hartl & Hartlová, 2000). Sometimes, the concept of behaviour is incorrectly interchanged and identified with the concept of actions. Actions are defined as deliberate behaviour based on a specific motivation and changing the existing state or situation (Hartl & Hartlová, 2000).

disturbing and provoking the teacher (Vágnerová, 2001) but also more serious behaviours like lying, cheating, thefts, bullying, truancy, smoking, consumption of alcohol, runaways from home, etc. (Čáp, Mareš, 2007).

Vojtová (2004) distinguishes, from the perspective of ethical pedagogy, two categories of discipline-problematic children⁶: children with behaviour problems and children with behaviour disorders⁷. She sees the differences between the two categories in three dimensions:

1. in the individual's motivation to the behaviour,
2. in the time dimension of the undesirable behaviours,
3. in the intervention and re-education methods.

A pupil with behaviour problems, unlike a pupil with diagnosed behaviour disorders, knows about his/her problems and does not violate the norms intentionally. Such pupil would like to change his/her behaviour. Problems in the pupil's behaviour occur randomly, often in specific periods. They are caused by uncontrollable and unsolved conflict situations with classmates, parents, etc. The school should strive to correct the problem behaviours through adequate purposeful procedures and methods (Vojtová, 2004a).

To manage the problem behaviour within the school, the teacher should try to find out the cause, the source of the behaviour. But that may not always be successful. Although the probable cause of the undesirable behaviour is obvious, the school or the teacher may not always be able to eliminate the cause of the problems and to solve the situation (e.g. problematic family environment).

Many external and internal factors are involved in the origination of problem behaviour of children and young people, and the factors complement each other and are mutually combined. Additionally to biological variables, the behaviour is also influenced by variables resulting from social environment, like attitudes, opinions, models in the family, at school, in peer group, locality, the media, as well as subjective perception and assessment of social environment and individual qualities (Čáp, Mareš, 2007).

⁶ But the two names are sometimes identified or interchanged. A pupil with problem behaviour can be designated as a pupil with a behaviour disorder and the pretext that such pupil "does not belong to school" may lead to tendencies to place the "problem" pupil to specialized school facilities. According to Žlunková (2010) and Vojtová (2004), a pupil with a behaviour disorder should be distinguished from a pupil with problem behaviour, and in case of the pupil with problem behaviour, the school should strive to induce a change and correction of the undesirable behaviour through adequate purposeful pedagogical actions. We can state, based on our personal teaching experiences, that such change of behaviour of problem pupils is possible primarily if it is supported by the family and if the mutual cooperation of the school and the family works well.

⁷ Vágnerová (2004, p. 44) characterizes behaviour disorders as "a deviation in the socialization area, when the individual is not able to respect behaviour norms at a level corresponding to his/her age or at the level of his/her intellectual capacity, respectively." In general, behaviour disorders of children and young persons can be seen in the individual's repeated and long lasting (at least 6 months) not respecting social norms, not feeling guilty, not being able to establish and maintain acceptable social relations. According to the author, the displays that can indicate a behaviour disorder include: lying, truancy, rambling, runaways, thefts, aggressive behaviour, bullying.

Some problem behaviours like disturbing, shouting out, disobedience, provoking of teachers, aggressive behaviour, but also for example conspicuous clothing, hairstyle, loud laughter and speaking, "fooling around" are often aimed at capturing the attention of the teacher, the parents or the classmates. Čáp and Mareš (2007) speak of the attention-capturing technique that often occurs in individuals who used to take the centre stage and later lost their privileged position.

The origin of delinquent behaviour is influenced by a number of factors, including internal factors and external circumstances. Matoušek, Kroftová (2003); Vágnerová (2004); Fischer (2006) see for example the following causes of delinquent behaviour: congenital dispositions, CNS disorders, hyperactivity syndrome, personality features, intelligence, influence of family, school, peer groups and gangs, influence of media, social and political context, ethnic origin, age, gender, degree of mental skills, achieved education level, position in the society, missing working habits, etc. Delinquent behaviour may also result from serious mental disorders and behaviour disorders (Vojtová, 2004).

Additionally to the above stated factors that may contribute to delinquent behaviour, a child may commit such behaviour because of seeking "substitutive satisfaction" due to loss or emotional deprivation. In such way, the child tries to achieve recognition and attention of his/her environment. Substitutive satisfaction is often displayed by so called substitutive thefts, runaways and rambling while the children are not able to substantiate their actions (Balaščík, 1996). Delinquent behaviour may also stand for "call for help" (for example if one of the parents dies), when a child or a young person lands in a difficult life situations and displays anxiety and depression. Such child acts like in panic, does not know the motive of his/her behaviour and is not able to explain why he/she behaves in such manner (Říčan, Krejčířová, 2006).

Not only specialized literature (e.g. Dolejš, 2010; Hamanová & Hellerová 2000; Miovský et al., 2010; Širůčková, 2009, etc.), but also governmental documents, strategies and concepts feature the term "risk behaviour"⁸. We can find many definitions of risk behaviour in literature. In the most general terms, risk behaviour can be described as a "behaviour that has negative impacts on the physical or mental functions of the individual and that is somehow endangering to the individual's environment" (Miovský et al. 2015, p. 161). The phenomenon of risk behaviour is studied by different science disciplines; therefore risk behaviour can be considered multidisciplinary. The medical perspective delimits risk behaviour as one of the factors affecting the individual's health and disease. Thus risk behaviour is understood as a risk factor leading to disease or even death. Another concept is offered by sociological sciences paying attention to the effects of risk behaviour on the individual's social relations, emotionality and performance in cognitive area (Širůčková, 2012).

⁸ Specialized literature (e.g. Kaufmann, 2001; Labáth et al. 2001; Matoušek, 1996) also uses the term "risk youth" in connection with risk behaviour. Labáth et al. (2001) defines risk youth as youth in which increased probability of failure in social and mental area may occur through the effect of multiple factors. Matoušek (1996) speaks of risk youth as of young people stumbling on the threshold of adulthood.

Miovský et al. (2010) understand risk behaviour as a behaviour leading to demonstrable increase of health, social, educational and other risks for the individual or for the society. It is a complex of phenomena whose existence and consequences can be scientifically investigated and influenced by adequate preventive and therapeutic procedures. Risk behaviour is similarly defined for example by Macek (2003); Širůčková (2009); Cvečková (2010). According to them, risk behaviour constitutes of activities that may have direct or indirect negative impact on the adolescent's successful development on one hand, and on the other hand may lead to psychosocial or health problems of the individual and of other persons, like injury, death, permanent handicap, etc., to disruption of relations, to damage of the environment or to economic and material losses.

Thus we can say that risk behaviour represents specific problems, dangers and negative consequences to the individual, that are nevertheless balanced out by subjectively perceived profits offered to the individual by such behaviour (Gullone & Moore, 2000). Risk behaviour related to the period of adolescence includes behaviours with a broad range of forms, from less serious behaviours (cheating in writing exams, disturbing during school lessons) to behaviours characterized by high level of risk and seriousness (thefts, vandalism, etc.). So we understand risk behaviour as behaviour patterns leading to demonstrable increase of health, social, educational and other risks for the individual and for the society. This term replaces the former term "socially pathological phenomena". The term "socially pathological phenomena" is stigmatizing, normative, and puts too much stress on the group/social norm. It is used in sociology to describe phenomena in the society, not to describe specific behaviours of individuals or groups. It is a "complex of phenomena whose existence and consequences can be scientifically investigated and influenced by preventive and therapeutic interventions. Most frequently, we include the following behaviours in the concept of risk behaviour: bullying and violence at school, including other forms of extremely aggressive actions, further truancy, abuse of habit-forming substances, non-substance addictions (gambling, problems related to failure to master the use of PC, etc.), abuse of anabolics and steroids, generally criminal behaviour, sexual risk behaviour, vandalism, xenophobia, racism, intolerance and anti-Semitism, commercial abuse of children, cruelty to children, child abuse, etc." (Miovský et al. 2015, pp. 28–29).

Areas of Risk Behaviour

Risk behaviour constitutes a broad range of negative behaviours in the adolescents' life. The specialized literature dealing with the issue of risk behaviours hardly offers a complete classification of risk behaviour forms; we have rather noted a concept and content disunity, fragmentation and risk behaviour surveys with different levels of dissimilarity.

Our goal is not to present a complete and comprehensive survey of individual risk behaviour classifications, but we would like to point out several basic delimitations of risk

behaviour contents, which will allow us to view the issue of risk behaviour in children and youth from different perspectives.

In order to allow the incorporation of new forms and displays of risk behaviour into this system, some authors choose more general, simplifying classifications of risk behaviour. Labáth et al. (2001) divides the behaviours into three groups:

- aggressive forms – violence, criminality, extremism;
- passive forms – truancy, abuse of legal and illegal drugs;
- compromise forms – family and relationship problems, work fluctuations and other activities implying social and professional instability.

Macek (1999) supports a more general classification of risk behaviour too, dividing it into two groups. On one hand, there can be behaviours damaging the health of the adolescent; on the other hand, there can be risk actions of adolescents connected with danger to the society, i.e. with negative impact on or damage to other people.

An interesting classification is offered by Kloep, Güney, Cok and Simsek (2006, in Širůčková, 2009) who divide the risk behaviour based on motivation into:

- Irresponsible risking⁹ behaviour – the primary goal of such behaviour does not consist in the experience of the risk in itself, but the risking behaviour serves as a means to achieve an end. The individual is not aware of potential consequences of his/her behaviour in the given situation, or is not ready to give up a present experience, although the risks implied in the given behaviour are obvious.
- Public-controlled risking behaviour – the adolescent may be motivated to the risk behaviour by the fear of loss of appreciation from peer group members or, on the contrary, by the effort to be accepted by the peer group or to strengthen his/her position. The peer pressure may be one of the causes of risk behaviour of adolescents, which is evidenced e.g. by the results of the study made by Jelínek, Květoň, Vobořil, Blatný, and Hrdlička in 2006.
- Excitement-seeking behaviour – the individual intentionally seeks excitement and wants to test his/her capacities and limits. He/she often resorts to such behaviour to chase away boredom or to have a strong adrenalin experience (risk sports). But risk sports imply some risks like: insufficient material equipment, insufficient information of the conditions of the environment and, last but not least, limited ability of recognizing own physical strength and physical resistance and overestimation of own capabilities.

According to Novotný & Okrajko (2012), risk behaviour can take place in three basic areas:

⁹ Risking behaviour can be characterized as a behaviour in which the person is fully aware of the risks connected with the behaviour. The awareness of risks may even be the drive, the motivation to the behaviour (Širůčková, 2009).

1. risk behaviour in psychological area – behaviour disorders, delinquency, bullying, self-harm, suicidality, truancy, vandalism, xenophobia, racism, anti-Semitism;
2. risk behaviour in the area of reproduction health – early start of sexual life, promiscuity, risk sex;
3. risk behaviour in the area of abuse of habit-forming substances, or addictive behaviour, respectively – use of legal substances, abuse of illegal and virtual drugs, gambling.

We can also find risk behaviours related to the school environment. In this context, Širůčková (2012) speaks of risk behaviour towards school institutions. Typical behaviours include failure to fulfil school obligations, learning failure, truancy, premature termination of school attendance.

