

PROFESSIONAL PRACTICE REPORTS

By

Sidra Aslam

Volume 2 of thesis submitted to
The University of Birmingham
towards the degree of
Applied Educational and Child Psychology Doctorate

The School of Education
The University of Birmingham
April 2012

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

TABLE OF CONTENTS

	Section		
Introductory Chapter	1	Introduction	1
	1.1	Experience as a Trainee Educational Psychologist	1
	1.2	Overview of professional practice reports	1
	1.2.1	Professional practice report 1	2
	1.2.2	Professional practice report 2	2
	1.2.3	Professional practice report 3	3
	1.2.4	Professional practice report 4	4
	1.3	Reflections	4
		References	7
	Chapter 1	Professional Practice Report 1	Abstract
		Introduction	10
		Methodology	17
		Results	24
		Discussion	31
		References	37
		Appendix 1	42
		Appendix 2	44
		Appendix 3	46
Chapter 2		Professional Practice Report 2	Abstract
		Introduction	52
		Methodology	63
		Results	69
		Discussion	72
		References	76
		Appendix 1	79

		Appendix 2	81
		Appendix 3	88
Chapter 3	Professional Practice Report 3	Abstract	90
		Introduction	91
		Methodology	100
		Results	106
		Discussion	110
		References	116
		Appendix 1	120
		Appendix 2	122
		Appendix 3	123
		Appendix 4	124
		Appendix 5	126
Chapter 4	Professional Practice Report 4	Abstract	128
		Introduction	129
		Methodology	138
		Results	148
		Discussion	159
		References	166
		Appendix 1	170
		Appendix 2	171
		Appendix 3	172
		Appendix 4	176

INTRODUCTION TO VOLUME TWO

1. Introduction

This volume comprises of four independent Professional Practice Reports (PPRs) that were written to critique and reflect upon four different elements of work undertaken as a Trainee Educational Psychologist (TEP) during Years 2 and 3 of my Professional Doctorate in Applied Educational and Child Psychology. This introductory chapter serves to alert the reader to the rationale underpinning each PPR and the context within which the work was negotiated.

1.1 Experience as a Trainee Educational Psychologist

My experiences as a TEP in Years 2 and 3 have taken place in a Metropolitan Borough in the West Midlands which is diverse in terms of ethnicity, religion and economic disparity. It operates a time allocation model, whereby schools are allocated a number of sessions based on size, proportion of children on the Code of Practice, free school meal index and a number of other factors. Since September 2011, the EP service delivers a partly traded service element. Schools can buy in additional sessions alongside their core time allocation. As a TEP I found that working within a time allocation model offered me some protection from the demands of schools as Imich (1999) suggests, but also proved to be a source of frustration as often it restricted the type of work that could be undertaken in a particular setting.

I am the named EP for 9 schools (8 primary schools, and a large secondary school). The cluster within which my schools are situated are characterised by high levels of social deprivation, ethnic minority communities, poor housing and higher levels of unemployment than the rest of the borough (Ofsted, 2008).

1.2 Overview of Professional Practice Reports

TEPs were encouraged to report on aspects of their practice within a number of settings that fulfilled the broad criteria provided by the university.

1.2.1 Professional Practice Report 1

This example of professional practice arose from shadowing a meeting between the head teacher of a Pupil Referral Unit (PRU) and the visiting Educational Psychologist (EP). The research forms part of a larger initiative led by the head teacher of the PRU. The initiative is focused on supporting staff working within the PRU to manage the diverse and complex needs of pupils presenting EBD. Due to a high number of new professional roles introduced in the PRU structure, over two thirds of the staff were new during the term the research was carried out. With this in mind, it was felt that before addressing training needs, it was important to identify how EBD was conceptualised by the different professional roles in the PRU. Using participatory action research (Kindon et al., 2007), cycles of action and reflection took place. Thematic analysis indicated that professionals working in the PRU conceptualise the etiology of EBD in different ways. The term EBD and how it arises and is treated was reconceptualised to include the viewpoints of all professionals. This was shared with the professionals by the TEP to encourage them to adopt an ecosystemic perspective (Cooper & Upton, 1990) to understand and manage EBD.

1.2.2 Professional Practice Report 2

The starting point for this piece of supervised professional practice arose through a termly planning meeting in a primary school where the Head teacher highlighted that many children in the school present with challenging behaviour that is often confusing and that these children rarely respond positively to the wide range of generally successful behaviour management techniques used with other children. The school had requested EP support through consultation for these individual pupils but when the Head teacher began to describe

the nature of their difficulties, it emerged that there were a number of similarities between the children and that the teachers' felt unsure of why they were behaving in such challenging ways. This led to delivering whole school twilight training to the staff about attachment theory. A fundamental aim of the training was to encourage the staff to shift away from a purely behaviourist paradigm of managing behaviour to that of understanding behaviour. The rationale for this paper is to disseminate and discuss the potential for Educational Psychologists (EPs) to influence to school staff to develop their knowledge and skills of others through translating attachment theory into practical advice and strategies. A critique of attachment theory and its relevance as a theory of development is also presented.

1.2.3 Professional Practice Report 3

This example of professional practice reflects adopting an early intervention and preventative approach to a pupil who was presenting anxiety and was at risk of becoming a school refusal. The pupil 'SP' identified was a 12 year old female with a diagnosis of Asperger's Syndrome whom staff identified as socially isolated and withdrawn. Taking this into consideration and coupled with the fact that the school had a generous amount of EP sessions remaining this term, as the school's Trainee EP, I suggested that it may be beneficial to engage this pupil in a therapeutic intervention to address some of the difficulties that she was described as presenting. The pupil's motivation to change was an important factor in considering a Cognitive Behaviour Therapy (CBT) programme, as there has to be some desire to change on the part of the client, as without this willingness CBT is likely to be ineffective (Grazebrook et al., 2005). This PPR critically evaluates a 10 week CBT intervention to address anxiety issues for a secondary school pupil diagnosed with Asperger's Syndrome.

1.2.4 Professional Practice Report 4

Since September 2011, the Educational Psychology Service in the employing local authority has become an independent core service. Prior to this, they were situated within a service with the advisory teachers. Due to the partly traded service offer, the EP service has a working group which is committed to the marketing of the wide range of services available to schools from EPs. As part of the marketing, the working group are creating a brochure to advertise various projects and types of work delivered by EPs. However, there is a lack of direct information about what Special Educational Need Co-ordinators (SENCOs) within the LA value about their visiting EP. Semi-structured interviews with a group of SENCOs were carried out. SENCOs referred to consultation, assessment and intervention as the key functions where psychology is most evident in its application and communication. SENCOs reported that EPs application of psychology was least evident in the functions of training and research. They indicated that these functions could be carried out by alternative providers and within a time allocation model, consultation, assessment and intervention by the EP are valued as more important. Implications for practice are discussed in the paper.

1.3 Reflections

The PPRs presented in this volume have contributed to educational psychology at three levels, namely, by aiding my own critical reflection and professional development, by developing knowledge, skills and systems in schools and the EP service and by extending the wider body of educational research. Examples of contributions are provided below:

- As part of PPR4 I carried out a 10 week CBT intervention in a secondary school for a pupil presenting anxiety. Negotiating this piece of work with the school was challenging in the first instance as I feel the time allocation model can at times reinforce a 'quick fix' model if a school has a number of children they would like to prioritise for the visiting EP. After observing the success of the intervention for the

individual pupil, the school were keen to buy traded sessions for therapeutic work for groups of children. This reflects how individual casework can act as a catalyst for more systemic work within schools.

- The Green Paper on SEN and Disability and the Department of Education's (2011) report on funding for EP training highlights that the role of non statutory EP work is significant. More specifically, the recognition of universal early intervention and preventative support offered by EPs supports working at a systemic level. My experience of applying psychology at a systemic level has taken place through carrying out consultation, training, and research within Walsall's EP team. In some instances, I have encountered challenges of school staff valuing the more traditional EP role based on statutory assessment work, advice giving and individual assessment. Upon reflection, I feel that individual casework is important in influencing systems work as well as maintaining credibility within schools.
- Carrying out the participatory action research process (Kindon et al., 2007) in Professional Practice Report 1 enabled a collaborative approach to supporting professionals in a PRU to share their perspectives regarding EBD and connect together through the introduction of the ecosystemic approach (Cooper et al., 1990) From a Trainee EP perspective, the participatory action research process was invaluable in instilling the confidence to work with a number of professionals within a specialist setting and prompting actions as a result of valuable insight. Carrying out this research allowed for training to be tailored.
- The findings from PPR4 highlight that SENCOs perceive the application of psychology being the distinct contribution of EPs through their problem solving approach, capacity building and individual casework. Consultation, assessment and intervention are especially valued in terms of their application of psychology by the EP. However,

training and research were least evident in the functions of training and research. This has implications for how the EP service advertises the application of psychology in training and research to SENCOs and other stakeholders in schools. EPs could present articles highlighting the range of work they have undertaken at termly inclusion planning meetings and through developing scripts. These awareness raising activities may inform SENCOs about the different roles EPs can take on. Upon reflection, this piece of work highlights to me the importance of applying and communicating psychology in a range of EP functions, and in the process ensuring that psychology is accessible and transparent.

REFERENCES

Cooper, P. & Upton, G. (1990). An ecosystemic approach to emotional and behavioural difficulties. **Educational Psychology**, 10 (4): 301–321

Department for Education (2011) **Developing sustainable arrangements for the initial training of educational psychologists**. London: The Stationery Office

Grazebrook, K. & Garland, A. (2005) **What are Cognitive and/or Behavioural Psychotherapies?** Paper prepared for a UKCP/BACP mapping psychotherapy exercise.

Imich, A. (1999). Delivering educational psychology. **Educational Psychology in Practice**, 15 (1), 57–64

Kindon, S., Pain, R. & Kesby, M. (2007) **Participatory Action Research Approaches and Methods: Connecting People, Participation and Place**. London: Oxford University Press

Ofsted (2008) **Joint Area Review: ~~xxxxxxx~~Children's Services: Review of services for children and young people**. London: Ofsted

Chapter 1

Exploring staff conceptualisations of ‘emotional and behavioural difficulties’: Participatory action research within a pupil referral unit

Volume 2

Professional Practice Report 1

The University of Birmingham

School of Education

March 2011

ABSTRACT

This paper explores how emotional and behaviour difficulties (EBD) is conceptualised by a range of professionals working with young people presenting with EBD in a Key Stage 3 and 4 pupil referral unit (PRU). Using participatory action research (Kindon et al., 1995), cycles of action and reflection took place. The conceptualisation of EBD from the 15 members of staff in the pupil referral unit was ascertained through focus groups which used vignettes to stimulate discussion. Thematic analysis indicated that professionals working in the PRU conceptualise the etiology of EBD in different ways. Professionals working within the classroom (teachers, teaching assistants and key workers) emphasised the importance of factors in the young person in creating and maintaining EBD in young people. More specifically, there was an emphasis on a medical basis for EBD. Contrastingly, professionals working outside of the classroom highlighted the significance of the learning environment in conceptualising the development and management of EBD. As part of the participatory action research process, the themes from the focus group were reflected upon by the Trainee Educational Psychologist (EP) to identify what barriers need to be overcome and what training needs must be addressed. This was presented to staff working in the PRU through discussions about ways to improve practice. Firstly, the term EBD and how it arises and is treated was reconceptualised to include the viewpoints of all professionals. This was shared with the staff to encourage them to adopt an ecosystemic perspective (Cooper & Upton, 1990) to understand and manage EBD. Secondly, all staff members highlighted that the focus groups provided an understanding of a number of perspectives and enabled learning conversations to take place. The implications of the Trainee EP running a staff support group are also discussed.

INTRODUCTION

1. Introduction

1.1 EBD Policy

The term emotional and behavioural difficulties (EBD) first appeared in policy documents in the early 1990s. According to the Code of Practice, 'The Education of Children with Emotional and Behavioural Difficulties', "emotional and behavioural difficulties lie on the continuum between behaviour which challenges teachers but is within normal, albeit unacceptable, bounds and that which is indicative of serious mental illness" (Department for Education, 1994, p. 7). This policy document also states that 'Pupils with emotional and/or behavioural difficulties have learning difficulties ...They may fail to meet expectations in school but in some but by no means all cases may also disrupt the education of others' (Department for Education, 1994, p. 364).

A unifying feature of EBD is that they can be overwhelming to schools, teachers and others who come into contact with the child displaying these difficulties. Beyond this, however, there is no evidence to suggest that the different emotional and behavioural manifestations that are given the EBD label are related to form a single condition. The language used to describe EBD shapes not only beliefs about the manifest problem, but also perceptions of what could be done about it and whose responsibility it is to do it (Wright, 2009). The label of EBD itself brings to question the level of responsibility which is attributed to the child. Tobell and Lawthom (2005) highlight that almost without exception the literature refers to children '*with*' EBD. In this vein, the term "children presenting emotional and behaviour difficulties" will be applied throughout the rest of this report as it moves away from within-child attributions for children presenting the difficulties.

1.2 EBD within specialist provision

There are a high number of children permanently excluded from mainstream schools due to their disruptive behaviour and related emotional difficulties. According to recent statistics published by the DCSF (2008a), 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. In line with the Education and Inspections Act 2006, local authorities are required to provide suitable full-time education from the fifth school day of the permanent exclusion (DCSF, 2008b).

A key form of alternative provision established following the Education Act 1993 for children excluded are pupil referral units (PRUs). They are a type of school set up and maintained by local authorities to provide education for children and young people who have been removed from mainstream and special schools. Many of the pupils attending PRUs present with emotional and behaviour difficulties. As highlighted in The Steer Report (DCSF, 2009) a primary justification for permanent exclusion would be given in terms of the protection thus afforded to the interests of other pupils (DCSF, 2009). The second imperative behind the justification for permanent exclusions is located more firmly within a discourse of concern for the excluded pupil. Here the prime intention is to provide a haven for the pupil where they could be supported in their efforts to develop more effective coping strategies (Solomon, 2009 cited in Arnold et al., 2009). This draws attention to good practice in the form of therapeutic approaches which address the emotional and psychological needs of pupils presenting EBD. In line with a psychodynamic approach (Solomon, 2009 cited in Arnold et al., 2009), PRUs might have the potential to be experienced as a 'secure base' (Bowlby, 1982) by pupils as they can be predictable, secure environments providing caring relationships and support.

1.3 Perceptions of EBD

The term 'emotional and behavioural difficulties' (EBD) refers to children who cause concern to their teachers or parents because of the internalising or externalising manifestations of their behaviour (Polou, 2005; Thomas, 2005). Poulou and Norwich (2002) suggest that there is a causal relationship between school staff perceptions of the causes of emotional and behavioural difficulties and their responses to it. For example, if teachers believe that they cannot influence children's behaviour (which within-child attributions would demand) then they are less likely to invest their time and energy in working with the child. A particular feature, therefore, of effective school responses to EBD is the practical recognition of how EBD is conceptualised as this will affect the response of the professional (Cooper, 1999). The perceptions of what constitutes as EBD can be identified through the language used by professionals as language denotes social action (Gee & Green, 1998). This is clear when we consider the language of disability, which locates the source of disability either within the individual (the 'medical model') or within society's failure to accommodate certain individuals (the social model) (Barton, 1996). Such models embody an ideology, and as Fairclough says, 'The ideologies embedded in discursive practices are most effective when they become naturalised and achieve the status of "common sense"' (1992, p. 87). For such embedded ideologies, language has a reproductive function. But language also has a transformative function, enabling us to reshape practice and move away from deficit thinking. Within the domain of EBD, there continues to be no universally applied definition or agreed criterion relating to 'emotional and behavioural difficulties'. This reflects that EBD transpires as nebulous and ad hoc. More specifically, the language associated with EBD may be influenced by a number of factors, including public and professional concern regarding EBD, the use of the medical model in which disorders are defined and treatments developed, as well as perhaps the need to avoid politically incorrect labels.

McCloud (2006) highlights how professional discourse is used to describe three distinct but connected meta-discourses of children's behaviour—those of criminology, psychiatry and patronage—which in turn construct children as 'bad, mad or sad' (Thompson, 1986, cited in McCloud, 2006). The first construction implies a discourse of crime and punishment. In educational settings these children are held responsible for their behaviour, are viewed as irresponsible and are described as children in trouble, young people known to the criminal justice system, or simply as 'bad girls' or 'bad boys' (Wright, 2009). Children placed in PRUs due to permanent exclusion may be perceived in this way (Clough et al., 2005). However, it must be noted that there are a variety of professional roles within a PRU, thus this type of perception may not be the viewpoint of all. The second discourse constructs children as 'mad' and considers them to have disordered behaviour, which may or may not be a result of chemical imbalance, diet, or gene disturbance. These children are conceptualised by difference, disability and marginalisation, and the response is often that they require medication, such as Ritalin, to control their behaviour (McCloud, 2006). The third discourse constructs children as 'sad', casts children as 'victims' of circumstances who are not to blame for their behaviour (McCloud, 2006). These are the children who have been abused, traumatised, neglected or have perhaps experienced parental or sibling bereavement. The discourse acknowledges wider social factors and is one of care, nurture or therapy.

The constructions of children and young people presenting EBD will reflect how professionals respond to meeting the needs of this pupil population (Cooper, 2008). Evidence from a number of sources (Panayiotopoulos, 2004; Poulou & Norwich, 2002; Swinson et al., 2003) suggests that teachers tend to employ within-child explanations regarding EBD and act accordingly. Teachers are likely to seek solace and psychological stability for themselves by subscribing to discourses that allow emotional distance and a sense that these children are need to be classified or excluded (Cooper, 1999). Similarly, professionals in health services are likely to favour a medical model of approaching EBD

which can be characterised as identifying the problems, placing them in a category and administering a treatment (Jones, 2003). The medical model has a number of disadvantages: categories of difficulty tend to be negative, emphasising what individuals cannot do, focusing on problems and negative behaviour and thereby justify excluding individuals from particular activities. Jones (2003) suggests that legitimised and non legitimised behaviour is a cultural construction; this means that the attribution of the EBD label to children is based on specific adults in specific contexts. However, it must be noted that the majority of the research focuses on teachers' perceptions of EBD (e.g. Poulou, 2005; Soles et al., 2008; McCreedy & Soloway, 2010) rather than other professionals who work outside of the classroom and those from external agencies such as educational psychology services. Furthermore, some educational settings may be more inclusive than others, thus it could be that the label reflects the values of the educational setting rather than the child per se. Educational psychologists adopt a more systemic view in understanding the influence of the school environment in reinforcing EBD (Jones, 2003). A systemic and interactionist account of EBD is supported by a substantial number of researchers (e.g. Cooper & Upton, 1990; Miller et al., 2002) in which organisational processes in schools, pupil background factors and teacher pupil interactions may exert myriad influences on each other. Educational psychologists are the professionals most thoroughly embedded in educational systems; they have the widest training in child and adolescent psychology and are therefore well equipped to work with other professionals to encourage an interactionist and contextualised approach towards EBD (MacKay, 2007).

