VOLUME TWO

PROFESSIONAL PRACTICE REPORTS

by

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CHAPTER ONE

INTRODUCTION TO VOLUME TWO

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1. Structure and content of Volume Two

This volume of work constitutes the second part of a two volume thesis, forming the written requirements for the Doctorate in Applied Educational and Child Psychology at the University of Birmingham. Volume Two consists of five professional practice reports (PPRs) on topics salient to educational psychologists' practice, which reflect my experiences as a trainee educational psychologist (TEP) employed by a local authority (LA), during years two and three of the doctorate.

Chapter 1: Introduction to Volume Two describes the service context in which the PPRs were written and presents reflections on how the PPRs have contributed to my developing practice as a TEP.

Chapter 2: Reintegrating Permanently Excluded Pupils in Mainstream Settings: What are the Driving and Restraining Forces for a Primary Pupil Referral Unit? This PPR considers the gap between the rhetoric and the reality regarding the function of pupil referral units (PRUs), and describes a small scale qualitative study which explored the perspectives of staff linked to one PRU in my employing LA. Force field analysis (Lewin, 1951) was used to identify the factors perceived to drive and constrain the PRU in successfully reintegrating permanently excluded pupils back into mainstream settings.

Chapter 3: Using Therapeutic Approaches to Address Pupils' Complex Needs: Implications for Educational Psychology Practice, with Reference to an Illustrative Case. This PPR considers the use of therapeutic approaches in EP practice. It presents a case example of motivational interviewing with a secondary school pupil to prompt reflection on the merits and challenges associated with using therapeutic interventions.

Chapter 4: Supporting Children of Prisoners: A Role for Educational Psychologists discusses the effects of parental imprisonment, policy context and current practice in supporting children of prisoners, who are a vulnerable but invisible group. It considers a distinctive role for EPs at the strategic level, as well as in providing high quality support to children, families and schools, based upon the best available evidence of what works.

Chapter 5: Goal Attainment Scaling in Educational Psychology Practice: A Survey of Reported Use and Attitudes in a Large Urban Educational Psychology Service. This PPR describes a small-scale piece of research exploring EPs' use of, and attitudes towards goal attainment scaling (GAS; Kirusek & Sherman, 1968), an evaluation tool that provides an explicit framework for specifying targets and measuring outcomes of intervention. The Theory of Planned Behaviour (Ajzen, 1988) informed the design of a fixed-response questionnaire assessing attitudes, social norms and perceived control concerning the use of GAS among participants.

Chapter 6: Constructing the Label: A Discourse Analysis of Internet Forum Postings about Asperger's Syndrome describes a study which explored the different discursive constructions of the label amongst young people who self-identify as having AS, as well as parents of children diagnosed with AS, using extracts from postings on two Internet forums.

2. Service context

The educational psychology service (EPS) in which I was employed as a TEP at the time of writing the PPRs for this volume, is part of a large, urban local authority (LA). Parts of the city and its constituent communities have high levels of multiple deprivation, but elsewhere there are more affluent suburbs with different challenges. Within the area there are 434 schools comprising 302 primary, 76 secondary, 28 special, 25 nursery and three pupil referral units. Half of pupils in schools are from minority ethnic communities (Ofsted, 2007).

The EPS has adopted a consultation model of service delivery for its work with schools and other education settings. Wagner (2000) presents the following definition of consultation:

> Consultation in an EPS context aims to bring about difference at the level of the individual child, the group/class or the organisation/whole school level. It involves a process in which concerns are raised, and a collaborative and recursive process is initiated that combines joint problem exploration, assessment, intervention and review (Wagner, 2000, p.11).

The consultation model in my employing EPS involves regular planning meetings using a 'plan-do-review' cycle. Each EP has an allocation of schools, grouped in clusters, to which they provide a service through a pattern of regular visiting.

Following the creation of integrated children's services, the EPS is increasingly involved in multi-agency work, particularly with pre-school children. EPs are also involved in various projects alongside colleagues in social care, the child and adolescent mental health service (CAMHS) and the prison service.

3. Reflections

The PPRs in this volume cover work at the level of the individual child and at the organisational level, in keeping with the range of practice in which EPs are commonly engaged. Three of the reports (Chapters Two, Five and Six) are research-based, reflecting my desire to demonstrate the value of small scale research studies to EP practice.

With regard to my own learning and development resulting from the PPRs, the range of topics covered has broadened my knowledge of the evidence underpinning the various kinds of work in which EPs are involved, provided me with opportunities to hone my research and evaluation skills, and encouraged greater reflective practice.

I particularly enjoyed exploring and representing the perspectives of individuals with Asperger's syndrome in a discourse analysis of Internet postings (Chapter Six), as this provided me with a new insight into the way in which this medical diagnosis may be viewed, and increased my sensitivity to such issues when working with children, young people and their families.

The discussion paper on supporting children of prisoners (Chapter Four) reflects my own interests in this area as a result of working in a high security prison during my undergraduate psychology degree. At a time when EPs are striving to make a distinctive contribution to children’s services in light of *Every Child Matters* (DfES, 2004), this is an area of work that I wish to develop further as a fully qualified EP.

It is hoped that some of the PPRs within this volume may contribute to areas of developing practice at the organisation level within the EPS in which I was employed, prompt wider discussion and reflection among EP colleagues, and serve as an example of the breadth and depth of the role of educational psychologists in the context of ongoing debate about their value and unique contribution.

References

Ajzen, I. (1988). *Attitudes, personality, and behavior.* Chicago: Dorsey Press.

Department for Education and Skills (2004) *Every child matters: change for children.* London: HMSO.

Kiresuk, T. J. and Sherman, R. E. (1968) Goal attainment scaling: a general method for evaluating community mental health programmes. *Community Mental Health Journal*, 4: 443 – 453.

Lewin, K. (1951) *Field theory in social science*. New York: Harper and Row.

Ofsted (2007) Joint area review [online].
www.ofsted.gov.uk/oxcare_provider/la_download [Accessed May 23rd 2010]

Wagner, P. (2000) Consultation: developing a comprehensive approach to service delivery. Educational Psychology in Practice, 16 (1): 9 – 18.

CHAPTER TWO

REINTEGRATING PERMANENTLY EXCLUDED PUPILS IN MAINSTREAM SETTINGS: WHAT ARE THE DRIVING AND RESTRAINING FORCES FOR A PRIMARY PUPIL REFERRAL UNIT?

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Abstract

This paper considers the gap between the rhetoric and the reality regarding the function of pupil referral units (PRUs), and specifically the reintegration of permanently excluded pupils from these units. Government documentation describes PRUs as short stay centres for pupils, where the priority aim is to ensure that, where possible, pupils are quickly reintegrated into mainstream schools. Reintegration research indicates that in reality there are many barriers to reintegration for permanently excluded pupils, and that schools and local authorities need to do more to help PRUs get pupils back into mainstream education.

This study explores, through a qualitative methodology, the perspectives of staff linked to one PRU in a large local authority in England. Force field analysis (Lewin, 1951) was used to identify the factors perceived to drive and constrain the PRU in successfully reintegrating permanently excluded pupils back into mainstream settings. Findings from semi-structured interviews will be discussed in terms of the key challenges to the reintegration of permanently excluded pupils, and how these challenges may be addressed at different levels.

REINTEGRATING PERMANENTLY EXCLUDED PUPILS IN MAINSTREAM SETTINGS: WHAT ARE THE DRIVING AND RESTRAINING FORCES FOR A PRIMARY PUPIL REFERRAL UNIT?

1. Introduction

1.1 Role of pupil referral units

Pupil referral units (PRUs) were established following the Education Act 1993. They are a type of school, set up and maintained by local authorities (LAs) to provide education for children who require alternative educational provision. PRUs tend to be much smaller than mainstream schools, with typically 40 to 50 pupils on roll (Department for Children, Schools and Families; DCSF, 2008a). There are around 450 registered PRUs in 146 of the 150 local authorities in England and Wales, catering for around 25,000 pupils (DCSF, 2007a). Pupil referral units accommodate a diverse pupil population including, children with medical problems, school-aged mothers and pregnant schoolgirls, school refusers, and pupils excluded from school. Many of the pupils attending PRUs have been permanently excluded from schools.

Although permanent exclusions have dropped by 7 per cent in the last year (DCSF, 2008b), high numbers continue to place demands on the capacity of pupil referral units. The latest statistics published by the DCSF (2008b) show that there were 8,680 permanent exclusions in 2006/07. Of these, 87 per cent were from secondary schools, 11 per cent were from primary schools and 2 per cent were from special schools.

PRUs do not have to teach the full National Curriculum, but are required by law to offer a ‘broad and balanced curriculum’ (DCSF, 2008a). However, the DCSF (2008a) recently acknowledged that ‘what that means in practice is not specified’ (p.23). The minimum level of education to be offered varies depending on the age of the pupil and their reason for being in the PRU. Young people who have been excluded should receive full-time education, which ranges from 21 hours in Key Stage 1 to 25 hours in Key Stage 4 (Department for Education and Skills; DfES, 1990). Since September 2007, local authorities have been required to provide full-time education from the sixth day of a permanent exclusion, replacing the previous commitment to provide full time education from the sixteenth day (DCSF, 2007b).

Historically, the term ‘pupil referral unit’, with its association with permanently excluded pupils, has had negative ‘sin bin’ connotations. As recently as last year an article in *The Guardian* asked, ‘Are these really places where education matters, or are they merely dumping grounds for difficult children?’ (Oct 2, 2007). The government acknowledges that performance data indicate very poor outcomes for young people in pupil referral units (DCSF, 2008a). In 2006 only 1 per cent of pupils in PRUs achieved 5 GCSEs at A* – C (DCSF, 2008a). In 2005/6 Ofsted (2006) judged 10 per cent of pupil referral units to be inadequate. In a qualitative study of a UK pupil referral unit, Meo and Parker (2001) found that teachers did not seem able to improve pupil behaviours and attitudes towards the curriculum, authority structures or school values, and, ‘in this sense, did not appear to aid their reintegration into mainstream settings’ (p.116). This is a key point given that the main objective of pupil referral units is to get pupils back into mainstream schools (DfES, 2004). The following sections of the paper explore the gap between the rhetoric (policy) and reality (practices identified by research) in terms of the role of PRUs in reintegrating permanently excluded pupils.

1.2 Reintegration policy

Despite the fact that the number of permanent exclusions remains a cause for concern, there is relatively little government documentation on the reintegration of permanently excluded pupils. This is perhaps because emphasis tends to be placed on preventative approaches to reduce exclusions and proactive attempts to promote social inclusion in schools. However, clear guidance on the successful reintegration of excluded pupils is key to eliminating the public and media perceptions of PRUs as 'dumping grounds' and 'sin bins'.

As part of this evaluation, relevant documentation was examined including 'Improving behaviour and attendance: guidance on exclusion from schools and Pupil Referral Units' (DCSF, 2008c) and the White Paper 'Back on Track: a strategy for modernising alternative provision for young people' (DCSF, 2008a). The main points raised by each of these documents in relation to the reintegration of permanently excluded pupils are summarised below.

Improving behaviour and attendance: guidance on exclusion from schools and pupil referral units (DCSF, 2008c)

- Reintegration is defined as 'longer term planning for the pupil's reintegration back into school or other suitable full time education' (p.26).
- Pupils need to be reintegrated into a new school or other long term provision as quickly as possible for their full education to continue.
- Any period spent in alternative provision (e.g. a PRU) should address the

pupil’s individual needs and underlying issues which led to exclusion.

- Reintegration needs to be pupil-focused.
- Reintegration plans should be drawn up within one month of a permanent exclusion and should be agreed by and issued to all relevant parties.
- Reintegration plans should cover pastoral and educational objectives for reintegration, with appropriate targets.

Back on Track: a strategy for modernising alternative provision for young people (DCSF, 2008a)

- Arrangements should be in place for monitoring progress through the placement, and for review involving the pupil and his or her parents.
- Local authorities should ensure that objectives are set for the timing of a pupil’s reintegration into mainstream education where appropriate.
- All schools should take their ‘fair share’ of previously excluded pupils.

1.3 Reintegration research

Permanently excluded pupils have amongst the lowest levels of attempted reintegration into mainstream education (DfES, 2004). Recently, an Ofsted (2007) survey of good practice in pupil referral units found that placements rarely had end dates and some pupils often stayed in a PRU for an indefinite period. Research into the challenges and barriers to reintegration for pupils who have been permanently excluded is vital in ensuring that these pupils are placed in a new school as quickly as possible for their full education to continue (DCSF, 2008c).

A report commissioned by the Department for Education and Skills (DfES, 2004) presents the findings of a 14 month study examining best practice in the reintegration of different groups of pupils into mainstream schools. The research consisted of a postal survey of 90 Local Education Authorities (LEAs) and a series of case studies within 14 individual LEAs. Among the pupil groups studied were permanently excluded pupils.

According to the DfES (2004), amongst the pupil groups absent, excluded or missing from school, permanently excluded pupils have traditionally had the most emphasis in terms of reintegration policy and strategy. It is perhaps not surprising then that the survey found that over 90 per cent of LEAs had formalised approaches for the reintegration of these pupils. However, under half the LEAs provided data on the effectiveness of reintegration in their areas, and only 44 per cent of LEAs said that they set targets for the reintegration of pupils.

The DfES (2004) report emphasised the importance of a structured and clear approach to reintegration planning from entry to exit, as opposed to the fairly informal processes found to be used by many LEAs. The case studies identified a number of good practice components of reintegration including, schools maintaining contact with the pupil whilst they are outside the school (and pupils being kept on roll if possible); a structured interview when the pupil first starts at the PRU; clear target setting; effective assessment and monitoring procedures; individual pupil plans; and time-limited placements which are regularly reviewed.

The DfES (2004) report notes that addressing any issues leading to exclusion in the first place is often a precursor to effective reintegration:

> ‘a pre-requisite for reintegration is that the behavioural issues that led to exclusion, and their potentially deep-rooted causes, have at least begun to be addressed prior to any return to the mainstream school setting’ (p.92).

This statement is given greater validity in light of the finding that schools' main concerns in reintegrating permanently excluded pupils were around potential disruption due to behaviour problems, and their influence on, and risk to, other pupils (DfES, 2004). Given the reluctance on the part of some schools to accept these pupils on roll, securing school commitment to reintegration was a core component of many of the approaches reported by LEAs, taking the form of awareness raising, providing a 'safety net' of support and secured/reserved school place schemes. In addition, behaviour management training for teachers was considered to be particularly appropriate (DfES, 2004). Table 1 summarises the barriers and key success factors for the reintegration of permanently excluded pupils identified by the DfES (2004) research.

Table 1. Barriers and facilitators to reintegration for permanently excluded pupils (DfES, 2004)

Barriers
• Schools' reluctance to take excluded pupils – for reasons including perceived risk of disruption, damaging school image, and 'inclusion vs. attainment' issues. • Home and family issues – including the degree of parent/carer interest and support for reintegration and education more widely, the home environment and factors such as illness, family separation or bereavement. • Late referral/response – where earlier referral may have been beneficial. • Lack of information exchange between schools/providers – which can mean there is limited information on which to base reintegration plans. • Limited support in schools – in some areas gaps in provision seem to exist, for example around initial support and Behaviour Support Team inputs. • Tensions between offering education and reintegration – where interim education providers may become 'holding centres' to prevent disengagement.

Facilitators
• Speed of response – crucial to keeping pupils in a structured routine, and sends a positive message that the LEA cares about their education and about them. • Securing school places/commitment – through approaches such as awareness raising and providing a ‘safety net’ of support. • Basing reintegration on a genuine new start – with excluded pupils being treated like any other pupil. • Phased reintegration – approaches include, combining attendance at PRUs with a part-time return to mainstream, trial placements, and allowing reintegration to proceed at the pace of the pupil. • Support for pupils in school – deploying resources in a flexible way to offer some initial support in the early stages of reintegration in schools (most effectively facilitated by a key worker approach). • A systematised understanding of behaviour management in schools in order to address behaviour issues that led to exclusion and their potentially deep-rooted causes. • Mechanisms to listen closely to schools and involve them in decision-making – likely to depend on a range of arrangements for two-way communication between schools and the LEA. • Using panel approaches as a means for securing commitment to reintegration from schools, as well as providing a forum for decision making and monitoring progress. • Effective partnership working – based on good (often informal) communication. • The use of key workers to support the reintegration of pupils on an individual basis and to provide a single point of contact and support to pupils and families. • Ensuring the engagement of the pupil, and securing and maintaining parental/carer support.

A survey of good practice in pupil referral units carried out by Ofsted (2007) found that many PRUs faced difficulties in reintegrating pupils into mainstream schools. Inspectors visited 28 good or outstanding PRUs in 22 local authorities to identify effective practice in the most successful units. In line with findings from the DfES (2004) study, over a third of the local authorities visited by Ofsted did not have specific targets for reintegration or provide clear data about reintegration. In addition, procedures for reintegration were ‘generally unclear’ and ‘too ad hoc’ (p.15). This contrasts with the DfES (2004) survey, which reported that all but two of ninety participating local authorities described having specific formal approaches to the reintegration of permanently excluded pupils. It is possible that this difference highlights a gap between policy and practice.

Importantly, Ofsted (2007) reported that opportunities for reintegration into mainstream schooling remained limited. In particular, when the responsibility was located with the PRU to find a school place this was often very difficult to achieve. Previous studies (e.g. Lloyd & Padfield, 1996; McLeod, 2001) have highlighted that reintegration is sometimes seen as a professional favour, where special provision staff use connections or identify particularly sympathetic mainstream colleagues in order to secure places for pupils. This is clearly inadequate and inequitable, and risks concentrating reintegrated pupils into a small number of schools (DfES, 2004). Ofsted (2007) report that, despite the PRUs having good formal partnerships with local schools and colleges, schools did not readily offer places to PRU pupils.

> ‘Reintegration was effective and efficient only where the LA had good strategic arrangements and pursued these determinedly’ (Ofsted, 2007).

To ensure the timely reintegration of pupils into mainstream settings, Ofsted (2007) recommends appropriate plans for the next steps for each pupil and clearly defined timescales and systems to put planning into action. An example is given of good practice in one local authority which identifies the school to which the pupil is to reintegrate before he or she starts at the PRU, ensuring that pupils do not see the PRU as a long term placement and have something to aspire to from the outset (Ofsted, 2007).

In summary, research shows that there are numerous barriers to the reintegration of permanently excluded pupils, and schools and local authorities need to do more to help PRUs with this challenging task. Although there often appears to be a gap between intention and practice (Ofsted, 2007), existing research lacks any real sense of how staff linked to pupil referral units experience the pushes and pulls associated with translating government rhetoric into a reality for permanently excluded pupils. The current study aims to do just this.

1.4 Purpose of the study

This small-scale research project aimed to provide a personal and contextualised account of the barriers and facilitators to the reintegration of previously excluded pupils in one UK local authority. It focuses on the perceptions of staff linked to a primary PRU, highlighting the challenges faced in reintegrating permanently excluded pupils into new schools as quickly as possible, in line with government guidance.

The aims of the research were to:

- elicit the views of professionals linked to a primary PRU in one UK local authority about the function of the PRU;

- identify the factors perceived to drive and constrain a primary PRU in successfully reintegrating permanently excluded pupils back into mainstream settings; and
- draw conclusions and recommendations about actions which may serve to increase the driving forces and reduce or remove the restraining forces.

2. Method

2.1 Setting and context

This study was carried out in a large local authority in England, which has nine pupil referral units, covering the full statutory age range (three primary and six secondary centres). Within the local authority, pupil referral units are the main form of educational provision for pupils who have been permanently excluded from school. The Behaviour Support Service is responsible for the reintegration of pupils following exclusion. Their role is partly proactive and partly reactive. The more pupils who are excluded from school, the less time the Behaviour Support Service has to undertake preventative work. Pupils return to school with reintegration support via a sharing panel at secondary school level or direct liaison between PRU staff and head teachers at primary school level.

There were a total of 261 pupils permanently excluded in the local authority in the last academic year, a decrease on the two previous years (see Table 2). However, some areas within the local authority have seen an increase in permanent exclusions in the last three years. This includes the South West, which is the area served by the PRU in the current study.

Whilst there has been a decrease in permanent exclusions from secondary schools from 2006/07 to 2007/08, permanent exclusions from primary schools have seen a year on year rise since 2005/06 (see Table 3).

Table 2. Permanent exclusion statistics for the last three academic years by local authority area

Local authority area	**2005/06**	**2006/07**	**2007/08**
North	83	110	51
North West	No data	No data	37
Central	93	83	19
South	114	134	31
South West	No data	No data	59
East	No data	No data	64
TOTAL	290	327	261

Table 3. Permanent exclusion statistics for the last three academic years by school type

School Type	**2005/06**	**2006/07**	**2007/08**
Primary	38	44	65
Secondary	248	277	189
Special	4	6	7
TOTAL	290	327	261

The pupil referral unit which forms the focus of the current study is a primary (Key Stage 1 and 2) PRU located in the south west of the authority. At the time of the study there were 24 permanently excluded pupils on roll.

In the academic year 2007–8, 29 permanently excluded pupils were registered at the PRU (see Appendix 1). The most common reason cited for exclusion was ‘challenging or disruptive behaviour’. All of these pupils were male and the largest proportion (*n*=11) were Year 6 pupils. None of these pupils was dual registered. Fifteen of the twenty-nine pupils had yet to be reintegrated and were still on roll at the PRU. One pupil had been at the unit for 18 months. Of the fourteen pupils who had been reintegrated, the average length of stay at the PRU was 8 months.

2.2 Participants

The participants in this study were the teacher in charge at the PRU, the educational psychologist (EP) for the PRU and a special educational needs co-ordinator (SENCo) at a local primary school. These participants were chosen in order to gain a range of perspectives from individuals linked to the unit.

2.3 Data collection

Individual, semi-structured interviews were conducted with the three participants, as a way of providing rich, highly illuminating information (Robson, 2002). A semi-structured interview was chosen in order to use its flexibility to encourage respondents to explain their answers at length. Breakwell *et al.* (2000) note that it is important that participants do not feel constrained from giving the information which they feel is important, as restrictive questioning can lead to restricted answers.

The interviews included a series of open-ended questions designed to elicit participant perceptions about the function of pupil referral units and the barriers and facilitators to the timely reintegration of permanently excluded pupils back into mainstream settings (see Appendix 2). The use of open-ended questions in interviews allows the interviewer to probe so that he or she may go into more depth as necessary (Cohen & Manion, 1994), and enables the interviewer to explain any ambiguities and correct any misunderstandings of questions (Drever, 1995).

It is acknowledged that, as with any self-report method, the interview approach relies upon respondents being able and willing to give accurate and complete answers to the questions posed (Breakwell *et al*., 2000). Whilst Cohen and Manion (1994) insist that interviews encourage co-operation and establish rapport, Breakwell *et al*. (2000) argue that even if the interviewees wish to co-operate, they may be unable to answer accurately because they cannot remember the details correctly or they do not understand the question.

Interviews were not audio taped, rather responses were summarised by hand during the course of the interviews. Wilson (1996) argues that replies to open-ended questions can rarely be taken down truly verbatim, so the interviewer has to be relied upon to extract the relevant material from what may be a long response and to discard the irrelevant. Thus, potential for bias is introduced by the interviewer.

With a larger sample, a focus group could have been used to provide a more in-depth look at the issue in question. Participants could then have used the force field analysis model collaboratively to come to a consensus about the key driving and restraining factors. A discussion of this nature amongst different professionals may have provided more illuminative data, such as conflicting perceptions of the rhetoric and reality regarding the reintegration of pupils from PRUs. However, the individual voice can be harder to hear in focus groups and power hierarchies and group dynamics can impact upon who speaks and what they say (Robson, 2002).

3. Findings

The key points arising from the semi-structured interviews are summarised below:

3.1 Interview one (teacher in charge of PRU)

- Key barrier to reintegration identified as *“schools’ unwillingness to take on permanently excluded pupils”.*
- PRU relies upon personal relationships with *“sympathetic and inclusive Heads”* at a minority of local schools.
- Increase in Year 6 referrals and difficulty reintegrating these pupils in final year of primary schooling attributed to standards agenda and emphasis on schools achieving good SATs results.
- Decrease in number of pupils who are dual registered (i.e. remain on school roll whilst attending PRU) so new schools have to be found for pupils.
- New requirement for LAs to provide full-time education from the sixth day of a permanent exclusion leaves the PRU with little time to negotiate shared provision (dual registration) arrangements with schools.
- The presence of Behaviour Support Service (BSS) staff in all primary schools ensures that positive relationships are built with schools and specialist support is in place when excluded pupils are reintegrated into a new mainstream setting.
- Good relationships between PRU and parents in ensuring that they are ‘on side’ with reintegration and involved throughout the process.

3.2 Interview two (educational psychologist)

- Key barrier to reintegration is the focus on what hasn’t worked rather than searching for the positives, meaning that *“on paper the young person doesn’t look a particularly attractive prospect for schools”.*
- Common perception in schools that a permanently excluded pupil will be demanding in terms of time and resources needed for successful reintegration. Funding attached to the pupil may counter this.
- Schools are often concerned about the impact on other pupils of reintegrating a permanently excluded pupil.
- Emphasis on standards in mainstream schools is not readily compatible with the inclusion of pupils with challenging behaviour and/or learning needs.
- PRUs need more ready access to a range of agencies to ensure a holistic / whole child approach to reintegration.
- Successful reintegration is dependent on school ethos and culture, and the good will and optimism of all involved: *“having confident staff willing to take a chance”.*
- Effective planning for reintegration needs to involve those with a detailed knowledge of the circumstances, rather than relying on panel decisions, in order to ensure an appropriate match between the pupil and new school.

3.3 Interview three (special educational needs co-ordinator)

- Emphasis on raising standards poses a barrier to schools’ willingness to accept permanently excluded pupils.

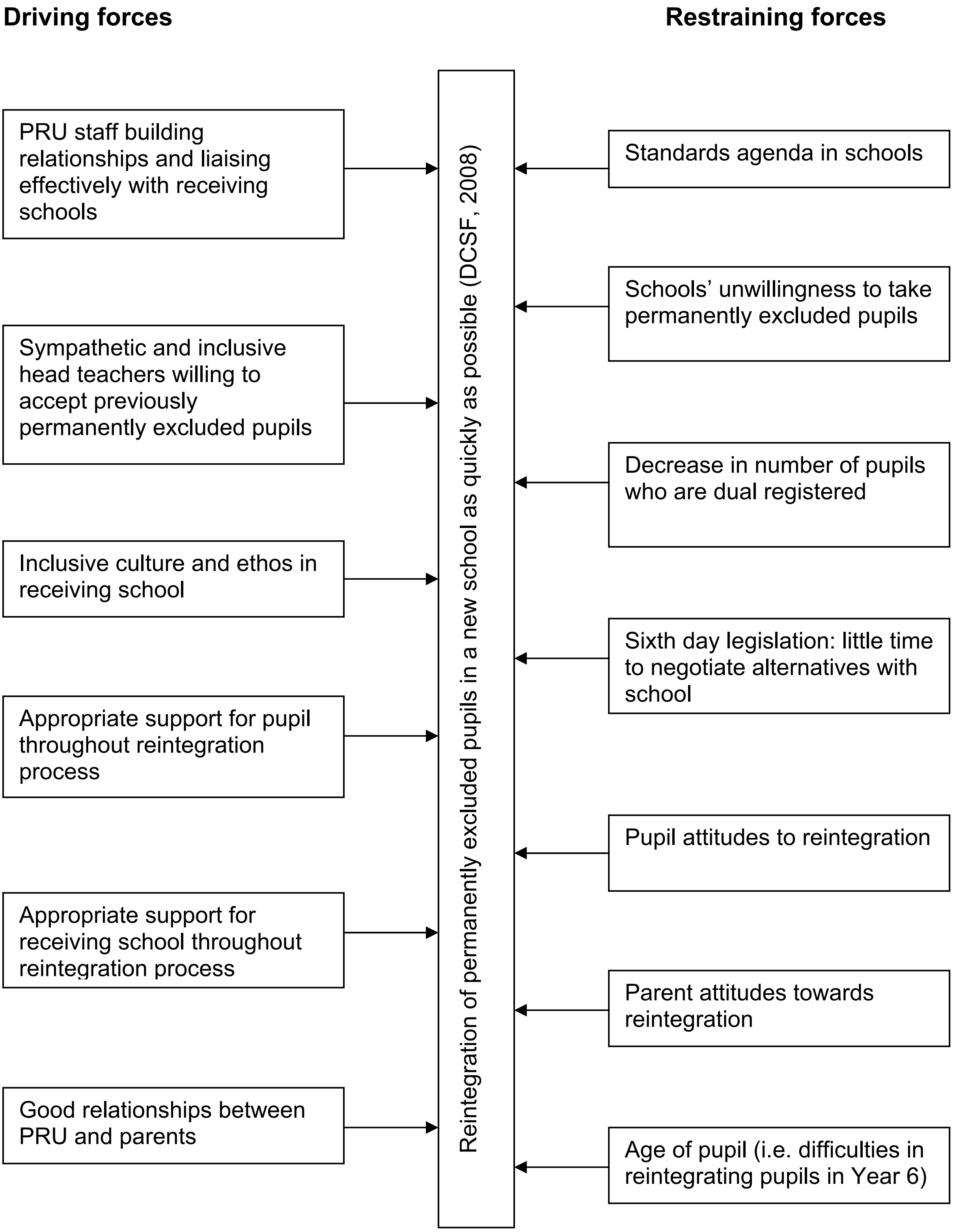
- Emphasis should not be placed on a ‘speedy’ reintegration, as *“time is needed to get to know the pupil and address existing needs”.*
- Importance of PRU providing the pupil with pastoral and emotional support during their time out of mainstream school.
- Schools need appropriate support for reintegration including*, “resources and good information”*.
- Pupil and parental attitudes are central to the success or otherwise of reintegration.

3.4 Force field analysis

Force field analysis (Lewin, 1951) provides a framework for identifying forces that are driving movement towards a goal and those which are restraining movement towards a goal. To maximise change or success, actions should be targeted at building on the driving forces and reducing or eliminating the restraining forces.

Responses from the semi-structured interviews were analysed in terms of the factors perceived to drive and restrain the PRU in successfully reintegrating permanently excluded pupils into mainstream settings. These driving and restraining forces are set out diagrammatically (see Figure 1).

Figure 1. Force field analysis results (adapted from Lewin, 1951)



4. Discussion

4.1 Emerging issues

A number of important restraining forces emerged from the force field analysis. These have been grouped to show the key challenges to the successful reintegration of permanently excluded pupils operating at different levels. Suggestions will be made for how these restraining forces can be addressed.

4.1.1 National level

The participants cited schools' reluctance to take permanently excluded pupils as a key barrier to timely reintegration. This was perceived to be linked with the standards agenda in schools with its emphasis on exam performance and league tables. This finding reflects one of the barriers to reintegration identified by the DfES (2004) study which referred to 'inclusion versus attainment issues'. Reducing the numbers of pupils in mainstream schools with behaviour problems, by referring them to special schools or excluding them, is likely to have a positive impact on the school's overall performance (Farrell & Tsakalidou, 1999). The implications for the reintegration of previously excluded pupils are clear. Farrell and Polat (2003) argue:

> 'Government legislation in the UK, which has introduced a 'market-led' philosophy, in which mainstream schools compete with one another for children, where exam results are published and where 'excellence' in education tends to be measured solely on academic criteria, has led schools to be increasingly reluctant to cater for pupils who may be disruptive' (p.278).

