Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance/ Behavioural Difficulties

An International Review

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ncse

An Chomhairle Náisiúnta um Oideachas Speisialta
National Council for Special Education

Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance/Behavioural Difficulties: An International Review

Professor Paul Cooper and Barbara Jacobs, University of Leicester

The National Council for Special Education was established under the Education for Persons with Special Educational Needs Act 2004 (EPSEN Act 2004) with effect from the 1st October 2005. The Council was set up to improve the delivery of education services to persons with special educational needs with particular emphasis on children.

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Foreword

I am pleased that the NCSE is in a position to publish this significant piece of research which considers the needs of pupils with emotional disturbance or behavioural difficulties. The NCSE has a statutory role to carry out research in the area of special education, in order to help build an evidence base to support its work. The NCSE also has a statutory responsibility to provide policy advice to the Minister for Education and Skills on special education matters, and to disseminate information on best practice to parents and stakeholders.

The NCSE research programme has a very valuable contribution to make to this work. Reports from the programme, including this one, form one key source of evidence that will assist the NCSE to develop policy advice to the Minister. Research reports also provide valuable insights which will help inform NCSE efforts to improve the delivery of services, as well as a valuable source of information on best practice for schools, parents and other relevant stakeholders.

This report focuses on how best to address the needs of pupils with emotional disturbance or behavioural difficulties in an educational context. Professor Paul Cooper, a widely published expert in this area, provides a detailed account of the different approaches to understanding emotional and behavioural difficulties that have emerged in recent decades, and outlines the types of interventions that have arisen from these approaches.

Most importantly however, Professor Cooper goes on to examine rigorously the international evidence to identify what programmes or interventions have been proven to work best. The report concludes with a discussion of how the most effective interventions might be relevant to the Irish context, and makes recommendations for action based on the report's analysis.

This report will be of great interest to policy makers and stakeholders working in the area, as well as to schools, teachers, psychologists, special educational needs organisers and others working on the ground who are endeavouring to address these problems at school and pupil level.

Teresa Griffin,
Chief Executive Officer

Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance/Behavioural Difficulties

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Executive Summary

This report was commissioned by the National Council for Special Education in the Republic of Ireland. Its brief was:

- to provide a review of the international literature available on the educational models for children with emotional disturbance/behavioural difficulties and severe emotional disturbance/behavioural difficulties that demonstrate evidence-based outcomes for the child

- to identify the extent to which education and health services need to be co-ordinated to meet this cohort's needs

- drawing upon the findings, and taking into account the provision of education in an inclusive setting, to make recommendations on best provision of this service in Ireland in order to inform national policy while also considering the needs of educators in this regard

- to provide an overview of the implications for the practical implementation of such recommendations in the context of the current Irish education and health systems.

Chapter 1 provides background information for the review. The brief is outlined and key terms defined. Attention is given to Ireland's educational policy and practice context. In addition, methods employed in the conduct of the review are set out.

Chapter 2 provides a brief overview of key challenges posed by social, emotional and behavioural difficulties (SEBD) and some underlying causes of these problems. The ways in which intervention has developed over the past century is emphasised along with the main theoretical dimensions related to this development.

Chapter 3 deals with the teacher-student interface, noting that this relationship stands at the heart of the formal educational process. It also looks at research on teachers' professional qualities and attributes and their impact on the social, emotional and academic engagement of students. Students can make a positive contribution to classrooms through the power of their peer group and the chapter explores how teachers can make good use of this resource.

This chapter concludes by noting:

1. Numerous research studies show that in-service training on the nature of SEBD assists classroom teachers.

2. Effective approaches to managing the classroom's physical environment for SEBD are supported by a limited quantity of studies which tend to be small-scale and of type 4 or 5 (prospective or retrospective case studies). Some evidence, though of a relatively low power, indicates that poor quality educational environments inhibit the performance of students and teachers.

3. Strategies for utilising student peer influence are supported by promising empirical evidence, although there are type 1 or type 2 studies.

Chapter 4 moves beyond consideration of the positive qualities of teachers and students to consider how teachers' skills can be nurtured and developed to improve their ability to promote student engagement.

The chapter concludes by highlighting evidence of a variety of interventions for enhancing teachers' skills, including:

1. Behavioural strategies receive support from a large body of research evidence which includes well-conducted type 1 studies (RCTs).

    –   The Good Behaviour Game is a well-studied and adaptable intervention that can be used in a wide variety of educational settings to good effect.

    –   General behavioural strategies in the form of 'kernels' are likely to contribute to the effective management of students with SEBD.

    –   Functional behavioural analysis is a powerful assessment and intervention tool, gaining positive support from some mainly small-scale studies. Its complexities, however, indicate the need for expert support in its use in schools.

2. Cognitive behavioural strategies receive support from a large body of research evidence including type 1 studies.

    –   Such strategies most applicable to schools and supported by type 1 studies are self-evaluation and self-regulation interventions. Teachers can use many of these but they tend to be mainly directed at acting-out problems.

    –   Some cognitive behavioural strategies are effective for self-regulation of anxiety disorders. These have type 1 evidential support but the most persuasive studies are either clinic-based or implemented by clinicians rather than school-based personnel.

    –   There is significant empirical support for cognitive behavioural approaches to social problem-solving and anger management in schools, including type 1 studies.

3. Instructional strategies involve particular pedagogical strategies and adaptations. While empirical evidence supports the value of these approaches for students with SEBD, the evidence base is mainly composed of small-scale studies, none of which is type 1 or type 2.

Chapter 5 focuses on what might be termed 'whole-school' or 'universal' intervention programmes. These share many common features with interventions discussed in the previous chapter and some incorporate identical strategies. They rely particularly on the same skills discussed previously.

This chapter deals with whole-school support systems for students with SEBD and the wider range of educational provision and intervention that can be made available to such students. It concludes by noting that:

1. Whole-school academic interventions address those strategies that can be adopted by management teams and can enhance the academic potential of students with SEBD.

     – The Success for All programme was singled out as a well-evidenced approach to raise attainment in literacy. Its specific components address directly key barriers to educational engagement experienced by students with SEBD.

2. Whole-school interventions for social-emotional learning, several of which were examined, can promote an increase in social-emotional literacy for SEBD students.

     – Although used globally, Circle Time was found to have little firm empirical support. Concerns were raised about the quality of its implementation and potential problems with inadequate training of staff employing the approach.

     – Social and emotional aspects of learning (SEAL) aims to enable students to develop self regulatory and social problem-solving skills, Although implemented on a large-scale in England and Wales, it has achieved relatively poor outcomes and appears to suffer from implementation problems.

     – In principle, Second Step is similar to SEAL in its emphasis on developing students' self-management and social engagement skills. It differs in important respects, particularly in its implementation design which has the programme embedded in the formal curriculum and delivered by teachers. As with SEAL, the evaluation evidence is disappointing. Again, this may be due in part to implementation problems.

3. Whole-school behaviour management programmes can act as a universal programme for all students, but can also enhance the abilities of those with SEBD to engage with learning in a safe environment.

     – School-Wide Positive Behavioural Support is a behaviourally- oriented programme involving development of a whole-school approach to devising and reinforcing rules for positive behaviour. There is strong evidence for its efficacy when implemented correctly. Research also supports the premise that school-based social-development interventions, which address specific risk factors (such as School-Wide Positive Behavioural Support) are likely to improve in-school behaviour along with general school engagement and academic achievement.

     – Restorative practice is an approach to conflict resolution based on the principles of restorative justice. It actively engages students with problem issues in the school community. It has many positive features, including a model of social engagement which emphasises mutual respect and tolerance of difference. To date, however, it has not undergone significant evaluation so there is little evidence of its efficacy for SEBD in schools.

4. Cognitive behavioural programmes can be universal and whole-school in supporting all students, but may be particularly effective for students with SEBD.

     – The FRIENDS programme is one of the most robustly-supported programmes for internalising disorders and has the backing of the World Health Organisation. A number of large-scale type 1 RCTs in several countries show that this ten-session cognitive behavioural programme (often delivered by teachers) is a highly effective curriculum-embedded intervention. It is particularly successful

in helping all students, regardless of risk status, to develop strategies for managing anxiety.

– Coping Power is a cognitive behavioural intervention that addresses aggressive/acting-out behaviour. As with FRIENDS it has strong empirical support based on type 1 RCTs.

Chapter 6 deals with various interventions to alter the structure of the educational setting. Some do this by dividing large schools into smaller units, others alter the nature of what is conventionally thought to be a 'school', and others still make a 'school' within a school or a targeted intervention within a school involving withdrawing a group, usually of students with SEBD, into a different setting. The chapter also deals with off-site settings in which students may be educated separately and with residential provision.

Evidence was reviewed for the efficacy of a range of small-scale provisions for students with SEBD which are often created on the basis of strong evidence of a relationship between low levels of anti-social behaviour and small-scale settings. Unfortunately, there is a dearth of evaluation evidence on these interventions.

This chapter concludes that:

- Outreach schools for students excluded from the mainstream are prevalent in Canada. They operate on student-centred lines, emphasising student choice and voluntary attendance. Limited qualitative and quantitative evidence indicates they are popular with students and contribute to improvements in educational engagement.

- Career academies are small-scale vocationally-oriented programmes in some USA high schools. Good evidence suggests they achieve positive social and academic outcomes for at-risk students.

- Nurture groups are a form of transitional provision pioneered in the UK. Although no RCT evidence has yet been gathered, correlational evidence from several sources supports their efficacy – especially for primary-aged students with SEBD – in promoting significant social, emotional and academic improvement.

- Special units and classrooms/pupil referral units/Learning Support Units (LSUs) have limited evidence supporting their use though the nature and diversity of this provision make meaningful generalisations on its effectiveness difficult. Where useful type 8 (case study) evidence exists, this has not been followed up by further type 1-4 larger scale studies.

- Residential provision for SEBD is an under-researched but long established feature of the educational landscape. Very limited small-scale evidence indicates its effectiveness in giving students respite from stress and helping them develop coping and improved social skills. Maintenance effects are weak, however.

Chapter 7 reviews research on how parents and carers are incorporated into intervention programmes for pupils with SEBD.

It concludes that all three programmes explored here are based primarily on behavioural principles through which parents learn strategies to extinguish unwanted behaviour

and reinforce desirable behaviour through the identification and management of contingencies (antecedents and consequences) directly related to the behaviour. In addition, these programmes involve reflective and distinctively cognitive interventions such as reframing and behavioural contracting:

- Parent management training has a strong evidential base with most parent-management programmes taking their lead from it. It has always been a clinic-based programme usually delivered by therapists.

- Incredible Years has built on the evidence produced by parent management training to create a universal intervention – now available in some formats as a home-based intervention. It has a very strong evidential base in enabling parents to manage behavioural problems in their children with growing evidence pointing to parents and teachers being enabled to brainstorm SEBD problems. It has developed a community-based format directed at hard-to-reach, socially-deprived families. School-based parent training, involving parents and teachers as equal status trainees, is likely to be a very promising model.

- Triple P is a well-evidenced and well-supported parent-training programme but has not yet been developed for use in educational establishments.

Chapter 8 deals with multi-agency intervention for SEBD. It concludes that the most promising multi-agency programmes combine these features;

- early identification through wide-scale screening

- support and training for parents delivered in the community

- in-school curriculum adjustments targeted at improving basic skills, particularly language skills

- behavioural and cognitive behavioural training to enable at-risk students to improve emotional coping and self-regulation

- interventions directed at peer groups.

Key projects found to produce significant positive outcomes in reducing high-risk behaviour and improving behaviour as well as social and emotional functioning and promoting general social/emotional resilience include Gatehouse and Fast Track programmes.

Chapter 9 provides a tabulated summary of the review's main findings.

Chapter 10 presents the review's main recommendations. These are:

Recommendation 1.1: The Department of Education and Skills, the Health Service Executive and other key agencies should ensure the advice and support being given to schools (by them and the services they oversee) is theoretically coherent, and consider the adoption of a bio-psycho-social framework to preserve a balance between valuing the importance of 'within child' and environmental factors in relation to special educational needs in general and SEBD in particular.

Recommendation 1.2: The Department of Education and Skills is encouraged to develop a definition of the term 'emotional disturbance/behaviour problems' that is consistent with a bio-psycho-social perspective.

Recommendation 1.3: The importance of a sound evidence base as a platform on which to build policy and provision is enormous. We, therefore, recommend that rigorous evaluation of the effectiveness of interventions for SEBD be an integral part of any intervention strategy adopted. This could be facilitated by ensuring that ring fenced resources are provided for any Department of Education and Skills sponsored intervention initiatives to ensure fidelity and rigorous evaluation.

Recommendation 2.1: The National Council for Special Education should engage with the Teaching Council to explore the possibility of establishing a set of benchmark minimum standards of competence among all teachers of SEBD. This relates to both initial and post qualification teacher training. These standards should include basic knowledge of behavioural and cognitive behavioural principles and their application in the promotion of good behaviour, social and emotional competence, emotional well-being and positive social adjustment.

Recommendation 2.2: While SNAs perform a care rather than an educational function, it is also noted that this involves considerable interaction with students. With this in mind the relevant authority should consider the current and future role of SNAs in relation to students with SEBD. Particular attention should be given to the basic competencies SNAs need to give effective care to students with SEBD. Consideration should also be given to the possibility that existing third level training provision for SNAs be made mandatory.

Recommendation 2.3: Basic SEBD competencies should be required in all initial teacher training programmes and in basic training programmes for SNAs. Opportunities should also be exploited for staff to master these competencies through existing continuing professional development programmes and other accredited means.

Recommendation 2.4: If existing manualised programmes are adopted in Ireland we recommend particular attention be given to ensuring fidelity of implementation and adequate resourcing to support this.

Recommendation 3.1: The NCSE should consider the most highly evaluated whole-school interventions for supporting students with SEBD and consider their implications for current practices in schools here, with particular reference to the code of behaviour developed by the National Education Welfare Board, and the individual codes of behaviour that schools are required to produce.

Recommendation 3.2: The Success For All literacy programme should be evaluated and, where a conspicuous relationship between SEBD and poor literacy levels is identified, consideration should be given to recommending it for adoption in schools.

Recommendation 4: The value of small-scale provision for students with SEBD within mainstream schools has been highlighted. While we do not recommend any specific model for such intervention we strongly recommend that where such provision is adopted (such as a Behaviour Support Classroom) it should be clearly defined in terms of its (i) educational function; (ii) target population; (iii) pedagogic and pupil management

methods; (iv) the skills, expertise and functions of staff; (v) assessment and monitoring procedures, and (vi) student referral and exit criteria and strategies. It is vital that such facilities target students with specific needs for specified periods of time, depending on their particular needs, and do not become 'sin bins' where students and the staff become marginalised from the mainstream.

Recommendation 5: The importance of community-based support services for parents of students with SEBD should be acknowledged and a review undertaken of their provision and effectiveness with a view, where appropriate, to expanding them.

Recommendation 6: Further international research reviews should be conducted, focusing on (i) use of medication and nutritional interventions for SEBD, and (ii) use of restraint procedures and exclusion/suspension from school. The NCSE might consider combining these reviews in a single review to be conducted by a trans-disciplinary team.

1 Introduction – Social, Emotional and Behavioural Difficulties in Context

1.1 Overview

In this chapter, we give background information for this report. We begin by describing its brief and then go on to show how we defined its key terms. Particular attention is given to Ireland's educational policy and practice context. Methods employed during the review are detailed, and the chapter concludes with an overview of the review.

1.2 The Brief

Commissioned by the National Council for Special Education in the Republic of Ireland, this report's brief is;

- to review international literature available on the educational models for children with emotional disturbance/behavioural difficulties and severe emotional disturbance/behavioural difficulties that demonstrate evidence-based outcomes for the child

- to identify the extent to which education and health services need to be co-ordinated in meeting the needs of this cohort

- to make recommendations on best provision of this service here with a view to informing national policy while also considering the needs of educators by drawing on the findings, and taking into account the provision of education in an inclusive setting

- to summarise the implications for the practical implementation of such recommendations in the context of our education and health systems.

Most importantly, this report focuses primarily on an evaluation of the international research literature of effective educational interventions for students with emotional disturbance/behavioural difficulties. It is not intended to provide a comprehensive overview of provision in Ireland for emotional disturbance/behavioural difficulties as this will be dealt with in a separate and complementary NCSE commissioned review. Sections dealing with Irish policy and practice context are illustrative and indicative – rather than comprehensive or definitive – of the place of Irish policy and practice within the wider international context.

1.2.1 Definition of key terms

These definitions of key terms have been adopted:

'Children with emotional disturbance/behavioural difficulties and severe emotional disturbance/behavioural difficulties': we take this terminology, used by NCSE in the briefing document, to refer to a group of children within an educational setting who present with disturbing and/or disruptive behaviour that interferes with social

functioning and academic engagement. Their behaviour may be termed 'acting-out' (disruptive) or 'acting-in' (showing withdrawal and/or avoidance). Although not always the case, many come from socially deprived or disrupted family backgrounds. Emotional disturbance is often an associated feature of both 'acting-in' and 'acting-out' types as either an underlying or outcome factor. We recognise the distinction to be drawn between this use of terminology and the definition of emotional disturbance/behavioural problems used by the Department of Education and Science in Special Education Circular, O2/05, which refers specifically to children under the treatment of psychologists and/or psychiatrists (see Section 1.3.2 below).

A wide range of terminology used to describe children with these kinds of difficulties is employed in the literature review. These include social, emotional and behavioural difficulties[1] (Scotland); behavioural, emotional and social difficulties (England); or emotional and behavioural difficulties (Northern Ireland). These variations of an educational concept currently used in the UK and Northern Ireland refer to disturbances to social, emotional and/or behavioural functioning that have a direct and significant impact on the educational engagement and progress of school students. This deliberately loose definition owes much to the UK 1981 Education Act's (HMSO, 1981) generalised definition of 'learning difficulty'. This deliberately eschews a focus on bio-medical or psychological disorders in favour of emphasising educational functioning. Therefore, children may be classified as having a special educational need as a result of SEBD on educational grounds without a medical diagnosis. Conversely, children with a formally diagnosed behavioural disorder will not necessarily be deemed to have a special educational need if their condition is being managed so that it requires no educational resources beyond those routinely available. This said, it is acknowledged that a strong overlap is likely between the population of children with social, emotional and behavioural difficulties and that of those with diagnosed disorders (Department for Children Schools and Families [DCSF], 2008 – see below). Importantly, the term SEBD is usually taken to refer to the student within his or her social context. In this sense the term relates to a now outmoded term: 'maladjustment' (eg Ministry of Education, 1955) which referred to individuals who were poorly adjusted to their environments. The difference between these terms is that SEBD acknowledges that the problem may reside in the environment rather than the individual.

Challenging behaviour is a term sometimes used in the UK in health, social care and educational circles to refer to students whose behaviour is experienced by those around them as disturbing and or threatening, and is most often associated with serious cognitive impairments (eg Harris *et al*, 1996).

Emotional and behavioural disorders has international currency in medical/psychiatric circles, and is used in the USA in educational legislation as well as psychological and educational research and professional literature. It refers to specific psychiatric conditions the diagnostic criteria for which are published by bodies such as the American Psychiatric Association (DSM IV- TR, 2007) and the World Health Organisation (1991).

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1   The authors of this report use the term 'social, emotional and behavioural difficulties' as this is the longest established and most comprehensive term currently in use in the field.

These conditions include:

- Conduct disorder is a disruptive behavioural disorder in which the individual shows marked aggression towards other people along with violent and destructive behaviour.

- Oppositional defiant disorder is a disruptive behavioural condition characterised by interpersonal oppositionality; unco-operativeness and verbal aggression.

- Attention deficit/hyperactivity disorder/hyperkinetic disorders are behavioural and cognitive disorders characterised by difficulties in sustaining attention to tasks and regulating impulses and, in some cases, difficulties in regulating physical movement (hyperactivity).

- Anxiety disorders occur where the individual becomes distressed, fearful and hyper-aroused.

- Depressive disorders are where the individual becomes withdrawn, unmotivated and prone to feelings of low self worth.

An important issue here is that different professionals may describe presenting, surface behaviours in different ways. Furthermore, theories of underlying causation may vary widely from those which emphasise a within-person (bio-psychological) set of causes to those which emphasise primarily environmental (social) causes.

As we argue in Chapter 2, a great deal can be gained from drawing these perspectives together in a bio-psycho-social model. A consequence of widespread poor quality inter-disciplinary communication, however, is a tendency for views to be polarised. This holds particularly in the case of certain sociologically-informed educational critiques which tend to misconstrue and denigrate bio-medical and bio-psychological models (eg Slee, 1995; Skidmore, 2004).

Alternatively, the more sophisticated educational perspectives tend to be ignored by those who operate within a predominantly bio-medical paradigm. The UK's National Institute for Clinical Excellence (NICE, 2008) illustrated this in its most recent advice on treatment of children with attention deficit hyperactivity disorder. Although claiming to be informed by an educational perspective, the educational content related only to behaviour management strategies, referring not at all to psycho-educational interventions shown to be effective in students with ADHD (eg Purdie, 2002).

'Evidence based outcomes for the child' – these are central to this review. We consider this phrase refers to the need to identify the most valid and reliable research-based empirical evidence of interventions effective in improving a child's social and emotional competence and educational performance. Validity and reliability are established through analysis of the methodological rigour of individual sources drawn, primarily, from peer reviewed sources.

'Educational model' is taken to refer to intervention strategies of a primarily psycho-social nature that succeed in promoting a child's positive educational engagement. Such interventions may be preventative and/or remedial. They may be specifically educational, for example particular pedagogical strategies implemented by educators; or therapeutic, for example counselling, or emotional/behavioural therapies delivered by psychologists or health professional in educational or related settings (see Chapter

2 for an overview of the main psychological therapies for SEBD which underpin many therapeutic and some educational interventions).

'The needs of this cohort' we define as the maximisation of such children's emotional well-being and functioning, their positive social functioning, and their active positive engagement in education. Pertinent to these needs are certain ethical and legal requirements, such as their human rights under EU law and the government's commitment to inclusive education.

'The best provision' is characterised by its success in meeting children's needs in a clearly demonstrable way. An intervention's effectiveness is determined by its impact on the individual child's functioning and development as shown empirically through the application of qualitative and/or quantitative research/evaluation techniques. A hierarchy of study types is employed to differentiate between studies in terms of quality (see below), with well-conducted, large-scale randomised-controlled trials providing the strongest form of generalisable evidence.

'The needs of educators' is understood to refer to skills and qualities that teachers, and others in educational settings, require to enable them to meet the needs of children in the target cohort. Educators' needs must also be considered within the contexts of their wider professional obligations and prevailing policy.

'Provide an overview of the implications for the practical implementation of such recommendations' – we believe this involves assessing how and the extent to which existing structures and resources can be utilised to implement recommendations and consider apparent needs in additional resourcing.

1.3 Key Issues in Educational Policy and Practice in Ireland

In this section we outline some legislative background to provision for school students in Ireland who present with special educational needs in general and emotional disturbance/behavioural problems in particular. In addition, we identify key current national bodies and some national initiatives specific to this context.

1.3.1 Special educational needs in Ireland: development of policy and practice

A major impetus for policy development came from the publication of the Report of the Commission of Inquiry on Mental Handicap (1965). In the 1990s the report of the Special Education Review Committee (Department of Education, SERC, 1993) noted that most children with disabilities in Ireland were educated either in special schools or in special classes in mainstream schools. It is from this point on that the policy emphasis shifted from a segregationist approach to special educational needs to inclusive education.

The twentieth century saw a growth in concern in many developed countries over social justice in education. In Ireland the special education review highlighted lack of connectedness between mainstream and special education (SERC 1993). Since then the Department of Education and Science has made significant progress in implementing a policy of educating children with special educational needs in inclusive settings. This is

in line with international efforts to challenge the phenomenon of social exclusion partly through an emphasis on inclusive education. The government's commitment to this policy is reflected in its being a signatory to the Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994). The UNESCO agenda was carried forward in Malaga, Spain, in May 2003, with an action plan developed in 2006. The UN International Convention on the Rights of Persons with Disabilities (2006) further strengthened the international position for inclusive education as a right. Ireland has endeavoured consistently to adhere to a best practice approach based on current informed thinking and international practice on inclusive policies for persons with disabilities.

The 1998 Education Act is a landmark in the history of education in the Republic of Ireland. It established a formal legal framework for the education system and, in so doing, built on the long established Irish tradition of using education as a tool to improve people's living conditions by affirming the rights of all citizens. The drafters of the Act made an explicit link between meeting the needs of vulnerable citizens and the 'common good'. In so doing, they stressed the central importance of social justice in education.

1.3.2 Education for Persons with Special Educational Needs Act (EPSEN) (2004)

The Education for Persons with Special Educational Needs Act (EPSEN) (2004) is a landmark, moving the SEN agenda to a secure legislative footing. The Act emphasises that students with SEN have the same rights to an appropriate education as others and that, where possible, their educational needs should be met in the same environment as that of other students. At the time of writing implementation of some sections of the Act have been deferred, with a government commitment to develop annual costed plans to implement priority aspects of EPSEN.

It established the National Council for Special Education to take a major role in implementing the Act through the planning and co-ordination of SEN provision, disseminating evidence of good practice and ensuring that children's and parents' entitlements under the Act are met. It is important to note that this work is carried out in partnership with schools, parents, and the Health Service Executive.

The EPSEN Act (2004) provides the following definition of special educational needs: 'A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability or any other condition which results in a person learning differently from a person without that condition...'

Ireland, in common with other countries, adopts a categorical system for identifying specific special educational needs that qualify for additional resources. Setting out this categorisation and the resources that follow, Department of Education and Science Special Education Circular 02/05 distinguishes between high and low incidence SEN categories. Children in primary schools with high incidence special needs are supported through a general allocation model (GAM). Under this, schools receive additional

teaching resources on the basis of overall school enrolment numbers, gender breakdown and disadvantaged status and they do not need to apply individually. The model also allows for the flexible deployment of these additional teaching resources within schools.

Children with low incidence special needs qualify for specific numbers of additional resource teaching hours on the basis of SEN type, individual applications and diagnosis/ assessment reports. (There is no post primary general allocation model so these schools must submit individual applications for additional resources for students with both high and low incidence special needs). The Irish system categorises these as:

Low incidence SEN

- physical disability

- hearing impairment

- visual impairment

- emotional disturbance and/or behaviour problems

- severe emotional disturbance and/or behaviour problems

- moderate general learning disability

- severe or profound general learning disability

- autism/autistic spectrum disorder

- pupils with special educational needs arising from an assessed syndrome

- specific speech and language disorder

- multiple disabilities.

High incidence SEN

- mild general learning disability

- borderline general learning disability

- specific learning disability.

In addition to the above categorisation and general outline of resource allocation, pupils with mild social or emotional difficulties can also receive additional teaching resources through the general allocation model at primary level.

The Department of Education and Science Special Education Circular, 02/05 indicates the hours of extra resource teaching for pupils in the low-incidence categories: emotional disturbance receives 3.5 hours resource teaching support a week; severe emotional disturbance and autism/autistic spectrum disorders qualify for five hours a week.

Referring to low incidence emotional disturbance and/or behaviour problems the circular states that: '[S]uch pupils are being treated by a psychiatrist or psychologist for such conditions as neurosis, childhood psychosis, hyperactivity, attention deficit disorder, attention deficit hyperactivity disorder, and conduct disorders that are significantly impairing their socialisation and/or learning in school. (This category is not intended to

include pupils whose conduct or behavioural difficulties can be dealt with in accordance with agreed procedures on discipline.)'

In saying this, the guidance clearly differentiates between those children whose SEBD is ascertained through clinical examination and those children with general difficulties in a classroom environment. The circular states that 'some pupils in this (SEBD)[2] category may need resource teaching support'.

Another major support tool in the Irish system is the special needs assistant (SNA) support to individual pupils. SNA support can be allocated (i) where a pupil has a significant medical need for care assistance; (ii) a significant impairment of physical or sensory function; (iii) where their behaviour is such that they are a danger to themselves or other pupils; (iv) or where it seriously interferes with the learning opportunities of other pupils. Although training programmes for SNAs are offered by third level higher education institutions in Ireland, at present there is no statutory requirement for them to be educated beyond post primary level.

Their role is defined in circular SNA 12/05 (primary schools) and circular SNA 15/05 (post primary) as a non-teaching, caring role, making it distinct from teaching assistants and teachers' aides, their nearest equivalents in the UK and USA respectively, who routinely perform teaching duties. However, it has been noted in a small-scale research study in Ireland (Lawlor and Cregan, 2003) that the role of SNAs in special schools for children with learning difficulties is in a transitional phase and is beginning to incorporate educational facilitation. In another small-scale qualitative study (Shevlin *et al*, 2008) involving representatives from 16 advocacy groups, 19 school principals, 10 teachers, and six special needs assistants, consensus was found among SNAs who saw their job as educational rather than medical. Other participants shared the view that these SNAs, given professional development courses alongside qualified teachers, should take on a supportive educational role.

1.3.3 Definitions

In this review, the definition of the term 'emotional disturbance/behaviour problems' – which appears in the Department of Education and Science policy on the allocation of resources for SEN (Special Education Circular, 02/05) – needs to be addressed. As already noted, the definition refers to 'neurosis, childhood psychosis, hyperactivity, attention deficit disorder, attention deficit hyperactivity disorder, and conduct disorders that are significantly impairing their socialisation and/or learning in school'.

It excludes those students 'whose conduct or behavioural difficulties can be dealt with in accordance with agreed procedures on discipline'.

A distinction is drawn between severe and non-severe emotional disturbance/behaviour problems.

As the following chapters show, the existing evidence on effective educational interventions for social, emotional and behavioural difficulties encompasses pupils who fall into all of the diagnostic categories referred to in the Department of Education and

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2   In this context SEBD stands for 'severe emotional/behavioural disturbance)

Science definition. This is not to say that all students with SEBD suffer from one or other of these clinical disorders. In addition to children who qualify for the application of a psychiatric diagnosis, there are those whose emotional and behavioural functioning may mimic these disorders as a direct result of immediate and amenable conditions in the school and/or other environment (eg the family). The same child may present differently in different school contexts, depending on the quality of the pedagogic, social and emotional climate. For example, students with ADHD can often be accommodated in mainstream classrooms when teachers employ effective behavioural contingency management strategies and cater for the cognitive characteristics associated with the condition in their pedagogy and overall classroom management (Cooper, 1997; Purdie & Hattie, 2002). Discipline problems may result from a failure to make appropriate accommodations. In these circumstances 'agreed procedures on discipline' are unlikely to be effective. The point to bear in mind is that the pedagogical principles underpinning the educational strategies for students with ADHD (and other sub categories of SEBD) are appropriate to all students, where the intention is to promote their optimal educational engagement. These principles involve adjusting pedagogy according to students' presenting characteristics, and are central to the concept of inclusive education. Mainstream teachers will sometimes require additional support to provide an appropriate pedagogical environment. It remains important, however, to maintain a focus on the pupil's educational environment and its contribution to social and emotional functioning and behaviour in order to prevent some students from falling into the category of 'emotional disturbance/behavioural difficulties'.

We recognise that the current Department of Education and Science definition relates to issues of legal entitlement and the allocation of resources. It seems to us, however, that the identification of this category of problems with an entirely within-student biomedical definition may be problematic within an educational context, where an individual student's medical profile may or may not have a significant role to play in any difficulties that s/he is experiencing in achieving social, emotional and academic engagement. We address this later in more depth.

1.3.4 Role of Special Educational Needs Organisers

The introduction of the EPSEN Act and the work of the National Council for Special Education, established to support the translation of the Act into practice, positively influenced the progress of SEN provision. Although only in existence since October 2005, the NCSE has made significant progress, including the recruitment of 80 special educational needs organisers (SENOs) whose role is to perform key functions as the Act delineates.

SENOs provide a direct service to parents of children with special educational needs and to schools within a defined geographical area. This entails considering the needs identified by the assessing professionals and deciding on the level of resources schools require to enable them to offer an 'appropriate' educational experience to their pupils with SEN. SENOs have a responsibility to liaise with the health sector and co-ordinate the service delivery between education and health. While not providing psychological

reports, the SENO may be one of several professionals to suggest a psychological assessment is required.

1.3.5 Roles of the National Educational Psychological Service and Child and Adolescent Mental Health Service

The National Educational Psychological Service (NEPS) was set up in 1999 to enable schools to include students with SEN in the mainstream. The provision of professionally trained educational psychologists is widely seen as vital to providing adequately for these pupils. These psychologists combine knowledge of the psychological underpinnings of thinking and behaviour with assessment skills and, very importantly, pedagogical knowledge. This expertise is essential to the accurate identification of SEN and the design of appropriate interventions. They are often uniquely placed to discern how perceived SEN may be influenced by factors internal to the student, related to his/her home/neighbourhood environment and/or experience of school – vital in identifying appropriate interventions.

It is important to acknowledge that NEPS, now 11 years old, is still in the relatively early stages of its development when compared to similar services elsewhere. The intention of making it a genuinely national service available to all schools is yet to be fulfilled. Inevitably, the current recession will affect the the Department of Education and Science's commitment to developing it further. Government commitment, however, is shown by the additional money given to increase the number of psychologists within NEPS in order to protect its growth and development.

NEPS has given considerable attention to formulating an understanding of behavioural, emotional and social difficulties. It has also considered appropriate multi-modal assessment approaches and evidence-based interventions to address these difficulties. This informs the practice of NEPS psychologists. The service contributes to the formation of policy and shaping of ideas among education partners and stakeholders, the professional development of staff in schools, and the promotion of best practice on provision. It advocates a continuum of support and intervention for pupils experiencing behavioural, emotional and social difficulties. To this end, NEPS is currently finalising a publication, *Behavioural Emotional and Social Difficulties; A Continuum of Support,* which should provide a source of knowledge and practical approaches in preparing all schools to adopt this tiered approach to intervention and support. At the heart of the service's approach is a commitment to the central role of the class teacher along with whatever special education personnel a school may have, and supported by relevant external agencies. This approach, it is argued, foregrounds the educational focus of the NEPS approach.

Further support for students with social, emotional and behavioural difficulties, that complements NEPS, is supplied by the Child and Adolescent Mental Health Service (CAMHS), which works to promote mental health and well-being and to ameliorate SEBD type issues in children and young people.
http://www.hse.ie/eng/services/newscentre/camhs2008.pdf

1.3.6 Role of Special Education Support Service

The Special Education Support Service (SESS) is another resource which offers, most importantly, continuing professional development to schools as they establish provision for pupils with SEN. Set up in September 2003 and still developing, it offers a flexible range of supports to schools, either at whole staff, group or individual level. It has published a resource pack for teachers in its publication *Cabhair* (September 2008) on emotional disturbance and/or behavioural problems. This gives a set of descriptors or characteristics that may indicate SEBD, and suggests interventions, including contingency management strategies, to assist teachers encountering challenging behaviour in their classrooms.

1.3.7 Role of National Behaviour Support Service

One recommendation in *School Matters: The Report of the Task Force on Student Behaviour in Second Level Schools* (Martin, 2006) was the establishment of a National Behaviour Support Service that 'would be easily accessible to schools experiencing difficulty in coping with persistent and serious student disruption' (p143). This recommendation was implemented by the then Minister for Education and Science, Mary Hanafin TD, in July 2006. By January 2007, 124 schools had applied for access to the service, nearly 20 per cent of second level schools in Ireland.

The service's mission statement is 'Promoting and supporting behaviour for learning'. It does this by providing a systematic continuum of support for school communities, grounded in evidence-based practice. The service draws on international research (Bonhanon *et al*, 2006; Carr *et al*, 2002; Hawken & Horner, 2000; Lewis & Sugai, 1999), its own continuing evidenced-based work and also existing good practice in its partner schools in order to develop the following models of support:

> Level 1: whole-school positive behaviour support
>
> Level 2: targeted intervention behaviour support
>
> Level 3: intensive, individualised behaviour support.

These three levels are customised to the specific characteristics, needs and requirements of each partner school on a continuing basis as change occurs.

Level 1 highlights a school's effective work as well as developing and disseminating evidence-based good practice, identifying the behavioural issues adversely affecting teaching and learning environments and working with management and staff members to address these issues. Supported by international research and practice (the Birmingham Framework, Solution Oriented Schools, Whole-School Positive Behaviour in Schools [WSPBIS]) and philosophically grounded in the view that positive teaching and learning behaviours depend on the nature of the organisation as a whole, the National Behaviour Support Service defines Level 1 as work on school vision, systems, structures, policies and practices.

Level 2 involves working with specific groups of students (and/or their teachers) who collectively present behaviours that impede teaching and learning in the classroom. Programmes and approaches are developed, implemented and monitored to address

student needs. In addition, teachers are offered opportunities to explore alternative methodologies. Effective social/behavioural materials are introduced and encouraged in the continuous professional development of staff. Level 2 targeted interventions to date have included work on respect; expectations, rules, routines and positive reinforcements; organisational skills; self-esteem; motivation and peer conflicts. Depending on the nature of the intervention and school staff views, NBSS work at this level consists either of supporting teachers as they conduct the intervention themselves or co-operatively partnering teachers in the classroom.

Level 3 is tailored specifically to the needs of the individual student. It is offered to the small group of students who, notwithstanding whole-school behaviour support and targeted interventions, continue to experience difficulty. Typically its target group demonstrate a range of challenging behaviours in social skills; relationships with adults and peers; absenteeism; consistent concentration and attention difficulties. Their classroom behaviour not only hinders their own educational progress but may impede that of their peers. In 36 schools, this level of support is provided through full-time behaviour support classrooms.

Staffed by fully qualified post-primary teachers and other suitably trained professionals, behaviour support classrooms provide intensive, short-term, individualised intervention for students who consistently fail to respond to alternative interventions and supports provided by the school. They provide academic and a social, emotional and behavioural curriculum to students accessing support. The fundamental aim is reintegration. The NBSS actively promotes the belief that a behaviour support classroom should be seen across a school community as a centre of 'rigorous learning' (Sproson, 2004, p169).

In addition, in September 2010 behaviour for learning programme teachers will begin supporting students requiring Level 3 intervention. They will be responsible for developing a school-based behaviour for learning programmes tailored specifically for each student. They will work with identified students individually or in small groups on behaviour for learning programmes that aim to meet the students' social, emotional and academic needs thus enabling them to fulfil their potential and succeed in school. To avoid creating a 'wait to fail' intervention model, the behaviour for learning programme will include preventative strategies and early intervention approaches.

To promote capacity building, sustainability and assist schools that have actively and successfully engaged in behaviour improvement work with the NBSS, a positive behaviour liaison teacher initiative is introduced for one year in schools before concluding partnership with the service. The appointment allows for 11 hours to be assigned to an established teacher on the school staff to develop, co-ordinate and implement whole-school focused positive behaviour initiatives in partnership with relevant school personnel, facilitate effective responses to challenging behaviour and identify and co-ordinate in-school continuous professional development for staff.

The NBSS plans to publish a research report on behaviour support classrooms. Further research reports on the positive behaviour liaison teacher initiative and literacy, learning and behaviour follow in autumn 2010. A research report on the voices of students accessing behaviour support classroom support is due in 2011.

1.3.8 Role of Youthreach

No off-site provision in Ireland's educational system exists equivalent to the pupil referral units (PRUs) found in the UK. However a national programme, Youthreach, caters for young early school leavers aged 15-20 who have been out of the mainstream system for six months or more, but who are still interested in attending school. Despite the largely successful School Completion Programme, 3.2 per cent of all Irish students leave education with no qualifications (www.youthreach.ie). It is widely acknowledged that many students pursue their continued schooling in Youthreach because of an ongoing history of difficulty, mostly behavioural, in mainstream schools. Youthreach is similar in some ways to the Alberta outreach model discussed in Chapter 6 of this review. It is certainly similar in its core principle to target those who may have failed to engage with school and left education early. Youthreach is delivered by the Department of Education and Science and the Department of Enterprise, Trade and Employment through centres for education managed by Vocational Education Committees, by 45 training centres, and 10 justice workshops. There are also parallel programmes in 33 senior Traveller training centres. Reviews (see website) show that over 75 per cent of participants enter the labour market, and this rises to 85 per cent for those who complete progression training. Youthreach is designed to be a holistic and psychologically supportive service (Gordon, 2004) which sets out to enable previously disaffected young people to re-engage with education.

A small-scale qualitative study of a Youthreach facility was carried out by McGrath (2006) in which students (n=14) were interviewed to elicit their views on provision. The results are very encouraging. Each student was interviewed twice over the course of two years, and the author noted in particular the positive relationships they had with the head of centre and with their tutors. He concluded (McGrath, 2006: 611): 'Within the Youthreach programme, what matters for the youth is the resilience that prospers through relationships and from which youth can experience renewed trust, inclusion and security. For vulnerable youth to find their way back into learning, and to find room for change in their lives, associative relationships are needed with practitioners and other young people so that these elements can flow more easily. While institutions such as school have lost connectivity with many young people's biographies, there is a stark need for the kind of institutions where connectivity can be regained.'

It has been argued that a junior Youthreach service be established on the basis of the observation that the most frequent educational disengagement problems are among 14-/15-year-old pupils, usually boys, and in second or third year in post primary schools (Department of Education and Science, 2006).

There are also 'unrecognised' educational initiatives, mostly run by religious communities or NGOs. The task force (Department of Education and Science, 2006, Appendix 8) looked very carefully at a number of these, and concluded that excellent work was taking place there. They provided a safe and nurturing environment for the small number of pupils they could accommodate. These projects, however, find it very difficult to survive since they are outside the official system with no access to structured and systematic funding. The task force recommended they be 'inspected' by personnel from the the Department of Education and Science Inspectorate to bring them into the mainstream for funding and resourcing.

1.3.9 Role of the Delivering Educational Opportunity In Schools (DEIS) initiative

The general allocation model (GAM) for resourcing primary schools now applied by the Department of Education and Science is also based on a continuum model, with additional teaching resources provided on the basis of overall school enrolment numbers, gender breakdown and disadvantaged status. The model is underpinned by a preventative, early intervention rationale which aims mainly to prevent social deprivation from turning into special educational needs. Criteria for support allocation are set out in circular 02/05. Latest figures available (www.education.gov.ie) suggest that 406 primary and 204 post-primary schools are included in the Delivering Educational Opportunity In Schools initiative (DEIS). Its work in addressing disadvantage has been reviewed and informed by literature reviews from the Educational Research Centre (Archer & Weir, 2005).

DEIS designation provides further help for the schools involved which require it. One such source is the Home/School/Community Liaison scheme, established as a pilot in 1990 and mainstreamed in 1993. It operates in the home, school and community and has made a major contribution to empowering and engaging parents as one of its guiding principles. The scheme has been evaluated (Ryan, 1994, 1999), and been the subject of a small-scale study (Conaty, 1999). Another initiative under the DEIS, the School Completion programme, targets students at risk of drop out and seeks to retain them in school. It is very closely linked to the Home/School/Community Liaison scheme, which supports parents to help their children complete their education. In May 2009 plans were announced to expand the remit of the National Education Welfare Board with effect from September 1st, 2009, to include responsibility for the Home School Community Liaison, the School Completion programme and the Visiting Teacher Service for Traveller pupils (VTTS) as well as the National Educational Welfare Service.

The School Completion programme and the Home/School/Community Liaison scheme are also linked to the pre-school Early Start scheme – similar to the UK's Sure Start and the USA's Head Start schemes (see Chapter 7). Preliminary evaluations of the Early Start Scheme showed significant gains in cognitive capacity in the first two years of schooling. These were found to disappear on follow-up. However, reports from teachers and parents show a positive response to the scheme with perceptions that the children involved appear to have better engagement with school along with behavioural improvements at home and school (Weir & Archer, 2004; Lewis & Archer, 2002).

It should be noted that on the subject of disadvantage, the Addressing Disadvantage Literature Review (Archer & Weir, 2005:15) recommends the Success For All programme to improve literacy (see Chapter 5 of this review, and our recommendations in Chapter 10).

1.3.10 Role of special schools and special classes

NCSE data indicate that Ireland has about 100 special schools, 12 catering for students with 'emotional and behavioural disturbance'. They also cater for students with severe emotional and behavioural disturbance. In addition high support units (HSUs) and

special care units (SCUs) cater for such students in a variety of locations across Ireland. These are residential and come under the aegis of the Health Service Executive.

A survey commissioned by the National Association of Boards of Management of Special Schools on the incidence and prevalence of challenging behaviour in these schools (n=74) produced interesting incidental findings on SEBD special school provision (Kelly, Carey & McCarthy, 2004, Kelly *et al*, 2007). Eleven SEBD schools took part. Other participants catered for students with intellectual impairments; physical or sensory difficulties; specific learning difficulties and students from Travelling families. The incidental and important findings on SEBD special schools are:

- They had the lowest (37 per cent) percentage of qualified teachers employed on the staff.

- They had by far the highest (10 per cent) percentage of care workers employed on the staff. The overall figure for all categories of school was 2 per cent. They also had the highest percentage of nurses, at 6 per cent, the average being 3 per cent.

- Four of the eleven had no support from an educational psychologist, six had no support from a clinical psychologist, six had no support from a psychiatrist, and none had support from a medical officer.

- They had by far the highest ratio of staff (in all capacities) to students – 231:320.

- Most SEBD special school students were aged three to eleven years while the average for students in special schools in this age group in all schools was 41 per cent.

- The prevalence of challenging behaviour was 73 per cent in SEBD schools: 37 per cent in schools for children of Travelling families, 29 per cent in children with intellectual disability, and 18 per cent for the other two groups.

    (Kelly, Carey & McCarthy, 2004)

Some of these schools operate as short-stay (less than 12 months) day or residential therapeutic assessment and diagnostic centres within the grounds of a hospital while being principally educational in purpose.

The concluding remarks of this study applied to all categories of special school but are nevertheless pertinent to this literature review. The authors point to the fact that the Home/School/Community Liaison scheme is not available to those children in special schools, while research shows that parental involvement is one of the most enabling factors in providing an effective educational environment. When asked to select from a range of factors those which might alleviate challenging behaviour, the single highest response among school principals (49 per cent) was for 'parental involvement' (Kelly *et al*, 2004:17). The authors noted that the Incredible Years and Triple P programmes (see Chapter 7) might help them. On general discipline issues they recommended school-wide positive behaviour support (see Chapter 5 and Recommendations).