In a review of changing concepts of EBD, Cooper (1999) notes that practical responses to children's emotional and behaviour difficulties have been informed by psycho-dynamic, behaviourist, cognitive, and other schools of thought. Indeed, some writers have commented on the harm created by various agencies developing a professional perspective reliant upon one of these theories, resulting in the same 'client' being labelled and re-labelled according to the discipline underpinning the current key worker's professional context. An alternative

viewpoint introduced by Cooper and Upton (1990) is the ecosystemic perspective which emphasises the 'multiplicity of factors' associated with EBD. They identified four key clusters of factors causing or sustaining EBD. These were identified as existing: within the individual; within the curriculum; within the learning environment including the classroom, the school, pedagogy, ethos); located within the wider community or social context (home, neighbourhood, culture). This involves an understanding of contexts in which behaviour occurs and the relationships between these.

Understanding how EBD is conceptualised by individuals assumes an epistemological stance that aligns itself with an interpretive paradigm, as such a paradigm would argue that EBD is a subjective term. This approach has its basis in a social constructionist (Burr, 1995) paradigm whereby all realities are relative in that no reality is considered more 'true' than any other.

In summary, supporting children presenting EBD is fundamentally underpinned by how the term EBD is conceptualised. Perceptions can vary dependent on the professional role, the experiences and the training that each individual working within an educational setting brings. Existing research has focused on the perceptions of teachers within mainstream schools in supporting pupils presenting EBD (e.g. Poulou, 2005; Soles et al., 2008; McCreedy et al., 2010). However, within specialist settings such as PRUs, alongside teaching staff there can be a variety of roles such as key workers, youth workers, and social workers at hand who meet the needs of some of the most vulnerable and marginalised pupils presenting EBD. The perceptions and conceptualisation of EBD for those professionals working within a pupil referral unit is unclear. The current study aims to explore this. More specifically, the literature review has led to the following research questions being identified:

- 1) How do different professionals working in a pupil referral unit conceptualise EBD?

- 2) How do different professionals working in a pupil referral unit meet the needs of pupils presenting EBD?

The researcher chose not to be too specific in the research questions so that alternative avenues of enquiry that might arise during the collection of fieldwork data are closed off. Such premature closure of the research focus would be inconsistent with the process of action research (Robson, 2002).

1.4 Purpose of the study

This small-scale research project aimed to explore how EBD is conceptualised by a range of professionals working with children and young people presenting EBD. It focuses on the perceptions of staff working in a Key Stage 3 and 4 PRU.

The aims of the research were to:

- elicit the views of professionals linked to a Key Stage 3 and 4 PRU in one English local authority about their conceptualisation of the term EBD.
- explore how different professionals perceive that they meet the needs of pupils presenting EBD within the PRU.

METHODOLOGY

2. Methodology

2.1 Setting and context

This study was carried out in a local authority in England, which has two PRUs. Within the local authority, PRUs are the main form of educational provision for pupils who have been permanently excluded from mainstream settings. The PRU which forms the focus of this study is a Key Stage 3 and 4 setting. At the time of the study there were 12 permanently excluded pupils' onsite, eight males and four females.

This research was negotiated between the PRU's Educational Psychologist (EP) from the Educational Psychology Team and the head teacher of the PRU. The research forms part of a larger initiative led by the head teacher of the PRU. The initiative is focused on supporting staff working within the PRU to manage the diverse and complex needs of pupils presenting EBD. Due to a high number of new professional roles introduced in the PRU structure, over two thirds of the staff were new during the term the research was carried out. A meeting with the head teacher highlighted that she perceived staff dynamics and relationships as poor from her observations in the PRU and was aware of this from speaking to the previous head teacher. Furthermore informal discussions with the EP for the PRU highlighted that the needs of pupils presenting EBD was not managed consistently by all staff and that staff morale was low. As a result, the author, a Trainee EP was approached by the EP for the PRU to identify how various members of staff conceptualise the term EBD as training would be carried out by the EP later on in the term. Due to practical time constraints, the Trainee EP was unable to gain the views of any of the professionals working with the young people on a daily basis to identify whether they felt that staff dynamics were negative. This raises ethical issues in terms of informed consent as the research was solely negotiated between the head teacher of the PRU and the visiting EP for the PRU.

The staffing structure in the PRU is a new arrangement. Alongside the teaching staff (four subject leaders and two higher learning teaching assistants), there are other professionals working within the PRU. Other professional roles include key workers who work one to one with pupils and family support workers who work closely with the family. There are also learning mentors, youth workers and a social worker on site. The structure of this pupil referral unit is new within the local authority and fairly uncommon as many PRUs do not have a social worker and youth workers on site (Ofsted, 2007).

2.2 Participants

The participants in this study were accessed through a purposive sample (Robson, 2002) as it concerned fifteen members of staff working within the PRU. This specific predefined sample was chosen as the aim was to identify the perceptions of staff working within a particular PRU, thus generalisability and representativeness were not relevant in this case. As a result, the findings of this research are not necessarily similar to professionals working in other Key Stage 3 and 4 PRU's in England. Alongside the head teacher, the Alternative Provision Manager and the Learning Development Manager who consist of the senior management team were not part of the purposive sample as the head teacher had highlighted that they were very busy due to their workload this term and were unavailable on the dates of the data collection. It could be argued that the lack of involvement from these 3 professionals reflects passive support from the stakeholder who negotiated the research, namely the head teacher. This lack of commitment from the senior management team brings into question whether the information about staff dynamics being poor is valid and accurate and whether the research is driven to meet the agendas of the senior management team to identify the constructions of their new members of staff in an indiscreet manner as the need for practice development amongst staff had not been audited or evaluated at present.

2.3 Ethics

In line with the British Psychological Society Code of Ethics and Conduct (BPS, 2006), the Trainee EP ensured that the staff at the PRU were aware of informed voluntary consent through a letter detailing the nature of the research and enquiring whether they would be willing to participate (see appendix 1). All information gathered from staff at the PRU would remain anonymous to maintain confidentiality. Also the senior management team would only be given the key themes that arose from the focus groups, so that no professional would be identifiable from quotations. This would protect professionals such as the Learning Mentor and the Social Worker as there was only one of each in the PRU. Participants were informed that the focus groups would be recorded and only accessible by the Trainee EP. Moreover, data would be stored in a locked draw which could only be accessed by the Trainee EP.

2.4 Method

Lewin (1948) raised the idea that social practices could only be understood and changed by involving the practitioners themselves throughout an inquiry. The initial discussion with the head teacher and the EP for the PRU highlighted a need for staff working within the PRU to develop their practice in meeting the needs of pupils presenting EBD. However, part of the process of encouraging change is self-reflection and practitioners asking themselves how to improve their practice. In this research, an understanding of how EBD is conceptualised by various professionals is imperative to identify how staff can work together as a team to manage the needs of this group of pupils more effectively. Thus the inquiry focuses on research 'with' rather than 'on' people as it aims to support them to develop professionally as individuals and as an organisation. This inquiry aligns itself with Participatory Action Research (PAR) which has been defined as a collaborative process of research and action explicitly orientated towards social transformation (Hall, 1981). As Reason and Bradbury (2006) highlight, a participatory process is concerned with bringing together action and reflection, and theory and practice in pursuit of practical issues of concern to people. PAR

tends to focus on the use of qualitative methods as these lead to a deeper and richer exploration of issues (Robson, 2002). According to Cresswell (2007) "A qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (p37). This approach was chosen over the 'Research and Development in Organisations' model (RADIO) (Knight & Timmins, 1995; Timmins et al., 2003) as the RADIO model emphasises collaboration and transparency from all stakeholders, however the head teacher was not involved in the research and did not negotiate this piece of research collaboratively with the agreement of the staff in the PRU. As a result, the Trainee EP aimed to encourage the staff working in the PRU to become part of a more collaborative change process through the PAR cycle.

The procedure of the PAR is based on a typical PAR process used by a number of researchers (Kindon, 2005; Parkes & Panelli, 2001; Kindon et al, 2007). Table 1. displays each phase and the associated activities of the PAR cycle.

Table 1: Participatory action research procedure (Kindon et al., 2007)

Phase	Activities
Action	Establish relationships and a common agenda between all stakeholders through an initial meeting
Reflection	On research design, ethics, power relations, knowledge
Action	Build relationships, discuss and identify desired outcomes with stakeholders
Reflection	On research questions, working relationships
Action	Enable participation of others through data collection (solely focus groups with staff)

Phase	Activities
Reflection	Evaluate the responses from staff and unpick the psychological paradigms that feature in the responses as well as similarities and differences between professional roles
Action	Feedback to staff at whole staff meeting
Reflection	Evaluate action and process as a whole

2.5 Data Collection

This research study used focus groups as the data collection method. Focus groups are a qualitative method of data collection which embody the process of transformative reflexivity in which both the researcher and participants reflect on their understandings and negotiate the meanings of the information gathered together (Crang, 2003). Focus groups were conducted rather than group interviews as the emphasis was on stimulating discussion and understanding the meanings which underlie the group's conceptualisation of EBD (Bloor et al., 2001) rather than seek answers which are what group interviews consist of (Robson, 2002). Furthermore, focus groups were chosen in preference to individual interviews as to conduct fifteen semi-structured interviews and analyse the data would be highly time consuming and impractical given that reflections would need to be built in after each interview was conducted. Also, a discussion amongst professionals would provide more illuminative data, such as conflicting perceptions of the rhetoric and reality regarding meeting the needs of pupils presenting EBD. However, the Trainee EP remained cautious about how the staff perceived her role as the researcher as well as the facilitator and how these perceptions impacted upon what staff were willing to divulge. This highlights the need to contextualise the data collected in the focus group in order to understand it in the group context. A quote from an individual may be typical of their initial view but radically different from the one they hold when they leave the focus group. Indeed, focus groups generate both

individual and group level data and it is often difficult to disentangle one from the other (Hyden & Bulow, 2003). At the individual level people are influenced by the discussions that they are party to. Over the course of a focus group session many members may shift their position on certain subjects, change their minds and/or express different views at the end of the discussion than they did earlier on. At the collective level, what often emerges from a focus group discussion is a number of positions or views that capture the majority of the participants' standpoints. Clearly, there are a whole series of related problems here concerning the unpredictability of group dynamics (silences, dominant speakers, etc), respondent disclosure, and the emergence of sensitive topics (Frankland & Bloor, 1999).

One way of surfacing perceptions and attitudes is through the use of vignettes (Finch, 1987). Vignettes are short descriptions of hypothetical persons or situations which contain the information necessary for the respondents to base their judgements upon. They are written, fictitious materials including background, referral or observation information, which is generally held constant, the only exception being the variables under study (Huebner, 1991). Six vignettes were used to stimulate discussion between members of the focus group (see appendix 2 for vignettes and the procedure of how they were presented in the focus groups). The vignettes aimed to identify how staff would support pupils presenting EBD (two vignettes for conduct difficulties, two for emotional difficulties and two for emotional and conduct difficulties). Prompts were used to facilitate the discussion between members of the group. These arose from previous research using vignettes (Polou, 2001). Specifically, they were asked about their perceptions of the causes of the child's behaviour, their feelings of responsibility, their self-efficacy, their feelings for the child, their intention to help him/her, their coping strategies for the behaviour depicted in the vignettes and their suggestions for effective strategies (Poulou, 2001). The role of the facilitator was conducted by the researcher, a Trainee EP. It could be argued that this role should have been carried out by someone other than the Trainee EP as there could have been potential bias in the types of

questions and prompts asked by the facilitator to move the group discussion along. Furthermore, as there was no observer to record supplementary (observational) data relating to context, environment, personal gesture, posture and the like, there is a high level of bias on behalf of the researcher/facilitator. The Trainee EP's role was to analyse the meanings and norms of the group discussion and as part of the participatory action research to feedback at a whole staff meeting about what psychological paradigms underpin staff members' conceptualisation of EBD.

Focus groups were conducted with staff working within the PRU. Each focus group lasted an hour in duration. The structure of the focus groups consisted of 3 separate groups based on the similarities of professional roles. This structure was chosen based on the visiting EP's and head teacher's comments about staff dynamics across professional groups being negative. Consequently, focus groups were smaller in size and consisted of professionals who were known to be comfortable with one another. Research suggests that homogenous focus groups can facilitate a sense of safety in expressing conflicts or concerns as the individual voice can be harder to hear in focus groups where there are power hierarchies (Parker & Tritter, 2006). Table 2. displays the various professionals within each group:

Table 2: Focus Group Structure

Focus Groups	No. in each focus group
Teaching Staff – Subject Leaders (4) and HLTA 's (2)	6
Support Staff – Key Workers (3) and Family Support Workers (2)	5
Social Worker, Learning Mentor, Youth Workers (2)	4

RESULTS

3. Results

3.1 Data analysis method

Due to the limits of a small-scale study and time constraints, it was judged that exploring each narrative from each professional would be a fruitless endeavour. A preferred method of data analysis would have been discursive psychology which as a form of discourse analysis deconstructs the processes inherent in text which position knowledge, social relationships and perceptions (Potter, 2003). This method, coupled with verbatim quotes, enables the reader actively to construct their meaning of the research text, thus enhancing the transparency of the research process. However, discourse analysis is a time-consuming process which was impractical due to time constraints of this research. Furthermore, due to the small sample and that there was only one Learning Mentor and one Social Worker it was important to maintain anonymity of these professionals through not selecting quotes. Thus, a qualitative method of analysis that researchers use to identify themes called Thematic Analysis was selected to analyse the data from the focus groups (Braun & Clarke, 2006). Thematic analysis is a method for identifying, analysing and reporting patterns (themes) across an entire data set, rather than within a data item, such as an individual interview or interviews from one person, as in the case of biographical or case-study forms of analysis, such as narrative analysis (eg, Murray, 2003). However, despite thematic analysis being widely used, there is no clear agreement about what thematic analysis is and how to carry it out (Tuckett, 2005). As this research aligns itself with an epistemological stance that argues that EBD is a subjective term, thematic analysis was used within a social constructionist framework which identifies patterns (themes, stories) within data, and theorises language as constitutive of meaning and meaning as social. In this way the thematic analysis overlaps with some forms of discourse analysis (e.g. Taylor and Ussher, 2001).

Themes were identified at a latent and interpretative level (Boyatzis, 1998) through identifying patterns in semantic content, and summarised, to interpretation, where there was an attempt to theorise the significance of the patterns and their broader meanings and implications (Patton, 1990), in relation to previous literature. A thematic analysis at the latent level starts to identify or examine the underlying ideas and conceptualisations that are theorised as shaping or informing the semantic content of the data. This occurs through the prevalence with which themes occur within and between strands of the data. As part of the action research process, the focus was to transcribe, read, re-read and reflect on what psychological theories and paradigms underpin the participants' conceptualisation of EBD and whether this is similar across the different professionals within the pupil referral unit. A six phase model of thematic analysis (Braun & Clarke, 2006) was used to identify the themes (see appendix 3 for the thematic analysis process). It is important to note that certain elements of the thematic analysis were driven by the researcher's theoretical interest in the area rather than emerging directly from the data itself. To control for this, it would have been valuable to have a co-researcher who also carried out the six phase process of thematic analysis of the data. This would have supported the inter-rater reliability of the findings and controlled for researcher bias.

The following themes relate to the initial research questions.

3.2 How do professionals in the PRU conceptualise EBD?

The themes related to how various professionals working in a pupil referral unit conceptualise EBD is summarised below in Table 3. and follows with further detail. In order to maintain a high level of anonymity and confidentiality for the members of staff, the themes are presented in prose rather than in tabular format with quotes from professionals linked to themes and related vignettes.

Table 3: Themes relating to conceptualisation of EBD

Theme	No. of Professional who responded	Professional group
Factors in the young person	8 professionals	Teachers (4) Higher learning teaching assistants (2) Key Workers (2)
Factors in the family	15 professionals	All professionals
Factors in the learning environment	6 professionals	Family Support Workers (2) Youth Workers (2) Learning Mentor (1) Social Worker (1)
Factors in the community	2 professionals	Youth Workers (2)

Factors in the young person

The responses from the teachers, higher learning teaching assistants and key workers suggested an emphasis on EBD caused by within child attributions. Vignette 1 led to a discussion about EBD as arising from deficits in the neurological or psychological make-up of the child analogous to an illness or medical condition. One teacher suggested that the child's difficulties could be due to ADHD, or mental health problems. This simplistic cause and effect model then led to discussion of responses through treatment such as drugs (e.g. Ritalin) as supporting children to calm down. These professionals (excluding one) focused on the pathology which led to disruptive behaviour rather than the assertion that it is possible to change behaviour by manipulating the consequences of the behaviour or changing the situation in which it occurs.

Factors in the family

The influence of the family on a young person's EBD was a key theme that occurred across all professionals. In relation to each vignette presented, it was suggested that the family may be a key factor in causing and/or reinforcing EBD presented by children. For example, a family support worker stated "*the types of family we come across now, it is no surprise that a lot of the difficulties are linked to the home background and their disruptive relationships with parents and siblings*". The social worker and the learning mentor in the pupil referral unit

made reference to the importance of secure attachments between children and their parents/carers, and their role in harmonising positive relationships. These responses acknowledge that disruptive and unstable family experiences can play a key role in reinforcing EBD. Exclusion from school is one of a range of negative outcomes for children that are associated with adverse family circumstances (Vulliamy & Webb, 2000; Mason & Prior, 2008). Extracts from all the teaching staff indicated that alongside individual factors, family circumstances are perceived as a key cause of a child's EBD.

Factors in the learning environment

All the professionals who work outside of the classroom (social worker, family support workers, youth workers and learning mentor) highlighted the impact of the learning environment as a factor in causing and exacerbating EBD presented in young people. For some of the vignettes it was suggested that young people's disruptive behaviour may be due to a lack of stimulation in the classroom environment. The role of the teacher was highlighted as a key factor in the nature of the EBD presented by a young person. The youth workers reported that teachers may reinforce negative behaviour in classrooms. The attention gained during these interactions can be reinforcing and paradoxically, strengthen the very behaviour that it intended to eliminate. It was suggested that teachers in the PRU often focus on within child attributions rather than the assertion that it is possible to change behaviour by manipulating the consequences of behaviour or changing the situation in which it occurs.

