

**PROFESSIONAL PRACTICE REPORTS**

**by**

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## **VOLUME 2**

### **INTRODUCTION AND OVERVIEW**

#### **1. Introduction**

During my second and third years of the Applied Educational and Child Psychology Doctorate at the University of Birmingham, I have been employed by a local authority West Midlands as a trainee educational psychologist. Over these two years, I have worked towards meeting the doctoral requirements of the course, as well as developing my professional practice skills in the local authority setting. My dual role as a full time student and an employed trainee educational psychologist, has allowed for the development of the five professional practice reports (PPR) presented in this volume, by selecting specific accounts of supervised professional practice undertaken in the local authority.

#### **2. Contextual factors**

The context in which the five PPRs took place was in a large West Midland local authority, which is split up into three areas of the county: the North-West, the North-East and the South. I have worked within the North-West of the county, which adopts a three tier school system, which serves socio-economically and ethnically diverse areas. There are about 5,000 Gypsies and Travellers in the county, of which just fewer than 400 are children aged 0-16 years (Ofsted, 2008). Whilst the county is generally affluent, some areas represent the 30% most deprived in England (Ofsted, 2008).

I work as a trainee educational psychologist in the Community and Education Team (CET), a multi-agency team comprised of Educational Psychologists, Family and Child Support Workers and Education Welfare Officers. This team was developed as part of the educational psychology service's recent relocation to the social care sector of Children's services.

Throughout my employment, I have engaged in a variety of experiences, which has supported my personal learning and development as a trainee educational psychologist. These include the following.

- I have developed positive and collaborative working relationships with members of my team and school staff. I have been able to independently negotiate and plan casework in all of my schools.
- I have engaged in collaborative working with a range of professionals that are not simply restricted to CET. E.g. Behaviour Support Team, Learning Support Team, Social Care, Child and Adolescent Mental Health Service, Occupational Therapy, Children with Disabilities Team, TAMHS workers, Complex Communication Disorders Team, Speech and Language Therapy, Looked After Children Team.
- I have been involved in the assessment and intervention of children and young people with a whole range of needs and evaluated and monitored these interventions.
- I have delivered a wider range of training for schools and other professionals, which range from individuals training, small group training, whole school training, and training in children's centres (e.g. Attachment Parenting Programme, Precision Teaching Training,

Mental Health in Schools training for TAMHS, whole school behaviour management training.

- I have been involved in negotiating, planning, implementing and evaluating several 'projects' in schools, whereby I have worked collaboratively with other Educational Psychologists.
- I have developed my skills in effectively communicating psychological knowledge, both orally and in written form e.g. I have been involved in writing the psychological advices for the statutory assessments of several children with wide ranging ages and needs.
- I have demonstrated my commitment to a range of professional development opportunities e.g. learning from regular individual and group supervision, and consistently attending the professional development meetings for all Educational Psychologists working in the county.

Over two years, I have been assigned as the named trainee educational psychologist to four first schools, two middle schools, one high school, one specialist provision for children with speech, language and communication needs, and one specialist provision for high school students with autistic spectrum disorder. The supervised work I have undertaken in these schools has formed the basis for the five professional practice reports in this Volume.

### **3. Overview of the Professional Practice Reports**

This University of Birmingham provided information on the structure of the professional practice reports, which reflected a broad range of content

domains. A certain degree of flexibility was, however, afforded by the University, and other PPRs could be negotiated with the supervising tutor that take account of the agreed individual learning and development needs of the trainee. The content of PPRs could also be based upon the opportunities available within the service delivery of the local authority.

### ***3.1. Professional Practice Report 1***

This PPR is based on one of the suggestions in the university guidelines which present 'an operational evaluation of a specialist setting which caters for complex needs of children and young people'. Within the North-West of the County, there are two specialist provisions for children with speech language and communication needs (Language Units), both of which are on site in mainstream schools. In one of these language units, I was the assigned the role of the named trainee educational psychologist. In order to develop a greater understanding of this provision, I felt this was a good opportunity for me to conduct a small scale evaluation of the setting.

The focus of this PPR is 'an evaluation of inter-professional working in a special provision for children with speech, language and communication needs: A socio-cultural analysis'. In the context of the range of professionals that worked in the language unit (e.g. SENCo, class teacher, teaching assistants, speech and language therapist, head teacher), I felt it was a good opportunity to use Socio-Cultural Activity Theory (Engeström, 2001) as a framework for evaluating inter-professional working (Leadbetter et al, 2007; Leadbetter, 2006).

This report critically discusses the literature on the diversity of provision for speech, language and communication needs, the policy and legislative context, the issues surrounding the inclusive nature of language units, multi-agency collaboration, and the theoretical background to SCAT. The remaining section of the paper presents the methodology, results and conclusions of the evaluation which discusses some of the challenges to effective multi-agency inclusive provision for primary aged children with speech, language and communication needs.

As a supplement to this first professional practice report, trainees took part in some online discussions (related to the 'inclusion'), which was part of a newly established virtual learning environment within the educational psychology department at the University of Birmingham. A critical reflection of the process is provided at the end of PPR1.

### ***3.2. Professional Practice Report 2***

The aims of this PPR discusses my consultative and supervisory role as a trainee educational psychologist working with a teaching assistant who provided full time support to a five year old boy with attachment difficulties. The teaching assistant provided an 'additional' attachment figure for the boy in school, in order for him to experience secure and healthy dependency with an adult in school (Bombèr, 2007).

The report also presents a critical account of the evidence on attachment theory (Bowlby, 1969) and attachment styles (Ainsworth et al, 1978).



Additionally, the report discusses the implications that can be drawn from Attachment theory, in terms of the child's functioning in the classroom, and the role of the 'key person' as effective intervention. The role of the educational psychologist is also considered, in terms of the role I played in consultation, supervision and training.

### **3.3. Professional Practice Report 3**

The paper evolved from the consistent supervision I received on my fieldwork placements in first year and on a weekly basis in second year. This piece of work was negotiated between me and my tutor at the university as an alternative focus. I felt that it was valuable to explore the role of supervision, particularly considering that supervision has become an important part of Educational Psychology practice, and it is an *essential* requirement for TEPs working in local authorities.

The report starts by discussing some of the issues in supervision, ranging from its conceptualisation, policy guidelines for psychologists, and the ethical considerations that exist for the supervisor and supervisee. I also reflect upon my own experiences of supervision and critically discuss some of the research that has specifically investigated supervision in the profession of educational psychology. The report also allows me to reflect upon my role as a TEP giving interprofessional supervision to a teaching assistant (which provides a natural succession between PPR 2 and 3), by referring to the dimensions of General Supervision Framework (Scaife, 1993b).

### ***3.4. Professional Practice Report 4***

Although the research indicates an extremely low prevalence of selective mutism, I have encountered three separate cases of children with this condition during my second year as a TEP. This report reflects upon my involvement in one of these cases in particular, 'Zoe', which describes the use of Woolfson et al (2003) integrated framework in the assessment and intervention of selective mutism. This is a reflection on a collaborative process, which involved all stakeholders at various ecological levels.

The report begins by critically exploring the theory and research in the field of selective mutism, which indicates the complex and multi-faceted nature of the condition. Consequently, I found it extremely useful to adopt a core theoretical model in providing a coherent framework for in the problem formulation of Zoe's complex needs. Although it is difficult to communicate with children with selective mutism, this report emphasises the importance of obtaining their views via alternative means. The paper concludes by providing a critical reflection on the assessment and intervention process, particularly in regard to the Woolfson et al (2003) framework.

### ***3.5. Professional Practice Report 5***

In my final year as a Trainee Educational Psychologist, my employing local authority had piloted and implemented a new way of working, whereby each school in the county was allocated time for educational psychologists to negotiate and facilitate 'project work'. In response to this local initiative, a colleague (a practicing educational psychology and university tutor) and I had

the opportunity to run a small scale research project in a local high school, which involved eliciting the views of disaffected high school students.

This was a project of particular interest to me, as I have shown a strong commitment to the importance of eliciting young people's views (Volume 1 of this thesis). This PPR has given me the opportunity to critically review the literature on organisational working in schools, disaffection in young people, and the role of pupil participation in education. The study adopts a constructivist epistemological and is positioned within the domain of organisational psychology/school improvement work.

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**PROFESSIONAL PRACTICE REPORT 1**

**AN EVALUATION OF INTER-PROFESSIONAL WORKING IN A  
SPECIAL PROVISION FOR CHILDREN WITH SPEECH AND  
LANGUAGE AND COMMUNICATION NEEDS: A SOCIO-  
CULTURAL ANALYSIS**

**An evaluation of inter-professional working in a special provision for children with speech, language and communication needs: A socio-cultural analysis.**

**Abstract**

Children with speech, language and communication needs (SLCN) represent a large proportion of children with statements of special educational needs and current provision to support their needs remains diverse across England and Wales. In light of *Every child matters* (DfES, 2003), and the shift towards multi-agency working in children's services, the current study aims to explore some of the challenges to effective multi-agency inclusive provision for primary aged children with SLCN. By adopting a socio-cultural perspective, four professionals (teaching assistant, SENCo/class teacher, speech and language therapist and head teacher) working in a language unit were separately interviewed using activity theory to structure questioning. By analysing the primary and secondary contradictions and complementary aspects of the activity system, main findings revealed that children's needs in the unit are both complex and heterogeneous; despite good working relationships between staff, differences of opinions between health and education professionals sometimes occur, levels of inclusion of children within mainstream classes varied according to the complexity of their needs, and SLT valued the benefits of maintaining professional identity and distinctiveness. These findings are considered with relevance to the literature on SLCN provision.

## Introduction

According to the Department for Education and Skills (2006) National Statistics for Special Educational Needs (SEN) in England, children with speech, language and communication needs (SLCN) comprise the most highly represented group with SEN amongst primary aged statemented children (22.5%). The ability to communicate effectively is an essential skill for all children and young people. Not only is spoken language the medium for most learning in the school environment (I CAN, 2008), it also underpins a child's global development (Bercow, 2008). Numerous studies have demonstrated that children's SLCN can negatively impact on specific areas of development and learning such as literacy, social and emotional development, behaviour, and self esteem (I CAN, 2008).

In light of the high prevalence of children with SLCN, and *Every child matters'* (DfES, 2003) recognition of the need for effective joined up working between professionals to improve outcomes for all children, the current paper has chosen to explore inter-professional working in an integrated specialist provision for children with SLCN. It is recognised that SLCN provision requires a multi-agency perspective that involves a range of professionals from education and health services. In researching the area of multi-agency work, which involve numerous and complex variables, adopting a core theoretical model can be extremely useful in providing a coherent framework (Leadbetter, 2007).



In my role as a trainee educational psychologist, practising in my own employing local authority, the theoretical framework I have chosen to adopt in the current study is socio-cultural activity theory (SCAT). A traditional psychological view understands inter-professional learning as a product, which is evidenced through outcomes (Martin, 2008). The current study rejects this view, and has adopted a SCAT approach in order to understand the *process* of collective learning in the language unit, through the wider historical, social and cultural contexts and practices (Vygotsky, 1978).

The main aim of the current study is to explore some of the challenges to effective multi-agency inclusive provision for primary aged children with SLCN from the perspective of different workers who contribute to the assessment of and provision for their needs. Firstly, a summary of the literature on provision for SLCN will be presented, focussing on challenges surrounding integrated mainstream provision, inclusion and multi-agency collaboration. Secondly, SCAT will be outlined in its relevance to the current research, followed by the study's methodology and procedure. Finally, findings of the study will be presented and discussed, with reference to the key concepts of SCAT.

#### *Diversity of provision for SLCN*

Provision for supporting children with SLCN varies significantly across England and Wales. In support of this claim, a national study by Lindsay et al (2005) investigated the current provision made by Local Education Authorities (LEAs) in England and Wales for children with specific speech and language difficulties. The review covered the range of integrated resources within

mainstream settings (language units), special schools for children with SLCN and MLD (moderate learning difficulties), and mainstream provision without designated special provision. Key questions:

- a) considered the variation of practice both between and within LEAs;
- and
- b) examined organisational processes for determining provision for children with SLCN.

The respondents were derived from three samples: Local Education Authorities (LEAs), speech and language therapy services (SLTS), and schools in England and Wales. In a two-stage process, national questionnaires were firstly sent to all LEAs and SLT services (97 responded from 196), followed by a sample of 37 being selected for further interviewing using a semi-structured interview approach. The LEA respondents consisted predominantly of education officers, but also included senior educational psychologists and advisory teachers. It must be taken into account here that the differing professional identities of the LEA interviewees are likely to impact on the range of responses provided during the interviews. Data may have been more consistent if professional identities were standardised across the sample, interviewing the same professional from senior management across all LEAs. On the other hand, it may be argued that the diversity of respondents' identity may have contributed to a more representative, if more disparate data set. In relation to the authors' initial key questions, results were as follows

- Provision varies significantly across local authorities, ranging from individual inclusion in mainstream schools, language units/integrated

resources, and generalist special school provision. Amongst this range, language units within mainstream environments were found to be the most common provision across all local authorities.

- Out of the sample of 37 LEA officers interviewed, only a quarter (nine) stated that their LEA had specific documentation and policy for children with SLCN, and not all of these could give details of its content. In relation to this, it was found that LEAs have a lack of common criteria for provision for children with SLCN, with over one-third stating that there were no criteria at an LEA level.

Lindsay et al (2005) concluded from these findings, that the overall lack of common criteria leads to *'unacceptable variation in provision for similar children assessed in different LEAs, or even within the same LEA.'* (p340).

The most recent large scale report on provision for SLCN is the Bercow report (DCSF, 2008). This report makes recommendations to Government about developing appropriate provision for children and young people with SLCN and their families, and also substantiates the view that the current system for supporting children with SLCN is characterised by high variability and lack of equity. The recommendations are based upon nearly a year of information gathered across several phases, which include the following:

- over two thousand responses to consultation questionnaires;
- feedback provided in a series of consultation groups;
- discussions with a range of agencies within children's centres, nurseries, primary and secondary schools; and,

- DCSF (2008) funded research within which Lindsay and colleagues explored the efficiency and effectiveness of provision in six case study areas.

The report concluded that provision for children with SLCN has been described by families as a '*postcode lottery*' (p.11). Similarly, I CAN Talk series (2008) argues that a statement for SEN may ensure that a child receives the *quantity* of provision and available resources within the LEA, but it may not ensure the *quality* of provision or even the outcomes for the child. Additionally, a statement for SEN indeed indicates a child's level of individual need, but in practice it may not allow for the multiplicity of interpretation and practices that is necessary in order to accommodate the level, diversity and complexity of needs across local authorities.

#### *The policy and legislative context*

The large variation of provision that exists for children with SLCN has arisen as an unintended outcome of recent changes in government legislation. Lindsay et al (2005) recognised that the dominant value that influences legislation and organisation of special educational provision has been inclusion (DfES, 2004). More specifically, government initiatives such as Every Child Matters (DfES, 2003) have promoted the education of children with SEN in mainstream settings, which has contributed towards extending the opportunities for special provision available for children with SLCN in mainstream settings.

A recent report from DCSF (2008) was commissioned in order to support the findings and recommendations from the Bercow Review (Bercow, 2008), and explore whether evidence can be applied in order to inform improvements in the effective and efficient use of resources for children and young people with SLCN. From conducting interviews with six demographically representative local authorities and associated primary care trusts from a range of geographic locations, it was found that inclusive provision is being promoted in several ways. Although the authors do not explicitly state their understanding and definition of inclusion, they appear to apply the term *inclusive provision* to integrated mainstream education compared to provision in special schools. However, integrated mainstream provision may not be considered as truly inclusive practice. The problems associated with defining the concept of inclusion will be discussed below in the next section of the paper. Taking this caveat into consideration, DCSF (2008) reported that there had been significant reductions in the number of pupils with SLCN in special schools, and an associated reduction in the number of special schools. Additionally, many authorities were attempting to increase the outreach role of special schools, in order to support more integrated resources available within mainstream settings to increase the numbers of children with SEN included in mainstream. These findings however must be viewed with caution in light of the relatively small sample size of six case studies. The authors themselves agree that there is a substantial degree of heterogeneity between the six local authorities. Therefore, it could be assumed that the study's finding may not be representative of all local authorities, and the authors accept that local variations in demographic profiles may legitimately require variations in

provision. Alternatively, the heterogeneity of the selected LEAs can be considered as advantageous, with the sample's diversity better representing broad trends across LEAs.

### *Language Units: Inclusion*

As noted above, the most common strategic approach towards meeting the educational needs of children with SLCN has been the provision of language units within mainstream schools. There has been evidence for and against the inclusive nature of language units. In Lindsay et al's (2005) study, interviews within language units were conducted, in order to explore criteria for admission, the support provided, the adopted models of inclusion and levels of collaboration between teachers and SLT. An overriding theme of the study is local authorities' practices in implementing inclusion policy, by attempting to increase access to education in mainstream settings with a contingent reduction of numbers in special schools. It was reported that local authorities often considered language units/integrated resources as inclusive practice, with many LEAs introducing specific inclusion development plans that entail increasing the number of speech and language units. However, in considering the role of special provision for children with SLCN and the increasing emphasis on full inclusion and support in mainstream classes, Lindsay, et al (2005) suggest that the preference for language units may be subject to challenge. They question, for example, whether language units are true examples of inclusion (being situated within a mainstream), or of segregation (given the fact that children are separated for varying periods of time). Lindsay et al (2005) conclude by stating that the evidence on the

effectiveness of inclusion is not easy to obtain, as 'inclusion' is not a factor that is open to experimental manipulation. The authors continue by claiming that although many LEAs in their study argued for the need to maintain the provision of units/integrated recourses, there is a distinct lack of evidence of any differential effectiveness of provision for children with SLCN. However, there are difficulties associated with defining and measuring 'effectiveness', as it is largely dependant upon the researcher's focus of investigation and the variables he or she chooses to measure. Hence, the idea of effectiveness can be viewed as subjective and interpretive concept.

Furthermore, it has been argued that language units may be considered as integrationist, but not inclusive. Lindsay and Dockrell (2002), discussing the major policy issues around inclusion and collaboration, suggest that language units pose a dilemma within the inclusion debate: while recognising that language units meet the criteria for local integration and promoting a certain degree of social integration, they argue that it is highly questionable whether the ideal of functional integration has been realised. The authors argue that huge variability and flexibility of inclusive practice exists within language units, and the level of inclusion offered to each child is likely to be based upon an assessment of a child's individual need. For example, a child with a wide range of complex needs, and severely disordered speech and language difficulties is less likely to be integrated into mainstream classes, compared to a child that has less complex needs. It must be acknowledged however that Lindsay and Dockrell's (2002) argument provides a limited explanation of the inclusion process. The authors seem to ignore the practical implications

involved in deciding the best provision for children with SLCN, and the power of administrators/professionals 'slotting' children into the already existing structures within local authorities.

### *Multi-agency collaboration*

In addition to questions surrounding the extent to which provisions afforded by language units are fully inclusive, a second area to consider when evaluating the efficiency and effectiveness with which the needs of children with SLCN are met is the quality of *collaboration* between professionals involved. Inter-professional working or multi-professional practice has been attributed major importance in recent government policy (DfES, 2003). With regard to children with SLCN, effective collaboration between the range of health and educational professionals involved is considered essential in order to achieve coordinated and consistent service delivery. Lindsay and Dockrell (2002) discuss some of the issues surrounding effective collaboration and communication between professionals who support children with SLCN.

Firstly, it is recognised that it is possible for different professionals to collaborate from different knowledge bases. However, sharing knowledge and understanding from different disciplines can be problematic. Effective collaboration requires a limited degree of autonomy and a sharing of responsibility. A year before Lindsay and Dockrell's (2002) paper, Law et al (2001) reported the outcomes of government funded research into collaboration between education and health services. The study was designed across three phases, as illustrated in Table 1.



**Table 1-** Three phases of data collection that investigated collaborative processes between health and education services (from Law et al, 2001)

|                |   |
|----------------|---|
| <b>Phase 1</b> | Questionnaire designed to obtain information regarding current provision. This was circulated to all SLT managers in Health trusts, and 50% of all LEAs in England and Wales (yielding a total of 189 responses). Response rate included 65% for LEAs and 74% for Health Trusts.  |
| <b>Phase 2</b> | Fifteen LEA and Health trust collaborative pairs were targeted for a more detailed qualitative analysis of the collaboration processes between education and health services. Purposive sampling was used in order to identify authorities with different levels of collaboration. This ensured a diverse and representative range of participants. |
| <b>Phase 3</b> | Five consultation meetings made up of managers and practitioners in each of the fifteen target areas. Results from phase 1 and 2 were summarised and discussed. Participants were asked to comment on the validity of results and ensure that no major themes had been ignored.   |

From the detailed mixed method approach used to collect data, a variety of key themes was identified. In particular, there was a widespread recognition that collaboration between different agencies is essential, with an overall acceptance that there are difficulties in achieving this. Interviews highlighted that collaboration between education and health was considered to be effective when:

- professionals involved have a clear understanding of each other's roles;
- speech and language therapists take into account the educational context;
- teachers understand the importance of language to the whole curriculum; and
- school systems support therapists' involvement.

Interviews revealed that less was known about collaboration at a managerial level. The authors argue that it is not appropriate to leave collaboration up to individual practitioners, making it an idiosyncratic process. Rather, shared vision and joint strategic planning between those responsible for managing systems is essential.

Secondly, it is also necessary to identify what makes collaboration 'effective'. Collaboration can be seen as a 'process' (teacher and SLTs respecting each other, working together harmoniously) or as a 'product' (improving overall outcomes for the child). Lindsay and Dockrell (2002) argue that effective collaboration should be viewed in terms of 'value added' for the child in terms of product, rather than process. Hence, it is important to take into account child improvement and cost effectiveness.

McCartney (1999) discusses the existing barriers to effective collaboration between teachers and SLTs. It must be taken into account that the paper is almost a decade old, and lacks empirical evidence to support its assertions. Therefore, the paper's reliability and validity are reduced, and it may be

considered contentious to generalise its content to the current context of collaboration. Despite this, McCartney's paper provides a useful systemic framework to consider communication barriers between speech and language professionals.

Table 2- The systemic barriers to collaboration between teachers and SLTs. (developed from McCartney, 1999; and Hartas, 2004)

| Systemic barrier  | Definitions   | Specific examples of barriers  |
|-------------------|---|--|
| <b>Functional</b> | <i>Functions</i> include the goals set by the organization in terms of 'who the services are provided for'      | <ul style="list-style-type: none"> <li>• Teaching is an <i>allocating</i> service where children receive a fixed amount of schooling. SLT services are <i>commissioned</i> services offered to target children with specific needs.</li> <li>• <i>Educational provision versus 'deficit' models of practice</i>. In meeting children's SEN, teachers place less emphasis on child's difficulties, rather on the appropriate actions to be taken by the educational provision. SLTs commonly place difficulties are located within the child rather than within the child's learning environment (medical model of deficit and disability)</li> <li>• <i>Social barriers</i>. There is sometimes a misunderstanding of each other's roles which inhibit 'mutual trust and respect.</li> </ul> |
| <b>Structural</b> | <i>Structural barriers</i> relate to the way in which permanent and consistent aspects of the service interact. | <ul style="list-style-type: none"> <li>• <i>Timing and location of service delivery</i>. SLT services in health service settings afford a more flexible way of working dependent on their clients' needs. Schools have predetermined periods and timetables at which children will attend.</li> <li>• Teachers work towards the structure of the national curriculum, whereas SLT have had no such central direction about what language and communication skills they should incorporate into their daily practice. For SLTs, using the curriculum to plan interventions can seem divorced from reality.</li> </ul>   |

|                            |  |  |
|----------------------------|--|--|
| <b>Process</b>             | <i>Process</i> is concerned with the ways in which a child can access services, how progress is reviewed and the organization of transfer to other services. | <ul style="list-style-type: none"> <li>• Process models appear to show up fewer tensions between SLT and teachers than functions and structures models.</li> <li>• Service level agreements between school and SLT, and collaborative reviews of a child's SEN, appear to reduce tensions between professionals and clarify expectations of roles.</li> </ul>  |
| <b>Systems-Environment</b> | Systems—environment barriers consider school and SLT services in the context of the wider community.   | <ul style="list-style-type: none"> <li>• There is a differentiated amount of contact with <i>families</i> between professions. SLT have more contact with parents and families in discussing their child's needs. Contact with parents in school is less frequent.</li> <li>• Parents have limited input in goal setting at school, whereas plans and interventions are extensively discussed between families and SLTs</li> </ul> |

The need for effective collaboration between professionals who support children with SLCN was also highlighted as one of the five main themes in the Bercow Report (DCSF, 2008). In promoting the importance of more effective joint working between professionals, the report states that;

*'...it is critical that health services and children's services, including schools, work together in support of children and young people with SLCN. No single agency can deliver any one of the five Every Child Matters outcomes for children and young people by working in isolation.'* (p.10)

The report is credited for using extensive information gathering techniques across several phases over almost a year, and using large sample size derived from a range of representative stakeholders. However, what must be questioned is the extent to which these recommendations will be carried out at a local authority level. It is local government's responsibility to make these recommendations transparent and practically achievable for professionals working with children with SLCN within each local authority. At this early stage, it is difficult to determine whether the Bercow report will influence practices and/or lead to improve outcomes for children with SLCN, or whether its recommendations will be of academic interest only. Further research is required in order to evaluate the extent of the implementation and impact of the report's recommendations, and their practical applicability within local authority settings.

In the final phase of the Bercow report, in order to support their review's recommendations, the DCSF-funded research (2008) adopted a more specific case study approach to highlight the importance of collaboration between education, social care and health professions. A range of professionals from six local authorities were interviewed using a semi-structured interview schedule, followed by a thematic analysis. An important point to consider in this report is the striking degree of heterogeneity in services between the six case studies. The substantial degree of inequity that is present in the current system is likely to suggest that models of collaboration will also be variable across local authorities. Despite this, in order to facilitate collaboration at a local authority level, the report emphasises that:

- local authorities and speech and language therapy services should consider how they can work together to develop training opportunities for all staff working with children with SLCN. More specifically, it is argued that local authorities should ensure that staff within integrated resources/language units should receive specific and appropriate training including opportunities to work toward accredited specialist qualifications.
- research and evaluation of services and provision is essential, and that educational psychologists, clinical psychologists and speech and language therapist are in a unique position to carry out this work.

Another key point to take into account when considering collaboration between professionals from different disciplines is of 'professional identity'. Gaskell and Leadbetter (2009, in press) explore professional identity in a

multi-agency context by discussing the wider notion of 'social identity'. The author acknowledges the relevance of Turner and Brown's (1978) 'social identity theory', which postulates that a person's self concept is based upon their group membership, and the inter-group discrimination created from the comparisons made between groups. Additionally, Leadbetter (2006) questions how the formation of multi-agency teams will impact upon the professional identities of those involved in children's services. This paper was considered with reference to a four year research project that uses activity theory to investigate learning in and for interagency work. In reference to the above notion of social identity theory, Leadbetter (2006) states that *'as established professional identities are shaken and new roles emerge it is likely that new ways of working will result in new ways of being and in this way our professional identities will be, to varying degrees, transformed'* (p57-58).

The above issues discuss the current issues that exist in the existing provision for children with SLCN, and the multi-faceted nature of multi-agency working. Taking these into consideration, the current study provides an opportunity to explore some of the challenges to multi-agency inclusive provision for children with SLCN, adopting a socio-cultural perspective.

## **Rationale for research**

### *Socio-Cultural Activity Theory*

The purpose of the current paper is to evaluate an integrated mainstream provision for primary aged children with SLCN in my own employing local authority, with the aim of exploring some of the challenges to effective multi-



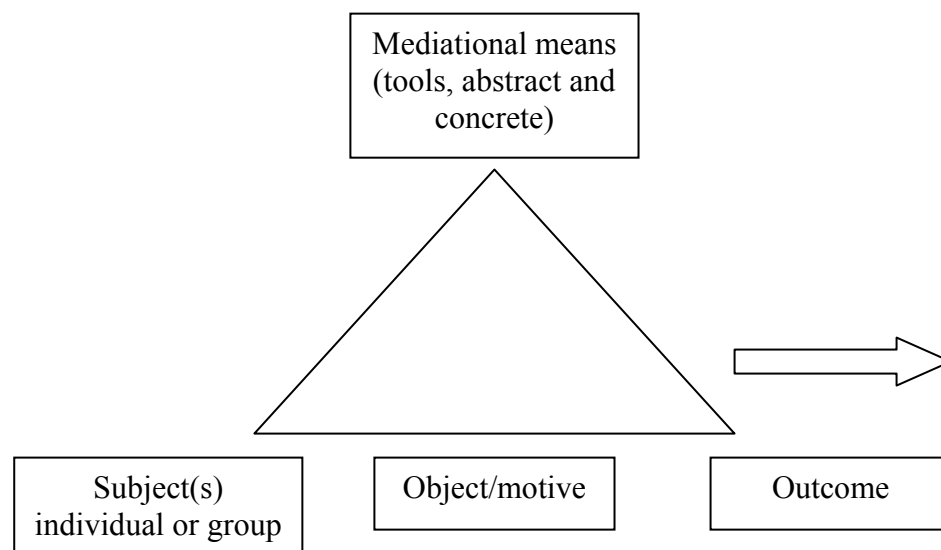
agency inclusive provision for this population within this specific locality. In doing this, I have chosen to adopt socio-cultural activity theory to conceptualise the activity systems that exist when people work together in contexts such as this.

Activity theory has been used as a theoretical framework for studying multi-agency working work (Leadbetter et al, 2007; Leadbetter, 2006), and in particular, for informing inter-professional working for integrated speech and language provision (Martin, 2008). My own identity has had much to do with the selection of activity theory as a theoretical framework for the current research. As a trainee educational psychologist at the University of Birmingham, I had the opportunity to apply an area that is emergent in educational psychology practice, as well as having access to supervisory support from a lead academic in the field.

Activity theory was developed from the theoretical underpinnings of Vygotsky (1978). Vygotskian theory emphasises the importance of understanding the relationship between individual learning and the social, cultural and historical contexts in which all learning takes place. Yrjo Engeström is an influential theoretician and researcher within the field of socio-cultural activity theory, and the director of the centre for activity theory and developmental work research at University of Helsinki (University of Helsinki website). Engeström conceptualises Activity Theory as falling into three generations. For the purposes of this paper, only the first two generations will be discussed. The first of these uses a figurative representation of the mediational relationship

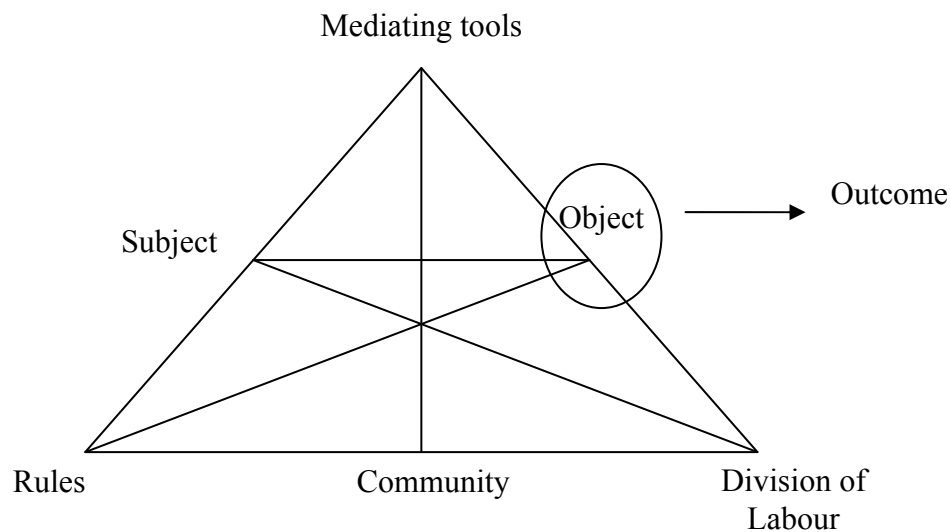
between the subject and object of activity (see figure 1). According to Vygotskian theory, most human behaviour is considered to be purposeful and culturally embedded, and the relationship between subjects and objects is mediated by cultural means, tools and signs (Engeström, 2001).

**Figure 1- First generation activity theory model (Leadbetter, 2005)**



The first generation of activity theory was limited in that it remained individually focussed (Engeström, 2001). This was overcome by Engeström's second generation theory, which places an increased emphasis on the process of mediation, highlighting that wider historical, cultural, social and contextual factors must also be taken into consideration (Leadbetter, 2008). Hence, three additional nodes are introduced, namely *rules*, *community* and *division of labour*. Figure 2 below illustrates the proposed relationship between the six elements of the expanded activity system.

**Figure 2- The second generation Activity Theory model (from Engeström, 1987, p.78, in Leadbetter, 2008)**



Leadbetter (2005) comments on the strengths of activity theory to applied educational psychology practice. There is a range of approaches that educational psychologists can use to guide assessment and intervention. For instance, where some models of human development are concerned primarily with individualised functioning, others adopt an ecological perspective that provides a schematised and multi-faceted understanding of how external systems interact. Leadbetter argues that *'...activity theory, embedding as it does individual action within wider systems of activity, is a valuable tool for analysis and understanding in a number of contexts relevant to educational psychology practice.'* (p.22)

Engeström (2001) discussed some of the main principles of activity theory, two of which are particularly pertinent to the current paper. Firstly, activity theory emphasises the importance of historicity when understanding how

learning has occurred in practices and how it might be encouraged in the future (Leadbetter, 2005). Engeström (2001) suggests that the problems and potentials of activity systems can only be understood against their own historical context. Therefore, Engeström argues that history itself needs to be studied, in order to establish how the history of objects, theoretical ideas and tools have shaped activity. Secondly, Engeström emphasises the central role of contradictions as a source of change and development in activity systems. He defines contradictions as '*historically accumulating structural tensions within and between activity systems.*' (Engeström. 2001, p137). In any activity system, there are continuously emerging contradictions both within and between its elements/nodes, which Engeström termed *primary* and *secondary contradictions*. A primary contradiction occurs *within* each constituent node, e.g. within the rules or division of labour category, while secondary contradictions occur *between* separate elements of the central activity, e.g. between rules and division of labour components (University of Helsinki website, 2008).

In reflecting on my role as a trainee educational psychologist, I considered that activity theory could provide a useful framework to investigate contradictions and tensions that may exist within the specific activity systems operating within the language unit. In addition to using activity theory as an analytical or descriptive device, it can be used as a means of engaging organisations in examining working practices (Leadbetter, 2008). The remainder of the paper will discuss the application of activity theory in the

current context of evaluating an integrated mainstream provision for children with SLCN.

## **Methodology**

The current study adopted a small scale case study approach to explore multi-agency collaboration in a language unit. Robson (2002) states that case studies opt for a qualitative and analytic style of research inquiry. Cohen et al (2003) describes case studies as an in-depth investigation of a specific context, which *'investigate and report the complex dynamic and unfolding interactions of events, human relationships and other factors in a unique instance'* (p.253). In terms of epistemology, a social constructivist/hermeneutic approach is adopted, whereby social phenomena are interpreted within their social contexts. Hermeneutics suggest that human action is to be understood and interpreted within the context of social practices, and it is impossible for the researcher to be separate from the object of research, and the cultural and historical context in which they are placed (Gadamer, 1975).

## **Procedure**

Interviews were conducted with staff in the integrated mainstream provision/language unit. The unit is situated in an area of socio-economic disadvantage, and includes approximately ten students aged between 5 and 9 years old, predominantly from white ethnic backgrounds. All of the children that attend the unit have a statement of special educational needs. The school

also (coincidentally) has a high proportion of looked after children currently attending.

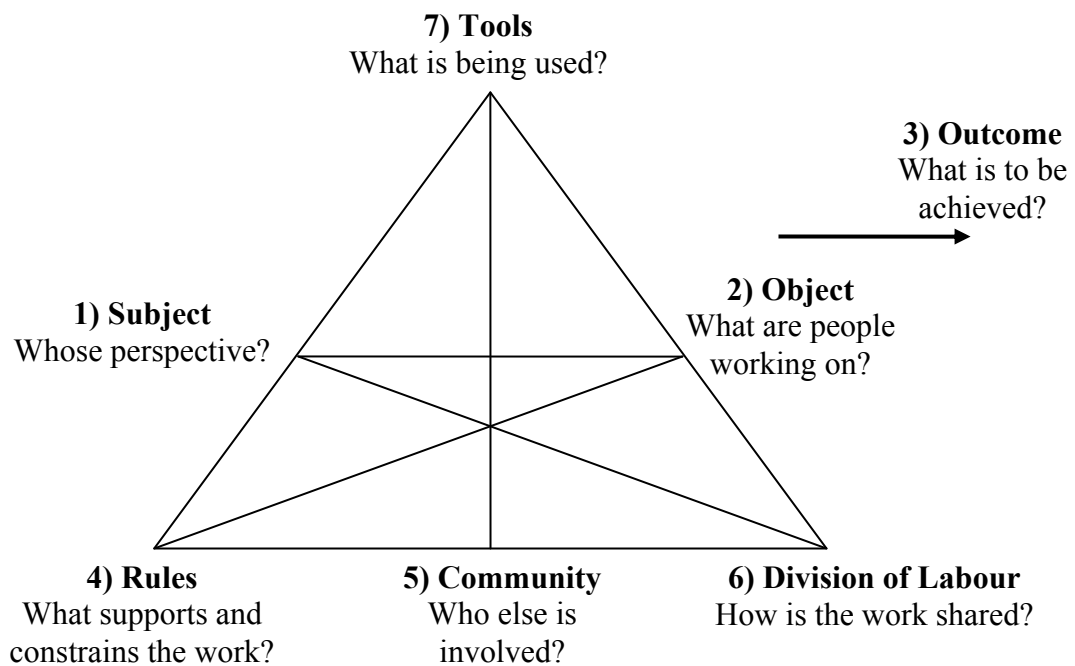
Four members of staff were interviewed; a head teacher, class teacher/SENCo, speech and language therapist (SLT), and a higher level teaching assistant (HLTA). Before the individual interviews began, all interviewees gave informed consent by completing a participant consent form (See Appendix 1). This informed participants that information obtained from the interviews would be confidential and anonymous. The interviews adopted a semi-structured approach, using activity theory to structure questioning. Interviews were designed to produce comparable data on the main questions around the activity system. Initial open ended questions (see figure 3) were followed by prompts to elicit more information/ detail (See appendix 2).