In parallel to this drive to raise academic standards, schools are also required to develop more inclusive policies and practices (Farrell, 2004). This tension between government initiatives has long been recognised (e.g. Hayden, 1997). Whilst acknowledging the competing demands made on schools, it is argued here that the standards agenda holds more value for schools than the inclusion agenda, due to status and financial implications. Gray and Panter (2000) argue that ‘the government needs to do something to recognise the moral importance of social inclusion . . . and it should be an important feature of the wider educational enterprise’ (p.7). Until the inclusion agenda is afforded parity with the standards agenda, the drive to raise academic standards is likely to continue to pose a barrier to the reintegration of previously excluded pupils.

4.1.2 Local authority level

Within the local authority in this study, admission of permanently excluded pupils into new mainstream primary schools is facilitated through direct liaison between PRU staff and head teachers. There are no sharing panels at primary school level. Participants’ comments about the reluctance of schools to take on permanently excluded pupils raise questions regarding the effectiveness of the current LA arrangements for reintegration. While the teacher in charge commented on their reliance on “sympathetic and inclusive” head teachers, McLeod (2001) similarly commented that reintegration in the local authority where she was working appeared ‘to have been carried out at the discretion of individual schools based upon inter-school relationships and goodwill’ (p.191).

As mentioned earlier, this had led to a situation where certain schools are accepting a disproportionate number of ‘difficult’ young people (Maguire *et al*., 2003), prompting the DCSF (2008a) to recommend that all schools should take their fair share of previously excluded pupils.

The DfES (2004) research report cited panel approaches as a facilitator to reintegration for permanently excluded pupils, ‘as a means for involving and securing commitment to reintegration from schools, as well as providing a forum for decision making and monitoring progress’ (p.43). It cited an example of a local authority in which a permanent exclusions panel compromising head teachers, PRU staff and Social Inclusion Team decides, on the basis of information obtained from the excluding school, which new school the young person should return to. In a similar vein, *BBC News Online* (14 February, 2000) reported that 60 per cent of Doncaster’s high numbers of permanently excluded pupils are back in mainstream school within 20 working days, due to an agreement between school head teachers and the LA, ‘which means that excluded pupils are shared out equally between schools to give them a second chance’.

While such arrangements to share excluded pupils more equitably appear on the surface to constitute good practice, Gray and Panter (2000) argue that reintegration planning should be facilitated at the casework level, rather than through ‘overly bureaucratic panel arrangements’ (p.6). This echoes comments made by the educational psychologist in the current study that planning at the individual level will ensure a more appropriate match between the pupil and new school. Thus, the PRU’s continued efforts to build working relationships with receiving schools should enable them to identify this ‘best fit’. After all, a situation whereby schools are ‘forced’ to take on previously excluded pupils does not equate with the positive full inclusion of a young person who has experienced previous failure and rejection in the education system.

4.1.3 Organisation level (school and PRU)

School ethos was alluded to as a significant restraining or driving force in the reintegration of pupils from the PRU. Munn, Lloyd and Cullen (2000) describe ‘ethos’ as a set of underpinning beliefs and practices within an organisation. Thus, ethos influences how schools respond to pupils with challenging behaviour, including their willingness and ability to accommodate the needs of previously excluded pupils.

Farrell and Tsakalidou (1999) cite Chazan’s (1994) review of research into mainstream teachers’ attitudes, which indicated that they tended to have ‘negative perceptions of, and limited tolerance for, problem behaviour in the classroom’ (p.327). More recently, the DfES (2004) reported that schools’ main concerns in reintegrating permanently excluded pupils regarded potential disruption of their behaviour on other pupils in the mainstream classroom. In conducting a project in Wigan to promote reintegration from a special school for pupils with emotional and behavioural difficulties (EBD), McLeod (2001) found that some schools appear to have an anti-inclusive agenda, ‘most strongly evidenced in an unwillingness to accept pupils with EBD’ (p191). Gray and Panter (2000) paint a more sympathetic picture towards mainstream schools by reminding us that the area of difficult pupil behaviour is highly emotive and challenges teachers’ sense of their own professional competence and self-esteem.

Related to ethos is the issue of how challenging behaviour leading to permanent exclusion is perceived by schools. A key factor contributing to schools’ reluctance to take on previously excluded pupils is the prevalent view that the main causes of the problem behaviour lie within the child rather than within the school. Araujo (2005, cited in Vincent *et al.*, 2007) argues that:

> 'such a focus draws attention away from the many ways in which the structural, organisational and interpersonal realities of schools play an important role in producing or reducing 'problem behaviour' (p.295).

Rather than focusing solely on promoting change within the pupil, all staff involved with excluded pupils should recognise that behaviour is a product of an interaction between the child and the environment, and as a result, try to ensure that a pupil is not reintegrated into a similar environment to the one from which they were excluded. A pupil's new placement will be successful only if there is a careful assessment of all the factors leading to the behaviour and plans that take account of individual circumstances and contextual influences (Gray & Panter, 2000).

The participants cited ongoing support for the pupil and for the new school as an important factor in driving the reintegration process. In line with the interactionist approach, it is argued that the school's behaviour management approaches and systems should be examined prior to reintegration, and appropriate support and training offered. Gray and Panter (2000) argue that 'little account is taken of the need for staff to have appropriate skills and understanding' (p.6). Teachers should receive initial training and continuing professional development (CPD) opportunities to build their ability and confidence in accommodating the needs of pupils exhibiting challenging behaviours.

4.1.4 Child and family level

Pupil and parental attitudes were perceived to be central to the success or failure of reintegration. Farrell and Tsakalidou (1999) mention the need for parents and pupils to be wholly committed for inclusion to be successful, and the DfES (2004) highlight the degree of parent/carer interest and support for reintegration as a potential barrier to the reintegration of excluded pupils. Cole, Daniels and Visser (2003) comment that parental and pupil appreciation can often be found for PRUs, resulting in ambivalent or reluctant attitudes towards reintegration to a new school:

> ‘Alternative provision, though in the past often flawed, might sometimes be more supportive, nurturing and challenging than some existing mainstream settings for pupils with behavioural difficulties’ (p.202).

In order to address this problem, the DfES (2004) recommends ‘ensuring the engagement of the pupil, and securing and maintaining parental/carer support’ (p.95). One approach may be to review pupil readiness for reintegration on a regular basis.

In a study of how well children reintegrate to mainstream schools from EBD provision in Scotland, Lloyd and Padfield (1996) found that many staff felt that reintegration would be more likely if children were selected using ‘appropriateness for reintegration’ as the criterion, yet there was no agreement on how to identify such children. Since then, a number of local authorities have developed their own ‘readiness for reintegration scales’ to help assess whether or not a pupil is ready to be reintegrated back into mainstream settings (DfES, 2004). Some of these scales are based upon the ‘Coping in Schools Scale’ (CISS; McSherry, 2001), a structured assessment of pupils exhibiting challenging behaviour and the ‘Reintegration Readiness Scale’ (Doyle, 2001) originally intended for use with children in nurture group provision.

4.2 Limitations and future directions

Like any small-scale qualitative study, these findings cannot be taken as representative of the perceptions of all staff linked to pupil referral units about the reintegration of permanently excluded pupils. Rather, this study aimed to highlight the challenges faced by a single pupil referral unit in one local authority in the UK, at a particular point in time.

It is acknowledged that the range of perspectives included and excluded in the study may have had an impact on the findings from the semi-structured interviews and thus the emerging issues for discussion. The inclusion of parent and pupil views may have raised different or additional driving and restraining forces to reintegration. In addition, it may have been worthwhile to interview the manager of the Behaviour Support Service or a similarly placed figure in the local authority.

This study only investigated the perceived driving and restraining forces to the reintegration of permanently excluded pupils from a primary pupil referral unit to mainstream settings. The experiences within a secondary PRU may be different, as might the perceived barriers and enablers to reintegration for pupils on fixed term exclusions. This may be an interesting area for future research. In addition, in-depth exploration of individual pupil circumstances through a case study methodology may provide richer data about restraining and driving forces for the reintegration of particular sub-populations. For example, the increase in Year 6 referrals and the difficulty in reintegrating these pupils would appear to be an important area for future research.

4.3 Conclusions

The findings from the current study and earlier research have highlighted that it is difficult to return pupils quickly to the mainstream context once they have been permanently excluded from school, due to a variety of restraining factors at different levels.

The implications of failing to secure the early reintegration of permanently excluded pupils are far reaching. The report on truancy and exclusion published by the Social Exclusion Unit in 1988 highlighted the damage sustained absence from education inflicts on children and society. In addition to the well-documented deleterious outcomes for these young people, the presence of high numbers of excluded pupils in PRUs also means that staff do not have the capacity to undertake preventative work with schools (DCSF, 2008a). A further result of pupils remaining in PRUs for long periods of time is that many units become full and are unable to take new pupils (Ofsted, 2007):

> 'Consequently, some pupils who are permanently excluded cannot be placed or are offered only part-time provision' (p.15).

This study has reported the subjective reality experienced by staff linked to a primary pupil referral unit in attempting to reintegrate previously excluded pupils into mainstream settings. The findings of the research raise questions about whether this reality is adequately reflected in government rhetoric. The challenges faced by PRUs must be more readily acknowledged at the national and local level, and furthermore, schools and local authorities must do more to help PRUs reintegrate pupils into mainstream education (Ofsted, 2007). It is clear that there is much at stake.

References

BBC (2000) *Dealing with excluded pupils.* 2000 Feb 14 [online]. http://news.bbc.co.uk/1/hi/education/642764.stm [Accessed October 6th 2008]

Breakwell, G. M., Hammond, S., and Fife-Schaw, C. (2000) *Research methods in psychology.* (2nd ed.) London: Sage Publications.

Cohen, L. and Manion, L. (1994) *Research methods in education* (4th ed.) London: Routledge.

Cole, T., Daniels, H., and Visser, J. (2003) Patterns of provision for pupils with behavioural difficulties in England: a study of government statistics and behaviour support plan data. *Oxford Review of Education*, 29 (2): 187 – 205.

Department for Children, Schools and Families (2008a) *Back on track: a strategy for modernising alternative provision for young people.* Norwich: The Stationery Office.

Department for Children, Schools and Families (2008b): *Statistical first release: permanent and fixed period exclusions from schools and exclusion appeals in England, 2006/07*. London: DCSF.

Department for Children, Schools and Families (2008c): *Improving behaviour and attendance: guidance on exclusion from schools and pupil referral units.* Nottingham: DCSF Publications.

Department for Education and Skills (1990) Management of the school say [online]. www.teachernet.gov.uk/docbank/index.cfm?id=11389 [Accessed December 6th 2008]

Department for Education and Skills (2004) *The reintegration of children absent, excluded or missing from school. Nottingham*: DfES Publications.

Doyle, R. (2001) Using a readiness scale for reintegrating pupils with social, emotional and behavioural difficulties from a nurture group into their mainstream classroom: a pilot study. *British Journal of Special Education*, 28 (3): 126 – 132.

Drever, E. (1995) *Using semi-structured interviews in small-scale research.* Glasgow: The Scottish Council for Research in Education.

Farrell, P. (2004) School psychologists: making inclusion a reality for all. *School Psychology International*, 25 (1): 5 – 19.

Farrell, P. and Polat, F. (2003) The long-term impact of residential provision for pupils with emotional and behavioural difficulties. *European Journal of Special Needs Education*, 18 (3): 277 – 292.

Farrell, P. and Tsakalidou, K. (1999) Recent trends in the re-integration of pupils with emotional and behavioural difficulties in the United Kingdom. *School Psychology International*, 20 (4): 323 – 337.

Gray, P. and Panter, S. (2000) Exclusion or inclusion? A perspective on policy in England for pupils with emotional and behavioural difficulties. *Support for Learning*, 15 (1): 4 – 7.

Hayden, C. (1997) Exclusion from primary school: children ‘in need’ and children with ‘special educational need’. *Emotional and Behavioural Difficulties,* 2 (3): 36 – 44.

Lewin, K. (1951) *Field theory in social science*. New York: Harper and Row.

Lloyd, G. and Padfield, P. (1996) Reintegration into mainstream: ‘gi’e us peace!’ *British Journal of Special Education,* 23 (4): 180 – 186.

Maguire. M., Macrae, S., and Milbourne, L. (2003) Early interventions: preventing school exclusions in the primary setting. *Westminster Studies in Education*, (1): 45 – 62.

McSherry, J (2001) *Challenging behaviours in mainstream schools.* London David Fulton Publishers.

Munn, P., Lloyd, G. and Cullen, M. A. (2000) *Alternatives to exclusion from school.* London: PCP.

Ofsted (2006) *The annual report of Her Majesty's chief inspector of schools 2005/06*. Norwich: The Stationery Office.

Ofsted (2007) *Pupil referral units: establishing successful practice in pupil referral units and local authorities.* London: Ofsted.

Robson, C. (2002) *Real world research* (2nd ed.) Oxford: Blackwell.

The Association of Directors of Children's Services (ADCS; 2008) *Improving pupil referral units and alternative provision: a discussion paper* [online]. www.adcs.org.uk [Accessed November 9th 2009]

The Guardian (2007) *In safe hands.* 2007 Oct 2 [online]. www.guardian.co.uk/education/2007/oct/02/pupilbehaviour.schools [Accessed October 6th 2008]

Vincent, K., Harris, B., Thomson, P., and Toalster, R. (2007) Managed moves: schools collaborating for collective gain. *Emotional and Behavioural Difficulties,* 12 (4): 283 – 298.

Wilson, M. (1996) “Asking questions”. In Sapsford, R. and Jupp, V. (eds.) *Data collection and analysis.* London: Sage Publications. pp. 94–120.

Appendix 1

Description of pupils on roll at PRU during academic year 2007–08

Gender	Year Group	PRU start date	PRU leaving date	Approx length of stay at PRU
M	3	21 Feb 07	22 Jul 08	17 months
M	1	25 Apr 07	02 Jul 08	15 months
M	6	09 May 07	22 Jul 08	14 months
M	5	12 Jun 07	-	-
M	5	02 Jul 07	22 Jul 08	12 months
M	5	11 Oct 07	-	-
M	4	05 Nov 07	22 Jul 08	8 months
M	6	01 Nov 07	22 Jul 08	8 months
M	3	01 Nov 07	-	-
M	6	01 Nov 07	22 Jul 08	8 months
M	1	05 Nov 07	23 Oct 08	11 months
M	2	31 Oct 07	-	-
M	5	28 Nov 07	-	-
M	3	29 Nov 07	-	-
M	1	29 Nov 07	22 Jul 08	8 months
M	6	04 Feb 08	22 Jul 08	5 months
M	5	18 Feb 08	-	-
M	6	18 Feb 08	22 Jul 08	5 months
M	6	13 Mar 08	22 Jul 08	4 months
M	5	19 Mar 08	-	-
M	6	17 Jun 08	22 Jul 08	1 month
M	5	15 Jul 08	-	-
M	6	22 Sep 08	-	-
M	6	23 Sep 08	-	-
M	4	07 Oct 08	23 Oct 08	<1 month
M	5	14 Oct 08	-	-
M	6	13 Nov 08	-	-
M	6	13 Nov 08	-	-
M	5	06 Nov 08	-	-

Appendix 2

Interview schedule

Q1. *'All pupils who are excluded from school should be reintegrated back into school as quickly as possible'.*
What do you think about this statement?
How does it relate to your experience with this PRU?

Q2. What factors impede the reintegration of pupils back into school?

Q3. What factors facilitate the reintegration of pupils back into schools?

Q4. What are you doing in the PRU to prepare pupils for reintegration?

Q5. Is there anything else that you think you could be doing to ensure that pupils are reintegrated more quickly?

CHAPTER THREE

USING THERAPEUTIC APPROACHES TO ADDRESS PUPILS' COMPLEX NEEDS: IMPLICATIONS FOR EDUCATIONAL PSYCHOLOGY PRACTICE, WITH REFERENCE TO AN ILLUSTRATIVE CASE

USING THERAPEUTIC APPROACHES TO ADDRESS PUPILS' COMPLEX NEEDS: IMPLICATIONS FOR EDUCATIONAL PSYCHOLOGY PRACTICE, WITH REFERENCE TO AN ILLUSTRATIVE CASE

Abstract

This paper considers the use of therapeutic approaches in educational psychology (EP) practice. It presents a case example of motivational interviewing with a secondary school pupil to prompt reflection on the merits and challenges associated with using therapeutic interventions. The paper discusses the context for therapeutic work in terms of the rise in mental health issues among children and young people, the national policy context, professional reconstruction, and the evidence base for psychological therapies. It also outlines issues and implications for EP practice. The paper concludes that therapy is a useful tool to add to an educational psychologist's repertoire of interventions. It recommends that practitioners explore ways to avoid the 'within-child' connotations of therapeutic approaches by incorporating the social context wherever possible.

USING THERAPEUTIC APPROACHES TO ADDRESS PUPILS' COMPLEX NEEDS: IMPLICATIONS FOR EDUCATIONAL PSYCHOLOGY PRACTICE, WITH REFERENCE TO AN ILLUSTRATIVE CASE

1. Introduction

1.1 Background

A recent wide-ranging study by UNICEF (2007) found that child well-being in the UK was lower than in twenty other industrialised countries. Furthermore, there is concern that children and young people are experiencing mental health problems in increasing numbers, affecting their social, emotional and behavioural functioning in schools and communities (Greig, 2007).

A common way of responding to these needs is through counselling and therapeutic support (Department of Health, 2008; Ofsted, 2005). According to the British Association for Counselling and Psychotherapy (BACP; 2009) early and easy access to counselling and psychotherapy in schools can prevent mental health problems in children developing or becoming more serious. Many assert that educational psychologists (EPs) are the natural providers of this service, despite the typical move to consultative work in schools (e.g. Boyle & Lauchlan, 2009). The British Psychological Society (BPS; 2009) mentions 'counselling' as a current example of educational psychologists' direct work with children, and the final report of the National CAMHS Review (DH, 2008) acknowledges that EPs have a much wider role than identifying special educational needs which includes, amongst other activities, therapeutic work. Significantly, the national review of educational psychology in England and Wales (Farrell *et al.*, 2006) recommends that the profession should expand into new areas such as group and individual therapy.

1.2 Definitions

The terms ‘mental health’, ‘emotional well-being’ and ‘complex needs’ are used interchangeably throughout this paper, in order to encompass the range of emotional and behavioural difficulties experienced by young people, rather than focussing solely on diagnosable mental health disorders. The term ‘therapy’ is also used freely alongside other terms cited in the literature, including ‘therapeutic interventions’, ‘psychological therapies’, and ‘psychotherapeutic approaches’.

1.3 Aims / focus of the study

The principal aim of this paper is to summarise the literature relating to the context for educational psychologists’ use of therapy with children and young people, in order to highlight current merits and challenges of therapeutic work, as well as implications for practice. In particular, the paper serves as a reflection on my own practice and as a way of exploring questions resulting from the case example, outlined below.

2. Case example

2.1 Background to the case

Sarah was a Year 9 pupil at a secondary school. She was considered to be at risk of permanent exclusion due to her challenging behaviour. The types of behaviours causing concern for the school included ‘aggressive’ behaviour towards pupils and staff, refusals to comply with teacher requests, poor concentration, arriving late to school, and coming to lessons without homework and equipment. Sarah had received two fixed term exclusions since the start of the autumn term for ‘emotional outbursts’ at teachers. Peer approval and status from disruptive behaviour were viewed as maintaining Sarah’s behaviour. In addition, school staff voiced concern about Sarah’s emotional well-being. She was referred for educational psychology involvement in October 2008.

Following consultation with the school’s Special Educational Needs Co-ordinator (SENCo) and Sarah’s Head of Year, it was agreed that I would work with Sarah individually for up to six sessions, on a once-weekly basis, between November and December 2008. Motivational interviewing (MI) was chosen as an intervention strategy.

2.2 Methodology

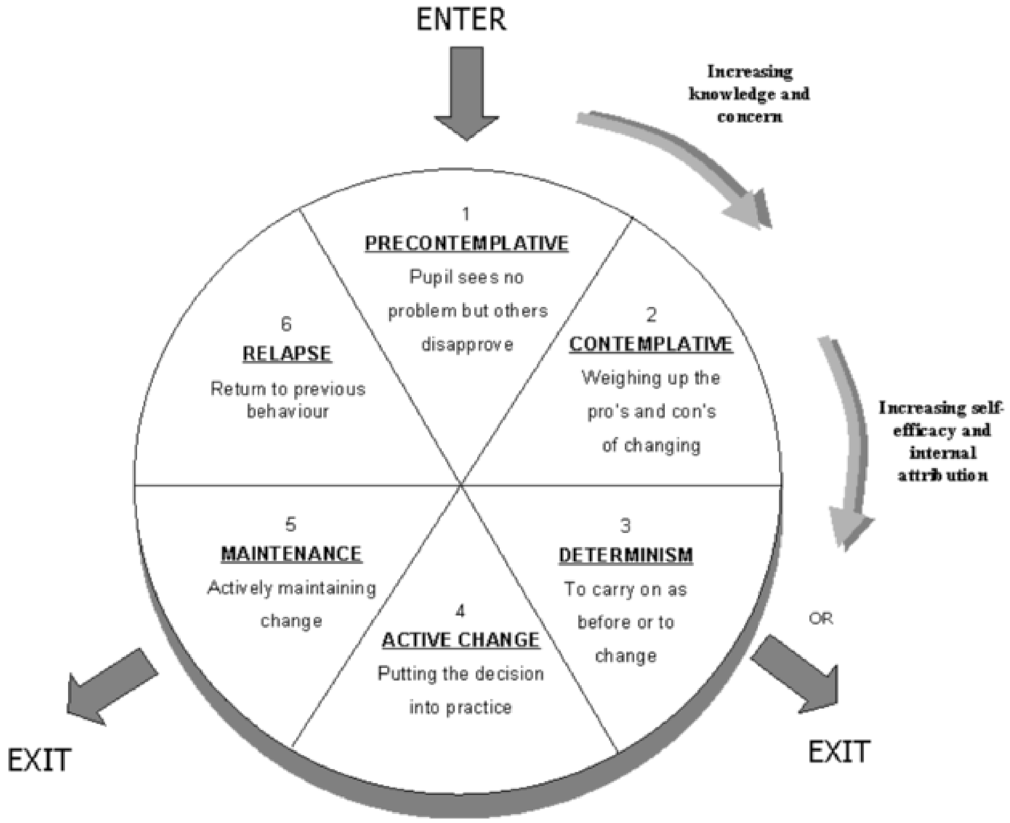
Rollnick and Miller (1995) define motivational interviewing as:

> ‘a directive, client-centered counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence’ (p.8).

MI differs from many other counselling techniques in that it does not assume that the client has a desire to change a particular aspect of his or her behaviour (Atkinson & Woods, 2003). Indeed, one of the key tenets of MI is that motivation to change is elicited from the client, and not imposed from without (Rollnick & Miller, 1995). Thus, motivational interviewing seemed to be an appropriate choice in this case because I was aware that the school’s views about how the pupil should modify her behaviour might be at odds with the personal constructs of the pupil (Atkinson & Woods, 2003).

Miller and Rollnick (1991) linked MI to the *transtheoretical model of change* proposed by Prochaska and DiClemente (1982), which describes a series of stages through which people pass when addressing problematic behaviour, such as addictions. McNamara (1998, cited in Atkinson & Woods, 2003) later adapted this model for use with pupils, such that MI and the Model of Stages of Change are generally seen as synonymous within educational settings (see Figure 1).

Figure 1. Model of the stages of motivational change (McNamara, 1998)



Interaction techniques used in motivational interviewing include open-ended questions, affirmations, reflective listening and summarising (Miller & Rollnick, 1991). Atkinson and Woods (2003) point out that there is very little guidance on how to actually undertake MI with children and young people. This made it difficult to decide on the content of the sessions. MI strategies used in the current casework included reviewing a typical day, good things and less good things, decisional balance, and change planning (Rollnick *et al.*, 1992, in Atkinson & Woods, 2003). Other techniques used here included 'drawing the ideal self' (Moran, 2001) based on personal construct psychology, and solution focused approaches such as scaling questions and exception finding. Table 1 outlines the aims and techniques used in the MI sessions.

Table 1. Outline of motivational interviewing sessions

Sessions & stages	**Aims**	**Activities / topics**
EP session: Assessment	To build rapport and begin to raise awareness of problem	• Personal construct psychology (PCP) techniques e.g. *drawing the ideal self*
EP session 2: Pre-contemplation	To increase knowledge / concern about problem	• Explore areas arising from PCP work • A typical day
EP session 3: Contemplation	To raise awareness of the desirability of change and consider choices open to pupil	• Solution focused approaches e.g. scaling and exception finding • Good things and less good things • The future and the present (e.g. miracle question)
EP session 4: Determinism	To decide to take action and prepare and plan for change	• Change plan

EP session 5: Active change	To agree clear goals and communicate intention to change to significant others	• Letter to teachers • How will behaviours be recorded? • How will progress/changes be recorded and recognised?
Maintenance	Pupil self management with staff support	• Self review and monitoring supported by key member(s) of staff
Relapse	EP review and support	• Revisit commitment to change • Discuss specific positive outcomes to date • Locate pupil back on MI cycle

2.3 Outcomes

Follow-up discussions with the school SENCo and Head of Year in March and July 2009 indicated improvements in Sarah's punctuality and general behaviour towards staff. In October 2009, the school data system showed 21 records of behaviour incidents for that month, including 'shouting out', 'extreme behaviour', and 'late to school'. In July 2009, only four incidents had been recorded by staff, including 'arriving without equipment' and 'failure to settle to work'.

My follow-up sessions showed a positive change in Sarah's attitude to school. I used a scaling exercise to elicit where Sarah rated her current situation on a scale of 1 to 10, where 10 represented being very happy with how things were at school and 1 represented being very unhappy. Sarah was also able to identify some of the changes she had made in order to improve her behaviour (see Table 2 for a summary of discussions).

Table 2. Pupil responses to scaling activity

Date	**Scaling of current situation**	**Comments**
November 2008	5	• *Things are up and down: being cheeky, being rude.* • *Last month was the worst, I got excluded 3 times.*
March 2009	9	• *I'm not cheeky to the teachers anymore.* • *I still talk in class but try and listen to the teachers more.*
July 2009	10	• *I like coming to school now.* • *I get to school just on time 'cos I don't go to Tesco's.* • *The teachers treat me differently.*

Birmingham Educational Psychology Service (EPS; 2008) recommend pre- and post-testing when conducting direct casework. The 'Myself As Learner Scale' (MALS; Burden, 1998) was administered as a measure of academic self-concept. Judgment about one's competence will play a major role in subsequent thinking and behaviour, in terms of how pupils approach learning activities, the effort they expend to achieve goals, their persistence in the face of challenge, and the control they believe they have over their learning (Dicintio & Gee, 1999). MALS requires the pupil to read 20 self-referring statements and circle one of five alternative responses, ranging from (a) 'definitely agree' to (e) 'strongly disagree'. Scores for each item are summated to produce an overall score between 20 and 100. A score between 60 and 82 can be considered as within the average range. A baseline score of 48 was obtained in November 2008. Following the therapeutic intervention, scores of 58 and 60 were obtained in March 2009 and July 2009, respectively. Thus, Sarah's higher post-intervention MALS scores suggest that her perception of herself as a learner became more positive over the course of the intervention, and that this gain was maintained post-intervention.

Sarah told me that she enjoyed our sessions together and that *"It helped me with everything".* Sarah liked having someone to talk to and someone who listened to her point of view, without putting pressure on her to change. It was harder to ascertain the value that school staff placed on the therapeutic intervention. The SENCo believed that the individual work had led to some significant initial improvements in behaviour but that Sarah's low-level disruptive behaviour had gradually returned. She acknowledged, though, that the overall improvements in Sarah's behaviour and attitude to school meant that she was no longer a priority concern for the senior management team or at risk of exclusion.

2.4 Reflections

My work with Sarah gave me the opportunity to apply psychology to individual casework. Although guidance from Birmingham EPS (2008) on behaviour casework states that 'formal casework is highly time-consuming with no guarantee of successful outcomes' (p.3), I felt that my work with Sarah had proven to be worthwhile and I had been able to make a unique contribution to the school's efforts at addressing her behaviour and emotional well-being.

However, I am aware that initiating one-to-work with the pupil, rather than working solely at a consultative or systemic level, could be seen as colluding with school's wishes for a 'quick fix', or maintaining 'within-child' attributions for the presenting problems. It may have been preferable to seek social support for Sarah through existing mentor-like relationships or through acknowledging her difficulties as being embedded in a social context by delivering family therapy or peer support sessions (Hall & Marzillier, 2009).

There are clear difficulties with evaluating therapeutic work and demonstrating successful outcomes. In this case, it is hard to discern whether it was the therapeutic intervention which produced positive changes in behaviour or other unknown events or influences that coincided with the intervention. It is also possible that the news of EP involvement may have prompted teachers to change their expectations and views of the pupil, which in turn may have led to behaviour change in the pupil. Indeed, therapeutic approaches can be used to create a greater understanding of the young person in others, and this may be enough to promote change. Alternatively, the therapeutic relationship may have been beneficial in itself, in that the content of my sessions with Sarah was of less significance than the counselling skills used to create a successful therapeutic alliance (Hall & Marzillier, 2009).

Although therapeutic work is a time-consuming and uncertain endeavour, my work with Sarah has ignited my interest in the use of therapeutic approaches and has raised a number of questions for reflection:

- Can the decision to use a therapeutic approach be justified in terms of national policy context?
- What evidence is there for the efficacy of therapeutic interventions with children and young people?

- Is therapeutic work any more or less ethical than other approaches used by EPs?
- Do EPs have the adequate skills and experience needed for therapeutic interventions, or should this work be left to other professionals?
- What other issues may need to be considered before engaging in therapeutic work?

3. Context for therapeutic work

3.1 Rise in mental health problems among children and young people

Although there is a lack of consistent national data on the overall psychological well-being of children and young people in England, surveys of diagnosable mental health problems and disorders show that overall prevalence has increased since the 1970s (DH, 2008).

Collishaw *et al*. (2004) assessed the extent to which conduct, hyperactive and emotional problems have become more common amongst UK adolescents over a 25 year period. They compared parent ratings from three general population samples collected in 1974, 1986 and 1999. Results showed a substantial increase in conduct problems for both genders, for all family types and across all social class categories over 25 years. Rates of emotional problems remained stable between 1974 and 1986, and then increased between 1986 and 1999, for both males and females. There was mixed evidence in relation to rates of hyperactive behaviour, with rates for boys decreasing between 1974 and 1986 and then increasing again by 1999, while scores for girls remained stable throughout the study period.

In a 2004 survey of the prevalence of mental disorders amongst children and young people in Great Britain, Green *et al*. (2005) reported that one in 10 children and young people (10 per cent) aged 5 to 16 had a clinically diagnosed mental disorder. The main disorder categories surveyed were emotional, conduct, hyperkinetic, and autistic spectrum disorders. Results showed that 4 per cent had an emotional disorder (anxiety or depression), 6 per cent had a conduct disorder, 2 per cent had a hyperkinetic disorder, and 1 per cent had a less common disorder (including autism, tics, eating disorders and selective mutism). The assessment of mental disorder was based on structured and open-ended questions, with information gathered from parents, teachers and the young people themselves (if aged 11 to 16). There were no reported changes in prevalence of the overall proportions of children with a mental disorder since the previous survey in 1999, carried out by Meltzer *et al*. (2000).