Factors in the community

The youth workers made reference to risk factors in the community which can lead to EBD. It was suggested that young people who come from poorer socio-economic backgrounds and live in communities that are deprived are more inclined to exhibit EBD.

3.3 How do professionals respond to young people presenting EBD?

Using the six stage thematic analysis process, recurring themes were found across the data gathered from the three focus groups (see appendix 3 for thematic analysis process). The themes related to how various professionals respond to young people presenting EBD is summarised in Table 4. and detailed below.

Table 4: Themes relating to how professionals respond to young people presenting EBD

Theme	No. Of Responses	Professional Group
Building relationships with the young people	5 professionals	Family Support Workers (2) Youth Workers (2) Social Worker (1)
Modifying the learning environment	6 professionals	Family Support Workers (2) Youth Workers (2) Learning Mentor (1) Social Worker (1)
Social support from other staff	6 professionals	Teachers (4) Key workers (2)

Building relationships with the young people

Five out of the six professionals who worked outside of the classroom environment emphasised the importance of building relationships with young people irrespective of the reasons that had led to permanent exclusion. Low self-esteem and poor social skills were seen as key areas of development. Furthermore, the social worker suggested that some young people experience anxiety which can manifest into externalised difficulties (e.g. aggression) or internalised difficulties (e.g. withdrawal). Namely, their emotional needs must be tackled prior to any learning being conducted. In terms of building relationships, there appeared to be agreement that humanistic principles such as unconditional positive regard, empathy and congruency must underpin effective relationships with the young people in the PRU (Rogers, 1986). Many of the staff highlighted that it is difficult to build relationships with the pupils as the emphasis is on learning and ensuring they remain in the classroom.

Modifying the learning environment

The six professionals who work outside of the classroom highlighted the importance of modifying the learning environment to respond to not only young people's learning, but also their behaviour. Interestingly, many of the professionals who work outside of the classroom perceived disruptive behaviour as capable of change by proficient pedagogues. For example, it was suggested that many children with EBD require a curriculum that emphasises practical tasks. Observations from a number of the key workers suggested that young people with EBD work better in practical subjects. Furthermore, within this theme, it appeared that professionals made suggestions about how teachers can demonstrate their interest and concern for pupils with EBD by treating them scrupulously fairly, providing them with extra attention, writing extra or more detailed comments on their work, actively listening when the pupils voice their personal concerns, spending time with pupils doing things that the pupils choose, and so on.

Social Support

A key theme that arose from the teachers and key workers was the importance of social support from other professionals to meet the diverse and complex needs of pupils presenting EBD. Some of the teachers and key workers indicated that responses to the vignettes may work well in theory but in practice, they feel disempowered and emotionally drained teaching young people exhibiting EBD. Human beings need social support systems if they are to function effectively therefore we should ensure that these are in place when we ask a teacher to take on a child with challenging behaviour. Teachers' responses to the vignettes suggested a reluctance to ask for help from others because they fear they will be perceived as weak or incompetent. Furthermore, it appeared that different professionals shared ideas with one another informally, but that these mainly consisted of complaining about the children. Although this provides emotional support, it was highlighted that it does not lead to an improvement in the situation. The professionals highlighted that collaboration between a

number of different professionals with various skills sets and expertise is a prerequisite in meeting the needs of pupils presenting EBD.

DISCUSSION

4. Discussion

4.1 Reflections on themes

Upon reflection of the four themes identified as conceptualising EBD; factors in the young person, in the family, in the learning environment and the wider community, it appeared that the professionals who worked in the classroom, namely, teachers, higher learning teaching assistants and key workers conceptualised EBD as arising from factors in the young person. More specifically, there was an emphasis on a medical basis for EBD. This theme aligns itself with constructing children presenting EBD as 'mad' (McCloud, 2006). Evidence from a number of sources (Panayiotopoulos, 2004; Poulou & Norwich, 2002; Swinson et al., 2003) suggests that teachers tend to employ within-child explanations for behaviour in school.

The influence of the family on a young person's EBD was a key theme that occurred across all professionals. However, it is not a causal relationship (Cooper, 2004), and thus no strong claims should be made as this can then lead to a sense of learned helplessness in staff (Seligman, 1975). This deterministic view does not take into account that behaviour occurs in response to stimuli and occurs in a social context (Cooper, 2004).

The majority of the professionals who work outside of the classroom environment (family support workers, youth workers, social worker, and learning mentor) emphasised the importance of building relationships with young people irrespective of their previous experiences and the reasons that had led to permanent exclusion. This response aligns with a psychodynamic viewpoint of perceiving anxiety as part of the unconscious processes that are primary determinants of behaviour (Cooper, 2004). Within a psychodynamic perspective, children's emotional difficulties arise when primitive and instinctual impulses threaten to overwhelm the individual's ego, which leads to defence mechanisms to manage the anxiety.

This viewpoint emphasises the importance of therapeutic relationships between members of staff in a PRU setting and the young people.

4.2 Recommendations

As part of the participatory action research process, the themes from the focus group were reflected upon by the Trainee EP to identify what barriers need to be overcome and what training needs must be addressed in relation to current literature and research about meeting needs of pupils presenting EBD. This was then shared with the members of staff working in the PRU through discussions about ways to improve practice. Firstly, the term EBD and how it arises and is treated was reconceptualised to include the viewpoints of all professionals. Secondly, all staff members highlighted that the focus groups provided an understanding of a number of perspectives and for learning conversations to take place. The implications of the Trainee EP running a staff support group are also discussed.

4.2.1 Improving practice: reconceptualising EBD

Professionals working in the PRU conceptualise the etiology of EBD in different ways. Professionals working within the classroom (teachers, teaching assistants and key workers) emphasised the importance of individual factors and family circumstances in creating and maintaining EBD in young people. Contrastingly, professionals working outside of the classroom highlighted the significance of the learning environment in conceptualising the development and management of EBD. The four themes identified; factors in the young person, in the family, in the learning environment and the wider community were presented to staff through an approach which emphasises the importance of all of them in understanding and managing EBD. Cooper and Upton's (1990) ecosystemic approach to understanding and responding to EBD was discussed through an informal discussion with staff during a briefing. This approach is characterised by an understanding that EBD does not originate from within the child, or a particular environment, rather it is a product of social

interaction between the child and the different settings they experience. An interactionist account of EBD is supported by a substantial number of researchers (Miller et al., 2002; Ayers et al., 2000) In relation to responding to EBD, an emphasis was placed upon the reflexive quality of professionals analysing their own behaviour and the patterns of interaction between people rather than the situation which appears to be the focus of the problem. The awareness of the ecosystemic approach to understanding EBD aimed to shift assumptions about within-child and medical models of EBD.

Professionals working outside of the classroom emphasised the importance of working with young people in a therapeutic manner. The theme 'building relationships' highlighted that these professionals uphold humanistic psychology values such as empathy, unconditional positive regard and congruence (Rogers, 1986). This theme was highlighted in the presentation to all staff as it aimed for professionals working in the classroom to understand the value of these approaches alongside the common use of behaviourist principles which focus on sanctions and can appear punitive in nature. The use of empathy by professionals would add to the reflexive quality of the ecosystemic approach with regard to teacher behaviour, by encouraging teachers to continually analyse the experiences from the pupil's perspective. The value of talking problems through, of simply listening to someone in distress, of sharing grief are things that are widely regarded as important features of good relationships, and will support a nurturing ethos within the PRU. Hill et al. (1996) suggest that young people do not believe that professionals are affording them the respect of their own individualities. A successful and meaningful dialogue needs to exist between the young person and professionals within the PRU as many of these young people who have been permanently excluded have not had their perspective fully understood in mainstream educational settings (McCloud, 2006).

4.2.2 Improving practice: Staff support group

As part of the participatory action research process, all professionals were asked to reflect on the focus group discussions. Staff members highlighted that they felt that the focus groups allowed learning conversations (Harri-Augstein & Thomas, 1991) to take place amongst different professionals and a deeper understanding of each professional's skill sets. Furthermore, many professionals stated that the vignettes supported their professional development as it encouraged them to review and analyse their reactions to different situations and problems. In line with the theme of social support drawn from the focus groups, staff identified a further training need by requesting support to develop ways to problem solve in a more collaborative way. The Trainee EP suggested that increasing professional competence to work with young people presenting EBD could be encouraged through running staff support groups (Stringer et al., 1992). Baxter and Frederickson (2005) state that teachers will be better placed to meet the needs of children in their care if the teacher's own needs have been supported. Furthermore research (e.g. Squires, 2007; Stringer et al., 1992) suggests that EPs can play a key role in supporting school staff through staff support groups which help them deal with the emotional stress of change, reflect on their skill set, share skills with others and build personal resilience and emotional energy to cope (Miller, 2003). A staff support group would especially support the teaching staff in the PRU as they reported a lack of social and emotional support when working with young people presenting EBD. Support groups have the potential benefit of harnessing shared values and a pool of knowledge and experience (Squires, 2007). The Trainee EP will be running a staff support group based upon Stringer et al.'s (1992) model which encourages professionals to reflect on action and work together with a view to continuing the learning process. In this way the support group will aim to instil peer supervision and capacity building for the professionals working in the PRU. Furthermore, within a time allocation model of EP service delivery to the PRU, running a staff support group shifts away from the EP relying on

individual casework and encourages collaborative working with the PRU staff to develop their critical understanding of the psychological processes underlying their work.

4.3 Evaluating the approach

Within the current context, the participatory action research process (Kindon et al., 2007) outlined in Table 1 enabled a collaborative approach to supporting professionals in the PRU to share their perspectives regarding EBD with one another and connect together through the introduction of the ecosystemic approach (Cooper et al., 1990) to understanding and responding to EBD within the pupil referral unit. The ecosystemic approach will continue to be shared over a period of time with the staff through the Trainee EP running the staff support group to help staff problem solve complex cases within the PRU.

From a Trainee EP perspective, the participatory action research process was invaluable in instilling the confidence to work with a number of professionals within a specialist setting and prompting actions as a result of valuable insight. However, it is difficult to say whether action as a result of learning will happen as learning is situated and shaped by other factors such as the amount of pupils on site at the PRU at any given time and organisational policies and procedures led by the senior management team of the PRU.

A key limitation of the research lies in the area of the interpretation and generalisability of the responses from the vignettes. Using vignettes does not provide any information about respondents' actual responses in real-life situations. This is due to the fact that although vignettes can explore many complexities of a situation, they cannot take into account all the possible environmental or personal factors that may actually influence decisions in real life. In addition, it may have been worthwhile to obtain the views of the senior management team in the PRU as Wilson and Evans (1980) report 'the quality of any provision for children will depend on the quality of the people who run it.' (p.80). Thus the views of the senior

management team including the head teacher who commissioned the action research would have been beneficial.

As the term 'EBD' encompasses a wide range of definitions and the responses reported in this participatory action research was of a small scale, it is not possible to generalise the recommendations to other professionals and specialist contexts. However, the findings regarding the mismatches in how various professionals conceptualise EBD is transferable as exemplified in the literature review.

4.4 Conclusion

The outcomes of this study have led to valuable insight into the conceptualisation of EBD from a number of professionals working within a pupil referral unit. The polarisation of within-child attributions adopted by teaching staff compared to those professionals working outside of the classroom in the PRU reflects the importance of sharing experience and knowledge amongst professionals when meeting the diverse and complex needs of young people who are permanently excluded. This participatory action research has led to staff within the PRU to reflect upon their awareness of different perspectives on EBD and the importance of collaborative working. The introduction of the ecosystemic approach to understanding and responding to EBD within the pupil referral unit and sharing this through the weekly staff support group aims to support the current context to better understand and meet the needs of their pupils through reflecting on their practice.

REFERENCES

- Ayers, H., Clarke, D. and Murray, A. (2000) **Perspectives on Behaviour: A Practical Guide to Effective Interventions for Teachers**. London: David Fulton Publishers.
- Barton, L. (1996) 'Sociology and Disability: Some Emerging Issues' In L. Barton (ed.) **Disability and Society: Emerging Issues and Insights**, London: Longman.
- Baxter, J. & Frederickson, N. (2005) Every Child Matters: Can educational psychologists contribute to radical reform? **Educational Psychology in Practice**, 21: 87-102
- Bennathan, M. & Boxall, M. (2000) **Effective intervention in primary schools: nurture groups**. London: Fulton.
- Bloor, M., Frankland, J., Thomas, M. & Robson, K. (2001) **Focus groups in social research**. London: Sage.
- Bowlby, J. (1982). **Attachment and loss: Vol 1**. New York: Basic Books.
- Boyatzis, R.E. (1998) **Transforming qualitative information: thematic analysis and code development**. London: Sage.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. **Qualitative Research in Psychology**, 3: 77-101
- British Psychological Society (2006) **Code of Ethics and Conduct**. Leicester: British Psychological Society.
- Burr, V. (1995). **An introduction to social constructionism**. London: Routledge.
- Clough, P., Garner, J.T., Pardeck, F. & Yuen, F. (2005) **Handbook of emotional behavioural difficulties**. London: Sage.
- Cooper, P. (2008) Nurturing attachment to school: contemporary perspectives on social, emotional and behavioural difficulties, **Pastoral Care in Education**, 26 (1): 13- 22
- Cooper, P. (2004) Nature and nurture. In Haworth, E. **Supporting staff working with SEBD**. Lichfield: Q Ed.
- Cooper, P. (1999) Changing perceptions of EBD: maladjustment and beyond. **Emotional and Behavioural Difficulties**, 4(1), 3–11.
- Cooper, P. & Tiknaz, Y. (2007) **Nurture groups at home and in schools**. London: Jessica Kingsley.
- Cooper, P. & Upton, G. (1990). An ecosystemic approach to emotional and behavioural difficulties. **Educational Psychology**, 10 (4): 301–321
- Crang, M. (2003) Qualitative Methods: touchy, feely, look-see? **Progress in Human Geography**, 27 (4): 494-504

Creswell, J.W. (2007) **Qualitative inquiry and research design: Choosing among the five traditions**. Thousand Oaks, CA: Sage.

Department for Education (1994) **Emotional and Behavioural Difficulties**. Circular 9/94. London: DfE.

Department for Children, Schools and Families (2008a) **Improving behaviour and attendance: guidance on exclusion from schools and Pupil Referral Units**. London: DCSF

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

Department for Children, Schools and Families (2009) **Learning Behaviour: Lessons Learned, a Review of Behaviour Standards and Practices in Our Schools**. London: DCSF

Edwards, D. (1997) **Face to face: patient, family and professional perspectives of head and neck cancer care**. London: King's Fund.

Fairclough, N. (1992) **Discourse and Social Change**. Cambridge: Polity.

Finch, J. (1987) Research Note: The Vignette Technique in Survey Research, **Sociology**, 21(1): 105–14

Frankland, J. & Bloor, M. (1999) Some issues arising in the systematic analysis of focus group materials, In S. Barbour & J. Kitzinger (Eds) **Developing focus group research: politics theory and practice**. London: Sage.

Gee, J. P. & Green, J. L. (1998) Discourse analysis, learning, and social practice: A methodological study. **Review of Research in Education**, 23: 119-169

Hall, B. (1981) Participatory Research, Popular Knowledge, and Power: a personal reflection , **Convergence**, 38 (1): 5 – 24

Harri-Augstein, S. & Thomas, L. (1991). **Learning Conversations**. Routledge: New York.

Hill, M., Laybourn, A. & Borland, M. (1996). Engaging with primary-aged children about their emotions and well-being: Methodological considerations. **Children and Society**, 10: 29–144

Huebner, S. (1991) Bias in Special Education Decisions: The Contribution of Analogue Research, **School Psychology Quarterly**, 6 (1): 50–65

Hyden, L. C. & Bulow, P. H. (2003) Who's talking: drawing conclusions from focus groups—some methodological considerations. **International Journal of Social Research Methodology: theory and practice**, 6 (4): 305–321

Jones, R.A. (2003) The Construction of Emotional and Behavioural Difficulties. **Educational Psychology in Practice**, 19 (2): 147-157

Kindon, S. (2005) Participatory Action Research In Hay, I. (ed) **Qualitative Methods in Human Geography**, Melbourne.

Kindon, S., Pain, R. & Kesby, M. (2007) **Participatory Action Research Approaches and Methods: Connecting People, Participation and Place**. London: Oxford University Press.

Knight, G. & Timmins, P. (1995) **Research and Development in Organisations (RADIO)**. Unpublished lecture notes, University of Birmingham, School of Education.

Laslett, R., Cooper, P., Maras, P., Rimmer, A. & Law, B. (1998) **Changing perceptions of maladjusted children, 1945–1981**. Maidstone: The Association of Workers for Children with Emotional and Behavioural Difficulties.

Lewin, K. (1948) **Resolving Social Conflicts**; Selected Papers on Group Dynamics. New York: Harper & Row.

Lloyd Bennett, P. (2005) A broad conceptual framework for the development and management of young people's behavioural difficulties. **Journal of Educational and Child Psychology**, 22 (3): 89-96

MacKay, T. (2007) Educational psychology: The fall and rise of therapy. **Journal of Educational and Child Psychology**, 24 (1): 7-19

Mason, P. & Prior, D. (2008) The Children's Fund and the prevention of crime and anti-social behaviour. **Criminology and Criminal Justice**, 8 (3): 279-296

McCloud, G. (2006) Bad, mad or sad: constructions of young people in trouble and implications for interventions. **Emotional and Behavioural Difficulties**, 11 (3): 155–167

McCready, L.T., & Soloway, G.B. (2010) Teachers' perceptions of challenging student behaviours in model inner city schools. **Emotional and Behavioural Difficulties**, 15 (2):111-23

Miller, A., Ferguson, E. & Moore, E. (2002) Parents' and pupils' causal attributions for difficult classroom behaviour. **British Journal of Educational Psychology**, 72: 27–40

Miller, A. (2003) **Teachers, parents and classroom behaviour: A psychosocial approach**. Milton Keynes: Open University Press.