As a new appointed trainee educational psychologist for the school, the current study was undertaken with sensitive consideration. The purpose of the study was illuminating and explanatory in quality, and particular consideration was taken to ensure that the language unit's activity system was not disrupted. The application of activity theory provided a descriptive framework and analytical device, rather than an organisational development tool. Therefore, interviewees' responses were not tape recorded and transcribed verbatim. Instead, notes were taken throughout the interviews, and were conducted on an individual and face to face context. In order to ensure that the written notes reliably captured the interviewees' answers, they were checked and clarified at the end of the interview. Additionally, it must be taken

into account that quotes from the interviews were not exact verbatim, and in accord with the promise of confidentiality, cannot be attributed to any specific professional.

The activity theory framework was explicitly shared with participants during the interview, which is shown in Figure 3. Interviews lasted approximately thirty minutes in length.

**Figure 3- Questions used to facilitate interviews (from Leadbetter, 2008)**



### Data Analysis

Using the principles of qualitative data analysis (Miles and Huberman, 1984), a thematic analysis was conducted, and key themes across the four data sets were identified. These key themes were coded using seven pre-determined categories from activity theory (subject, object, outcomes, rules, community,

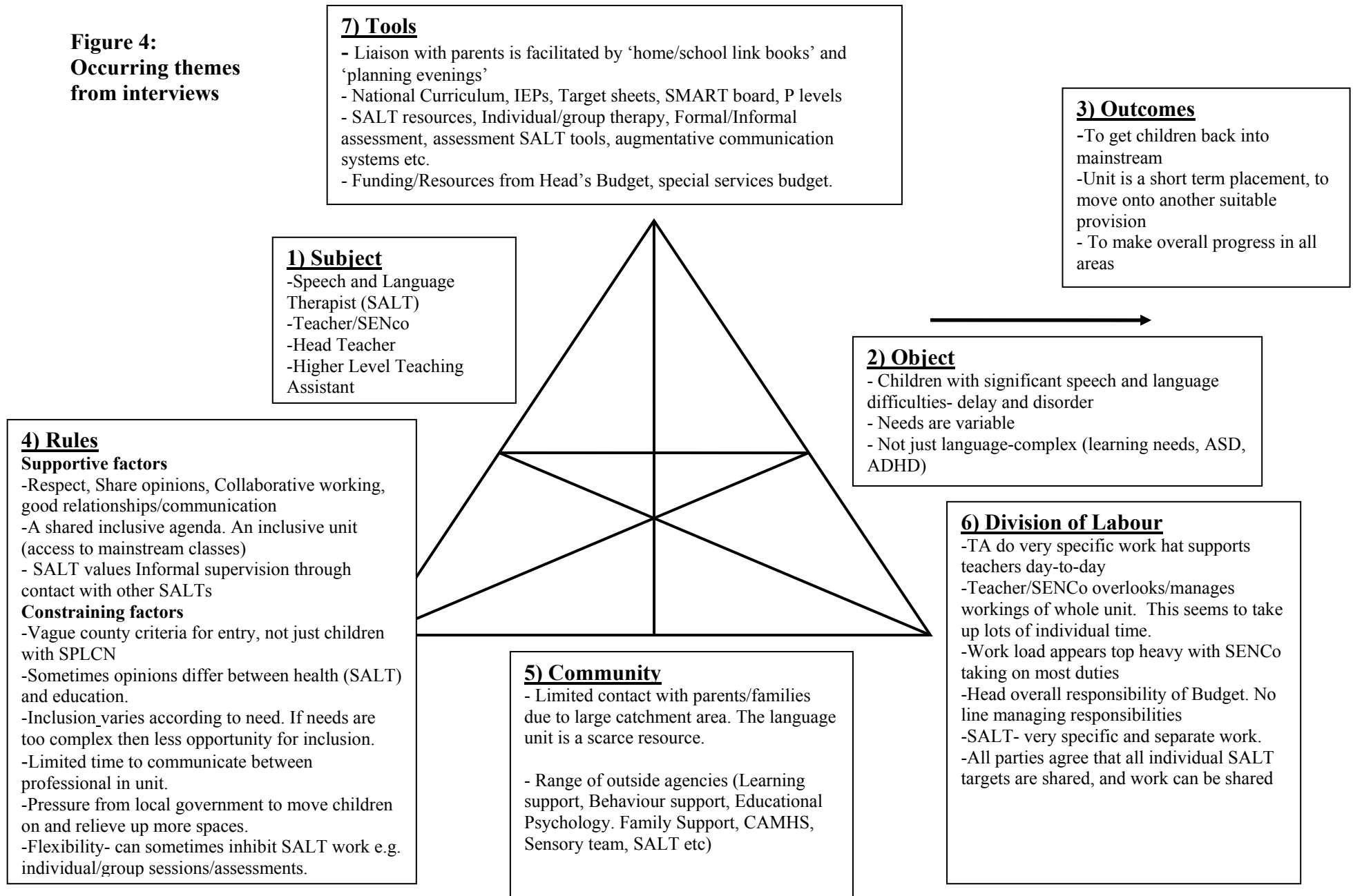
division of labour and tools), and contradictory and complementary factors both within and between these categories were identified. Key findings from the interviews were summarised and fed back to the professionals involved in the study.

## **Results and Discussion**

The initial thematic analysis highlights the key themes that arose from interviewing professionals in the language unit (see figure 4). The remainder of this paper will separately discuss the primary and secondary contradictions and complements within the activity system, taking into consideration the notions of professional identity and historicity. An important point to take into consideration before the results are given in detail is the great consistency that is apparent in the whole activity system. Data revealed the high level of congruence both between the professionals concerned, and between the various dimensions of the unit's activity system. Therefore, the following section will only discuss the elements of the activity system that are considered relevant to the aims of the current paper.



**Figure 4:**  
**Occurring themes**  
**from interviews**



### ***Primary contradictions and complements in the activity system***

#### ***1) Object and Outcomes***

Throughout all four interviews, professionals described the children in the language unit as having complex and significant speech and language difficulties. More specifically, all professionals reported the children's needs were highly heterogeneous, with some having greater and more complex needs than others. On numerous occasions, it was explicitly reported that children's needs were not restricted to SLCN. It was noted that many of the children's difficulties extend to autistic spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD), learning difficulties, and social, emotional, behavioural difficulties.

*'the children in the unit have speech and language difficulties, but some have more needs than others.'*

*'the children have significant speech and language difficulties, but some have more complex needs such as ASD, ADHD and learning difficulties'*

The inclusion of children with complex and additional needs into language units has been reported by numerous researchers in the field of SLCN. For example, Lindsay et al (2002; 2005) recognised that the prevalence of pragmatic difficulties amongst children with specific language difficulties has become increasingly evident, which has recently lead LEAs to include children with ASD into specialist language provision. The range of children's needs

within the language unit in question, highlights the heterogeneous nature of the SLCN population, which has been recognised as presenting number of challenges for policy makers and practitioners (DCSF, 2008). The specific case studies within the 2008 DCSF study indicated there are problems associated with the consistency of conceptualisation and operationalisation of SLCN in education.

All interviewees' responses were complementary in terms of their expected outcomes of their practice. All reported that their aim is to support the children's progress in their speech and language, with the overall goal to place children back into mainstream provision. It was recognised, however, that mainstream transfer may not always be suitable, and some children's needs may be more appropriately met in a special provision.

*'we aim to help their overall progression, fulfil their capabilities, and support their speech and language needs'*

*'the aim is for children to move through the unit, and eventually transfer to mainstream or another appropriate provision'*

This again highlights the difficulties associated with determining the most suitable educational setting for children with SLCN (Lindsay et al, 2005), due to the diversity of provision that exists nationally and vague criteria for admission (Bercow, 2008).

## 2) Rules

After the thematic analysis of all the four interviews, many primary contradictions within the *rules* component of the activity system emerged. These covered issues regarding *i) the communication/collaboration between professional* and *ii) inclusion*.

### *i) communication/collaboration between professionals*

Firstly, all interviewees reported good working relationships with each other, which were often characterised by mutual respect for each others' professional opinion, good communication and sharing of knowledge, flexible working, and shared/collaborative working.

*'we support each other and have good working relationships... we respect each others' professional opinion and have a good dialogue.'*

*'...it is a collaborative effort in the unit, the staff are all experts in their own right.'*

However, at times, interviewees reported some collaboration difficulties which contradicted their comments above. A key factor that was identified as a constraint to effective collaboration was the limited time to communicate with each other. It was reported that due to time constraints throughout the day, formal one to one contact between professionals was limited.

*'we work very well together, but there is often no formal time to talk with each other.'*

Additionally, at times throughout the interviews respondents reported that despite the recognised advantages of sharing knowledge between school staff and the SLT, views between education and health professionals sometimes differed. Specifically, it was reported that when deciding the time that children should move out of the unit and on to another placement, it was not uncommon for education and health opinions to differ. It was also recognised that education tends to have a more holistic viewpoint, whereas the SLT adopt a medicalised approach to service delivery.

*‘education and health views sometimes differ, but it is largely depended on the relationship between each other. Education tends to take a more holistic point of view.’*

McCartney (1999) recognised these conflicting viewpoints as a *functional barrier* to communication between teachers and SLTs (see table 2). What must be noted however is the interviewees’ recognition that social processes such as mutual respect and an understanding of professional roles often overcome conflicting models of service delivery.

## *ii) inclusion*

Secondly, with regard to interviewees’ opinions regarding inclusion, it was recognised that there is an inclusive ethos in the unit and the rest of the school, and professionals in the unit make every effort to include children as much as they can into mainstream classes. The school’s inclusive ethos is largely related to its *historicity*, which emphasises the significance of

considering contextual, cultural and historical factors in activity systems. It was noted by some professionals that previous staff members, who are no longer employees in the school, did not adopt inclusive attitudes or accept the inclusion of children with SEN in mainstream classes. This historical context provides an important background to understanding how the inclusive practices within the school/unit have come to be in place. It is likely that the school's inclusive ethos is the result of a combination of influences. It appears that a co-constructed inclusive culture has been created through interactions between new members of staff and the existing staff. Additionally, the head teacher's inclusive attitude, and her opinions regarding the importance of making the language unit an integral and integrated part of the school, has also exerted a top-down effect on the overall culture.

However, some interviewees recognised that the level of integration into mainstream classes is based upon an assessment of a child's individual needs, as reported in Lindsay and Dockrell's (2002) paper. Additionally, due to limited resources in mainstream classes, it was noted that inclusion/integration may not be effective.

*'...all staff work towards the same inclusive agenda.'*

*'...children in the unit are not included as much due to a lack of teaching assistants in mainstream to support their needs.'*

Supporters of a strong inclusionist position might argue that language units adopting a needs led approach to inclusion are *integrationist*, but not inclusive

(Lindsay and Dockrell, 2002). The interview data also bring into question whether the inclusion of children from language units into mainstream classes can practically be realised without the necessary resources available (e.g. SLCN training for class teachers, skilled teaching assistants in the classroom etc).

### ***Secondary contradictions and complements***

#### ***1) Contradiction between rules and division of labour***

As mentioned above, all professionals commented on the shared and collaborative nature of their work in the unit, which was highlighted as a supportive factor. This was characterised by flexibility and overlapping job boundaries. Again, when questioned about the division of labour in the unit, it was also generally agreed that work is shared out, to address all individual speech and language targets which are negotiated and agreed collectively with clarity regarding the complementary roles each professional will play in working towards these targets.

However, two contradictory notions arose from discussions with professionals. Firstly, the SENCo/class teacher noted the value of having supportive and flexible working relationships with staff; however it appeared that the professional role adopts a large proportion of the overall work load. It was also acknowledged that the language unit takes up a large proportion of SENCo time.

*'As SENCo and class teacher I do overviews, IEPs (Individual Education Plans), annual reviews, organising inclusion into mainstream classes, CPD, raising staff awareness, and whole school staff training'*

Secondly, the SLT noted the benefits of all speech and language targets being shared between staff, with teaching assistants supporting the speech and language input. It was also acknowledged that SLT work is specific and sometimes detached. This includes formal standardised assessments, formative assessments, individual therapy and small group work. Whilst the SLT indeed valued the inter-professional working relationships within the unit, SLT also stressed the importance of formal and informal supervision from colleagues within the field of SLT. This largely related to the notion of maintaining one's professional identity. Turner (1999) argues that *'a need (exists) for positive social identity, expressed through a desire to create, maintain or enhance the positively valued distinctiveness'* (p. 8).

## **2) Complementary aspects between tools and community**

Within the wider community, families of the children who attend the language unit live both inside and out of the school's catchment area. This reflects the scarcity of nature of language units and other integrated mainstream resources across the local authority, and the increased distance children and their families travel to access suitable provision. This has implications for the amount of contact staff members have with parents and families, as a number of children arrive and leave school via a taxi service.



*‘The majority of children come from a wide catchment. Parents are not local and taxis are needed to bring the children to school. The language unit is a scarce resource.’*

Staff within the unit recognise the benefits of having a good liaison between home and school, and apply the necessary tools to improve the limited contact they have with parents and families. The unit uses home/school link books to create a daily written dialogue between parents and staff, highlighting targets and progress made by individual children. The class teacher/SENCo also ensures that parents collect their children from school at least once a fortnight in order to maintain good contact and relationships with the unit.

### **3) Complementary aspects between division of labour and tools**

A central theme running throughout the interviews was the acknowledgement that all IEP targets and speech and language targets are explicitly shared by all staff in the unit, and all professional use a variety of tools to support the children’s SLCN.

*‘we used curriculum levels, p-levels, ‘sign along’, communicating in print (an SLT programme), strong use of ICT, and PECs (augmentative communication system)’*

Whilst it is acknowledged that a range of SLT resources are used in the unit, it must be recognized that it is difficult to determine the effectiveness or regularity of their use.

## ***Conclusion***

Overall, the language unit is commended for the great consistency that exists in the whole activity system. In exploring all the dimensions of the activity system, a high level of congruent views were produced between professionals. For instance, there was an overall acceptance that the needs of the children in the unit are complex, not restricted simply to SLCN, and characterised by a high level of heterogeneity. Additionally, the social processes between professionals in the unit were characterised by an overall mutual respect for each other expertise, and a flexible and collaborative working approach.

Nevertheless, analyses of interview responses did reveal some primary and secondary contradictions (Engeström, 1987). As frequently demonstrated in the literature, education and health views sometimes differ in the unit, which highlights the functional barriers that continue to exist in the collaboration between professionals from different disciplines (McCartney, 1999). In addition, despite the overall inclusive culture of the school, integration into mainstream classes is dependent upon an assessment of a child's individual needs, rather than having equal rights of inclusion for all children.

Exploring professional identity in the area of multi-agency working is an area of current interest for researchers in the field (e.g. Leadbetter, 2006). The importance of maintaining the distinctiveness of one's professional identity was apparent in the current study, with SLT valuing the importance of supervision and contact with her peers outside the unit. It would be beneficial

to explore this further by engaging in future research into professional identity and multi-agency working in the area of SLCN.

In the context of current paper, activity theory has provided a useful tool for organizing inquiry. The purpose of the study has been purely illuminative and explanatory, in order to explore some of the challenges to effective multi-agency inclusive provision for primary aged children with SLCN. Furthermore, activity theory has a wider potential to expand and enhance the work of practitioners within a wide range of organizations. Taking its practical and action-orientated applications into consideration, activity theory *'provides an interactionist, socially and culturally embedded model through which activities can be viewed, analyzed and worked upon'* (Leadbetter, 2008, p. 215) and has much to offer as a framework for practice within the domains of educational psychology.

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### **Websites**

(<http://www.edu.helsinki.fi/activity/people/engestro/>) 12/12/08



## **Appendix I**

### **Participant Informed consent**

Title of Evaluation: Evaluating a special provision for children with speech, language and communication needs: An activity theory perspective.

Researcher: Gemma Shilvock

This research is part of my Doctoral training at the University of Birmingham.

- 1) I have had the opportunity to ask questions about the study and have received satisfactory answers to any questions I have asked. Y/N
  
- 2) I understand that my participation in the study is voluntary and that I may withdraw from the study at any time, without explanation, by advising the researcher. Y/N
  
- 3) I understand that the researcher will have access to the personal data provided, that data will be stored securely and used only for researcher purposes. Y/N
  
- 4) I agree to take part in the study. Y/N
  
- 5) I give permission for personal data to be used for transcriptions, analysis and as a part of the researcher's studies at the University of Birmingham. Y/N

Information received as part of this procedure will be treated in confidence. The data obtained through interviews will be analysed and themes will be fed back to those taking part. Any quotes used from the interviews will remain anonymous.

Name of research participant (print)  
Date

Signature

Name of researcher (print)

Signature

Date

## **Appendix II**

### **Prompt questions**

- 1) Subject
  - What perspective are you taking?
  - What is your role in the Language Unit/school?
- 2) Object
  - What/Who are you working on?
  - Can you tell me a little bit more about the profiles of the children?
  - Do they all have similar weaknesses with their SLCN or heterogeneous?
  - Do they have any other needs apart from SLCN?
- 3) Outcome
  - What do you hope to achieve overall?
  - From your perspective, what is the ultimate aim of the provision?
  - Do they all follow the same intended outcome? How much variation is there?
- 4) Rules
  - What constrains/supports your work (recommend structure below)
    - Personally
    - Professionally
    - Locally
    - Nationally
- 5) Community
  - Who else is involved in the provision?
  - How would you describe the community in the catchment?
  - What other agencies are involved?
  - Voluntary organisations?
  - How are parents included in the unit?
- 6) Division of Labour
  - How do you share out the work?
  - Who does what?
  - How is it delegated?
  - Is it evenly shared?
- 7) Tools
  - What is used day to day to support/facilitate your work?
  - In the classroom, out of the classroom, provision mapping etc
  - Criteria for the admissions into unit?
  - Concrete tools e.g. speech and language resources. Abstract tools e.g. training?

### **Reflections of online discussions**

A new and evolving area of learning in higher education is 'networked learning' or 'virtual learning'. This approach adopts a social constructivist view of learning (Vygotsky, 1978), and places an emphasis on collaborative learning within a networked community of learners. Guldberg & Pilkington (2006) state that '*a networked community uses the Internet to establish collaboration across geographical barriers and time zone*' and '*processes of interaction are seen as central to learning and as mediated through the exchange of multiple perspectives and interpretations of meaning.*' (p.161).

A virtual learning environment has been recently established within the educational psychology department at the University of Birmingham. As a group of second year trainee educational psychologists, three related online discussions were formed for the following purposes;

- *to stimulate critical thinking* around the focus of our first professional practice report (an operational analysis/evaluation of a specialist setting which caters for children with complex individual needs);
- to encourage the development of links between *practice and related theory and research; and*
- to help sustain our group's sense of being a learning community, despite now being separated for lengths of time in our employing local education authorities.

The three online discussions focussed around the broad topic of inclusion. The first discussion obtained students' views on a 'contentious issue' (Do you

agree that inclusion should be for all children?); the second entailed a critical evaluation of a research article; and the third required a more practical exercise related to theory and research (the role of the educational psychologist working with a child with complex needs).

It is impossible to capture all elements of the online discussions in the current review, as well as examining the processes and dynamics involved in the e-learning activities. Therefore, I have chosen to reflect upon two separate areas, which have struck particular personal interest, as well as representing a broad synopsis of the process and content of the online discussions. The two themes that I have chosen to reflect upon will be as follows;

- 1) The content of the discussions. Discussion 3: How the EP would respond to a particular situation involving a child with complex needs.
- 2) The processes involved in virtual learning community.

#### *1) The content of the discussions.*

Members of the virtual learning community were required to read a letter from a parent, which describes a difficult situation regarding the inclusion of their child with complex needs into a mainstream educational setting. After this, trainees were required to respond how they, as educational psychologists, would respond to the situation. This discussion adopted a 'problem based learning' (PBL) approach; a student-centred approach in which students collaboratively solve problems and reflect on personal experiences.

Firstly, in response to how an EP would respond to parents who are experiencing high levels of stress and anxiety, discussions facilitated a range

of psychological approaches. All of which stimulated critical thinking in response to the differing perspective generated by trainees. On a personal level, these made me reflect upon my own practice as a trainee educational psychologist and learn from other trainee's postings. The direct quotations below demonstrate the range of responses generated;

*'using a Solution Focused approach in my own practice has helped to give a difficult discussion some clarity and helped to move a conversation into a different direction.'*

*'I consider this in terms of Roger's three conditions of unconditional positive regard, empathy and congruence and applying these counselling skills in approaching all situations with parents.'*

*'a combination of Rogerian theory and Solution focussed approaches are more appropriate, particularly when an external consultant is stepping into a complex situation that is often fuelled with emotion'*

*'I think the points that have been made that relate to a systemic perspective have been particularly pertinent...and...the constructs (Personal Construct Psychology) held and attributions made by the parents that it may be possible to explore in any discussion with them.'*

Secondly, on several occasions, trainees reflected upon personal practice (e.g. current casework within trainee's employing LEAs), which offered concrete illustrations among more abstract comments. This not only allowed for greater depth of reflection and discussion, but also linked theory and research to practice.

*'This letter reminded me of an annual review for a Y5 child that I observed when I was on FWB.*

*'I have a couple of cases like this at the moment where the parents want one setting and the 'experts' want another.*

*'I visited settings with parents as an assistant in XXXX, where arrangements seem pretty informal compared to those that you describe in XXXX.'*

*'I recently completed an appendix D where the parents had named a specialist provision for their child and they had gone to visit the setting independently'*

*'I have been involved in a difficult case the last couple of weeks, whereby a secondary aged pupil moved from 'a land far away' where he had been educated in Special schools all his life.'*

Finally, in response to the idea of parents refusing to be involved with professionals or 'experts' within children's services (due to the stress and anxiety experienced by existing involvement with other professionals), discussions centred around how we as educational psychologists would react to this dilemma. Initially, discussions focussed on rhetorical accounts of recognising the importance of working *with* parents on a consultative level, whilst acknowledging their stress and anxiety, and the power differentials that exist between parents and professionals. Some trainees felt strongly that it was their duty of care to support the parents involved, despite the fact that the original letter clearly stated that parents wanted no further involvement with outside agencies.

*'EPs need to be aware of the stress and anxiety that parents may experience in response to the area of SEN and their child.'*

*'Perhaps engaging the services of Parent Partnership would be a way forward?... This might get us to a point where the parents feel a little less disempowered and therefore more willing to engage in discussion with other 'experts' as to the way forward.'*

However, from this developed interesting discussions around the concept of *ethics* and the idea that it is the parent's right to withdraw from professional involvement if they so wish. An enlightening debate developed that questioned the role of the EP in this situation.

*I agree that part of the problem could be resolved by doing work with the parents, but would this be ethical?*

*'I would have no intention of using psychology covertly to change the views of the parents. Rather, I would try and use psychology from a systems perspective to explore the needs of the child within the family and social context.'*

*'I feel that I am firstly and foremost an advocate for that child and any child I work with, which is why (as XXXX suggests) working with the parents is likely to produce the most positive outcomes for that child.'*

*'If we really believe in a right to withdraw, doesn't it mean that if someone says they don't want to work with us they don't; doesn't "no" mean "no"?''*

*The processes involved in the virtual learning community.*

Research has acknowledged that collaborative learning discussions within a virtual learning environment, creates a community of learners (Guldberg &

Pilkington, 2006). This not only has positive influences on the networked community itself, but it also serves to develop the wider practitioner communities which individual learners belong. Hence, a *community of practice* is established. Communities of practice have been defined as a community which has mutual engagement, joint enterprise and a shared repertoire of actions (Lave and Wenger, 1991). Taking this further, communities of practice can be described as a community which develops and enriches professional practice, by the sharing of common interests, knowledge, experiences and values. This is particularly pertinent to the current context, where trainee educational psychologists have joined together as a virtual community of practice. The individual benefits of this form of learning have been described by Henri and Pudelko (2003). They suggest that for individuals '*the virtual community of practice represents a means of investing themselves in the social or professional definition of their trade, to reinforce their professional identity, to enrich or perfect their daily practice while contributing to the practice of the community.*' (p 483).

I feel that the above quotation offers a fair representation of the personal benefits of the virtual community of practice, and provided a means whereby trainee educational psychologists' identities were strengthened. Additionally, I felt that there were benefits associated with having contact with peers, albeit in a virtual sense, which created a sustained a sense of belonging. This would not have otherwise been the case, due to the prolong periods of separation away from the university premises.



A recent study by McConnell (2005) can be used as a reference to examine some of the learning dynamics associated with online discussions. McConnell (2005) conducted a detailed ethnography of three separate collaborative networked e-learning groups in an attempt to understand how student work together. Table 1 below demonstrates some of the work pattern in the three groups;

Table 1. The pattern of work in the three groups. From McConnell (2005).

|                |   |
|----------------|---|
| <b>Group 1</b> | <ul style="list-style-type: none"> <li>- Negotiation</li> <li>- Discussion</li> <li>- Agreement</li> <li>- Work and research</li> <li>- Collaboration</li> <li>- Production</li> </ul>  |
| <b>Group 2</b> | <ul style="list-style-type: none"> <li>- Struggle—over leadership; over project focus and group processes</li> <li>- Argument</li> <li>- Changing minds and direction</li> <li>- Anxiety</li> <li>- Learning conflict</li> <li>- Closed-ness: use faxes, chats, telephone, email as well as open forums.</li> </ul> |
| <b>Group 3</b> | <ul style="list-style-type: none"> <li>- Negotiation</li> <li>- Support for each other</li> <li>- Openness</li> <li>- Discussion</li> <li>- Agreement</li> <li>- Work and research</li> <li>- Collaboration</li> <li>- Production</li> </ul>  |

As it can be seen from the table above, groups one and three engaged in a harmonious and collaborative virtual learning experience, whereas group two experienced high levels of anxiety, frustration and conflict. The study's findings have been used as a references point to reflect upon the group dynamics of trainees in the current context. When reflecting upon the positive aspects of the group, there was certainly a high level of *openness* and *discussion* between group members. Additionally, at times, there was a degree of *collaboration* and *support* for each other throughout discussions, particularly when there was a high level of *agreement* on certain discussion

topics. More collaborative and inclusive discussions were created when an individual member set the boundaries for the discussion to develop, possibly by posing an initial question (e.g. *'What specific psychological models of practice would you use in this context?'*), or even negotiating a starting point (e.g. *'I think we should start by discussing X.'*).

An open dialogue was, however, more likely to develop between two to four members of the group throughout one specific thread of discussion. If there was a higher level of participation throughout one thread (e.g. between eight to ten members), discussions appeared to create confusion and lack a certain degree collaboration. This poses practical questions regarding the optimal size of online discussion groups, and how this may differ from real life face-to-face contexts.

Additionally, I feel that some members were more likely to participate than others, which lead to a divide in the group and a certain degree of exclusion. With the members of the group that did not feel fully included in the process, a feeling of anxiety was created, which possibly lead to a reduced desire to participate even further. Of those members that participated on many occasions, there appeared to be a struggle over leadership. At times, this created a feeling of uneasiness amongst other group members, and a sense of argument/conflict developed between the particular group members that were fighting for leadership. It seemed that this lead to a learning conflict and lower levels of task production.

Another point to take into account is the level of anxiety and vulnerability that some group members may have perceived about posting comments online. This may have been the result of some members feeling that their opinions were exposed, which faced the risk of being undermined by stronger personalities in the group. In contrast, the lack of face to face contact, and increased thinking time to make comments, may have allowed some members to feel protected and hence more willing to donate comments.

Overall, from a personal perspective, I feel that much has been learned from the online discussions, which not only stimulated critical thinking around my first professional practice report, but also informed my work as a trainee educational psychologist in my employing local authority. Virtual learning is a relatively new pedagogy in the field of educational psychology; by creating more opportunities to engage in virtual learning of this kind, I believe that a stronger community of learners will be established in this area.

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**PROFESSIONAL PRACTICE REPORT 2**

**ATTACHMENT DIFFICULTIES IN THE CLASSROOM: THE  
ROLE OF THE EDUCATIONAL PSYCHOLOGIST AND THE KEY  
PERSON.**

## **Attachment difficulties in the classroom: The role of the educational psychologist and the key person.**

Attachment theory (Bowlby, 1969, 1973, 1980) has provided one of the most important frameworks for understanding the factors that influence a child's social and emotional development. Attachment-related issues are fundamental to those working in social care, many child and adolescent mental health services (CAMHS) services, and early child care initiatives and settings (Slater, 2007). Additionally, attachment theory offers educational psychologists a theoretical and evidence-based framework for generating hypotheses that are relevant to the assessment and intervention of individual children in schools (Kennedy and Kennedy, 2004).

### **1. A case overview of 'Adam'**

This professional practice report is written about 'Adam', a five year old boy who attends a local mainstream primary school. Adam was referred to the educational psychology team in September 2008 within my employing local authority, on the grounds of reported social, emotional and behavioural difficulties in school. The box below illustrates a brief summary of Adam's needs, which has been developed from my assessment notes and information from Adam's file.

**Box 1: A brief case overview of 'Adam'**

Members of staff reported that Adam would often demonstrate erratic behaviour which was perceived as being confusing, unpredictable and with no obvious trigger. At times, staff commented on Adam's need to stay in control of situations, and that he could find it difficult to accept constraints and boundaries imposed by adults. Additionally, Adam's mother and class teacher reported that he finds it difficult to independently manage his emotions during disagreements with staff and peers, which can lead to fight or flight response (e.g. leaving the classroom or school premises, throwing chairs, and swearing at his class teacher).

Adam was also described by his class teacher and mother as '*extremely demanding of adult attention*', yet at times he was reported to reject support from staff during periods of emotional distress. Through my own observations and discussions with staff, Adam's self esteem was also a cause for concern, For instance, during times of emotional distress Adam would often talk negatively about himself, i.e. 'I'm stupid, I quit', and 'nobody likes me' and 'I'm leaving, nobody wants me around'. Adam's unpredictable behaviour had reportedly...

**Continued...**

...made it very difficult for staff to manage him emotionally and physically, and consistent behaviour management strategies had been difficult to implement effectively.

It has been reported by Adam's mother, members of staff, and professionals from social care that Adam has experienced a difficult start in life, characterised by periods of parental neglect and rejection. I have attended several multi-agency meetings (as a part of Adam's Common Assessment Framework), which contributed towards my assessment of Adam's needs. During these meetings, the following reports were

made,

- Adam had received inconstant emotional care from his parents, particularly his father.
- Adam's father has verbally rejected him on several occasions, telling Adam that he no longer wants to see him. Father still sees his other children (Adam's siblings), but currently does not have contact with Adam.
- Adam has reportedly experienced significant trauma, where he has been witness to an attempted suicide by his older brother, and domestic abuse.
- Adam has been witness to drug and alcohol misuse by his father and brother.
- Adam has been left at home, without adult supervision. During this time, he has adopted an adult role and cared for his new born sister.

Alex now lives at home with his mother and other siblings, and his mother reported that his behaviour remains difficult to manage. A number of professional agencies have contributed to supporting Adam's needs, which include Child and Adolescent Mental Health Services (CAMHS), Educational Psychology, Behavioural Support Team (BST), Child and Family Support, and Social Care.

On the basis of several sources of evidence, i.e. classroom observations, individual work with Adam, and engaging in several discussions with members of staff, Adam's mother, and other outside agencies (e.g. BST and the Psychotherapist from CAMHS), one of my main working hypotheses was that Adam's behaviour was characteristic of an insecure disorganised attachment style (Ainsworth et al, 1978). My role as the school's educational psychologist in relation to Adam has largely been consultative, using attachment theory as a framework for understanding and supporting the school in planning interventions. More specifically, a core element of my role,



which I negotiated at an early stage, was to work closely with Adam's key person, and to support her at a supervisory and consultative level. The purpose of Adam's key person was to provide him with an additional attachment figure in school. The key person's role was primarily to develop a relationship with Adam and offer the possibility of relative dependency, as well as being both emotionally and physically available for him at all times during the school day.

The remainder of this PPR is a reflective critique of the evidence base for attachment theory, the role of the 'key person' in facilitating intervention, and the implications for educational psychology practice in Adam's particular case (or in cases similar to Adam's) where insecure or disrupted attachment relationships appear to have contributed to the child's social, emotional and behavioural development.

## **2. Background to Attachment theory**

An attachment, as defined by attachment theory, describes an affectional bond between child and primary caregiver (Ainsworth et al, 1978). In his well known trilogy, 'Attachment and loss' (1969; 1973; 1980), John Bowlby emphasised the importance of sensitive responsiveness and the continuity of care in primary caregiving relationships. Attachment theory proposes that the primary relationship between an infant and mother (or primary carer) affects the infant's behaviour in ways which influence later relationships and interactions with the environment (Geddes, 2003).

Bowlby developed his ideas from a range of dynamic/analytic theories including developmental psychology, cognitive psychology, evolutionary approaches, ethology and control systems theory (Slater, 2007). However, by drawing heavily on cognitive psychology, Bowlby postulates that children form an Internal Working Model (IWM) of their attachment relationship in their early years. By the age of five years, Bee and Boyd (2007) claim that most children will have an internal model of their primary caregiver, which subconsciously informs them about the self and the dependability of others to provide consistent attention and care (Kennedy and Kennedy, 2004). Consequently, the development of a child's IWM forms the basis for their expectation and anticipation of future events and relationships. Bowlby (1980) claims that an individual who has developed a *secure* internal working model or attachment,

*'is likely to possess a representational model of the attachment figure as being available, responsive and helpful and a complementary model of the self as a potentially loveable and valuable person...approach the world with confidence and, when faced with potentially alarming situations, is likely to tackle them effectively or to seek help in doing so'*  
(1980, p. 242)

It must be noted however, that very little is known about IWMs. For instance, an IWM is a hidden and abstract construct, which are represented as an unconscious process and cannot be observed (Prior and Glaser, 2006). Therefore, one can ever only assume that the products of an individuals' behaviour is a direct result of their IWM, which puts into question the validity of the construct. Through an examination of the literature, it seems that more information is needed about how IWMs develop (Bretherton and Munholland,

1999), and the extent to which IWM can change and integrate new experiences remains a critical question (Prior and Glaser, 2006).

If an infant's needs have not been adequately met in ways described in the above quote, Bowlby argued that an *insecure* internal model or attachment style was likely to result, allowing the child to perceive the world as unpredictable and comfortless (Geddes, 2003), as well as leaving the child with serious doubts about self worth (Al-Yagon & Mikulincer, 2004). In regards to classifying secure and insecure attachment styles, the pioneering work of Mary Ainsworth and colleagues (Ainsworth et al, 1978) was central to the development of attachment theory. Her work was based upon extensive observation of infant attachment behaviour both at home (every three weeks for a year) and in a laboratory setting known as the 'Strange situation' procedure. This procedure assesses the security of attachment, by creating a situation where a child is reunited with his/her mother after a short period of separation. During this reunion, Ainsworth et al (1978) closely observed the behaviour of all the children in their sample, and proposed three attachment style categories: securely attached (B), anxiously attached avoidant (A); and anxiously attached ambivalent/resistant (C). Through close re-examination of 200 strange situation video tapes, Main and Soloman (1986, cited in Prior and Glaser, 2006) concluded that some infants did not fit any of these groups. They noted that some infants '*exhibited odd behaviour which lacked coherence, organised strategy for dealing with the stress of separation*' (Prior and Glaser, 2006). This led to the inclusion of a further category of attachment, namely Group D- disorganised insecure attachment. The table

below has been developed from Main (1996), and further outlines the four categories of attachment.

**Table 1. Categories/Styles of attachment, as defined by Ainsworth et al's (1978) 'strange situation' response. Developed from Main (1996)**

| <b><i>Attachment style</i></b>         | <b><i>Infant Strange Situation Response</i></b>  |
|--|--|
| <b><i>Secure (B)</i></b>               | Shows signs of missing parent on first separation and cries during second separation. Greet parent actively; for example, creeping to parent at once, seeking to be held. After briefly maintaining contact with the parent, settles, and returns to play. |
| <b><i>Avoidant (A)</i></b>             | Does not cry on separation, attending to toys or environment throughout procedure. Actively avoids and ignores parent on reunion, moving away, turning away, or leaning away when picked up. Unemotional; expressions of anger are absent.                 |
| <b><i>Resistant-ambivalent (C)</i></b> | Preoccupied with parent throughout procedure, may seem actively angry, alternately seeking and resisting parent, or may be passive. Fails to return to settle or return to exploration on reunion and continues to focus on parent and cry.                |
| <b><i>Disorganised (D)</i></b>         | Disorganized or disoriented behaviours displayed in parent's presence; for example, may freeze with a trancelike expression, hands in air, rise and then fall prone at parent's entrance, or cling while leaning away.                                     |

Numerous research studies have suggested that insecure attachment is correlated with higher risk for internalising and externalising behavioural difficulties, which Bowlby proposed were related to the IWM (Kennedy &

Kennedy, 2004). Additionally, research has demonstrated a strong relationship between an individual's early attachment classification and social, emotional, behavioural and academic outcomes (Jacobsen & Hofmann, 1997). The evidence base that demonstrates the relationship between attachment security/insecurity and a child's functioning is now discussed. Particular reference is made to the challenges associated with the inclusion of disorganised attachment in the theoretical framework and research.

### **3. Attachment security and a child's functioning**

There is a substantive evidence base for the association between early insecure attachment and socio-emotional and behavioural difficulties in childhood. Prior and Glaser (2006) noted some of the limitations associated with the inclusion of disorganised attachment in the research. Firstly, it is noted that the identification and assessment of the disorganised attachment category is a relatively recent development, and therefore not been included in some of the major longitudinal attachment studies, where the disorganised attachment category is concealed amongst insecure styles more generally.

Secondly, much of the research on attachment has used normative samples, an approach which has value in exploring the comparable consequences of secure and insecure attachments, but is less useful in understanding the consequences of disorganised attachments. The distribution of attachment styles in the normal population has been widely accepted as two-thirds secure and one-third insecure, with 15% representing disorganised insecure (van IJzendoorne, 1999). Prior and Glaser (2006) argue that this raises significant

challenges regarding sample size. With disorganised insecure attachments only representing 15% of the normal population, making comparisons to secure attachment (representing two-thirds of a normative sample) does not allow a comparative analyses with high statistical power. However, the prevalence of disorganised attachment is far greater in particular social groups and clinical populations (van IJzendoorne, 1999). Therefore, Prior and Glaser suggest that it is more appropriate to use high risk or clinical samples when investigating disorganised attachment styles.