Davis *et al*. (2000) conducted a relatively small random survey of the mental health needs of 253 children and young people aged 0 to 16 years in a deprived area of south-east London. Data were gathered through interviews with the children themselves or their parents or carers. Nearly 37 per cent of the children had three or more psychosocial problems, and over 51 per cent had three or more risk factors for child mental health problems.

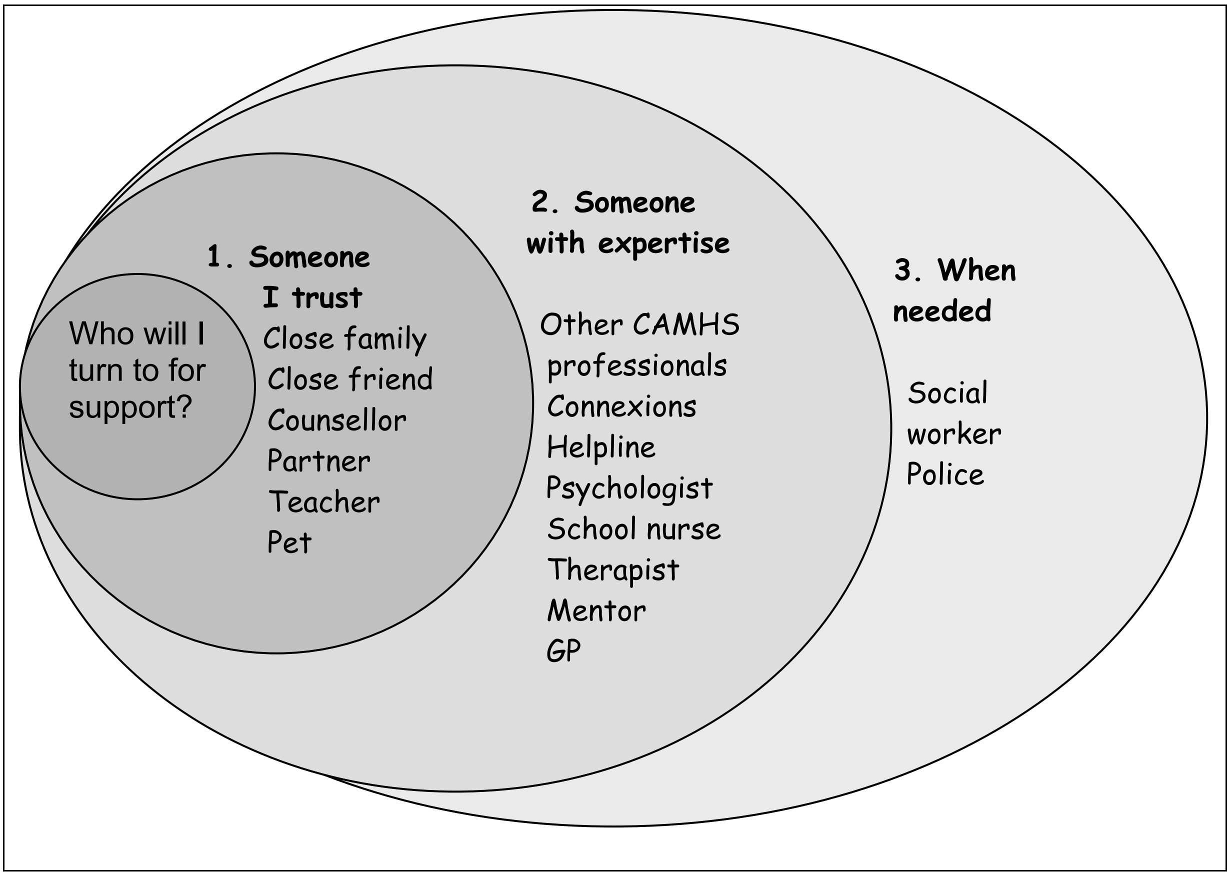
These prevalence rates clearly indicate high levels of need for mental health services. However, there are concerns that only a small proportion of these children and young people receive any form of specialist help and that mental health services for children and young people are currently inadequate (MacKay, 2007). The final report of the National CAMHS Review (DH, 2008) commented that ‘improvements in mental health and psychological well-being are still not as comprehensive, as consistent or as good at they could be’ (p.8).

Estimates of the numbers with disorders who do receive help have ranged from 10 per cent to 21 per cent, with reasons for this including the inaccessibility or unavailability of appropriate services and the perceived stigma of attendance at specialist health services (MacKay, 2007).

Meltzer *et al*. (2000) found that 30 per cent of the children with mental disorder in their 1999 national sample had not been seen by a GP or specialist services. In the more recent 2004 survey (Green *et al*., 2005), nearly three-quarters (73%) of parents of children with an emotional disorder had sought some form of advice or help because of concerns about their child’s mental health. The most commonly used professional source were teachers, contacted by nearly a half (47%) of the parents of children with an emotional disorder. About a quarter (24%) of parents had contacted, or been referred to, specialist advice, usually within children’s mental health.

With evidence to suggest that teachers, rather than specialist services, are most commonly called upon for support and advice by parents, it also appears to be the case that teachers are particularly valued and trusted by children and young people too. A focus group carried out for the National CAMHS Review (DH, 2008) asked children and young people to identify who they would turn to when they need help (see Figure 2).

Figure 2. Sources of support for children and young people (DH, 2008, p.36)



While psychologists were included in the ‘middle circle’ as ‘someone with expertise’, teachers were included within the ‘inner circle’, confirming the significant role they play in supporting mental health and psychological well-being. Given that educational psychologists act as consultants to schools and are often a first port of call for school referrals, it is argued that they are in a unique position to offer advice and support to teachers in meeting these needs, or to offer direct therapeutic work with the pupils themselves.

Given the time that children spend at school and its familiarity to children and parents alike (Greig, 2007), schools are clearly crucial places for ensuring that the mental health needs of children and young people are met, either through preventative work, or through interventions aimed at addressing existing problems.

Early and easy access to counselling in schools can prevent mental health problems in children developing or becoming more serious (BACP, 2009). Arguably, EPs are the natural providers of this service (Boyle & Lauchlan, 2009). Furthermore, Tier 3 services report a shortage of therapeutic staff, such as those able to offer cognitive behavioural therapy (CBT) and other specific therapeutic approaches (DH, 2008). With the rise in mental health issues among children and young people, and a lack of capacity among specialist services to cope with increasing demand, it is argued here that the context is set for EPs to address this gap by adopting a key therapeutic role within school settings.

3.2 Policy context

Addressing the mental health issues of children and young people has become a central political imperative to which public agencies in health, education and social services are expected to respond (Mackay, 2007). Indeed, the National CAMHS Review (DH, 2008) stressed that:

> ‘everybody needs to recognise and act upon the contribution they make to supporting children’s mental health and psychological well-being’ (p.10).

Two key policy documents informing work with children and young people in England are *Every Child Matters* (DfES, 2004) and the *National Service Framework for Children, Young People and Maternity Services* (DH, 2004). Both emphasise the need for services and professionals to work effectively together around children and families in a more holistic, child-centred way.

The *Every Child Matters* Green Paper set out the Government’s proposal for integrating key services for children and young people under the Director of Children’s Services as part of Children’s Trusts. One of the five desired outcomes of

Every Child Matters, ‘being healthy’, focuses on the physical and mental health of children and young people.

The *National Service Framework* is a ten-year plan aimed at reducing inequalities so that all children and young people have access to the services that they need. Children’s mental health is covered across all eleven strands, but standard nine focuses on CAMHS, promising ‘timely, integrated, high quality multidisciplinary mental health services’ (p.7).

The four-tiered CAMHS framework conceptualises the spectrum of services available to meet the mental health needs of children and young people. Across children’s services more widely, there has been a move to the concept of universal, targeted and specialist services (DH, 2008). Both these models recognise that children and young people with ‘lower-level’ mental health problems that do not meet the criteria for a clinical diagnosis or necessitate input from specialist services may still require support. Maxwell *et al*. (2008) stress:

> ‘government policy and many practitioners are keen to support children and young people who are experiencing difficulties in relation to their emotional wellbeing, not only those with a diagnosable mental disorder’ (p.273).

Furthermore, Maxwell *et al*. (2008) highlight the importance of the prevention of mental health problems and the promotion of emotional well-being. Many new policies and initiatives in schools reflect the increasing prominence being given to promoting emotional well-being and mental health. For example, the *National Healthy Schools* programme (DH, DfES, 2005) which promotes the link between good health, behaviour and achievement, has emotional health and well-being as one of its four key themes. *Social Emotional Aspects of Learning* (SEAL; DfES, 2005) is a structured whole-curriculum framework for developing children’s social, emotional and behavioural skills. More recently, the *Targeted Mental Health in Schools* project (TaMHS; DCSF, 2008) aims to transform the way that mental health support is delivered to children aged 5 to 13, to improve their mental well-being and tackle problems more quickly.

Gersch (2009) argues that educational psychology needs to be seen as relevant to major national developments in order to secure itself a vibrant long-term future. Children's mental health and psychological well-being is clearly one such national development and a priority concern for government. As such, MacKay (2007) points out that the current policy context:

> 'provides a key opportunity for educational psychologists to make a significant contribution to this area and to include therapy in the range of services they routinely offer' (p.14).

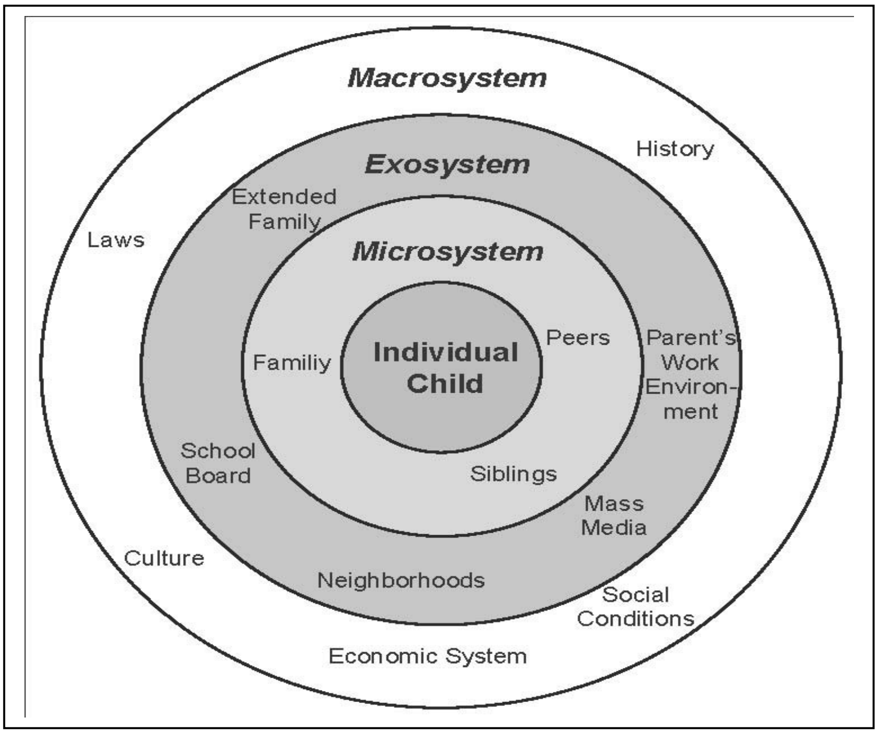
3.3 Professional context

Educational psychology seems to be in a constant state of crisis over its professional identity (MacKay, 2001; Boyle & Lauchlan, 2009). The reconstruction movement through the 1980s questioned traditional child guidance work in terms of effectiveness of individualised therapy (Gillham,1978), and had a major influence on the move away from individual casework to more systemic and consultative ways of working. While MacKay (2007) acknowledges this as 'an essential process in the transformation of educational psychology into a robust, highly accountable and evidence-based profession' (p.9), Boyle and Lauchlan (2009) adopt a more critical view of that period in arguing that the profession has never fully recovered from the 'massive insecurity complex and crisis of confidence' (p.81).

Many educational psychology services (EPS) have now moved to a consultation model which may preclude individual casework. For example, Birmingham EPS

(2008) assert that 'alternatives to formal involvement should be considered at all times' (p.3) and that 'longer term therapy is normally the role of other agencies such as CAMHS' (p.4). The rationale for responding to concerns about individual children through consultation rather than direct casework is based on the commonly held view that problems in behaviour are 'a product of a complex interaction between individual factors, school factors, family circumstances, and community, social and economic factors' (Birmingham EPS, 2008). Indeed, EPs are well aware of the importance of adopting an ecosystemic approach (e.g. Bronfenbrenner, 1979) in acknowledging the multiple influences within a child's life and environment which may be causing or maintaining emotional or behaviour problems (see Figure 3). Such an approach is likely to lead EPs to consider interventions at different levels of the system (e.g. family, whole-school) in order to acknowledge and address the various environmental influences impacting upon the child or young person.

Figure 3. Bronfenbrenner's (1979) ecological model



While most authors readily acknowledge the value of applying educational psychology to systemic and strategic roles in schools, many highlight the importance of direct individual work in relation to mental health and assert that ‘it is time for therapy to be rehabilitated in educational psychology’ (MacKay, 2007, p.4). Boyle and Lauchlan (2009), for example, argue that no matter how good the systemic operation is there will always be children who require intensive one-to-one support. Similarly, MacKay (2007) claims that whilst an ecological perspective is to be promoted, there are often ‘within-child’ variables that need to be identified, assessed and treated.

Gersch’s (2009) statement that ‘practising professionals should not underestimate the importance of individual casework, assessment and therapeutic interventions’ (p.9) stems from his central argument that the work of educational psychologists needs to be seen as valuable and useful.

A small-scale piece of research identifying which aspects of the educational psychologist role are considered valuable by schools and by EPs themselves found that both educational psychologists and special educational needs co-ordinators (SENCos) acknowledged the value of individual work with children (Ashton & Roberts, 2006). Similarly, the national review of educational psychology in England and Wales (Farrell *et al*., 2006) reported that schools and other agencies hold in high esteem the work of EPs in dealing with individual casework:

> ‘Most respondent groups valued highly the contact that they had, but would have welcomed more, particularly in the area of therapy and intervention’ (p.9).

Boyle and Lauchlan (2008) observe that while educational psychology has been trying to move away from individual casework, others may find it difficult to understand why a profession wants to stop doing work it is regarded as being good at. Indeed, one of the key recommendations from the Farrell report was for educational psychologists to take advantage of the trend in the reduction of statutory work to expand into areas ‘where their skills and knowledge can be used to greater effect, e.g. in group and individual therapy’ (Farrell *et al*., 2006, p.106). Similarly, the *Bright Futures* report (Mental Health Foundation, 1999) recommends a broader role for educational psychologists by advocating a shift from a focus on statutory assessments to ‘offering schools advice on interventions, programme planning/supervision and direct therapeutic interventions with the child/family in relation to mental health’ (p.58).

A number of contemporary authors hold the view that it is vital to the future of the profession that educational psychologists embrace individual casework, such as therapeutic interventions (e.g. Boyle & Lauchlan, 2009; Gersch, 2009; MacKay, 2007; Jensen *et al*., 2002). MacKay (2002) comments on the need to broaden the role of the educational psychologist from the narrow functions of special educational needs and statutory assessment. Boyle and Lauchlan (2009) view the continuing move away from individual interventions to a more consultative based approach as problematic. Pragmatically, MacKay (2007) warns that if mental health issues in schools are not addressed through therapeutic work carried out by educational psychologists then they will be bought in from other services.

While the profession of educational psychology may always remain divided over its identity and the best way to secure its future, Boyle and Lauchlan (2009) remind us that it is the needs of children and young people that should be at the centre of all that we do:

> ‘It could be argued that EPs, and services, that promote models of working that do not allow for individual work with children are potentially doing a massive disservice to the children and young people who are being denied this frontline service’ (p.81).

3.4 Evidence base for therapeutic interventions

With educational psychologists increasingly concerned with evidence-informed practice, there is a need for better evaluation of therapeutic interventions in order to help practitioners to make appropriate and justifiable decisions about which therapeutic techniques to apply. According to MacKay (2007), a robust evidence base has now been established for psychological therapies, thus legitimising their use within educational psychology. However, not all therapeutic approaches have been evaluated to high levels of scientific rigour. A wide range of psychotherapeutic approaches is increasingly being considered and utilised by EPs, including cognitive behaviour therapy, motivational interviewing and solution focused brief therapy (Boyle, 2007). The extent to which educational psychologists are aware of the evidence for the efficacy of these approaches, and the extent to which they base their use of such approaches on available evidence, is unclear.

A cursory review of the literature indicates that whilst the effectiveness of motivational interviewing and solution focused brief therapy with children and young people tends to be illustrated by small-scale studies, cognitive behaviour therapy (CBT) has the most robust evidence base, more commonly generated from randomised controlled trials.

As the treatment choice for the majority of mental health problems in adulthood, CBT was endorsed by the National Institute for Health and Clinical Excellence (NICE) because of its research base developed over the last 30 years (Gilbert, 2009). In recent years there have been considerable advances in cognitive behavioural therapy for children and adolescents (Kendall & Choudhury, 2003). There is good evidence on the efficacy of CBT for depression and anxiety in childhood, as well as promising results emerging for the treatment of school refusal, sexual abuse related to post-traumatic stress disorder, and Asperger's syndrome (Greig, 2007).

A review of UK research on supporting the emotional well-being and mental health of children, reports that universal school-based mental health programmes combined with more targeted CBT for children with identifiable needs, offer evidence of a 'demonstrably effective approach' (Maxwell *et al*., 2008). Furthermore, using CBT with parents can not only complement work undertaken with children and young people, but can form a promising, stand-alone intervention, by altering parental perceptions and improving parents' skills to cope with their children's emotional well-being and mental health needs (Maxwell *et al.,* 2008).

Such evidence should be of interest to educational psychologists in ensuring that their choice of intervention is directed by the literature on 'what works'. However, it should also be acknowledged that not all professional decisions about intervention will be informed by evidence, and EPs have to question themselves as to the basis on which the choice is justified (Greig, 2007). For example, Mindes and Murphy (1982, in Becker, 2004) suggest that with a lack of hard research evidence on effectiveness, practitioner knowledge and experience can point to the value of a particular therapeutic approach.

This approach to intervention choice may prompt questions about whether it is ethical to use an intervention that has not been empirically supported. After all, therapy is not the only available treatment for children and young people experiencing problems with emotional and psychological well-being. For example, the Mental Health Foundation (1999) cites a number of effective treatments for a range of common mental health problems including interventions targeting key risk and resilience factors, family support, parenting programmes and medication. It may be that a combination of one or more interventions is most effective in securing long-term positive outcomes for children and young people.

It is acknowledged that psychological therapies, such as CBT, are very versatile and can work well at the individual, group and systems levels (Kendall & Choudhury, 2003). As mentioned earlier, educational psychologists are increasingly expected to work across these levels in meeting the needs of children and young people, and therapeutic approaches may provide them with a flexible tool to do so. Indeed, there is already evidence from the literature to suggest that EPs are applying therapeutic approaches in individual work with vulnerable pupils (e.g. Young & Holdorf, 2003; Greig & MacKay, 2005), in work with groups of pupils (e.g. Atkinson & Woods, 2003), at an organisational level in schools (e.g. Simm & Ingram, 2008), and in systemic work with parents (e.g. Dodd, 2009). This indicates that therapy is increasingly becoming an integral part of the repertoire of many educational psychologists.

4. Issues and implications for EP practice

Educational psychologists’ use of therapeutic approaches to address pupils’ complex needs raises a number of professional issues and implications for practice.

These may be summarised under the headings of: ethical considerations, professional competence, and pragmatic approaches to therapeutic work.

4.1 Ethical considerations

Good practice within educational psychology dictates that interventions with children and young people should be the least necessary and least intrusive (Birmingham EPS, 2008). Therapeutic interventions may involve exploring sensitive and emotional issues and can be fraught with ethical and moral dilemmas (Birmingham EPS, 2008).

In addition to issues of consent and confidentiality, psychologists must consider how and by whom the young person will be supported once the therapeutic intervention is terminated. According to the British Psychological Society's (BPS; 2006) *Code of Ethics and Conduct*, psychologists should:

> 'refer clients to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals (p.18).

In the case work illustration, described earlier school, agreed to allocate the pupil an adult mentor with whom she could spend time with on a regular basis to check on progress and provide support as necessary.

Allied to ethical issues is the difficulty in ensuring that the therapeutic relationship is truly collaborative, rather than didactic. It is often the case that psychologists find themselves working with a client who does not own the initial concern (Beaver, 1996), and who is likely to have been referred to the psychologist by others (e.g. a teacher). Adding to this are further power differentials related to age and status. Educational psychologists must reflect on whether such a context makes it possible for them to relinquish their ‘expert’ role for the more appropriate therapeutic role of ‘facilitator’. On the other hand, a collaborative therapeutic context can be empowering for children and young people, providing them with the opportunity to express their feelings, views and perspectives, and ensuring that their voice is clearly heard within the intervention process (Birmingham EPS, 2008).

A further ethical concern involves the nature of some therapeutic interventions, particularly cognitive behaviour therapy (CBT). CBT techniques aim to correct cognitive distortions through the application of logic and the search for evidence, with the rationale that changing the appraisal that a pupil makes of a situation will lead to a different, less problematic response (Squires, 2001). Firstly, there is an issue concerning who regards the behaviour as being ‘problematic’ and whether it is ethical to change the core thoughts or cognitions of a pupil in order to satisfy the school’s agenda. Secondly, Casement (2009) questions:

> ‘the effectives of a therapy that seems to suppress or change symptoms rather than to understand them’ (p.404).

Educational psychologists should be wary of offering schools ‘quick fix’ solutions at the cost of providing a deeper exploration and understanding of underlying problems which may prove to be more helpful in resolving issues in the long term.

4.2 Professional competence

According to the BPS (2006), psychologists should:

> ‘engage in additional areas of professional activity only after obtaining the knowledge, skill, training, education, and experience necessary for competent functioning’ (p.16).

Lindsay (2008) comments that when new techniques are introduced to a psychologist's repertoire a developmental process from acquisition of skill to fluency and mastery must be carried out, and thus decision-making regarding practice must take account of level of competence. Boyle and Lauchlan (2009) lament the possibility that EPs are no longer confident about applying psychology in individual work with children and young people. However, Hall and Marzillier (2009) insist that:

> 'There is a place for less skilled therapists able to offer structured self-help and brief interventions for mild and moderate problems, where the assessment and formulation indicates that is likely to be beneficial' (p.408).

Thus, educational psychologists need to make a judgement as to whether their level of skill and experience in a particular therapy is consistent with the severity of the presented problem. Referral to CAMHS, or other support services, should be considered as part of the assessment and formulation process.

A key area in which educational psychologists must ensure that they are both confident and competent is in establishing a successful therapeutic relationship. The skills and behaviours required for this task must not be underestimated. Kendall and Choudhury (2003) state:

> 'It is too often the case that treatments are described as if they are equally effective across therapists and that therapists can be exchanged without detriment to treatment impact' (p.97).

In fact, the personal relationship between the client and therapist is not merely an incidental feature of delivering techniques but a key component in therapeutic work and a key factor in determining whether therapeutic goals are achieved (Beaver, 1996; Hall & Marzillier, 2009). Beaver (1996) argues that the most important element that the educational psychologist can bring to the situation is their ability to develop a rapport with those they work with. Indeed, Miller *et al*. (2007, in Hall & Marzillier, 2009) argue that most successful therapists are particularly attuned to the interpersonal relationship, whatever therapy they adopt.

In ensuring that educational psychologists ‘practice within the boundaries of their competence’ (BPS, 2006, p.15), they will need training in particular therapies and therapeutic skills, as well as good quality supervision in order to reach mastery level.

4.3 Pragmatic approaches to therapeutic work

Educational psychologists’ use of therapeutic approaches may be influenced by a similar range of pragmatic issues commonly cited as obstacles to applying psychology in general, such as time constraints and expectations of teachers and schools (e.g. Boyle and Lauchlan, 2009). However, there may be additional issues that EPs will need to consider when they approach therapeutic work.

Importantly, it is considered to be problematic to educational psychologists that individual therapeutic work may be conceived by others as acknowledgment that the presenting problems are exclusive attributes of the child or young person. Hall and Marzillier (2009) argue that:

> ‘Focusing exclusively on a person’s internal world fails to do justice to what it may be to also live in a difficult external world’ (p.406).

Thus, therapeutic work could be accused of perpetuating ‘within-child’ assumptions, whilst failing to highlight the critical role of environmental factors. This could have serious implications for the way that the child or young person is viewed by others, and may also serve to de-skill teachers in permitting them to pass on the responsibility of addressing pupil’s emotional and behavioural needs to ‘experts’ in mental health. In addition, it could impact upon the way in which schools view the role of the EP. The ‘quick fix’ appeal of brief problem-solving therapies is obvious, but this may lead to a barrage of referrals for individual therapy and preclude any future systems work within the school.

Hall and Marzillier (2009) conclude that individual therapy is not always the best way of helping people. One way of avoiding these undesirable outcomes is to ensure that therapeutic interventions incorporate the social context, for example through using group or family therapy (Hall & Marzillier, 2009). Furthermore, by involving, parents, teachers or peers, the young person is more likely to receive ongoing support to meet their individual needs within the contexts in which they arise.

Another issue considered here relates to the educational psychologist’s approach to therapy and the therapeutic process. While a ‘manualized approach’ to therapy may maintain treatment integrity, a more flexible approach would allow therapy to be tailored to the individual needs of the young person, as well as ensuring compatibility with his or her developmental level. After all, the mental health needs of children and young people are different at different stages in the life cycle (DH, 2008). Kendall and Choudhury (2003) complain that developmental considerations have been virtually ignored in CBT, although ‘there seems to be a consensus that treatments cannot be applied with equal effectiveness across individuals of all ages’ (p98). Roth and Fonagy (1996, cited in Mental Health Foundation, 1999) comment that therapeutic techniques should be carefully tailored to an appropriate developmental level in order to engage the motivation of the child. Opting for individualised therapy rather than manualized therapy is likely to depend upon the psychologist's confidence and competence in modifying the therapeutic intervention, as well as the available evidence on the merits and challenges of doing so.

5. Conclusions

This paper has aimed to place therapeutic work in the wider political and professional context, provide a brief overview of the evidence base for psychological therapies, and explore implications for educational psychology practice. It has enabled me to seek answers to the questions posed through my own reflective practice.

With evidence of a rise in mental health issues and a lack of capacity among specialist services to cope with increasing demand, educational psychologists should be aware that some children, especially those with 'lower level' mental health problems, may be failing to get any form of psychological help because it is not readily available or easily accessible (DH, 2008). Thus, the current context indicates a gap that educational psychologists could fill by responding quickly to the emotional and psychological needs of children and young people which may otherwise go unnoticed or unmet within the school context. Indeed, the majority of mental health problems can be made better by early intervention (Mental Health Foundation, 1996).

There is emerging evidence of the efficacy of therapeutic interventions with children and young people, although better evaluation is needed so that a proper evidence-base of rigorous studies can be developed and applied in practice (Becker, 2004).

Some of the challenges of engaging in therapeutic work have been discussed, including the high level of skills and particular expertise required, as well as ethical considerations. Importantly, EPs should be wary of the quasi-medical models underpinning therapies such as CBT (Hall & Marzillier, 2009) and the messages they are communicating to schools by prioritising individual therapy over systems level work.

In considering ways forward, the recommendation that therapeutic interventions should incorporate the social context (Hall & Marzillier, 2009) could lead educational psychologists into areas such as group and family therapy, to ensure that they include important people around the child. Alternatively, working therapeutically with parents or teachers, rather than the child, may be beneficial in changing perceptions and improving skills in dealing with children’s emotional well-being and mental health needs.

Whilst it is readily acknowledged that therapy is an uncertain endeavour, with no guarantee of resolving complex issues, it is argued here that educational psychologists should respond in whatever way best fits the individual case, by asking themselves what they hope to achieve for the child and what the child hopes to achieve for him or herself. Arguably, moving wholesale to a consultative approach represents a step back from children, whilst therapeutic work gives the young person a platform from which to be heard, as well as an opportunity for their needs to be addressed carefully and in depth, which is both respectful and potentially empowering.

MacKay’s (2007) comment that educational psychologists are a ‘key therapeutic resource for young people’ (p.16) and Boyle and Lauchlan’s (2009) warning that ignoring their role in individual work could be doing ‘a massive disservice to children and young people’ (p.81) serve as a reminder that educational psychologists should be placing emphasis, first and foremost, on meeting the needs of children and young people, in whatever form that may take.

References

Ashton, R. and Roberts, E. (2006) What is valuable and unique about the educational psychologist? *Educational Psychology in Practice,* 22 (2): 111 – 123.

Atkinson, C. and Woods, K. (2003) Motivational interviewing strategies for disaffected secondary school students: a case example. *Educational Psychology in Practice,* 19 (1): 49 – 64.

Beaver, R. (1996) *Educational psychology casework: a practice guide.* London: Jessica Kingsley Publishers.

Becker, S. (ed.) (2004) *Improving behaviour through therapeutic approaches: research into practice in Nottingham City learning support units.* Nottingham: Excellence in Cities.

Birmingham Educational Psychology Service (2008) *The role of the EPS in responding to schools' and settings' concerns about the behaviour of individual children.* Birmingham: Birmingham Educational Psychology Service.

Boyle, C. (2007) The challenge of interviewing adolescents: Which psychotherapeutic approaches are useful in educational psychology? *Educational and Child Psychology,* 24 (1): 36 – 45.

Boyle, C. and Lauchlan, F. (2009) Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice,* 25 (1): 71 – 84.

British Association for Counselling and Psychotherapy (2009) *Inquiry into child and adolescent mental health services* [online]. www.scottish.parliament.uk/S3/committees/hs/inquiries/mentalhealthservices/MH21.pdf [Accessed June 15th 2009]

British Psychological Society (2006) *Code of ethics and conduct.* The British Psychological Society.

British Psychological Society (2009) *Educational psychology* [online]. www.bps.org.uk/careers/what-do-psychologists-do/areas/educational.cfm [Accessed 21 July 2009]

Bronfenbrenner, U. (1979) *The ecology of human development: experiments by nature and design.* Cambridge, MA: Harvard University Press.

Burden, D. L. (1998) Assessing children's perceptions of themselves as learners and problem solvers. *School Psychology International,* 19 (4): 291 – 305.

Casement, P. (2009) Beyond words – the role of psychoanalysis. *The Psychologist,* 22 (5): 404 – 405.

Collishaw, S., Maughan, B., Goodman, R., and Pickles, A. (2004) Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry,* 45 (8): 1350 – 1362**.**

Davis, H., Day, C., Cox, A. and Cutler, L. (2000) Child and adolescent mental health needs assessment and service implications in an inner city area. *Clinical Child Psychology and Psychiatry,* 5 (2): 169 – 188.

Department for Children, Schools and Families (2008) *Targeted Mental Health in Schools project: using the evidence to inform your approach: a practical guide for headteachers and commissions.* Nottingham: DCSF Publications.

Department for Education and Skills (2004) *Every child matters: change for children.* London: HMSO.

Department for Education and Skills (2005) *Excellence and enjoyment: social and emotional aspects of learning.* Nottingham: DfES Publications.