Murray, M. (2003) Narrative psychology. In Smith, J.A. **Qualitative psychology: a practical guide to research methods**. London: Sage

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

Panayiotopolous, C. (2004) A follow-up of a home and school support project for children with emotional and behavioural difficulties. **Emotional and Behavioural Difficulties**, 9 (2): 85–98

Parker, A. & Tritter, J. (2006) Focus group method and methodology: current practice and recent debate. **International Journal of Research & Method in Education**, 29 (1): 23-37

Parkes, M. & Panelli, R. (2001) Integrating catchment ecosystems and community health: the value of participatory action research, **Ecosystem Health**, 7 (2): 85-106

- Potter, J. (2003) Discursive Psychology: Between Method and Paradigm. **Discourse and Society**, 14: 783-796
- Poulou, M. (2001) The role of vignettes in the research of emotional and behavioural difficulties. **Emotional and Behavioural Difficulties**, 6 (1): 50-62
- Poulou, M. & Norwich, B. (2000) Teachers' Causal Attributions, Cognitive, Emotional and Behavioural Responses to Children with Emotional and Behavioural Difficulties. **British Journal of Educational Psychology**, 70(4): 23-36
- Poulou, M. & Norwich, B. (2002). Cognitive, emotional and behavioural responses to students with emotional and behavioural difficulties: A model of decision making. **British Educational Research Journal**, 28 (1): 111–138
- Reason, P. & Bradbury, H. (2006) **Handbook of Action Research**. London: Sage.
- Robson, C. (2002) **Real World Research 2nd ed.** Oxford: Blackwell Publishing.
- Rogers, C. (1986) Carl Rogers on the development of the person-centered approach. **Person-Centered Review**, 3: 257-259
- Seligman, M. (1975) **Helplessness: On Depression, Development, and Death**. San Francisco: W.H. Freeman Publishing.
- Soles, T., Bloom, E.L., Heath, N.L., & Karagiannakis, A. (2008) An exploration of teachers' current perceptions of children with emotional and behavioural difficulties. **Emotional and Behavioural Difficulties**, 13 (4): 275-290
- Solomon, Y. & Rogers, C. (2001) Motivational patterns in disaffected school students: insights from pupil referral unit clients. **British Educational Research Journal**, 27: 331–345
- Solomon, M. (2009) Exclusion: A psychodynamic perspective. In Arnold, C., Yeomans, J., and Simpson, S. (eds) **Excluded from school: Complex discourses and psychological perspectives**. Stoke-on-Trent: Trentham Books.
- Squires, G. (2007) Community Psychology: Capacity building by meeting the needs of the adults in schools. In **International School Psychology Association 29th Annual Colloquium**. [online] http://www.ispaweb.org/SquiresCommunity_Psychologypdf.pdf. [accessed December 16th, 2010]
- Stringer, P., Stow, L., Hibbert, K., Powell, J. & Lowe, E. (1992) Establishing staff consultation groups in schools. **Educational Psychology in Practice**, 8 (2): 87-96
- Swinson, J., Woof, C. & Melling, R. (2003) Including emotional and behavioural difficulties in pupils in a mainstream comprehensive: A study of the behaviour of pupils and classes. **Educational Psychology in Practice**, 19 (1): 65–75
- Taylor, G.W. & Ussher, J.M. (2001) Making sense of S&M: a discourse analytic account. **Sexualities** 4: 293 -/314

Thompson, M. S. (1986) The mad, the bad and the sad: psychiatric care in the Royal Edinburgh Asylum, Morningside, 1813–1894. **The Society for the Social History of Medicine Bulletin**, 38: 29–33

Timmins, P., Shepherd, D., & Kelly, T. (2003) The research and development in organisations approach and the evaluation of a mainstream behaviour support initiative. **Educational Psychology in Practice**, 19 (3): 229-242

Tobbell, J., & Lawthom, R. (2005) Dispensing with labels: Enabling children and professionals to share a community of practice. **Journal of Educational and Child Psychology**, 22 (3): 89-96

Tuckett, A.G. 2005: Applying thematic analysis theory to practice: a researcher's experience. **Contemporary Nurse**, 19: 75-87

Visser, J. & Stokes, S. (2003) Is Education Ready for the Inclusion of Pupils With Emotional and Behavioural Difficulties: a rights perspective? **Educational Review**, 55 (1): 65-75

Vulliamy, G. & Webb, R. (2000) Stemming the Tide of Rising School Exclusions: Problems and Possibilities. **British Journal of Educational Studies**, 48 (2): 119-132

Wilson, M. & Evans, M. (1980) **Education of Disturbed Children**. London: Methuen.

Wright, A. (2009) Every Child Matters: discourses of challenging behaviour. **Pastoral Care in Education**, 27 (4): 279-290

Appendix 1

Walsall Children's Services

25th November 2010

Dear [redacted] staff

My name is Sidra Aslam and I am a Trainee Educational Psychologist working within [redacted] Team.

As part of my university requirements, I am carrying out an evaluation of a specialist setting in Walsall. In discussion with [redacted] I am aware that the [redacted] has a new staffing structure with revised policies and practices. Based on the understanding that this is a time of change for the [redacted] and your colleagues are new, it would be useful to explore your perceptions of meeting the needs of such a diverse and complex group of pupils. In particular, I am interested in eliciting your views about how you meet the needs of young people presenting emotional and behavioural difficulties. This will be through focus groups lasting an hour each.

There will be 3 focus groups:

Date	Time	Staff attending
Thursday 9 th December	2.30 – 3.30	Teachers and HLTA's
Thursday 9 th December	3.30 – 4.30	Key Workers and Family Support Workers
Thursday 16 th December	3.30 - 4.30	Youth Workers, Learning Mentor, Social Worker

I am therefore writing to seek consent for you to take part in the focus group at the designated time and day according to your professional role. In line with the British Psychological Society Code of Ethics and Conduct, all information gathered will remain anonymous to maintain confidentiality. The findings and reflections will be presented to you in January during a whole staff meeting, and the senior management team will only be given the key themes that arose from the focus group discussions. The write up of the findings will not be in the public domain.

Please can you complete and return the consent form at the bottom of this letter acknowledging whether or not you agree to taking part.

Should you wish to discuss this further, then please do not hesitate to contact me on [redacted]

Yours Sincerely

Sidra Aslam

Trainee Educational Psychologist – [REDACTED]

Please delete as appropriate and return to [REDACTED] by 6th December 2010

I do / do not consent to taking part in the focus group.

Name: _____

Signed: _____

Appendix 2

Vignettes

(Adapted from Polou, 2001)

Procedure for focus group:

1. Prepare room by checking seating arrangements
2. Set up refreshments
3. Set up and check recording equipment
4. Greet participants and establish welcoming environment
5. Orient participants through explaining that confidentiality and anonymity will be maintained through only presenting the head teacher with the themes of the focus group discussions.
6. Initiate focus group discussion through highlighting that approximately 10 minutes will be spent on each vignette.
7. Vignettes were presented to the participants through sharing a copy of each vignette to each participant so that they were familiar with it during the focus group discussion. After 10 minutes the vignettes were handed in, and the next vignette presented using the same procedure.
8. After the last vignette, thank the participants and ask if there are any questions.

Imagine these children are in the PRU. Why do you think they are behaving in the way they are, and how would you respond?

1. Leon fidgets much of the time during lessons. He talks without having your permission, and fools around instead of working in his seat. He spends time dealing with his belongings which are always in a mess, distracting the rest of the class. His behaviour significantly disrupts classroom functioning.

2. Emma has difficulties in her relationship with other students. In any kind of disagreement she sulks easily and often uses offensive language to others. Even when you constantly plead with her to behave, she does not comply with your demands. She has a statement of special educational needs.

3. Jack looks rather unhappy around the school and while doing school work. In fact, he avoids his school work. Although he is anxious about making mistakes, during lessons he cannot sit in one spot long enough to do the school tasks.

4. Halima is the child who pesters you all the time. She does not volunteer to participate in class, and when you call on her directly she often does not respond. When she does, she usually speaks quietly, keeping her eyes lowered. In situations where she cannot answer a question, she blushes and becomes clearly upset.

5. Michael never seems to finish an assignment. He is easily distracted soon after he starts working. At the slightest opportunity he hinders his classmates, while there are times when he becomes physically aggressive towards them. You constantly plead with him to behave and be more cooperative, but he does not comply with your demands.

6. Sarah often comes late to class after the break. During classroom activities, she constantly demands your undivided attention. When she fails to win this, she responds by wandering around the room or talking without your permission.

Appendix 3

Six Stage Thematic Analysis Process

After the data collection stage had taken place, Braun and Clarke's (2006) six stage thematic analysis process was conducted. An outline of the phases and how they were applied in the current study is provided in Table 1.

Phase	Description of the process
1. Familiarising yourself with the data	All focus groups were transcribed. They were read and re-read and initial notes were noted.
2. Generating initial codes	Interesting features of the data were coded systematically across the focus groups. Data were collected that were relevant to each code.
3. Searching for themes	Codes were collated into potential themes, and all data were gathered relevant to these themes.
4. Reviewing themes	A thematic map was generated to check that the themes could be supported and the data set as a whole.
5. Defining and naming themes	Clear definitions and names for each theme were generated
6. Producing the report	Compelling extract examples were selected and links made explicit between how the analysis links with the study's research questions and literature

Table 1. Outline of the thematic analysis process

Below is an illustration of the thematic analysis process (Braun & Clarke, 2006)

Phase 2 of the thematic analysis

1. Mad	2. Professionals are not supported	3. Emotional needs of young people need to be looked at	4. Professionals are not valued
5. Family are responsible	6. Boring lessons	7. Poor parenting	8. Deprived social background
9. ADHD is a cause (teachers)	10. Born and wired as naughty	11. Early experiences	12. Role of teacher
13. Young people become this way through mixing with gangs	14. Young people with EBD need to be nurtured	15. Teachers allowing negative behaviour in classroom	16. Low self-esteem
17. Poor social skills	18. Empathy for young people	19. Praise and rewards for young people	20. Young people work better in practical lessons
21. Staff feeling incompetent	22. Staff working with each other	23. Young people need reassurance	24. Pupils with EBD need more attention in classroom

Phase 3 of thematic analysis - Searching for themes

Potential theme A (Individual factors)

- 1. Mad
- 9. ADHD is a cause of EBD
- 10. Born and wired as naughty
- 17. Poor social skills
- 16. Low self-esteem

Potential Theme B (Family environment)

- 5. Family are responsible

- 7. Poor parenting
- 11. Early experiences

Potential Theme C (Learning environment)

- 6. Boring lessons
- 12. Role of teacher
- 15. Teachers allowing negative behaviour in the classroom
- 20. Young people work better in practical lessons
- 19. Praise and rewards for young people
- 24. Pupils with EBD need more attention in the classroom

Potential Theme D (Community factors)

- 8. Deprived social background
- 13. Young people become this way through mixing with gangs

Potential Theme E (Building relationships with the young people)

- 2. Emotional needs of young people need to be looked at
- 14. Young people with EBD need to be nurtured
- 18. Empathy for young people
- 23. Young people need reassurance

Potential Theme F (Staff supporting each other)

- 3. Professionals are not supported
- 4. Professionals are not valued
- 21. Staff feeling incompetent
- 23. Staff working with each other

Phase 4 of thematic analysis - Reviewing themes

During phase 2 of thematic analysis it appeared that there are various factors in conceptualising how EBD arises. The researcher then re-read the data to identify which professionals spoke of particular themes to identify whether there were any patterns as it was noted during the data collection stage that there were differences in the way professionals conceptualised EBD.

Theme	Data set (see phase 2)
Factors in the individual	1, 9, 10, 16, 17
Factors in the family	5, 7, 11
Factors in the learning environment	6, 12, 15
Factors in the community	8, 13

Secondly there were themes relating to the research question of how different professionals respond to young people presenting EBD. The themes identified are presented below.

Theme	Data set
Building relationships with young people	3, 14, 18, 23
Modifying the learning environment	12, 19, 20, 24
Social support from other professionals	2, 4, 21, 23

Chapter 2

An evaluation of twilight training on attachment

principles:

A case study

Volume 2

Professional Practice Report 2

The University of Birmingham

School of Education

May 2011

ABSTRACT

Attachment theory has become widely regarded as the most important and supported framework for understanding social and emotional development (Goldberg, 2000, Geddes, 2005). Attachment principles are also now central to the work of social workers, child and adolescent mental health teams and educational psychologists (Slater, 2007). This paper reports on findings from an evaluation of twilight training delivered to primary school staff regarding attachment principles. The twilight training delivered by myself, the Trainee Educational Psychologist focused on an introduction to attachment theory, attachment styles and practical strategies for supporting pupils with attachment difficulties. Qualitative and quantitative were collected through Likert scale confidence ratings and group interviews. The key positive outcomes of this evaluation were: improved practitioner understanding of attachment theory and attachment styles; increased confidence in supporting pupils with attachment difficulties; increased knowledge of supporting pupils with attachment difficulties. A critique of attachment theory is considered, as well as limitations of the findings, following initial training in order to embed ideas into practice.

INTRODUCTION

1. Introduction

Attachment theory has become widely regarded as the most important and supported framework for understanding social and emotional development (Goldberg, 2000, Geddes, 2005). Attachment principles are also now central to the work of social workers, child and adolescent mental health teams and educational psychologists (Slater, 2007). The increasing awareness of attachment issues is evidenced by citations in government publications such as Care Matters: Time for Change (DfES, 2007) and National Children's Bureau booklet for school – 'Understanding Why' (NCB, 2007) and the introduction of 'Social Emotional Aspects of Development – Guidance for practitioners working in primary schools' (DCSF, 2008). Taking this into consideration, this paper will discuss twilight training to teaching staff in a primary school on attachment theory and its application in the classroom. The starting point for this piece of supervised professional practice arose through a termly planning meeting in a primary school where the Headteacher highlighted that the behaviour management of a group of children presenting challenging behaviour was problematic for the school staff. As a Trainee Educational Psychologist, I explored this further through open ended questioning which led to delivering whole school twilight training to the staff about attachment theory. A fundamental aim of the training was to encourage the staff to shift away from a purely behaviourist paradigm of managing behaviour to that of understanding behaviour. The rationale for this paper is to disseminate and discuss the potential for Educational Psychologists (EPs) to influence to school staff to develop their knowledge and skills of others through translating attachment theory into practical advice and strategies. A critique of attachment theory and its relevance as a theory of development is also presented. In line with an evidence based perspective, the attachment training was evaluated to identify the effectiveness of introducing attachment theory and its applications in the classroom.

1.1 Attachment theory

Bowlby, a child psychiatrist, developed attachment theory in response to the lack of a sufficient theory explaining the adverse effects of maternal deprivation on personality development (Bretherton, 1992). Bowlby argued that mother – child attachments are based on the desire for proximity, a biological instinct designed to ensure survival of the infant. This led to the arrival of the terminology of attachment behaviour (Bowlby 1988). Bowlby (1988) defines attachment behaviour as:

‘...any behaviour that results in a person seeking attaining or maintaining proximity to some other identified individual who is conceived as better able to cope with the world’ (p. 29).

His theories were developed in his *Attachment and loss* trilogy (Bowlby, 1969, 1973, 1980). Attachment theory highlights the importance of continuity and sensitive responsiveness in the caregiving relationships as key features of the environment of upbringing (Rutter & O’Connor, 1999). Bowlby (1969) proposed that the organisation of the attachment behavioural system involves a cognitive component; mental representations of the attachment figure, the self and the environment which are built largely on experiences. Bowlby referred to these representations as “internal working models”, and explained that they are largely subconscious. He argued that such models allow individuals to anticipate the future, as well as selecting which attachment behaviour should be used with a specific person in a given situation. An outline of attachment principles based on Bowlby’s work is displayed in table one below.

Table 1: Attachment Principles

Attachment Principles
<p>Desire for a secure base...</p> <p>Attachment relationships are based on a desire for proximity and safety. Individuals are biologically driven to form attachments with others.</p> <p>The process of forming attachments is influenced by learning experiences.</p> <p>Positive learning experiences occur in an environment that emphasises emotional growth and offers a range of experiences in a surrounding that provides security, clear boundaries and predictable routines.</p>
<p>All behaviour has a meaning...</p> <p>Attachment needs often underlie behaviour. The attachment system is activated when the child is stressed or distressed or when there are threats in the environment. In these situations children display attachment behaviour: they seek proximity to or contact with the caregiver and resume play after being comforted.</p> <p>Attachment behaviour patterns reflect a child's anticipations about caregiver reactions when they are distressed and require comfort, and these guide a child's strategies for managing stress and thus affecting their emotions and behaviour.</p> <p>A sensitive caregiver understands the child's emotions and communicates this understanding by containing a child and diminishing the child's stress and anxiety.</p>
<p>Continuity and sensitivity in care giving relationships...</p> <p>Individual differences in attachment can contribute positively or negatively to mental health and to quality of relationships with others.</p> <p>The quality and continuity of caregiver relationships, is essential. Attunement between an infant and a caregiver must be achieved to create a healthy relationship. Healthy attachment is simply the development of that attuned relationship.</p> <p>A sensitive and consistent care giving relationship can positively affect a child's social, emotional and communication development.</p>

(Based on Bretherton, 1992; Bee & Boyd, 2007; Slater, 2007; Fitzer, 2010)

1.2 Types of attachment

Bowlby's work was further developed by Mary Ainsworth who created a methodology to assess variations in attachment relationships in her Strange Situation (1978), which was designed to observe the development of the infant – mother attachment. The Strange Situation consisted of a series of episodes carried out in a clinic with a child aged between

12 and 18 months. Observations of the child's behaviour were observed when the infant was reunited with its mother after a brief separation (Bretherton, 1992). Ainsworth (1978) used this procedure to propose three attachment categories in infants: secure attachment (b); insecure/avoidant (a) and insecure – ambivalent (c). A fourth category was offered by Main and Solomon (1990) disorganised – disorientated (D) (Bee & Boyd, 2007). Descriptors of secure and insecure attachments, found in Ainsworth's Strange Situation are presented in table 2.

Table 2: Attachment categories

Category	Behaviour
Secure Attachment (B)	Uses mother as a secure base from which to explore. On reunion after separation, child is soothed if upset or greeted positively.
Insecure Avoidant (A)	Child engages in a high level of exploration and resists contact especially on reunion after separation. Child shows little preference for mother over strangers.
Insecure Ambivalent/Resistant (C)	Child shows little exploration and displays immediate distress when parent leaves, and is not soothed on return. Child seeks and avoids contact with mother, and may show anger towards her.
Disorganised/Disorientated (D)	Actions and responses to caregivers are often a mix of behaviors, including avoidance or resistance. These children are described as displaying dazed behavior, sometimes seeming either confused or apprehensive in the presence of a caregiver.