In low risk samples, securely attached individuals have been found to have higher levels of psychological well being and socio-emotional adjustment than individuals with avoidant or anxious insecure attachment styles (Mikulincer & Florian, 2001). In high risk samples of children, studies have demonstrated that insecure attachment styles are a risk factor in the social, emotional and cognitive domains (Lyons-Ruth et al, 1993; Moss, et al, 1996). The findings from the widely referenced Minnesota Longitudinal study of Parents and Children (Sroufe et al, 2006) are also worth noting, as they provide further evidence for the statistically significant association between i) secure attachment in early childhood and later good functioning, and ii) early insecure attachment and later emotional and behavioural difficulties. The study began in 1975 and comprised 267 first time mothers in the third trimester of pregnancy. This sample was considered 'at risk', due to their backgrounds in poverty, low levels of education, and the young age of many (Prior and Glaser, 2006). Assessments of mothers were conducted before the birth, as well as comprehensive and longitudinal assessments of mothers and children after. For instance, the study carried out Ainsworth's Strange Situation

attachment assessment in the early years, as well a range of other observations of mother and child. Other assessments made in this study included children's cognitive, social and behavioural development, measured in a range of contexts such as home, the laboratory, summer camps and schools. Findings from the Minnesota study have been reported in a number of papers, and cover a broad spectrum of childhood outcomes. For instance, Sroufe et al (2006) concluded from the study's findings that the parents of children with anxious insecure attachment styles in infancy found it more difficult to provide limits, boundaries and support during the toddler years, and securely attached children were more accepting of their parents' limits and guidelines. Additionally, early attachment experiences were found to provide an important foundation for later peer interactions. Further analyses reported in Egelenad and Carlson (2004) demonstrated that an early history of avoidant attachment in boys was related to aggression in childhood (based upon teacher ratings), and a later onset of antisocial behaviour.

Green and Goldwyn (2002) conducted a selective literature review (from 1992-2002) relating to disorganized attachment in childhood. From a critical review of the research evidence, Green and Goldwyn found that, although disorganized patterns of attachment have only relatively recently been identified over the past two decades (Main and Solomon, 1986), this has facilitated further research for attachment theory in relation to developmental psychopathology. The research suggests that attachment disorganisation is a potential risk factor in multiple domains, both in terms of self-concept, emotional regulation and resilience.

#### **4. Attachment theory: Implications for the classroom.**

A child's capacity to learn is affected by a range of factors including emotional and social experiences (Geddes, 2005). According to Vygotskian theory, individualised relationships and affectional attachments are an important medium by which education is accomplished and children's learning processes are mediated (Ahnert et al, 2006). Bowlby (1969) himself argued that a child will learn most effectively through exploration of an environment from a secure base. Kennedy and Kennedy (2004) recognise this secure base as being dependant upon the child's IWM of caregivers as sensitive and responsive, which allows for reduced anxiety and social learning. Hence, for those children like Adam who present challenging behaviour in the classroom, it is argued that attachment theory can offer an important framework for professional understanding, and provide an opportunity for educational settings to offer hope of change for children with attachment-based difficulties. The following section will describe the implications for differing attachment styles in a classroom setting: secure, anxious avoidant, anxious ambivalent and disorganised styles.

According to Geddes (2003), a child's attachment style in a learning context can be understood by the dynamic relationship between the pupil, the teacher and the task, otherwise known as the 'Learning Triangle'. Figure 1 illustrates these relationships in terms of Ainsworth's four attachment styles.

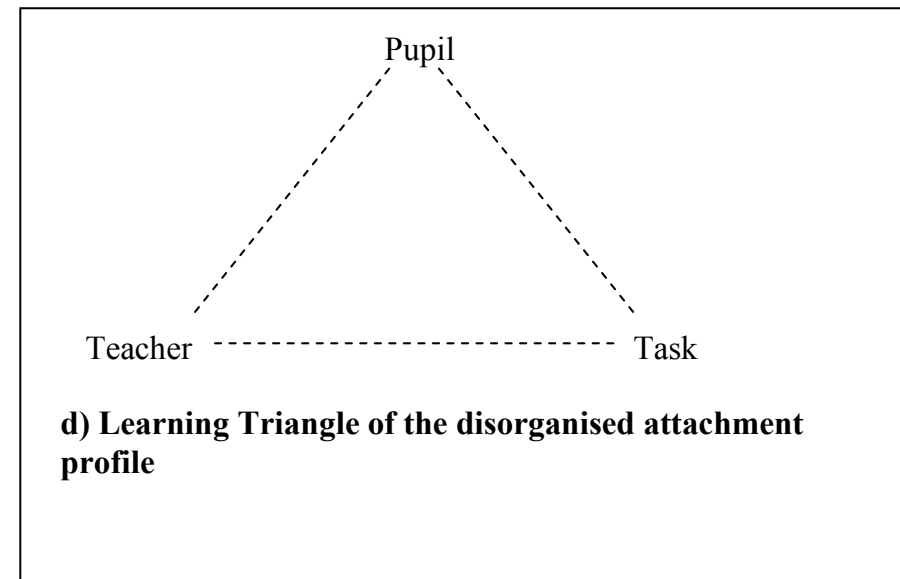
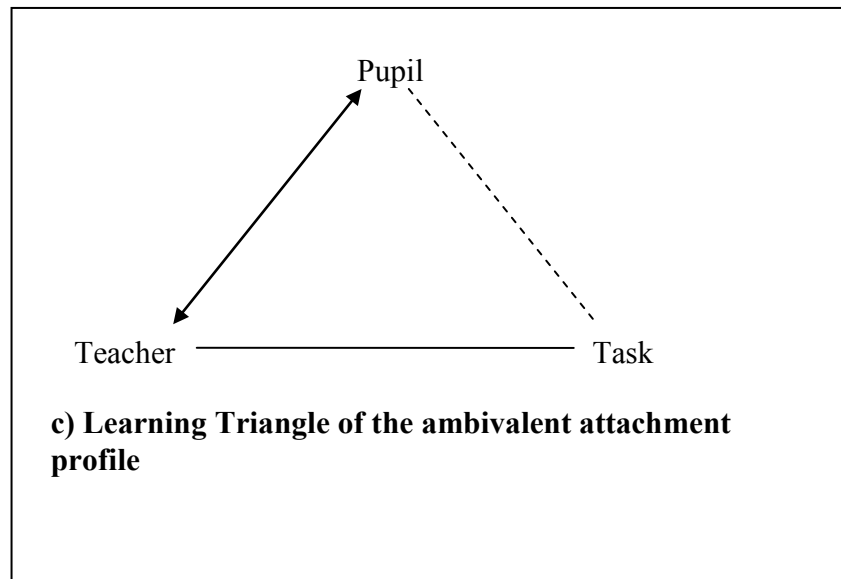
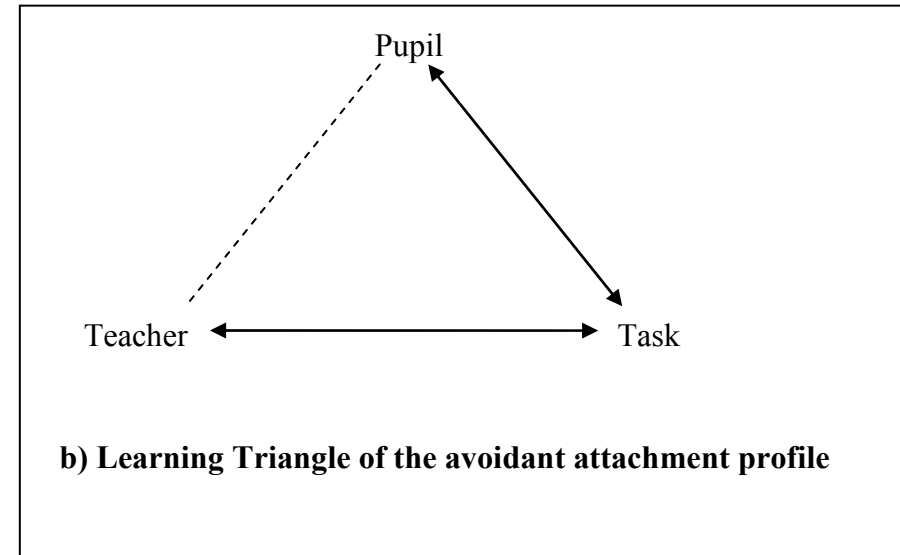
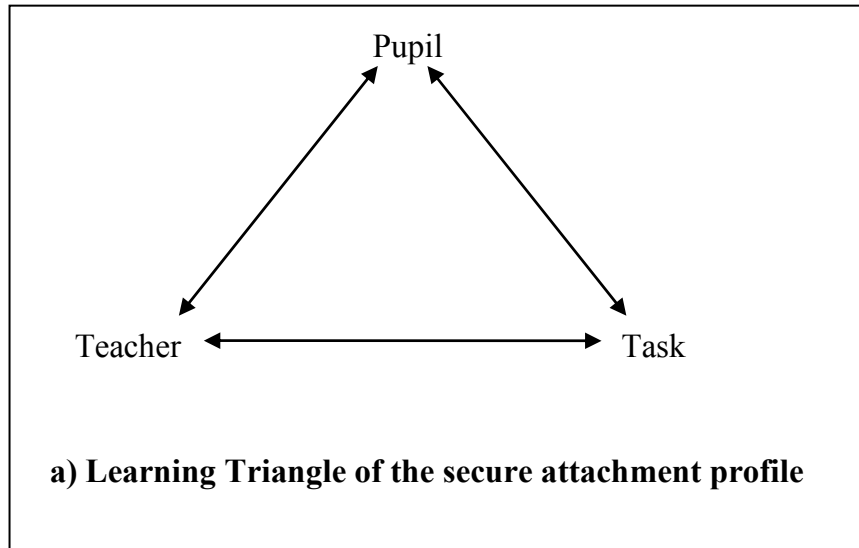
- Figure 1a is characterised by a secure attachment style in the classroom, whereby a child's attention is equally divided between the



teacher and the task, hence producing an optimum learning experience.

- Figure 1b describes a pattern of behaviour which is represented by teacher avoidance. In relation to Ainsworth et al's (1978) Strange Situation procedure, the avoidant pattern is identified when the child shows little distress at maternal separation, and avoids contact on re-union. Hopkins, (1987, in Geddes 2003) describes this as an approach-avoidance conflict, whereby the child's internalised feelings of rejection can lead them to experience contradictory notions of both desire and dread of physical acceptance by the teacher.
- Figure 1c illustrates an ambivalent attachment style, whereby a child finds separation difficult. In the research sample which Geddes (2003) investigated, in the learning situation these children were demanding of teacher attention and ignored the task as if it was an intrusion into the relationship between themselves and the teacher.
- Figure 1d represents a disorganised style of attachment, whereby a child's behaviour can be confusing and at times contradictory. This pattern of behaviour in a learning situation is characterised by a child's lack of trust, disregard of adults, hyper-vigilance, unpredictable outbursts of aggression, avoidance of situations where they are likely to feel rejection or vulnerability, overwhelming affect and/or absence of sense of self (Geddes, 2003). In my judgment, Adam presented as a child with an insecure disorganised (Type D) attachment style, and demonstrated many of the above behaviours in the classroom setting.

**Figure 1. The relationship between a child's attachment styles in a learning context.**



Geddes' (2003) paper's limitations must be considered however; although she provides a useful framework for understanding attachment difficulties in learning contexts, her work is largely based upon experiential evidence and a small sample of children (n=3, across an age range from 7-13 years old). This raises questions regarding the extent to which her findings can be generalisable to the wider population of school children. The impact of identity and epistemological position of Geddes herself must also be considered. As, an educational therapist, Geddes is largely informed by psychoanalytic theory, a paradigm which is characterised by interpreting an individual's unconscious processes. It must be noted that this subjective and interpretive standpoint is open to criticism, untestable, and lacking in generalisability (Bernstein, 1974; Giddens, 1976).

Despite these limitations, conceptualising Adam's difficulties in the way, allowed for a greater understanding of his needs in his educational setting. Through a process of multi-agency consultation, it was negotiated that an additional adult would be employed to work as Adam's 'key person' in school. In order to create context within which Adam's social, emotional and behavioural needs could be effectively managed.

## **5. Role of the 'Key Person' in school**

An 'additional' attachment figure was provided for Adam, in order for him to experience secure and healthy dependency with an adult in school. It has been suggested that the presence of a 'good enough' other, in this case a teaching assistant in school, can be influential in supporting a child with an insecure attachment (Bombèr, 2007). As Geddes (2006) states,

*'The patterns of attachment behaviour are laid down in infancy but are moderated by later experiences of other significant relationships which can meliorate adverse experiences in primary relationships.'* (p. 48).

### **5.1. Additional attachment figures and multiple caregiving**

This leads to the question of whether teachers or child care professionals can truly be classed as attachment figure to a child. Others have shown that close emotional relationships can indeed develop beyond the child-parent attachment. For instance, through conducting interviews and social network analyses with selected adults who may be attachment figures (e.g. child care professionals), Howes (1999) identifies three criteria for recognizing attachment figures beyond parent-child relationships:

- 1) provision of physical and emotional care,
- 2) a consistent presence in the child's life, and
- 3) an emotional investment in the individual.

Howes (1999) has however acknowledged that asking adults whether they are 'emotionally invested' in children can be problematic. For example, it has been shown that children can become attached to neglectful parents, who seem emotionally uninvested (Carlsen et al, 1989, cited in Howes, 1999). Howes recognises the need to include children's perceptions in the research, in order further to inform understanding of their emotional investment in alternative attachment figures.

A recent study by De Schipper et al (2008) investigated children's attachment relationships with their professional caregivers. Forty-eight children were observed in a day-care centre by trained observers, in order to establish

whether more positive caregiving was associated with a more secure attachment relationship. By using the Observational Record of the Caregiving Environment, ORCE (NICHD Early Child Care Research Network, 2000) to measure positive caregiving, and observer Attachment Q-Sort (ASQ, Waters, 1987) to assess the child's attachment security, it was found that higher frequencies of positive caregiving were associated with more secure attachment relationship between child and professional care-giver. De Schipper et al (2008) conclude that in group-care settings, *'the frequency of caregivers' positive interactions might be particularly important for a child to gain confidence in the primary caregiver's availability as a safe haven and a secure base.'* (p. 466).

Ahnert et al (2006) recognised the differences between researchers' conclusions, in judging whether day-care professionals can become effective alternative or additional attachment figures. For instance, some researchers conclude that it is equally probable for children to develop secure attachments to child-care professionals as to parents (Goossens & von IJzendoorn, 1990). However, other researchers have shown that children with secure attachments to their parents do not necessarily develop secure attachments with their day-care providers (Ahnert & Lamb, 2000). Therefore, Ahnert et al (2006) conducted a meta-analysis of several studies to determine:

- *how commonly attachments between children and care providers are secure;*
- *how frequently the security of these relationships matches the security of these children's attachments to their parents; and*

- *how interactional histories shape the security of attachments between children and their child care providers.*

It was found that secure childcare provider attachments were more likely in a home context rather than centre-based care. For instance, carers' sensitivity to individual children predicted attachment security only in the small groups (characteristically similar to home-based setting). Similarly, characteristics such as group size and child-adult ratio in the child care settings moderated the association between the care providers' behaviour and the security of the children's relationships with them. Ahnert and colleagues justify these findings by arguing that care providers in centre-based settings have to manage larger and more diverse groups of children with sensitivity. Therefore, the factors which shape the quality of child-care provider relationships in these contexts markedly differ from those which shape child-mother attachments. Additionally, the authors note that it may be harder to develop relationships with care providers when children are well integrated into peer groups, because the children are less interested in seeking out care providers' attention.

It can be concluded from the meta-analysis that the development of secure attachments between children and their day-care providers may not necessarily reflect the level of sensitivity and emotional availability provided. Rather, other factors such as the type of environment, and the quality of the child's relationships with others are also important. This raises important questions regarding the effectiveness of a key person in an educational setting, and the implications for an adults' provision of sensitive care and emotional responsiveness in a whole class context.

### 5.3. Teacher-child relationships

Kennedy and Kennedy (2004) emphasise the importance of teacher-child relationships, with research demonstrating that children who experience positive, supportive relationships with their teachers display greater social competence, fewer behavioural problems and higher academic performance (Howes & Smith, 1995; Pianta, Steinberg, & Rollins, 1995). In consequence, nurture groups have been introduced in some schools to provide children with opportunities to form attachments to caring, supportive adults in a safe and secure environment outside of the family context. Research into nurture groups provides evidence of the positive impact that quality teacher-child interactions can have in supporting children with social, emotional and behavioural difficulties. For instance, Colwell and O'Conner (2003) compared a mainstream classroom and nurture group in terms of teacher behaviour and classroom interactions (both verbal and non-verbal) in relation to enhancing children's self esteem. In general, the nurture groups demonstrated good practice in supporting children's self esteem, with nurture group teachers using:

- a higher proportion of problem-structured questions or statements that tend to encourage pupils' problem-solving skills;
- a higher proportion of acceptance and clarification of responses or comments, conveying to the pupils that their ideas and feelings are accepted and understood;
- a significantly smaller proportion of deprecatory remarks;
- the encouragement of autonomy and initiative, rather than control;
- minimal recourse to unattributed praise or negative reprimands; and
- calm strategies to respond to inappropriate behaviour which incorporated affirmation of their positive regard for the child.

Colwell and O'Conner (2003) conclude that, *'although the focus in the present research has been on nurture groups and reasons for their effectiveness, there are implications for the use of nurturing practices throughout schools'* (p.123). More specifically, such research may be generalised to the context of the designated key person working in close proximity to a child in mainstream classes. However, Howes (1999) has argued that the majority of literature on attachment formations with child care providers is representative of children who have not experienced difficulties with prior relationships, with a limited research base examining relationship formation amongst children with insecure attachment styles.

Golding (2008) discusses the ways to help children recover from early trauma and early adverse parenting. Although Golding's book focuses primarily on the role of foster carers or adoptive parents, and the way in which they should be supported on a day-to day basis, the same principles can be adapted into Adam's school environment and the key person relationship. Golding has drawn upon knowledge of attachment theory and interventions, which she has gained through drawing upon the work of a range of theorists, researchers and attachment therapists, within her role as a clinical psychologist working in and Integrated Service for Looked After Children (ISL). The following table demonstrates Golding's (2008) recommendations for supporting traumatised children (based upon her knowledge of attachment theory), and how these have been translated to illustrate the role of the key person in supporting Adam in school. Through critical reflection, it is recognised that the principles/strategies below conflict with methods that are informed by alternative paradigms (notably behavioural psychology). Golding (2008)



suggests that using behavioural conditioning methods with children like Adam is highly risky and likely to be unsuccessful. For instance, she argues that *'children with early experience of inconsistent and insensitive parenting have often failed to learn the link between behaviour and consequences'* (2008, p.205). Consequently, these children are likely to have a poor understanding of cause and effect, and their behaviour has often had limited relationship to the actions of the adult around them. Developing positive relationships and trust with adults is therefore considered to be the most important factor for children with needs similar to Adam's.

**Table 3: Supporting a child in overcoming trauma or early adverse parenting, developed from Golding (2008).**

| <b>A child's underlying needs</b>            | <b>Basic principles</b>  | <b>Practical application to Adam and his 'key person'</b>   |
|--|--|---|
| <b>To feel safe</b>                          | <p>-This is the first priority for children who have experienced trauma</p> <p>-Until they feel safe, they will not be able to benefit from any other experiences.</p> | <p>-Adam's readiness to learn appears to be largely dependant upon his emotional state at the beginning of the afternoon. Adam's key worker has become attuned to his feelings, and engages in alternative learning activities (which Adam perceives as safe) instead of the whole class curriculum.</p> <p>-At times of emotional distress, Adam can be managed by his key worker providing physical and emotional containment (Geddes, 2005), as a strategy which aims to reduce his anxiety.</p> |
| <b>Stability and support from an adult</b>   | <p>-Child needs to know that someone is going to be there whenever he/she needs support.</p>   | <p>-Adam's key person meets him every morning at the entrance of the school.</p> <p>-Adam's key person is continuously available for him throughout the day, and has been funded to support him full time.</p> <p>-Adam is beginning to show signs of trust in his key person, and he will now be comforted by her when he is upset.</p> <p>-Although Adam is sometime resistant, his key worker supports him through processes of emotional co-regulation and attunement.</p>                      |
| <b>Structure, predictability and nurture</b> | <p>-A high level of structure and predictability will lead to a sense of continuity and stability.</p>   | <p>- Adam has a visual timetable which has been developed in collaboration between the class teacher and key person, in order to facilitate structure and predictability.</p> <p>- Adam's key person collects him from the front of the school everyday and engages in familiar activities before he joins his class.</p>   |

|  |  |   |
|--|--|---|
| <b>Opportunities to talk about experiences</b> | -Remain available and open to the child, allowing him to talk about what he is comfortable with, and help him to know you are available when he does want to talk. | -Occasionally, Adam has confided in his key person and spoken to her about his father. His key person has remained emotionally available for Adam, and assured him that he can talk to her whenever he wants.   |
| <b>Safe place visualisation</b>                | -When feeling fearful/worried, the child can visualise a safe place in which he feels comfortable.   | -Adam has access to a 'safe place' in school, where he and his key person go when Adam is emotionally distressed.<br>-Access to a box of preferred and calming activities in this safe place.<br>- Adam does not yet appear able to 'visualise' a safe place, without removing himself from the situation that has triggered his anxiety. Instead, he prefers to physically go to his allocated safe place with his key person, and engage in relaxation/visualisation activities in that particular area. It is hoped that Adam's skills acquired in this context can eventually be generalised to other environments (classroom, playground etc). |

Golding (2008) also recognises that children need to experience decreased stress and increased support, in order to feel more secure and to develop increased resilience. Therefore, home and school environments need to be set up in a way that is predictable and reliable. At present, Adam's family receives support from a Child and Family Support Worker in the home context. Adam's key person and class teacher have been working in collaboration with outside agencies such as the Behaviour Support Team and Educational Psychology, with the aim to provide Adam with a structured and predictable classroom environment.

#### **5.4. Critical reflection**

For adults working with children with attachment difficulties, Golding et al (2006) recognise the need for reflection and relaxation. Since working with Adam, his key person has spoken about her feelings of frustration and discouragement from time to time. Additionally, at times Adam has rejected his key person and displayed behaviour that has been particularly challenging and difficult to manage (e.g. at times, Adam can swear at his key person, can be physically aggressive, and verbally rejected her help and support). His key person has felt de-skilled during these times, and has spoken about the stress she has experienced after a difficult day. Golding (2008) describes the process of *projection*, whereby it is hypothesised that feelings are projected into the adult by the child. According to Geddes (2005), *'adults working with children of such histories usually experience high levels of anxiety themselves as they experience the nerve-wracking uncertainty of how pupils may react and respond on a daily basis'* (p.90). Golding (2008) argues that by understanding and normalising these reactions through personal reflection,

will empower the adult to provide the child with continued emotional containment and empathy.

Personal reflection can be achieved through access to a support network of professional associated with the child. Geddes (2005) describes this network of support as an '*emotional container*' (p. 91), whereby the key person's anxieties can be shared and appropriate strategies can be developed in a collaborative manner. Regardless of the suggestions made by authors like Geddes (2005) and Golding (2006; 2008), there is an apparent limited amount of empirical research in this area of supervision for professionals in schools (e.g. teachers, teaching assistants, key adults). Further research would be beneficial to specifically obtain the views of key people working with children with attachment difficulties in schools, as well as looking into the ways key adults can be supported through supervision. Despite this, the literature that exists more generally for supervision in the caring professions is fairly comprehensive (Hawkins and Shohet, 2007). The literature has extensively referred to supervision for counselling, psychotherapy, social work, and medical/clinical professions more generally. Additionally, the authors have also reflected upon the use of supervision in education, coaching, mentoring and human resource management.

In addition, school-based attachment-oriented interventions have rarely been addressed in the research (Kennedy and Kennedy, 2004). Cornell and Hamrin (2008) conducted an extensive review of the literature (using the databases *MEDLINE*, *CINAHL*, *PsychBooks*, *EMBASE* and *PsychINFO*) regarding the treatment of childhood attachment disorders. The application of

both psychoeducational and psychotherapeutic treatment modalities are widely accepted in the literature, in supporting child-parent attachment relationships in biological and foster care families.

Psychoeducational intervention directly educates parents about their child's difficulties, and in how to care for the child and manage problematic behaviour. On the other hand, psychotherapy supports the parent in meeting their child's physiological and psychological needs. This is achieved by increasing the parent's knowledge of their own upbringing and correcting the parent's internal representations of self and child. Taking into account the context of the current paper, several limitations are noted. Firstly, all of the interventions reviewed adopt a family/parent focus, which is restricted to the relationship between parent and child. There is no mention of the role of school in supporting children's attachment difficulties. Considering the amount of time a child spends at school, one would assume that the educational setting is well suited to implement interventions. In supporting the role of play therapy in schools, Chaloner (2001) argued that '*Interventions for at-risk children ideally should...utilize developmentally appropriate methods including play, address attachment needs, and be, at least in part, school based*' (p. 371). There may be capacity to apply such clinical-based treatment models to school based teacher-student relationships (Kennedy and Kennedy, 2004).

Secondly, the majority of the literature in the area of attachment intervention has been dominated by the application of clinical frameworks, using vocabulary such as 'disorder', 'condition', and 'treatment'. It is argued that such frameworks contribute towards pathologizing children with attachment

difficulties, which in turn reduce the chance of intervention occurring in non-clinical settings such as schools.

## **6. Implications for Educational Psychologists**

In accordance with the early stages of Monsen et al's (1998) problem formulation framework for educational psychologists, I began by clarifying the request for EP involvement from the Special Educational Needs Co-ordinator at Adam's school, as well as clearly negotiating my role. Firstly, I considered my involvement relevant, as I felt that psychological input was necessary to support the formulation of Adam's difficulties and the implementation of school-based intervention. Secondly, in negotiating my role, I agreed that I would engage in some initial assessment (through observations, individual work with Adam and discussions with the SENCo, class teacher, mother, and members of the behaviour support team). From my assessment and advice, I recommended that a key person should be employed with a designated remit of one-to-one work with Adam. Following this, I judged it as desirable to provide consistent support to Adam's key person through consultation and training.

Kennedy and Kennedy (2004) suggest that the EP may apply their knowledge of attachment theory to support school based interventions. Through the use of contextually based, insight-oriented consultative strategies, the authors recognise the EP role as,

*helping teachers recognize the impact of negative emotions on classroom behaviour, the benefits of positive student–teacher interactions and the need to view children's behaviour as the*

*cumulative result of their relationship histories may enhance teachers' sensitivity to student needs as well as increase the understanding of contextually based behaviour. (p. 253)*

### **6.1. Educational Psychologist Role: Consultation and Training**

In providing one-to-one training and support to Adam's key person, his social, emotional and behavioural difficulties were discussed from an attachment framework. According to Cameron (2006), a distinctive contribution of EP practice is applying a well established psychological perspective to problem solving, and a commitment to evidence-based practice. Firstly, I negotiated that, as a Trainee EP, I would engage in an initial one-to-one training session with Adam's key person, in order to provide information regarding my formulation of Adam's needs. By focussing on attachment theory, the training session focussed upon:

- a background to attachment theory: secure/insecure attachment styles;
- implications for the learning environment; and
- purposes of the key person and classroom strategies.

Secondly, several consultation sessions between myself and the key person were arranged, in order to provide further support. Consultation in applied educational psychology has been widely referenced as a distinctive and effective tool for service delivery (Leadbetter, 2000; Leadbetter, 2006). In this instance, consultation sessions adopted an approach which has been described as '*a defined task, with agreed characteristics*' (Leadbetter, 2006). In these sessions, the aim was to empower the key person as the problem owner and seek solutions and strategies that could be implemented by herself



and/or other staff (Leadbetter, 2006). Additionally, theoretical approaches such as problem solving and solution focussed methods were adopted, whilst keeping in mind attachment theory as a framework for understanding.

A recent article by Golding (2004) promotes the provision of specialist psychological support by using a consultation model. The paper discusses a Primary Care and Support Team consultation service, which focuses on the provision of support and training for foster carers of children and young people within the looked after system. The project aimed to empower carers to feel more supported, help them to understand and manage the children effectively, and increase access to psychological advice (predominantly applying attachment theory to problem formulation). The consultation service was designed to provide carers with an opportunity to meet with members of the Primary Care and Support Team, including clinical and educational psychologists, to explore the difficulties presented by the young people and the needs of the carers who support them.

It is acknowledged that the current paper discusses consultation between a key person and a trainee EP in a school setting, and not with foster carers. However, Golding's (2004) qualitative research that systematically considers the positive impact of providing consultation support for adults looking after children with complex social, emotional and behavioural difficulties, formed a relevant theoretical and evidence base to inform my own school-based work with the key person. Therefore, similarities between Golding (2004) and the current context can be applied.

Through an evaluation of the consultation service, Golding found that carers expressed high levels of satisfaction. The foster carers felt that time for consultation with health or educational professionals provided:

- space for discussion, reflection and learning outside of the statutory meetings;
- direct access to a support network, whereby the carer felt listened to, understood and valued;
- much improved access to psychological advice; and
- access to ongoing support if needed, allowing the carer to feel that they can continue to draw on the service in a way that they will find useful.

## **6.2. Educational Psychologist Role: Supervision and Virtual learning**

In order to facilitate further communication between myself and the key person, a written dialogue via email was also negotiated. This offered Adam's key person a confidential forum, where in difficult events or particularly challenging behaviour could be discussed (See Appendix 1). Recently, a virtual learning environment has been established within the educational psychology department at the University of Birmingham, in order to help sustain a learning community amongst second year trainee educational psychologists (TEPs). Another fundamental purpose of the virtual online discussions between TEPs *was to encourage the development of links between practice and related theory and research*. This approach adopts a social constructionist view of learning (Vygotsky, 1978), and places an emphasis on collaborative learning within a networked community of learners (Guldborg & Pilkington, 2006). The same principles were applied to the virtual learning partnership between myself and the key person. In creating a forum

for supervision, whereby the key person posted questions regarding her practice, shared successes, and areas for development, I applied my own developing knowledge of attachment theory and research to inform my email responses. Originally, the prime intention was to support the key person through virtual learning. However, from a personal note, it also facilitated my own professional development and knowledge of psychological theory through further reading and reflection.

**Table 4. Critical reflection on the virtual learning supervision between Adam's key person and myself as a Trainee Educational Psychologist**

| Advantages   | Disadvantages  |
|--|--|
| <p><b>1) Emotional containment and the network.</b> Geddes (2005) argues that a key person has access to a protective network, whereby anxieties can be shared and blaming can be avoided. <i>'the network becomes the emotional container which is strong enough to withstand the attacks and sustain thinking'</i>(p.91)</p> <p><b>2) Time to reflect.</b> The virtual learning environment allowed for more time to reflect, which served to prevent punitive and reactive responses, and support re-building empathy.</p> <p><b>3) Writing.</b> Adam's key person reported that she found writing easier than talking, as she was able to get her point across more effectively.</p> | <p><b>1) Exposure, vulnerability.</b> The continuous exposure to requests and expectation for prompt provision of informed advice over email, sometimes lead to feelings of exposure and vulnerability (particularly from my own point of view).</p> <p><b>2) Clarity of responses?</b> From a personal point of view, at times it was difficult to put a point across in a way which was effective and clear. Face to face contact, with a running spoken dialogue, was sometimes more suitable than responding via email.</p> <p><b>3) Time factor.</b> Emails could often be very long, and be time consuming to construct.</p> |

## **7. Critical Reflection: Attachment theory as a framework for practice in Educational Psychology.**

There are several considerations that I consider relevant when using attachment theory as an empirically based framework for educational psychologists' hypothesis generation, assessment, and intervention.

### **7.1. Determinism and Pessimism.**

Slater (2007) raises interesting points regarding the scepticism that remains about the relevance of attachment theory, particularly amongst educational psychologists. The view that attachment theory, which places an emphasis on early experiences between mother and child and the predictive impact this has on life outcomes, can be concerning for several reasons. Firstly, Slater (2007) argues that considering that Bowlby's early work suggests that an infant who experiences a broken or poor attachment with their mother/primary carer will show signs of partial or complete deprivation (Bowlby, 1951) she considers this to be extremely pessimistic and deterministic view, leading educational psychologists to experience some unease in adopting this stance, partly because this deterministic view leaves a limited capacity for effective interventions through a child's life at school, but also due to the within-child explanations of the behaviour.

Slater also questions the anxiety that is sometimes created amongst educational psychologists, by the disturbing idea that very early experiences can have such profound effects on later social, emotional and behavioural outcomes. Considering that some EPs can find it is difficult to accept this

psychodynamic view, Slater considers it ironic that EPs identify 'looked after children' (many of whom have had adverse experiences as infants) as a high risk group who underachieve educationally.

## **7.2. Stability of attachment styles**

Despite the critical reflections made by Slater (2007) regarding the pessimistic view of attachment theory, it is acknowledged that Bowlby's (1988) later work actually rejected a deterministic view of child development, and replaced it with an emphasis on risk and protective factors which influence developmental outcomes.

An alternative classification of attachment has been developed by Crittenden (1995), called the Dynamic Maturational Model (DMM). Crittenden (2005) argues that attachment theory is limited in its application to human behaviour, as it excludes any emphasis on maturational processes and person-specific experiences on developmental outcomes. Hence, the DMM rejects the pessimistic and deterministic ideas of Bowlby, arguing that life experiences can lead to change and continuity in the pattern of attachment (Crittenden, 2000). In the DMM model, Crittenden (2005) emphasises the impact of maturation and experience, which enables children to develop new strategies that better represent the relation of self to context. For instance, the self does not exist alone; rather it always reflects reciprocal interface with others and with the context (Crittenden, 2000). Dynamic experiences of maturation and changing circumstances may enable attachment patterns to change as well as to become entrenched, through each developmental step from infancy to adulthood. Crittenden (2005) argues that as a child develops throughout life,

s/he has the propensity *'to correct past error and generate more adaptive behavior and also the risk that the new challenges of that age will pose insurmountable problems'* ( p. 5).

For professionals working with children with attachment difficulties, the DMM offers a more informed and optimistic outlook. For instance, Slater (2007) argues that,

*As educational psychologists, we should support other professionals and parents in ensuring that the environment in which young people develop provides experiences which ensure an optimum number of pathways are both available and accessible to the young people in our care. (p. 215)*

On further reflection, Slater (2007) advocates a developmental pathway approach to attachment, which supports Crittenden's views of the interactive effects of genetic inheritance with maturational processes and person-specific experience throughout the developmental life span. Throughout development, Slater (2007) indicated that some pathways promote resilience and optimal protection to future adversity, whilst others promote vulnerability. Hence, these pathways are *'strongly affected by the quality of interaction between a growing individual and their attachment figures, within specific social and cultural contexts'* (p.215-216).

It was important that this approach was taken with Adam's key person, who could, with some confidence, be assured that she had the capacity to develop

important protective factors for Adam at school, and to facilitate the establishment of a more optimistic developmental trajectory.

## **8. Summary**

The effective practice of educational psychology requires a strong theoretical and evidence-base. The current paper has outlined the use of attachment theory as a useful framework for assessment, hypothesis generation and intervention. In particular, it has emphasised an important role of the educational psychologist, in working closely with professionals who support children with attachment based difficulties on a daily basis.

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**Appendix 1****An example of supervision via networked/virtual learning**

Hi Gemma,

Things have been going well ! A sticker sheet was introduced a few weeks ago, ( I'm unsure as to whether you know of this ? ) But basically, the period of A's time is set out into register, listening, task, playtime, listening, task. As he completes these he gains a sticker to place on his chart, which is generally nearby. A result of 6 stickers per day earns him a choice from the choice bag. It was a rocky start but by the end of the first week it was working well. ( Week before breaking up for half-term.) The first day back last monday was the toughest yet. 'A' was in the worst emotional state that I've seen. He had just come back from a weeks break, he wasn't prepared for his sticker chart, he didn't want to do any work. it was "boring" and "for losers". He wanted rejection, as he didn't get this, he was then getting more and more abusive towards myself, saying aloud that I'm stupid, he doesn't want me to help him anymore, he's quitting e.t.c. (In which I do firmly ask A not to speak to me in that way) , he turned on Denise and the people near him. It was getting unsafe for himself and others so I guided him to the safe room where I tried to calm him down (that had worked on many occasions) but to no avail. He pushed things so far to the limits with how he was yelling at me,he was kicking out at the table legs, standing up on the table, threw two chairs,(not towards me) out of sheer frustration. With Jane then being in the room, 'A' was still unable to control his emotions. By now it was bedtime and Jane had to bring mom into the safe room as he was still refusing to move and still couldn't calm down. Then I left them to it, it was 3.35pm and I was behind with my cleaning ! and was in great need for a strong coffee ! Jane later said it was nearly 4 pm by the time they got out of school. It was certainly an afternoon to remember by any means! On the tuesday and for the rest of that week (last week) 'A' achieved a full sticker chart. This week he has got maximum stickers so far too. He goes on holiday next tuesday for two weeks then that leaves two weeks from then until he breaks up, there are some testing times to come so I will keep you updated with hopefully lots of progress !



Thanks for getting in touch, speak to you soon

S

Hi S,

It's great to hear that things are going well, well done! The sticker chart sounds like a very good idea. It sounds to me like its structured in a way that is manageable for him and achievable. I think we talked about A responding positively to immediate rewards, as it seems to keep him focussed and motivated. It also shows that your consistency over a week works really well (especially when his attendance is good!). Also sounds like your expectations and rewards are clear which is likely to be reducing his anxiety levels.

In regards to his behaviour deteriorating after his weeks break, it sounds to be like you did a great job in firstly recognising that he wasn't ready to learning. I think this shows how attuned you are to his emotional state and you can make a good judgement about how to manage the situation. Secondly, you also mentioned that he was rejecting you in a way which could have made you angry (like those feelings of projection we spoke about), but you didn't let that happen and you showed empathy and calm understanding. I do understand how difficult it must have been that the 'safe room' option didn't work as well as it usually does, but you did the right thing in seeking support from Jane. Jane is a person that he also responds well to as you are both calm with him. Its also important that mum was involved in trying to calm him down, as having a good link between home and school will send consistent message to A.

It think your still doing a great job with A, and it sounds to me like you know him the best out of everyone. I wonder whether you would like to meet up at some point to maybe discuss this a bit further face to face, and maybe plan some sort of specific strategy/plan for you/staff to have if an occasion like this should happen again? I also wanted to ask if you would be comfortable doing some therapeutic type work with A in the safe room (maybe using some visualisation to calm him or therapeutic story writing/drawing). It's up to you, tell me what you think and we can talk things through.

Look forward to hearing from you, Gemma

**PROFESSIONAL PRACTICE REPORT 3**

**SUPERVISION: A CRITICAL REFLECTION FROM A TRAINEE  
EDUCATIONAL PSYCHOLOGIST**

**Supervision: A critical reflection from a Trainee Educational  
Psychologist.**

Supervision has become widely recognised as an important element of Educational Psychology practice. Furthermore, it is considered to be an essential requirement for Trainee Educational Psychologists (TEPs), when working within their employing local authorities. In my position as a TEP in my second year of training, this professional practice report will allow me to explore critically one important aspect of professional development, namely supervision. Additionally, this report will give me the opportunity to explore and critique some of the relevant literature in the area of supervision, through drawing on the research from educational psychology and allied caring professions. As a professional practice report, links will also be made to my own practice as a TEP in my employing local authority.