Department of Health (2008) *Children and young people in mind: the final report of the national CAMHS review.* London: DH Publications.

Department of Health and Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services: Executive Summary.* London: DH Publications.

Department of Health and Department for Education and Skills (2005) *National Healthy School status: A guide for schools.* London: DH Publications.

Dicintio, M. J. and Gee, S. (1999) Control is the key: unlocking the motivation of at-risk students. *Psychology in the Schools,* 36 (3): 231 – 237.

Dodd, L. W. (2009) Therapeutic groupwork with young children and mothers who have experienced domestic abuse. *Educational Psychology in Practice,* 25 (1): 21 – 36.

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., and O’Connor, M. (2006). *A review of the functions and contribution of educational psychologists in England and Wales in light of ‘Every Child Matters: Change for Children’.* London: DfES Publications.

Gersch, I. (2009) A positive future for educational psychology – if the profession gets it right. *Educational Psychology in Practice, 25* (1): 9 – 19.

Gilbert, P. (2009) Moving beyond cognitive behaviour therapy. *The Psychologist,* 22 (5): 400 – 403.

Gillham, B. (ed.) (1978) *Reconstructing educational psychology.* London: Croom Helm.

Green, H., McGinnity, A., Meltzer, H., Ford, T., and Goodman, R. (2005) *Mental health of children and young people in Great Britain, 2004: a survey by the Office for National Statistics.* Hampshire: Palgrave-Macmillan.

Greig, A. and MacKay, A. (2005) Asperger's syndrome and cognitive behaviour therapy: New applications for educational psychologists. *Educational and Child Psychology,* 22 (4): 4 – 15.

Greig, A. (2007) A framework for the delivery of cognitive behaviour therapy in the educational psychology context. *Educational and Child Psychology,* 24 (1): 19 – 34.

Hall, J. and Marzillier, J. (2009) Alternative ways of working. *The Psychologist,* 22 (5): 406 – 408.

Jensen, A., Malcolm, L., Phelps, F., and Stoker, R. (2002) Changing patterns of thinking: individuals and organisations. *Educational Psychology in Practice,* 18 (1): 35 – 45.

Kendall, P. C. and Choudhury, M. S. (2003) Children and adolescents in cognitive–behavioural therapy: some past efforts and current advances, and the challenges in our future. *Cognitive Therapy and Research,* 27 (1): 89 – 104.

MacKay, T. (2002) Discussion paper – the future of educational psychology. *Educational Psychology in Practice,* 18 (3): 245 – 253.

MacKay, T. (2007) Educational psychology: the fall and rise of therapy. *Educational and Child Psychology,* 24 (1): 7 – 18.

MacKay, T. and Greig, A. (2007) Editorial. *Educational and Child Psychology,* 24 (1): 4 – 6.
Maxwell, C., Aggleton, P., Warwick, I., Yankah, E., Hill, V., and Mehmedbegovic, D. (2008) Supporting children's emotional wellbeing and mental health in England: a review. *Health Education,* 108 (4): 272 – 286.

Meltzer H., Gatward R., Goodman R. and Ford T. (2000) *The mental health of children and adolescents in Great Britain: summary report.* London: Office for National Statistics.

Mental Health Foundation (1999) *Bright futures: promoting children and young people's mental health.* London and Glasgow: The Mental Health Foundation.

Miller, W. R. and Rollnick, S. (1991) *Motivational interviewing: preparing people to change addictive behaviour.* New York: Guildford Press.

Moran, H. (2001) Who do you think you are? Drawing the ideal self: a technique to explore a child's sense of self. *Clinical Psychology and Psychiatry,* 6: 599–604.

Ofsted (2005) *Healthy minds: promoting emotional health and well-being in schools.* London: HMI.

Prochaska, J. O. and DiClemente, C. C. (1982) Transtheoretical theory: toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice,* 19: 276 – 282.

Rollnick, S. and Miller, W. R. (1995) What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, *23*: 325 – 334.

Rollnick, S., Heather, N., and Bell, A. (1992) Negotiating behaviour change in medical settings: the development of brief motivational interviewing. *Journal of Mental Health*, 1: 25 – 37.

Roth, A. and Fonagy, P. (1996) What works for whom? A critical review of psychotherapy research. New York: Guildford Press.

Simm, J. and Ingram, R. (2008) Collaborative action research to develop the use of solution-focused approaches. *Educational Psychology in Practice,* 24 (1): 43 – 53.

Squires, G. (2001) Using cognitive behavioural psychology with groups of pupils to improve self-control of behaviour. *Educational Psychology in Practice*, 17 (4): 317 – 335.

UNICEF (2007) *Child poverty in perspective: An overview of child well-being in rich countries.* London: UNICEF.

Voerman, B., Visser, A., Fischer, M. *et al*. (2007) Determinants of participation in social support groups for prostate cancer patients. *Psycho-Oncology*, 16: 1092 – 1099.

White, K. M., Robinson, N. G., Young, R. *et al*. (2008) Testing an extended theory of planned behaviour to predict young people’s sun safety in a high risk area. *British Journal of Health Psychology*, 13: 435 – 448.

Young, S. and Holdorf, G. (2003) Using solution focused brief therapy in individual referrals for bullying*. Educational Psychology in Practice,* 19 (4): 271 – 282.

CHAPTER FOUR

SUPPORTING CHILDREN OF PRISONERS: A ROLE FOR EDUCATIONAL PSYCHOLOGISTS

SUPPORTING CHILDREN OF PRISONERS: A ROLE FOR EDUCATIONAL PSYCHOLOGISTS

Abstract

Evidence suggests that children who have a parent in prison are likely to suffer significant disadvantages and need additional and perhaps different support to remove barriers preventing them from achieving the five outcomes set out in *Every Child Matters* (Department for Education and Skills; DfES, 2004).

Despite government recognition of the poor outcomes for children of prisoners, they remain an invisible group as numbers of children affected are not officially recorded and support nationally is patchy and fragmented.

This paper discusses the effects of parental imprisonment, policy context and current practice in supporting children of prisoners. It sets out a case for a distinctive role for educational psychologists (EPs) at the strategic level, as well as in providing high quality support to children, families and schools, based upon the best available evidence of what works.

In a climate where EPs are being urged to do more to occupy a position of central importance in society's affairs (MacKay, 2002), the opportunity to work with agencies within local authorities, the voluntary sector, and prison and probation services, in meeting the needs of this vulnerable group of children and their families, may help to drive the future of the profession in a direction that is important on both evidential and humanitarian grounds.

SUPPORTING CHILDREN OF PRISONERS: A ROLE FOR EDUCATIONAL PSYCHOLOGISTS

1. Introduction

1.1 Effects of parental imprisonment

An estimated 160,000 children in the UK have a parent in prison (Glover, 2009). Recent research suggests that children of prisoners are a highly vulnerable group with multiple risk factors for poor outcomes (Murray, 2007).

Compared to their peers, children of prisoners have about three times the risk of antisocial or delinquent behaviour and mental health problems (Social Care Institute for Excellence; SCIE, 2008). They also show gaps in their learning and often do not have a strong foundation of basic skills or background knowledge due to factors such as disrupted schooling, lack of social and educational support, or inadequate parenting (Edwards, 2009).

Parental imprisonment can lead children to experience stigma, bullying and teasing (Department for Schools, Children and Families & Ministry of Justice; DCSF & MoJ, 2007). Children may face additional strains such as the loss of family income or having to move to a new area or school following a change in care arrangements (e.g. Murray, 2007; Glover, 2009).

When a parent goes to prison, a child is left coping with a new situation and conflicting emotions: children often still love their parent but know that he or she has done something wrong; they are aware that others are critical of their parent; they may find that their other parent relies on them for emotional support; and, as they experience these new challenges, they may be keeping their situation a secret from friends, relatives or teachers (Glover, 2009). Qualitative research with 17 prisoners' children revealed that most children expressed feelings of sadness or distress and commented on the mostly negative changes in their lives since their father's imprisonment (Boswell, 2002).

These children display a whole range of behavioural responses to the new challenges they face when a parent goes to prison, including defiance, hyperactivity, persistent truanting, lack of concentration, fear and anxiety, withdrawal, and aggressive behaviour (Glover, 2009).

While it is generally agreed that there is a strong link between parental imprisonment and anti-social behaviour in children, there is less consensus on whether the link can be explained by factors such as additional financial pressures or whether parental imprisonment causes the anti-social behaviour (Glover, 2009). Children of prisoners are often subject to pre-existing disadvantages in their families, including financial hardship, parental substance abuse and domestic violence (Loucks, 2004). As such, it is possible that imprisoning parents may exacerbate these problems, making poor outcomes even poorer for these children, rather than causing them.

Large-scale longitudinal studies are needed to determine whether or not there is a causal link between parental imprisonment and adverse outcomes for children, but few have been conducted (SCIE, 2008). Murray and Farrington (2005) used data from the Cambridge Study in Delinquent Development (CSDD), a prospective longitudinal survey of 411 Inner London males, to compare boys separated from a parent because of parental imprisonment during their first ten years of life with four control groups. Parental imprisonment was found to be a strong predictor for antisocial delinquent behaviour up to age 32, even after controlling for other childhood risk factors. Again using data from the CSDD, Murray and Farrington (2008) found that parental imprisonment also predicted boys' mental health problems through the life-course. While these studies are consistent with the hypothesis that parental imprisonment has a causal effect on children, other studies have found no causal effect. For example, a study using data from Project Metropolitan in Sweden found that parental imprisonment did not predict offspring criminal behaviour after controlling for the criminality of the parent (Murray *et al.,* 2007). Also, in a longitudinal analysis of an Australian birth cohort, which controlled for socio-economic status, maternal mental health and substance misuse, parenting style and family adjustment, the association between parental imprisonment and adverse child outcomes was non-significant (Kinner *et al.,* 2007). The authors concluded that parental imprisonment may not, in itself, increase the risk for child behaviour and substance use problems.

Thus, it seems that further evidence is required to determine whether or not parental imprisonment per se causes adverse outcomes for children (SCIE, 2008).

It should also be noted that the effects of parental imprisonment on children may differ according to both the child's and family's characteristics, and the wider social context in which the child lives (DCSF & MoJ, 2007). While outcomes for these children are not heterogeneous, and moderators and mediators play a role, it is clear that children of prisoners have complex needs and are likely to require extensive support.

1.2 Policy context

Despite increasing recognition that prisoners' children suffer from many significant and enduring problems, they are often referred to as a hidden or invisible group (e.g. Miller, 2006; Poehlmann, 2005). Numbers of children affected are not officially recorded anywhere and parental imprisonment does not automatically trigger an assessment of the child's needs (DCSF & MoJ, 2007; SCIE, 2008). Many of these families remain hidden within larger populations of marginalised groups in local communities and most services in contact with the child are unaware of their circumstances unless informed directly by the family (Loucks, 2004; Ministry of Justice, 2009). Furthermore, there is little awareness of the needs of these children and no systematic support (DCSF & MoJ, 2007).

With regard to UK policy, attention has tended to focus on how children can contribute to the prisoner's rehabilitation and reduce re-offending rates, rather than how they are coping, or whether their rights as children are upheld (Glover, 2009).

While the *Every Child Matters* (ECM; DfES, 2004) agenda and the Children's Plan (2007) form the legislative spine for supporting children of prisoners, unless a child of a prisoner is known to children's services or presents as a 'child in need' for a different reason, they come very low down the list of priorities and are unlikely to be offered any targeted support (Glover, 2009).

A recent review by the SCIE (2008) highlighted the absence of a coherent strategy to support this group consistently through children and family services, and through prisons and probation. Indeed, there is no routine policy of engagement or understanding between the National Offender Management Service (NOMS; Ministry of Justice) and the Department for Children, Schools and Families (DCSF) to encourage individual local authorities to work with prisons (SCIE, 2008). Children and Family Directorates in local authorities do not typically have a formal relationship with local prisons, despite those prisons routinely housing many prisoners with children whose needs for services are likely to be amongst the highest (Ministry of Justice, 2009).

The SCIE (2008) urge the DCSF to recognise children of prisoners as a ‘distinct group who are at higher risk of social exclusion than the general population and so require specialist policies and support’ (p.47). Findings from a joint review by the DCSF and MoJ (2007) identified the need for a mechanism to enable local authorities systematically to assess and meet the child’s needs, underpinned by awareness-raising amongst service providers. This comprehensive report was informed by: a review of academic literature and documentary evidence; field visits to local authorities, prisons, families of prisoners, probation service, and children’s services; interviews with ‘key experts’, families, national stakeholders and practitioners; a schools survey sent to head teachers of primary and secondary schools across the country; and focus groups to provide a ‘sounding board’ to test findings and recommendations.

More recently, a report on a three-year project, ‘Families Do Matter’ (Ministry of Justice, 2009), based in the West Midlands and funded by NOMS, concluded that partnership working can overcome the barriers posed by the complex needs of children of prisoners through application of key principles such as a common vision, clear accountability, multi-agency working, information sharing, and core assessments across services aimed at adults and children to target more effectively the problems that families face. This report draws conclusions and recommendations from some of the project's work with five 'pilot' prisons in the West Midlands, and is thus somewhat limited.

Although support at the national level is patchy and fragmented, some local authorities have identified a need to focus on this group (DCSF & MoJ, 2007). For example, a multi-agency support network has been set up in North Oxfordshire to bring together representatives from local authorities, health and voluntary organisations, prison and probation services to help support children and young people with a family member in prison (see Evans, 2009). Such work has not yet been evaluated.

2. Current practice in supporting children of prisoners

Springer and colleagues (2000) note a substantial gap in information regarding effective interventions with children of prisoners. The difficulty of disentangling the causal effects of imprisonment from the effects of pre-existing disadvantage, and a lack of knowledge about the mechanisms linking parental imprisonment and children's outcomes impacts upon practitioners' ability to devise effective intervention programmes for affected children (Murray, 2007).

McCord (2003, in Murray and Farrington, 2006) argues that without a sound scientific basis, well-intentioned interventions can be ineffective, or even harmful. It is important to note that for some children, a parent's imprisonment can have positive outcomes (for example, if it means that an aggressive person has been removed from their home or a chaotic lifestyle becomes calmer), and they may not need a high level of support (Glover, 2009).

There is a continuum of practice ranging from initial thoughts about how to develop this area of work through to emerging and established practice (SCIE, 2008). However, even established interventions and support packages have rarely been well evaluated (e.g. DCSF & MoJ, 2007). Thus, while the following section summarises some of the current practice in supporting children of prisoners, the lack of knowledge, evidence and understanding about what works indicates that further development is needed before practitioners, including educational psychologists, can feel confident that they are delivering the kind of support that is beneficial to these children and their families.

2.1 Maintaining family contact

Murray and Farrington (2006), among others, propose that parental imprisonment might cause adverse outcomes for children because parent–child separation is harmful, as suggested by attachment theory (Ainsworth, 1989; Bowlby, 1969/1982). In a study of 54 children with imprisoned mothers, Poehlmann (2005) found that common reactions in children to initial separation included sadness, worry, confusion, anger, loneliness, sleep problems and developmental regression. Sixty-three per cent of children had insecure attachment representations of their mothers. Children who did have secure attachments were more likely to have experienced more stable, continuous care during their mother's imprisonment.

Murray and Farrington (2006) suggest that in comparison to separation from parents for other reasons, separation because of parental imprisonment might be particularly harmful for children because it is often unexpected, unexplained and children are restricted in their contact with their imprisoned parent.

Based on the available evidence, Murray and Farrington (2006) recommend increasing children’s contact with their imprisoned parent, through more child-friendly visiting arrangements in prison. However, research carried out in four prisons in the North East of England (Barefoot Research & Evaluation, 2007) found that families often experience extreme difficulties whilst visiting a family member in prison, which have a particularly negative impact on children and include the emotional stress of the visit, poor prison staff attitudes, financial cost and travel times. Thus, further research is required to establish the effects of child contact with imprisoned parents, and under what conditions it is beneficial for children (Murray & Farrington, 2006).

According to the SCIE (2008), many prisons have gone some way in recognising the need for more investment in child-friendly facilities and better visiting centres (SCIE, 2008). Salmon (2005) states that extended visits should be offered which focus on the needs of the child and the family. Loucks (2004) highlights the need for these to be less formal and allow greater interaction between children and their families.

In Maryland, USA, ‘Girl Scouts Beyond Bars’ was designed to provide enhanced visits between imprisoned mothers and their daughters through participation in Girl Scout activities and meetings. Caregivers indicated that the daughters had improved self-esteem, better communication with their mother, and decreased delinquency at school and home (Block & Potthast, 1998).

There are examples of good practice originating from individual prisons in the UK which are now becoming established in other prisons throughout the country.

HMP Wormwood Scrubs, for example, uses homework clubs to enable prisoners to spend time with their children and support them with their school work.

‘Storybook Dads’ (Berry, 2006) is a charity that enables prisoners in over 60 prisons in the UK to fulfil a natural parental role through recording stories onto CD or DVD for their children to listen to at home.

HMP Magilligan in Northern Ireland has established ‘child-centred visits’ whereby prisoners have a regular visit for the first hour, then partners and carers withdraw to the visitors’ centre, leaving children with their fathers (Loucks, 2004). Each child shares with their father a box of items they have brought from home (e.g. school projects) and fathers are allowed to move freely in the visits room.

2.2 Parenting programmes

If children of prisoners are at risk because of inadequate parenting, parenting programmes could be used to reduce parenting risks for children (Murray & Farrington, 2006). Eddy and Reid (2002) suggest that efforts to decrease the likelihood that children of prisoners will become involved in antisocial behaviour are best built around parenting interventions because the power of individual work with these children has yet to be demonstrated convincingly. Parenting programmes may be able to improve skills, knowledge and confidence in parenting, helping to keep families together (Dowling & Gardner, 2005).

In prisons the emphasis on rehabilitation programmes, such as those designed to address offending behaviour and develop life skills, has increased and this has included the provision of parenting classes (Jarvis *et al.*, 2004). However, parenting programmes can vary substantially among prisons in terms of content and delivery, and most are not informed by the best available evidence from randomised controlled trials (RCTs) concerning the key elements of effective parenting interventions (Dowling & Gardner, 2005). Dowling and Gardner (2005) have conducted a systematic review to assess whether parenting programmes for incarcerated parents, compared to no intervention, are effective in improving parenting skills and knowledge, child outcomes and reducing reoffending. This review is awaiting publication.

In the meantime, there is some evidence emerging from small-scale evaluations that parenting programmes for imprisoned parents are having a positive effect (SCIE, 2008). ‘Fathers Inside’ and ‘Family Man’ are nationally accredited courses that use drama, fiction and group work, with a focus on family relationships and responsibility. An NFER evaluation, primarily based on more than 80 interviews, found that the courses may have positive impacts in terms parental recidivism. Prisoners also reported that they felt more committed to their families and there were improvements in the quality and frequency of contact with their children (Halsey *et al*., 2002).

Jarvis *et al*. (2004) conducted a case study of one parenting course for parents in a young offender institution (YOI). Participants reported that the sessions developed their knowledge and understanding in the area of parenting. Feedback indicated that it was important for the content and delivery of the course to be carefully related to participants’ needs, such as having information relating to the particular age range of their children and to the context of the type of relationship that can be developed with children when the father is in prison.

Family learning programmes are recommended in *Every Child Matters* as a positive means of strengthening relationships between parents and children (Loucks, 2004). Prison-based family learning programmes extend the provision of parenting programmes to encompass the prisoner *and* his or her family during the period of sentence (Halsey *et al.,* 2004). They provide opportunities for families to play, read, write and eat together, as well as discussions on key themes relating to child development and parenting. An NFER evaluation conducted by Halsey *et al.* (2004) found that family learning programmes offered considerably more benefits to participants than the family contact experienced during normal visits. The greatest impact reported was a change in attitude on the part of the fathers to the role of parenting.

While emerging findings are positive, the SCIE (2008) point out that there is a lack of consistency across parenting programmes and there is some concern that they do not involve partners on the outside or afford a chance to practise learning on family visits or days. Indeed, Dennison and Lyon (2001, in Jarvis *et al*., 2004) point out that a parenting programme by itself may only have a limited effect and opportunities are needed for prisoners to continue with further learning in this area following course completion. Support for the family on release would seem vital if the work undertaken during the programme is to lead to more successful parent-child relationships (Dennison & Lyon, 2001, in Jarvis *et al*., 2004).

Prisons should be encouraged to share good practice with one another in this area, rather than working in isolation. Further evaluations and longitudinal research are also necessary to establish whether these programmes have long-lasting effects on the children of prisoners and their families.

2.3 Therapeutic interventions for children

Murray and Farrington (2006) suggest that children of prisoners should be offered counselling and therapeutic services to help them cope psychologically with the separation from their parent.

Edwards (2009) proposes that educational psychologists should use a theoretical model, such as choice theory, to understand the experiences of children of prisoners and to shape the development of school-based therapeutic services, such as individual counselling, group social skills training and school-based mentoring. Choice theory posits that people are motivated by five basic needs: the need for survival, love and belonging, power, freedom and fun (Glasser, 2005, in Edwards, 2009). Edwards (2009) suggests that children of prisoners who manifest social, behavioural and educational problems would likely benefit from learning to internalise and apply principles of choice theory including the seven positive habits (accepting; respecting; listening; supporting; trusting; encouraging; and negotiating differences), in order to help them connect to others, fulfil their five basic needs, and function effectively at home and school. However, the author has not applied these proposals to practice and there is no evidence base for the application of choice theory to work with such vulnerable populations.

Bilchik (2007) argues that mentoring programmes could meet the overarching need of children of prisoners for meaningful relationships, through the provision of supplemental attachment figures and interpersonal experiences that create opportunities for shared narratives, improve children’s socio-emotional skills and increase their capacity for attachment. Bilchik (2007) cites the ‘Amachi’ mentoring programme model which specifically targets children of prisoners. An evaluation of

556 matches found that after one year, 93 per cent of mentors and 82 per cent of caregivers reported increased levels of self-confidence in the child being mentored, while 50 per cent of mentors and caregivers reported better academic performance and school behaviour. There were no positive outcomes for relationships that lasted less than six months. The evaluation methods used are not reported by the author, although Bilchik (2007) concedes that 'these outcomes were not found as part of a rigorous evaluation' (p.12).

Van Nijnatten (1997) describes a mentoring project in the Netherlands for the children of prisoners. Children were introduced to mentors who were about 10 years older and assumed the role of an elder brother or sister who provided opportunities to undertake recreational activities regularly. Qualitative feedback from children, their parents and mentors indicated that the project was successful in enabling these children to get in touch with peers and older 'mates' outside the family. Mentors reported that most children suffered from a lack of positive attention and contact with mentors freed them for a while from their isolated position. The mentoring project involved a very small number of families and lasted for only half a year. Thus, it is not possible to draw conclusions about any long term benefits of the mentoring relationships or generalise findings to the larger population with any confidence.

In a study conducted in the United States, Springer *et al.* (2000) examined the effects of a six week group intervention on the self-esteem of Hispanic children of prisoners (*n*=5), compared to a no-treatment comparison group (*n*=5). The group was based upon solution focused and mutual aid approaches, including scaling and miracle questions. On a standardised measure of self-esteem, there was an increase of 4.6 points from pre-test to post-test for the treatment group and a decrease of 1 point for the comparison group. While these findings are equivocal and generalisations to the larger population should be made with extreme caution, the study highlights the usefulness of practitioners designing and evaluating time-limited group work with a clear theoretical foundation in order to build up a picture of its impact on children of prisoners.

3. A role for educational psychologists

Given that children of prisoners are at risk for multiple reasons, any single intervention is likely to be only partially effective in reducing poor outcomes for this group (Murray & Farrington, 2006). Thus, it is acknowledged at the outset that successful intervention with children of prisoners could not be carried out by an EP in isolation. However, there may be a distinctive role for psychology which 'seeks to understand the complexity of human experience and eschews simple answers to complex questions' (Cameron, 2006, p.301). Ecological models of practice (e.g. Bronfenbrenner, 1979) and problem analysis frameworks (e.g. Monsen *et al*., 1998; Woolfson *et al*., 2003) can be shared with other professionals to provide a way of conceptualising and analysing complex problems that recognises the multiple influences on the child at different eco-systemic levels. Such work is best achieved through strategic partnership working with agencies across children's services, prisons and probation services.

The unique position of EPs within local authorities mean they are well placed to work with others in identifying gaps in services for such children and in the planning and evaluation of new initiatives (e.g. Farrell *et al.,* 2006). The difficulties and challenges of such work should not be underestimated. In particular, prisons have many roles to fulfil; their priority remains that of a secure location to hold offenders and by doing so to protect the public (Ministry of Justice, 2009). As such, EPs will need to adopt a pragmatic approach about what can be achieved through partnership working and the length of time it may take to establish, and make progress towards, common goals.

Many argue that more research is needed so that policies and interventions can be developed based on the best knowledge about the causes of adverse outcomes for children of prisoners (e.g. Murray & Farrington, 2006). In addition, interventions aimed at preventing or reducing poor outcomes for these children must be well evaluated so that judgements can be made about their effectiveness. EPs could conduct relevant research and support schools, voluntary organisations and prisons to base their practice on the best possible evidence of what works. As Cameron (2006) argues:

> ‘Distinctively, educational psychologists are one of the very few professional groups (and possibly the only one in LEAs) who have specific knowledge and skills in research design, are competent in statistical analysis and who are trained to take a constructively critical stance to research findings in general’ (p.297).

Within a multi-agency framework for meeting the needs of children of prisoners at a strategic level, EPs can also work at the level of the child, family and school to offer high quality practical support that can be put to immediate use. Such work should be shaped by the views of service users and EPs should consider the ethical implications of their involvement and the difficulties in talking positive action that does not compound further the stigmatisation of this group of children and their families. With these caveats in mind, the following recommendations are made for

EP practice, which are drawn from an emerging research and theoretical knowledge base.

3.1 Developing resources for children of prisoners and their families

In many cases, children of prisoners receive no explanation about the whereabouts of their parent, or are given an alternative explanation for their parent's absence (Glover, 2009). Attachment theory suggests that children cope better when they are given clear and honest explanations about separations (Poehlmann, 2005). Without understanding simple facts about their parent's imprisonment, children may experience reduced capacity to process psychologically their traumatic loss, or voice preferences about contact (Murray, 2007). Deceiving children about their parent's whereabouts can also lead to confusion, distrust and uncertainty (Miller, 2006). Furthermore, when children are not told about the imprisonment of their parent, they often realise it themselves or hear about the imprisonment from another source before they have the opportunity to understand or to ask questions about it (Loucks, 2004).

Talking to children and young people about imprisonment is not easy and is a significant source of stress for parents and carers (Families Outside, 2009). Educational psychologists could devise scripts and resources to support caregivers in providing clear and honest explanations about parental imprisonment to their children, in order to allow them better to understand their situation and begin the dual process of grieving and coping (Nolen-Hoeksema & Larson, 1999, in Bilchik, 2007). They could also offer advice about the importance of providing detailed information for children embarking on their first prison visit (including the use of pictures or photographs where possible) and debriefing opportunities after visits to enable them to clarify anything they may not understand or have already misunderstood (Nesmith & Ruhland, 2008).

EPs can draw upon research and psychological theory to provide parents or caregivers with advice based upon 'best' available evidence on issues such as the importance of maintaining the parent-child bond. For example, attachment theory offers important implications for understanding early parent-child relationships and the effect of disruptions in these relationships.

Substantial evidence indicates that visits between prisoners and their children are mutually beneficial (e.g. Miller, 2006). For example, the maintenance of prisoners' family ties has been shown to reduce the risk of re-offending (Families Outside, 2006) and can mitigate children's negative reactions to parental separation (Smith *et al.*, 2004). There are, of course, exceptions to these benefits; for example, where an imprisoned parent has been violent or uncaring, children can be positively affected by their removal from the family home and the reduced contact with this parent (Barefoot Research & Evaluation, 2007).

In Boswell's (2002) study of children's views on imprisoned fathers, visits constituted a major way of continuing father-child contact but other non face-to-face means of contact also served the important purpose of reminding children that their absent father continued to think of them between visits. Parents can be encouraged to use telephone calls, letters, photographs, tapes and videos as a way of maintaining family ties (Boswell, 2002). However, it should be recognised that there are some situations where contact may be inappropriate, for example where there has been violence in the home setting (Glover, 2009). Even if this is not the case, children’s own views about contact should be taken into consideration (e.g. Dunn *et al.,* 2004).

Resources aimed at helping children to learn about imprisonment and understand their own feelings should use accepted techniques for communicating with children, such as stories involving fictional children that assist their understanding of problems, and material that stimulates writing or drawing (Loucks, 2004).

Feedback from families has shown that information for children is most helpful when it relates specifically to them, in other words to the correct age group and in a way they can understand (Families Outside, 2009). Given their knowledge and experience of child development, EPs are well placed to produce age-appropriate resources based on consultations with children and young people.

Holman (1998) proposes a particular kind of therapeutic resource for use with children and young people with an absent parent. Modelled on the life story book used with children in care, the ‘Fatherbook’ records information, thoughts, and feelings about absent fathers. EPs could introduce a similar idea to caregivers as a way of encouraging and assisting the child to talk about their imprisoned parent. It may provide a means of helping the child deal with issues about his or her parent that appear salient, such as confusion about their absence, grief, hurt, anger, or longing (Holman, 1998). Children can also use the document to record interactions with their imprisoned parent (e.g. on prison visits) and their reactions to such contact.

3.2 Training for teachers and support staff in schools

According to the SCIE (2008), schools should be seen as integral to the process of supporting children of prisoners, and appropriate training and awareness-raising for school staff about this group of children is absolutely essential. Many of these children are likely to have problems at school which may present through their behaviour, their ability to concentrate, or their peer relationships (Evans, 2009). Clopton and East (2008) suggest that teachers can provide valuable support to children of prisoners in these areas and therefore should be aware of the issues associated with parental imprisonment.

Educational psychologists often contribute to capacity building in schools through delivering whole-staff training on how to meet the needs of pupils at a systems level (e.g. Farrell *et al*., 2006). Training might usefully raise awareness of the barriers which may prevent children of prisoners achieving the outcomes set out in *Every Child Matters* (see DCSF & MoJ, 2007; Glover, 2009). Psychological theories and frameworks, for example those relating to loss and attachment, could inform training in order to provide teachers with a sound understanding of the reasons behind observed changes in a pupil’s behaviour, emotional responses, or approaches to learning.

Boswell (2002) suggests that schools need to develop clear strategies which provide both support and trusted teacher confidantes to children in this situation. Members of staff could be trained by EPs in basic listening and counselling skills in recognition that the teacher is often the most important person in a child’s life outside home and children will often confide sensitive, personal details about their family life to the class teacher or teaching assistant (Evans, 2009).

EPs could assist schools to develop a framework for responding to the needs of this group of children. For example, it may be helpful to have a designated teacher who is the named person in school for children of prisoners. A report from the Ministry of Justice (2009) suggests that this would highlight to families the school's awareness of the needs of those children and give permission to families to seek that support. The designated member of staff may be the same person who is responsible for Child Protection or Looked After Children, as there may be some issues that overlap (Evans, 2009). The report by the SCIE (2008) goes a step further by recommending that schools should identify a member of staff with responsibility for liaison and development of relationships with local prisons and probation to facilitate information sharing and joint approaches to supporting families.