We believe that, additionally to the above stated behaviours, this category can include also other behaviours accompanying the educational process and disturbing it considerably, like: pupils' indiscipline, disturbing, cheating at written exams, violation of school rules, vulgar speech, etc. But the school environment is also place of behaviours concerning not only the teaching process as such but related to the factors of the educational process, to school property and healthy life style (e.g. bullying, cyberbullying, racist behaviour, threats, aggression, thefts, damaging of school property, intentional avoiding of active involvement in physical education, smoking, consumption of alcohol, offering of legal and illegal drugs, etc.). Individual forms of risk behaviour are often interconnected, mutually conditioned and interrelated. Some risk behaviours occur together, they have similar causes. R. Jessor and S.L. Jessor (1977), relying on long years of research of risk behaviour of American youth, come to the finding that a person who behaves riskily in one way tends to behave riskily also in other areas of life. Most frequently, the following behaviours are interrelated: smoking of cigarettes, consumption of alcohol, use of marijuana, abuse of illegal substances, vandalism, delinquent behaviour, risky sexual behaviour. The interconnection of individual risk behaviours constitutes a form of a specific life style characterized by nonconformity. In this connection, R. Jessor and S.L. Jessor (1977) speak of the syndrome of risk (problem)¹⁰ behaviour.

We rely primarily on the Methodical advice for primary prevention of risk behaviour of children and youth at schools and in school institutions, Ref.: 21291/2010-28 (MŠMT, 2010) that came into force on November 1, 2010 and that suggests replacing the term of social pathological phenomena by the term of risk behaviour. The change was performed based on the use of the unified terminology within the EU countries. "The concept of socially pathological phenomena is a sociological concept covering fatal phenomena in the society (alcoholism, thefts, murders, etc.) at which the primary prevention actions should be aimed. Nevertheless, teachers in the school environment work with risk behaviour against which they take efficient primary-prevention measures in order to minimize the displays and risks of such behaviour, they possibly diagnose it and subsequently take efficient measures."

¹⁰ Both variants can be used. R. Jessor et al. (1977) use both the term "problem behaviour" and the term "risk behaviour".

Although the term risk behaviour is closely related to other concepts (delinquent, anti-social, addiction, criminal behaviour, problem behaviour, etc.) that often overlap, we support the opinion of Dolejš (2010) who understands the concept of risk behaviour as superordinate to the above stated concepts. We see the advantage of its application in its width, as it covers all socially inappropriate behaviours, from inconspicuous, little serious forms to the most serious forms.

Theoretical Concepts and Constructs of Risk Behaviour

The theoretical concepts stated below usually do not "work" with the term "risk behaviour" but with related concepts (deviant, delinquent, criminal, socially pathological behaviour)¹¹. Theoretical concepts help not only to understand the causes of serious social problems of the current modern society or the factors influencing the origination of undesirable behaviour, but they can also contribute to eliminate them.

The goal of this part of the article does not consist in covering and presenting the individual theoretical concepts in full scope but offering a survey of theoretical approaches dealing with the phenomenon of risk behaviour. The literature contains different classifications of theories and concepts of social deviations that often complement, combine, overlap, confirm or disprove each other. We can classify them for example by the time of their origination or by identical theoretical bases.

The theoretical concepts¹² of social deviations can be divided into two basic groups, i.e.: normative concepts and reactive concepts (Hrčka, 2001; Munková, 2001). A normative concept explains social deviation as an aberration from a norm, as violation of norms that are recognized by most members of the given social group and whose observance is required by the group.

The normative approach is opposed by the reactive (sometimes called relativistic) approach to social deviation. According to it, social deviation results from the reaction of the environment to the individual's behaviour. A specific behaviour of an individual or of a group is designated as deviant by the environment, and due to such designation, the individual or the group starts behaving in a deviant manner, in contradiction with the norms. An example of reactive concept of social deviation is for example the theory of labelling.

Social deviations can be also viewed from the biological, psychological and sociological perspective. Although each of the above stated theories focuses on specific features and characteristics of deviant phenomena and behaviours, all of them have something

¹¹ We understand risk behaviour as a concept superordinate to these concepts.

¹² M. Hrčka (2001), relying upon common or similar theoretical features, divides the theoretical concepts of social deviations into nine basic categories: biological, psychological, structural, subcultural, conflict, control, integration, situational theories and theories of subjective investigation. According to Fischer & Škoda (2009), deviant behaviour can be divided into three theoretical constructs: biological-psychological theories, social-psychological theories, sociological theories.

in common. They try to find the answer to the question: "Why does deviant behaviour occur, what are the causes of such behaviour?"

Biological theories rank among the oldest theories of social deviations. They focus their attention primarily on the study of criminal behaviour and on the analysis of crime committed, according to them, by a biologically determined individual.

As Komenda (1999) states, such theories assume the existence of defective biological features in deviant individuals, which predetermine the individual's deviant behaviour. And the types of persons predisposed to deviation can be characterized by specific anatomic and physiological features (e.g. body height, skull size, etc.). So deviation can be explained as an aberration from the biological norm individuals with the said abnormality can be considered deviant. Such theories do not attribute much importance to the influence of social environment and to the individual's upbringing; therefore they pay little attention to social phenomena (Hrčka, 2001).

In the 19th century, the biological theories assume importance, primarily thanks to Lombroso's theory of born criminal; based on an extensive anthropological measurement of Italian prisoners, he came to the conclusion that individuals disposing of specific physiological defects caused by inborn hereditary features (the skull shape, in this case) tend to criminal behaviour). The knowledge of such anatomical defects allows detecting a potential perpetrator (Mühlpachr, 2008a). Lombroso also believed that individuals with inborn tendencies to delinquent behaviour could not be changed and reeducated, and therefore they should be isolated for life or executed in order to protect the whole society (Kuchta & Válková, 2005). Although Lombroso and his followers revised their opinions several times, their approaches were subject to criticism (Hrčka, 2001; Večerka et al. 2004), challenged and some of them disproved. Their greatest contribution can be seen in the fact that when investigating crime, they turned their attention to the delinquent's personality and to the conditions in which the delinquent developed.

They also researched the relation between intelligence and delinquent behaviour. Goddard considered low level of mental capacities one of the main causes of delinquent behaviour (Novotný & Zapletal, 2008). He relied on the assumption that the lower intelligence a person had, the lower responsibility he/she had for his/her behaviour and due to it, he/she displayed higher tendencies to deviant behaviour. Studies focused on persons placed in prisons or diagnostic, custody and reformatory institutions (e.g. Fischer, 2006a; Koudelková, 1995; Labáth et al. 2001) demonstrated a significant consensus in the finding that a higher number of individuals placed in such institutions displayed a level of mental capacities below average, and that there also were differences in the level of intellectual capacities between delinquent and non-delinquent youth.

In recent years, attention has been paid to search of causes of delinquent behaviour through genetically, enzymatically and hormonally oriented theories. Matoušek and Kroftová (2003,) state that measurements of delinquents often show EEGG abnormalities, increased reactivity of autonomous nervous system and decreased adrenalin values or that they more frequently showed signs of the hyperactivity syndrome, etc. As Lemert (1951, in Hrčka 2001) states, some forms of deviant behaviour can be caused by hereditary

character of some genes, or by their absence, or by hereditary character of non-specific tendency to deviant behaviour.

Although "some connections of biological equipment and criminality are undeniable" (Havlík, 2007, p. 108), the biological theories cannot be absolutized. The human is a biological organism, determined by biological laws, but the human behaviour is influenced by a number of other factors. A problem of the above stated theories can be seen in the fact that they are based on natural sciences, and therefore cannot explain phenomena with social nature, as they do not consider the influence of social environment. Psychological theories, similarly to biological theories, understand deviation as an aberration, deviants as carriers of abnormality and abnormality as the cause of deviant behaviour.

Psychological theories see the causes of deviant behaviour in human psyche and in mental processes of the human. Although psychologists generally acknowledge that the biological and social environment influences the individual's mental development, they put the main stress on the psychological aspect of shaping of the personality. They deal with the human personality, mental development, motivation, and aggression. When describing the personality, they rely on internal and external characteristics, they also pay attention to disorders in emotional area, insufficient socialization, deprivation, frustration and weakly developed moral values (Mühlpachr, 2008).

The psychological theories of social deviation often rely on Freud's psychoanalysis, stating that mental life is governed by instincts provoking different manners of distraction. Freud sees the basic human instincts in the sexual instinct and in the destruction instinct. If any instinct is suppressed, conflicts may emerge. If a human behaves naturally, without suppressing his instincts, his behaviour may be perceived by the society as nonconforming, aberrating from the norm, i.e. deviant. If, on the contrary, he is conforming with the norms of the society, he is deviant with respect to his own nature (Mühlpachr, 2001). Deviant behaviour "is conditioned by an imbalance between instinctive tendencies to deviation and internalized normative commitments and disorders of psycho-sexual development" (Hrčka, 2001, p. 163).

Deviant behaviour can also be explained with the help of Freud's theory of the development of the superego. The superego is created in the course of the individual's upbringing, and therefore the family and the closest environment play an essential role in its shaping. The cause of the deviant behaviour may consist in an excessively developed superego (strong regulation of behaviour due to extreme awareness of existence of social norms) or, on the contrary, a weak superego (weak, insufficient regulation of behaviour due to weak awareness of existence of social norms). An individual with excessively developed superego often places pointless or impossible demands on himself/herself, based on an excessive awareness of social norms, which may lead to inner tension and dissatisfaction with one's life, resulting in permanent frustration and potential aggressive behaviours. On the contrary, a low emphasis on application and observance of social norms leads to the development of a weak superego. The individual is not able to distinguish exactly what behaviour is correct, he/she does not have sufficient self-control mechanisms, is not able to subdue his/her instinctive tendencies, and therefore has higher predispositions to commit crime (Koťa, 2004).

Psychoanalytical theories understand deviation as the consequence of experiences from early childhood. According to those theories, for example some experiences from childhood, unsolved conflicts and complexes, emotional deprivations or inappropriate upbringing may lead to disorders of psycho-sexual development and to shaping of specific personality features that may result in deviant behaviour (Hrčka, 2001; Jedlička et al., 2004).

Some psychological theories are based on the conviction that social deviation is not hereditary, but can be explained from the perspective of child socialization during which the first attitudes towards social norms and rules are developed. Urbanová (2003) considers the first seven years a very important period in the child's life. If the child lacks mother's love, loving care, intimate mutuality, sense of safety, diverse stimuli developing the child's inner world in the long term, bonds between the mother and the child are not created and the child may start displaying subdeprivation, in extreme cases even psychic deprivation whose consequences are manifested in the individual's mental development and relations to other people all along his/her life. Bowlby (2010) comes to a similar conclusion, believing that a safe emotional bond between the child and the caring person (most frequently mother) has an essential importance for the individual's further development.

The results of studies¹³ dealing with life stories of "unwanted children" show that individuals with symptoms of mental subdeprivations usually had greater health problems, worse school results, higher vulnerability, more frequent relation problems, disciplinary problems, truancy, less friends, more frequent disappointments in love, feeling of insufficient appreciation, of undeserved criticism, and when they were adult, they had problems in sexual and erotic area of life. They often respond to emotional frustration by relief abuse of alcohol, by aggressive behaviour or by self-harming and suicidal activities; they were also found to be involved in criminality more frequently than general population. Similar symptoms could be found also in individuals who had spent their childhood in a children's home. (Jedlička, 2011).