1.3 Applications of attachment theory

It is important to note that despite early experiences with biological parents, attachment theory does apply to other caregivers too: “secure attachment relationships in childhood settings promote the psychological wellbeing of the child; and insecure attachment relationships in childhood settings will have a negative impact on the child’s wellbeing” (Rolfe, 2004, p219). Understanding attachment theory and its implications has led to and helped shape educational interventions (Randall, 2010). As a result, the development of relationships beyond the family environment, which provide emotional support and protection has also been considered to be an important aspect of a child’s development (Kennedy & Kennedy, 2004). Howes (1999) suggests that children will form multiple attachments outside the home environment when they are in provision of physical and emotional care, and when an individual has a consistent presence and an emotional investment in the child. This can be seen in the Early Years Foundation Stage curriculum which emphasises the role of a key person for each child (DCSF, 2008). The role of this key person in the educational setting would be to develop a relationship with the child, offering the possibility of relative dependency, in order to become self regulating, allowing the child the possibility for ‘second chance learning’ (Gerhardt, 2004) if they did have disrupted early life experiences. This supports the perspective that attachment difficulties in early childhood do not condemn children to a difficult life subsequently. The relationships children develop with early years workers and primary school teachers are therefore similar to a primary attachment figure (Kennedy et al., 2004), and as Bronfenbrenner’s (1979) demonstrates, different systems in which children interact will influence their development.

Kennedy et al. (2004) suggest that professionals need to respond differently to children, based on their attachment style and understand the reason for some children’s behaviour. Practitioners need to consider the internal working model of the children, and have knowledge of relationship histories in order to tailor strategies that are compatible with the

child's needs. Although clearly this is difficult to do, Leiberman and Zeanah (1999) suggest that strategies and interventions should be unique to the requirements of the child, developmentally appropriate and not reliant on emotional pressure. If this does not occur, strategies and practitioner behaviour may serve to reinforce the insecure attachments and maladaptive behaviours of the child.

Practitioners within early year's settings and schools therefore need to be aware of and understand how to respond to children with different attachment classifications. Bomber (2007) suggests that practical attachment-based frameworks and interventions should be put into schools to support children with attachment difficulties. Although reactive, these interventions could facilitate growth in the child's holistic development, which in turn may have a positive impact on their learning and success in education (Bomber, 2007). However, one must be cautious to ensure that practitioners are not making assumptions about the types of attachment styles that children have as this can lead to a deterministic approach. Furthermore, to make assumptions about a child's early experiences within their family environment may be an ill-informed judgement.

Geddes (2003) focuses on the triangular relationship between the teacher, pupil and task, and the potential these relationships have for changing the child's internal working model and increasing their resilience. Geddes (1999, cited by Geddes, 2005) analysed cases from a child guidance archive and made links between early relationships and the learning profiles of children with different attachment classifications. Geddes (2005) states that unique and appropriate teaching strategies and task management should be used in response to children with different attachment styles. Delaney (2009) further supports this stance by explaining that children with children with attachment difficulties do not benefit from the traditional behaviour modification approach.

Although this offers a useful framework and understanding of how to respond appropriately to children with differing attachments, the practicalities of responding individually to every child's attachment classification in the classroom may be challenging for teachers and early years' professionals. Furthermore, Geddes' findings lack clarity and the subjective nature of her work makes the reliability of her research questionable. Geddes (2003, 2005) draws on findings from her unpublished thesis but does not describe her findings in replicable detail, only stating that she examined a sample of cases from child guidance archive files, and therefore not providing enough detail to allow her methods to be repeated by others (Slater, 2007).

In addition to understanding the learning profile of children with attachment difficulties, providing a key adult within an educational setting as an additional attachment figure is a further way to support such children. Golding et al. (2006) suggests that if children are to recover, they need to experience the benefits of long term sensitive care giving. The role of this key adult in school would be to develop a relationship with the child, offering the possibility of relative dependency, in order to become self regulating, allowing the child the possibility for 'second chance learning' (Gerhardt, 2004). The primary role of an additional attachment figure would be to attune to the child, provide emotional containment, communicate empathy and hope, be aware of specific trigger times and advocate for the child, helping the provision to be more inclusive (Bomber, 2007).

The role of the additional attachment figures could also be used to recreate early attachment experiences, which facilitate a child's social and emotional development, as well as allowing time and space for self-expression (Woolf, 2008). This has often been done through nurture groups (MacKay et al., 2010).

1.4 Critique of attachment theory

The view that early experience in infancy has a powerful effect on later life has led to disapproval of attachment theory as deterministic, since it suggests that an adverse start in life results in poor life outcomes and has a profound effect on adult personality and behaviour (Slater, 2007). However, recent studies of children brought up with adverse early years experience suggest that they can form attachments, even though a number of them are insecure and atypical (Goldberg, 2000). Furthermore, rather than perceive early experiences as deterministic of later behaviour, such findings also provide a useful framework for identifying risk and resiliency factors, in children who may have experienced difficult early years, and are therefore vulnerable to later behaviour and development problems. Indeed, Bowlby (1988) himself actually rejected such a “deterministic” model in his later work, replacing it with one that emphasises risk and resilience (Rutter & O’Connor, 1999) highlighting a more probabilistic model of developmental outcomes.

The concept of attachment and its relevance across cross-cultural settings and multi-cultural Britain can be questioned. Firstly, the Strange Situation may have very different meanings in different cultures, for example, while Westerners may interpret anxious/resistant behaviour as ‘clingy’, Chinese parents may interpret it as ‘bonded’ (Robinson, 2007). Therefore it is important not to mistakenly equate cultural characteristics with deficiencies or problematic relationships. Furthermore, Crittenden (2000) suggests that value-laden terms such as ‘secure’ and ‘insecure’ in describing the attachment relationship are not useful, since cultures differ in their notion of ‘ideal attachment’. Also unique cultural beliefs about parenting has to be taken into account: for example, Japanese babies are more distressed by the presence of a stranger and separation from their mothers (Miyake et al., 1985), as traditional Japanese mothers rarely separate from their infants. From my own personal perspective, as a Mirpuri Pakistani, within my community I have noticed that many mothers tend to interact with their children less as they feel this increases the child’s independence. This may translate as

insecure attachment. In terms of the Local Authority where I am carrying out my supervised professional practice as a Trainee EP, the school that the attachment training was delivered in comprises of children from a range of different ethnic backgrounds. Therefore, the relevance of attachment theory across different cultures can be questioned.

The emphasis on the role of the mother as the primary attachment figure and therefore responsible for any successes and failures of the child, is a further and fundamental criticism of attachment theory (Goldberg, 2000). However, although Bowlby did emphasise the role of and the importance of a consistent caregiver in early infancy he asserted that this did not need to be the mother (Bretherton, 1992). It appears that Bowlby's theories may have been misunderstood or used to reflect popular attitudes at the time (Goldberg, 2000). Studies of Efe tribes in Africa challenge the notion that closeness to the mother is necessary for secure attachment (Tronick et al., 1992) as Efe tribe children enjoy multiple social relationships with other children and adults so that they develop a multitude of social skills early, which leads to better adjustment in later childhood. Similarly, the influence of wider systems and the sociocultural -historical influence may also affect outcomes for the child, not just the primary attachment figure and specifically the mother in a child's life.

Attachment theory has been associated with Reactive Attachment Disorder (RAD) which is described in DSM-IV (American Psychiatric Association, 1994) as a 'markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before aged 5 years' (p. 116). However, attachment theory is a theory of development, not pathology. Therefore there is no clear point at which normal variations of attachment become a disorder (Zenah, 1996). Also, children with disorganised patterns of attachment will not necessarily develop RAD (Carlson, 1998).

To summarise, whilst Bowlby's theory provides a good base for understanding the origins of security and relationships, it is also vital to consider other models of development, such as such as Bronfenbrenner's (1979) ecological model of development. Like most psychological theories, attachment theory does not provide us with a model of understanding of all human behaviour, but it gives us another tool for understanding some of the more confusing and challenging behaviours with which we are presented. Furthermore, the validity of attachment theory across various cross-cultural settings can be questioned. To make generalisations about a culture is to oversimplify the relationship between parenting and attachment styles.

1.5 Rationale for in-service training about attachment theory: the current context

Within my employing Local Authority, the process through which EP time is negotiated is through the termly Inclusion Partnership Meetings (IPM). This meeting provides the context through which school training and development priorities can be discussed aswell as the particular needs of individual children. The Head teacher, Special Educational Needs Co-Ordinator (SENCo) and the Behaviour Co-Ordinator who attended the meeting from the primary school highlighted that many children in the school present with challenging behaviour that is often confusing and that these children rarely respond positively to the wide range of generally successful behaviour management techniques used with other children. All of these children were underachieving and presenting with confusing and often challenging behaviour which teaching staff could not understand. The school had requested EP support through consultation for these individual pupils but when the SENCo began to describe the nature of their difficulties, it emerged that there were a number of similarities between the children and that the teachers' felt unsure of why they were behaving in such challenging ways. As a result, I shared a basic overview of attachment theory to the SENCo and the Behaviour Co-Ordinator and the importance of understanding the meaning of pupils' behaviour, to allow teachers to use their skills and sensitivity to respond appropriately to such confusing behaviour (Geddes, 2005). This then led to a discussion of how in-service

training for all teaching staff including the teaching assistants in the school about attachment theory and strategies for intervention could enable them to work more effectively with children by offering practical strategies based on particular attachment styles. Given the restricted EP time allocated to the school, the SENCo and the Behaviour Co-Ordinator agreed that in-service training was the most efficient way of improving outcomes for the school staff.

METHODOLOGY

2. Method

2.1 Setting and context

The in-service training regarding attachment theory took place in a two form entry primary school. There were 15 qualified teachers and 15 teaching assistants who attended the training. The Head teacher and the SENCo had requested the training to take place during a twilight session from 3.30pm to 5.00pm. In line with an evidence based approach, I aimed to plan and evaluate the training. The initial discussion I had regarding the training was with the senior management staff at the primary school. At this meeting, it was highlighted that the expectation of the training was to provide an overview of attachment theory, attachment styles and strategies for intervention. However, in order to ensure that this training need was in line with the expectations of the school staff, I created a covering letter and confidence rating scale for all staff to complete regarding the training. The aim of the covering letter was to promote transparency regarding the twilight training and how it arose. The confidence rating scale aimed to identify the knowledge and confidence of the school staff in relation to attachment theory and its application for children presenting behaviour difficulties. The responses from the confidence rating scales would support the planning of the training by ensuring it meets the needs of the staff attending.

Ethical issues were considered in the covering letter (see appendix 1 for the covering letter and confidence rating scale). There are two standards that are applied in order to help protect the privacy of research participants. Almost all research guarantees the participants' confidentiality; they are assured that identifying information will not be made available to anyone who is not directly involved in the study. The stricter standard is the principle of which essentially means that the participant will remain anonymous throughout the study -- even to the researchers themselves (Robson, 2002). Both these principles were highlighted to the

school staff in the covering letter for the confidence rating scale. Furthermore, stamped addressed envelopes were attached to return the rating scales. It was hoped this would support a higher response rate as documented by Oppenheim (2000).

2.2 Likert scale results

All 30 confidence rating scales were completed and returned by the staff at the primary school. Figure 1. displays the results for the statement relating to awareness of attachment theory. Figure 2. displays the results for the statement relating to an awareness of attachment styles and Figure 3. displays the responses from school staff regarding their understanding of strategies to support children with attachment difficulties.

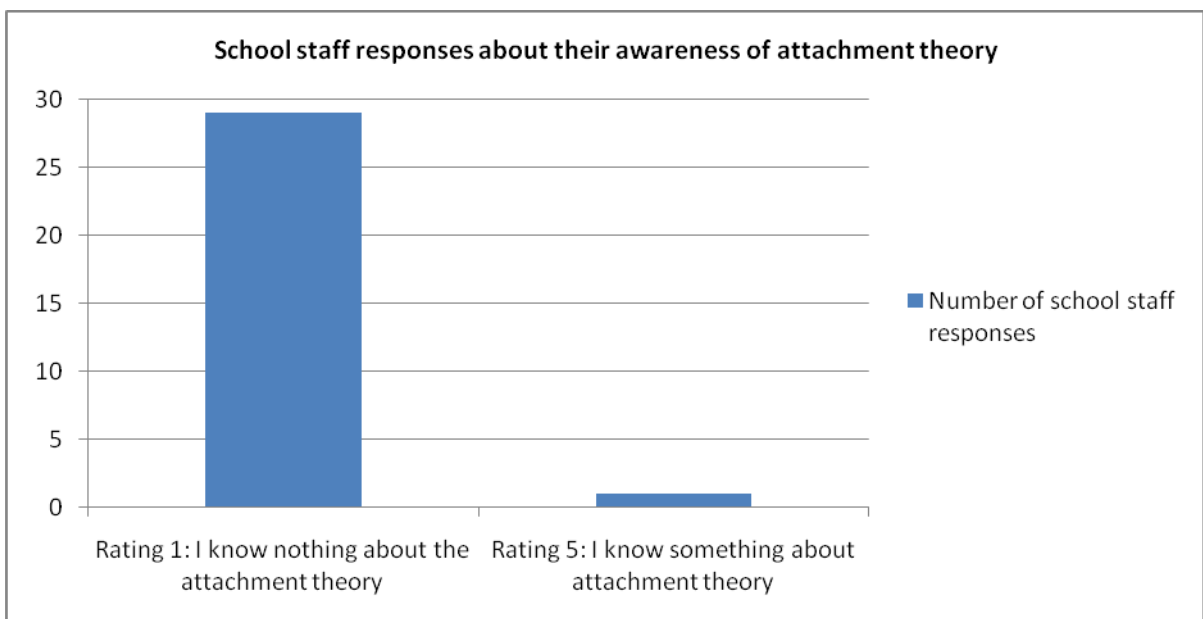


Figure 1: Confidence rating responses for awareness of attachment theory

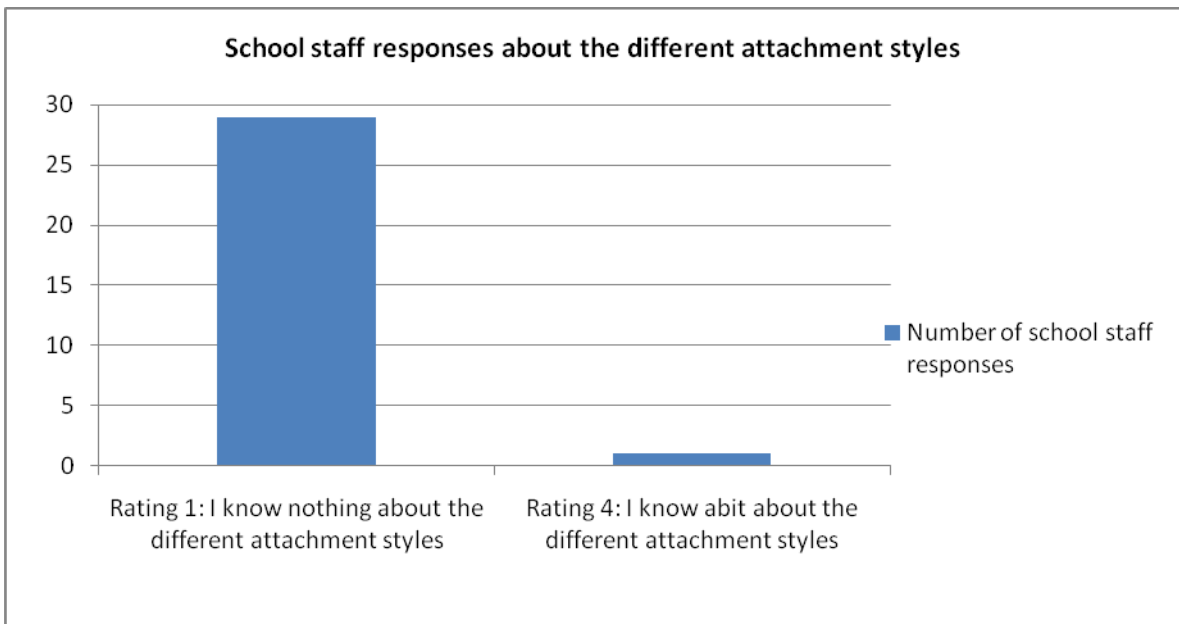


Figure 2: Confidence rating responses regarding an awareness of attachment styles

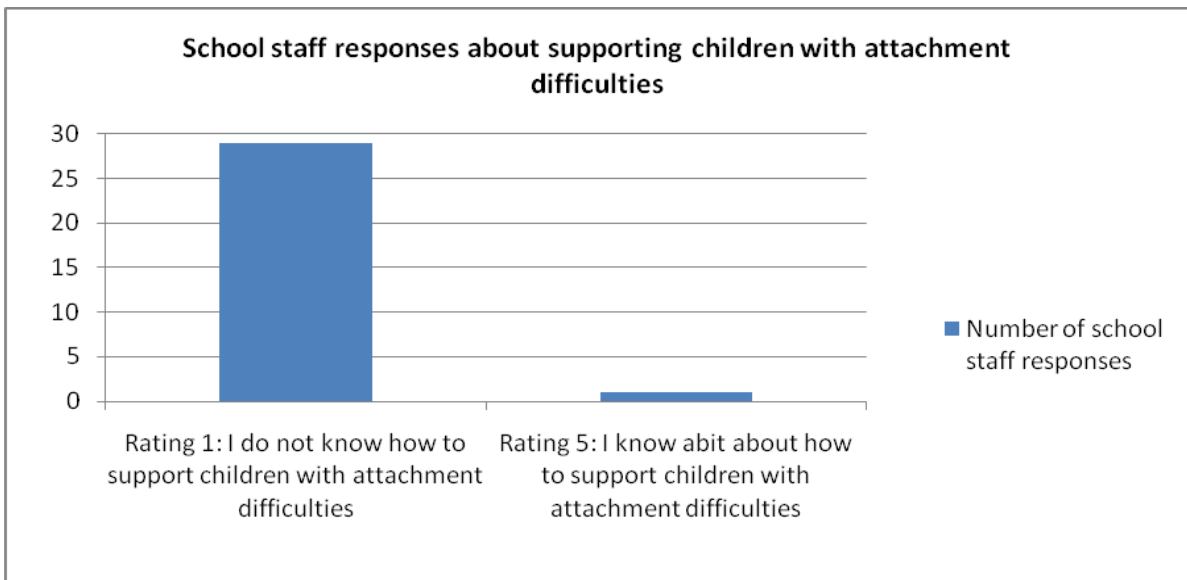


Figure 3: Confidence rating responses regarding support children with attachment difficulties

These results highlight that 29 members of the school staff (teachers and teaching assistants) did not know anything about attachment theory, the various attachment styles or

how to support children with attachment difficulties. There was one member of staff who selected Rating 4 and Rating 5 for all the statements. Once I carried out the training, I became aware that this member of staff had taken part in a training session delivered by an Educational Psychologist a few years ago in a different school. These responses led to the focus of the training need relating to providing an overview of attachment theory, the various attachment styles and interventions to support children with attachment difficulties. I created a Microsoft PowerPoint presentation for the training which was used throughout the hour twilight session (see appendix 2 for slides and notes).