Several issues in supervision will be discussed in this report, ranging from its conceptualisation, policy guidelines for psychologists (namely clinical, counselling and educational psychologists), and the ethical considerations that exists for the supervisor and supervisee. Additionally, my own experiences of receiving supervision will be reflected upon, in reference to the developmental model of supervision (Stolenberg and Delworth, 1987), as well as discussing the key issues raised in a number of relevant articles related specifically within educational psychology (e.g. Atkinson and Wood, 2007; Carrington, 2004; Nolan, 1999). Finally, my experience as a TEP giving interprofessional supervision to a teaching assistant will be reflected upon as

a case study, by referring to the dimensions of Scaife's (1993b) General Supervision Framework.

## 1. Conceptualising Supervision

Defining the term supervision is a difficult task, due to its multi-faceted nature. Thus, definitions are likely to vary amongst different professionals and theorists in the field. Despite this, Hawkins and Shohet (2006) remain a widely referenced source amongst the supervision literature, and through several editions of their book (first published 1989) the authors explore the purposes and diverse forms of supervision in the helping professions. The authors intended their first edition to target the professions of counselling, psychotherapy and social work. Although current editions remain relevant for these professions, Hawkins and Shohet's audience has extended to a wider range of helping professions such as medical, education, coaching, mentoring and human resource management. Hawkins and Shohet adopt Hess' (1980) definition of supervision as:

*“a quintessential interpersonal interaction with the general goal that one person, the supervisor, meets with another, the supervisee, in an effort to make the latter more effective in helping people.” (p.225)*

In discussing the role of supervision in the mental health professions, Scaife (2001), a clinical psychologist, conceptualises supervision as:

*“...what happens when people who work in the helping professions make a formal arrangement to think with one another or others about*

*their work with a view to providing the best possible service to clients and enhancing their own personal and professional development.”*

*(p.4)*

There are indeed similarities between the above definitions, with their focus on interpersonal interactions, enhancing the development of one's learning, and with the aim to provide a more effective service to clients. However, Scaife (2001) does argue that there is a range of definitional inconsistencies in the term supervision, due to its multiplicity of interpretation across different professions and cultures. Additionally, in discussion the importance of supervision for an educational psychologist, Nolan (1999), a practicing educational psychologist, acknowledges that supervision is a '*complex multi-functional concept*' (p.98) and supervisors are often required to fulfil several different and sometimes conflicting tasks. It is therefore useful to discuss some of the widely accepted functions that supervision fulfils for the individual. According to Hawkins and Shohet (2006), these functions are threefold;

- 1) the *supportive* function;
- 2) the *educative* function; and
- 3) the *managerial* function.

Firstly, the authors describe the supportive function as a way of acknowledging and responding to the needs of any professionals who are engaged in therapeutic work, and allowing them to take the time to become aware of how this may have affected them emotionally. For example, such emotions may have been produced by empathy or reaction to the client, and it

is considered essential that these emotions are attended to in a supervisory context to reduce the risk of increased stress and potentially ineffective working. It must be acknowledged that Hawkins and Shohet are from a psychotherapy background, which involves a high element of individual therapeutic working. In terms of the authors' identities and epistemological bases, it is noted that the vocabulary used (such as 'client' and 'therapist') is not directly applicable to all professions such as educational psychology, although the supportive function of supervision can equally be related to a range of helping professions. For instance, Nolan (1999) acknowledges that individual EPs frequently face conflict in their roles, and that significant emotional distress is often created by the nature of their work.

Secondly, the educative function appears more pragmatic, aiming to enable the supervisee can develop their skills, understanding and abilities. Here, the educative function of supervision provides regular space for the supervisee to reflect upon the content and process of their work.

Finally, the managerial aspect of supervision provides quality assurance for the working organisation, and a shared responsibility for the supervisee. For instance, the supervisor may share responsibility for the supervisee's work, with a view toward ensuring that the standards of the team/agency are maintained.

## 2. Policy guidelines

It is important to acknowledge the recent policy guidelines concerning professional development and supervision amongst the psychology professions, namely clinical, counselling and educational psychology.

In February 2003, the Division of Clinical Psychology (DCP) published its *Policy guidelines on supervision in the practice of Clinical Psychology*, in order to assist the profession in forming a greater understanding of the compulsory supervision process, the general context in which it occurs, its proposed frequency, and its relationship to continuing professional practice development (CPD). This policy is based upon evidence from a range of research and literature, which help to define the factors involved in effective supervision and support for lifelong learning (e.g. Hirons & Vellerman, 1993). According to the guidance, the supervisor is required to conduct an assessment of the supervisee's needs, to implement appropriate supervision and to evaluate its effectiveness. The policy guidance was however criticised by some of the DCP members for lacking a distinction between line management supervision (analogous with Hawkins and Shohet's managerial function) and clinical supervision (which is predominantly casework related). In 2006, the DCP produced a document which clarified this issue, stating that *'it is important conceptually and often actually, to separate line management supervision from clinical supervision'*. (p.3). A description of the DCP's (2006) guidance on line management and clinical supervision is offered in Appendix 1.

The Division of Counselling Psychology's (2005) professional practice guidelines state that *'supervision is designed to offer multi-level support in an atmosphere of integrity and openness for the purpose of enhancing reflective skills, maximising the effectiveness of therapeutic interventions, informing ethical decisions and facilitating an understanding of the use of self.(p.5).* Additionally, there is a longstanding tradition within counselling psychology that there is an ethical requirement for every practitioner to have frequent access to supervisory support from a chartered counselling psychologist. Like the DCP (2006) guidance, the Division also emphasises the paramount importance of the supervisory relationship remaining completely separate from any line management tasks. Although the separate policy guidelines from the divisions of clinical and counselling psychology propose the formal procedures of supervision (e.g. written contracts between supervisor and supervisee, proposed frequency of supervision, maintenance of appropriate boundaries, supervisors ensuring they are sufficiently experienced and trained to give supervision), it is perhaps surprising that no specific guidance is offered in terms of the supervision process or any suggested models of supervisory delivery. This suggests that the type and quality of supervision is likely to vary significantly between individuals and within and between organisations. The DCP (2003) recognise this limitation, and state that *'the exact nature of the supervision will vary from individual to individual and over different work contexts. There is no one model or style of supervision that will apply to all clinical psychologists in all settings and at all times in their career' (p. 2).*

In specific relation to educational psychology, the Division of Educational and



Child Psychology's (DECP, 2002) professional practice guidelines state that *'supervision should be an entitlement for all educational psychologists working with clients'* (p. 19) and that supervision is an *essential* component of the psychologist's continuing professional development. More recently in 2006, the DECP provided a detailed scheme for the quality standards for educational psychology services (EPS), which makes particular reference to psychologists entitlement to CPD, professional supervision of Trainee Educational Psychologists and supervision for qualified EPs. Despite the detailed nature of this guidance, the extent to which it is consistently taken on board by all EPSs is by no means assured, particularly considering the non-prescriptive tone and remit of the guidance. For example, the document states that *'the standards are not intended to be prescriptive...(neither) has it been the intention to produce a set of standards that may be passed only in their entirety'* rather *'it is hoped that the standards provide some indicators of how a Quality Service may be identified'* (p.1). However, it must be acknowledged that the Health Professional Council (HPC) is now the regulatory governing body for all practitioner psychologists, which set legislative standards of proficiency (HPC, 2009) and standards of conduct, performance and ethics (HPC, 2007). These are minimum standards that the HPC consider necessary to protect members of the public. For instance, in order for practicing psychologists to be able to audit, reflect on and review practice, the HPC (2009) suggest that psychologists should *'understand models of supervision and their contribution to practice'* (p. 25). Despite this, the HPC do not provide any additional guidance on how practicing psychologists might implement these models of supervision, or the required frequency of supervision sessions. This raises questions regarding the HPC's compatibility

with BPS and DECP guidance on supervision, and the extent to which the HPC guidance actually drives up the rigour/standards of supervision in the profession.

Although the DECP (2006) does provide a good reference for educational psychology services, what must be considered is the extent to which it, and other guidance published by British Psychological Society, are consistently carried out at a local authority level. Although the BPS (2004) monitors the continuing professional development for all chartered psychologists, which highlights the role of supervision, it is difficult to determine the extent to which the specific guidance is utilised prescriptively across all EPSs, and directly influences supervision practices (as opposed to an ad hoc approach). Section 4 of this paper reviews the research that has been undertaken into supervision for EPs/TEPs, which has mainly reported supervision that is specific to individual EPSs, or discussing the effective models of supervision for TEPs. However, it may be of value to conduct further research in order to evaluate the extent to which educational psychology services are explicitly implementing the professional practice guidance to directly inform their supervisory practices.

### **3. Models of Supervision**

There is a wide range of supervision models, as the type of supervision adopted largely depends on one's professional background and theoretical orientation. Nevertheless, the majority of the literature on the dominant theories in supervision are based upon clinical frameworks (White and Daniel,

1996), and most often relate to helping professions, or professions other than educational psychology (e.g. professionals adopting a therapeutic/medical approach such as clinical psychology, counselling, and psychotherapy). Many of these models fall under the heading of 'clinical supervision', which can be defined as *'a process that seeks to create an environment in which participants have an opportunity to evaluate, reflect and develop their own clinical practice and provide a support system for one another'* (White and Roche, 2006, p. 214).

In exploring appropriate methods of supervision for psychotherapists in training, Barrett and Barber (2005) acknowledge there are several distinct models. They suggest that whilst some models are based upon particular theoretical orientations (e.g. cognitive behavioural therapy, functional behavioural analysis, client centred therapy or psychodynamic theory), other models can be applied, using a range of theoretical tenets without being related to one particular school of thought (e.g. developmental approach to supervision, Stolenberg and Delworth, 1987). Hawkins and Shohet (2006) also assert that one's style of supervision is affected by the style of one's practitioner work. For instance, practitioners from a Rogerian position are likely to adopt a style of supervision that is non-directive and supervisee-centred. Additionally, professionals who are trained from a psychoanalytic standpoint may focus on understanding the unconscious processes of the supervisee. The authors do accept however, that models of supervision can integrate several different therapeutic orientations.

For the purposes of this paper I will discuss the developmental approach to supervision, which has struck particular personal interest in my role as a trainee educational psychologist in the early stages of my career, and also due to its prominence in the literature.

### *A developmental approach to supervision*

Over the last two decades, the developmental approach to supervision has received considerable attention, predominantly within the field of counselling psychology in the United States. Hawkins and Shohet (2006) suggest that a developmental approach requires the supervisor to adopt a range of styles, which are adapted as the supervisee progressively develops in their field of training. One could argue therefore, that this particular approach is more suitable for supervisees in the early stages of their training. Hogan (1964) was one of the first to define supervision as a developmental process for trainees in the field of psychology and psychotherapy. Barrett and Barber (2005) claimed that *'over the course of professional training, therapists shift from being overly dependent on the supervisor to wanting a more autonomous and independent supervisory relationship'* (p. 173). In relation to this, Scaife (2001) reflects on her own experiences as a clinical psychologist and supervisor for trainees, and acknowledges that the effectiveness of supervisory relationships can be influenced by the relative levels of development of supervisor and supervisee. Additionally, Worthington (1987) reviewed a range of studies based on a variety of developmental models of supervision, and support was found for the notion that the supervisory relationship changes as the supervisee gains more experience. However, although supervisors pay attention to the supervisees' growth and aid his or

her development by adapting their responses, Worthington does acknowledge that supervisors do not necessarily become more competent with experience.

Stolenberg and Delworth (1987) developed the integrated developmental model (IDM), which is one of the most widely known and utilised of such approaches. The model is developed from Hogan's (1964) descriptions of trainee level of development and Hunt's (1975) application of Conceptual System's Theory (CST; Harvey, Hunt and Schroder, 1961). According to the CST, the primary construct of a person's conceptual level (CL) is described as *'a personality characteristic that describes persons on a developmental hierarchy of increasing conceptual complexity, self-responsibility and independence'* (Hunt, 1978, p. 78). Therefore, Stolenberg and Delworth (1987) apply the notion of a developmental hierarchy to supervision (as characterised by CST), which is characterised by *'discrete stages representing qualitative shifts in behaviour'* (Holloway, 1987, p. 210). Table 1 demonstrates the three levels of this model, in terms of supervisee characteristics or behaviours and the behavioural responses required from the supervisor. Stolenberg (1981) suggested that the supervision environment should be adapted to maximise the trainee's learning at each of the three levels of development.

**Table 1: Developmental model of supervision. Developed from Hawkins and Shohet (2006) and Westefeld (2009)**

| Developmental stage | Supervisee characteristics/behaviour  | Proposed supervisor response   | Centre of supervisee's focus |
|---------------------|---|--|------------------------------|
| <b>Level 1</b>      | <ul style="list-style-type: none"> <li>-high anxiety</li> <li>-high motivation</li> <li>-dependency on the supervisor</li> <li>-afraid of evaluation</li> </ul> | <ul style="list-style-type: none"> <li>-being supportive</li> <li>-being structured</li> <li>-using confrontation minimally</li> <li>-positive feedback and encouragement</li> </ul>                     | Self-centred                 |
| <b>Level 2</b>      | <ul style="list-style-type: none"> <li>-autonomy–dependency conflicts</li> <li>-fluctuating confidence levels</li> <li>-overwhelmed</li> </ul>                  | <ul style="list-style-type: none"> <li>-less structured</li> <li>-less didactic</li> <li>-emotional holding is necessary as the supervisor must attain a balance between autonomy and support</li> </ul> | Client-centred               |
| <b>Level 3</b>      | <ul style="list-style-type: none"> <li>-comfortable with autonomy</li> <li>-more confident</li> <li>-greater insight</li> </ul>                                 | <ul style="list-style-type: none"> <li>- supervisor focuses on helping trainees continue to develop autonomy</li> <li>-also providing support and confrontation as necessary</li> </ul>                  | Process-centred              |

There is a variety of research that has provided empirical evidence in support of the development approach to supervision (O'Leary and Ray, 1986; Winter and Holloway, 1991; Worthington, 1987). By drawing on her own experience as a supervisor for trainees, Scaife (2001) states that,

*'there tends to be a noticeable change in focus as supervisees gain in experience. Beginning clinicians tend initially to focus on the self, which reflects their concerns about surviving the session. It becomes possible to focus on the client as the initial anxiety level decreases, eventually moving to a focus on therapeutic process...'* (p. 96)

Although this model appears particularly appealing for use with supervisees throughout the development of their training, Hawkins and Shohet (2006) recognise the limits to the model's utility. Firstly, there is a danger that the model may be used too rigidly in defining how every supervisee at each stage should be treated, with a risk of failing to recognise the individual and differing needs of the supervisee. Additionally, for the purposes of her/his article, Westefeld (2009) interviewed Dr. Stolenberg as a key theorist in the field of counselling supervision. In this interview, Stolenberg indicated that supervisees develop at different rates in different areas of practice, and *'one can be functioning at a fairly high level in one or more domains but at lower levels in others'* (Westefeld, 2009, p. 300). Similarly, Stolenberg (1981) stated that *'No specific time table of progress through the four levels has been presented, as this varies significantly from trainee to trainee'* (p. 60)

A second critique of the IDM is its apparent narrow supervisory focus on professional development, without attending to the supervisee's personal cognitive and emotional development (Barrett and Barber, 2005). For instance, supervisors may sometimes have an inability to recognise trainee needs, by focussing more on the development of technical and professional skills and less on personal and emotional maturation. Barrett and Barber (2005) discuss the detrimental effects of negative supervisory experiences for trainee psychotherapists, and argue that a trainee's emotional development is a separate 'developmental' track, yet still influences professional development. The authors argue that the IDM fails to account for this factor, and suggest that *'without considering the trainee's level of personal maturation, supervisors may expect a trainee to learn and utilize skills beyond*

*their current level of ability*' (p. 175). Furthermore, the authors argue that a trainee's level of motivation may indeed vary depending on whether they are at level 1 (novice) or level 3 (higher skill base) of the IDM. Therefore, supervisors should also pay attention to the individual differences of trainees, whatever their level of professional development.

In the supervision that I have received in the course of my three fieldwork placements as a trainee EP, Stoltenberg and Delworth's developmental framework has allowed me retrospectively to reflect on my supervisory experiences. There have been times where I have experienced all the behaviours and characteristics of Level 1 development. As a supervisee, personal insecurity was manifested in a manner which evoked feelings anxiety, and wanting to do the 'right' thing in my case work and have a high level of knowledge. During these times, my supervisors have responded sensitively to my needs, by providing a high level of positive feedback (through the reinforcement of my existing skills), praise, encouragement, and attentive listening. Longanbill, Hardy and Delworth (1982) describe these important supervisor responses as 'facilitative interventions', which are intended to communicate support, understanding and encourage the development of the trainee. Although these were intuitive response on the supervisor's part (e.g. not an explicit adherence to the IDM), feedback of this kind allowed me to feel protected and encouraged, which in turn increased my confidence to take on more complex case work and further extend my knowledge and professional skills. Scaife (2001) also notes that *'brief supervision outside of a scheduled meeting is helpful and an emergency telephone number can be reassuring.'* (p. 94). Whilst it is extremely important



for trainees to have a due consideration of boundaries when seeking appropriate support and supervision, it has been extremely helpful having the home telephone number of supervisors and having access to incidental supervision outside of scheduled sessions. However, it is acknowledged that some supervisors may consider this to be above and beyond their duty of call.

As the model suggests, I noticed a significant progression to Level 2 as I became more confident, yet still being overwhelmed at times. During this fluctuating state of autonomy and dependency, there were occasions where I felt overprotected by the constraints of supervision, which further consolidated feeling de-skilled and inadequate. For instance, during periods of feeling more autonomous and able to undertake more complex cases, the allocation of case work remained limited. Yet, as my confidence levels fluctuated, I was grateful for the secure base in supervision, and level of encouragement and protection. Similarly, it is acknowledged that some trainees may not necessarily progress through the IDM stages in a one-way linear fashion, and the trainee may fluctuate between levels of the developmental model and require more or less supervisory support at these times. Scaife (2001) acknowledges that it may be helpful for the supervisor to directly draw attention to the fluctuating state of the level 2 trainee, by defining it as normal development.

#### **4. Ethical issues arising in supervision.**

There are many occasions where educational psychologists are faced with ethical dilemmas in their role (e.g. issues regarding child protection, professional malpractice in education etc). When faced with these dilemmas,

one has the choice as a supervisee either to manage the situation alone or to bring the matter to supervision (Scaife, 2001). As a trainee educational psychologist, I have felt able to disclose such ethically sensitive issues in supervision sessions, which is largely related to the quality of my individual supervisory relationship at my employing local authority. Furthermore, in a special *Ethics in Practice* edition in *Educational and Child Psychology*, Franey (2002) discusses the importance of promoting ethical mindfulness in educational psychology services. In light of the multi-faceted functions of supervision, such practice permits discussion between supervisor and supervisee on ethical complications in practice. However, the authors do suggest that ethical mindfulness is not simply exclusive to individual professionals, and ethical orientations are likely to vary across EP services.

*'...whole EP services sustain particular ethical stances, which in turn, are embedded in organisational cultures characterised by different stages of ethical maturity.'* (Franey, 2002, p. 56).

Kent and McAuley (1995) conducted a survey of second and third year trainee clinical psychologist, of whom only fourteen out of eighty-five respondents indicated that they had not faced ethical dilemma during training. Of the majority of trainees who discussed ethical matters with their supervisors, there had been twenty nine cases where there was a conflict of views, trainees following supervisors' advice with significant doubts, and incidents where trainees had not fully disclosed information due to a lack of trust and faith in their supervisor. Explanations for such incidents include trainees feeling undermined and unsupported in supervision, whereby

supervisors allowed trainees to feel oversensitive when ethical issues were reported.

*'I was told that I was very sensitive which I took to be a criticism and this soured our relationship for a while and I felt my legitimate stance had not been understood'* (Kent and McAuley, 1995, p. 29, cited in Scaife, 2001).

In light of this, Scaife (2001) highlighted several ethical issues that can arise in supervision. It must be noted that Scaife's audience is largely for individuals working in the mental health professions, while as educational psychologists, our client base includes children, schools and families, and is not restricted to therapeutic work with individuals experiencing mental health difficulties. Despite this, Scaife's examples can, I believe, be related to educational psychology supervision (Table 2).

**Table 2. Ethical issues in supervision. Developed from Scaife (2001)**

| <b>Ethical issue in supervision</b>   | <b>Principles</b>  |
|---------------------------------------|--|
| <i>Confidentiality</i>                | Practitioners in the helping profession owe a duty of confidentiality to clients. Therefore, any confidential information revealed by the supervisee in supervision, imposes the duty of confidentiality on the supervisor. Scaife (2001) argues that in the context of clinical supervision, it is essential to inform the client that confidential communications will be shared in supervision, and consent from the client must therefore be obtained. |
| <i>Vicarious responsibility</i>       | When a supervisor acquires knowledge in supervision, this leaves them with a degree of professional and personal responsibility. For instance, a supervisor and supervisee may be both held responsible if negligence occurs (but to differing degrees).   |
| <i>Responsibility to clients</i>      | Safeguarding the welfare of the client is an essential consideration in supervision, and it is the supervisors' role to address issues directly. Inadequacies in the supervisee's competence cannot be addressed without sufficient knowledge of their performance and unless issues are specifically defined.   |
| <i>'Due process'</i>                  | Supervisees in the early stages of their career or in training have 'due process' rights, in that the supervisor's evaluation must be fair and considerate. For instance, supervision is related to CPD and supervisees should have the opportunity to repair any issues that have been identified by the supervisor, and learn from errors.   |
| <i>Knowing about other colleagues</i> | As supervisees become more experienced, they may wish to discuss issues regarding their relationships with other colleagues (this may also include gross professional misconduct). Knowing such information places the supervisor in a difficult position, particularly when they have no formal responsibility for the colleagues' work. Developing a course of action may be difficult in this case.   |
| <i>Supervisor competence</i>          | Although professional associations typically specify the competency requirements for supervisors, there is not formal supervision accreditation or training required. This raises ethical questions regarding the overall competence of supervisors, and requires individual responsibility to seek out education, training and experience in the field.   |

In generalising these ethical issues to supervision for educational psychologists, the matter of confidentiality is an important one. For instance, in the same special issue on *Educational and Child Psychology*, Webster and Bond (2002) acknowledge that confidentiality is a critical issue for EPs and are frequently raised as an ethical concern.

*'Clients may divulge sensitive, intimate and closely guarded information during consultations. They do so on the basis of good faith: professionals are assumed to be trustworthy and that what is said to them remains confidential'*

(Webster and Bond, 2002, p. 23).

In maintaining an ethical awareness of my own limits and competence as a trainee EP (Franey, 2002), there have been a number of occasions where I have made confidential communications in supervision regarding the information disclosed by the young people I have been working with. Whilst my supervisor has a duty of confidentiality, Scaife (2001) argues that the client must always be informed about these supervisory discussion and consent for this must be obtained. The extent to which many children (particularly those with special educational needs) truly understand the concept of confidentiality, and giving consent to make communications with other professionals, is questionable. Similarly, in attempting to explain such concepts to children and young people, the EP may disrupt any trust that has been established, and break down any future communications between themselves and the child. It is proposed that greater considerations must be made in practice, in making sure that children and young people have truly understood this ethical process.

## **5. Supervision within Educational Psychology**

Although supervision is considered an important component for all educational psychology services (DECP, 2006), the supervision literature within this field is sparse. Similarly, it appears that educational psychology

supervision is not as historically established as compared to other helping professions (e.g. counselling, social care), which may be associated with differing cultural attitudes within education, whereby a need for supervision can be perceived as having a lack of competence (Lunt and Sayeed, 1995). Through searching the literature, a number of relevant articles revealed some insightful points that relate specifically to supervision within educational psychology.

Nolan (1999) conducted research into how supervision is organised within one particular EPS, as well as reviewing some of the relevant literature in the area. Before discussing the implications of Nolan's research, it must be acknowledged that the article was written over decade ago, and since then DECP guidance has raised the profile of supervision within EPSs, and it has become increasingly recognised that supervision provides support for the development of knowledge, skills and emotional resources to effectively carry out work (Scaife, 2001). Nevertheless, Nolan (1999) raises some interesting points about educational psychology supervision from a range of perspectives (e.g. individual, management and models/approaches).

Firstly, Nolan recognises that supervision has not received a high profile within the EP profession, which is reflected in low publication rates within educational psychology professional journals. Although it is acknowledged that more articles have been published since Nolan's paper, the supervision literature within the journals of *Educational and Child Psychology* and *Educational Psychology in Practice* remains limited and predominantly restricted to supervision for Trainee Educational Psychologists (Pomerantz,

1990; Carrington, 2004; Atkinson and Woods, 2007). In relation to this, Nolan acknowledges that there can be a number of attitudes and blocks that prevent EPs from gaining supervision, such as fearing the impression of needing help and seeming incompetent. Similarly, an earlier national questionnaire survey was conducted by the DECP Training Committee's Standing Committee on Supervision, with a national questionnaire sent out to a random sample of 117 EPs (Pomerantz, 1993a). Findings indicated that only 44 per cent of the sample were receiving supervision, and 56 per cent were not. More recently however, it has been acknowledged that supervision is considered to be an important and essential part of CPD for educational psychologists (DECP, 2006), and thus it is likely that Pomerantz's (1993a) findings may not reflect a 2009 consensus.

Secondly, through reviewing previous literature, Nolan suggests that supervision practice seems to vary considerably across EP services. For instance, through interviewing 30 recently qualified EPs, Lunt and Sayeed (1995) reported a high variation of supervised first year experience, and over half of the EPs considered their supervision to be insufficient. This is also reflected in the DCP's (2003) statement regarding the inconsistency of supervision practice across different work contexts and settings within clinical psychology practice. From my own reflections as a trainee educational psychologist, significant variation in supervision practice still appears to exist between different fieldwork placements and employing local authorities. For instance, different services have offered varying frequencies and approaches to supervision, which seem largely dependant on the differing supervisory styles and theoretical orientations of individual supervisors, as well as the

varied learning/development cultures across organisations. This raises questions regarding whether or not the quality of supervision is a geographical 'lottery', and largely dependant upon the particular values amongst EPSs.

Additionally, there may be a conflict created between the supervisee's and supervisor's preferred style of supervision. Nolan states that '*there is no one established model of supervision used by all EPSs. Instead individual EPs draw upon different areas of psychology to inform their supervisory practice*' (p. 101). Considering this, Hawkins and Shohet (2006) suggest that the supervisor and supervisee should establish an explicit contract together, which collaboratively defines the purposes and styles of supervision, as well as the ground rules regarding frequency and confidentiality. Consequently, it is likely that these factors will contribute towards trust within the supervisory relationship and the sharing of mutual expectations.

Carrington (2004) reflects upon her own experiences as a supervisor for a trainee educational psychologist, and criticises the commonly held view that supervision is a one-way learning process. The author generally accepts that the functions of supervision are supportive, educational and managerial (Hawkins and Shohet, 2006), but challenges the assumption that knowledge and skills are gained almost exclusively by the supervisee, and recognises that the potential learning gains of supervising remain largely unexplored and unresearched. Therefore, through reflecting on the personal benefits of supervising a trainee, Carrington (2004) offers an alternative view of



supervision as a reciprocal learning process. In acknowledging supervision in this way, the author notes the following benefits (Table 3):

**Table 3. Supervision as a reciprocal learning process. Developed from Carrington (2004)**

| Benefits of reciprocal learning in supervision              | Example  |
|---|--|
| <i>The supervisor's learning is maximised</i>               | The supervisor also has access to further learning and development throughout supervision, which in turn helps to avoid the trap of the 'expert model'. Acknowledging the need for continued professional development enhances the opportunity for learning. |
| <i>Openness and flexibility are modelled</i>                | Modelling openness and reflective responses conveys valuable messages to the TEP that may be useful for them throughout their career. This can also promote honesty and reflective practice in the supervisor.   |
| <i>Tensions in the supervisory relationship are reduced</i> | TEPs may have anxiety over their own competence. If supervisors can reassure TEPs that they themselves do not have all the answers, this should help reduce some of the anxiety and thereby enhance the ability of the TEPs to learn and develop.            |
| <i>TEPs are encouraged to question</i>                      | Challenging and questioning the supervisor's views is healthy and encourage professional competence.   |
| <i>TEPs are encouraged to offer ideas</i>                   | If TEPs perceive that supervisors value their advice and ideas, they will be encouraged to offer more.   |
| <i>TEPs are encouraged to take risks</i>                    | In a climate of openness, flexibility and continuing learning, the TEP will be encouraged to take risks on their placement, make mistakes and learn from them.   |
| <i>A learning culture is encouraged</i>                     | An open and two-way learning process encourages risk-taking and learning from mistakes, and supervision will be valued in a setting which emphasises the importance of learning.   |

In viewing supervision as a reciprocal learning process, Carrington (2004) emphasises that,

*'Educational Psychology Services need to place a much greater emphasis on creating a culture of learning and development that is evident at every level of the organisation, from the EPiT (TEP) starting out on their first fieldwork placements to the top manager.'* (p. 40)

It must be noted however that Carrington's views are highly subjective, and restricted to her own experiences within her employing service: her assertions must be viewed with relative caution when generalising to all EPSs. Carrington does however emphasise the need for more training for supervisors at every level of the EP profession. Although the University of Birmingham currently offers regular training for supervisors (albeit predominantly for TEP fieldwork supervision), Carrington states that '*good quality training is not universally available to all supervisors*' (p. 40). However, it must be acknowledged that since the publication of Carrington's (2004) paper, the HEA (2006) have provided web-based materials for fieldwork supervisors.

More generally, Scaife (2001) also notes that training and accreditation as a supervisor is not currently a mandatory requirement across the helping professions, and the specification of standards of competence for supervisors is highly unusual. Although the BPS promotes the importance of supervision in the psychology professions, Carrington concludes that it is still regarded as a low status task within educational psychology. Therefore, by viewing supervision as a reciprocal learning process between supervisor and supervisee, Carrington suggests that this would '*not only raise the status of the activity but could also, ultimately, lead to more reflective EPs, more creative Educational Psychology Services and a more forward-looking profession*' (p.40). Through personally reflecting on several of my fieldwork placements, a number of educational psychology services across the West Midlands have already established the view that supervision as an integral

role and practice for EPs, and an important contributor to the professional development of supervisors.

In a more recent article in *Educational Psychology in Practice*, Atkinson and Woods (2007) propose a model of effective supervision for TEPs. The recent changes in initial professional training for educational psychologists (BPS, 2006) has prompted further consideration of how adequately the needs of TEPs on fieldwork placements are identified and met. Atkinson and Woods aimed to achieve evidence on the enablers and barriers to effective fieldwork supervision for TEPs, with the purpose of expanding upon Lunt's (1993) study. In Lunt's study, a detailed survey of fieldwork supervision was carried out on a sample of TEPs, supervisors and university tutors. Atkinson and Woods critique this research for using a closed questionnaire methodology which may have restricted the dataset. In addition, the research was carried out in 1984/1985, and results may not be generalisable to current supervision for TEPs. The table below briefly describes Atkinson and Woods two phase research methodology.

**Table 4: Atkinson and Woods' (2007) methodology for generating the facilitators and barriers of effective supervision for TEPs.**

|   |   |
|---|---|
| <p><b>Phase 1:</b><br/> <b>Focus Group meeting</b><br/>         (comprised of prospective and experienced fieldwork supervisors of TEPs).</p> | <ul style="list-style-type: none"> <li>-Focus group meetings were conducted between 2000 and 2006.</li> <li>-Focus groups typically contained about 12 members and each group discussed ideas and experiences about “facilitators” and “barriers” to the effective supervision of trainee educational psychologists.</li> <li>-This was based upon educational psychologists’ own direct experience of supervising trainees or being supervised as a trainee.</li> <li>- The discussions were recorded by handwriting and the validity of the resultant notes was checked with the group.</li> </ul>  |
| <p><b>Phase 2:</b><br/> <b>Questionnaire Design and delivery</b></p>  | <ul style="list-style-type: none"> <li>- Notes from eight focus group meetings were used as a qualitative dataset; open coding generated themes of <i>enabling</i> factors and <i>barriers</i> for effective supervision.</li> <li>-10 key themes were abstracted from which questionnaire statements were generated.</li> <li>- The questionnaire included 10 statements upon <i>enabling</i> factors and 10 statements re: <i>barriers</i> to effective supervision.</li> <li>- These postal questionnaires were completed and returned by 93 EPs working within local authority psychological services within the north of England and Wales. Seventy-one of the 93 respondents had experience of supervising a trainee psychologist, while 22 did not have this experience. The authors made no mention of the way in which the respondents were sampled.</li> <li>- The 93 respondents were requested to rank the statements in order of importance and were invited to include additional statements within the ranking process.</li> </ul> |

The data revealed that EPs considered the most important enabling factor for TEPs is *supervision that offers guidance, problem-solving and support appropriate to the needs of the trainee*. Additionally, EPs highlighted the importance of the relationship between the trainee and the supervisor (e.g. a partnership approach, emotional support, and support from the wider EPS context, etc). The lowest ranked facilitator to effective supervision involved office facilities and administrative support.

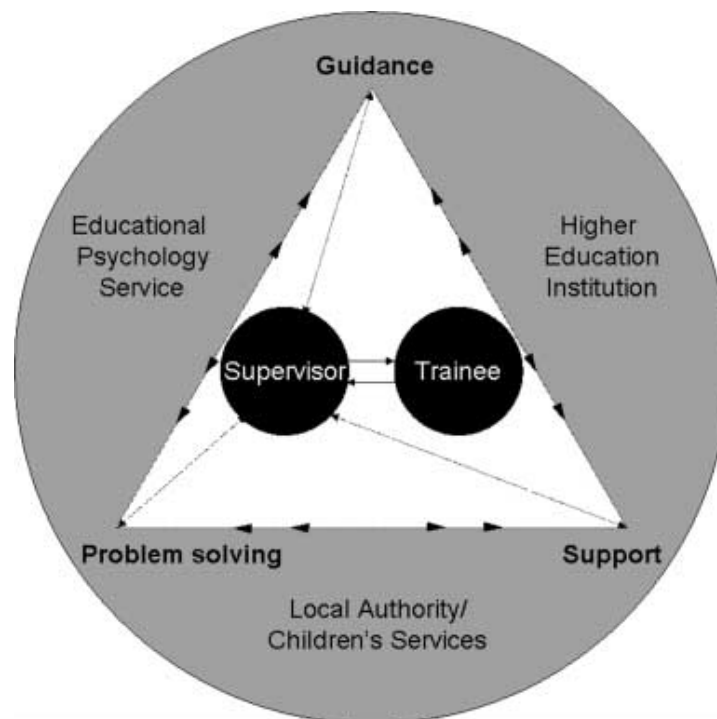
Similarly, the most significant barrier to effective trainee supervision involved difficulties with the supervisory relationship and effective communication. Hence, it can be concluded from the results as a whole, that a supportive and collaborative relationship between supervisor and trainee is viewed subjectively as the single most influential factor in fostering greater learning opportunities. For instance, Atkinson and Woods draw upon Scaife's (1995) comments, that *'the success or otherwise of the relationship between trainee and trainers can be crucial. When such relationships work, the potential advantages of learning from trainers over teaching oneself are extensive'* (p. 73). In addition, other barriers to effective supervision related to the capacity of the EPS to accommodate the placement and of the supervisor to fulfil his/her own daily responsibilities in their role as qualified EP. This has important implications in terms of how organisations effectively plan the provision of supervision for trainees, as well as maintaining quality service delivery to clients.

However, several limitations of Atkinson and Woods' study are proposed. Firstly, TEPs were not included in the information gathering phase of the research, which is likely to restrict the reliability of the findings. For instance, findings from the survey of EPs' views regarding effective fieldwork supervision are based upon responses from approximately 5% of qualified EPs within local authority employment in England and Wales. If the perspectives of Trainee EPs had been sought, the authors may have gained a richer and more comprehensive picture of what constitutes effective fieldwork supervision, and the value of certain facilitators and barriers may have been judged quite differently from a TEP perspective.

Secondly, like much of the research in this area, the study has chosen to examine supervision explicitly for trainees, which is restricted to a supervisory relationship whereby power differentials are evident. For example, Down (2000) acknowledges such power differentials in the supervision context, arguing that power inequalities can exist in wider systems (e.g. ethnic inequalities in society) and more discrete systems (e.g. differences in professional experience). In light of this, the power differentials between the trainee (supervisee) and supervisor in terms of experience, knowledge and potentially age, are likely to impact upon the effectiveness of the supervision and the supervisory relationship. Atkinson and Woods (2007) do acknowledge this limitation in their discussion regarding the complex and interrelated functions of a supervisory relationship. For instance, in an environment where TEPs receive a higher level of 'guidance and monitoring' from a more experienced EP, it is likely that greater efforts will be needed within the 'relationship' aspect of supervision (e.g. implementing an effective balance between satisfactory 'support' and 'problem solving' communications). Atkinson and Woods acknowledge that future research would be beneficial, in order to clarify the vague concept of a supervisory 'relationship', and how this may influence the effectiveness of 'guidance/monitoring' functions. Furthermore, the 'relationship' aspect to supervision is likely to vary between contexts (e.g. TEP as supervisee and qualified EP as supervisor, or qualified EP as supervisor and qualified EP and supervisee). However, it may be difficult to conduct such research, given the sensitivities of investigating personal professional relationships, as well as ensuring that supervisory relationships are not disrupted.

Nevertheless, the authors use the data to develop a proposed model of supervision for trainees, whereby a communicative partnership between the TEP and supervisor is developed, which is balanced between 'guidance', 'problem solving' and 'support' functions. These processes are embedded within the wider context of the supervision 'system' (e.g. Higher Education Institution, Educational Psychology Service, and Local Authority/Children's Services), as well as taking into consideration the management of the trainee EPs' dual role of working as a postgraduate university student and practicing within an employing local authority. This model adheres to the psychological principle of systemic thinking, and further supports Carrington's (2004) view regarding a whole service approach relating to the development of supervision, and a culture of learning at every level of the organisation. Additionally, as a TEP working in a multi-agency team (where EPs are managed by social care), Atkinson and Woods' model suggests that supervisory relationships exist in a variety context and may, in some cases, be inter-professional (e.g. psychologist being supervised by non-psychologists). The model is illustrated in Figure 1 below.