1.3.11 Parental involvement

Parental involvement is crucial to ensuring a child's educational success. It is, therefore, a positive and significant feature of the Irish context that parents have the right, under Article 42 of the 1937 Irish Constitution to play a key role in determining how their children are educated (Daly, 2002). In a case study of an inner city primary school in a DEIS area, however, it was found that although initiatives were in place to involve parents, actual involvement was very low (Hanafin & Lynch, 2002). Out of a possible 1,500 parents invited to vote for a parental representative on the board of management, only six attended the relevant meeting. On the basis of interviews with 21 parents the authors concluded: 'The recognition of parents as the primary educators of their children under the Irish Constitution enshrines their right to a say in that education. While this is recognised to some degree in present provision, the practice within schools, as seen in this research study, allows for little actual influence, and parental involvement is limited to the giving and receiving of information, restricted consultation, and engagement in some supplemental responsibilities' (Hanafin and Lynch, 2002: 47).

The consensus view of these parents was that they felt uncomfortable and unwelcome if they questioned any matter of school organisation, leading them to their status in relation to their children's school as 'peripheral'.

Although it would be wrong to generalise from a single case, the study highlights the gap that can exist between apparent legal entitlement and actual practice. There is often a relationship between student engagement/disengagement with school and parental engagement/disengagement with school. Sometimes these problems are inter-generational and part of a self perpetuating cycle of alienation. As this study illustrates, however, such alienation can sometimes be experienced as a response to the school's active resistance to parental interest. Although this is a negative case it draws attention to the importance of community-based initiatives including the Early Start scheme and initiatives offered by DEIS such as the Home/School/Community Liaison scheme. These approaches acknowledge the need for community-based support for at-risk families so they have the best chances of benefiting from their educational rights.

1.3.12 Ireland and the international context

There are significant difficulties in ascertaining the precise arrangements for dealing with SEN internationally. The tables in Appendix 1a and 1b (based in part on data from 18 European countries in 2000/01) show the arrangements made for SEN support (European Agency for Development in Special Needs Education, 2003). Ireland is shown to combine features shared by many countries in providing support for students with SEN in mainstream schools while maintaining a system of special schools. It is interesting to note that elsewhere the expertise gained by staff in special schools is being deployed to support both SEN students and teaching staff in mainstream schools. In many other respects provision in Ireland seems to be in line with that of other countries in Europe and beyond.

A recent publication (Clouder, 2008) examined the provision made for 'social and emotional education' in mainstream schools in various countries (Germany, the

Netherlands, Spain, Sweden, UK, and USA). 'Social and emotional education' refers to how skills and competencies associated with social and emotional well-being are fostered. It presents examples from each country of a variety of school approaches to this issue. There are examples of national strategies (such as the UK's SEAL project), but mostly examples are given of projects adopted at the level of the individual school. This suggests that many countries, such as Ireland, are at an early stage in addressing this issue in schools.

1.3.13 Conclusion to the Irish context

As this brief review suggests, Irish SEN policy is entirely in line with international commitments to educational inclusion. We note the exceptional rapidity in the development of important legislation, the foundation of many new national bodies, the implementation of many new initiatives and the commitment shown to the principles of inclusion within such a narrow time-frame. Although the speed with which these developments have taken place brings with it significant challenges, this concerted approach also brings with it the dual benefits of conceptual coherence and a high degree of momentum.

1.4 Nature and Scope of this Review

The review focuses on published accounts drawn from a comprehensive range of international sources, including research papers in scholarly journals, books, published conference proceedings and research/evaluation reports produced by research, governmental, charitable and other organisations. Emphasis is given to peer-reviewed sources. It was expected that the bulk of this material would be available in English, but efforts were made to search some non-English language sources where these arose.

The period covered spans 1980 to 2009, though where relevant reference is made to pre-1980 sources. The greatest emphasis is given to evidence from more recent studies (ie since 2000).

This review is both descriptive of the range and nature of sources, and evaluative in the quality and empirical rigour of evidence presented.

Particular attention was paid to models of effective inter-disciplinary co-operation, especially those involving health and education services.

A key outcome of the review was a set of recommendations on best practice models for supporting children and young people with emotional disturbance/behavioural difficulties and severe emotional disturbance/behavioural difficulties in relation to Ireland's inclusive education policy. Particular attention was paid to the roles, functions and requirements of educators in meeting the needs of young people with these difficulties.

Finally, an overview was provided of the implications for the practical implementation of such recommendations in the context of the current Irish education and health systems.

1.5 Methodology

The period covered by the review was 1980 to 2009 though a brief review of key pre-1980 literature is also provided. Inevitably, there is a degree of arbitrariness in the selection of a cut-off date. However, in this case the beginning of the decade of the 1980s marks a period of significant developments in the realm of inclusive education, and a time in which there was a widespread awakening of interest in currently pertinent ideas such as 'emotional intelligence' as well as cognitive and systemic approaches to understanding and dealing with SEBD (Cooper *et al*, 1994). Nevertheless, the pre-1980 period is not without significance and so was dealt with through a brief 'review of reviews' of its interventions literature. Important sources here were Bridgeland's (1971) and Laslett's (1980) historical surveys of educational interventions for 'maladjusted' children, as well as the extensive research reviews of effective interventions for childhood psychological disorders collected by Nathan & Gorham (1998; 2002). Particular attention was given to sources dated after 1990 as we expect the quantity of material is excessive.

The review is descriptive of the range and nature of sources, and evaluative in the quality and empirical rigour of evidence presented. 'The best provision' for children with SEBD is characterised by its clearly demonstrable success in promoting children's needs. In this sense, an intervention's success is determined by its impact on the individual child's functioning and development as shown empirically through the application of qualitative and/or quantitative research techniques. The following hierarchy of study types (based on Nathan & Gorham, 2002) was employed to differentiate between studies in terms of their potential for producing generalisable evidence:

> Type 1: randomised prospective trials with control/comparison groups
>
> Type 2: clinical trials with some type 1 characteristics missing
>
> Type 3: prospective 'naturalistic studies' with control/comparison groups
>
> Type 4: prospective 'naturalistic studies' without control/comparison groups
>
> Type 5: retrospective studies; pilot studies
>
> Type 6: reviews with secondary data analysis/meta analyses
>
> Type 7: reviews without secondary data analyses
>
> Type 8: case studies
>
> Type 9: audits; essays; opinion papers.

Since this review aims to highlight the most persuasive research evidence, we have tended where available to focus on rigorous, large-scale random controlled trials because they provide the strongest form of evidence of success that is generalisable across different settings and maintained over time (Nathan & Gorham, 2002). We have made use of this typology throughout the review, sometimes by referring to it directly by designating a study by its type number, in other places we describe the methods used in detail. The reason for this is that while some study types, such as types 1 and 2, tend to adhere to a common design pattern, others (such as types 3, 4, 5 and 8) are far more diverse in their designs. So while it is often reasonable to refer to a type 1 or type 2 study

on the basis that the reader will be able to understand the main features of the design, with types 3, 4, 5 and 8 it is necessary to offer more by way of description of the actual methods employed. Types 6, 7 and 9 are, again, more helpfully understood in relation to the specific characteristics of the individual output, rather than in relation to its numerical designation.

Clearly, the quality of a research study cannot be judged on the basis of study type alone. This depends on clarity of purpose, precision of research questions, appropriateness of the research strategy and methods and the suitability of the methods of data analysis and interpretation. Furthermore, implementation issues and matters such as sample selection and size, as well as the gap between intended and achieved sample, or, in longitudinal studies, attrition, are also of vital importance. There is insufficient space in a review such as this to provide detailed commentary on all such aspects of every study reviewed. We have, however, tried to favour studies which conform to the highest standards of rigour in relation these quality markers. Where there are quality concerns we have commented on this and the implications for the power of the study.

Therefore, the studies in this review to which we attribute the highest power, are usually those which are type 1 or type 2 in design and conform to the highest standards of rigour in relation to the quality markers outlined above. Moderately powerful studies are usually those which are type 1 or 2 design but fail to reach the highest quality standards in certain respects. Other studies which we rate as moderately powerful include those which are types 3-6 and reach the highest quality standards for studies of these types. Those studies we designate as low power are good examples of types 7-9, or types 1-6 with significant though not, in our view, fatal flaws.

1.5.1 Inclusion and exclusion criteria

Since the literature is very extensive, inclusion and exclusion criteria were established to limit, to some extent, the remit of this review. The main review included: studies assessing the effectiveness of education-related interventions for SEBD according to an agreed set of search terms:

- Relating to children and young people up to age 18.

- Published since 1980.

- Preference was given to those studies which generated data and were experimental in form (generally types 1-4 and type 8) while types 6 and 7 were used only to give overviews. Type 5 studies were used infrequently, and merely to support other data, type 9 studies were not regarded as useful or pertinent to the main body of this review. Only included are those studies which could contribute empirical evidence thus contributing to evidence-based practices.

The main review did not include:

- Studies not assessing the effectiveness of interventions for SEBD.

- By and large, studies not having a direct relationship to education, that is studies conducted in mostly clinical settings, in youth work settings, or involving dietary or pharmacological interventions. An exception to this criterion was clinic-based parent

training programmes because of their potential relevance to social adjustment in the educational setting.

- Studies not specifying methodology.

- Studies on children of below pre-school age, with the exception of those which were ongoing for several years, beyond entry into school.

- Studies on learning difficulties and physical disabilities.

- Opinion-based secondary sources which cited no new information.

- International policy issues, except where strictly relevant.

1.5.2 Literature search

Databases

The initial setting up of the database search for journal papers for this review was to define useful search terms and to decide the most time-efficient way of conducting the search. It was decided to search electronic databases as these would provide reliable journal articles. Original research, which is the subject of this review, was unlikely to appear in its first format in a book, although there are occasional exceptions to this rule including individual chapters in edited books. As a large library of books is available, however, those relevant to background and supporting information throughout have been used and cited.

The main database chosen was Scopus because of its very wide range of searchable data in the social sciences, as well as in other areas such as medicine which could perhaps have some bearing on the subject of the review.

ERIC was also used since it is dedicated to education. Its limitations are that it draws mostly on North American research data, and has fewer references to European educational research. While PsychInfo and PsychArticles were also accessed, we found the journals referenced here were also available through Scopus. Searches were also made in Expanded Academics which produced the same difficulty. There was considerable cross-over, too, between ERIC and Scopus, so much so that after initial searches on ERIC, there was little point in attempting to use it as there were far too many duplicates. Neither does inputting data from ERIC completely conform to the demands of the Harvard form demanded by most academic institutions in Europe.

Bibliographic software

The bibliographic software chosen was RefWorks for several reasons. First, it allows direct export from the Scopus database with a choice of format for this. Data can be exported as 'abstract plus references' so that the abstract can be read easily through accessing the review bibliography. In cases where more limited formats must be used (for example choosing to export the references made in an important paper) although the abstract is missing this can be accessed by clicking on the 'view in Scopus' link from the bibliography.

Using such bibliographic software saves considerable time and enables far more extensive searches. Using RefWorks and Scopus together enables 'hand-searching' through certain journals. Provided these exist in electronic form, the journal itself can be searched electronically. Another advantage is that in contrast to the traditional method of preparing a list of likely titles, then accessing the abstracts of some and finally choosing a collection which requires full text versions, the first two stages in a traditional search are bypassed. All titles can offer immediate access to most abstracts although in some cases the 'no record exists' message is provided when some older or more obscure titles are searched.

Initial searching

The principal investigator initially suggested search terms which were added to pragmatically by the assistant. Websites offering a list of evidence-based practices were also searched through Google and 'named', authenticated and approved programmes were also searched through databases. Initially, the search terms were placed into folders descriptive of the term used and the database used in the order in which searches were undertaken. The first set of folders, therefore, was named by term used, then, bracketed and described by S – Scopus, or E – ERIC and a number to represent the order. See Appendix 1 for a list of search terms used and other details of how the data in which the review is based were managed.

1.5.3   Scrutiny group

An international scrutiny group, drawn from academic and professional SEBD specialists, supported the work of the authors. Its function was to provide support in identifying search terms and sources and give critical feedback on various drafts of the report.

1.6   Pertinent Issues Not Addressed by this Review

This review does not address several issues pertinent to the educational experience of students with SEBD and the staff who work with them. These include use of medication for management of attention and activity problems (such as ADHD) and mood disorders; the importance of nutrition in SEBD; use of restraint procedures with students who present with physically challenging behaviour, and exclusion from school as a disciplinary sanction. The important reasons for these omissions must be stated.

The brief states clearly that the review should concern itself with the 'education of children with emotional disturbance/behavioural difficulties'. This, for us, is an extremely important requirement, not least because it focuses on how prevention, remediation and management of SEBD can best be understood in pedagogical terms. Pedagogy is concerned with promoting social, emotional and cognitive development. Similarly, the approaches to SEBD presented later in this review are concerned with helping students with SEBD to learn ways of thinking and feeling that enable them to regulate their personal and social behaviour so they can maximise their positive educational engagement. As we note in Chapter 2, the main theoretical models which underpin the interventions we explore are, in all but name, theories of teaching and

learning. Knowledge and skills associated with these approaches are therefore entirely in keeping with the teaching/educational role. Their educational significance is such that it would be reasonable to argue that *all* educational staff would benefit from knowledge of and competence in them. The same cannot be said of medication, nutrition, exclusion as a disciplinary sanction and the use of physical force and restraint techniques.

Unlike psychological and social theories of intervention these four areas, while of considerable importance to educational staff and their students, go beyond core education competencies. We do not consider it appropriate, therefore, to discuss them at length here. But it is necessary to refer briefly to each and show how they relate to our work.

Medication

Significant numbers of school students globally are prescribed various medication, particularly to regulate attention and behaviour. For example, the figure has been estimated as high as 10 per cent in the USA and 1-2 per cent in the UK (NICE, 2009). Regardless of the extent of such use, educational staff working with medicated students must have accurate information on reactions specific to certain medications that are likely to be significant in the educational context. For example, the most commonly used drug for ADHD (generic name methylphenidate MPH, brand name Ritalin, has been shown to have a significant positive effect on hyperactivity and inattentiveness and to aid self-regulation. But it can produce what is known as the 'rebound effect' (Barkley, 1992) where its effect wears off three to four hours after being administered and the problems of hyperactivity, inattentiveness and poor impulse control may appear heightened. This is important information for those working with students taking MPH.

It is also important to stress that while medication may be of value to the student taking it, it is never an adequate substitute for effective teaching and appropriate school organisation, behaviour management and other features of the educational context to maximise a student's social, emotional and academic engagement (Cooper & Shea, 1999). These educational issues lie at the heart of this report.

A key point here is that advice on medication matters must be delivered directly to educational staff by medical professionals with an inter-disciplinary framework. The importance of such frameworks is developed in later chapters.

Nutrition

We note the importance of adequate nutrition in providing one important fundamental component for optimal cognitive functioning. We are also aware of the commitment to 'breakfast clubs' in some schools in Ireland and acknowledge that such provision can play an important role in creating the circumstances necessary for some students to engage in an active and appropriate way in the learning environment. To put it another way, there are circumstances in which SEBD may be directly related to poor nutrition. Once again, however, we have chosen not to include studies of such interventions in our review because we do not consider these to be 'educational'.

Exclusion

Exclusion from school is a widely practised disciplinary sanction used by schools in many countries. It can be permanent or temporary and has two main manifestations: formal and informal. Formal exclusion (often referred to as expulsion or suspension) involves restricting or denying a student access to school premises and related educational activities. Permanent exclusion and temporary suspension mean the student is denied access to school premises. Other forms of formal exclusion might involve timetable restrictions or the refusal of access to particular activities. This is public procedure and rule governed, often supported in civil law and therefore open to appeal procedures. Informal exclusion, on the other hand, involves similar restrictions and/or denial of access but is not declared formally. It may take the form of school 'turning a blind eye' to truancy or advising parents/carers to choose a different school for their offspring.

Exclusion is not a constructive, educational intervention. Rather it is an unambiguous statement of the school's failure to accommodate the excluded student. Furthermore, it reinforces and provokes negative attitudes towards schools and schooling among those excluded (Cooper *et al*, 2000). This is not to say that it is ever likely to cease to be a feature of the educational landscape. Human institutions by the very nature of their reliance on human judgment always run the risk of failing. But this review aims to explore what can be done to promote the inclusion and engagement of students, some of whom may display behaviour often associated with exclusion from school.

Physical restraint

From an educational perspective, use of physical force in managing challenging behaviour is complex. Some educational staff working with potentially violent students may well, and understandably, express an interest in learning physical restraint techniques. We recognise the validity of this viewpoint while reiterating the primary purpose of this document.

Physical restraint involves the imposition of physical force to control the behaviour of the restrained individual. This means the person applying the restraint procedure is engaging in behaviour that in other circumstances might be construed as an illegal physical assault. This problem is exacerbated when the person applying the restraint is an adult and the restrained person is not. In these circumstances the assault may be claimed to be a form of child abuse. We believe the only ethical defence against such an accusation is the argument that the restraint was rendered necessary as a result of the failure of the competent application of appropriate educational interventions to promote the positive social, emotional and academic engagement of the student concerned. Use of physical restraint is unethical from an educational perspective and in other circumstances probably illegal.

This document is concerned with educational interventions that promote the positive social, emotional and academic engagement of students who may have serious social, emotional and behavioural difficulties. Only when the highest levels of competence in this area are evident can it be reasonable to encourage the development of physical restraint skills. This is, therefore, in our view a subject for a future review.

Also there may sometimes be a mismatch between the physical and personal qualities required to perform effective physical restraint (for example physical co-ordination skills; physical strength; physical confidence) and those required to implement educational interventions effectively (for example empathy, psychological insight; pedagogical skills). All efforts must be made to avoid favouring the former over the latter.

Finally, it is appropriate to refer again to the importance of inter-disciplinary co-operation. Advice on matters of physical restraint in this context is likely to be most effective and relevant if delivered by professionals for whom this is a daily issue (for instance some child and adolescent mental health workers). Once again this points to the importance of effective inter-disciplinary communication.

1.7 Logic and Structure of Report

The report is divided into the following chapters.

Chapter 2: SEBD: Evolution of Intervention and Current Theory

This chapter deals with basic theoretical considerations underpinning much of what is to follow. It is coupled with brief reference to the development of educational interventions for SEBD before 1980.

Chapter 3: The Teacher-Student Interface

This chapter reviews key evidence on effective school and resources resources for SEBD that individual staff members can use, and environmental issues that should be addressed. It also deals with those personal qualities which research has shown to contribute to effective teaching.

Chapter 4: Enhancing Teacher Skills

This chapter addresses the question: which practical classroom strategies and interventions for dealing with SEBD are likely to be of greatest value to teachers (and other 'front-line' personnel such as classroom assistants) and their students?

Chapter 5: Whole-School Approaches and Support Systems

This chapter considers whole-school approaches to dealing with SEBD, including behaviour support initiatives, and approaches embedded in the curriculum, as well as 'universal' approaches which operate within school and community. It also deals with off-site provision.

Chapter 6: Small-Scale On- and Off-Site Provision

This chapter deals with strategies to provide alternative provision for smaller numbers of students. This may be on the school premises or a site elsewhere.

Chapter 7: Working With Families

This chapter is devoted to research evidence on the effectiveness of different approaches to encouraging positive engagement between families and schools.

Chapter 8: Multi-Agency Intervention

This chapter explores the research literature on multi-agency co-operation on SEBD in schools. Of particular interest here are projects which illustrate effective ways of working in multi-disciplinary teams.

Chapter 9: Recommendations: Applying the Review's Findings

This chapter presents a series of recommendations arising from the review for future provision for children with SEBD in the Republic of Ireland.

Chapter 10: Implications

This chapter considers some practical implications of the recommendations in Chapter 9 for Ireland's education and health services.

2 SEBD: Evolution of Intervention and Current Theory

2.1 Overview

This chapter provides a brief overview of key challenges posed by social, emotional and behavioural difficulties (SEBD) and their underlying causes. Emphasis is given to the ways in which intervention has developed over the past century and the main theoretical dimensions related to this development.

2.2 Challenge of SEBD

SEBD among school pupils is a unique problem within education. No other educational problem is associated with such frustration, fear, anger, guilt and blame.

Its characteristics are not only manifested in outwardly disruptive terms, they can be 'internalising'. This means the threat is to the individual's own safety and well-being rather than being disruptive to others (see Chapter 1). It has long been the case, however, that practitioners, policy-makers and researchers, particularly in education, have tended to focus on the externalising, disruptive students, to the relative neglect of those who internalise (Schoenfeld & Janney, 2008). As a result, and as the following sections of this chapter will show, we know a great deal about the nature of disruptive behaviour and its effects on classrooms, teachers and students. Data are much shallower when it comes to internalising students. A recent review of research by Shoenfeld & Janney (2008) identified only eight research based articles published over the previous 20 years which dealt with the academic effects of anxiety disorders. These effects cited in this paper include;

- academic impairment and relatively low levels of achievement among anxious children compared to those in the general population

- teacher perceptions of academic difficulties among anxious students on a par with those of children with externalising difficulties

- difficulties reported by anxious students in performing school-based tasks including giving oral reports, concentration and completing homework tasks

- anxious students being more likely to opt out of schooling owing to feelings of anxiety.

As will be shown later, a concomitant imbalance exists in the educational intervention literature between studies focusing on externalising rather than internalising students.

In relation to both 'acting-out' and 'acting-in' problems, however, it is a concern that international prevalence rates for mental health problems among school students appear to be increasing and have been for some time (Rutter & Smith, 1995). While this may be due in part to changes in diagnostic criteria and developments in assessment techniques and service delivery – factors which help determine what constitutes a 'disorder' and whether or not it is identified – this is unlikely to be the sole explanation (Fonagy *et al*, 2002). Evidence also suggests that widespread, culturally-based changes

in the life experiences shared by young people, which have in turn led to changes in the very nature of social constructs such as 'childhood' and 'adolescence' and the ways in which adults relate to young people, have created a more SEBD-provocative world (eg Gibson-Klein, 1996; Cunningham, 2006; Layard & Dunn, 2009).

The UK's British Medical Association (2006) has recently estimated that 20 per cent of young people experience a mental health problem at some point in their development, and 10 per cent experience these problems to a level that represents a 'clinically recognisable mental health disorder'. The range of problems includes emotional disorders (such as anxieties, phobias and depression), self-harm and suicide, conduct disorders, hyperkinetic disorders/ADHD; autistic spectrum disorders, psychotic disorders, eating disorders, and substance and drug abuse. In the UK 20 per cent of this group of young people are diagnosed with two or more disorders.

There are no simple demarcation lines in social, emotional and behavioural difficulties. Delinquency among young people often overlaps with mental health problems, and both of these seem to relate to adverse social circumstances in the communities where they live and the schools they attend. The young person who exhibits mental health problems and/or social deviance (including delinquency) is likely to have difficulty in engaging in the school experience and, without effective intervention, is at great risk of experiencing deterioration in their presenting difficulties as they move towards and through the adolescent years (Rutter & Smith, 1995).

2.3 Influences in SEBD Development – a Brief Theoretical Review

Many theoretical models attempt to explain the aetiology of SEBD. It would be impossible to review all of these in the current review. In this section we attempt to offer a brief account of some major theories. As the reader will see, these tend to relate quite closely to the various approaches to intervention that we identify later in the chapter.

2.3.1 Approaches to understanding

Gullotta (1996) provides a typology of four approaches:

1. *Psychological theories* emphasise the role of intra-psychic processes in SEBD development. These include psychodynamic theories – which emphasise the importance of early life experience on later psychological functioning – and social psychological theories – which deal with the continuing influence of social experience on the development of personality traits. Behavioural theories emphasise the importance of reinforcement in the development of behaviour.

2. *Social psychological* theories deal with the ways in which people influence one another day-to-day in dyads and small groups. These theories include symbolic interactionism and social exchange theory which emphasise how social mechanisms influence thought processes. This approach differs from the former because it places far less emphasis on the ingrained intra-psychic patterns (personality) and much more on the common ways in which human beings can spontaneously respond to immediate social stimuli.

3. *Sociocultural theories* emphasise the influence of the wider culture or social system on the individual. Structural functionalist theories emphasise the role of social and political power in influencing an individual's perception of reality and the ways in which social consensus is reached and operates. Systems theory, on the other hand, offers a less 'top down' view, emphasising the interactive features of social systems. It shows how patterns of behaviour possibly construed as personality traits can be understood as the product of social feedback.

4. *Biological theories* take many forms, including chemical and family genetic studies which explore the relationship between genetic inheritance and behavioural patterns. This approach also considers the role of neurological insult on behaviour. Cognitive neuroscience focuses on the correlations between behaviour, cognition and the physical and chemical make-up of the brain.

To this typology we would like to add the bio-psycho-social approach. This is concerned with how inherited biological factors interact with various environmental influences to produce particular patterns of behaviour, cognitive, social and emotional functioning (see Section 2.8).

Each approach offers important insights that will become evident when we discuss intervention. For present purposes, however, we emphasise a social learning model owing to its particular applicability to the school setting. A recognition of the importance of repeated patterns of social reinforcement in the formation of deeply ingrained patterns of behaviour lies at the heart of social learning theories. Schools tend to be places where behavioural routines promote social order and where social categorisation (labelling) performs an important organisational role. These features make social learning theory ideal for exploring the interactions between environment and social behaviour.

2.3.2 SEBD – a social learning model

Patterson *et al* (1992) propose a social learning model to describe the life course of individuals who become what they term, 'career anti-social adults'. This model is based on intensive studies of incarcerated adult males defined as anti-social. Common features in the life histories of individuals studied by Patterson *et al* were:

- social disadvantage
- ineffective parental discipline
- lack of parental supervision
- parental use of physical punishment
- parental rejection
- peer rejection
- membership of deviant peer group
- academic failure
- low self esteem.

The model is interesting for giving an account of how these factors appear to have interacted in the lives of the incarcerated adults. They describe a four-stage process:

Stage 1 – basic training

This is the pre-school phase where the child is 'trained' in coercive behaviour in the home setting. Parents and family members often unwittingly provide models and reinforcement for such behaviour through their daily interactions with the child. Their lives (and those of others) are made difficult by the child's coercive behaviour, but the parents lack the resources, knowledge and/or skills necessary to change it.

Stage 2 – the social environment reacts

Behaviour that worked for the child in the home setting is challenged at school – yet these attempts through punishment or coercion, or unsuccessful attempts at remediation, escalate the behaviour. The child is thus engaged in further conflict with, and rejected by, parents, peers and the school.

Stage 3: deviant peers and polishing anti-social skills

This rejection combined with affiliation needs lead the child to seek out like-minded children. They form a deviant peer group where coercive skills are reinforced and developed further.

Stage 4 – the career anti-social adult

The adult is socially marginalised. His/her main way of relating to others is through coercion. S/he experiences disruption in personal relationships and has difficulty securing and sustaining gainful employment. S/he is at increasing risk of mental health problems, substance abuse, criminality and imprisonment.

This model deals specifically with an extreme form of deviance based on a study of males only. It illustrates clearly, however, how elements in a constellation of influences may interact to cause an individual to move towards a deviant career. No single factor can be identified as the cause. From the individual's viewpoint opportunities to escape the deviant identity that gradually overtakes him/her are severely limited.

The central importance of the educational context in the model (particularly at Stages 2 and 3) is clear. Highlighted here are failures to take advantage of opportunities that might exist for channelling the student towards more pro-social ways of behaving. The school plays an unwitting role in maintaining and promoting the deviance.

2.3.3 Importance of education, schooling and social context

In the 1960s and 1970s emphasis was placed on exploring the power of the educational context to socially construct deviant identities among students from low income backgrounds and vulnerable minority groups. This theme is well illustrated in the sociological and educational research literature dealing with labelling theory and the self-fulfilling prophecy (Hargreaves *et al*, 1975; Rosenthal & Jacobson, 1968; Hargreaves, 1967). Researchers in the USA (Silberman, 1971, and Bowles & Gintis, 1971) in the USA and in the UK (Sharp & Green,1975; Willis,1977) revealed how a school's cultural life often reflected and reproduced tensions and inequalities in the wider society. This led

to disenchantment and disengagement from education among students from certain sections of society, such as lower socio-economic status groups and ethnic minorities (Coard, 1971; Willis, 1977).

This led the USA and UK to shift SEBD policy emphasis away from individualised, medicalised, within-child approaches towards more socially-oriented approaches. These highlighted the impact of negative social experience on the development of SEBD and delinquency among young people. This shift was reflected in efforts to improve equality of opportunity in education through (for example in the UK) the widespread abandonment of selection by ability at age eleven and the introduction of comprehensive secondary schools. In the USA large-scale state-wide and community-based early interventions were pioneered, combining an aggressive approach to tackling poverty and unemployment with compensatory education programmes (for example Operation Headstart). The UK's recently developed Sure Start is similar in approach. Urban regeneration initiatives, such the UK's New Deal programme targeted areas of severe social deprivation by injecting funds to improve physical infrastructure. This included the public-owned housing stock, community facilities and educational provision, reflecting this recognition of the relationship between poor living conditions, economic hardship and social and educational engagement. It has been argued that this concoction, at its most negative, results in the development of an 'underclass', members of which effectively operate outside the boundaries of mainstream civil society to the detriment of both the wider society and themselves (MacDonald, 1997). While the underclass construct has been challenged by some commentators (Nolan & Whelan, 2000), we argue that at the very least it provides a useful metaphor for understanding the marginalisation, helplessness and despair experienced by those who find themselves cut off from the comforts and rewards that tend to come with relative educational success, stable employment and membership of an aspirational community. This is particularly resonant in research studies which have repeatedly shown how highly stratified educational systems often provoke the development of anti-social and anti-school sub-cultures among those who find themselves at the lowest strata (Hargreaves, 1967; Cefai *et al*, 2008).

A further dimension of the shift towards institutional interventions to prevent educational failure and disaffection can be found in school effectiveness research (Reynolds & Sullivan, 1979; Rutter *et al*, 1979; Purkey & Smith, 1984; Mortimore *et al*, 1988; Smith & Tomlinson, 1989), and school improvement literature (eg Fullan, 1992). This research endeavour is rooted in the unremarkable, but potent, recognition that school quality makes a difference to pupil academic attainment. This was well known before the major school effectiveness studies of the 1970s and 1980s on the basis of Douglas's large-scale research in primary (Douglas, 1964) and secondary schools (Douglas *et al*, 1971).

Key findings from accumulated research on school effectiveness produced the following set of characteristics associated with the relatively high performance of schools, compared with demographically-similar institutions, in student behaviour, attendance and attainment;

- senior management leadership methods that involve consultation with colleagues and take account of the opinions of parents and pupils

- a common school-wide policy with clear academic and behavioural expectations that are realistic and meaningful to pupils and are consistently and humanely enforced

- a curriculum matched to pupils' present and future needs

- high but not unreasonable academic expectations

- a positive approach to pupil behaviour emphasising the use of rewards for good behaviour rather than the imposition of punishment for bad behaviour

- care and vigilance by staff in efficient planning, setting and prompt marking of pupil work; adherence to starting and ending times of lessons

- teachers who employ skills to arouse pupil interest and motivate them to work well

- approaches to classroom management which emphasise the anticipation and prevention of behaviour problems, rather than reacting to them when they arise

- a supportive and respectful relationship among teachers, between teachers and pupils, among pupils, between the school and parents, and between the school and outside agencies

- opportunities for pupils to become involved in, and share responsibilities for, the running of the school

- an effective system of pastoral care.

(Cooper, 1993: 23-24, based on Charlton & David, 1990)

Coupled with this socially-oriented approach is a scepticism towards 'non-mainstream' approaches to dealing with SEN and an emphasis on 'inclusive' education (eg Sebba & Sachdev, 1997; Skidmore, 2004). Unfortunately, a wide gap often exists between aspirations towards inclusive education and practice. Curcic (2009) provides evidence from a review of inclusive practice in 18 countries that adds to this bleak picture, prefacing the article: 'In spite of a number of legislative moves, inclusive education has been surrounded by debates for various reasons. First, what is declared in legislation is not necessarily adequately implemented in practice [...], or evenly within the borders of one country [...]. Second, some debates centre on the very nature of inclusion [...]. Researchers do not uniformly agree on what, in fact, constitutes inclusive practices' (Curcic, 2009: 517).

Recent research in the UK has highlighted some serious flaws in inclusive practice. This is noted by Shevlin *et al* (2008: 143) who, with reference to OFSTED reports, find that 'despite certain progress (towards inclusion) certain seemingly intractable difficulties remain as barriers to the realisation of the inclusion strategy'. They highlight that students with SEBD are the most difficult to accommodate in mainstream schools because of their impact on the wider community.

MacBeath *et al* (2006) report on a study they carried out in 21 English schools (ten first, middle and primary; nine secondary and two special). They found a disastrous

confection of 'good intentions' (81), inadequate staff training and resources, competing agendas which, they argue, contribute to a rising tide of social, emotional and behavioural difficulties which in turn create additional demands that school teaching and support staff are ill-equipped to meet. The result is an unsatisfactory educational experience for staff and pupils in general. More recently still Blatchford *et al* (2009) report on a large-scale study of the impact of teaching assistants on attainment levels of students with SEN which found a negative effect. That is, the study found that for some students with SEN, the more one-to-one teacher assistant time they received the lower their level of attainment. The authors express 'concerns about [teaching assistants'] lack of preparedness, the way pupils can be separated from the teacher and the curriculum as a result of being supported by support staff, and the associations with academic progress' (Blatchford *et al*, 2009a: 9).

Given that teacher assistants and other similar forms of in-class support personnel (such as SNAs in Ireland) are often a central feature of inclusive education provision, these findings are disturbing. They point to the dangers, identified by MacBeath *et al* (2006), of basing educational provision on a commitment to an untested ideology. The irony of the situation identified by Blatchford *et al* is the exclusionary and handicapping effect of the very provision intended to promote inclusion. This also highlights the misleading nature of using the number of special school closures and the presence of students with SEN on the rolls of mainstream schools as indices of inclusion. This may point to the wisdom of maintaining a mix of mainstream and non-mainstream provision for children and young people with SEBD which is the pattern in most developed countries. Of course, the important qualification here is that such a mixed economy should be predicated on the importance of provision quality and its appropriate fit for the individual child's needs. One effect of the ideological aspect of the inclusion agenda, however, is a tendency to marginalise and denigrate special provision. This has been noted in the Irish context by O'Keefe (2004) and Shevlin *et al* (2008).

2.3.4 Attachment to school

A crucial factor in SEBD is what David Smith, in the Edinburgh Study of Youth Transitions and Crime, describes as 'attachment to school' (Smith, 2006). This can be defined as the degree of commitment towards and engagement with schooling. Students with a strong attachment believe that success in school is worthwhile in itself and for the future rewards it will bring. Weak attachment is characterised by indifference or hostility towards teachers and scepticism about the value of schooling.

Weak attachment is not necessarily related to mental health difficulties, delinquency or social deviance, but is often a problem in itself that can lead to disaffection and alienation. These are psychological issues that impair an individual's capacity for social and academic engagement that can, in turn, lead to reduced life chances.

Possibly because of the disturbing, dramatic and traumatic impact of SEBD, it is subject to sometimes extreme, bewildering and contradictory ideas about how it should be addressed. For example, with no other educational problem is it considered legitimate to apply legally sanctioned punishment and exclusionary practices which form part of a confection of disadvantage.

There is evidence to suggest that our most socially and emotionally vulnerable school students are likely to have the least satisfactory experience of schooling. A recent study by Barnardo's (2006) found strong associations between social disadvantage, educational failure and SEBD with, in 2005, only 6 per cent of care leavers achieving five GCSEs at A*-C (against a national average of almost 50 per cent), and 36 per cent of care leavers not sitting any GCSE or equivalent examinations (compared to a national average of less than 10 per cent). Furthermore, looked-after children are more likely to experience;

- repeated school moves

- exclusion from school

- lack of carer representation at parent evenings

- bullying

- lack of access to praise and rewards

- lack of involvement in decision making about their futures

- stigmatisation at school.

These findings echo an earlier study by Hayden (1997) which found primary school pupils with SEBD seriously over-represented in exclusion figures, suggesting a tendency towards the application of punitive responses to SEBD.

Other studies have also focused on how schools help to create disaffection and exacerbate SEBD. Klein, an educational journalist, noted that 'disaffection in schools is endemic in American and British societies' (Klein, 1999: xii). Drawing on contemporaneous research evidence, she then proceeded to list key factors that 'tip the unresilient, at-risk child over the edge and into the quagmire of disaffection' (ibid: xv). These include;

- an over-emphasis in schools on a one-dimensional form of academic achievement that fails to take account of the different ways in which children learn and express their knowledge and understanding

- the use of ability-setting in schools

- a punitive emphasis in approaches to school discipline

- the school curriculum's lack of relevance to pupils' everyday lives

- a school ethos that reflects a 'them and us' polarity between staff and students, and their parents

- teaching methods that fail to meet diverse needs.

A study by Cooper *et al* (2000), which drew heavily on the first-hand accounts of school students, many of whom were perceived to exhibit social, emotional and behavioural problems, paints a similar picture. For participant pupils, drawn from the full five to 18 year age range, a key concern was the extent to which they felt acknowledged and respected as human beings. School regimes characterised by a mechanistic and impersonal approach to pupil management were associated with pupil disaffection,

whereas regimes that pupils and staff believed were underpinned by values of respect and care for all persons were associated with positive challenges to disaffection and lower levels of exclusion.

Many of these findings were echoed in a study of 33 pupils excluded from UK schools (Pomeroy, 2000). For these students problematic relationships with teachers were referred to as the most common sources of difficulty. Among student concerns were;

- teachers refusing to listen to young people's views or to 'hear their side of the story'

- teachers not intervening to provide pastoral care, particularly in conflict with peers

- teachers humiliating and/or antagonising pupils by shouting at, insulting, speaking sarcastically to, and/or being rude to them

- teachers treating pupils unequally

- teachers not providing sufficient help to pupils struggling with schoolwork.

Pomeroy's study clearly shows that for this group the impersonal, disrespectful and unsympathetic experience of school described by research participants in the 1960s, 1970s, 1980s and 1990s, was still relevant in 2000.

More recently still, a study of over 2,000 pupils in secondary schools in Ireland found they were preoccupied with how adults exercised power over students. In particular they were concerned that pupils had few rights in how staff controlled and punished them (Lodge & Lynch, 2003). This study also found student attitudes that reflected the marginalisation of minority students, such as those from minority ethnic groups, those with disabilities, those who were gay, lesbian or bisexual, and those 'professing minority religious beliefs' (Ibid: 16).

It is salutary to note not only the similarities between these studies in story consistency of how young, vulnerable people experience rejection and exclusion in school, but also that these same concerns are reflected in the research literature spanning almost the past 50 years. Empirical studies drawing on the first hand accounts of disaffected pupils, by Hargreaves (1967); Silberman (1970); Hargreaves *et al* (1975); Marsh *et al*, (1978); Schostak (1982); Tattum (1982); Lawrence *et al* (1984); Cronk (1987); Cooper (1993); Garner (1995); Cooper *et al* (2000) and Hughes & Cooper (2007), tell a similar story.

2.4 Early 20th Century Precursors – Work of 'The Pioneers'

An earlier body of literature, more reflective than empirical in nature, foreshadows the same concern over the failure of adult society, particularly as reflected in schools, to recognise and meet the emotional needs of young people and the consequences of this failure in problems of 'maladjustment' (eg Wills, 1963; Neill, 1968; Bridgeland, 1971).

The significance of the legacy of these early 'pioneers' is enough to warrant a brief reminder of their work. A crucial feature of these early residential schools for the 'maladjusted' was what we now call 'person-centredness'. AS Neill, David Wills and other workers in the maladjustment field in the first half of the 20th century believed that only if students were treated as people needing to be known and respected, could we expect reciprocal treatment from them (Bridgeland, 1971). The process of creating

this type of relationship involves recognition of responsibilities and obligations on both sides. These simple ideas have critical resonance today and are implemented in some forward-looking schools as well as being recognised by policy-makers. These pioneers anticipated the relatively recent emphasis on the importance of student voice in research and practice in SEN and ideas of emotional literacy and emotional intelligence. The UK government's 'Every Child Matters' (DfES, 2003) agenda, with its emphasis on the importance of emotional safety as a foundation-stone of educational engagement, also tallies with this view.

2.5 Resilience in Education

From the outset it is important to emphasise that although negative personal outcomes, such as SEBD and delinquency, are associated with particular risk factors, such as social deprivation, low income, family dysfunction, early life trauma (for example family bereavement; physical, sexual and/or emotional abuse) and membership of certain minority ethnic groups, it is a fact that most who experience such circumstances do not develop SEBD or become delinquent. This has led to an interest among researchers in the concept of 'resilience' – the study of factors such as personal qualities and protective mechanisms associated with successful adaptation, including the achievement of academic and social competence (Luthar *et al*, 2000) in people with prolonged exposure to high-risk environments (Benard, 2004).

The earlier studies focused on individual characteristics which harden children and young persons growing up in a difficult environment and enable them to achieve success. As later studies were to show, however, positive outcomes in the face of adverse circumstances are influenced by various processes besides individual characteristics, including the family, the school and the community. Development is the result of the dynamic interactions between the various systems impinging on the child's life (Bronfenbrenner, 1979) and it is the interaction between the child and his/her environment that finally determines the adaptive process.

Seminal studies, including those by Werner & Smith (1988, 1992) and Garmezy & Rutter (1983) found that despite the high-risk environments in which their participants grew up, most developed into healthy, successful young adults. They concluded that protective factors have a stronger impact on children's development than risk factors. In 1963 Werner and Smith began an ongoing investigation into the impact of social disadvantage on development over the lifespan of a group of 600 individuals living in Hawaii, from birth to adulthood. All participants were from socio-economically impoverished backgrounds and a third had multiple risk factors. At age 32, the majority (70 per cent) had developed into healthy and successful young adults despite the high-risk environments they grew up in. The study suggests that individual and external protective factors had a stronger impact on children's developmental trajectory than environmental risk factors. It identified three sets of protective factors;

- dispositional attributes of the individual such as sociability and competence in communication skills

- affectional ties within the family, providing emotional support in times of stress, and supportive relationships

- rewarding external support systems, such as school and work.

  (Werner & Smith,1988; 1992)

Other studies support and augment these findings. They show that the interactions between these three protective systems in the child's life eventually lead to success in the face of adversity (Werner & Smith, 1992; Wang & Haertel, 1995; Pianta & Walsh, 1998). Individuals with high levels of these personal and social protective factors are thus more effective in coping with adversity than individuals with lower levels of protection.

Resilience (Noeker & Peterman, 2008) is a dynamic process that occurs in a context, the result of the person in interaction with his or her environment. Contexts such as home, community, schools and classrooms have been shown to provide protection to children and young persons at risk and direct their development towards positive and healthy pathways (Pianta & Walsh, 1998; Rees & Bailey, 2003; Crosnoe & Elder, 2004; Cefai, 2008). Schools provide a major and continuing context for cognitive and socio-emotional development. Rutter (1991) argues that the positive effects of school experience seem most evident among pupils who are vulnerable and have few other supports. In the Isle of Wight epidemiological study, Rutter *et al* (1971) studied the development of children from socially disadvantaged backgrounds and families with parental psychopathology. They found that most of these children did not develop social, emotional and behavioural difficulties despite these negative experiences, They attributed their successful adaptation to both individual and social factors, including school factors such as the promotion of sense of connectedness and achievement.

Wehlage *et al* (1989) studied 14 high schools that had been successful with at-risk children in increasing literacy performance and school attendance. Students who identified themselves with the mainstream school culture and had established a social bond with peers and adults in the school were less likely to disengage and more likely to participate in the life of the school and to achieve. The successful schools were characterised by a teacher culture predicated on a moral obligation to serve young persons.

Hersch Waxman *et al* (2003) conducted studies and reviews of the achievement of elementary and middle school pupils coming from low socio-economic urban minorities in the USA. They found that in contrast to their low achieving peers, high achieving pupils reported more positive views of their educational experiences, involvement and aspirations, were more engaged in classroom activities, and viewed their teachers as supportive and encouraging (Waxman *et al*, 2003).

In a longitudinal study to promote pupils' academic and social competence and connectedness to school in primary schools serving high-crime areas, Hawkins *et al* (1999) reported greater pupil commitment and attachment to school (see reference to Smith above), less misbehaviour and better academic achievement, particularly among pupils coming from poorer families, in the schools following the intervention programme.

An analysis of the Minnesota Adolescent Health Survey, a large database from a state-wide survey of over 36,000 seventh to twelfth grade students by Resnick *et al* (1997) revealed that the experience of being catered for and the feeling of connectedness resulted in demonstrably greater well-being and correspondingly less risky, health-compromising behaviours among students in general, particularly those considered at risk. School connectedness was the most important protective factor for students against anti-social behaviour.

Criss *et al* (2002) carried out a longitudinal study on the relationship between family adversity, positive peer relationships and children's externalising behaviour with 600 young children who experienced adverse family situations in three different sites in the USA. Children's peer acceptance and friendships at school moderated the effects of family adversity, protecting children from anti-social and aggressive behaviours.

The Child Development Project, begun on several different sites in the USA in the 1980s and currently ongoing (Solomon *et al* (1997a; 1997b; 2000) sought to build a sense of caring community in schools. Pupils attending such child development schools scored significantly higher on outcomes such as general social competence, conflict resolution, empathy and self-esteem, and school-related variables such as liking for school, achievement, motivation, and reading comprehension. Teacher practices that encouraged pupils' active participation, collaboration and interpersonal support through an emphasis on pro-social values, elicitation of pupil thinking and ideas, and encouragement of co-operation and supportiveness, were related to pupil engagement, influence and positive behaviour. These findings held for a broad variety of pupils including from low socio-economic status, urban areas and ethnic minorities.

Wang *et al* carried out various studies and reviews to identify effective school and classroom practices in promoting resilience among children and young persons attending inner-city schools (Wang *et al*, 1993; 1994; 1995). They identified a consistent pattern of organisational and behavioural characteristics among inner city schools that promoted educational resilience among students at risk. Teacher actions and expectations and effective instructional methods and curriculum, played key roles in pupil motivation, positive attitudes towards school, achievement and pro-social behaviour. Teachers' concern for and sustained close relationships with pupils, high expectations for all pupils, tailoring of instructions to meet the needs of individual pupils, engaging pupils in setting goals and making learning decisions, shared interests and values, a high degree of engagement, and pupil satisfaction with learning experiences, were consistently associated with enhanced pupil cognitive and affective outcomes. Teachers spent more time interacting with the students and the students had positive views of their teachers, peers and schools. These studies underline that the practices with most influence on resilience-enhancement were classroom practices such as classroom relationship, classroom management and instructional practices, in contrast to school or national-level practices.