2.3 Research design

Yin (2009) states that defining research questions is probably the most important step to be taken and decided in a research study, and careful consideration of the type of questions asked is necessary in order to follow the most appropriate research strategy. As the nature of this paper was to evaluate the impact of the attachment training, it was decided that 'how' questions would be most appropriate as they are more explanatory in nature. From this perspective one key research question was posed:

- 1. How did the introduction of attachment theory, attachment styles and strategies for intervention impact on the school staff?*

The philosophical stance of the current small scale evaluation is pragmatic following a realist view of science that there is a reality which exists independently of our awareness of it, but acknowledging values in contrast to positivists, who claim activities, are value free (Robson, 2002). As pragmatists believe there are fundamental differences between natural and social phenomena, it is acceptable to use mixed methods for different subject matter (Bhaskar, 1979), which allows for the use of both quantitative and qualitative data collection methods, as used within this small scale research.

As the aim of this small scale research was to evaluate how effective the training had been with regards to the above research question, a case study design was selected because it allowed for the impact of the training to be examined in a real life context.

2.4 Data collection methods

In addition a pragmatic epistemology lends itself to multiple methods of data collection because pragmatists believe that the methodological approach adopted in research should be that which works best for a particular research problem (Robson, 2002; Yin, 2009).

2.4.1 Likert scales

The Likert scale (appendix 1) which was used to identify the training needs of the staff was also administered after delivering the training to identify whether staff felt more confident about their awareness of attachment theory, various styles and how to support children with attachment difficulties. This quantitative information would give an indication of whether there was any change in perceptions due to the training. In order to increase validity, the Likert scale was administered 3 weeks after the training.

2.4.2 Group interview after the training

In order to gain an insight into the impact of the training on attachment theory and strategies, rich contextualised information was required using a qualitative method. A method which allows for rich insight and exploration is the semi-structured interview. Semi-structured interviews are the most important way of conducting an interview as they provide flexibility alongside structure so that they may probe participants' stories in more detail (DiCicco-Bloom & Crabtree, 2006. Gillham, 2005). In this case, to explore the impact of the attachment training. However, as the training was delivered to 30 members of school staff, it would be time consuming and impractical to carry out 30 semi-structured interviews and

analyse this data. As an alternative, I decided to carry out 2 group interviews (15 members of school staff each) to obtain qualitative feedback regarding the training (see appendix 3 for group interview process and schedule). In group interviews the researcher adopts an 'investigative' role: asking questions, controlling the dynamics of group discussion, often engaging in dialogue with specific participants. This is premised on the mechanics of one-to-one, qualitative, in-depth interviews being replicated on a broader (collective) scale. A relatively straightforward scenario ensues: the researcher asks questions, the respondents relay their 'answers' back to the researcher (Robson, 2002). The group interviews took place 3 weeks after the training to increase the validity of the feedback from staff. To carry this out straight after the training would have not given staff sufficient time to reflect on the training and evaluate the impact of it on their practice.

RESULTS

3. Results

3.1 Likert Responses

The mean Likert response was noticeably higher for all staff when rating their understanding of attachment theory, attachment styles and how to support children with attachment difficulties after the training. These results suggest that the training led to an increase in knowledge for the school staff. Whether this knowledge led to a change in practice for the school staff is unknown from this data. This was obtained from the group interview.

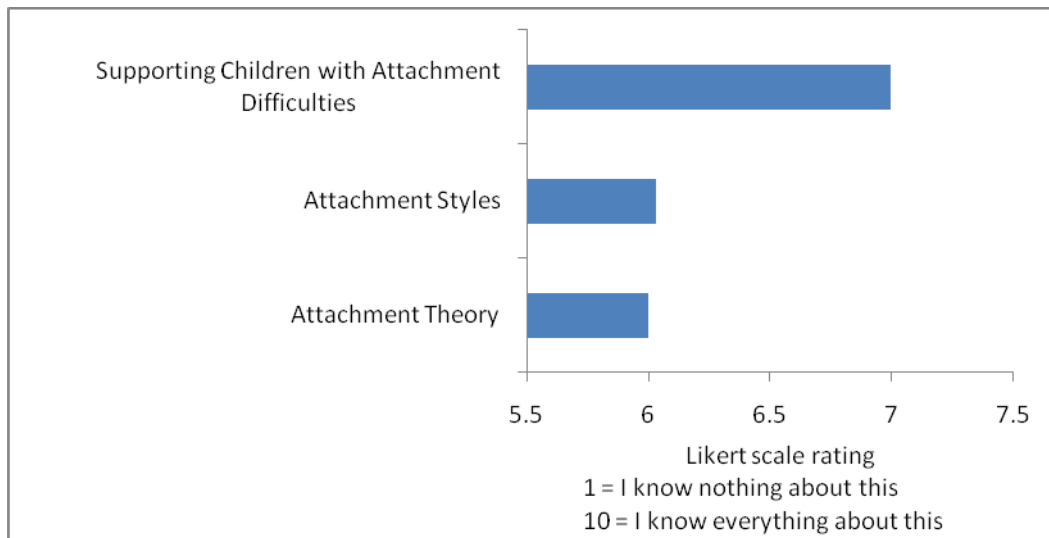


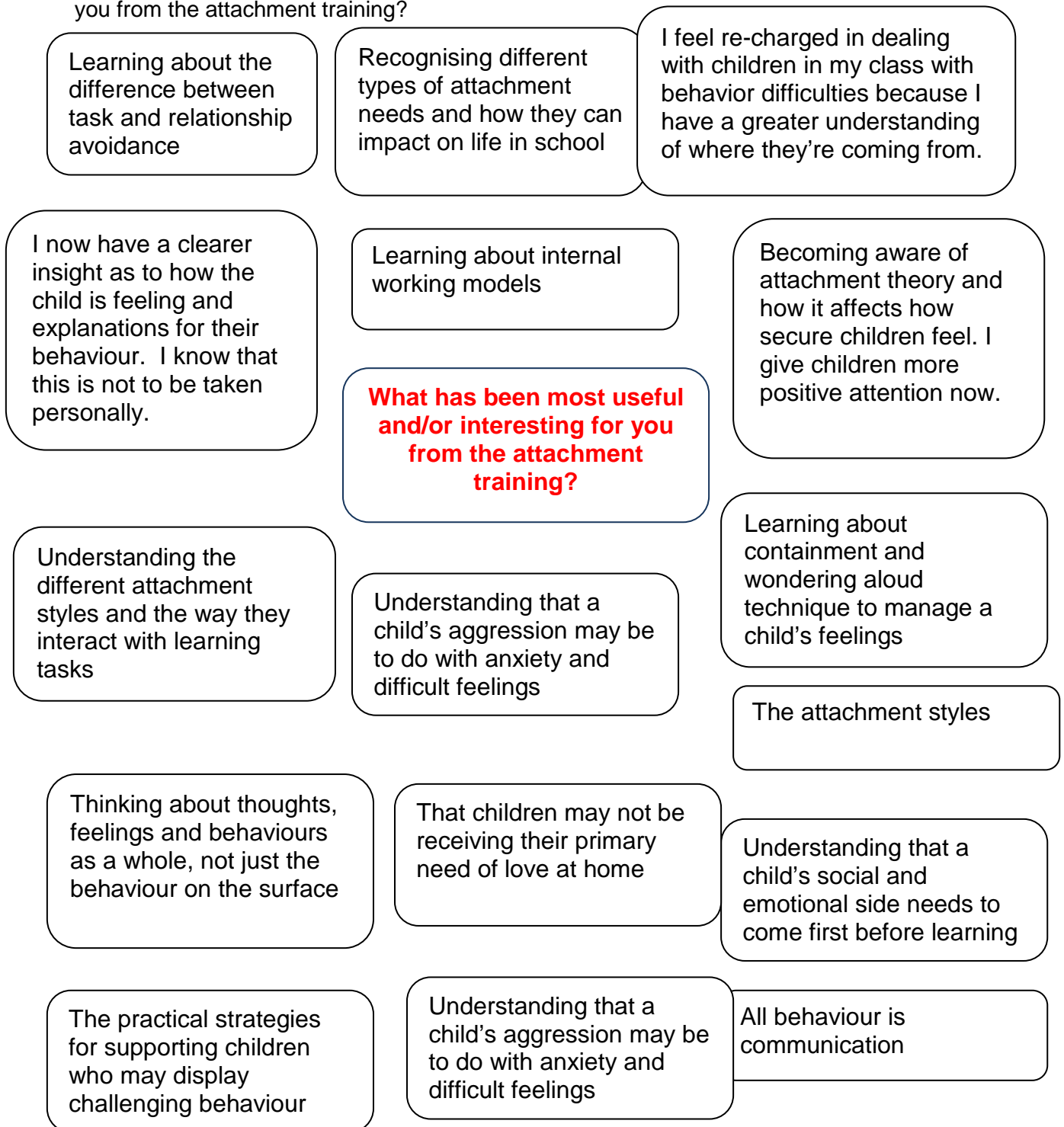
Figure 4: Total mean scores for Likert scale responses

3.2 Group Interview responses

School staff used the post-it notes to record responses for the questions posed to them. Post-it notes were collected at the end of both group interviews. Using post-it notes supported staff to share their feedback anonymously therefore increasing the validity of their responses. Furthermore, in terms of coding data, the post-it notes allowed for succinct and

concise quotes from staff and minimal qualitative data analysis which would be open to interpretation.

Figure 5. displays the results for Question 1: what has been most useful and/or interesting for you from the attachment training?



The responses from Figure 5. highlight that school staff found a number of aspects of the training useful and interesting.

Figure 6. displays the results for Question 2. Since the training, has anything in your practice changed?



DISCUSSION

Discussion

4.1 Key findings

The research question was how did the introduction of attachment theory, attachment styles and strategies for intervention impact on the school staff. The quantitative data from the school staff who attended the attachment training suggests that there was an increase in knowledge for the staff. The qualitative data from the group interviews indicates a positive response in terms of the staff finding the training useful and interesting. More specifically, the staff quotes from Figure 6. highlight that the training had an impact on staff practice. These findings suggest that the training led to an increase in knowledge and a change in practice. The teachers and teaching assistants were able to understand how fundamental attachment is to a person's development and how they can promote secure attachments with their pupils. These findings are supported by Bomber (2007) and Delaney (2009) whom provide useful ways for teachers to understand the behaviour of their pupils as communication and emphasise that a child with insecure attachments is unlikely to approach learning in a calm, prepared way. Randall (2010) suggests that equipping teachers with behaviour management strategies that are underpinned by attachment principles can be more appropriate in meeting the individual needs of children. The qualitative data suggests that school staff have been applying the strategies introduced in the training to individual children and are focusing more on understanding behaviour. For example, "there are 2 looked-after children in my class, and they way I manage their feelings through the wondering aloud technique has been really helpful". This quote reflects that the teacher has become more reflective in her practice towards looked-after children, a vulnerable population who are more likely to have insecure attachments as a result of disrupted early experiences (Gilligan, 2000, Delaney, 2009). Furthermore, this highlights Kennedy and Kennedy's (2004) view that professionals need to respond differently to children, based on their attachment style and understand the reason for some children's behaviour.

This small scale evaluation of attachment training to a primary school highlights how attachment principles and styles can lead to school staff to understand the value of secure attachments and how to perceive behaviour as communication rather than just reacting to it. There appears to be a lack of published evidence related to the impact of training regarding attachment theory to practitioners working in educational settings. The '*Better Play Times*' training (Woolf, 2008) offers a way to provide therapeutic play sessions in schools, by training teachers and learning support assistants in attachment principles. Woolf (2008) implemented this training within a special school for children with emotional, social and behavioural difficulties. Five staff members were trained and used play therapy with children from reception to year 6. Staff members felt the project was rewarding, challenging and interesting. Quantitative data from questionnaires with staff indicate improvements in the children's behaviour, communication and self esteem. In addition the staff reported feeling more confident in being able to deal with children with social and emotional behavioural difficulties, and stated that they had a better understanding of the purpose of the children's behaviour. However, similar to this small scale evaluation, such outcomes are only based on staff perception, rather than being a direct measure which could determine a cause and effect relationship.

4.2 Threats to validity

A fundamental limitation of evaluating the impact of the attachment training on staff relates to obtaining perceptions rather than any direct measure. It could be argued that the high responses on the Likert scale question format (appendix 1) after the training was delivered may have been subject to pleasing the researcher through social desirability bias (Cohen et al., 2007).

Robson's (2002) view that people say and do different things suggests that observations are a good indicator of what people actually do. An improvement of this evaluation would be to observe how the teachers and teaching assistants carried out in practice. In qualitative research reliability can be regarded as a fit between what the researcher records as happening in their data, and what is actually occurring in the real world (Cohen et al, 2007). The use of multiple methods of data collection in this evaluation would have allowed further reliability, therefore attempting to ensure consistency between my data and the real world situation.

4.3 Implications

Several implications can be drawn from the findings of this evaluation. Firstly, that training in an introduction to attachment theory does matter and it is important for ongoing professional development of practitioners working in schools. Whitehead and Douglas (2005) found similar results when evaluating training delivered to school staff and conclude that when any programme is put into practice it is not enough to only carry out the initial training, as this will not solely embed new practice. Their recommendations included foundation training repeated every 6 months for new starters and for practitioners that would like a refresher; a one day advanced course to extend initial training, and ongoing support in the form of supervision, case studies, reviews and mentoring. Such recommendations would be useful for the attachment training to ensure that positive effects are not lost and are fully embedded into thinking and practice.

4.4 Conclusions

This evaluation highlights that training based on communicating knowledge of attachment theory and strategies is effective in supporting the development of practitioner knowledge, understanding, confidence and practice, thus leading to a more nurturing environment. Findings are consistent with existing literature on attachment based interventions within

schools and with parents in that they increase staff/parent sensitivity and confidence (Van den Boom, 1994, 1995; Bakermans – Kranenburg et al., 2003; Connor & Colwell, 2007).

Secondly, this evaluation also contributes to professional development, by highlighting the need for EPs to engage with practitioners to understand behaviour rather than react to it using behaviourist principles. EPs are in a position to apply their knowledge of psychological frameworks, such as attachment theory in school settings through the development of training, with sustained support through supervision and mentoring, to assist provisions in developing a positive and nurturing environment, where the emotional and behavioural needs of children are managed and met by practitioners who are sensitive and responsive to all children and their differing needs.

REFERENCES

- Ainsworth, M., D., S. (1978) **Patterns of Attachment – a psychological study of the strange situation**. Hillside, NJ: Erlbaum.
- American Psychiatric Association (1994) **Diagnostic and statistical manual of mental disorders** (4th ed). Washington, DC.
- Bee, H. & Boyd, D. (2007). **The Developing Child**. Pearson International Edition.
- Bhaskar, R. (1979) **The Possibility of Naturalism: A Philosophical Critique of the Contemporary Human Sciences**. Brighton: Harvester.
- Bomber, L., M. (2007) **Inside I'm hurting: practical strategies for supporting children with attachment difficulties in schools**. London: Worth Publishing.
- Bowlby, J. (1973) **Attachment and Loss. Vol 2: Separation Anxiety and Anger**. London: Hogarth.
- Bowlby, J. (1980) **Attachment and Loss. Vol 3: Loss, Sadness and Depression**. London: Hogarth.
- Bowlby, J (1969) **Attachment and Loss. Vol 1: Attachment**. London: Hogarth.
- Bowlby, J. (1988) **A Secure Base: Clinical Applications of Attachment Theory**. London: Routledge.
- Bretherton, I. (1992) The origins of attachment theory: John Bowlby and Mary Ainsworth. **Developmental Psychology**, 28, 759 – 775.
- Bronfenbrenner, U. (1979) **The Ecology of Human Development: Experiments by Nature and Design**. Cambridge, MA: Harvard University Press.
- Cohen, L., Manion, L., & Morrison, K. (2007) **Research Methods in Education**. 6th Ed. London: Routledge Falmer.
- Crittenden, P. (2000). Attachment and psychopathology. In S. Goldberg, R. Muir, & J. Kerr (Eds.), **Attachment theory: Social, developmental, and clinical perspectives**. Hillsdale, NJ: Analytic Press.
- Delaney, R. (2009) **Teaching the Unteachable**. London: Worth.
- Department for Education and Skills (2007) **Care Matters: Time for Change**. The Stationary Office: London.
- Department for Children, School and Families (2008a) **Social and Emotional Aspects of Learning in Primary Schools**. The Stationary Office: London.
- Department for Children, Schools and Families (2008b) **Early Years Foundation Stage Profile**. The Stationary Office: London.
- DiCicco-Bloom, B., & Crabtree, B. F. (2006) The qualitative research interview. **Medical Education**, 40, 314 -321.