**Figure 1. Model for effective supervision for TEPs. Taken from Atkinson and Woods (2007)**



## **6. Interprofessional supervision**

As a response to the multi-agency context of my employing local authority, educational psychologists are currently both providing and receiving interprofessional supervision (IPS) e.g. EPs providing group supervision to portage workers and family support, EPs receiving management supervision from managers within the field of social care. Furthermore, the Association of Education Psychologists (AEP) commissioned a Community Educational Psychology Service to carry out an investigation into the role of EPs undertaking multiagency working in Sure Start Local Project. It was found that EPs provided successful supervision to other professionals, as a way of supporting and developing their knowledge and skills (Davis et al, 2008).



*‘Given that educational psychologists may be confident and knowledgeable about offering supervision or professional consultation as a result of their work with trainees or other psychologists, this again seems an area that could be developed further within Sure Start Local Projects.’* (Davis et al, 2008, p.34)

Currently, there has been a lack of research that has investigated IPS that specifically involves educational psychologists, however, a number of studies have explored IPS in the field of mental health, nursing, and social care (Davies et al, 2004; Lilley et al, 2007; Mullarkey et al, 2001; Townend, 2005).

Townend (2005) undertook an open-ended qualitative survey with the aim to investigate a) the frequency of IPS, and b) the facilitators and barriers to IPS. A survey of eight open ended questions were completed and returned by 170 randomly selected Cognitive Behavioural Psychotherapists (CBPs), recruited from the British Association for Behavioural and Cognitive Psychotherapies (BABCP, 2005). The sample of CBPs included mental health nurses, social workers, occupational therapists, psychiatrists, nurses, probation officers, teachers and clinical psychologists.

Firstly, qualitative analysis revealed a number of themes that indicated the following facilitators and barriers of IPS (Table 5).

**Table 5. Facilitators and barriers to interpersonal supervision: the views of Cognitive Behavioural Psychotherapists. Developed from Townend (2005)**

| Facilitators   | Barriers  |
|--|---|
| <ol style="list-style-type: none"> <li>1. Different perspectives.</li> <li>2. Increased creativity.</li> <li>3. Wider knowledge.</li> <li>4. Prevents becoming complacent.</li> <li>5. Critical thinking.</li> </ol> | <ol style="list-style-type: none"> <li>1. Professional role and training differences and misunderstandings.</li> <li>2. Differences in training level.</li> <li>3. Absence of shared theories and language.</li> <li>4. Absence of empathy for organizational issues.</li> <li>5. Anxiety.</li> <li>6. Fear of revealing weaknesses.</li> </ol> |

Although a range of both facilitators and barriers were reported, it was concluded that CBPs generally found IPS to be positive and reported few problems. Such findings markedly differed from previous research (Temple & Bowers, 1998). Townend offered an explanation for this by arguing that all accredited CBPs *'share common theoretical ground and a common language that cuts across the more usual theoretical and language barriers...(this) probably enables the different professional groups to work to a common clinical agenda and communicate effectively with each'* (p.586). Additionally, regardless of the participants' professional background, the author argues that their shared CBP accreditation *'may compensate for differences in professional status and professional power'* (p. 586). I believe this to be a relatively naïve standpoint, as one can never truly separate themselves from their professional status and the associated power differentials (see Down, 2000). However, in order to overcome potential difficulties, Townend does recommend that in practice, supervisors and supervisees should acknowledge the differences in status and how these will be addressed in interprofessional supervision.

Secondly, results quantitatively demonstrated that interprofessional supervision is common practice amongst CBPs, with at least 40 percent receiving supervision outside of their own professional group. However, amongst the sample, it was uncommon for psychologists to be supervisees (13% of CBPs). Instead, it was common for clinical psychologists to be supervisors, providing supervision particularly to mental health nurses (71%). Such findings indicate that psychologists are popularly and uniquely placed to provide interprofessional supervision. Whilst it is acknowledged that the context of Townend's study is restricted to CBP supervision and mental health settings, the results have significant implications for educational psychologists giving supervision in multi-agency teams and to different professionals (Davis et al, 2008).

Mullarkey et al (2001) explored the ways in which multiprofessional working and clinical supervision are interlinked, and whether supervision across professional boundaries might be justifiable. Whilst the authors have the view that multi-professional supervision is desirable in all contexts across mental health and social care, the differences between professionals' training and theoretical backgrounds are acknowledged, alongside the wide range of clinical supervision models that are adopted across disciplines (e.g. categorised into humanistic, psychoanalytical and behavioural schools of thought, Farrington, 1995). Despite this, Mullarkey et al propose that it is the *'quality of the supervision and the supervisory relationship that is more crucial than the professional background of those involved in the process'* (p. 208), and *'it is not necessarily the type of clinical supervision model that is used but the way in which it is used that is important to its transferability between*

*professionals'* (p. 209). Therefore, the authors suggest that supervisees should have the freedom to choose their supervisor, based on their identified needs and the skills/experience of the supervisor. It is questioned however, the extent to which this would be feasible, due to the obvious limitations of the supervisors' respective workloads.

Additionally, in ensuring that multi-professional supervision is effective, Mullarkey et al emphasises that the definitions and purposes of multiprofessional supervision must be made more explicit amongst professionals. Similarly, a common philosophy should be developed across disciplines, whereby a willingness to collaboratively share and learn from each other as equals, as opposed to interprofessional conflict.

#### *Case Example of interprofessional supervision*

In a recent piece of case work, I provided a series of supervision sessions to a teaching assistant (TA) who was supporting a child with emotional, social and behavioural difficulties. In considering the requirements of a supervisor, Hawkins and Shohet (2006) argue that one cannot expect to give effective supervision until one has received supervision. As a TEP who has received a high level of supervision throughout my training, I believe that such experience placed me in a good position to provide supervisory support to the TA. In particular, such experience has facilitated my own professional development and knowledge of supervision research and theory through further reading and reflection (Carrington, 2004).

In considering the purposes of this interprofessional supervision, the sessions intended to provide an *educative* and *supportive* function (Hawkins and Shohet (2006), which were both informed by psychoanalytic theory. For instance, in developing the skills and understanding of the TA, attachment theory was used as a framework for understanding and supporting her in planning effective interventions in school (since one of my main working hypotheses was that child's behaviour was characteristic of an insecure disorganised attachment style). Similarly, it was acknowledged that a support network in the context of a supervisory relationship would be beneficial. It was hypothesised that feelings from the child were being projected into the TA, which often left her feeling de-skilled, anxious and lacking in empathy for the child. The support function of supervision served to provide an 'emotional container' for the TA (Geddes, 2005), to understand and normalise her reactions through personal reflection (Golding, 2008). Through our established supervisory relationship, the aim was to empower the TA to provide the child with continued emotional containment and empathy.

From my experience as the supervisor, there was a noticeable change in focus and behaviour of the TA (supervisee) as she gained more experience in her role, which is in accordance with the principles of the developmental model of supervision (Stoltenberg & Delworth, 1987). However, through personally reflecting upon this supervision process, the General Supervision Framework (Scaife, 1993b) appears to be a more suitable model for a retrospective critical discussion. The framework is comprised of three dimensions: the supervisor role, supervision focus, and the medium used to provide data for supervision. Only the relevant elements of the model have

been reflected on in this interprofessional supervision context, however, a full illustration of Scaife's model can be seen in the Appendix. I personally believe that the practice of supervision between myself and the TA (illustrated in Table 6), was a reciprocal learning process (Carrington, 2004). As the supervisor, the sessions facilitated access to further learning and development opportunities, and promoted space for reflective practice.

**Table 6. Interprofessional supervision: the application of the General Supervision Framework (Scaife, 1993b)**

| Dimensions of the GSF               | Application to supervision between TEP and TA   | Critical reflection and examples of practice.  |
|-------------------------------------|---|--|
| <b>1. Supervisor role behaviour</b> | <b>This emphasises my behaviour in developing a relationship with the TA (supervisee).</b>  |  |
| <i>1.1. Listen-Reflect</i>          | Attentive listening and reflection of our discussions provided illumination of the issues raised. This supported the TA in clarifying her thoughts/feelings about her work with the child. The process of reflection allowed the TA to develop her own ideas about her work.              | <ul style="list-style-type: none"> <li>- Scaife (2001) argues that the three categories of role behaviour rarely occur in isolation, and the supervisor may move between roles according to supervisee's need. At times, I needed to spend a greater amount of time enquiring or informing, in order to suit the specific occasion in supervision.</li> <li>- Example of Listen-Reflect: <i>'It sounds as if you are saying that your relationship with the child has improved recently?'</i></li> </ul> |
| <i>1.2. Enquire</i>                 | This role allowed me to ask the TA questions about her work. This role supported exploration of issues raised and emphasised reciprocity in the supervisory relationship.   | <ul style="list-style-type: none"> <li>- It was important to emphasise my role as 'exploration' as opposed to interrogation. It found it useful to explicitly state that my role was to explore/clarify as opposed to interrogate her skills.</li> <li>- Example of enquire: <i>'What do you think it was that made you feel de-skilled or couldn't support the child any further?'</i></li> </ul>   |
| <i>1.3. Inform-Assess</i>           | Judgements are made about the TA's performance, positive and negative comments made. Knowledge of attachment theory (AT) was used to make these judgements, and inform the TAs practice. The TA appeared to prefer this approach when confidence and experience was low at the beginning. | <ul style="list-style-type: none"> <li>- I was concerned that 'informing and assessing' the performance of the TA, placed myself as a supervisor in an 'expert role', which may have disempowered the TA.</li> <li>- I felt that having an explicit theoretical framework (attachment theory) facilitated the inform-assess role.</li> <li>-Example of inform-assess: <i>'Perhaps you could try Strategy X with the boy, as you said it has worked before in the past?'</i></li> </ul>                   |
| <b>2. Medium</b>                    | <b>This is the medium through which supervision takes place.</b>  |  |

|   |   |  |
|---|---|--|
| <b>2. Medium cont.....</b>                    |   |  |
| <i>2.1. Reported</i>                          | Retrospective reporting was used in this context. This contrasts with teaching practice supervision which commonly adopts a medium of live classroom observation. We established early on that supervision would provide a confidential forum for verbal discussion.  | <ul style="list-style-type: none"> <li>- I decided against live methods of supervision, through fear of undermining the status of the TA, which may have raised anxiety levels or intrude the relationship between the TA and child.</li> <li>- TA reported that she found it beneficial to verbally reflect on her experiences in a confidential and supportive forum.</li> <li>- On the other hand, live supervision may have given greater reliability to supervision, and any observed effective practice could be discussed in our supervision sessions.</li> </ul> |
| <b>3. Focus</b>                               | <b>These are the topic to be explored in supervision.</b>   |  |
| <i>3.1. Knowledge, thinking, and planning</i> | Classroom based strategies and interventions were collaboratively discussed and how AT could be used to inform practice. The child's difficulties were collaborative conceptualised using the AT framework.   | <ul style="list-style-type: none"> <li>-I found solution focused approaches (Rhodes and Ajmal, 1995) to be a particularly useful tool for this dimension of supervision.</li> <li>-At times, it seemed that the TA wanted supervision to donate ideas (as in the inform/assess dimension), rather than a collaborative approach. According to Stolenberg and Delworth (1987), this supervisor dependency reduced as the TA gained more experience and confidence.</li> </ul>   |
| <i>3.2. Feelings and personal qualities</i>   | This represents the way in which the work affected the supervisee's mood and feelings. When adults work with children with attachment difficulties, Geddes (2005) and Golding (2008) describe the process of projection, whereby the TA experienced increased anxiety and uncertainty on a daily basis. These are also related to transference and counter-transference (Hawkins and Shohet, 2006). | <ul style="list-style-type: none"> <li>-As the supervisor I found it useful to share these hypotheses with the TA, which allowed her to acknowledge how 'exhausted' and 'emotionally drained' she felt at the end of a week.</li> <li>- We discussed ways in which these feelings of projection/transference could be alleviated. E.g. <i>'What strategies can you adopt to help you cope with the distress that your work generates?'</i></li> </ul>  |



## 7. Conclusions and future opportunities

Although most of the research into supervision has been restricted to professions such as counselling, psychotherapy, and clinical psychology, supervision has become increasingly recognised as an integral form of professional development for educational psychologists (DECP, 2006). Additionally, TEPs receive high level of supervision across their three years of training. I proposed that the increased inclusion of effective models of supervision for TEPs may actually facilitate the development of supervisory practice within EPSs as a whole. For instance;

*‘psychologist colleagues engaged in activities and theoretical discussion designed to promote development of supervision processes for trainee psychologists have frequently commented upon the potential benefits of such processes for qualified colleagues’* (Atkinson and Woods, 2007, p. 309).

Similarly, TEPs experiences of receiving a high level of supervision places them in a good position to provide supervisory support to other professionals (Hawkins and Shohet, 2006). On a personal note, I am motivated to engage in further opportunities to provide supervision to different professionals, as well as continuing to receive weekly supervision in my final year of training. Carrington’s (2004) arguments regarding the two-way learning gains between supervisor and supervisee were particularly evident in my experience of giving supervision to a TA in a school.

Currently in my employing local authority, there are also emerging opportunities for me to engage in interprofessional supervision as a

supervisor, both with individuals and groups. Additionally, there are present opportunities to develop our educational psychology service's group supervision sessions, by undertaking and evaluating various models of supervision. Although the confines of this PPR has not allowed for a worthy discussion of the group supervision literature, I intend to develop my knowledge and skills in this area, with the aim to support the growth of supervision in the team.

This professional practice report has allowed me to develop my knowledge of supervision by critically reflecting on the existing research and policy on supervision in the field of educational psychology and allied helping professions. This has allowed me to draw upon my own experiences of both giving and receiving supervision as a TEP, and develop my own professional practice for the future.

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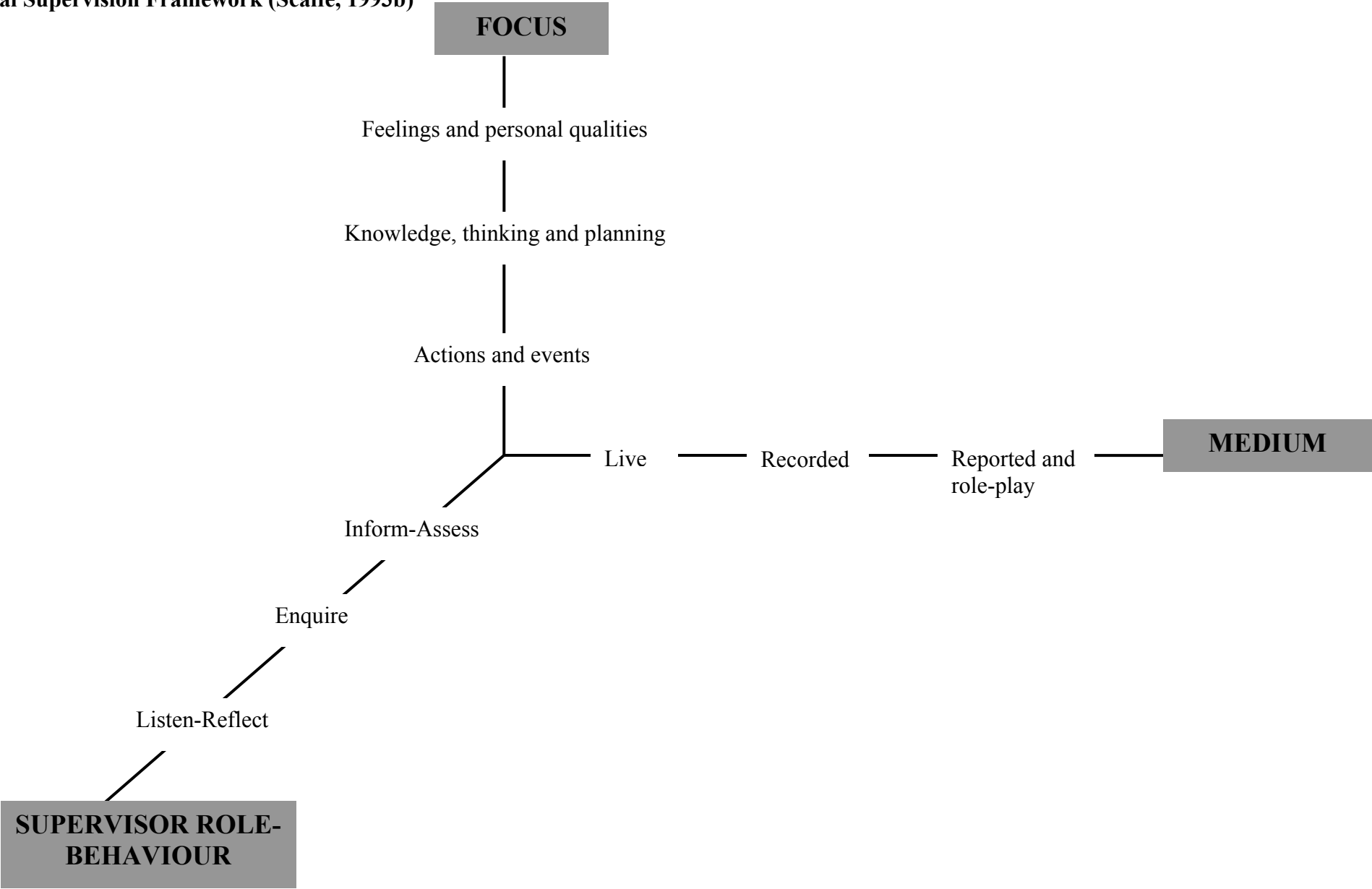
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**APPENDIX 1. The DCP (2006) distinction between line management supervision and clinical supervision. Developed from DCP (2006)**

| Line management supervision   | Clinical Supervision   |
|---|--|
| <p>-Line management structures are determined by the employing organisation.</p> <p>-The focus is on an appraisal and monitoring of performance, and is specifically concerned with <i>operational issues and quality of service</i>.</p> <p>-The frequency and duration of line management supervision will depend to some extent on the level of responsibility a clinical psychologist has for service development and delivery.</p> <p>-The focus, content, and process of line management supervision can, and perhaps should, be <i>co-constructed</i>.</p> <p>-Supervision is firmly linked to target and goal setting, and the <i>Individual Performance Review (IPR)</i> process.</p> <p>-Recording of line management supervision sessions and IPR is the <i>responsibility of the line manager</i></p> | <p>-Clinical supervision is concerned with all the other aspects of a clinical psychologist's work, and has the overall focus on the <i>personal and professional development</i> of the individual.</p> <p>-In this context, the <i>choice of supervisor can be negotiated</i>. However, supervisors will need to possess expertise in key areas of professional competence for clinical psychologists, and have had appropriate preparation for their role of supervisor.</p> <p>-The frequency and duration of clinical supervision will be of a standard that allows all aspects of work to be discussed, and enables the development of a beneficial supervisory relationship.</p> <p>- A minimum standard is <i>one supervisory session per month</i>.</p> <p>- The <i>focus, content, and process</i> of supervision will be negotiated between supervisee and supervisor (or by the group in the case of group supervision).</p> <p>-Detailed <i>written contracts</i> will be drawn up and agreed. The written contract will be regularly reviewed (at least annually).</p> <p>-When the supervisor is also a clinical psychologist they will undertake further regular <i>training in supervision</i> over the course of their career.</p> <p>-Clinical psychologists will inform clients and supervisees of their own supervisory arrangements.</p> <p>-The <i>outcomes</i> of supervision will be systematically <i>reviewed and evaluated</i> on a regular basis (at least annually).</p> |



**PROFESSIONAL PRACTICE REPORT 4**

**THE ASSESSMENT AND INTERVENTION OF SELECTIVE  
MUTISM: AN INTEGRATED FRAMEWROK  
(WOOLFSON ET AL, 2003)**

## **The assessment and intervention of selective mutism: an integrated framework (Woolfson et al, 2003)**

### **Abstract**

*This professional practice report is written about 'Zoe', an 8 year old girl who attends a mainstream first school and has a diagnosis of 'Selective Mutism'. Selective mutism is a rare childhood disorder that is characterised by a lack of speech in certain settings where speaking is a social expectation (Viana et al, 2009). Although the condition is generally considered to have low prevalence rate, others have suggested that it may not be as rare as previously thought (Bergman et al, 2002). From a personal perspective, I have encountered three separate cases of selective mutism in my second year of educational psychology training (Zoe being my first), which has facilitated the development of my knowledge for this particular topic. Additionally, this professional practice report has allowed me to critically discuss my involvement as a trainee educational psychologist (TEP) in one of these cases, and given me an opportunity to critically explore the theory and research in the field of selective mutism. This report presents an integrated framework (Woolfson et al, 2003) of selective mutism, which recognises the multifaceted nature of the condition.*

### **1. Conceptualising Selective mutism**

Selective Mutism (SM) is a rare childhood disorder that is characterised by a lack of speech in certain settings where speaking is a social expectation (Viana et al, 2009). The Diagnostic and statistical manual of mental disorders,

DSM-IV (American Psychiatric Association, 1994) publication was the first to define SM as:

*A consistent failure to speak in social situations in which there is an expectation for speaking (e.g. at school) despite speaking in other situations. The disturbance interferes with educational or occupational achievement or with social conversation; not better accounted for by a communication disorder (e.g. stuttering) or by a lack of knowledge of the spoken language required in the situation; duration of at least one month (not limited to the first month of school).*

(DSM-IV: APA, 1994).

Although the DSM-IV definition of SM is widely accepted and utilised across the majority of the literature, there have been several inconsistencies in conceptualising SM. For instance, Anstendig (1999) considered two divergent schools of thought when conceptualising SM. These conflicting views are as follows;

- i) SM is a variant of a childhood anxiety disorder, originating from a shy biological temperament and influenced by environmental factors, and/or
  - ii) SM is multi-faceted and complex in its etiology, therefore, it should be viewed as distinct and separate classification in its own right
- (DSM-IV; APA, 1994)

Anstendig (1999) reviewed the literature concerning the classification of SM as an anxiety disorder. The author questioned the accuracy of conceptualising SM as a distinct disorder (as stated by DSM-IV, APA, 2004), and argued that SM is more likely a behavioural symptom of childhood anxiety

disorder; specifically social phobia, separation anxiety disorder or post traumatic stress disorder. However, as Anstendig's paper was written over a decade ago, his arguments do not appear to represent an up to date consensus according to the *American Psychiatry Association* (who currently view SM as a distinct disorder in its own right).

The inconsistent nature of conceptualising SM has made it extremely difficult to determine the exact prevalence rate of the condition. For instance, Standart and Le Couteur (2003) reflect on the varying rates of SM, which can range between of 3 to 8 per 10,000 in Great Britain (Brown & Lloyd, 1975), 1 per 1000 in native Canadian primary school children, and 7.9 per 1000 in immigrant children (Bradley and Sloman, 1975). By examining the prevalence of SM amongst a school based sample of children, Bergman et al (2002) asked teachers (Kindergarten, first and second grade) to identify pupils who met DSM-IV criteria for SM (this was done over a 6 month period to ensure the greater reliability of teacher reports). Out of a large sample of 133 teachers, 125 participated, and a prevalence rate of 16 in 2256 children (0.71%) were identified with SM. The authors again concluded that SM may not be as rare as previously thought. Bergman et al's (2002) study is commended for its use of a large scale, school based sample of participants, which may explain the higher prevalence findings compared to more restricted and smaller scale clinical studies. Conducting community based research has greater generalisability to the wider population, and likely to have greater reliability and ecological validity.

Although it is generally accepted that SM is rare, a recent review of the literature over the past 15 years suggested that prevalence rates have been found to fluctuate between the 0.47% to 0.76% range (Viana et al,



2009). Viana et al, (2009) argue that such variation in determining the exact prevalence rate is related to the following reasons;

- some studies adopt the DSM-IV (APA, 2004) criteria, whereas others use other classification systems such as the International Classification of Diseases, 10th edition (World Health Organization, 1992),
- there is a variation in sampling methods between studies, e.g. some sample children from different settings (e.g. schools, clinics), ages and countries, and
- there is a lack of a comprehensive theory regarding the etiology, assessment and treatment of SM.

In a recent publication by Omdal and Galloway (2008), it is argued that most of the research has adopted the DSM-IV criteria, which has predominantly classified SM as a symptom of social anxiety or social phobia (Anstendig, 1999; Black and Uhde, 1995). Although there is a growing collection of evidence to suggest that a high proportion of selectively mute children show symptoms of anxiety (Cunningham et al, 2004; Dummit et al, 1997; Kristensen, 2000; Steinhausen and Juzi, 1996), Omdal and Galloway argue that SM remains rare among children with anxiety disorders. In an attempt to consider whether SM can be conceptualised as social anxiety or a specific phobia of expressive speech, the authors conducted the following:

- i) interviews with six adults who met the DSM-IV-criteria (APA, 1994) for SM as children, about their past experience with the disorder.
- ii) semi-structured interviews with the parents of five selectively mute children (aged 4, 6, 9, 11 and 13 years old), and the first author video-observed the children's social interactions in the contexts of home and school.

Through thematically analysing the transcribed interviews and observational data, the authors did not find consistent evidence of social anxiety across the samples. In fact, only two of the adult respondent retrospectively reported that they experienced social anxiety in childhood. Additionally, all of the children with SM were observed being highly independent and actively using body language, gestures and facial expressions in both home and school settings. However, the behaviour of both samples appeared to meet the DSM-IV (APA, 1994) criteria for specific phobia of expressive speech. Although the selectively mute children did not show withdrawn behaviour in interaction with children and adults when they were not required to speak, both samples were determined not to speak in specific situations where they felt pressurised.

The data also revealed that whilst the selectively mute behaviour of both samples gave them a clearly defined social identity, it significantly interfered with their ability to experience social inclusion. Therefore, Omdal and Galloway concluded that;

*‘selective mutism develops as a specific phobia, usually at an early age. As a result of selective mutism, over the years many children become isolated socially and some may develop social anxiety or a social phobia. In other words...children with selective mutism may be at risk of developing it; the social anxiety is then secondary to the selective mutism rather than the other way round.’ (p. 80)*

However, caution should be taken when interpreting Omdal and Galloway’s findings, as both samples of adults and children in the study were small

(n=11), which may restrict the generalisability to the wider population of children with SM. Additionally, the adult interviews were retrospective in nature, which may have restricted the reliability of the data.

In considering how the current research on SM can inform the work of educational psychologists in schools, Cleave (2009), a practicing educational psychologist, also suggests that SM may be more common than once thought. The author notes that the studies carried out with school based samples reveal much higher rates of SM (e.g. Bergman et al, 2002). For example, Kopp and Gillberg (1997) screened a large sample of school aged children (entire population in two districts of Sweden) using the DSM-IV criteria for SM (APA, 1994). A prevalence of 18 per 10,000 was reported for 7-15year olds, with three girls and two boys accurately meeting the clinical criteria and a further 25 had significant shyness and reticence but did not meet the criteria. Standart and Le Couteur (2003) argue that there appears to be a higher prevalence of SM amongst school based samples compared to clinical samples. The authors go on to suggest that,

*‘This may be due to the identification of children with so-called “hidden selective mutism”. These children may not have been referred to health services. Often mute children are not seen as a bother...and so may have less attention focused on them by their teachers in busy classes’.*

(p. 155)

In considering the children with ‘hidden selective mutism’, there may be a potential role of the educational psychologist (EP) in supporting the identification of this group. With EPs knowledge of research and theory of SM

and the role of anxiety (as well as a large proportion of our case load being school based), the EP is in a unique position to consult with school staff and families to support this vulnerable group of children (Cleave, 2009).

## **2. Causes of Selective Mutism**

Across the literature, it is generally regarded that SM is both complex and multi-determined in its etiology. Therefore, there is no single cause of SM, rather, its etiology can arise from an interplay between environmental and genetic factors (Cohan et al, 2006). Viana et al (2009) proposed several perspectives that exist in determining the cause of SM, all of which vary in their epistemological position. These include;

- the *psychodynamic perspective*, which emphasises the role of unresolved conflicts that cause SM (e.g. the impact of traumatic experiences in the early years),
- the *behavioural perspective*, which suggests that SM is a result of maladaptive reinforcement of a children's speech,
- the *family systems* perspective, which highlights the impact of maladaptive family dynamics, and
- the *biological/genetic* perspective, whereby children with SM often have parents with anxiety disorders.

Before discussing the main factors in greater detail, it must be noted that controlled studies that examine large samples of children are particularly scarce (Vecchio and Kearney, 2005), and research has historically consisted of case study reports, small sample sizes or retrospective data. Similarly, a high volume of clinical studies that have used larger samples of children, have not utilised a control group of non-clinical children as a source of comparison

(Vecchio and Kearney, 2005). All of these factors should be taken into account when interpreting the conclusions of the research presented below.

### ***2.1. Genetic/biological vulnerability***

Numerous research has demonstrated the relationship between SM and family history of psychopathology, particularly anxiety based disorders (Viana et al, 2009). For instance, Remschmidt et al (2001) conducted follow up interviews with forty-five children with SM (12 years later), as well as standardized psychopathology assessment and two standardized biographic inventories. Results indicated that there was a high level of psychopathology in the families of the children with SM, and there was also a high rate of conflicts within families. 60% of mothers also showed some form of psychopathology. The authors argue that the interaction between family psychopathology and individual psychopathological symptoms of children with SM may contribute to the persistent nature and poor outcome of this condition. However, Remschmidt et al's study is not without its limitations. For example, the sample of children were retrospectively recruited, meaning that the authors had to rely on data collected at the time of the initial referral at the Department of Child and Adolescent Psychiatry, Philipps-University of Marburg from 1981. This has methodological shortcomings as the data was collected by several investigators, which may have affected the consistency of the data set. However, in-house standardized procedures were used (e.g. interviews) which may have ensured a certain degree of internal reliability.

In a more recent long-term follow up study by Steinhilber et al (2006), 33 clinic referred children with SM were interviewed. It was found that a family

history of taciturnity (mutistic behaviour) and psychiatric disorders were positive in 39.4% of cases. Steinhusen et al (2006) state that,

*‘whereas there was no proof of the assumption that parental mental disorder might contribute to a poor prognosis...our findings concur with the observation that a family trait of taciturnity or mutistic behavior contributes to unfavorable outcome’* (p. 755).

These findings suggest that the taciturnity of family member may be associated with anxiety symptoms, which may be passed on across generations and contribute towards SM.

## **2.2. Psychological vulnerability**

There is a wealth of evidence to suggest that the main psychological factor associated with SM is anxiety. However, Viana et al (2009) acknowledged that a small proportion of children with SM demonstrate controlling and oppositional and sometimes aggressive behaviours. Based on her own personal observation, Cleave (2009) too notes that *‘as selective mute children communicate in some settings and not others, they can typically be construed as being oppositional’* (p. 236). For instance, Manassis et al (2007) found that 6.8% of children with SM met the diagnostic criteria of oppositional defiant disorder, and Arie et al (2006) found 11.1% were comorbid with attention deficit hyperactivity disorders (ADHD). Through administering questionnaires and interviewing parents and teachers, Cunningham (2004) found that teachers gave children with SM lower ADHD and ODD ratings than controls, whereas parents did not report differences in the ADHD, ODD or CD (Conduct Disorder) symptoms between the SM and control groups. Similarly, Vecchio

and Kearney (2005) found that levels of externalizing problems were low among all groups of children with SM and/or anxiety disorders, providing support for the idea that SM is more of an internalizing disorder than an externalizing one. Viana et al (2009) concludes that there is mixed evidence for the presence of externalising symptoms in children with SM. Therefore, the authors suggest that *'children with SM may react disruptively in those settings where they are asked to speak (i.e., school), but do not present with a general overall pattern of defiant behaviour.'* (p. 62).

In terms of the literature concerning the relationship between SM and anxiety, a significant proportion of the research has adopted methodology that is based on diagnostic comorbidity, which uses classification systems (e.g. ICD-10 and DSM-IV) as a methodological tool. Manassis et al (2007) found that 61.4% of children with SM met the criteria for social phobia, with Arie et al (2006) revealing a 44.4% comorbidity rate between SM and social phobia. Kristensen (2000) conducted parental structured diagnostic interviews of 54 children with SM and 108 control children. According to DSM-IV criteria, 74.1% of children with SM met the criteria for any anxiety disorders, which was predominantly social phobia (67.9%) and separation anxiety disorder (31.5%).

It has been argued that a large proportion of the research in this area does not include control groups in the methodology, which makes it difficult to determine whether comorbidity in children with SM differs from children without SM (Cunningham et al, 2004). In overcoming such difficulties, other studies have found significant differences between children with SM and controls on parent and teacher rating on anxiety (Bergman et al, 2002;

Kristensen, 2001). Cunningham et al (2004) conducted interviews and issued likert scale questionnaires with parents and teachers. Both agreed that children with SM were more anxious than controls and parents reported more obsessive compulsive symptoms. No differences were found between groups in terms of depressive symptoms.

Taking all of the evidence into account, it seems that the relationship between anxiety and SM is complex. Additionally, most of the literature on SM are selected clinical samples, which many not represent the wider and heterogeneous population of children with SM. High comorbidity rates between SM and other anxiety disorders also questions whether diagnostic systems can differentiate between discrete disorders, which may lead to the assumption that anxiety is better represented as a single category (Dadds et al, 2004). Despite this, it cannot be ignored that the relationship between anxiety and SM is prominent amongst the recent literature (Krysanski, 2003; Viana et al, 2009).

### ***2.3. Family factors and the environment***

As well as Remschmidt et al's (2001) retrospective study suggesting that families of children with SM can be described as conflictual, isolated, with limited social contact, more recent research has suggested that SM can be related to difficult marital relationships with higher rates of marital conflicts on the presence of the child (Elizur & Perednik, 2003, cited in Viana et al, 2009). Additionally, Vecchio and Kearney (2005) collected data fifteen children with selective mutism , fifteen children with anxiety disorders without selective mutism, and fifteen children without anxiety disorders or selective mutism, parents, teachers and clinicians. Diagnostic interviews were used (DSM-IV,



APA, 1994), as well as parent-teacher completed measures (Child Behavior Checklist, Achenbach, 1991; Family Environment Scale, Moos & Moos, 1986; Teacher's Report Form, Achenbach, 1991). Results indicated that the family environments of children with SM and anxiety disorders were rated by parents as less socially active and involved in recreational activities. This may indicate that children with SM and anxiety disorders are more withdrawn and avoidant.

There have also been mixed findings as to whether SM is associated with trauma or abuse in the family environment. For instance, Steinhausen and Juzi (1996) reported that 31% of a sample of children with selective mutism had experienced a stressful life event before the onset of SM. This particular study is credited for its analysis of a large sample of 100 cases of SM. However, Viana et al (2009) reported that several other studies have found that traumatic events are rarely associated with SM. This ranges between 13% (Black and Uhde, 1995) and 16% (Kumpulainen et al, 1998) of samples that experienced stressful experiences prior to the onset of SM. These mixed findings may suggest that for a small amount of children with SM, trauma in the family/environment may be related to the onset.

#### ***2.4. A developmental psychopathology perspective***

In considering the multi-faceted etiology of SM, recent attempts have been made to understand the condition from a developmental psychopathology perspective (Cicchetti, 1984). This approach views pathology as a transactional and multilevel process between the individual and various ecological systems (Bronfenbrenner, 1979) over time, which can represent a useful framework for conceptualising SM (Viana et al, 2009). Cohan et al,

(2006) reviewed the existing literature on the causes of SM, and organised it through a developmental psychopathology perspective. For instance, the authors discuss the multiple pathways to SM's development including genetic, temperamental, psychological and social/environmental systems that may contribute to the conceptualization of the rare childhood disorder.

In understanding SM from a developmental psychopathological perspective, Viana et al, (2009) argues that a '*complex, ongoing interplay of transactional forces implies that no single risk factor can accurately and fully predict a particular psychopathological pathway*' (p.58). Conceptualising SM in this way provides a useful perspective for the current context of the assessment and intervention of SM.

### **3. The current context: Zoe**

Zoe is an eight year old girl who currently attends a local mainstream first school. Prior to my involvement, two educational psychologists had separately been involved in the assessment and intervention of Zoe's needs in school, since the spring term of her reception year (March, 2006). During this time, it was reported that Zoe was not talking in school, or outside of the family home in the wider community. Zoe would also not speak to friends of the family that visited the home, or any person associated with school regardless of the context. However, Zoe was starting to speak to more family members or familiar people in close proximity to her home, e.g. cousins and next door neighbour's children.

As the visiting educational psychologist for the school, the SENCO requested that I became involved again due to concerns regarding Zoe's limited progress in her ability to speak in more situations, and that she appeared to be socially withdrawn and anxious. The integrated framework (Woolfson et al, 2003) was selected as an approach to guide the problem solving process, which is discussed in greater detail below.

#### **4. Method**

##### ***An integrated framework for trainee educational psychologist practice (Woolfson et al, 2003)***

In my first year of doctoral training in educational psychology, the problem analysis framework (Monsen et al, 1998) was used on several occasions as a useful approach to guide case work on fieldwork placements. This problem analysis approach is a detailed nine step process, which allows the trainee EP to conceptualise complex and ill-defined real-life problems. This problem analysis has its merits, in that it encourages trainees to coherently structure and analyse case information, be explicit about hypothesis testing, and systematically link these hypotheses to data collection, analysis and subsequent intervention and evaluation. However, it has been critically acknowledged that this framework allows TEP imposes their own subjective interpretation on the data (allowing only one integration of the problem dimensions is utilised), and it can be less user friendly for more experienced practitioners (Monsen et al, 1998; Woolfson, 2008)

In light of the above limitations of the Monsen et al framework, Woolfson et al (2003) developed a new framework based upon two additional conceptual

influences. These are the integration of an ecological systems approach (Bronfenbrenner, 1979) and an emphasis on interdisciplinary collaboration, to form the development of Woolfson et al's (2003) Integrated Framework. Table 1 below describes Woolfson's more user friendly 5 phase approach, and how it relates to Monsen et al's nine stage process.