The resilience literature agrees on key school qualities found to promote positive academic and social outcomes, and compensate for risk factors such as socio-economic disadvantage (Benard, 1995, 2004; Pianta & Walsh, 1998; Rees & Bailey, 2003). Benard (2004) has grouped these factors into three key processes. This echoes Cooper's

(1993) findings on the importance of 'respite, relationships and re-signification' in the positive experience of students with SEBD (see above):

- Caring relationships between pupils and teachers based on teacher concern, care, respect and support towards the pupils. Being there, unconditional love, compassion, listening, patience, and basic trust/safety are some processes underlying such relationships (Benard, 2004).

- High expectations for pupils to do well through teacher practices which are child-centred, use their own strengths and interests and tap their intrinsic motivation for learning.

- Pupils' meaningful involvement and responsibility with opportunities to express opinions, make choices, solve problems and work with and help others in a caring and healthy environment.

How these processes are actually implemented in schools and classrooms, however, should be tempered according to the needs of the particular contexts where they are implemented. It would be counter-productive to provide quick-fix solutions to be implemented across cultures and contexts (Rutter, 1991, Howard *et al*, 1999, Cefai, 2007). Current research also indicates that approaches to promoting resilience are more likely to be effective when integrated as part of the daily curriculum rather than presented as one off, off-the-shelf packages (Pianta & Walsh, 1998; Crosnoe & Elder, 2004; Carter & Doyle, 2006). Finally, as previously referenced, the school is one of several systems in the child's world which may serve as a protective context for his/her healthy development. It thus needs to collaborate closely with families, communities and other social organisations and entities in enabling effectiveness in the healthy social and academic development of children and young people (Wang *et al*, 1995, Benard, 2004).

The distinctive contribution of a 'resilience' approach resides in its emphasis on interactivity. In this sense the approach reflects the ways in which positive factors in an individual's life may interact to provide protection from potential dangers, just as the Patterson *et al* (1992) model (see above) illustrates how negative outcomes follow from the interaction of negative factors. Many issues aired in this section will be dealt with in research studies reviewed below. A crucial purpose here is to show how social and emotional resilience can be initiated, promoted and supported through an understanding of the nature of SEBD and through various intervention which flow from this understanding.

2.6 Evolution of Theory on SEBD

In this section we review the historical development of the theoretical underpinnings of educational interventions for SEBD. We begin with a brief overview of key developments before developing a more detailed account of the different intervention approaches. For a graphical illustration of what follows, see Appendix Table A3.

Put plainly, the history of educational-psychological interventions for SEBD follow a course which reflects the developing field of therapeutic psychology and psychiatry.

Early approaches can be traced back to the first half of the 20th century, dominated SEBD-focused provision in both the USA and UK and were heavily influenced by Freudian psycho-analytic theory. In the 1960s concerns about the psychodynamic emphasis on individual pathology led to a widespread adoption of behavioural approaches in schools, based on the seminal theories of Pavlov, Watson and Skinner, which have their origins in the 1920s. Behaviourism continues to have strong influence on educational approaches to SEBD. In the 1980s, we see the application of humanistic approaches into schools, largely on the basis of the writing of Carl Rogers. Again, the theoretical basis of this approach lies much earlier in the 1940s and 1950s. The shift towards humanistic approaches was influenced by concerns about the association between behavioural approaches and a coercive approach to social control. Humanistic approaches, on the other hand, emphasise the primacy of the individual's sense of self and the development of self concept and self esteem.

Cognitive behavioural approaches, though originating much earlier, began to make a significant impact in educational settings in the 1990s. These combine the precision of behaviourism with the emphasis on personal agency that is a key feature of the humanistic approach. The systemic (or ecosystemic) approach to SEBD was first applied in educational settings in the USA in the 1980s, and was further developed in the UK in the 1990s.

The systemic approach focuses on the ways in which SEBD can be understood as the product of interactions between individuals and groups. It is often employed with other approaches. Importantly, all these approaches are currently used in educational settings globally, psychodynamic approaches less frequently so, while the behavioural and cognitive behavioural are most commonly used.

We will now deal with each in more detail. (See Appendix 3 for a graphical representation and summary of the evolution of the main psychological interventions for SEBD in major educational developments.)

2.6.1 Therapeutic interventions/psychodynamic approaches

> Psychodynamic therapies involve establishing therapeutic relationships which enable the individual to reveal and explore analytically the life experiences which have influenced the development of dysfunctional ways of thinking and behaving.
> Origins: c1900s

Bridgeland (1971) reminds us that as early as the mid 19th century there were prominent critics of the practice of treating juvenile and deviant children as criminals in need of harsh, often corporal, punishment. Mary Carpenter and Dr Barnardo are cited as leading philanthropists of this period who created environments for vulnerable children which emphasised the therapeutic power of nurturing environments modelled on the template of caring families.

Some time later the American therapeutic pioneer, Homer Lane, set up residential facilities for 'delinquent, deprived and disturbed children' (Bridgeland, 1971). The most

famous of these was 'The Little Commonwealth' in the USA which was run on democratic lines, with children organised into family units. Although there is a clear continuity between Lane's Little Commonwealth and the practices developed by Carpenter and Barnardo before him, Lane's work was explicitly influenced by the then new science of psychology and in particular the psychoanalytic theories of Freud which gave rise to a range of psychodynamic approaches to understanding and dealing with SEBD.

This approach is concerned with how an individual's current behaviour is associated with feeling-states that relate directly to early life experience. Unresolved problems linked to childhood relationships with significant others, such as parents, create a barrier to the formation of trusting social and personal relationships in later life because the individual is unconsciously preoccupied with the consequences of the unsatisfactory early relationship. This relationship is sometimes relived through the process of 'transference' where the individual identifies a different individual, for example a teacher, with the object of the unresolved relationship, for example his or her father. Intervention based on this approach focuses on establishing ego-strengthening relationships which enable the individual to form attachments with others, and through this gain a sense of self-worth and independence.

Interventions that emerge from this orientation are often described as 'therapeutic' and can take a wide range of forms, from one-to-one forms of intervention, such as psychotherapy and counselling, to whole-institution approaches (schools run as 'therapeutic communities'). The common factor uniting all of these approaches is the importance placed on interpersonal relationships. The purpose of the therapeutic relationship is to enable the pupil to develop a positive self-image whereby they come to see themselves as autonomous individuals worthy of the respect of others and accepting of themselves. Self-acceptance involves knowing one's strengths as well as one's limitations. A psychologically-healthy individual does not dwell on their faults and inadequacies but instead tries to work constructively to overcome problems associated with these limitations.

The psychodynamic approach is most strongly associated with residential schools and communities that flourished in the USA and the UK mostly between the 1920s and the 1970s (Laslett *et al*, 1997). It should be pointed out that accounts of the working practices of staff in these settings by external commentators (Bridgeland, 1971; Burn, 1954) as well as by some of the practitioners themselves (Wills, 1960; Shaw; 1965 and Neill, 1968) suggest wide variations between the schools in how they employed this approach. Some used psychotherapy; some did not. What they tended to share, however, was a broadly similar philosophical approach informed by psychodynamic thinking. They were characterised by a caring ethos in which students were seen as partners with their staff in their own therapy. This meant schools were often run on democratic lines with students taking responsibility for certain aspects of running their communities. In extreme cases school heads advocated total freedom as a major requirement for effective intervention and students had absolute parity with adult staff (Neill, 1968). Others had a more structured approach to student engagement, referring to 'shared responsibility' (Wills, 1960) and committee structures (Shaw 1965). Key to the notion of freedom was the psychodynamic concern for the importance of students

having the freedom to 'act out' their repressed emotions in a safe and non-judgmental context (Dawson, 1981).

Educators have long recognised the importance of relationships, which lies at the heart of the psychodynamic approach. Positive adult-pupil relationships often act as protective and remedial factors in the lives of young people with SEBD. Those interviewed by Cooper (1993) cited:

- *Respite* – they saw their residential schools as havens of protection from negative influences in their home settings, such as aversive family relationships, delinquent peers and deviance provocative mainstream schools.

- *Relationships* – they developed trusting, mutually-respectful and supportive relationships with adults in the SEBD special schools they attended and saw these as central in helping them develop more positive self images. They also cited these relationships as a source of therapeutic support.

- *Re-signification* – they referred to learning to define themselves in new and positive ways by being given support in tackling personal, social and academic challenges that previously they had felt were beyond their realm of competence. In this way many of those interviewed described a personal transition from accepting a negative self-label to embracing a positive self label.

Crucially, both students and staff interviewed referred to the importance of all three of these elements being interactive and essential to positive outcomes.

2.6.2 Behavioural approaches

> Behavioural therapies are based on an understanding of how behaviour can be an involuntary response to external stimuli. Such interventions exploit this theory by encouraging desired behaviours and extinguishing undesired behaviours by manipulating the stimuli which precede target behaviours and the consequences which follow.
> Origins: c1920

Unlike psychodynamic and humanistic approaches, behavioural approaches concern themselves not with internal processes, but with how external factors influence and shape behaviour (Pavlov, 1927; Watson, 1924; Skinner, 1971). Kounin (1970), in the USA and Wheldall & Merrett (1984) in the UK were among the most prominent early advocates of this behavioural analytic approach for classroom discipline. It assumes that the individual has learned unacceptable – rather than appropriate – forms of behaviour. Interventions are thus based on training the individual to behave in desirable ways via rewards and sanctions.

Examples of behavioural approaches to reinforce positive behaviour and discourage negative behaviour are;

- *token economies* – providing pupils with tokens (stars on a star chart) for performing target behaviours in return for specific rewards

- *rules-praise-ignore* – publicly ignoring (failing to provide reinforcement for) a rule infringement by one pupil while publicly praising (reinforcing) compliance by another and explicitly referring to the rule concerned

- *time out* – removing a pupil from sources of reinforcement in the classroom.

The contrast between a psychodynamic and behavioural approach is striking and indicates the importance of matching the intervention to individual needs. One is concerned with underlying emotional difficulties that create behavioural problems; the other is concerned with dysfunctions of behaviour. This highlights the commonly cited problem that current approaches to SEBD are overly preoccupied with surface behaviour and neglect underlying emotional processes (Bowers, 2004). School preference since the 1960s for the behavioural model, however, is strongly related to the generally acknowledged need for staff to develop group management skills since schools tend to be organised with large numbers of students and relatively few supervising adults (Department of Education and Science, 1989; DCSF, 2006).

Behavioural approaches continue to dominate understanding of and intervening in SEBD throughout the world. Wheldall (1987) claimed that early ethical concerns about its over-reliance on punishment had been resolved and that modern approaches focused on reinforcement of positive behaviour (Meichenbaum, 1977). The legacy of this can still be found in the practice of some teachers, however. In fact, a widely-used version – known as assertive discipline (Canter & Canter, 1976) – stresses punishment and might be seen as reflecting a somewhat intolerant approach to young people. The broader research-based intervention literature, however, indicates that behavioural and cognitive behavioural approaches often need to combine positive reinforcement (praise and reward) and response-cost strategies (punishment) to be optimally effective (eg Nathan & Goreham, 2002).

Walker *et al* (1995) describe and evaluate a series of behavioural interventions to reduce negative-aggressive behaviour among elementary school-age boys. They used adult praise, token reinforcement and cost contingency (loss of previously awarded points as a form of punishment). Two groups of six students were assigned to two different experimental conditions one after the other, each for three months. The difference related to the combinations in which the interventions were applied. Outcomes indicated that use of social praise alone was extremely ineffective in promoting pro-social behaviour and reducing negative behaviour. By contrast the combination of social praise, tokens and cost contingency was highly effective in achieving positive change in the experimental setting.

The advantages of effectively implemented behavioural approaches lie in precision of the focus for intervention and relative ease with which its effectiveness can be measured. Although applied behavioural analysis can be complex, it allows changes in behaviour to be measured accurately. A major disadvantage is that its focus on surface behaviour may lead to the neglect, masking or even exacerbation of intra-psychic problems.

2.6.3 Humanistic approaches

Humanistic therapies focus on how self-concept is created through social and interpersonal relationships. Its interventions, such as Rogers's person-centred approach, emphasise the therapeutic value of unconditional positive regard, empathy and honesty in relationships.
Origins: c1950s

While psychodynamic approaches focus on how individuals explore the processes which form their attitudes to themselves and others and by revisiting early experiences may remediate deep-seated problems, the humanistic approach focuses on current relationships. It hinges on the idea that humans function most effectively when they reach a point of self-acceptance based on honest self appraisal. Key features of the humanistic approach are the three 'core conditions' Rogers (1980) identified in his client-centred therapy, or the person-centred approach, which provides the basis for functional human relationships that lead to positive mental health and a sense of well-being. These conditions, in a pedagogic environment, are:

- *Empathy* – the teacher/facilitator's willingness to see the world through the eyes of the pupil and explicitly acknowledge his/her right to their own viewpoint no matter how contrary this might be to the teacher/facilitator's habitual view. This validation of the pupil's view of the world by another person can help to break down the feelings of isolation felt by many individuals with SEBD. It can, in turn, create a capacity for empathy within the pupil, thus opening the way to the development of alternative (and possibly more functional) ways of thinking about and seeing the world and themselves.

- *Unconditional positive regard* – the ability to split disapproval of the pupil/client's behaviour from disapproval of the pupil as a person. The teacher/facilitator must always accept the pupil/client as a person and show respect and personal warmth towards them. This is essential for the pupil to develop a sense self respect and through this respect for others.

- *Honesty* – within the context of the first two conditions, honesty involves the teacher/facilitator being direct with the pupil about aspects of his or her behaviour perceived to be dysfunctional.

A crucial feature of Rogers' person-centred approach is that it is non-directive. This means the teacher/facilitator avoids offering explicit advice on how the pupil should behave, but instead acts as a sounding-board enabling the pupil to reveal their own ways of thinking and feeling, take ownership of these and, therefore, become well-placed to make decisions and changes.

In the classroom the aim is to promote pupil engagement through a consultative approach which includes strategies such as;

- finding out what interests the pupil

- finding out what the pupil knows already

- allowing the pupil to teach others (including the teacher/facilitator) what s he knows about the topic

- using questions rather than statements so that pupils extend their understandings by drawing on knowledge they already possess.

Another important application of this approach is in the promotion of emotional literacy. This involves:

- Encouraging pupils to talk about their feelings to help them develop a wide vocabulary of emotion words.

- Using songs, stories, poetry and other literature to explore feelings.

- Using pictures, drawing and painting to explore feelings.

The humanistic approach can be applied in virtually any setting and lends itself well to conventional day school settings. The psychodynamic approach, on the other hand, has often been considered most effective when applied within a highly controlled environment, such as the residential setting (Bridgeland, 1971). Humanistic approaches are also less intensive than traditional psychotherapy, relatively easy to learn and claimed to be more immediate in their effects (Rogers, 1951). These features have all led to its being adopted with enthusiasm in the context of a greater focus on the mainstream school as a major site where SEBD and related difficulties could be addressed. Having said this, elements of the psychodynamic approach combined with a humanistic approach can be found in certain contemporary, mainstream-based approaches to supporting children with SEBD, such as nurture groups (Cooper & Tiknaz, 2006).

2.6.4 Cognitive behavioural approaches

Cognitive behavioural therapies focus on how thought processes can sometimes influence the relationship between external stimuli and target behaviours. They aim to encourage the development of functional ways of thinking by challenging and changing dysfunctional ways of thinking.
Origins: c1970s

The cognitive behavioural (CB) approach originates in the insights of Lev Vygotsky (1989) who, arguably, from his vantage point of the 1930s continues to be the single most influential cognitive psychologist in the 20th century and beyond. Among Vygotsky's most enduring insights is, first, that the higher human cognitive functions, such as spoken language and reflexive thinking, have their origins in human social interaction. Second, following from this, that human beings use covert language (internal dialogue) as an important strategic tool in problem-solving and in mediating between external influences and their behaviour.

On the basis of this theoretical foundation cognitive behavioural interventions attempt to influence the thought processes by enabling the target person to exert control over their behaviour often through applications of and adjustments to the 'self talk' process (Altepeter & Korger, 1999). By and large, such interventions intend to help individuals make conscious positive choices about how they behave, in relation to themselves and

others. This often involves identifying patterns of thinking, feeling and behaving that commonly accompany the expression of particular SEBDs, and replacing these with more functional routines (Royer, 1999). Cognitive behavioural interventions usually involve helping the individual to develop self awareness and self control through the application of self-monitoring strategies. This enables the individual to identify the onset of problematic situations and the triggers to dysfunctional behaviour. The next strategy is to learn problem-solving skills. This usually takes the form of a series of steps learned first to verbalise overtly and later to verbalise covertly (Altepeter & Korger, 1999; Royer, 1999).

2.6.5 Systemic approaches

Systemic therapies (sometimes referred to as eco-systemic) deal with patterns of interactions within and between groups of people. The central insight is that human beings exist within and depend on social systems and the individual's personal needs are ultimately subordinate to those of the overarching system. Individual personal identities and social-emotional functioning are shaped by the roles an individual must perform to sustain the social systems they inhabit. Therapeutic intervention is required when an individual shows signs of social-emotional dysfunction as a result of their manner of engagement with a particular system or sub system. Systemic therapies aim to enable individuals to continue to participate in key social systems (such as families, partnerships and work places) in ways which are functional for their mental health. Systemic interventions involve behavioural and cognitive behavioural strategies, and therapists often employ humanistic insights.
Origins: c1970s

Systemic approaches represent the newest family of strategies for intervening with SEBD, with their origins lying in the late 1960s. Drawing on von Bertalannfy's (1968) theory of interactional systems in biology and physics, Bronfenbrenner (1979) was among the first to apply a systemic analysis to human social interaction and educational systems and sub systems. It was, however, Minuchin (1973), de Shazer (1985) and Selvini-Palazzoli (1977) who were among the first to exploit the therapeutic potential of these ideas in a revolutionary approach known as systemic family therapy. It was later that Molnar & Lindquist (1989) in the USA, and Cooper & Upton (1990) in the UK, drawing in particular on systemic family therapy, applied this approach to SEBD in schools under the title of 'ecosystemic' approaches. The term 'ecosystemic', therefore, applies specifically to those approaches which adapt systemic family therapy interventions for use in SEBD in schools.

Central to the ecosystemic approach is the idea that simple cause and effect theories of human behaviour – such as the Pavlovian stimulus-response model – while demonstrably effective in shaping behaviour in a given context depend for that effectiveness on the interventionist's ability to exert control over the perceived causes and/or consequences of problematic behaviour. Similarly, psychodynamic, humanistic and cognitive behavioural approaches also rely on cause and effect principles in emotional, cognitive and interpersonal/social functioning. Such approaches are

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effective, but not always so. The ecosystemic approach comes into its own when these 'lineal' approaches fail, looking beyond the obvious cause and effect explanations and applying a 'systemic' analysis to the apparent problem.

A systemic analysis considers apparent problems as subject to a wide range of possible influences. In the case of classroom behaviour problems, for example, the student who may be seen as the 'culprit' is located in relation to other sub-systems in the classroom, such as individual students, sub-groups of students, and the teacher. Furthermore, the classroom is a sub-system within the school and its rule structures. The school sub-system is, in turn, related to the family sub-system of the student. And so on. It is the nature of sub-systems to be permanent dynamic interaction, the purpose of which is to maintain a stable (homeostatic) state. Where a behaviour problem is intractable, therefore, the problem will be serving a purpose not immediately apparent to those present in the sub-system where the problem is visible (as in the classroom). The problem may be being maintained to serve a need in a related sub-system (as in the family). A further principle that follows is that change in any part of an ecosystem (a collection of interacting sub systems) will affect other parts of the ecosystem, though not always in a predictable (lineal) way.

Various kinds of psycho-educational interventions follow from this approach which are modelled on therapeutic approaches employed in systemic family therapy. A classic example of an ecosystemic intervention is 'reframing' (Molner & Lindquist, 1989) which involves redefining the apparent problem in new terms and then acting in accordance with the new definition, no matter how counter-intuitive this may appear. This often involves constructing a version of the supposed problem which shifts the focus from the individual who is the supposed heart of the problem to people and circumstances outside of the individual and the related patterns of interpersonal and social interaction. The proclaimed value of a systemic approach is that it encourages lateral thinking and innovative action in situations which seem deadlocked.

Most effectively used in community settings, the most noted exponent of this approach is Henggeler *et al* (1997) whose multi-systemic approach is a multi-agency intervention strategy that employs systemic thinking. It is cited by Kazdin (2002) as one the most empirically-effective interventions for dealing with teenage conduct disorders.

2.7 Application of Psychological Principles to SEBD – Changing Values and Practices over Time

As we have shown, key educational interventions for SEBD are based on therapeutic approaches. This is unsurprising given that they are based on theories of social and emotional *learning*. Therapeutic interventions exploit such theories to influence social and emotional learning. In this way, they can be seen as methods of *teaching*. Many factors influence teaching method choices, including efficacy of approach, practicality of approach as well as ethical and ideological considerations. These have played an important role in the changes in educational approaches to SEBD over the years.

Three major factors have influenced changes in approaches to dealing with SEBD among school-aged students. They are;

- ethical concerns about the relationship between sebd and individual psycho-pathology

- recognition that differences in educational outcomes reflect social inequalities to a greater degree than they reflect differences in measurable 'ability'

- changing perceptions of the nature and role of childhood and the growth of interest in 'the rights of the child'.

We will now demonstrate briefly, how these factors have influenced changes in educational approaches to SEBD.

2.7.1 Rise, fall and partial-rehabilitation of psychodynamic approaches

As noted above, the 'therapeutic education' movement, which had its heyday in the first half of the 20th century in what have been termed 'pioneering' residential schools (Bridgeland, 1971), drew heavily on psychodynamic theories. This manifested itself in an explicit commitment to a psychoanalytic orientation; the extension of 'unconditional affection' to all staff and students; the advocacy of school climates which emphasised the value of freedom of expression and the acting out of emotional symptoms as a step towards resolution of difficulties; a commitment to the development of internalised controls through 'self government' or 'shared responsibility' rather than the imposition of external discipline (Dawson, 1981). This essentially British tradition lives on in a few institutions most notably the Mulberry Bush School in Oxfordshire, and in a very different form at Summerhill School in Suffolk. Elements persist also in 'nurture group' intervention, used in schools throughout the UK.

In common with developments in the psychotherapeutic world, such explicitly psychodynamic approaches to the education of students with SEBD have largely given way to a wider range of therapeutically-informed interventions. In both the clinical and educational contexts this shift in emphasis was influenced by two factors. In order of importance, the first is a matter of principle, the second a matter of pragmatism. The latter is the easier to explain: psychodynamic interventions were complex and lengthy and required the therapist to have engaged in an extensive period of training and analysis. There was a growing sense that many problems presented to psychodynamic psychotherapists would probably be amenable to less intensive forms of intervention. The first objection, however, was more profound. The 1960s witnessed a significant and highly public debate about the nature of mental disorder. At the centre of this debate was a radical challenge to the individual pathology model at the heart of the psychodynamic approach. The main challengers argued that mental illness was a self-justifying and self-perpetuating social construction which served the interests of social control by individualising what are essentially social problems (Szatz, 1960; Laing, 1960; Bateson, 1970). In the educational sphere this argument had its equivalent in the concerns about selective education and the construct of 'ability'. Radical critiques challenged the construct of general intelligence as an innate quality and could demonstrate empirically the primacy of social and economic factors in determining outcomes commonly attributed to ability (Douglas, 1964). This argument was built upon by proponents of the 'new sociology of education' who specialised in demonstrating

how the processes of social construction operated at the micro level of schools and classrooms (Young, 1971; Hargreaves *et al*, 1975).

This social constructionist tradition in extreme form led to the view that SEBD was entirely the product of social factors. This is often coupled with a rejection of the 'medical model' in general (eg Skidmore, 2004) which is portrayed as distracting attention from the social influences on SEBD in the interests of social control. The association between the psychodynamic approaches and residential schooling – on the face of it, the least 'inclusive' form of educational provision – have made the approach appear completely at odds with a modern social inclusion agenda. It is interesting to see, however, a return to prominence of certain features of the psychodynamic tradition in the form of current interest in Bowlby's attachment theory which is evident, for example, in the widespread adoption of nurture groups throughout the UK (Cooper & Tiknaz, 2007).

2.7.2 Problem of behaviourism

What seems to have followed from debates in the 1960s and 1970s was a widespread rise in the application of behavioural psychology in education both in curriculum delivery and the growing field of 'classroom management' (Kounin, 1970). A particular feature of these approaches has been the use of contingency management strategies employing rewards and punishments, with an increasing emphasis on positive reinforcement and the intervention principle of choice (Wheldall & Merrit, 1985). The main message is that schools and teachers experience the pupil behaviour they deserve as a result of the patterns of reinforcement that are set up, either wittingly or unwittingly.

Widespread application of behaviourism in education has not been without its critics. Concerns have been aired on the ways behavioural interventions may lend themselves to manipulation – a view reflected in an aversion to the term 'management', which is often used in educational applications of behaviourism. The concept of 'conditioning', central to therapeutic and educational applications of behaviourism, has come to be associated with suppression of free will and so as a potential threat to human rights.

Behaviourism poses difficulties, on the one hand, because of its ethical neutrality and, on the other, because it is highly effective. Like any powerful technology it can be used for moral or immoral purposes.

2.7.3 Humanistic solution

One response to concerns about the pathologising influence of a psychodynamic approach and the potential for dehumanisation inherent in the behavioural approach has been, since the 1970s and 1980s, a preference for humanistic approaches which have been responsible for the development of the concept of 'pastoral care' in schools, and have led to the employment of counselling services in schools in many parts of the world (Hamblin, 1979). This is perhaps most reflected in the emphasis on 'person-centred' approaches to promoting student engagement in schools. Specifically, it can be seen in the worldwide popularity of approaches such as Circle Time.

At the heart of a humanistic approach is the principle that all human beings deserve respect because they are human beings, and a carefully developed theory that states the

solution to many social and psychological ills resides in the rigorous application of this principle. This agrees with contemporary perspectives on human rights, in particular the rights of the child, and accounts for the popularity of this approach.

2.7.4 Cognitive behavioural solution

The rise of cognitive behavioural approaches follows from a dissatisfaction with radical behaviourism. Such programmes for social skills training and anger management are, as we will show, widespread in the SEBD field. They are, at least in their intention, far more emancipatory than purely behavioural approaches. While the latter emphasise the influence of external factors on behaviour, cognitive behavioural approaches attempt to shape internal (intra psychic) influences. Their purpose is to identify distorted ways of seeing the world associated with social and/or emotional dysfunction, and then to produce interventions that empower the individual to correct the distortion. Once again, the ethical standpoint of those applying the intervention remains paramount.

2.7.5 Systemic synthesis

Systemic approaches are distinctive in offering an understanding of SEBD that transcends the linearity of many other approaches. They acknowledge that SEBD may be the product of an individual's way of thinking, or it may be the product of the interactions an individual has with other people, or (and most importantly) it may reside entirely in the minds and actions of people other than 'the symptomatic individual' (the person assumed to 'have' the SEBD). On the one hand, an obvious resonance exists between the systemic approach and the desire to avoid pathological labelling. A systemic approach demands that the individual should always be considered within his or her social context – which makes it appealing from a social justice perspective. It carries an emphasis on avoiding blame in favour of finding solutions to dysfunctions that emerge from analysing how individuals interact with one another. As a result, this approach can be portrayed as providing a synthesis of other approaches referred to. In fact the interventions that flow from this approach often combine features of behaviourism, humanism and, most commonly, cognitive behaviourism. Their distinctive feature is the target for the application of the intervention.

2.7.6 A cautionary note

Although behaviourism is often singled out for its openness to abuse, all forms of therapy (and education) are similarly vulnerable. This draws attention to education and therapy being obliged to deliver within the context of an explicit ethical framework. This applies at every level: from policy makers, to the managers, to the front line practitioners. At its most basic, this ethical approach demands answers to questions such as:

- What interests are being considered and served by selecting a particular intervention (or intervention approach)?

- What interests are being considered and served by identifying the intended outcome from this intervention?

- Who is the greatest beneficiary of this intervention?

2.7.7 Educational challenge

It is important to recognise that psychological therapies rest on often complex psychological theories. The effective implementation of these therapies, therefore, often depends, in part at least, on the therapist's background knowledge in the discipline of psychology as well their skills in the application of a particular therapeutic technique. This makes the adaptation of therapeutic techniques for use by teachers and other educators problematic. While there are some highly skilled teachers with degree level qualifications in psychology and specialist training in the use of therapeutic approaches, in English-speaking countries teachers need have only rudimentary knowledge of psychological theory and therapeutic practice. As a result, the recent growth in the perceived need for school-based interventions for SEBD (coupled with the drive towards seeking to cater for SEBD in mainstream schools) has meant a proliferation of intervention 'packages' for use by teachers and other educational staff with minimal training. As subsequent chapters of this report will show, many of these packages exploit behavioural and cognitive behavioural approaches. Many aim to be used on a 'whole-school' (aka 'universal') basis, owing to the empirically supported assumption that consistency of approach across an institution enhances effectiveness in the achievement of goals (eg Rutter *et al*, 1979; Cowie *et al*, 2008).

2.8 Understanding Development of SEBD: a Bio-Psycho-Social Approach

We have shown that students with SEBD represent significant challenges on a variety of fronts in modern societies. Any effective exploration of successful intervention must start with an appraisal of some of the most important of these challenges.

First it is important to consider the pivotal position of education and schooling. In various ways the school setting is a key site for the expression of SEBDs as well as, in some cases, being a trigger or exacerbating influence. Furthermore, disaffection from school and educational failure are strongly associated with SEBD. In turn, a history of SEBDs in the school years, coupled with educational failure are common features in the life histories of adult criminals (Patterson *et al*, 1992) and adults presenting with a range of psycho-social disorders (Rutter & Smith, 1995). Conversely, attachment to schooling and other resilience factors protect against the development of SEBD and delinquency (Smith, 2006) as well as being associated with the resolution of SEBDs in school children (Cooper & Tiknaz, 2007). This means that interventions to promote the educational engagement of youngsters with SEBD are likely to have wide-ranging and long-lasting effects.

Second, the role of the family as a perceived causal agent in the development of SEBD, while offering a significant site for effective intervention (eg Kazdin, 2002) can also be acted upon by influences brought via the child, including the sometimes negative impact of the school (Cooper & Tiknaz, 2007). This suggests that the family should be considered in wider systemic factors, especially the school, when seeking to understand what makes for effective intervention (eg Bronfenbrenner, 1979; Cooper, Smith & Upton, 1994).

Third, the supposed tension sometimes perceived to exist between 'within child' biological and/or psychological factors and social/environmental explanations for the nature and development of SEBD can be misleading if it results in a blanket 'in principle' rejection of one set of explanations in favour of the other (eg Slee, 1994; Skidmore, 2002). It is important to start a search for effective interventions from a position that recognises the validity of a 'bio-psycho-social' perspective (Norwich, 1990; Cooper, 1998; Hernandez & Blazer, 2006), whereby nature (genetic inheritance) and nurture (environmental influences) are seen as being in constant fluid and dynamic interaction (see Plomin, 1990; Frith, 1992).

Figure 2.1:

Biology and Environment
Bio-Psycho-Social Interactions
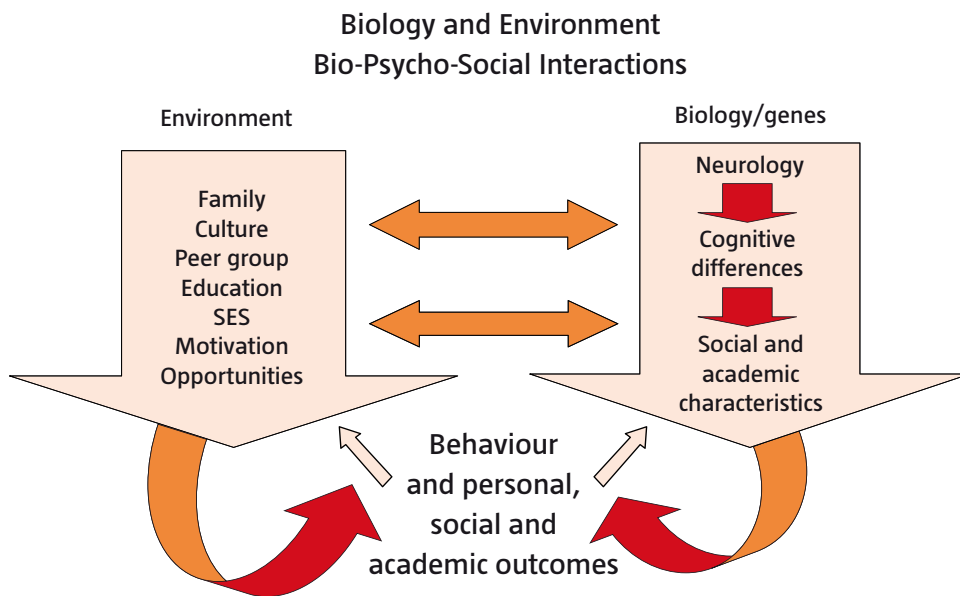
Figure 2.1 offers a diagrammatic representation of the bio-psycho-social model. A central feature is recognition that biological systems, such as neurology, are strongly influenced by genetic inheritance. From the earliest stages of life, however, development of biological systems is affected by environmental factors such as nutrition, and experiential factors including parenting styles, peer influences and stimuli to which the developing individual is exposed. For example, most relevant to the sphere of SEBD is the fact that the neurological development of children can be adversely affected by prolonged exposure to abuse, neglect or lack of stimulation, leading to cognitive and social impairments. Conversely, adjustments to the environment may in certain circumstances help to reverse these effects. Furthermore, the 'plasticity' of the brain sometimes enables individuals with serious neurological insult (through injury or stroke) and resulting loss of cognitive functioning (for example loss of language functions) to compensate for loss in one area of the brain by transferring the functions to other brain areas which can lead to restoration of cognitive functioning. In addition, a growing list of so-called 'smart drugs', many of which are psycho-stimulants of one kind or another (eg methylphenidate: Ritalin) and ampekines, are prescribed by physicians to augment temporarily neurological dysfunctions associated with specific cognitive deficits.

Other perhaps more powerful forms of compensation and augmentation are of a social and/or educational nature. These include providing compensatory skills for individuals (behavioural training) through the application of rewards and sanctions and the manipulation of behavioural antecedents; cognitive strategies (anger management training; mnemonic strategies) and various therapeutic interventions (counselling). Within the educational arena psycho-educational interventions, including specific pedagogical strategies (Purdie *et al* 2002), emotional literacy strategies (Mosely, 1993), and specific intervention packages such as nurture groups (Cooper & Whitebread, 2007), are claimed to contribute to enabling the educational engagement of students with a wide range of social and psychological difficulties, some of which have a biological basis. Other educational interventions with an augmenting/compensatory effect are institutional in nature and include 'school effectiveness' (eg Rutter *et al*, 1979) and 'school improvement' (eg Fullan, 1992) interventions. More socially-focused interventions include systemic and multi-systemic interventions, as well as restorative justice and peer mediation strategies. It follows from a bio-psycho-social approach that the search for effective interventions should range widely across disciplines as diverse as education, psychology, sociology, medicine and psychiatry. For this reason multi-disciplinary and trans-disciplinary approaches are a focus of major interest in the SEBD area (see Chapter 6).

The bio-psycho-social approach, it must be acknowledged, is closely related to the systemic approach, sharing a common origin in general systems theory (von Bertallanfy, 1968). The distinctive feature of the bio-psycho-social approach is to combine the psycho-social system with the individual biological system. Just as the systemic approach can synthesise other often individualised approaches to SEBD while drawing attention to social environment influences, so the bio-psycho-social approach takes this synthesis a stage further by integrating fully the internal biological and intra-psychic dimensions with the interpersonal and social dimensions. This makes the approach truly holistic and lends itself well to understandings of the complexities of SEBD and its concomitant interventions. As such, the bio-psycho-social provides a paradigm of vital importance to multi-modal problems such as SEBD which require multi-disciplinary intervention (Blazer & Hernandez, 2006).

The following chapters build on the themes developed here by focusing in detail on research evidence evaluating the effectiveness of specific educational and community interventions for SEBD in school students. This forms the basis for the report's final sections in which we apply our findings to the situation in Ireland.

3 Teacher-Student Interface: Positive Teacher Qualities/ Attributes and Student Peer Group Power

3.1 Overview

The teacher-student relationship is central to the formal educational process. This view is as evident in classical approaches to teaching and learning as in the ancient writings of Plato (Castle, 1961) and in the more recent empirically-based psychological theories of Vygotsky (1987) and Bruner (1987), which stress the central importance of social interaction in the learning process. This chapter is concerned with research evidence on teachers' professional qualities and attributes and their impact on the social, emotional and academic engagement of students. Students can contribute positively to classrooms through the power of their peer group. So we also deal here with how teachers can make positive use of this resource.

3.2 Teachers' Characteristics and Skills

As noted in Chapter 2, a 'therapeutic' tradition in the SEBD field emphasises the importance of adult-initiated emotionally-supportive and stable relationships in the lives of young people with SEBD. Their absence often associated with the onset of SEBD while resolution of these problems is often associated with their presence (Bridgeland, 1971; Cooper, 1993; Greenhaulgh, 1994).

3.2.1 Teachers with a negative influence

Research showing the association between aversive relationships with teachers and negative student outcomes has a long tradition. Recently, Myers & Pianta (2008) reported a long-term intensification of problem behaviours in children who had a negative relationship with a teacher. The social psychological mechanisms at work here were shown 25 years earlier by Tattum (1982) who, on the basis of informant-style interviews conducted with disruptive students attending an off-site unit in the UK, exposed five categories of motive given for disruptive behaviour. These were;

- it was the teacher's fault

- being treated with disrespect (by the teacher)

- inconsistency of rule application

- 'we were only messing about – having a laugh'

- it's the fault of the school system.

Tattum's work echoes the findings of Rosser & Harre's (1976) symbolic interactionist study of disruptive students who described their motives as 'reciprocation' and 'retribution' for their treatment by teachers. More recently, similar views were expressed by secondary school students in a series of case studies in English schools which examined how schools promoted and prevented student exclusion. Students contrasted

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their experience of exclusion-promoting schools, where they felt marginalised and anonymous and yet labelled as deviant, with exclusion-preventative schools where they felt known as persons and were treated with respect (Cooper *et al*, 2000). These findings are echoed in recent studies by Pomeroy (2000) and Lodge & Lynch (2003) referred to in the previous chapter.

Interestingly, support for this view of the effects of teacher negativity on student conduct is also provided by research into teachers' views. Twemlow & Fonagy (2005) administered a questionnaire to a convenience sample of 214 teachers asking for their perceptions of colleagues who bully. Teachers who taught at schools with high levels of suspensions were more likely to report that they themselves had bullied students, had themselves been bullied at school and had worked with more bullying teachers over the last three years. The authors concluded that teachers who bully students may have some role to play in the etiology of behavioural problems in schoolchildren. These findings are in line with earlier case research carried out by Reynolds & Sullivan (1979) in secondary schools in South Wales. This study, located within the school effectiveness paradigm, found teachers in the more effective schools adopted 'co-optive' rather than 'coercive' approaches to discipline, the latter being characterised by an emphasis on punishment while the former favoured more humanistic approaches.

3.2.2 Teachers with a positive influence

Although the previous section has emphasised the negative influence that a teacher's aversive personal style can have on student engagement, it was also noted that some evidence cited was based on the effects of contrasting teacher styles, and the general superiority of non-coercive and humanistic approaches. Other studies have shown that teachers who can convey emotional warmth and respect for students are often perceived to have a positive effect on the social and psychological engagement of students with SEBD. Buyse (2008) in two studies of kindergarten teachers in Belgium, one involving 3,798 children, the other 237, found emotional warmth in a teacher helped children with externalising and internalising behaviours to develop non-conflictual relationships in classrooms. LaRusso *et al* (2008) used structural equation modelling on data from a nationally representative group of 476 14- to 18-year-olds in the USA and found that those who said their teachers were supportive were more likely to report a healthy school climate and lower drug use, greater social belonging and lower levels of depression than those who did not.

Personal warmth and supportiveness are also associated with desirable academic outcomes. In a quantitative correlational study, McDonald *et al* (2005) showed that these positive characteristics strongly influenced academic outcomes, with warm and responsive teachers promoting stronger language skills in their students by the end of first grade. Cooper & McIntyre (1996), using a qualitative 'grounded theory' approach, studied 288 students and 13 teachers from five English comprehensive schools and found 'a supportive social context designed by the teacher to help pupils feel accepted, cared for and valued' (p158) was among eight teacher qualities that teachers and students associated with effective teaching leading to high levels of student engagement. An important finding here was the appearance of a strong relationship

between students' self-declared sense of emotional security and their apparent levels of academic engagement. These factors were mediated by the social-emotional climate fostered by the teacher. Students were most socially and academically engaged when they felt supported and respected by – and when they expressed a sense of trust in – their teachers.

The efficacy of a social-constructivist approach to teaching, emphasised by the Cooper & McIntyre study, is echoed in a study of seven teachers in an Australian school conducted by Gillies & Boyle (2008). They found that the teachers who showed the highest levels of ability to communicate, to ask meta-cognitive questions, and to mediate learning in a social-constructivist manner (such as through the use of scaffolding) were most successful in enabling students to achieve success in reflective thinking. The authors suggest that the mechanism for achieving this involved students modelling teachers' communicative behaviour. Other small-scale qualitative studies have suggested the value of teachers using reflexive techniques to record, examine and adjust their emotional responses to and communicative activities with their students. In one USA study, teachers were asked to keep a journal of their daily practice (Kreminitzer, 2005) in order to reflect critically on their own classroom management strategies, examine their emotional responses and, as a result, reframe the strategies where necessary. Similar small-scale studies have been carried out in Norway (Flem *et al*, 2004) and Greece (Poulou, 2005).

3.2.3 Teachers' knowledge, understanding, beliefs, attitudes and values

It is widely believed that adequate delivery of professional services depends on certain minimum training standards that are reflected in the sometimes legally-recognised credentials of those people who present themselves as professionals. As a result, it is common in the developed world for state-funded education systems to require teachers to have a recognised professional teaching qualification. Having said this, the particular challenges posed by students with SEBD are often conspicuously absent from the compulsory initial training. They tend to be available, if at all, only at the in-service, usually voluntary level (Maag & Katsiyannis, 1998) even though various authorities have cited the importance of knowledge and understanding of SEBD among teachers working with such students (eg Charlton & David, 1990, and Daniels *et al*, 1999).

Frolich *et al* (2002) claimed that although ADHD gave rise to many classroom problems, there was little training in the foundations and principles of its treatment for teachers in regular classrooms. In addition, co-ordination between parents, therapeutic institutions and teachers was poor which militated against multimodal treatments. His team of therapists, researchers and psychologists intervened in one Cologne elementary school, giving an intensive three-month in-service training which provided information on the disorder and encouraged teachers to be a part of the 'treatment' process, giving instruction on behavioural therapy in school. Outcomes indicated that the programme had a positive impact on teachers' ability to manage difficulties they encountered with ADHD.

In an Israeli study (Shiff & BarGil, 2004), two workshops for 42 elementary school teachers on the understanding and management of children with SEBD were followed by improvements in teachers' confidence in coping with these children in their classes.

Marzocchi *et al* (2004) in an intervention study in Italy, trained teachers in behaviour modification strategies resulting, at the end of the seven-month intervention, in significant improvements in student attention, levels of hyperactivity and oppositional behaviours, and improved teacher-student relationships. In another German study, in Hamburg (Rossbach & Probst, 2005), 18 advisory teachers were trained in ADHD theory, contingency management and antecedent training, together with the structured learning intervention TEACCH (Schopler *et al* 1971). A six-teacher sub-group of these then taught 10 classroom teachers the basic strategies, with four of these teachers receiving further training in contingency management. ADHD symptoms were significantly improved in both treatment groups with more maintenance in the teacher group who had received the additional training. A similar improvement in teacher skills and confidence was produced in a larger-scale in-service intervention study involving 49 teachers and 796 of their ADHD students, by Zentall & Javorsky (2007) in the USA.

These studies appear to suggest that training has an important role to play in the development of teachers' – and other education professionals' – knowledge, understanding of and skills in SEBD. This seems to be all the more pressing in an international climate that favours including students with SEBD in mainstream schools. In these circumstances the SEBD knowledge, understanding and skills that mainstream school personnel have are of critical importance. This point is illustrated by questions about the extent to which the teacher's role now overlaps with that of the mental health professional. This is the subject of a recent UK qualitative study (Rothi *et al*, 2008) in which 30 teachers from primary, secondary and special schools participated in semi-structured interviews to determine the extent to which they believed it was their duty to identify mental health needs and whether they thought they had the necessary training to do this. Almost all agreed that their skills needed to be supplemented with additional skills in SEBD, but several said the challenges posed by such training inevitably competed with other training demands related to the curriculum and other government initiatives.

Before we consider some empirically-based programmes that might be made available through training materials to school personnel, it is important also to consider teachers' beliefs, values and attitudes. This is important not least because of a strong emphasis on their significance in contemporary scholarship in the field of inclusive education (eg Slee, 1995; Booth & Ainscow, 1998; Skidmore, 2004). In keeping with the positive teacher qualities described earlier in this chapter, the 'educational values hypothesis' (Becker *et al* 2003:12) states: 'The best teachers hold a particular set of values about education – typical examples include commitment to helping all kinds of children learn, valuing diversity and caring, and espousing patience and persistence. (Metzger & Jia Wu, 2009)

One response to the evidence-based contention that 'good' teachers display these qualities might be that we should select recruits to the profession on the extent to which they exhibit them. Metzger & Jia Wu (2009) carried out a meta analysis of 24 studies on the efficacy of this selection approach in relation to a number of outcome variables including efficacy ratings provided by administrators (school managers), observers (researchers) and students. Student gain scores are also included. The results signal only a modest effect (r =.28) indicating a small positive outcome. Questions remain, however, about the validity and reliability of these instruments. More serious questions

relate to the assumed association between an individual's espoused beliefs, attitudes and values and those they reveal in their actual classroom interactions.

