Professional Practice Reports

By

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Table of Contents

Chapters Page

Chapter one: Introduction to volume two 1

1.1. Introduction 1
1.2. Educational Psychology Service Context 1
1.3. Overview of Professional Practice Reports (PPRs) 2
1.3.1. PPR 1 2
1.3.2. PPR 2 2
1.3.3. PPR 3 3
1.3.4. PPR 4 3
1.4. Reflections 4

Chapter two: Professional Practice Report 1 6

2.1. Abstract 6
2.2. Introduction 7
2.3. Literature Review 8
2.3.1.From integration to inclusion 8
2.3.2. Teacher collaboration 10
2.3.3. Factors that inhibit collaboration 14
2.4. Methodology 15
2.4.1. Rationale for the study and research questions 15
2.4.2. Epistemology 15
2.4.3. Settings, participants and procedure 16
2.4.4. Data analysis 17
2.5. Results 18
2.5.1. Staff relationships 19
2.5.2. Teachers' knowledge and understanding 22
2.5.3. Facilitating collaborative practice 25
2.6. Discussion 27
2.7. Conclusion 33
References 34
Appendices 39

Chapter three: Professional Practice Report 2 **53**
3.1. Abstract 53
3.2. Introduction 54
3.2.1. Children and young peoples' mental health 54
3.2.2. The role of Educational Psychologists in delivering therapeutic work 56
3.2.3. Criticisms of delivering individual therapeutic interventions 57
3.3. Pupil's background and formulation 59
3.3.1. Formulation process 59
3.4. Literature review 65
3.4.1. Cognitive Behavioural Therapy 65
3.4.2. Evidence base 68
3.4.3. CBT in schools 69
3.4.4. EPs delivering therapeutic interventions in schools 71
3.5. Intervention 72
3.5.1. Pre and post measures 72
3.5.2. Intervention structure 73
3.6. Evaluation 74
3.6.1. Post measures 74
3.6.2. Qualitative feedback 76
3.7. Discussion 77
3.8. Conclusion 82
References 83
Appendices 91

Chapter four: Professional Practice Report 3 **113**
4.1. Abstract 113
4.2. Introduction 114
4.3. Critical Incidents 116
4.3.1. National context of critical incidents 116
4.3.2. Local context of critical incidents 117
4.4. Critical Incident Stress Debriefing 120
4.4.1. Background and description of the CISD model 120

4.4.2. Evidence base 122
4.4.3. CISD in schools 126
4.5. Critique of CISD..... 127
4.5.1. Homogenous groups 127
4.5.2. Underestimation of resilience 129
4.5.3. Adaptive avoidance 131
4.6. Considering an alternative approach 132
4.6.1. Psychological First Aid 133
4.7. Conclusion 137
References 139
Appendices 147

Chapter five: Professional Practice Report 4 **150**
5.1. Abstract 150
5.2. Introduction 151
5.3. Literature review 154
5.3.1. Systemic working: Educational Psychologist delivering training 154
5.3.2. Evaluation within Educational Psychology 156
5.3.3. Kirkpatrick: a model of evaluation 158
5.4. Methodology 163
5.4.1. Epistemology 164
5.4.2. Design and methods 164
5.4.3. The setting 168
5.4.4. Procedure and participants 169
5.5. Results 170
5.5.1. Level 1: Reaction 170
5.5.2. Level 2: Learning 171
5.5.3. Level 3: Behaviour 173
5.5.4. Level 4: Results 175
5.5.5. Factors that facilitate or hinder the intended outcomes of the training being achieved 177
5.5.6. Improvements to the training to make it more effective 179

5.6. Discussion 180
5.6.1. Sub-question 1: How can the model demonstrate whether the intended outcomes of the training were achieved? 180
5.6.2. Sub-question 2: How can the model inform continuous improvements in the training? 183
5.6.3. Does an enhanced version of the Kirkpatrick four- level model provide a useful framework for EPs to use to evaluate training? 187
5.7. Future research 188
5.8. Conclusion 188
References 190
Appendices 198

CHAPTER ONE: INTRODUCTION TO VOLUME TWO

1.1. Introduction

This volume of work constitutes the second of two distinct volumes which combine to meet the written assessment requirements for the Doctorate in Applied Educational and Child Psychology at the University of Birmingham. Volume two comprises of four Professional Practice Reports (RRPs) which describe small-scale research projects undertaken during years 2 and 3 of the doctorate training. This introductory chapter first provides a contextual background by giving a brief description of the Educational Psychology Service in which I completed the PPRs. The rationale underpinning each PPR and the context within which the work was negotiated is then outlined. Finally, a reflection of my professional development in light of completing the PPRs is given.

1.2. Educational Psychology Service Context

During my second and third year of the training course I was placed in an Educational Psychology Service (EPS) in Eastshire County Council (pseudonym). The county has a population of around 691,000 and has both areas of deprivation and more affluent rural villages. The population is predominantly white British with an ethnic minority of around 14%. The EPS is large in size and split into four geographical teams, employing around 34 Educational Psychologists. The EPS is partly commissioned, with certain “core” priorities being funded by the Local Authority and any other work being commissioned by schools and settings. The EPS operates within a consultation model of service delivery and work carried out

by Educational Psychologists is negotiated with key stakeholders. I was given a patch of schools to which I delivered both core and commissioned work.

1.3. Overview of Professional Practice Reports (PPRs)

1.3.1. PPR 1: An exploration of collaborative practice between teachers in a mainstream primary school with a Designated Specialist Provision

One of the schools in my patch included a primary school with a Designated Specialist Provision (DSP) for children with significant learning needs. The school offered inclusion opportunities in which children from the DSP accessed mainstream lessons alongside their mainstream peers. This led me to consider the collaborative practice that occurred between mainstream and DSP teachers to support this inclusion. Therefore, it was agreed with the manager of the DSP that I would carry out an explorative study into the presence of collaborative practice and the factors that facilitated and inhibited this. I used the Research and Development in Organisations (RADIO) model to structure the study and gathered views from mainstream teachers, DSP teachers and the DSP manager through semi-structured interviews. The findings led to recommendations for the school leadership team, to support them in further improving collaborative practice between mainstream and DSP teachers.

1.3.2. PPR 2: A Trainee Educational Psychologists reflection on the delivery of therapeutic interventions in schools following the implementation of a cognitive behavioural therapy intervention with a secondary school pupil.

A secondary school in my patch requested my involvement with a pupil who was experiencing difficulties with emotional and behavioural regulation. It was agreed

between the Special Educational Needs Co-ordinator (SENCo) and myself that a Cognitive Behaviour Therapy (CBT) intervention would be appropriate, which the school commissioned. I used this casework as an opportunity to reflect upon the debate within the literature regarding whether Educational Psychologists should deliver individual therapeutic interventions. This report describes the planning, delivery and evaluation of the CBT intervention. The evaluation involved pre- and post-questionnaires completed by the pupil and her Learning Mentor, along with qualitative feedback gathered from the pupil's subject teachers.

1.3.3. PPR 3: A reflection on the use of Critical Incident Stress Debriefing in response to the sudden death of a teacher

This PPR arose from observing the EPS' response to a Critical Incident involving the sudden death of a teacher, in which some of the school staff reacted negatively to the support offered. Due to ethical concerns, the EPS does not formally evaluate this type of work. Therefore, I decided to carry out a critical review of the literature on critical incidents, trauma, resilience and bereavement to explore the appropriateness of using Critical Incident Stress Debriefing in such circumstances. The findings of this critical literature review informed recommendations for the EPS' Critical Incident Response Team.

1.3.4. PPR 4: Focusing on outcomes and improvements: using an enhanced version of the Kirkpatrick 4-level model to evaluate training delivered by an Educational Psychologist

Eastshire EPS provides a variety of training courses for schools and settings which are evaluated in order to demonstrate their impact. However, as with many EPS, current notions of evaluation which focus on outcomes and improvements to

service delivery do not appear to be embedded in current practice. Therefore, this study aimed to explore whether an enhanced version of the Kirkpatrick 4-level model, which focuses on outcomes and continuous improvements, could provide a useful tool for Educational Psychologists to use to evaluate training. I used this model to evaluate the Solihull Approach Awareness Training which was delivered to members of staff in an Infants School. Pre- and post-training questionnaires were used along with a focus group carried out three months after the training was delivered. The findings were shared with the EPS to inform improvements to future evaluations of training and consideration was also given to how the implementation of the model could be improved.

1.4. Reflections

The four PPRs represent the diverse nature of Educational Psychology practice as they involved working with individual children, school staff and developing the practice of the EPS. This has enabled me to increase my experience of working in different context and with a variety of people. Each PPR builds upon the current evidence base for Educational Psychology practice whilst also offering a distinct contribution to research and knowledge. Furthermore, undertaking these PPRs has provided me with the opportunity to critically appraise the current literature and develop a wide range of research skills (e.g. selecting appropriate pre- and post-measures, designing questionnaires, carrying out interviews and focus groups, analysing and interpreting quantitative and qualitative data). These skills are particularly valuable in the current commissioning context, in which the impact and effectiveness of Educational Psychologists' work needs to be demonstrated. With

regards to my own learning and development, these PPRs have enabled me to build upon my knowledge, skills and practice across a range of domains and develop skills in critical evaluation and reflective practice. As a qualified Educational Psychologist I will continue to use these skills to ensure that my practice has a sound knowledge base and theoretical underpinning.

CHAPTER TWO: PROFESSIONAL PRACTICE REPORT 1

An exploration of collaborative practice between teachers in a mainstream primary school with a designated specialist provision

2.1. Abstract

The increasing demand for pupils with special educational needs (SEN) to be educated in mainstream schools has led to research into the factors that facilitate the successful inclusion of these pupils. Previous research has highlighted the importance of collaboration between mainstream teachers and SEN teachers in ensuring this. However, much of this research has been carried out in schools with a resource room model of inclusion. Little is known about the collaboration between SEN teachers and mainstream teachers in other contexts such as mainstream schools with a Designated Specialist Provision (DSP). Furthermore much of the research has only considered the views of SEN teachers. Therefore, the current study was carried out in a mainstream school with a DSP. It aimed to explore both mainstream and SEN teacher's views with regards to the presence of collaborative practice and the factors that facilitated and inhibited this. The study was an exploratory study in which mainstream teachers, DSP teachers and the DSP manager took part in semi-structured interviews. Thematic analysis of the findings indicated that collaboration occurred to some extent between teachers, however staff relationships and teacher's knowledge and understanding of each other's roles and settings tended to impact on this. It seemed that issues associated with these factors needed to be addressed before effective collaboration between mainstream teachers and DSP teachers could occur. The

findings of the current study are discussed in relation to previous research and future areas of research are considered.

2.2. Introduction

This research was carried out in a large county council in the East Midlands. The county council highlights the importance of children having their special educational needs (SEN) met in local mainstream schools. Pupils are considered to have SEN if they require additional or different support in order to make satisfactory progress in learning (DfES, 2001). Across the county there are 40 mainstream schools with designated specialist provisions (DSPs) attached to them which provide for a range of different special educational needs. The county council states that;

> *"By grouping children with similar needs, we are able to provide good facilities and staff expertise to meet significant special needs within a mainstream context"*
>
> (Eastshire County Council, 2011, p9)

The current study was undertaken in a large primary school with a DSP for children aged 4-11 years old. The DSP is a self-contained unit which caters for 35 pupils with significant learning difficulties and is staffed by 6 teachers, 10 teaching assistants and a manager. Information provided by the Local Authority states that children within the DSP have access to inclusion opportunities in the mainstream school alongside their mainstream peers (see Appendix 1).

This Professional Practice Review provides an overview of previous literature on inclusion, collaboration and the factors that facilitate and inhibit effective

collaborative practice between mainstream and DSP teachers. The methodology of the current study is then outlined followed by the analysis of the findings. Finally, a discussion of the findings is presented in relation to previous research and future considerations.

2.3. Literature review

This literature review will first provide a brief historical account of inclusion in terms of the shift from notions of integration to the current provisions for pupils with SEN. Collaboration between mainstream teachers and SEN teachers is then explored in terms of the role this plays in facilitating the inclusion of these pupils. Finally the factors that have been found to support and inhibit teacher collaboration are considered.

2.3.1. From integration to inclusion

In 1978 the Warnock Report played a significant role in bringing about changes in the way special education was conceptualised (Warnock, 2005). Within this report the concept of integration was introduced and described as operating across three levels;

1. Locational integration in which children's SEN could be met on the same site as their mainstream peers;
2. Social integration in which children with SEN share social spaces and extra-curricular activities with mainstream peers;
3. Functional integration in which mainstream children and children with SEN are educated together with shared curriculum goals.

Following the Warnock Report, various educational Acts and policies incorporated the principles of integration as highlighted in the report and stated that children with SEN should be integrated into mainstream schools unless doing so was impractical (Gibson and Blandford, 2005). However, it was also recognised that the extent to which each child was integrated would depend on their individual needs and whether they would be able to assimilate to the mainstream school environment (Thomas, 1997). Therefore, the term integration indicated that pupils were required to adapt to the mainstream school environment rather than the school adapting to accommodate the needs of the child (Mittler, 2000). This led to the consideration of the quality of education offered to children with SEN in integrated settings and the ways in which these settings catered for the needs of all their pupils, a notion which was referred to as inclusion (Farrell, 2000). Therefore, inclusion not only refers to the placement of SEN pupils but also to the ways in which the setting adapts to meet their needs and increase their participation, sense of acceptance and belonging within that setting (Bailey, 1998; Booth and Ainscow, 1998; Thomas, 1997; and Sebba and Sachdev, 1997). However, the term inclusion appears to be open to much interpretation which has led to a lack of consensus across the literature and in practice over both the definition and purpose of inclusion (Ellis et al, 2008).

Currently, the ways in which the inclusion of pupils with SEN is achieved varies depending on the nature of the pupils' needs and the type of setting (BPS, 2006). For instance, in mainstream schools with a resource room, pupils with SEN are educated for the most part in mainstream classes and withdrawn for specific lessons (Farrell, 2009). This extra support is provided in a separate classroom by

a Special Educational Needs Teacher (SEN teacher) who has the expertise and specialist knowledge required to support these pupils in making progress (Wedell, 1985). In mainstream schools with a DSP, pupils with specific SEN receive the majority of their education in a self contained unit, delivered by a SEN teacher. Thus pupils whose needs cannot be met in mainstream school receive the appropriate educational support, whilst still having opportunities to engage in mainstream activates alongside their mainstream peers (Wade and Moore, 1992; Jenkinson, 1997).

OFSTED (2006) published a report examining the factors that promote good outcomes for pupils with SEN. Access to high-quality specialist teachers in a setting committed to inclusion was found to be essential in order for children with SEN to succeed. In particular, mainstream schools with DSPs were highlighted as being successful in achieving high outcomes for pupils in terms of their academic, social and personal development. This was in part attributable to teachers working collaboratively to ensure successful inclusion of pupils with SEN.

2.3.2. Teacher collaboration

There have been a number of studies that have explored the factors that facilitate inclusion (e.g. Hord, 1992; Voltz et al, 2001; and Worrell, 2008). Collaboration between mainstream and SEN teachers has been reported as being one of the most important factors for promoting inclusive education and ensuring the success of pupils with SEN (Wood, 1998; Klinger and Vaughn, 2002; and Turnbull et al (2007). For instance, Slater (2004a) states that collaboration helps build a sense of community within a school and argues that being part of a community is the true

meaning of inclusion. Studies by DeSimone and Parmar (2006), Shelvin et al (2008) and Strogilos et al (2012) explored teachers' perceptions with regards to the inclusion of pupils with SEN in mainstream schools. The findings of these studies suggest that collaboration between mainstream and SEN teachers promotes the inclusion of these pupils through; enhancing mainstream teachers understanding of pupil's needs, ability and progress; informing mainstream teachers expectation of pupils with SEN and; allowing the sharing of good practice, knowledge and expertise. However, the findings of these studies are difficult to generalise to UK school with DSPs as they were conducted outside of the UK in schools with resource rooms. Furthermore, DeSimone and Parmar (2006) and Strogilos et al (2012) failed to gather the views of both mainstream and SEN teachers, presenting a relatively one-sided account of inclusion and collaboration.

Again, there is a lack of consensus over the definition of collaboration and it is often used interchangeably with terms such as collegiality, congeniality, co-operation and consultation (Slater, 2004b). However, Slater (2004b) argues that several key features have emerged from the literature which describe the essential nature of collaboration. These include:

- individuals holding common goals which benefit the school and those within it;
- individuals engaging in joint work and interdependence to achieve these common goals;
- equality in relationships in terms of each individual feeling as though they have something meaningful to contribute which is valued by others; and

- voluntary participation which derives from individuals valuing and understanding that working together is effective and productive.

Collaboration is thought to be facilitated by teachers' capacity to combine their unique skills, create positive feelings of interdependence, develop effective problem solving skills and share responsibility for pupils' educational achievement (Thousand and Villa, 1990). In order to do this Fullan (1991) states that teachers must have a comprehensive understanding of their own roles, the roles of others and how these connect. Furthermore, Meadan and Monda-Amaya (2008) suggest that both mainstream and SEN teachers need to take responsibility for creating inclusive environments.

In his review of the literature, Ashman (1994) suggests that teacher collaboration is infrequently present in schools, despite the known benefits. For instance, Strogilos et al (2012) found that in many cases SEN teachers reported that only a small number of mainstream teachers collaborated with them. This collaboration tended to occur as informal conversations and declined over the academic year. However, Strigilos et al's sample was relatively small and consisted of individuals who were beginning their careers as SEN teachers. Previous research on newly qualified SEN teachers suggests that they are generally a more vulnerable group, often experiencing confusion around their role and responsibilities and requiring assistance in most areas of their work (Billingley et al, 2004; and Whitaker, 2003). Therefore, their negative perceptions of collaboration may reflect some of the other difficulties associated with beginning a career in special education. Vlachou (2006) used a larger sample consisting of SEN teachers that had been working with SEN pupils for between 1-20 years. They found that only 24% of SEN

teachers reported that they did not engage in any type of collaboration with mainstream teachers, while 62% felt this occurred to some extent. However, further exploration into the nature and function of this collaboration revealed that participants were referring to informal, sporadic discussions between SEN teachers and mainstream teachers rather than any co-planning, co-teaching or co-evaluation.

Whilst both these studies give some insight into SEN teachers' accounts of collaboration, they present a one sided view as neither of them explore mainstream teachers' perceptions of collaboration. Furthermore, these studies were both conducted in Greece and the authors accounts of the Greek educational context suggests that differences in the inclusion agenda makes it difficult to generalise the findings to the UK. For instance the arrangement of SEN provision in Greek schools seems to act as a barrier to effective inclusive practice and teacher collaboration as planning and liaison with mainstream teachers is not considered part of SEN teachers' roles.

As mentioned previously, there has been relatively little research conducted in the UK in this area. However, studies carried out in counties such as the USA and Ireland have also suggested that little collaboration occurs between mainstream and SEN teachers (York-Barr et al, 2005; Costello, 1999; and Shelvin et al, 2008). Therefore, researchers have set out to explore the factors that inhibit collaboration between mainstream and SEN teachers.

2.3.3. Factors that inhibit collaboration

From the literature it appears that there are a number of factors that are likely to inhibit collaboration between mainstream and SEN teachers from occurring in schools, which include:

- Opportunities for collaboration being reduced due to contextual constraints such as the nature and structure of the national curriculum, assessments, timetabling, sized of the school, differing priorities and lack of time (Costello, 1999; Shelvin et al, 2008; Coffey, 2004; DES, 2007; and Nathan, 2002);
- Lack of clarify over SEN teachers' roles in the mainstream classroom (Shelvin et al, 2008; Wilson, 2004; and Vlachou, 2006);
- A lack of shared responsibility due to the view that SEN teachers are mainly responsible for the education and inclusion of pupils with SEN (Shelvin et al, 2008; Farrell, 2004; and Strogilos et al, 2012);
- Mainstream teachers lacking knowledge of SEN and instructional skills necessary to meet the academic needs of SEN pupils (Shelvin et al 2008; and Vlachou, 2006;);
- Lack of positive relationships between staff, in which there is trust, respect and effective interpersonal communication (Ostrosky, et al, 2006; Slater, 2001; and Welch and Sheridan, 1995); and
- Mainstream teachers' reluctance or resistance to alter working practices (Shelvin et al, 2008; Wilson, 2004; and Vlachou, 2006).

As mentioned previously, much of the research into collaboration between mainstream and SEN teachers has been carried out in schools with resource rooms. Jenkinson (1997) argues that mainstream schools with resource room and mainstream schools with DSPs are contextually different. Therefore, little is known

about the implications associated with collaboration between SEN teachers and mainstream teachers in schools with DSPs.

2.4. Methodology

2.4.1. Rationale for the study and research questions

The research presented in the literature review suggests that collaboration between mainstream teachers and SEN teachers is important for the successful inclusion of pupils with SEN. However, inhibiting factors often prevent this from occurring. Research in this area has tended to focus on schools with resource rooms rather than DSPs and often failed to consider the views of mainstream teachers. Therefore, the current study was carried out in a mainstream school with a DSP and aimed to explore both mainstream and SEN teachers' views with regards to the presence of collaborative practice and the factors that facilitate and inhibit this. It was an exploratory study that aimed to answer the following research questions;

1. *To what extent do mainstream teachers and DSP teachers engage in collaborative practice?*
2. *What factors facilitate and inhibit the development of collaborative practice between mainstream and DSP teachers?*

2.4.2. Epistemology

This study was underpinned by an interpretive epistemology which suggests that reality is socially constructed and can only be understood subjectively through language and shared meaning (Walsham, 1995). Therefore, the focus was on participants' views of collaboration rather than on actual practice.

2.4.3. Setting, participants and procedure

The school with a DSP within my geographical patch was approached to take part in the research, making it a convenience sample. A meeting was held with the DSP manager to discuss the research and negotiate the focus. Stages of the Research and Development In Organisations (RADIO) model (Timmins et al, 2003) were used to support these negotiations and ensure that the objectives, methodology and time scale were explicitly identified and agreed (see Appendix 2). Information about the study was then circulated to DSP and mainstream teachers which clearly outlined the purpose of the study, how the results would be used and assured participants that if they wished to take part their responses would remain anonymous and confidential (see Appendix 3). From those who volunteered to take part, the DSP manager selected two DSP teachers and two mainstream teachers. A limitation of this approach is that the DSP manager may have had her own criteria for selecting the teachers who took part in the study.

The DSP manager also took part in the study making five participants in total. The participants were all female and had been working at the school for between 4 and 19 years. The participants were given another copy of the information previously circulated (Appendix 3) and in line with the BPS Code of Ethics and Conduct (2009) were asked to give their written consent to indicate that they understood this information, agreed to take part in the study and understood their right to withdraw (see Appendix 4).

The participants then took part in a 30 – 45 minute interview followed by a verbal debrief (see Appendix 5). A semi-structured interview schedule was used (see

Appendix 6) which allowed for topics of interest to be pursued whilst remaining within a general framework (Pawney and Watts, 1987). As previous research has suggested there is no single definition of collaboration and the term is often used interchangeably with several other terms (Slater, 2004b). Therefore, the term was avoided during the interviews and instead the questions referred to the essential nature of collaboration as described by Slater (2004b). The interviews were recording using a Dictaphone and participants' responses were transcribed for analysis (see Appendix 7 for an example). Field notes were also taken during the interview to supplement the recording. To ensure confidentiality the names of the participants and the school were not included in the transcripts and tape recordings were identified by codes (in line with BPS Code of Ethics and Conduct, 2009).

2.4.4. Data analysis

The transcripts were analysed thematically using the five phases of thematic analysis outlined by Braun and Clarke (2006):

1. Becoming familiar with each transcript;
2. Generating initial codes or distinct features within each transcript which relate to the research questions (see Appendix 7 for an example);
3. Identifying similarities between the codes across the transcripts which could be developed into themes (i.e. a view mentioned by two or more participants);
4. Reviewing and refining themes to ensure that they relate back to the original transcripts; and

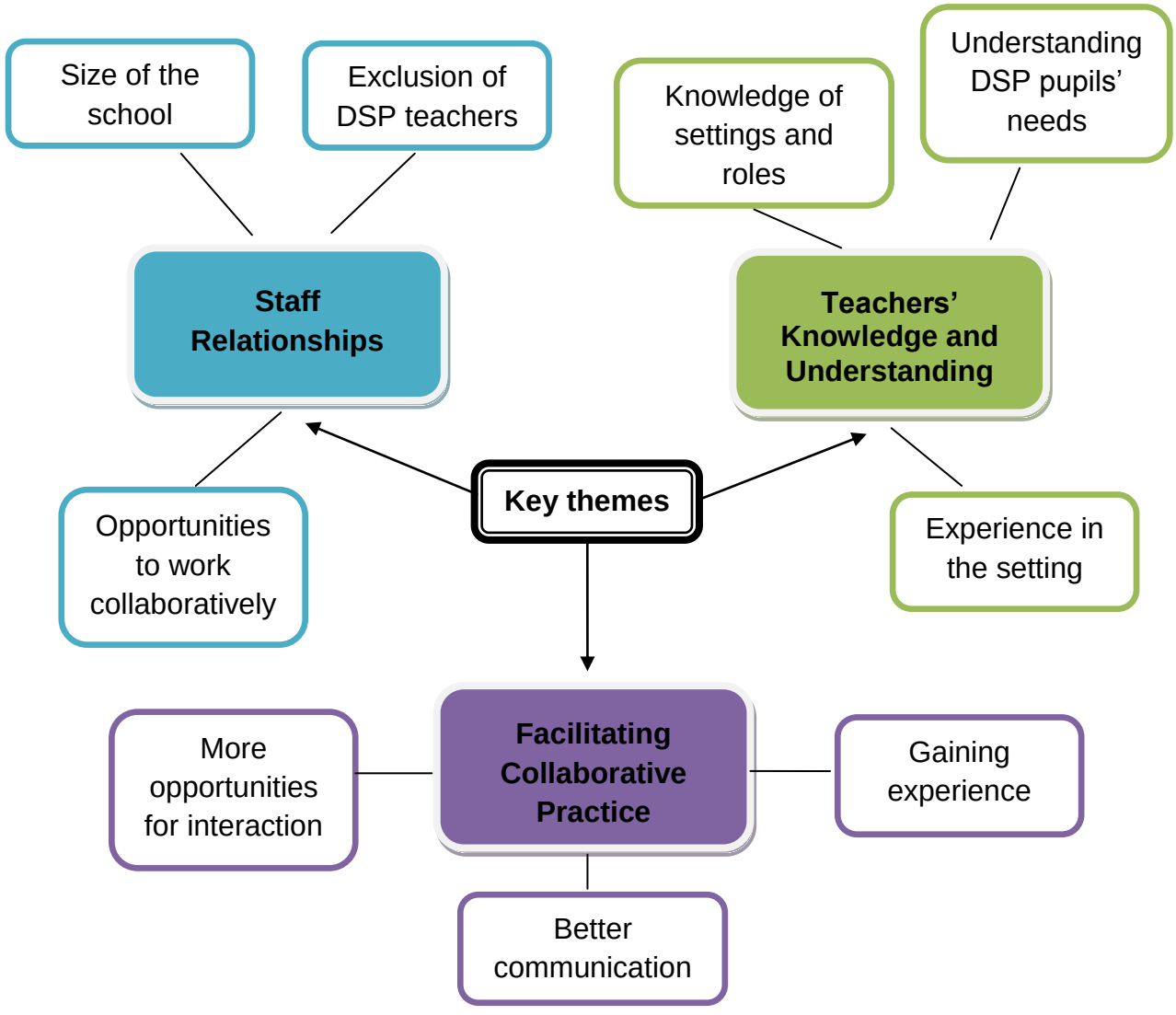
5. Defining and naming themes so that the full sense and importance of the theme is reflected.

The results were fedback and discussed with the DSP manager and a written summary of the findings was provided for the school.

2.5. Results

From the analysis, three key themes were constructed, each containing a number of subthemes (see Figure one).

Figure one: Thematic map of key themes and subthemes



The key themes and subthemes are discussed below and a number of quotes are presented to illustrate the points made by participants.