**Table 1. A summary of Woolfson et al's (2003) Integrated Framework. Developed from Woolfson et al (2003) and Monsen et al (1998).**

| <b>Stage of Woolfson et al's (2003) Integrated Framework.</b> | <b>Description of each phase</b>              | <b>Relationship to Monsen et al's (1998) problem analysis framework</b>   |
|---|---|---|
| <b>Phase 1</b>  | Establishing roles and expectations.          | <b>Steps 1 and 2</b><br>TEPs are encouraged to clarify the request for EP involvement and negotiate roles.                  |
| <b>Phase 2</b>  | Guiding hypotheses and information gathering. | <b>Step 3</b><br>Generation of a range of possible hypotheses to guide information gathering is central to TEP and EP work. |
| <b>Phase 3</b>  | Joint problem analysis.                       | <b>Steps 4 and 5</b><br>Combining the identification and integration of problem dimensions.                                 |
| <b>Phase 4</b>  | Joint action plan and implementation.         | <b>Steps 6 and 7</b><br>Combination between agreed problem analysis/devise intervention plans and intervention plans.       |
| <b>Phase 5</b>  | Evaluate, reflect and monitor.                | <b>Steps 8 and 9</b><br>Amalgamate evaluation of action, self-reflection and critical evaluation.                           |

I considered it appropriate to apply Woolfson et al's (2003) five phase framework to guide the assessment and intervention of Zoe, a girl with SM. Additionally, when considering the distinctive contribution of educational psychologists, Cameron (2006) acknowledges the value of adopting coherent frameworks to help solve real life problems. For example, *'unravelling problem dimensions using sophisticated models which can be used to navigate*

*through a sea of complex human data and to provide a simple but useful map of the interaction between people factors and aspects of their living/learning environments'* (Cameron, 2006, p. 293). The selection of Woolfson et al's (2003) framework was due to;

- i) the noted limitations of the Monsen et al (1998) nine step framework (see above). The Woolfson et al's more succinct and user friendly 5 phase framework is more appropriate in my 3<sup>rd</sup> year of training,
- ii) my position as a trainee educational psychologist at the University of Birmingham, gave me the opportunity to apply an framework that is established in educational psychology practice (Kelly et al, 2008), as well as receiving taught input from a key author in Woolfson et al (2003), and
- iii) the complex and multi-faceted nature of selective mutism, and the importance of viewing Zoe's difficulties at varying eco-systemic levels. Several stakeholders were also actively involved in the problem solving process.

## **5. Applying the five phase process**

This professional practice report will now address how the framework was applied to Zoe's case of SM. The five phases of the integrated framework will be discussed separately.

### **5.1. Phase 1: Establishing roles and expectations**

This important phase aims to lay the foundations for effective collaboration and problem solving (Woolfson, 2008; Woolfson et al, 2003)). The role of the

EP is to understand what the problem owner(s) hope to achieve with EP involvement. The EP and problem owner(s) are also required to identify which other stakeholders are involved. Concerns about Zoe were raised at the school's termly planning meeting, and educational psychology input was requested. Through discussion with the SENCo, the key problem owner, there were several outcomes which it was hoped would be achieved from EP involvement such as,

- i) helping to further understand the nature of Zoe's SM,
- ii) considering whether Zoe has made any progress in her speaking since her time at first school, and
- iii) helping to inform appropriate intervention.

It was agreed that the stakeholders involved would be myself as the school's allocated educational psychologist, the school's Access and Inclusion manager/Special Educational Needs Co-ordinator (SENCo), Zoe's class teacher, Zoe's mother, and more importantly, Zoe herself. Woolfson (2008) stresses the importance of including the young person in the process, as they are seen as having a fundamental role to play in contributing to change. For instance, *'a multi-causal assessment and intervention approach is therefore taken in which child factors as well as systems and contextual, interactional factors may contribute'* (Woolfson, 2008, p. 125).

The importance of pupil participation and obtaining their views has become integral the development of educational policy and practice (Department for Education and Skills, 2002a; 2003; 2005). In particular, Harding and Atkinson (2009), both practicing psychologists, stress the important role of the educational psychologist in eliciting the child's views. More recently, Omdal

and Galloway (2007) note that challenges of obtaining the views of children with SM, and therefore, very few clinicians appear to have taken the selectively mute child's own thoughts and feelings into account when planning treatment. The authors also argue that specific methods are needed to enable the child to communicate their views without verbal speech, yet, there is a limited amount of research that has adopted such techniques.

Woolfson et al (2003) stresses the need to arrange a joint meeting that involves all identified stakeholders. The EP should then explicitly share the five phase processes with all involved. In Zoe's particular case, it was difficult to organise such a meeting where all parties were available, which did act as a significant barrier in aiding transparency of working. However, an initial meeting was arranged with the school's main problem owner (SENCo), and it was decided that the EP would take a lead in facilitating the information gathering, yet all stakeholders would have a part to play.

## **5.2. Phase 2: Guiding hypotheses and information gathering**

Woolfson et al (2003) states that '*all stakeholders have perspectives on the problem situation*' (p. 291). Phase 2 of the integrated framework notes that the EP should use active listening skills to facilitate stakeholders to generate their perceptions of the problem situations. My particular role in Zoe's case was largely consultative, whereby the views of stakeholders were obtained through individual and group discussions. According to Woolfson (2008), an integral part of this phase is for the EP to draw out stakeholders' ideas and hunches, and develop these into more specific hypotheses at different

ecological levels. From this, supportive evidence must be gathered to either support or falsify such hypotheses.

Woolfson (2008) states that EPs also generate their own hypotheses, which are supported through background reading, psychological knowledge, theory and research. A main advantage of the integrated framework as a model for practice is that any psychological model or theoretical framework can be used. In considering the complex etiology of SM, such a holistic approach is beneficial (Cohan et al, 2006; Viana et al, 2009)

By adhering to the psychological principles of systemic thinking, I undertook individual and group discussions with stakeholders to generate a range of hypotheses and several ecological levels. This holistic and interactionist approach aimed to formulate a clearer understanding of Zoe's difficulties. On reflection, it seemed that individual discussions were beneficial in Zoe's case, even though Woolfson and colleagues advocate group discussions regarding the child's needs (as it facilitates joint and collaborative working). This was partly due to the practical difficulties associated with arranging a time for every stakeholder to meet, but mainly because of the tensions and frustrations experienced by all parties. As the school's EP, one of my roles was to emotionally contain these feelings, in an environment that assumed confidentiality and privacy in a one-to-one context.

### ***5.2.1. Information gathering: Individual level***

Through discussion with Zoe's mother, several hypotheses were generated at an individual level. Although many aspects of Zoe's behaviour were discussed, a running theme throughout our discussion suggested that Zoe



has high levels of anxiety in school and in social situations. Her mother also noted that Zoe has made several comments at home indicating that she is self conscious regarding the sound of her voice and the way she looks. The following quotes made by Zoe's mum are not exact verbatim, but have been developed from my notes taken in the discussion. For example, '*Zoe looks tense and rigid in school...she has low confidence and self esteem...she covers up her skin because she thinks she is ugly*', and '*Zoe has said that she doesn't like her voice and that she sounds funny*'.

This discussion indicated that a possible hypothesis was that:

**1) Zoe's SM is associated with anxiety about speaking in the school setting, as well as an underlying low self esteem**

This hypothesis is greatly supported by previous theory and research regarding the clinical characteristics of children with SM (Kristensen, 2000).

On the other hand, consultation with Zoe's class teacher revealed a different interpretation of Zoe's SM. The class teacher described Zoe's selectively mute behaviour as stubborn and manipulative, and noted the frustration she feels when Zoe does not communicate her need. Due to Zoe's reluctance to speak, the difficulties in assessing her learning levels were also noted by the class teacher. There is an evident lack of research that examines the teacher perceptions of SM (Cleave, 2009). However, Cline and Baldwin (1994) note that teachers with a selective mute child in class can experience powerful emotions such as anger, frustration and helplessness. Cleave (2009) suggest that these feelings may lead to schools seeking support from outside agencies (e.g. Educational Psychology). Zoe's class teacher did not note any

externalising behavioural difficulties, such as hyperactivity or oppositional behaviour, which lends support to Vecchio and Kearney's (2005) findings (that SM is more of an internalizing disorder than an externalizing one). Zoe's class teacher generated the hypothesis below.

***2) Zoe's SM is stubborn and manipulative behaviour as apposed to anxiety.***

### ***5.2.2. Information gathering: Classroom and school level***

Zoe's mother also expressed her anxiety that her daughter was vulnerable in school. She felt that Zoe sometimes gets bullied by other children and may be socially isolated due to her selective speaking. Her mother also reported that Zoe shows a limited amount of emotion at school, and will not communicate her need to adults around her (e.g. if she has hurt herself, or if she is being bullied). By adopting a solution focussed approach (Rhodes and Ajmal, 1995) to our discussion, I tried to find exceptions to Zoe's behaviour. Zoe's mother reported that her daughter has friends within the community and will talk to them in close proximity to the house. In these situations, Zoe will also verbally seek out adult support. Therefore, the following hypotheses were generated from this discussion.

***3) Zoe is socially isolated in school, due to her limited speech.***  
***4) Zoe finds it difficult to communicate her need in the school setting***

The school's SENCo also felt that Zoe's had made limited to no progress in her use of speech at school, and previous efforts to encourage verbalisations had been unsuccessful. It was questioned whether there were any reinforcing

factors that may be maintaining Zoe's SM. Previous research has referred to principles from behavioural psychology, and considered that there may processes which reinforce the SM behaviour in the child. For instance, through interviewing recovered adults and observing children with SM, Omdal and Galloway (2008) argued that SM behaviour can be reinforced by schools e.g. teachers may over-accept a child's SM and are unclear about how much pressure to place on the child to speak. Similarly, a practical resource manual written by speech and language therapists describe the possible perpetuating or exacerbating factors that reinforce the selective mutism (Johnson and Wintgens, 2001), which can include:

- reinforcement of the mutism by increased attention;
- lack of appropriate intervention or management;
- over acceptance of mutism;
- ability to convey messages successfully non-verbally.

The extent to which this particular resource manual has been developed from theory and research is not made explicit by Johnson and Wintgens (2001), and therefore its content must be viewed with relative caution. Nevertheless, these discussions proposed the following hypotheses.

***5) Zoe has made limited progress in speech and communication in school.***

***6) There are some factors that may be reinforcing Zoe's SM in school.***

### ***5.2.3. Information gathering: Home and community level***

From discussions with Zoe's mother and the school's SENCo, as well as reflecting upon the theory and research of SM, I questioned whether there

were any factors in the home and community setting that may have historically or currently been associated with Zoe's SM. There is a significant proportion of the literature which argues for the relationship between social anxiety/phobia (Anstendig. 1999), although it is unclear whether SM results as a secondary symptom of anxiety or visa versa (Omdal and Galloway, 2008). Therefore, discussions focussed upon Zoe's behaviour at home and in the community in order to establish whether Zoe's SM is a result of generalized anxiety towards speaking in all social situation, or whether this is specific to the school environment. As the EP, I agreed to hold more detailed consultations with Zoe's mother and Zoe separately, in order to explore the final hypothesis,

***7)Zoe's SM is associated with more generalised social anxiety.***

#### ***5.2.4. Information gathering: Including the views of the child***

A significant part of my role as the EP was to use facilitation skills to aid stakeholders in making their views of the problem more explicit. However, information gathering was also a distinct part of the process, in order to support the confirmation or falsification of the hypotheses generated. I conducted an observation of Zoe in the class room and the play ground, and more importantly, had an individual discussion with Zoe herself. Omdal and Galloway (2007) conducted research into the value of considering the thoughts and expressed feelings of the selectively mute child. The authors interviewed three selectively mute children using Raven's Controlled Projection for Children (Raven, 1951), which enabled them to express themselves without having to speak. Omdal and Galloway (2007) do however acknowledge that child interviews are only one source of information, and

practitioners must include other information from parents and school staff in order to obtain a more comprehensive and reliable account of the problem.

Through using techniques from personal construct psychology, PCP (Kelly, 1955), a variety of drawing and writing activities were undertaken, in order to explore Zoe's perceptions in school, particular in regards to her SM. Solution focussed questioning was also used alongside rating scales. PCP was chosen as an information gathering technique as it provides a useful structure for exploring an individual's models and interpretations of the world (Beaver, 1996), in a way that is enjoyable and accessible to children (Burnam, 2008).

The following methods were adopted:

- drawing the ideal self (Moran, 2001),
- salmon lines,
- communication through writing,
- rating scales to indicate Zoe's feelings about speaking, and,
- drawing a map of the journey to school and through the community to measure Zoe's feelings along the route.

When I questioned Zoe about how comfortable she felt about talking in a range of settings outside of school (these locations were donated by her and therefore meaningful e.g. the supermarket, shops, the garden, her house, friends when playing outside her house etc), her ratings indicated that she frequently talked in these situations. The most insightful activity was drawing a route/map of her walk from home to school. I asked Zoe to point to a number on a scale of 1 to 10, to represent the anxiety she felt at various positions along the route. The following inferences were made:

- Zoe's best friend appeared to be indirectly reinforcing her mutism, as she tended to 'speak for Zoe'.
- Zoe reported that she talks to a lot to many different people at home and in the community. She reported low anxiety in these situations.
- Her anxiety begins to increase as she sees and approaches the bus stop to school. This anxiety increases even further as she enters school.
- Zoe reported that her anxiety reduces as she sees her best friend as she 'talks for her'.

### **5.3. Phase 3: Joint problem analysis**

The aim of this phase is to explicitly identify the problem dimensions at various ecological levels, that have emerged as a result of the confirmed hypothesis. Reflecting on phase 2 and 3 in this way, allows the EP and stakeholders to prioritise the main areas for intervention (Table 2).

Table 2. Phase 2 and 3 summarised. Developed from Woolfson et al (2003)

| ←-----Phase 2-----→ ←-----Phase 3-----→ |                        |   |   |            |
|---|------------------------|---|---|------------|
| Level                                   | Source                 | Hypothesis  | Information Gathering   | Confirmed? |
| Individual                              | Zoe's mother           | <b>1) Zoe's SM is associated with anxiety about speaking in the school setting, as well as an underlying low self esteem.</b> | Discussion with Zoe<br>Classroom observation, functional behavioural analysis (Antecedents-Behaviour-Consequences)<br>Consultation with mother  | <b>Yes</b> |
|   | Zoe's class teacher    | <b>2) Zoe's SM is non-compliance as apposed to anxiety.</b>   | Observation in classroom (Zoe's observable anxiety when adults talked to her directly, and her behaviour was not oppositional e.g. compliance with rules of the classroom)<br>Consultation with class teacher.<br>Consultation with mother regarding Zoe's behaviour at home. | <b>No</b>  |
| Class/<br>School                        | Zoe's mother/<br>SENCo | <b>3) Zoe is socially isolated in school, due to her limited speech.</b>  | Class teacher conducted a sociogram (Evans, 1962), which entailed asking all children which three children they would like to play with most. This illustrated which children are socially isolated.  | <b>Yes</b> |
|   | Zoe's mother/<br>SENCo | <b>4) Zoe finds it difficult to communicate her need in the school setting.</b>   | Discussion with Zoe's mother, SENCo and class teacher.<br>Observation on playground   | <b>Yes</b> |
|   | SENCo                  | <b>5) Zoe has made limited progress in speech and communication in school.</b>  | Pre and Post analysis of Zoe's stage of confident speaking (10stages from- no communication/ participation to free and confident communication, Johnson & Wintgens, 2001), based on observations, consultation and historical file notes.                                     | <b>No</b>  |
|   | Trainee EP             | <b>6) There are some factors that may be reinforcing Zoe's SM in school.</b>  | Classroom observation<br>Discussion with Zoe  | <b>Yes</b> |
| Home/<br>Community                      | Trainee EP             | <b>7) Zoe's SM is associated with more generalised social anxiety</b>   | Discussion with Zoe's mother<br>Discussion with Zoe- drawing a visual path from home to school.   | <b>No</b>  |

As the table above illustrates, there were three hypotheses that were falsified due to the evidence collected. Firstly, it was apparent that the adults working with Zoe at school were feeling a high level of frustration and anxiety regarding her SM, particularly because it was hypothesised that she had made limited progress as a result of their previous efforts/intervention. The hypothesis that Zoe's SM was due to wilfulness and defiance was not confirmed due to her behavioural presentation in the classroom (e.g. conforming with the rules of the classroom etc). In an attempt to normalise staff's emotional reactions to Zoe's difficulties, theories from Cline and Baldwin (1994) were shared regarding the feelings of anger and frustration that can often be experienced by teachers working with selectively mute children. Secondly, evidence that was based upon EP observation, consultation and previous file notes suggested that Zoe had indeed made significant progress in her speech. Such progress was therefore positively communicated to all stakeholders. Finally, it was concluded that Zoe's anxiety about talking was specifically related to the school setting, as opposed to more generalised forms of social anxiety. Zoe's rating scales indicated her fluctuating levels of anxiety in social situations outside school (low) and inside school (high). Her mother also discussed Zoe's outgoing nature at home and the community, which was significantly different to her presentation at school.

In accordance with Woolfson et al's framework, a meeting was arranged with Zoe's mother, class teacher, and SENCo, in order to feedback and collaboratively discuss the hypotheses confirmed, which would drive the focus for planning intervention. These were as follows:

- i) ***There are some factors that may be reinforcing Zoe's SM in school.*** In accordance with a behavioural psychology perspective (Viana



et al, 2009), theory and research has proposed the role of environmental variables that may positively reinforce a child's SM (Johnson and Wintgens, 2001; Omdal and Galloway, 2008). It seemed that there was one particular friend who adopted a high level of responsibility in talking for Zoe at school. Discussions with Zoe also revealed insights into her own subjective understanding of her SM, and her dependence on her best friend. I also observed that this dependence on one friend seemed to reinforce Zoe's social isolation with her wider network of peers. Conversely, observational data did suggest that Zoe's SM was not overly accepted in the classroom, and many attempts were made by Zoe's class teacher to include her in whole class discussions and talk to her individually. A variety of non-threatening strategies were being used to foster communication e.g. non-verbal communication (shaking/nodding head, pointing etc), and Zoe would quietly talk/whisper to friends in the presence of the class teacher and teaching assistant. The effective practice was celebrated, but Zoe's mother and class teacher felt that this was not always consistent with other members of staff.

***ii) Zoe is socially isolated in school, due to her limited speech. A***

classroom sociometric suggested that Zoe was socially isolated from her peer group. Zoe's class teacher and mother also felt that Zoe was on the periphery of social activities, which I also observed in the classroom and the playground.

***iii) Zoe's SM is associated with anxiety about speaking in the school***

***setting, as well as an underlying low self esteem.*** Zoe was observed to be visibly tense in the classroom and playground.

Discussions with Zoe also revealed her increased level of anxiety as soon as she entered school, or expected to speak. Zoe's mother also reported many of Zoe's comments at home that suggested low self esteem in regards to her appearance and sound of her voice, e.g. 'I'm ugly', 'my voice sounds funny' etc.

#### **5.4. Phase 4: Joint action plan and implementation.**

In negotiating which of the confirmed hypotheses would be the priority for intervention, it was apparent that all stakeholders were concerned about Zoe's level of anxiety in regard to speaking in school. Additionally, the reinforcing aspects to Zoe's SM were also discussed, and how these could practically be removed, as well as her apparent social isolation in school. It was agreed that intervention should focus on all of these aspects. On reflection, the distinct role of the EP in the stage of Woolfson et al's (2003) framework was the knowledge of background theory and current research, which could help inform the implementation of an intervention. This professional practice report has also allowed for greater depth of background reading and reflection, which consequently informed practice.

A large proportion of the literature on intervention for SM has involved techniques derived from behavioural psychology, based on strategies such as contingency management, shaping, stimulus fading, systematic desensitization, and self-modelling (Viana et al, 2009). More recently, however, research on the management of SM has included cognitive behavioural interventions and pharmacological interventions (Standard and Le Couteur, 2003). There are limitations which are noted in regards to the

literature on the management of SM. Firstly, a high volume of the research adopts terminology such as ‘treatment’, ‘disorder’, and ‘diagnosis’, which is generally associated with medicalised explanations of SM and occurs in clinically based journals such as *Clinical Case Studies*, *Journal of Child Psychology and Psychiatry*, *Journal of the American Academy of Child & Adolescent Psychiatry*. Most of these journals focus on individual pathology, which some may view as an overly medicalised approach (Tew, 2005). A variety of articles have however, also taken into account the importance of the child’s environment, and have been published in journals such as *Behaviour modification* and *Journal of behavior therapy and experimental psychiatry*.

Secondly, Viana et al (2009) and Standard and Le Couteur (2003) have argued that there are methodological weaknesses associated with much of the studies on intervention, with a large proportion of the investigations adopting case study designs. Therefore, there have been very few large scale treatment studies, and a limited number of controlled trials of SM intervention. Although, it is argued that this restricts the utility of the current research (Viana et al, 2009), it must be recognised that this is based on the assumption that case study designs are methodologically less reliable. Researchers that adopt an idiographic/qualitative epistemology would argue that case study designs have methodological strengths, due to their specificity (Parker, 1994) and their opportunity to provide an in-depth examination of selective mutism.

Additionally, it must be acknowledged that the literature has discussed the potential for ‘spontaneous remission’ from SM, without implementing any intervention. Imich (1998) raised the ethical dilemma of whether professionals should actually intervene in cases of SM, or whether non-intervention may be

a more appropriate option (Cline and Baldwin, 1994). Research has suggested, however, that spontaneous remission from SM is extremely rare. For instance, Heyden (1980) suggests that spontaneous recovery has been restricted to mild forms of SM. Similarly, Porjes (1992) argues that immediate intervention is necessary because i) there are more chances of successful outcomes when the child is young, and ii) other academic problems are more likely to arise, the longer the child does not speak at school. More recently, a meta-analysis of the SM intervention literature concluded that some form of treatment is better than no treatment (Pionek Stone, et al, 2002).

Most recently, Cohan et al (2006) conducted a review of articles published in peer-reviewed journals between 1990 and 2005 on psychosocial interventions for SM. The method used to select the relevant studies was by a systematic search of PubMed, PsychINFO, and Web of Science databases. The key words of 'selective mutism' and 'elective mutism' were used to guide the search, and only the articles concerning psychosocial interventions were selected. The table below illustrates the variety of approaches used to manage SM. Out of the 23 studies included in the review, Cohan et al (2006) found that ten used a behavioural or cognitive-behavioural approach, one used a behavioural language training approach, five used a psychodynamic approach, one used a family systems approach, and six used multimodal approaches to SM treatment. Table 3 below illustrates these approaches.

**Table 3. Cohan et al's (2006) review of the articles published in peer-reviewed journals between 1990 and 2005 on psychosocial interventions for SM. Developed from Cohan et al (2006)**

| Type of Interventions                          | Rationale  | Studies reviewed by Cohan et al (2006)   |
|--|--|--|
| <b>Behavioural &amp; cognitive-behavioural</b> | <ul style="list-style-type: none"> <li>-Behavioural conceptualizations view SM as a learned behaviour.</li> <li>-This often develops as either a function of escaping anxiety or by gaining attention from others.</li> <li>-Behavioural treatments include contingency management, shaping and stimulus fading, systematic desensitization, social skills training and modelling to increase verbalizations in settings where the child has previously remained mute</li> </ul>   | Amari et al. (1999)<br>Blum et al. (1998)<br>Fung et al. (2002)<br>Kehle et al. (1990)<br>Kehle et al. (1998)<br>Masten et al. (1996)<br>Porjes (1992)<br>Rye & Ullman (1999)<br>Sluckin et al. (1991)<br>Watson & Kramer (1992) |
| <b>Behavioural language training</b>           | <ul style="list-style-type: none"> <li>-Training the child in nonverbal attending, verbal imitation, and functional conversation, and generalized functional verbal language skills.</li> <li>-Positive reinforcement is used to train the child to firstly make eye contact with the trainer. Second, training focuses on verbal imitation and functional conversational skills. Finally, reinforcement for appropriate verbal responses is provided on a variable ratio schedule in home and school settings.</li> </ul> | Pecukonis & Pecukonis (1991)<br>Shreeve (1991)<br>Valner & Nemiroff (1995)   |
| <b>Family therapy</b>                          | <ul style="list-style-type: none"> <li>-This adopts a family-systems perspective (family is viewed as an interactive unit)</li> <li>-The child's SM is seen as serving a function within the family.</li> <li>-family systems therapy for SM focuses on identifying areas of difficulty in family relationships, and patterns of communication that have caused and/or maintained the child's mutism.</li> </ul>   | Tatem & Delcampo (1995)  |
| <b>Psychodynamic</b>                           | <ul style="list-style-type: none"> <li>-SM is viewed as an expression of unresolved inner conflicts. Psychodynamic intervention emerges from the hypothesis that SM develops as a result of early trauma (Imich, 1995)</li> <li>-Treatment involves techniques aimed at understanding the meaning of the child's mutism and its origins in the unconscious e.g. art or play therapy.</li> </ul>  | Bonovitz (2003)<br>Rossouw & Lubbe (1994)<br>Yanof (1996)  |
| <b>Multimodal</b>                              | -Combined methods from psychodynamic, cognitive, behavioural, speech/language, and family therapy interventions.   | Giddan et al. (1997)<br>Krohn et al. (1992)<br>Jackson et al. (2005)<br>Moldan (2005)<br>Powell & Dalley (1995)<br>Russell et al. (1998)   |

From the 23 studies reviewed, Cohan et al (2006) found that behavioural and cognitive behavioural interventions are the most successful in managing SM. Additionally, as the majority of literature indicates that anxiety is often the predominant factor in SM, it suggests that effective interventions often focus on anxiety reduction (Anstendig, 1998; Cleave, 2009). Although Cohan et al

(2006) argued that more research is needed in SM interventions, particularly using randomised controlled treatment studies, the authors concluded that,

*'behavioral interventions with various combinations of contingency management, shaping, stimulus fading, social skills training, and self-modelling have all been effective in this population...shaping and stimulus fading techniques appear to work well in school settings, while systematic desensitization may be used in individual therapy sessions to help the child learn to manage his or her anxiety in feared social situations'* (p. 1094)

However, a number of critical considerations regarding the nature of Cohan et al's (2006) research must be acknowledged. Firstly, considering the heterogeneous nature of SM, any professionals that plan the assessment and intervention of a selectively mute child should have a thorough understanding of the possible causes and maintaining factors involved in the condition, before the appropriate intervention is implemented (Cleave, 2009). For instance, the studies reviewed (Table 3) fail to offer any reasons as the 'why' the particular interventions were selected for their research (e.g. psychodynamic, behavioural, multimodal, etc), and whether the interventions were specifically tailored to the individual needs of the children's SM. Woolfson (2008) argues that without detailed assessment and problem formulation (through information gathering and hypotheses generation), intervention action plans will not be as focused or effective. From the Cohan et al's (2006) findings, one must be cautious in assuming that behavioural and cognitive-behavioural interventions will be the most effective in all cases of SM.

Secondly, although this is currently the most up to date review of interventions for SM, it must be acknowledged that Cohen et al's (2006) article includes no research after 2005. Therefore, the authors' conclusions may not reflect a 2010 consensus, and more research has been conducted into intervention approaches since this time. Some of these include, group therapy (Sharkey et al, 2008), a social problem solving intervention (O'Reilly et al, 2008), behavioural treatments (Vecchio and Kearney, 2007), and systemically focussed multimodal approaches (Fisak et al, 2006).

Thirdly, one must question the degree of validity in Cohan et al's (2006) findings. As it can be seen from Table 3, there is a higher proportion of behavioural and cognitive-behavioural intervention studies reviewed, compared to other types of intervention. For example, 42% of the studies represented behavioural and cognitive-behavioural interventions (10 out of the 24), with only 4% family therapy (1 out of 24) and 12.5% psychodynamic approaches (3 out of 24). Therefore, it is not surprising that Cohan et al (2006) concluded that behavioural/cognitive-behavioural interventions are more effective than other types of treatment, when they represented almost half of their systematic review. If a greater number of family therapy interventions, psychodynamic approaches and behavioural language training studies were included (resulting in a more equal ratio of intervention approaches), then perhaps other types of interventions would be deemed more effective than first thought.

Fourthly, it is questioned how far Cohan et al's (2006) results are useful for the practice of psychology in an applied community context, like the case of

Zoe's SM in school. The majority of the interventions in the research reviewed by Cohan et al (2006) were facilitated by therapists with clinical training. With the case of Zoe, a more collaborative approach was adopted, whereby school staff and Zoe's parents would lead intervention. Therefore, Cohan et al's (2006) findings had to be practically adapted to Zoe's case in school. It must also be noted that the majority of these interventions took place consistently over time, which in some cases lasted up to 1½ years of treatment. The limited time allocation of educational psychologists working in schools, and the other responsibilities and time restrictions held by school staff, were important considerations to note when the interventions were implemented for Zoe.

Finally, the SM literature is relatively sparse, making it difficult to determine the amount and type of interventions children with SM typically receive (Cohan et al, 2006). For instance, research has suggests that only 60% of selectively mute children receive any mental health treatment (Black and Uhde, 1995). In addition to this percentage, the group of selectively mute children who are 'hidden' (Standart and Le Couteur, 2003) also remain unidentified and untreated. However, taking the evidence from Cohan et al (2006) into account, and considering the individualised assessment of Zoe's needs using the integrated framework, a range of interventions were collaboratively discussed with all stakeholders.

Individual interventions focussed on each problem dimension, and adopted a systemic focus. Although the above limitations are noted, the research does recommend that behavioural interventions are effective in school settings (Cleave, 2009; Cohan et al's, 2006, Johnson and [Wintgens](#), 2001). Cohan et



al (2006) argued that behavioural interventions are also transferable to a variety of school settings, and a range of additional interventions can be employed to '*help generalise speech to different individuals and areas of the school*' (p. 1094). This might include '*inviting peers to play-dates in a location the child is comfortable speaking and later moving these play dates to the school grounds, and finally inside the child's classroom*' (p.1094). These factors were taken into account when considering the most appropriate and practically achievable interventions for Zoe. Table 4 below summarises the intervention plan that was discussed and implemented for the problem dimensions agreed at phase 3.

**Table 4. Joint action plan/intervention. Developed from Woolfson et al (2003)**

| <b>Problem dimension</b>  | <b>Action/ Intervention</b>  | <b>Who/ when/ where?</b>   |
|---|--|--|
| <b>There are some factors that may be reinforcing Zoe's SM in school.</b> | <p>- Although it was acknowledged that Zoe's friend had an important part to play in Zoe feeling content in school, it was felt that a greater number of peers should be introduced to Zoe's social network:</p> <ol style="list-style-type: none"> <li>1) Invite more children over to Zoe house to bridge the gap between home and school.</li> <li>2) Class teacher to encourage Zoe to partner up with children other than/as well as her best friend (e.g. in group work).</li> <li>3) Training was offered to staff working with Zoe, as it was felt that some adults overly accepted Zoe's SM. This included what SM is, as well as recommended strategies such as positively reinforcing all of Zoe's attempts to communicate with adults in school, as well as techniques to try and minimise her anxiety during these interactions.</li> </ol> | <p>-Mother, weekends, home/ community</p> <p>-Class teacher and class teaching assistant, daily, classroom</p> <p>-Trainee EP, project work the following term, at school.</p> |
| <b>Zoe is socially isolated in school, due to her limited speech.</b>     | <p>-Zoe to take part in small group work with pupils that have been identified as effective role models.</p> <p>-Increase the number of opportunities Zoe has to interact with peers:</p> <ol style="list-style-type: none"> <li>1) nominated adult to facilitate these interactions between Zoe and other children,</li> <li>2) Zoe to take part in a greater number of extra curricular activities on site at school.</li> </ol>   | <p>-SENCo, 1x week, safe place in 'family links room'</p> <p>-Teaching Assistant, daily, playground</p> <p>-Mother/SENCo, weekly, school</p>                                   |

|  |   |   |
|--|---|---|
| <p><b>Zoe's SM is associated with anxiety about speaking in the school setting, as well as an underlying low self esteem</b></p> | <p>The research suggests that behavioural interventions are effective in school settings, as well as interventions that focus on anxiety reduction (Anstendig, 1998; Cleave, 2009; Cohan et al, 2006). The 'sliding in technique' (Johnson and <a href="#">Wintgens</a>, 2001) was selected as an appropriate intervention. This is based on the behavioural principles of stimulus fading.</p> <ul style="list-style-type: none"> <li>-Nominated key worker was identified (the teacher Zoe likes, and is beginning to make vocalisations with) to carry out small group and individual sessions. Include a trusted school friend in these sessions to promote generalisation to other real life contexts (it was considered inappropriate for this to be Zoe's best friend, rather, another child was identified)</li> <li>-At first the child communicates with the key worker (non-threatening techniques were suggested to promote vocalisations e.g. use of puppets, humour, voice recordings etc)</li> <li>- Small steps are planned to introduce another person into the situation e.g. there is secondary keyworker <i>outside</i> the room; this is repeated with the door slightly ajar, then with the door open and finally with the keyworker inside the room. If the child is able to maintain some voice at this stage, the keyworker can move forward and join in the activity (Johnson and Wintgens, 2001).</li> </ul> | <p>SENCo as nominated key worker, teaching assistant as secondary key worker, 3x week, safe place in family links room.</p> |
| <p><b>Zoe finds it difficult to communicate her need in the school setting.</b></p>  | <p>Less threatening means of communicating were provided for Zoe. For instance, Zoe was encouraged to use methods of non-verbal communication when she was unhappy or needed support from an adult. This included a card system to be used in the classroom and playground (red- I need help, I don't understand etc, green- I'm ok, I don't need any help).</p> <p>Zoe was also encouraged to communicate her feelings and needs in more subtle ways such as drawing or writing. This aimed to encourage communication, whilst keeping her anxiety to a minimum. Teachers to provide positive reinforcement for Zoe's efforts.</p>   | <p>TAs, Class teacher, SENCo, daily, classroom, playground.</p>   |

### **5.5. Phase 5: Evaluate, reflect and monitor.**

As a trainee EP, there are several opportunities to reflect upon and evaluate practice (e.g. supervision, professional practice portfolio etc.) In particular reference to this professional practice report, the final stage of Woolfson et al's framework also allows for critical reflection of my own developing practice as an educational psychologist in the final year of training. As Zoe's intervention is still within the early stages and monitoring is currently ongoing, several reflections shall now be made (Table 5) about my role as the educational psychologist in this particular case of SM, as well as evaluating the utility of the Integrated Framework (Woolfson et al, 2003).

Although not enough time has elapsed to report the effects of the interventions described in Table 5, certain methods will be used to judge their outcomes. Woolfson et al (2003) recommend that during phase 5, *'all stakeholders critically review outcomes and agree on next steps'* (p. 295) and *'a critical reflection is carried out...on what went well (strengths), and areas that require development...this analysis too can be addressed at different ecological levels'* (p.296). Therefore, the following arrangements have been made to evaluate the interventions:

- A multi-agency meeting has been arranged whereby all stakeholders attend and give their views regarding the progress Zoe has made. Discussions will separately focus on the outcomes of each intervention (table 4). In terms of the 'sliding in technique' (Johnson and Wintgens, 2001), the SENCo was encouraged to regularly note down the outcomes of each session (as a form of data collection) so that any small steps of progress were explicitly recognised.

- A distinctive contribution of my role throughout the Integrated Framework process was the individual consultation I had with Zoe (see section 5.2.4), whereby psychological techniques were employed to elicit her views (e.g. personal construct psychology, solution focussed questioning etc). I intend to meet with Zoe again, to elicit her views regarding the intervention process, and establish whether she feels she has made any progress (e.g. using scaling questions to review where she was before, where she is now and where she would like to be in the future). I will then feed this back at the multi-agency meeting above.

Wagner (2008), a practicing educational psychologist and lead author in the field of consultation, suggests some of the difficulties associated with multi-agency meetings. For example, some meetings can become dominated by a problem, which focuses on a detailed history of problems and deficits within children and families. Consequently, the author argues that such meetings leave a limited amount of time for finding strengths, recourses or solutions. Similarly, Wagner (2008) also suggests the important role of the EP in conducting a joint school-family consultation, which includes explaining a proposed structure for the meeting so that *'everyone can feel clear from the start that they have a unique and valued contribution and feel confident about how they can participate and contribute effectively'* (Wagner, 2008, p.150).

Therefore, I have considered it appropriate to follow a structure during the multi-agency meeting, to remain focussed on strengths and solutions, as well as addressing the inevitable power imbalance through a structure that is supportive to promote joint working (Figure 1).

**Figure 1. A framework for consultation to review the outcomes for Zoe's interventions. Developed from Wagner (2008)**

**Purpose of the meeting**

- to update all stakeholders about the previous phases of the Integrated framework that has taken place.
- to identify progress made
- to identify current concerns
- to work out together ways of promoting further progress

**Plan of the meeting**

1. The interventions carried out so far:
  - To describe the original concerns/problem dimensions re: Zoe's SM
  - Review each interventions/strategies planned at Phase 4.
  - Progress that Zoe has made inside and out of school. EP to feedback second consultation with Zoe.
  - Parental views and perspectives.
2. Remaining concerns
3. How can we work together to develop some further strategies to promote more progress. How can we help to make things go better for Zoe in the future?
4. Further points to be considered: e.g. Zoe's approaching transition to Middle school. Potential risk and protective factors, how to plan for these.
5. Conclusions and action plans: Who, what, when

**Table 5. Evaluating and reflecting upon the assessment and intervention of a child with Selective Mutism.**

| Reflection  | Strengths  | Weaknesses  |
|---|--|---|
| <b>Adopting an integrated framework (Woolfson et al 2003) to guide practice and problem solving</b> | <ul style="list-style-type: none"> <li>-The framework can be used to address a problem that centres on a group, a class, a school, a family, or an individual pupils. Several changes occurred in Zoe's case, that involved her, school staff, peer members and her mother.</li> <li>-It adopts an ecological systems approach that provides a structure for systemic assessment and intervention that recognises the multiplicity of factors involved in the heterogeneous condition of SM.</li> <li>-It provides a practical model for EPs who are engaged in interdisciplinary working and client collaboration.</li> </ul> | <ul style="list-style-type: none"> <li>-The ecological systems approach requires complex assessment and intervention planning. With the time allocation model used in my employing local authority, ecological systems approaches can be time consuming. However, the time and effort spent should be beneficial as intervention action plans will be more focused and effective.</li> <li>-The Integrated Framework cannot reframe stakeholders' view of a problem and its causes. All stakeholders had very different views about Zoe's SM. At times this was difficult to mediate as the TEP. However, Woolfson et al (2003) claims that '<i>Phase 2: guiding hypotheses and information gathering</i>' and '<i>Phase 3: joint problem analysis</i>' provide a structure that ensures that these are again made explicit and can therefore be managed.(p.301)</li> </ul> |
| <b>Including the voice of the child with SM</b>   | <ul style="list-style-type: none"> <li>-Zoe's mother reported that previous EPs that were involved did not consult the Zoe. Consequently, all stakeholders felt that a richer account of the Zoe's needs was formulated.</li> <li>-Research has demonstrated the importance of considering the thoughts and expressed feelings of the child with SM (Omdal and Galloway, 2007).</li> </ul>   | <ul style="list-style-type: none"> <li>-Time consuming. It must be acknowledged that some EPs adopt a style of pure consultation or process consultation (Leadbetter, 2006), which only consults the problem owner (e.g. class teacher) and not the child. This is seen as a time effective form of service delivery.</li> <li>- At first it was difficult and time consuming to establish rapport with Zoe, and develop alternative ways to communicate that minimised anxiety.</li> </ul>   |
| <b>Theory and Research on SM</b>  | <ul style="list-style-type: none"> <li>-Evidence based practice is both an essential and distinctive role of the EP (Cameron, 2006), e.g. '<i>using information from the research and theoretical database in psychology to recommend evidence-based strategies for change</i>' (p.293).</li> <li>-This professional practice report has allowed me to develop my knowledge of SM, by critically reflecting on the existing theory and research.</li> </ul>  | <ul style="list-style-type: none"> <li>-The research in the area of SM is still in its emerging stages and relatively sparse.</li> <li>-Methodological weaknesses- predominantly case studies due to the low incidents of SM (Viana et al, (2009).</li> <li>-One must be cautious when selecting the most appropriate intervention from the research, as a comprehensive understanding of problem dimensions is necessary before targeting any particular intervention. Therefore, it is beneficial for practioners to be thorough in the information gathering phase of assessment and hypotheses formulation.</li> </ul>  |
| <b>Distinctive role of the EP</b>   | <ul style="list-style-type: none"> <li>- Anxiety has a large role to play in SM (Krysanski, 2003; Viana et al, 2009), and educational psychologists have a good knowledge of mental health.</li> </ul>   | <ul style="list-style-type: none"> <li>- Considering the low prevalence of SM, I felt overwhelmed and particularly de-skilled in taking the lead in assessment and intervention. The literature has also noted that adults</li> </ul>   |

|  |  |   |
|--|--|---|
|  | <ul style="list-style-type: none"><li>-Facilitation and consultation skills</li><li>-Understanding the range of heightened emotions that can be evoked by teachers, parents and the child with SM (Cleave, 2009)</li><li>-Information gathering techniques using my knowledge of personal construct psychology and solution focussed approaches.</li></ul> | <p>working with SM children also experience similar feelings of helplessness (Cline and Baldwin, 1994).</p> <p>-There was also some confusion as to whether Zoe's case was more appropriate for the speech and language therapist's caseload, due to her specific training in speech, language and communication.</p> |
|--|--|---|



## 6. Conclusion

As I have progressed through my training, I have benefitted from using theoretical frameworks to guide assessment and intervention, in order to gain a comprehensive understanding of the needs of children, schools and families. As the literature on SM suggests, the origins and contributory factors of the condition are extremely complex and heterogeneous. Therefore, adopting an integrated framework, and including a range of stakeholders, was integral to understanding Zoe's needs at various ecological levels.