3.3 Managing the Classroom's Physical Environment

The impact of the physical environment on students' social and educational engagement is a relatively neglected topic in the research literature. For example, early school effectiveness researchers found little or no association between the physical school environment and social and academic outcome measures (Rutter *et al*, 1979). This view would appear counter-intuitive to many teachers, as Lowe (1988) found in an interview study with high performing teachers in the USA. When asked to describe aspects of the physical environment which affected their teaching, they referred to the availability and quality of classroom equipment and furnishings, as well as environmental factors such as climate control and acoustics as the most important. They emphasised in particular the need to be able to control classroom temperature and considered this to have a significant effect on the performance of both students and teachers. While this could be explained as relating to specific local climatic conditions which featured extreme temperatures, the findings are consistent with those of similar studies where teachers commonly view the physical environment as a significant influence on personal, social and educational performance.

In the USA substantial, (type 5) retrospective correlational studies have examined the relationship between the quality of a school's physical environment and student outcomes. Several have highlighted the negative impact of poor environmental conditions on student and staff morale. Studies which have controlled for socio-economic status have found students in school environments characterised by dysfunctional toilets, poorly-maintained buildings and poor control of ambient conditions achieving significantly lower scores on standardised achievement tests than students attending schools with higher environmental standards (Kaser, 2001).

School overcrowding has been a serious problem. A study in New York City found that students in such situations scored significantly lower on both mathematics and reading exams than similar students in schools that were not overcrowded.

Evidence, often from small-scale qualitative studies, suggests that teacher choices affecting classroom quality can sometimes be interpreted by students and others as statements of value in behaviour and learning (Weinstein, 1992; Savage, 1999) as well as the extent to which the teacher values the students themselves (Cooper, 1993; Cooper & Tiknaz, 2006). This point is illustrated in nurture group provision (see Chapter 4) which imports features of a comfortable, homely residential environment into the classroom as part of a regime to promote emotional security in students. This echoes approaches adopted in therapeutic residential schools for students with SEBD (Bridgeland, 1971; Cooper, 1993).

Studies of the spatial structure of the classroom focus on patterns of student seating, proximity of students to teachers, patterns of physical circulation in the classroom, and the overall sense of atmosphere and order. Drawing on a range of studies (MacAulay, 1990; Fulton, 1992; Rinehart, 1991; Shores, Gunter & Jack, 1993; Walker & Walker,

1991; Walker, Colvin & Ramsey, 1995; Wolfgang, 1996; Stewart & Evans, 1997; Bettenhausen, 1998; Quinn *et al*, 2000; Wannarka & Ruhl, 2008) the following spatial concerns are highlighted for their significance in relation to student engagement in classrooms:

- The need for the teacher to clearly define spaces within the classroom for specific purposes and to ensure students know how to behave in each of these areas.

- Seating students in rows facilitates individual academic engagement, whereas more open arrangements (groups or semi-circles) facilitate social exchanges among students more suited to tasks requiring student interaction with one another.

- Classrooms need to be arranged to limit student contact in 'high-traffic' areas such as the space around the pencil sharpener and wastebasket, and instructional areas; and to seat easily-distracted students farther away from 'high-traffic' areas.

- Students with special needs or behaviour problems will be easier to manage if placed near the teacher's desk. This facilitates monitoring of student behaviours and teacher delivery of positive statements when appropriate.

- As far as possible all students should have a clear view of the teacher and vice versa at all times.

- It is useful to limit visual and auditory stimulation which may distract students with attention and behaviour problems.

- It is advantageous to keep the classroom orderly and well-organised. For example the classroom is safe, clean, free of distracting physical features; the furnishings are flexible and fit the people who use them; media equipment is available and operable; lighting, windows and blinds are operable; and there is adequate control over ventilation and temperature.

In conclusion, researchers have given little attention to the impact of the physical environment and organisation of schools and classrooms. Limited existing evidence is based in relatively low-powered studies and no RCTs. These reservations notwithstanding, evidence indicates that students and teachers are influenced by the physical environment of schools, and teacher choices on how their classrooms are organised can affect student performance and engagement. An important implication of this research is that poor environmental conditions can adversely affect teacher and student achievements.

3.4 Student Peer Group as Classroom Resource

The student peer group performs a powerful role in influencing the quality of student behaviour in schools. If not harnessed effectively it can be a negative force. A study by Barth *et al* (2004) concluded that peers can serve as reinforcers and models. In examining 65 classrooms in 17 schools with a high proportion of SEBD, it was concluded also that disruptive students could serve to promote negative behaviours and the classroom environment could be counter-productive where they were seen as role models. Dishion *et al* (1999) examined this negative influence on interventions to alleviate behavioural difficulties.

In Gottfredson's (1987) retrospective study of two peer-oriented interventions for high-risk boys, outcome measures appeared to point to the success of the interventions during their course. However, follow-up studies showed that both interventions had been not only unsuccessful, but that the participant children, in the short and long term, were more likely than those in the control groups to indulge in the very high-risk behaviours the programme had been targeting. This was particularly evident in the earlier intervention which showed no differences in improvement between treated and control group adolescents, but more worryingly, appeared to have harmful long-term effects, especially for those involved in the most intensive of the interventions when follow-up data about these participants were collected during their late middle age. This effect, referred to as 'deviancy training', was most noticeable in the boys who had been older at the time of intervention, confounding the assumption that younger more vulnerable boys would be more likely to be negatively influenced by older peers. Gottfredson argues that this potentially 'toxic' peer influence effect must be taken into account in SEBD interventions.

Having said this, the study identified two additional encouraging and useful findings. One was that those boys with internalising depressive symptoms appeared to benefit from peer training in the absence of peers with disruptive or externalising disorders (Lewisohn & Clark, 1990). This suggests that different interventions may be appropriate for different types of conduct problems, and that where the disorder involves 'acting-out', the intervention may not be successful with those who suffer from anxiety and depression, and vice versa.

It has also been observed that where parental training and involvement are added to the peer-group intervention, this appears to have a protective effect against the tendency of youth to cluster into deviant peer-groups (Dishion *et al*, 1999). This type of parental-inclusive intervention is explored further in Chapter 5. The authors moderate their findings by concluding that not all peer-group interventions have produced such negative effects (Feindler *et al*, 1984, Wassef *et al*, 1996) although most of these studies have been with students presenting with internalising disorders.

3.4.1 Positive peer reporting and 'tootling'

Research also directs attention to the effect students with SEBD may have on their typically-developing peers. For example, children who are the victims of disruption often socially-marginalise the disrupters (Lochman and Lampron, 1985; Patterson *et al*, 1991). Skinner at al (2002) point to the relationship between this pattern of rejection and disciplinarian educational regimes which model rejecting and exclusionary behaviours against those perceived to be 'deviant'. Hamre & Pianta, (2001) found that such rejection, when evident during students' earliest encounters with schooling, is likely to increase SEBD symptomology over time and early evidence of difficult relationships between first grade children and their teachers can persist through eighth grade. In a recent study of teachers' attributions of misbehaviour conducted in the UK and in Ireland, teachers acknowledged that their own interaction with the children they teach, including the rewards and sanctions they utilise, may contribute to misbehaviour (Gibbs & Gardiner, 2008). Students' perceptions of unfairness in the application of

discipline was seen as a major factor in causing this effect which was further exacerbated in situations where teachers failed to give sufficient verbal praise and recognition of good work. In these circumstances staff and peers overlook any pro-social behaviours displayed by the 'SEBD student' resulting in what has long been known as the 'self-fulfilling prophecy' (certain students are labelled with deviant identities which become increasingly difficult to escape) (Hargreaves *et al*, 1975). Peer 'grassing' and 'tattling' can become powerful components in this process (Skinner, 2002).

Skinner *et al* (2002) review two interventions which may alleviate this social rejection and discourage negative feedback from peers about what may be judged to be unacceptable behaviour. In one, positive peer reporting (PPR) (Ervin *et al*,1996; Jones *et al*, 2000; Bowers *et al*, 2000; Moroz & Jones, 2002), children were given the opportunity to earn tokens for noticing another child's positive behaviour and reporting aloud on it in an end-of-day 10-minute session. A student was chosen as 'star of the week' and peers were trained to notice any pro-social behaviour of this 'star' each day and to report with the child and teacher present. Positive peer reporting was introduced as the opposite of 'tattling' or 'grassing'. Data from all studies determined that it increased positive peer interaction and peer acceptance of children with SEBD. In the Ervin (1996) study, rather than the students being rewarded individually for their input, each positive report earned a cotton-wool ball and these were put into a jar. When the jar was full, the entire class was rewarded with a party. This group reward was particularly effective.

The other intervention – 'tootling' (Skinner, 2002) – does not target an individual child as the focus of peer support. Instead, it offers all children the opportunity to stop 'telling tales' or tattling about their peers and begin praising their rather less noticeable pro-social behaviour. Each day, pupils are encouraged to fill in report cards on good behaviour from their classmates. These are handed in to the teacher at the end of the day. As in the Ervin (1996) study, the group shares the student rewards. Tootling is flexible and progressive since classmates develop an awareness of what constitutes helpful behaviour. Over time changes are made in the reinforcement criteria and use of group reinforcements may be randomly selected to prioritise certain positive but overlooked behaviours. These two interventions have certain limitations the most challenging being that once reinforcers are withdrawn, behaviour reverts to baseline. Research continues to discover whether fading rather than withdrawal might encourage maintenance.

Skinner's (2002:199) paper concludes with a provocative observation: 'Proactive punishment systems may be needed to prevent incidental anti-social behaviour. The attention and energy placed into developing and implementing these systems may teach children that inappropriate behaviours are unacceptable, but do little to suggest that society values incidental non-dramatic pro-social behaviours. Thus, future researchers should determine if implementing programs designed to encourage pro-social behaviours may help shape adults who value and respect incidental pro-social behaviours.'

This reminds us of the importance of adults' implicit values and attitudes and their hidden influence and that in many ways, student behaviour often reflects adult values and attitudes.

3.4.2 Class-wide peer tutoring

A strongly-evidenced behavioural intervention for academic progress in children with SEBD is peer-assisted learning. In the main, this addresses academic outcomes for children at risk through peer-assistance and increased opportunities to respond (Sutherland *et al*, 2003;.Damon, 1984; Pigott *et al*, 1986; Topping, 2005). One of the best known of these is class-wide peer tutoring originally devised in the early 1980s in the Juniper Gardens Project (Delquadri *et al*, 1986), a USA community-based instructional programme for children in a low-income urban area, overseen by the University of Kansas. It is based on a discovery by behavioural analysts that children with academic difficulties and those with attention problems (Du Paul & Henningson, 1993) can have their learning accelerated by being given more frequent opportunities to respond (Hall *et al*, 1982). The researchers noted that a difference in what were then called Chapter One schools, those serving the most deprived areas, was that teaching staff engaged students in response far less, on average eleven minutes a day less, than schools serving areas of high socio-economic status (Greenwood *et al*, 1989). Class-wide peer tutoring twins each learner with another peer rather than a teacher to increase the reciprocal responses of each. It can be adapted for use in all classrooms and is most effective in kindergarten and first grades of elementary school. It is now being trialled in middle schools (Veerkamp *et al*, 2007; Kamps *et al*, 2008).

After pre-testing and training in tutor skills, children are divided into dyads and each pair is assigned to a team. Each student tests the other student on spelling, maths and reading and comprehension. The two take it in turns to test the other on the previous Friday's lessons. The tutored pupil earns two points for every correct answer. If the answer is incorrect the tutor can then earn a point by writing the correct answer on the worksheet three times. After ten minutes the tutored pupil and tutor exchange places. At the end of the session points are entered up on a team point chart. The activity is held every Monday to Thursday morning for half an hour per day. The team with the most points is announced daily with the week's winner rewarded on Fridays when all children are individually tested on the week's work. This intervention incorporates the two elements identified by Slavin (1990) as those conditions necessary for children to help each other learn: group goals (interdependence), and individual accountability.

The first large-scale trial (Greenwood *et al*, 1987) to determine this intervention's reliability was a field replication of early pilot studies. It had a single-subject design with baseline, reversal and pre-test probes conducted in four inner-city schools, involving 211 first and second grade pupils in a socio-economically deprived area of Kansas City over two years. Students were assigned to a high or low pre-test group The groups were assigned to either A – teacher regular procedures – or B – class-wide peer tutoring. Results indicated that students under direct teacher instructional procedures made substantial gains but that significant additional improvements were made by both high and low groups during peer tutoring.

A further longitudinal study initially involving 416 students (Greenwood *et al*, 1989) over four years compared the achievements of students in low socio-economic status (SES) area schools, and those in similar high schools. Two groups, one a high SES area school were offered teacher instruction only (comparison), and one low SES group

(control). One low SES group was offered class-wide peer tutoring (experimental). After four years 877 students had entered the database. Population mobility, along with a school closure, led to a high attrition rate (68.2 per cent) in the experimental group. Post hoc tests indicated that this group engaged in significantly more reading aloud, academic talk and question asking, but significantly less hand-raising to request teacher assistance, than both comparison and control groups. The low SES experimental group achieved significantly greater gains in language, reading and maths than did the equivalent low SES control group. There were no significant differences between the gains made by the experimental group compared with the high SES comparison group which received teacher instruction only, although effect sizes were higher in the high SES group. After four years the experimental group exceeded or approached the national norms in all academic domains while the control group remained consistently below this level. Effect sizes ranged from 0.37 to 0.60.

Some subsequent trials produced similarly positive results, particularly in spelling improvement, but involved low sample sizes. Kohler *et al* (1990) used only three students, Sideridis *et al* (1997) only six, of whom three were typically-developing children and three had mild difficulties. Mortweet *et al* (1999) studied four students with mild mental retardation. Bownam-Perrott *et al* (2007) investigated the use of class-wide peer tutoring in secondary level students with SEBD in two alternative school classrooms with a high teacher-student ratio. They found in an ABAB[3] single-subject design that peer tutoring had little effect in one of these classrooms on biology test scores, and only slightly improved in the second. On adding self-monitoring skills to the original design and comparing this with instruction in a third classroom on spelling instruction using an alternating treatment design, sizeable improvements in most but not all weeks of the study were obtained. More importantly, students in all three classrooms improved in on-task time when using peer tutoring as opposed to conventional instruction. Allsopp (1997) used peer tutoring with groups of 14-year-olds to improve their understanding of algebra. When compared with individual instruction, little significant difference was found within the two groups although those most at risk for maths failure did show modest improvement.

Class-wide peer tutoring has received the 'proven' certification from the US Promising Practices Network www.promisingpractices.net, which summarises study findings as set out below.

The various project evaluations found that:

- When students began peer tutoring in the first grade, by the end of the fourth grade they scored more than 11 percentage points higher than control groups on a nationally standardised test in both reading and maths (40 per cent versus 29 per cent in reading, and 49 per cent versus 38 per cent in maths) after test scores were adjusted for differences between the two groups that were determined in the first grade (for example, measured IQ).

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3   This refers to a 'repeated measures' research design. A is one condition and B is the other. The purpose of this design is to find out if the intervention (B) has a different effect on observed outcomes that the absence of intervention (A). ABAB is a design in which the conditions are repeated alternately.

- Class-wide peer tutoring produced average gains of 12 percentage points on spelling tests among third and fourth graders, with 80 per cent of students receiving grades in the A range (90 per cent and higher).

- Children were 20 to 70 per cent more likely to stay on task, remain engaged with their lessons and respond to the teacher during peer tutoring than before the programme.

- On average, first graders tested above the second-grade level on comprehension and vocabulary using the Gates-MacGinitie reading test, with a class average of second grade, fourth month in comprehension and second grade, seventh month in vocabulary after five months of peer tutoring.

- An experimental group in elementary schools in economically depressed areas performed almost as well as a comparison group of children from higher socio-economic groups and performed significantly better than a control group of students from other elementary schools in economically depressed areas who did not receive peer tutoring.

3.4.3 Peer assisted learning strategies

The core elements of class-wide peer tutoring have been incorporated into another programme which partially replicates its predecessor's methodology, but adds elements shown to increase academic competence in children with reading and numeracy delay, in particular. This variant, peer assisted learning strategies or PALS (Fuchs *et al*, 1999; 2000a; 2000b; 2002; Falk & Wehby 2000; Mathes *et al*, 1998) has been tested for improving maths skills (Baker, 2004). But it concentrates largely on language skills and reading for students at risk and incorporates paragraph shrinking (summary and comprehension) and prediction relay where pupils predict what might occur next in the text. Sound cognitive research exists on both these elements. Practice in summarising key ideas in a paragraph enhances reading comprehension (Baumann, 1984) and practice in formulating predictions is also associated with reading comprehension (Palincsar & Brown, 1984). The PALS scheme has proven an effective reading intervention (US Department of Education Program Effectiveness Panel) across learning disabled, low-achieving and average-achieving children in elementary schools, and with children with SEBD (Wehby *et al*, 2003). Its recommended use is three 35-minute sessions each week in which peers correct each other's reading, precis paragraphs into ten words and then, in turn, predict what the next half page will say. Points are earned much in the same way as in peer tutoring.

In a study examining whether improvements produced by PALS could be carried over to high school students with serious reading problems (Fuchs *et al*, 1999), the authors discovered that in this 16-week intervention in nine classrooms with an average pupil size of 15 and a similar size control group, reading comprehension was increased in the PALS group with an effect size of .38. Reading fluency did not improve differentially, however, nor did students in the intervention group increase their overall belief in their reading abilities. This programme's adaptation to the needs of older reluctant readers continues and further research is needed.

The scheme was also used in a Canadian study to determine improvement or otherwise following peer tutoring in students' social preference and friendship making. Modestly

positive findings, relating only to the least popular and most isolated children, were achieved (Dion *et al*, 2005). A similar study on the social behaviours of six third grade students with emotional and behavioural disorders using the PALS programme discovered that reading improvement was not related to generalised changes in inappropriate behaviour (Barton-Arwood *et al*, 2005).

In a meta-analysis of all peer-assisted learning schemes Rhorbeck *et al* (2003) found this type of intervention was most successful with younger, low-income and minority students. In addition, those using interdependent reward systems, self-evaluation procedures and which gave students most autonomy had higher effect sizes.

A further meta-analysis by members of this same group of researchers (Ginsburg-Block *et al*, 2006) examined the social, self-concept and behavioural effects of peer-assisted learning. This concluded there were small to moderate effects on these three social-emotional outcomes along with a positive relationship between these outcomes and student achievement. The most effective procedures were those already noted in the previous meta-analysis, with the addition in these outcome measures, of structured student roles and same-gender grouping. Although causal relationships could not be established between these procedures and the outcomes, this, they felt, may be elucidated by further study. The authors conclude (Ginsburg-Block *et al*, 2006:749) PAL interventions may help address the affective needs of vulnerable student populations without sacrificing their academic needs.

This conclusion is echoed by the findings of another meta-analysis (Roseth *et al*, 2008) of 148 independent, international studies on the effect of early adolescent achievement and peer relationships, and the effect on these of co-operative, competitive and individualistic goal-setting. Positive peer relationships were predicted by co-operative goals and these were associated with a positive relation between achievement and successful peer relationships.

Summary

This chapter has examined the kinds of understandings and skills demonstrated by teachers who are effective in supporting and managing students with SEBD. Those who display emotional warmth have been shown in all research to improve the well-being of students not only in engagement with school but also in enabling academic achievement.

1. Several research studies show that in-service training on the nature of SEBD is of considerable assistance to classroom teachers.

2. Effective approaches to managing the physical environment of the classroom for SEBD are supported by a limited quantity of studies which tend to be small-scale and of type 4 or 5 (prospective or retrospective case studies). Some evidence, though of a relatively low power, indicates that poor quality educational environments inhibit the effective performance of students and teachers.

3. Strategies for utilising student peer influence are supported by promising empirical evidence, although there are type 1 or type 2 studies.

4 Enhancing Teacher Skills

4.1 Overview

In this chapter we move beyond the positive qualities of teachers and students to a consideration of how teacher skills can be nurtured and developed to improve their ability to promote the engagement of their students.

4.2 Behavioural Interventions

Behavioural approaches to dealing with SEBD are based on principles of contingency management and reinforcement developed initially on the basis of research with animals. It is to the work of Watson & Skinner that the widespread applications of behavioural theory to human subjects can be attributed (see Chapter 2). This history has sometimes led to behaviourism being attacked for its reductive portrayal of humans as being on the same behavioural plane as animals, and for its denial of the importance of 'mind' (eg Malik, 2000). Along with these views come concerns about the undeniable power of behavioural methods to shape and thus manipulate human beings. These important criticisms must not be ignored. It is equally important, however, to emphasise how behavioural approaches require us to understand deviance in terms of objectively observable behaviour without reference to attitudinal or other personal factors (Cooper *et al*, 1994). Such an approach can, for example, remove feelings of hurt or blame which may serve to exacerbate a problem and direct attention to aspects of the educational environment which may be influential as antecedents to or consequences of the behaviour in focus. As with all SEBD interventions, it is the responsibility of the person carrying out the intervention to do so in an ethical manner.

4.2.1 The Good Behaviour Game

In research literature on interventions for improving student behaviour in school settings the Good Behaviour Game (Barrish, Saunders, & Wold, 1969) stands out as one of the most powerful applications of behaviourist principles to this problem. The approach has been enjoying significant demonstrable success in Europe and North America since the 1960s. Its longevity has also enabled its effects to be measured longitudinally (eg Kellam & Anthony, 1998). Evidence indicates that it is particularly effective for a wide range of social, emotional and behavioural difficulties and in a wide range of educational settings with students aged four to 18 (Tingstrom, 2006). These are remarkable claims.

The game is played between teams of students and is based on interdependent group contingencies in which each member is rewarded for the aggregate behavioural performance of their team. This means that each group member must try to regulate his or her own behaviour and help fellow team members do the same in order to gain the reinforcing reward.

Usually, the game involves the teacher and pupils establishing a small set of classroom rules which deal with desired behaviour. These might include on-seat behaviour, and/

or quiet working. These rules are then posted so that the class can familiarise itself with them. In the following weeks, the class is divided into two or three teams at various times in the day. Initially, the game is played over short periods, usually ten minutes, although these sessions are increased in time and frequency. Pupils get a tick on the blackboard if a team member breaks an agreed rule. Teams with four or fewer ticks at the end of the game are awarded token reinforcements (small gifts such as stickers or an activity choice).

Research evidence suggests that to employ the game effectively the co-ordinator (usually a teacher or teaching assistant) must avoid the pitfalls that can occur in interdependent contingency management situations. For example, children who exhibit strongly oppositional behaviour may attempt to sabotage the game, leading to their being ostracised by their team peers (Skinner, 1996). The literature provides strategies for preventing and dealing with this and research evidence appears to show that the game's flexible application succeeds in overcoming these difficulties. As Kelshaw-Levering (2000) described, there could be a randomisation procedure whereby at the end of certain sessions a lottery determined whether the ticks of the group as a whole were counted or whether one named member of each team, drawn in the lottery, was chosen to represent the whole team. Rewards were also the subject of lottery and might range from gold stars to large rewards such as a field trip. Another way to manage this type of sabotaging behaviour is to create a specific group of students who find it most difficult to remain within the rules. These are thus removed from the groups they were sabotaging and compelled to work as a team in order to compete with the other teams (Kelshaw-Levering, 2000).

The largest RCT on the Good Behaviour Game was conducted in Baltimore public schools in 1985-88 as part of a large-scale epidemiological project on two successive year groups of entrants to inner city schools. In all, 2,311 were involved, 1,196 in the first intake and 1,115 in the second intake (Dolan, 1993; Kellam, 1994; Kellam & Anthony, 1998; Poduska, 2008) This preventative intervention aimed to reduce risk behaviours associated with later-life substance abuse and social disorder. Both externalising aggressive behaviour and anxious internalising behaviours were targeted. It was carried out over two years for each cohort of 808 boys and 796 girls, who were randomly assigned to three groups. The first was the control group which received no additional intervention save those typically applied within the school management system. The second was assigned to a cognitive intervention, mastery learning, and the third to the Good Behaviour Game. This cohort has been interviewed annually for eleven years, from age eight to nine, to age 19 to 20. The data were continually analysed for a variety of outcome measures. The short- and long-term findings include:

- Teachers of those in the Good Behaviour Game group rated their pupils significantly lower for aggression and shyness following six months of intervention. The greatest reductions were for those who had exhibited the most aggression and disruption. Peer ratings agreed, but the reductions for girls were not significant (Dolan *et al*, 1993).

- In adolescence, Good Behaviour Game participants maintained their initial gains, particularly those most highly rated for aggression at age six. But some boys who

had not displayed aggression at school intake had developed aggressive and disruptive behaviour by adolescence, despite having taken part in the game (Kellam *et al*, 1994).

- The biggest improvements at adolescence involved those placed in classrooms for the most aggressive at first grade (Kelham & Anthony, 1998).

- Where the Good Behaviour Game was compared to a parental-training and support scheme, it was found that both sets of pupils had a lower likelihood than did control students of being diagnosed with conduct disorder in adolescence or to have been suspended from school. Pupils who played the game were less likely than both controls and those in the parent-training group to have used mental health services by adolescence. This study suggested that even more positive results may be obtained from combining the two interventions (Ialongo *et al*, 2001).

- Boys who took part in the game at age five or six, were less likely to smoke than controls by age 14, and less aggressive boys in the initial intervention group were less likely to smoke than their more aggressive peers. This protective outcome did not apply to girls (Kellam & Anthony, 1998).

The effectiveness of the Good Behaviour Game has also been shown in a large-scale RCT study carried out in the Netherlands (van Lier *et al*, 2004) where 31 classes of children from inner city schools, 744 in all, with mean age 6.9, were randomly allocated to classes using the game (16 classes) or to classrooms where conventional classroom management approaches were employed (15 classes). The cohort contained a high proportion of students diagnosed with ADHD and 31 per cent of these were from ethnic minority backgrounds. A key finding was that game group children showed a significant decrease in classroom symptoms of ADHD.

Its advantages are that it reinforces behavioural inhibition in an inclusive classroom, is cost-effective and is simple to implement (Embry, 2002). It can be adapted as a behaviour-modification intervention over various social and academic settings (Tingstrom, 2006). It has also been used in non-classroom settings, for example as an intervention for increasing pro-social behaviours in a series of volley-ball lessons (Patrick, 1998), and to control disruptive behaviours in a library (Fishbein & Wasik, 1981). Most usefully it appears to reduce future incidence of substance use and adverse social consequences for boys at risk (Poduska, 2008) although its protective value for girls appears to be less evident (Kellam & Anthony 1998).

4.2.2 General behavioural strategies: the value of 'kernels'

Recently, Embry (2004; 2008) and Embry Biglan (2008) have identified and described 52 strongly evidence-based behavioural strategies which they term 'kernels'. These specific strategies are embedded in more elaborate schemes and interventions. Analyses by Embry and Biglan appear to show that if used competently, frequently enough, and sometimes with each other, kernels can produce significant and lasting behavioural change.

Although related to various institutional and community focused preventative interventions (Embry, 2008), for our purpose we have selected those kernels most

relevant to the school setting for SEBD. All these kernels are supported by strong empirical evidence, and the paper's authors list comprehensively those studies which support each behavioural intervention.

While we should be aware of the dangers of appearing to reduce effective behavioural intervention to a series of simple strategies, it is important to note that these strategies are frequently used in many behavioural interventions to demonstrably positive effect (see Table 4.1, below).

Table 4.1: Evidence-based strategies ('kernels') (Embry, 2004, 2008; and Embry and Biglan (2008)

Intervention	Description of 'kernel'	Evidence from studies
Response cost	Non-emotional removal of a token or privilege for misbehaviour.	Foreman (1980); Kendall & Finch(1976); Little & Kelley (1989)
Verbal praise	This can be oral or written, and encourages co-operative acts between individuals. It encourages positive teacher-student relations and reduces aggressive and disruptive behaviour.	Lowe & McLaughlin (1974); Marchant & Young (2001); Marchant et al (2004); Martens et al (1997); Matheson & Shriver (2005); Robinson & Robinson (1979); Scott et al (2001)
Beat the timer	Children are set a task to be completed in a given time and are rewarded if they succeed.	Wolfe, Kelly & Drabman (1981); Adams & Drabman (1995); Drabman & Creedon (1979)
Mystery motivators	Students are invited to select from a jar or bowl a mystery prize for achieving a target.	Brown & Redmon (1989); Foxx & Schaeffer (1981); Moore et al (1994)
Team competition	Groups compete on a task, performance or game.	Beersma et al (2003); Hoigaard et al (2006); Kivlighan & Granger(2006); Koffman et al (1998)
Time out	Using a timer, a child is withdrawn from one environment into another place for one minute, plus one minute for each year of his/her age. The best results are obtained from shorter (five minutes) than longer (15 minutes) time out.	Fabiano et al (2004); Kazdin (1980); Wolf et al (1967)

Intervention	Description of 'kernel'	Evidence from studies
Premack principle	The principle here is that children will adopt a behaviour they may be resisting if they believe it will lead to something they want. This is the principle of 'work now, play later'.	Agathon & Granjus (1976); Andrews (1970); Browder et al (1984); Ghosh & Chattopadhyay (1993); Gonzalez & Ribes (1975); Harrison & Schaeffer (1975); Homme et al(1963); Hosie et al (1974); Knapp (1976); Leclerc & Thurston (2003)
Low emotion 'private' reprimands	Corrective feedback given without threats or emotion. Short reprimands work better than long. Reprimands work better than encouragement on off-task behaviour.	Abramowitz et al (1987); Acker and O'Leary (1987); Houghton et al (1990); Merrett & Tang (1994); Ostrower and Ziv (1982); Pfiffner et al (1985); Piazza et al (1999)
Traffic light system	Using the traffic light colour system to indicate when a behaviour is becoming disruptive (red) or when it is desirable and safe (green).	Medland & Stachnik (1972); Wasserman (1977)
Non-verbal transition cues	This could be playing music or switching lights on and off, ringing a bell, changing voice tone – or another cue, to signal the end of one activity and the start of another.	Abbott et al (1998); Embry et al (1996); Krantz & Risley (1977); Rosenkoetter & Fowler (1986)
Meaningful roles	Giving children meaningful roles to encourage responsibility	Kahne & Bailey (1999); Rutter (1983)
Praise notes from peers	Peer approval notes posted in a book, displayed on a wall or read out loud in which children are praised for their behaviour, strengths, achievements or co-operation by other children.	Abbott et al (1998); Embry et al (1996); Gottfredson (1986); Skinner (2002)
Positive school-to-home notes	Sending notes home to the family when behaviour has been particularly desirable.	Gupta et al (1990); Kelley et al (1988); McCain & Kelley (1993); Taylor et al (1984)

4.2.3 Functional behavioural analysis

Functional behavioural analysis (FBA) (Baer *et al*, 1968), is a useful and exact tool widely used to evaluate the match between a child's needs and the support provided. It originated as a tool applied to children with developmental delay and is now used with students with SEBD.

Currently, in the USA as elsewhere an important outcome of educational assessment of students with SEBD is the individual behaviour plan. This provides clearly defined objectives which can inform educational interventions and provide a basis for evaluating progress. Such assessment is often carried out by teachers, and sometimes by behavioural support teams. Recently, researchers in the USA have examined whether teachers and others can be taught the skills such assessments require, and whether this might improve assessment quality for students with SEBD and other special educational needs (Barnhill, 2005). A functional analysis examines the child's relationship to the environment and makes note of rate and frequency of behaviours, how long they last, when and where they occur. Functional behavioural analysis employs the behaviourist constructs of: antecedents (what happens just before a behaviour); behaviour (the behaviour of concern); and consequences (the result of that behaviour). In this way the approach eschews explanations which appeal to the internal states of individuals (including psycho-medical accounts which might invoke diagnostic categories such Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder (CD) or Autistic Spectrum Disorders (ASD) in favour of searching for the stimuli which reinforce behaviours in a specific setting. The analysis, therefore, is to determine the fitness for purpose of specific interventions and assist selection from the wide array of options.

For example, Umbreit *et al* (2004) show how expert functional behavioural analysis concluded that a disruptive student's behaviours occurred when he had finished an assignment and usually gained him access to preferred activities. This led to an intervention which increased task difficulty ensuring he remained occupied for longer periods and thus reducing disruption levels.

While such studies have produced some interesting results, as this example illustrates, they have tended to be small-scale, sometimes carried out in individual and summer schools, and often with few participants.

Another functional behavioural analysis study in a mainstream classroom (Lewis & Sugai, 1996) determined that in three cases the children with peer group problems tried to gain inappropriately the attention of peers who rejected them. In another study (Kamps *et al*, 2006), involving a teacher working with two disruptive male students, under the guidance of an applied behavioural analysis practitioner, concluded that more teacher praise, 'help' tickets and some self-management enabled more on-task behaviour. Teacher praise appears an important element in modifying behaviour. A study of nine students with SEBD in a self-contained classroom showed that in a reversal ABAB withdrawal design (Sutherland *et al*, 2000) teacher praise was an important factor in maintaining on-task behaviour. Chandler *et al* (1999) demonstrated that when a group of teachers of pre-school children were trained in behaviour modification

techniques including functional behavioural analysis, the children's undesirable behaviours were significantly altered.

However, Scott *et al* (2005) in a paper which examined the work of 13 functional behavioural analysis teams found practical barriers to their efficient use remained and that school-based personnel were more likely to select negative and exclusionary strategies as a response to challenging behaviour. In the same year a state-wide critical analysis of completed functional behavioural analyses and behaviour intervention plans across Wisconsin (Van Acker *et al*, 2005) noted serious flaws in the drawing up of plans even after a training session. Many school teams did not link the function of the behaviours noted by the analysis in deciding an intervention. This study recommended further and simplified teacher and team training and use of check-listed reviews. Similar findings were produced in a study by Blood & Neel (2007) who examined behaviour intervention plans of children with emotional and behavioural difficulties in a mid-sized district in eastern Washington. Most had no plan and where a plan existed instead of including specific suggestions for replacement behaviours it contained generalised lists of responses to behaviour without reference to particular student needs. Cook *et al* (2007) also found inadequacies when checking positive behaviour support plans for special education students drawn up by two different groups of educators. Plans drawn up by teams with insufficient training in positive behaviour support were insufficiently-tailored to the child's needs. Benazzi *et al* (2006) found that in teams which contained at least one trained positive behaviour support specialist produced the most effective plans.

Another shortcoming of behaviour intervention and individualised education plans was investigated by Martin *et al* (2006). In their observational study of 109 individualised plan meetings and a post-meeting survey, they found the student's voice was rarely listened to: they spoke only 3 per cent of the time. Most discussion was carried by special education teachers (51 per cent), family members (15 per cent), general teachers and administrators (9 per cent) and support staff (6 per cent). Researchers called for the teaching of participation skills so that students could have a say in their own individualised plan.

4.3 Cognitive Behavioural Strategies

We outlined the principles underpinning cognitive behavioural approaches in Chapter 2. To summarise: such approaches are concerned with how thought processes can sometimes influence the relationship between external stimuli and target behaviours. Cognitive behavioural therapy aims to encourage the development of functional ways of thinking by challenging and changing dysfunctional ways of thinking.

Previous reviews have shown strong evidence that the efficacy of such approaches with problems as diverse as self-monitoring difficulties among children with ADHD (Shapiro & Cole, 1995), self-control among children with oppositional defiant disorder (ODD) and conduct disorder (CD) (Altepeter & Korger, 1999; Fonagy & Kurtz, 2002; Kazdin, 2002), anxiety disorders (Kearney & Wadiak, 1999; Fonagy *et al*, 2002; Schoenfeld & Janney, 2008) and depressive disorders (Fonagy *et al*, 2002).

Importantly, for the purposes of this review cognitive behavioural interventions are divided into two main categories on the basis of their scale and scope. On the one hand, there are the large-scale whole-school, and sometimes district-wide 'universal' approaches which are often multi-dimensional and can affect very large cohorts of students. These approaches are dealt with in Chapter 5 which deals with interventions outside the control of the individual practitioner. Here, we deal mainly with the second category which takes the form of specific intervention techniques adopted by the lone practitioner working within the school.

4.3.1 Self-evaluation and self-regulation

Strayhorn (2002a) emphasises the central importance of self-regulation in the social and emotional functioning of human beings, pointing out that deficits in self-control are central to a wide range of psychopathologies. He argues for these key skills to be taught to children with such difficulties;

- the art of self-instruction

- the ability to remove oneself, physically and mentally, from tempting stimuli

- self-monitoring.

Strayhorn (2002b) then goes on to provide guidelines for developing self control skills in children;

- self-control is fostered most effectively through a long-term positive relationship with a dependable person who communicates the value of self-control

- the need for working at self-control challenges to be carefully selected so they are within the skill range of the child

- the need for the child to be exposed to a wide range of positive models of the successful exercise of self-control

- the importance of intensive practice coupled with the rewarding of effort.

- using 'fantasy rehearsal' where children engage in simulations of situations involving self-control challenges

- the importance of developing a personal vocabulary for self-control, thus promoting a sense of ownership.

These general guidelines are consistent and help to highlight important features that run through the empirical literature on the application of cognitive behavioural approaches.

Elias & Berk (2002) provide empirical support for the importance of self-regulation skills in children who display impulsive behaviour. They carried out a naturalistic longitudinal observational study of 51 children in a US kindergarten. The study aimed to examine the effect of socio-dramatic play involving imaginative role-play on development of self-regulation. They found children who engaged in such play with others exercised higher levels of self-regulation in clean-up and Circle Time sessions than students who engaged in solitary play and that the effect was particularly strong for impulsive children. The authors argue that these findings are consistent with Vygotsky's contention that such

play in early childhood contributes importantly to the development of self-regulation and that complex socio-dramatic activities are, therefore, an important aid in the development of self-regulation, particularly among impulsive children.

An important component of self-regulatory behaviour is self-monitoring where the individual observes his/her performance and evaluates it against compliance criteria. Various empirically-supported techniques promote self-monitoring by students with SEBD in classrooms. Davies & Witte (2000) focus on 'interdependent group contingency' techniques – approaches to promoting self-monitoring that can be used with whole classes. They cite the Good Behaviour Game (see above) as a well-known example and then describe an evaluation of an intervention in third grade US mainstream classroom (n=30). A teacher used an 'interdependent group contingency' technique to reduce the 'talking out of turn' behaviour of four students with ADHD.

Students were instructed to monitor their own performance in the target behaviour on a chart with three coloured zones. Each group began with five counters in the green zone. If a group member broke the rule s/he had to move a counter from the green to the blue zone. If the group had not done this 10 seconds after a rule infringement, the teacher moved a token into the red zone. Each student also had to maintain a tally of his/her personal performance – that is the number of times they had moved the token themselves against the number of times the teacher moved it when they broke the rule.

The study employed an ABAB reversal design with a first intervention period of 12 days and a second intervention of 10 days separated by one week when no intervention took place. The four target students were each matched to a non-ADHD control. Baseline data (A) was taken on the target students' and the controls' level of talking out of turn behaviour before the intervention and the same measures were repeated during the intervention period (B). This procedure was then repeated.

Findings showed the intervention had a dramatic and positive effect on 'talking out of turn' behaviour of the students with ADHD. The first set of baseline data showed they exhibited much higher levels of target behaviour than the controls. This difference was found to be statistically significant. Measures taken during the first intervention period showed a dramatic decrease in the incidence of target behaviours performed both by the students with ADHD and the controls. The second set of baseline data revealed lower levels of target behaviour for both groups than the time 1 baseline data, with no statistically significant difference between target students and controls, though there was a statistically significant improvement in baseline 1 and 2 scores of the students with ADHD. During the second intervention levels of target behaviour were again dramatically reduced. The researchers also noted no significant statistical relationship between talking out of turn behaviour and whether the students had self-identified their rule-breaking or whether it had been teacher-identified. This was taken to suggest that although students had not entirely adopted a self- monitoring approach, self-monitoring plays a role in leading to positive outcomes.

While the study by Davies & White is small-scale and in itself indicates the potential efficacy of the approach described rather than offering generalisable findings, it is worthy of attention as much for its form as its content. Crucially, it illustrates how

behavioural and cognitive behavioural approaches lend themselves to accurate and rigorous evaluation.

Similar small-scale studies have shown that a range of self-monitoring techniques have been associated with improvements in behavioural functioning:

- Amato-Zech *et al* (2006) showed the efficacy of pager-type electronic 'beepers' in reducing noncompliant behaviour in three elementary age students with SEBD.

- In a more complex multiple baseline study by Gureasko-Moore *et al* (2007) six boys aged eleven to 12 diagnosed with ADHD and attending a mainstream school were trained to use a log book and self-management checklist. Data from systematic observation revealed significant improvements in the students' classroom-preparedness behaviours and homework-related behaviours. An interesting and valuable adjunct to these quantitative data were quantitative and qualitative 'social validation data' which suggested the target students' improved behaviours were comparable to levels achieved by their classroom peers, and that teachers, parents and the students themselves expressed satisfaction with the programme and its effects.

- Rhode *et al* (1983) carried out a multiple baseline repeated measures study of the use of self-evaluation strategies with 'behaviourally handicapped' elementary school students (n=6) who were initially placed in a short-term special provision ('resource room'). Two particularly interesting features – generalisation and maintenance – are the results of the complex, 14-stage self-evaluation programme described, and the persuasive evidence of its efficacy in securing behavioural improvements that were generalised and maintained when the students returned to full-time placement in a mainstream classroom. The programme was divided into two phases. The first consisted of seven stages designed to introduce the students to self-evaluation techniques, initially through direct instruction by the teacher. Students then had to adopt the techniques being applied by the teacher and a process of comparison and discussion began into the intention of encouraging convergence between teacher and student evaluations. At the outset, students were given reinforcement in the form of points. Over time these reinforcers were withdrawn and students were reinforced through verbal praise and self-reinforcement as they achieved programme goals. Once convergence was achieved and the students demonstrated accurate self- monitoring that revealed at least 80 per cent compliance with behavioural goals over a four-day period, they could enter phase two which involved returning full-time to the mainstream class. The remaining seven stages involved a less intensive version of the strategy-reinforcement that had occupied phase one. Four of the six students maintained a level of compliant behaviour consistent with their mainstream peers after the intervention period ended.

A particularly interesting feature of several of these and other similar studies (eg Hoff & DuPaul, 1998) is the apparent success they can achieve with students diagnosed with ADHD, a condition commonly treated with stimulant medication in the USA (Greenhill & Ford, 2002), though less commonly in Europe (NICE, 2008). In the studies cited here students with ADHD were often prescribed medication *before* the onset of cognitive

behavioural intervention. This suggests that the process may have a significant value-added effect when combined with medication (Kazdin, 2002). It should be emphasised, however, that the cognitive behavioural studies so far reviewed are often very small-scale and lack the power of large-scale RCTs (ie type 1 studies).

4.3.2 Self-regulation for anxiety disorders

Chapter 2 noted a strong tendency for educational approaches to SEBD to focus on acting-out/disruptive behaviours at the expense of withdrawn/acting-in behaviours. This is in spite of the widespread prevalence of acting-in disorders as well as evidence of their impact on educational functioning. For this reason it is important to focus on an important specific application of cognitive behavioural self-regulation techniques for anxiety disorders.

Schoenfeld & Janney (2008: 598) recently completed a research review of school-based cognitive behavioural interventions for anxiety disorders and concluded: 'The results of this intervention research are unequivocal: school-based intervention for anxiety disorders is effective. Students with anxiety disorders who participate in cognitive-behavioural intervention at school emerge with fewer anxious symptoms than non-participants, and show similar effects to school-based cognitive-behavioural therapy as do peers who participate in off-campus interventions.'

Kendall (1994) illustrates the efficacy of clinic-based cognitive behavioural interventions for children with anxiety disorders in a RCT study on the application of such an intervention on children aged nine to 13 (n=47). Clinical psychology doctoral students conducted the interventions on a one-to-one basis over 16 sessions and included the following (Kendall, 1994: 103): [Measures to assist] the child in (a) recognising anxious feelings and somatic reactions to anxiety; (b) clarifying cognition in anxiety-provoking situations (unrealistic or negative attributions and expectations); (c) developing a plan to help cope with the situation (modifying anxious self-talk into coping self-talk as well as determining what coping actions might be effective); and (d) evaluating performance and administering self-reinforcement as appropriate.

Intervention included behavioural training strategies such as modelling, *in vivo* exposure, role-playing, relaxation training, and contingent reinforcement. Therapists also used social reinforcement with the children, encouraging them to verbally reinforce their successful coping behaviour. Outside therapeutic sessions the children practised using the coping skills when anxiety-provoking situations arose at home or in school. The intervention lasted eight weeks.

Its findings indicated that children who underwent the intervention showed significantly better performance than controls on a battery of standardised tests which measured various dimensions, including childrens' self-reported depressive symptoms, negative affectivity, and ability to cope with stressful situations. Systematic observation data were gathered by therapists, and parents and teachers completed standardised measures of students' social, emotional and behavioural functioning in classroom and home settings. These improvements were found to be maintained at follow-up after one year.

McCraty *et al* (1996) conducted a much smaller scale and less complex study in which cognitive behavioural practitioners introduced an emotional self-management skills training programme into a US middle school. Students volunteered for a course which taught them techniques to intercept stressful responses during emotionally-challenging situations. Behavioural outcomes were assessed using a standardised instrument. Autonomic function was measured by heart rate variability (HRV) analysis during and after stressful events. Outcomes showed students who had followed the programme exhibited significant improvements in areas including stress- and anger management, risky behaviour, work-management and focus, and relationships with family, peers and teachers when compared to controls. These improvements were maintained over a six-month period.

These studies are of course clinic-based and as such do not conform to the other interventions described in this chapter, which are by and large school-based and intended to illustrate the skills individual teachers and other professionals in schools might adopt. The point illustrated here is that techniques, many of which have been shown to be accessible to school-based personnel, and which have been shown to work well with acting-out behaviour, are also efficacious for acting-in problems. In the following chapter we examine evidence of the effectiveness of universal whole-school approaches adopting a cognitive behavioural approach to acting-in problems.