Schools may also need support with revising their existing confidentiality policies or reviewing the way in which they record and share information in light of this distinct group of vulnerable children. Evans (2009) suggests that there are particular issues relating to confidentiality for a prisoner's child that may need to be taken into account by the school. For example, within the Criminal Justice System, names and addresses can be saleable commodities making prisoner's families vulnerable to intimidation, threats and pressures from inside as well as outside prison. Schools will need to be guided by national policy, but should also take into account the views and wishes of families.

The DCSF and MoJ (2007) highlight the need to explore the legal implications and feasibility in establishing a secure information sharing mechanism between agencies to help identify, assess and support children of prisoners. Until national guidelines are developed on what information can be shared, with whom and when, schools can usefully draw on the systems and policies they already have in place for dealing with child protection concerns (Evans, 2009).

Finally, EPs could address other whole-school issues, such as how to ensure that children of prisoners feel fully included and accepted within the class and school environment. According to Clopton and East (2009), diversity in family composition and circumstance should be considered. Writing about divorce and separation, Douglas *et al.* (2004) suggest that tackling issues of family change in whole-class groups may help to reduce playground taunts and bullying, while Nesmith and Ruhland (2008) recommend that all children have access to accurate age-appropriate information about their peers who have a parent in prison. Increasing the visibility of issues facing prisoners' families, through the use of posters and leaflets in school, and books about parents who are in prison on classroom shelves, can help to normalise the experience for those children affected and encourage all pupils to better understand the lives of others (e.g. Clopton & East, 2009).

3.3 Support groups for children of prisoners

Schools are often the place where children spend most of their time and as such interventions developed for children of prisoners should include schools as an important context for these interventions. Furthermore, schools play a central role in the community and they can provide a neutral place for these children and families to meet each other and support each other (Nesmith & Ruhland, 2008).

Nesmith and Ruhland (2008) propose that children who do not have adequate coping mechanisms need more direct support such as a person they can talk with, or a support group. Edwards (2009) argues that:

> 'Educational psychologists' training, experiences, and accessibility suggest they are the school professionals most capable of designing, providing, or facilitating theory-driven intervention approaches for these at-risk pupils' (p.262).

Educational psychologists can make a distinctive contribution by helping to develop, run and evaluate therapeutic group work for children of prisoners within a school, group of schools, or community. Such specialised support groups and intervention programmes have been recognised as important for other 'vulnerable' groups, such as children and families who have experienced domestic violence (e.g. Warren Dodd, 2009).

According to Springer and colleagues (2000), groups are a recommended intervention strategy for children who have experienced parental imprisonment because group treatment can address the need for social support, provide a structured setting for expression of members' concerns, and offer confirmation, affirmation and acceptance to the child.

Support groups for children of prisoners can provide a safe and supportive environment for children to talk about their thoughts, feelings and experiences with peers in similar circumstances. It is important that children learn that their situation is not unique in order to help normalise their experiences and feelings around parental imprisonment and reduce any sense of loneliness, shame or stigma (Nesmith & Ruhland, 2008).

Douglas *et al.* (2004) argue that interventions aimed at children are more likely to be effective if children are consulted before they are set up. Current research, literature and legislation emphasise the significance of giving children a voice and involving them in decisions that affect them (Harding & Atkinson, 2009). EPs routinely seek to access and represent the voice of the child in their everyday practice and so can ensure that the views of children of prisoners form the basis of decisions about appropriate interventions.

The structure and content of group work should be informed by psychological theory and the best available evidence of how to enhance the psychological well-being of vulnerable children. It could incorporate cognitive behavioural, solution focused or narrative approaches. EPs could usefully look to the literature on interventions for children who have suffered parental separation or loss through divorce or bereavement. For example, Ross and Hayes (2004) describe group interventions for pupils at a primary school and a secondary school who had been bereaved, which used techniques and ideas from four broad areas: emotional awareness and management of difficult feelings; alleviation of, and cognitive mastery over, painful memories and thoughts; narratives and story-telling; and solution focused and future-oriented thinking. Group members in the secondary school who completed a pre and post measure (the ‘Pupil’s Feelings about School and School-work Inventory’) showed significant increases in the area of cognitive motivation (e.g. competence in knowledge and skills, interest and enthusiasm in activity, independence and self-confidence). Post-intervention qualitative feedback from the primary school group indicated that although it had made the children feel sad, they had found it helpful to have the opportunity to think and talk about their relative, be able to show their feelings and learn ways of coping when something happened to their family.

Despite the common experience of the imprisonment of a family member, these children are far from a homogeneous group (Loucks, 2004). Being the child of a prisoner is a unique experience that changes over time (Bilchik, 2007). As such, these children will benefit from interventions tailored to address individual circumstances and meet specific needs. In particular, children's age may affect their reactions to parental imprisonment and children at different developmental stages all have very particular support needs (Boswell, 2002). Thus, interventions must take account of the age and stage of development of each child. EPs' training in child development means they are ideally suited to the task of designing developmentally appropriate interventions tailored to the specific needs of pre-school children, primary school-aged children and adolescents. Again, EPs can draw on research literature which highlights that younger children tend to favour skills-based methods of counselling and activities that offer distraction from problems, while older children may prefer opportunities for communicating their feelings (e.g. Halpenny *et al*., 2008).

With regards to content, the group could provide information about parental imprisonment and explain key words, procedures and processes in order to help children gain an accurate picture of what has happened to their parent and what prisons are like (Nesmith & Ruhland, 2008).

Children also need to share their experiences of contact with their imprisoned parent in a non-judgemental environment, as well as their hopes and fears for their continuing future relationships with their parent (Boswell, 2002). Young children in particular may become concerned that their father or mother is in a horrible dangerous plight, or fear that they too, or their remaining caregiver, may disappear into the unknown (Miller, 2006). Groups create a place where children receive social support and validation for what they experience and feel, while an adult can help to dispel irrational fears through group discussion.

Group work could utilise emotional literacy resources, such as *Social and Emotional Aspects of Learning* (SEAL; DfES, 2005) to help children label, understand and express feelings about parental imprisonment. It is important for children to express the anger, fear and sadness that they may be experiencing (e.g. Holman, 1998). Children could be encouraged to use visual aids for identification and self-monitoring of feelings as well as role play to practise expressing feelings in different contexts to different people.

Group work could also focus on helping children to develop new coping skills through teaching and practising communication, problem-solving and anger management skills, through the use of modelling and role playing.

4. Conclusions

Children of prisoners form a surprisingly large group which is estimated to be growing (DCSF & MoJ, 2007). Despite increasing awareness of a whole spectrum of poor outcomes associated with being a child of a prisoner, this high risk group remains largely unidentified, unsupported and under-studied. The report by the SCIE (2008) points out that it is not always in the best interests of children to maintain family ties or be labelled as children of prisoners because of the implications for their future. However, Loucks (2004) argues that only once the existence of this hidden group is acknowledged and identified can specific work be done to address their needs.

While there are examples of good practice nationally in relation to supporting children of prisoners, there remains a lack of knowledge, evidence and understanding about what works (DCSF & MoJ, 2007).

This paper suggests that educational psychologists could be an important source of education, guidance and support for the child, family and school. In the first instance, it should be recognised that progress in this area of practice is likely to be slow and fraught with ethical and structural challenges. Practitioners need to recognise the importance of service users' voice in shaping provision and the difficulties of taking positive action that does not further compound the stigmatisation of these children and their families.

Despite these challenges, EPs can play a role in raising the profile of children of prisoners at a strategic level as well as within the school context in which they spend most of their time. They can offer a distinctive psychological and developmental perspective to help others fully to understand the impact of parental imprisonment. Valuable and relevant research literature on child development, attachment and loss has not yet been used systematically to help children of prisoners. This provides a great opportunity for EPs to use their knowledge and skills to develop interventions based upon the best available evidence and to ensure that these are well evaluated.

Children of prisoners are at risk for multiple reasons. Planned interventions should adopt a multi-level approach in recognising the various systems which influence the children of prisoners. Direct support for the child may not always be necessary. Support aimed at the imprisoned parent or the caregiver may have an indirect impact on outcomes for children of prisoners. For example, providing tools and support to help caregivers cope emotionally and financially may make their own burdens less visible and overwhelming to their children (Nesmith & Ruhland, 2008).

In adopting a multi-level approach, EPs may not necessarily be involved in all interventions aimed at improving outcomes for children of prisoners (for example, prison-based parenting programmes). However, given their important positions within local authorities, their distinctive psychological contribution and their expertise in working within families, schools and communities to effect change, they should be central to any multi-agency efforts to develop regional policies and support packages for children of prisoners and their families.

References

Ainsworth, M. D. S. (1989). Attachment beyond infancy. *American Psychologist,* 44: 709 – 716.

Barefoot Research and Evaluation (2007) *Keeping prisoners and their families together: a review of family and social support within the North East Reducing Re-offending Action Plan*. Newcastle upon Tyne: Northern Rock Foundation.

Berry, S. (2006) Storybook dads: keeping families in touch. *Prison Service Journal,* 165: 31 – 34.

Bilchik, S. (2007) Mentoring: a promising intervention for children of prisoners. *Research in Action,* 10: 3 – 18.

Block, K.J. and Potthast, M.J. (1998) Girl scouts beyond bars: facilitating parent-child contact in correctional settings. *Child Welfare,* 77 (5): 561-578.

Boswell, G. (2002) Imprisoned fathers: the children's view. *The Howard Journal*, 41 (1): 14 – 26.

Bowlby, J. (1969/1982). *Attachment and loss: Volume 1. Attachment.* New York: Basic Books.

Bronfenbrenner, U. (1979) *The ecology of human development: experiments by nature and design.* Cambridge, MA: Harvard University Press.

Cameron, R. J. (2006) Educational psychology: the distinctive contribution. *Educational Psychology in Practice*, 22 (4): 289 – 304.

Clopton, K. L. and East, K. K. (2008) ''Are there other kids like me?'' Children with a parent in prison. *Early Childhood Education Journal*, 36: 195 – 198.

Dennison, C. and Lyon, J. (2001) *Young offenders, fatherhood and the Impact of parenting training*. Brighton: Trust for the Study of Adolescence.

Department for Children, Schools and Families (2007) *The Children's Plan: Building brighter futures.* Norwich: The Stationery Office.

Department for Children Schools and Families & Ministry of Justice (2007) *Children of offenders review.* London: DCSF, MoJ.

Department for Education and Skills (2005) Excellence and enjoyment: social and emotional aspects of learning (SEAL). Norwich: HMSO.

Department for Education and Skills (2004) *Every Child Matters: change for children.* London: HMSO.

Douglas, G., Davies, M. M., Doughty, J. and Lloyd, E. (2004) Research on divorce, separation and family change: messages for practitioners. *Pastoral Care in Education*, 22 (4): 3 – 5.

Dowling, S. and Gardner, F. (2005) *Parenting programmes for improving the parenting skills and outcomes for incarcerated parents and their children. (Protocol).* The Cochrane Database of Systematic Reviews, 4.

Dunn, J., Cheng, H., O'Connor, T. G., and Bridges, L. (2004) Children's perspectives on their relationships with their non-resident fathers: influences, outcomes and influences. *Journal of Child Psychology and Psychiatry*, 45 (3): 553 – 566.

Eddy, J. M. and Reid, J. B. (2002) *The antisocial behaviour of the adolescent children of incarcerated parents: a developmental perspective.* Paper presented to the 'From Prison to Home' conference, January 30 - 31, 2002.

Edwards, O. W. (2009) A choice theory teaching and learning model for working with children of prisoners. *Educational Psychology in Practice*, 25 (3): 259 – 270.

Evans, S. (2009) *Guidelines for working with children who have a 'family' member in prison*. Banbury, Oxon: Oxfordshire County Council.

Families Outside (2006) *Three innovative projects: learning the lessons.* [online]. www.familiesoutside.org.uk/research-and-publications [Accessed April 28th 2010]

Families Outside (2009) *Support and information for children affected by imprisonment.* [online.]. www.familiesoutside.org.uk/research-and-publications/ [Accessed April 28th 2010]

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., and O'Connor, M. (2006) *A review of the functions and contribution of educational psychologists in England and Wales in light of "Every child matters: change for children".* Nottingham: DFES Publications.

Glasser, W. (2005) *Choice theory.* New York: Harper Collins.

Glover, J. (2009) *Every night you cry: the realities of having a parent in prison.* Ilford: Barnardo's.

Halpenny, A. M., Greene, S. and Hogan, D. (2008) Children's perspectives on coping and support following parental separation. *Child Care in Practice*, 14 (3): 311 – 325.

Halsey, K., Ashworth, M., and J. Harland (2002) *Made for prisoners by prisoners: a summary of NFER's evaluation of the Safe Ground family relationships and parenting programme.* Berkshire: The National Foundation for Educational Research.

Halsey, K., Johnson, A., Kapur, S. and J. Harland (2004) *A world apart? Evaluation of family learning programmes in prison.* Berkshire: The National Foundation for Educational Research.

Harding, E. and Atkinson, C. (2009) How EPs record the voice of the child. *Educational Psychology in Practice,* 25 (2): 125 – 137.

Holman, W. D. (1998) The fatherbook: a document for therapeutic work with father-absent early adolescent boys. *Child and Adolescent Social Work Journal*, 15 (2): 101 – 115.

Jarvis, J., Graham, S., Hamilton, P., and Tyler, D. (2004) The role of parenting classes for young fathers in prison: a case study. *Probation Journal*, 51 (1): 21 – 33.

Kinner, S. A., Alati, R., Najman, J. M., and Williams, G. M. (2007) Do paternal arrest and imprisonment lead to child behaviour problems and substance use? A longitudinal analysis. *Journal of Child Psychology and Psychiatry*, 48 (11): 1148 – 1156.

Loucks, N. (2004) ‘*Prison without bars’: needs, support, and good practice for work with prisoners' families.* Tayside Criminal Justice Partnership / Families Outside.

MacKay, T. (2002) The future of educational psychology. *Educational Psychology in Practice*, 18 (3): 245 – 253.

McCord, J. (2003) Cures that harm: unanticipated outcomes of crime prevention programs. *Annals of the American Academy of Political and Social Science*, 587: 16 – 30.

Miller, K. M. (2006) The impact of parental incarceration on children: an emerging need for effective interventions. *Child and Adolescent Social Work Journal*, 23 (4): 472 – 486.

Ministry of Justice (2009) *Families do matter: project report 2009.* West Midlands children and families of offender pathway.

Monsen, J., Graham, B., Frederickson, N., and Cameron, R. J. (1998) Problem analysis and professional training in educational psychology practice: an accountable model of practice. *Educational Psychology in Practice*, 13 (4): 234 – 249.

Murray. J. (2007) The cycle of punishment: social exclusion of prisoners and their children. *Criminology & Criminal Justice,* 7 (1): 55 – 81.

Murray, J. and Farrington, D. P. (2005) Parental imprisonment: effects on boys' antisocial behaviour and delinquency through the life-course. *Journal of Child Psychology and Psychiatry*, 46 (12): 1269 – 1278.

Murray, J. and Farrington, D.P. (2006) Evidence-based programs for children of prisoners. *Criminology and Public Policy,* 5 (4): 721 – 736.

Murray, J. and Farrington, D.P. (2008) Parental imprisonment: long-lasting effects on boys' internalizing problems through the life course. *Development and Psychopathology*, 20: 273 – 290.

Murray, J., Janson, C.-G., and Farrington, D.P. (2007) Crime in adult offspring of prisoners: a cross-national comparison of two longitudinal samples. *Criminal Justice and Behavior*, 34 (1): 133 – 149.

Nesmith, A. and Ruhland, E. (2008) Children of incarcerated parents: challenges and resiliency, in their own words. *Children and Youth Services Review,* 30: 1119 – 1130.

Nolen-Hoeksema, S., & Larson, J. (1999) *Coping with loss*. Mahwah, NJ: Erlbaum.

Poehlmann, J. (2005) Representations of attachment relationships in children of incarcerated mothers. *Child Development,* 76 (3): 679 – 696.

Ross, D. and Hayes, B. (2004) Interventions with groups of bereaved pupils. *Educational and Child Psychology*, 21 (3): 95 – 108.

Salmon, S. (2005) Prisoners' children matter. *Prison Service Journal,* 159: 16 – 19.

Social Care Institute for Excellence (2008) *Children of prisoners: maintaining family ties.* London: SCIE.

Smith, A., Krisman, K., Strozier, A. L., and Marley, M. A. (2004) Breaking through the bars: exploring the experiences of addicted incarcerated parents whose children are cared for by relatives. *Families in Society*, 85 (2): 187 – 195.

Springer, D.W., Lynch, C., and Rubin, A. (2000) Effects of a solution focused mutual aid group for Hispanic children of incarcerated parents. *Child and Adolescent Social Work Journal,* 17 (6): 431 – 442.

Van Nijnatten, C. (1997) Children in front of the bars. *International Journal of Offender Therapy and Comparative Criminology*, 41 (1): 45 – 52.

Warren Dodd, L. (2009) Therapeutic groupwork with young children and mothers who have experienced domestic abuse. *Educational Psychology in Practice*, 25 (1): 21 – 36.

Woolfson, L., Whaling, R., Stewart, A., and Monsen, J. (2003) An integrated framework to guide educational psychologists’ practice. *Educational Psychology in Practice*, 19 (4): 284 – 302.

CHAPTER FIVE

GOAL ATTAINMENT SCALING IN EDUCATIONAL PSYCHOLOGY PRACTICE: A SURVEY OF REPORTED USE AND ATTITUDES IN A LARGE URBAN EDUCATIONAL PSYCHOLOGY SERVICE

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Abstract

Evidence-based practice and evaluation are becoming increasingly important in the contexts in which educational psychologists work (Dunsmuir *et al*., 2009).
Goal attainment scaling (GAS) is as an evaluation tool that provides an explicit framework for specifying targets and measuring outcomes of intervention, which has been advocated for use within educational psychology practice (e.g. Frederickson, 2002).

This paper describes a small-scale piece of research exploring the use of and attitudes towards GAS among educational psychologists (EPs) in a large urban educational psychology service (EPS) who are required to use GAS as part of their consultation practice. Feedback from a focus group was used to inform the design of a fixed-response questionnaire, which was completed and returned by 57 per cent of EPs. Findings indicate that GAS is widely but not frequently used by participants. There are generally positive attitudes towards GAS although EPs may overstate their confidence in using the tool. Implications for the adoption of GAS within EP practice are discussed.

GOAL ATTAINMENT SCALING IN EDUCATIONAL PSYCHOLOGY PRACTICE: A SURVEY OF REPORTED USE AND ATTITUDES IN A LARGE URBAN EDUCATIONAL PSYCHOLOGY SERVICE

1. Introduction

1.1 Evidence based practice

In recent years evidence-based practice has been assuming increasing importance across all areas of social policy including education and child and adolescent mental health (Frederickson, 2002). The fundamental tenet is that there must be a clear link between professional practice and its research base (Fox, 2003). That is, decisions about approaches and methods used by practitioners should be based on the best available evidence of 'what works' rather than on unsubstantiated opinion.

The idea of evidence-based practice was first developed in the field of medicine, leading many to question its appropriateness for education (e.g. Biesta, 2007). For example, while randomised control trials (RCTs) are hailed as the 'gold standard' of rigorously derived evidence within medicine, it is argued that they are neither practical, nor the most valid research method in educational psychology (Fox, 2003). Opponents of the idea of evidence-based practice within education also object to the lack of acknowledgement of the crucial role of values in educational research and practice (Elliot, 2001; Biesta, 2007). For example, Hammersley (2001) argues that judgements about the effectiveness of interventions, although important for professional practice, cannot be separated from value judgements about desirable ends and appropriate means. Biesta (2007) highlights an important implication:

> ‘On the practice side, evidence-based education seems to limit severely the opportunities for educational practitioners to make such judgements in a way that is sensitive to and relevant for their own contextualized settings’ (Biesta, 2007, p.5).

Accordingly, Hammersley (2001) questions whether evidence-based practice may erode practitioners’ confidence and undermine traditional professional practice based on practical experience and common sense. However, many support a more rigorous evidence-based approach in the field for the very reason that the kind of approach described by Hammersley (2001) damages the credibility of educational practice. For example, Marsh (2005) argues that:

> ‘Many innovations in psychology and education have been made on the basis of no more than, “It seems a good idea” ‘(p.703).

1.2 Evaluation

Evaluation, which is a basic requirement of evidence-based practice, has become increasingly important in educational psychology practice (Eodanable & Lauchlan, 2009; Frederickson, 2002). It is a key stage in the framework for psychological assessment and intervention contained in the BPS Division of Educational and Child Psychology (DECP) professional practice guidelines (BPS, 2002). In addition, the Quality Standards for Educational Psychology Services (DECP, 2006) refers to clear systems by which educational psychology services (EPSs) should monitor and evaluate activities, as well as regular opportunities for individual psychologists to reflect upon and evaluate their practice. Indeed, Fox (2003) suggests that a commitment to researching our own individual practice as educational psychologists

(EPs), through recording what we are doing, how we are doing it and gathering information on outcome measures, may be the starting point for an evidence-based profession.

Dunsmuir and colleagues (2009) state that evaluative data can provide answers to key questions about an intervention such as, “does it work?”, “when does it work?” and “for whom does it work?” Writing about early literacy skills in the United States, Good, Simmons and Smith (1998) emphasise the importance of progress monitoring and evaluation of outcomes in making decisions about intervention effectiveness:

> ‘No matter how great an intervention sounds, no matter how much it costs, no matter how much research has been published, and no matter how many criteria or belief systems it satisfies, if the intervention does not change the child’s trajectory, then it is not effective for that child and a change is indicated’ (p.68).

Frederickson (2002) points out that the evaluation of outcomes not only provides an important source of evidence of effectiveness but is also a key requirement of accountable and ethical practice. The Government’s commitment to the transformation of children’s services, as set out in the *Every Child Matters* (ECM; DfES, 2004) agenda, has prompted a new culture of increased accountability. There are clear expectations that outcomes for individual children who have received EP input, either through direct work or consultation, will be evaluated. Writing in an American school psychology context, Stoiber and Kratochwill (2000) also note the importance of this trend:

> ‘Practitioners can no longer assume that offering something is useful; there is an expectation of professional accountability in determining students' needs and linking them to optimal preventative or intervention strategies. And practitioners must be committed to evaluating practice and providing

> feedback on the application of empirically supported interventions in schools' (p.100).

However, Hammersley (2001) is critical of the notion of transparent accountability, arguing that:

> "[it] encourages a climate in which clients demand that their needs and wants be fully met, while practitioners are increasingly concerned simply with protecting themselves from possible criticism . . .' (p.9)

Indeed, educational psychologists are perhaps all too aware of the pressures to demonstrate the effectiveness of their practice in the context of ongoing debate about their distinctive contribution (e.g. Cameron, 2002; MacKay, 2002). With specific regard to the role and functions of EPs in England and Wales, Farrell and colleagues (2006) warn:

> 'EP time might be viewed as relatively expensive which raises a question about whether another professional might be able to undertake some of their activities more economically and with the same impact. . . It is imperative that the skills, knowledge and experiences that an EP brings to a situation are known to add value to other work that has already been done' (p.100).

It could be argued that producing such evidence of effectiveness is even more critical in the current economic and political climate where services not seen as core business may be vulnerable to cuts.

Although the advantages and imperatives of evaluation are clear, concerns are often expressed that this is an aspect of educational psychology practice that is given insufficient attention (Frederickson & Miller, 2008). Writing from her experience as an educational psychologist and researcher, Frederickson (2002) argues that evaluation of outcomes 'has for too long been regarded by EPs as high on importance but low on urgency compared to activities such as assessment' (p.109). Kratochwill and Stoiber (2000) suggest that the ad hoc and chaotic nature of school-based practice may be to blame, commenting that ‘school psychologists may fall into “crisis routines”, rather than follow systematic procedures for intervention planning, monitoring and evaluation’ (p.247). Dunsmuir *et al*. (2009) agree that it can become difficult to incorporate evaluation as an aspect of routine EP practice. This highlights the importance of developing ‘resource tools that permit flexible and adaptable use of empirically supported interventions and that incorporate progress monitoring strategies as part of the evaluation process’ (Kratochwill & Stoiber, 2000, p.247). Furthermore, such evaluation tools need to become embedded within a consultation model of service delivery (Dunsmuir *et al*., 2009).

Achieving this may require a whole-service approach to assessing the value added by EPSs, rather relying on the efforts of individual practitioners. Baxter and Frederickson (2005) offer some advice on approaching such a task. They argue that the crucial question in service evaluation is not, “Who is my customer?”, but rather, “Who is my customer’s customer?”, emphasising that the purpose of service provision is to enable the recipient to meet *their* customer’s needs. For educational psychology services, then, the answer to the latter question is the child, even though consultation services are often offered directly to school staff. Baxter and Frederickson (2005) state that the key implication is that service evaluation should go beyond the views of the school to looking, with school staff, at what outcomes they are trying to achieve for children. The authors suggest that this ‘co-production of added value’ (p.96) requires the adoption of a common approach to monitoring and evaluating pupil progress.

Leadbetter (2000) conducted a survey of models of EPS delivery and found that the number and type of monitoring and evaluation systems in place in services varied greatly. While several principal educational psychologists (PEPs) reported having six or more systems, nine PEPs reported that they did not have any monitoring or evaluation in place. The nature of the information collected as part of the monitoring and evaluation practices also varied greatly. It included school/parent surveys, shadowing of EPs, monitoring of INSET and report writing, performance indicators, monitoring of weekly hours delivered to schools, and statutory data collected as part of the wider local authority system. Leadbetter (2000) concluded that not only were EPSs at markedly different stages in their development of systems for monitoring and evaluating the effectiveness of their services, but that they seemed to lack clarity as to their rationale behind the choice of models that they do operate.

More recently, the Farrell report (2006) concluded that the implementation of the ECM legislation has had a significant impact on how EPSs plan, carry out and evaluate their work, with many now focusing on the extent to which their work addresses the five outcomes (to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being). The authors recommend that these developments should be further strengthened in order that:

> 'services can target their work effectively and provide a reliable and accepted series of benchmarks against which to evaluate the effectiveness of their services in terms of promoting these five ECM outcomes' (Farrell *et al*., 2006, p.99).

In all, it would seem that educational psychologists still have some way to go in meeting the challenge of adopting robust impact measures for their work and embedding these into practice. EPSs must plan how to use outcomes and evaluation as a routine part of service delivery, while recognising the need for measures to be time efficient and demonstrably worth the effort in order to ensure the commitment of all EPs. The next section introduces one such approach to evaluation, goal attainment scaling (GAS), which is described by Frederickson (2002) as a tool which 'would appear to have much to offer educational psychologists in return for a reasonable investment of time and training' (p.110).

1.3 Goal attainment scaling (GAS)

Goal attainment scaling (GAS) provides an individualised, criterion-referenced approach to assessing change produced by any kind of intervention. It was originally conceptualised in the United States by Kirusek and Sherman (1968) as a method for evaluating mental health services. It involves identifying indicators for expected outcomes of intervention goals and then scaling these so that levels more, much more, less and much less than expected are also specified (Frederickson & Miller, 2008).

GAS provides an explicit framework to specify targets and measure progress and outcomes of intervention, defined on a five-point scale. It involves the following steps:

- Identifying the issues that will be the focus of intervention.
- Translating the selected problems into at least three goals.
- Selecting a baseline descriptor for each goal against which progress can be measured.
- Specifying the expected level of outcome for the goal (0).

- Specifying somewhat more (+1) and somewhat less (-1) than expected levels of outcome for the goal.
- Specifying much more (+2) and much less (-2) than expected levels of outcome for the goal.
- Arranging a review after an agreed period of time to determine the outcome level for each scale (i.e. –2, -1, 0, 1 or 2).

GAS has gained international recognition and is utilised across numerous professional disciplines for a broad range of interventions. Examples of GAS applications include, evaluating a behaviour support service (Imich & Roberts, 1990), brain injury rehabilitation (e.g. Bouwens *et al.*, 2009; Turner-Stokes, 2009), paediatric occupational therapy outcomes (McLaren & Rodger, 2003), treatment programmes for children with autism (Oren & Ogletree, 2000), progress in individuals with communication disorders (Schlosser, 2004), and rural health services in Australia (Cox & Amsters, 2002).

Frederickson (2002) described potential use of GAS by educational psychologists in the context of the Code of Practice on special educational needs (DfES, 2001). Frederickson (2002) recommends GAS as an approach that could significantly assist EPs in evaluating individual outcomes, and allow collation of information across schools and support services in a common approach to monitoring and evaluating pupil progress.

In a presentation on the use of GAS within his own EPS, Mallon (2007), a principal educational psychologist (PEP), highlighted a number of its benefits:

- GAS encourages collaborative goal setting, as teachers, pupils and parents can all be involved.
- GAS can be used flexibly with targets renegotiated and adjusted as required.
- GAS provides an explicit way of securing commitment to agreed action.
- The process of talking through GAS in itself can bring about change by giving the client perspective on problems raised.
- Researchers have reported good inter-rater reliability of 0.9 and above.

Despite its many benefits, GAS is not immune to criticism. In a large-scale review of GAS, Cytrynbaum *et al*. (1979, in Dunsmuir *et al*., 2009) found that only five of the 200 studies reviewed and purporting to use GAS adhered to the key criteria, with most users adapting and refining GAS for pragmatic purposes. Dunsmuir *et al*. (2009), who promote the use of an alternative target monitoring and evaluation (TME) system, cite a number of problems with implementation of GAS, including:

- difficulties with defining five discrete levels for each target;
- it is time consuming to complete and integrate with existing service delivery;
- difficulties in judging whether a goal was achieved due to ill-defined or vague initial goals;
- omission or reduction of goal levels; and
- failure to allocate time to review.

In addition, Mallon (2007) warns that GAS is only as good as those using it and the targets devised. Practitioners must guard against goals that are too easily accomplished, or too difficult; outcomes should be measurable and specific; and realistic expectations for outcomes should be used to evaluate the programme.

A cursory search of the published literature and the EPNET archive (an online forum for the exchange of information and ideas in educational psychology) found no alternative evaluation systems comparable to GAS, with the exception of the TME system, which is derived from GAS (see Dunsmuir *et al.*, 2009).

Despite its international use and recognition in other professional disciplines, as well as its growing number of proponents within educational psychology, there has been little feedback to date on the current use of GAS within EPSs and how its is viewed by EPs who use it in their day-to-day practice. The current study aims to address this.

1.4 Present study

This study was conducted in a large urban educational psychology service (EPS) in the UK. The EPS uses a consultation model of service delivery to schools and early years settings. Since 2006, goal attainment scaling (GAS) has been used as a means of evaluating delivery of services within the EPS. Educational psychologists (EPs) are expected to use GAS for at least one discrete piece of work during the course of an academic year. Work can be at pupil, group, class, or whole school level. EPs are asked to update their senior managers on their use of GAS in their termly professional development reviews (PDRs). At the end of each summer term, completed GAS forms are submitted to the PEP who collates and analyses the data.

The purpose of the current study was to explore how GAS is currently used and viewed within the EPS in order to promote its future use among EPs within the service. This study used a mixed methodology (focus group and fixed-response questionnaire) to address the following research questions:

- How is GAS used within the EPS?
- What are EPs' attitudes towards GAS?
- What is the relationship between use of GAS and attitudes towards GAS?