The majority of literature has also failed to acknowledge the thoughts and feelings of the children in the information gathering phase of assessment (Omdal and Galloway, 2007). The current paper has demonstrated the value of consulting the child through different mediums of non-verbal communication (e.g. drawing, writing etc), and the richer picture this provides to the problem formulation.

Recent research has suggested that SM may not be as rare as first thought (Bergman et al, 2002), and can have a powerful impact on the emotions of teachers (Cleave, 2009; Cline and Baldwin, 1994). Therefore, this professional practice report has argued for the important role of EPs in supporting the assessment and intervention of SM in schools. Additionally, the integrated framework (Woolfson et al, 2003) provides a practical tool for EPs working on complex cases such as SM, by employing ecological analyses of problems in collaborative and interdisciplinary contexts.

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**PROFESSIONAL PRACTICE REPORT 5**

**ORGANISATIONAL WORKING AND PUPIL PARTICIPATION:  
ELICITING THE VIEWS OF DISAFFECTED HIGH SCHOOL  
STUDENTS.**

## **Organisational working and pupil participation: Eliciting the views of disaffected high school students.**

### **Introduction**

In my third year as a Trainee Educational Psychologist, my employing local authority had piloted and implemented a new way of working, whereby each school in the county was allocated time for educational psychologists to negotiate and facilitate 'project work'. The purpose of this change was to promote the profile of EPs' potential contribution to organisational work, as well as bringing well developed research skills to schools. Roffey (2000) argued that although many educational psychologists would consider themselves as competent to offer consultation at all levels of the organisation, a high level of our work load is restricted to individual cases and special educational issues. Although Roffey's paper was written a decade ago and there has been an increasing recognition of educational psychologists' ability to work at an organisational level, there is still an assumption that the range and depth of work, which can competently be carried out by EPs is overlooked within national and local policy (Stringer et al, 2006).

In response to this local initiative, a colleague (a practicing educational psychology and university tutor) and I had the opportunity to run a small scale research project in a local high school. School staff had concerns that a group of boys in Year 11 had lost interest in their education, with challenging behaviour ranging from truancy, low motivation in lessons, refusal to comply with teacher requests, and possible drug use on and off school site (such



information was gathered by consultation at the termly planning meetings at the high school). To address the needs of these boys, a project was commissioned to elicit the views of the young people, and give them a voice to discuss their experiences.

Within this professional practice report I will review some of the literature that has informed the work of this project. It must be noted that this study is strongly positioned within the domain of organisational psychology/school improvement work, it will be argued that there are some complementary principles of community psychology which could potentially provide a backdrop to systems work and organisational change. Attention will also be afforded to the complexities of working in organisations, disaffection in young people, service user involvement in provision planning, and the role of pupil participation in education. The epistemological assumptions, methodology and design of the study will also be presented, as well as its results and implications for practice. The study is positioned within the domain of organisational psychology/school improvement work.

## **1. Working in Organisations and influences from Community Psychology**

In a special edition of *Educational and Child Psychology* in 2006, entitled 'Community psychology: theoretical and practical implications for educational psychologists', it is argued that the professional practice of educational psychologists is increasingly drawing upon the theory and practice of community psychology. This emphasises the importance of educational

psychologists having a wide range of skills to offer children, schools, families and communities, and that professional practice should not be confined to individual case work (particularly where the focus is on special educational needs). Dalton et al (2001) define community psychology as:

*'The relationships of the individual to communities and society. Through collaborative research and action, community psychologists seek to understand and enhance quality of life for individuals, communities, and society' (p. 5).*

Orford (1992) discusses eight principles of community psychology that are illustrated in Table 1.

**Table 1. The principles of community psychology. Developed from Orford (1992)**

| <b>Core principles of community psychology</b> | <b>Description</b>  |
|--|---|
| 1. Assumptions about the causes of problems    | If one places too great an emphasis on the what is wrong with the 'person' this results in an individualistic focus. Community psychologists view individuals in the context of their environmental setting and systems.      |
| 2. Level of analysis                           | Community psychology adopts an organisational level of analysis e.g. EPs understand the impact of organisational functioning on children in schools. Other levels of analysis are considered superordinate to the individual. |
| 3. Research methods                            | Community psychologists are interested in developing theory and knowledge through research.   |
| 4. Location of practice                        | Practice might take place in community settings such as schools. Community psychologists should place themselves as close as possible to the client group.  |
| 5. Approach to planning services               | A proactive approach is adopted.  |
| 6. Practical emphasis                          | A primary preventative approach is emphasised, as opposed to intervening once a problem has occurred.   |
| 7. Sharing psychology with others              | Community psychologists are interested in sharing psychology with other professionals.  |
| 8. Working with non-professionals              | Community psychologists work with non-professionals within the community. Empowering individuals with psychology to support change. Self help approaches.   |

A key theme from Orford's (1992) principles of community psychology is the importance of viewing individuals within the systems of which they are a part, as opposed to focussing too much on individual psychological processes. This includes considering the interaction of individuals and the social systems in which they are embedded, which Nelson and Prilleltensky (2005) refer to as the 'ecological metaphor'. Analogous to Bronfenbrenner's (1979) ecological model of human development, Nelson and Prilleltensky (2005) draw attention to three interconnected levels of analysis: personal (micro-level), relational (meso-level) and collective (macro-level). The authors argue that the ecological metaphor has implications for the conduct of research in community settings, which should be conducted in a collaborative and participatory manner (as opposed to the positivist assumptions of experimental psychology). In essence, community research involves people as *'active participants in the research process, not passive subjects'* (Nelson and Prilleltensky, 2005, p. 76). Although the ecological metaphor has provided a systemic and holistic perspective to understanding human behaviour, some limitations of the ecological metaphor are noted by Nelson and Prilleltensky (2005):

- Community psychology research has tended to focus on micro and meso levels, and neglected macro-level structures.
- The ecological perspective assumes circular causality (every level is causally related to other levels). However, the power inequalities within ecosystems have not been taken into account e.g. some parties have more power than others within any ecosystem.

Hannay et al (2001) examined change capacity from the perspective of chaos theory and the concept of a living organisation. For instance, with specific regard to school changes, there are huge complexities involved which represents a 'chaotic process'. The authors suggest that *'chaos theory acknowledges that the world is full of randomness, uncertainty, surprise, rapid change, and confusion'* (Hannay et al, 2001, p. 272). The authors reflect on the chaos theory and change literature, which suggest conditions that help organisations in the change process (see numbered points below). Although still prominent in the field of organisational change, the arguments derived from chaos theory are by no means new, dating back some 40-50 years within the physical sciences, and through James Gleik's (1988) publication which brought the approach to a wider public attention and precipitated application within the social sciences. Conditions conducive to organisational change, which draw on chaos theory include the assumptions that:

- i) organisations need to find ways of supporting change, as it is in a continuous state of flux and uncertainty (Daft, 1998);
- ii) collaboration and teamwork are critical (Gunter, 1995);
- iii) decision making practices are organised in a way that ensures that those affected by the decisions are fully involved and are given a voice (Garmston & Wellman, 1995); and
- iv) organisational structures should be flexible, and take into account holistic processes (Hammer, 1997).

Although it is acknowledged that community psychology and organisational psychology are distinctly separate, this paper argues that some of the underlying philosophies of community psychology (Orford, 1992) could provide a backdrop for organisational change. It is argued that some of the core principles of community psychology bear similarity to certain aspects of organisational change, and could be a potentially useful aspect of systems work in schools (e.g. in raising achievement and promoting school improvement).

Some of the broad principles of community psychology have influenced the context of the current study: pupil participation in a high school to promote organisational change. In reference Table 1, the bullet points below describe how three principles in particular can relate to organisational working or systems work:

- *Assumptions about the causes of problems:* Within an ecosystemic framework, the organisation of a school can be labelled as a microsystem. It is argues that this organisation can have a significant influence upon a child's overall functioning and development (Durkin, 2000; Orford, 1992), which rejects an overly simplistic view of individual child pathology. Community psychology also recognises the importance of viewing individuals in the context of their environmental setting.
- *Level of analysis:* community psychology and organisational psychology both adopt an organisational level of analysis and intervention.

- *Location of practice: Like community psychology, organisational change can often take place in community setting such as schools.*

On the other hand, it is crucial to acknowledged that the principles of community psychology may be only one useful aspect of systems work, and some of its underlying philosophies may not be congruent with all aspects of organisational working. For instance, organisational change such as school improvement work adopts a reactive response to intervening once a problem has occurred in the school system. This is not concordant with community psychology's view regarding its *approach to planning services* and a *practical emphasis* (number 5 and 6, Table 1).

The remainder of this paper with focus on the complexities of organisational working in schools, particularly regarding the role of organisational psychology in EP practice. It has been argued that '*organisational psychology offers a number of ways of looking at schools which could help to promote change*' (Stratford, 2000, p. 87).

## **2. Organisational working in schools**

Several articles in the applied psychology journal *Educational and Child Psychology* (2000) have explored the complexities involved in organisational working in schools, particularly from an educational psychology perspective. In an article that specifically examines the organisational factors involved in addressing bullying in schools, Roffey (2000) recognises that schools differ from other organisations. She argues that there are several differences

between service organisations and businesses, yet, like businesses, schools have adopted a climate which focuses on effectiveness and efficiency as ultimate goals. However, some have argued that effectiveness should be the primary concern for schools (Handy and Aitken, 1986).

*'Although there have been concerted attempts to emphasise links with a business culture, and to define specific and measurable outcomes, this denies the inherent complexity of schools and their multiple roles and functions'* (Roffey, 2000, p. 9)

In an article which explored the EPs role in 'systems work' with school organisations and 'systemic thinking' for families, Fox (2009) highlighted a phase in research (in the late 1980s) which demonstrated that school as organisations have the power to make a significant difference to pupil's development (e.g. Reynolds, 1985 paper focussed on school effectiveness at an organisational level).

It is acknowledged here that there are various ways to conceptualise an organisations. Gersch and Noble (1991) recognise that *'schools vary according to the community they serve, ethos and organisation'* (p. 145). However, Roffey suggests that there are two opposing models of organisations that represent a polarised view of organisational structures. Mechanistic and organic models are well known in organisational theory, and were developed nearly 50 years ago by Burns and Stalker (1961), yet remain well cited in the literature (Robbins, 1994). Table 2 describes these models in relation to schools as organisations.

**Table 2. Models of organisations. Developed from Roffey (2000)**

| Model of organisations                   | Rationale  |
|--|--|
| <i>Mechanistic or bureaucratic model</i> | <ul style="list-style-type: none"> <li>• Emphasis on attainment, performance and measurable targets in schools</li> <li>• Characterised by centralised decision making, top down communication, rules and fixed boundaries.</li> <li>• Larger schools are more bureaucratic (e.g. high schools more bureaucratic than primary school or children's centres)</li> <li>• Limited flexibility, autonomy and creativity, especially among teachers and young people</li> </ul> |
| <i>Organic model</i>                     | <ul style="list-style-type: none"> <li>• High level of participation in decision making, informal communication systems</li> <li>• Less hierarchy and role rigidity: more flexibility and capacity to adapt</li> <li>• Smaller organisations are better able to work organically</li> </ul>  |

These models represent extremes of a continuum, and any school is likely to fall somewhere between the two (Roffey, 2000). However, there is an overwhelming body of evidence that the dominant or hegemonic model globally, is authoritarian rather than democratic (Harber 2004). In reference to dealing with bullying, she argues that mechanistic structures and authoritarian approaches are more likely to accept bullying behaviour, whereas, organic structures may be too flexible for anyone to take clear responsibility for managing bullying.

In addition to the models of organisations, Handy (1993) also emphasises the role of 'culture', in his influential book *Understanding Organisations*. He argues that there are deep-set beliefs in all organisations about the way in which work should be organised, the way authority is implemented, and how people are rewarded and controlled. Handy (1993) suggests that there are



several factors which influence organisational culture. However, it must be critically acknowledged that the author refers to *all* organisations, and the audience of the book is not specific to educational professionals working in schools. Therefore some of the factors may not be as relevant as others.

Table 3 summarises these factors.

**Table 3. Factors that influence the culture of organisations. Developed from Handy (1993)**

| Factor influencing culture   | Description  |
|------------------------------|--|
| <b>History and ownership</b> | The age of an organisation and its ownership will effect the culture<br>Centralised ownership=power culture<br>Diffused ownership=alternative sources of power<br>New organisations need to either be aggressive and independent (power) or flexible/adaptable (task).   |
| <b>Size</b>                  | This is the single most important variable influencing culture/structure<br>Large organisations= more formalised with subgroups which need systematic co-ordination<br>Large organisations are more efficient but more authoritarian<br>Size is an important point to consider when thinking about the different cultures between primary and secondary schools, especially considering the size of newly established Academies. |
| <b>Technology</b>            | The design of an organisation must take into account the nature of the work as well as the people.   |
| <b>Goals and objective</b>   | This includes making profit in organisations. However, objectives for hospitals, schools and local government are often a combination of service to a community and maintenance of standards (within the limits of constrained resources). The objectives of many schools, however, might also include SATs, Ofsted, league tables etc.  |
| <b>The environment</b>       | This might include the economic environment, the market, the competitive scene, geographical/society environment.  |
| <b>The people</b>            | Different organisations call for differing psychological contracts e.g. certain types of people will be more satisfied in one culture and not in another.  |

Sutoris (2000) further highlights the complexities of working in school organisations, particularly with regard to the current context of the remit of this study: working with adolescents in secondary schools. Firstly, Sutoris noted that in the complex and large systems of secondary schools, the development of the National Curriculum and performance league tables is given high priority by head teachers and some parents (this may refer to Handy's 1993 'goals and objectives' in Table 3). As well the National Curriculum, Fox (2009) also suggested that the introduction of SATS and Ofsted reinforced the mechanistic view of schools, whereby effectiveness depended on specific and measurable factors. Consequently, Sutoris (2000) argues that the drive for academic achievement may be at the expense of promoting students' personal and social accomplishments. However, it must be noted that the later introduction of national initiatives such as Social and Emotional Aspects of Learning (SEAL, Department for Education and Skills, 2005) may have gone some way toward counteracting this risk: to date, however, there has been no convincing evidence that this is the case.

Secondly, there is a general consideration that adolescence is considered to be a distinct phase in the developmental lifespan (Shaffer, 1993), and Sutoris (2000) argues that the transition to adulthood involves three processes:

- *Education*- the acquisition of knowledge and skills;
- *Initiation*- the acquisition of values and attitudes; and
- *Maturation*- physical, psychological and emotional development.

In enabling young people to become adults in other environments beyond the context of school, it is suggested that the young person should not simply be a passive recipient in their role as a pupil, but rather to be positioned as an *'active participant in that process of the school system, engaged in joint enterprise with adults in the role of teacher'* (Sutoris, 2000, p. 54). Such an approach may not be congruent with secondary schools that are more authoritarian in culture and represent bureaucratic models of organisation (see Table 2).

### **3. Educational Psychologists and Organisational Working**

In reflecting upon the role of EPs and organisational change, Fox (2009) describes a number of professional publications whereby EPs were involved in planning and implementing systems interventions in schools at an organisational level (Gersch and Noble, 1991; Stratford, 1990). Additionally, dating back over 30 years ago, the influential publication of *Restructuring Educational Psychology* (Gillham, 1978) gave further expression to systems work in school, as well as Burden's (1982) work on the benefits of moving away from individual referrals to working *'at the systems level to bring about organisational change in schools'* (Burden, 1982, p. 24). More recently, Farrell et al (2006) suggested that the trend in reduction of statutory work should create time for EPs to engage in practice where distinct skills and knowledge can be used to greater effect, such as systems work.

Although many educational psychologists would consider themselves as consultants to all levels of the organisation, the focus of a high proportion of

our work-load is restricted to individual cases. For example, Baxter (2000) discusses the need for systemic as well as individual support to address behavioural difficulties and mental health needs of children in schools. She argues that:

*‘Despite a growing literature on the contribution of the organisation to individual failure, a majority of schools, supported by current special educational needs legislation, continue to locate operational difficulties within children and only rarely seek support for organisational change from educational psychologists.’* (Baxter, 2000, p. 33)

From the perspective of my own local authority, recent attempts have been made to change the way educational psychologists work at a local level, by offering schools our time to run projects and/or work at a systems level. Additionally, in line with national initiatives, educational psychologists within the local authority are working with schools at an organisational level to support the mental health and emotional well-being of young people, as part of the Targeted Mental Health in Schools (TAMHS) initiative (Department for Children Schools and Families, 2008).

However, Stratford (2000) has explored some key barriers for educational psychologists working at the level of an organisation. By inviting 75 self selected educational psychologists to consider the current role of EPs working at a whole school level, a number of constraints were identified (Table 4).

**Table 4. The Organisational constraints of EPs working at a whole school level. Developed from Stratford (2000)**

| <b>Organisational constraints of EPs working at a whole school level</b> | <b>Elaboration</b>   |
|--|--|
| 1) <i>Legislative demands</i>  | <ul style="list-style-type: none"> <li>- Legislative position surrounding special needs resources was identified as a major threat to work at a whole school level</li> <li>- Schools cast EPs in the role of a gatekeeper to help remove certain pupils from the school</li> <li>- Expectation for EPs time to be spent with individual pupils</li> </ul> |
| 2) <i>Local Education Authority constraints</i>                          | <ul style="list-style-type: none"> <li>- Statementing provision.</li> <li>- Restriction of whole school work to inspection and advisory officers</li> </ul>  |
| 3) <i>Service constraints</i>  | <ul style="list-style-type: none"> <li>- Service level statements, services too compliant with others' priority setting</li> <li>- Protection of a redundant role since the Code of Practice</li> <li>- Psychologists haven't been assertive enough about an alternative role</li> </ul>   |
| 4) <i>School context factors</i>   | <ul style="list-style-type: none"> <li>- Schools have assumptions about the role of EPs</li> <li>- Pressure from schools to see individual pupils</li> <li>- EP called into schools too late</li> <li>- Schools have a faith in exclusion as a strategy</li> </ul>   |
| 5) <i>Special Educational Needs (SEN) factors</i>                        | <ul style="list-style-type: none"> <li>- SEN seen as a within-child issue and not school related</li> <li>- EPs often work through SENCOs who have insufficient status or power in schools</li> <li>- SEN not part of the whole school strategy in all curriculum areas.</li> </ul>  |

However, two considerations must be taken into account when interpreting Stratford's findings. Firstly, the data was collected from EPs a decade ago, and therefore may not represent the work of EPs in 2010. For instance, constraints around the demands of statementing may not be valid considering the recently reduced emphasis of the EPs' role in carrying out statutory assessments (Farrell et al, 2006). Secondly, the constraints are only representative of those 75 EPs who had shown a particular interest in

organisational change by attending the two conference events, which may be biased and not be entirely generalisable to all EPs and trainee educational psychologists.

Nevertheless, this research has identified threats to EPs organisational work, which is a starting point to promote strengths (Stratford, 2000). Numerous authors who write about the role of educational psychologists have emphasised the broad range of involvement at the level of i) the *individual* child and family, ii) the *organisation*, school and community, and iii) the system or local authority (Curran et al, 2003; King and Wilson, 2006). Considering this variety of working at different levels, EPs are in a key position to affect change at all levels, and to predominantly position EPs at the individual level would fail to appreciate the wider potential of its service (King and Wilson, 2006).

#### **4. The current context: Disaffection in young people**

There are a proportion of young people in Britain who are defined as 'disaffected', and the associated behavioural difficulties are a cause for concern in society and in many schools. However, although the DfEE (1997) state that there is a general understanding of what disaffection means, Piper and Piper (2000) have argued that the term is '*both opaque and elusive*' (p.80). They suggest that disaffection is a term that is non-specific and includes a whole variety of indicators such as behavioural difficulties, illiteracy, pregnancy, school truancy, mental illness, emotional difficulties, drug abuse, homelessness, and offending. Hence, Piper and Piper (2000) argue that

adopting the over-generalised term of disaffection weakens the utility of targeted interventions. This suggests that more detailed assessment of young people's needs should be conducted, in order to inform an accurate problem formulation which can, in turn, inform accurate choice of appropriately targeted and specific interventions, as opposed to adopting a broad brush approach to 'managing disaffection'.

Piper and Piper (2000) argue that the commonly used label of 'disaffection' adopts a pathological view of young people, and fails to take into account the more holistic factors frequently involved:

*'The problem is located with the young person and only limited reference is made to their family situation, the local labour market, surrounding professional systems or the framework of relevant policy...a pathological term such as disaffection is disingenuously judgmental (and) implicitly blames young people for their situation.'*

(p. 81)

Such generalised assumptions of young people risk ignoring the complexities of the ecosystemic force field which are, as Orford (1992) and Nelson and Prilleltensky (2005) have emphasised, a central concern of community psychology.

There are a number of projects taking place in secondary school to manage disaffection. Didaskalou and Millward (2007) suggest that current responses to concerns over disaffection and behaviour problems can be categorised into two approaches:

- government initiatives, designed to prevent 'failure' in the system. E.g. Sure Start Programmes, Connexions service, Excellence in Cities, and
- local initiatives adopted by individual schools and local education authorities, as a reactive response to pressing problems. E.g. assertive discipline, alternative curricula.

However, a predominant response to tackling disaffection has been the establishment of mentoring schemes with young people (Reid, 2002). Reid (2002) reviews the range of mentoring schemes currently operating in Britain, from which it is evident that mentoring practice takes many different forms in secondary schools. For example, some mentors are highly qualified and experienced, whereas others are less trained support staff with limited expertise. Although this claim made by Reid appears to be based upon assumption and experience, as opposed to empirical evidence. While Reid (2002) argues that mentoring as a response to disaffection has beneficial effects for both young people and schools, he also recognises that there is a gap in the research which evaluates long term outcomes. The raises critical questions regarding the effectiveness of short term mentoring schemes.

Similarly, Piper and Piper (2002) argue that the predominant individualistic intervention of mentoring risks reinforcing the pathological view that disaffection is 'a problem' within the child:

*'Current initiatives adopt a pathological approach and fail to address key issues of youth citizenship and the relationship between young people and the state' (p. 83).*



Didaskalou and Millward (2007) also argue that individualised interventions of this kind target particular groups of pupils, and are often dependant upon additional and time limited resources. Although individualised interventions such as mentoring and single school initiatives may be beneficial in the short term, Didaskalou and Millward suggest that they are not generalisable to a 'whole school' response, and *'often fail the important test of being inclusive and risk creating subcategories of marginalised pupils identified by being 'on the programme'.* (p. 193).

Although the role of mentoring has a variety of functions which include the intention to empower, coach and encourage disaffected young people (Roberts, 1998), possible negative implications of mentoring have not been investigated. Additionally, despite the growing focus on pupil voice, little research has looked specifically at the perceptions of disaffected young people, particularly those from homes in socially disadvantaged areas (Riley, 2004). Therefore, it is possible that the provision of targeted and individualised support for these young people may compound their sense of (dis)empowerment, by reinforcing the view that *they are the problem* that must be fixed. In some cases, there are likely to be profound inequalities of power between young people and adults/professionals (Hart, 1992; Kilpatrick et al, 2007). In relation to this, there has been a wide body of literature that has discussed the role of (dis)empowerment and service user involvement (Crawford, 2001; Felton and Stickley, 2004), which provides an interesting context for viewing young people as service users in their own education and schooling.

Riley (2004) directly investigated the views of disaffected young people (3291 pupils in total from Southshire primary and secondary schools). It must be recognised that, in this case, disaffection was measured according to the schools with the highest levels of social deprivation (according to the deprivations formula used by the Children's Fund), which is likely to encapsulate a broad range of factors. A number of key findings can be drawn from the study (Table 5).

**Table 5. The views of disaffected young people. Developed from Riley et al (2004).**

| <b>Questionnaire finding</b>            | <b>Description</b>   |
|---|--|
| <i>Pupils views of teachers.</i>        | Around 90% of pupils felt that staff were decidedly positive about their teachers' efforts to set high standards of behaviour and work. However, perceptions dramatically deteriorated as students worked their way up the secondary school. Older students voiced criticism of the style of teachers (the ways they were treated) and limited opportunities to express their point of view. |
| <i>School is boring</i>                 | 41% of 'bored' year 10 students (compared to 64% across the whole year) agreed that they were 'usually happy in school'. Many were dissatisfied with lessons and disciplinary styles.  |
| <i>Gender differences</i>               | Girls were significantly more positive than boys about many aspects of school life   |
| <i>Positive comments about teachers</i> | Teacher that demonstrated friendliness, kindness, listen to pupils problems, sorted out bullying, treated them fairly, firm yet relaxed discipline, praise for good behaviour  |
| <i>Negative comments about teachers</i> | Pupils resented teachers who talked down to them, blamed them unjustly, did not listen to their side of the story, shout and punish the whole class, rules that did not seem to contribute to effective learning (e.g. 'The teachers think that having your shirt tucked in with help you work well')  |

Riley (2004) suggest that many pupils find lessons de-motivating, due to their tedious nature and the lack of opportunity for interaction. It is argued that there needs to be an effective dialogue between staff and students about how to develop a culture of mutual respect (Riley, 2004) or democratic involvement (Critchley, 2003).

## **5. Involvement of service users**

The research into service user involvement has been dominated by the context of the health service, particularly in the field of mental health. This has been driven by the National Service Framework (NSF) for Mental Health (Department of Health, 1999a), which sets national standards for services for people who experience mental distress (Crawford, 2001); The NSF asserts that:

- i) service users need to be involved in developing services, to make them more accessible;
- ii) performance of services needs to be assessed at national and local level by service users (including those from ethnic minority groups);  
and
- iii) service users and carers should be involved in planning and evaluation training for service providers.

Before proceeding further with a focus on how far feedback from young people (including those judged disaffected by education professionals) may have relevance as part of needs assessment process, which can reliably inform professional of the nature of the problem, and intervention measures, it

is worth pursuing further the history of service user movement in mental health services, to abstract relevant insights that may be applicable to the challenge of addressing the needs of disaffected young people in schools.

In the domain of mental health, the involvement of service users developed to redress institutional power imbalances associated with the historical concepts of mental illness. Here, individuals who did not conform to societal norms were considered mentally ill, and confined to 'mental hospitals' (Felton and Stickley, 2004). The discipline of psychiatry developed from the hegemonic discourses surrounding mental illness and allied concepts of mental incapacity, and related assumptions that professionals should assert power and authority to 'cure' the mentally ill through scientific means (Felton and Stickley, 2004; Levine and Perkins, 1997). Hence, *'the mentally ill were increasingly disempowered as these experts dictated that individuals lacked the competence to hold valid opinions'* (Felton and Stickley, 2004, p. 90). Things have significantly moved on since this time (Weinstein, 2006), and since the growth of community psychology, service users have been empowered and given a say, not only in determining service provisions but also as a source of research evidence where their subjective experiences are given equivalent weight to empirical research (Tew, 2005).

Despite this, some of the barriers of involving service users have been recently identified in the research. For instance, research has suggested that the majority of clinical psychologists have stated that service user involvement in planning and delivery would improve the service provided, however, service

user involvement at the level of service/systems planning and delivery is deemed variable (Soffe et al 2004) Soffe et al (2004) argue that a potential way of understanding this disparity is the mental health services' adoption of the medical model with the assumption that staff know best.

An analogy can be drawn here between 'mental health service users and psychiatrists', and 'young people labelled as 'disaffected' or 'deviant' in bureaucratic schools and teachers'. It is suggested that rectifying the power imbalance of the 'deviant' role of young people, has been largely yet incompletely achieved within the field of psychiatry and mental health.

The concept of power sharing between the government and service users has shown increasing public interest. A recent article in The Guardian (October, 2009), written by a rehabilitated offender and founder of the charity *Userveice*, argued that power sharing means that policy makers should not adopt an expert role by assuming they know best:

*'They should stop treating service users of public services- people in jail, people with mental health problems, excluded teenagers- as a problem to be solved by people with no real knowledge of what it's like'*  
(Guardian, October, 2009)

This view argues that people who have direct involvement in services should be listened to, as they are the ones who can bring about real change. In viewing young people as service users in school, the extent to which they have the power to influence or exert any real change at a local (school) or

national (government) level is highly questionable, particularly when such young people are embedded in large autocratic school systems and culture. Whereas some consider the children's views as highly valuable, others argue that expectations for participation by children is naïve as their social and cognitive immaturity inherently compromise their skills, and decision making powers (Hart, 1992).

Pollard et al (2000) have suggested that listening to pupils' perspectives will help teachers to understand the differences between the 'curriculum as indented' and the 'curriculum as experienced'. Additionally, all voices need to be listened to, not simply those who are more able and articulate, but also those who have learning difficulties and lack social confidence (Rudduck et al, 1996).

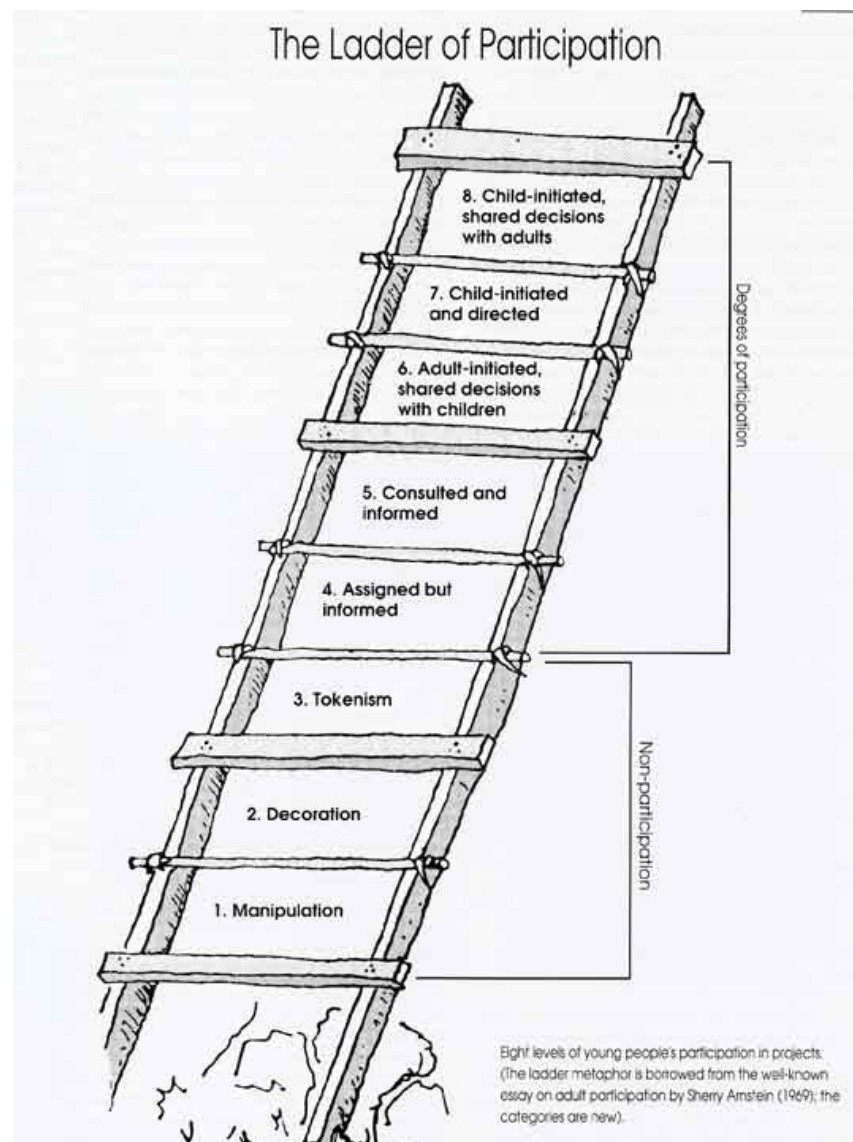
## **6. Involving young people as service users in schools**

The idea of involving young people as service users in schools points to the literature on pupil participation. For instance, the Office for Standards in Education (OFSTED) explores the views of young people as part of their school inspections (DFES, 2005). Meanwhile, the Every Child Matters agenda (DFES, 2004) has a commitment to listening to the voice of the child. Additionally, Aston and Lambert (2010) have recognised the increase in the representation of young people through School Councils and Youth Parliaments. However, the extent to which these initiatives involve students who are disaffected/disengaged from education is by no means assured. For instance, Riley (2004) argues that school councils will not promote effective

dialogue between staff and students, as it becomes '*an exercise in damage limitation rather than an opportunity for constructive consultation*' (Ruddock and Flutter, 2000, p. 83).

When adults engage with young people, Hart (1992) argues that there are different levels to pupil participation, which he refers to as the *ladder of participation*. He argues that there is a tendency for adults to underestimate the competence of children, which may lead their participation to be manipulated or merely elicited as a token. It must be recognised, however that this generalised view of adults may not be fully representative of a 2010 consensus, considering the current policy emphasises on child participation. Nevertheless, Hart (1992) developed the ladder of participation as a way of conceptualising children's participation in projects. The ladder was developed from a model of adult participation (Amstein, 1979 cited in Hart, 1992). Participatory research should clearly be aiming for the higher levels of the ladder which contributes to the sharing of power (Kirkpatrick et al, 2007).

**Figure 1. Hart's (1992) Ladder of Participation. Taken from Hart (1992).**



Aston and Lambert (2010), both educational psychologists, recently conducted a two year research project in an educational psychology service (EPS), which ascertained the views of young people and EPS members about young people's genuine involvement in their education. Young people aged between 8-16 years were asked three key questions through a series of focus groups. These pupils were selected by teachers in the educational setting; therefore, it must be acknowledged that it is difficult to determine whether the



selection of pupils was biased, or was indeed representative of a range of abilities. Members of the EPS were also asked questions in separate focus groups:

- What would it look like if young people's views were fully included in all decision making?
- What are the barriers that make this difficult at the moment?
- What steps could be taken to overcome these barriers?

There were several factors which young people considered important in ensuring their authentic involvement of decision making. These included ensuring a *positive school culture*, *positive teacher attitudes* towards young people, appropriate *learning environments with good facilities*, and a *creative/well resourced curriculum*. EPS members also considered the importance of a positive organisational culture and ethos in schools, regarding the involvement of young people, and schools' need to ensure that there are within-school systems to facilitate this involvement.

There was also one significant finding in the study which poses a challenge for pupil participation. Not only did some of the young people consider that they were not always listened to by teachers (and that teachers were not always 'fair'), they also reported the belief that society in general does not want young people to have a voice. This raises important implications for addressing wider issues such as 'culture', 'attitudes' and 'systems' in the educational setting (Aston and Lambert, 2010); dimensions of organisations

which may be best positioned within the field of organisational and community psychology research and practice.

There has been a range of literature that has considered the ways to engage and involve young people in research. Alderson (1995) suggest three different types of involvement, which includes young people:

- i) *applying* research methods in education,
- ii) *contributing* to adult-led research, or
- iii) *approaching* research and findings from a youth perspective.

However, it is acknowledged that the different levels of participation (see Hart, 1992) are likely to vary both between and within each type of involvement. Kilpatrick et al (2007) conducted research into the 'problems and successes' of the peer-research model. The authors argue that '*children and young people, for example, have been the 'objects' of research for many years and it is questionable who has gained from that tradition*' (p353). Therefore, a peer research orientation aims to reduce the power imbalances by involving young people throughout the research process.

In Kilpatrick et al's study, a team of peer researchers (age range 15-27) was recruited to interview a sample of young people. As discussed previously, Kilpatrick et al argue that it may be difficult to engage disaffected young people in research. Therefore, it was argued that peer researchers '*would encourage potential respondents to become involved in the study, ensure that the methods of data collection were appropriate and engaging, and that*

*attrition rates might be reduced'* (p.533). This raises critical questions regarding the ability of adult researchers to connect with young people, particularly the marginalised and disaffected.

A significant piece of research to the current study is Gersch and Noble (1991), as it emphasises the value of combining student-centred approach and intervention at a systems level in helping school to solve problems. In response to a headteacher's concerns of high levels of truancy and disengagement among year 11 students, Gersch and Noble facilitated a systems project involving school staff and students. Five working parties were set up (comprising of staff, the disaffected young people, and an educational psychologist), and were set three questions to consider and report back to the 'steering group' for further action. The three questions were as follows:

1. What is causing this misbehaviour and truancy?
2. What could the school do to help put this right?
3. What would you recommend should be changed? Produce up to six recommendation for action within the school.