4.3.3 Social problem-solving

Other important school-based applications of cognitive behavioural approaches are in the related areas of social problem-solving and anger management. The former aims to give those who exhibit difficulties in social relationships with peers and others the skills to identify how they might contribute to these problems along with strategies for overcoming them. Anger management involves enabling students to identify triggers to aggressive outbursts and strategies for controlling these.

Battistich *et al* (1989) studied the effects of a classroom-based social problem-solving programme on students (n=342) from kindergarten through to fourth grade in three US elementary schools over five years. Students from three similar schools where the programme was not followed were used as comparators. The intervention set out to promote 'a caring environment' in classrooms and involved a range of teacher- led components:

- Co-operative activities where small groups of children work together toward common goals on academic and non-academic tasks. Fairness, consideration and social responsibility were emphasised. Students were trained in group interaction skills and engaged in reflection and discussion on these.

- Developmental discipline whereby the internalisation of pro-social norms and values and the development of self-control were fostered through the building of positive interpersonal relationships. Children in class set rules and made decisions.

- Activities promoting social understanding such as discussion of classroom events where social co-operation issues were relevant.

- Highlighting pro-social values through discussion of everyday events.

- Helping activities where students were encouraged to help each other in various ways, participate in peer tutoring and 'buddying' activities, and engage in community-based charitable activities and helping activities in the school at large.

Students were assessed annually through structured interviews and systematic observation. Findings showed that the treatment group became significantly better at cognitive problem-solving skills (interpersonal sensitivity, consideration of others' needs and means-ends thinking), and used significantly more pro-social resolution strategies than comparison children. They were also more competent in applying these to hypothetical situations. The findings were replicated with a second cohort.

Kazdin *et al* (1989) carried out a type 1 RCT in the USA comparing the effects of person-centred relationship therapy and cognitive behavioural training in problem-solving skills onlevels of anti-social behaviour among students (aged seven to 13) with severe anti-social behavioural disorders (n=112). The students assigned to problem-solving skills treatment showed significantly greater reductions in anti-social and overall behaviour problems and greater increases in pro-social behaviour than relationship therapy children. Students allocated to a third condition in which problem-solving skills training was combined with parent-training achieved even better outcomes than the problem-solving skills-only trained group. A follow-up study one year later found the problem-solving skills group had maintained their gains, though the enhanced effect of the parent training appeared to have faded.

A type 1 RCT carried out in the Netherlands (De Castro *et al*, 2003) in a primary special school focused on severely aggressive boys (n=32) who were taught the cognitive behavioural 'stop and think' strategy. This aims to enable impulsive individuals with aggressive behaviour problems to regulate their behaviour in provocative situations. Three strategies were taught;

- to pause to monitor their own feelings

- to consider the feelings of others

- to delay their response in provocative situations.

The target pupils and controls (n=31) were presented with vignettes concerning provocation by a peer and given specific cognitive assignments to apply one of the three strategies. Monitoring and regulation of own emotions were found to reduce significantly aggressiveness in the aggressive group, while the other two strategies tended to increase aggressiveness in this group. While this study indicates the importance of discriminating between different strategies, the absence of systematic *in vivo* observational data or other data on student behaviour in everyday interactions limits the robustness of these findings.

In the USA, Bloomquist *et al* (1991) conducted another study which set out to differentiate between two school-based cognitive behavioural interventions for students with behavioural disorders (ADHD). It followed a type 1 RCT design in which students were assigned to one of two conditions, the first a multi-component condition that provided co-ordinated training programmes for parents, teachers and children, and the second offering training for classroom teachers only. A control group was composed of

students on a waiting list. Post-intervention performance measures were compared with baseline data and repeated after six weeks in a follow-up study. Measures included classroom behaviour observations, teacher ratings of child behaviour, child self-report, and teacher ratings of adjustment. Although the multi-component cognitive behavioural therapy condition was found significantly more effective than the teacher-only condition initially, differences between these two conditions faded after six weeks. On the one hand, this study offers support for the teacher-only version of the cognitive behaviour intervention. Important limitations are created, however, by the intervention's relatively short duration and the lack of data in the comparability of the control group to the experimental group.

Another study stressing the value of school-based cognitive behavioural interventions delivered by teachers was carried out by Jordan & Matais (1997). This case study of 26 children (aged ten to 12) involved a ten-week programme of co-operative learning to develop pupils' social and academic skills. Classroom activities provided training in specific social skills. Students were also trained in sharing, persuading and managing time, as well as being positive, valuing others and conflict resolution. Outcomes indicated that the programme promoted more effective pro-social behaviour.

4.3.4 Anger management

Anger management is an application of cognitive behavioural self-regulation strategies to dysfunctional anger. The approach is illustrated in a case study by Kellner *et al* (2001) conducted in a repeated measures design control group study in a USA day special school with a class of early adolescents with serious emotional or behavioural problems. The ten-session intervention employed a whole-class format, introducing students to self-monitoring (including logs) and self-regulatory techniques specifically focused on anger. Booster sessions aimed to help students maintain positive gains. After participation students were less likely to engage in fighting with peers, more likely to talk problems through with a counsellor when angry and more likely to use anger logs. At the four-month follow-up, students who had booster sessions continued to make more use of the log than controls.

A type 1 RCT carried out by Feindler *et al* (1984) in the USA focused on severely aggressive boys (n=100) in a junior high school. The anger control training programme was delivered fortnightly in a group format. Students were randomly assigned to one of three treatment groups, or to a control group They were taught general self-control strategies and others specific to aggressive/disruptive incidents. Findings showed significant changes among treatment group members on dependent measures of problem-solving ability and self-control. They were also less likely to incur fines or be expelled for disruptive behaviour and for severe aggression after engaging in the programme. This last finding is of particular interest since it illustrates the superiority of the cognitive ('therapeutic') intervention over punitive interventions for anger management.

4.3.5 Instructional strategies

Teachers use instructional strategies (pedagogical techniques) to promote students' academic engagement. Unfortunately, when we examined the research literature for

evidence of success with such approaches for students with SEBD, we found an array of small-scale low-power studies. One of the most useful is a meta-analysis by Pierce *et al* (2004) who express serious reservations about the small sample sizes of many of the studies. Their findings in public school classrooms in the USA are summarised here with the exception of interventions set in single classrooms, and non-educational settings. The sample size for each study is bracketed after the study's name to give guidance on the weight of the evidence.

- Previewing reading material gave an effect size of 1.93 on accuracy of scores n=3) (Rose,1984).

- Sequential prompting in a secondary school setting resulted in an effect size of 2.04 for written sentence production (n=3), (Schloss *et al*, 1985).

- A programme to teach test-taking skills resulted in an effect size of 1.03) (n=34) (Scruggs & Marsing,1987).

- Personalised instruction increased the number of spelling tests passed in children aged ten to 12, with a mean effect size of .92 for the class (n=10), (McLaughlin, 1991).

- A structured instructional system involving teaching school survival skills to children with a mean age of 12.9 increased task completion, with an effect size of .38 (n=14) (Foley & Epstein, 1993).

- Incorporating the student's interest in lesson content in curriculum delivered to children aged five to eleven increased their productivity of words written and colours identified with an effect size of 1.47 (n=4), (Clarke *et al*, 1995).

- A study of the effects of story mapping on students aged ten to eleven to increase reading comprehension of text produced an effect size of 2.68 (n=4), Babyak *et al*, (2000).

- Individual curricular modifications to promote reading skills increased academic productivity as measured by the number of words read, with a mean effect size of 1.62 (n=2). (Kern *et al*, 2001).

These findings offer interesting suggestions on the pedagogical strategies worth pursuing with students with SEBD. But this study creates the overwhelming impression of a dearth of significant research in this important area.

Summary

This chapter has explored evidence of a variety of interventions for enhancing teachers' skills.

1. Behavioural strategies receive support from a large body of research evidence including from well-conducted type 1 studies (RCTs).

   - The Good Behaviour Game is a well-studied and adaptable intervention that can be used in many educational settings to significant positive effect.

– General behavioural strategies in the form of 'kernels' are likely to contribute to the effective management of students with SEBD.

– Functional behavioural analysis is a powerful assessment and intervention tool, gaining positive support from several mainly small-scale studies. Its complexities, however, indicate the need for expert support in its use in schools.

2. Cognitive behavioural strategies receive support from a large body of research evidence including type 1 studies.

– The cognitive behavioural strategies most applicable to schools and supported by type 1 studies are self evaluation and self-regulation interventions. Teachers can use many of these but they tend to be mainly directed at acting-out problems.

– Cognitive behavioural strategies for self regulation for anxiety disorders have type 1 evidential support but the most persuasive studies are either clinic-based or involve clinicians rather than school-based personnel in their implementation.

– Empirical support for such approaches to social problem-solving and anger management in schools is significant, including type 1 studies.

3. Instructional strategies involve particular pedagogical strategies and adaptations. While empirical evidence supports the value of these approaches for students with SEBD, the evidence base is mainly composed of small-scale studies, none of which is type 1 or type 2.

5 Whole-School Approaches and Support Systems

5.1 Overview

Previous chapters stress an evaluation of empirical evidence on the skills and approaches that teachers, school staff and other settings draw on in their work with students with SEBD. This was to emphasise the importance of the choices they make when deciding how to intervene with SEBD in schools. This chapter focuses on what might be termed 'whole-school' or 'universal' intervention programmes. These share many common features with interventions discussed before and in some cases incorporate identical strategies. They rely particularly on the same skills discussed previously.

5.2 Large-scale Programmes

Interventions explored in this chapter are distinctive because of the scale on which they are intended to operate and therefore the extent to which they reflect local and/or national social policy priorities and commitments. Many work on several different levels, usually for all children, and often in areas of rural and urban deprivation. While they are not necessarily specific to this cohort of children, they can ease some of the problems they face. They can also be helpful in not specifically selecting these children thus drawing attention to their 'difference'. Yet in universally-applied programmes, the proportion of children within the SEBD category is likely to be smaller and effect sizes[4] will be smaller when taken overall rather than for this group separately. The chapter also deals with 'support systems' for children and young people with SEBD that operate in mainstreams schools or as an adjunct to them.

5.2.1 National and local support systems

In most developed countries the special educational needs work of schools is embedded within a support network of services and provisions. Although these vary from country to country they have common features (see: EADSNE, 2003; Booth & Ainscow, 1998, and Appendix 2), including;

- support from psychological services
- support from other therapeutic services, such as speech therapists
- support from teachers or advisers from specialist centres, such as behaviour support teams or special schools.

In the case of SEBD, schools may receive support from specialist mental health services and social work departments (Waller, 2006; Cooper, 2006). In the UK this approach is supported by a system of integrated children's services at local authority level. This

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4   Effect size is a statistical term referring to the weightings given to different variables in relation to one another. In the social and medical sciences it is often used in meta-analytic studies which seek to assess the relative effectiveness of two or more interventions by combining data from a range of published studies.

combines children's education, social work and health service provision under a single administrative umbrella to maximise co-ordination between the different services.

External agencies tend to link with schools in a variety of ways, including provision of;

- advice and consultancy services to school staff

- direct intervention support for students and/or their families

- assessment of students' needs

- training for staff.

In many countries committed to a policy of inclusive education, mainstream schools employ designated – and sometimes specially trained staff – to co-ordinate, manage and contribute to delivery of SEN services within the school (Booth & Ainscow, 1998). In the case of SEBD these may include special educational needs co-ordinators, behaviour support teachers, teaching assistants, mentors and counsellors (Cajkler *et al*, 2007).

5.3 Whole-School Academic Interventions

The association between academic failure and SEBD has been the subject of longstanding concern and debate (Landrum *et al*, 2003). In a meta-analysis, Reid *et al* (2004) reported that the overall academic status of these students produced a mean average of -.64, indicating significant deficits in academic achievement. In addition, an examination of moderators indicated that students with SEBD performed at a significantly lower level than other children across a wide range of academic subjects and settings. In a study of a direct instruction reading intervention (Trout *et al*, 2003b) – small-scale in that it addressed the effect of direct instruction on at-risk (SEBD) children (n=18) – six received the intervention and six wait-listed, with six other control group children assessed as being not at risk. Those in the direct instruction programme out-performed or equalled the other at-risk children and those not at risk. This led the authors to conclude that literacy levels could account for some of the failure which interventions targeted at improving reading skills could in part remediate.

However, few reading programmes addressing the needs of these children have employed the extensive research base of Success For All, (SFA), a whole-school reform model originating in the USA. (Ross *et al*, 1997; 1999; Slavin *et al*, 2001; 2002; 2004; 2006; 2007; 2008; Datnow & Castellano, 2000; Hurley *et al*, 2001; Borman & Hewes, 2002; Borman *et al*, 2005a; 2005b; 2007; Chambers *et al*, 2006; 2008; Park & Datnow, 2008). In all, there have been 74 studies of the model, of which one, the Borman *et al* (2005a, 2005b, 2007), is a cluster type 1 RCT that fully meets the rigorous criteria laid out by the What Works Clearinghouse http://ies.ed.gov/ncee/wwc[5]. Six further quasi-experimental studies met the evidence standards with reservations. Success For All on this basis is now seen to have moderate to large effects on alphabetics, comprehension and general reading achievement, although no studies show it is effective for reading fluency. It is the most robustly-evidenced reading programme in

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5   The What Works Clearinghouse is a web based guide to evidence based practice in education presented under the auspices of US Government Institute of Education Sciences.

the USA, with 1,200 Title One schools in high risk areas employing the programme in 46 states. It has also been used in Israel, Mexico, Canada, Australia and the UK.

Specifically designed for at-risk students, classroom instruction in reading is given each day in a 90-minute session. Children are taken out out of their regular classrooms and regrouped into smaller groups of whatever grade for reading ability only. In the early years, kindergarten and pre-kindergarten emphasis is placed on phonemic and phonics awareness and reading-preparation. Peers read to each other and encourage comprehension and summarising – in much the same way as in the peer assisted learning programmes. Learning is collaborative and fast-paced, employing printed text and multi-media technology. Those who make little progress get additional tutorials. The scheme is highly organised with an in-school facilitator, carrying a .5 contact timetable, overseeing all aspects of the scheme. A solutions team is also designated from staff members in all schools who liaise with other staff and students, to respond instantly to problems that might arise during implementation. They also work with parental issues, absenteeism and behaviour problems whenever these occur. Teachers have at least 19 days of intensive training in the first year, sliding to 15 in year three. Assessment tests are quarterly throughout the school year to determine group designation. Unusually, this programme is implemented only in schools where staff have held a secret ballot on whether they would like to join it, and where 80 per cent of them have approved. This ensures enthusiasm and commitment which may contribute towards programme fidelity in implementation. It has been argued, however, that this commitment contributes bias to outcomes.

The RCT which reported final outcomes in 2007 (Borman *et al*, 2007) with interim reports in 2005 (Borman *et al*, 2005a; 2005b) involved 41 schools across 11 states. These were randomised into Success For All 'treatment' schools and used the scheme through kindergarten and first grades, and 'control' schools where the programme would be used in third and fifth grades. A second sample of the longitudinal group of 3,290 students, and 890 in-movers who had joined treatment, or intent-to-treat control group schools, after baseline assessments, were also used in the study at the time of year two post-tests.

In the 2007 assessments all children were reviewed including those who had received the full three-year Success For All intervention. About 72 per cent of these got free school meals. The18 experimental schools and the 17 control schools were well-matched on demographics. There were weaknesses in that teachers in some schools in which the programme was offered in third to fifth grades were found to be using Success For All materials in lessons with the younger (control) groups. The length of time varied in all schools for literacy intervention, ranging from 30 minutes to two hours. Assessments for research purposes were made through the Peabody Picture Vocabulary Test and the Woodcock Reading Mastery Test-Revised by graduate student trainers blind to the control or experiment condition.

Effect sizes for the intervention were, as hypothesised by the researchers, significantly improved from the outcomes at the end of year one. Final effect sizes on outcomes from the longitudinal studies ranged from .22 to .33 on the sub-groups of the Woodcock tests. Using its own stringent measures to evaluate these results, the What Works

Clearinghouse [http://ies.ed.gov/ncee/wwc/] concluded that on its 'improvement' index, a comparison of the average and range throughout the studies, alphabetics – potentially positive – improved by 13 percentile points (range 0- 32); comprehension – mixed effects – improved by 8 percentile points (range 0-17); and general reading achievement – potentially positive results – improved by 10 percentile points (range 2-22).

There has been considerable interest in Success For All in the UK as it echoes and addresses many of England's National Literacy Strategy (NLS) requirements. In a small-scale qualitative comparison, however, in four schools of students studying under the NLS guidelines (two schools), and those following the Success For All programme (two schools) Joliffe (2006) concluded that the latter programme, although costly, transmitted a genuine understanding of the underlying pedagogy of literacy teaching to the schools involved. It also included all children in effective learning, partly by its use of co-operative interactive strategies which enabled all students to contribute and encouraged listening and oral skills in addition to pure textual reading skills.

An evaluative two-year pilot scheme in Success For All was initiated in Nottingham in 1997 in five primary and one secondary school in an area of considerable deprivation (Hopkins *et al*, 1999). In years one to three, these students performed considerably better than expected, although impressive gains waned in each of the following three years. Teachers reported that they had more confidence in and understanding of the teaching of reading. In addition, behavioural improvements were noted in the intervention schools despite variations due to implementation differences. A further two small-scale studies in the UK were carried out by Tymms & Merrell in four Durham schools (2001), and Russ & Harris (2005) on the Success For All programme in two schools in London and two in Leeds. While these studies suggested persuasively that the programme was efficient, especially in the early years and especially in literacy, they were limited in scope and design and there were no randomised controlled trials. Success For All's organisational structure, however, and its relative success in encouraging verbal skills and in engaging parental support have made it a strongly-supported intervention (Wood & Caulier-Grice, 2006).

But it is not without its critics. For example, Pogrow (2000a; 2000b; 2002) argues that such programmes are too costly and too prescriptive. Walberg & Greenberg (1999) and Jones (*et al*,1997), on the other hand, challenge the evidence base, methodology and outcomes of Success For All. Kozol (2006) is a more recent critic of the general principle of attempting to remediate the racial disadvantage of many USA urban schools by intervening with a strict literacy programme which dominates the curriculum and could be thought to limit creativity.

Despite the critics, however, other more recent independent comparative studies (Correnti *et al*, 2007) are more forgiving and supportive. The programme appears to have addressed some basic implementation problems (Bifulco *et al*, 2005) and the latest RCT (Borman *et al*, 2007) has shown improvements in the outcome measures used.

Perhaps of greatest significance, from this report's viewpoint, are the socio-emotional components built into Success For All. As Wood & Caulier-Grice (2006) point out,

such features are rare in universal literacy programmes but are particularly important for promoting the social and academic engagement of students with SEBD. These components include the use of;

- co-operative learning which involves working with students to develop their social interactional skills

- intensive one-to-one mentoring for pupils with difficulty in keeping up with the programme

- a family support team to encourage parental involvement in the programme and in the school as a whole.

These components address directly some key barriers to educational engagement experienced by students with SEBD.

5.4 Whole-School Interventions for Social-Emotional Learning

As referenced in previous chapters, various therapeutic interventions have in recent years been encouraged and supported by the contention that sound relationships within a school setting may promote the resilience of vulnerable children with SEBD. The part played by emotional literacy has been emphasised as essential to learning processes. Some researchers use the term 'socio-emotional learning' (Elias, 2000; 2003; 2004; Zins, 2007) to stress the educational dimension of the concept. The following sections refer to school-based interventions that relate to this concept of emotional literacy.

5.4.1 Circle Time

One of the most widely used socio-emotional interventions, worldwide is Circle Time (Ballard, 1982; Mosley, 1993). This whole-school intervention seeks to promote unconditional positive regard (see Chapter 2) in which children feel teaching staff hear, value and support their views. Its central feature involves children sitting in a circle with the teacher or facilitator without the barriers of desks and tables, sometimes using a 'talking object' to hold while they take turns to speak. After an opening game, they discuss the week and they can all offer their thoughts and feelings. There can be a ritual similar to positive peer reporting (see Chapter 3) in which children say positive things about each other. The session closes with another game. For younger children, Circle Time can be used to involve chanting, action songs and rhymes; it can also involve reading stories. The primary objective is to foster the development of student skills and confidence in identifying, understanding and expressing their emotions, and both giving and receiving validation of each others' rights to their emotions. In addition, the formal procedures associated with Circle Time are intended to encourage social skills such as turn-taking, conflict resolution, improved listening and speaking, and can increase self-esteem, and tolerance – although there is no research evidence available.

Circle Time does offer some challenges to the class teacher or facilitator, however. Cremin (2002) cites major challenges to its success such as lack of time due to pressure of other types of curriculum work, incongruence between the intervention and some teachers' negative beliefs about the empowerment of children, a failure to implement

the Circle Time philosophies within a whole-school approach, lack of teacher/facilitator training, and paucity of resources. She suggests – echoing the instructions of UK researcher Jenny Mosley who advocates a whole-school approach to her adaptation of Circle Time – that before adopting the intervention, all school staff should be asked about the involvement of children in formulating behaviour policies, about the role of the lunch-time supervisors in dealing with disruptive behaviour, and in the degree of recognition and support which teaching assistants and other paraprofessionals have from teaching staff to ensure that it is not a bolt-on but a product of whole-school commitment to its theoretical position.

Circle Time's apparent simplicity may be deceptive and create problems for some, especially those without formal training in its implementation. Taylor (2003) on the basis of interviews with 57 school staff in 14 schools, identified serious shortcomings with the ways in which it was sometimes implemented. Certain staff behaved in ways which completely subverted it, such as failing to respect the rules of equity and non judgmental positive regard which are central. This emphasises the importance of proper training and careful monitoring of such interventions. Other studies support this insight, such as that by Wiltz & Klein (2001) which found students citing Circle Time as an aversive classroom experience.

In this way Circle Time could illustrate the importance of training. It also suggests the importance of locating such interventions within a wide understanding of SEBD. In this case the role that developmental status might play in SEBD is highlighted. The emphasis which Circle Time places on both unconditional positive regard and empathy is likely to render it unsuitable for students with serious communication difficulties (autistic spectrum conditions). These can be characterised by a delay in, or absence of, theory of mind thus making empathy an extremely difficult skill to master (Baron-Cohen *et al*, 1985). Additionally, children with attentional, impulse control and/or motor control problems (ADHD) find it difficult not behave in ways which disrupt Circle Time sessions (Lougy *et al*, 2007).

Although it appears to be a widely-used intervention with a strong theoretical rationale, there is a paucity of empirical evidence to support its efficacy. Clearly this intervention should be subjected to rigorous empirical evaluation.

5.4.2 Social and emotional aspects of learning (SEAL)

The social and emotional aspects of learning programme (SEAL) (Weare & Gray, 2003) is another universal programme worthy of consideration. In the UK, it is has been adopted as a government-sponsored nationwide strategy in primary and secondary schools, and has a tiered approach with small group work being offered as additional assistance to children with SEBD. It is based in part on the PATHS intervention (see Chapter 6) and on the Child Development Project. There is also a debt to CASEL (Collaborative for Academic, Social, and Emotional Learning), the international consortium (Greenberg, 2003) which works to advance 'the science and evidence-based practice of social and emotional learning (SEL)'. Having said this, SEAL has no discernible, explicitly-stated underpinning coherent theoretical framework.

SEAL's purpose is to add to the school-wide curriculum an additional element which includes five broad social and emotional issues;

- self-awareness

- managing feelings

- motivation

- empathy

- social skills.

The SEAL programme includes staff-development modules, parent activities, resource files and aims to be employed by schools either as a supplement to the current UK national curriculum areas dealing with personal, social and health education and citizenship, or as a stand-alone framework into which other similar interventions can be slotted. It is highly organised, incorporating Circle Time, with the curriculum not only divided into year groups, but also into specific delivery months. Its guidance document details these factors as essential to successful implementation;

- senior management commitment to the principles and understanding of the implications

- school or setting systems which make sure that all individuals feel valued and listened to

- positive relationships in the school or setting: adult-child, child-child, adult-adult.

- teacher (or practitioner) insight and knowledge into the emotional factors that affect learning

- clear and consistently implemented policies on behaviour, bullying, race equality and inclusion

- high professional standards

- skillful teaching which arouses pupil interest and motivates

- proactive work with parents

- active involvement of children themselves.

Details on the operationalisation of these imperatives is lacking, as is information on how these 'essential' factors might be evaluated.

Unlike many whole-school programmes developed in the USA, SEAL is not data-driven or data-gathering and it has no rigorous evaluation programme. It needs to be subjected to a RCT before its efficacy can be reliably judged.

A pilot evaluation of the primary school intervention (Hallam *et al*, 2006) covered various outcome measures. In the main it was concerned with behaviour and attendance to encourage school improvement. The pilot evaluation aimed to determine the effectiveness of a range of measures proposed by the DfES, singly and in combination, which involved:

- Improvements in behaviour, attendance and attainment for individual children (the small group strand, enabled by the use of a health worker attached to schools).

- Teacher skills and confidence in presenting the material (the continuing professional development [CPD strand] enabled by the use of 'leading teachers' to visit schools, observe, and co-ordinate CPD).

- Promotion of whole-school approaches to positive behaviour, attendance and achievement (the school improvement strand, enabled by the use of a 'teacher coach' to work with existing services).

Some schools employed all strands in this programme; some employed only one or two. This was clearly a heterogeneous and poorly-defined set of evaluation measures. The research design, which involved an examination of SEAL dissemination in 25 local authorities in the UK from 2003-05 included an analysis of all local authority plans for the scheme, telephone and email interviews with all local authority SEAL co-ordinators, questionnaires for teaching staff in 10 of these local authorities' schools, observational visits to 16 of 'best practice schools', questionnaires on small group interventions, case studies, and an analysis of attainment and attendance data in all SEAL primary schools. Data were compared with attainment and attendance in the SEAL pilot schools, as opposed to all other primary schools in the UK.

Data were collected from a relatively small sample: 156 teachers and teaching assistants completed questionnaires, 23 non-teaching staff, 26 parents and 22 parents whose children had been involved in the small-group initiative. Questionnaire data were available for 4,247 children at Key Stage 1, pre-test, and 2,163 post-test.

Findings indicate no significant effects on unauthorised absences. Small gains in academic achievement were made but no significant gains in social development.

All pilot groups reported difficulties in engaging parents. Recommendations highlighted problems with the scheme's management, with poor communication cited as a difficulty; CPD staff training was poorly attended (50-60 per cent) and by some schools not at all; implementation of the SEAL materials; failures to address cultural diversity; and poor understandings of SEBD and its link to small-group work. There was limited support by teachers of small-group work, and difficulties in commanding follow-up work from other agencies to support children whose needs had been identified more clearly through the small group work sessions. The diverse demands on the study as a whole in extricating elements which might produce some useful data, appeared to be unhelpful in arriving at any firm conclusions. The SEAL scheme overall was judged to be most effective where it had the commitment of the senior management team, where it adopted a whole-school approach, where teaching staff were given sufficient time to understand the materials and built on previous experience, and where a designated co-ordinator had been appointed within the school.

Recently, a further evaluation focused on just one element: the small group work interventions for those considered to need additional support within the second wave of the SEAL programme (Humphreys, 2008). The small group work involved the withdrawal of targeted children (n=461) together with comparison group children deemed positive role models (n=163) in groups of up to six, for 35 minutes per week

over seven weeks. In each school, a target group was assessed in comparison with a waiting list group. Data were gathered on students' performance on SEAL assessment protocols. Quantitative data were also collected from staff, pupils and parents at three different times during the evaluation. Finally, case studies of six lead practice schools were presented.

Findings overall were disappointing. Attrition levels were high, particularly in the parent group (at more then 53 per cent) and with staff (35 per cent average) and students (over 40 per cent average). Parent data showed they believed none of the subject topics had any effect on pupil performance. For the topic New Beginnings, which deals with transitions and the students' understandings and acceptance of these, staff ratings showed no effect while pupils' own ratings showed a small to moderate effect size of 0.44.

For Going For Goals, a motivational topic, staff rating showed an improvement in self-regulation and a lowering of peer problems, while pupils indicated an increase in empathy skills, self-regulation and overall emotional literacy with a small effect size of 0.35. The other two topics, Getting On and Falling Out, a topic on conflict resolution, and Good To Be Me (self-awareness and self-efficacy) had no statistical impact. Staff reported unexpectedly, however, a lowering of empathy levels during intervention. Skills and knowledge and experience of the facilitators, most of whom were teaching assistants and learning mentors, were seen as crucial to any possible success.

The SEAL evaluators made a series of recommendations based on the assumption that a more intensive application of the programme might produce better results. This remains to be seen. Questions remain about the extent to which a programme such as this can succeed without being more fully embedded in the life of the school through, for example, direct association with the formal curriculum. Explicit measures for the direct involvement of teaching staff in the delivery and/or reinforcement of the programme would also seem to be desirable; these are missing.

5.4.3 Second Step

A comparator, although there is an important difference, could be the USA-based Second Step which is a similar curriculum modification intervention used throughout a school. It engages students in a variety of theoretically-modelled interventions to enhance social, emotional and behavioural skills. Essentially, it is a middle school intervention, directed towards students in the first and second years of secondary school education, rather than a primary school intervention. Another factor which differentiates it from SEAL is that it is typically embedded in the school curriculum, delivered usually by teachers but sometimes by psychologists and counsellors, within relevant subjects such as English, social studies and health studies. It is therefore part of the academic grading system. This is an important difference as it can be considered to have value and purpose if it contributes to academic success.

The similarity, and the reason it has been chosen as comparator, is that Second Step is essentially as wide-ranging as SEAL and includes strategies which loosely fall into the socio-emotional learning category. The components most frequently embedded

in similar universal programmes are anger management, social problem-solving, perspective-taking and behavioural social skills training.

The reason for choosing the comparator is the interesting results from a RCT pilot study into this curricular intervention (Van Schoiack-Edstrom *et al*, 2002) which partially reflect and elucidate the results from the Humphrey *et al* (2008) paper. The pilot study involved 714 students from five schools in the USA and Canada, but there were very disappointing results from the research into the first year of intervention, similar in effect size to those of the study of SEAL, and with a negative effect size on some measures.

Yet in the second year of implementation, more significant positive results were evident. The authors concluded that this was because the programme had been intensified. The effect of lesson concentration on year one students was all-important: those who had received at least 2.5 lessons each week were most successful in developing relational skills. However, the authors also say that intensity of lessons may not reflect the entire true position, as implementation differences were also of major importance, as were the biases caused by self-report data. A limitation of the study was also the lack of randomised intervention condition. Therefore the differences found in control groups and experimental groups may have been due to the keenness of the teachers in the experimental group to involve themselves in the project and a dissimilarity in general teaching practices between themselves and those teaching the control groups. The researchers also suggested that a multi-method, multi-informant approach, which collected different kinds of data from a number of sources including from peers, might be more useful than the methodology used in this study which relied completely on confidential student self-reporting. Self-reporting was the most positive outcome measure in the SEAL evaluation.

A further relevant study on Second Step, this time named as a social competence programme, was undertaken in Norway (Holsen *et al*, 2008). Here, its effectiveness was queried when adapted to a European real-world context where externally-directed training was not widely and intensively available as opposed to the US model where all teachers had an intensive one-day training course. Schools in this study were largely left to their own devices to train staff as they thought fit since *Steg for Steg* (Second Step) had been included in the Norwegian school curriculum for many years, although not in schools used in this experiment. It is in many ways closer in conception and implementation to SEAL.

The Social Competence Early Adolescence Study, as it is called in Norway, is a three-wave study in 11 elementary schools, involving 1,153 students with no control group. This limited the result's validity as no comparison was made with a non-intervention group. This was a quasi-experimental age cohort design. Baseline data were taken from a year seven group who were moving on to high school without participating in the programme. They could therefore be used as a comparison group. Nine of the eleven schools adopted a whole-school policy where all classes used Steg for Steg, but discovered only modest effects. When comparing these outcomes to those achieved by other such programmes with similar sample size, the authors noted that average effect size in those studies were around 0.20, whereas those in this study were 0.18, 0.27 and 0.32. The authors also cited differences in implementation as some teachers did not

find time to deliver the programme twice weekly, but sometimes ignored it for several weeks due to pressures from national testing for academic outcomes. This contrasts strongly with the USA study with its 99 per cent rate of programme completion. Thus, frequency and intensity of intervention does appear to have an effect on outcomes. This factor was noted in a report for the Center for Evaluation Research and Methodology in a meta-analysis of the effects of school-based universal social information processing interventions on aggressive behaviour. The authors (Lipsey & Wilson, 2006:1209) concluded: 'Finally, programs with more frequent treatment sessions per week tended to be more effective at producing reductions in aggressive and disruptive behaviour. The cognitive skills emphasised by social information processing programs are difficult to master and the more frequent programs may involve more opportunities for practice and reinforcement. The frequent programs may also allow children to pick up the various cognitive skills more quickly, because concepts from previous lessons are fresher or more salient.'

A similar adaptation of Second Step in Germany (renamed *Faustlos*) produced similar modest effect sizes in the differences between the experimental and control groups (Schick & Cierpka, 2005; 2006) on internalising disorders but no effect on externalising disorders. This was a randomised controlled trial with pre- and post-test data collected from 14 elementary schools randomly assigned to experiment, and seven to control. The authors noted an additional issue which should always be considered in programmes of this nature: where very few participating children are within clinical limits for internalising or externalising disorders, effect sizes will be modest on outcome measures overall. It is interesting to note that the *Faustlos* studies have had a high attrition rate similar to the SEAL studies, with only 47 per cent of parent questionnaires returned, 64 per cent of the children attending interview, and 66 per cent of teacher questionnaires returned. This, the authors maintained, was because the family had moved, children had repeated a class or had moved to a different third grade class but this phenomenon did not coincide with systematic effects which could have influenced the results.

The most recent study on Second Step (Cooke *et al*, 2007) attempted to rectify any implementation fidelity problems which may have arisen in previous studies by extending training, by incorporating training for parents and community members and attempting to mediate self-report bias by adding two further outcome measures: behavioural observations and referral-to-office disciplinary data. Results were similarly mixed, and at times unexpected. This study was, again, a quasi-experimental design without a control group and was a city-wide intervention involving five of the eight elementary schools in Meriden, Connecticut. In all, 741 children, third and fourth graders, took part. Training was intensive: full-day for all teachers, three one-hour sessions for support staff, four one-hour workshops for parents, and a 3.5 day training of trainers adapted to the needs of community organisations. Self-report student assessment measures were administered by trained research assistants for two two-week periods at the start and end of the school year. The disciplinary referral check-lists were collated by a research assistant. Behavioural observations were carried out within two weeks of baseline testing and within two weeks of follow-up, using the social interaction observational system.

Results from self-report follow-up at the end showed little change for most students, scoring high on the positive behaviours and low on negative behaviours both on baseline and follow-up – 41 per cent of students reported changes in a negative direction, and 33 per cent reported a lower score at follow-up on at least one measure of positive functioning. Students who showed specific positive changes were significantly more likely than others to show a significant decline in bullying and aggression. Less encouraging was that 5 per cent reported increases in anger and conflict despite the intervention. On behavioural observation, there were no significant differences in pre- and post-test scores. Disciplinary referrals increased. Anecdotally, however, teachers and staff reported that the intervention had made them more aware of the need for referrals to address disruptive behaviour. The authors concluded that targeted interventions, in addition to universal programmes such as Second Step, may be necessary to address some students' more serious and persistent behavioural and attitudinal problems. Teachers, school staff, parents and community members were very positive about the intervention, with training provision scoring 3.73 out of five for satisfaction. The authors reported limitations in that the study had no control group.

Limited evidence suggests Second Step is useful for children with SEBD. Limitations in trial design and implementation in the USA and Europe, and only one randomised controlled trial, have resulted in reports of modest decreases in physically aggressive behaviour (Grossman *et al*, 1997). The programme has received an 'Exemplary' endorsement from the US Department of Education in the category Safe, Disciplined and Drug-Free schools (2001); an endorsement from CASEL (2002), the Substance Abuse and Mental Health Services Administration, the White House (1998) and the Office of Juvenile Justice and Delinquency Prevention, as a model programme. It was also awarded a Grade A across all categories by the drug strategies organisation.

5.4.4 School-Wide Positive Behavioural Support (SWPBS)

School-Wide Positive Behavioural Support (Walker *et al*, 1996; Sugai *et al*, 1998; Sugai & Horner, 2002, 2006) is a whole-school intervention grounded in behavioural theory and the application of behavioural analysis. Originally researched as an intervention in special and residential schools for those with the most severe challenging behaviour, and informed by preventative mental health initiatives, it has now been adopted in many US states as a response to Individuals with Disabilities Education Act (IDEA, 1997) which mandates some degree of functional behavioural analysis for those students presenting the most challenging behaviours (Cheney *et al*, 2008). It has extended its remit to re-systematising whole-school initiatives in the USA based on the primary principles of applied behaviour analysis which is data-driven and data-providing (see above). It is now available in 20 USA states (Doolittle *et al*, 2007). It is 'a proactive systems approach to school-wide discipline and is designed to be responsive to current social and educational challenges' (Sugai *et al*; 2003).

As is common with many universal programmes in the USA it is a three-tier whole-school intervention strategy divided into primary level (universal level, relating to all pupils), secondary level (targeting students with specific challenges that can be managed within the school's regular resources) and tertiary level (targeting students

with specific challenges that can be managed within the school with support from external agencies). At primary level, which accounts for 80 per cent of school students, basic positive behaviour support is provided for all students This consists of a few simple rules, positively expressed, which emphasise positive aspects of behaviour. Typically, these are: 'I am respectful, I am responsible, I am safe.' Rather than relying on traditional (assertive) discipline (Canter & Canter, 1976) – which focused on 'problem' behaviour and sought to correct it with punishments (Amos, 2004) – positive behavioural support seeks to replace school-wide undesired behaviour with a new behaviour or skill (Anderson & Kincaid 2005), alters the environmental factors that might influence undesired behaviour (Barth *et al*, 2004), and rewards appropriate behaviour (Barrett *et al*, 2008).

There are nine steps towards implementing school-wide positive behavioural skills:

1. Define three to five school-wide behavioural expectations.

2. Provide a 'defining rule' for each expectation.

3. Build a culture of competence by teaching the school-wide skills to *all* students.

4. Teach behavioural expectations in a variety of school settings.

5. Teach specific social behaviours that are examples of the behavioural expectations.

6. Teach behavioural expectations with 'negative' example.

7. Give students the opportunity to practice appropriate behaviours.

8. Reward appropriate behaviour.

9. Acknowledge appropriate behaviour regularly after the skill is learned.

    (Walker *et al*, 2004:137)

Its basic tenets have much in common with the principles underlying the Good Behaviour Game (Barrish, *et al*, 1969) (see Chapter 4) except that it moves much further into the use of behavioural analysis in environmental modifications (Dunlap *et al*, 2006) and into social-skills training. To define the environmental factors that produce behavioural response the schools themselves collect data on office referrals. Students are reported to the school principal in a very systematic way (Sugai & Horner, 2002; Sugai *et al* 2000). Data are produced on the rate of referral, type of behaviour, the month of referral, the place of referral (Oswald *et al*, 2005), repeat offenders, and time of day, and analysed by means of a web-based school-wide information system (SWIS). Data therefore provide a basis on which a range of antecedents and consequences can be monitored and analysed for effectiveness of subsequent behaviour modification at monthly meetings of the building-level team.

The SWIS methodology was empirically evaluated, using Messick's construct validity as a conceptual framework, in 22 elementary schools and ten middle schools. Office referral data were found to be efficient and effective for its purpose (Irvin, 2006). In a study by Lassen, Steele & Sailor (2006) when analysed in this systematic way, data from an urban school in the Midwest studied over three years revealed that improvements in

school behaviour were reflected in academic performance, with specific reductions in office referrals and significantly-related increases in maths and reading scores.

These results were replicated in another 2006 longitudinal study in Canada (McIntosh *et al*, 2006) with data collected over five years from a cohort of children who entered kindergarten in 1998, and by Luiselli *et al* (2005) in another longitudinal study in a Massachusetts urban elementary school. McIntosh *et al* (2008) tracked academic records of students transitioning between middle and high school within the positive behavioural support intervention schools and discovered that crossover effects of discipline referrals in eighth grade were statistically significant with academic achievement. When controlling for direct effects, however, eighth grade reading competence and ninth grade discipline referrals were not significant.

Sailor *et al* (2007) also noted the relationship between academic standards and behavioural support and appealed for the integration of the SWPBS social-behavioural development pedagogy into curricular and instructional efforts to produce higher academic achievement for all students. This finding had been the subject of an earlier study (Fleming *et al*, 2005) with similar conclusions in analysing longitudinal data from 576 students in the Raising Healthy Children project in Washington State from seventh to tenth grade. These findings support the premise that school-based social-development interventions which address specific risk factors are likely to improve not only behaviour but school engagement and academic achievement also.

It is in the second and third tiers of the intervention in a system derived from community health literature, however, that it becomes more multimodal. Within the second tier are those students who may need additional support. Here it reflects the UK and Irish models in which basic mainstream education is supplemented first by behavioural support teams and other experts who implement school action and school action plus (equivalent to positive behavioural support second tier) and finally a statement of special educational needs (equivalent to third tier or tertiary intervention). The model generated by positive behavioural support researchers shows 15 per cent of students are likely to need intervention at second tier level, for students with at-risk behaviour, and that 5 per cent of students will need intervention at third tier level, for high-risk students. These figures are again roughly equivalent to UK statistics.

In second tier intervention the student is usually provided with a group intervention to support a small group of students, such as social skills training or additional mentoring or classroom aide support. Some group contingencies may be carried out in a group-within-a-school setting. One of these used in tandem with positive behavioural support is check in/check out (CICO), a behaviour report card system drawing on additional parental involvement in monitoring the student's progress (Todd *et al*, 2008). Its purpose is to bring in a secondary level of support for the student. In a quasi-experimental study by Filter *et al* (2007) into the fidelity of implementation of the CICO programme an administrative team from each of three schools – 17 respondents in all – monitored the progress of 19 students.

While outcomes were generally positive as far as measuring fidelity, and producing the result that two-thirds of all students (13 out of 19) made good progress according to teachers and administrators, an important weakness is that only seven of the 17

respondents reported that a family member had signed the report card daily, an issue not adequately foregrounded in discussion of results.

The involvement of parents of children with SEBD is difficult to address (Zellman, 1998) even in schemes such as positive behavioural support (Harvey, 2003) which cite parental involvement as crucial (Epstein, 2002) and, they claim, properly addressed. In an opinion paper, Vaughn (2006) asked the question: 'The Wave of SWPBS – who is left behind?'. Here a persuasive case is made for the comparative failure in papers in a special edition on positive behavioural support in *Research and Practice for Persons with Severe Disabilities*, to mention the essential part families play (Martin & Martin 2007), and are said to be called upon to play, in the implementation of many school-based interventions, including SWPBS (Murray *et al*, 2008; Harvey *et al*, 2003). At tertiary stage, used for those with the most challenging behaviour, there are two options (Freeman *et al*, 2006). One is a wraparound system where community representatives, parents, teachers, health workers (Rief, 2003) and other services are called together to monthly meetings to decide on the most effective interventions for the student with problems in multiple life domains (Lewis, 2002). There could alternatively be a person-centred planning strategy worked out for the child if s/he has developmental or serious emotional difficulties (Artesani & Mallar, 1998). Functional behaviour assessments are used to determine the efficacy of these strategies.

A strength of SWPBS is its constant monitoring. To facilitate that a number of tools have been devised, such as SWIS – already described. Another – SET (schoolwide evaluation tool) devised by Sugai, Lewis-Palmer, Todd & Horner (2001) – has been put in place to monitor each school's performance and fidelity to the scheme. This scale has 28 items collected annually by an on-site observer who reviews documentation, interviews staff and students. Addressing the seven issues on the scale: behavioural expectations are defined, they are taught, rewards are provided for following behavioural expectations, a continuum of consequences for problem behaviour is in place, data are collected and used for decision-making, an administrator supports the scheme and the school district supports the scheme. Grades for school performance are derived from these data (Horner *et al* 2004).

Another of its strengths is its process of delivery. Rather than make sudden changes to an established school, the initial stage – that of setting up the primary tier of positive behaviour interventions – is scheduled to take a year. During this time, teams from all areas of school administration, led by a 'trainer', gather data about the current school functioning, build an action plan, and implement only the first tier. This involves teacher training to produce consistency of response to behavioural issues, and the selection of 'coaches' who will take a leadership role. SWPBS aims to 'teach natural leaders within schools and districts to facilitate its implementation thereby decreasing reliance on outside 'experts' and avoiding traditional 'workshop' approaches' (Freeman *et al*, 2006). School-wide positive behavioural support has selected some proven behavioural interventions and combined them with others (such as teacher involvement, social skills training, peer mentoring, and parental involvement) which have empirical support. It has been adopted in parts of Australia, notably Queensland and Tasmania.

It has also been adapted for use in Norway in the peer-assisted learning strategies (PALS) programme). Sorlie & Ogden (2007) carried out a quasi-experimental study of PALS in Norway with pupils (n=735) in third and seventh grades in four elementary schools. There were 363 pupils in the intervention group with a control group composed of pupils (n=72) in four similar elementary schools. A cognitive-behavioural element, the stop now and plan (SNAP) intervention was added to PALS. This study deviated from those in the USA as its barometer of success was not the numbers of office-based referrals but, instead based its methodology on teacher/student observations. While teacher-observed and reported reductions in disruptive classroom behaviour in the first two years ranged from moderate to large, and while teacher efficacy was significantly related to the better outcomes, the results based on student ratings of social competence and on classroom climate were insignificant. However, those schools with the highest levels of disruptive student behaviour at baseline were those which reported greatest decreases.

The study was also specifically concerned with whether SWPBS could transpose into a European context and what impact it might have on immigrant children, mostly East Asian, who may not have Norwegian as their first language (7.2 per cent). A possible bias here may have been that the teachers conducting the intervention were also performing the assessments. Further research will be carried out into this particular adaptation of SWPBS.