- Fitzer, M. (2010) **An Evaluation of an Attachment Based, Early-Years Training Package: A Multiple Case Study**. Published thesis: University of Birmingham.
- Geddes, H. (1999) **Attachment and Learning**. unpublished PhD thesis, University of Surrey at Roehampton.
- Geddes, H. (2003) Attachment and the child in school. Part 1. Attachment theory and the 'dependent' child. **Emotional and Behavioural Difficulties**. 8 (3), 231 – 242.
- Geddes, H. (2005) Attachment and Learning. Part II: The learning profile of the avoidant and disorganised attachment patterns. **Emotional and Behavioural Difficulties**. 10 (2), 79-93.
- Gerhardt, S. (2004). **Why Love Matters: How Affection Shapes a Baby's Brain Sussex**: Brunner: Routledge.
- Gillham, B. (2005) **Research Interviewing: The Range of Techniques**. London, McGraw-Hill Education
- Gilligan, R. (2000) Adversity, resilience and young people: The protective value of positive school and spare time experiences. **Children & Society** , 14 (1), 37-41.
- Goldberg, S. (2000) **Attachment and Development**. London. Arnold.
- Golding, K., S., Dent, H., R., Nissim, R. & Stott, L. (2006). **Thinking Psychologically About Children Who Are Looked After and Adopted**. Chichester: John Wiley & Sons.
- Howes, C. (1999) Attachment relationships in the context of multiple caregivers. In J. Cassidy & P.R. Shaver (ed.) **Handbook of Attachment**. New York: Milford Press P. 671 – 687
- Kennedy, J, H. & Kennedy, C, E. (2004) Attachment theory. Implications for school psychology. **Psychology in the Schools**. 41 (2), 53-66.
- Leiberman, A., F. & Zeanah, C., H. (1999) Contributions of attachment theory to infant parent psychotherapy and other interventions with infants and young children. In Cassidy, J. & Shaver, P,R **Handbook of Attachment Theory and Research**. (ed.) New York: Guildford Press. p. 555– 574.
- MacKay, T. Reynolds, S., Kearney, M. (2010) From attachment to attainment: The impact of nurture groups on academic achievement. **Educational and Child Psychology**, 27 (3), 100-108.
- Miyake, K., Chen, S., & Campos, J.J (1985) Infant temperament, mother's mode of interaction, and attachment in Japan: An interim report. **Monographs of the Society for Research in Child Development**, 50 (1), 276-297.
- National Children's Bureau, NCB (2007) **Understanding Why**. NCB: London.
- Oppenheim, A. (2000). Questionnaire Design**. London: Continuum.
- Randall, L. (2010) Secure attachment in the future: The role of educational psychology in making it happen, **Educational and Child Psychology**, 27 (3), 87-100.

Robinson, L. (2007) **Cross-cultural child development for social workers: an introduction.** Basingstoke: Palgrave.

Robson, C. (2002) **Real World Research.** 2nd ed. Oxford: Blackwell Publishers.

Rolfe, E. (2004) **Rethinking attachment for early childhood practice: promoting security, autonomy and resilience in young children.** Allen and Unwin.

Rutter, M., & O'Connor, T. (1999) Implications of attachment theory for child care policies. In J. Cassidy, & P. Shaver, P,R **Handbook of Attachment Theory and Research.** (ed.) New York: Guildford Press. p. 824 – 844.

Slater, R. (2007) Attachment: theoretical development and critique. **Educational Psychology in Practice.** 23 (3), 205 -219.

Whitehead, R., E. & Douglas, H. (2005) Health visitors' experiences of using the Solihull Approach. **Community Practitioner,** 78 (1), 20-23.

Woolf, A. (2008) Better Play Times training – theory and practice in an EBD primary school. **Emotional and Behavioural Difficulties.** 13 (1), 49-62.

Yin, K. Y. (2009) **Case Study Research: Design and Methods.** 4th Edn. Thousand Oaks CA. Sage Publications.

Appendix 1: Letter to school staff

Dear [REDACTED] School staff

My name is Sidra Aslam and I am a Trainee Educational Psychologist working with [REDACTED]. During the Spring Term Inclusion Partnership Meeting, Mrs [REDACTED] and Mrs [REDACTED] highlighted that there are a number of children in the school who are presenting challenging behaviour who rarely respond positively to the wide range of generally successful behaviour management techniques used with other children. As a result, I shared a basic overview of attachment theory and how as practitioners it is important to not just modify behaviour, but to understand why a child is behaving in a particular way.

I will be delivering twilight training on attachment theory and practical strategies for supporting children with attachment difficulties. I am keen to ensure this training meets the needs of staff. To support this process, I would appreciate it if you could complete the confidence rating scale enclosed and return it in the stamped addressed envelopes provided by 14th February 2011. This confidence rating scale is anonymous, so you do not need to record your name.

If you have any questions, please feel free to contact me on [REDACTED]. I look forward to meeting you on 28th February 2011 for the twilight training.

Kind Regards

Sidra Aslam
Trainee Educational Psychologist

Confidence Rating Scale:

Rate yourself on a scale of 1 to 10 using a circle.

1 being 'I know nothing about this'

10 being 'I know about this and I am confident that I can use my knowledge'

- I am aware of attachment theory

1 2 3 4 5 6 7 8 9 10

- I know about the different attachment styles

1 2 3 4 5 6 7 8 9 10

- I understand how to support children with attachment difficulties

1 2 3 4 5 6 7 8 9 10

Appendix 2: Attachment PowerPoint Slides

Helping Children with Attachment Difficulties in School: An Introduction to Attachment Theory

xxxxxxxxxxxxxxxxxxxxxxxx Primary School

Presented by
Sidra Aslam
Trainee Educational Psychologist

Aims

- Provide an overview of attachment theory
- Provide an insight into the attachment styles
- Provide information on strategies to support children with attachment difficulties

What does the term 'attachment'
mean to you?

- Feelings?
- Thoughts?
- Behaviours?

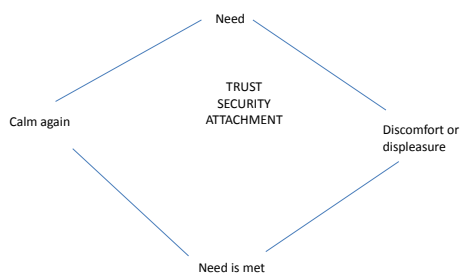
The process of bonding

- Baby signals (e.g. Crying/smiling)
↓
- Parent responds (quickly and sensitively)
↓
- Baby responds
↓
- Parent becomes attuned

Maslow's Hierarchy of Needs



Meeting children's basic needs



Why is Attachment Important?

- Attachment theory – a useful lens with an increasing evidence base to view the development of early relationships
- Essential foundation for healthy development

Attachment Theory

- Fundamental human need
- Survival mechanism
- Constructive and destructive affectional bond
- Behaviours are designed to achieve 4 primary goals
 - proximity
 - security
 - safety
 - regulation of affective states

Attachment Theory

Support for those who live and work with children and YP:

- Attachment theory can provide a basis for proposing a support framework aimed at changing responses to challenging and often baffling behaviours and its implications for those work with such behaviours.
- Can inform expectations of children and YP's capacities to engage in relationships and tasks and therefore inform intervention approaches

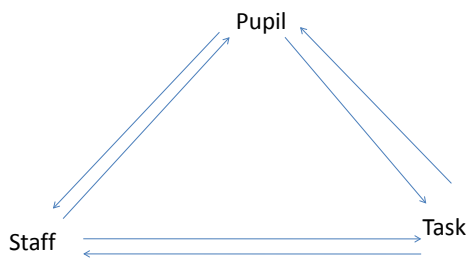
All behaviour is communication

- All behaviour, no matter how seemingly bizarre, makes sense to the person doing it
- We see one another's behaviour but not the feelings and thinking behind it
- We do not know the experiences that have led to the person feeling and thinking the way they do but we can work it out if we watch carefully
- We need to be curious about the behaviour of others and see it as communication
- Children often project onto others what they are feeling and we need to think about where our feelings are coming from
- Feeling emotionally secure is vital if we are to teach and learn successfully
- If we want someone to change, we need to change to give them the space to do it
- In our communities schools are very often the only place offering boundaries and safety to children/young people

Children's view of the world

- Children develop an internal working model of themselves and their relationships with others as a result of their attachment experiences
- The model will significantly influence future attachment experiences
- Trust versus Control

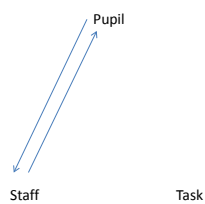
Secure attachment in the classroom



Involved in task and engages with teacher and other adults

Insecure ambivalent

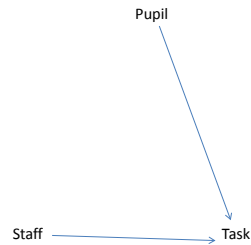
- Attention needing
- Difficulty taking responsibility
- Loud, aggressive and talkative
- May appear bossy
- Controlling behaviours
- Calling out



Unable to focus on task

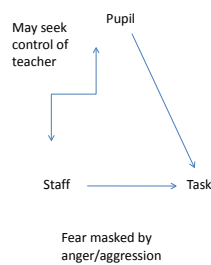
Insecure avoidant

- Withdrawn/quiet
- Self-reliant, reluctant to ask for help
- Lack of emotional engagement with others
- Can appear isolated
- Focuses on task rather than themselves
- Avoids relationship to teacher



Disorganised attachment

- Diminished range of emotions
- Often scared by masked by anger
- Disruptive
- Unable to concentrate, hyper-vigilant
- Hyper-aroused



Starting points for intervention

- Children need to be taught appropriate strategies, it won't just happen
- Increase positive interactions, the 6:1 rule
- Transitions – the need to know how things begin and end
- Giving choices for win/win rather than battles of control that lead to win/lose
- Giving children the words for their feelings

Containment

- The adult needs to react in a way that contains (not escalates) the emotion. This demonstrates that the emotion is bearable, normal, and able to be dealt with (by the adult and after repeated exposure, by themselves as they learn how to contain the emotion).

Modelling

- Help the pupil name their own and others feelings to help develop their internal working model
- Wondering aloud – “I’m wondering if you are feeling worried because I noticed you were frowning like this” - show them the expression. The important aspect is the “I’m wondering if you were feeling...because...” as this puts into words the emotions and reasons for them that the child might be experiencing.

Explicit language

- ‘Calm down’ is not explicit enough as they are unlikely to know what being calm looks like and what it looks like in comparison to how they are now.
- Instead “I need you to speak quietly, sit still, and when you are feeling calm...” is more explicit.

Support for specific styles

- Insecure ambivalent
 - assuring the child you have them in mind
 - transitional objects
- Insecure avoidant
 - diffuse the intensity of teacher intervention
 - peer mentors

Appropriate Behaviour Management

- Making it clear your reprimand is about the child's action not the child per se.
- Avoid reactivity - give yourself time to make the appropriate response.
- Keep reprimands brief and succinct.
- Give pre-warnings about potential difficulties with tasks.
- Careful specific praise, avoid the sting in the tail.
- Try to avoid extensive "why" questions
- Do not demand eye contact
- Watch own frustration reactions to pupil responses.
- Avoid consequences that could add to shame
- Isolation could be traumatising
- Give control for tasks (e.g. Milk monitor) rather than people

Final Words

- Secure attachment gives children the opportunity to feel safe. To trust and to be dependent and independent.
- Children with attachment difficulties may not have had this experience.
- We need to provide school environments within which we can help children to feel safe and secure enough to learn.
- The starting point for this is close working partnerships leading to a shared understanding of the child and their needs

Appendix 3

Group Interview Process and Schedule

Two group interviews took place 3 weeks after the training had been delivered to the school. The 30 members of school staff (teachers and teaching assistants) participated in the group interview. Members were allocated to a group based on alphabetical order. This random selection was chosen to ensure there was no bias on behalf of the researcher in terms of grouping the school staff. Group interviews took place after the school day and lasted up to 20 minutes. The following schedule and prompting was used to obtain feedback on the training. In order to ensure that the group were comfortable sharing with one another in a non-threatening environment, post-it notes were handed out, and were used to by staff to place on a whiteboard at the front of the room. A flipchart was also used to record responses related to the questions. Banister et al (1994), however, suggests that these field notes can be unreliable because the researcher brings their own experience and memory of the interview to the analysis.

The following introductory script was used prior to the group interview:

Thank you very much for attending today's session to evaluate the attachment training. I am here today to explore further what impact the training had on you as a practitioner, if any, and general feedback and ways to improve the training. My role is not to make judgements about your practice, there is no right or wrong answer, my aim is to simply gather information. This is an opportunity for you to share with myself and one another what you valued most about the training in more detail and whether there are aspects of the training you feel could be improved upon. So feel free to share in this room as it will remain confidential and not be shared with the senior management team or anyone else.

Schedule

1. What has been most useful and/or interesting for you from the attachment training?
2. Since the training, has anything in your practice changed?

Prompt... more reflection/reflective practice or getting in tune with your own feelings and children's feelings? Are you more confident now in dealing with situations?

Chapter 3

An account of a therapeutic intervention

Volume 2

Professional Practice Report 3

The University of Birmingham

School of Education

October 2011

ABSTRACT

Cognitive Behavioural Therapy (CBT) refers to a type of psychotherapeutic intervention that aims to reduce the occurrence of maladaptive behaviours by altering an individual's cognitive processes and the way that they think about certain events (Kaplan et al., 1995). It operates on the premise that in order to make an individual respond to an event in a more positive manner they first need to be supported to understand how their thoughts and feelings about a particular event impact upon their response to it. Taking this into consideration, this paper will critically evaluate one example of Trainee Educational Psychologist work that draws on the principles of CBT through a 10 week intervention to address anxiety issues for a secondary school pupil diagnosed with Asperger's Syndrome.

INTRODUCTION

1. Introduction

Cognitive behavioural therapy (CBT) refers to a type of psychotherapeutic intervention that aims to reduce the occurrence of maladaptive behaviours by altering an individual's cognitive processes and the way that they think about certain events (Kaplan et al., 1995). It operates on the premise that in order to make an individual respond to an event in a more positive manner they first need to be supported to understand how their thoughts and feelings about a particular event impact upon their response to it. CBT is therefore widely recognised as an effective intervention for the treatment of anxiety and depression (Department of Health, 2001) and has a strong evidence base to support its use in a clinical context. CBT provides a time limited, problem/solution focused and skills-based approach that has a theoretical base with emerging evidence highlighting its effectiveness (James et al., 2005). Its application outside of this context is also increasing, and CBT is now used within schools and a range of other non-clinical settings to support children and young people to understand and adapt a number of different behaviours. This increase in popularity has also led to the types of professional training in the application of CBT diversifying. Increasingly Educational Psychologists are undergoing such training to enable them to apply the principles of CBT in their work with school-aged children. Educational psychologists are a key therapeutic resource for young people, especially in educational contexts such as schools. They have training in child and adolescent psychology and are therefore best poised to be generic child and adolescent psychologists (Mackay, 2007). There is an abundance of research that has examined the efficacy of CBT within a clinical context but far less in relation to its application within the school setting (Squires, 2001). Taking this into consideration, this paper will critically evaluate one example of Educational Psychologist work that draws on the principles of CBT to address anxiety issues for a secondary school pupil diagnosed with Asperger's Syndrome. As CBT presents an alternative approach to behaviour management than conventional methods used in schools it will also be important to consider the ways in which

it varies especially for children and young people diagnosed with Asperger's Syndrome, and what the potential benefits and limitations are in adopting this approach.

1.1 What is Cognitive Behavioural Therapy (CBT)

CBT is based on the assumption that environmental factors and an individual's thoughts regarding a particular event are likely to influence behaviour and that cognitive and behavioural interventions can bring about changes in thinking, feeling and behaviour (Stallard, 2007). CBT therefore embraces the key elements of both cognitive and behavioural theories. Stallard (2007) believes that the overall purpose of CBT is 'to increase self-awareness, and improve self-control by developing more appropriate cognitive and behavioural skills' (p. 7). CBT therefore represents an approach to behaviour modification which aims to identify the client's cognitive distortions and deficits, so that negative automatic thoughts that lead to less favourable emotional and behavioural responses can be significantly reduced (Grazebrook & Garland, 2005). Children with anxiety disorders have been found to misperceive ambiguous events as threatening (Kendall et al., 1997). They tend to be overly self-focused and hyper critical, report increased levels of self-talk and negative expectations (Kendall & Panichelli-Mindel, 1995). The aim of CBT interventions that address cognitive distortions are concerned with increasing the child's awareness of dysfunctional and irrational cognitions and schemas, and replace them with more positive and balanced cognitions that will lead to more desirable outcomes. The overall aim is therefore to help the client to become more aware of their problems, and to empower them to develop alternative ways of thinking and therefore behaving. Although CBT consists of strategies and processes to help the client to achieve this, there has to be some desire to change on the part of the client, as without this willingness CBT is likely to be ineffective (Grazebrook et al., 2005). The key components cited as necessary to achieve this change are outlined in table 1 and can be categorised into the three specific areas of: cognition, behaviour and emotion. As CBT is used as an umbrella term to cover a range of techniques

and strategies, it is likely that not all techniques will be present in any one intervention, and selection is likely to be dependent on the specific problem formulation (Stallard, 2007).

Table 1: Key components of CBT (adapted from Stallard, 2007)

<i>Area of focus:</i>	<i>CBT technique</i>
Cognition	Thought Monitoring: Identifying common cognitions and patterns of thinking. This involves supporting the client to monitor 'hot' situations (those that produce a strong emotional response).
Cognition	Identification of cognitive distortions: Through 'thought monitoring', it becomes possible to identify 'common negative or dysfunctional cognitions and irrational beliefs (Stallard, 2007), and increase our awareness of how these effect our mood and behaviour.
Cognition	Thought evaluation: Once dysfunctional cognitive processes have been identified, we begin to test and evaluate these assumptions to determine if they are true. We then learn alternative cognitive skills which lead to more balanced thinking.
Cognition	Development of new cognitive skills: This is often a specific teaching element in any intervention. These skills can include: distraction, positive self-talk, self-instructional training and problem-solving skills.
Behaviour	Activity monitoring: Identifying what factors maintain certain behaviour(s)
Behaviour	Goal planning and target setting: Setting mutually agreed upon goals that can be objectively measured. Targets may involve increasing activities that are more likely to lead to positive outcomes, and which challenge the client's schemas.
Behaviour	Learning new skills through role play, modelling and rehearsal: This provides the client with the opportunity to rehearse new skills in a controlled environment. It allows for positive skills to be identified and rehearsed and alternative solutions highlighted.
Emotions	Affective education: Often referred to as 'emotional education' this helps the 'client'

	to identify negative emotions such as anger and unhappiness to help them become more self-aware.
Emotions	Affective monitoring: By monitoring strong emotions, we can identify specific times or events that are associated with both pleasant and unpleasant emotions. Scales are introduced as a way of monitoring these feelings and assessing any change.
Emotions	Affective management: Such as relaxation techniques. These are applied more frequently to address problems in which there is a high level of arousal.

1.2 Applications of CBT

Having established the core components of CBT, it is important to consider how the principles have been applied, and in which different contexts. Although CBT is evidenced to be effective in treating a wide range of psychological difficulties (Department of Health, 2001), the current focus will be on exploring how CBT has been used for anxiety in children and young people diagnosed with Asperger's Syndrome.

1.2.1 Using CBT with children and young people

CBT as a theoretical model derived from work with adults (Beck et al. 1979; Barrett, 2000) and although there is a growing evidence base relating to its effectiveness with children (Stallard, 2007), it is important to consider and critique some of these applications to determine its use in the current context.