2.5.1. Staff relationships

All of the participants felt that staff within the school generally had positive relationships, which was thought to be a strength of the school and made the school *"a really positive place to be" (P1).* Further exploration of these positive relationships indicated that participants characterised them as being close, caring and supportive. For instance one participant stated;

> *We're a very close school so we're always on hand to help each other out if we're not sure about something* (*P3).*

However, a number of subthemes emerged in relation to factors that impacted on the building of positive relationships.

a. Size of the school

Some participants felt that the increasing size of the school, in terms of the number of staff and pupils, made it more difficult for staff to build relationships. One participant stated:

> *It's a big staff here now. Sometimes you just don't have that time to get to know everybody... (P1).*

It was felt by some participants that opportunities for social interactions between staff had reduced due to the changes made to lunch times to accommodate the growing number of staff and pupils.

Furthermore, the number of staff and pupils in the school was thought to make it difficult for teachers to collaborate and plan inclusion opportunities with other teachers;

With it being such a big school with so many children and so many staff as well, it's sometimes hard to find to time to link up (P2).

b. Exclusion of DSP teachers

A factor thought to have a potentially negative impact on relationships between teachers was in relation to DSP teachers being forgotten and excluded from mainstream activities. This was thought to create "*a strong feeling from the DSP that they're often left out and missed out" (P1).* Participants felt that this was a source of frustration for DSP teachers but also impacted on their sense of belonging to the whole school;

If DSP aren't invited to things or plans don't go ahead they might feel a bit left out and not part of the whole school in that way (P3).

However, it was seen as both mainstream and DSP teachers' responsibility to ensure that DSP teachers felt included and part of the whole school. For instance it was felt that that mainstream teachers needed to ensure that they remembered to include and inform DSP teachers of things occurring in the mainstream school. However, it was also felt that DSP teachers had a responsibility to make their presence known by going to the mainstream staffroom at lunch times and attending joint social events such as Christmas celebrations.

c. Opportunities to work collaboratively

All of the participants felt that training days and staff meetings provided opportunities to develop positive working relationships. These seemed to facilitate whole-school collaborative practice as participants reported engaging in activities such as:

- sharing information and examples of good practice;
- joint learning;
- planning school improvement initiatives; and
- joint problem solving.

However, collaborative practice between mainstream teachers and DSP teachers in relation to individual pupils was mentioned to a lesser extent. When asked specifically about this type of collaboration, there were mixed opinions regarding its occurrence. Two of the participants felt that this type of collaboration was normally carried out in the form of a planned meeting between DSP teachers and mainstream teachers, where as two of the participants felt this tended to occur more informally and in passing;

> *...just passing in the corridor "oh yes we've got art tomorrow come down" (P5).*

The remaining participant felt it was a combination of both but expressed a preference for the former.

2.5.2. Teachers' knowledge and understanding

Another key theme constructed by participants was in relation to the impact teachers' knowledge and understanding had on the development of collaborative practice. Within this theme several sub-themes were identified in terms of knowledge and understanding of the different settings and roles, DSP pupils' needs and the impact teachers' previous experience had on this.

a. Knowledge of different settings and roles

A factor that was thought to impact on the development of good working relationships between mainstream and DSP teachers was the knowledge and understanding of each other's roles. Participants felt that mainstream teachers did not have a "*good working knowledge of how the DSP runs" (P2)* and were unaware of the teaching and learning that occurred in the DSP:

> *Some of the mainstream staff... probably wouldn't be aware of what assessments we do... They would find it quite hard really to come over and look at our practice, and think "what are they teaching?" (P4)*

It was felt by some participants that as a result mainstream teachers did not appreciate the challenges and pressures that DSP teachers faced;

> *I personally I don't think mainstream staff realise how difficult it is working down [there] (P5).*

> *They just don't have the understanding of the pressures of the different roles... you're dealing with all those other behaviours, lessons are disrupted and it's challenging in that way, which might not be the case [in mainstream] (P4).*

DSP teachers on the other hand were thought to have a good understanding of the mainstream setting in terms of the teaching and assessment of mainstream pupils and the pressures mainstream teachers experienced. It was felt that DSP teachers recognised that "*the pressure on mainstream staff to assess and have children working at certain levels has increased" (P1).* Furthermore, this seemed to give DSP teachers insight into why collaboration between teachers might be difficult at times:

> *The tensions do creep in when they are under a lot more pressure and that might be why they are not as open to inclusion opportunities because they've got their own pressures to deal with and having an extra 7 children in your class when you've set your lesson out... it is a lot to think about (P4).*

Mainstream teachers having a lack of knowledge or understanding of the pressures and challenges DSP teachers faced was felt to impact negatively on the development of good working relationships between the mainstream and DSP teachers.

b. Understanding DSP pupils' needs

Some participants felt that mainstream teachers found it difficult to collaborate with DSP teachers and include DSP pupils in their classroom due to a lack of understanding of their needs, abilities and how to interact with them;

> *Sometimes it's incredibly difficult for mainstream staff to have accurate expectations of our children ... it's quite hard for them to really understand their capabilities, how to speak to the children and that isn't their fault, they don't work here (P1).*

Furthermore, participants felt this lack of understanding could lead to DSP teachers feeling criticised by mainstream teachers;

I think sometimes the staff in mainstream might think we are a bit harsh on our children because "how can we be like that if they've got special needs?"... I think is just a lack of understanding of their needs and our expectations of our children (P4).

If they don't know a lot about our children and understand how we do things, they might look at what we are doing and think "oh, I wouldn't do that..." (P3)

Again, it was felt that this lack of understanding could impact negatively on staff relationships as it might lead to DSP teachers questioning their own practice and feeling the need to justify their actions.

c. Experience in the setting

DSP teachers' knowledge and understanding of the mainstream setting was thought to be due to their previous experience of teaching in mainstream following their teacher training. Whereas mainstream teachers' lack of knowledge and understanding of the DSP was attributed to their limited experience in the DSP;

We send our children there or they bring their children to us, we don't go with them (P2).

Furthermore, participants seemed to really value the fact that the DSP manager had previously worked in the mainstream school as they felt this gave her good knowledge and understanding of both settings and believed this would support her in facilitating collaborative practice between teachers across these settings;

Having [DSP manager] going over from mainstream, over to head the unit I think that will bridge that gap definitely because when you've been on both sides you really can see it (P5).

2.5.3. Facilitating collaborative practice

Participant highlighted a number of ways in which collaboration and effective working relationships between mainstream and DSP teachers could be further facilitated.

a. Gaining experience in each others' setting

All of the participants felt that having opportunities to gain experience in each other's settings would support teachers' knowledge and understanding of these settings. It was also felt that this would facilitate more effective working relationships as teachers would have a better understanding of how they could work together. One participant explained how mainstream teachers would gain insight into *"how the DSP actually ran and how the teachers teach and the strategies they use"* which in turn would enable them to identify *"more opportunities for inclusion" (P2).*

Having this knowledge and understanding of the settings was also thought to lead to better inclusion of DSP pupils in the mainstream classroom as it would increase mainstream teachers' knowledge of these pupils, inform their expectations of them and give them confidence in knowing how to interact with them.

b. More opportunities for interactions to occur

Participants seemed to value the opportunities they had to create and build professional relationships with other teachers and suggested this would be further

facilitated by:

- more staff meeting;
- more whole school assemblies;
- sharing playtimes;
- the use of PPA time for joint planning;
- the use of PPA time for mainstream teachers to gain experience in the DSP; and
- DSP staff being present in the mainstream school as much as possible.

Teachers being able to spend time together socially was also felt to be important in building relationships and having a whole staff Christmas celebration was felt to further facilitate this;

> *I think just creating social time really, just having times were you can make sure you can be sociable together. If this Christmas do is successful we can look at doing similar things (P1).*

c. Better Communication

Communication was identified as something that needs improving across the school in order to improve both collaboration and teachers' sense inclusion;

> *We know as a school we need to build in better strategies for people to inform each other about what's going on and how to make people feel included (P1).*

> *I think maybe clearer communication and if we know... something is going to be cancelled we need to remember to let [DSP staff] know (P5).*

Suggestions for improving communication included making use of email and telephone contact, having more formal ways of planning inclusion opportunities and for everybody to take on the responsibility of improving communication.

2.6. Discussion

The findings of this study enable the research questions to be answered as they give insight into the extent to which mainstream and DSP teachers engaged in collaborative practice (1st research question) and the factors that facilitated and inhibited this (2nd research question). However, it is also useful to consider the findings in relation to previous research into the collaboration between mainstream and SEN teachers.

In line with the findings by Strogilos et al (2012) and Vlachou (2006), collaboration between mainstream and DSP teachers regarding individual pupils did occur to some extent but this did not appear to be on a regular basis. Further exploration into the nature of this collaboration indicated that it tended to be around practical issues such as identifying an appropriate time for inclusion opportunities to take place. A few participants felt that collaboration rarely continued into the classroom in the form of co-teaching, joint planning and interdependence.

Again, in line with previous research (e.g. Vlachou, 2006), there did not seem to be any systemically imposed requirements for engaging in collaboration around pupils, as some reported that it occurred during formal pre-arranged meetings whereas others believed it occurred on a more ad hoc basis. However, unlike previous studies have found, teachers seemed to engage in more whole school collaborative practice, for instance around implementing school improvement initiatives. This suggests that teachers were willing and capable of engaging in collaborative practice when there was time allocated to do so. Therefore, collaboration between teachers at the pupil level may also need to be actively

facilitated with staff having opportunities to engage in professional development in this area (Ring and Travers, 2005).

The key theme relating to staff relationships gives some insight into the factors that facilitate collaborative practice between teachers. Participants reported that staff relationships were generally positive, supportive and caring across the whole school and they valued opportunities to build these relationships. According to Slater (2001) positive relationships underpin collaborative practice, therefore the apparent presence of positive relationships at a whole-school level may facilitate and promote the whole-school level collaboration mentioned by participants. However, the size of the school was felt to reduce opportunities for the development of positive relationships at an individual level which again may give insight into the apparent lack of collaboration at this level. Furthermore, several factors were thought to have a negative impact on staff relationships, such as DSP teachers being inadvertently left out of whole school activities and mainstream teachers forgetting about planned inclusion opportunities. This may impact on the development of trust, respect and effective communication between teachers which previous research suggests underpins positive relationships and therefore collaborative practice (Ostrosky et al, 2006; Slater, 2001; and Welch and Sheridan, 1995). Participant seemed to recognise the importance of positive staff relationships as it was suggested that having more opportunities to build social and professional relationships would facilitate collaborative practice between mainstream and DSP teachers.

There were several other factors that were felt to inhibit the development of collaborative practice. These reflected those found in previous research such as lack of time, pressures of assessments, timetabling differences, the sized of the school and differing learning priorities (Costello, 1999; Shelvin et al, 2008; Coffey, 2004; DES, 2007; and Nathan, 2002). Ineffective communication was also highlighted as an inhibiting factor and something that participants felt needed improving if collaboration was going to be successful.

One of the key themes regarding teachers' knowledge and understanding gave further insight into the factors that inhibit collaborative practice. For instance, mainstream teachers' limited knowledge and understanding of DSP teachers' roles and of the DSP setting was thought to inhibit the development of collaborative practice. This reflects Fullan's (1991) suggestion that having an understanding of each other's roles and how they connect is essential for collaborative practice to occur. Without this understanding some of the key features of collaboration are difficult to achieve, such as joint working, developing interdependent relationships and sharing common goals (Thousand and Villa 1990; and Meadan and Monda-Amaya, 2008). Furthermore, it was felt that this led to mainstream teachers disregarding the challenges associated with teaching pupils with SEN. This potential lack of mutual respect for each other roles can also make collaboration difficult (Jenkinson, 1997). A limited knowledge and understanding of roles also seemed to prevent collaboration from occurring during inclusion lessons. Instead it was felt that mainstream teachers took responsibility for mainstream pupils and DSP teachers took responsibility for DSP pupils, which reflects the findings of

previous research (Shelvin et al, 2008; Farrell, 2004; Strogilos et al, 2012; Wilson, 2004; and Vlachou, 2006).

Mainstream teachers were also thought to have limited knowledge and understanding of the needs and abilities of pupils from the DSP. This again is in line with previous research as Shelvin et al (2008) found mainstream teachers lacked knowledge of SEN and the appropriate educational approaches required to meet these needs. Consequently, a lack of shared knowledge regarding DSP pupils' needs is likely to make it difficult for mainstream and DSP teachers to engage in joint planning and share common goals for these pupils (Roschelle and Teasley, 1995). Furthermore, some participants felt that this lack of understanding led to mainstream teachers having misconceptions over how these pupil's should be approached, which in turn caused DSP teachers to feel criticised and either question their own practice or feel the need to justify their actions. Again, this could make it difficult for staff to form the positive relationships that are thought to underpin collaborative practice (Slater, 2001).

A finding that has received less attention in previous research was in relation to teachers' experience and how this underpins their understanding and knowledge of roles, settings and pupils. In particular, it was felt that mainstream teachers' lack of experience in the DSP resulted in them having limited knowledge of the setting, staff roles and pupils' needs and abilities. DSP teachers on the other hand were felt to have better knowledge of the mainstream setting and pupils due to their background in mainstream teaching. Participants valued the insight that came with having experience in both settings and suggested that this would support better

collaboration between teachers. This is contrary to the findings of previous research which suggest that it is collaboration that enhances mainstream teachers understanding of pupils' needs, ability and progress and informs their expectation of pupils with SEN (Strogilos et al, 2012; and DeSimone and Parmar, 2006). In the current study however it was felt that mainstream teachers needed experience in the DSP first (even if this was just through observation) in order to gain insight into how pupils are taught, their abilities and the strategies DSP teachers used. Only then would DSP and mainstream teachers have the shared understanding that would enable them to work effectively together and maximise the inclusion of DSP pupils in mainstream lessons.

As Slater (2004b) suggest, the extent to which staff voluntarily engage in collaborative practice is likely to reflect how much they value it and consider it to be an effective and productive process. Findings from previous research and the current study suggest that collaboration between mainstream and SEN teachers is often difficult to achieve due to a number of inhibiting factors. However, in the current study the setting possibly acts as an inhibiting factor in itself as DSP pupils are primarily taught in the DSP unit and occasionally engage in inclusion lessons in the mainstream school. This may lead to mainstream teachers feeling reduced responsibility for these pupils and this along with the ongoing pressures they face could result in collaboration with DSP teachers being of low priority for them.

Furthermore, a lack of understanding and knowledge regarding DSP teachers' roles and DSP pupils is likely to make it difficult for mainstream teachers to see how collaboration can be effective and productive. These factors along with the

size of the school also appear to impact on the development of positive relationships between mainstream and DSP teachers, another factor thought to underpin effective collaboration. Therefore, it seems that consideration must first be given to how these issues can be addressed before attempting to promote effective collaborative practice. Organisational structures would need to be put in place that allow teachers to work closely and regularly together, have opportunities to develop their understanding and build positive relationships with each other. This would allow them to develop mutual respect for each other's roles and contributions, share knowledge and expertises and become familiar with each other's educational philosophy, setting and methods of teaching (Jenkinson, 1997; and Bell and Colbeck, 1989). The fact that these structure are not already in place alludes to the possibility that there is an underlying ethos of integration rather than inclusion as it seems mainstream teachers are not expected to make alterations to their practice in order to accommodate pupils from the DSP. Again, this would need to be addressed before effective collaborative practice could be achieved as there is unlikely to be a commitment to collaboration without a commitment to inclusion.

Whilst the findings of this study may be interesting and useful in giving some insight into the factors that facilitated and inhibited collaboration between mainstream and DSP teachers, they should not be seen as a definitive list of factors. These insights were gathered from a small number of participants and therefore it cannot be assumed that they reflect the views of all the staff within the school. As mentioned previously, the participants who took part in the study were selected by the DSP manager which may result in sampling bias. Furthermore, the

construction of the themes are based on my interpretation of the data collected and therefore may be subject to researcher bias. If time had permitted, this could have been counteracted by asking the participants to check their transcript and the my interpretations for accuracy.

In order to expand this area of research, potential areas of interest for future research might explore; mainstream teachers' views of inclusion and the role they play; the ways in which mainstream teachers understanding of SEN could be improved; the types of activities that promote positive relationships between mainstream and SEN teachers and; the role leadership plays in promoting collaborative practice in a mainstream school with a DSP.

2.7. Conclusion

This study gave some insight into the presence of collaborative practice between mainstream and SEN teachers in a mainstream school with a DSP. Participants seemed to value collaborative practice at the whole school level and this was something they were willing to engage in. However, there were a number of factors thought to prevent collaboration from occurring at the individual pupil level in relation to the inclusion of DSP pupils in mainstream lessons. These included contextual constraints, factors affecting the development of positive relationships between teachers and teachers understanding of each others' roles, settings and pupils. It seemed apparent that these issues needed addressing before effective collaboration between mainstream and DSP teachers could occur. In order to do this, changes would need to be made to the organisational structure and possibly to the underlying ethos within the school.

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Appendices

Appendix 1: Information on the DSP provided by the Local Authority

Age range: 4 – 11	**Places: 35**
Type of Provision	[redacted] DSP is a unit provision for pupils with significant learning difficulties where opportunities for structured inclusion exist to meet individual needs.
Range of Need	Pupils are considered for this provision if, within their Statement of Special Educational Needs the following areas of need have been identified:- • Access to daily structured teaching following a differentiated curriculum based on a small step approach. • Needs to be taught in a small class group with access to individual teaching. • A well structured individual language programme. • Access to mainstream peer group models. • A consistent, structured environment with secure, explicit boundaries, with opportunities to broaden experience and practice learning in a negotiated mainstream setting.
School Environment	The DSP offers a secure playground with small adventure play area, a small covered play area, a kinaesthetic room, hall, library with ICT suite and art area in addition up to 5 class bases. The class bases have ready and easy access to toilets and hygiene facilities. A multi use room serves as an office, a therapist room and as a venue for annual reviews and parent support group meetings. Equipment reflects the needs of the children and their stage of development. The school has a minibus which is used by all the children in the DSP. Teaching staff have appropriate qualifications and/or experience working with children with severe learning difficulties. Through in service training they have the opportunity to access current education issues and staff development. Support staff attend training sessions and receive in service training by class teachers. Advice is available to DSP staff from other professionals including speech therapists.

School Organisation	The designated special provision is an integral part of the school. Inclusion takes place in a number of ways across the school and a careful balance is constantly sought in order to meet the emotional, social and educational needs of the children in the most appropriate and meaningful way. Many children in the DSP share in mainstream PE, music, art sessions, assemblies, playtimes and snack times at some point during the school week supported by DSP staff. DSP pupils are frequently invited on main school educational visits and have access to all whole school celebrations, artists in residence, extra-curricular activities as appropriate and visitors to the school e.g. theatre groups. There may be times when a minority of children in the DSP may be able to join in with some mainstream activities unsupported. DSP pupils are also represented on the School Council. During their school career all mainstream children are offered opportunities to be included in the life of the DSP.

Appendix 2: Stages 3 – 9 of the RADIO model used in negotiations with the DSP manager (adapted from Timmins et al., 2006).

RADIO Phase	Example of Activities
1. Awareness of Need	• N/A
2. Invitation to Act	• N/A
3. Clarifying Organisational and Cultural Issues	Identified and explored current or historical issues which may have impacted on the successful completion of the current research
4. Identifying Stakeholders in Area of Need	• School leadership team • DSP manager • School staff
5. Agreeing Focus of Concern	• Discussed potential areas to focus on with DSP manager • Agreed on an area felt to be most relevant and useful for informing school practice • Finalised the purpose of the research
6. Negotiating Framework for Information Gathering	• Agreed that interviews would be the most effective way of gathering information as they would allow the topic to be explored in greater depth than questionnaires would allow. • A time scale was agreed for carrying out the interviews
7. Gathering Information	Interviews carried out
8. Processing Information with Stakeholders	Following retrieval and analysis of the data, interpretations were shared with the DSP manager
9. Agreeing Areas for Future Action	Discussed how the research findings could inform and support practice development within the school
10. Action Planning	• Led by the organisation, a plan developed on how to utilise the research findings to implement change or adjustments to the organisation
11. Implementation / Action	• The organisation implements the plan of action
12. Evaluating Action	• The organisation evaluates the effectiveness of the implemented change or intervention

Appendix 3: Information for participants

Information for Participants

Background

Clare Aucott (Trainee Educational Psychologist) is conducting research to explore the staff culture in a mainstream school with a Designated Specialist Provision (DSP). The study will be carried out as part of her training requirements and the findings will be produced in a report for both the University and the school.

Purpose of the research

The purpose of this research is to explore the nature and function of interactions between teachers in the DSP and teachers in the mainstream school and the impact of these relationships on staff. Furthermore, the research aims to identify the factors that influence the presence of a collaborative staff culture across the whole school.

Participation in the research

Participation in this research will be on a voluntary basis. The research will be conducted through individual interviews lasting between 30- 45 minutes. The interviews will be tape recorded to allow for accurate analysis. If you choose to take part in the research, your responses will remain anonymous and confidential throughout the research and no names will be used in the write up of the findings. Following the interview your responses will be stored securely and in line with the principles of the Data Protection Act 1998. Once all the data has been collected, the responses will be analysed and the findings will be produced in a written report.

If you wish to withdraw from the research at any point you are free to do without any consequences. You can do this by emailing Clare at the email address given below and quoting the ID number you will be given at the time of the interview. Your data can then be identified, removed from the research and destroyed.

Contact details

If you would like to know more about the research or have any questions, please email Clare at CRA103@bham.ac.uk.

Thank you for your time.

Appendix 4: Participants consent form

Participant Consent

If you would like to take part in this study, please read each statement below and indicating your response with a tick (✓) in the appropriate box.

Yes	***No***	
		I consent to completion of this interview concerning staff culture in a mainstream school with a Designated Specialist Provision
		I understand that my data will remain anonymous and that I can withdraw from the study at anytime.
		I understand that my responses will remain confidential.

Sign: _____ *Date:* _____

Appendix 5: Verbal debrief for participants following the interview

Debrief

Verbal instructions:

Thank you for taking part in this interview.

Remember *(review of initial briefing sheet):*

- You took part in this interview anonymously and all individual responses will remain confidential.
- Your interview responses will be securely stored. Once all the data has been collected, I will group and analyse the responses, and then produce a report. The data will be destroyed after 2 months.
- You will be able to withdraw from the study without any consequences at any time.
- Should you wish to do so, you can email me at the email address given in the information sheet and quote the ID number at the top of the page. Your data will then be destroyed.

If you would like to know more or if you have any questions, please email me at the email address provided.

Thank you again for taking the time to take part in this study.

Appendix 6: Interview Schedule

I would like to ask you some questions about the staff culture at [redacted] Primary school. In particular I'm interested in finding out about the types of interactions that occur between staff in the mainstream school and staff in the DSP.

A. Background

1. How long have you worked in the [DSP/mainstream]?
2. Which age group do you teach?
3. How much of your time is spent in the [mainstream school/DSP]?

B. Interactions with [DSP/mainstream] staff

1. When do interactions with [DSP/mainstream] teachers occur? *(voluntary participation)*

Prompts:

Frequency (daily, weekly, monthly?)	**Context** (classroom, meetings, staffroom, social events)	**Planned/informal** (e.g. meetings vs. "quick chat")

2. What is the function of these interactions? *(Common goals, joint work)*

Prompts:

Sharing good practice	Analysing/critiquing practice	Professional support
Emotional support	Social support	Sharing success
Sharing failure	Listening	Non-work related

3. What is the nature of these interactions? *(Equality in relationships)*

Prompt:

Positive	Supportive	Respectful
Negative	Competitive	Hostile

4. What impact do these types of interactions have on teachers both professionally and personally?

5. Are there any tensions between the two groups of teachers? What are these?

6. Do you think that the teachers within the DSP feel a part of the mainstream school?

B. Good working relationships

Now I wanted to ask you about good working relationships between teachers. When I talk about “good working relationships” I’m referring to things such as sharing common goals, engaging in joint work, effective communication, positive relationships that are supportive, friendly, caring and open and where staff feel respected, trusted and valued.