2. Focus group

A focus group was conducted with educational psychologists (EPs) in one team meeting. Focus groups provide an alternative to semi-structured interviewing, as a group interview that has the ability to mobilise participants to respond to and comment on one another's contributions (Willig, 2008). They are often used as a precursor to the development of a more structured instrument (Robson, 2002).

The focus group was facilitated by one trainee EP, and participants were six EPs and one senior EP. Participants in the focus group discussed their use of GAS, benefits and problems associated with its use, and alternative methods of evaluating their work. Views were recorded anonymously, in writing. The discussion lasted for approximately 25 minutes.

2.1 Who has used GAS, and for what kinds of work?

All of the EPs in the focus group reported having used GAS. They reported having used it for a range of work, including casework, projects and training. Two EPs said that they had used it on work involving precision teaching (PT), and a further two had used it with direct instruction (DI) interventions as a means for evaluating programme effectiveness through pupil progress. One EP mentioned that she had used GAS to evaluate the effectiveness of common assessment framework (CAF) actions. One EP had used it to evaluate her efforts to increase parental involvement in their child’s schoolwork. With regard to training, one EP had identified target outcomes relating to the uptake by teaching assistants (TAs) of particular skills or activities.

A number of EPs suggested that they used GAS opportunistically, where pieces of work have the potential for an “ending”, where they are time-limited, and where there is something measurable involved. Others reported using GAS to monitor multiple outcomes, such as pupil progress and staff understanding.

2.2 Why do participants use GAS, and what are the benefits of using GAS?

When asked why they used GAS, the group immediately responded with the answer, “because we are told to”. There was uncertainty, however, regarding why EPs were expected to use GAS. EPs did identify a number of benefits of using GAS. There were three main (related) themes in this discussion:

- GAS enabled EPs to adopt a greater focus on outcomes in planning interventions*:* “puts things under a microscope”. It could help to set challenging targets, and was a way to conceptualise meaningful outcomes: “it makes it easier to ask ‘what would it look like?’ questions”. GAS could also be useful for “tracking softer variables”.
- GAS complements a consultation model of service delivery*.* EPs said that consultees could find GAS useful, and the process of setting targets involved

"working through the steps with the SENCO", and offered a means of joint evaluation of work. GAS was reported to be "user friendly", and EPs believed that it increased consultees' "ownership" of work: "staff are more likely to put things in place than if they are only on an IEP".

- EPs emphasised the benefits of GAS in relation to reflective practice. Focusing on outcomes enabled EPs to evaluate the effectiveness of their work, and modify what they did in the light of this evaluation. As one EP put it: "even minus results can be useful".

2.3 What problems have EPs encountered in using GAS?

Three main problems were identified in relation to EPs' use of GAS:

- The "once-a-year" mindset*:* A number of EPs reported that they came to view the minimum requirement of one GAS submission per year as sufficient, and thus saw "doing a GAS" as a job to be ticked off each year.
- Understanding/competence: As a result of the once-a-year mindset, a number of EPs reported that they found it difficult to attain or maintain fluency because of infrequent use. One EP said, "the more I've used it the better I get", and it was suggested that it would be useful for EPs to share practice in order to develop understanding. A number of participants remarked that they found the focus group really useful insofar as it gave them an opportunity to find out about how others used GAS. It was also remarked that GAS was recommended to be used within the CAF process, but that most colleagues from other services/professions knew little about GAS and that it was used "very badly" when they had seen it used as part of a CAF.

- Issues about the scale: Some EPs reported not liking the scale as negative results could give the impression of a deterioration of a situation when this was not the case, rather than simply indicating that a target had not been achieved. It was also said that the scale was unreliable and open to bias, especially if there is a vested interest (e.g. service evaluation), and that it was easy to manipulate to attain a positive result.

2.4 What other means do participants use to evaluate their work?

When asked about alternatives to GAS, no comparable alternative methods were identified. EPs reported using a range of quantitative measures, such as test scores and scales. Others mentioned curriculum-based assessments, using observations, IEP reviews and dialogue with EPS users. Reference was also made to schools/ settings completing periodic evaluation questionnaires.

3. Survey

3.1 Research methods

Self-administered questionnaires were chosen as the main method of data collection for the study because they are economical and efficient. Hoinville and Jowell (1978, in Cohen *et al*., 2000) outline three prerequisites to the design of a survey; the specification of: the purpose of the inquiry; the population on which it is to focus; and the resources that are available. In the current study, the specific central aim was to obtain information about the use of, and attitudes towards, GAS among EPs who are required to use GAS as part of their service delivery. The population is readily identifiable and contactable, thus sampling decisions did not arise. With regard to available resources, the financial cost was kept to a minimum as questionnaires were completed ‘in house’ and so postage was not required. These preliminary considerations in the planning stage of the research provided a sound rationale for using self-administered questionnaires for data collection.

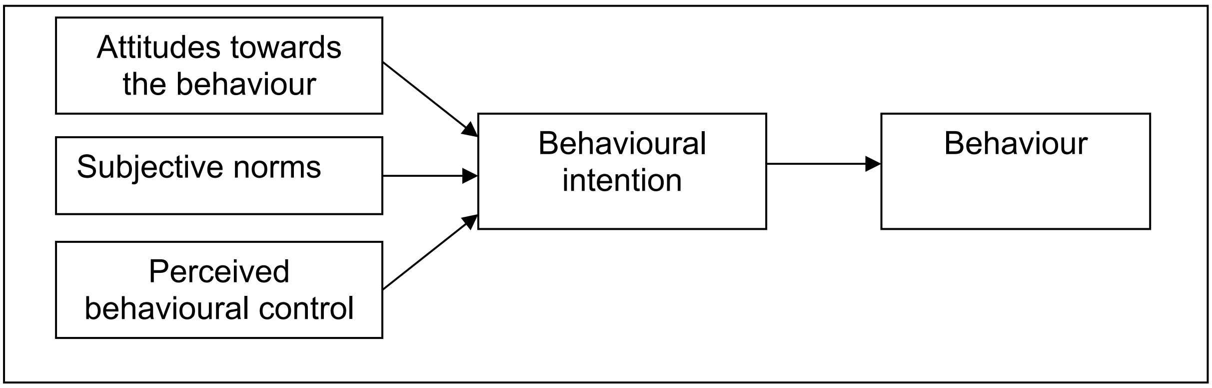
3.2 Participants

Participants were 58 educational psychologists (EPs) and three trainee educational psychologists (TEPs) from a large urban EPS. A total of 35 completed questionnaires were returned, representing a response rate of 57 per cent.

3.3 Questionnaire design

The questionnaire was based on the Theory of Planned Behaviour (TPB; Ajzen, 1988), which is a psychological model of behaviour change (see Figure 1, below)

Figure 1. Theory of planned behaviour (Ajzen, 2006)



The TPB suggests that the formation of a behavioural intention is determined by three psychological variables:

- *attitudes*: positive or negative evaluations of performing a behaviour;
- *subjective norms:* perceived social pressures to perform or not perform a behaviour and;

- *perceived behavioural control* over the action in question: perceived ease or difficulty of performing a behaviour.

As a general rule, the more favourable the attitude and subjective norm, and the greater the perceived control, the stronger should be the person's intention to perform the behaviour. Intentions are the precursors of behaviour (Ajzen, 2006).

The TPB has been used successfully in attempts to provide a better understanding of such diverse behaviours as sun protection (White *et al*., 2008), completion of high school (Davis *et al*., 2002) and participation in social support groups for prostate cancer patients (Voerman *et al*., 2007).

In line with the TPB, the questionnaire was designed to assess attitudes, social norms and perceived control concerning the use of GAS among educational psychologists. Francis *et al*. (2004) provide guidelines on how to construct a questionnaire based on the TPB (see Table 1).

Table 1. Steps in constructing a TPB questionnaire (Francis *et al*., 2004)

1. Define the population of interest.
2. Define the behaviour under study.
3. Decide how best to measure intentions.
4. Determine the most frequently perceived advantages and disadvantages of performing the behaviour.
5. Determine the most important people or groups of people who would approve or disapprove of the behaviour.
6. Determine the most important people or groups of people who would approve or disapprove of the behaviour.
7. Determine the perceived barriers or facilitating factors which could make it easier or more difficult to adopt the behaviour (i.e. measuring self-efficacy and perceived control of the behaviour).
8. Include items measuring all these constructs in the first questionnaire draft.
9. Pilot test the draft and reword items if necessary.

Using the feedback from the focus group, questionnaire items were constructed in relation to each of these steps (see Appendix 1). The questionnaire contained a total of 32 items. Participants were asked to indicate their actual use of GAS in the last academic year by ticking the appropriate box, and to indicate whether they intended to use GAS *less*, *same*, or *more* in the current academic year. Two further items required participants to tick boxes to indicate their actual use and intended use of GAS in terms of type of work (e.g. individual casework, research) and consultee (e.g. class teacher, child/young person). Participants were asked to respond to the remaining questions regarding attitudes, subjective norms and perceived behavioural control, using a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A copy of the questionnaire can be found in Appendix 2.

The questionnaire was piloted by one member of the EPS who confirmed that the questionnaire items were clear and the questionnaire straightforward to complete. The time required for completion of the questionnaires was estimated at four minutes.

3.4 Procedure

Questionnaires were distributed to EPs at six team meetings held on 4th November 2009. Time was allocated at the end of the meetings for the completion of the questionnaire, and individuals were also given the option of completing the questionnaire in their own time and returning it at a later date.

4. Results

Data from 35 questionnaires were analysed to explore EPs' use of GAS and attitudes towards GAS.

4.1 Frequency of actual and intended GAS use

Thirty-four of the thirty-five participants reported having used GAS in the previous year. Sixteen had used GAS once, and eighteen had used it 2-3 times. No EPs reported having used GAS more than three times. Two EPs said that they intended to use GAS fewer times this year than they had previously. Twenty-four EPs said they intended to use GAS the same amount as previously, and nine said that they intended to use GAS more often compared to last year.

Table 2. Frequency of actual and intended GAS use by 'converts' and 'non-converts'

		How often was GAS used in 2008/09?		
Intended use 2009/10		**Never**	**Once**	**2-3 times**
	Less	0	2	0
	Same	0	10	14
	More	1	4	4

Table 2 shows actual and intended GAS use of participants. Based on this information, participants' responses were divided into two groups for subsequent analysis. 'Converts' are defined as those EPs who have used GAS previously and intend to use it more than the minimum requirement (light grey cells). 'Non-converts' are defined as those EPs who have used GAS previously but do not intend to use it more than the minimal requirement (dark grey cells). Those who had never used GAS could not be judged to be converts or not.

4.2 How GAS is used

Table 3 shows the type of activities for which EPs reported using GAS in 2008/9 and intend to use it this academic year. The most common uses of GAS are for work focused at the individual or group/class level.

Table 3. GAS use in 2008/09 and intended use in 2009/10 by type of work

	2008/09 (actual use)		**2009/10 (intended use)**	
	Responses	**%**	**Responses**	**%**
Individual casework	15	28.8	12	28.6
Group/ class focus	13	25.0	9	21.4
Whole school/ org	4	7.7	5	11.9
Research	2	3.8	2	4.8
Cluster work	5	9.6	3	7.1
CAF	0	0.0	2	4.8
INSET/ Training	11	21.2	6	14.3
Supervision	1	1.9	1	2.4
Other	1	1.9	2	4.8
Total	52		42	

Figure 2 shows that there were some differences in how converts and non-converts have used GAS previously. Converts appear to favour use of GAS for individual casework, while non-converts use GAS proportionately more often in group / class focused activities and for cluster work.

Figure 2. A comparison of the type of work for which converts and non-converts used GAS in 2008/09

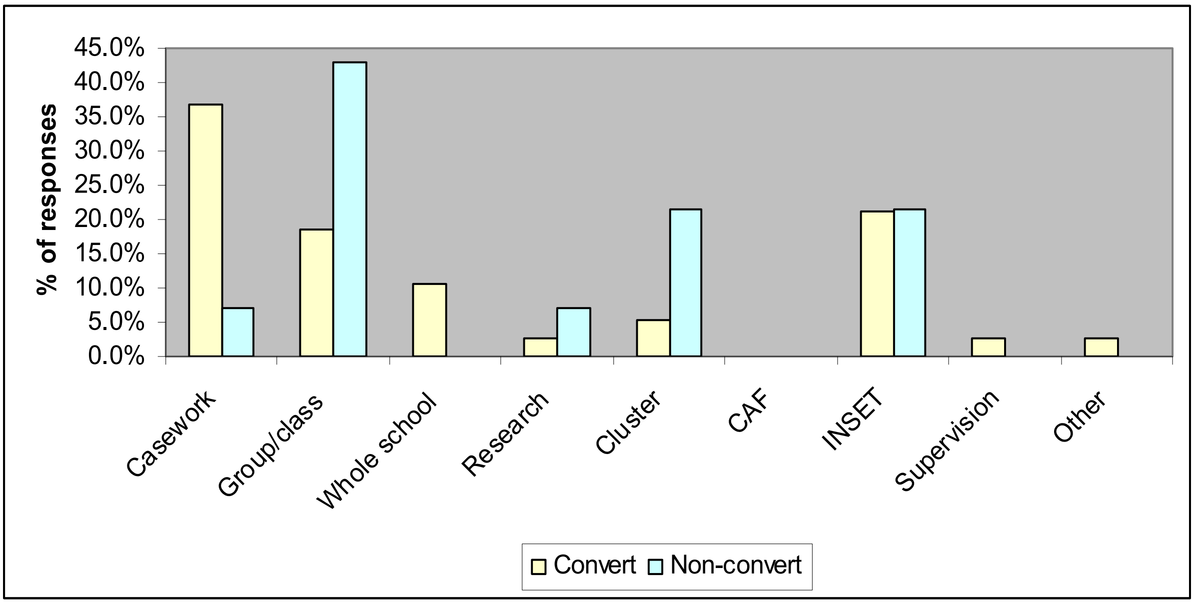


Table 4 shows the consultees with whom EPs use GAS. It is used most frequently with special educational needs co-ordinators (SENCos) or behaviour co-ordinators (BECos) and with other teaching staff.

Table 4. GAS Use in 2008/09 and intended use in 2009/10 by consultee

	2008/09 (actual use)		**2009/10 (intended use)**	
	Responses	**%**	**Responses**	**%**
SENCo/ BECo	18	35.3	19	43.2
Teacher/ EY practitioner	14	27.5	8	18.2
TA/ LSA/ etc	3	5.9	6	13.6
Child/ Young Person	3	5.9	1	2.3
Parent/ carer	2	3.9	1	2.3
EP/ TEP	5	9.8	3	6.8
Other professionals	4	7.8	5	11.4
School manager	2	3.9	0	0.0
Research commissioner	0	0.0	1	2.3

4.3 Attitudes towards GAS

The questionnaire contained 28 statements about GAS which EPs responded to by indicating their level of agreement on a 7-point Likert scale (1= strongly disagree; 7= strongly agree). Table 5 shows the statements with which a majority of EPs agreed and disagreed. Overall, the findings suggest that there are positive attitudes towards GAS, with a majority of EPs agreeing that GAS helps to clarify desired outcomes, is useful and broadly applicable, helps to evaluate work, and fits well within a consultation framework, among other benefits. Similarly the statements that EPs disagreed with tended to be ones which highlighted difficulties, suggesting that, on the whole, EPs did not find GAS a problematic tool.

Table 5. Questionnaire statements with which most EPs agreed and disagreed (i.e. item score of 5-7 or 1-3, respectively), with percentages of EPs agreeing in brackets

The majority of EPs agreed that:	**The majority of EPs disagreed that:**
• Managers expect me to use GAS (88.6%) • Using GAS helps to clarify desired outcomes (77.1%) • When I have used GAS it has been useful (71.4%) • GAS helps me to evaluate my work (68.6%) • GAS fits well within a consultation framework (68.6%) • GAS can be used for a broad range of outcomes (68.6%) • I am confident in using GAS (65.7%) • I am confident at identifying work	• The additional paperwork involved in using GAS is problematic (80.0%) • A negative outcome on GAS reflects badly on me as an EP (68.6%) • GAS is difficult to use (62.9%) • GAS is difficult to explain to consultees (60.0%) • A difficulty in using GAS is that it is not well understood by consultees (57.1%) • It would be helpful if I was required to use GAS more often (57.1%) • I would need to use GAS more to feel more confident about it (51.4%)

where GAS would be useful (62.9%) - The GAS form is easy to complete (62.9%) - Using GAS helps to ensure that agreed actions are implemented (60.0%) - Data from GAS evaluations are useful (54.3%) - Other EPs use GAS more than I do (51.4%) - Using GAS facilitates collaborative working (51.4%)	- GAS is not a reliable means for evaluating work (51.4%)

With regard to the TPB, statements with which the majority of EPs agreed and disagreed suggest generally positive behavioural attitudes (i.e. GAS is perceived to be useful) and perceived levels of control (i.e. EPs feel confident in using GAS). The picture is somewhat different for subjective norms (i.e. perceived social pressure to use GAS). 88.6 per cent of participants agreed with the statement, “Managers expect me to use GAS”, making it the statement which elicited the most agreement or disagreement of all the attitude items. However, there was no overall agreement with other statements relating to subjective norms. EPs did not seem to identify subjective pressures from colleagues, service users or the benefits to children and young people as reasons for using GAS.

Table 6 lists the attitude statements for which there were differences in agreement or disagreement between converts and non-converts. The top row contains statements with which converts agreed/disagreed more often than non-converts. The bottom row contains statements with which non-converts agreed/

disagreed more often than converts. A difference in agreement is defined by a difference of more than 15 per cent in the proportion of EPs agreeing/ disagreeing between groups.

Table 6. Difference in agreement with attitude statements between converts and non-converts

	Agree	**Disagree**
Converts	• GAS helps me to evaluate my work • Consultees find GAS useful • When I have used GAS it has been useful • The GAS form is easy to complete • Data from GAS evaluations are useful • Using GAS benefits the children and young people that I work with • Using GAS helps to clarify desired outcomes	• It is difficult to identify appropriate outcomes when using GAS • GAS is difficult to use
Non-converts	• Other EPs use GAS more than I do • GAS is not a reliable means for evaluating work • It would be helpful if I was required to use GAS more often • GAS is difficult to use	• Using GAS helps to ensure that agreed actions are implemented • Data from GAS evaluations are useful • Using GAS benefits the children and young people that I work with • Using GAS facilitates collaborative working. • I am confident at identifying work where GAS would be useful. • GAS fits well within a consultation framework • GAS helps me to evaluate my work

It is apparent that converts have a generally more positive view of GAS and are more likely to describe it as useful to themselves and others. They are more likely to disagree with statements that identify its potential difficulties. Non-converts are more likely to describe GAS as unreliable and difficult to use. They correctly identify that others use GAS more than they do. They are more likely to agree that it would be helpful to be required to use GAS more often, although only one-third of all non-converts agreed with this statement (compared to 18% of converts). Significantly, non-converts appear less likely to identify certain benefits of GAS.

The use of a Likert-type scale for attitude items meant that there was a measure of the strength of agreement for each item, with a higher score on the 7-point scale indicating a stronger level of agreement with an item. Table 7 shows the ten statements for which there were the greatest differences in strength of agreement, as measured by the group mean item response between the two groups. Again it is the case that converts appear more readily to identify the benefits of using GAS, suggesting a stronger behavioural attitude than non-converts. Non-converts agree more strongly with items relating to possible limitations of using GAS, implying a weaker behavioural attitude. They also perceive more strongly that GAS is difficult to use, suggesting limited perceived behavioural control, although conversely this group also agreed more strongly than converts that they were confident in using GAS. Non-converts agreed more strongly that managers expected them to use GAS, and this was the item where there was the greatest difference in strength of agreement. It is possible that EPs who do not use GAS frequently, or who do not have a favourable attitude towards it, may make external attributions in explaining their use of GAS, specifically that they use it because they are told to but use it infrequently because it is a difficult or unhelpful tool.

Table 7. Statements with which converts and non-converts agree more strongly

Converts agreed more strongly than non-converts that:	**Non-converts agree more strongly than converts that:**
• Using GAS facilitates collaborative working. • GAS helps me to evaluate my work. • GAS is more suitable for outcomes that are quantifiable. • Using GAS benefits the children and young people that I work with. • Using GAS helps to ensure that agreed actions are implemented.	• GAS is difficult to use. • Other EPs use GAS more than I do. • GAS is not a reliable means for evaluating work. • I am confident in using GAS. • Managers expect me to use GAS.

5. Discussion

5.1 Implications and recommendations for practice

Findings from this study of one educational psychology service (EPS) show that GAS is widely used but not frequently used by educational psychologists (EPs). That is, while GAS use amongst most EPs exceeds the minimum requirement, there is evidence to suggest that it has reached a plateau. Although a minimum requirement may motivate all EPs to use GAS once a year it may create a ‘once-a-year mindset’, having a negative influence on encouraging broader and more frequent use of GAS. To ameliorate this, there is need for a clear rationale for why EPs are expected to use GAS, in addition to communicating other benefits of using

GAS, such as its contribution to transparent accountability (Frederickson, 2002) and for the purpose of reflection on individual practice (Fox, 2003).

Furthermore, managerial expectation is the only normative influence on the use of GAS perceived by EPs, highlighting that they do not identify social pressures from colleagues or service users as reasons to evaluate outcomes. Efforts to raise the awareness and status of evaluation among educational psychologists and EPS users (e.g. schools) may ensure that it becomes regarded as an activity high in terms of both importance and urgency for EPs (Frederickson, 2002). In particular, it is necessary to communicate to service users that evaluation of outcomes using GAS is part of routine EPS delivery and that consultees will play an important role in this collaborative activity.

Overall, the findings suggest that there are positive attitudes towards GAS. A majority of EPs report that it is easy to use and tend to disagree with statements highlighting its difficulties. This is in contrast to the problems reported with implementation of GAS, as cited by Dunsmuir *et al*. (2009). Other benefits of GAS identified by EPs include focus on identifying outcomes, promotion of collaborative working, and suitability for consultation. This last point is particularly significant because there is a need for evaluation tools to become effortlessly embedded within a consultation model of service delivery, rather than bolted on as an afterthought (e.g. Dunsmuir *et al*., 2009; Kratochwill & Stoiber, 2000). If GAS is not time efficient, easy to use and demonstrably worth the effort then EPs are unlikely to incorporate it into their every day consultation practice.

Furthermore, in recognition that within a consultation framework the client for both the EP and school is always the child, evaluation of the service should involve looking with school staff at outcomes for children (Baxter & Frederickson, 2005). Focus group participants commented that the collaborative process of setting goals and outcome levels for GAS offered a means of joint evaluation work with SENCos that seemed to increase their commitment to and ownership of implementing planned interventions. This reflects Baxter and Frederickson's (2005) endorsement of GAS as a 'common approach to monitoring and evaluating pupil progress' (p.97).

There is a mixed picture in relation to educational psychologists' confidence in using GAS. Almost two-thirds of EPs in the survey agreed that they were confident in using the tool, but focus group participants reported not using it often enough to feel confident. Overall there is neither agreement nor disagreement that managers support EPs in using GAS. It is likely that requiring or encouraging increased use of GAS in the absence of measures to provide support and raise confidence may lead to further psychological resistance, with EPs adopting even less favourable attitudes towards it.

The EPS should identify ways of providing ongoing support to all EPs in developing their understanding of and confidence in using goal attainment scaling, in the form of training and supervision. This may include developing expertise in setting appropriate, relevant and realistic evaluation targets (Dunsmuir *et al*., 2009). In addition, given that the most common use of GAS is for individual casework, there is potential for it to be applied to a wider range of work, as indicated by the focus group discussion. In order to achieve this, consideration should be given to providing opportunities for EPs to share practice relating to GAS, for example through peer supervision and discussion at whole service days.

In order for senior managers to demonstrate the effectiveness of the EPS in promoting positive outcomes for children and young people, more data are needed from GAS evaluations. It is recommended that the data be analysed in terms of types of positive outcomes (e.g. improved behaviour, literacy skills, etc.) rather than levels of outcomes (e.g. +2, -1), and GAS targets be coded according to the ECM outcomes in line with Government expectations for children's services. In addition, the findings should be widely communicated both within the EPS and to service users.

5.2 Limitations and future directions

The main limitation of this study is the small sample size as a result of the low response rate to the questionnaire. This has implications for the degree to which the results can be generalised as they may not be representative of the population from which they are drawn. However, the study was not intended to provide facts that are highly generalisable across all educational psychology services, but its findings do provide a valid and useful insight into EPs' response to the implementation of GAS as a whole-service approach to evaluation.

The comprehensiveness of the questionnaire and the extent to which it taps relevant factors is important to the validity of the information obtained. The use of feedback from the focus group and the careful selection of items based upon the Theory of Planned Behaviour suggest that the questionnaire had acceptable face and construct validity.

Future research could explore the views of various service users about EPs' use of GAS in consultation (e.g. SENCos, class teachers, parents, children/young people) in order to add to the emerging picture and triangulate the information collected.

Currently, GAS and TME appear to be the only evaluation tools of their kind being used systematically within educational psychology practice. Dunsmuir *et al*. (2009) report that TME has been well received by EPs and EPS users, and that the system is more streamlined and user-friendly than GAS. Future studies could consider comparing TME and GAS to evaluate the relative merits and shortcomings of each and determine whether EPs have a preference between the two.

5.3 Conclusions

The findings from the current study would seem to confirm Frederickson's (2002) statement that GAS has much to offer educational psychologists. Indeed, most participants held positive attitudes towards GAS and identified a number of benefits associated with its use. This small-scale study offers some recommendations to educational psychology services considering implementing GAS as a whole-service approach to evaluation. There is a need for senior managers to communicate clear rationale and expectations for GAS use to EPs and service users. In addition, significant time and effort must be invested in training and supervising EPs in the use of GAS to promote confidence in the tool and ensure that it is used appropriately and effectively. Finally, it is worth noting that the success of whole-service implementation of GAS will depend upon the willingness and commitment of EPs to reflect upon and make changes to their own practice. It will likely take time and effort to build expertise and confidence in setting and reviewing evaluation outcomes, as well as a belief in the worth of tools such as GAS before EPs begin to incorporate evaluation into their routine practice.

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References

Ajzen, I. (1988). *Attitudes, personality, and behavior.* Chicago: Dorsey Press.

Ajzen, I. (2006) Constructing a TPB questionnaire: conceptual and methodological considerations. CHECK

Baxter, J. and Frederickson, N. (2005) Every child matters: can educational psychology contribute to radical reform? *Educational Psychology in Practice,* 21 (2): 87 – 102.

Biesta, G. (2007) Why “what works” won’t work: evidence-based practice and the democratic deficit in educational research. *Educational Theory*, 57 (1): 1 – 22.

Bouwens, S. F. M., van Heugten, C. M., and Verhey, F. R. J. (2009) The practical use of goal attainment scaling for people with acquired brain injury who receive cognitive rehabilitation. *Clinical Rehabilitation*, 23: 31- 320.

Cameron, R. J. (2006) Educational Psychology: the distinctive contribution. *Educational Psychology in Practice,* 22 (4): 289 – 304.

Cohen, L., Manion, L. and Morrison, K. (2000) *Research methods in education* (5th ed.). London: RoutledgeFalmer.

Cox, R. and Amsters, D. (2002) Goal attainment scaling: an effective outcome measure for rural and remote health services. *Australian Journal of Rural Health,* 10: 256 – 261.

Cytrynbaum, S., Ginath, Y., Birdwell, J., and Brandt, L. (1979) Goal attainment scaling: a critical review. *Evaluation Quarterly*, 3: 5 – 40.

Davis, L. E., Ajzen, I., Saunders, J. and Williams, T. (2002) The decision of African American students to complete high school: an application of the theory of planned behaviour. *Journal of Educational Psychology*, 94 (4): 810 – 819.

Department for Education and Skills (2001) *Special educational needs code of practice.* Nottingham: DfES Publications.

Department for Education and Skills (2004) *Every child matters: change for children.* London: HMSO.

Division of Educational and Child Psychology (DECP; 2006) *Quality standards for educational psychology services.* Leicester: The British Psychological Society.

Dunsmuir, S., Brown, E., Iyadurai, S., and Monsen, J. (2009) Evidence-based practice and evaluation: from insight to impact. *Educational Psychology in Practice*, 25 (1): 53 – 70.

Elliott, J. (2001) Making evidence-based practice educational. *British Educational Research Journal*, 27 (5) 555 – 574.

Eodanable, M. and Lauchlan, F. (2009) The advance of research and evaluation skills by EPs: implications for training and professional development. *Educational Psychology in Practice*, 25 (2): 113 – 124.

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., and O'Connor, M. (2006). *A review of the functions and contribution of educational psychologists in England and Wales in light of 'Every Child Matters: Change for Children'.* London: DfES Publications.

Fox, M. (2003) Opening Pandora's box: evidence-based practice for educational psychologists. *Educational Psychology in Practice,* 19 (2): 91 – 102.

Francis, J. J., Eccles, M. P., Johnston, M., Walker, A., Grimshaw, J., Foy, R., Kaner, E. F. S., Smith, L., and Bonetti, D. (2004) *Constructing questionnaires based on the theory of planned behaviour: a manual for health services researchers.* Newcastle upon Tyne: Centre for Health Services Research.

Frederickson, N. (2002) Evidence-based practice and educational psychology. *Educational and Child Psychology,* 19 (3): 96 – 111.

Frederickson, N. and Miller, A. (2008) “What do educational psychologists do”? In Frederickson, N., Miller, A., and Cline, T. (eds.) *Educational psychology.* London: Hodder Education. pp.1 – 25.

Good, R. H., Simmons, D. C. and Smith, S. B. (1998) Effective academic interventions in the United States: evaluating and enhancing the acquisition of early reading skills. *Educational and Child Psychology*, 15 (1): 56 – 70.

Hammersley, M. (2001) Some questions about evidence-based practice in education. *Paper presented at the symposium on "Evidence-based practice in education".* Annual Conference of the British Educational Research Association. University of Leeds, England, 13 September 2001.

Hoinville, G., and Jowell, R. (1978) Survey research practice. London: Heinemann Educational Books.

Imich, A. and Roberts, A. (1990) Promoting positive behaviour: an evaluation of a behaviour support project. *Educational Psychology in Practice,* 5: 201–209.

Kiresuk, T. J. and Sherman, R. E. (1968) Goal attainment scaling: a general method for evaluating community mental health programmes. *Community Mental Health Journal*, 4: 443 – 453.

Kratochwill, T. R. and Stoiber, K. C. (2000) Empirically supported interventions and school psychology: conceptual and practice issues – part 2. *School Psychology Quarterly,* 15 (2): 233 – 253.

Leadbetter, J. (2000) Patterns of service delivery in educational psychology services: some implications for practice. *Educational Psychology in Practice*, 16 (4): 449 – 460.

Mackay, T. (2002) Discussion paper – the future of educational psychology. *Educational Psychology in Practice*, 18 (3): 245 – 253.

Mallon (2007) *Goal attainment scaling: evaluating EPS delivery of services* [online] www.bps.org.uk/downloadfile.cfm?file_uuid=835C9B9F-1143-DFD0-7E35-1D705F93A87D&ext=ppt [Accessed November 24th 2009]

Marsh, R. (2005) Evidence-based practice for education?', *Educational Psychology,* 25 (6): 701 – 704.

McLaren, C. and Rodger, S. (2003) Goal attainment scaling: clinical implications for paediatric occupational therapy practice. *Australian Occupational Therapy Journal,* 216 – 224.