Psychological theories link deviant behaviour also with social learning "in which the individual, in contact with another person or a social group, acquires skills, habits, attitudes needed for social intercourse, 'for life among people', adopts his/her social roles, moral, aesthetic and other norms of the society and experiences shaping of his/her motives and features" (Čáp, 1993, p. 111). Thus we can say that the individual learns and adopts behaviour models that are common in his/her closest social environment. Helus (2004) considers social learning the driving force of the child's socialization.

Imitation is an important mechanism to acquire complex forms of behaviour, attitudes and qualities. The child imitates the behaviour of his/her parents, siblings, other persons from the closest environment, of friends, but also of characters from movies and TV

¹³ The issues of socialization in childhood, disrupted early relations between the mother and child, deprivation and subdeprivation, their causes and consequences for the individual's further life were researched in more detail for example by: Matějček, Bubleová & Kovařík, 1997; Fonagy & Target, 2005; Bowlby, 2010; Jedlička 2011, Langmeier & Matějček 2012, etc.

stories. Social learning by imitation usually takes place unconsciously and results from combination of external and internal factors of the imitating individual. Imitation acts as an important factor for example in origination of alcoholism and nicotinism. It was also found that violent behaviour patterns are passed from generation to generation (Kraus & Hroncová, 2010), i.e. that the children imitate the violent behaviour of their parents when solving conflict situations, they consider it a normal way of conflict solution, and therefore act similarly.

Another form of social learning is reinforcement that is based on the use of rewards and punishments. The parents reward their child for the behaviour that corresponds to their demands and norms. The child reinforces the rewarded behaviour patterns (Čáp, 1993). The same applies to deviant behaviour. If the deviant behaviour was positively accepted and reinforced by the individual's environment, if it was followed by a reward, than the individual is likely to continue such behaviour.

As Hrčka (2001, p. 168) states, human behaviour is not shaped by personality features but primarily by social roles. "Personality features in themselves cannot completely determine the definition of the situation or the individual's behaviour in a specific situation: the thing is that the behaviour is primarily conditioned by social interactions and by the relations and the role executed in the given situation; that's why an individual with specific personality qualities may behave differently in different situations."

Similarly to biological factors, the psychological factors influence significantly the origination and development of the deviant actions, but their effect is not isolated. On the contrary, they must be understood in the context of other effects, primarily of social effects, as neither psychological nor biological theories are able to explain different level of deviation in different cultures and societies.

Additionally to psychological and biological theories, the causes of deviant behaviour can also be explained through sociologically oriented theories. While the biologically and psychologically oriented approaches focus on the individual and on the individual's analysis, dealing with the individual's role and seeing the causes of deviant behaviour in the disturbed personality of the individual, the sociological theories emphasize the influence of the environment, of sociocultural and group factors, concentrating on the influence of the society and attributing crucial importance in origination of social deviations to the society. As Komenda (1999, p. 149) states, sociological theories understand social deviation as a "socially pathological phenomenon that results not from an individual's disorder or disease but from the pathological environment in which the individual must live".

When studying social deviations, sociological concepts rely on two perspectives. On one hand, they ascertain why the deviation emerged, what caused the deviant behaviour; on the other hand, they ascertain what attitude is taken by the society to deviant behaviour actors, i.e. why individuals who applied specific forms of deviant behaviour are stigmatized (Sochůrek, 2009).

Specialized literature (e.g. Fischer & Škola, 2014; Hrčka, 2001; Keller, 2012; Munková, 2001, etc.) contains not only different sociologically oriented approaches and constructs

aimed at explaining the essence of social deviations but also different classification of individual approaches. Some complement and combine each other; others differ from each other more or less or contradict each other.

Conclusion

Based on the above stated facts, we can state that an individual's delinquent behaviour is influenced by the membership in a specific social group and local environment in which the person moves and which can offer respect, social status, feeling of safety, acknowledgement and meaning of life to the individual. Therefore the membership in the given subculture is important to the individual, even at the cost of potential sanctions. Although the above mentioned theoretical constructs aim at explaining the causes of deviant and delinquent behaviour, we believe that they can be applied to the clarification of the causes and factors leading to the origination of risk behaviour.

We personally see one of the most important factors that may have effect on the behaviour of children and adolescents and that may influence the origination of risk behaviour in the closest social environment in which the child moves, i.e. the family, peers and school. Thus risk behaviour develops primarily in small intimate groups during the socialization process through social learning. The child adopts the behaviour patterns, opinions, and attitudes of the group (in the earliest age from the family; in the adolescence from the peer group); he/she considers "normal" the behaviour presented by such group, and therefore behaves in a similar manner. In our opinion, the concept of differentiated association does not apply only to criminal behaviour but it can be applied also to explain the causes of some risk behaviours, like the use of habit-forming substances, aggressive solution of conflicts, promiscuous way of life, truancy, or addiction to PC games.

Insufficient social control, consisting of formal and informal social control mechanisms at different levels, is involved in the origination and development of risk behaviour as well. Insufficient social control of the state over the sale of alcoholic and tobacco products to persons under 18 years leads to easy accessibility of such products in the market, which can contribute to frequent prevalence of smoking and alcohol drinking by children and adolescents. The research results (e.g. Gecková, 1998; Gecková, M. Pudelský & J. Van Dijk, 2001, etc.) also show that sufficient parent interest and supervision may act as a protective factor against risk behaviour. Social control mechanisms are present in the school environment too. Social control plays an important role there when influencing risk behaviours like truancy, bullying, aggressive behaviour, consumption of habit-forming substances, or destruction of school property.

We can also often find the theory of labelling in our society. Unfortunately, such approach does not stay out of the school environment either. Some pupils are labelled by their teachers and schoolmates as "problem pupils", "failing students", "repeaters", "swotters", and the environment treats them in compliance with the label, expecting them to behave accordingly, which may lead to increasing frequency and seriousness

of the individual's risk behaviour, as the individual gives up the effort to show the environment that his/her behaviour does not correspond to the given label, and starts behaving as the environment expects.

Risk behaviour is usually not caused by only one cause, but on the contrary, several different factors are involved in the origination of the risk behaviour. It is therefore adequate to apply the holistic approach when researching the risk behaviour. Hamanová and Hellerová (2000, p. 385) state in this context that "each phenomenon of risk / problem behaviour – and particularly of developed risk / problem behaviour – must be studied in depth and separately and approached specifically and "in a specialized way"; at the same time, a holistic approach to this issue as a whole is evidently needed."

Some risk behaviours often occur together with other risk behaviours; ones condition the origination of the others, which is confirmed also by R. Jessor and S. L. Jessor (1977) who came to the conclusion that a person who displays risk behaviour in one area tends to display risk behaviour also in other areas of life.

Therefore we believe that, within preventive activities, attention should be paid to the whole developing personality of the adolescent and not only to individual risk behaviours. At present, the issue of risk behaviour prevention ranks among hot and intensively discussed topics among teachers, psychologists, health care workers and criminal investigators as well as among other actors who strive to develop efficient primary prevention in the area of risk behaviour. As Čech (2012) states, the task of primary prevention consists in protecting the individual from negative effects and impacts of risk behaviour. The protection does not consist in isolating the individual, in preventing the individual from contact with risk behaviours, but in influencing the individual educationally and preventively with emphasis on shaping the right attitudes and the necessary knowledge and competences allowing not only to identify risk behaviours but also to resist them efficiently (Čech, 2012).

As it was already stated, risk behaviours become a part of our present life and affect more and more often also the children's population, with children in the role of actors or in the role of victims. To prevent this situation from further developing, it is important to enable the children to identify risk behaviour, socially undesirable behaviour, to become aware of the consequences of specific behaviours, to solve problem situations efficiently and adequately.

In our opinion, a professionally equipped teacher able to implement preventive strategic procedures is an important actor in achieving the goals in the area of risk behaviour prevention. Kubátová (2000) lists the competences a teacher should be equipped with. They include competences in the subject, diagnostic, communicative, intervention, personality-cultivating and consulting areas. Therefore we believe that the issue of risk behaviour, the concept and procedures of efficient prevention should be introduced not only to the existing teachers but also to future teachers, through pregraduate preparation. We also believe that the theoretical constructs and concepts explaining the origination of risk behaviour should be part of pedagogical theory or possibly be included in the curriculum of future teachers.

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SYSTEMIC THERAPY OF HYPERACTIVE CHILD: A CASE STUDY

Hristo Kyuchukov, Michel Ackerman

Abstract

The paper presents a study with a case study with a nine-year-old German boy with ADHD. The child was tested with the "Test of Everyday attention for Children. Deutsche Adaptation. 3" (2006). The test measures the time of the performing of the test in seconds and the number of the errors the child does. Our general observation on the child by the performance of the test is that the child gets easily tired and after working on 5–6 pages of the Test he loses concentration. Based on the research the systemic therapy with the child is presented and the Reframing as a method was used.

Keywords

ADHD, systemic therapy, diagnoses, reframing

Introduction

Our motivation to work on this particular topic comes from our work as Child and Youth Therapist in Berlin, Germany. Our work with children from different nationalities and cultures who had the diagnoses of ADHD from very early age actually made us interested to investigate this issue much deeper. We simply wanted to be helpful to the children and their families to find the best way to deal with the hyperactivity in their everyday life. One important thing what we understood in our work of therapist with hyperactive children is that very often the hyperactivity goes together also with some other sicknesses, which makes it very difficult for treatment and therapy.

The goal of this study is to bring a new knowledge in the field of systemic therapy with hyperactive children. For this purpose we did observed a nine-year-old German boy who is living with his mother and attends a primary school in Berlin. Our observations on the child were systematic and enough long time (almost six months) and although

the observations are only with one child we think the findings and conclusions can be applicable to other cases of hyperactive children as well.

The objectives of the study are the following:

1. To make a research with an ADHD child regarding his attention deficits.
2. To bring some conclusions in the relation with the systemic therapy, how to organize it in order to be helpful to the child and to the family.

Definitions

Attention-Deficit/Hyperactivity Disorder (ADHD) has been a subject of intensive research for decades (Barkley, 2006). According to the American Psychiatric Association (2000) it is a childhood disorder that affects many aspects of human being, particularly young children. Although the studies on ADHD last decades or so produced number of publications, still the interest to this problem and continues.

Although research on family of children with ADHD continue to be acknowledged, (e.g., Sonuga-Barke, Auerback, Campbell, Daley & Thompson, 2005; Kolaříková, 2014), the debates about children diagnosed of ADHD, particularly, its occurrence and origin continues to range on. More disturbing is the fact that developmental conceptualizations of the syndrome in children and adolescence have been neglected. This made it hard for practitioners and families of children diagnosed with ADHD to cope with its challenges, and projected the problems and discriminations experienced by families and children with ADHD an important issue for consideration.

ADHD is multidimensional disorder that exerts a significant effect on individual and society. This disorder has negative impact on families. As the most generally diagnosed neurobehavioral illness in children, the disorder is mostly treated with stimulant and non-stimulant drugs (United States, 2003, & 2007; Pastor, & Reuben, 2008). Even though the exact causes of the ADHD are still unknown, past and present research confirmed the significant effect of genetic and environmental factors on the disorder (Nigg, Nikolas, & Burt, 2010; Thapar, Langley, & Asherson, 2007). Besides, research on ADHD emphasized more on the period of birth by establishing a strong correlation between period of birth and children psychological and behavioral disorders. This is in contrast with several other disorders where a reliable seasonal form is yet to be established. (Atladóttir, Parner, & Schendel, 2007; Hauschild, Mouridsen, & Nielsen, 2005; Kaleja, 2013).