1. What factors facilitate good working relationships between mainstream teachers and DSP teachers?

2. What factors inhibit good working relationships between mainstream teachers and DSP teachers?

3. What could be done to further promote good working relationships between mainstream teachers and DSP teachers?

Appendix 7: Example transcript and initial codes

P1 Transcript

Transcript	Initial codes
A. Interactions between mainstream and DSP teachers	
1. When do interactions between mainstream teachers and DSP teachers occur?	
Usually on a training day as we normally have a whole staff meeting or gathering of some description at the beginning of the training day. Depending on what the training is going to be we either train together as staff or separate into our mainstream, DSP bits. And obviously we have meetings throughout the year as well but I'd say the main interactions do centre around meetings and time to talk about learning and what's going on in school rather than social situations. Unfortunately this year we have had to change the lunch times so it means that less people are mixing together at social times in terms of the adult. In the mornings people have a coffee break and they go over to the main staff room to have their tea or coffee there so people obviously are integrating with each other then. And then of course when they go into their classrooms really, normally that's planned. *[Where do these interactions normally take place?]* Usually over in the mainstream school because there is a lot more space. Often if it's the whole school training or whole school meeting it would have to be in the hall or one of the classrooms, sometimes in the staffroom. When were coming to a holiday time or when we're done something that everyone's worked really hard on or there's a big achievement we have buffet lunches put on for the staff and we have a little meeting where we celebrate each other's success on so on. Usually as I say that's before major holidays so end of the year or Christmas and we usually celebrate what's happened and at that time DSP staff and mainstream staff are invited to come together. However in the DSP sometimes it's tricky because the staff are roistered on for lunches, they're on rota's so sometimes they're not all available to join. *[The meetings and training days, how often do they occur?]* We have 5 training days a year, but then because we have staff training every Wednesday evening there will be points in the year where we join together as a whole school for that and that really depends on the calendar but certainly we'd have probably a Christmas information evening or a assessment information where people might all come together for that. *[So the Wednesday ones are they usually separate...]* Usually they're separate because the training needs might be very different, often foundation stage is separate from KS1 to KS2 and so on so it depends. *[What sort of things are covered...]* Usually we do questionnaires at the beginning or the end sorry of the summer term, where staff sort of express their training needs but also the training needs are linked to the school improvement plan so whatever it says in the SEF, the things we need to work on, they'll be planned around that. For us currently, as a whole school it's been assessment for learning has been a big thing for the past, well over the past year, certainly since our last ofted. And in a way that's very similar for the DSP as well so we do do some similar sorts of things there. But generally any learning area or any personal social area that needs developing. We all have	Opportunity – training day, meetings Function – sharing information. Inhibitor – lunchtimes Opportunity – break time classroom Function – share success Inhibitor – lunchtime Opportunity – training Inhibitor – different needs Function – school improvement Function -

the same training on child protection at the beginning of the year. There are something's that are similar and always there and something's that change year on year.	training
2. What is the function of these interactions (professional and social)	
I think we all get together so that we can share what we're doing so people know what's going on. In a big school like this a lot of the difficulty is getting the information across to people so we have to meet fairly regularly to make sure everyone knows what's happening . I think their other functions are to make sure we're moving forward and not standing still, so it's learning new things and making sure we're all able to go on that journey together. I can't think of a meeting where it's been critical about our practice or the way we're doing, it tends to be sort of, if we're discovering things that aren't working, we tent to put in a meeting that says how can we move forward with this rather than look at what isn't working, it's about moving forward. Quite often the one's where everyone's together it's a lot of information giving and then you go off into your smaller groups to develop things. It's quite hard as a whole school to do that, although with the recent new behaviour policy that we're brought out and the new behaviour strategies, we did do that all together and then broke into different groups to do things as well. *[how are these groups made up?]* The DSP's one, Foundation stage, KS1, KS2. *[Is there a social side of these meetings where social support is given?]* Yea It's a bit of a social in terms of people go and have their cups of tea and coffee together and break and snack. It's quite chatty and sociable. And obviously we plan things throughout the year, like we've just organised our Christmas do, that's a whole school event. In previous years and one of the things I really wanted to do when I came over here to try and stop and develop a bit further, in previous years DSP have done separate Christmas do's and maybe only one person from the DSP might have joined in with the mainstream but this year we've tried to really pull it together and it's certainly something we need to look at doing a little bit more I think, to get that whole school ethos a bit more. *[How have staff responded to that?]* yea the uptake is quite good we've got about 34 people and I would say in the DSP there are at least 7/8 of them coming which is good, so yea I'm pleased with that in terms of ratio.	Function – sharing information Inhibitor –size of school Function – joint learning, joint problem solving. Function – sharing information, joint planning Opportunity – Christmas celebration Inhibitor – DSP separate Facilitator – joint events
3. What is the nature of these interactions?	
I think face to face people generally try to be a positive as they can with each other. I think behind closed doors there's a lot of "oh we better remember to include the DSP" and there's also a lot from the DSP "oh I bet mainstream won't remember to include us" I think there's a lot of that. Certainly having been in the mainstream and coming to the DSP there is a strong feeling from the DSP that they're often left out and they're often missed out. And I think it isn't the case and I think it is about learning about each other's roles really and understanding what it's like to have a class of thirty as equally as it is to have a class of very difficult children but only 7 of them. It's that sort of balance of... I think sometimes people are thinking "who's responsibility is it to be the one to do the interaction". But actually it's both, it's about looking at a way that everybody can move forward on that. I think people do have positive relations, I think when their social together, if you see them in the staff room it would seem a really positive positive place to be and it is, but I	Positive relationships Inhibitor – feelings of exclusion (DSP) Insight – experience in mainstream Facilitator – understanding roles Positive relationships Inhibitor – size

think things... as the school has grown its been harder and harder to get the inclusion right and it think it's been harder and harder for the staff to get the inclusion right as much as it has been for the children. So I think it's just we're on a journey with it and we need to keep changing and look for new ways of doing things. It's very difficult when the needs of the children change all the time because there are some children who can access the inclusion very positively and very well and there are some who it is incredibly difficult for.	of school Facilitator – new ways of working Inhibitor – needs of DSP pupils
4. What impact do these types of interactions have on teachers both professionally and personally?	
I think when it's working really well it's very positive, I think people feel really proud to be part of a community where people take on everybody's needs and I think when that's working, people feel like "oh gosh this does really work, it's fantastic and it is wonderful to see and be part of". One of the things we done for the last few years is we've invited DSP staff to go on our mainstream residential if they want to go, so they are released to go on things like outward bounds weekends or we go down to London with our year 6's and that's been incredibly positive for staff relations because obviously your spending an awful lot of time together. Now it might only be one member of DSP and 6 members of mainstream but it just gives that really lovely time really just to chat, just to talk but it's still part of a school project. So I think looking for sort of further ways that we can do that type of thing. I've spoken to some of the mainstream staff about possibly coming into the DSP for half an hour on their PPA time and spending time with our children in their setting and with our staff because I think sometimes it's incredibly difficult for mainstream staff to have accurate expectations of our children because they don't really know. These children kind of turn up in their classrooms with support, do a little bit of something and then vanish again. I think it's quite hard for them to really understand their capabilities, how to speak to the children and that isn't their fault, they don't work here. So I think it's trying to establish that when it doesn't work it's nobody's fault, actually we need to... does that make sense... to bridge it. *[You mentioned the negative side, DSP sometimes not feel included, what effect do you think this has on staff?]* I think it's quite negative for the staff, I think it's probably more negative for the staff in the DSP than it is for the staff in mainstream. I think they tend to just kind of get on with it, whereas here if you feel, like if someone has forgotten to phone you to say its assembly, or if someone inadvertently leaves you out of a trip their organising or something like that then that came make you feel really, quite left out down here and quite "uh great" you know, sort of, a bit huffy I think. And I think that's when if people start talking about it together the huffiness rises. So we know as a school we need to build in better strategies for people to inform each other about what's going on and how to make people feel included. For example myself and my link teacher, this year we've started emailing each other because we're finding that easier than having to run across the building to find someone, so it's things like that really just having time, that communication. And thinking about inclusion in a small way rather than in just a big way, like thinking "is there someone in that class that could really benefit from 10 minutes reading with someone in the mainstream.	Positive relationships Opportunities – DSP invited on residential Facilitator – mainstream gaining experience in DSP Inhibitor – mainstream lack of knowledge/ understanding/ experience Inhibitor – feelings of exclusion (DSP) Facilitator – better communication Facilitator – views of inclusion

5. Do you think that the teachers within the DSP feel a part of the mainstream school?	
I think it depends when you ask them and it depends who you ask. I think some people really do, and I think some people don't. And I think the people that don't, partly that's because of the past and the way something's have happened and partly because they are now sort of digging their heals in about feeling that way and it's about making everyone feel better about the situation and just pulling everyone together but in a very positive way and some people will take a lot more pulling than others I think.	Inhibitor – past Inhibitor – unwillingness to change
B. Good working relationships	
1. What factors facilitate good working relationships between mainstream and DSP teachers?	
I think sharing good practice and sharing our expertise. I know [staff member] who run's our rainbow room she does an awful lot of reverse inclusion with the mainstream where all the mainstream children have timetabled slots to come in to the rainbow room. The mainstream teachers think it's fantastic because it gives them an opportunity for children who they're finding really difficult to manage, somewhere where they can come and play and really let themselves be, and kind of have that non-structured time. [staff member] is wonderful at going up and explaining to the teachers how well the child has gotten on or showing them work or writing down snippets of information for the teachers to have so that works really really positively. I think things like going on, the residential, has been a real booster for that. I also think when people just come and say "oh that was really nice, that worked really well" and I think a lot of us are really good at doing that here, so that works and that makes people feel really positive about what's happening. Remembering to tell people things, remembering to invite people, remembering to include people. Since I've been here, since September we're working hard in assemblies to include the DSP children more in the assemblies, simple things like DSP children holding the doors open, where as it used to always be the mainstream children. Actually making sure that the teachers are becoming a little bit more familiar with some of the signing we use. One of the things we do in our whole school meetings were mainstream and DSP come together is [staff member] who is our main signer down here, she does a quick makaton session at the beginning of every session so that mainstream and DSP staff are learning the signs together. Obviously it's really hard to remember them because if you're not using them all the time it is quite tricky. The mainstream children pick them up quite quickly and staff remember them over time. So that's been useful so that we're sharing the way that we communicate and has been a positive things. I think just getting together at coffee times and having that link together. I also think that things like, and this is really sad in a way, unfortunately we've had several members of staff with nasty illnesses over the previous years and we currently have someone off at the moment who's going through cancer treatment, and that pulls people together in a different way, so you find people from DSP and mainstream talking about that person "have you seen so and so, how are they getting on" that sort of thing, so I think deep down there is a very caring and nurturing ethos and feeling but sometimes it doesn't come out unless really bad things happen.	Facilitator – sharing practice and expertise Facilitator – sharing information about pupils Facilitator – appreciating each other Positive relationships Facilitator – inclusion of all staff Facilitator – sharing knowledge Function – joint learning Facilitator – social interactions Positive relationships

2. What factors inhibit good working relationships between mainstream and DSP teachers?	
Communication, remember to tell people things, remembering to include, trying to think about how things could be assessable for DSP pupils in the mainstream but likewise trying in the DSP to think about how they could help make that easier for mainstream staff and mainstream children. So I think it's definitely a... I keep using the word journey, but it definitely feels like we've got a long way to go in getting that balance right now we're a bigger school. And the needs of the pupils keep changing. I know from being in mainstream, for me over the last five or six years it became so much harder as the pressure on mainstream staff to assess and have children working at certain levels has increased and so some of those days where you might just think "oh look at that weather, its wonderful. Lets go an do a walk" and you'd ring the DSP and say "do you want to come we're going on a walk?" those have gone because, everything is timetabled and everything is very much about progress and in that sense it has become much more difficult for people to remember everybody and remember everything. Having said that, as a school we do lots and lots of big events and lots of creative event and those things still offer lots of opportunity for really good inclusion and everybody usually gets really well on board with those and it's a very positive thing. *[You mentioned earlier about a misunderstand between the staff in the mainstream and the staff in the DSP, do you think that contributes...]* Sometimes I think just actually knowing who everybody is in the school is hard enough, I think it's quite hard, it's a big staff here now and I know I've been in the staff room before and someone might say to me "who's that over there?" because actually sometimes you just don't have that time to get to know everybody let alone get to know their roles which is tricky. Down here I think people are clear about their roles and in the mainstream I think they're clear about their roles. When the job family was reorganised and everyone's jobs shifted, I think we're still at a time where we're recovering from that and people felt really bad about that and as senior managers we completely understood why they felt bad about that. So we're on a period of time where we're trying to heal that and move forwards and I think people are getting there but it will take a little time. So for example in the mainstream school we have a behaviour support assistant, we have a nurture person and everyone's are on different levels and it's making everyone understand what those roles are and giving people time to understand those roles. But I think over here in the DSP, people know their roles and they work well within those roles. I think when they take group of children to mainstream sometimes it's unclear how involved they should be with the children in mainstream and I think it's unclear for the mainstream teachers how involved they should be with the DSP children and I think that for me as a manager is the bit I need to really look at – when inclusion is happening, how should it be happening, what should it look like and that a big sort of next step for me I think.	Inhibitor – exclusion of staff (DSP) Facilitator – shared responsibility Insight – experience in mainstream Inhibitor – school related pressure Opportunities – whole school event Postive relationships Inhibitor – size of school Facilitator – knowledge of own role Inhibitor – change in roles Facilitator – understanding each others roles Inhibitator – knowing how roles interact Facilitator – supporting understanding

3. *What could be done to further promote good working relationships between mainstream and DSP teachers?*	
I think developing some sort of easier communication systems between staff, whether that be emailing, whether that be... we tried doing sort of regular meetings were DSP and mainstream would get together but they weren't being very effective in terms of how we were managing it, in terms of time because people are already here late, working late, it was another thing to squeeze in and it didn't need to be felt like that, we didn't want it to be a squeezed thing. So that needs to be looked at, possibly the use of PPA, making sure mainstream teachers and DSP teachers have the same PPA which isn't that easy in a timetabling way but if we could do that at least they're not having to seek new time and that time is already there, they could have 10-15 minutes a week together talking about what's going to happen next. But I think really it has to be about relationships and if over time you're linking with each other you've just got to make time to talk and get to know each other and then it will work better. But it is tricky and I can see it from both sides now definitely and it is tricky from both sides in order to make it work, very hard. I've been doing quite a lot of reverse inclusion with my class so we had 4 children from year 3 over once a week on a Tuesday from 2:50 – 3:30. We do singing, we do rhymes, we doing game playing and we use our playground to try and build those friendships in a much smaller way. So it isn't about being a add on to a big class. It was doing that small step inclusion that made me think, "well the teachers have to come and do this as well" because then they will get that impression of "oh my goodness, so and so can actually speak really nicely in a group" where as in their class they might not have experienced that because it wouldn't have been the case. So I think in terms of moving forward it's about lines of communication, about getting mainstream staff to come and sit and be with a DSP class, and to look at how over time we can develop what inclusion looks like in a mainstream class, what it looks like in a DSP class. *[What do you think could support the more social side of it in terms of developing relationships?]* I think it depends how they feel they need that really. We used to for example run a yoga club after school for teachers and that was really nice. Obviously only those people who wanted to access it access it. So doing something like that could be something we look at although usually most people are quite eager to get home after school. And I think just creating little social time really, just having times were you can making sure you can be sociable together. If this Christmas do is successful we can look at doing similar things but I think it's about trying not to hit everybody all the time because we are a big staff and a lot of people don't like getting together in a big big group, it's better in smaller pockets. It' grown from a lower school to a primary.	Facilitator – better communication Inhibitor – demand on time Facilitator – use of PPA time Positive relationships Insight – experience in mainstream Facilitator – increasing knowledge through experience Facilitator – clarity Facilitator – social activities Inhibitor -size

CHAPTER THREE: PROFESSIONAL PRACTICE REPORT 2

A Trainee Educational Psychologists reflection on the delivery of therapeutic interventions in schools following the implementation of a cognitive behavioural therapy intervention with a secondary school pupil.

3.1. Abstract

Schools are thought to play a crucial role in promoting children and young people's mental health and wellbeing and providing targeted support when difficulties arise. Educational Psychologists (EPs) are thought to be well placed to support schools in achieving this, for instance through the delivery of individual therapeutic interventions. However, there is a debate within the literature over whether EPs should be engaging in this type of work. Furthermore, there is limited research into the effectiveness of school-based individual therapeutic interventions with non-clinical populations. Therefore, this report aims to contribute to this debate by evaluating and reflecting on the effectiveness of a Cognitive Behavioural Therapy (CBT) intervention carried out with a pupil experiencing emotional and behavioural regulation difficulties. The six week CBT intervention was evaluated using pre- and post-questionnaires completed by the pupil and her Learning Mentor, along with qualitative feedback gathered from the pupil's subject teachers. It was found that the CBT intervention led to a reduction in behavioural, emotional and peer difficulties for this pupil. It was concluded that EPs can and should deliver individual therapeutic interventions in schools, given that the correct contextual factors are present and a holistic approach is taken that includes the systems within which the child exists.

3.2. Introduction

This section introduces the notion of schools addressing the mental health and wellbeing needs of children and young people and the role Educational Psychologists can play in supporting schools. Section 2 gives a brief historical account of the young person's difficulties followed by the formulation that led to a Cognitive Behavioural Therapy (CBT) intervention being carried out. The theories and concepts underpinning CBT are then outlined in section 3 and the evidence base is explored. Particular focus is given to school-based CBT interventions delivered by Educational Psychologists with children with similar difficulties as the young person. Section 4 focuses on the CBT intervention delivered, including the evaluative tools used, the intervention structure and the outcomes. Finally, Section 5 explores the intervention outcomes in relation to previous research and concludes by reflecting on whether Educational Psychologists should be delivering individual therapeutic interventions.

3.2.1. Children and young peoples' mental health

Mental health is defined by the Mental Health Foundation (1999) as the ability to; develop psychologically, emotionally, intellectually and spiritually; have a sense of personal wellbeing; initiate, develop and sustain personal relationships; possess a sense of right and wrong; and resolve and learn from problems. The awareness of children and young people's mental health needs in the UK has increased over the past decade (MacKay, 2007) and the government currently states that mental health and physical health should be of equal priority (DoH, 2012). In 2004, the

Office for National Statistics found that one in ten children and young people aged 5 to 16 years old presented with a clinically recognisable mental disorder. The Department of Health (2004) estimated that a similar number of children and young people displayed mental health problems which did not meet the clinical criteria for a diagnosis but would benefit from structured support. Such support includes therapeutic work which involves using psychological means to support children's mental health and wellbeing (MacKay and Greig, 2007). It is unlikely that the latter group of children and young people would meet the threshold of services such as Child and Adolescent Mental Health Service (CAMHS) which provide support at a more specialist level (Department of Health, 2004). Therefore, much consideration has been given to how the mental health and wellbeing of these children and young people can be supported at both a universal level and through specific and targeted interventions (NICE, 2012).

Difficulties associated with mental health and wellbeing can impact on children and young people's social, emotional and behavioural functioning as well as their ability to learn (Greig, 2007). Therefore, schools are thought to be well placed to promote the mental health and wellbeing of children and young people (DfEE, 2001). They are seen to play a crucial role in the universal promotion of mental health and wellbeing, early identification of difficulties and providing access to interventions that are targeted and evidence-based (DoH, 2012). The increased focus on promoting children and young people's mental health in schools has lead to the emergence of a number of government initiatives aimed at the systemic, group and individual level. These include the Social and Emotional Aspects of

Learning (SEAL) programme (DCSF, 2005), the Targeted Mental Health in Schools (TaMHS) programme (DCSF, 2008) and more recently, providing teachers with more guidance and training on child mental health by 2014 (DoH, 2013).

3.2.2. The role of Educational Psychologists in delivering therapeutic work

Educational Psychologists (EPs) are thought to be well placed to support schools in meeting children and young people's mental health and wellbeing needs, through the delivery of therapeutic work (Rait et al, 2010). Furthermore, authors such as MacKay (2007), Greig (2007) and Squires (2010) argue that therapeutic work should be an essential aspect of EPs practice. Squires (2010) identifies four factors to support the notion that EPs could and should deliver this type of work:

- acquisition of comprehensive therapeutic skills through training and continued professional development;
- practical understanding of educational contexts and of children and young people's needs within these contexts;
- ability to work flexibly within schools, from delivering direct work with individuals or groups of children to providing more systemic support; and
- ability to work alongside adults within schools and build their capacity to support the mental health and wellbeing of children and young people.

In order to explore whether EPs were actually engaging in therapeutic work, Atkinson et al (2011) carried out an online survey. Their definition of therapeutic work included EPs working directly with children and young people and indirectly through others. Atkinson et al found that 92% of the 455 respondents used

therapeutic work in their practice, with 82% using individual direct therapeutic interventions with children and young people. Therefore, the authors concluded that EPs were engaging in a wide range of therapeutic interventions at different levels within schools. However, these findings should be taken with caution as the respondents only represented around 17%-22.7% of EPs currently working or training in the UK. Also, as the sample was self-selected, it may be that EPs with an interest in therapeutic work were more likely to respond, thus biasing the findings. Furthermore, one quarter of the sample were trainee EPs, for whom delivering therapeutic work would have been part of their course curriculum (DECPTC, 2007) rather than part of their autonomous practice. Nevertheless, the study highlights some useful findings regarding the factors that support and hinder EPs carrying out therapeutic work. For instance, the factors that facilitated therapeutic work included access to training, supervision and a supportive service culture. The most significant barriers to undertaking therapeutic work included workload and a time-allocation model of service delivery. Therefore, it appears that whilst EPs may be well placed, their ability to deliver therapeutic work is dependent on the context and whether it facilitates this type of work. This is given further consideration in section 3.4.

3.2.3. Criticisms of delivering individual therapeutic interventions

Whilst EPs may be well placed to deliver individual therapeutic work in schools, Prilleltensky and Nelson (2000) argue that this does not mean that they should. They base this on the notion that many of the problems associated with children's mental health and wellbeing are consequences of their environments and the

result of an unequal society. They emphasise the ecological notions of health and wellbeing which recognises the contributions of complex factors such as social and economic environments, the physical environment, personal health, individual capacity and coping skills. Prilleltensky and Nelson (2000) state that by delivering individual therapeutic interventions, the responsibility for change is being placed within the individual, essentially ignoring these ecological risk factors. Furthermore, they state that in doing so, professionals could be implicitly and unconsciously maintaining the social injustice that causes mental health and wellbeing problems in the first place. Instead they argue that professionals should be aiming to create change in the social and political environment and work preventatively rather than reactively. However, this strive for prevention and changes in a unjust social system should not negate or invalidate interventions offered to individuals, as not all problem associated with mental health and wellbeing are located within the social context (MacKay, 2000). Even Prilleltensky and Nelson (2000) mention within-person variables (e.g. individual capacity and coping skills) which should not and cannot be ignored.

This report will use the delivery of a CBT intervention to first reflect on the extent to which EPs are well placed to deliver individual therapeutic interventions and secondly whether they should be engaging in this type of work.

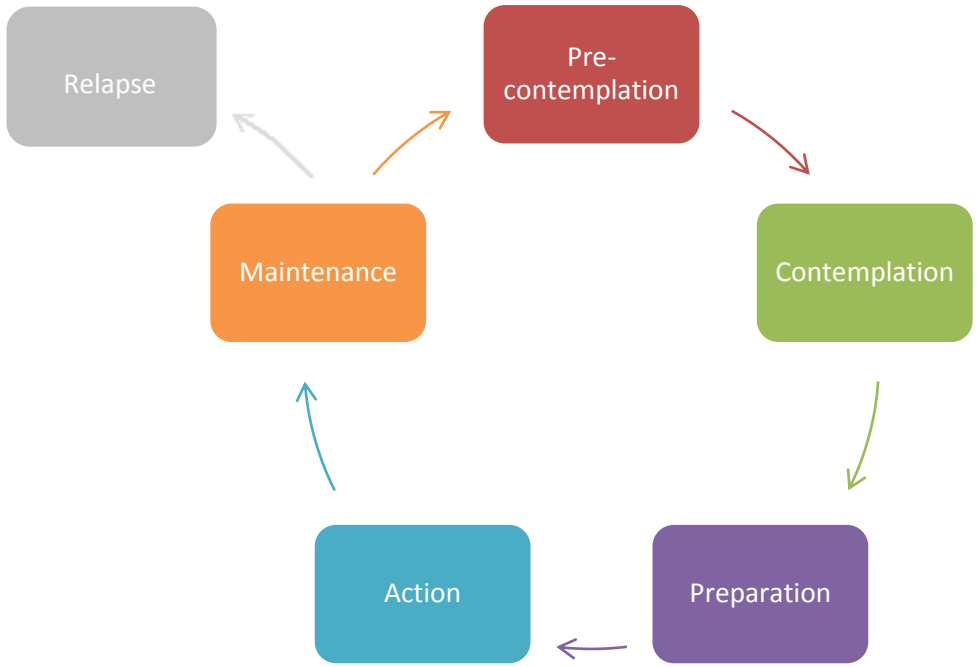
3.3. Pupil's background and formulation

For the purpose of this report the young person with whom I carried out the CBT intervention will be referred to as "Sarah". At the time of the intervention she was in Year 7 at secondary school, aged 11 years old.

3.3.1. Formulation process

Prior to carrying out any direct work with Sarah, I aimed to gain a shared understanding of her problems using assessments and by drawing upon psychological theory, otherwise known as the formulation process (BPS, 2008). This information was then used to inform the type of intervention needed, the content and the delivery (Kuyken and Beck, 2004). One of the first steps in the formulation process was to assess Sarah's readiness to change (Prochaska et al, 1992). Children and young people are usually referred for intervention by others which can have implications in terms of the extent to which they share the referrers concerns, their ownership of problems and motivation to engage (Stallard, 2005). Therefore, Prochaska et al's (1992) *Stages of Change* model was used to determine Sarah's readiness to engage in therapeutic work:

Diagram 1: Stages of Change model by Prochaska et al (1992) (For a full description of the stages see Appendix 1)



The stages at which a child or young person is ready and able to actively engage in therapeutic work are the *preparation*, *action* and *maintenance* stages (Stallard, 2005). Sarah was aware of the difficulties she experienced and was willing to meet and engage with me, suggesting that she had gone through the contemplation and preparation stages. This was further clarified in an initial meeting with Sarah as she was able to articulate the things she found difficult and the changes she wanted to make.

The next stage in the formulation process was to highlight how significant events and experiences shaped Sarah's cognitions and consequently how she perceived herself, her performance and her future (Stallard, 2005). Page and Stritzke (2006) suggest that during the formulation process the following should be considered;

vulnerabilities the young person may have (predisposing factors); significant events that may have triggered the problems (precipitating variables); the factors that influence and maintain the problems (perpetuating factors); and the young person's strengths (protective factors). This informs a provisional conceptualisation of the current problems and the type of intervention required (Page and Stritzke, 2006).

Presenting problem

During an initial consultation with school staff and Sarah's parents, it was reported that Sarah was experiencing difficulties with emotion and behavioural regulation, social problem solving and taking responsibility for her actions. As a result she was regularly getting into conflict with her peers at school (e.g. starting arguments, getting into fights) and reported that she felt different to others. These difficulties were thought to be impacting negatively on Sarah's mental health and wellbeing with regards to her ability to develop effective emotional functioning, sustain personal relationships and resolve and learn from problems. School staff also reported difficulties with Sarah's concentration, attention and working memory but felt the strategies put in place to support her in these areas were effective and that Sarah was doing well academically. These strategies included; clear expectations; increased response time; short breaks where necessary; and providing practical demonstrations and concrete examples to support understanding.

Predisposing factors

At birth, Sarah experienced perinatal asphyxiation which refers to harm to the brain caused by deprivation of oxygen (Lin, 2006). This resulted in Neonatal Encephalopathy (NE) which is the disruption of neurological functioning identified in the first few days after birth (Nelson and Leviton, 1991). In particular, brain scans indicated that Sarah suffered from haemorrhaging and cell damage in the perithalamic region of her brain. There is increasing evidence that NE is associated with later cognitive and behavioural deficits such as difficulties in executive functioning, memory, language skills, attention, hyperactivity and social ability (e.g. Maneru et al, 2001; Marlow et al, 2005; and Gonzalez and Miller, 2006). Executive functioning refers to the mental processes that direct a person's cognitive, behavioural and emotional functioning, particularly during purposeful and goal-directed problem solving (Gioia et al, 2000). As mentioned above, school staff and parents reported that Sarah experienced difficulties in many of these areas. This was further highlighted by an assessment of Sarah's cognitive abilities carried out by an EP. In particular, Sarah experienced difficulties with cognitive abilities that were verbally mediated, especially when this was related to the storing, manipulating, recalling and expression of verbal information (working memory and language skills; Wechsler, 2004). Further assessments indicated that Sarah experienced difficulties with executive functioning, in terms of behavioural regulation and metacognition (awareness and ability to control cognitive processes; Gioia et al, 2000) and demonstrated underdeveloped social and emotional functioning (Bennathan and Boxhall, 1998).

Precipitating Variables

Sarah's parents felt that the birth of her younger brother triggered her behavioural difficulties at school, as her behaviour worsened during this time. Rutter (1981) suggests that the birth of a sibling can be a great stressor for a young child. They are likely to find it difficult to share parental attention and affection and therefore experience feelings of displacement and resentment. This in turn could result in aggression and non-compliance (Campbell, 2002; Dunn and Kendrick, 1982). The majority of children are able to adapt and overcome these initial feelings and behaviours (Ruttler, 1981). However, due to the difficulties in executive functioning and behavioural and emotional regulation, it may be that Sarah found this more difficult to cope with and overcome.

Perpetuating factors

Throughout primary school, staff reported that Sarah was unable to follow the rules and routines of the classroom, experienced strong emotional responses to situations and displayed aggressive behaviour towards peers, adults and her environment. As a result, Sarah was often rejected by her peers and did not develop many friendships. Hay et al (2004) found that peer rejection can results in a young person developing negative emotions towards peers and social-cognitive biases, which can further exacerbate difficulties with regulating emotions and behaviours. Peer rejection can also have a negative impact on a young person's self-perceptions, particularly in relation to achieving positive outcomes (McDougall et al, 2001). This appeared to be evident with Sarah as her scores on a pre-intervention tool measuring automatic thoughts (outlined in section 4.1) indicated

that she experienced high levels of negative thoughts relating to social threat, personal failure and hostile intent of others.

Stallard (2002) suggests that many children display emotional and behavioural difficulties as part of normal development. He states that throughout childhood, children learn the cognitive skills needed to identify, cope with and manage challenging situations, which leads to a reduction in these difficulties. However the emotional, social and behavioural problems Sarah experienced throughout childhood continued into early adolescence, despite strategies and interventions being put in place to support her.

Protective factors

Sarah's protective factors included having a stable and supportive home environment, having economic security due to both parents working and having good school attendance and academic achievement (WHO, 2012). Furthermore, the EP assessment mentioned above also highlighted strengths in Sarah's perceptual reasoning (non-verbal problem solving) and processing speed (speed at which information is processed; Wechsler, 2004).

Provisional conceptualization

The formulation process highlighted a number of factors that appeared to contribute towards the development and maintenance of Sarah's presenting problems. For instance, difficulties at birth seemed to result in Sarah experiencing cognitive deficits relating to executive functioning skill, social ability, working

memory and language skills. Deficits in these areas meant that Sarah found it difficult to cope with the birth of her brother, manage her emotions and behaviours and develop positive peer relationships at school. It is likely that persistent difficulties in these areas led to Sarah developing cognitive biases relating to social situations and the intentions of others, thus perpetuating her negative behaviour towards others. In collaboration with Sarah, her parents and school staff it was decided that Sarah would benefit from a six week Cognitive Behavioural Intervention (CBT). It was felt that this type of intervention was appropriate as it would enable Sarah to develop practical strategies to support cognitive deficits and allow her to explore cognitive distortions and replace them with more realist thinking patterns. It was felt that Sarah's non-verbal cognitive strengths would enable her to engage in the intervention but due to difficulties with expressive language and working memory, the intervention would be adapted so that the verbal tasks were supported by visual cues (Stallard, 2002).