All the recommendations were collated by the steering group, which were agreed immediately or referred to departmental groups for detailed consideration. The recommendations from the working parties were as follows (Box 1).

**Box 1. Recommendations made by the five working party of young people in year 11 and teachers. Developed from Gersch and Noble (1991)**

- 1) **Buildings**- More blinds needed, more lockers, improve hygiene, protect wall displays
- 2) **The curriculum**- Increase option choices, practical work experience
- 3) **Exams**- reduce stress, give students clearer requirements
- 4) **Style of teaching**- more variety and different models of presentation
- 5) **Assessment**- half termly reports for students, student self assessment, student access to school files
- 6) **Recreational facilities**- lunch time club, after school activities, student common room
- 7) **Communication**- greater student role in news letter
- 8) **Discipline**- rules to be placed in handbook, rules to be enforced by all, students to be involved in suspension procedures.
- 9) **Miscellaneous**- Student council

## **7. Context for the case study**

As discussed at the beginning of this paper, a small scale research project was negotiated between myself, another educational psychologist and a secondary school, in response to staff's concerns about a groups of Year 11 boys described as 'disaffected'. These boys were reportedly presenting with a range of behaviour problems (e.g. truanting, bullying, disengagement from lessons, limited compliance to teacher requests etc), some of the boys also had difficulties in their home and family circumstances, according to information provided by school staff. We were further advised that previous interventions had been implemented to support these young people, including involvement from connexions, pastoral support plans, mentoring, and traditional behavioural management approach (e.g. isolation as a consequence for poor behaviour). No data or records of the detail of these

intervention strategies were made available, and nor were progress data attesting to their short term or medium term impact: we were advised however that, at best, these interventions had limited and intermittent success.

School staff views were gathered via the process of consultation between myself, the EP and school staff, at a termly multi-agency planning meeting. The staff acknowledged that they required more understanding as to why these young people had disengaged from their final year in education, and why previous attempts to support these young people had failed. From my own point of view, I was also gravely concerned about the discourse used by school staff to describe these young people (e.g. the 'feral' boys), and the negative impact this may inadvertently have had on the young people and their social position in school. We therefore negotiated that the educational psychologists' role would be to conduct a small scale study to elicit these young people's views, and provide staff with an improved understanding of their experiences. This was based on the following underlying principles in Table 6.

**Table 6. The underlying principles of the current study.**

| <b>Underlying principle that informed the study</b>        | <b>Justification</b>   | <b>Supporting literature and empirical evidence</b>   |
|--|--|---|
| 1) Some core philosophies of Community Psychology          | <p><i>Assumptions about the causes of problems:</i> An organisational level of analysis is adopted, which takes into account the impact of organisational functioning on young people in schools.</p> <p><i>Level of analysis:</i> Ecological metaphor is adopted which takes into account other levels of analysis that are superordinate to the young people.</p> <p><i>Location of practice:</i> The research took place in a community setting: a local high school.</p>                                 | Orford (1992)<br>Nelson and Prilleltensky (2005)<br>Bronfenbrenner's (1979)                               |
| 2) Empowering disaffected young people                     | <ul style="list-style-type: none"> <li>- Remove the young people from the commonly adopted pathological view of disaffection, but considering the potentially more holistic factors involved e.g. environment, culture, school systems.</li> <li>-The intentions to take into account the complexities of the ecosystem of which the young person is a part.</li> <li>- It could be argued that this is congruent with community psychologists' work with non-professionals within the community.</li> </ul> | Piper and Piper (2000)<br>Riley (2004)<br>Orford (1992)   |
| 3) Involving young people as service users in schools      | <ul style="list-style-type: none"> <li>- Pupil participation contributes to the sharing of power between young people and educational professionals.</li> <li>-Eliciting the views of young people can help inform the development of service delivery (in this case, schools).</li> </ul>   | Aston and Lambert (2010)<br>Hart (1992)<br>Kilpatrick et al (2007)<br>Gersch and Noble (1991)             |
| 4) Educational psychologist role of organisational working | <ul style="list-style-type: none"> <li>- (Trainee) educational psychologists applying research skills in school to inform organisational development.</li> <li>- Moving away from individual case work to organisational development.</li> </ul>   | Gersch and Noble, (1991)<br>Burden (1982)<br>Baxter (2000)<br>Curran et al, (2003) King and Wilson (2006) |

## **8. Method**

### **8.1. *Epistemological assumptions of the study***

This research predominantly adopts a constructivist epistemological stance (Robson, 2002), which is sometimes referred to as an interpretive/hermeneutic approach (Cohen et al, 2003). Cohen et al (2003) and Robson (2002) suggest that interpretivist epistemology has the following features:

- Reality is represented and constructed through the eyes of the participant.
- The role of language is emphasised and a central instrument by which the world is constructed
- People are viewed as deliberate and creative in their actions.
- Individuality is emphasised: people's status as unique beings needs is recognised.
- The social world should be studied in its natural state.

It is argued that there are multiple truths, which are dependant upon individuals' own construction of events (Gadamer, 1975). Within this paradigm, the young people's views were considered to be truthful and authentic in their own right, and to provide a valuable source of information about their situation.

### **8.2. *Methodology and Procedure***

The study adopted an idiographic methodology, which focussed upon eliciting the subjective views of the Yr 11 students. In order to obtain rich data from

the boys, we considered it appropriate to conduct two separate 'group interviews' or 'focus groups' which adopted a semi-structured interview design. Cohen et al (2003) suggests that group interviews are beneficial for young people for the following reasons:

- they encourage interaction between the group rather than simply a response to an adult's question;
- they can be less intimidating than individual interviews; and
- they enable young people to challenge each other, using language that they use themselves.

Focus groups are a form of group interview, which rely on the interaction within the group to discuss topics provided by the researcher (Cohen et al, 2003). Three focus group questions were used, which were developed from Gersch and Noble's (1991) systems project research. These were as follows:

1. As pupils in Year 11, is there an agreement that pupils can lose interest in school? Explain why?
2. What are some of the reasons for a loss of interest or negative view of school?
3. What recommendations could the pupils make about changes that the school could make?

Appendix 3 illustrates the general guidelines we adhered to through the focus groups.

Although the methodology was predominantly idiographic, using focus groups to generate data, there was also a positivist element to the design of the



study. In order to establish the boys' level of motivation, engagement and interest in school, a short questionnaire was also supplied that produced quantitative data. This questionnaire was developed from the Pupils' Feelings about School and School Work (PFSSW) Inventory (Entwistle & Kozeki, 1985), which is included in the Psychology and Education Portfolio (see Appendix 2). The questionnaire was developed to look specifically at the pupils' interest in learning and identification with teachers. In this respect, the study adopted a flexible and mixed-method design (Cohen et al, 2003). Table 7 critically describes some of the details of the PFSSW (Entwistle & Kozeki, 1985).

**Table 7. The details of the PFSSW (Entwistle & Kozeki, 1985), developed from Indoe (1999)**

| Considerations of the PFSSW        | Information  |
|------------------------------------|--|
| Development of the PFSSW           | <ul style="list-style-type: none"> <li>- The PFSSW was developed as part of a ten year collaborative research programme between British and Hungarian colleagues.</li> <li>- Kozeki and Entwistle (1985) wrote items based on their previous work on motivation to cover the main aspects of school motivation (see content domains below) and approaches to studying. These formed the PFSSW.</li> </ul>  |
| Content domains                    | <ul style="list-style-type: none"> <li>- The PFSSW includes two parts of <i>school motivation</i> (part A) and <i>study orientation</i> (part B). The current study is only concerned with school motivation and (dis)engagement (Part A).</li> <li>- <i>School motivation</i> of the PFSSW includes 10 areas (warmth and empathy from parents, identification with teachers, affiliation with peers, independence, competence in knowledge and skills, interest and enthusiasm in learning, trust and self esteem, need for order and compliance with norms, responsibility and anticipating consequences, and pressure from adults)</li> </ul> |
| Standardisation                    | <ul style="list-style-type: none"> <li>-The questionnaire was standardised based on data collected from four Hungarian secondary schools (N=579) and four British school (N= 614). Factor analysis confirmed the factors covering school motivation and approaches to studying, but school motivation showed very strong first factor.</li> </ul>  |
| Reliability                        | <ul style="list-style-type: none"> <li>- Comparing Hungarian and British studies, it was found that factor structures were almost identical, suggesting that '<i>the dimensions underlying the inventory are psychologically and educationally meaningful in very different cultural and educational contexts</i>' (Indoe, 1999, p.35)</li> <li>- The questionnaire may not be as reliable when generalising it to the sample of boys in the current study, as the questionnaire was standardised over 25 years ago.</li> </ul>  |
| Administration and data production | <ul style="list-style-type: none"> <li>-The instrument can be presented either orally or on paper. The questionnaire developed in the current study was presented on paper, and read aloud to support any literacy difficulties.</li> <li>-Data is produced on a five point Likert scale (Definitely agree, agree a bit, not sure, disagree a bit, definitely disagree)</li> </ul>   |

Adopting mixed method approaches have, however, been critiqued (Johnson and Onwuegbuzie, 2004). For example, quantitative purists have assumptions that are consistent with a positivist philosophy, whereby knowledge can be explained as being hard and tangible in form, as claimed in the natural sciences (Burrell and Morgan, 1979). Alternatively, qualitative purists reject positivism, and argue for the assumptions of constructivism, subjectivity, and hermeneutics (Guba & Lincoln, 1989), whereby there is no objective reality (Feyerabend, 1978). Due to this disparity, it has been long disputed that qualitative and quantitative research paradigms are incompatible, and therefore, their associated methods cannot be mixed (Howe, 1988).

On the other hand, Johnson and Onwuegbuzie (2004) argue that mixed methods research should be viewed as the third research paradigm in educational research, as *both* quantitative and qualitative research are important and useful.

### **8.3. Sample**

Ten boys aged between 15 and 16 years judged to be 'disaffected' by school staff, were selected and recruited by members of staff. Morgan (1988) suggests that between four and ten people per group is most effective. We decided that two focus groups would be conducted to ensure that all individuals would have an opportunity to speak, and the dynamics of the groups could be sensitively managed by staff.

The 10 boys were predominantly of white ethnic origin, and although they lived within the school's catchment area, they varied in terms of their socio-economic backgrounds (as reported by school staff during initial discussions). At least two of the boys were on the Code of Practice for learning and several for emotional and behavioural difficulties (both school action and school action plus). Two of the boys accessed an alternative curriculum, which were based on vocational learning opportunities. The other boys were due to take their GCSEs in the summer term.

#### **8.4. Ethics**

In terms of obtaining consent, a letter was sent to the parents of the young people, which described the purposes of the project. Due to time constraints of the project, we did not ask for a signature to confirm consent. Instead, parents were given an opportunity to 'opt out' if they did not want their child to take part in the focus groups, and our contact details were provided should they want more information. The weaknesses associated with this informal approach are acknowledged, as some parents may not have felt confident in disallowing their presumed consent. Equally, some of the parents may have felt overwhelmed in contacting the educational psychology service to clarify any concerns.

Nevertheless, the boys were given the opportunity to opt out of the focus groups at any stage, if they did not want to be involved. Additionally, it was stressed to the boys that they did not have to speak in the focus groups or

answer any questions if they felt uncomfortable in doing so (see Appendix 3 for details)

### **8.5. Data Analysis**

Key themes across the data corpus derived from the two focus groups were identified, using the principles of thematic analysis (Braun and Clarke, 2006). Although data analysis was predominantly driven by the data (Inductive analysis), the themes were also coded using the three pre-determined questions (deductive analysis). Once the two focus groups had been annotated (Appendix 1), key themes were identified in part through their prevalence within and between the strands of the data corpus (Braun and Clarke (2006). Table 8 illustrates the application of thematic analysis throughout its six stages.

**Table 8. Six stages of thematic analysis in relation to the two focus groups. Developed from Braun and Clark (2006)**

| <b>Phase</b>                          | <b>Description of the process</b>  |
|---------------------------------------|--|
| <b>1. Familiarising with the data</b> | Listening and re-listening to the two focus, annotating the general themes which were elicited from the young people.  |
| <b>2. Generating initial codes</b>    | Systematically coding interesting features of the data across the whole data set. Collating data relevant to each code   |
| <b>3. Searching for themes</b>        | Collating codes into potential themes, and gathering all data relevant to each potential theme   |
| <b>4. Reviewing themes</b>            | Checking if the themes work in relation to coded extracts and data set. Generate a thematic map of analysis  |
| <b>5. Defining and naming themes</b>  | Refine the specifics of each theme, and the overall story. Generate clear definitions and names for each themes  |
| <b>6. Producing the report</b>        | Selection of vivid, compelling extract examples, relating back of the analysis to the research question and literature. Produce a scholarly report of the analysis |

The questionnaire data were subjected to quantitative analysis, according to the scoring procedure of the Pupils Feelings about School and School Work (PFSSW) Inventory (Entwistle & Kozeki, 1985). Data trends were then tabulated and represented figuratively in graph form, which highlighted the two categories of 'identifying with teachers' and 'engagement/interest in education/school'.

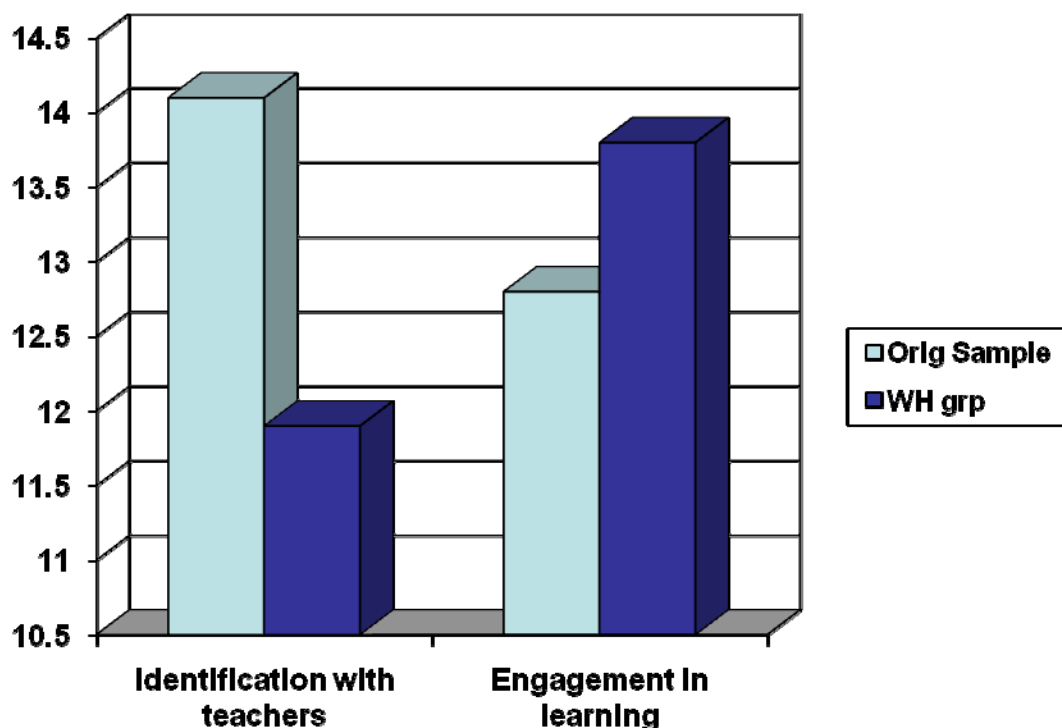
## **9. Results and discussion**

In order to present a clear and detailed account of the analysis of themes, the results and discussion will be integrated within one section of this paper. Firstly, the questionnaire data will be presented, followed by the results of the focus groups.

### **9.1. Questionnaire data (PFSSW inventory)**

The boys' views are represented in Graph 1 below. Here data trends suggest that, contrary to school staff beliefs, the boys showed a higher level of interest in learning compared to their identification with teachers. Additionally, in comparison to standardised scores from the original sample on the PFSSW inventory, the boys scored higher in terms of their interest/engagement in learning and much lower in their identification with teachers. It appears, therefore, that it is the domain of teacher: pupil relationships and/or school culture that is more responsible for any sense of alienation pupils experience and report than education.

**Graph 1. Pupils' views: Their identification with teachers and interest/engagement in learning, and comparison of standardised scores on the PFSSW inventory.**



## **9.2. Focus groups**

A number of themes were identified throughout the focus groups, which will be discussed under the three pre-determined questions.

### **1. As pupils in Year 11, is there an agreement that pupils can lose interest in school?**

Across both of the focus groups, there was indeed a general agreement that some pupils lose interest in school, which corresponds with staff beliefs.

*'Certain groups of pupils can't be bothered with it anymore, I feel it myself'*

*'Can't be bothered with stuff in lessons, doesn't listen to the teacher or anything, just sits out and does their own thing'*

*'If we had the choice to come to school or not I don't think we would'*

Some of the boys' responses to this question contradict the high scores on the questionnaire for interest and engagement in learning. This raises critical questions regarding the reliability and validity of the questionnaire, and whether or not the boys' engagement/interest in learning is genuinely as high as the graph suggests. Alternatively, the nature of the open discussions in focus groups may have biased the boys' answers, by producing a social desirability effect (Cohen et al, 2003). For example, expressing an interest in learning may not be sociably credible amongst peers.

## ***2. What are some of the reasons for a loss of interest or negative view of school?***

### ***2.1. School can start to feel boring***

There was a general consensus that school was 'boring' and repetitive. The boys indicated that the lessons had limited variety, which contributes to feeling disengaged from school. Consequently, pupils engage in truanting behaviour as a result of such boredom.

*'It just gets boring, day in day out'*

*'For a start people wag it because they're bored of school'*

*'Say like you do get to go on the computer, you're only allowed to do one thing and one thing only, like every single time you go... there's one website that you're allowed to do which is called My Maths and it gets pretty boring'*



## **2.2. Resentment about the way teachers' treat pupils**

The boys felt that they struggled to get on with teachers that spoke to them in a manner which they felt was disrespectful. This resentment was only restricted to some teachers, which was related to teachers emphasising the importance of academic results (e.g. GCSEs), comparing the boys to other pupils, and uniform regulations.

*'Depends how you're treated in school. If you're treated with respect by the teachers then you get along with them'*

*'They proper nag you about GCSEs all the time...they always compare you to other pupils about like the work. If you ain't done something then they'll be like "So and so's done it so why haven't you"'*

*'I've been having a go at teachers because they've been having a go at me because of my uniform, just because I haven't tucked my shirt in'*

*'Making you do 'catch-ups' stuff like that. Then if you don't come to the catch-ups they give you a detention, when really it should be your opinion if you want to do the catch-up'*

The boys views echo the findings of previous research concerning schools priority to the national curriculum and academic league tables (particularly larger and bureaucratic schools), which some have argued it at the expense of promoting students' personal and social accomplishments (Fox, 2009; Sutoris, 2000).

## **2.3 Getting into trouble can make you feel even more negative about school**

The boys experienced a negative cycle in school; whereby truanting from school results in sanctions and 'getting into trouble', which, in turn, makes them want to truant even more. There was also a feeling that the most

commonly used sanction of 'isolation' causes a greater amount of hostility towards school, which disengages them from school even further.

*'You get in trouble for wagging it, and then you want to wag it more 'cause you don't like school 'cause you get in trouble all the time'*

*'You just get more annoyed and you don't want to do school even more [talking about the sanction of 'isolation']'*

#### **2.4. The impact of reputation**

There was a feeling by some of the boys that their negative reputation makes some teachers treat them unfairly. Some of the students reported the impact of having a negative reputation in school (e.g. teachers do not give pupils a fair chance or a fresh start), which is reminiscent of learned helplessness theory.

*'Once you've got a name for yourself, teachers can't be bothered with you'*

*'She automatically thought it was me, you shouldn't judge people like that'*

### **3. What recommendations could the pupils make about changes that the school could make?**

#### **3.1. Alteration to timetable**

It was reported that the timetable of lessons can make the boy's feel de-motivated about attending school. They acknowledged that their 'options' (GCSE subjects that are not compulsory/core subjects) were the lessons they enjoyed and made them more motivated to attend school, but the boys felt that the subjects' lessons were not evenly distributed throughout the week.

'Option' subjects tended to be frontloaded at the first two days of the week, which made the boys lose interest towards the end of the week. There was also a feeling that student should have a break in-between 'double lessons' (a double lesson is 1hour 40minutes). Without a break, the student reported that find it difficult to concentrate and behave appropriately.

*'We got science three times today!'*

*'If are options were spread out over the week, we would wana come to school more'*

*'We can't have a break in between... you need a break otherwise you take all energy into classroom and mess around'*

### **3.2. Make lessons more practical, with greater variety and choice**

There was an overriding consensus from the boys that the curriculum was overly theoretical and 'book based', which made some of the lessons boring. It was suggested that practical and multisensory approaches to learning would increase students' interest and motivation to learn. This too was recognised as a recommendation in Gersch and Noble's (1991) study, and reinforces the view that teachers may benefit from listening to pupils views regarding their learning (Pollard et al's, 2000).

*'If you do practical work then the lesson will go quicker'*

*'Say like in English and you're doing on a book, let us watch the film and stuff like that'*

*'In science we need more experiments'*

### **3.3. Be more lenient with uniform**

Overall, wearing uniform was favoured amongst the boys, and they generated mature responses about the benefits of all students remaining equal, despite their socio-economic backgrounds.

*'If other kids come in with less designer clothes than someone else... 'cause they can't afford it... then they'll get bullied for it'*

*'Got to keep the uniform, it makes everyone the same'*

However, they reported that teachers were too strict in having the uniform worn in a certain way, which was the source of many disagreements between students and teachers. The boys' views reflected those in Riley's (2004) study, whereby the sample of young people felt that school rules (particularly around uniform) were perceived as unreasonable.

In order to strike a compromise, the boys felt that uniform regulations could become less strict in Year 11, e.g. keep the tie, no blazer, and accepting that tucking shirts in are uncomfortable.

*'I'm not going to learn any better if my shirt is tucked in'*

*'Its not comfortable wearing the blazer'*

### **3.4. Teachers' approach**

The boys suggested that teachers should change their approach in the way they speak to pupils. In particular, the pupils experienced 'pressure' when teachers 'nag' about school work, which can reduce motivation even further. Additionally, some of the boys experienced humiliation when teachers made

negative comments about them in front of other pupils. Riley (2004) commented that this is a strategy sometimes used by teachers under stress, *'exacerbating rather than reducing problems of disrespect and disaffection and contributing towards the creation of a group of young people who become disenfranchised'* (p. 177).

*'Teachers should ask you to do something, rather than telling you'*

*'They should keep things outside of school separate from inside school'*

*'They make comments about pupil X in front of other pupils'*

### **3.5. Different approaches to manage behaviour**

The sanction that is predominantly used in school is 'isolation' (which places student in a quiet room on an individual work station). This approach to managing behaviour did not seem to be respected by the boys, and they deemed it ineffective.

*'people hate it (isolation) that much; if they do something bad they want to make it worse so they don't get isolation, they'll get suspended'.*

They recommended that teachers should invest their time in supporting their difficulties and personal needs, giving them a place to go and a chance to talk things through. This has also been reflected in Riley's (2004) research, which found that young people preferred teachers who listened to pupils' problems, and expressed a desire to be mentored. The boys in the current sample also indicated that the school should promote greater clarity regarding sanctions and consequences (as these were reported as being inconsistent and confusing).

*'I know people have to be punished...sometimes you can do something really pathetic and they suspend you for it then other times you do something really bad and they just let you off'*

*'instead of arguing with teachers, just walk out and come and sit outside the office...'*

*'give us a chance to talk things through with somebody...or go somewhere to go and chill out'*

## **10. Critical considerations of the research**

In order to provide a critical stance in this professional practice report, it is necessary that the strengths, weaknesses, opportunities and threats are taken into account. Stratford (2000) demonstrated the usefulness of applying a 'SWOT' analysis, to consider some of the benefits and constraints of organisational working in schools. Table 9 used this framework to provide a critical account of the current study.

**Table 9. The strengths, weakness, opportunities and threats of the current study**

|  |  |
|--|--|
| <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>-The methodology adopted in this study, advocated the role of pupil participation (Hart, 1992). In particular, obtaining the views of students judged as disaffected, served to reduce the evident power imbalance between the young people and society (Piper and Piper, 2000), by eliciting their views that would otherwise remain unheard. This adds to the small body of research on this topic (Riley, 2004).</li> <li>-Participation in this study gave the boys a positive opportunity to be valued, by being listened to in a neutral and non-judgmental manner.</li> <li>-The views were feedback to the head teacher and SENCo at the school, which gave them an insight into the boy's views. They also agreed with many of the points raised by the boys. Two of the recommendations would take immediate effect in the new term, which included more relaxed uniform in year 10 and 11, and behaviour management training for all staff to ensure a consistent approach.</li> </ul>   | <p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>-There were several complexities involved this kind of organisational working. Half way through the planning and implementation of the project, there was a change of head teacher in the school. This negatively impacted on the effectiveness of communicating the boys' views back to the head teacher and management staff, as the high school hierarchical systems were in a complex state of flux (reminiscent of the principles of chaos theory, Gleik, 1988). Consequently, the head teacher may not have been fully able to immediately or fully implement all of the recommendations.</li> <li>-Although the research adopted a constructivist stance (Gadamer, 1975), the method only sought one interpretation (the young people). There were no attempts made to triangulate the data by eliciting other stakeholder views, which may have reduced the reliability of the research findings.</li> </ul> |
| <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>-This provides further evidence towards the role of organisational/systems work for educational psychologists. It provided the high school with an opportunity to see the range of skills that EPs have to offer, and that are work is not simply restricted to individual referrals (Gersch and Noble 1991; Roffey, 2000)</li> <li>-As in Gersch and Noble's (1991) study, more of the boys' recommendations could be potentially used to inform the school behaviour policy, and add to teachers' knowledge of the teaching and learning needs of pupils (Pollard et al, 2000). There are opportunities for the results to be fed back to all staff in the school.</li> <li>-There is an opportunity for us to revisit the school (once enough time has elapsed) to consider the extent to which the school has implemented these strategies.</li> <li>-Certain principles of community psychology were used to inform this study (see Table 6). This may suggest that some philosophies of community psychology can inform the work of educational psychologists. However, this is by no means an essential aspect of working at an organisational level.</li> </ul> | <p><b>Threats</b></p> <ul style="list-style-type: none"> <li>-There was a principle ethical challenge associated with this research, with the potential that the boys' views would be discounted by staff and not listened to (hence, reinforcing the power imbalance even further).</li> <li>-Although there is a future opportunity to share this research with the whole school, to help inform interventions and potentially organisational change, there is a potential that the boy's views will not be taken seriously. There was a concern that staff expected our work with the boys to act as the individualised intervention (Stratford, 2000), and 'cure' these boys of their challenging behaviour.</li> <li>-The large and autocratic nature of the high school may act as a barrier to realising the potential of pupil participation.</li> </ul>   |

## 11. Conclusion

The current paper has presented a small scale study in a high school, positioned within the domain of organisational psychology. Additionally, this paper has demonstrated the potential role for educational psychologists in empowering disaffected young people, by eliciting their views to support potential change. This paper has also positioned young people with emotional and behavioural difficulties in the context of their environmental setting and systems, which moves the emphasis away from an individualistic pathologised focus (Piper and Piper, 2000; Tew, 2005). It has also been suggested that *some* principles of community psychology may be useful to consider alongside the existing approaches of organisational change and systems work in school.

Although this professional practice report has been positioned as a piece of stand alone research, there is great potential for the boy's school to take on board all of their recommendations and views in general (as in Gersch and Noble, 1991). Already, some of the recommendations have been implemented by the new head teacher (regarding uniform and ensuring a consistent approach to behaviour management), but the extent to which the school has fully embraced the value of pupil participation remains questionable.

As a trainee educational psychologist, this piece of research has given me the confidence to engage in more work of this kind, in the domains of organisational working and school improvement. In the future, I hope to build upon some of the limitations of this current study (which are associated with the complexities of organisational working in a mechanistic secondary school),



and engage in a range of existing approaches that explicitly draw together organisational development and school improvement, such as the RADIO model (Timmins, Shepherd and Kelly, 2003) and collaborative action research (Simm and Ingram, 2008).

Overall, this professional practice report has contributed to the small body of research that has investigated the views of disaffected young people from a organisational psychology perspective. However, there are several complexities associated with working in schools as organisations, particularly those that are larger, bureaucratic and authoritarian (Roffey, 2002; Sutoris, 2000), which educational psychologists should be aware of when they embark upon organisation working.

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### Appendix 1: Extract from focus group 2 annotation

| Time | General theme  | Verbatim example  |
|------|--|---|
| 2.50 | People wagging because they're bored of school.                      |   |
| 2.55 | Getting in trouble for wagging                                       | <i>They get in trouble for wagging it and then they want to wag it more cause they don't like school cause you get in trouble</i> |
| 3.05 | Negative feelings about school                                       | <i>School just annoys you</i>   |
| 3.07 | Pupils talk about their poor attendance                              |   |
| 3.20 | Nature of non-attendance   |   |
| 3.27 | Non-attendance as a response to isolation                            |   |
| 3.38 | Further criticism about isolation                                    |   |
| 4.02 | Misbehaviour as entertainment  | <i>Trying to keep myself entertained by doing something stupid</i>  |
| 4.16 | Playground not big enough so end up getting into trouble             |   |
| 5.20 | How long has this been going on                                      |   |
| 5.50 | Want to do well for my mum   |   |
| 6.40 | Discussion about when negative view sets in.                         |   |
| 6.46 | How teachers treat you   | <i>Depends how you're treated in school. If you're treated with respect by the teachers then you get along with them.</i>         |
| 7.22 | Changing outside of school affects how you feel inside school        | <i>If you change outside of school and go out on a night, drinking and that</i>   |
| 7.40 | Would choose not to come to school if they didn't have to.           |   |
| 7.48 | Options are more attractive  |   |
| 7.58 | Some teachers are okay   | <i>My maths teacher's proper safe</i>   |
| 8.02 | It would be better if there was less writing and more practical work | <i>I reckon a lot of people would work more if you did practical stuff instead of just writing</i>                                |

|       |  |  |
|-------|--|--|
| 8.10  | Being in a higher set means less use of computers in maths   |  |
| 8.30  | General dissatisfaction with maths teacher   |  |
| 8.48  | It's better to use computers than books  |  |
| 9.03  | Computer work can be boring when it's the same thing each time                                       |  |
| 9.24  | Different learning styles should be exploited  |  |
| 10.00 | NB introduces the question of what could the school do to put it right.                              |  |
| 10.03 | Make lessons more practical  |  |
| 10.05 | Less strict uniform  |  |
| 10.18 | Uniform can lead to confrontations with teachers. Comparisons made to work and college.              |  |
| 11.14 | Comparison to uniform at Colmers Farm, where blazer and tie not worn                                 |  |
| 11.47 | Bored with wearing the same uniform for 5 years  |  |
| 12.05 | Uniform would look less smart without the tie  |  |
| 12.30 | Discussion about uniform might be modified in Y11  |  |
| 12.47 | Pro-uniform  | <i>If other children come in with less designer clothes than someone else, then they'll get bullied for it</i> |
| 13.14 | Cost of uniform/ PE kit  |  |
| 13.44 | In the past there were more relaxed rules about uniform. Related to arrival of new HT                |  |
| 15.03 | NB brings discussion back to other things that could happen to stop pupils losing interest in school |  |
| 15.12 | More trips   |  |
| 15.30 | Trips to Europe are too expensive  |  |
| 15.44 | Some pupils aren't allowed to go on trips because of their behaviour                                 |  |
| 16.00 | Better choice of food in the canteen   |  |

|       |  |  |
|-------|--|--|
| 16.43 | GS asks group to talk about making lessons better  |  |
| 16.54 | Lessons better if allowed to get help from your mate. Discussion of how teachers vary in the amount of talk allowed.                                     |  |
| 17.20 | Discussion about Miss Nibbs and what happens in her lessons (no talking allowed – but pupils seem to have respect for her).                              |  |
| 18.20 | NB asks for six recommendations  |  |
| 18.50 | A smoking area. Some jokes. Also mention of dealing with stress  |  |
| 19.13 | More variety and choice in lessons   | <i>So you can pick what you want to do in that lesson as long as it's like to do with the lesson. Like PE some people don't like football, don't like rugby and don't like volleyball and that's the only choices you've got – so there should be more variety of choice</i> |
| 19.35 | Further discussion about desirability of a smoking area  |  |
| 20.20 | Lunch pass for all pupils and not just those who live close to the school. Pupils say this would enable them to buy alternative food for lunch in Rubery |  |
| 21.06 | The school day. One pupil said she would like to finish school earlier   | <i>Most schools finish school at 3.05 (...)</i>  |
| 21.18 | Reduced timetable  | <i>They should do one day in the week, like half a day [21.22]<br/><br/>You'd work in the week and you'd look forward to Friday, because you've got half a day [21.42]</i>   |

|       |  |   |
|-------|--|---|
| 21.51 | Don't like Fridays   | <i>You look forward to Friday because it's the last day, but when Friday comes, it just drags</i>   |
| 22.04 | Alterations to the timetable - spreading options through the whole week  | <p><i>They should spread out your options, not just all of them on one day</i></p> <p><i>At the moment (...) all of our options are on one day and all of our other options are on another day [Tuesday and Wednesday] but it should be spread out through the week. [22.20]</i></p> <p><i>Like on Friday we have English, maths, science, English, maths, science. [22.35]</i></p> |
| 22.41 | Alterations to the timetable - Options at the end of the week  | <i>I liked it last year, because come to the end of the week you get bored with school. But last year we had our options, so we come to the end of the week and then we actually tried for the last two days.</i>   |
| 23.30 | NB returns discussion to smoking   |   |
| 23.55 | Pupils discuss the length of time that some pupils have been smoking (years) and how it would work if smoking was permitted at school. |   |
| 24.20 | The desire to smoke can be greater in school   | <i>Because school does make you more want to have a fag (..) because it stresses you out</i>  |
| 24.32 | Attitudes towards smoking  | <i>Smoking's not good obviously, but if it's a habit then it's a habit</i>  |
| 25.08 | NB returns discussion to virtues of practical work   |   |
| 25.20 | Time passes more quickly when you enjoy a lesson   | <p><i>If you do practical then the lesson will go quicker as well [25.18]</i></p> <p><i>When it's fun time flies</i></p>  |

|       |  |   |
|-------|--|---|
| 25.32 | Pupils describe what they mean by 'practical work'                           | <p><i>Like posters [25.33]</i></p> <p><i>Say like in English and you're doing on a book, let us watch the film and stuff like that [25.36]</i></p> <p><i>In science we need more experiments (..) they can't afford it though can they? [25.53]</i></p> |
| 26.24 | GS asks how would you make maths more practical?                             | <i>Give us a little challenge. We did it before, they give you so many amount of cubes, that you can stick together and they want you to make a certain size cube [26.31]</i>   |
| 27.00 | Mention of a teacher who helps pupils individually                           |   |
| 27.14 | Mention of a teacher who lets you sit quietly if you don't feel like working | <i>Like say if you're on a downer and you don't really want to get on with your work, Mr X lets you just sit there if you don't disrupt it and that</i>   |
| 27.47 | The perception that not much is learnt at school                             | <i>I leave school as I came into school, I haven't learnt anything. [27.53]</i>   |
| 28.20 | Criticism of teachers ability to teach, much teacher time spent 'moaning'    |   |
| 28.41 | Business cited as a lesson where you are allowed to work more independently. |   |
| 29.12 | NB asks what are the qualities of a good teacher                             | <i>They can control the class<br/>Going through things with you, cause I learn from people showing me [29.50]</i>   |
| 30.10 | NB brings session to a close and hands questionnaire out.                    |   |



## Appendix 2

PFSSW Part 1 Dimensions Id and En. P in Ed Portfolio (A and M).

|   | Definitely agree | Agree a bit | Not sure | Disagree a bit | Definitely disagree |
|---|------------------|-------------|----------|----------------|---------------------|
| Most teachers are fair to all their pupils (Id)                         |                  |             |          |                |                     |
| School is a boring place (Eng)  |                  |             |          |                |                     |
| It would make me feel bad if I disappointed a teacher (Id)              |                  |             |          |                |                     |
| Many school lessons are dull and uninteresting (Eng)                    |                  |             |          |                |                     |
| There are very few teachers that I can really admire (Id)               |                  |             |          |                |                     |
| I spend a lot of my spare time finding out about things on my own (Eng) |                  |             |          |                |                     |
| Most teachers never bother to explain things well enough (Id)           |                  |             |          |                |                     |
| I feel happy and excited when a new topic is introduced (Eng)           |                  |             |          |                |                     |
| It is often the teachers fault when you get into trouble at school (Id) |                  |             |          |                |                     |
| There are a lot of lessons which I find exciting and challenging (Eng)  |                  |             |          |                |                     |
| Most teachers try hard to help all the pupils (Id)                      |                  |             |          |                |                     |
| I find school work really very interesting (Eng)                        |                  |             |          |                |                     |

## Appendix 3

### Focus Group Procedure

Introduce ourselves. We are educational psychologists who work for Worcestershire local authority...

#### *Purpose*

We have been asked by staff at [REDACTED] to carry out a project to explore the views of young people in Year 11.

We're particularly interested in your views on why some young people lose interest in school. And what can be done to keep their interest.

#### *Strategy*

We're running two groups like this. The groups are going to produce some recommendations as to the way school can be improved. We going to write these up and share them with some of the senior teachers in school.

We are going to ask you some questions and we would like to record your answers so we don't forget what you say.

#### *Ground rules*

First of all we need to have some basic rules to make sure the discussion can work well.

1. You don't have to talk if you don't want to – in fact being here in this group is voluntary, you don't have to be here if you'd prefer not to be – but we hope you do stay.
2. Confidentiality although we're going to record the discussion we won't be reporting what particular individuals say.
3. Mutual respect – we want people to treat each other with respect and not make fun of each other.
4. Any other rules we've forgotten?

Any questions?

#### *Basic Schedule*

- i) As pupils in Year 11 do you see examples of pupils losing interest in school? (Use questionnaire if necessary).
  - If I was a visitor to school what would I see which would tell me some pupils were losing interest in school?
  - How do you think pupils like this feel?
  - What sort of things cause this situation to happen?
- ii) What are some of the reasons for a loss of interest or negative view of school?

iii) What would you recommend should be changed? Let's try to produce six recommendations for action within the school? (flip chart?)

- This recommendation might be the ideal, What would be a first step towards this?
- Who needs to be involved to make this recommendation happen?

Thank you and goodbye

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