As an unsatisfactory umbrella term, ADHD is applied to children with broadly differing temperaments and functional problems in school, home, and social settings. This group of children shared certain core features, such as limited sustained attention span, poor impulse control, and motor over activity. They also developed abnormal syndromes, such as severe development, distraction and thoughtlessness that cause severe impairment in their learning. Research on ADHD also showed a strong genetic orientation on the disorder. For example, the inattentiveness aspect of the disorder is documented as

fantasizing, distractibility, and associated with problems, such as lack of concentration on specific task for a lengthy period.

Research in the last sixty years has witnessed the use of several terminologies for attention deficit– hyperactivity disorder (ADHD). Some of this terminology includes: hyperkinetic impulse disorder, minimal brain dysfunction, hyperactivity, attention deficit disorder. However, the core characteristics of the disorder are inattention, impulsivity, and hyperactivity and affects about 4 % of all children. Besides, the signs of the syndrome are more noticeable in young people and vary between 3 to 11 % or more (Berger, 2011; Childress & Berry, 2012). However, despite its occurrence in young children, the origin of the disorder is yet to be identified. This difference in expression revealed the diverse conceptions of the primary symptoms and its assumed fundamental pathophysiology.

Methodology of the Study

The Child

Object of this study is S. – the nine-year-old boy, born in Berlin, who came to us with his mother for therapy. The information about the child we got from the mother during our first meeting. The following characteristic of the child is based on the information given by the mother.

S. was diagnosed with ADHD when he was in the kindergarten. The diagnoses and the behavior of the child put him in a situation that he had to change constantly the kindergartens and later also primary schools.

The child was born in Berlin and he lives here since he is born. S. lives with his mother. The father left the mother in the first week when the child was born. The mother is a freelancer – makeup artist.

S. is the first and only child for the mother. At the beginning a female friend was helping the mother to raise up the child. The parents of the mother who live in South Germany moved to Berlin to help her also with raising up the child. After a year they moved back to South Germany, because the mother had the feeling that her parents are getting too much attached to the child and she did not like it. This brought some conflicts between them and they left Berlin

The mother was never married. She is the basic caregiver of the child. There is no any other adult who is taking care of S. The strong sides of the child are the abilities to work manually and to work with his body. The weak sides of S. are the lack of self-control and lack of concentration. The child has night bed-wetting and he does not take medicine against it. The child was born with kind of infection. The reason for the infection was that the child got from the fluid when he still was in the womb of the mother. The current health situation of the child is good. He does not take any medicine.

S. had participated in intervention program. He has learning difficulties and particularly Dyslexia problems. Sometime he is aggressive and he has problems with self-regulations. S. does not have intellectual disability and he is not drug addicted.

He changed two kindergartens and two schools. He has problems with the adaptability. In primary school the child has a lot of problems. S. has poor concentration, difficulties with completing task and difficulties following instructions. Sometimes he shows aggressiveness towards adults and children.

S. does not get depressed. He is very sensitive. He does not have low self-esteem. He does not have difficulties in making decisions: if he is interested in something he makes it.

In the mornings the child has problems sometimes getting ready for school. He has also problems playing with other children. He does not have friends and he does not have a normal communication with children from the class. He is very motoric active at home, and he also helps the mother. He goes very late to bed and during the night the child does not sleep well.

Outside of school the child does not have any contacts with other children. He likes the school where he is now, but the child cannot read and write although he is in the 3rd grade.

Testing of the child

The child was tested with a standardized test TEA-Ch Test of Everyday attention for Children – Deutsche Adaptation (2006). The test has two forms: Form A and Form B and both of them were used for the testing. The test itself is a picture test (see examples from the Tests in Appendix). The test measures the time of the performing of the test in seconds and the number of the errors the child does. The child was examined about his attention- how long he can count the forth and back without errors and the number of errors were measured.

The test was necessary to prove that diagnoses done by the medical investigations are correct.

Results from Testing

Before the real tests the child had a pretesting, where the child had the task to find the same pair figures among many other figures. In the pretesting the child showed very good results. He found all the same pairs with just one or two mistakes. The pretesting showed that the child's concentration is good and he can find the pairs of figures.

Here I will present the results from the two testing with Form A and Form B.

Testing with Sub-Test A: Form A

Before to start the real testing there were two exercises. The results from the exercises will not be taken into account.

The task of the child is to count the number of figures given in a page forth and back. The changes is done after arrow appearance (see the Appendix). For example the child starts to count: one, two, three, four, five...and then an arrow appears and its direction is down.

That means the child continues to count the next figures in a straight line as they are, for example one, two, three... If the arrow appears to be with direction up, than the child has to count the figures in a reverse order, for example: four, three, two, one.

There are seven batteries in Sub-Test A. The next table 1 presents the number of the errors, the time of the performance of each battery from the Sub-Test and the number of the changes of the arrow in the battery. The changes of the arrow are given in the test and they are constant.

Table 1. Results from the first Testing with Form A

Batteries	1	2	3	4	5	6	7
Errors in counting	0	1	2	2	2	1	2
Seconds	15	15	18	28	32	18	33
N of changes of arrow	3	2	3	4	5	3	6

As can be seen from Table 1 with the increase of the number of the changes of the arrow the time needed for the performance of the battery is increasing. By three changes of the arrow the child performs the battery respectively for fifteen seconds (battery 1), for eighteen seconds (battery 3 and 6) and by six changes of the arrow (battery 7) the child needs almost a double time for the performance of the battery – thirty-three seconds. Let see how the child performs the second Sub-Test B.

Testing with Sub-Test B: Form B

The second testing was done with Sub-Test B and Form B. The child has the same task as it is by Sub-Test A counting forth and back, changing the counting by the change of the arrow. The results from the second testing is presented at the next Table 2.

Table 2. Results from the first Testing with Form B

Batteries	1	2	3	4	5	6	7
Errors in counting	1	0	0	3	3	1	1
Seconds	26	8	16	26	28	22	27
N of changes of arrow	4	2	3	3	4	3	5

The Table 2 shows that the child is familiar with the task and he has performed two batteries without any errors – battery 2 and 3. The time for the performance of battery 2 with

two changes of the arrow is eight seconds and the time for the performance of battery 3 with three changes of the arrow is sixteen seconds. However, it is interesting that for the performance of battery 3 and 4 with the same number of changes of the arrow – 3, the child needs different time for performance of the battery (sixteen seconds performing battery 3 and twenty-six secs performing battery 4). It is interesting that he also have different numbers of errors in the performance of these two batteries: zero errors by battery 3 and three errors by battery 4. Battery 6, which is also with three changes of the arrow, is performed for twenty-two secs. and has one error.

Comparing Table 1 and Table 2 one can see some similar tendencies in the performance of the batteries. The batteries with the same number of changes of the arrows, have more or less the same time for the performance: battery 4 from Table 1, battery 1 and battery 5 from Table 2 are performed respectively for twenty-eight secs, twenty-six secs, and twenty-eight secs. The timing is good but the number of the errors is more important: they vary from one to three as the highest number of errors three for twenty-eight secs is done by battery 5 in Table 2, which shows that concentration of the child on the performance of the battery is getting low.

It is interesting also the performance of the batteries with four changes of the arrows. In both tables the results by performing these batteries are different: battery 4 in table 1 is performed for twenty-eight secs and the child has two errors, battery 1 in Table 1 is performed for twenty-six secs with one error and battery 5 from the same table is performed for twenty-eight secs with three errors. Again is observed the same tendency as by the performance of the batteries with three changes of the arrow: with the increase of the batteries the concentration of the child is getting low and he makes more errors. Our general observation on the child by the performance of the test is that the child gets easily tired and after working on 5–6 pages of the test he loses concentration. We had to remind him that he still have few pages to go through in order to complete the tasks.

Interview with the teachers of the child

In order to get a better picture of the child's ability of concentration and the child's cognitive development we met with the teacher of the class and we had an interview with her. We also had the possibility to observe the child in the school acting with other children during school activities.

According to the teacher, at the beginning after the arrival of the child to the school he did not have any contacts with the adults (teachers) in the school. He was not having contacts with the children either. The school had one week "Green school" where S. took place as well and after that he started to be more open to the teachers. But he has just one favorite teacher – the teacher of the class, with whom we had the interview. According to the teacher the child does not have so much interest to the educational process. Still by the age of nine he cannot read and write in German. He like mathematics, but also has difficulties in counting and solving mathematical tasks.

His social contacts with other children from the class are also very limited. At the beginning he did not communicate with other children and he did not have any friends but lately he developed a friendship with one boy from the class. For the time being the communication of the child is limited to the teacher of the class and that one boy from the class.

S. does not show interest in the educational process. Sometimes he likes to take part in some art activities, but again he is not so much involved. He loves to paint and to do sport but he does not like so much other activities which the class does.

In our therapy work with the child in order to make him interested towards the education and reading and writing I bought him some children's books and books for writing and during the therapy sessions some time we used to read some 5–10 min. books. These sessions showed to me that the child does not know the alphabet and he can hardly read or write in German. Mainly I was the one who was reading to him and asking him questions regarding the content of the texts.

From the conversations with the mother of the child we understood that they do not have children's books at home and she does not read any books to him. She believes that he will learn to read and write by himself when he grows up and she should not put him in a stress asking him to learn the alphabet or to learn to count and solve mathematical tasks.

Reframing

Definitions of reframing

The classical definition of reframing comes from Watzlawick et al. (1974):

"The reframe, then, means to change the conceptual and /or emotional setting or viewpoint in relation to which the situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changes its entire meaning." (Watzlawick et al., 1974, p. 95)

Watzlawick et al. (1974) also give additional descriptions of reframing. The first one of these descriptions emphasized the central role that the categorization plays in the process of reframing:

"In its most abstract terms, reframing means changing the emphasis from one class membership of an object to another, equally valid class membership or especially, introducing such a new class membership into the conceptualization concerned." (Watzlawick et al., 1974, p.98)

Secondly, the reframing resembled *psychological interpretation*, but had different goals. Reframing has been used in a variety of ways in psychotherapeutic conversations. First, it can be used to define the problem situation in new ways, usually in such a way that the problem will be easier to solve.

Secondly, it can be used in reduction or intensification of clients' emotionality in order to produce mobilization toward the goal. Thirdly, with the help of reframing the client can be motivated to do the therapeutic tasks that are suggested in therapy. Fourthly, with the help of reframing the client's motivation for therapy can be relabeled: "only strong people can admit problems and weaknesses" and have courage to seek help.

Reframing in therapy with the mother

The most important use of reframing is, however as a part of the therapeutic conversation itself. The therapist suggests through questions, comments are descriptions, etc., alternative ways to see and talk about client's situation.

Situation 1

During one of the first meetings the mother of S. reported he has bedwetting during the night.

Therapist (T): Since when S. had the bedwetting?

Mother(M): Since his childhood.

T: Did you bring him for medical checking, to understand what the reason is for that.

M: No, because S. does not like to be checked. Once my Father brought him to a doctor but the doctor wanted to check him and S. did not like it and then they left without any checking.

T: Yes, this is very good that you respect the child's opinion, but don't you think that he soon will enter puberty and then maybe he will be shy to meet girls, because he will be stinking from the bedwetting. During the puberty he will get interested in girls and he will meet girls....