3.4. Literature review

3.4.1 Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) refers to therapeutic interventions that aim to alter cognitive processes in order to reduce psychological distress and problematic behaviour (Kaplan et al, 1995). CBT combines the core elements of cognitive and behavioural theories with the aim of utilising effective behavioural techniques whilst also taking into account the individuals cognitive interpretations and attributions (Kendall and Hollon, 1979). The theoretical basis for CBT has evolved over a number of years from a range of significant research influences. A

review of this research is beyond the remit of this report, however some of the key researchers, concepts and approaches that have underpinned and shaped CBT are outlined in Appendix 2.

Cognitive distortion and deficits

CBT is underpinned by the assumption that early experiences and important events lead to a person developing fairly rigid core beliefs about themselves and the world (Young, 1990). These core beliefs lead to the development of a number of assumptions and automatic thoughts related to the person, their performance and their future (Clark and Beck, 1999). In turn, these automatic thoughts can influence a person's emotional and behavioural functioning (Stallard, 2002). Inaccuracies in thoughts, assumptions and beliefs which do not accurately reflect reality are referred to as cognitive distortions (Kendall, 1985). It is thought that cognitive distortions can maintain negative emotions and underpin difficulties in social interactions and social problem solving (Rutter et al, 2011). For example, a child who reports experiencing problems with peers may display cognitive distortions such as over generalising, negative assumptions about the intentions of others and overlooking positive events (Crick and Dodge, 1994)

On the other hand, these perceived problems with peers may actually be an accurate representation of reality, and as a result of cognitive skills deficits (Rutter et al, 2011). Cognitive skills deficits refer to deficiencies in the way information is acquired and processed (Kendall, 1985). For instance this may include difficulties in attention, concentration, memory and executive functioning (e.g. planning, problem solving, impulse control, behavioural and emotional regulation) which can

make it difficult for a child to cope with social situations, especially when these require problem solving (Rutter et al, 2011).

Therefore, it seems likely that the type of CBT intervention delivered will depend on whether a young person experiences cognitive distortions or skills deficits. For instance CBT aimed at addressing distortions would focus on cognitive restructuring; the young person would be encouraged to recognise cognitive distortions and dysfunctional beliefs and how these effect their behaviour and emotions and replace them with more realistic thinking patterns (Stallard, 2005). This could help reduce negative emotional reactions and promote competent social problem solving. Whereas, for young people that experience cognitive skills deficits, the aim of the CBT intervention would be to teach cognitive and behavioural skills involving social problem solving, learning new coping strategies, practice and self-reinforcements (Stallard, 2005). However Ruldolph and Clark (2001) argue that cognitive distortion and cognitive skills deficits are not mutually exclusive categories. They found that children with depression demonstrated less competent social skills during interactions with their peers than non-depressed children (cognitive deficit). However they also tended to exaggerate the extent of their social problems (cognitive distortions). Therefore, it is likely that CBT interventions will need to focus on challenging cognitive distortions whilst also addressing any cognitive skills deficits that may be present (Willner and Goodey, 2006).

3.4.2. Evidence base

Much of the evidence base for the effectiveness of CBT interventions has been carried out with adults and the success of CBT with this population has lead to it being applied to children and young people (Reynolds et al, 2006). However, this has sparked a debate within the literature over the appropriateness of carrying out CBT with this population. Some researchers suggest that children and young people above the age of 11 are developmentally able to cope with the cognitive demands of CBT (e.g. Grave and Blisses, 2004; Durlak et al, 1991). Whereas others argue children as young as 6 years old are able to grasp the concepts covered in CBT (Ronen, 1992, 1993). However, researchers such as Friedberg et al (2000) and Stallard (2002) argue that irrespective of age, CBT interventions should be modified and employed in a way that is developmentally appropriate for the child or young person. Therefore, the emphasis should be on the child or young person's cognitive, emotional and social development rather than their chronological age and these areas should be assessed so that the intervention can be tailored to their stage of development (Stallard, 2002). Furthermore, Stallard (2005) states that consideration also needs to be given to contexts in which the child exists such as the home and school environment, and involving the adults within these contexts is important. This is supported by research by Sofronoff et al (2005) and Spence et al (2000) who found that including adults who had daily contact with the children and young people in the delivery of a therapeutic intervention led to better outcomes.

The evidence base for the effectiveness of CBT with children is increasing. CBT with children and young people has been found to lead to positive outcomes for a range of psychological problems, including anxiety disorders (e.g. Kendall et al., 1997; Silverman et al., 1999), depressive disorders (e.g. Harrington et al, 1998; Lewinsohn and Clarke, 1999), interpersonal problems (e.g. Spence and Donovan, 1998; Spence et al, 2000) post-traumatic stress (e.g. March et al, 1998; Smith et al, 1999) and obsessive compulsive disorders (e.g. March, 1995). However much of this research was carried out with clinical populations in clinical settings, there is far less research with non-clinical populations in naturalistic settings (Snyder et al, 1999). Research focusing on CBT in schools may give more insight into the effectiveness of CBT interventions with non-clinical populations in naturalistic settings. Furthermore it would provide support for the DfEE (2001) notions that schools are well placed to promote children's mental health and well-being through preventative and early interventions.

3.4.3. CBT in schools

Less research has been carried out into the delivery of school-based therapeutic interventions, although a small number of systematic reviews now exist (e.g. Durlak and Wells, 1997; Rones and Hoagward, 2000; Wells et al., 2003). However, these tend to focus on whole school and classroom based interventions rather than specific group or individual interventions. Furthermore, most of the studies included in these reviews were conducted in the USA and Australia and therefore the differing demographic, policy and service contexts makes it difficult to generalise the findings to UK populations (Edwards, 2003). Of those studies that

have explored the use of CBT interventions with specific groups of children, most were conducted with children experiencing anxiety and again were conducted outside of the UK (e.g. Bernstein et al, 2005; Dadds et al, 1999; and Manassis et al 2002).

Therefore, perhaps not surprisingly there is currently little, if any, evidence that supports the use of CBT with children and young people who have cognitive deficits following a brain injury at birth. Some studies have commented on executive functioning difficulties as a secondary issues (e.g. as part of ADHD) but again very few, if any have considered this as the primary difficulty (Pierce, 2010). However, a few studies have explored the use of CBT in addressing behavioural difficulties in general. For instance, Squires (2001) evaluated the effectiveness of a group CBT intervention for pupils aged between 10 and 13 years old and who displayed disruptive behaviours in class (e.g. causing argument). Squires (2001) found that out of the 17 pupils that completed the intervention, all but one showed improvements in at least one area measured (self-concept, peer relations, self control and class behaviour), with four showing improvements in all four areas. Qualitative reports from pupils, teachers and parents supported these improvements. Yeo and Choi (2011) also found positive outcomes of a group CBT intervention with pupils who were overtly or covertly disruptive in class (e.g. arguing, fighting or day dreaming, reading comics). They reported that pupils showed improvements in social skills, self-esteem, self-control and behaviour in school and at home and these improvements were again reflected in teacher's reports.

3.4.4. EPs delivering therapeutic interventions in schools

A number of studies in which EPs have delivered CBT interventions with children and young people in school settings have reported positive outcomes (e.g. Gregor, 2005; Bernstein et al, 2005; Humphrey and Brooks, 2006; Greig, 2007). The studies by Squires (2001) and Yeo and Choi (2011) are particularly informative as they draw attention to the impact of school staff's involvement in the delivery of the intervention. Squires (2001) found that systemic demands and resourcing tensions impacted negatively on the staff member's ability to commit to the delivery of the intervention which led to pupils feeling insecure. However he fails to provide qualitative or quantitative evidence to support this claim. Yeo and Choi (2011) reported that the initial positive improvements they found were not maintained at follow up, which they attribute to the lack of active teacher involvement in the intervention process. They found that as a result, the concepts covered in the sessions were not reinforced or rewarded in class. These conclusions support the notion that including adults who have daily contact with the children and young people in the delivery of a CBT intervention will obtain better outcomes (Stallard, 2005; Sofronoff et al, 2005; Spence et al, 2000). Therefore the CBT intervention carried out with Sarah was co-delivered with a Learning Mentor who supported Sarah in class. Parents were also kept informed and updated throughout the intervention.

Much of the research which has focused on EPs delivering CBT in schools has been conducted using group work interventions. Although Atkinson et al's (2011) study found that 82% of their sample delivered individual therapeutic interventions

(63% of which was CBT), the effectiveness of such interventions has received little attention in the literature. In the current case an individual intervention was delivered as it was felt that this would allow the content to be tailored specifically to meet Sarah's needs.

3.5. Intervention

3.5.1. Pre and post measures

The effectiveness of the CBT intervention was evaluated using questionnaires which were completed by Sarah and her Learning Mentor before and after the intervention was delivered. Parents were also asked to complete the questionnaires but unfortunately were unable to do so. Three questionnaires were used in total:

- Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997);
- The Children's Automatic Thoughts Scale (CATS; Schniering and Rapee, 2002
- The Social Behaviour Questionnaire (SBQ: Tremblay et al, 1992).

A description of each questionnaire is provided in Appendix 3. Prior to engaging in the intervention, Sarah also completed a task derived from a technique called "Drawing the Ideal Self" (Moran, 2001) which is based on principals from Personal Construct Psychology (Kelly, 1955). The aim was to elicit Sarah's views of herself by exploring the type of person she would and would not like to be, with particular focus on relationships with family, friends and school (see Appendix 4). Scaling was then used to ascertain where Sarah felt she was currently, where she would like to be and where she had been in the past. We then discussed how she could

get to where she wanted to be and highlighted the successful changes she had already made. Once the intervention was completed, Sarah was asked again to indicate where she felt she was on the scale.

3.5.2. Intervention structure

The intervention comprised of six weekly one hour sessions. The content for each session was planned prior to the session and based on the strategies provided in Stallard's (2002) *Think good, feel good* resource book and Sarah's feedback from the previous session. A standard format was used for each session which included a "welcome chat", discussion of the homework activity set the previous week and an introduction to the content of the current session. Each session finished with the setting of a homework task which was related to the content of the session. These tasks aimed to encourage Sarah to generalise what had been covered during the session to everyday situations and were reinforced by the Learning Mentor in class. Sarah also set herself a personal task to complete over the week which she felt would help her move towards her goal. The content of each session is outlined in Appendix 5 along with the resources used.

The first stage of the intervention (session 1 and 2) focused on introducing CBT and exploring the links between thoughts, feelings and behaviours. Stage two (session 3) focused on cognitive restructuring through raising awareness of automatic thoughts and cognitive distortions and beginning to challenge these. Stage 3 (session 4 and 5) introduced concepts such as self-management, self-instruction and problem solving. Finally stage 4 (session 6) involved reviewing the previous stages and planning for the future in order to support the maintenance

stage of change (Prochaska et al, 1992). Each stage was cumulative in that it referred to and built upon the stages covered previously.

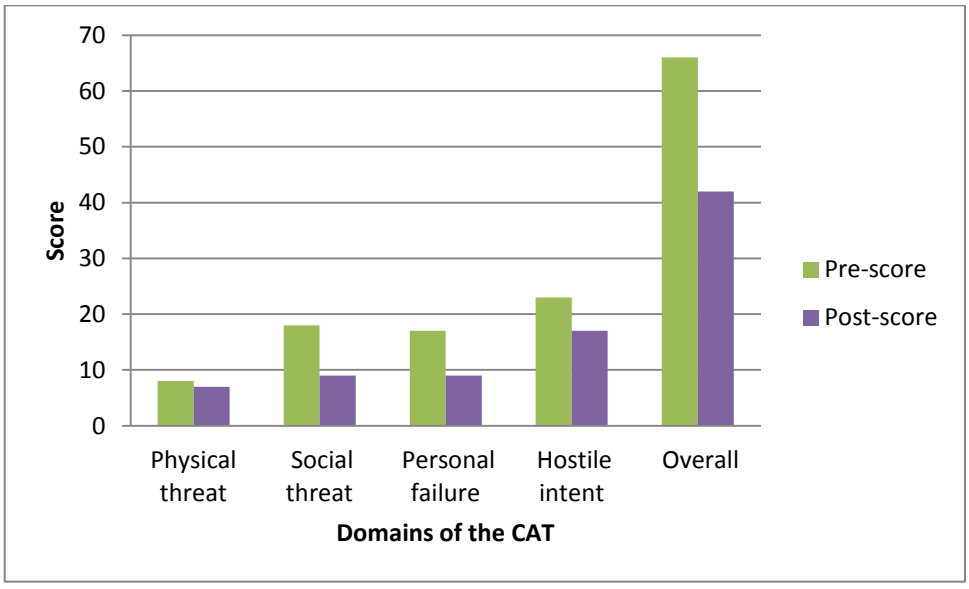
3.6. Evaluation

The outcome of the intervention was measured by re-administering the CATS, SBQ and the SDQ and collecting qualitative feedback from Sarah and her subject teachers.

3.6.1. Post measures

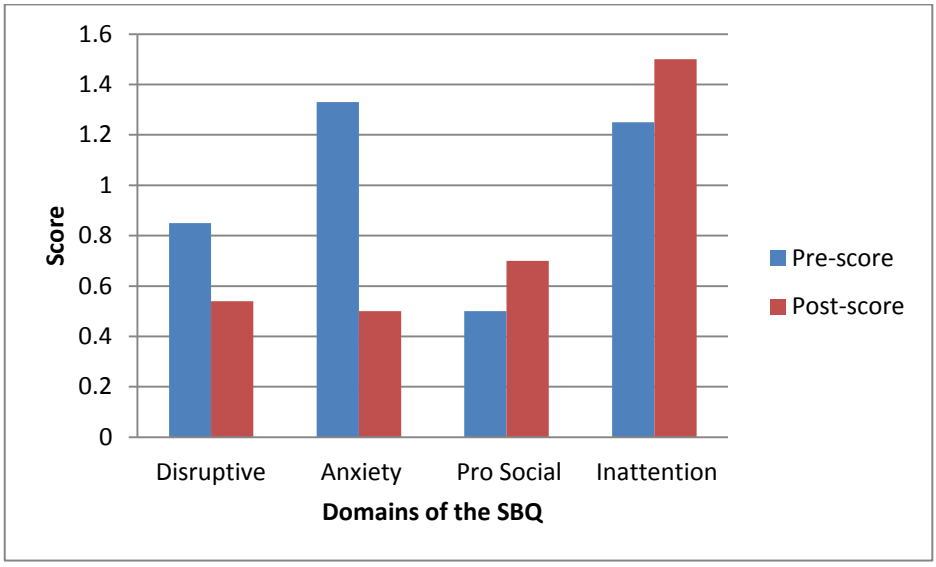
Following participation in the intervention, Sarah demonstrated a reduction in all four domains of the CATS and by 24 points overall (see graph 1). In particular, the biggest differences were found in the social threat (9 point decrease), personal failure (8 point decrease) and hostile intent (6 point decrease) domains.

Graph 1: Sarah's pre- and post-scores on the Children's Automatic Thoughts Scale



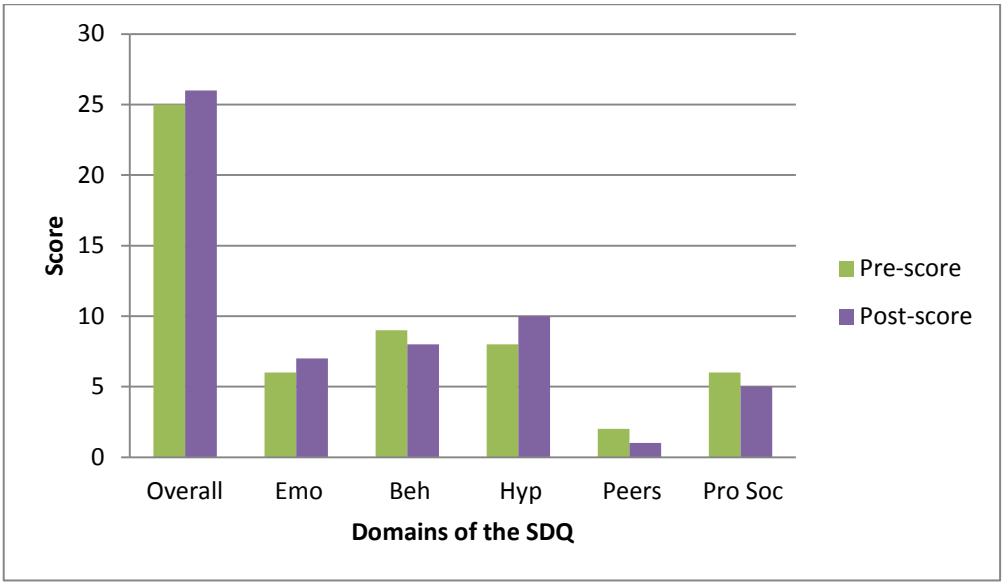
The Learning Mentor's response on the SBQ indicated a decrease in Sarah's disruptive behaviour and levels of anxiety and an increase in her pro-social behaviour following the intervention (see graph 2). However, Sarah also appeared to show an increase in inattention.

Graph 2: Learning Mentor's pre- and post-scores on the Social Behaviour Questionnaire.

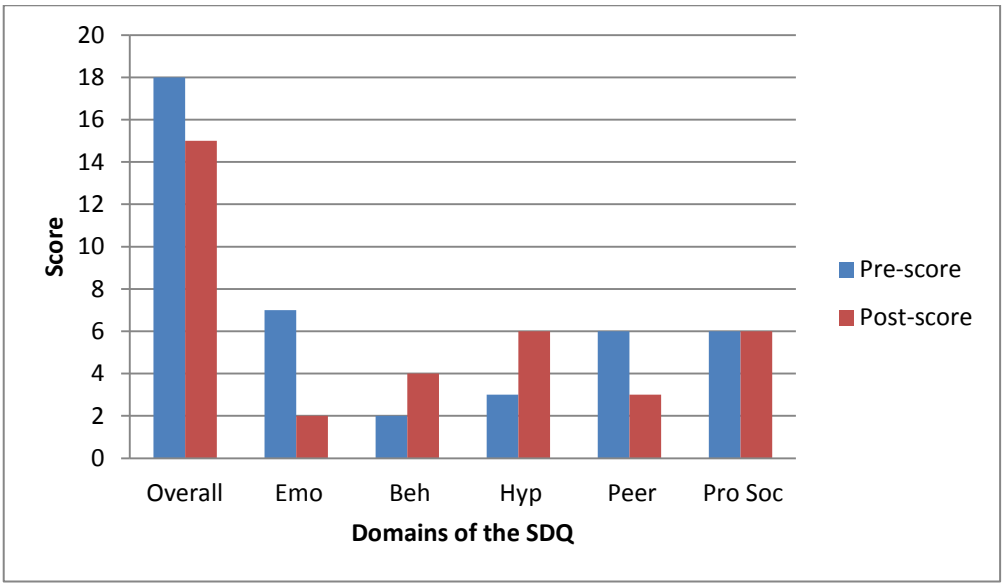


Sarah's and her Learning Mentor's responses on the SDQ also indicated improvements following participation in the intervention (see graph 3 and 4). They both reported that Sarah demonstrated a decrease in problems with peers. The Learning Mentor also reported a decrease in Sarah's overall stress and emotional problems and Sarah reported a decrease in behavioural difficulties. However, both Sarah and her Learning Mentor reported increases in inattention and Sarah reported a slight increase in overall stress and emotional problems and a decrease in pro-social behaviour.

Graph 2: Sarah's pre- and post-scores on the Strengths and Difficulties Questionnaire



Graph 3: Learning Mentor's pre- and post-scores on the Strengths and Difficulties Questionnaire



3.6.2. Qualitative feedback

Sarah reported that she enjoyed the CBT intervention as it was fun, useful and she learnt things. As a result of the intervention, Sarah felt that she had made improvements in her ability to refrain from making negative comments in class and

ignore and walk away from conflicts with peers. On the ideal self scale Sarah reported an increase from 3 to 5, which was one point away from where she would ideally like to be (6). Sarah also reported that she was starting to get on better with people and work well with peers in lessons. The positive outcomes highlighted by the pre – and post-measures were supported by qualitative feedback from five of Sarah's subject teachers. They reported that Sarah was making less inappropriate comments in class and was concentrating and contributing more in lessons.

The outcomes of the intervention were fed back to school staff and Sarah's parents along with a summary folder containing the resources and worksheets from the sessions. It was agreed that the Learning Mentor would continue to meet with Sarah weekly to reinforce the skills she acquired and support her in generalising these to new situations. Parents were also encouraged to reinforce these skills at home by referring to the summary folder.

3.7. Discussion

At the time of my involvement, Sarah was experiencing difficulties with her emotional and behavioural regulation, social problem solving and taking responsibility for her actions. As a result she was experiencing problems with her peers at school and these difficulties were impacting negatively on her mental health and wellbeing. The formulation process indicated that these difficulties resulted from both cognitive deficits and distortions and therefore a CBT intervention was delivered to support Sarah in these areas. Results from the pre- and post-measures suggest that the CBT had a positive impact on Sarah as she

demonstrated a reduction in negative automatic thoughts, behavioural, emotional and peer difficulties. It is possible that the skills Sarah acquired during the CBT intervention enabled her to evaluate social situations and the intent of others more realistically and to think more positively about herself and her abilities. These skills may have also supported her in managing her behaviour and feelings in the classroom. This is supported by the informal feedback provided by Sarah's subject teachers who indicated a reduction in inappropriate comments in lessons. These positive outcomes support those found by Squires (2001) and Yeo and Choi (2010), suggesting that CBT is an effective intervention for young people who display disruptive behaviour in class, in particular getting into conflict with peers. The success of the intervention also supports Friedberg et al (2000) and Stallard (2002b) notion that CBT interventions are appropriate for young people given that they are modified and employed in a way that is developmentally appropriate. As part of the formulation process, Sarah's cognitive, emotional and social development was assessed to allow the intervention to be effectively tailored so that it was appropriate for her development.

However, it is important to note that Sarah also reported a slight increase in emotional distress and a slight decrease in pro-social behaviour. Squire's (2001) also found that some participants reported negative self-reports following the CBT intervention which he attributed to an increase in participant's self-awareness. However he fails to expand on this. Duval and Wicklund's (1972) theory of objective self-awareness may shed some light on this finding. They proposed that when an individual's self-awareness increases, they become more aware of their

thoughts, feelings and values and begin to compare themselves against internal standards of correct behaviour and attitudes. Therefore increased self-awareness may have resulted in Sarah's post-intervention reports being more realistic rather than showing an actual decrease in affect. However Duval and Wicklund (1972) also go on to propose that negative affect can occur when there is a discrepancy between a persons perceived self and their internal standards. Given that cognitive challenge and behavioural change may be potentially stressful for a young person and take time to achieve (Waller, 2009), it would perhaps not be surprising if Sarah's perceived self did not yet match her internal standards in all areas. Either way, McCloskey and Lennon (2010) argue that individuals who are more self-aware show improved monitoring of their perceptions, thoughts, emotions and behaviour on a daily basis and therefore are more likely to realise when they need to employ the strategies they have learnt during CBT intervention.

Both Sarah and her Learning Mentor also reported increases in inattention following Sarah's engagement in the CBT intervention. Young and Bramham (2012) suggest that when a young person first utilise the skills they have acquired through an intervention, they are likely to experience an increase in their cognitive load and a reduction in their ability to direct their attention to other stimulus. They suggest that once these skills become more automatic there is a reduction in cognitive load as they require less of the person's attention. In future, post measures re-administered a few months after the intervention could provide evidence to support or refute this claim.

It is worth noting at this point that self-report measures are often criticised in terms of their validity. For instance, people may attempt to present themselves in a socially desirable way, experience errors in recall or have a distorted view of themselves (Paulhus, 1991, John and Robins, 1994). With this in mind, steps were taken to increase the validity of the findings. For instance Sarah was asked to complete the self-report measures on her own, which has been found to reduce an individual's desire to give socially desirable answers and result in more truthful responses (Bradburn, 1983, Turner et al, 1992). Furthermore, feedback from the Learning Mentor and Sarah's subject teachers was also used to inform the evaluation of the intervention. Nevertheless, gaining objective measures in addition to this would have helped to validate the findings further and should be considered in future research (e.g. the number of behavioural incident as recorded in accordance with the school behaviour policy).

It could be argued that the positive outcomes found in this study and previous research support the notion that EPs are well placed to deliver effective therapeutic interventions in schools (MacKay, 2007; Greig, 2007; and Squires, 2010). However, it is important to consider the factors that facilitated the delivery of this intervention. In line with Atkinson et al (2011) findings, these factors included access to CBT training, engagement in regular supervision and being placed in a service which promoted the delivery of therapeutic work on a number of levels (e.g. systemic, group and individual interventions). However, it is also important to note that the presence of some of these factors may have resulted from my position as a Trainee EP. For instance regular supervision and the

engagement in therapeutic work are both requirements of the training course and therefore accommodated for within the service. It is likely that qualified EPs have increased workloads and reduced access to regular supervision, limiting their capacity to engage in this type of work.

Although EPs may be well placed to deliver therapeutic interventions, providing the facilitating factors allow, the question still remains whether they should be engaging in this type of work. It is recognised that this therapeutic intervention did not directly address many of the ecological factors highlighted by Prilleltensky and Nelson (2000). However, Jenkins et al (2002) argue that the impact of many of these ecological factors can be reduced by strengthening the individual factors thought to protect and promote mental health and wellbeing. For instance, good social and emotional skills have been identified as protective factors against adverse life events (DfES, 2007). Therefore it could be argued that through supporting Sarah to develop social and emotional skills such as self-awareness, social problem solving and emotional and behavioural regulation, the impact of the factors highlighted by Prilleltensky and Nelson (2000) could be lessened. However, this does not mean ecological factors should be ignored and whilst an EP may have little influence over the wider societal and political factors, they should still strive to address factors within the systems with which the child interacts by involving parents and school staff in the process. This occurred through the formulation process which allowed a shared understanding of Sarah's difficulties to be constructed. As a result school staff and parents identified factors that they could address in order to support Sarah's mental health and well being

(e.g. providing Sarah with access to a key adult in school, supporting Sarah to access extra curriculum activities, parents doing more activities with Sarah at home). Therefore the responsibility for change did not reside solely within Sarah and the CBT intervention was part of a holistic approach to meeting Sarah's needs.

3.8. Conclusion

EPs have the necessary skills to carry out detailed formulations, tailor interventions to meet an individual's needs and involve adults who are in daily contact with the young person. Therefore it would appear that they are well placed to deliver this type of work in schools with children and young people. Furthermore, promoting children and young people's mental health and wellbeing in this way may act as a protective factor against wider ecological risk factors over which the young person has little control. However, this alone does not lead to the conclusion that EPs could and should carry out individual therapeutic interventions. Consideration has to be given to the contextual factors that facilitate this type of work and the need for it to be carried out as part of a holistic approach to meeting the young person's needs.

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Appendices

Appendix 1: Stages of Change model by Prochaska et al (1992)

Stage	Description
Precontemplation	The individual does not consider change or believe they need to change.
Contemplation	The individual considers the benefit and cost of their behaviour and of making a change.
Preparation	The individual prepares to make a specific change. They may begin to experiment with small changes.
Action	The individual takes a definite action to change.
Maintenance	The change is maintained over time.
Relapse	Returning to “problem” behaviour and abandoning new changes.

Appendix 2: A table to show the key researchers, concepts and approaches that have underpinned and shaped CBT

Author	Concept	Description
Pavlov (1902)	Classical conditioning	Emotional responses can become conditioned to specific events.
Wolpe (1958)	Systematic desensitization	Emotional response can be reciprocally inhibited.
Skinner (1974)	Operant conditioning	Behaviour is affected by antecedents (setting conditions) and consequences (reinforcement). Consequences that increase the likelihood of a behaviour are reinforced. Altering antecedents and consequences can result in changes in behaviour.
Meichenbaum (1975)	Self instructional training	Much behaviour is under the control of thoughts and internal speech therefore changing cognitive processes can lead to changes in behaviour.
Bandura (1977)	Social learning theory	Highlighted the importance of the environment along with the mediating effect of cognitions between stimulus and response.
Ellis (1962)	Rational emotive therapy	Emotion and behaviour are influenced by the ways in which events are construed rather than the event itself. Rational and irrational beliefs play a role in this construing and also influence emotion and behaviour.
Young (1990)	Maladaptive schema	Maladaptive cognitive schemas (beliefs) that are formed in childhood lead to self-defeating patterns of behaviour which are repeated throughout life.