Many behavioural support interventions are used worldwide and most are implemented locally although the principles accord with those of SWPBS: a universal behavioural programme, school-wide, which incorporates functional behavioural analysis or 'behavioural audit' in adapting the environment. Most then build on this first school-wide tier to more personalised second tier intervention, often for children with SEBD, up to a third level where direct intervention from support teams outside the school may be used. One similar scheme is the Birmingham Framework for Intervention (Ali *et al*, 1997). However, apart from initial evaluations, such as on the Birmingham framework (Williams *et al*, 1997; Cole, Visser & Daniels, 2000), little research evidence supports any of these similar schemes which is why the strongly evidenced SWPBS intervention has been cited in this review.

5.4.5 Restorative practices

Restorative practices or measures sometimes employed in the USA (Haft, 2000; Karp, 2001; Casella, 2003; Heydenberk, 2005; Stinchcomb *et al*, 2006) but more usually in Australia, New Zealand and Europe (Drewery, 2004; Morrison *et al*, 2005; Burssens & Vettenburg, 2006; Ahmed & Braithwaite, 2006; Shaw, 2007) are informed by restorative justice. This concept comes from innovations within the criminal justice system in which conversation, dialogue and conferencing are used as a vehicle for reparation and conflict resolution. At its root is the realisation that generally any form of disciplinary punishment is essentially passive for the perpetrator who has no real agency in externally-imposed sanctions for the behaviour. Restorative practices allow agency and therefore responsibility to be devolved to all parties in the conflict (Sherman & Strang, 2007) which should stimulate inter- and intra-personal reflection by all involved. Restorative practices derive from Maori traditions (Wearmouth *et al*, 2007) in which the

whole community can be gathered to examine the part all have played in the creation of the crime/problem and all parties, including the perpetrator, are encouraged to be active in repairing the damage caused by the deviancy from normative and communal values (Wearmouth *et al*, 2007).

As a school-based intervention, restorative practices are similar in purpose to school-wide positive behavioural support ethos. They contest a zero-tolerance approach to disciplinary problems by attempting to create a school-wide climate of community-shared values for all students thus reducing aggressive or bullying behaviour. In this case the reliance on humanist relational ethics is greater (Morrison *et al*, 2005) than the strong evidence-based practice, pre-planned procedure, and manual-guided implementation evident in positive behaviour support and 'insufficient evidence is so far available about its effectiveness' (Sherman & Strang, 2007). Further research may elucidate and support its efficacy.

In practical terms, the intervention, if the team works with a script, consists of eliciting responses to several questions from participants involved in aggressive or disruptive behaviour:

- What has happened?

- Who has been affected?

- How can we involve everyone who has been affected in finding a way forward?

- How can everyone do things differently in the future?

The dialogue can take place informally in 'corridor conferences' or more formally in mini-conferences, sometimes adopting problem-solving circles similar to those used in Circle Time. Teachers are encouraged to use Circle Time and to employ restorative pedagogy in which they themselves model the skills and values represented by the ethos, and create opportunities for their development throughout all class lessons. This intervention is universal rather than targeted although the conferences are more likely to be used only in cases of more severe disruption and aggression (Karp, 2001; Drewery, 2004; McCluskey at al, 2007) and can be used to avert exclusions or suspensions. Peer support strategies (Cowie *et al*, 2000; 2002; 2005; 2008a; 2008b) used in restorative practices initiatives emphasise the importance which this initiative places on personal relationships within the schools.

As yet, there is little robust evidence on the value of restorative practices to SEBD populations in schools, with no type 1 or 2 studies. One study in Flemish Belgium discussed non-statistical findings from a two-year (2002-04) employment of group conferencing to address serious disciplinary issues in 14 schools in nine school areas, It concluded with various focus points emerging from the experiment, including the time-consuming nature of organising such conferences and the difficulty of organising them in schools not fully committed to the ethos of restorative practices (Burssens & Vettenberg, 2006. Another (Kane *et al*, 2008) was an evaluation of the first two years of a 30-month pilot study in Scotland into restorative practices in 18 schools in three local authorities: Highlands, Fife and North Lanarkshire. Their use was only one of several programmes adopted by these schools under the Scottish Executive's Better

Behaviour, Better Learning initiative. It was simultaneously evaluated by questionnaires, surveys, observations of meetings activities and lessons, documentary analysis of schools' policies and of national and school statistical data, focus groups and interviews. The interim (McCluskey *et al*, 2006) and final report (Kane *et al*, 2008) show the intervention was more likely to be considered useful by primary rather than secondary schools, although each school adopted its own different version of restorative practices and this flexibility was seen as a strength. Kane and colleagues state: 'When introduced in schools with at least a number of receptive staff and when the initiative was supported by commitment, enthusiasm, leadership and significant staff development, there was a clear positive impact on relationships in school. This was identifiable through the views and actions of staff and pupils, as well as evident in measurable reduction in playground incidents, discipline referrals, exclusion and use of external behaviour support' (Kane *et al*, 2008: 14).

Given the complex range of pressures on and within education, the report concludes that restorative practices are not (nor indeed is there ever likely to be) 'the one right answer' to discipline and control. Nonetheless, the evaluation indicates strong and clear benefits for both staff and pupils (Kane *et al*, 2008: 380).

This conclusion is similar to that of the UK's largest evaluation on restorative justice in 26 schools, six primary and 20 secondary in England and Wales commissioned by the Youth Justice Board (2004:68). It ends with the statement that restorative justice is 'not a panacea for problems in schools', but 'if implemented correctly [could]…improve the school environment and enhance the learning and development of young people'.

More importantly for this review, a restorative practices pilot has been launched and evaluated in seven post-primary schools in Co Donegal and Co Sligo, the largest of which has under 700 students and the smallest of which fewer than 100. Conducted through the Health Service Executive North West (McGarrigle, 2006), it has since been extended to a further four schools. In this initiative, the programme is envisioned not as a response to violence, aggression and substance abuse in schools as often seen in the USA, but to ensure that 'more of our at-risk young people stay in school and have an increased opportunity to live a successful healthy life'. This interpretation also includes mediation. Data collected from the seven schools included interviews, questionnaires, incident report forms and observations. School profiles were determined using the school ethos questionnaire (Byrne & Barry, 2003). Although small scale, this study showed interesting findings which replicated those in larger studies. For instance it found most common barriers to implementing the intervention were said to be an overcrowded curriculum, lack of resources and lack of training for teachers. A clear change was evident in disciplinary measures in all schools. Where reported incidents would have resulted in detention (57 per cent), suspension (40 per cent), a visit to the principal's office (25 per cent), after intervention the results were holding an impromptu (corridor) conference (62.5 per cent) and restorative questions (62.5 per cent). Uo to 10 per cent of incidents were resolved by holding a large conference and another 10 per cent by organising class Circle Time and talking through the incident. No students were sent to the principal's office, only 15 per cent resulted in detention and only 10 per cent in suspension. The report recommended that for future evaluation, validated outcome measures should

be used, and that data on detentions should be collected more effectively. This study, it must be stressed, was the least rigorous of any included in this review and its data evaluation and presentation were significantly inadequate for a review of this nature. That said, there was merit in the undertaking and in the possibility of further, better-designed and evaluated investigation into this intervention. It also raises the possibility of a productive inter-agency working partnership between health services and education in Ireland.

5.4.6 Cognitive behavioural programmes

In Chapter 4 we discussed evidence for cognitive behavioural approaches to SEBD emphasising the underlying theory and specific approaches associated with them. In particular we focused on the impact they had on individual students, small groups or single classes. Here, we shift the focus to such approaches designed for use at the whole-school level and further. They are known as universal programmes since they are offered to entire populations, such as whole class groups, year groups or entire school populations. This contrasts with targeted programmes that restrict application of interventions to at-risk individuals and groups. The intentions behind these are;

- to capture all students who may benefit personally from the intervention

- to mobilise all students in supporting one another

- to promote resilience and, therefore, have a preventative effect for all participants.

5.4.6.1 FRIENDS

A particularly promising example of this type of approach is the FRIENDS programme pioneered in Australia (Barrett, *et al* 1999). The acronym stands for:

- F = feeling worried (self-monitoring skills).

- R = relax and feel good (self-control skills).

- I = inner helpful thoughts (self-management skills).

- E = explore plans (skills for identifying options and making choices).

- N = nice work, reward yourself (self-reinforcement skills.

- D = don't forget to practice (maintenance skills).

- S = stay calm for life (extended maintenance skills).

Barrett *et al* (2006:406) succinctly describe the FRIENDS programme: 'A brief cognitive-behavioural intervention designed and validated as an individual or group-based treatment for clinically anxious children […]. The programme assists children and youth in learning important skills and techniques that help them to cope with and manage anxiety and emotional distress through the application of learned coping and problem-solving skills.'

Barrett *et al* (2006) describe an RCT study of a FRIENDS intervention which consisted, as is standard, of ten weekly sessions (about 70 minutes each) plus two booster sessions in the following term. There were two 'developmentally-tailored versions' of

the programme FRIENDS for Children for sixth graders and FRIENDS for Youth for ninth graders (n= 669). It was delivered by teachers who had had a one-day training. To retain the integrity of the universalist approach the evaluation involved allocating schools (n=6: three intervention schools + three controls) rather than individual students to intervention and control conditions. The main findings indicated significant reductions in anxiety symptoms that were maintained at 12-, 24- and 36-month follow-ups. Initially the effects on girls were significantly higher than for boys though this difference disappeared after 36 months.

The study by Barrett *et al* is one of several large-scale type 1 RCTs on this intervention in Australia. Lowrey-Webster *et al* (2001) studied students (aged ten to 13) attending seven secondary schools in Brisbane. Students (n=594) were randomly-allocated by class group to either the FRIENDS programme embedded in the school curriculum or a comparison condition in which students had no exposure to it. Results showed children receiving the FRIENDS intervention reported fewer anxiety symptoms, regardless of their risk status, when compared to the comparison group.

Similar positive findings are reported by Bernstein *et al* (2005) in a type 1 RCT carried out with pupils aged seven to eleven (n=453) from three USA schools who undertook the FRIENDS programme. They showed significantly decreased anxiety levels than controls, while those who underwent an enhanced version of FRIENDS which included a parent training component showed the best outcomes.

A recent UK study (Stallard *et al*, 2007) focused on a FRIENDS programme in three primary schools, with children aged nine to ten (n=106). They were assessed three times during the study: before beginning the training, during it and three months after its completion. Each time, they were assessed through the application of two standardised instruments: the Spence Children's Anxiety Scale and the Culture-Free Self-Esteem Questionnaire Form B. At the three-month follow-up, anxiety levels had significantly decreased and self-esteem increased. Children with the most severe emotional problems appeared to benefit most from the programme. Unfortunately, this study did not utilise a non-intervention comparison group. Also, the programme was delivered by school nurses, not teaching staff. Evidence reported by Barrett & Turner (2001) found no differential effect on student outcomes for students who received the FRIENDS intervention led by teachers compared with those for who it was led by psychologists.

The findings from these robust studies indicate that the FRIENDS intervention is extremely effective for students with anxiety problems aged seven to 13. It is particularly effective for those with clinically-significant anxiety problems and low self-esteem, but has also been shown to be effective in improving the emotional coping skills of children and young people in the general population. In this sense FRIENDS can be seen to combine the best qualities of a therapeutic programme with a general life skills intervention that can be incorporated into the regular curriculum for all students. One of its many advantages is that it allows for vulnerable students to receive direct support without their having to be singled out and possibly stigmatised (Lowery-Webster, 2001).

In addition, evidence also suggests that FRIENDS may be as effective when delivered by a teacher as when delivered by a psychologist. Such an advantage, if generalisable, would facilitate the incorporation of the programme into schools and might well account

for its apparent superiority over the SEAL programme. The one-day manualised training appears to indicate that a relatively modest financial outlay is likely to accrue significant benefits.

5.4.6.2 Coping Power

Coping Power is a cognitive behavioural strategy for use with aggressive children. It is derived from an earlier validated programme for anger management, anger coping, which is incorporated into its multi-component design. Many of its strategies are also present in Fast Track (See Chapter 8). It is a short-term (15-month) intervention for children aged six to eleven and their parents. The school-based programme delivered to the (male) students is of 33 sessions with a group of four to six boys and is led by a postgraduate psychologist or by the school's counsellor. They deliver social and cognitive-behavioural skills training and problem-solving and study skills training, as well as training in refusal, and in resisting peer pressure. Mirroring that child intervention is a similar training with parents, limited to 16 sessions, and delivered at the children's schools by school staff to groups of four to six parents, and based on social-learning theory parent training.

The Coping Power RCT began in 1996 when 1,578 boys in fifth and sixth grades in Durham, North Carolina, were screened for aggression, and 186 were selected for the intervention in two cohorts in successive years. These were randomly assigned to one of three groups: child intervention alone, child and parent intervention, or a control group. Results were published in 2002 (Lochman & Wells, 2002a; 2002b). One-year follow-up occurred (Lochman & Wells, 2003; 2004). In the first set of results, three outcomes were measured: child-reported substance abuse, covert delinquency and overt delinquency. These were later compared with the one-year follow-up. Parent-reported substance abuse and school behaviour were investigated at follow-up. The programme had significant impact on three of the five measures: covert delinquency (but only for those children on the combined child/parent intervention), parent-reported substance abuse (6 per cent of intervention children as against 17 per cent of the control group), and school behaviour, an improvement maintained at follow-up, a year after the intervention had ended.

The RCT although it had the backing of evidence-based treatment organisations nevertheless had some limitations. The most obvious was the small all-male sample base which could be said to weaken the results of such a universally-intended preventative project. Nevertheless, it gave backing to the initial hypothesis that incorporating parent training led to a more significant difference in the prevention of anti-social behaviours in the community. In addition, no cultural differences were found in the results: the programme worked as efficiently for minority children as it did for Caucasian children. Two further case-study papers have been published on this intervention which is now manualised and used for indicated children at high risk. One, (Boxmeyer*et al*, 2007a) dealt with its positive effects on a boy aged eleven and his father. Another (Lochman *et al*, 2007) focused on the intervention's effects on the disruptive behaviour of a girl aged ten. These may go a little way to offset the original study's male-only limitation.

The manualised intervention was also successfully trialled in the Netherlands on a cost effectiveness basis and in a clinical setting (Van de Weil, 2003) and was then followed up five years later. Differences were revealed in comparison with the previous clinically-treated group who had not undergone the intervention: drug, tobacco and alcohol use were lower in the intervention group and similar to levels of healthy controls. Both the clinically-treated adolescents and the Coping Power intervention adolescents were equivalent to healthy controls in outcome measures for delinquency (Zonnevylle-Bender *et al*, 2007).

Summary

This chapter has dealt with whole-school support systems for students with SEBD and the wider range of educational provision and intervention that can be made available to such students.

1. Whole-school academic interventions address those strategies management teams may adopt that can enhance the academic potential of students with SEBD.

    –   The Success For All programme was singled out as a well-evidenced approach to raising attainment in literacy with specific components that address directly some key barriers to educational engagement experienced by students with SEBD.

2. Whole-school interventions for social-emotional learning can promote an increase in social-emotional literacy for SEBD students. Several of these were examined.

    –   Circle Time, although used worldwide, was found to have little by way of firm empirical support. Concerns were raised about the quality of its implementation and potential problems relating to inadequate training of staff employing the approach.

    –   Social and emotional aspects of learning (SEAL) is a social and emotional learning programme to enable students to develop self regulatory and social problem solving skills. Although implemented on a large-scale in England and Wales, it has achieved relatively poor outcomes and appears to suffer from implementation problems.

    –   Second Step is, in principle, very similar to SEAL in its emphasis on developing students' self-management and social engagement skills. It differs in important respects, however, particularly in its implementation design which has the programme embedded in the formal curriculum and delivered by teachers. As with SEAL the evaluation evidence is disappointing. Again, this may be due in part to implementation problems.

3. Whole-school behavioural management programmes can act as a universal programme for all students, but can also enhance the abilities of students with SEBD to engage with learning in a safe environment.

    –   School-Wide Positive Behavioural Support (SWPBS) is a behaviourally-oriented programme involving development of a whole-school approach to devising and

reinforcing rules for positive behaviour. There is strong evidence for its efficacy when implemented correctly. There is also support from the research base to support the premise that school-based social-development interventions, which address specific risk factors (such as SWPBS) are likely to improve not only in-school behaviour, but general school engagement and academic achievement as well

– Restorative practices are an approach to conflict resolution based on principles of restorative justice involving students in an active engagement with problem issues within the school community. It has many positive features, including a model of social engagement which emphasises mutual respect and tolerance of difference. But to date the programme has not undergone significant evaluation and therefore evidence of its efficacy in SEBD in schools is scant.

4. Cognitive behavioural programmes can be universal and whole school in their approach in supporting all students, but may be particularly effective for students with SEBD.

– FRIENDS is one of the most robustly-supported programmes for internalising disorders and has the backing of the World Health Organisation. Large-scale type 1 RCTs in several countries show this ten-session cognitive behavioural programme (often delivered by teachers) is a highly effective curriculum-embedded intervention particularly successful in helping all students, regardless of risk status, to develop strategies for managing anxiety.

– Coping Power is a cognitive behavioural intervention that addresses aggressive/acting-out behaviour. As with FRIENDS it has strong empirical support based on type 1 RCTs.

6 Small-Scale On- and Off-Site Provision

6.1 Overview

In this chapter we deal with interventions that act on the principle of altering the structure of the educational setting, Some operate on dividing large schools into smaller units, others by altering the nature of what is conventionally thought to be a 'school', yet others by making a 'school' within a school or a targeted intervention which involves withdrawing a group, usually of students with SEBD, into a different setting. The chapter also deals with off-site settings in which students may be educated separately and with residential provision.

6.2 Small-Scale Provision

There has been considerable recent interest in the USA in dividing large high schools into smaller units (Ancess, 2006; Felner *et al*, 2007). It is claimed that small learning communities (SLCs) provide safer schools, with a more personalised pedagogy (Cotton, 2001; Darling-Hammond, 2002; Lee & Friedrich. 2007; Kahne *et al* 2008). As for children with SEBD (Dukes & Lamar-Dukes, 2007), 'overwhelming evidence that violence is much less likely to occur in small schools than in large ones' has been noted (Raywid & Oshiyama, 2000). There is also a lower rate of drug use, vandalism, bullying, suspensions and expulsions (Gladden, 1998). Research in the Netherlands, however, offers a different view. In a national study of children with SEBD (Mooij *et al*, 2006; 2008) more violence was found to occur in small schools. The explanation is that in the Netherlands pupils with more social and emotional problems are educated together in special schools with a small number of students.

Of the various models of small learning centres, some are historical such as alternative schools, small rural schools, autonomous schools or those using the house system as many British public schools do. Of more recent developments, the most pertinent to this review are those which are schools-within-schools, and smaller learning communities within larger schools. We will consider research on two of these: career academies in the USA and nurture groups in the UK, which specifically target the children whose needs we discuss here.

6.2.1 Outreach schools

In Alberta, Canada, alternative schooling exists (outreach schools established in 1974) for at-risk high school students. This is funded by the province since the 1995-96 school year. Canada has no nationwide education policy and each province can act unilaterally, with some restrictions, in education provision. There is only one study on the outreach provision and this analyses responses from 13 teachers/staff and 213 students from four of the schools (Housego, 1999).

Outreach schools operate similarly to distance learning centres but also provide a standalone building and facilities and teaching staff who maintain the opening of the

storefront school during the typical day, sometimes for an extended day. Most high-school grade students have social, emotional and/or behavioural difficulties and are primarily those who feel overwhelmed by a larger school or a full curriculum. As the schools educate young adults aged up to 20, some students may be in work or be young parents. Some may be school drop-outs. Learning is by modules which a student takes at her/his pace with school attendance requirements at one to two hours weekly until the requisite grades have been obtained for a high school diploma. Each student has an individual timetable agreed with a member of staff and staff/student ratios are particularly low. Staff can work on a one-to-one basis with students as mentors as well as teachers. Research data are not available to determine if these schools are successful.

6.2.2 Career academies

The career academy project (Stern *et al*, 1992) has been cited as an evidence-based and research-validated nationwide intervention in 2,500 inner-city schools in the USA, with most evidence from Philadelphia and the University of California, Berkeley, under the leadership of David Stern and the career academy support network. Although originally designed as a drop-out prevention programme in 1969, the academy intervention has developed and expanded. In 1993 research into its effectiveness and into how well the students engaged with learning was funded by Manpower Demonstration Research Corporation, a non-profit education and social policy organisation. RCTs began in 1993 (Kemple & Rock, 1996) on ten sites, one later dropped out, and involved 1,953 students in all. In each school, up to 40 students each year in ninth to twelfth grades applied to and were either selected or put on a waiting list for the within-school intervention.

This consists of the at-risk students taking a more vocational curriculum linked to a career theme such as business, computing or health care, together with core academic subjects. Each group remained together throughout their school years and stayed with the same small group of teachers for that time. Over the next ten years data were collected on students and their progress and in the years after leaving school to see if any gains were maintained. An unusual pedagogic factor is that teaching staff work as a team across subjects in a team-teaching methodology. Academy members also had continual access to employer partnerships, both in and out of the classroom. The non-selected students who differed in no fundamental way from those selected became the control group for the RCTs.

Data were collected from school transcript records, student surveys, standardised maths and literacy tests and continual qualitative field research. Initial results (Kemple & Snipes, 2000) showed:

- Students at high risk of school failure in comparison with the control group significantly cut drop-out rates, increased attendance rates and 40 per cent – a 50 per cent rise on their control group counterparts – earned enough credits to graduate. While the academies produced no significant reduction in risk-taking behaviour, they did show evidence of improvement.

- Students at low risk of school failure were more likely to graduate on time than their counterparts. They increased their career-related courses as well as completing

academic courses. Additionally, as with the high risk group, reduction in risk-taking behaviours was not significant.

These results appear disappointing, but the advantage of such longitudinal studies is that we can see the longer-term effects of intervention which may differ from what is expected following immediate evaluation only. In 2004, follow-up studies (Kemple & Scott-Clayton, 2004) revealed that although the career academy system had had little effect on the girls involved, a result perhaps due to parenting children, young men were earning over 18 per cent more than those in the control group over the four-year period. In addition, more than half the sample had achieved some further education qualification or were working towards one. Four years later (Kemple & Wilner, 2008), academy graduates had earned 11 per cent more on average per year than the control-group. Academy graduates also had a significant gain over the control group in those living independently, with children and a spouse or partner.

The Manpower MDRC[6] RCTs mentioned previously engage rather different outcome measures from those normally used on evaluations of educational interventions as they concentrate on employment issues and economic measures. David Stern (2004) summarises his own evaluation of the career academy RCT studies by pointing to differential outcomes. In a selection of Manpower data, graduates felt they had more personal support and more career guidance. Stern himself (2000), however, points to factors that might influence the academies' success: 'Since students must take the initiative to apply to a career academy, it is possible that academy students have more motivation, ambition, get-up-and-go, parental support or other unmeasured strengths than the comparison students. These unmeasured characteristics may have prompted some students to apply to a career academy and also made them more likely to succeed whether they enrolled in an academy or not. This may well be a weakness of the studies.'

6.2.3 Nurture groups

While the UK's nurture group is a different type of intervention, the notion of a 'learning community-within-a-school' is retained. In this case, however, the group selected is not completely self-contained nor is that the purpose. The purpose is to take some students, usually those with SEBD characteristics, out of their mainstream classes for part of the day for an intensive and supportive adjunct to their social and emotional nurturing in order to enable their return as soon as is feasible (Bennathan & Boxall, 1996). Children are selected on recommendations from social workers, health workers, from pre-school educators and observations within the first term of the child's schooling. Group balance is important and teachers are careful not to overwhelm the group with too high a proportion of those who act out or those who act in. Parents are consulted throughout the process as their agreement is seen as primary and crucial. It is essentially a short-term strategy devised by Marjorie Boxall, an Inner London Education Authority educational psychologist working in Hackney, UK, in the 1960s. The instrumentation used both at pre- and post-test are the Boxall profile (later published as Bennathan &

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6   **MDRC** is a non-profit organization in the USA dealing with research evidence on interventions for the alleviation of poverty.

Boxall, 1998), a norm-referenced assessment instrument, devised by Marjorie Boxall specifically for use in nurture groups and the Goodman strengths and difficulties questionnaire. The profiles enable staff to monitor and assess individual pupils' social and emotional functioning and to chart changes over time. After a period of comparative neglect it is now the subject of several studies, none a randomised controlled trial.

A classic Boxall type nurture group would reflect the following principles (Cooper & Whitebread, 2007):

- They are located on the site of a mainstream primary or infant school, but can be located in a secondary school.

- They cater for children aged ten to 12 children who are already on the roll of the host school.

- Two adults staff them: a teacher and a full-time learning support assistant.

- They operate for nine out of ten half-day sessions in the school week.

- Nurture group pupils remain on the roll of a mainstream class, register daily with this class and spend curriculum time in it when not attending the group.

- Full-time placement in a mainstream class is the main object of a nurture group placement.

- The nurture group provides a holistic curriculum, incorporating the UK national curriculum with one designed to address social, emotional and behavioural factors underpinning academic learning.

In a study of 308 children placed in nurture groups during 1984-98 in one London borough (Iszatt & Wasilewska, 1997), 87 per cent could return to the mainstream after a placement of under one year. In 1995 this group was revisited and found to have a very high proportion (83 per cent) of the original cohort still in mainstream placements with only 4 per cent requiring SEN support beyond the schools' standard range of provision. Of the original, 13 per cent were granted statements of special educational need and 11 per cent were referred to special school provision. This finding was contrasted with data on a non-matched group of 20 mainstream pupils designated to need nurture group placement but for whom places had not been found. Of these, 35 per cent were placed in special schools and only 55 per cent were found, by 1995, to be coping in mainstream classrooms without additional support.

Without adequate matching measures it is difficult to interpret the significance of differences in outcomes for the two groups. The positive performance of most nurture group cohorts tallied with studies of staff perceptions of the effects of this placement assessed in other studies which point to improvements in pupils' self-management behaviours, social skills, self awareness and confidence, skills for learning and approaches to learning (Doyle, 2001; Boorn, 2002; Cooper & Lovey, 1999). O'Connor & Colwell (2003) assessed the performance of 68 children aged five placed in three nurture groups for a mean period of 3.1 terms. Using Boxall profile data, they found statistically significant mean improvements in cognitive and emotional development, social engagement and behaviours indicative of secure attachment. Boxall data was also reported on an opportunity sample (n=12) of the original cohort after two years.

Findings suggested that many improvements had been maintained, though evidence of relapse was apparent in some areas of emotional and social functioning.

An extensive longitudinal study over two years by Cooper *et al* (2001) investigated the effectiveness of nurture groups within 25 schools in eight Local Education Authorities. It judged the groups' effectiveness on the basis of comparing pupils with two different control groups, one matched according to age, gender, educational attainment and level of SEBD in mainstream classrooms; the other matched for age and gender with nurture group children but without emotional and behavioural problems. On the basis of variations among different groups in the sample, the authors reported no statistically different outcomes. Positive perceptions to nurture groups were noted, however. Mainstream teacher interviews in particular reported their strong positive impact on progress in educational attainment as well as the development of a 'nurturing' environment in many aspects of school life.

In a subsequent publication, Cooper & Whitebread (2007) explored the effects of nurture groups on children (n=356) enrolled in such groups (n=27) compared to four groups matched to members of the enrolled groups on various dimensions but who were not enrolled in nurture groups (n=190). Participants were followed over two years. The Boxall profiles and the Goodman Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) SDQ measures provided the quantitative evidence which indicated greater improvements for the nurture group children's social, emotional and behavioural functioning than those who did not attend. In addition, the groups in existence for two years or more were found to achieve statistically significant improvements in pupils' social, emotional and behavioural functioning after two terms, when compared with the progress of pupils with SEBD in mainstream classrooms. Particularly striking was the finding that students with SEBD in schools with nurture groups, but who did not attend them improved in their functioning to a statistically significant degree when compared to students with SEBD who attended schools without them. This was interpreted to indicate that nurture groups could have a whole-school effect, a view supported by qualitative data gathered from staff in the participating schools. In line with previous studies, parents of nurture group pupils reported positive perceptions and offered the possibility that they could have a positive effect of parent-child relationships.

Another substantial naturalistic prospective control group (Type 3) study carried out in Glasgow (Reynolds at al, 2009) focused on pupils (n=221) aged five to seven with SEBD attending primary schools (n= 32). The intervention group (n=117) attended nurture groups in 16 schools while the rest (n=104) attended matched schools (n=16) without nurture groups. Nurture group pupils made significant improvements in self-esteem, self-image, emotional maturity and attainment in literacy when compared to those attending the schools without the provision.

Among other smaller-scale studies, those of Bishop & Swain (2000a; 2000b) explored nurture group effectiveness in a severly deprived inner city area with children aged one to three. Researchers also reported a parent-school partnership model and explained this in consideration of a 'transplant model' which implied that teacher skills and expertise are passed to parents through their engagement with nurture groups

(Cunningham & Davis, 1985; Dale, 1996, cited in Bishop & Swain, 2000a:22). Howes *et al* (2003) questions the potential of nurture groups in facilitating inclusive practice. Having reviewed three varying case studies, the authors identified that the size of group, the age of children and the mixture of emotional and behavioural difficulties they exhibit as critical in effective running of the nurture group. They also question the opportunity cost of the nurture group, asking what those children lose when separated from peer groups in mainstream settings.

Doyle (2003) reported that setting up a nurture group in her school, however, spread nurturing practices in the whole-school – a finding consistent with that of Binnie (2008) – thereby offering an alternative to the question of opportunity costs. This supports the view that the most successful nurture groups are an integral part of the intercommunicating mainstream school in which the school as a whole community is committed to maximising the social and educational engagement of all pupils (Cooper, 2005; Cooper & Whitebread, 2007). There is recent (unpublished) research on the viability of the provision in secondary schools, a possibility currently being tested by UK local authorities along with the nurture groups network.

6.2.4 Special units and special classes

Not all schools have the organisational flexibility that allows students to remain for some of the day with their mainstream peers, as in the nurture group model. In a study of a 'special unit' in a Cypriot school, the authors noted that educating students with special needs in such a unit can lead to marginalisation (Angelides & Michailidou, 2007).

This finding was also applicable to out-of-school settings, according to a study by Panacek & Dunlap (2003) into the social life of students with emotional and behavioural difficulties who were educated in a segregated classroom. Interviewing 14 of these children, and comparing their social lives to those of a matched group of 14 educated in regular classrooms, the authors discovered that the former had little opportunity to mix with their peers and their school lives were dominated by children and adults involved in special education. They identified as important friends those who were in their home network, which were similar in size and constellation to their matched counterparts in general education classrooms, whereas those typically-educated children identified as their important friends others within their class or school.

In two USA studies comparing children with emotional and behavioural difficulties educated in self-contained classrooms with those educated in specialist separate schools, Lane *et al* (2005) discovered that little distinguished such children in special schools from those educated within a self-contained classroom in a mainstream schools. Academic improvement in either setting was limited as was progress in social or behavioural domains. The only observed difference was that those in special schools referred to as having more 'severe' difficulties were more likely to have externalising disorders than internalising disorders. Although the study aimed to question why some children were referred for education in more restrictive settings (special schools) the results must point additionally to there being little social and emotional advantage in being placed in a segregated classroom within a mainstream school.

Soloman & Rogers (2001) in a small-scale study of 92 children in north-west England aged 13 to 16 registered in pupil referral units game them questionnaires covering their perceptions of this placement. They included questions from the patterns of adaptive learning survey, enabling their motivations to be assessed. Contrary to the expectation that placement in these units would allow children access to a therapeutic environment where they could develop more effective coping strategies (Kaplan, 1999) and contrary to the expectation that these students found difficulties in accessing the full curriculum, the students did not reject the curriculum nor had they found coping strategies within the units. The researchers conclude: 'Interventions designed to assist disaffected pupils need to be located within the context of regular schooling itself...effective interventions need to recognise the limits of [a counselling-type environment] and seek to relocate referred pupils into mainstream classes and a mainstream curriculum as early as possible' (p 369).

In contrast, a paper by Malberg (2008) – in which she discusses her experiences of holding psychodynamic sessions based on the mentalising theories of Twemlow & Fonagy (2001, 2003, 2005a, 2005b, 2005c, 2005d, 2006) for group intervention with parents, staff and children – appeared to reveal the success of such an intervention, although she offers no follow-up results and no clear results at all from the process, although she mentions that two students were persuaded by the experience to return to regular clinical psychotherapy. What is evident from her paper is the sense of the pupil referral unit being a waiting room in which parents and students were in daily expectation of decisions being made on their future education. This is not robust since no data were generated.

A case-study (type 8) research paper (Frankham *et al*, 2007) on school exclusion involving six children from two successful pupil referral units, their families and their teachers was more stringent in its methodology and less vague in its production of qualitative data. It did not reflect the 'waiting room' analogy, but instead stressed that relationships could support or interfere with student attachment to school. Warm relationships could be fostered through mentoring in specialist unit settings. This study reflects somewhat the findings of a previous type 8 case study (Hanafin & Lynch, 2002) held in focus group interviews in a primary school in a disadvantaged area of Cork: class teachers/school management rarely took parents' views into account. In 'hard to reach' families – such as the mixed-race families of some participants in the Frankham *et al* study (2007) – who were interviewed and observed, the authors emphasised the importance of working holistically and flexibly with families rather than by bureaucratic formulae. They concluded that the work of some PRUs might be best used as a form of respite from mainstream schools for some students. They also stressed that in the case of exclusion from mainstream school, students and their families should be consulted on their preferences for educational provision.

The principle of flexibility and clarity underlying the nurture group philosophy – where children are withdrawn in part and short-term from their mainstream peers with the clear intention of returning them full-time to the classroom – is one that underpins the Swedish system of day-school education introduced over 40 years ago. It contrasts with the use of the self-contained classroom or unit, and the self-contained placement, from which the child is unlikely to return. In the Swedish intervention, which is similar

to PRUs, children showing signs of significant disturbance or thought to be at risk are withdrawn to spend time in a day special school. Here their emotional and mental health is monitored in small classes where they receive some social skills training. This is much in line with the respite recommendations from the Frankham *et al* (2007) study. Svedin & Wadsby (2000) conducted a follow-up study of 104 children, most with disruptive behaviour, who were referred to Swedish day special schools at some time in their school career. Of these, 88 per cent had returned to mainstream schooling after an average placement of two years. There were significant improvements in their mental health and 60 per cent were symptom-free or had only mild symptoms. Their academic progress remained slow, however, and even after placement they were considered more disturbed than typical children. Most (53 per cent) had been diagnosed with oppositional defiant disorder and 21 per cent with conduct disorder. It was this group who still displayed the most obvious problem behaviours.

6.3 Residential Provision

Residential schools for students with SEBD have been described as the 'dinosaurs' of special educational provision (Cole, 1986). Certainly, residential schools have played an important role in the history of educational provision for these students (eg Bridgeland, 1971; Dawson, 1981; Cooper, 1989) as highlighted in Chapter 2. Unlike dinosaurs, however, these residential schools have shown remarkable resilience in the face of intense efforts to kill them off (eg Booth & Ainscow, 1998).

In a world where inclusive education is a dominant ideology the residential school might appear to epitomise the discredited segregationist practices of a bygone era. And, although residential schools for children and young people with SEBD continue to be employed in education systems worldwide, researchers have neglected them, particularly in recent years. Having said this, limited research evidence offers important food for thought.

As stated in Chapter 2, important strands in what might be termed the residential tradition reflect highly advanced, even *avant garde,* approaches to the education and care of vulnerable young people (Bridgeland, 1971). For example, the influence of the psychodynamic tradition is reflected in residential regimes which emphasise the child's needs for opportunities for free expression and self-discovery in an environment of social and emotional safety (Reeves, 2001), such as exist today in the UK's Mulberry Bush school. Although many modern UK residential schools have long abandoned explicit allegiance to psychodynamic principles (Dawson, 1981), its legacy remains in the emphasis such schools continue to place on the importance of adult-child relationships as the major tool for promoting emotional growth and social development (Cooper, 1989; 1993; Cole, *et al*, 1998), and in the democratic practices common to many such schools (Bridgeland, 1971).

Such evidence as does exist, much of which comes from small-scale observational and interview studies, points to the residential experience being characterised, at its best, by its restorative qualities. Cooper (1989; 1993), in a qualitative study of two residential special schools for boys (aged nine to 17) with emotional and behavioural difficulties (n=77), found three consistent themes in their accounts of their experience. The first

was respite from negative influences and unsatisfactory relationships in their home settings and former schools and the sense of safety and emotional security afforded by the residential setting. Second was their experience of positive, warm and supportive relationships shared with the residential staff. Third was their experience of re-signification where, as a result of these positive experiences and relationships the boys could forge more positive self identities, replacing the negative and deviant identities they often held on entry to the schools.

Grimshaw & Berridge (1994), in a study of children (n=67) attending four contrasting residential schools, found the children and their families reflected the findings of Cooper's study. Though, unlike the essentially 'therapeutic' orientation reflected in the schools studied by Cooper, Berridge & Grimshaw found evidence of more directive and behaviourally oriented approaches in one of their schools. Even here, however, families and pupils spoke positively about the effect residential placement had on pupils' emotional and social development and, as a result, the quality of family relationships. A wide-ranging observational study of various types of provision for SEBD, including residential schools, carried out by Cole *et al* (1998) endorsed these findings.

In a recent study in Germany, Harriss *et al* (2008) interviewed students aged eight to 12 (n=13) who had attended a residential school for children with SEBD for an average of three years. They attributed the following positive effects to the residential experience;

- an improved ability to trust others
- improved ability to cope with 'difficult feelings'
- improved classroom engagement and ability to remain in classrooms during lessons
- improved behaviour and relationships at home.

Parents and residential staff echoed these findings, although teachers observed positive developments in pupils' academic engagement and progress while parents expressed concerns that it was often unsatisfactory.

It is a longstanding fact that SEBD correlates positively with poor educational performance (Landrum *et al*, 2003). It is also the case that the few published follow-up studies that exist tend to reveal poor social and personal outcomes. Farrell & Polat (2003) tracked down only 26 out of 172 former pupils from a residential SEBD school. They were aged 17 to 25 and had spent on average four years and three months in the school. They were all under-qualified educationally and only 13 had full time, largely menial jobs. They expressed concerns about their lack of financial security and tended to have negative expectations for the future. In a similar study in New Zealand by Hornby & Witte (2008) a group of former residential SEBD school students (n=29) who had attended the school when aged ten to 14 years prior to the study, were interviewed. Outcomes here were worse than those in the UK study. Only nine interviewees had full-time work, mostly earning only marginally above the statutory minimum wage. Four ex-pupils were in prison. The researchers assessed the ex-students' 'community adjustment' on the basis of information about their interpersonal relationships, living conditions and engagement in community activities, and found comparatively low levels of performance in these areas.

In conclusion it is important to reiterate that residential provision for SEBD, often a last resort for the most vulnerable members of this population, has been poorly served in terms of attention given and the range and scope of studies, all of which have been very small-scale. It is perhaps symptomatic of the problems surrounding this form of provision that the limited number of studies in recent years have been hampered by researchers having extreme difficult in finding former pupils. Those who are found often appear to present with disappointing life outcomes which contrast sharply with conclusions drawn from (admittedly few) studies of the processes and experiences associated with residential SEBD placement. This suggests that the positive achievements of these placements can be undermined when continuity in support and care for individuals after they leave residential provision is absent.

Summary

Small-scale provision for schools: evidence was reviewed for the efficacy of a range of small-scale provisions for students with SEBD which are often created on the basis of strong evidence of a relationship between low levels of anti-social behaviour and small-scale settings. Unfortunately, there is a dearth of evaluation evidence on these interventions.

- Outreach schools for students excluded from mainstream schools are prevalent in Canada. They operate on student-centred lines and emphasise student choice and voluntary attendance. Limited qualitative and quantitative evidence indicates they are popular with students and contribute to improvements in educational engagement.

- Career academies are small-scale vocationally-oriented programmes in some USA high schools with good evidence that they achieve positive social and academic outcomes for at-risk students.

- Nurture groups are a form of transitional provision pioneered in the UK. Although no RCT evidence has yet been gathered correlational evidence from several sources supports their efficacy, especially for primary-aged students with SEBD, in promoting significant social, emotional and academic improvement.

- Special units and classrooms/PRUs/LSUs have limited evidence to support their use though the nature and diversity of this range of provision makes it difficult to make meaningful generalisations about its overall effectiveness. Where useful type 8 (case study) evidence exists, this has not been followed up by further type 1-4 larger scale studies.

- Residential provision for SEBD is a long established feature of the educational landscape, but one that is under-researched. Limited small- scale evidence indicates the effectiveness of residential provision in giving students respite from stress and helping them develop coping skills and improved social skills. Maintenance effects are weak, however.

7 Working with Parents

7.1 Overview

The family's role in the generation and remediation of social, emotional and behavioural difficulties is well known and was briefly discussed in Chapter 2. Families and carers provide role models as well as reinforcement for ways of feeling, acting and responding. As a result incorporating families and carers into intervention programmes for SEBD has been of enormous value. This chapter reviews research on how parents and carers are incorporated into intervention programmes for school students with SEBD.

7.2 Parent Management Training

Parent management training (PMT) is one of the most strongly-supported preventative interventions for children with SEBD. Its main purpose is to break the cycle of coercion between parent and child which has been shown to contribute to the development of delinquency as the child grows older (Patterson 1998, 1989, 1984; Kazdin 1997; Forehand & Long, 1988). In practice, PMT usually involves a therapist teaching behavioural strategies to parents of at-risk children that concentrate on transmitting knowledge about antecedents (prompts) and consequences (reinforcement and time-out techniques for example). The social learning thus instigated is then relayed to the child through parental understanding and application of the principles.

In PMT, parents learn to observe and identify child behaviours which could be defined as problematic. They reframe them in ways which may lend insight and ultimately solutions to the reasons behind those behaviours, such as questions on what caused that behaviour at that time and what were its consequences (Graziano & Diament, 1992). Essentially, it is a social learning programme for families confused about the best ways to deal with the daily behavioural issues their child might present (Kazdin 1997). Negative/ineffective coercive parenting is thought to be a major contributory factor in schoolchildren's conduct problems (Greenbaum *et al* 1996; Patterson *et al*, 1989; Patterson & Stouthamer-Loeber, 1984). Ineffective parenting is characterised on the one hand as harsh discipline and on the other as lax discipline. Both have been found to be equally counter-productive (Snyder *et al*, 2005; Hinshaw *et al*, 2000).

In PMT parents learn behavioural strategies to promote pro-social behaviour. These include positive reinforcement and extinction strategies involving negotiation, contingency contracting, and punishments (time out and loss of certain privileges). The best are those which are used contingently, immediately and frequently; that employ varied and powerful reinforcers; and utilise prompting and shaping (Cooper *et al*, 1987). Parents have opportunities to see how these strategies can work and time to reflect on the changes they produce. This experience can lead to further developments where parents begin to analyse and address the more complex issues of how their children can be encouraged to respond to these strategies in other environments, such as the school. In this way they are encouraged to identify interventions that enable their child

to deal with homework and support for learning, for example (Callaghan *et al*, 1998). Meanwhile, teachers can monitor the effects in the school context.

PMT is acknowledged as one of the most robustly-evidenced interventions for children with conduct problems (Eyberg, 1995; Cunningham *et al* 1995; Brestan & Eyberg, 1998, Farrington, 2003; Kazdin, 2008). Between 50 and 60 training sessions appear to produce optimal results (McConaughy *et al*, 2000; Strayhorn *et al*, 1989; Kazdin, 1985) and the most successful maintenance effects (Eyberg *et al*, 1998; DeGarmo *et al*, 2004). One long-term follow-up study has shown that maintenance is evidenced, generally, even into adulthood, of the child whose parents underwent such training (Long *et al*, 1994).

The therapist's skill is of utmost significance in producing optimal results and the length and scope of the behavioural training s/he has (Kazdin, 1997). Such skill may not be very easily transmitted to others (for example teachers) willing to engage parents in training sessions. This problem also affects teacher performance in carrying out functional behavioural analysis (see Chapter 4). PMT has been demonstrated to be less successful when delivered by non-specialist nurses to parents of pre-school children (Sonuga-Barke *et al*, 2004). When teachers join parents as participants in the intervention, however, training benefits are strengthened in home and school settings (Corkum *et al*, 2005).

Many studies are clinic rather than school based. Also there is a dearth of good quality studies on school effects (Valdez *et al*, 2005). Only three out of the 24 reviewed by Valdez show PMT to be effective in modifying the child's behaviour at school, and one (Kazdin *et al*, 1987) was conducted on in-patients in a hospital setting. None of the studies was specifically designed with educational outcomes in mind.

A more recent meta-analytic review of studies aimed to identify the components of successful parent training schemes for children aged up to eight, (Kaminski *et al*, 2008). It demonstrated that the three most effective were:

- instruction in positive interactions with their child
- encouragement of emotional communication
- practising with their own child.

Least effective were those involving problem-solving skills training, promoting their child's academic success and use of ancillary services. Four components were significantly positively correlated with reducing in aggression in the children. These were:

- positive interaction
- time out
- consistent responding
- practising with their own child.

The mean effect size for parenting outcomes appeared larger than that for child outcomes. Those children with internalising disorders appeared to benefit more from the interventions than those with externalising disorders. Confounding existing beliefs about

effective programmes, the researchers discovered that whether or not the programme was manualised was irrelevant to its success or otherwise. Another meta-analysis, this time into moderators and follow-up effects, concluded that follow-up effects were small for behaviourally-based programmes and that parenting programmes were least effective with economically-disadvantaged families (Lundahl *et al*, 2006). This last point is supported by Dumas & Wahler (1983).

The relatively poor outcomes for economically disadvantaged families is a source of concern given that parent training is a technique most often offered to the most disadvantaged, for example through the USA's Head Start and the UK's Sure Start (Gray & Francis, 2007). These specialise in providing services to low-income families with school-age children. Sure Start (Glass, 1999), a government initiative in 1998 set up to serve the needs of children aged up to seven and their families, was redesigned to concentrate heavily on a child's first three years. It delivers a range of services families including;

- outreach services and home visiting

- support for families and parents

- good quality play, learning and child care

- primary and community healthcare and advice about child health and development

- support for those with special needs.