M: Yes you are right....but he does not like doctors and he does not like to be checked...

T: Why don't you try to speak to him again and to explain to him why it is important to be checked by the doctor, maybe you will convince him.

As a result of this therapy the mother promised to bring the child to a doctor if we find a specialist in child urology. I did find such a specialist and made an appointment for the child and then the mother brought S. for control checking and treatment.

The mother did not know how to behave with the child. She was telling me that when the child was younger, he was much more active: running around, jumping, destroying almost everything, and the mothers of other children from the kindergarten stopped to communicate with her and no one invited them to birthday parties or to any other celebrations. However, lately the mother observed some changes in his behavior: he is getting very isolated from other children – not so active, but rather opposite. He preferred to stay alone, and play alone and not to be so much communicative.

In one of the therapy sessions with the mother we understood that the child has an interest towards painting and playing with clay, but at home she does not have anything to give him in order to support his artistic interest.

Situation 2

T: Do you have possibility to buy him any materials for painting

M: no, I cannot afford it. I am freelancer and do not earn much. I think this will be also a waste of money....

T: but how do u feel about his artistic interest towards painting...

M: I do not see any use of it...

T: don't you think that this could be somehow helpful for his development...

M: I do not know...

T: why don't you bring him to kind of children's center after school where he can paint and meet other children...that can help him to develop his abilities...

M: I do not know what to do....

T: If you wish I can search for such a center and register him there...

Reframing in the therapy with S.

During the therapy with the mother we understood that S. cannot read and write. The opinion of the mother is that he somehow will learn it by himself and there is no need to press him. In our therapy sessions with S. we started to read children's books in order to motivate him to learn the alphabet.

Situation 3

T: Did you like the book?

S: yes, it was interesting...

T: what did you like most?

S: the dinosaurs...

T: can you read the word dinosaurs

S: no

T: is there the letter S – your letter- in the word dinosaurs, show me....

S: hmmm.... I do not know

T: do you want to learn it ...

S: yes....

T: are you interested to read books if I give you one....I am sure you can do that

S: yes....

In order to check his attention and cognitive development we played a game with him. S. had the task among puppet animals and birds to group the wild animals/birds and home animals/birds. S. did not like this idea at the beginning:

Situation 4

T: Look, there are so many puppet animals and birds...do you want us to play with them...

S: no...I am not a child...this is for small children...

T: yes...but I like some time to play with them...look they are so beautiful...look these birds...

S: yes they are beautiful...

T: do you have animals at home...dog or cat...Which other home animals do you know...can you put them together...

S: these here...horse, sheep...

T: super...do you know some home birds...

At the beginning of the session S. was not so much motivated to do the exercise with me but towards the end of the exercise he showed a good attention to the task and most of the animals and birds were correctly grouped.

In the case of S. the reframing with his mother and with S. himself was successfully used for achievement the goals of the therapy. Together with the reframing also circular questions were used. In my therapy with S. the systemic approach together with technics from play therapy and speech therapy were used.

Conclusions

The systemic approach treats the client as a part of a system. In the case of S. was treated as a part form Family←→School system. The diagnoses of the child with ADHD from the kindergarten most probably was for the period of the early childhood development of the client. It is more than obvious that he is developing and changing with growing up. In the primary school the child does not show anymore the symptoms of the hyperactivity. It is exactly opposite – the child shows kind of closed non-communicative attitude to the outside world.

The testing of the child with the Test of attention deficits showed very good results – good timing for performance of the test and limited number of errors. This clearly show that the child does not have so much attention deficit. It is clear that something was wrong in the approach towards the child's education form the side of the mother. It is very possible also that the type of school where he studies (Freie Schule) to offer him skills and knowledge how to behave socially. According to the teacher of the class he is not so much interested in the educational process, and he was not very open and communicative to the children, but only after one year in the school he got a friend – a younger boy and they are always together in the school.

Due to the therapy the relationship between us as a therapist and the child as a client got better and better. The child trusted us more and more, until the moment he told the first author that he likes him very much because he remind him his grandfather.

As a conclusion we can say that the objectives of the study were fulfilled:

- A research with an ADHD child regarding his attention deficits was made.
- Some useful conclusions to organize the therapy work with ADHD children are made.

All this gives us the right to make the conclusion that the love and respect towards the client in the therapy plays an important role in changing his behavior. In order to help the client the system should be evaluated as a whole from different angles. The small research we did with the child, the conversations with the mother and the teacher, my visit to school and my observations of the child in the school environment gives me the right to conclude that the child in early ages had the ADHD as a diagnose, but it is more than obvious that it is changed. The child is changed a lot and his development comes to place thanks to the systemic therapy.

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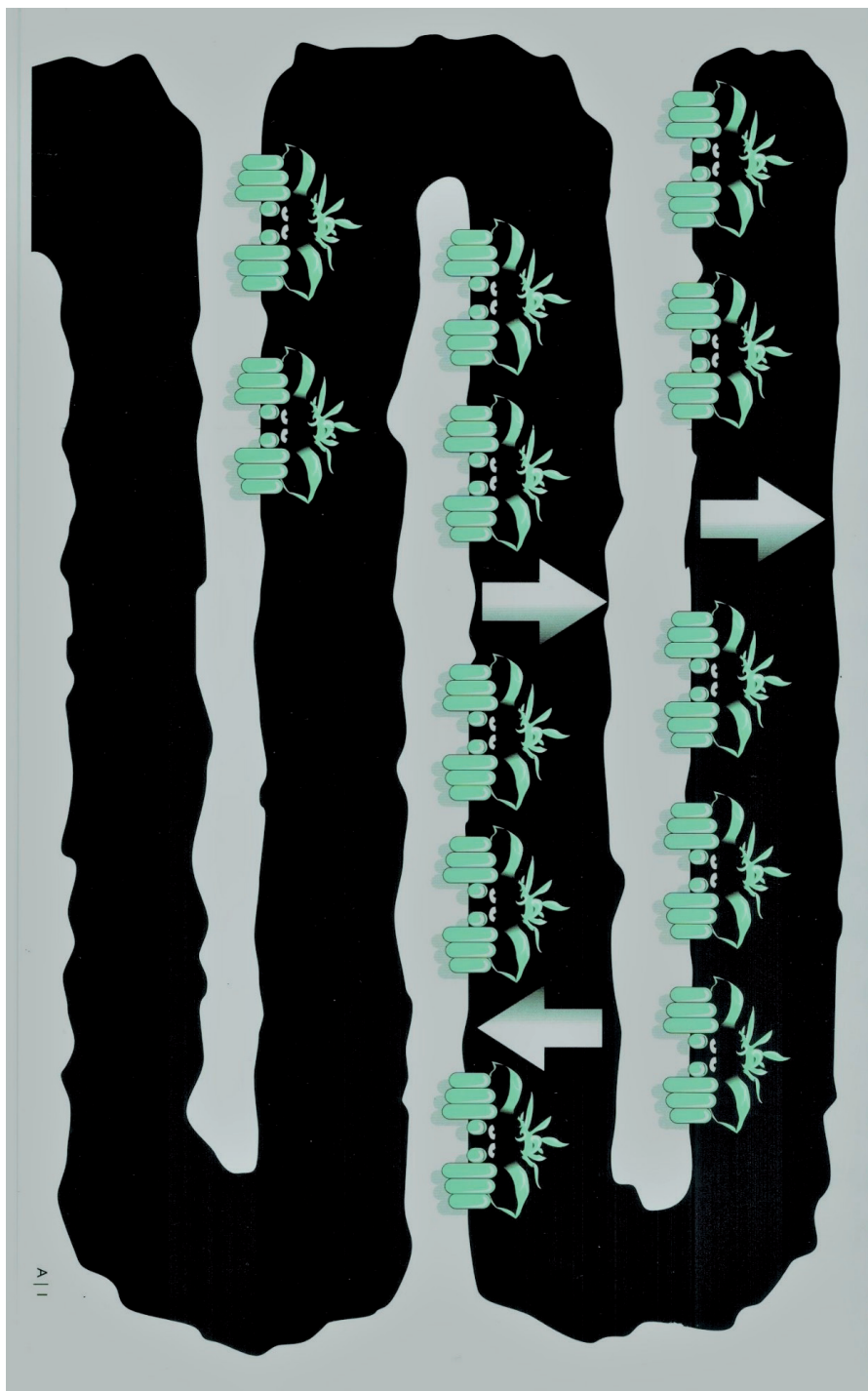
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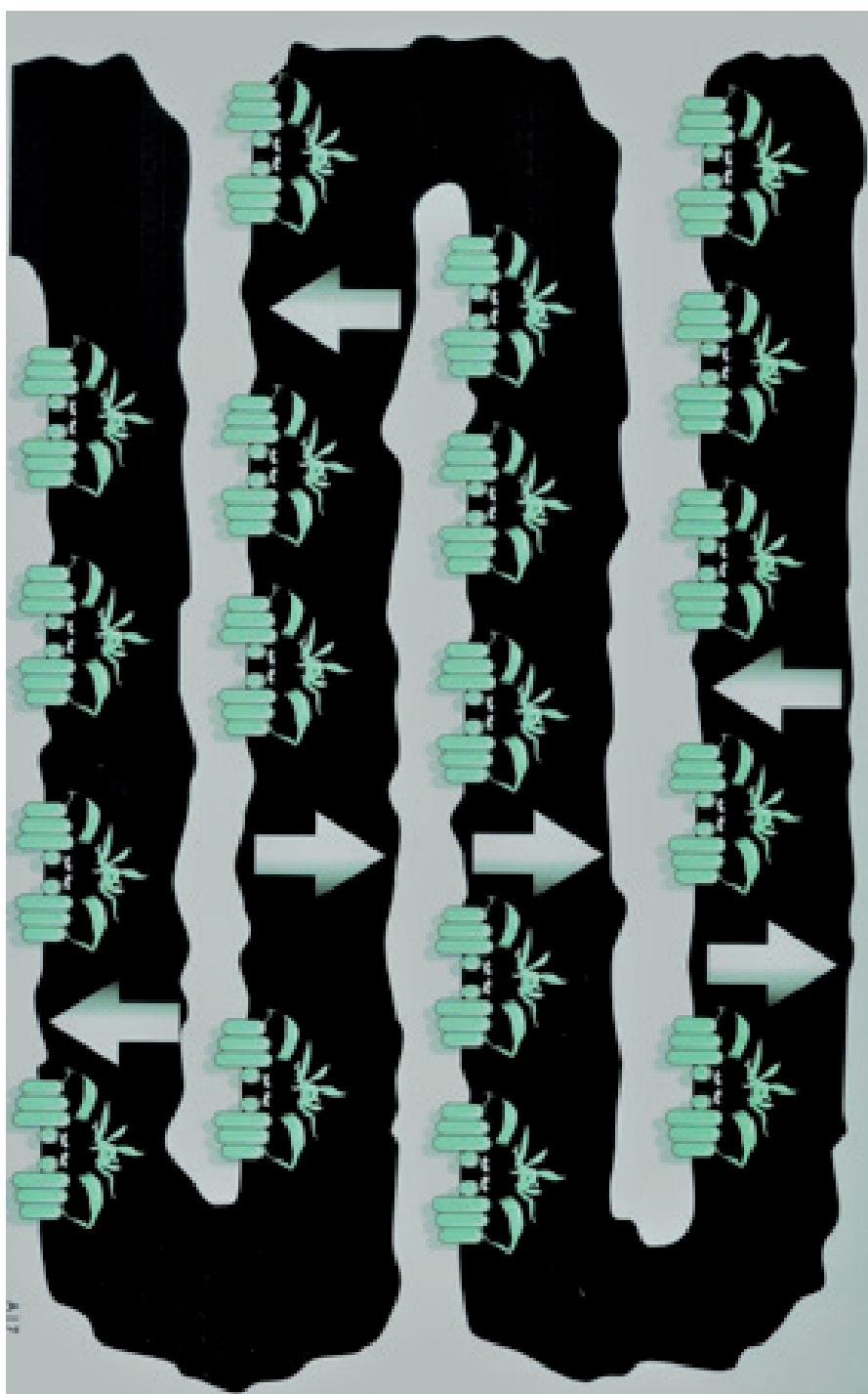
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	DISCUSSION	
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WHAT ARE THE POTENTIAL WAYS TO SOLVE THE ISSUE OF PROFESSIONALIZATION OF RISK BEHAVIOUR PREVENTION IN SCHOOL ENVIRONMENT?