Appendix 3: A table to show the pre- and post- questionnaires completed by Sarah and her Learning Mentor

Questionnaire	Description	Completed by

Strengths and Difficulties Questionnaire
 	
(SDQ; Goodman, 1997)
	• Suitable for ages 4 – 16 years old;
	• Contains 25 questions which measure;
	  ○ Emotional symptoms
	  ○ Conduct problems
	  ○ Hyperactivity/inattention
	  ○ Peer relationship problems
	  ○ Pro-social behaviour
	• Gives an overall score for distress.
		Sarah
		
		Learning Mentor

The Children's Automatic Thoughts Scale
 	
(CATS; Schniering and Rapee, 2002)
	• Suitable for ages 8 – 17 years old;
	• Measures negative self-statements across both internalizing and externalizing problems;
	• Contains (40) questions which measure:
	  ○ Physical threat,
	  ○ Social threat
	  ○ Personal failure
	  ○ Hostile intent
		Sarah

The Social Behaviour Questionnaire
 	
(SBQ:Tremblay et al, 1992)
	• Suitable for ages 5 – 12 years old;
	• Measures social functioning, including positive pro-social behaviour and negative behaviour.
	• Contains 32 items which measure;
	  ○ Aggressive/disruptive behaviour,
	  ○ Anxiety,
	  ○ Pro-social behaviour
	  ○ Inattention
		Learning Mentor

Appendix 4: Ideal self

Would not like to be

- Confused
- Annoyed
- Stressed out

Friendships

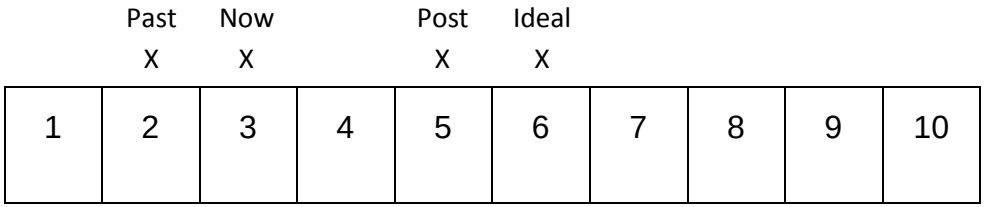
- Not have many friends
- Start arguments
- Stroppy, greedy, uncooperative
- Don't work as a team
- No respect

Family

- Don't get along
- Don't spend much time together
- Argue
- Hit each other
- Fall out

School

- Backchat to teachers
- Disrespect the classroom
- Don't obey the rules
- Refuse to do their work
- Don't wear appropriate uniform
- Hit people, students, teachers



Change from "Past" to "Now": Teacher and mother helped me to stop annoying people.

Change from "Now" to "Ideal": I would be able to ignore silly comments and walk away, I wouldn't start arguments or say mean things.

Post: I've been able to ignore comments and walk away, not make negative comments, tried to get along with peers and work with them in lessons (being helpful).

Would like to be

- Happy
- Proud
- Decent
- Pleased

Friendships

- Lots of nice friends
- Share and give them things
- Invite them places
- Their friends treat them with respect

Family

- Take them places
- No shouting
- Be happy
- No arguments
- Spend time with each other

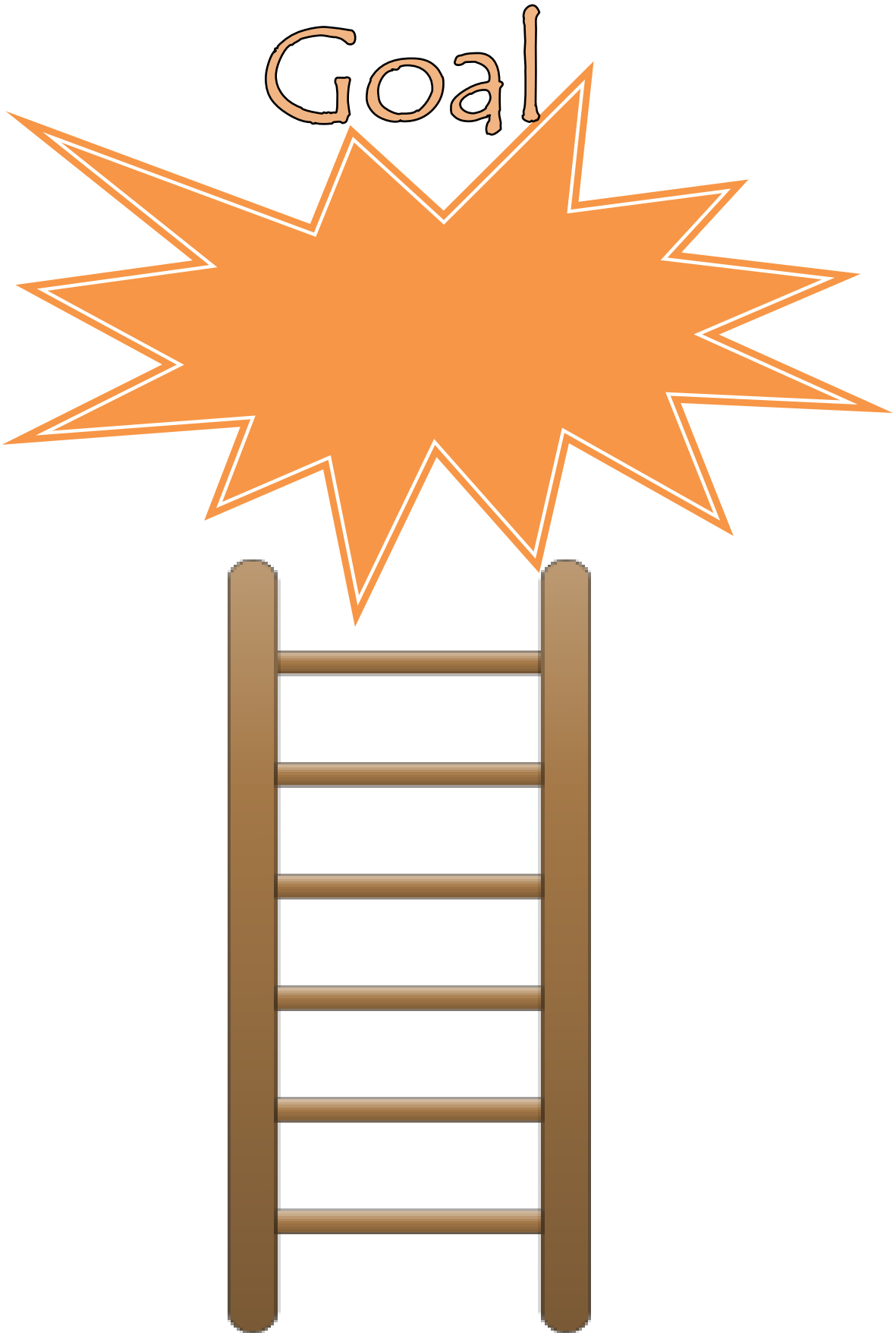
School

- Great education
- Happy
- High attendance
- Welcoming to the school
- Receive more rewards
- Appropriate behaviour

Appendix 5: A table to show the topic, activities and homework tasks for each of the six CBT sessions

Session	Topic	Activities	Homework task	Sarah's task
1	Introducing the concept of CBT and setting a goal for the intervention.	Discussion and work sheets	Complete the things to notice worksheet	Do something helpful for peers.
2	Introducing the link between thoughts, feelings and behaviours.	Sorting activity, discussion and work sheets referring to past experiences and alternatives.	Complete the Strong and negative thoughts and feelings tracker.	Give someone a compliment instead of saying a negative comment.
3	Exploring negative thinking errors and balanced thinking.	Discussion, questionnaire relating to past experiences and worksheets.	Complete the Balanced thinking worksheet.	Think positive thoughts.
4	Exploring strategies to help control negative thoughts and behaviours	Discussion, worksheet and planning.	Complete the Controlling your thoughts and feelings worksheet.	Help another person to think more positively
5	Exploring problems and solutions	Discussion, worksheets and visualisation	Use the traffic lights card to help solve problems.	Walk away from an argument
6	Review and ways forward	Discussion and worksheets	Refer to your folder.	Remember and use the strategies covered in the sessions.

Appendix 5a: Session 1 resources



Things to notice...

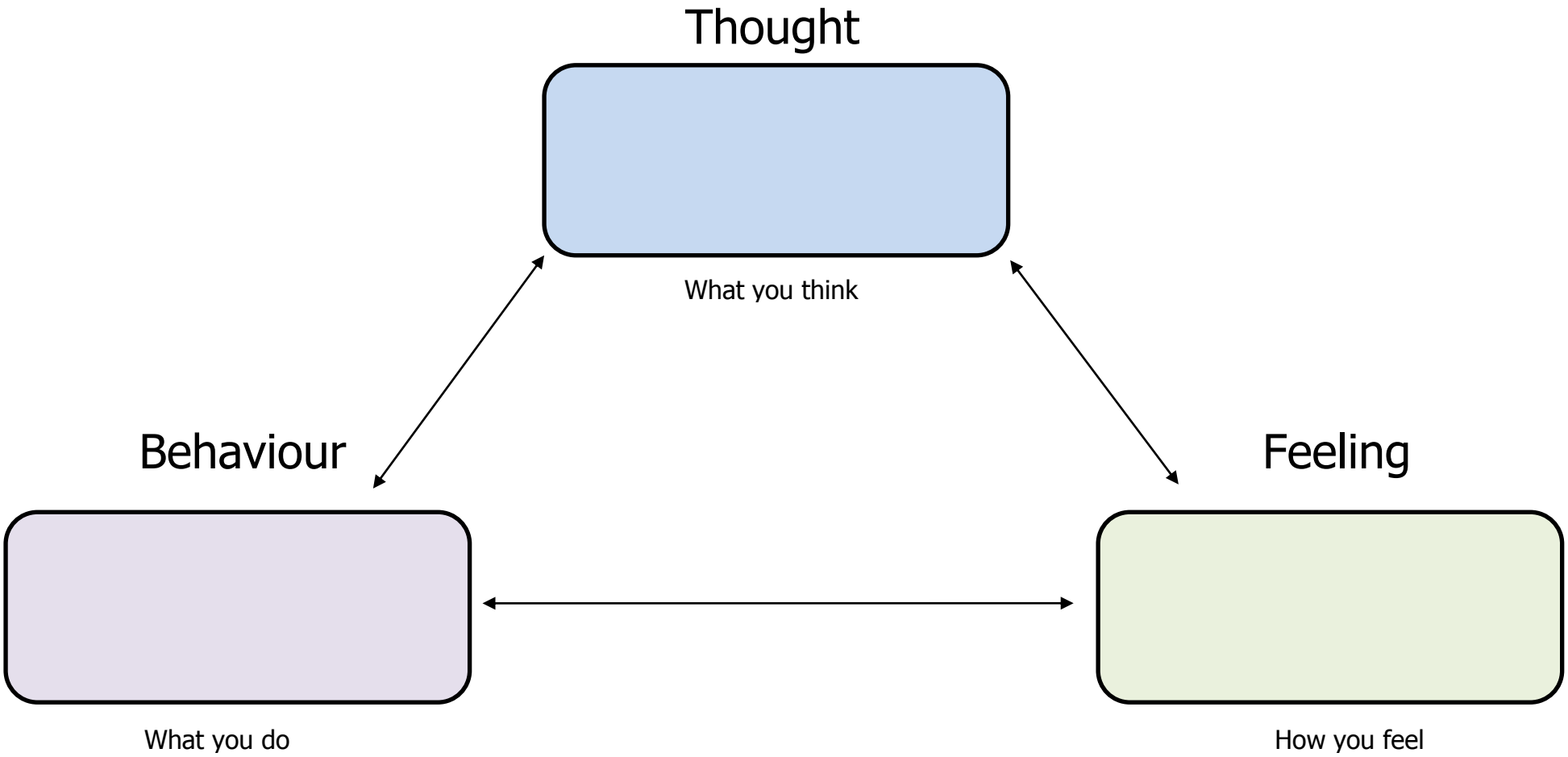
Things that have gone well this week....

A time when I was able to .....

What helped you do this?

Appendix 5b: Session 2 resources

Thoughts, feelings and behaviours



I'm looking forward to this party

I am going to get this wrong

Excited

Nervous

Say something mean

Continue trying

I played football well today

That person is annoying

Angry

Annoyed/frustrated

Give up

Talk about it with friends

I look quite nice in these clothes

People are going to laugh at me

Happy

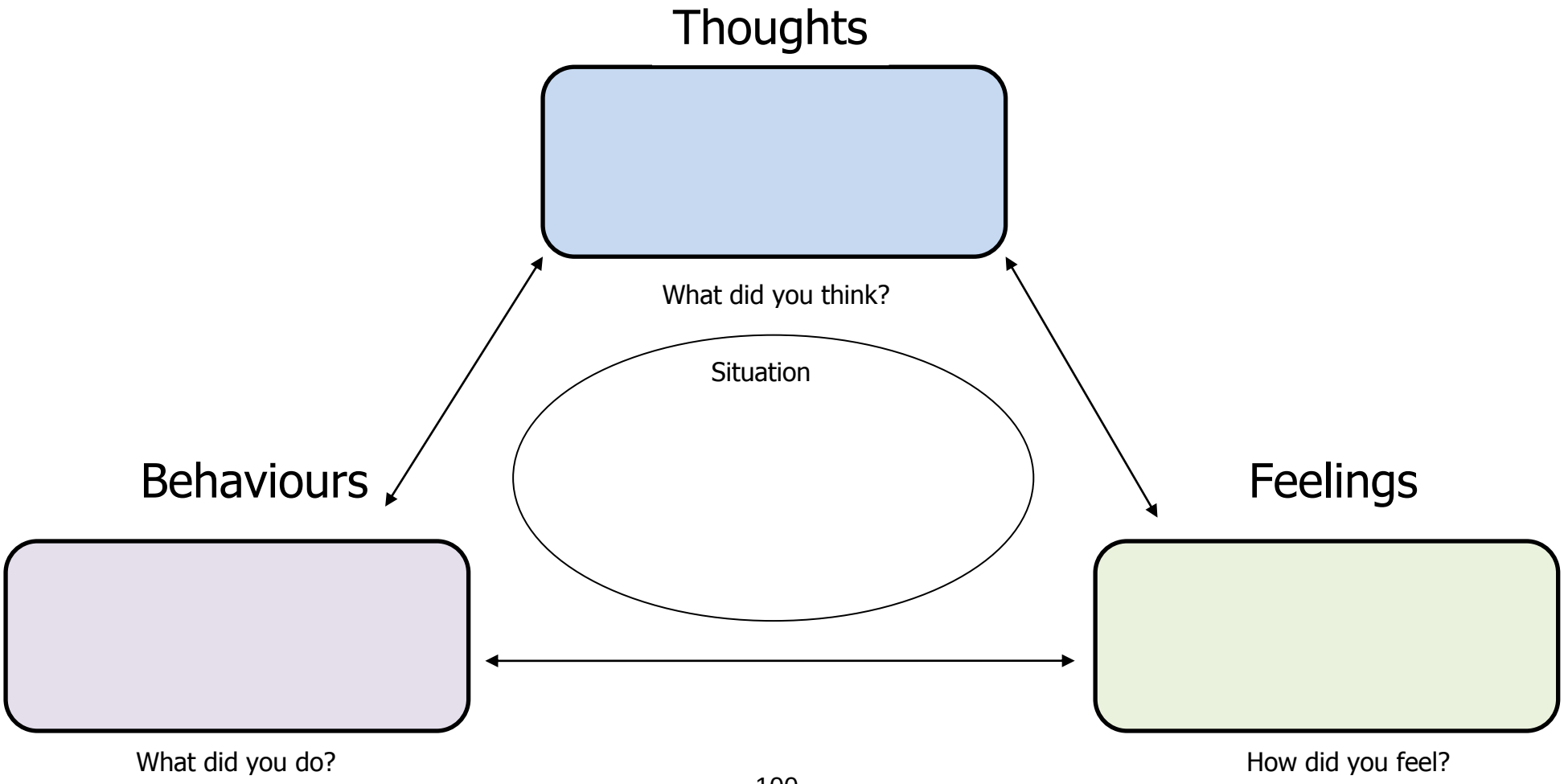
Proud

Avoid a situation

Walk with confidence

Thoughts, feelings and behaviours in situations

Think of a situation in the past in which you have had negative thoughts, feelings and behaviours



Strong and negative thoughts and feelings tracker

Day/time	Situation What, where, when and who	Thoughts What were your thoughts	Feelings How did you feel

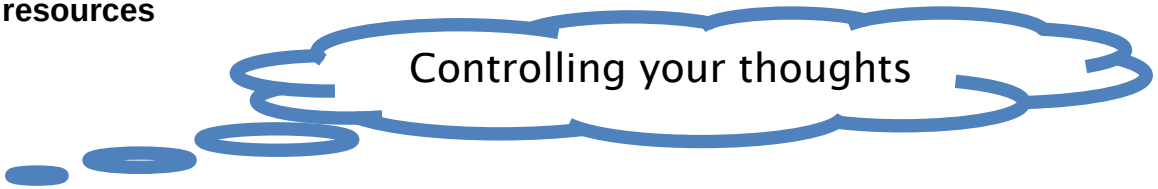
Appendix 5c: Session 3 resources

Balanced thinking

When you find yourself having negative thoughts **stop** and **test** them. Fill out columns 1 – 4 and return to column 5 the next day to think of a more balanced thought.

Day/time	Thoughts What were your thoughts?	Supporting evidence What evidence supports your thoughts?	Challenging evidence What evidence does not support these thoughts?	Balanced thought What is a more balanced thought

Appendix 5d: Session 4 resources



Strategy	Example	When could I use this?
Distraction		
Absorbing activity		
Positive self talk		
Thought stopping		
Test them		
Throw them away		



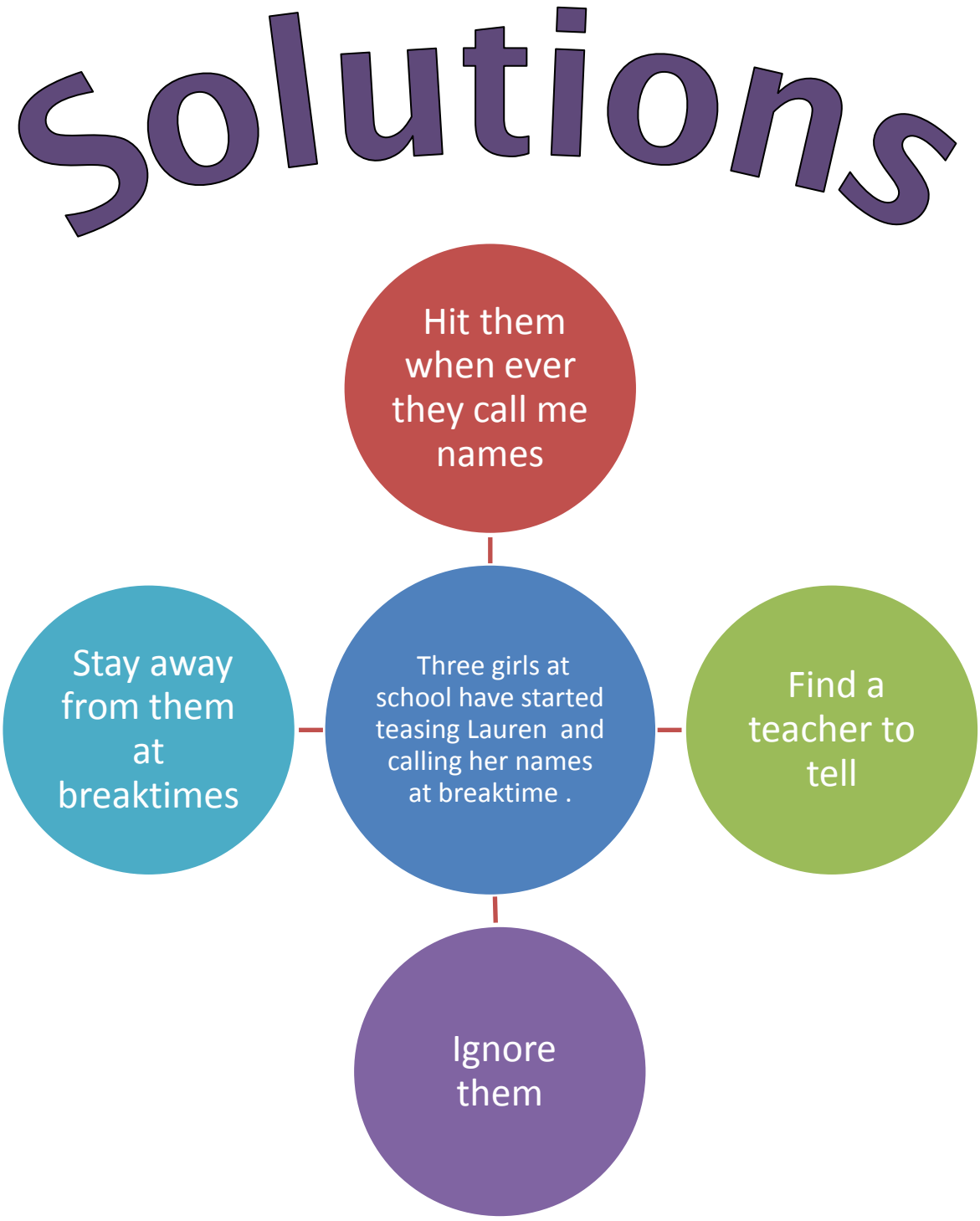
Controlling your feelings

Strategy	Example	When could I use this?
Relaxation		
Controlled breathing		
Calming pictures		
Relaxing activities		
Prevention		

Controlling your thoughts and feelings

Situation	Strategy used	How did it go?

Appendix 5e: Session 5 resources

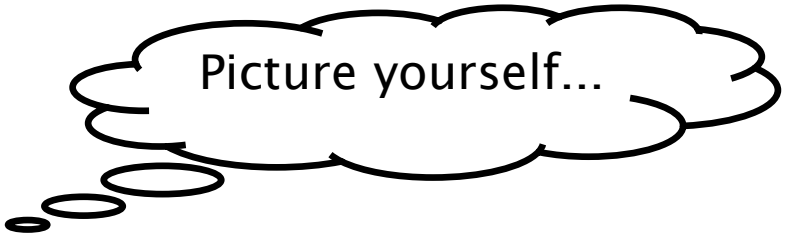


My problem: (example)

Being teased and called names by girls at breaktime.

Solution	Positive Consequence	Negative Consequence
Hit them whenever they call me names		
Find a teacher to tell		
Ignore them		
Stay away from them at breaktimes		

Chosen solution (based on balanced thinking):



Problem:

What would the scene look like?

Who would be there?

What is going on and what is being said?

Solution:

What would it look like to be using your new solution?

How would you feel?

What would people see?

Problem Solving Tracker

Problem	Solution	Positive Consequence	Negative Consequence	Outcome
	1.			
	2.			
	3.			
	1.			
	2.			
	3.			

Appendix 5f: Session 6 resources

Review

Session 1

Times when the problem does not happen....

Time when you coped better with the problem...

What was different? What has helped you cope with the problem?

Session 2

What is the link between **thoughts**, **feelings** and **behaviours**?

Session 3

What are **thinking errors**? Can you name the 6 thinking errors?

1.
2.
3.
4.
5.
6.

What does **balanced thinking** mean?

Session 4

List some of the ways you can control your **thoughts**

List some of the ways you can control your **behaviour**

Session 5

What should you do when you have a **problem**?

What do the **traffic lights** stand for? 

Planning ahead...

My new skills are...

List all the situations in which you can use your new skills...

What will you be doing if you're using your new skills?

How will people tell you are using your new skills?

What will help you to remember to use your new skills?

CHAPTER FOUR: PROFESSIONAL PRACTICE REPORT 3

A reflection on the use of Critical Incident Stress Debriefing in response to the sudden death of a teacher

4.1. Abstract

Providing support to schools following a critical incident had become a well established part of service delivery for many Educational Psychology Services in the UK (Farrell et al, 2006). Following an observation of this practice, in response to the sudden death of a teacher, this Professional Practice Report offers a reflection of the use of Critical Incident Stress Debriefing (CISD) in such circumstances. A critical review of the literature on critical incidents, trauma, resilience and bereavement was carried out. It was found that studies exploring the effectiveness of psychological debriefing in general have produced mixed findings, which may be accounted for by methodological flaws and inappropriate application of the intervention. However, it is also argued that the underpinning theoretical assumptions of CISD are questionable in light of the research on resilience and bereavement in general. As a result, it is proposed that CISD may not be an appropriate intervention to use with school staff following the sudden death of a teacher. Instead, it is suggested that Psychological First Aid, a non-intrusive evidence-informed approach, would be a more appropriate in this context.

4.2. Introduction

My interest in this topic stemmed from observing Eastshire Educational Psychology Service's response to the sudden death of a teacher, in line with the Critical Incident support provided to schools by the Local Authority. The school staff had been informed of the teacher's death on a Friday evening. Due to difficulties in communication, the Educational Psychology Service was not informed until the following Tuesday and the Critical Incident Response Team arranged to go into the school on the Wednesday.

The response involved two Educational Psychologists meeting with a group of teaching assistants first, followed by a group of teachers and employing a Critical Incident Stress Debriefing approach (outlined later). When asked for their comments about the critical incident, in line with the CISD model, the teaching assistants did not willingly participate at first and after further prompting only around 8 out of the 20 members of staff spoke. One member of staff commented on a number of occasions that it was too early to talk or think about the situation. Before the second meeting with the teachers began, a teacher approached one of the EPs and asked on behalf of herself and the other teachers, whether their attendance was mandatory, again commenting that they felt the timing of the intervention was not appropriate. She stated that they felt it was too soon and that staff were concerned that it would return them to the emotional state they experienced at the beginning of the week. The Head Teacher intervened and suggested that their attendance was mandatory, however the EP stated that they could leave the room at any point. Again, there was very little participation from the

group. At the end of each session, the EPs informed the staff that they would be in the school the following week and that staff could talk to them individually if they needed to, which several members of staff did. During a debriefing with the two EPs, they commented that the staffs' reaction to the intervention had been very different to what they had experienced when carrying out critical incident work in the past.

Critical incident work with schools is notoriously difficult to evaluate due to ethical issues (Beeke, 2013; Carroll et al, 1997) and it was felt in the current case that an evaluation would not be appropriate. Therefore, I decided to explore the literature on critical incidents with regards to the evidence base for this work in general and the theoretical underpinnings of CISD. I intended to use this to inform considerations for future practice in this area. Peer-reviewed journals, dissertations and theses were searched using databases available through the University of Birmingham's elibrary. Combinations of relevant terms were used, such as *critical incident, psychological debriefing*, *critical incident stress debriefing, schools, crisis management, trauma* and *psychological first aid*. A number of individual online journals were also searched using these terms, including *Educational Psychology in Practice* and *Journal of Traumatic Stress*. The references of the journal articles identified led to consideration of other related papers. In addition to this, Eastshire County Council's website was searched for key documents relevant to critical incidents.

This Professional Practice Report aims to explore whether CISD is an appropriate approach to use with school staff following the sudden death of a teacher. Section 2 provides a definition of critical incidents and briefly outlines the role of Educational Psychology Services in supporting schools in this area. In section 3, a description of the CISD model is given along with a critique of the research into the effectiveness of this approach. Section 4 then provides a critique of the theoretical assumptions underpinning CISD, drawing upon literature on resilience and bereavement. Finally, Psychological First Aid is presented as an alternative to CISD and it is concluded that this approach would be a more appropriate response to the sudden death of a teacher.