From the outset, it has been the subject of ongoing evaluation. These National Evaluations of Sure Start (NESS) ensure it is continually-monitored and data-producing which could give clear insights into the remediation of some problems facing at-risk children from their birth. A recent evaluation of the SSLC (Sure Start Local Centres) initiative (NESS 2008), which reassessed those families whose children had been seen when they were nine months old, concluded that at age three, parents showed less negative parenting in the local centre areas than those who did not have access to such centres, and gave their children a better home learning environment. The children had higher levels of social development than those outside local centre areas, and higher levels of self-regulation and independence. Results showed that the initiative appeared more effective over time and less inconsistent than the earlier report (NESS 2005) had shown. This could have been accounted for by differences in the research design, however.

Forehand & Kotchick (2002) suggest the chronicled difficulties of reaching these at-risk families can be overcome when training interventions are delivered within the community, using neighbourhood community centres or schools and when they are delivered by agencies the parents trust so the programmes are not seen in a negative authoritarian light. Furthermore they argue that their success will be strengthened by additional support systems. They state: 'Parents cannot fully engage in parent training until their other basic needs have been adequately addressed; thus, working with the socially isolated or highly disadvantaged families that present for assistance in managing their children's behaviour may require much more than parent training in order to be successful.' (Forehand & Kotchick, 2002: p380).

The most successful and evidence-based programmes are flexible enough – and data- and research-driven enough – to recognise and address this problem. The Fast Track multi-systemic programmes, now being further analysed over four sites in the USA (see Chapter 8), have confronted many challenges to the success of parent-training by locating the intervention at the child's own school and having school staff as co-facilitators of aspects of the programme in this community setting, as well as adding further components to the programme. The school-wide positive behavioural support interventions, among others (see Chapter 5), use a wraparound tertiary intervention in which community resources are fully called upon to address an individual child's failure to engage with education. Webster-Stratton's Incredible Years parent-training programme in the USA and worldwide, and Markie-Dadds' Triple P in Australia and worldwide, acknowledge the need for refinement and flexibility to ensure their interventions reach the widest possible demographic.

7.3 Incredible Years

The Incredible Years programme is essentially a parent management training scheme for parents of high risk children aged two to seven. Its BASIC (early childhood) programme is delivered by a therapist or leader to groups of parents and involves 12 to 14 two-hour weekly sessions. A central component is the use of short videotaped vignettes of child behaviour used to illustrate situations that may arise and also to act as stimulus to group discussion of strategies. Discussion and brainstorming sessions are seen as key to Incredible Years' success (Webster-Stratton *et al*, 1988). The videos can also be used by individuals outside of training sessions (Webster-Stratton, 1992).

Its core theoretical basis differs very little from Kazdin's PMT scheme and its strategies are the same. There is a BASIC and an ADVANCE add-on programme for parents of children aged ten which in a study of its efficacy showed little advantage (Webster-Stratton 1994). It has an add-on programme to facilitate parents in supporting their child's schoolwork. There is also a classroom programme, the Dina Dinosaur curriculum, with over 60 lesson plans for all age ranges of children (Webster-Stratton & Reid, 2004), and a Dinosaur Treatment cognitive-behavioural programme for small groups of children with conduct problems (Webster-Stratton & Reid, 2003). Additionally there is a teacher-training programme in classroom management of children with externalising and internalising problems which operates similarly to that of the parent-training programme (Webster-Stratton *et al*, 2001).

Every element of the programme has been the subject of RCTs, using wait-list children as controls. A drawback of this approach is that it largely precludes the collection of longitudinal follow-up data, as control children also receive the programme after a waiting period. As a result it is difficult to interpret the significance of the longitudinal data collected (Webster-Stratton, 1989; 1990; Reid 2003). It has been trialled extensively with children on the Head Start scheme (Reid, 2001, Webster-Stratton *et al*, 2001) with particular concentration on the programme generalising across ethnic minority cultures (Reid, 2002), and positive data have also been generated by fathers taking part (Webster-Stratton *et al*, 2004a). There have been additional RCTs in the UK (Gardner *et al*, 2006) producing similar positive results. The advantages of the add-

on programmes, in addition to the very successful BASIC parent-training programme, have not been empirically validated to date, but this may have been because of methodological issues which conflated the add-ons with the original programme, and effects may have been difficult to determine.

The programme has received endorsements of its evidence-based effect on children with SEBD from all reviews of its efficacy (Eyberg *et al*, 2008; Weisz, 2004, Nixon, 2002). Interestingly, according to research by Reid *et al* (2004) the programme was as efficacious for parents of the most disadvantaged children, as well as those parents with a higher socio-economic demographic. Although it may be difficult to unpick reasons for this deviation from the impressive evidence to the contrary from other apparently similar parent-training schemes, the difference may lie in its use of videotape, and its ease of delivery, when we look back on Forehand & Kotchick's (2002) summations. In the most recent research study, Webster-Stratton, originator of the Incredibly Years intervention, has again considered the question of socio-economic disadvantage in certain high-risk families, and had concluded that her teacher-training programme may enable teachers to understand, and take on some form of mentoring role, fostering the development of social and emotional skills in the disadvantaged children they teach (Webster-Stratton *et al*, 2008). Further research is necessary to determine if this is so.

Incredible Years has been adopted successfully in England, Wales (Jones *et al*, 2007) and Norway. An evaluation of a two-year pilot scheme carried out in Norway, showed it helped 65 per cent of children with conduct problems (Norwegian Research Council, 1998). As a result, the scheme has been used widely in Norway and adopted for use in Denmark, Sweden and Russia.

In Ireland, a pilot study of Incredible Years, under the auspices of the Clondalkin Partnership in Dublin and supported by researchers at NUI Maynooth, was set up in 2004. An overview of it and the study is reported by the Clondalkin Partnership (2006). Analyses of both qualitative and quantitative data from parents (n=32) and children (n=28) on its effects showed improvements in children's conduct, relations with peers and emotional status. The one area in which improvement was not observed was in children's levels of hyperactivity (as measured by the Goodman SDQ).

Some parents reported that they had difficulties in attending the scheme because of the constraints of childcare, and suggested changes to the timing of sessions to overcome this. Parents felt it would be beneficial for facilitators to meet their children. This same adjustment was made in the parent-training component in the Fast Track programme. Most felt that the earlier the intervention took place the better and, although this is a view of many programmes, research into parent training shows it can be effective at any age (Kazdin, 2002). A serious concern of many parents was that the child's school was not involved and may not have been aware that the parent was attending such a programme. They felt their children's teachers would have benefited from the instruction they themselves received. Issues arose around the attendance of fathers and male carers, with one female carer feeling her efforts were diminished because her partner did not attend sessions with her. The involvement of fathers, as already mentioned, can be an important factor in the success of such programmes.

Limitations to this study included small sample size, low participation of male parents (10 per cent) and the failure to employ a control group. The small proportion of parents who offered feedback at completion (25 per cent) was also a limitation as was the decision to use only one outcome measure, the Goodman's SDQ. Another problem was that Clondalkin Partnership had not been able to gather detailed data about the children to facilitate further study. On the basis of the study, the research group decided to implement a three-year national evaluation of Incredible Years over eleven sites: four parent groups in Dublin/Kildare, and several teacher groups in and around Limerick, making this one of the largest evaluations to be implemented outside the USA.

7.4 Triple P

The Triple P-Positive Parenting intervention, originating from the University of Queensland, Australia, is a clinic-based or self-administered programme which can be adapted for use in group settings (Sanders *et al*, 1999). No published RCTs reports its use in classrooms. It is, however, an internationally validated intervention for conduct disordered children, using parent-training as its principle component. It has five levels, the first usefully a community-wide dissemination of parenting factsheets, tips and basic advice, and the second recommended for mild or specific conduct problems which also involves help-sheets, but with the addition of videotaped vignettes and advice. The third level offers an additional four sessions of personal or group advice and help. But for more severe conduct problems level four which includes eight to ten sessions delivered by a mental health professional to groups or individually is advised. Level five is an enhanced service advised for families with additional problems such as divorce and mental health issues. It appears to offer little more efficacy, however, than level four which produced an 80 per cent behaviour improvement from pre- to post-test and follow-up (Bor *et al*, 2005). A previous study (Hoath, 2002) which compared the enhanced intervention to control group outcomes established that there was a significant decrease in intensive child disruption problems. Triple P has been extended as a mental health preventative intervention in Canada, New Zealand, Singapore and the UK, and has been the subject of an RCT in Hong Kong (Leung *et al*, 2003).

Unlike Incredible Years – which has extended and harnessed its intervention increasingly to educational needs and outcomes, and has redesigned and added to its components to extend its efficacy into schools and pre-schools – Triple P remains firmly a community-wide parent-training intervention, delivered by mental health professionals. Promoted as an evidence-based, effective intervention available to parents of children with SEBD, it can be part of multi-agency provision. Both Triple P and Incredible Years take as their benchmark the work of Kazdin, and parent management training, and of Patterson with his initial developmental work on coercion, which formed the basis of the Oregon Social Learning Center (OSCL). Neither of these interventions has so far redeveloped their interventions to accommodate direct delivery in educational settings. However, this seminal work on the value of parent-training has enabled and informed educational practice within the preventative and resilience framework.

Summary

This chapter has explored the vital issue of parent training and has identified three empirically validated programmes. All are based primarily on behavioural principles whereby parents are taught strategies to extinguish unwanted behaviour and reinforce desirable behaviour through the identification and management of contingencies (antecedents and consequences) directly related to the behaviour. In addition these programmes involve reflective and distinctively cognitive interventions such as reframing and behavioural contracting. In brief the review has produced the following findings:

- Parent management training has a strong evidential base with most parent-management programmes taking their lead from it. It is clinic-based, however, and usually delivered by therapists.

- Incredible Years has built on the evidence of parent management training to create a universal intervention now available, in some formats, as a home-based intervention. It has a very strong evidential base in enabling parents to manage behavioural problems in their children, and growing evidence pointing to the value of parents and teachers being enabled to brainstorm SEBD problems. It has developed a community-based format which has been directed at hard-to-reach, socially-deprived families. School-based parent training, involving parents and teachers as equal status trainees, is likely to be a very promising model.

- Triple P, a well-evidenced and well-supported parent-training programme, has not yet been developed for use in educational settings.

8 Multi-Agency Intervention

8.1 Overview

In this final chapter of the literature review, we address multi-agency intervention for SEBD. As in previous chapters, because many small-scale or poorly-evidenced interventions are used internationally, this review is an illustrative – rather than exhaustive – account of the most promising evidence-based interventions.

8.2 Longitudinal Studies of Preventative Programmes

Some of the earliest longitudinal prevention studies targeting children at the highest risk of developing conduct problems were set up in Montreal (Vitaro *et al*, 1994; 1999), Seattle (Hawkins *et al*, 1991), and Chicago (Huesmann *et al*, 1996), and used interventions that were partially school-based, and partially home/clinic based.

8.2.1 Montreal programme

In a study by Carbonneau *et al* (2001), kindergarten boys (n=1,034) from the lower socio-economic groups in Montreal were first screened in 1984. Those who scored above the 70th percentile in disruptive behaviour were randomly assigned to one of three groups: an intervention group, a control group, and an 'observational' group to be systematically observed by professionals. The latter was to act as a placebo group to discover how children reacted to the interest or professionals whether or not they intervened. As results showed no difference between this and the control group, the two were later merged. The intervention, which began in the second year of the boys' schooling, had two components: one a form of parent training, the other a cognitive behavioural programme in which the boys were taught social skills in small group sessions during school lunchtimes. These groups also involved peers with good pro-social skills at the ratio of three such children to one at-risk child. They ran for two years of the child's schooling, twice each week during the winter terms.

The short-term effects were a marked decrease in aggressive behaviour. At age 12, these children had remained less aggressive than peers in the control group. After two years the boys were ranked slightly better on academic achievement, but the following year they were found to be performing markedly better on this measure, despite the intervention having discontinued. By the end of their elementary schooling, 60 per cent were in an age-appropriate regular classroom, compared with 46 per cent of the control group. By age 12, the boys were assessed for their engagement with education. Of the intervention group, 29 per cent were classed as 'well-adapted' but only 19 per cent of the control group. In the latter, 44 per cent by this age had developed serious difficulties as opposed to only 22 per cent of the intervention group. A later study, when the boys were 16, showed significant differences between the groups for such anti-social behaviour as alcohol abuse (20 per cent intervention/47 per cent control) and drug use (15 per cent intervention/35 per cent control). These figures remained stable over time in later follow-ups. Another positive finding was that only half as many boys in the intervention

group dropped out of school by age 17 as those in the control group The study appeared to show that early preventative intervention was far more successful at managing conduct and delinquency problems, than treatment programmes for delinquent adolescents.

8.2.2   Seattle social development project

The Seattle social development project is similar to the Montreal project involving teacher and parent training in behaviour management skills as well cognitive behavioural approaches to improve students' social skills. Begun in 1981, over the next three years first grade children were randomly assigned to an intervention or a control group in eight elementary schools. In 1985 the scheme was expanded to include all fifth grade students in ten additional Seattle elementary schools for a further two years. Therefore, the research project focused on three groups: those assigned to control (220); those initially assigned to intervention, both of which maintained their status for five years (156); and late intervention which participated only for the last two years of elementary school (267). In all, 643 students took part by the beginning of fifth grade.

This study concentrated on teacher-training in the school-based part of the intervention in use of proactive classroom management, a form of mastery learning, and employed co-operative learning methods in which groups of children with different abilities and backgrounds learned together in small groups. There was also a curricular addition in the first grade, interpersonal problem solving – a social skills training intervention, and in sixth grade they were trained in refusal skills – how to say no to substances and social practices seen as dangerous. Limited parent-training was also offered. Parents of children in the first two grades were offered seven workshop sessions, in the third grade parents received four sessions on enabling their child to succeed, and in the fifth and sixth grades a five-session drug abuse prevention workshop was held.

Outcomes at the end of the first year (Hawkins *et al*, 1991) showed a reduction in boys' aggressive behaviours in the intervention group compared to the control group, although there was no difference in those with internalising problems. For girls, control group girls were found to be more self-destructive. After four years Hawkins *et al* (1992) found 21 per cent of intervention students but 27 per cent of controls had drunk alcohol and 42 per cent interventions as opposed to 52 per cent controls had committed some offence. A study in 1995 of low-income students found teachers rated intervention group boys as more socially competent and had significantly higher grades, although they were as likely as controls to have run away from home and tried marijuana, cigarettes and alcohol. For girls, only 7 per cent of interventions against 36 per cent of controls, had tried cigarettes and results were encouraging for alcohol (19 per cent against 39 per cent), and marijuana (4 per cent against 17 per cent). As with the boys, they were no less likely to have run away from home than controls (O'Donnell, 1995).

At the end of sixth grade, Abbott *et al* (1998) reported that students in the intervention classrooms had significantly higher California achievement test scores than controls. In analysing student results at age 18, a follow-up study (Hawkins *et al*, 1999) found interventions had a marginally significant higher grade point average, were significantly less likely to have had to repeat a grade, were marginally less likely to have

had a disciplinary action report, were significantly less likely to have reported school misbehaviour, been involved in violence, with drugs, become pregnant or caused a pregnancy, or engaged in sexual activity. Other anti-social acts showed no significant differences. For the late-intervention group, results were less positive with only school misbehaviour and sexual activity found to be lower than that of controls (Hawkins *et al*, 1999).

One very interesting finding of the later study (Hawkins at al, 2005) was that as adults, interventions appeared to maintain the gains made from a programme they received at age five to eleven. This echoes the findings of the Montreal intervention group. In Hawkins's 2005 analysis, some evidence showed that those with the complete intervention did better than those with the late intervention, whose life trajectory was not significantly improved compared to controls. But full intervention students compared to controls had far fewer mental health problems, a higher high-school graduation level, and significantly less likelihood of risky sexual practices or drug-dealing or criminality. Interventions were marginally less likely to indulge in substance abuse, although those on the shortened course had as little protection as controls for these practices.

Of further significance is that these findings appear to verify the value of early rather than later intervention. Researchers were keen to emphasise that an important factor in preventative science research is the establishment of school bonding (attachment to school) (see Chapter 2). The Seattle Social Development Project has been renamed Skills, Opportunities And Recognition (SOAR).

8.2.3 Metropolitan Area Child Study

Among other multi-modal long-term preventative studies is the Metropolitan Area Child Study (MACS) (Tolan, 2004), based in Chicago and the outlying districts studying a first grade cohort in 1990-91 until the 1996-97 school year (Tolan *et al*, 1995a, 1995b; Huesmann *et al*, 1996). The study incorporated elements from projects already trialled within the Chicago Metropolitan area, such as the GREAT families project (Tolan & McKay, 1996; Smith *et al*, 2004), and small group training (Eargle *et al*, 1994). It aimed to prevent aggression and to enhance social competence. Results continue to be gathered and analysed.

Initially, students (n=2,181) classified as high risk were selected from schools (n=16) in inner city Chicago and areas of urban deprivation in Aurora, Illinois. The sample was 61 per cent male, and multi-ethnic (48 per cent African Americans, 37 per cent Hispanics, and 16 per cent non-Hispanic white). The 16 schools were grouped by community location and ethnicity. Groups of four schools, one of each demographic, were then randomly assigned to control or intervention, with one school in each block of four designated the control school. As with most whole-school interventions, it was tiered into three different measures. Level one was a universal delivery named Yes I Can which consisted of a classroom-based intervention based on cognitive behavioural theories and involved enhancing problem-solving skills, empathy skills and skills to reduce aggressive response (Guerra *et al*, 2007). This was delivered throughout first and second grade to all students. Level two consisted of that intervention along with small peer-group skills training for those students with greater SEBD risk and need. These students met mentor

instructors of graduate level for 22 sessions each year (Letendre *et al*, 2003). Level three consisted of 22 sessions, involved parent participation, in a scheme which met in group workshops, but if necessary parents were offered additional support to discuss family problems with counsellors.

Results (Eron *et al*, 2002) showed that level one was the most cost-effective and those who received it had greater academic success than controls through the first four years of intervention. Student achievement showed no effect in the second and third levels, however. As for aggression, the intervention in first to sixth grades had little effect throughout. Level two participants strangely had higher levels of aggression than controls by the end of elementary school. Level three, however, had significant effects on aggression for children living in a community protected by community resources in Aurora although the Chicago cohort at level three were again rated more aggressive at outcome than their matched controls. Results showed a positive impact on teacher behaviour towards this cohort, especially to high risk students (Gregory *et al*, 2007). Data from this RCT are still being analysed (Simon *et al*, 2008).

8.2.4 Gatehouse project

The Gatehouse project is another whole-school systemic multi-modal scheme, although on a much smaller scale, operated in Victoria, Australia (Patton *et al*, 2000, 2003; Bond *et al*, 2001, 2004a; 2004b). It is based on attachment theory (a psychodynamic theory) and cognitive-behavioural approaches rather than on behaviourism, and on identifying risk and supporting resilience (see Chapter 2). Gatehouse was specifically aimed at mental health promotion in secondary schools and driven by adolescent mental health teams rather than educators. Again, the scheme was data-driven, having identified the risk and protection factors in the social and learning environment of schools (n=26). The study focused on eighth year students (n=2678) in a type 1 cluster randomised controlled trial, devised and delivered over five years: 1997-2001.

The approach incorporated curriculum elements to encourage healthy practices, but took note of the schools' own particular communities, their ethos and environment, incorporating this with partnership with community health services (Bond *et al*, 2001). This had been the purpose of an earlier health promoting schools initiative. Although a framework for change, it was noted that schools seemed unable to implement the initiative effectively. The limitations were that many educational interventions were taken on with little regard for their sustainability, and were also specific to mental health promotions in that communities and schools tended to see the role of health professionals only in their capacity to identify and assess health problems rather than in a prevention role. So instead of seeing schools as simply supportive of health initiatives, this project reframed the issue and viewed them as ecosystems integral to the intervention. In this way, the schools chosen for Gatehouse incorporated the programme systemically, and implementation became an outcome of the project rather than an element to confound measurement of individual change. The essential factor was systemic, along with individual, change. The specific focus was capacity building: changing infrastructure, building partnerships and problem-solving.

By building a sense of security, a sense of positive regard and by enhancing communication skills, the researchers hoped to reduce the risk factors for emotional health and well-being. They believed this might implement positive change in the mental and emotional health of children at risk. A school-based adolescent health team was established within the schools and derived its baseline information from instrumentation to identify a school's social climate. This was followed by semi-structured annual interviews with key personnel in each school by a member of the health intervention team ('critical friend'). This reliance on data gathering and monitoring ensured that school staff members were fully aware of problems and developed means to address them, providing a sense of shared ownership of the project.

The project incorporated classroom interventions, for instance changing the seating and including more discussion in lesson time and displaying students' work. It also involved whole-school interventions such as peer support and teacher-as-mentor training and teacher inductions. Community interventions encouraging parental links and links with local media were also included.

Outcomes were mixed. Although effects on smoking were immediate, for instance, with far fewer of the eighth year students starting to smoke or take drugs (Bond *et al*, 2004b), the longitudinal effects on substance use had only a weak effect size (Bond *et al*, 2004a). There appeared to be no effects on the students' social relationships or on their depressive symptoms, but there was a consistent 3-5 per cent risk difference between interventions and controls for drinking and smoking and for mixing with friends who indulged in substance abuse. This programme, although moderately effective, was small-scale and independent rather than a state-wide or national programme (Midford, 2007).

8.2.5 Fast Track programme

The ten-year Fast Track programme (Bierman, 1996; 1997; 2000; 2002; 2006; CPPRG, 1999a; 1999b; Slough, 2008) undertaken by the Conduct Problems Prevention Research group led by Karen Bierman, has drawn significantly on the findings of these two earlier interventions in designing its implementation strategy. The focus is on prevention/reduction of anti-social, aggressive adolescent behaviour in children at high risk of developing conduct problems. This large, multi-component, long-term trial, originally envisaged in 1990, aimed to retain fidelity and flexibility in the operation of the programme. It is embedded within a longitudinal study of high risk and not at-risk youth.

Fast Track draws on research from prevention science and is also informed by a developmental model. It does not merely target individual competencies, but recognises the effects that can be produced by the protection of contextual supports within school, home and the community. To that end, it was implemented in a variety of settings across the USA and included children at the highest risk of developing later problems. Sites were selected on the basis of their crime and poverty statistics. The schools were then matched, demographically, with one set of schools selected to take part in the intervention, and the matched set acting as the control group in a type 1 study. The purpose of setting up the scheme was to build up community and neighbourhood

backing for it after the research was completed so that its effects would be long-term. The cohort studied comprised three consecutive intakes of children who entered school in 1991,1992 and 1993.

In all, 9,000 children were screened in kindergarten and 831 over the three years were identified as those who would benefit. In the first year at school, six different intervention strategies were put in place, some were later faded if there seemed no need for them. One part of the scheme, the PATHS curriculum (Greenberg *et al*, 1995), was applied throughout the project. This is essentially a cognitive behavioural curriculum with four components;

• skills for emotional understanding

• self-control and inhibitory skills

• friendship skills

• social problem-solving skills.

On average, it is taught for two to three sessions each week. In addition, there were five additional components for two hours each week, either after school or on Saturday, on school premises, involving a parent-training group, while at the same time the children had social skills training in small 'friendship groups' and if necessary, academic tutoring in reading. Family co-ordinators made home visits and played a support role to parents. There was also peer-pairing which offered each child the opportunity to play and socialise with one other in a pairing scheme which was rotated throughout the year.

One interesting and important innovation here was that parental consent was given at the outset which meant non-attendance rates were considerably lower than in other studies involving parents. Another educational innovation was that in addition to the PATHS curriculum, this study – apart from the home visits – was almost entirely school-based and so placed the school rather than the clinic/laboratory at its centre. This is an important symbolic innovation showing the school at the heart of the community, but it is also important in forging a clear link between parents and school by demystifying the institution for those parents with memories of school as an unwelcoming place.

Table 8.1: Fast Track Evaluations

Author(s)	Focus	Findings	Comments
Conduct Problems Prevention Group USA 1999(a) 1999(b)	Longitudinal (ten-year) evaluation of multimodal universal intervention for prevention of conduct problems involving: 1. Classroom programme PATHS (cognitive behavioural programme) 2. Social skills training 3. Academic tutoring 4. Parent training 5. Peer pairing 6. Home visiting Longitudinal (ten-year) evaluation of Initial screening of Kindergarten students (n=9,000) at four sites in three cohorts identified students at high risk of developing serious conduct problems (n=891)	1. Moderate positive effects on children's social, emotional and academic skills, peer interactions, social status and conduct problems. 2. Parents reported less physical discipline, greater parenting satisfaction, ease of parenting. Engaged in more appropriate and consistent discipline and warmth. 3. Positive involvement with school. (1999b) Significant + effects on peer ratings of aggression and hyperactive/disruptive acts.	Type 1 RCT High power
Bierman et al (2002)	Longitudinal (three- year) evaluation of multimodal universal intervention for prevention of conduct problems. As above.	1. 37 per cent free of serious conduct problems compared with 27 per cent of control group 2. Peer relations did not improve after first grade.	Type1 RCT Study is weakened by being based on parent and teacher ratings only. They were not blind to the intervention. Moderate to low power.

Author(s)	Focus	Findings	Comments
Bierman et al USA (2004)	Five-year follow-up study. As above.	Significant but modest effect on social competence, social cognition, problems with deviant peers and conduct problems in the home and community. No evidence of impact on serious conduct problems in school, or on academic attainment. Parental reports (not blind to intervention) could be responsible for discrepancies in outcome measures, or may be due to a slow down in improvement rate.	Type 1 RCT As above
Sharp & Davids Scotland (2003)	Evaluation of multimodal universal intervention for prevention of conduct problems: 1.Classroom programme PATHS (cognitive behavioural programme) 2.Social skills training 3. Parent training 4. Peer pairing 5. Home visiting (no academic tutoring/ reading scheme). Target population: first grade students (n=246 – attrition reduced this to n=144.	Patterns of difference were not as expected. Control schools had more satisfactory results than one of the experimental schools. This was in all probability caused by mobility within school populations and teaching staff.	Type 2 RCT High attrition rate undermines the value of this study. Low power.
Levallee et al and Conduct Problems Prevention Group USA (2005)	Evaluation of peer-pairing and coaching component of a multimodal universal intervention for prevention of conduct problems in very aggressive mixed gender third to seventh grade students (n=266) 1.Classroom programme PATHS (cognitive behavioural programme) 2.Social skills training 3. Parent training 4. Peer pairing 5. Home visiting intervention	Although peers did escalate the disruptive in-session behaviour of some children, these effects were minimised in groups in which: 1. The most aggressive children are placed together. 2. Girls are integrated with boys. 3. Group processes are monitored.	Type 3 Study Moderate power

Author(s)	Focus	Findings	Comments
Bierman et al/CPPRG USA (2007)	Follow-up with above cohort at fifth to ninth grades.	Among the highest risk group the intervention by ninth grade had remained robust from third grade and reduced: 1. The risk of CD cases by 75 per cent 2. Risk of ADHD behavioural symptomology by 53 per cent. 3. 43 per cent of all externalising psychiatric disorder cases For the moderate risk group there appeared to be little effect on externalising disorders.	As above

The findings of the various studies during the programme can be found in table 8.1. At the end of the first year (CPPRG, 1999) many of the research team's hypotheses in light of findings from earlier studies were validated, as the combination of elements produced moderate positive results on the children's social competencies in all settings: school, home and social community. Parents who had been included throughout the scheme showed less harsh discipline and a warmer and more understanding parenting style, while the classroom showed far less aggression and disruption. Eighteen out of 40 outcome measures showed significant intervention effects. By the end of third grade, 37 per cent of the high risk cohort were free of serious conduct problems, compared to 27 per cent in the control group. On analysis of data at the end of elementary school, modest gains had been made in social competence, but there was little evidence on the impact on serious conduct problems or on academic attainment (Bierman *et al*, 2002).

The final outcome measures (Bierman at al, 2007) showed gains for the 3 per cent of all children most at risk of conduct disorders, with that risk reduced by 75 per cent in the interventions, and the risk of externalising psychiatric disorders reduced by 43 per cent. Also, ADHD risk was classed as reduced by 53 per cent. The researchers added that it was the risk of serious behavioural manifestations connected with ADHD which was reduced, rather than the incidence and prevalence of ADHD itself. On those at moderate risk of conduct disorder, the intervention showed little effect. The research team explained that as the scheme progressed it was those at the highest risk who had the additional interventions, and that perhaps these should have been continued with all children.

An additional study, without the reading scheme, was carried out in Scotland (Sharp & Davids, 2003) with unexpected results. Three of the four schools involved, the two control schools and one intervention school, showed positive results yet in one intervention school, the results were negative. A complication was that 'volunteer' schools were also involved, without full support or full engagement in the scheme. It is very unusual to see improvements in control cohorts, and even more unusual to see an intervention producing negligible or few improvements. The authors explain that the results were perhaps unreliable as the poorly-performing school had lost many of

the original cohort through the three years of the intervention, and that these children had been replaced by many with serious problems. The result could be accounted for by the mobility of the school population and by teachers and leaders also moving on to other jobs, and by school staff having long absences, and supply/temporary staff being employed.

Perhaps the unsatisfactory outcome here demonstrates that for interventions to work, especially one such as this which specifically targets the social skills of a particular group of children with social emotional and behavioural difficulties in a number of settings, external variables must remain as stable, predictable and consistent as possible. This may not be possible within a migrant population, although the researchers did not draw this conclusion in those specific terms. Another question may be useful: can Fast Track, with its strong research support, be exported to a European population where additional local factors may affect outcomes?

An outstanding strength of the Fast Track project is its methodological innovation which is so robustly underpinned by theory and evidence. The CPPRG is driven by an imperative which seeks a preventative outcome, an imperative in part justified by the demonstrated effects on anti-social behaviour predictions. It has taken elements related to SEBD which have been separately investigated and found to be crucial. One is early intervention through kindergarten screening. Another is the often negative effect on social behaviour of peer-group activity, an issue further studied within this research base (Levallee *et al*, 2005). Yet another is parental training for which research support is very robust. Further, there is language skills – particularly the ability to read – in predicting academic competence and the intervention has adequately addressed this with additional tutoring practices in phonemic pedagogy.

Although the research and data generated by Fast Track may take several years to validate in their entirety, the papers this project has produced are scrupulous in detail and critical acumen. The argument they produce is careful and considered . It states that when addressing the needs of children with SEBD, a developmental and multimodal approach, with some similarities in concept to multi-systemic therapy (Henggeler *et al*, 1996), may be the most effective. Although such a complex approach may then be difficult to unpick in terms of the discrete effects of each intervention element, this unpicking is not entirely necessary in a developmental context where bio-psycho-social effects interplay in an organic and holistic manner, and also in a temporal and contextual, situated, manner.

Summary

In this chapter we have examined examples of multi-agency approaches to SEBD. We have given particular attention to substantial and rigorously-evaluated programmes, most involving type 1 studies, incorporating health, social and educational components.

The most promising multi-agency programmes combined the following features;

- early identification through wide scale screening
- support and training for parents delivered in the community

- in-school curriculum adjustments targeted at improving basic skills, particularly language skills

- behavioural and cognitive behavioural training to enable at-risk students to improve emotional coping and self self-regulation

- interventions directed at peer groups.

Key projects found to produce significant positive outcomes in reducing high risk behaviours and improving behaviour as well as social and emotional functioning and promoting general social/emotional resilience include the Gatehouse and Fast Track programmes.

9   Summary of Key Findings

9.1   Summary of Background Factors Pertinent to the Review's Focus

9.1.1   Defining social, emotional and behavioural difficulties

We began this review by defining social, emotional and behavioural difficulties (SEBD) and highlighting terms commonly used worldwide to refer to this phenomenon. We emphasised the contextual nature of most SEBD and the unique challenges it poses in the school setting. When considering its causes, a variety of social and psychological models were referred to, illustrating the complexity of the phenomenon. Particular attention was given to the role of schooling as a causative or exacerbating factor. We referred also to a long and wide-ranging research literature on this topic which reveals the toxicity of certain often taken-for-granted practices in schools and the historical tendency to neglect social and personal needs of the most vulnerable students.

9.1.2   Principles of intervention for SEBD

The educational significance of attachment to school was emphasised, and cited as a major positive outcome of effective educational intervention for SEBD. This construct was linked to an ongoing tradition of scholarship that can be traced back to the seminal work of British educational pioneers who – operating in the early and mid to late 20th century, often in the special school sector – developed strategies for engaging 'maladjusted' students emotionally, socially and educationally. Modern equivalents of this early work were identified in the concept of social and emotional resilience. We then presented a brief review of the psychological principles underpinning therapeutic intervention for SEBD. The educational significance of these various approaches was emphasised. The chapter concluded with a discussion of the bio-psycho-social approach to understanding SEBD which, it was argued, highlights the interactive nature of environmental and individual factors, thus providing an excellent framework for combining inter-disciplinary understandings of and approaches to SEBD.

9.1.3   Context for dealing with SEBD in Ireland

In tracing the evolution of current government policy, we noted that it was broadly in line with international developments in its commitments to a policy of inclusive education. We noted the exceptional rapidity in the development of important legislation, the foundation of many new national bodies, the implementation of many new services and initiatives, and the commitment shown to the principles of inclusion within such a narrow timeframe. Key features current provision for SEBD in Ireland include on- and off-site support services and facilities (see appendices 2 and 3), with the emphasis placed on a continuum of provision to ensure inclusive education available to all. Although the speed of these gives rise to significant challenges, this concerted approach also brings with it the dual benefits of conceptual coherence and a high degree of momentum.

9.2 Main Findings

In each of the following sub sections we summarise the review's main findings on effective educational intervention for students with SEBD. We emphasise particularly positive findings of the most rigorously empirical studies.

9.2.1 Teacher student-interface: teachers' positive qualities and attributes and the power of the student peer group

In Chapter 3 we examined the kinds of understandings and skills of individual teachers who are effective in supporting and managing students with SEBD.

1. Personal warmth as a professional quality

Table 9.1 refers to studies supporting the argument that teachers who demonstrate emotional warmth contribute positively to the well-being of students in engagement with school and academic achievement. As is evident, many studies cited are of relatively low power. When taken together, however, the commonality of their findings adds up to a more persuasive conclusion than can be claimed by any individual study.

Table 9.1 Effects of Personal Warmth as Positive Teacher Quality

Author(s)	Focus	Findings	Comments
Buyse (2008)	Two studies of kindergarten teachers in Belgium ([1] n= 3798; [2] n 237)	A teacher is associated with development of prosocial behaviour in children with externalising and internalising SEBD	Type 3 Study; Observational data; moderately generalisable
La Russo et al (2008)	Questionnaire study of representative sample students aged 14 to 8 (n=476) in the USA.	Positive statistical relationship between student reports of their teachers' levels of emotional supportiveness; healthy school climate and lower drug use; greater social belonging and lower levels of depression.	Type 5 Study; No triangulation; good generalisability, but questions remain about the reliability and validity of the questionnaire.
Cooper and McIntyre (1996)	A qualitative study of students (n=288) and teachers (n=13) in English secondary schools (n=5)	Strong relationship between students' self-declared sense of emotional security which they attributed to teacher influence and their levels of academic engagement. Social constructivist pedagogy was strongly implicated.	Type 8 Study. Low generalisability, but revealing of the kinds of interpersonal and pedagogical mechanism pertinent to the settings studied.
Gillies & Boyle (2008)	Case study of Australian teachers (n=7)	Teacher ability to communicate, ask meta-cognitive questions and to mediate learning in a social-constructivist manner were most successful in promoting student reflective thinking.	Type 8 Study. Low generalisability, but revealing of the kinds of interpersonal and pedagogical mechanism pertinent to the settings studied.
Kreminitzer (2005) Flem et al (2004) Poulou, 2005)	Small-scale qualitative studies of the relationship between social interaction and learning/ behavioural outcomes.	Findings point to the value of personal warmth and communication skills as teacher qualities associated with positive student engagement.	Type 8 Studies with low generalisability.

2. Importance of in-service training

Research studies show that in-service training on SEBD is of considerable assistance to classroom teachers. Evidence for this is summarised in Table 9. 2.

Table 9.2 Value of In-Service Training on SEBD

Author(s)	Focus	Findings	Comments
Frolich et al (2002)	Case study of an intensive three-month teacher in-service training programme on ADHD delivered in Cologne primary school.	The programme had a positive impact on teacher effectiveness in managing difficulties encountered in ADHD.	Type 8 low power case study.
Shiff & BarGil (2004)	Case study of effects of two workshops for elementary school teachers in Israel (n=42) on the understanding and management of children with SEBD.	Intervention was followed by improvements in teacher confidence in coping with SEBD.	Type 8 low power case study. No measures of effects on actual performance were taken.
Marzocchi et al (2004)	Case study of effects of a seven-month training programme in behaviour modification strategies in an Italian elementary school.	Statistically significant improvements in student attention, levels of hyperactivity and oppositional behaviours, and improved teacher-student relationships.	Type 8 low power case study. However, valid behavioural measures were employed in the study of the effects of the programme.
Rossbach & Probst (2005)	Case study of training programme in which advisory teachers (n=18) in a Hamburg school were trained in ADHD theory, contingency management and antecedent training, together with the structured learning intervention (TEACCH). These teachers then trained two groups of teachers in schools for different lengths of time.	ADHD symptoms were significantly improved in both treatment groups with more maintenance in the group who had received the additional training.	Type 8 low power case study. However, this study is strengthened by the use of comparison groups.
Zentall & Javorsky (2007)	A prospective study of an in-service training intervention for teachers (n=49) and students with ADHD (n=796) in the USA.	Significant improvements in ADHD symptoms were found.	Type 3 study. Moderately powerful in its generalisability.

3. Management of the physical environment of the classroom

Effective approaches to managing the classroom's physical environment for SEBD are supported by a limited number of studies which tend to be very small-scale and of type 4 or 5 (prospective or retrospective case studies). There is only very low power evidence to indicate that poor quality educational environments inhibit the effective performance of both students and teachers (see Chapter 4). The main problem common across these studies (a major drawback of this type) is the failure to control for potentially confounding variables (see table 9.3).

Table 9.3 Management of the Classroom's Physical Environment

Author(s)	Focus	Findings	Comments
Kaser (2001)	Large scale retrospective, comparative study which controlled for socio-economic status.	School environments with dysfunctional toilets, poorly-maintained buildings and poor control of ambient conditions were associated with significantly lower standardised achievement scores than schools with better standards.	Type 5 study. Moderately generalisable owing to use of control measures.
Weinstein (1992) Savage (1999) Cooper (1993) Cooper & Tiknaz, (2006)	By and large these are small-scale qualitative case studies often of single educational settings focusing on student perceptions. The larger study cited (Cooper & Tiknaz, 2006) treats the concern with environmental factors as incidental to the main foci of the studies.	The choices teachers make affecting quality of the classroom environment can sometimes be interpreted to reflect to students and others what teachers value in behaviour and learning; as well as the extent to which the students themselves are valued as persons by the teacher.	Type 8, low power studies for the most part, the cumulative impact of which suggests a noteworthy effect.
MacAulay (1990) Fulton (1992) Rinehart (1991) Shores, Gunter & Jack (1993) Walker & Walker (1991) Walker, Colvin & Ramsey (1995) Wolfgang (1996) Stewart & Evans (1997) Bettenhausen (1998) Quinn et al (2000) Wannarka & Ruhl (2008)	Studies of the classroom's spatial structure focusing on issues such as patterns of student seating, physical proximity of students to teachers, patterns of physical circulation in the classroom and the overall sense of atmosphere and order.	These studies show that patterns of student seating, the physical proximity of students to teachers, patterns of physical circulation in the classroom and the overall sense of atmosphere and order can have implications for student behaviour and educational engagement.	Mainly Type 8 studies of low power. Findings reported in these studies, however, tend to suggest a high level of context specificity.

4. Utilising the power of the student peer group

Strategies for utilising student peer influence are supported by promising empirical evidence, although there is a relative lack of convincing type 1 or type 2 studies.

Table 9.4 Strategies For Utilising Student Peer Influence

Author(s)	Focus	Findings	Comments
Greenwood et al (1987)	Two-year prospective study of class-wide peer tutoring with second grade students (n=211) in inner-city schools (n=4) in the USA.	Achievement gains were highest for students undergoing CWPT when compared to those under direct teacher instruction.	Type 3 Study. Moderately powerful.
Greenwood et al (1989)	Four-year prospective study of class-wide peer tutoring in relation to SES with students (n=416) in inner-city schools in the USA.	Post hoc tests indicated that the low SES experimental group showed higher levels of educational engagement and achieved significantly greater gains in academic achievement than the equivalent low SES control group Though SES status was a more powerful predictor of performance overall.	Type 3 Study. Moderately powerful, though high attrition rate in experimental group.

9.2.2 Interventions for enhancing teachers' skills

In Chapter 4 we explored how teacher skills can be nurtured and developed to improve their ability to promote student engagement. We identified behaviour and cognitive behavioural strategies as well supported by the research literature. We found instructional strategies based on cognitive behavioural principles to have relatively weak evidential support.

We noted that behavioural strategies receive support from a large body of research evidence including from well-conducted type 1 studies (RCTs).

The Good Behaviour Game is cited as a well-studied and adaptable intervention that can be employed positively in a wide variety of educational settings. General behavioural strategies ('kernels') are likely to contribute to the effective management of students with SEBD. Functional behavioural analysis is a powerful assessment and intervention tool, gaining support from a number of small-scale studies, though its complexities indicate the need for expert support in its use in schools (see tables 9.5.1-9.5.3).

Table 9.5.1: Behavioural Strategies: Good Behaviour Game

Author(s)	Focus	Findings	Comments
Dolan (1993) Kellam, (1994) Kellam & Anthony (1998) Poduska (2008)	Longitudinal RCT of two successive year groups of entrants (n=2,311) to inner city middle schools in Baltimore, USA, who were exposed to the Good Behaviour Game (between 1985 1988). Annual interviews with this cohort were conducted over eleven years, up to age 19-20	After six months: significantly lower levels of aggression; greatest reductions for those who had exhibited the most aggression and disruption. In adolescence, most participants maintained initial gains. The game was more effective than parental-training. The game was protective against the development of conduct disorder, suspension from school, smoking and use of mental health services.	Type 1 Study. High power. Highly generalisable.
Van Lier et al (2004)	RCT of pupils (n=744; mean age: 6.9) in the Netherlands.	Significant improvements in student behaviour, including presentation of ADHD symptoms in classrooms.	Type 1 study. High power. Highly generalisable.

Table 9.5.2. Behavioural Strategies: Kernels

Author(s)	Focus	Findings	Comments
Embry (2004; 2008) Biglan (2008)	In a review of a wide range of studies the authors identify and evaluate a number of behavioural kernels , 13 of which have particular relevance to educational settings.	The reviews reveal that kernels can produce significant and lasting behavioural change.	Type 7 Study. Relatively low power as empirical studies, but the range of sources drawn on point to the construct of kernels as promising.

Table 9.5.3 Behavioural Strategies: Functional Behavioural Analysis (FBA)

Author(s)	Focus	Findings	Comments
Umbreit et al (2004) Lewis & Sugai (1996) Sutherland et al (2000) Kamps et al (2006) Chandler et al (1999)	Case studies of small-scale applications of FBA with small sample sizes (n=<10)	FBA effective in promoting positive behavioural change.	Type 8 low power studies.
Scott et al (2005) Van Acker et al (2005) Blood and Neel (2007) Cook et al (2007) Benazzi et al (2006)	Case studies of FBA teams in USA	Efficacy of FBA limited by local conditions in schools. Limitations of FBA training for teachers. Value of FBA specialists.	Type 8 low power study.
Martin et al (2006)	Observational study of IEP meetings (n=109); post-meeting survey, USA.	Low participation levels of students.	Type 4 Study. No control group. Relatively low power.

Cognitive behavioural strategies receive support from a large body of research evidence including type 1 studies (see tables 9.6.1–9.6.4). Those most applicable to schools and supported by type 1 studies are self evaluation and self-regulation interventions. Teachers can use many of these, but they tend to be mainly directed at acting-out problems (table 9.6.1).

Table 9.6.1 Cognitive Behavioural Strategies: Self Evaluation and Self-regulation

Author(s)	Focus	Findings	Comments
Shapiro & Cole, (1995) Altepeter & Korger, (1999) Kearney & Wadiak, (1999) Kazdin (2002) Fonagy et al (2002) Fonagy et al (2002) Fonagy & Kurtz, (2002) Schoenfeld & Janney (2008)	Previous reviews of empirical literature examining the effects of CB strategies on pupils with a range of SEBD.	CB has been found to be effective in improving the core symptoms of ADHD; ODD; CD; anxiety and depressive disorders.	Type 7 studies. These studies reflect the extent of the literature on CB and a consensus in it on the efficacy of CB.
Elias & Berk (2002)	Naturalistic observational study of children (n=51) in a USA kindergarten to examine effect of socio-dramatic play involving imaginative role play on the development of self-regulation.	Children who engaged in complex socio-dramatic (CSD) play with others exercised higher levels of self-regulation in clean-up and Circle Time sessions than students who were not trained in such play. The effect was strongest for impulsive children.	Type 4 Study. Moderate generalisability.
Davies & Witte (2000)	Prospective evaluation of an intervention in a third grade USA mainstream classroom (n=30) in which a teacher employed an 'interdependent group contingency' technique to reduce the 'talking out of turn' behaviour of four students with ADHD.	The intervention had a dramatic and positive effect on the 'talking out of turn' behaviour of the students with ADHD.	Type 3 Study. Generalisability limited by small sample size.
Amato-Zech et al, (2006) Gureasko-Moore et al (2007) Rhode et al (1983)	Small-scale experimental studies (n=<10) of CB interventions.	Findings support the efficacy of CB interventions for acting out SEBD.	Type 3 Studies limited by their very small sample sizes.

There are effective cognitive behavioural strategies for self-regulation of anxiety disorders which have type 1 evidential support but the most persuasive are either clinic-based or involve clinicians rather than school-based personnel in their implementation (table 9.6.2).