Václav Bělík

Abstract

The submitted article addresses the issue of professionalization of prevention in school environment as a key topic looked into by the disciplines whose force field is risk behaviour prevention. It addresses the topic from the perspective of current studies, making comparison with experience from the Slovak environment and with challenges set by so called General Educational Programs. A self-standing challenge for the improvement of theory and practice consists in the education of the teachers dealing with prevention. Finally, the article sets the challenges to be addressed with respect to professionalization of prevention in school environment in relation to the actual teachers implementing the prevention, to legislative stipulation of prevention (including a potential profession of social educator), but also to coordination of prevention with other entities.

Keywords

risk behaviour prevention, professionalization, education, social educator

Introduction

Helping professions have been experiencing a considerable boom since the 1990s in connection with the social order on an increase of quality of their activities – professionalization. In the course of time, the need of professionally prepared workers active in social-educational work has been growing. Such professionals include graduates from the disciplines of social pathology and prevention, social work, social pedagogy, addiction research, medical disciplines, law, psychology, special pedagogy (ethical pedagogy) and others. All the above stated disciplines have their own topics of

interest; nevertheless, their common force field can be found just in the area of social prevention and inclination towards prophylaxis and therapy of risk behaviour. Thereby a new phenomenon of inter-transdisciplinarity emerges.

How can we perceive the term "prevention"?

The term "prevention" comes from the Latin *preavenire*, *praevenio* (Šenková, 2002, p. 262). "The term is often used also in common life and we can define it as a set of measures to prevent an undesirable phenomenon like diseases, drug addictions, crimes, accidents, failure at school, social conflicts, etc." (Prague Centre of PP, 2015). Radimecký (2012) presents an interesting perspective relying upon splitting the word "prevent" into its prefix "pre-" and root "-event-". So the meaning of the term can be perceived as unified and clear. Pedagogy understands prevention in compliance with this meaning. The pedagogical dictionary written by Průcha, Walterová and Mareš (2013) describes prevention as a set of measures aimed at prevention of undesirable phenomena, particularly diseases, damages, socially pathological phenomena, and Miovský (2010, p. 24) adds that "it includes all types of upbringing, educational, health care, social or other interventions aimed at prevention of occurrence of risk behaviour, forestalling its further progression, mitigating the existing forms and manifestations of risk behaviour or helping to solve its consequences."

The actual professionalization of risk behaviour prevention can be perceived as the improvement of the issue in all its scope – efforts for legislative stipulation of prevention, of preventists, including their placement in the catalogue of professions, creation of a profession chart, seeking of ways for their motivation and funding of prevention. Furthermore, seeking of ways for better education in the issue, publication activities, implementation of research, methodical procedures, etc.

Risk Behaviour Prevention in Current Studies

Numerous studies show that the situation of occurrence of risk behaviour manifestations among children and youth in the Czech Republic is still not satisfactory (compare Blatný, 2006; Emmerová, 2011; Kokkevi, 2006; Kratěnová, 2007; Orosová et al., 2009). The issue of risk behaviour manifestation is extensive; their prevention requires primarily systemic approach, comprehensiveness, timeliness and flexibility. High-quality pedagogical preparation has a crucial share in application of social prevention (compare Bělík, 2012; Hroncová & Emmerová, 2004; Kraus & Bělík, 2011; Miovský, 2010). The issue under research is further reflected by current studies like Hroncová (2010), Emmerová (2010), Jusko (2010), Kosová & Porubský (2011), Hroncová (2015), Miovský (2014), Hrubá, 2004; Kratěnová, 2007; Pelcák, 2012; Bělík & Pelcák, 2013 a 2014; Hoferková, 2013; Kraus, 2003, 2014 and many others.

There are not many dedicated studies dealing with the issue of professionalization of risk behaviour prevention in the Czech environment. But there are several exceptions.

They include the GAČR study No. 406/09/1220 Determination and development of competences of social educator in preparation, implemented by Š. Chudý. Very active and valuable are the studies implemented by the Clinic of addiction research, e.g. the VYNSPI II. Project – Implementation and evaluation of the minimal preventive program, systemic tools in education and creation of a collective system in the area of risk behaviour prevention for employees of schools and school facilities at state-wide level and others. In 2012, the author of this article implemented a specific study, MŠMT 2012 – Analysis of the issue of risk behaviour in pre-gradual preparation of teachers (Bělík, 2012) and the research plan called Comprehensive analysis of youth in South Bohemian Region, led by Blahoslav Kraus.

In the Slovak Environment, such studies included VEGA No. 1/0168/12 Professionalization of prevention of social-pathological phenomena in school environment in the Slovak Republic from the perspective of the social educator profession – current situation, problems and comparison with foreign countries, and KEGA No. 028UMB 4/2012 Preventive social-educational work at secondary schools from the perspective of social educator.

At present, the author's working centre is implementing a study dealing with the issue of risk behaviour, including interviews with elementary school teachers on different topics related to risk behaviour prevention manifestations. Within the study, elementary school teachers were asked about the trends observed by them in the school environment in the issue of risk behaviour and its prevention.

Which are the trends in the issue of risk behaviour prevention at the schools under research?

Table No. 1 Trends in the issue of risk behaviour at the elementary schools under research from the perspective of elementary school teachers N=164

Trends in the issue of risk behaviour at larger elementary schools	n1	Relative frequencies	Accumulative frequencies
Increasing number of the phenomena addressed at our school	31	0.19	31
Increasing aggression and self-confidence of children, but also of parents	19	0.12	50
Lack of parents' interest in their children	16	0.10	66
Higher incidence of bullying in form of psychological bullying and cyberspace-related bullying	13	0.08	79
Increasing amount of vulgar language among children	11	0.07	90
Problems in communication with parents – low support in cooperation with them (uncritical excusing of children)	10	0.06	100

Trends in the issue of risk behaviour at larger elementary schools	n1	Relative frequencies	Accumulative frequencies
Greater social differences among children	8	0.05	108
Increasing among of hidden truancy covered by parents	7	0.04	115
Higher information of teachers about risk phenomena	29	0.18	144
More institutions and organizations offering helping hand	12	0.07	156
Generally less habit-forming substances	3	0.02	159
Reduced incidence of manifestations of bullying	3	0.02	162
Better communication with parents	2	0.02	164

The perspective of teachers of larger elementary schools shows two trends that can be defined based on Table No. 1.

The first trend consists in general increase of the phenomena shown in all items marked with dark grey colour. Additionally to the self-standing item defining the increasing phenomena (31), they include primarily the increasing aggression (19), lack of parent's interest in their children and bad communication of school and family (16 + 10 + 7), vulgar language and excessive self-confidence (11); there are also higher social differences identified as a serious risk phenomenon by the teachers (8).

Another trend consists in increasing interest of the actual schools in the issue of risk behaviour and its prevention. 28 teachers answered to feel to be considerably better informed about risk phenomena at school and about the opportunities for their prevention. 12 answers included the information that the teachers perceive that there are more institutions offering a helping hand.

While the first trend is alarming, but expectable in the context of the research and awareness of pedagogical reality, the second trend can be perceived as promising for practice.

Which tasks does the school have in risk behaviour prevention?

A key role in risk behaviour prevention rests primarily on the family, but its role is often very problematic in these days (Kraus, 2014). The school is in another situation, as it has more tools at present. In the 1990, new trends started emerging in the school environment; we can describe them as non-violent penetration of non-specific prevention into the school environment. Schools of alternative type (Montessori, Freinet, Waldorf, Dalton and others) started emerging and they can be characterized as schools supporting non-specific prevention. But there is only a minimal amount of such schools in the Czech environment. An overwhelming majority of children attend "common" schools for which

many teachers use the slangy term "factories" – this term reflects long lasting efforts to save many and thus to increase the numbers of pupils in the classrooms. The numbers of children often remain at the upper limit; schools with 800 and more pupils are not an exception. Teachers often teach in classes in which there are many children with specific educational, but also upbringing needs and problems that would deserve a specific approach. Even a maximal teachers' effort can hardly succeed in such conditions. (Bělík & Kraus, 2011)

The above stated facts lead us to deal with non-specific prevention, as we consider it essential in the long term. Such prevention is often primarily understood as an effort to offer a broad range of different leisure time activities to keep the children busy in the spirit of the saying "children who play don't misbehave". But we must draw on the fact that the best prevention consists in installing a "moral cop" in the child's head. Something that prevents using the intellect, wit, strength for socially deviant behaviour. (Večerka, 2005) The school must be both formal and informal centre of such non-specific prevention (Pelcák, 2007). The formal aspect consists of several areas – for example, the school must successfully and actively manage communication in case of emerged or potentially emerging upbringing problems (in the moment, it could be assisted by the Timely Intervention System); and there should be a natural effort to communicate with other institutions – socialization agents.

Prevention in Current Changes of the School Curriculum

The school should also be the initiator and realizer of prevention programs. At present, we can often see that the school is the user of preventive custom-made programs provided by someone skilful, often for an attractive remuneration. The school should, thanks to its School Educational Program (hereinafter referred to as "SEP"), force its teachers to acquire such education and prepare such conditions for them that they become able to engage in prevention of social deviations themselves. School can be perceived as an informal centre of non-specific prevention, according to the study made by E. Walterová (1994) who writes about so called school hidden curriculum – i.e. everything the school radiates at a distance, everything that can be seen by us as inhabitants of the community, without examining the school in more detail. The hidden curriculum consists not only of the mutual behaviours among people, but also of what is called company culture in commercial sphere, i.e. of the way of organization of activities, of the amount and quality of processing of the activities implemented and of the media presentation, a thing schools are often completely missing (Walterová, 1994). Such "company culture" can of course include also high-quality pedagogical education of teachers, including the issue of prevention.

The educational effort can in no case consist only in passing of knowledge and in the implementation of the educational process (Bělík & Šindelková, 2012). It should reach the whole personality in the sense of development and formation of character. It

concerns the development of social competences, i.e. the person's ability to exist and succeed in the life of the society, in social structures at the level of family, job, local and broader community and to properly meet the respective roles. Such process can be described as social-upbringing action (personality-social development). This activity puts emphasis on creation of social skills allowing and enabling the person's life in the society (social communication, adaptation, establishing of contacts, development of optimal interpersonal relations).