4.3. Critical Incidents

4.3.1. National context of critical incidents

An increased awareness of the severe, long-lasting effects that major traumatic incidents can have on children and adults has highlighted the need for a quick response from services to minimise these effects (Black, 1993). With regards to schools, a comprehensive approach to these types of incidents has been advocated and driven by crisis theory (Brock, 2002). Crisis theory defines a crisis as a time-limited state, triggered by an event which causes an individual to experience great emotional disorganisation, upset and inability to cope using previously adequate coping strategies (Caplan, 1964).

These types of events are referred to as critical incidents within the literature. Beeke (2013) provided a comprehensive definition of critical incidents following a review of policy and literature within the area:

> *'a sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community. It may be the result of an accident, criminal act, illness or natural disaster that affects members of the school community, school property or both. An act of suicide or attempted suicide by a member of the school community may also constitute a critical incident (p3)."*

The role of Educational Psychology Services in supporting schools when critical incidents occur is well established and the structures and procedures undertaken have been documented in the professional literature since the mid 1990s (Carroll et al, 1997; Houghton, 1996; Mallon and Best, 1995; O'Hara et al, 1994). Furthermore, in 2006 a Government review of the function and contribution of EPs highlighted that critical incident support had become a legitimate part of service delivery for many Educational Psychology Services in the UK (Farrell et al, 2006).

4.3.2. Local context of critical incidents

Eastshire County Council's definition of a critical incident is similar to the definition given by Beeke (2013). The main elements include:

- a serious disruption arising with little or no warning, occurring on the school property, in the local community or out of the school area;
- the disruption is on a scale beyond the coping capacity of the school operating under normal conditions. However, death or serious injury

caused by interpersonal violence is considered to be a critical incident regardless of the perceived coping capacity of the school; and

- the assistance of the Emergency Services and/or Eastshire County Council and others is likely to be required (Eastshire County Council, 2013).

The local authority has provided guidance to schools and settings on how to develop a critical incident plan and the actions to be taken when a critical incident occurs. Within this guidance, distinctions are made between critical and non-critical incidents which are outlined in the Table 1.

Table 1: Examples of critical and non-critical incidents

Examples of critical incidents	Example of non-critical incidents
• A deliberate act of violence (e.g. the use of a knife or firearm on or by a member of staff or pupil) • A school fire or laboratory explosion • The destruction or serious vandalism of part of the school • Public health threats (e.g. Pandemic Influenza • The loss of water or heating; • The death of a pupil or member of staff • A transport related accident involving pupils and/or members of staff; • An incident which affects access/egress for the school • A more widespread emergency in the community, for example, the release of hazardous substances, severe weather, etc • Death or serious injury on an educational visit • Civil disturbances and terrorism	• Death of a person associated with the school • Expected death of a pupil or member of staff • Lower scale health issue • Issue outside of school or in the local community • External incident/event requiring increased awareness • Short term loss of a number of staff • Short term loss of infrastructure systems

In Eastshire County Council, the response to a critical incident is managed by the Emergency Planning Team who co-ordinate support from a range of central teams including student service, the Educational Psychology Service and the school effectiveness service. Support for critical incidents is part of the local authorities "core offer" and includes:

- a first day response from the Educational Psychology Service: up to three EPs (usually including the school's link EP) provide support to the school on the day of the incident or the follow working day;
- guidance booklets and leaflets published by the Emergency Planning Team, which are taken to the school by the EPs as part of the first day response and;
- telephone advice and consultation from staff within the Emergency Planning Team, the Educational Psychology Service and members of the senior team in the Learning Skills and Education Division (Eastshire County Council, 2013).

Schools are able to commission further support from the Educational Psychology Service if required. The Educational Psychology Service has a Critical Incident Response Team and members of this team have received training on how to manage incidents and support children, young people and staff. Critical Incident Stress Debriefing is an approach used by the Critical Incident Response Team and is offered to members of school staff on the day or a day after the critical incident has occurred.

4.4. Critical Incident Stress Debriefing

4.4.1. Background and description of the CISD model

Critical Incident Stress Debriefing (CISD) was developed by Mitchell in 1983 and has since been adopted by fire, rescue, military and law enforcement organisations (Davis 1998; Hokanson and Wirth, 2000; Sheehan et al, 2004; Smith and Brady, 2006). Within these organisations attendance has tended to be mandatory for individuals who have been exposed to critical incidents through their work (Bledsoe, 2003; Hokanson and Wirth, 2000). CISD is described by Mitchell (2003) as a structured process for a homogenous group of people following exposure to a crisis or traumatic event. The aim of CISD is to reduce initial distress and to prevent the development of more severe psychological responses, including Post Traumatic Stress Disorder (PTSD). It aims to do this by:

- promoting emotional processing through allowing individuals to express reactions;
- preparing individuals for possible experiences following a critical incident; and
- identifying individuals who may require further intensive intervention (Mitchell and Everly, 1995).

It is a psycho-educational approach that explores the cognitive and affective domains of an experience. There are seven structured phases to CISD which aim to facilitate the transition of the group from the cognitive domains to the affective domains and back to the cognitive domains, although it is acknowledged that emotional content can arise at any time during the CISD. The phases are outlined in Table 2.

Table 2: Phases of CISD (Mitchell 2009)

Phase	Description
1. Introduction	Facilitators introduce themselves and describe the process, encouraging participants to actively engage. However, notions of voluntary engagement are stressed along with confidentiality.
2. Facts	Very brief overviews of the facts are requested and excessive detail is discouraged. This is to encourage the participants to start talking and is underpinned by the assumption that it is easier to describe facts than how they have been affected. It is suggested that the facilitator goes around the room to give everyone a chance to speak but emphasises that people do not have to comment if they do not wish to.
3. Thoughts	This phase begins the transition from the cognitive domain to the affect domain and is underpinned by the assumption that it is easier to focus on thoughts initially rather than more painful aspects of the event. Questions include, “what was your first thought?” Again it is suggested that the facilitator goes around the room to give everyone a chance to speak but emphasises that people do not have to comment if they do not wish to.
4. Reactions	This is argued to be the most important phase as it focuses on the impact of the incident on the participants. Emotions such as anger, frustration, sadness, loss, confusions and others may emerge. Questions include “What is the very worst thing about this event for you personally?” the facilitators listen carefully and gently encourage participants to add something if they wish.
5. Symptoms	The facilitators explore the effect of the event on participants by asking “What cognitive, physical, emotional, or behavioural symptoms have you been dealing with since this event?” They listen carefully for common symptoms of distress.
6. Teaching	The facilitators help to normalise the symptoms identified by providing explanations of their reactions and providing stress management information. Other pertinent topics may be addressed at this phase as necessary
7. Re-entry	The facilitators summarise what has been discussed and final explanations, information, action, guidance and thoughts are presented to the group. Handouts may also be distributed.
Follow-up	Refreshments are provided allowing time for participants to speak to the facilitators if needed.

4.4.2. Evidence base

The appropriateness of employing psychological interventions following a traumatic event has become a contentious debate within the field of early intervention. Within this debate, CISD has often been placed under the overarching term of psychological debriefing which tends to refer to a short, single-session intervention which involves individuals talking about their experiences of the traumatic event and being informed of expected and normal emotional responses (Wessely and Deahl, 2003). As a result, conclusions drawn from studies using psychological debriefing have often been generalised to the use of CISD (Mitchell and Everly, 2000; Morrison, 2007). There have been numerous systematic reviews conducted into the effectiveness of psychological debriefing (Rose and Bission, 1998; Rose et al, 2001; Rose et al, 2003; Wessely et al, 1998). One of the most recent was carried out by Bisson et al (2009) and provided a review of 12 randomised and 10 non-randomised control trials of single-session, early psychological interventions following a traumatic event (see Appendix 1). Of the randomised control trials, over half of the studies found no significant difference between the outcomes for those who had received the intervention and those who had not (Adler et al, 2008; Conlon et al, 1999; Dolan et al, 1999; Lee et al, 1996; Rose et al, 1999; Sijbrandij et al, 2006, Stevens and Adshead, 1996). Two studies identified positive outcomes for the intervention group (Bordow and Porritt, 1979; Bunn and Clarke, 1979) and two studies found that individuals who received the debriefing fared worse than those who did not (Bisson et al, 1997; Hobbs et al, 1996 follow up by Mayou et al, 2000). One study found better outcome for those who received debriefing within 10 hours of the event, compared

to those who received it within 48 hours (Campfield and Hills, 2001). Of the non-randomised control trial studies, five identified better outcomes in the groups that received debriefing (Deahl et al, 2000; Eid et al, 2001; Jenkins, 1996; Matthews, 1998; Wee et al, 1999) and three found no significant difference between the intervention and control groups (Deahl et al, 1994; Hytten and Hasle, 1989; Kenardy et al, 1996). One study found that whilst there was no difference at 8 months, the intervention group fared worse at an 18 months follow up (Carlier et al, 1998). Contrary to this, another study found that the intervention group fared worse at 1 week but no significant difference was found at a 6 month follow up (Carlier et al, 2000).

These studies present mixed findings, but due to the general lack of benefit and some evidence of harm, the World Health Organisation (WHO: 2012a) published the strong recommendation that *"psychological debriefing should not be used for people exposed recently to a traumatic event as an intervention to reduce the risk of post- traumatic stress, anxiety or depressive symptoms"* (p6.)

The methodological quality of the studies included in Bisson et al's (2009) review varied considerably and this may account for the mixed findings. Some included good sample sizes, valid outcomes measures and blind allocation to group. However, for the majority, methodological flaws were evident and included small sample sizes and non-equivalent control groups. Furthermore, the debriefing techniques used, the level of experience of the facilitators and the time at which the intervention was delivered varied greatly across the studies. The time at which

outcomes measures were taken were also wide-ranging and as studies by Carlier et al (1998; 2000) highlight, this may have impacted on the outcomes found.

However, with the exception of four studies (Adler et al, 2008; Deahl et al, 2000; Jenkin, 1996; Wee et al, 1999), the debriefing employed did not adhere to the key principles of CISD. For instance, Mitchell (2009) strongly emphasises that CISD is a group intervention and that using it with individuals undermines the inherent nature of the process. Secondly, Mitchell (2009) argues that CISD should not be used as stand-alone process, but rather it should be part of a larger crisis intervention which he refers to as Critical Incident Stress Management (CISM). This can involve pre-incident education, individual intervention, involvement of family support services and follow up services, referrals to relevant professional care and post incident education. Finally, CISD was developed to be used with small, homogeneous groups such as fire fighters, police officers, military and emergency services personnel and not with primary victims. Primary victims are defined as individuals who are directly affected by an incident, for example the actual victims of accidents, disasters or traumatic events (Lewis, 1994). Whereas the groups for whom CISD was intended are considered to be secondary victims, in that they observe the effects of the traumatic incident on the primary victims and therefore are indirectly affected by the incident (Figley and Kleber, 1995). With the exception of those already mentioned, most of the studies in the Bisson et al's (2009) review either employed a single-session intervention with individual victims of various traumas (primary victims) or a single-session intervention with individual

emergency services personnel. Therefore, they give little insight into the effectiveness of CISD as in intervention.

Mitchell (2009) argues that positive outcomes have been found when CISD has been used with groups of individuals for whom it is intended and delivered by trained facilitators. The studies that support this assertion are outlined in Table 3, some of which are mentioned in Bisson et al's (2009) review.

Table 3: Studies that have applied CISD in adherence with key principles

Author	Participants	Outcome
Bohl (1991)	40 police officers received CISD following a critical incident and 31 received no intervention.	Intervention group fared better (less depression, anger and stress symptoms at 3 month follow up).
Bolh (1995)	30 fire fighters received CISD following a critical incident and 35 received no intervention.	Intervention group fared better (lower anxiety symptoms at 3 month follow up).
Jenkins (1996)	15 Emergency Service Personnel received CISD following a critical incident and 14 received no intervention.	Intervention group fared better (less depression and anxiety symptoms).
Wee et al (1999)	65 Emergency personal following a civil disturbance. One group received CISD and the other received no intervention (numbers not specified).	Intervention group fared better (reduced stress symptoms at 3 month follow up).
Deahl et al (2000)	54 military peacekeepers received CISD and 52 received no intervention.	Intervention group fared better (lower psychological problems and alcohol consumption at 1 year follow up).

However, it is important to draw attention to the findings of Adler et al (2008). Despite adhering to Mitchell's principles (a group intervention, with soldiers, delivered by a person trained in CISD), no significant differences were found in the outcomes of those who received the CISD, those who received stress education and those who received no intervention. Furthermore, studies by Bunn and Clarke (1979) and Matthews (1998) found that debriefing lead to positive outcomes, despite the intervention did not adhered to Mitchell's principles. Therefore, these findings bring into question the effectiveness of CISD, particularly in comparison to other approaches.

4.4.3. CISD in schools

None of the studies included in previous reviews have explored the use of CISD in schools. However, studies that have provided descriptive and reflective accounts of the role of EPs in supporting school with critical incidents have highlighted the use of CISD (Carroll et al, 1997; O'Hara et al, 1994). Recently, Beeke (2013) found that in a sample of 50 EPs, approximately half reported that they had carried out psychological debriefing with members of the schools community when responding to critical incidents. However, it was unclear whether this included CISD. A common theme that has emerged from these studies is the lack of formal evaluation of this type of work. For instance, Beeke (2013) found that 93% of EPs in his sample reported that they had never formally evaluated their work in relation to critical incidents. Furthermore, Carroll et al (1997) commented on the ethical dilemma of carrying out formal evaluations of CISD and only gathered informal evaluations when they were offered (e.g. letters and calls expressing gratitude,

verbal thanks). Therefore, it seems that an intervention that was developed for specific groups (e.g. emergency services personnel) has been applied to schools with little evaluation to support its effectiveness and appropriateness with this population.

4.5. Critique of CISD

School staff are not one of the groups for whom CISD was intended, therefore it could be argued that it would be inappropriate to use this intervention with this group. However, the lack of research into the effectiveness of CISD with school staff makes it difficult to either support or refute this assertion. In the absence of this empirical evidence-base, it is useful to consider the underpinning theoretical assumptions of CISD and the extent to which these would deem it an appropriate intervention to use with school staff. As the critical incident in the current case involved the death of a teacher, literature from the general field of bereavement and loss has been drawn upon to give insight into the appropriateness of CISD in this context.

4.5.1. Homogenous groups

Mitchell (2003) states that CISD should be carried out with a homogenous group. He does not explicitly define the term homogeneous but appears to be referring to a group of colleagues who have had the same exposure to a traumatic event. This view seems to warrant the assumption that an intervention such as CISD would be appropriate for the whole group. However, research suggests that a person's reaction to trauma, loss and grief can be highly individualised and determined by a

number of factors. These include: their degree of loss (e.g. relationship to the person); their coping skills and support systems; their own experiences; and their perceptions and interpretation of the event (Cohen and Ahearn, 1980; Morris and Block, 2012; Strobe et al, 2007). Therefore, a group of individuals who have experienced a traumatic event are more likely to be considered heterogeneous, in terms of their response to such an event.

Research into the risk and protective factors that mediate the effects of bereavement on individuals further emphasises the heterogeneity of a group of people who may experience the same event. These are summarised in Table 4.

Table 4: Risk and protective factors that mediate the effects of bereavement

Risk factors	Protective factors
• History of psychiatric disorders • History of childhood separation anxiety • History of abuse or neglect in childhood • Perceived lack of or poor social supports • Concurrent stresses • Previous loss, particularly death of a child • High initial distress • Unexpected diagnosis and unanticipated death • Lack of preparation for death • Highly dependent relationship with the deceased • Conflict with the deceased/unresolved issues • Witnessing difficult deaths	• Optimism and positive affect • Social support • Perceived control over daily activities • High self-esteem • Secure attachment style in relationships with other • Religion • Acceptance of death as a part of life • Regulation (confrontation or avoidance, positive and negative appraisal)

Summarised by Strobe et al (2007) and Morris and Block (2012)

Therefore, whilst a group of individuals may have experienced the same event, their ability to cope and the extent to which they require professional support is likely to vary, depending on a number of factors as outlined above. This raises questions over whether each individual would benefit from CISD.

4.5.2. Underestimation of resilience

The dramatic reactions to potentially traumatic events (e.g. feelings of anxiety, depression, confusion, difficulties concentrating or sleeping) have dominated the literature on loss and trauma (Bonanno et al, 2005). Furthermore, it has been suggested that CISD is underpinned by the assumption that trauma inevitably leads to PTSD and that most people will have high grief, trauma or stress reactions (Bonanno, 2004; Strobe and Strobe, 1991). The reaction in which one maintains a relatively stable trajectory of healthy functioning has received less attention. When this reaction has been considered, it has typically been viewed as a rarity that results from extreme denial or exceptional emotional strength (McFarlance and Yehuda, 1996).

However, several studies have found that a considerable number of individuals do not demonstrate significant levels of distress or depression following the loss of a spouse or relative (Bonanno and Kaltman, 2001; Bournstein et al., 1973; Bruce et al, 1990; Cleiren, 1993; Lund et al., 1986; Zisook et al, 1997). For instance, Bonanno et al (2002) carried out interviews with 205 elderly participants prior to and following the death of their spouse (6 and 18 months). They identified 8 outcome patterns (see Appendix 2) and found *resilient* to be the most common

(low levels of depression and grief symptoms at both 6 months and 18 months). Bonanno (2004) goes on to define resilience as:

> "*the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning... as well as the capacity for generative experiences and positive emotions*" (pp 20-21).

In a later study, Bonanno et al (2005) compared 64 bereaved participants to 41 matched controls. They used measures such as interviews, self-reports and friend ratings, to explore levels of anxiety, depression and PTSD at 4 months and 18 months post-bereavement. It was found that 52% of the participants demonstrated resilience and did not differ significantly from the matched sample at both 4 and 18 months follow up. 14% demonstrated elevated symptoms at 4 months but recovered by 18 months and only 34% displayed higher symptoms than the control group at both 4 and 18 months.

These studies oppose the belief that most people have high grief, trauma, and stress reactions, a belief that appears to underpin CISD (Bledsoe, 2003; Hokanson and Wirth, 2000). The way individuals cope with potentially traumatic events will differ depending on number of factors, as outlined above, as well as their degree of resilience. Whilst some may experience acute distress from which they find it difficult to recover, these studies suggest that the majority manage to endure the temporary turmoil of loss or potentially traumatic events well, with minimal disruption to functioning. Therefore, treating all individuals with the same

intervention (e.g. CISD) may undermined individuals personal way of dealing with and making sense of a critical incident or even trigger a sense of shame about not feeling a certain way (Litz et al, 2002).

4.5.3 Adaptive avoidance

CISD fails to acknowledge the notion that avoidance can be an adaptive coping strategy. Individuals may need to temporarily and sporadically distance themselves from the painful emotions and thoughts associated with the loss, in order to eventually process and acknowledge the loss (Shear, 2010). Experiential avoidance is thought to play a role in facilitating the bereaving process and is described as the unwillingness to acknowledge particular experiences (e.g. bodily sensations, emotions, thoughts, memories, behavioural predispositions) or taking action to alter the form or frequency of these experiences and the contexts that elicit them (Haves et al, 1996). Stroebe and Schut's (1999) Dual Processing Model of coping with bereavement supports this notion. They state that a bereaved individual will oscillate between confronting the loss directly and avoiding it in order to deal with changes in their life resulting from the loss. They refer to these states as *loss-orientation*, in which the individual focuses directly on the loss and associated emotions, and *restoration-orientation* in which the individual shifts attention away from the loss in order to attend to secondary stressors (e.g. having to undertake new roles, identities and challenges as a result of the loss). Therefore, encouraging the individual to focus on the loss, as is done in CISD, may interfere with this natural process of confronting and avoiding.

However, it is acknowledged that avoidance can become maladaptive when it is over-used or used in a rigid unchanging way throughout the grief period (Shear, 2010). Avoidance of thoughts, emotions through cognitive and behavioural strategies is a core symptom of complicated grief (the unsuccessful resolving of bereavement and prolonged period of acute grief; Shear, 2010). If this occurs, the individual is likely to require support to deal with their grief in order to return to healthy functioning.

In addition to this, the research by Bonanno et al (2002) and Bonanno et al (2005) found that a small number of people experienced significant and prolonged levels of distress following a loss. Therefore, it does not seem appropriate to offer no support following a critical incident. Whilst CISD may not be suitable for the reasons outlined above, consideration needs to be given to the type of support EPs could offer school staff in this context.

4.6. Considering an alternative approach

Rick and Briner (2004) are critical of what they refer to as the treatment elements of CISD (e.g. phases 2-5: facts, thoughts, reactions and symptoms), as these involve re-exposing participants to the event and could potentially lead to secondary trauma.

However, they propose that the management elements of CISD, such as teaching and re-entry (phases 6 and 7) are useful, as they offer practical support to help participants manage or cope with the critical incident. This notion is supported by

themes emerging from the bereavement literature, which indicate that effective support for bereaved individuals consists of: promoting a sense of control; encouraging social support; and providing information regarding when and how to seek addition support (e.g. Morris and Block, 2012). Sense of control in this context may refer to individuals being informed of what is “normal” and what they may expect in the first few months following a loss (Morris and Block, 2012). It could also be in terms of equipping them with knowledge and resources needed to help others who may seek their support (e.g. pupils, parents).

Whilst the WHO (2012a) strongly discourages the use of CISD, they do recommend the use of Psychological First Aid with bereaved individuals who do not meet the criteria for a mental disorder (WHO, 2012b). This approach is also highly valued within the bereavement literature as it addresses the themes outlined above.

4.6.1. Psychological First Aid

Psychological First Aid (PFA) is described as providing non-intrusive, supportive and practical assistance to people who have been exposed to potentially traumatic events (WHO, 2010). It aims to provide a calm, caring and supportive environment which helps to reduce any initial distress and promote short-term and long-term adaptive functioning and coping (Raphael, 1986). However, unlike CISD, PFA does not assume that exposure to a traumatic event will inevitably lead to a psychological disorder. It emphases the role of resilience and is informed by the

research evidence on risk and resilience following trauma (Brymer et al, 2006). Three other differences between PFA and CISD are outlined in Table 5.

Table 5: Differences between PFA and CISD

Psychological First Aid	Critical Incident Stress Debriefing
Appropriate for anyone who is acutely or severely distressed or affected by an emergency, a stressful incident or disaster event (primary and secondary victims)	Appropriate for staff members, such as fire fighters, police officers, military and emergency services personnel. CISD should not be used with primary victims.
It is not compulsory and may not always be necessary	Has tended to be mandatory
Does not involve a discussion of the event, individuals' experience and reaction.	Individuals are asked to recount their perceptions, thoughts and emotional reactions to the event.

The PFA approach recognises that individuals who experience a traumatic event are likely to experience a broad range of initial reactions, which may be physical, psychological, behavioural or spiritual (Brymer et al, 2006). Whilst some of these reactions may result in distress that interferes with adaptive coping, others may not (Brymer et al, 2006). When distress does occur, it is proposed that the risk of negative outcomes can be lowered by reducing arousal, distress and disconnection and enhancing coping and control (Litz, 2008). This assumption is based on the research evidence on risk and resilience which has found the follow to be associated with better outcomes for bereaved individuals:

- feeling safe, connected to others, calm and hopeful;
- having access to social, physical and emotional support; and

- regaining a sense of control by being able to help themselves (Hobfoll et al, 2007; Morris and Block, 2012; Stroebe et al, 2007).

PFA is a flexible approach, which is responsive to the needs of individuals for whom it is intended. Therefore, rather than prescribing a step-by-step approach, authors have tended to offer a list of skills needed to provide effective PFA. For instance, Brymer et al (2006) provide an evidence-informed model which outlines eight elements of PFA and their goals:

Element	Goal
Contact and engagement	To respond to contacts initiated by people or initiate contacts in a non-intrusive compassionate and helpful manner
Safety and Comfort	To enhance immediate and ongoing safety, provide physical and emotional comfort
Stabilisation (if needed)	To calm and orient emotionally overwhelmed or disoriented individuals
Information gather of current needs and concerns	To identify immediate needs and concerns and tailoring the PFA to these.
Practical assistance	To offer practical help to survivors in addressing immediate needs and concerns to help them feel safer and calmer
Connection with Social Supports	To help establish brief or ongoing contacts with primary support personal or other sources of support including family, friends and community help resources
Information on coping	To provide information about stress reactions and coming to reduces distress and promote adaptive functioning
Linking with collaborative services	To link individuals with available services needed at the time or in the future.

However, Everly et al (2006) do provide an example of the general stages a PFA response may involve, which they propose could be used with school staff who have experienced the death of a colleague:

1. Introduction: the leaders introduce themselves, outline the purpose of the meeting, the expected duration and any ground rules (e.g. voluntary attendance/participation)
2. Review of the incident: the leaders present the facts of the incident as they understand them.
3. Clarification: the leaders give participants the opportunity to clarify or correct the facts given. This also allows the leader to address any misperceptions of the facts that participants may have.
4. Teach: the leaders offer information that normalises responses to trauma (e.g. the range of possible negative and positive emotional responses) and discuss basic coping strategies and stress management. This provides an opportunity for the leaders to highlight signs and symptoms that may require further attention.
5. Promote cohesion and resiliency: the leaders emphasise the potential role that participants can play in supporting one another. Natural support systems are highlighted.
6. Connections: the leaders support participants in making connections with information support systems (e.g. family, friend, colleagues) and formal support systems.
7. Continued resource: the leaders state their availability as a continued resource for the group, if this had been agreed. Regardless, they should be available immediately after the meeting.

Everly et al (2006) also state that leaders should debrief with each other following the meeting and have access to other routes of support if needed. They should

recognise and address their personal and professional reactions to all aspects of the trauma and the PFA process (Zieler and McEvoy, 2000). Finally, Everly et al (2006) advocate the formal or informal evaluation of PFA to inform an assessment of its effectiveness.

Reviews by Fox et al (2012) and Bisson and Lewis (2009) have found a lack of empirical study of PFA and therefore a lack of direct evidence for its effectiveness. However, both studies found PFA to be widely supported by expert opinion and rational conjecture. Furthermore, indirect evidence regarding the benefits of promoting calm and connectedness following a traumatic event provides support for the elements of PFA (Bleich et al, 2003; Bryant et al, 2003; Hobfoll et al, 2007; Shalev, 1999; Stein et al, 2004). In this sense, PFA practice is described as evidence-consistent rather than evidence-based, as it is informed by research on protective and risk factors associated with post traumatic recovery (Watson, 2007). Despite the absence of direct evidence, PFA is considered to be an acceptable response to be used with people who have experienced a traumatic event (Fox et al, 2012). However, evaluation of the approach as a whole would provide further support for the overall efficacy of PFA and this should be the focus of future research.

4.7. Conclusion

Although neither CISD nor PFA have been evaluated in terms of their efficacy with school staff, I would argue that PFA is a more appropriate approach to use in response to the death of a member of staff. It appears to address the limits and

flaws of CISD and is an evidence-consistent approach. PFA provides a way of responding to individuals who have experienced a traumatic event and the supportive and non-intrusive nature of PFA is unlikely to do harm (Wooding and Raphael, 2012). Unlike CISD, it does not require individuals to re-experience the event which some argue can be harmful (Rick and Briner, 2004). Instead it provides support, information and emphasises natural coping strategies (Everly et al, 2006). Nevertheless, evaluation is important for assessing the efficacy of work provided by Educational Psychology Services and efforts should be made to evaluate PFA as a response to critical incidents within schools.

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Appendices

Appendix 1: Random and non-random control trials of single session early psychological intervention (Bisson et al, 2009).