Oren, T. and Ogletree, B. T. (2000) Program evaluation in classrooms for students with autism: student outcomes and program processes. *Focus on Autism and Other Developmental Disabilities,* 15: 170 – 175.

Robson, C. (2002) *Real world research* (2nd ed.). Oxford: Blackwell Publishing.

Schlosser, R. W. (2004) Goal attainment scaling as a clinical measurement technique in communication. *Journal of Communication Disorders*, 37: 217 – 239.

Stoiber, K. C. and Kratochwill, T. R. (2000) Empirically supported interventions and school psychology: rationale and methodological issues – part 1. *School Psychology Quarterly*, 15 (1): 75 – 105.

Turner-Stokes, L. (2009) Goal attainment scaling (GAS) in rehabilitation: a practical guide. *Clinical Rehabilitation,* 23: 362 – 370.

Willig, C. (2008) *Introducing qualitative research in psychology* (2nd ed.). Maidenhead: Open University Press.

Appendix 1

GAS questionnaire construction

Steps	**Questionnaire items**
Population of interest	Educational Psychologists at one EPS
Behaviour under study	Use of Goal Attainment Scaling (GAS)
Actual and intended performance	• Frequency of GAS use • Type of work in which GAS is used • With whom GAS used (i.e. consultees)
Advantages	• Using GAS facilitates collaborative working. • Using GAS helps to ensure that agreed actions are implemented. • Data from GAS evaluations are useful. • Using GAS helps to clarify desired outcomes. • GAS helps me to evaluate my work. • GAS can be used for a broad range of outcomes. • GAS fits well within a consultation framework. • When I have used GAS it has been useful.
Disadvantages	• It is difficult to identify appropriate outcomes when using GAS. • GAS is more suitable for outcomes that are quantifiable. • GAS is not a reliable means for evaluating work
Important people	• Other EPs use GAS more than I do. • Consultees find GAS useful • Managers support me in using GAS. • Managers expect me to use GAS. • Service users expect me to evaluate my work. • Using GAS benefits the children and young people that I work with.

Barriers	• GAS is difficult to use. • GAS is difficult to explain to consultees. • GAS is not well understood by consultees. • A negative outcome on GAS reflects badly on me as an EP. • Using GAS is time consuming. • The additional paperwork involved in using GAS is problematic.
Facilitators	• I am confident in using GAS. • I am confident at identifying work where GAS would be useful. • It would be helpful if I was required to use GAS more often. • I would need to use GAS more to feel more confident about it. • The GAS form is easy to complete.

Appendix 2

GAS questionnaire

Goal Attainment Scaling Questionnaire

We are conducting a survey to find out about EPs' use of, and attitudes towards, Goal Attainment Scaling (GAS). This information will be used to help the EPS to reflect on the role of GAS within service delivery. All data will be presented anonymously. We would be grateful if you could assist us by completing this short questionnaire

1. In the academic year 2008/09 I have used GAS:

Never	Once	2-3 times	4-6 times	7-10 times	10+ times

2. Compared to 2008/09, this year I intend to use GAS

Less	Same	More

Please tick all of the boxes below that describe your use of GAS for the last academic year and your use/intended use for the current year:

3. Type of work:	**2008/9**	**2009/10**
Individual casework		
Group / class focus		
Whole school / organisation		
Research		
Cluster work		
CAF		
INSET / training		
Other (please specify):		

4. Used with:	**2008/9**	**2009/10**
SENCO / BECO		
Class teacher / EY practitioner		
TA / LSA etc.		
Child / young person		
Parent / carer		
EP / TEP / GP		
Other professionals		
School manager		
Research commissioners		
Other (please specify):		

5. Using the 7-point scale below, please indicate whether you agree or disagree with the following statements about GAS:

		1	**2**	**3**	**4**	**5**	**6**	**7**	
1. A difficulty in using GAS is that it is not well understood by consultees.	*Strongly disagree*								*Strongly agree*
2. GAS is not a reliable means for evaluating work.	*Strongly disagree*								*Strongly agree*
3. The additional paperwork involved in GAS is problematic.	*Strongly disagree*								*Strongly agree*
4. I am confident at identifying work where GAS would be useful.	*Strongly disagree*								*Strongly agree*
5. Other EPs use GAS more than I do.	*Strongly disagree*								*Strongly agree*

6. Using GAS helps me to ensure that agreed actions are implemented.	*Strongly disagree*								*Strongly agree*
7. Managers support me in using GAS.	*Strongly disagree*								*Strongly agree*
8. It would be helpful if I was required to use GAS more often.	*Strongly disagree*								*Strongly agree*
9. Using GAS facilitates collaborative working.	*Strongly disagree*								*Strongly agree*
10. GAS is difficult to use.	*Strongly disagree*								*Strongly agree*
11. I would need to use GAS more to feel more confident about it.	*Strongly disagree*								*Strongly agree*
12. GAS is difficult to explain to consultees.	*Strongly disagree*								*Strongly agree*
13. Service users expect me to evaluate my work.	*Strongly disagree*								*Strongly agree*
14. Using GAS benefits the children and young people that I work with.	*Strongly disagree*								*Strongly agree*
15. A negative outcome on GAS reflects badly on me as an EP.	*Strongly disagree*								*Strongly agree*
16. Using GAS is time consuming.	*Strongly disagree*								*Strongly agree*
17. Data from GAS evaluations are useful.	*Strongly disagree*								*Strongly agree*
18. Consultees find GAS useful.	*Strongly disagree*								*Strongly agree*
19. It is difficult to identify appropriate outcomes when using GAS.	*Strongly disagree*								*Strongly agree*
20. Using GAS helps to clarify desired outcomes.	*Strongly disagree*								*Strongly agree*

21. I am confident in using GAS.	*Strongly disagree*								*Strongly agree*
22. Managers expect me to use GAS.	*Strongly disagree*								*Strongly agree*
23. When I have used GAS it has been useful.	*Strongly disagree*								*Strongly agree*
24. GAS is more suitable for outcomes that are quantifiable.	*Strongly disagree*								*Strongly agree*
25. GAS helps me to evaluate my work.	*Strongly disagree*								*Strongly agree*
26. GAS fits well within a consultation framework.	*Strongly disagree*								*Strongly agree*
27. GAS can be used for a broad range of outcomes.	*Strongly disagree*								*Strongly agree*
28. The GAS form is easy to complete.	*Strongly disagree*								*Strongly agree*

Many thanks,

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Trainee Educational Psychologists

CHAPTER SIX

CONSTRUCTING THE LABEL: A DISCOURSE ANALYSIS OF INTERNET FORUM POSTINGS ABOUT ASPERGER'S SYNDROME

CONSTRUCTING THE LABEL: A DISCOURSE ANALYSIS OF INTERNET FORUM POSTINGS ABOUT ASPERGER'S SYNDROME

Abstract

This paper presents the results of a discourse analysis of Internet postings on the topic of Asperger's syndrome (AS) and labelling. It explored the different discursive constructions of the label amongst young people who self-identify as having AS, as well as parents of children diagnosed with AS.

The analysis suggested that individuals with Asperger's syndrome employed a discourse of *self-discovery* which privileges self-knowledge over 'expert' knowledge, as well as a *neurodiversity* discourse which constructs AS as a difference rather than disorder. However, this apparent rejection of the dominance of medical discourse was contradicted by the enacted cultural obligation of seeking validation of the 'discovery' from health professionals.

Parents were found to employ two main discourses in their talk about Asperger's syndrome which were termed *chasing labels* and *fighting labels*. Together these discourses construct the label as something to be sought and as something to be resisted, thus engendering uncertainty and ambivalence amongst parents. The discourses also reflect the effortful and emotional journey that parents undergo in trying to decide what to do for the best.

The findings add to the literature on the importance of representing alternative constructions of Asperger's syndrome, which challenge dominant discourses, offer more empowering identities and make available less oppressive possibilities for

action and subjectivities. The paper concludes with a discussion of the implications for professional practice.

CONSTRUCTING THE LABEL: A DISCOURSE ANALYSIS OF INTERNET FORUM POSTINGS ABOUT ASPERGER'S SYNDROME

1. Introduction

1.1 Dominant discourses on Asperger's syndrome

The medical approach has largely dominated the discourse on Asperger's syndrome (AS). It is a relatively new diagnostic condition, currently posited as a neurologically based impairment or disorder, located within the individual (Molloy & Vasil, 2002). Asperger's syndrome appeared for the first time in the fourth edition of the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and the tenth edition of the *International Classification of Diseases* (ICD-10), under the heading of 'pervasive developmental disorders' (PDD), which describe all disorders in which there is a qualitative impairment in the development of reciprocal social interaction, communication and imagination (Wing, 2005).

Billington (2000) notes that the words often used by 'experts' to define autistic characteristics – 'abnormal', 'obsessive', 'rigidity', 'inflexibility' and so on – 'would seem to imply that the person under scrutiny is almost non-human, certainly 'abnormal', and conceivably also devoid of thought or feeling' (Billington, 2000, p.100).

Thus, the medical discourses and the psychiatric classificatory paradigm that dominate discussions of Asperger's syndrome construct AS as a 'disorder' and 'impairment', and highlight the 'deficits' associated with AS (Molloy & Vasil, 2002).

Given that diagnosis depends on the psychiatric definition, Conrad (2004, in Clarke and van Amerom, 2007) argues that AS can be seen as a 'medicalized condition'. Clarke and van Amerom (2007) define medicalisation as:

> 'the dominance of a medical perspective with regard to what might otherwise be seen as moral, religious, legal or other sorts of issues' (p.762).

The current dominance of the medical model can be understood historically as part of the medicalisation of society in the late nineteenth century (Turner, 1995). That is, the emergence of medical classification of deviance, the growing importance of the doctor as a professional man, and the development of medical institutions are all features of the trend of secularisation and the growth of rationalisation, as Turner (1995) explains:

> 'For Foucault, western society has been increasingly regulated . . . it has been more and more dominated by the standards of reason (through the applications of science to everyday life). It has as a result become increasingly uniform and standardized, because we cannot or will not tolerate ideas or lifestyles which diverge too far from the 'normal' (as defined primarily by medicine)' (p.13).

Foucault, in examining the relationships between certain medical discourses and the exercise of power in society, draws our attention to the expansion of medical dominance as the primary form of social regulation and control (Turner, 1995). Medical knowledge, as an institutional form of social control for the management of deviance operates by defining standards of normality and by delineating what constitutes valid knowledge, who has access to it and who can exercise it (Turner, 1995).

Billington (2000) argues that children have become one of the principal populations targeted by 'governmentality', and that discourses circulating not only within the field of medicine, but also within the system of education have made:

> 'important contributions as acts of government which, for example, with increasing tenacity, enable the identification and pathologization of children whose very being is considered unreasonable: children who are allocated a social disability in whatever form, physical, mental or emotional' (p.24).

In this way, Billington (2000) argues that scientific discourses within psychology and education, such as discourses of 'normality' and 'abnormality', provide an important site for governmentality. The enterprise of measuring, ranking and categorising children (which invokes discourses of normality and abnormality) has consumed much human energy within the domains of psychology and education (Billington, 2000). In the terminology of Foucault, general movements towards understanding the world, and particularly human beings, through ordering and classifying, has played and continues to play a key role in controlling the populace (Burr, 2003).

Billington (2000), writing from his experience as an educational psychologist, argues that many professionals within the field of special educational needs ascribe labels to thousands of children in Britain each year, often with huge effects upon the lives of the children involved. Ho (2004) discusses how such labels and classifications within the education system are used to determine what types of behaviours are or are not acceptable, in order to 'control difficult children, to take them away from schools, and to put them into institutions or regimen of treatment' (p.90). As writers and researchers involved with various autism and AS organisations, Molloy and Vasil (2002) suggest that, even within a new climate of inclusion, certain labels such as Asperger’s syndrome are readily adopted as categories by schools and special education services (Molloy & Vasil, 2002). In line with the medical model, discourses within special education construct disability as a ‘natural’ problem of the child, directly caused by the individual’s mental or physical impairments, and thus not as a result of educational practices that fail to meet the needs of a diverse student population (Ho, 2004; Molloy & Vasil, 2002). As such, it is clear that the creation and dissemination of categories such as Asperger’s syndrome have specifically served the interests of special education, as well as the field of medicine and the wider agenda of governmentality.

Today, the medical discourse locates the individual in relation to a specific disease or condition, assumed to have a knowable cause, treatment and prognosis, all provided by health care professionals who are imbued with expert status (Radley, 1994 in Avdi *et al*., 2000). Knowledge of the socio-historical foundations of the dominant discourses on labelling, as well as an understanding of the functions served by constructions of illness and disorder, helps to explain why the medical and deficit approach has become the accepted way of looking at and talking about Asperger’s syndrome. Although these dominant discourses have become so entrenched that they remain largely uncontested, Willig (2008) offers reassurance that counter-discourses can and do emerge eventually.

1.2 A critique of labelling: the social construction of Asperger’s syndrome

1.2.1 The nature of knowledge

Social constructionism denies that our knowledge is a direct perception of reality, but rather, as a culture or society we construct our own versions of reality between us (Burr, 2003). A social constructionist perspective acknowledges that the term ‘Asperger’s syndrome’ is a label created by medical science to explain, understand and identify neurological and behavioural differences; it is not a scientifically established truth (Molloy & Vasil, 2004).

Furthermore, our ways of understanding are seen as products of particular cultures and periods of history, and are dependent upon the particular social and economic arrangements prevailing in that culture at that time (Burr, 2003). Billington (2000) points out that ‘autism’ and ‘Asperger’s syndrome’ are relatively new categories which have been ‘discovered’ during the last fifty years or so and have subsequently been classified as ‘disorders’ in DSM, thus confirming their status as a medical pathology in terms of present cultural designations. In acknowledgement of the time-bound nature of these socially defined entities, Billington (2000) states that ‘it seems likely that psychology will be able to ‘discover’ an unlimited supply of new ‘disorders’ which will supersede these current categories’ (p.94).

So while medical labels and diagnoses often give the appearance of being objective ‘facts’ or ‘truths’ because they are ‘discovered’ and interpreted within the prestigious professions of medicine and psychology, the words of ‘expert’s’ should not be mistaken for scientific or even precise proof of a specific pathology or category (Billington, 2000; Ho, 2004). Rather, such categories should be recognised merely as ideas constructed and defined by professional discourse, as a reflection of the dominant mode of thinking within a society (Turner, 1995).

1.2.2 Categorising and labelling children

As discussed above, categorisation and classification have become fundamental means of regulating and controlling the populace. However, such categories are devised according to a knowledge which is socially and culturally constructed rather than ‘a priori’ (Billington, 2000). Thus, although Asperger’s syndrome is represented as belonging within medical discourse which implies diagnostic and definitional clarity, it is not surprising that contentions have arisen within its medical classification. For example, Molloy and Vasil (2002) note that while the DSM-IV definition provides a frame of reference for the diagnosis of AS, there remains ambiguity based on variability in interpreting the absence or presence of some features and the severity of these. Indeed, Wing (2005) concedes that ‘establishing precise criteria for any syndrome defined solely on aspects of behaviour is difficult or impossible’ (p198). Preston (2007) argues that this is because the human individual has an indefinite number of variable characteristics, and their grouping and classification remain indeterminate. Furthermore, Molloy and Vasil (2002) note that in clinical practice, there is even little consensus as to the name, with the same pattern of symptoms being referred to as Asperger’s syndrome, high functioning autism (HFA) and autistic spectrum disorder (ASD), amongst others.

While the fuzziness of diagnostic criteria signifies that the classification of AS within the medical paradigm is problematic within its own frame of reference (Molloy & Vasil, 2004), health and education professionals continue to adopt the term and identify children as having Asperger’s syndrome with all the insidious effects that this entails.

Billington (2000) argues that the meanings and outcomes organised around categories can carry with them ‘the stigmatising effect of a social disease’ (p.22). More specifically, Norwich (1999) states that:

> ‘Labels can stick and have powerful negative impacts on others’ actions to the labelled person, especially labels with medical associations’ (p.179).

Once children are labelled they tend to be defined by their diagnosis, in that ‘labelling inevitably searches for deficits rather than acknowledging the whole person’ (Roffey, 2007, p.16). In other words, the child may no longer be regarded as an individual with unique abilities, learning styles and aspirations (Ho, 2004). Rather, labelling leads to generalisation of the child’s difficulties, which neglects specific individualised issues and imposes on the child various expectations and stereotypes that are tied to that label (Lauchlan & Boyle, 2007). Thus, the diagnostic label may be seen as a fixed ‘entity’ giving rise to inappropriate attributions or even self-fulfilling prophecies (Connor, 2007). It should be noted, however, that some pose the counter-argument that stigmatisation can occur in the absence of labelling, or in fact, it can precede labelling (e.g. Riddick, 2000, in Lauchlan & Boyle, 2007).

A further issue with categorising children in this way is that a diagnostic label also emphasises the source of ‘disorder’ as being firmly located within the individual, at the cost of exploring the role of the social environment in shaping and defining behaviour (Ho, 2004; Molloy & Vasil, 2004). The medical model assumes that the deficit is ‘within-child’ whist the social constructionist perspective helps us to recognise how various social and environmental barriers may also contribute to the difficulties that children experience (Ho, 2004).

1.2.3 Discourse, positions and power

In reflecting on how the medical approach continues to dominate the discourse on Asperger's syndrome, Molloy and Vasil (2002) raise the important question of what forces and mechanisms are at work in the dissemination of AS as a category.

On an individual level, most people see medical diagnostic categories, such as Asperger's syndrome, as scientifically established truths rather than social constructions open to re-interpretation (Molloy & Vasil, 2004). This unquestioning belief in the validity of diagnostic systems such as the DSM can be attributed to the power of the dominant discourses of medicine and psychology which form the common-sense view of the world in our culture at this particular time. Power is vested in the position of the expert to lay claim not merely to science, but to fact, truth and reason (Billington, 2000). Turner (1995) notes:

> 'The professional dominance of certain occupational groups is clearly grounded in the possession of a body of knowledge which is a crucial feature of the exercise of professional power' (p.151).

Since discourses make available ways-of-seeing and ways-of-being, they are implicated strongly in the exercise of power (Willig, 2008). The medical discourse surrounding Asperger's syndrome contains positions of those who offer diagnosis and treatment through their medical knowledge (e.g. doctors, psychologists) and less knowledgeable (and ergo less powerful) patients who receive their expertise and care. Labelling people with AS, then, brings to them the full force of medical knowledge and power (Molloy & Vasil, 2004). When an individual is constructed through discourse, the particular subject position which he or she is accorded brings with it a set of images, metaphors and obligations concerning the kind of response that can be made (Coyle, 2007). Thus, the positioning of the individual with

Asperger's syndrome as 'patient' in need of treatment or therapy as a result of their 'impairments' or 'deficits' may be disempowering and oppressive.

1.2.4 Neurological difference not disorder

In challenging the deficit approach inherent to the medical model, an alternative conception of Asperger's syndrome as a neurological difference as opposed to a neurological disorder has emerged in the literature (e.g. Baker, 2006). The movement away from a disease-focused conception of the autism spectrum is discussed by Ne'eman (2007):

> 'The essence of neurodiversity, or neurological diversity, is the idea that the paradigm of acceptance extended towards racial, religious and other similar differences should apply to neurology as well. A relatively new concept, the term originates from conversations held amongst individuals on the autism spectrum in various discussion boards, listservs and other areas of community interaction in the fledgling autistic community' (p.3).

Thus, framing autism as a difference or type of neurodiversity positions autism within social, cultural and political discourse, and rejects the dominant discourse's positioning of autism within solely medical and disease-oriented language and practices (Broderick & Ne'eman, 2008).

Key to the neurodiversity argument is that the autistic spectrum is equivalent in legitimacy to other minority groups, such as the African-American community:

> 'We see the world in a different way than our neurotypical peers . . .This does not imply a defect, but merely a difference — one that we have just the same right to as those of a different race, nationality or religion' (Ne'eman, 2006, p.2).

Perhaps the most controversial implication associated with the neurodiversity movement regards the issue of pathologising difference and seeking to 'cure' it.

There is general opposition by the autistic community to research designed to eliminate the autism spectrum from the scope of human genetics (Ne’eman, 2007). Part of the reason for this is that autism is pervasive and as such it contributes to all the defining characteristics of the conception of individual ‘self’ Furthermore, it is argued that, enforcing neurological conformity through examining all individuals from the point of view of a bell curve will result in mediocrity (Ne’eman, 2006).

Ne’eman (2007) summarises the neurodiversity argument thus:

> ‘In a sense, neurodiversity proponents seek opposing goals: to be accepted into the mainstream while at the same time maintaining and building their own distinct community and identity. In another sense, however, this is the essence of the concept of diversity in general. By developing a social identity as opposed to a simply medical one, the autistic community can grow and individuals on the autism spectrum can gain full acceptance into mainstream society, as previous generations of distinct ethnic, religious and other communities have done’ (p.2).

1.3 Alternative discourses: narratives of parents and individuals with the label ‘AS’

In recognising that the dominant discourses of medicine and psychology present us with a particular vision on the world, rather than established truths, it is important to explore alternative perspectives of Asperger’s syndrome, particularly the discourses employed by parents and individuals with the label. As Burr (2003) explains:

> ‘. . . surrounding any one object, event, person etc. there may be a variety of different discourses, each with a different story to tell about the object in question, a different way of representing it to the world’ (p.64).

In recent years, a number of studies have explored the experiences and constructions of individuals identified with an autistic spectrum disorder or their parents.

Jones *et al*. (2001) studied the web accounts of five people who described themselves as ‘high functioning autistic’ and discovered four central themes: a sense of alienation, a sense of frustration, and feelings of depression and fear.

Huws and Jones (2008) conducted an interpretative phenomenological analysis of the perceptions of young people with high functioning autism which revealed a more balanced picture. They found that being identified as someone ‘having’ autism can lead to some positive effects as well as some negative effects. For some participants, it provided a way of legitimising to others why they might behave in a certain way, while for others it provided a stereotyping label that could lead to discrimination. While some participants felt able to accommodate their diagnosis of autism, others talked about disliking having autism, and actively avoiding any information associated with it. For all the young people interviewed, receiving a diagnosis had led to a reworking of their sense of identity:

> ‘Their everyday world is displaced, and there is an uncertainty about the future that calls for a re-evaluation of biography and a reconstruction of self-identity and self-concept’ (Huws & Jones, 2008, p.105).

While young people seem to struggle with a reconstruction and adjustment of identity, parents may undergo an ‘emotional metamorphosis’ (Fleischmann, 2005). A grounded theory analysis of the messages sent to an email group by parents of children with autism revealed how parents talked about their need to find meaning, to adjust to changes in their families, and receive and offer social support (Huws *et al*., 2001). Initially, the diagnosis led to feelings of loss and sense of grief for their child. For example, one parent wrote:

> ‘It’s with pain and sadness that I write that our son has been formally diagnosed with moderate to severe autism. Although we knew he acted that

> way, it is one thing to say he ‘acts’ like it and to say ‘he is’. We are in mourning again . . .’ (Huws *et al*., p.574).

Similarly, in a study of thirty-three websites for parents of children with autism, Fleischmann (2005) found that diagnosis was compared to a sudden and unexpected shock:

> ‘This bombshell dropped on us . . . You are mourning the death of the child that you thought that you had, but now never will. I will never forget how numb I felt when they told me that Z was on the ‘autistic spectrum. I went outside and threw up. Then I started my battle plan’ (p.304).

However, Fleischmann (2005) explains how, following recognition and acceptance of the child’s ‘disability’, parents underwent a period of readjustment after which their perceptions of autism changed from it being a ‘destructive force’ to a challenge with which they must deal and even an ‘enriching element’ in their lives.

Of particular relevance to the current study is previous research that has considered the extent to which dominant discourses of autism are reflected or challenged by the discursive constructions of parents and individuals with the label. For example, Avdi *et al.* (2000) revealed three main discourses in parents’ representations of the ‘problem’ during the assessment of their child for an autistic spectrum disorder, which were termed the discourse of normal development, the medical discourse and the discourse of disability. Within the medical discourse, parents talked about the diagnosis as implying understanding and certainty, provided by health care professionals who were imbued with expert status:

> ‘Parents repeatedly constructed the diagnosis as an antidote to uncertainty, a label which would transform the ‘problem’ from something vague and poorly understood to a knowable, defined ‘thing’ with a predictable future, known causes and treatment. They also saw the diagnosis as an official acknowledgement of the ‘reality’ of the problem, thus validating their anxieties and feelings’ (Avdi *et al*., 2000, p.248.)

In their study of the functions of an email group used by parents of children with autism, Huws *et al.* (2001) report that comments made by the parents reflected the cultural obligations of seeking out the technical competence of health professionals, while at the same time there was a questioning of medical authority:

> 'In reality, they [the doctors] are simply trying to make themselves seem less ignorant and impotent' (p.574).

However, in their continuing efforts to understand autism, some parents in Huws *et al.*'s (2001) study held the belief that autism can be cured, and used the email group to debate and share information about this possibility.

In a study by Clarke and van Ameron (2008) which compared blogs (web journals) written by those who self-identify as having Asperger's syndrome and their parents or carers, the authors note that while parents tended to accept the medical definition and seek a cure for their children, the 'Aspies' argued against this pathologising perspective.

In a clear example of opposition to the dominant medical discourse, Clarke & van Ameron (2007), in another article on Internet sites concerned with AS, found that those diagnosed with Asperger's syndrome 'expressed resistance to the AS organizations, to medicalisation and to what they felt was the public stigma associated with AS' (p.771). In a reflection of the neurodiversity movement, bloggers rejected the notion that there was anything wrong with them and endorsed the label of 'Aspies' to represent a positive identification and celebrate their differences. One blogger commented: 'We're not "disordered"; we're just different' (p.769). Similarly, in her personal account of Asperger's syndrome, Willey (1999) states that she does not want a cure for Asperger's syndrome but rather for the disabling society:

> 'that makes people compare themselves to a normal that is measured in terms of perfect and absolute standards, most of which are impossible for anyone to reach' (p.121).

The current research aims to add to these existing narratives by exploring the 'online' discourses of individuals identified with Asperger's syndrome, as well as the parents of children diagnosed with AS.

1.4 Present study

According to Brownlow and O'Dell (2002), the nature of online discussion groups means that they can offer a wide range of discourses surrounding a topic, ranging from 'expert'/professional knowledge, to experiences of family members and those directly affected. Importantly, the World Wide Web has become a major resource for people with autism to express their ideas and experiences (Jones *et al*., 2001). Blume (1997) states: 'Adult autistics are finding their own voice. That voice is tuning itself up on-line'. The Internet is therefore considered to be a particularly useful tool in establishing contact with 'autistic groups', and ensuring that their opinions are reflected in current research (Brownlow & O'Dell, 2002). Furthermore, the anonymity provided by the Internet may encourage verbal intimacies that would not be held in other interactive contexts (Sharf, 1999).

The purpose of this research was to examine and compare the perspectives of parents with children diagnosed with AS, and individuals who self-identify as having AS, expressed on two Internet forums. The aim was to illuminate the different discursive constructions of the label of Asperger's syndrome and what subject positions are offered through these discourses. In addition, the research aimed to explore whether the discourses of parents and those directly affected by the label reflect or resist the dominant discourses outlined above.

With regard to professional practice, it is considered important that educational psychologists, who sometimes employ the language of labelling in the course of their work with children, parents and schools, have an awareness of and reflect upon the effect of dominant discourses, as well as the potential benefits of developing alternative constructions of Asperger's syndrome.

2. Method

2.1 Epistemological assumptions

A qualitative approach was adopted in the study, and as a means of analysis, discourse analysis (DA) was employed. The status of discourse analysis is often described as a theoretical or epistemological perspective rather than a method (Nikander, 2008). Positioned within a post-modern, social constructionist epistemology, discourse analysts hold the view that our 'knowledge' of the world, rather than being a direct perception of reality, is constructed through the daily interactions between people, and that there is no one true interpretation because interpretations are mediated historically, culturally and linguistically (Burr, 2003; Willig, 2008).

In discourse analysis, language is represented not as reflecting psychological and social reality but as *constructing* it (Coyle, 2007). Indeed, the emphasis on language as a constructive tool is one of the core assumptions of discourse analysis (Coyle, 2007). DA interrogates the nature of social action by dealing with how actions and/or meanings are constructed in and through talk, and why they are constructed in the way they are (Nikander, 2008). Hammersley (2003) argues that, from the constructionist viewpoint, discourse analysis also plays an important ethical and political role in showing *how* things come to be as they are, that they could be *different*, and thereby that they can be *changed*.

Discourse analysis was considered to be an appropriate approach to the current research because online discussion forums provide a naturally occurring text and an alternative pool of language resources from which to draw identities and world-views (Brownlow & O'Dell, 2002). Thus, DA can be used to indicate that alternative discourses exist, or could be constructed, in place of the dominant discourses outlined previously (Coyle, 2007).

2.2 Sample

The sample is composed of postings written by individuals who identify themselves as having Asperger's syndrome (AS), and the parents of children with the label of 'AS', on two different Internet forums. An Internet forum is an online discussion site, allowing people to post messages and comment on other messages (Wikipedia, 2009). An implication of sampling from such forums is that no information is available about the gender, age or social and cultural background of participants.

The two Internet forums used were selected following an Internet search using the search engine 'Google' to identify forums for parents discussing their child's special educational needs, and for people who identify themselves as 'Aspies' (a nickname adopted by people with Asperger's syndrome). Both forums were open to public access and neither required membership or passwords to read postings.

Discussion boards within each website were then searched using the keywords 'labelling' and 'diagnosis', and in the case of the parents' forum, 'Asperger's syndrome (AS)' or 'autistic spectrum disorder (ASD)'. Due to the volume of references to these search terms within each forum, relevant postings made between April and July 2009 were selected for analysis.

2.3 Data analysis

The approach to data analysis draws upon aspects of Foucauldian discourse analysis (FDA), which was influenced by the work of the French philosopher Michael Foucault, and is concerned with issues such as identity and selfhood, ideology, power relations and social change (Coyle, 2007). It was the intention that through the process of analysis it would be possible to identify different discursive constructions of the object, the ways in which these constructions set up subject positions, and the implications for power relations (Burr, 2003). The strengths of a Foucauldian approach that render it appropriate for this particular study lie in its emphasis on the way that 'the forms of language available to us set limits upon, or at least strongly channel, not only what we can think and say, but also what we can do or what can be done to us' (Burr, 2003, p.63). Thus, in this view, the term 'discourse' is much more than just 'talk', or even 'language'; it incorporates practice too (Burr, 2003).

As with other forms of discourse analysis, there is no rigid set of formal procedures for FDA (Coyle, 2007). However, Willig (2008) identifies six steps involved in conducting FDA that were broadly followed in the current analysis (see Table 1).

Table 1. Guidelines for Foucauldian discourse analysis (Willig, 2008)

Stage	Guidelines
1. Discursive constructions	Identify the different ways in which the object is constructed in the text.
2. Discourses	Decide what kind of picture of the object is being painted by the different discursive constructions.
3. Action orientation	Question what is being done or achieved by these constructions, what effects they have for speakers or readers.
4. Positionings	Identify the subject positions offered by the discourses.
5. Practice	Identify the possibilities for action made available by subject positions.
6. Subjectivity	Identify the kinds of experience, thoughts and feelings these subject positions bring with them.