An important step in supplementing the educational efforts with a pro-social aspect consisted in introduction of the General Educational Programs, or of School Educational Programs, respectively, with a character adapted to the situation in the specific school.

The teachers' efforts in this area get a support tool in form of ethical education that has been introduced in schools as a self-standing subject already. Ethical education serves as a preventive factor aimed at compensating the drawbacks of socialization factors acting upon children and at developing positive social skills that should be mastered by each individual. Ethical education leads the pupils primarily to establish and maintain satisfactory relations, to develop a true picture of themselves, to solve creatively everyday problems, to formulate their opinions and attitudes based on their own judgement, under use of the results of discussion with others, to perceive critically the influence of models at developing their own world view, to understand the basic environmental and ecological issues and contexts of the modern world. According to the reflection of the teachers (Šťastná & Hoferková, 2009), pupils like the subject primarily thanks to the fact that the teachers prefer another teaching style – they primarily make use of the experience method, dramatization, work with stories, etc. The pupils can discuss during the lessons, acquiring information about themselves and about others, working in a stress-free atmosphere, they can experience success...

However ethical education, highlighted by us as a new school subject, is a part of a broader context that should serve as support to teachers. That context consists of the General Educational Programs, or the School Educational Programs (SEPs), much more familiar to teachers.

The education towards desirable values is present also within so called cross-sectional topics and in lessons aimed at acquisition of key competences. Here, it is not a secondary product of teaching of the contents of individual subjects any more, but a self-standing topic (although "education towards values" is not explicitly stated). This applies to the following expected outputs of cross-sectional topics: personality and social education (it leads to become aware of the value of cooperation and help, to become aware of the value of diversity of people, opinions, approaches to solution of problems; it contributes to become aware of moral dimensions of different human behaviours); education of democratic citizen (it contributes to develop values like justice, freedom, solidarity, tolerance and responsibility; it motivates to consideration and to readiness to help weaker individuals); education towards thinking in European and global context (it develops positive attitudes to otherness and cultural diversity; it supports positive attitudes to traditional European values); multicultural education (it stimulates, influences and

corrects behaviours and value system of pupils; it teaches them to perceive dissimilarity as an opportunity for enrichment; it leads to engagement in fighting manifestations of intolerance, xenophobia, discrimination and racism); and environmental education (it contributes to development of healthy life style and to perception of aesthetic values of the environment; it leads to a receptive and sensitive approach to nature and to natural and cultural heritage) (Kraus & Bělík, 2011).

What are the potential ways to improve the implementation of prevention in school environment?

One of the essential problems we see in the issue of implementation of the curricular reform consists in the teachers' readiness for such steps. For long years, teachers have been prepared primarily in the professional, specialized area. But newly, they are required to work with key competences (capabilities), which are an unusual area to many of them and they often approach professionals in the school environment to transfer the work in the area of risk behaviour prevention to them. In the Czech school environment, such professionals include the school prevention methodist, upbringing advisor, school psychologist, special teacher, or possibly the upbringing commission including the school direction, as well as cooperation with external subjects.

In connection with the previous studies of the author of this article (compare Bělík, 2012, 2015), we take the liberty to state that a great part of risk behaviour prevention should consist in non-specific work of the form teacher and of other teachers who have much more frequent contacts with the class and with the children in it than the above stated professionals can have. They can highlight positive behaviours under use of examples from their subjects; they can offer examples to direct the children to the way towards positive value orientation, etc. Another problem evident in the professionalization of risk behaviour prevention consists in the low level of independent university preparation of risk behaviour prevention professionals who subsequently enter schools. They include primarily the school prevention methodist and the upbringing advisor who are in charge of professional handling of the issue of risk behaviour prevention at schools. Among other things (e.g. financial and methodical problems), we see two closely related essential problems here. The first problem consists in the often low level of qualification of such professionals; and the second problem consists in low degree of the schools' motivation to deal with this issue and to care for the development and creation of conditions for a dignified work of such professionals. It often happens that the function of upbringing advisor or prevention methodist is a complementary function serving to "complete the workload" of some of the teachers. It is obvious that in such case, the professional cannot carry out his or her job with enthusiasm, zeal and qualified view.

In a situation characterized by problems in implementation of risk behaviour prevention in school environment, the discussion about a potential conceptual change should urgently continue. Based on qualified professional analysis of the situation (e.g. at the

Socialia 2014 conference) and on comparison with the situation in neighbour countries, the model presented in Slovakia – i.e. social educator in school environment – seems the most adequate solution. The model includes a specially trained professional who replaces the above stated functions in the school environment and performs his or her profession as a specialist. In spite of repeated attempts, the profession of social educator is not as stipulated in the Czech legislation as it would deserve. In the 1990s and subsequently repeatedly after 2000, attempts were made to include the profession of social educator in the Act of pedagogical workers according to the Slovak model. All attempts in that sense failed; nevertheless, the respective activities are still alive. A significant contribution, deserving great acknowledgement, constitutes the establishment and activities of the Association of Educators in Social Pedagogy, represented by J. Hladík. The document supporting the amendment of Act No. 563/2004 Coll., on pedagogical workers, as submitted in 2014 to the legislators, presented the social educator as a profession related primarily to the school environment (Hladík et al., 2014):

The social educator performs direct social-pedagogical activities at schools and in school facilities. Social-pedagogical activities are defined as educational, enlightening, socially educational, preventive, supportive, re-educational, consulting, diagnostic, coordination, organizational and expert activities implemented within schools, school facilities and social service facilities. They are aimed at comprehensive development of favourable conditions for social-educational actions of schools, school facilities and social service facilities, at support of processes of socialization and re-socialization of children and young people from endangering, neglecting, non-stimulating and otherwise disadvantaged environment and at tertiary socialization and re-socialization of adults.

The social educator performs the following activities at schools and school facilities:

- Educational and enlightening activities (implementation of educational and enlightening programs and projects focused on pupils, teachers, family and community).
- Social-upbringing and preventive activities (implementation of upbringing and preventive activities directed towards increasing social skills of pupils, towards development of their healthy life style, prevention of social exclusion, xenophobia, racism, etc.).
- Supporting, intervention and protective activities (provision of support in difficult life situations to pupils and their families, support of pupils from national minorities, interventions when children and young people are endangered by social-pathological phenomena, etc.).

The above stated argumentation was inspired and supported also by the study of the author of this article who interviewed elementary school teachers of small schools with less than 90 children n_1 and larger schools – n_2) and secondary schools (secondary vocational schools n_3 and grammar schools n_4) with respect to their opinion on introduction of social educator into the school environment.

Table No. 2 *Opinion of elementary school teachers on introduction of position of social educator into school environment*

	n_1	Relative frequencies	Accumulative frequencies	n_2	Relative frequencies	Accumulative frequencies
NO	31	0.28182	31	2	0.2	2
YES	79	0.71818	110	8	0.8	10

Additionally, a goodness-of-fit test – chi square – was carried out to ascertain whether there is relation between the size of the school and the answers. The above stated facts show that teachers present their answers without relation to the size of their school.

chi-square = 0.308

degrees of freedom = 1

probability = 0.579

Table No. 3 *Opinion of secondary school teachers on introduction of position of social educator into school environment*

	n_3	Relative frequencies	Accumulative frequencies	n_4	Relative frequencies	Accumulative frequencies
NO	7	0.23	7	9	0.3	9
YES	24	0.77	31	21	0.7	30

Additionally, a goodness-of-fit test – chi square – was carried out to ascertain whether there is relation between the type of the school and the answers. The above stated facts show that teachers present their answers without relation to the type of their school (grammar school x secondary vocational school)

chi-square = 0.434

degrees of freedom = 1

probability = 0.510

The following list inspires to select answers of the interviewed teachers for argumentation:

- The school prevention methodist and upbringing advisor are swamped with work, they often don't manage to solve the problems; additionally, they are teachers themselves
- Risk behaviour occurs at an increasing degree at schools; therefore such professional becomes necessary
- I agree with this opinion, but such professional should partially teach in order to learn to know the children better
- Yes – but external cooperation would suffice as needed

- I perceive such position as indispensable for larger schools, in combination with a school psychologist.
- Such professional would devote all time to children – at present, the situation is schizophrenic. Both the upbringing advisor and the school methodist are simultaneously teachers and they don't have time enough to meet their duties.
- It is often very challenging to cover the issue – an expert, specialist would come in handy.
- I propose such person should be a full-time specialist.
- Intensive cooperation with a professional would be beneficial.
- Then the teachers would have enough time for teaching.
- I have experience from Slovakia and France where a similar model exists.
- Such professional would manage individual and group work with children at a specialized level.
- The teachers could deepen their speciality and would have an expert on risk behaviour available.

Teachers' arguments against employing a specialist:

- A school advisory centre works well at our school. We don't see a need to have another employee.
- If such employee doesn't teach, he or she cannot know the overall context of children's life and problems.

So how can we perceive the ways for professionalization of prevention in the school environment in summary?

The actual professionalization of the issue of risk behaviour prevention in the school environment can be implemented through two possible ways:

The first of them would consist in the current situation of implementation of risk behaviour prevention at schools. Additionally to the responsibility of the school direction, prevention is under responsibility of a trained professional – school prevention methodist or upbringing advisor, school psychologist, special educator. As the available studies (Kraus & Bělík, 2011) sufficiently describe, such fragmentation of competences among several responsible persons, who are also differently motivated and pregradually prepared for their work, often leads to a very dismal situation in risk behaviour prevention at schools. The salvation is often handled by external entities delivering programs of risk behaviour prevention to schools. Such external subjects (NNO) employ very well trained professionals – often graduates from socially oriented branches.

A second way can consist in finding a time-tested model that already works well abroad – i.e. in accepting the profession of social educator in school environment.

But such model faces missing legislative stipulation. At present, the Czech school environment experiences quite a strong pressure on the issue who will provide the

prevention from professional aspect. From the perspective of social pedagogy, the social educator claims that environment. But special pedagogy already has the accredited discipline called Special pedagogy in teacher form, including the following graduate's profile: A pedagogical worker professionally prepared for work of special educator, upbringing advisor and school prevention methodist. At present, social work as a discipline presents the logical argument of a large amount of social problems emerging in the school environment and exceeding the teachers' competences. Therefore the demand on having a social worker in the school environment emerges.

So we can see the following ways for professionalization of prevention in the school environment:

- Better legislative stipulation of staffing specification of prevention actors.
- Improvement of pregradual preparation not only of professionals in branches with social-pedagogical orientation but primarily of teachers, including lifelong education.
- Development of a method of social-upbringing actions and creation of methodologies for individual risk behaviour phenomena.
- Improvement of mutual communication of professional and academic communities in the context of interdisciplinarity.
- Implementation of more research in the issue.
- Creation of a competence model of the "preventist" including the related profession chart.
- Giving publicity, in a positive meaning of the word, to the issue of risk behaviour prevention, with emphasis on positive values and models.

Conclusion

The issue of professionalization of risk behaviour prevention is not a simple topic. We can describe it as an interdisciplinary topic and also as a topic appropriated by several related disciplines. It is an issue not supported by a self-standing act (e.g. act on prevention) or by a ministry (unlike social work, to give an example). But it is important to open, address, discuss, research the topic of professionalization of prevention, to try to captivate students of pedagogical and social disciplines, but primarily to be active in this area. I believe that this article will constitute a valuable contribution to delimit this issue in the Czech environment.