Randomised control trials		
Author	**Target population**	**Outcome**
Bisson et al (1997)	103 victims of acute burn trauma (57 debriefing, 46 standard care)	Intervention group fared worse
Bordow and Porritt (1979)	70 victims of motor vehicle accidents (10 immediate debriefing, 30 immediate debriefing and 3 month social worker input, 30 standard care)	Social worker intervention group fared best, followed by immediate debriefing group
Bunn and Clarke (1979)	30 relatives of seriously ill/injured people (15 debriefing, 15 standard care)	Intervention group fared better
Campfield and Hills (2001)	Victims of robbery (36 debriefing within 10hr, 41 debriefing within 48hrs)	Group that received intervention within 10hr fared better
Conlon et al (1999)	40 victims of motor vehicle accident (18 debriefing, 22 advice and leaflet)	No significant difference
Dolan et al (1999)	80 accident and emergency attenders (34 debriefing, 46 standard care)	No significant difference
Hobbs et al (1996) follow up by Mayou et al (2000)	114 victims of: Motor vehicle accident (59 debriefing, 55 standard care)	Intervention group fared worse
Lee et al (1996)	39 mothers who experienced miscarriage (21 debriefing, 18 standard care)	No significant difference
Litz et al (2008)	979 soldiers deployed on a peacekeeping mission (338 group CISD, 316 stress education, 325 no intervention)	No significant difference
Rose et al (1999)	138 victims of violence (45 debriefing, 46 education, 47 standard care)	No significant difference
Sijbrandik et al (2006)	189 civilian survivors of various traumatic events (45 debriefing, 46 education, 47 standard care)	No significant difference

Stevens and Ashead (1996)	Victims of motor traffic accidents, assault or dog bite (63 emotional debriefing, 63 psychoeducational debriefing, 63 no intervention	No significant difference but some evidence of worse outcome in emotional debriefing group

Non-randomised control trials		
Author	**Participants**	**Outcome**
Carlier et al (1998)	105 police officers responding to airplane crash (46 group debriefing, 59 standard care)	No difference at 8 months, intervention group fared worse at 18 months
Carlier et al (2000)	243 Police officers (86 debriefing, 82 refused, 75 group before group debriefing introduced)	Intervention group fared worse at 1 week, no difference at 6 months
Deahl et al (1994)	29 Gulf War dead body handling (15 debriefing, 14 standard care)	No significant difference
Deahl et al (2000)	106 Male military peacekeepers (54 group CISD, 52 control)	Intervention group fared better at 1 year
Eid et al (2001)	27 Military personnel and fire fighters exposed to car accidents (group intervention with debriefing, group intervention without debriefing)	Intervention group fared better
Hytten and Hasle (1989)	58 Fire fighters (39 debriefing, 19 standard care)	No significant difference
Jenkins (1996)	29 Emergency Service Personnel (15 CISD, 14 standard care)	Intervention group fared better
Kenardy et al (1996)	195 Emergency workers (62 debriefing, 133 standard care)	No significant difference
Matthews (1998)	Assaulted mental health workers (14 debriefing, 18 rejected, 31 not offered)	Intervention group fared better
Wee et al (1999)	65 Emergency personal following a civil disturbance (debriefing, control group, numbers not specified)	Intervention group fared better

Appendix 2: Outcome patterns in a sample of 205 elderly participants following the death of their spouse (Bonanno et al, 2002).

Category	Description	No. of participants
Resilient	Low pre-loss depression, no change at both 6 or 18 months of bereavement	95
Chronic grief	Low pre-loss depression, grief reactions at both 6 and 18 months of bereavement	31
Common grief	Low pre-loss depression, grief reaction at 6 months, return to pre-loss levels at 18-months of bereavement	22
Depressed improved	High pre-loss depression, improved at both 6 and 18 months of bereavement	21
Chronic depression	High pre-loss depression, no change at both 6 and 18 months of bereavement	16
Delayed grief	Low pre-loss depression, no change at 6 months, had a grief reaction at 18 months	8
Delayed improved	High pre-loss depression, no change at 6 months, improved at 18 months of bereavement	10
Improved relapsed	High pre-loss depression, improved at 6 months, returned to pre-loss level of depression at 18 months of bereavement.	2

CHAPTER FIVE: PROFESSIONAL PRACTICE REPORT 4

Focusing on outcomes and improvements: using an enhanced version of the Kirkpatrick 4-level model to evaluate training delivered by an Educational Psychologist

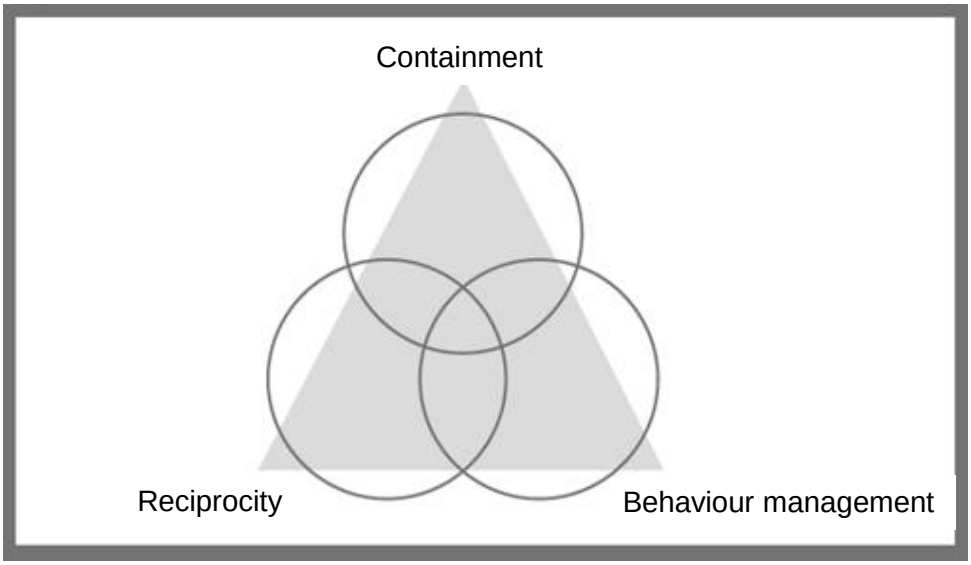
5.1. Abstract

In the current economic climate, it is important that Educational Psychology Services are able to demonstrate the impact of their work to commissioners of their service (Fallon et al, 2010). Carrying out evaluations of training delivered by Educational Psychologists is one way in which they can do this. However, current notions of evaluation which focus on outcomes and improvements to service delivery do not appear to be embedded in practice (NAPEP, 2010). Therefore, this study aims to explore whether an enhanced version of the Kirkpatrick 4-level model, which focuses on outcomes and continuous improvements, can provide a useful tool for Educational Psychologists to use to evaluate training. The Solihull Approach Awareness Training was delivered to members of staff in an Infants School and evaluated using the model. Pre- and post-training questionnaires were used to gather data along with a focus group carried out three months after the training was delivered. It was found that the evaluation model allowed me to demonstrate the positive outcomes of the training in terms of increases in participants' knowledge, changes to practice and improvements to the emotional health and wellbeing of parents and staff. A number of factors that could inform improvements to the training were also highlighted. However it was more difficult to demonstrate the impact of the training on pupils. The findings of the current study are discussed in relation to previous research and future considerations.

5.2. Introduction

This study was carried out in an Infant School located in Eastshire County Council in the East Midlands. Eastshire's Educational Psychology Service is a part-traded service that offers support at the individual, group and organisational level, through consultation, interventions, training and project work. One of the training courses offered to schools by Educational Psychologists (EPs) is the Solihull Approach Awareness Training (SAAT) which aims to promote the emotional health and wellbeing of children and families. There are many different definitions of the terms emotional health and wellbeing and to explore these in detail is beyond the scope of the current study. The general definition of wellbeing relates to a state of being healthy, happy, comfortable and satisfied with life (e.g. Diener 2000). The WHO (2001) defines emotional health as a state of wellbeing in which an individual can realise their potential, cope with normal life stresses and work productively and fruitfully. The SAAT proposed to support school staff in recognising the links between a person's behaviour, their ability to deal with emotions and the extent to which they feel understood by others (Simons and Jackson, 2011).

The Solihull Approach is based on three interacting components:



The concept of containment was proposed by Bion in 1959 and is underpinned by psychoanalytic assumptions. It refers to the process of receiving the emotional communication of another person and communicating it back to them in a more manageable form, thus restoring their capacity to think and solve problems for themselves (Douglas, 2010). The term reciprocity was first described by Brazelton et al (1974) and emerged from research into child development. It refers to the process whereby an adult and child communicate their needs to each other through attuned interactions. One aspect of reciprocity is known as rupture and repair and refers to interactions breaking down and being repaired. The latter develops the child's ability to manage, repair and sustain relationships (Tronick and Gianino, 1986). The third component, behaviour management, derives from behaviourism and learning theory (Skinner, 1938). The focus is on modifying behaviour through the reinforcement of desired behaviour and ignoring undesirable behaviour, and includes consistency, clear rules and expectations and positive roles models (Douglas and Ginty, 2006).

In order for a school to receive the SAAT, two members of staff are required to first attend a two day foundation training course on the Solihull Approach. The SAAT is then delivered to the whole school staff with the intention of supporting staff to embed the Solihull Approch in their practice (Simons and Jackson, 2011). Whilst there has been some evaluation of this training, which will be outlined later, its effectiveness in leading to change in practice and outcomes for children and families has not yet been fully explored. In the current economic and political climate, evaluation of this type of work is crucial as Educational Psychology

Services are required to demonstrate to the commissioners of their service that their work brings about positive outcomes for children and young people and their families (Farrell et al, 2006).

This Professional Practice Report aims to explore whether an enhanced version of the Kirkpatrick 4 level model of training evaluation proves to be a useful tool for evaluating the SAAT. The four levels proposed by Kirkpatrick (1959) are as follows: Level 1, *reactions,* measures participants' perception of the training; Level 2, *learning*, measures the learning acquired from the training in terms of participants' knowledge, skills and/or attitudes; Level 3, *behaviour*, aims to explore participants' ability to apply the knowledge and skills they have gained from the training to their practice; and Level 4, *results*, aims to measure the overall impact the training has on the organisation, resulting from the participants' performance.

A literature review is provided in Section 2 which outlines evaluation within Educational Psychology and how training has been evaluated in other professional fields such as Training and Development. Section 3 outlines the methodology of the current study and the results are presented in Section 4. Section 5 presents a discussion of the findings in relation to previous research and future considerations.

5.3. Literature review

5.3.1 Systemic working: Educational Psychologists delivering training

EPs' working at a systemic level has been strongly promoted since Gillham's influential text *Reconstructing Educational Psychology* (Gillham, 1978). This type of work involves EPs supporting children and young people by working with organisational structures in a school rather than directly with children and young people (Stobie et al, 2002, Kelly et al, 2008). This way of working has been promoted based on the notion that it can be preventative and an effective use of EPs' time (Webster et al, 2003; Pennick and Lagunowitsch, 2010). The delivery of training to school staff is an example of this type of work and usually involves an EP providing information about a particular topic and disseminating evidence-based strategies for staff to implement in their school (Aubrey, 1986).

The annual Educational Psychology Workforce Survey found that some Educational Psychology Services in the UK have reported increased demands for training from schools over the past year (National College for Teaching and Leadership: NCTL, 2013). Montana and Chernov (2000) defined training as:

> *"...an educational process. People can learn new information, re-learn and reinforce existing knowledge and skills, and most importantly have time to think and consider what new options can help them improve their effectiveness at work. Effective training conveys relevant and useful information that informs participants and develops skills and behaviours that can be transferred back to the workplace." (p. 1)*

It is proposed that through the delivery of training, EPs are able to increase the knowledge base and skills of school staff so that they can create positive leaning

environments and meet the needs of children and young people within their school (Kelly and Gray, 2000; Boyle and MacKay 2007; Boorn et al, 2010). Evaluations of training delivered to school staff have found that it has led to changes in practice and positive outcomes for pupils (Reynolds et al, 2006; Stringfield et al, 2001). For instance, the Education of the Developmentally Young (EDY) training programme which has been widely disseminated since the 1980s, provides training on behavioural techniques for school staff who work with children with severe learning difficulties (Farrell et al, 1993). Evaluations of this programme found that teachers became skilled in the use of the behavioural techniques taught and applied these in their practice, which in turn led to improvements in pupils' learning and development (Farrell, 1982; Farrell and Sugden, 1984; Robson et al, 1988). More recently, training on Attention Deficit Hyperactivity Disorder, augmentative and alternative communication and nurture principles has been found to lead to increased knowledge and changes in teachers' practice (Boorn et al, 2010; Jones and Chronis-Tuscano, 2008; Pennington and McConachie, 1996).

Research has suggested that there are several elements that underpin the effectiveness of training. Firstly, participants' training needs should be identified through analysis and the training to be delivered should be negotiated and planned in collaboration with those receiving it (Monsen et al, 1998; Gemmell et al, 2003). During the delivery of the training, the theoretical basis of the topic should be provided and the skills being taught should be modelled and linked to participants' practice (Guskey, 2000; Kealey et al, 2000; Gemmell et al, 2003). Participants should also have an opportunity to practise skills and gain feedback

on their application of these skills (Guskey, 2000; Kealey et al, 2000, Leach and Conto, 1999). Therefore, training delivered over time is likely to be more effective than standalone training as it allows for the latter (Hawley and Valli, 1999). However, it is not sufficient to assume these elements will lead to positive outcomes and training needs to be evaluated in order to determine its effectiveness (Kirkpatrick, 2007).

Furthermore, research has found that certain organisational conditions are needed for training to be effectively applied to practice. For instance, the application of skills is more likely to occur when managers promote and support the training (Facteau et al, 1995; Ford et al, 1992). Providing time for planning and implementing activities and opportunities for professional interactions between colleagues is also important (Corbett et al, 1984; Fullan, 1991). In addition, a shared responsibility among staff for achieving outcomes, exchanging information and working collaboratively has been found to support the effective application of training (Gross et al, 1971; Joyner 1998; Keating, 1998; Louis, 1998).

5.3.2 Evaluation within Educational Psychology

There has been an increased emphasis on evaluation within the Educational Psychology profession over the past 30 years (Dunsmuir et al, 2009). In the 1960s the initial focus of evaluation was on *accountability* and various client groups' (e.g. Local Education Authority, schools', parents', children' and other professionals') understanding what Educational Psychology Services offered (Dowling, 1994). This changed to notions of *quality service delivery* and *customer satisfaction* in the

late 1980s (Clark and Stewart, 1985). The introduction of the Best Value review in 1999 led to *outcomes* and *improvements to service delivery* becoming the focus of evaluation, with *outcomes* referring to whether the service achieved the desired results or intended objectives (DETR, 1998). The current pressures on Educational Psychology Services to demonstrate the positive impact of their work to commissioners of their services has resulted in outcomes and improvements to services delivery remaining the focus of evaluation (Farrell et al, 2006; NCTL, 2013).

In 2010 the National Association of Principal Educational Psychologists (NAPEP) carried out a survey of the evaluation activities carried out by twenty-four Educational Psychology Services in the UK. Part of this survey focused on training delivered by EPs and found that only eight Educational Psychology Services systematically evaluated this aspect of practice. Furthermore, these evaluations tended to be superficial in that they focused mainly on participants' impression of the training. Although some of the Educational Psychology Services were conscious of the need to focus on outcomes, this was not found to be embedded in current practice. Similarly, Gemmell et al (2003) found that the evaluation of training within a Scottish Educational Psychology Service focused on participants' perceptions of the presenters and the extent to which they found the training enjoyable. The SAAT has been evaluated to some extent by EPs within Eastshire Educational Psychology Services (Simons and Jackson, 2011). These evaluations went further than just measuring participants' reactions to elements of the training (e.g. presentation and relevance of the training, style of information delivery etc.),

as they also explored participants' understanding of concepts covered in the training (e.g. gains in knowledge). However they still failed to explore outcomes in terms of whether the training had promoted the emotional health and wellbeing of children and families. There is generally a lack of published literature regarding EPs delivering and evaluating training. However studies such as those stated above suggest that the evaluation of training is not fully embedded in EPs' practice and when evaluations do occur, the focus remains on customer satisfaction.

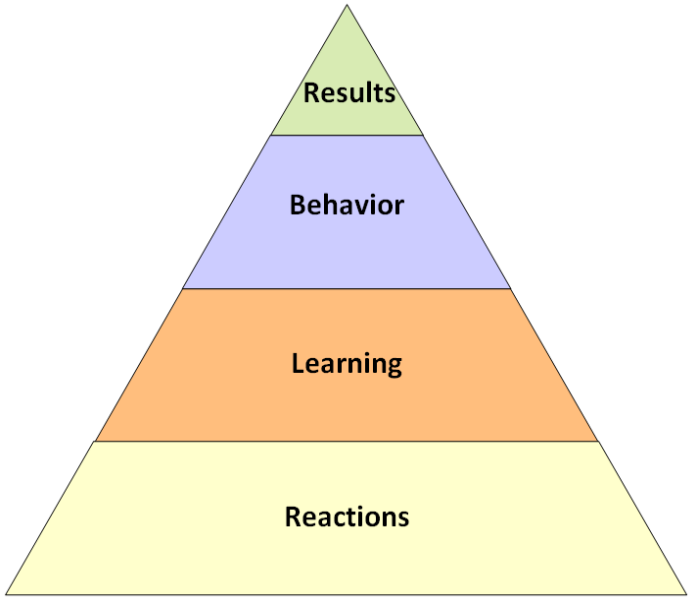
Approaching the evaluation of training from a research perspective may support progression from the customer satisfaction level. Within the field of evaluation research, evaluation tends to be defined as the use of research tools to explore the effectiveness and effects of a programme, procedure or intervention in producing change outcome (Clarke, 1999; Shank and Brown, 2007). With regards to training, it is proposed that evaluation involves the systematic collection of information to explore whether the training has produced its intended outcomes (Patton, 1997). In addition to this, questions regarding how and why the outcomes were or were not achieved are equally important (Robson, 2011). These can inform improvements to the training, in identifying the strengths to be built upon and areas to develop (Clegg, 1987; Weiss, 1997; Robson, 2011).

5.3.3. Kirkpatrick: a model of evaluation

Although the evaluation of training does not appear to be prominent in the Educational Psychology literature or practice, it has been extensively explored in the field of Training and Development which is concerned with organisational

efforts to improve the performance of employees and improve the output of the organisation (Hesterman and Farrington, 1994). One of the most widely used models of evaluation within this field was devised by Kirkpatrick in 1959. He proposed that training evaluation should comprise four sequential levels:

Figure 1: Kirkpatrick's (1959) 4 level model of training evaluation



The first level of evaluation, *reaction*, involves measuring participants' perception of the training. This is done immediately after the training is delivered and is important for gauging participants' views of different aspects of the training (e.g. presenters, topics, presentation style, time of delivery etc.). Kirkpatrick (1999) proposed that the subsequent levels of evaluation are unlikely to be achieved if participants do not have a positive attitude towards the training. The second level of evaluation, *learning*, is also completed immediately after the training is delivered. It aims to measure the learning acquired from the training in terms of participants' knowledge, skills and/or attitudes. Kirkpatrick proposes using pre- and post- training measures in which participants can demonstrate their knowledge in

relation to the concepts and skills taught in the training. The third level of evaluation, *behaviour*, aims to explore participants' ability to apply the knowledge and skills they have gained from the training to their practice. Therefore, this level of evaluation will occur some time after the training has been delivered and involve an exploration of participants' practice. The fourth and final level of evaluation, *results*, aims to measure the overall impact the training has on the organisation, resulting from the participants' performance. The third and fourth levels of evaluation can be more difficult and time-consuming to implement and as a result they are often not carried out (Bassi and Van Buren, 1999; Cheng and Hampson, 2008). A number of modifications have been made to Kirkpatrick's model, including the addition of a fifth level, *Return on Investment* (ROI), by Phillips (1995). This level compares the monetary benefits from the training with the cost of the training. However, for the current study this level was not judged to be appropriate as the school did not purchase the training.

Kirkpatrick's model highlights the importance of practice outcomes and measuring training effectiveness at multiple levels (Newstrom, 1995; Bates, 2004). However, the model has often been criticised for being too simplistic and incomplete (e.g. Holton, 1996; Kaufman et al, 1995; Bates, 2004). For instance, Bates (2004) states that the model incorrectly assumes a simple causal relationship between the levels of evaluation (e.g. that a positive reaction to training leads to greater learning, which in turn promotes greater transference and subsequently, positive organisational outcomes). He criticises the model for failing to take into account individual and contextual factors that may impact on the effectiveness of training,

such as the learning culture of the organisation (Tracy et al, 1995), the extent to which colleagues support the acquisition of skills and changes in practice (Bates et al, 2000) and participants motivation to learn new skills and change their practice (Colquitt et al, 2000).

However, this criticism appears somewhat unwarranted. Whilst Kirkpatrick (1996) states that participants with a favourable reaction to the training are more likely to pay attention and learn, he also recognises that:

> "*Even though a training director may have done a masterful job measuring trainees' reactions, that's no assurance that any learning has taken place. Nor is that an indication that participants' behaviour will change because of the training. And still further away is any indication of results that can be attributed to the training (page 2, 1996)"*

He goes on to quote Katz (1956) who lists a number of individual and contextual requirements needed for people to be able to transfer what they have learnt to their practice (e.g. motivation, self-evaluation, a permissive and supportive climate, opportunities to change practice).

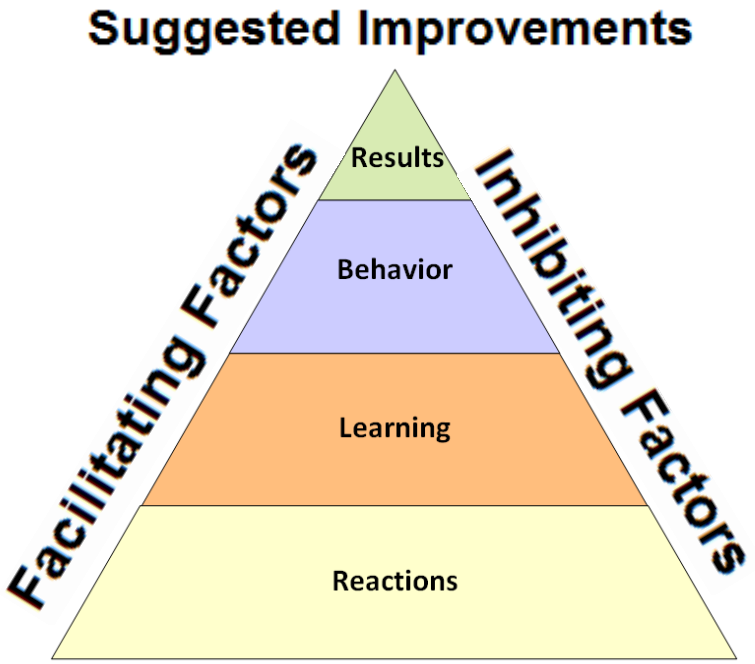
Kirkpatrick's model has also been criticised for providing a summative evaluation rather than a formative evaluation (Watkins et al, 1998). Summative evaluations focus on whether the intended outcomes of the training were met, whereas formative evaluations aim to inform the development and improvement of the training (Scriven, 1967). Kirkpatrick (1996) does state that his model can be used to improve training, but gives little indication of how. Dick and Carey (1996) proposed that this can be achieved by exploring participants' views regarding the

delivery of the training and the reasons for the outcomes being achieved or not being achieved.

Kirkpatrick (1996) responds to his critics by agreeing that his model is simple but argues that this has led to its popularity among trainers. He states that the model is not intended to provide an explicit and detailed account of how to implement all four levels but rather, it aims to clarify the meaning of evaluation and provide guidance on how and where to begin.

Due to the extensive and successful use of Kirkpatrick's four level model within the Training and Development field, the current study aims to explore whether it would provide a useful framework for EPs to use to evaluate training. However, in order to make it a useful working model, I will explicitly highlight some of the more implicit elements of Kirkpatrick's original model (see Figure 2): for instance; factors that impact upon the effectiveness of the training in producing the intended outcomes (Dutton, 2013); and the ways in which the evaluation can inform continuous improvements to the training (Kaufman et al, 1995).

Figure 2: Proposed model of evaluation



5.4. Methodology

The importance of evaluation in Educational Psychology has been acknowledged since the 1960s. In more recent years, outcomes for children and young people and families, and improvements to service delivery have become a principle focus of evaluation. However, this does not seem to be embedded in practice and the focus of training evaluation often remains at the customer satisfaction level. Kirkpatrick (1959) offers a multi-level model of training evaluation that allows me to focus on outcomes. This study aims to explore whether an enhanced version of this model, which highlights some of its more implicit elements, can provide a useful framework for EPs to use when evaluating training.

Therefore, the current study aims to answer the following research question:

> *Does an enhanced version of the Kirkpatrick four level model provide a useful framework for EPs to use to evaluate training?*

With the current focus of evaluation measuring outcomes and informing and monitoring improvements to practice, the following two sub-questions are proposed:

1. *How can the model demonstrate whether the intended outcomes of the training were achieved?*
2. *How can the model inform continuous improvements in the training?*

5.4.1. Epistemology

This study was underpinned by an interpretive epistemology which assumes that access to "reality" is only achieved through social constructions such as language, consciousness and shared meanings (Myers, 2008). People have consciousness and actively experience and interpret the world and behave in accordance to this interpretation (Livesey, 2006). Therefore, actions cannot be understood separately from the meaning given to them and this is what needs to be studied.

5.4.2. Design and methods

The study employed a one-group, pre-, post- and follow-up-test design. A mixed methods approach using both questionnaires and a focus group was employed to collect the data. Self-report methods were judged to be appropriate for this study as they allowed the gathering of participants' views directly and provided access to phenomenological data (perceptions of themselves, their world) otherwise

unobtainable (Harre, 1978; Kelly, 1955). Furthermore, self-report measures can help obtain information in situations where collecting observational data would be impractical or not possible. For instance, some of the containment and reciprocity strategies are applied as situational responses and therefore are not guaranteed to occur during an observation.

As with any research method, self-reports also have disadvantages which were acknowledged and measures were put in place to reduce these. For instance, self-reports can be vulnerable to response biases as participants may respond in a way that presents them more favourably (Paulhus, 1991). Acquiescent responding may also occur in which participants agree with responses without giving much consideration to the question (Paulhus and Vazire, 2007). Another concern relates to participants having a more positive view of themselves due to a distorted outlook and a predisposition towards self-enhancement (Fiske and Taylor, 1991; John and Robins, 1994). In order to address these disadvantages, participants were informed that their questionnaire responses would be anonymous to encourage honest reporting. They were also given adequate time to complete the questionnaires and encouraged to carefully consider each question. Furthermore, participants were asked to complete open-ended questions which required them to give the rating questions additional thought. Finally the focus group was judged to provide an additional perspective that would supplement the data gathered from the questionnaires.

It has often been suggested that self-report data should be supplemented with observational data, a view that appears to be underpinned by the assumption that behavioural measures provide more accurate and objective estimates of the phenomena under study (e,g, Kagan). However, behavioural observations are also susceptible to social desirability and demand characteristic as the participant being observed may act in a way that attempts to please the observer (Moskowitz, 1986). Furthermore observational data collected on one occasion might reflect specific situational factors and the same person in the same situation may act differently on a different occasion (Furr and Funder, 2007).

Questionnaires

The pre- and post-questionnaires aimed to inform the evaluation at levels 1 and 2, and the follow-up questionnaire and focus group aimed to inform the evaluation at levels 3 and 4. The questionnaires contained rating scales and open-ended questions (see Appendices 1, 2 and 3). The pre-training questionnaire consisted of questions based on the four learning outcomes. This was intended to provide a baseline for the participants' level of knowledge and understanding of the Solihull Approach prior to taking part in the training. The post-questionnaires included the same questions to gauge the learning gained, along with additional questions regarding participants' reaction to different elements of the training (e.g. delivery style, materials and resources provided, the presenter, timing) and how they intended to use the training.

Three months after the training was delivered, participants were asked to complete a follow up questionnaire. The questions used in the pre- and post- training questionnaires were included again to gain insight into the extent to which the acquired knowledge and skills had been retained.

Focus group

A focus group was also conducted at the 3 month follow-up. This aimed to explore whether there had been any changes in practice following the training, factors that had facilitated or hindered this, the perceived outcomes of the training and any suggested improvements to the training (see Appendix 4). A focus group was chosen over individual interviews as it allowed qualitative information to be collected from several participants at once, making it a fast and efficient method of data collection (Krueger and Casey, 2000). I also judged that a focus group would allow me to gain the participants' collective reaction to the training and the group discussion would stimulate thoughts and comments that may not surface in individual interviews (Robinson, 1999). However, I was aware of the disadvantages of focus groups and took steps to avoid these. For instance, bias may result from the discussion being dominated by a few participants and others may feel pressure to agree with dominant views (Robinson, 1999). However I judged that this risk could be minimised through the facilitation of the discussion, encouraging and providing opportunities for all participants to participate. Participants were also able to record any additional views they had on the follow-up questionnaire. I had intended to record the focus group using an audio recorder but experienced difficulties with the device at the time of the focus group.