Table 9.6.2 Cognitive Behavioural Strategies: Self-Regulation for Anxiety Disorders

Author(s)	Focus	Findings	Comments
Kendall (1994)	RCT study on the application of a CB self-regulation intervention for anxiety disorders on children aged nine to 13 (n=47). Systematic observation data were gathered by therapists. Parents and teachers completed standardised measures of students social, emotional and behavioural functioning in classroom and home settings.	Participating children showed significantly better performance than controls on childrens' self-reported depressive symptoms, negative affectivity, and ability to cope with stressful situations. Parent and teacher perceptions supported these findings. These improvements were found to be maintained at follow-up after one year.	Type 1 Study. This is a study of the highest calibre. Its generalisability is affected by the relatively small sample size.

Significant empirical supports cognitive behavioural approaches to social problem-solving (table 9.6.3).and anger management in schools (table 9.6.4), including type 1 studies.

Table 9.6.3 Cognitive Behavioural Strategies: Social Problem-Solving

Author(s)	Focus	Findings	Comments
Battistich et al (1989)	Prospective study of the effects of a classroom-based social problem-solving programme on students (n=342) from kindergarten to fourth grade in USA elementary schools (n=3) over five years. Students from similar schools (n=3) where the programme was not followed were used as comparators.	The treatment group achieved significant gains in cognitive problem-solving skills and the use of resolution strategies. Findings were replicated in further study.	Type 3 Study. Moderate to high power owing to the successful replication.
Kazdin et al (1989)	RCT comparing the effects of person-centred relationship therapy (RT) and CB training in problem-solving skills (PSS) on levels of anti-social behaviour among students (aged seven to 13) with severe anti-social behavioural disorders (n=112). A PSS + parent training condition was also included.	Treatment group showed significantly greater reductions in anti-social behaviour and overall behaviour problems, and greater increases in pro-social behaviour. Improvements maintained at one year follow-up Parent training enhanced the initial effects, but this faded at follow-up.	Type 1 study. High power study; highly generalisable.
De Castro et al (2003)	RCT of CB 'stop and think' strategy on severely aggressive boys (n=32) in a primary special school.	The strategy involving self monitoring of feelings was highly effective in reducing aggressive behaviour. Strategies involving considering the feelings of others and delaying response in provocative situations were found to have a negative effect.	Type 1 Study. This is only moderately powerful due to the absence of in vivo observational data.

Author(s)	Focus	Findings	Comments
Bloomquist et al (1991)	RCT study of two school-based CB interventions for students with behavioural disorders (ADHD). The first a multi-component training for for parents, teachers, and children and the second training for teachers only.	Although the multi-component CBT condition was found to be significantly more effective than the teacher-only condition initially, differences between these two conditions faded after six weeks.	Type 2 RCT. This is rendered a moderate to low power study by limitations created by the relatively short duration of the intervention and the lack of data in the comparability of the control group to the experimental group Moderate to low power study.
Jordan and Matais (1997)	Case study of ten- to 12-year-olds (n=26) on a 10-week co-operative learning programme.	The programme was effective in promoting prosocial behaviour.	Type 8 Study. Short duration; small sample; low generalisability. Low power.

Table 9.6.4 Cognitive Behavioural Strategies: Anger Management

Author(s)	Focus	Findings	Comments
Kellner et al (2001)	Repeated measures design control group study in a USA day special school with a single class of early adolescents with serious emotional or behavioural problems. Experimental group were taught self-monitoring and self-regulatory techniques relating to anger over ten sessions. A sub group received booster sessions.	Target students were less likely to engage in fighting with peers, more likely to engage in increase in talking problem situations through with a counsellor when angry, and more likely to use anger logs. At the four-month follow-up, students who received booster sessions continued to make more use of the log than controls.	Type 3 Study. Moderate to low power, severely limited by sample size.
Feindler et al (1984)	RCT of anger management programme for severely aggressive boys (n=100) in a junior high school (USA).	Members of the treatment groups showed significant gains in problem-solving ability and self-control and were less likely to incur fines or be expelled for disruptive behaviour and for severe aggression after engaging in the programme.	Type 1 Study. High power; high generalisability, limited only by the moderate sample size.

Instructional strategies are pedagogical techniques that teachers us to promote student academic engagement. Unfortunately, when we examined the research literature for evidence of the efficacy of such approaches for students with SEBD, we found an array of only small-scale low-power studies which produce relatively weak findings (see Chapter 4).

9.2.3 Whole-school approaches and support systems

In Chapter 5 we examined 'whole-school' or 'universal' intervention programmes. These share many common features with interventions discussed in the previous chapter and in some cases incorporate identical strategies. In particular they rely on the same skills discussed previously.

Whole-school academic interventions address those strategies management teams can adopt which can enhance the academic potential of students with SEBD.

Success for All was singled out as a well-evidenced approach to raising attainment in literacy with specific elements addressing directly key barriers to educational engagement experienced by students with SEBD (see table 9.7).

Table 9.7: Success for All

Author(s)	Focus	Findings	Comments
Borman et al (2007) Borman et al (2005a: 2005b)	Cluster RCT involving 41 schools across eleven states which were randomised into SFA 'treatment' schools and used the scheme through kindergarten and first grades, and 'control' schools where the SFA programme would be used in third to fifth grades. A second sample of the longitudinal group (n= 3290) students, and in-movers (n=890) who had joined treatment, intent-to-treat control group schools, after baseline assessments were also used in the study at the time of year two post-tests.	Effect sizes for the intervention were, as hypothesised by the researchers, significantly improved from the outcomes at the end of year one.	Type 1 Study. This study's power is diminished by variations in implementation and some control group contamination.
Hopkins et al (1998)	Two-year SFA pilot scheme evaluation in deprived area of UK, in primary (n=5) and one secondary school.	In years 1-3 SFA students performed considerably better than expected, although there were less impressive gains in each of the following three years. Teachers reported that they had more confidence in and understanding of, the teaching of reading, and there were noted behavioural improvements in the intervention schools.	Type 3 study. Moderate to low power. Power of this study is diminished by variations in implementation.

Several whole-school interventions for social-emotional learning which can promote an increase in social-emotional literacy for SEBD students were examined.

Circle Time, although used worldwide, was found to have little firm empirical support. Concerns were raised about implementation quality and potential problems in inadequate training of staff employing the approach.

Social and emotional aspects of learning (SEAL) is a social and emotional learning programme to enable students to develop self regulatory and social problem-solving skills. Although implemented on a large-scale in England and Wales, it has achieved relatively poor outcomes and appears to suffer from implementation problems.

In principle, Second Step is very similar to SEAL in its emphasis on developing students' self-management and social engagement skills. It differs in important respects, particularly in its implementation design where the programme is embedded in the formal curriculum and delivered by teachers. As with SEAL evaluation evidence is disappointing. Again, this may be due in part to implementation problems.

Whole-school behavioural management programmes can act as a universal programme for all students, but can also enhance the abilities of students with SEBD to engage with learning in a safe environment.

School-wide positive behavioural support (SWPBS) is a behaviourally-oriented programme involving development of a whole-school approach to devising and reinforcing rules for positive behaviour. Evidence is strong for its efficacy when implemented correctly. Additionally, the research base supports the premise that school-based social-development interventions, such as SWPBS which address specific risk factors are likely to improve not only in-school behaviour, but school engagement and academic achievement as well (see table 9.8).

Table 9.8 School-Wide Positive Behavioural Support (SWPBS)

Author(s)	Focus	Findings	Comments
Lassen et al (2006)	Single case longitudinal (three years) evaluation using web-based school-wide information system (SWIS) in an urban school in the USA's Midwest.	Improvements in school behaviour were reflected in academic performance, with specific reductions in office referrals and significantly-related increases in maths and reading scores.	Type 8 Study. Low power and generalisability. Impressive demonstration of SWIS in action.
McIntosh et al, (2006) Luiselli et al (2005)	Single case longitudinal evaluations using web-based school-wide information system (SWIS) in a kindergarten (Canada) and urban elementary school (USA).	Findings concur with Lassen et al 2008 (above).	Type 8 Study. Low generalisability. Power enhanced by concurrence between small-scale studies.
Sorlie & Ogden (2007)	A quasi-experimental study of PALS in Norway with pupils (n=735) in third to seventh grades in four elementary schools. There was an intervention group (n=363) and a control group (n=72) composed of pupils in four similar elementary schools. A cognitive-behavioural element, the 'Stop Now And Plan' (SNAP) intervention, was added.	Teacher-observed and -reported reductions in disruptive classroom behaviour after two years ranged from moderate to large, and while teacher efficacy was significantly related to the better outcomes, student ratings of social competence and on classroom climate were insignificant. However, those schools with the highest levels of disruptive student behaviour at baseline were those which reported greatest decreases.	Type 3 Study. Moderately powerful.

Restorative practices represent a set of approaches to conflict resolution based on the principles of restorative justice. They actively engage students in problems within the context of the school community. This approach has many positive features, including a model of social engagement which emphasises mutual respect and tolerance of difference. To date, however, it has not undergone significant evaluation and so evidence of its efficacy with SEBD in schools is scant.

Cognitive behavioural programmes can be universal and whole-school in their approach in supporting all students, but may be particularly effective for students with SEBD.

FRIENDS is one of the most robustly-supported programmes for internalising disorders and has the backing of the World Health Organisation. A number of large-scale type 1 RCTs have been carried out in several countries showing this ten-session cognitive behavioural programme (often delivered by teachers) is a highly effective curriculum-embedded intervention particularly successful in helping all students, regardless of risk status, to develop strategies for managing anxiety.

Table 9.9.1: Universal Cognitive Behavioural Approach (1): FRIENDS

Author(s)	Focus	Findings	Comments
Barrett et al (2006)	Type 1 RCT of FRIENDS with grade six and grade nine students (n= 669) in Australia.	Significant reductions in anxiety symptoms were maintained at 12-, 24- and 36-month follow-ups. Initial, more positive, effects on girls disappeared after 36 months.	Type 1 study. Schools are randomly allocated. High power.
Lowrey-Webster et al (2001)	Type 1 RCT carried out on students (aged ten to 13; n=594) attending seven secondary schools in Brisbane, Australia.	Children in the FRIENDS condition reported significantly fewer anxiety symptoms, regardless of their risk status.	Type 1 Study. Students are randomly allocated. High power.
Bernstein et al (2005)	Type 1 RCT carried out with students aged seven to eleven (n=453) from three schools in the USA.	Students who had undergone the FRIENDS intervention programme showed significantly decreased anxiety levels. Students who underwent FRIENDS + parent training showed the best outcomes.	Type 1 Study. Students are randomly allocated. High power.
Stallard et al (2007)	Type 2 Study of the application of the FRIENDS programme in three primary schools, with children aged nine to ten (n=106) in UK.	At the three-month follow-up, anxiety levels had significantly decreased and self-esteem increased.	Type 2 Study. No non-intervention group. Moderately powerful.

Coping Power is a cognitive behavioural intervention that addresses aggressive/acting-out behaviour. As with FRIENDS it has strong empirical support based on type 1 RCTs.

Table 9.9.2: Universal Cognitive Behavioural Approach (2): Coping Power (CP)

Author(s)	Focus	Findings	Comments
Lochman & Wells (2002a; 2002b); Lochman & Wells (2003; 2004)	Type 1 RCT of fifth and sixth grade boys (n=1,578) in North Carolina, USA, with one year follow-up.	The Coping Power programme had significant impact on covert delinquency, parent-reported substance abuse, and school behaviour. Effects were enhanced by incorporation of parent training. Improvement in school behaviour was maintained at one year follow-up.	Type 1 RCT. High power, though limited by all-male focus.

9.2.4 Small-scale provision for students with SEBD

Chapter 6 focused on small-scale provision for students with SEBD along with a review of the evidence of its efficacy. These provisions are often created on the basis of strong evidence of a relationship between low levels of anti-social behaviour and small-scale settings. Unfortunately, there is a dearth of evaluation of these interventions.

Outreach schools, prevalent in Canada, target students excluded from the mainstream. They operate on student-centred lines and emphasise student choice and voluntary attendance. Limited qualitative and quantitative evidence indicates that they are popular with students and contribute to improvements in educational engagement.

Career academies are small-scale vocationally-oriented programmes in some US high schools. There is good evidence that they achieve positive social and academic outcomes for at-risk students.

Table 9.10: Career Academies

Author(s)	Focus	Findings	Comments
Kemple & Rock (1996) Kemple & Snipes (2000)	Type 1 RCT involving students (n=1,953) across nine sites.	Drop-out rates were significantly reduced for students at high risk of school failure. Attendance rates increased but there was no significant reduction in risk-taking behaviour. Benefits for students at low risk of school failure included: greater likelihood of graduating on time; increase in career-related courses in addition to completing academic courses.	Type 1 RCT. High power.

Nurture groups are a form of transitional provision pioneered in the UK. Although no RCT evidence has yet been gathered correlational evidence from several sources supports their efficacy, especially for primary pupils with SEBD, in promoting significant social, emotional and academic improvement (see table 9.11).

Table 9.11: Nurture Groups

Author(s)	Focus	Findings	Comments
Iszatt & Wasilewska (1997)	Longitudinal study of children (n=308) placed in NGs between 1984 and 1998 in London, UK.	87 per cent could return to the mainstream after a placement duration of less than one year. Longitudinal data indicate that most of these students required no further SEN support.	Type 5 Study. No adequate control group. Low power study.
Cooper & Whitebread (2007)	Two-year longitudinal prospective study of the effects on children (n=356) enrolled in nurture groups (n=27) compared to four groups of children matched to members of the enrolled groups on various dimensions but who were not enrolled in nurture groups (n= 190).	Groups in existence for two years or more achieved statistically significant improvements in pupils' social, emotional and behavioural functioning after two terms, when compared with the progress of pupils with SEBD in mainstream classrooms. Parents of NG pupils reported positive perceptions, and offered the possibility that NGs could have a positive effect of parent-child relationships.	Type 3 Study. Study makes good use of matched comparison groups, though these groups are relatively small. Moderately powerful.
Reynolds et al (2009)	A naturalistic prospective control group study focused on pupils (n=221) aged five to seven with SEBD attending primary schools (n= 32) in Glasgow). The intervention group (n=117) attended nurture groups in 16 schools while the remainder (n=104) attended matched schools (n=16) without nurture groups.	NG pupils made significant improvements in self-esteem, self-image, emotional maturity and attainment in literacy when compared to the group of pupils attending the schools without NG provision.	Type 3 Study. This is the first NG study to measure academic effects. Moderately powerful.

Limited evidence supports the use of special units and classrooms/pupil referral units/ Learning Support Units (LSUs) though the nature and diversity of this provision makes it difficult to make meaningful generalisations on its overall effectiveness. Where useful type 8 (case study) evidence exists, it has not been followed up by further type 1-4 larger scale studies.

Residential provision for SEBD is a long-established feature of the educational landscape but it is under-researched. Limited small-scale evidence indicates its effectiveness in giving students respite from stress and helping them develop coping skills and improved social skills. Maintenance effects are weak, however.

9.2.5 Working with parents

Chapter 7 explored the vital issue of parent training and identified three empirically validated programmes. All three are based primarily on behavioural principles (see previous chapters) where parents are taught strategies to extinguish unwanted behaviour and reinforce desirable behaviour through the identification and management of contingencies (antecedents and consequences) directly related to the behaviour. In addition these programmes involve reflective and distinctively cognitive interventions such as reframing and behavioural contracting.

Parent management training has a strong evidential base. Most parent-management programmes take their lead from it. It is clinic-based, however, and usually delivered by therapists.

Table 9.12.1: Parent Training (1): Parent Management Training (PMT)

Author(s)	Focus	Findings	Comments
Kaminski et al (2008)	Meta-analytic review of PMT studies to identify the components of successful parent training schemes for children aged up to eight.	The three most effective components for predicting successful parenting behaviour were instruction in positive interactions with their child, encouragement of emotional communication, and practising with their own child. The mean effect size for parenting outcomes was larger than that for child outcomes. Children with internalising disorders benefited more from the interventions than those with externalising disorders.	Type 6 Study. Moderate power.
Lundahl et al (2006)	Meta analysis of moderators and follow-up effects in PMT.	Follow-up effects were small in magnitude for behaviourally-based programmes, and parenting programmes were least effective with economically-disadvantaged families.	Type 6 Study. Moderate power.

The Incredible Years programme has built on the evidence produced by parent management training to create a universal intervention which is now available in some formats as a home-based intervention. It has a strong evidential base in enabling parents to manage their children's behavioural problems and some growing evidence pointing to parents and teachers enabled to brainstorm SEBD problems. It has developed a community-based format directed at hard-to-reach, socially-deprived families. School-based parent training, involving parents and teachers as equal status trainees, is likely to be a promising model.

Table 9.12.2: Parent Training (2): Incredible Years

Author(s)	Focus	Findings	Comments
Clondalkin Partnership (2006)	Mixed methods survey of effects of Incredible Years on parents (n=32) and children (n=28).	Improvements in children's conduct, relations with peers and emotional status were found.	Type 5 pilot study. Small sample. No control group. Low generalisability and low power.
Norwegian Research Council (1998)	An evaluation of a two-year pilot scheme in Norway.	The programme helped 65 per cent of children with conduct problems.	Type 3 Study. Relatively small–scale. Low to moderate power.
Eyberg et al (2008) Weisz (2004) Nixon (2002)	Research reviews of Incredible Years without secondary data analyses.	These reviews report consistently positive effects of Incredible Years on children with SEBD.	Type 7 studies. Relatively low powered but their value is enhanced by the convergence of findings.

Triple P is a well-evidenced and well-supported parent-training programme, but has not yet been developed for use in educational establishments.

9.2.6 Multi-agency approaches to SEBD

In Chapter 8 we examined examples of multi-agency approaches to SEBD and and gave particular attention to substantial and rigorously-evaluated programmes, most involving type 1 studies with health, social, and educational elements.

The most effective combined the following features;

- early identification through wide-scale screening

- support and training for parents delivered in the community

- in-school curriculum adjustments targeted at improving basic skills, particularly in language skills

- behavioural and cognitive behavioural training to enable at-risk students to improve emotional coping and self-regulation

- interventions directed at peer groups.

Key projects found to produce significant positive outcomes in reducing high risk behaviours and improving behaviour as well as social and emotional functioning and promoting general social/emotional resilience include Gatehouse and Fast Track. Of these, Fast Track has the more impressive empirical support.

Table 9.13: Fast Track Evaluations

Author(s)	Focus	Findings	Comments
Conduct Problems Prevention Group USA (1999a) (1999b)	Longitudinal (ten-year) evaluation of multimodal universal intervention for prevention of conduct problems in students, initially in kintergarten (n=891).	Moderate improvements in children's social, emotional and academic skills, peer interactions, social status and conduct problems. Parents reported less physical discipline, greater parenting satisfaction, ease of parenting. Engaged in more appropriate and consistent discipline and warmth. Positive involvement with school. (1999b) Significant + effects on peer ratings of aggression and hyperactive/disruptive acts.	Type 1 RCT. High power.
Bierman *et al* (2002)	Longitudinal (three-year) evaluation of multimodal universal intervention for prevention of conduct problems. As above.	1. 37 per cent free of serious conduct problems compared with 27 per cent of control group 2. Peer relations did not improve after first grade.	Type1 RCT. The study's weakness is that it was based on parent and teacher ratings only. They were not blind to the intervention. Moderate to low power.
Bierman *et al* USA (2004)	Five-year follow-up study. As above.	Significant but modest effect on social competence, social cognition, problems with deviant peers and conduct problems in the home and community. No evidence of impact on serious conduct problems in school, nor on academic attainment.	Type 1 RCT. As above.

Author(s)	Focus	Findings	Comments
Sharp & Davids Scotland (2003)	Evaluation of multimodal universal intervention for prevention of conduct problems: Target population: first grade students (n=246). Attrition reduced this to n=144.	Control schools had more satisfactory results than one of the experimental schools. This was in all probability caused by mobility within school populations and teaching staff.	Type 2 RCT. High attrition rate undermines the value of this study. Low power.
Levallee *et al* and Conduct Problems Prevention Group USA (2005)	Evaluation of peer-pairing and coaching component of a multimodal universal intervention for prevention of conduct problems in very aggressive mixed gender third to seventh grade students (n=266).	Although peers did escalate the disruptive in-session behaviour of some children, these effects were minimised in groups in which: 1. The most aggressive children were placed together. 2. Girls were integrated with boys. 3. Group processes were monitored.	Type 3 Study. Moderate power.
Bierman *et al*/CPPRG USA (2007)	Follow-up with above cohort at fifth to ninth grades.	Among the highest risk group the intervention by ninth grade had remained robust from third grade and reduced: 1. Risk of CD cases by 75 per cent. 2. Risk of ADHD behavioural symptoms by 53 per cent 3. 43 per cent of all externalising psychiatric disorder cases. For the moderate risk group there appeared to be little effect on externalising disorders.	As above.

9.3 Conclusion: Hierarchical Summary of Main Interventions

In this section we tabulate a brief summary of the main intervention types in relation to the power of the evidence bases supporting them. The table (see table 9.14) distils judgments based on our analysis of the evidence examined. A number of important points need to be considered when interpreting the table. First, the review has taken a distinctly educational focus. Because of this we have focused mainly on studies that deal with interventions within educational settings or with particular educational implications. Second, because we have tried to be systematic in our selection and evaluation of studies, we have highlighted approaches that received most attention from researchers. Third, as a consequence of our interpretation of the research brief (see Chapter 1), we have given greatest weight to those approaches with empirical evidence of their generalisability. The last point is particularly important because it draws attention to the fact that most interventions rated with low level empirical support have not been subjected to the most rigorous forms of evaluation. It would be wrong, therefore, to dismiss these low rated interventions on this basis. On the other hand, this underlines the need for such interventions – some of which are of considerable interest to educators (Circle Time and restorative practices) – to be rigorously evaluated to establish their efficacy.

With these points in mind we must conclude that behavioural and cognitive behavioural interventions stand out as the most strongly supported at the high and moderate levels. Particularly interesting is their general availability as manualised programmes or short training courses which makes them suitable for and accessible to educational professionals, such as teachers, who work directly with young people with SEBD but not necessarily with training or experience in delivery of psycho-social interventions.

Table 9.14 Hierarchical Summary of Main Interventions

	Teachers' qualities and skills	Whole-school approaches	Small-scale provision	Parental support	Multi-agency working
High empirical support	The Good Behaviour Game	FRIENDS	Career academies		
Moderate empirical support	Kernels Student peer support Cognitive behavioural approaches	Success For All School-wide positive behavioural support Coping Power	Nurture groups	Parent management training	Fast Track
Low empirical support	Personal warmth In-service training on SEBD Management of the classroom's physical environment Functional behavioural analysis Instructional strategies	Circle Time SEAL Second Step Restorative practices	Outreach schools Residential provision	Incredible Years Triple P	Gatehouse

10 Recommendations

10.1 Overview

In this chapter we suggest how the review's findings might be applied in Ireland's case. Central to our approach is an attempt to mediate between research evidence on effective intervention and Ireland's present circumstances. For example in the past two decades there have been radical developments in educational policy here. Proposed further developments arising from this review must be considered in the context of the need for existing policy changes to be absorbed by professionals and embedded in practice.

10.1.1 Education and health working together: towards trans-professionalism

An informed understanding of SEBD depends largely on bio-psycho-social understandings (Chapter 2). Additionally, the research evidence reviewed on effective interventions (in Chapters 3, 4, 5 and 6) for SEBD have featured heavily psychological interventions. The educational sphere, however, is a major site frequently implicated in the development, remediation and prevention of SEBD. Academic success is an important protective factor and delivering psycho-social interventions in schools rather than clinics often enhances their effectiveness, particularly if they are appropriately embedded in the curriculum. We have also shown that certain psychological interventions are most effective when delivered by teachers rather than other professionals (FRIENDS). There is a limit, however, to the level of knowledge and expertise generally expected of teachers. Psycho-medical professionals – psychologists and various medical practitioners – therefore have two important roles in school interventions. One is a training role and the other is a provider of intervention, both as a consultant to school staff and in direct intervention with students.

Furthermore, the important role that social and economic disadvantage plays in development of SEBD means that community-based social welfare initiatives, such as those which currently function under the DEIS umbrella (the home/school/community liaison scheme) must be seen to work in harmony with the education and health services.

This means is is important for educational, health and social welfare agencies to reflect on how they can combine their efforts and go beyond multi-professional approaches to embrace trans-professionalism. SEBD in school students is, arguably, one of the most fruitful targets for such an approach. Trans-professionalism requires professionals to absorb rather than simply engage with the knowledge and understandings of representatives from other sectors. As it stands, the international evidence base shows that educational professionals have demonstrated conspicuous success in adopting and applying psychological approaches to SEBD that are informed by understandings of the underpinnings of social, emotional and behavioural dysfunction. The success of such endeavours often depends on the support of medical and mental health professionals who supply expert support to educational staff as well as direct support

to children and families where necessary. Similarly, initiatives such as Ireland's home/ school/community liaison scheme show great promise in enabling at-risk students to remain in school. The greater the unity of effort between different agencies the greater will be their shared success. Such unity of effort will be advanced if medical and social welfare professionals learn more about the positive potential that effective educational intervention has for helping to remediate and prevent SEBD and in contributing to the amelioration of the negative effects of social disadvantage. Similarly, the more that educational professionals can learn about how biological, psychological and social factors interact to influence social and educational engagement, the more they will value and pursue co-operation with their health and social welfare counterparts. For these reasons we advocate a bio-psycho-social framework of understanding of SEBD issues.

10.1.2   A bio-psycho-social approach

We argue very strongly in Chapter 2 for a bio-psycho-social approach that integrates individual biological and intra-psychic dimensions with the interpersonal and social. This makes it truly holistic and lends itself well to understandings of the complexities of SEBD and its concomitant interventions. The bio-psycho-social approach is, therefore, a valuable theoretical framework within which to locate a fully trans-disciplinary approach to SEBD.

We noted in Chapter 1 that the Department of Education and Science definition of emotional disturbance/behaviour problems is primarily bio-medical in nature, referring specifically to particular diagnostic categories and distinguishing between those students who respond to 'agreed procedures of discipline' and those who do not. A more systemically informed definition, on the other hand, would offer a contextualised view suggesting the perceived problem might well be amenable to social and educational accommodations that go well beyond disciplinary procedures to embrace psycho-pedagogical and social welfare interventions. In our view such a systemic definition is much more in keeping with an educational perspective, as well as being consistent with social welfare principles. The department's current definition carries within it an important acknowledgement of the role that biological and psychological dysfunction can play in SEBD. The adoption of the systemic definition with reference to the categories referred to in the definition would reflect a bio-psycho-social approach.

This discussion relates to the broader issue of problems that can arise from different disciplinary cultures and languages. We note the importance some commentators attach to 'the rejection of the medical model' in the historical development of inclusive education policies and practices. A potentially negative consequence of this might to create problems in the all-important area of inter-disciplinary working. Our suggested solution to this potential problem is the adoption of a bio-psycho-social framework that will incorporate and give equal respect to the contributions of different disciplines.

Recommendation 1.1

The Department of Education and Skills, the Health Service Executive and other key agencies should attend to the need for the advice and support being given to schools

(by them and the services they oversee) to be theoretically coherent, and consider the adoption of a bio-psycho-social framework to preserve a balance between valuing the importance of within child and environmental factors relating to SEN in general and SEBD in particular.

Recommendation 1.2

The Department of Education and Skills is encouraged to develop a definition of the term 'emotional disturbance/behaviour problems' consistent with a bio-psycho-social perspective.

Recommendation 1.3

The importance of a sound evidence base as a platform on which to build policy and provision is enormous. We therefore recommend that rigorous evaluation of the effectiveness of interventions for SEBD be an integral part of any intervention strategy adopted. This could be facilitated by ensuring that ringfenced resources are provided for any Department of Education and Science sponsored intervention initiatives to ensure fidelity and rigorous evaluation.

10.2 Teacher and SNA Skills

It is encouraging to see the recent rapid development in Ireland of support services for SEN in general and SEBD in particular: special educational needs organisers, the National Educational Psychological Service, the Social Education Support Service and the National Behaviour Support Service. We are aware of training and intervention strategies these services provide. In particular we note evidence of the promotion and use of behavioural interventions, such as the contingency management strategies recommended by the Special Education Support Service in its resource pack for teachers (Section 1.3.6), and cognitive behavioural strategies, such as the Incredible Years Programme In Ireland which has been implemented by Clondalkin Partnership in Dublin (Section 7.3). As we showed in Chapters 4 and 5 there significant evidence supports the claim that the approaches are highly effective for students with SEBD. While it is too early to judge their impact, it is fair to say they are in line with best international practice identified in our review.

This review indicates, however, that much of the formally acknowledged expertise for dealing with SEBD in Irish schools resides in specialist outside services (NEPS, NBSS and SESS). This reflects the situation in the UK and elsewhere. We argue that the cumulative evidence explored in this review suggests the educational engagement of students with SEBD improves significantly when mainstream staff are trained in the use of behavioural and cognitive behavioural strategies. On the other hand, the absence of such skills among front line staff has been shown to be associated with poor outcomes, not only for students with SEN, but for all students (Blatchford *et al* 2009; MacBeath *et al* 2006). This further suggests that if construing SEBD as a low incidence problem leads to the impression that it should concern only specialists, then this is a counter-productive view likely to exacerbate the problem in schools.

The straightforward point is that enhancing the expertise and confidence of non-specialist school staff (especially mainstream teachers and special needs assistants) in the prevention and management of SEBD should be a core goal for the Department of Education and Science. This means preventing and managing SEBD need to be seen as key functions of all schools and *all* education professionals. It also suggests that the promotion of social and emotional competence is central to the educational enterprise. As we noted earlier (Section 2.3.4), a sense of emotional attachment to school is a major protective factor against delinquency and a foundation for social and academic engagement.

Current arrangements in Ireland offer a number of routes by which school staff can access high quality training in SEBD. These include courses offered by third level colleges and universities; online courses offered by SESS; continuous professional development programmes offered by voluntary providers. A wealth of knowledge understanding and skills can be gained from practical work under the guidance of EPs, SESS workers and members of the NBSS.

Recommendation 2.1

The NCSE should engage with the teaching council to explore the possibility of establishing a set of benchmark minimum standards of competence among all teachers in SEBD. This relates to initial and post qualification teacher training. These standards should include basic knowledge of behavioural and cognitive behavioural principles and their application in the promotion of good behaviour, social and emotional competence, emotional well-being and positive social adjustment.

We noted from the our review of Irish research that although Department of Education and Science regulations preclude special needs assistants from teaching duties, there is evidence that they teach in some settings. In light of recent research findings on the efficacy of teaching assistants in the UK (Blatchford et a, 2009) we consider it unwise for untrained individuals to have a significant role in educating students with SEBD. It is also the case, however, that if appropriately trained they can have a positive impact.

Recommendation 2.2

While SNAs perform a care rather than an educational function, it is also noted that this involves considerable interaction with students. With this in mind the relevant authority should consider the current and future role of SNAs in relation to students with SEBD. Particular attention should be given to the basic competencies that SNAs require to give effective care to students with SEBD. Consideration should also be given to the possibility that existing third level training provision for SNAs be made mandatory.

Recommendation 2.3

Basic SEBD competencies should be required in all initial teacher training programmes in Ireland and in basic training programmes for SNAs. Opportunities should also be exploited for staff to master these competencies through existing continuing professional development programmes and other accredited means.

As this review has shown there is no shortage of tried and tested intervention programmes for SEBD. Their major advantage resides in the ease with which they can be evaluated and compared with one another. We have exploited this quality throughout the review and have identified very impressive programmes. The decision on whether or not to adopt existing programmes and/or to develop bespoke training should, in our view, be left to the professionals in Ireland. Our major recommendation on this matter is linked to programme fidelity. It is usually the case that the full benefits of adopting a programme are accrued only when it is implemented with absolute fidelity to the programme's requirements and protocols.

Recommendation 2.4

If existing manualised programmes are adopted for use in Ireland we recommend that particular attention be given to ensuring fidelity of implementation and adequate resourcing to support this.

10.3 Whole-School Support Systems for SEBD and Wider Educational Provision

Our review shows the effectiveness of teachers and other workers with school students will be enhanced if they work within organisations with universal policies and structures geared towards the promotion of pro-social behaviour and emotional well-being. Our review identified empirically supported whole-school support systems for students with SEBD (see table 9.14).

Recommendation 3.1

The NCSE should consider the most highly evaluated whole-school interventions for supporting students with SEBD and consider their implications for current practices in schools in Ireland, with particular reference to the code of behaviour developed by the National Education Welfare Board, and the individual codes of behaviour that schools are required to produce.

The Success For All literacy programme was particularly effective not only in raising literacy levels but also in improving behaviour. A crucial feature of it was the emphasis it placed on parental involvement and measures that were taken to facilitate this involvement.

Recommendation 3

 The Success For All literacy programme should be evaluated and consideration given on whether or not to recommend it for adoption in schools where a conspicuous relationship between SEBD and poor literacy levels is identified.

10.4 Provision

There is a diversity of provision in Ireland for students with SEN, including those with SEBD. Over time the pattern of provision is likely to change as mainstream schools

develop their capacity to cater effectively for students with SEN. It is likely that specialist provision – such as behaviour support classrooms and special schools and units for SEBD including the 'unrecognised' educational initiatives identified by the Department of Education and Science (2006) and the high support units and special care units run by the Health Service Executive will continue to feature on the educational landscape. Crucial here is the need for such provision to have a strong and clearly defined rationale. Also their functions and performance, particularly in student experience and outcomes, need regular monitoring. Similarly, such provision has a strong cross agency basis and the provision of support by different agencies should be co-ordinated.

Recommendation 4

The value of small-scale provision for students with SEBD within mainstream schools has been highlighted. While we do not recommend any specific model for such intervention we strongly recommend that where such provision is adopted (such as a behaviour support classroom) it should be clearly defined in terms of its (i) educational function; (ii) target population; (iii) pedagogic and pupil management methods; (iv) the skills, expertise and functions of staff; (v) assessment and monitoring procedures, and (vi) student referral and exit strategies. It is vital that such facilities target students with specific needs for specified periods of time, depending on particular needs, and do not become 'sin bins' where students and staff become marginalised from the mainstream.

10.5 Work with Parents

The importance of the role of parents and carers in effective education cannot be over estimated. It must be acknowledged, however, that some parents are better equipped than others to provide the kinds of support that schools might expect. Parents of low-attaining students and those with SEBD may themselves have had unhappy and unsatisfactory experiences of schooling. It is vital, therefore, that school staff approach parents and carers with sensitivity and show a willingness to engage with them in their own community settings rather than on school premises only. It is also important that parents have access to appropriate support, such as training in behaviour management.

Recommendation 5

The importance of community-based support services for parents of students with SEBD should be acknowledged and a review undertaken of their provision and effectiveness with a view, where appropriate, to expanding them.

10.6 Pertinent Issues Not Addressed in This Review

As we noted in Chapter 1 (Section 1.6) several important issues relevant to the educational experience of students with SEBD and the staff who work with them are not addressed in this review. These include use of medication in managing attentional problems and activity problems (such as ADHD) and mood disorders, the importance of nutrition in SEBD, use of restraint procedures with students who display physically challenging behaviour, and the use of exclusion from school as a disciplinary sanction.

As we noted in Chapter one, we considered these to lie outside the NCSE brief which required a focus on 'the education of children with emotional disturbance/behavioural difficulties'. Our concern was that specifically educational models (as we have defined them in Section 1.2.1) are sufficiently numerous and complex to warrant the full attention of this report.

We are aware that these particular issues, however, form a necessary adjunct to an understanding of SEBD and how they need to be addressed in educational settings. This argument forms the basis for our final recommendation.

Recommendation 6

Further international research reviews should be conducted, focusing on (i) use of medication and nutritional interventions in SEBD, and (ii) use of restraint procedures and exclusion/suspension from school in SEBD. The NCSE might consider combining these two reviews in a single review to be conducted by a trans-disciplinary team.

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Appendices

Appendix 1 – Search Terms and Categories Employed in Literature Search

Initial search terms

Emotional Social and Behavio*ral + education (S1)

Emotional Social and Behavio*ral Difficulties+education (S2)

ADHD+ education intervention (S3)

EBD + educational intervention (S4)

Emotional Intelligence + education (S5)

Social Emotional competence + education (S6)

Social Skills Training + education (S7)

Cognitive-Behavio*ral + education (S8)

Disruptive behavio*rs school modification (S9)

Social difficulties school intervention (S10)

Bullying +education (S11)

Emotional well-being + schools (S12)

Evidence-based practice + schools (S13)

Psychosocial Interventions+ schools (S14)

Mentoring peer support + schools (S15)

Motivation Interventions +schools (S 16)

Truancy (S17)

EBD (E1)

Hyperactivity classroom research (E2)

Social Skills training + education (E3)

EI + education (E4)

Cognitive Behavio*ral interventions +schools (E5)

Assertive Discipline

The Good Behaviour Game

Check and Connect

Success for All

The development of categories

Towards mid-September 2010, the initial search terms were replaced to fall in line more clearly with the structure and trajectory of the final document. Renaming folders and moving material from one folder to another is relatively simple, although naturally time-consuming in RefWorks. The advantage of renaming the folders was that it could reveal the due weight and importance of the elements discovered by the first searches in a methodology similar to grounded theory.

Sources identified through use of these terms were then organised into folders which distinguished between those interventions which affected classroom behaviour and management and those which affected cognition, academic issues and engagement. Therefore the existing data were divided into these two main categories, with management and behaviour named as B, and cognition, academic and engagement issues named as A. Within each division subdivisions referred to the focus of the intervention itself. A further category, Background, was named, to include material which might include surveys, opinions and overviews. The new categories were:

0.0 Reviews

1.1 Behavioural B

1.2 Cognitive B

1.3 Cognitive behavioural B

1.4 Pharmacological B

1.5 Psychodynamic B

1.6 Ecosystemic B

1.7 Social/Environmental B

2.1 Behavioural A

2.2 Cognitive A

2.3 Social A

2.4 Curriculum Development A

2.5 School Organisation A

3.0 Background

Additional categories, added by the researcher during the course of further research were early intervention and parental involvement, motivation, PRUs and LSUs, instrumentation, teacher training, multimodal, and mastery learning.

Assessing exclusion criteria

It became clear during October that the database had become unwieldy with almost 1,900 references. All abstracts were re-read and some material discarded. Where no abstract or full text was available, the paper was moved into a folder named Full Text Not Found. Finally it was decided to make one last division of the data. Although much of the

material was relevant, and it was felt it should be retained for bibliographic purposes, either now or in the future, exclusion criteria were applied. These were:

- intervention was not carried out in an educational setting

- intervention should not be primarily a family intervention but should include school-based strategies

- interventions should not be general, but should be geared towards ebd, sebd, or emotional social and/or behavioural difficulties, in a widely-based holistic view of those terms

- intervention should not deal principally with learning difficulties or physical disability

- pharmacological interventions and dietary interventions.

Applying those exclusion criteria involved yet another separation, into Class 1 material which satisfied all new criteria, and Class 2 material which may involve one or several of the exclusion criteria. Additionally the researcher wished to identify some named interventions and placed these in relevantly-named folders together for ease of reference lest their joint relevance be overlooked. At the same time, the Reviews folder had become too large (over 190 papers) so these were divided according to the principal subject matter. Again a Class 2 category was created.

Final folder structure

The final categorisation, therefore, of the material collected, fell into the following folders:

0.1 Reviews ADHD
0.10 Reviews parents
0.2 Reviews prevention
0.3 Reviews bullying
0.4 Reviews cognitive/academic
0.5 Reviews EBD/challenging/disruptive behaviour
0.6 Reviews pharmacology/psychology
0.7 Reviews inclusion
0.8 Reviews environment
0.9 Reviews cognitive behavioural

1.1 Behavioural B 1
1.2 Cognitive B 1
1.3 Cognitive-behavioural B 1
1.4 Pharmacological B 1
1.5 Psychodynamic B 1
1.6 Ecosystemic B 1
1.7 Social/environmental B 1

2.1 Behavioural A 1
2.2 Cognitive A 1

2.3 Social A 1

2.4 Curriculum development A 1

2.5 School organisation A 1

2.6 Named early interventions (school) A 1

3.0 Teacher training

3.1 Parent training

3.2 PRUs and LSUs

3.3 Instrumentation

3.4 Motivation

3.5 Mastery learning

3.7 MTA

3.6 Psychosocial/social skills training

3.8 Ireland

3.9 Other/general

4.0 Early interventions 2

4.1 Cognitive-behavioural 2

4.2 Cognitive academic 2

4.3 Curriculum development 2

4.4 Parental involvement 2

4.5 School organisation 2

4.6 Social academic 2

4.7 Social environmental 2

4.8 Reviews 2

4.9 Bullying 2

5.0 Full Text Not Found

This resulting reorganisation helped to clarify some of the subsequent work on the final review, and has left the main body of papers included with a more manageable 1,000 references in the main folder and the remainder in the B folder. Meanwhile the relevance of each paper, and the folder to which it was designated became a work in progress. The volume, however, was overwhelming and stricter exclusions had to be employed to complete the work in the time-scale and word-length originally contemplated. Despite this culling exercise, the final Report was twice as long in wordage as anticipated.

Templates

Other work involved summarising some of the documentation in the following format so that it could be shared with others involved in the project and evaluated by them, but this was a lengthy process. Below (1.1) is the template for the individual studies.

Fig 1.1 Template

Title	
Authors	
Date and place of publication (including volume and part)	
Country where study is based	
Type of study (e,g. RCT; case study etc.)	
Samples: SEBD type: Gender: Age range Sample sizes Controls or comparison groups	
Key findings	
Additional remarks Strengths and weaknesses	

This is an example of a completed template (Fig 1.2):

Fig 1.2

Title	The impact of two universal randomised first and second grade classroom interventions on young adult suicide ideation and attempts
Authors	Holly C Wilcox, Sheppard G Kellam, C Hendricks Brown, Jeanne M Poduska, Nicholas S Ialongo, Wei Wang and James C Anthony
Date and place of publication (including volume and part)	Drug and Alcohol Dependence Volume 95, Supplement 1, June 1, 2008, Pages S60-S73
Country where study is based	USA – 1985-87 and 1986-88
Type of study (eg RCT; case study etc.)	RCT lasting two years – with replication (less mentoring) one year later. Preventative intervention. Baltimore
Samples: SEBD type: Gender: age range sample sizes Controls or comparison groups	Aggressive disruptive behaviours, first and second grade (all), 2,311 students, 19 schools in five urban areas(matched), schools used 1. Good Behaviour Game. 2. Mastery learning. 3. Neither (external control).
Key Findings	Follow-up (telephone) at age 19 to 21. Half the lifetime rates of ideation and attempts compared to their matched controls. Absence of findings for ML suggests the GBG effect was specific to the GBG
Additional remarks- Strengths and weaknesses	The results seen in this trial can only be directly generalised to the given population and time period from which the sample came. A trial of the GBG with a similar cohort of children has been conducted in the Netherlands and the findings tend to provide evidence of effectiveness of the GBG (van Lier et al 2005)

Further involvement of scrutiny group

Panel members had frequent updated reports on the progress of the literature search and were sent early drafts of sections and invited to add comments and contributions. This resulted in several changes to the drafts throughout the writing of the review.

Appendix 2a: Pattern of Provision for Students with SEN in Europe and Beyond

SEN Provision and Support	Countries where this pattern of provision is to be found
Special schools	Austria, Belgium, Cyprus, England, Germany, Greece, Ireland, Liechtenstein, Lithuania, Malta, Netherlands, Switzerland, USA
Other off-site provision (PRUs, hospital schools/educational units, unspecified)	England, Ireland, Malta, USA
Specialist services from different disciplines (teachers, health professionals, social services, educational psychologists)	Australia, Austria, Belgium, Canada, Cyprus, Czech Republic, Denmark, England, Finland, France, Germany, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Spain, Sweden, USA
Remedial teachers	Belgium, Iceland, Ireland, Lithuania
External special educational needs co-ordinator	Cyprus, Ireland
In-school special educational needs co-ordinator	England
Pupil welfare team Pupil support group	Finland

Appendix 2b: Mainstream Support for SEN in Europe and Beyond

Support for students with SEN in Mainstream Schools is provided by:	Countries where this pattern of support is found
Special classes (nurture groups, learning support units)	Canada, England, Malta, USA, New Zealand
Specialist teachers from special schools	Austria, Belgium, Cyprus, England, Germany, Greece, Liechtenstein, Lithuania, Netherlands, Switzerland
Visiting professionals from specialist services, including peripatetic specialist teachers In-school specialist teachers	Austria, Belgium, Cyprus, Czech Republic, Denmark, England, Finland, France, Germany, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Norway, Poland,, Portugal, Spain, Sweden, USA
Remedial teachers	Belgium, Iceland, Ireland, Lithuania
External SEN co-ordinators	Cyprus
Special educational needs co-ordinator	England, Ireland
Pupil welfare teams Pupil support groups	Finland

Appendix 3: Evolution of Interventions for SEBD in Major Educational Interventions

c.1900
Psychodynamic

Year
c.1900

Year
c.2009

EG:

Therapeutic residential schools

Nurture groups

Psycho-dynamic therapies involve the establishment of therapeutic relationships which enable the individual to reveal and explore analytically the life experiences which have influenced the development of dysfunctional ways of thinking and behaving

c.1920
Behavioural

EG:

Contingency management

School wide behaviour management

Classroom and behaviour management

Behavioural therapies are based on ways the behaviour can be understood in terms of involuntary responses to external stimuli. Behavioural interventions exploit this theory by encouraging desired behaviours and extinguishing undesired behaviours through the manipulation of the stimuli which precede target behaviours and the consequences which follow from target behaviours.

c.1950
Humanistic

EG:

Counselling

Student-centred approaches

Peer co-operation

Circle Time

Humanistic therapies focus on how self-concept is created through social and interpersonal relationships. Interventions based in this approach, such as Rogers's person centred approach, emphasise the therapeutic value of unconditional positive regard, empathy and honesty in relationships

c.1960
Cognitive Behavioural

EG:

Social skills training

Problem solving

Anger management

Cognitive Behavioural therapies are concerned with how the relationship between external stimuli and target behaviours can sometimes be influenced by thought processes. The aim of cognitive behavioural therapy is to encourage the development of functional ways of thinking by challenging and changing dysfunctional ways of thinking

c.1970
Systemic

EG:

Trans-disciplinary working

Work with parents and families

Multi systemic therapy

Systemic therapies are designed to enable individuals to continue to participate in key social systems (such as families, partnerships and work places) in ways which are functional in relation to their mental health