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	WHAT ARE THE POTENTIAL WAYS TO SOLVE THE ISSUE OF PROFESSIONALIZATION OF RISK BEHAVIOUR PREVENTION IN SCHOOL ENVIRONMENT?	VÁCLAV BĚLÍK	85
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	REPORT	
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INFORMATION ON PRIMARY PREVENTION OF RISK BEHAVIOUR INTERNATIONAL CONFERENCE

Jitka Skopalová

On 31 October and 1 November, 2016, the 13th international conference called Primary Prevention of Risk Behaviour was held, this time subtitled: "What do we do when we do minimal preventive program?" The conference was primarily focused on the issue how to arrange all thematic areas of the minimal preventive program for all age groups of children at school. What the continuity and compatibility of partial preventive programs really mean. The issues of providing better exchange of mutual information on school prevention programs and their training were also discussed. Another discussed topic concerned the issue whether the word "complexity" is currently duly or excessively used and whether a specific preventive program can really be complex and whether the schools know where and how to search partial programs for their MPP. The conference was aimed not only at bringing as many practical findings, skills and pieces of experience from creation and application of the minimal preventive program at school as possible, but also at understanding and correctly applying its internal structure and mutual interconnection. The conference served also to present current results of research in the area of risk and addiction behaviours, procedures and good practices, and to show tools of primary prevention applied at schools and school facilities. The conference included workshops (e.g. on cooperation of the school and district prevention methodist, Inspection is not Inquisition, reduction of risks, etc.) and a poster section. The conference reflected the current development in the area of prevention not only in our country but also worldwide.

The Primary Prevention of Risk Behaviour conference is a unique event in the Czech Republic and it is intended for a very broad target group – teachers, pedagogical workers, educators, school prevention methodists, psychologists will primarily find interesting topics there, but also other professionals – health care workers, addictologists and policemen will be interested. The conference is traditionally organized by the Addictology Clinic of the 1st Medical School of Charles University and of the General University Hospital together with the Municipal authority of Prague, the Czech Ministry of Education, Youth and Physical Education and SCAN, assoc. (a non-governmental non-profit organization of association type. The association groups experts of individual professions interested in the issue of addictive diseases).

The 14th conference, focused on the topic of Prevention in Provinces as Parts of One Puzzle, will be held on 18.–19. 9. 2017 (see www.pprch.cz).

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EXAMPLE OF GOOD PRACTICE

BRATISLAVSKÁ THEATRE – PERFORMANCE "YOU NEVER KNOW": FORUM THEATRE ON THE TOPIC OF HOMELESSNESS – ACCORDING TO AUGUSTO BOAL AND HIS THEATRE OF THE OPPRESSED

Markéta Zelená

Abstract

The text discusses the theoretical delimitation and practical use of the method of the Theatre of the Oppressed, invented by Augusto Boal, a Brazilian dramatist. The method makes use of dramatic means to process and seek ways to overcome social problems of different groups in the society. Specifically, the text deals with the use of one of its techniques – the Forum Theatre – when working with a group of people who have their own experience with homelessness, in connection of the presentation of the phenomenon through an interactive theatre performance to a broader public. The project was created in the Centre of Services for Homeless People of the Brno Diocesan Charity where a group of about eight people met from autumn 2014 to spring 2015. The group went creating a story concerning the problems faced by homeless people and based on their own life experience. When the work was finished, some interactive performances took place, culminating in November 2015 at the Night Outside, which is an event supporting homeless people.

Keywords

Theatre of the Oppressed, Forum Theatre, homeless people, homelessness

Theatre of the Oppressed and Forum Theatre – its basis and its essence

The Theatre of the Oppressed refers to the philosophical concept of the pedagogy of the oppressed, developed by Paulo Freire in the 1960s in Brazil in response to the elitist and later military political regime. It is aimed at developing critical thinking in

people through a dialogue in which they have the opportunity to speak about their life problems and thus get insight into their own situation in a broader context. But the pedagogy of the oppressed goes further; it also tries to search ways for people to change actively their own situation in real life, within different social movements (Freire, 1996; Remsová, 2016).

The approach of the pedagogy of the oppressed is also the base for the Theatre of the Oppressed of Augusto Boal, the Brazilian dramatist who developed the theatre method from the 1970s. He aimed, similarly to Paulo Freire, at restoring the missing dialogue among people through a theatre form that was originally intended for poor Brazilian population but that was later developed also in Europe where he emigrated from Brazil (Remsová, 2016).

The main goal of the Theatre of the Oppressed consists in asking questions concerning social problems and in using theatre techniques to overcome the respective problems in everyday life (Čermáková, 1999). The theatre emphasizes the collective nature of the problems and serves to identify the oppression mechanisms, i.e. to have a think about individual problems of persons in broader social and political context. Thanks to the Theatre of the Oppressed, we have an opportunity not only to have think about problems but to get also practical experience with overcoming them with the help of theatre techniques and to apply the experience later in our everyday life (Mazzini, 1992; Remsová, 2016). As Boal (1985) states, the main purpose of the Theatre of the Oppressed is to change the viewers into actors who come to the scene and transform the dramatic action of the story. So they become protagonists of the story and can try out different possibilities of solving the situation, they can actively discuss potential change strategies. Thus the theatre becomes a test of the strategy of change for real life. As Moree (2016) says, the force of the Theatre of the Oppressed can consist in the opportunity to try out, in draft and personally, things we may be afraid of trying in real life, and based on that, to search new creative solutions for situations that seem unsolvable at first sight.

That leads us to the main technique of the Theatre of the Oppressed we used in our case, specifically the Forum Theatre. The Forum theatre is an interactive theatre technique in which a group of actors prepare a theatre performance in which they present a situation of oppression or conflict from their everyday life, creating a story of an oppressed protagonist (Mazzini, 1992). After the performance has been played, the viewers are invited to get actively involved in it – they can intervene in the story and try different other strategies the protagonist could use in a situation of oppression. In that way, the theatre tries primarily to incite a discussion over the topic; it might not necessarily reach a solution of the given problem. It rather tries to point out the opportunity for trying the strategies also in real life and to support solidarity with the oppressed through own experience with the problematic nature of their situation (Remsová, 2016). To involve the public, the Forum Theatre has so called Joker who acts as a communicator with the public, directs the whole performance and incites the viewers to discuss and to get actively involved in the story (Pavlovská & Remsová, 2006).

When creating the story, we also used other techniques – dramatic plays and exercises serving to release the mind, the body and different blocks of the actors. We also used the theatre of the picture that works with creation of pictures of human bodies, using the body language for the dialogue among people and for exploration of conflict life situations (Mazzini, 1992).

How the "You Never Know" and the Bratislavská Theatre company was created

The idea of working with the method of the Theatre of the Oppressed with homeless people in the Brno Diocesan Charity emerged after I came to the Daily Centre for Homeless People when I met Mirek Strahovský, my colleague from a Reception Centre. I had got experience with the method in different foreign workshops and I also devoted my thesis to it; Mirek had organized here, together with the Atelier Theatre, interactive workshops of theatre improvisations for the clients and for the general public; so our theatre enthusiasm combined into the idea of creating the Forum Theatre on the topic of homelessness, together with a group of people who have personal experience with it. We started working with a group of six people, exploring together problematic topics from their life that were important and pressing to them and for which they would like to find a solution. The phenomenon of homelessness was a common denominator of the topics. All the time, we strived for an equal approach, based on mutual respect, dialogue among all participants and openness towards opinions and suggestions of each group member. We used different theatre plays and exercises to prepare the actors for the actual creation of scenes for our story.

The topics were brought by the actors from their own lives; so they included real stories. Nevertheless, after joint discussion, we chose topics that turned up to be stimulating for our resulting story. After that, we proceeded to elaborate each topic separately, through the theatre of the picture where everybody having own experience with the topic could use the co-actors' bodies to create a picture that represented the situation and constituted a base for our further work. After mutual discussion, we chose a resulting picture for each topic, integrating the necessary elements from different pictures into it. Further, we used theatre improvisation to elaborate the scene based on the picture, elaborating the relationships in the conflict situation, the relationships between the oppressed and the oppressor, and between different persons from the scene.

In that way, after some eight months of common work, the group Bratislavská Theatre (based on the address of our services for homeless people at Bratislavská Street in Brno) and the performance "You Never Know" were created. A story with the protagonist (male Pavel or female Pavla) who passes a labyrinth of different life situations was developed. The story starts with the runaway from home because of the violence of the drunken father against the mother; it continues through minor offences – illegal smoking at the bus stop, assessed in Pavel's case differently from the case of a municipal representative – to the effort to find a job after quite a long time of life in the street, with a criminal record, which

seems unrealistic. The protagonist finds only an illegal job with a self-serving owner of a sawmill, who enriches himself on Pavel's expense. He continues through the story to a reception centre, and when his contract ends, he tries to find social housing that actually does not exist by law and he is passed as a hot potato among different authorities who do not know anything about him. Finally, he is caught up by arrears from the past in form of different debts that cause him to be homeless and he does not see any other solution than to attempt suicide...

We presented our performance several times before the general public, before students of social schools and before the actual homeless people. The most interesting situation emerged when we mixed viewers from all groups; different opinions and ideas on the development of our story emerged and a dialogue and joint discussion of everybody originated. With the help of the Joker, we involved the public into the discussion on the problems of homeless people; the viewers came to the scene to try different strategies for the protagonist to try out in the situations of our story. Some scenes gave us shivers; the viewers offered feedback about the force of the story and about the authentic performance of our actors.

Our actors were encouraged by the project; they felt proud to have prepared and presented a theatre play, to have managed improvisation and reaction to different strategies coming from the public. They also felt well about having shown to the public that the problem of homeless people is not only black and white and about having shared their stories. To us, it was important that we gave voice to homeless people, that we offered them an opportunity to share their problems with other people, to discuss problems of homeless people with them, and that we could work on the preparation of a performance that could incite a discussion about the topic in the public.

We played our last performance at the Night Outside in November 2015. The project seems to have made sense, although our group does not meet in the original structure any more, as some actors scattered to different places, as is common for homeless people. We keep trying to search other ways and projects to allow our clients to be actively involved in the story and to create it, which is a priority for our services.



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	BOOK REVIEW	
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LEISURE TIME OF SENIORS

Helena Grecmanová

Janiš, K., & Skopalová, J. (2016). *Volný čas seniorů. [Leisure Time of Seniors]*. Prague: Grada.

The scientific monograph was written in order to systemize important information on the life style in old age, with focus on leisure time in this life stage. It is intended for experts, students of humanities, but also for other readers interested in this issue.

The publication concerns an important period in human life – old age, with respect to the leisure time phenomenon. The authors are aware of the controversial character of some information presented by them. But their opinions and evaluations are even more valuable thanks to it. They present current findings on the topic in question, resulting from theoretical and empirical research. They focus not only on the description of the life of seniors, but they are also interested in ways how to improve active ageing of seniors. I consider important that the seniors are viewed as actors of lifelong education. The life conditions in old age are very variable and the quality of leisure time changes in dependence on them. The concept of the publication is elaborated. The sequence of chapters is logical, helping the reader to keep concentrated when reading the text. In this context, their adequate length should be highlighted as well. The authors mostly succeeded in condensing the most important information to have sufficient information value without being lengthy.

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