Therefore field notes were used to record participants' responses. The responses were then analysed thematically, in which themes arising from the participants' responses were identified (Braun and Clarke, 2006).

At the time of the focus group, I judged that another follow up was needed to further inform the Level 4 evaluation as some of the changes to practice had only recently been implemented. I intended to explore participants' views of the overall impact the training with regards to promoting the emotional health and wellbeing of children and families. Again I planned to use questionnaires and a focus group and compare the findings to the original baseline audit from which the training needs were identified. However, I experienced difficulties with engaging the school to carry out this follow up. I tried several times to arrange a date and time that would be suitable for the staff but due to competing pressures they were unable to meet with me and therefore the follow up did not take place.

5.4.3. The setting

The study was carried out in a small infant school in Eastshire. The school had undergone a TaMHS (Targeted Mental Health in Schools) baseline audit. This involved identifying improvement opportunities by eliciting school staffs' views through the use of questionnaires. The areas identified related to those covered in the Solihull Approach Training (e.g. communicating effectively with parents and carers and being knowledgeable, skilled and confident in meeting the needs of children who were experiencing difficulties with their mental health). Therefore, as

a result of the audit, two members of staff attended the two-day Solihull Approach Foundation training and the whole teaching staff received the SAAT.

5.4.4. Procedure and participants

Monsen et al (1998) and Gemmell et al (2003) suggest that participants' training needs should be identified through analysis and the training should be planned in collaboration with those receiving it. I judged this to be the case in the current study as the needs were identified through the baseline audit and it was agreed with the staff that the SAAT would support in meeting these needs. The SAAT was delivered across two twilight sessions occurring a week apart. The overall intended outcome of the SAAT was to promote the emotional health and wellbeing of children and families. In addition to this, four learning outcomes were proposed:

1. to understand the model of the Solihull Approach, including the key aspects of containment, reciprocity and behaviour management;
2. to understand the interaction between emotional development and brain development;
3. to be able to apply the Solihull Approach in school; and
4. to have more confidence in your own knowledge and skills in working to support children's mental health.

Participants were provided with information about the study prior to receiving the training and were given the option to opt out of completing the evaluation questionnaires in line with the BPS Code of Ethics and Conduct (2009) (see Appendix 5). Pre-training questionnaires were administered before the first session (see Appendix 1). All eight members of teaching staff attended this

session and all chose to complete a questionnaire. Post-training questionnaires were administered after the second session (see Appendix 2). Seven members of staff attended this session and again all chose to complete a questionnaire. Follow-up questionnaires were administered 3 months after the training was delivered (see Appendix 3) along with a focus group (see Appendix 4). Six members of staff chose to complete the questionnaires and participate in the focus group.

5.5. Results

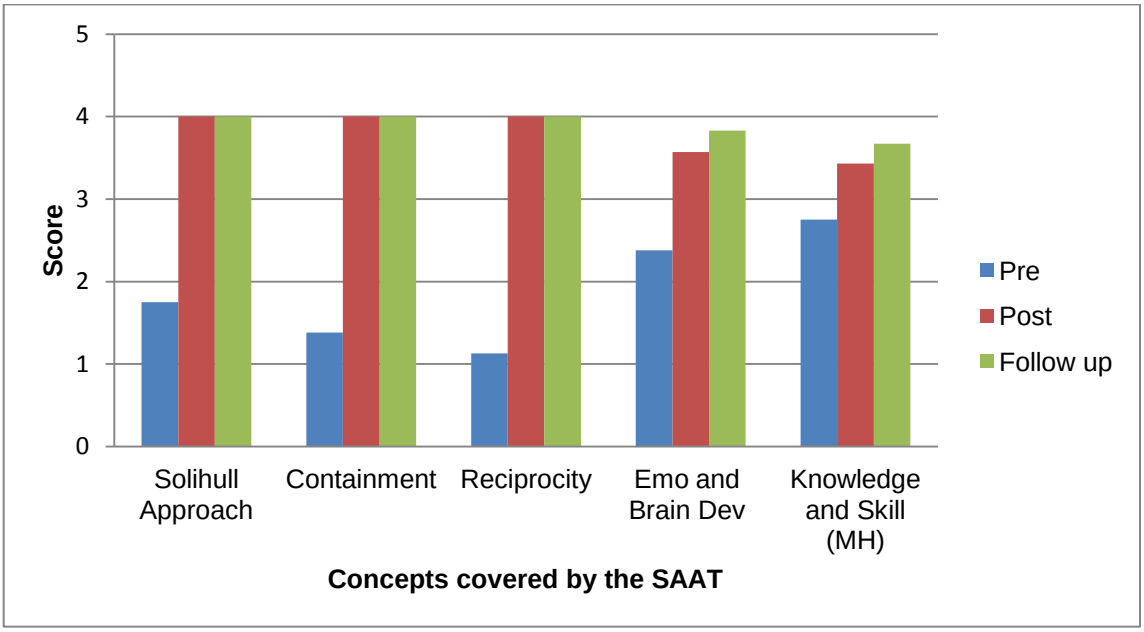
5.5.1. Level 1: Reaction

All of the participants reported that the course was held at the right time of day and that the presenter was knowledgeable, helpful and informative. Six out of the seven participants reported that the quality, delivery and presentation of the course were of a high standard, the course materials covered all the information required and that the course materials would be useful for future reference. The remaining participant disagreed with these statements. When asked what they believed to be the most important aspect of the training, the two most common responses were: having knowledge of strategies and opportunities for providing containment; and learning about brain development and the link with emotional development.

5.5.2. Level 2: Learning

For the pre- post- and follow-up questionnaires, participants were asked to rate on a scale of 1 (not at all) to 5 (a lot) how much they knew about the Solihull Approach, containment, reciprocity and the interaction between emotional development and brain development. They were also asked to rate their level of knowledge and skill regarding children's mental health. Participants were asked to give descriptions and examples of the concepts to demonstrate their knowledge. The average scores were calculated for each question and are presented in Graph 1 (see Appendix 6 for the standard deviations and range).

Graph 1: Average scores from the pre-training, post-training and follow up evaluation forms



The average scores indicate an increase in participants' knowledge of the key concepts covered in the SAAT immediately following the training. The greatest increases related to participants' understanding of the terms reciprocity and

containment. These increases were maintained over a period of 3 months with further increase in participants' understanding of the interaction between emotional development and brain development and knowledge and skill regarding children's mental health.

Two main themes emerged from the open-ended questions which aimed to explore how participants intended to apply knowledge and skills gained from the training in their everyday practice:

1. ***Supporting children who display challenging behaviours and strong emotions***

Most participants reported that they would be able to use the concept of containment to support children to express and manage strong emotions, such as worry and anger. They reported that they would use strategies such as observing behaviour, listening to children and being patient to support them in doing this, rather than simply reacting to the challenging behaviour displayed.

2. ***Building relationships with parents***

Some participants noted that knowledge of reciprocity and utilising containment strategies would enable them to build positive relationships with parents and therefore become a source of support for them.

5.5.3. Level 3: Behaviour

From the follow-up focus group three themes emerged with regards to how participants believed they had transferred their learning from the training to their practice, these are presented below in order of prevalence:

1. Supporting pupils

All of the participants reported that the training had led to a change in their practice in the way they supported children, both in the classroom and through specific programmes.

a. In the classroom

Most of the participants reported that they were able to support children to manage strong emotions (which usually manifest through challenging behaviour) by giving them access to containing environments (e.g. soft cushions in the library, teddy bear chair in the classroom) and increased opportunities to talk to a member of staff. They believed that their knowledge of the rupture and repair element of reciprocity reinforced the latter, as it highlighted the importance of repairing the relationship between the child and the adult following a rupture (e.g. an outburst of strong emotions), in order to support the child's ability to manage, repair and sustain relationships.

b. Through specific programmes

Some of the participants reported using the concepts of containment in a Transition Project which involved discussions about transition during circle time

and pupils meeting their Year 3 teachers. Pupils were given the opportunity to discuss their thoughts and worries about moving school and participants utilised containment strategies to help the children manage and deal with these feelings. They believed that this was particularly important for children who were experiencing high levels of anxiety about the transition.

The participants had also introduced a literacy programmed which encouraged children to contribute their ideas through talking and drama, rather than solely through writing. They believed that this was supporting reciprocity within the classroom as more practical ways of working facilitated the building of relationships between teachers and pupils and between the pupils.

2. Supporting parents

All of the participants reported that the training had also led to a change in their practice in the way they supported parents. This was done through the way they interacted with parents and providing more opportunities to offer containment.

a. *Interactions with parents*

Some of the participants reported that they were utilising containing strategies in their interactions with parents: for example, letting parents "vent" about issues rather than trying to jump in with solutions. They found that asking the question *"what would you like me to do"* (e.g. just listen, help solve problems) was useful and parents responded well to this.

b. Providing opportunities for containment

Most of the participants reported that they had increased opportunities for providing containment to parents. This included becoming more accessible in the playground before and after school, making time during Individual Education Plan meetings and including parents in the Transition Project. They believed that increasing opportunities for containment allowed parents to voice any concerns or queries they had at an earlier stage. Furthermore, since the training, the school had employed two teaching assistants, with part of their role being to work with families who were experiencing difficulties. It was reported that these members of staff drew upon the concepts of containment and reciprocity to facilitate the building of relationships and to support these families.

3. Supporting staff

Finally, the participants reported that following the training they had set up a weekly meeting at the end of each week. The purpose of these meetings was mainly to provide containment to each other but also gave them the opportunity to discuss the way in which they were implementing the Solihull Approach.

5.5.4. Level 4: Results

At the 3 month follow up, all of the participants reported that implementing what they had learnt from the training was having a positive impact on parents, staff and pupils. Again the themes that emerged are presented below in order of prevalence:

1. Parents

All of the participants reported that in general their ability to communicate effectively with parents had increased following the training. They believed that they were able to empower parents through the use of containment in their interactions with them. This included parents being able to generate their own solutions in follow-up meetings and arrange their own appointments with other services. Participants also believed that by providing more opportunities for containing conversations with parents to occur (e.g. on the playground, during IEP meetings), they were preventing small issues from “snowballing” into bigger issues.

2. Staff

All of the participants spoke positively of the weekly staff meeting that they had set up. It was believed that these were received well by staff and that they generally appeared less stressed and overwhelmed as a result. Furthermore, participants reported feeling more confident and competence in their ability to meet the mental health needs of children and young people and believed this confidence was reflected in their practice.

3. Pupils

Some of the participants reported that pupils appeared to enjoy the literacy programme and were keen to engage, contribute their own ideas and were producing more ideas. Staff also believed that it allowed children of all abilities to access the curriculum.

5.5.5. Factors that facilitate or hinder the intended outcomes of the training being achieved

With regards to the intended outcomes, participants' responses mainly related to the third learning outcome, as they identified several factors which they believed facilitated the practical application of the Solihull Approach in their school. The first two related to characteristics of the school and the third and fourth related to characteristics of the training.

1. ***Having time to make changes***

All of the participants reported that the Head Teacher allowed and encouraged them to implement strategies over a period of time and this was believed to reduce the pressure of making lots of changes at once. They also spoke about the weekly meetings providing an opportunity to discuss the ways in which they could apply the Solihull Approach.

2. ***Interpersonal support within school***

The weekly meetings gave staff the opportunity to offer containment to each other as well as discuss the implementation of the Solihull Approach. All of the participants reported feeling supported by each other, which they attributed to having a shared knowledge and understanding of the Solihull Approach and these opportunities to talk. They believed that this lead to a shared responsibility for implementing the Solihull Approach in school and contributed to the successful transfer of learning to practice.

3. *Model of training delivery*

Most of the participants stated that they valued the model of training delivery and reported benefits of having two members of staff attend the two-day training, followed by the whole school training. It was reported that the participants who attended the two-day training were able to gain insight into other professionals' practice in applying the Solihull Approach, share ideas with other professionals and bring back strategies to apply in their own school. However, it was believed that the implementation of these strategies and the Solihull Approach in general was supported by the whole school training as this created a shared knowledge, understanding and responsibility for its implementation.

4. *Real life examples and practical resources*

Most participants valued having access to real life examples of how the Solihull Approach had been implemented in other schools and settings. This came from videos used during the training and professionals sharing examples of practice during the two-day training. Participants also valued the resources provided during the two-day training and whole school training as these included examples of strategies to use in practice (e.g. parent interview questions, examples of containment and reciprocity).

None of the participants believed that anything had hindered their ability to apply the Solihull Approach in school. However they were able to suggest several factors that they believed would improve the training.

5.5.6 Improvements to the training to make it more effective

Participants suggested several changes that they believed would make the training more effective in achieving the intended outcomes. Again these tended to relate to the third learning outcome: to apply the Solihull Approach practically in school;

a. More practical and real life examples during the whole school training

Whilst most participants valued the practical and real life examples included in the training and believed these had supported their implementation so far, they reported that they would have liked more of these to complement the amount of theory given. For instance, during the training participants watched video feedback from another school regarding the implementation of the Solihull Approach which they reported to be very useful.

b. Providing support after the training

Most of the participants believed that having contact with other schools and agencies who were skilled in using the Solihull Approach would have given them on-going support with regards to implementing it within their school. Furthermore, they reported that they would have valued support from the EP after the training was delivered, for example observing practice and providing feedback.

c. Widening the training audience

Some of the participants believed that all members of school staff should have received the training, including lunchtime supervisors, as this would have further

promoted a shared knowledge, understanding and responsibility and allowed the Solihull Approach to be applied more consistently across the whole school and throughout the school day.

5.6. Discussion

The aim of this study was to answer the research question; *Does an enhanced version of the Kirkpatrick four- level model provide a useful framework for EPs to use to evaluate training?* In order to answer this question, two sub-questions were proposed.

5.6.1. Sub-question 1: How can the model demonstrate whether the intended outcomes of the training were achieved?

The overall intended outcome of the training was to promote the emotional health and wellbeing of children and families. In addition to this, four learning outcomes were proposed that related to participants' understanding of key aspects of the Solihull Approach, ability to apply the Solihull Approach practically in school and confidence in their knowledge and skills in working with children's mental health.

The Level 2 evaluation suggests that the first, second and fourth learning objectives were achieved, which related to participants gaining an understanding of the concepts covered in the training and becoming confident in their knowledge and skills. Furthermore, increases in understanding, knowledge and skill were maintained over a period of 3 months which King (2012) proposes is crucial if learning is to be effectively put into practice.

The Level 3 evaluation was useful in demonstrating that the third learning outcome had been achieved as participants gave specific examples of how they had applied the Solihull Approach in school. They reported that they had made changes to their practice at the pupil, parent and staff level. In addition, the open ended questions used in the post-training questionnaire required participants to state how they intended to apply knowledge and skill gained from the training to their practice. This may have supported staff in implementing the training as they were required to link what they had learnt during the training to their own practice (Fingeret and Cockley, 1992).

The Level 4 evaluation allowed me to explore the wider impact of the training and focus more on the overall intended outcomes. As mentioned previously, emotional health and wellbeing relate to notions of happiness, being able to realise one's potential, cope with normal life stresses and work productively and fruitfully (WHO, 2001). Participants reported that the SAAT resulted in parents being more empowered to solve their own problems and discuss issues with staff at an earlier stage. They also reported staff feeling supported by one another, feeling less stressed and overwhelmed and being able to make positive changes to their practice. Therefore it appears that the SAAT led to increases in staff and parents' ability to cope with normal life stresses and work productively. Staff also reported increases in their ability to communicate effectively with parents and meet the mental health needs of children, suggesting increases in wellbeing in terms of realising their potential to support others. With regards to the pupils, participants

reported that the literacy programme they introduced led to increases in pupils' enjoyment and engagement within this lesson, suggesting increases in wellbeing in children happiness and being able to work productively (Diener, 2000; WHO, 2001). It was judged that more time was needed in order to demonstrate the outcomes of the SAAT on pupils' wellbeing, as some changes in practice had only recently been implemented. Therefore another follow-up was arranged to explore this level further: however I experienced difficulties in engaging the school again, and this was not carried out. As Bassi and Van Buren (1999) and Cheng and Hampson (2008) found, this is one of the more difficult levels of the model to carry out. On reflection, it would have been useful to establish measures of pupils' wellbeing before the training took place, in collaboration with participants, and agree a time scale for carrying out the Level Four evaluation (e.g. taking into account participants' views regarding the time needed to put changes in place).

The Level 1 evaluation did not directly inform whether the training contributed to the intended outcomes. However, as mentioned in the literature review, Kirkpatrick (1996) proposed that positive attitudes towards the training are likely to underpin success at subsequent levels. The findings support this, as it was found that participants generally demonstrated a positive reaction to the training, were found to acquire learning and report applying this in their practice. However it is recognised that this cannot be seen as a causal relationship and it is likely that a number of other factors influenced whether the intended outcomes were achieved (Bates, 2004).

5.6.2. Sub-question 2: How can the model inform continuous improvements in the training?

Suggested improvements

Of the three enhanced aspects of the model, asking the participants directly about the changes they would make to the training provided the most useful information with regards to improvements to the training. The changes suggested by the participants are supported by the findings of previous research on effective training. For instance, it has been proposed that the skills being taught during training should be modelled and linked to participants practice (Guskey, 2000; Kealey et al, 2000, Gemmell et al, 2003). Whilst participants reported that the implementation of the Solihull Approach had been modelled through a video example from another school and discussions between professionals during the two-day training, they believed that this was disproportionate to the amount of theory given and would have valued more real life examples.

Participants also raised post-training support as an area of improvement. It was believed that having the EP visit the school following the training to observe practice and provide feedback to staff would have been beneficial. This assertion is supported by previous research which found that sustained contact with trainers post-training promoted the transfer of learning to practice as it allowed problems to be addressed and participants to practise skills and gain informative feedback (Leach and Conto, 1999; Ross et al, 1999; Guskey, 2000; Kealey et al, 2000; Cordingley et al, 2003). It may not be possible for EPs to offer this additional support within the current commissioning context. However, an alternative to this has been highlighted by the High Reliability Schools project which focuses on

school effectiveness and improvement (Reynolds et al, 2006; Stringfield, 1995). It was found that peer observation systems, in which teachers charted, generated and shared good practice in classrooms, contributed towards school improvement.

Participants in the current study also believed that having contact with other schools and professionals who had also received the training would have provided ongoing support. There have been many studies that have found peer support to impact on the effectiveness of training, particularly in transferring learning to practice. For example, research by Hawley and Barnard (2005) and Bates et al (2000) found that participants were more successful in transferring the learning from training to practice when they felt encouraged to use new skills by their peers and had opportunities to discuss ways of applying learning. However these studies focused on within-organisation peer support and whilst the participants of the current study highly valued the support they received from their colleagues within school, they also believed that having access to other colleagues in different settings would have supported them further.

Finally, some participants believed that all members of school staff should have received the training as this would have promoted the consistent use of the Solihull Approach across the school and throughout the day. This has been highlighted as an issue within the literature as it has been found that teaching assistance and non-teaching staff may not be invited to training, face practical barriers that prevent them from attending (e.g. time of the course) or be reluctant to attend training (Ofsted, 2002; Smith et al, 2004; Thompson and Smith, 2010).

However, Bolam et al (2005) propose that in order for school improvement efforts to be successful, staff across the whole school, including teaching assistants and non-teaching staff, need to work together to implement change and promote positive outcomes for pupils. Therefore, staff being excluded from training is likely to hinder this, however little research has been carried out to support this assertion. Further research that explicitly explores the benefits of including teaching assistants and non-teaching staff in training delivered by EPs would strengthen the argument for including them in training.

The points raised by the participants could inform the continual improvement of the training as EPs could reinforce the importance of all members of staff attending the training, provide additional support through observations and feedback or assist in setting up peer observation systems and support the setting up of a network between schools and settings to provide ongoing support post-training. As highlighted above, the benefits of these suggested improvements are supported by research and are likely to further facilitate the application of training to practice.

Facilitating factors

Exploring the factors that facilitated the implementation of the training enabled me to identify elements of the training that were thought to contribute to its effectiveness. Whilst this element does not suggest any improvements to be made to the training, as Clegg (1987) suggests, it is useful for identifying the strengths to be built upon. For instance, the participants reported that the practical resources

and examples of practice provided during the training supported them in implementing what they had learnt.

Furthermore, participants reported the advantages of having both training events, but believed that the whole school training led to a shared knowledge and understanding of the SA which in turn promoted a shared responsibility for implementing it. This is in line with the findings of research into the cascade model of training (training delivered through layers of trainers until it reaches the target group), which suggests that this method alone is often not sufficient. For instance, the cascade model of training has been criticised due to the high likelihood of key messages being diluted or misinterpreted and the member of staff delivering the training having limited experience of the topic area (Bax, 2002; Chisholm, 2000). However in the current study, these disadvantages seemed to be overcome by the whole school awareness training.

As highlighted in the literature, contextual factors were also found to facilitate the implementation of the training. In line with the findings by Tracy et al (1995) and Bates et al (2000), the school appeared to have a positive learning culture in which learning and change were promoted by the head teacher, and staff supported each other in making changes to their practice. Although these factors might not relate directly to the training, it is still important to monitor them as part of the evaluation as they can provide important information about the contextual factors needed for training to be effective.

Inhibiting factors

In the current study the inhibiting factors did not yield any information that could inform continuous improvements to the training, as participants believed that the intended outcomes had been achieved. However, in schools where the training has not been found to be effectively implemented, exploration of inhibiting factors may give some insight into the reasons behind this and highlight areas of improvement (OECD, 2009). Furthermore, where contextual factors are found to be a barrier to implementing training, EPs are well placed to support schools in making systemic changes to reduce these barriers (Stobie et al, 2002, Kelly et al, 2008).

5.6.3. Does an enhanced version of the Kirkpatrick four- level model provide a useful framework for EPs to use to evaluate training?

With regards to the overarching research question, the findings of this study would suggest that an enhanced version of the Kirkpatrick four- level model provided a useful model for evaluating the SAAT. It enabled me to demonstrate that the training led to increases in participants' knowledge, skills and confidence, changes in their practice and had a positive impact on parents' and staff emotional health and wellbeing. However, it was more difficult to demonstrate whether the training had led to positive outcomes for pupils. The model also highlighted a number of changes that could inform continuous improvements to the training.

5.7. Future research

The current study focused on the views of teachers who had taken part in the training this offered useful insight into the perceived impact of the training on their knowledge and practice. In an attempt to validate the findings at Level 2, the participants were asked to give examples of the concepts to clarify their learning. However, the findings at Levels 3 and 4 were more difficult to validate through self-report alone. The use of multiple sources of information, such as peer observations, gaining the views of parents and pupils and the use of objective measures would have further supported the validity of the findings and should be considered in future (Robson, 2011). Furthermore, as this study was carried out in a single infant school with a small number of participants, further research involving different schools (e.g. infant, primary and secondary) and different types of training would support the generalisation of the findings.

5.8. Conclusion

In the current economic climate evaluation is crucial for demonstrating the impact of EP work to the commissioners of their service. However it is not always effectively employed in practice. This study suggests that a framework such as the enhanced version of the Kirkpatrick four-level model could support EPs in carrying out evaluations of training that are in line with the current expectations for evidence of cost effective achievements of outcomes and continuous improvements. However, future research carried out in different settings, drawing upon multiple sources of information (e.g. peer observations, parent and pupil

views, objective measures) should provide further insight into the effectiveness of this model as an evaluation tool for EPs.

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Appendices

Appendix 1: Pre-training questionnaire

This questionnaire aims to provide a baseline for the Solihull Approach Awareness Training evaluation: therefore there might be some terms you have not yet come across.

1. **How much do you know about the Solihull approach?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

2. **How much do you know about the term containment?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

3. **How much do you know about the term reciprocity?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

4. **Are you able to give any examples of how containment and reciprocity are applied practically in your school?**

5. **How much do you know about the interaction between emotional development and brain development?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

6. **How much would you rate the extent of your knowledge and skills regarding children's mental health?**

   Not at all Not a lot Somewhat A fair bit A lot

Appendix 2: Post-training questionnaire

1. **How much do you know about the Solihull approach?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

2. **How much do you know about the term containment?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

3. **How much do you know about the term reciprocity?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

4. **Are you able to give any examples of how containment and reciprocity can be applied practically in your school?**

5. **How much do you know about the interaction between emotional development and brain development?**

   Nothing Not a lot Some knowledge A fair bit A lot

   Please give a brief description of what you know:

6. **How much has the training developed your knowledge and skills regarding children's mental health?**

   Not at all Not a lot Somewhat A fair bit A lot

7. **Name one thing that you want to work on as a result of this training?**

8. **How do you intend to build upon this awareness training in order to promote children's mental health?**

Appendix 3: Follow up questionnaire

1. **How much do you know about the Solihull approach?**

   Nothing Not a lot Some knowledge A fair bit A lot

2. **How much do you know about the term containment?**

   Nothing Not a lot Some knowledge A fair bit A lot

3. **How much do you know about the term reciprocity?**

   Nothing Not a lot Some knowledge A fair bit A lot

4. **How much do you know about the interaction between emotional development and brain development?**

   Nothing Not a lot Some knowledge A fair bit A lot

5. **How much has the training developed your knowledge and skills regarding children's mental health?**

   Not at all Not a lot Somewhat A fair bit A lot

Appendix 4: Focus group schedule

1. Have you been able to implement what you have learnt from the Solihull Approach Awareness Training? *ask for examples of how containment and reciprocity have been applied practically in your school/ in your practice.*

2. What has been the outcome of implementing the Solihull Approach Awareness Training? *(For pupils, parents, staff, school as a whole?)*

2. What has helped you implement the learning/skills gained from the Solihull Approach Awareness Training to your practice?

3. What has prevented you from implementing the learning/skills gained from the Solihull Approach Awareness Training to your practice?

4. What improvements would you suggest in order to make the training more effective?

Appendix 5: Information for participants

Information for Participants

Clare Aucott (Trainee Educational Psychologist) is carrying out an evaluation of the Solihull Approach Awareness Training being delivered on _____. The study will be carried out as part of her training requirements and the findings will be produced in a report for both the University and the Educational Psychology Service. The purpose of this study is to explore the impact of the training in terms of outcomes and whether the training requires improving.

Questionnaires: You will be asked to complete a questionnaire before and after you have attended the training and at a three month follow-up. Participation in the study is voluntary and you may opt-out of the study by not completing the questionnaires.

Focus Group: At the three month follow-up you will be invited to take part in a focus group facilitate by Clare. This will consist of an informal group discussion with your colleagues about your views and experience of implementing the training within your school. The focus group will be tape recorded to allow for accurate analysis. Again your participation in the focus group is voluntary, if you wish to take part you may leave the discussion at anytime or choose not to answer any questions you do not feel comfortable with.

If you choose to take part in the research, your responses to the questionnaires will remain anonymous and confidential. Those who take part in the focus group will be asked to respect the privacy of fellow participants and not repeat what is said in the focus group to others. All data will be stored securely and in line with the principles of the Data Protection Act 1998. Once all the data has been collected, the responses will be analysed and the findings will be produced in a written report.

If you have any questions, please email Clare at CRA103@bham.ac.uk.

Appendix 6: The mean, standard deviation and range of participants' responses on the pre-training, post-training and follow up questionnaires

	Pre			Post			Follow up		
	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range
Solihull Approach	1.75	0.66	1-3	4	0.76	3-5	4	0.58	3-5
Containment	1.38	0.48	1-2	4	0.76	3-5	4	0.58	3-5
Reciprocity	1.13	0.33	1-2	4	0.76	3-5	4	0.58	3-5
Emotional and brain development	2.38	0.7	1-3	3.57	0.73	3-5	3.83	0.69	3-5
Knowledge and skill (MH)	2.75	0.43	2-3	3.43	1.05	2-5	3.67	0.75	3-5