The initial stage of the analysis involved identification of the different ways in which the object, Asperger's syndrome, was constructed by participants. All implicit and explicit references to AS were highlighted. By an iterative process, numerous discursive constructions were identified and examined in terms of their similarities and differences. This led to the grouping of constructions into different categories that were assigned labels based upon existing literature and previous research. Postings were read and re-read in order to search for constructions that could fit within these categories. These groups of constructions were then located within the wider discourses surrounding Asperger's syndrome and the fields of diagnosis and disability.

Next, the text was re-read in order to hypothesise about the possible functions of participants' constructions. Coyle (2007) recommends being mindful of alternative versions of events that the discourse may be designed to counteract, in order to better analyse how the text addresses the function of legitimating its particular version of events.

Further analysis was conducted to examine the subject positions offered by the discourses. The concept of subject positions refers to the process by which our identities are produced by discourses (Burr, 2003).

The final stage involved speculating upon the implications for subjectivity (what can be felt, thought and experienced from within various subject positions) and practice (possibilities for what might be said or done).

2.4 Ethical considerations

The use of the Internet as a research tool raises some ethical issues, which are unique to research using online methodologies, in addition to more ‘traditional’ ethical concerns (Brownlow & O’Dell, 2002). Ethical issues regarding the use of the Internet are still being debated, and research guidelines for this new forum have not yet been fully developed (Brownlow & O’Dell, 2002; Clarke & von Amerom, 2007).

It is important that researchers are aware of the main ethical concerns of privacy, confidentiality and informed consent involved in obtaining information from the World Wide Web (Jones *et al.*, 2001). A key ethical argument relates to whether Internet statements should be considered private and confidential, or essentially public because they can be obtained through open access (Clarke & von Amerom, 2007). Brownlow and O’Dell (2002) query whether a person’s narrative becomes public property if it appears on a public discussion forum. Whilst those using such forums are likely aware of the open and public nature of their communications, Sharf (1999) points out that:

> 'for most people when chatting about a specified topic on the net, the possibility that a researcher is gathering their commentary as data to be analyzed and published is remote, if considered at all' (p.246).

In the current study, the anonymity of individuals was protected by changing names and not referencing the specific forums used. Furthermore, the forums chosen did not present limitations on use or access (e.g. requiring registration to enter the site), and thus were considered 'public' not 'private'.

Above all, Sharf (1999) prompts researchers to think through 'the ramifications of doing the study on the people whose words are being used, especially in the case of vulnerable populations' (p.253). The key aim of the present study was to 'give voice' to parents and those directly affected by the label of Asperger's syndrome in order to provide an alternative to the dominant 'expert' construction of AS. Thus, the outcomes of the study on participants were deemed to be positive not harmful, in ensuring that the discourses of those whose voices have traditionally been marginalised, are reflected in current academic research.

3. Findings and discussion

3.1 Aspies' forum

The users of the Aspies' forum were found to employ two main discourses in their talk about diagnosis and labelling, which are referred to as the 'discourse of self-discovery', and 'neurodiversity discourse'. The key components of the two discourses are presented with examples of how they were used in constructing 'Asperger's syndrome'.

3.1.1 Discourse of self-discovery

Within the discourse of self-discovery, Asperger's syndrome is constructed as something that is knowable to the individual and can be discovered and even self-diagnosed through a process of reading and research. The following two quotations express this view:

> 'Aspie or not? You know yourself better than anyone else . . . Read and learn as much as you can. Compare what you learn with your own life experiences. For an adult, finding that you're an aspie is a process of self-discovery that sometimes — but not always, by any means — involves a formal diagnosis by a recognised health professional. Best of luck in your discovery process'. (AF-13)

> 'Then one day I stumbled across Aspergers, I read some stuff, wasn't sure what it was, read some more and suddenly I read something I have never heard anyone else mention ever, but I have felt it so many times, I knew instantly what it was. I find it very weird and the more I read, more details pop up at me, more things I have been thinking about but never talked about. And then I realize I have AS. It feels a little odd to live for a long time, just trying to hack it and then discover something like this. To begin with wasn't sure if I was right about my discovery, so I read and studied a lot and that just made me more sure . . . I finally put my finger on that thing I couldn't put my finger on for so long'. (AF-4)

This discourse privileges self-knowledge over 'expert' knowledge. It positions 'Aspies' as experts on themselves and requires them to take responsibility and ownership of the process of self-discovery and self-diagnosis.

In considering the function of this discourse, the context of the Aspie forum must be taken into account. The discourse could be seen as a way of publicly emphasising the validity of the Aspie's account over the 'expert' voice of medical professionals, which has implications for group identity and self-esteem. According to Billington (2000), for those attributed pathologies, claims to knowledge become crucial for the individual. This is evidenced in the following comment from one of the forum users:

> ‘I know everybody is different, but what I am saying is that you should be able to decide (know) for yourself if you have AS or not, after you do a little research. Doctors aren't able to know what is really going on inside your mind. So, never accept their opinions as truth. AS is something that you should be able to feel, and know that it is part of yourself. I know I do’. (AF-2)

Adopting a discourse of self-discovery rather than the dominant medical discourse (which positions the subject as a ‘patient’ or ‘case’ awaiting expert assessment and diagnosis) may open up more opportunities for action. Within the self-discovery discourse, the subjects can be proactive rather than passive, they have control over the discovery process and make the final decision as to whether they accept or reject the label of AS based on what they have learnt. In speculating about the implications for subjective experience, it is suggested that the subject position of ‘expert’ and ‘discoverer’ offered by the discourse of self-discovery may bring with it a sense of empowerment for individuals.

Although at first glance the discourse of self-discovery appears to stand in resistance to the status quo of medical dominance, there is an apparent inconsistency within the discourse which has important implications for positioning and practice:

> ‘Yeah I wouldn’t let some random people decide I had something and just listen to them. I was not planning on going to a doc at all, getting a diagnosis changes nothing in my life, it’s just a paper. But I felt bad for claiming to have something with no other opinions on it so I went to the doc’. (AF-6)

> ‘A year later I finally drag myself to a doc, mostly because I felt guilty about claiming to have something but not have been to a doc. He concurred with my beliefs and sent me to some specialists. They concurred also, everything

pointed to me having AS. Soon I'm going back and doing the final stuff before getting a diagnosis down on paper and then it's done'. (AF-4)

The knowledge claims about the 'diagnosis' of Asperger's syndrome that had earlier been confidently attributed to the individual rather than the 'expert' are now undermined by what Huws *et al.* (2001) call 'the cultural obligations of seeking out the technical competence of health professionals' (p.574). In other words, the 'Aspies' felt it necessary to seek validation of their concerns from professionals who have the power to diagnose them 'officially'. In this way, the contradiction within the discourse of self-discovery could be seen as serving to legitimate medical power and the inequalities that exist between 'expert' and 'lay person'.

3.1.2 Neurodiversity discourse

Although there was no explicit reference to the neurodiversity debate in the text analysed, evidence of it was implicit in some of the postings. For example, the neurodiversity discourse was associated with constructions of the object as a 'difference' rather than a 'deficit' or 'disease':

'It isn't a disease either – just a different wiring of the brain'. (AF-16)

'I don't like how the "establishment" wants to put labels on various personality traits and ways of being and label them as "disorders". (AF-11)

The framing of Asperger's syndrome as a difference or type of neurodiversity positioned autism not within the dominant medical discourse, but rather as something which is socially and culturally constructed:

> 'One thing you have to realize about these diagnosis [sic] and stuff though, it is a cultural phenomenon, rather that there is actually something wrong with you'. (AF-11)

> 'One of the main problems, in my experience, is they [labels] mean different things to different people, and everyone has their own associations - from Tony Attwood to Dan Akroyd. . . After all, the definitions of these things are always changing, as are the cultural associations that accompany them, so there will always be a significant unpredictable element to it'. (AF-1)

The following quotation reveals an awareness of the political practices tied up with labelling, hinting at Foucault's notion of 'governmentality':

> 'It was just another label thrown on top of all the other non-sense reasons people came up with as to why I wouldn't just sit down and shut up and do what I was supposed to do in school. It didn't matter whether it was oppositional defiant disorder, conduct disorder, atypical childhood psychosis, bi-polar disorder, ADD, depression, PDD-NOS, or whatever, it is just a stupid label because they have to call it something when things don't go the way they planned. When the world doesn't march into the little steps of human social engineering, they always have to come up with some derogatory name for it'. (AF-11)

As a further example of neurodiversity discourse, constructions of the object as something that is 'a part of yourself' (AF-2) reflect views within the neurodiversity movement that autism is a fundamental element of identity (Baker, 2006):

> 'Usually it is me who calls me autistic. I do not take my remarks as insulting. I am. Always have been. And now that I know, I am free in ways I would not have imagined. Autistic! Who, me? Yeh'. (AF-10)
>
> 'Things make sense now (and then). Pretty comfortable with the 'stigma'.
> I enjoy being me, regardless of your thoughts. Most of all, I can be me, no matter what who says. Being comfortable in my own skin is a good way to put it'. (AF-5)

Linked to the view that autism contributes to all the defining characteristics of the conception of individual 'self', proponents of the neurodiversity movement oppose a ‘cure’ on the grounds that there is no such thing as an autistic minus the autism (Ne’eman, 2007). Examples of the anti-cure position can be detected within the neurodiversity discourse used by the ‘Aspies’:

> ‘They’ll have to pry my AS out of my cold, dead heart if they want it’. (AF-15)

However, it should be noted that not all the young people on the forum held a positive Aspie identity:

> ‘For me it’s not a badge or something I wear or am proud of - it’s just something that’s there’. (AF-6)

Molloy and Vasil (2004) argue that the extent to which a person discloses to another person or group of people determines the degree to which AS becomes a part of their social identity as opposed to being just a part of their self-identity. Some forum users admitted that they are reluctant to identify themselves to others as having Aperger’s syndrome:

> ‘I don't bring up AS or Autism around anyone. The only people who know about it are my family and a few spazzy sites including this one’. (AF-12)

Although there were exceptions to the sense of self-awareness and self-determination that characterises the neurodiversity movement, there remain detectable elements of neurodiversity discourse within the talk of the Internet forum. By constructing the AS label as a difference rather than deficit, and as something that is part of one’s identity, the discourse evoked by ‘Aspies’ could be seen as having the action orientation of counteracting the dominant medical discourse on AS by providing an alternative perspective which is less oppressive to the individual. The discourse positions ‘Aspies’ within a social rather than a medical classification, thus affording them the freedom to define their own identity rather than let diagnostic criteria define it for them (Ne’eman, 2007). Furthermore, rejecting the dominant discourse’s positioning of autism within solely medical language and practices, opens up more possibilities for action, including rights and self-advocacy movements. As Ne’eman (2007) comments:

> ‘To view the autism spectrum as a disease means a limited role for a community of autistics beyond supporting each other in those aspects related to the disease . . . As it exists today, the autistic community has cultural, social and even political elements well beyond that which would usually exist in a group bound solely by a common medical condition (p.2).

Constructing the AS label as a difference to be embraced, rather than as a deficit, perhaps infers an ‘equality’ with all others that may afford the subject a more positive outlook, as well as a sense of liberation and empowerment that comes from challenging dominant discourses and practices.

3.2 Parents’ forum

Two main discourses emerged from the analysis of parents’ postings about the diagnosis and labelling of Asperger’s syndrome, which have been termed ‘chasing labels’ and ‘fighting labels’. These two discourses are exemplified by one parent’s comment, ‘we fought a label then chased one’ (PF-14). Together the discourses reflect the proactive and effortful undertaking of parents in the assessment and diagnosis process, as well as the sense of uncertainty and even ambivalence in trying to decide ‘what to do for the best’ (PF-23).

The two discourses will be discussed in turn, with illustrative quotations.

3.2.1 Discourse of chasing labels

Within the discourse of chasing labels, parents construct the discursive object as something that provides an explanation and understanding of their child's difficulties, which can only be provided by 'professionals', such as paediatricians:

> 'But I went to the paed [paediatrician] for answers primarily because my ds' [dear son's] development in the areas of communication/ understanding, social skills, and restricted interests/ limited imagination at play, were starting to worry me a lot, I needed some answers in order to understand/ help him better'. (PF-4)

Parents construct their search for answers as not only for their own benefit but also for their child:

> 'I realised with my boy that he too was looking for an answer about himself. He has been a lot happier since he can see things in himself that he has a reason for'. (PF-16)

Some accounts reveal an urgent and even desperate search for 'the *correct* label' (PF-16):

> 'Not quite misdiagnosed but in so many ways, my ds doesn't seem to quite 'fit' the ASD label (he has no routines, no rituals, doesn't notice/care about change, is affectionate, is adaptable, flexible and so on). So, although just about everything I read about autism doesn't apply to him, he *had* to be labelled with something because apart from his SLD, just what other label is available for a child who is totally non-verbal, doubly incontinent and can't be trusted!?' (PF-10)

In considering the function of such a discursive construction, it is suggested that constructing the object as implying understanding, explanation and certainty, provided by paediatricians who are attributed expert status, enables parents to obtain official acknowledgement and validation of the 'reality' of the problem (Huws *et al.,* 2001). It could also be seen as having the action orientation of absolving parents of any sense of responsibility, blame or guilt for their child's difficulties. One parent commented:

> 'Without a label people are quick to think that certain behaviour is borne of parental inadequacy or otherwise somehow his 'fault'. (PF-23)

Within the text, a label is constructed not only as an 'antidote to uncertainty' (Avdi *et al*., 2000, p248), but as a way of ensuring that their child's difficulties are recognised and addressed appropriately. Thus, parents are driven in their chase for labels by a need to ensure that they are doing the 'right thing' for their child:

> '. . .but these mild difficulties are still causing some problems that I can't ignore because if I do then my ds will not be getting the help he needs'.
>
> (PF-4)

This last quotation reflects an important discursive construction of the label as a gateway to resources. Note also the following comment:

> 'A formal dx [diagnosis] will open more doors in terms of any additional assistance he may require with his educational needs'. (PF-26)

Indeed, a diagnosis of Asperger's syndrome is seen by many as a fundamental prerequisite to getting additional support within school. The following quotations express this view:

> 'Extra help is dangled as a carrot to encourage us to seek a DX'. (PF-17).

> 'There came a point when I had to accept that he needed diagnosis to get the support he needed' (PF-5).

The process of chasing labels is constructed as an 'emotional rollercoaster' (PF-4) where parents are 'essentially in limbo land' (PF-6) until a formal assessment and diagnosis is made. Parents’ emotional reactions to the discursive object range from being ‘in denial’ (PF-5) and ‘in a daze’ (PF-3) to constant worrying and being ‘too stressed, paranoid and miserable’ to enjoy time with their child (PF-6). One forum user commented:

> ‘I also know that sinking gut wrenching feeling when they first say yes it is an ASD.’ (PF-2)

Parents are therefore positioned as emotional and vulnerable subjects who, whilst continuing to chase labels, remain uncertain as to whether it is the ‘best’ course of action:

> ‘I'm a tired lay person and I often simply don't know what to do for the best’. (PF-23)

This last quotation exemplifies the positioning of the parent as a highly emotional ‘lay person’ with limited knowledge and expertise, in direct contrast to the medical professional who, within the controlled and emotion-free field of science, provides ‘answers’ and the ‘correct label’ through the act of classifying and labelling children. Within this discourse parents are further positioned as vulnerable and powerless because of the power vested in the position of the expert to lay claim to fact, truth and reason (Billington, 2000). In this way, the discourse of chasing labels could be viewed as legitimating medical dominance as well as the practice of categorising children as a form of social control (Burr, 2003).

3.2.2 Discourse of fighting labels

The discourse of fighting labels was invoked by parents' alternative constructions of the label/diagnosis of Asperger's syndrome as something problematic and even 'damaging' (PF-6) that should be resisted or opposed.

The first example concerned with the discourse of fighting labels relates to talk around the potentially harmful effects of labelling. Forum users reveal 'concern' (PF-6, PF-27), 'worry' (PF-6, PF-14) and 'unhappiness' (PF-20) about the 'dilemma' (PF-23) they face in whether or not to pursue a diagnosis for their child, given their objections to labels (PF-11, PF-6). The quotations below illustrate this alternative construction of the object as something problematic, in stark contrast to its construction within the discourse of chasing labels as a solution or answer to presenting problems:

> 'I think the trouble with a 'label' is that any personality traits may get overlooked and lumped into this thing called ASD. No child/adult is the same as another, but when there is a label it is assumed we now know what they're like and what to expect. Therefore we can find ourselves projecting our expectations onto them and not allowing the individual to come through'.
> (PF-12)

> 'My major issue is the 'stigma' attached to autism for the population as a whole (I don't think it's right that the disorder is stigmatised like this but to be frank, it is) and I simply don't want DS 'stigmatised' or for people to make assumptions about him that may be wildly inaccurate'. (PF-6)

Concerns about the insidious effects of labelling leads some parents to resist the diagnosis process by making a conscious decision to keep their child 'out of the system':

> 'I know there must be thousands and thousands of parents who keep their "different" child "outside the system" including one close friend (who's a

> psychiatrist!). Most of them never see a paediatrician so they don't have to refuse the DX as I have'. (PF-9)

In this way, by constructing the object as something potentially harmful to children, parents can justify the action of keeping their child 'out of the system'. However, it is possible that this version of events may be designed to counteract the often held view that parents who oppose the diagnostic process do so because they have yet to come to terms with their child's difficulties (Fleischmann, 2005). One parent commented:

> 'I spend hours every day thinking about and working on DS2 (3.8)'s needs and language issues. So I don't think anyone who "knows" me here would consider me to be "in denial" (ugly phrase). But whilst "receptive language delay" is definitely "part of who he is", and I definitely feel he has "special needs" I just can't say that about ASD right now, and so I've declined to enter the diagnostic process'. (PF-9)

The implicit pressure that parents feel to seek diagnosis for their child is illuminated within two further examples concerned with the discourse of fighting labels:

> 'At the moment the tactic they are employing is to scare me with talk of how awful high school could be without a DX, whilst at the same time saying that you shouldn't need a DX to get help'. (PF-17)

> 'My problem is that I feel railroaded into a DX I don't necessarily agree with, and the more I reflect on the time we spent patiently answering the paediatrician's questions the more I feel she has pretty much ignored our responses. They spent less than five hours with our child, we have spent nearly five years, and I just feel they were determined to label him come hell or high water regardless of what we as his parents actually said'. (PF-6)

This last quotation reveals the loss of control and sense of powerlessness that parents can feel in the face of medical dominance. Making the decision to oppose diagnosis is described by one parent as ‘quite a scary thing to do’ (PF-9).

However, while the discourse of chasing labels attributes knowledge claims to these ‘experts’ and positions parents as accepting their words as precise proof of a pathology, within the discourse of fighting labels parents challenge the authority and validity of expert knowledge:

> ‘I do object to the idea that a dx means an ‘expert’ may know more about my child than I do. . . so I’d rather second-guess him on the basis of me being his mother rather than on the basis of him having an official dx’. (PF-11)

> ‘What purpose does it [labelling] all serve other than to reinforce erroneous perception that they are a group of ‘experts’ who know this stuff and whose word has a bearing on the life and support this child will have. What tosh!’ (PF-20)

As a result, some parents became so frustrated and disillusioned with professionals that they advocated ignoring the attempts to categorise their children:

> ‘Try and enjoy your child and ignore the 'experts' for now. I am going to try and take that advice myself!’ (PF-6)

> ‘I’ve got a lot from these posts, namely, what does it actually matter where he sits?!? [on the autistic spectrum] (It doesn’t). He is what he is – a little legend.’ (PF-3)

In this way, through the discourse of fighting labels, parents are able to reclaim a sense of control and power by resisting the dominant discourses of the medical profession and enjoy their children as they are.

4. Conclusions

This paper presents the results of a discourse analysis of two Internet forums concerned with Asperger's syndrome. It aimed to explore the different discursive constructions of the label amongst individuals who self-identify as having Asperger's syndrome, as well as parents of children diagnosed with AS.

Young people on the Aspies' forum, more so than parents, employed discourses which resisted the dominant 'expert' constructions of Asperger's syndrome. They positioned themselves within a discourse of self-discovery which privileged self-knowledge over professional knowledge, and a neurodiversity discourse which constructed the object as a 'difference' not a 'disorder'. Similarly, participants in Clarke and van Amerom's (2008) study of web blogs argued against the pathologising and medicalising perspective of AS, and considered themselves to be on the spectrum of neurodiversity rather than neurologically disabled. It should be noted, though, that participants in the current study were unable to fully resist the entrenched dominant discourse that ultimately positioned them as 'patient' seeking validation of their 'discovery' from an 'expert' medical professional with the power to diagnose them 'officially'.

Interestingly, the young people in the current study showed some of the 'political savvy' (p.101) that Clarke and van Amerom (2008) recognised in their participants. As part of the neurodiversity discourse, the 'Aspies' showed an awareness that there are many ways of representing an object and argued that the construction of Asperger's syndrome is socially, culturally and politically located.

Regarding self-identity, while Clarke and van Amerom's (2008) participants showed not only self-acceptance but also pride in their differences, the 'Aspies' in the current study demonstrated a more mixed response to the label. Similar to the study by Huws and Jones (2008), while many individuals had accommodated the label of Asperger's syndrome within their sense of identity, or indeed had reconstructed a positive self-concept based on the label, there were indications that others were not ready to disclose their diagnosis publicly to others.

The analysis of the parents' postings illuminates the complex ways in which the labelling of AS is constructed by parents. On the one hand, a diagnosis was constructed as something that provided answers, understanding and certainty, while on the other hand it was constructed as something problematic that should be opposed or resisted. This echoes Avdi *et al.*'s (2000) findings that parents held 'multiple, ambivalent and often apparently conflicting meanings in their talk' (p.251) about assessment and diagnosis of their child.

In the most part, parents tended to talk about the label of Asperger's syndrome in a way that was reflective of the dominant conceptualisation, particularly through their attribution of knowledge and authority to the 'expert' medical professionals. This can be compared to Clarke and van Amerom's (2008) finding that parents tended to accept the prevailing medical and psychological definitions of AS and seek professional assistance. However, within the discourse of fighting labels, parents showed some resistance to medical languages and practices, by highlighting the stigmatising effects of labelling and challenging the validity of professional knowledge over their expertise as parents. A similar inconsistency was illuminated by participants in Huws *et al.*'s (2001) grounded study of an email group for parents, who acted upon 'the cultural obligations of seeking out the technical competence of health professionals' (p.574), while maintaining the belief that they should not 'enter the doctor-patient relationship with an asymmetry of knowledge' (p.574).

While the present study has highlighted the different discursive constructions of Asperger's syndrome thus reminding us that there are many versions of social reality, there are some limitations to the specific approach adopted here. Like in other forms of discourse analysis, the procedure for Foucauldian discourse analysis is a subjective, interpretative one (Burr, 2003). A common criticism of constructionist analyses is that the material is manipulated and over-interpreted to produce meanings that were not originally contained in the talk or text (Avdi *et al.,* 2000). Admittedly, this study presents participants' talk as the author perceived it. Unfortunately, the nature of the study precluded the opportunity to confirm whether the discursive constructions emerging from the postings were perceived as such by the forum users themselves. Brownlow and O'Dell (2002) are highly critical of such a flaw, arguing:

> 'If the aim of the research was to glean insights into autism by gaining first-hand accounts, then the interpretations of the texts by the researchers surely should be given to the individuals concerned' (p.690).

Furthermore, as a novice analyst, the extent to which the author has actually managed to produce a Foucauldian discourse analysis is open to debate. Graham (2005) states:

> 'There are those again who make reference to 'doing' discourse analysis and because they loosely link their analysis to motifs of power and sporadically cite Foucault, there is an assumption that this too is 'Foucauldian' discourse analysis' (p.2).

With regard to other methodological issues, it should be noted that the analysis was based on a very small representation of Internet forums. Moreover, nothing is known about the age and gender of participants, or the social and cultural context from which they were drawn. This is significant as qualitative research is usually interested in specificity and local meaning, and if known, some of these factors may have affected interpretation.

Although the study can only be considered preliminary and exploratory, through researching the naturally occurring discourse in Internet forums, it has enabled the ‘voice’ of people with Asperger’s syndrome, as well as parents of children with AS, to be heard. It illustrates that counter-discourses are beginning to emerge from the autism community, which challenge and oppose the dominant medical discourse, and emphasise the validity of the individual’s account over that of the ‘expert’ who has the power to diagnose them ‘officially’. Indeed, Broderick and Ne'eman (2008) remind us of ‘the crucial import that counter-narrative can play in the process of cultural critique and resistance to ideological hegemony’ (p.463).

In considering implications for professional practice, Billington (2000) highlights the need to search for less oppressive ways of seeing children. As professionals, we should be aware that ‘adult discourses about children have become infused with ‘difficulties’ which emanate from a supposed scientific rigour’ (Billington, 2000, p.117). Educational psychologists could have a role in helping such children to cultivate positive self-identities which reflect their strengths and talents, rather than just their difficulties and needs. They could also act as advocates, taking time to listen to the difficulties faced by ‘Aspies’ and parents/carers, and offering them the opportunity to ‘give voice’ to their perspectives and experiences within a context that often overlooks or marginalises them. Furthermore, at a macro level, educational psychologists could play a role in efforts to eliminate stigma and stereotyping of children and young people with additional needs, through work directed at promoting the understanding and tolerance of differences in our society.

However, as educational psychologists we cannot be naïve about the political nature of our role and the fact that our own professional discourses and practices provide an important site for governmentality (Billington, 2000). We can, however, challenge the dominant discourses which become the accepted way of viewing the subject, and reflect upon how our own language and practice may legitimate professional power and the inequalities that exist between 'expert' and 'lay person'. As an absolute minimum, we should be aware of the power imbalances that result from our positioning as knowledgeable 'expert' and how these may function to deskill and disempower teachers and parents.

In summary, the counter-narratives which emerged from the current analysis serve to highlight the importance of developing alternative constructions of Asperger's syndrome in order to challenge the dominant medical discourse which has long remained uncontested. Not only will this lead to a greater understanding of Asperger's syndrome amongst professionals and the public, but it will also enable individuals with AS to reconstruct more empowering identities (Brownlow & O'Dell, 2002), with all the ensuing implications for practice and subjectivity.

References

Avdi, E., Griffin, C., and Brough, S. (2000) Parents' constructions of the 'problem' during assessment and diagnosis of their child for an autistic spectrum disorder. *Journal of Health Psychology,* 5 (2): 241 – 254.

Baker, D. L. (2006) Neurodiversity, neurological disability and the public sector: notes on the autism spectrum, *Disability & Society,* 21(1), 15 – 29.

Billington, T. (2000) *Separating, losing and excluding children: narratives of difference***.** London: RoutledgeFalmer.

Blume, H. (1997) *Autism & the internet or 'it's the wiring, stupid'* [online]. http://web.mit.edu/m-i-t/articles/index_blume.html [Accessed July 24th 2009]

Broderick, A. A. and Ne'eman, A. (2008) Autism as metaphor: narrative and counter-narrative. *International Journal of Inclusive Education,* 12 (5): 459 – 476.

Brownlow, C. & O'Dell, L. (2002) *Ethical issues in research on-line communities, Disability & Society,* 17(6), 685 – 696.

Burr, V. (2003) *Social constructionism* (2nd ed.) Hove: Routledge.

Clarke, J. and Van Amerom, G. (2008) Asperger's syndrome. *Social Work in Health Care*, 46 (3): 85 – 106.

Clarke, J. and van Amerom, G. (2007) 'Surplus suffering': differences between organizational understandings of Asperger's syndrome and those people who claim the 'disorder'. *Disability & Society*, 22 (7): 761 – 776.

Connor, M. (2007) Labels: some questions and concerns. *Debate***,** 125: 19 – 24.

Coyle, A. (2007) “Discourse analysis”. In Lyons, E. and Coyle, A. (eds.) *Analysing qualitative data in psychology.* London: Sage. pp. 98–115.

Fleischmann, A. (2005) The hero’s story and autism: grounded theory study of websites for parents of children with autism. *Autism,* 9 (3): 299 – 316.

Graham, L. J. (2005) *Discourse analysis and the critical use of Foucault.* Paper presented at Australian Association for Research in Education 2005 Annual Conference, Sydney.

Hammersley, M. (2003) Conversation analysis and discourse analysis: methods or paradigms? *Discourse & Society*, 14 (6): 751 – 781.

Ho, A. (2004) To be labelled or not to be labelled? That is the question. *British Journal of Learning Disabilities***,** 32: 86 – 92.

Huws, J. C., Jones, R. S. P., and Ingledew, D. K. (2001) Parents of children with autism using an email group: a grounded theory study. *Journal of Health Psychology,* 6 (5): 569 – 584.

Huws, J. C. and Jones, R. S. P (2008) Diagnosis, disclosure, and having autism: An interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual & Developmental Disability*, 33 (2): 99 – 107.

Jones, R. S., Zahl, A. & Huws, J. C. (2001) First-hand accounts of emotional experiences in autism: a qualitative analysis. *Disability & Society,* 16 (3): 393 – 401.

Lauchlan, F. and Boyle, C. (2007) Is the use of labels in special education helpful? *Support for Learning*, 22 (1): 36 – 42.

Molloy, H. & Vasil, L. (2002) The social construction of Asperger syndrome: the pathologising of difference? *Disability & Society,* 17 (6): 659 – 669.

Molloy, H. and Vasil, L. (2004) *Asperger syndrome, adolescence and identity: looking beyond the label.* London: Jessica Kingsley Publishers.

Ne'eman, A. (2006) *Difference is not a disease* [online]. www.autisticadvocacy.org/modules/smartsection/item.php?itemid=2 [Accessed August 3rd 2009]

Ne'eman, A. (2007) *Neurodiversity and the autistic community* [online]. www.autisticadvocacy.org/uploads/smartsection/19neurodiversityandtheautisticcommunity.doc [Accessed August 3rd 2009]

Nikander, P. (2008) "Constructionism and discourse analysis". In Holstein, J. A. and Gubrium, J. F. (eds.) *Handbook of constructionist research.* New York: The Guilford Press. pp.413 – 428.

Norwich, B. (1999) The connotation of special education labels for professionals in the field. *British Journal of Special Education*, 26 (4): 179 – 183.

Preston, P. (2007) Unease over diagnostic labelling: a response to Sue Roffey. *Debate*, 125: 16 – 17.

Radley, A. (1994) *Making sense of illness: the social psychology of health and disease*. London: Sage.

Riddick, B. (2000) An examination of the relationship between labelling and stigmatisation with special reference to dyslexia. Disability and Society, 15 (4): 653 – 667.

Roffey, S. (2007) Oppositional – yes, defiant – yes, disordered – who says? *Debate,* 123: 16 – 17.

Sharf, B. F. (1999) “Beyond netiquette: the ethics of doing naturalistic discourse research on the internet”. In Jones, S. (ed.) *Doing internet research: critical issues and methods for examining the net.* London: Sage Publications. pp.243 – 256.

Turner, B. S. (1995) *Medical power and social knowledge.* (2nd ed.) London: Sage Publications.

Wikipedia (2009) Internet forum [online].
http://en.wikipedia.org/wiki/Internet_forum [Accessed August 8th 2009]

Willig, C. (2008) *Introducing qualitative research in psychology.* (2nd ed.) Berkshire: Open University Press.

Wing, L. (2005) Reflections on opening Pandora’s box. *Journal of Autism and Developmental Disorder,* 35 (2): 197 – 203.