Asperger's Syndrome is a pervasive developmental disorder which affects as many as 1 in 210 to 280 children (Ehlers & Gillberg, 1993; Kadesjo et al., 1999). It is characterised by impairments in social communication and social interaction, stereotyped behaviours, interests and activities and motor co-ordination problems (Gillberg, 1991). The collective effects of these features place young people with a diagnosis of Asperger's Syndrome at risk

of developing mental health difficulties. This is perhaps not surprising “when one considers the inevitable difficulties people with Asperger’s Syndrome have with regard to social reasoning, empathy, conversation skills, a different learning style and heightened sensory perception. They are clearly prone to considerable stress, anxiety, frustration and emotional exhaustion” (Attwood, 2007, p. 129). Current research suggests that approximately 65% of young people with a diagnosis of Asperger’s Syndrome (AS) have an affective disorder (Attwood, 2004). The most common disorder is anxiety, with prevalence rates ranging from 30 to 80% (de Bruin et al., 2007; Klin et al., 2005; Muris et al., 1998).

There is increasing supporting evidence regarding the effectiveness of CBT for children with Asperger’s Syndrome, where cognitive inflexibility is known to be an impairment or deficit rather than a distortion brought about by circumstance. Sofronoff et al. (2005), conducted a randomised control trial of a CBT intervention for anxiety in children aged 10–12 with Asperger’s Syndrome. Seventy-one children were randomly allocated to one of three groups: waitlist controls, intervention with children only and intervention with children and parents. The intervention involved six structured CBT sessions covering the following themes: positive emotions; anxiety; thought–feeling–behaviour links; emotion tool box (e.g. relaxation and release), social skills and tools (affection, reassurance, retreat); thinking tools to check out reality and evidence; social stories for emotion management; poisonous thoughts antidote; self-designed anxiety management programme. They found significant decreases in reported anxiety in both groups and an increase in ability to generate positive strategies, but parental involvement brought still further benefits. Further supporting evidence from randomised controlled trials using CBT programmes for young people with an Asperger’s Syndrome diagnosis presenting with anxiety have also been reported (Sofronoff et al., 2006; Chalfant et al., 2007; Wood et al., 2009). However, Wood et al.’s (2009) study can be questioned for an extraneous variable that risked validity through incorporating a buddy system as part of the CBT intervention. CBT does not traditionally include buddying, and while this may well

benefit anxious children and young people with Asperger's Syndrome, when investigating the potential benefits of CBT for this population the inclusion of buddying could actually be viewed as an additional intervention. This threatens the degree to which key elements that promoted positive results within the intervention can be identified and therefore generalised externally.

Greig and MacKay (2005) reported significant mental health benefits for a 12-year-old boy with Asperger's Syndrome, using an innovative, visual therapeutic procedure based on CBT and metacognitive strategies. Similarly, Donoghue et al. (2011) examined different methods of modifying CBT to meet the needs of children with Asperger's Syndrome. The authors used the PRECISE framework of cognitive therapy developed by Stallard (2005), which focuses on the active role of patients in therapy and the importance of forming a helpful therapeutic relationship. The investigators' intent was to explore various aspects of CBT and how they can be adapted to treat patients with Asperger's Syndrome. They found that therapists should set specific expectations about the goals of each session, using literal language that the child can understand, visual materials to identify the patient's feelings and technology such as pictures and text messages in order to communicate better with the child. Therapists should also strive to make treatment fun by using non-verbal materials to help engage the child. Therapists should also use role-playing in sessions to teach children that their initial cognitions and beliefs can be changed in certain situations (Donoghue et al., 2011). This PRECISE framework and examples of potential modifications to CBT practice will be useful in informing planning of the CBT programme in the current case study (see Appendix 1 for potential modifications to CBT practice). Thus the development of visual and practical activities to reduce the need for children and young people to have higher order language skills appears to be acknowledged as good practice (Doherr et al., 2005; Bailey, 2001; Friedberg et al., 1999).

Overall the above evidence base suggests that using CBT to treat anxiety in children with Asperger's Syndrome is promising; however, Donoghue et al. (2011) state that further randomised controlled trials are needed to investigate the effectiveness of using the suggested changes in CBT. One could argue that despite randomised controlled trials being the gold standard in research design, there appears to be limited indepth insight that could be gathered from qualitative research evidence regarding the impact of CBT for anxiety in children with Asperger's Syndrome. Unlike randomised controlled trials, qualitative data through observations and interviews explains how change happens and how it happens differently in different contexts. Whereas randomised controlled trials don't provide a guide for planning work in the future.

Nonetheless, these studies provide initial support for using CBT in the treatment of the mental health problems of young people with a diagnosis of Asperger's Syndrome and are particularly relevant to the current study undertaken by myself. By exploring some of the studies analysed by Donoghue et al. (2011) in greater depth, I hoped that further insight would be gleaned into the ways in which practitioners had adapted their approaches to make them more accessible to children and young people. As with previous studies, this information is not always made explicit, and for those wishing to replicate the study, they are left unable to do so as details relating to how such approaches were modified, is not made available.

Furthermore, the studies are few in number which may in part be due to suggestions from research that these children may not be suitable candidates for CBT. Impaired Theory of Mind skills involving difficulties identifying emotions and cognitions both in themselves and in others (Baron-Cohen, 2001) may result in children experiencing problems with meta-cognitive processes and in understanding different ways of thinking about and

conceptualising events. Similarly, the emphasis of CBT upon increased emotional awareness, recognition and management and problem solving skills may pose problems for this group. It is these very difficulties that have led some clinicians to question whether this particular clinical population have the necessary cognitive and verbal skills to engage in CBT i.e., are these skills pre-requisites for CBT or are they developed during the course of the programme (Donoghue et al., 2011).

There is a considerable body of knowledge demonstrating that behavioural techniques are effective with children in general (Weisz et al., 2004), and with those with developmental disabilities in particular (Lord et al., 2005; Howlin 2006). Whilst methodologically robust research is currently extremely limited it is nonetheless unclear whether an additional cognitive focus is required or results in additional gains. This will undoubtedly be influenced by the degree of disability since it is unlikely that cognitive behavioural methods would be superior to behavioural methods in cases of severe learning disabilities (Willner, 2005).

1.3 Rationale for approach: The Current Context

Within my employing Local Authority, the process through which Educational Psychologist time is negotiated is the 'Inclusion Partnership Meeting' (IPM). This meeting provides the context through which school priorities can be discussed and the particular needs of individual children identified. Through the Summer Term IPM, the Pastoral Head and the Special Educational Needs Co-Ordinator (SENCo) at the focus mainstream secondary school requested EP support through consultation for an individual pupil named SP in Year 7 who was presenting anxiety issues and was at risk of becoming a school refusal. The pupil identified was a 12 year old female with a diagnosis of Asperger's Syndrome whom staff identified as socially isolated and withdrawn. Taking this into consideration and coupled with the fact that the school had a generous amount of EP sessions remaining this term, as the

school's Trainee EP, I suggested that it may be beneficial to engage this pupil in some individual work to address some of the difficulties that she was described as presenting.

In the early stages of problem formulation, I carried out a consultation with SP to explore her perceptions about her anxiety and whether she wanted to change. SP highlighted that she felt very nervous, isolated and withdrawn when she was at school and she only felt herself at home. She explained that she was keen to reduce her anxiety levels. SP's motivation to change was an important factor in considering a CBT programme, as there has to be some desire to change on the part of the client, as without this willingness CBT is likely to be ineffective (Grazebrook et al., 2005).

METHODOLOGY

2. Methodology

2.1 Design Rationale

This study uses case study methodology to present an account of a therapeutic intervention, namely a CBT programme for a 12 year old female diagnosed with Asperger's Syndrome who is presenting anxiety. As the emphasis is exploring the impact of the CBT programme from the pupil's perspective, it was thought such methodology would facilitate this approach. Geertz (1973) advocates the use of case study methods when the researcher is striving to obtain a 'thick description' of participants' lived experiences and their thoughts and feelings about a particular situation.

Case studies can be described as a form of empirical inquiry that allow for the in-depth investigation of a contemporary phenomenon within its real-life context (Yin, 2008). For the current study, the pupil's diagnosis of Asperger's Syndrome and her anxiety issues are of particular relevance as it is likely to provide insight into how CBT can be modified. Such an approach also subscribes to the view that individuals cannot abstract themselves from the world in which they live (Gadamer, 1975).

CBT aligns itself with a critical realist epistemological stance which believes that there is a reality independent of our thinking about it that science can study. This is in contrast with an interpretive epistemology which would hold that there is no external reality (Bhaskar, 1975). However, unlike traditional positivists, post-positivist critical realists recognise that all observation is fallible and has error and that all theory is revisable. This is consistent with CBT, as behaviours may be observed, however thoughts cannot be observed and rely on a honest and trusting relationship with the client. In other words, the critical realist is critical of

the ability to know reality with certainty. Where the traditional positivist would suggest that the goal of science is to uncover the truth.

To determine the efficacy of the CBT programme and to evaluate individual outcomes for the pupil taking part, it was agreed that a semi-structured interview would be carried out at the end of the ten-week intervention to explore any changes in cognitions (see Appendix 2). The data obtained through this interview would also be triangulated with the use of pre and post scaling activities completed by SP (see Appendix 3). It was also hoped that information obtained from these data sources will help to inform future planning for SP, and identify how she can best be supported to manage her anxiety once the intervention had ceased.

2.2 Participant

SP, a 12 year old female diagnosed with Asperger's Syndrome was identified for the 'Cool Kids' Adolescent Anxiety Programme. As part of the case formulation, SP completed the Children's Automatic Thoughts Scale which helped to identify the extent of her negative automatic thoughts. This assessment tool is a developmentally sensitive, general measure of negative self-statements across both internalising and externalising problems (Schniering & Rapee, 2002). Four separate subscales of cognitive content are assessed including physical threat, social threat, personal failure, and hostility. This assessment tool indicated that SP displayed a high level of negative automatic thoughts. Further assessment data from an interview with SP, her mother, form teacher and Learning Support Assistant highlighted the extent of SP's negative thoughts which were impacting on her behaviour and feelings. This information highlighted that SP was presenting with a high level of social anxiety in school and led to a case formulation. The case formulation was based on Weerasekera's (1993) model which identifies predisposing, precipitating, perpetuating and protective factors related to case formulation (see Appendix 3 for case formulation). Predisposing factors are the historical or genetic elements that contribute to the current problem. The precipitating factors

are the current triggers i.e. what sets off this problem or behaviours. Perpetuating factors are the internal and external thoughts and behaviours that maintain the problem. Protective factors are the strengths, social supports and positive patterns of behaviour.

In line with ethical guidelines of maintaining a high level of transparency with the client, I shared the case formulation with SP in a visual format using a triangle consisting of her thoughts, feelings and behaviours (see Appendix 4 for CBT triangle shared with SP). The visual format supported SP to understand the nature of her difficulties more clearly than speaking to her about it with the support of a script.

2.3 CBT Intervention Structure

The Cool Kids Adolescent Anxiety Programme (Rapee et al., 2006) was chosen to structure the ten sessions with SP. The Cool Kids program is an Australian adaptation of the Coping Cat CBT programme (Kendall, 1994). The Coping Cat has been positively evaluated in numerous randomised clinical trials. Kendall's Coping Cat programme was given to 47 children aged 9 to 13 years in a 16-session individual treatment programme. Sixty-four per cent were symptom free after intervention compared with only 5 per cent of waitlist controls and positive changes were maintained one year later with numerous further trials confirming the findings (Kendall 1994; Manassis et al., 2002).

The Cool Kids Anxiety Programme is designed to combat anxiety. The programme helps children to recognise emotions such as fear, stress and anxiety, helps them to challenge beliefs associated with feeling nervous, and encourages them to gradually engage with fearful activities in more positive ways. An evaluation has been conducted in a clinical setting with 95 children aged between 7 and 16 who met the diagnostic criteria for an anxiety disorder. The study found that children who completed the program showed a significant

reduction in their anxiety levels and maintained these gains at one year follow up (Chalfant et al., 2007).

The ten weekly sessions were approximately 45 minutes in duration and took place on the same day and time. At the end of every session, the content and homework was shared with SP's Learning Support Assistant to support SP until the next session. Furthermore, the Learning Support Assistant was available to play an active role in both the planning and evaluation with the additional commitment that she would continue the sessions beyond the six week intervention if this was considered appropriate.

The PRECISE framework and examples of potential modifications to CBT practice for children with Asperger's Syndrome was used in informing planning of the weekly sessions. Throughout the sessions, the language was kept simple and all activities were made more accessible through the use of visual prompts and practical tasks as suggested by Grieg and MacKay (2005). Furthermore, the session on 'Social Skills and Assertiveness' (see Appendix 6; p.40) was changed to be the first session as it met SP's specific needs given her diagnosis of Asperger's Syndrome and social anxiety. It is important to highlight that the content of the sessions varied from their intended format, as research suggests that there is a need to remain flexible if cognitive behavioural approaches are to be effective (Grazebrook et al., 2005). This enabled issues brought to the sessions by SP to be used rather than relying solely on pre-planned session content. This proved an effective strategy as it provided real life examples that SP was able to relate to rather than using abstract examples that children with Asperger's Syndrome tend to find difficult to understand (Attwood, 2007).

2.4 Ethical Considerations

In line with the British Psychological Society Code of Ethics and Conduct (BPS, 2006), I ensured that SP and her parent were aware of informed voluntary consent through a letter detailing the nature of the CBT intervention and enquiring whether she would be willing to participate (see Appendix 5). This letter also explained that the principles of confidentiality would be adhered to through initials only being used and no information shared with school staff unless communicated with SP first.

In line with CBT approaches, I ensured I was transparent with SP regarding the CBT intervention and why it was selected through providing psychoeducation regarding her anxiety. This then led to a discussion about what to expect from the intervention. SP highlighted that she would like her anxiety to disappear. However, this was reframed to expecting the intervention to reduce her anxiety rather than eliminate it.

Studies indicate, perhaps not surprisingly, that including parents and others in an applied CBT programme will obtain even better outcomes for their children than those involving only the young client (e.g. Sofronoff et al., 2005; Grieg, 2007). Furthermore, working with only the child assumes a within child perspective and reinforces that the young person has the problem. As a result, I invited SP's mother to attend sessions. Unfortunately, due to practical constraints, she was unable to attend.

Furthermore, in line with the British Psychological Code of Ethics and Conduct (BPS, 2006) the principle of competence regarding my role in delivering the CBT intervention was given due consideration. Through a high level of reflection and formal supervision, I was aware that I was equipped with the basic CBT competences outlined by the Department of Health (2007) such as structuring the CBT sessions and using self-report measures to measure outcomes. However, I ensured I received a high level of supervision prior to delivering the

sessions to ensure I was developing specific competencies, in this case, using CBT effectively for a young person presenting anxiety.

RESULTS

3. Results

As highlighted earlier in this paper, the main form of evaluative data used to determine the impact of the CBT intervention were the pre and post scaling activities completed by SP. It was primarily hoped that this approach to evaluation would help to determine if the intervention had a positive impact on SP's cognitions and behaviour, and the extent to which she felt there had been an improvement in her social relationships. The information obtained from the pre and post scaling activities was also triangulated through the use of the qualitative data drawn from the semi-structured interview conducted in the final week of the intervention (see Appendix 2 for schedule).

3.1 Pre and Post Intervention Scaling Activities

This activity asked SP to rate, on a scale of 1 to 10, her response to a number of pre-prepared statements that explored her feelings relating to school, friendships, anxiety and confidence to tell others how she feels. The results of the scaling activity are presented in table 2. It is important to highlight that when completing the post- intervention scaling activity, SP did not have access to her pre- intervention ratings, as it was felt that this would influence her rating.

Table 2: SP's perceptions of herself and her behaviour pre and post intervention

1 = I really do not / I never

10 = I really do / I always

Young person	Enjoy being at school		Have some friends		Feel worried at school		Find it easy to tell people how I feel	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
SP	1	6	1	7	10	5	1	6

Information obtained from the pre and post test measures suggest that there was an improvement in SP's enjoyment of school as a result of taking part in the CBT intervention. These results are indicative of the intervention's success as SP was at risk of becoming a school refusal. Secondly, SP had moved up 6 points in her perception of having some friends. Although in reality, the number of friends stayed the same, it is the change in perception that is important.

Prior to the CBT intervention, SP stated that she always felt worried on the scaling activity. She moved down 5 points on the scale after participating in the intervention. This change reflects the success of the intervention as the primary outcome was to reduce SP's anxiety and worry. It is important to highlight that this score could simply reflect how SP was feeling at that particular time, rather than being indicative of an overall decrease in anxiety levels. It would therefore have been beneficial to have repeated this measure at various post-intervention intervals to determine any long term effects. By asking SP to comment on the extent to which she feels worried, without allowing time to explore her response, the evaluation fails to take into account the extent to which any changes are attributable to factors outside of the intervention (Stallard, 2005). Stallard (2005) cautions that 'to view the

child in isolation without considering protective or risk factors provided by important influences is inappropriate' (p. 300) and contextual factors should therefore be taken into consideration.

When asked to rate the extent to which SP found it easy to talk people about how she feels, the post intervention score suggests a level of improvement. There was a noticeable improvement in SP's emotional literacy within the sessions which would appear to support the self-reported increase, but again it is difficult to say with any confidence how much of this increase could be accounted for by the intervention alone.

3.2 Semi-Structured Interview

The final layer of evaluation involved the semi-structured interview carried out during the final session which ascertained the extent to which the CBT intervention was tailored to meet SP's needs related to her diagnosis of Asperger's Syndrome and anxiety.

The qualitative statements presented in table 3 suggest that SP felt she was displaying more positive thoughts, feelings and behaviours. For example, the statement "When I think nobody is smiling at me, I carry out the fun experiment" by SP reflects that the use of the behavioural experiments to challenge negative thoughts has been successful. Behavioural experiments are especially useful for younger children or children and young people with Asperger's Syndrome as they focus on actions which lead to tangible evidence. Furthermore, the statement "when people look at, they are thinking green (positive) thoughts about me" indicates the reframing of negative thoughts into positive ones. The self-reported change in SP's thoughts, feelings and behaviours suggest that the CBT intervention has led to a positive outcome for SP as the primary aim of CBT is to identify and change a person's maladaptive core beliefs through a therapeutic approach (Grazebrook et al., 2005).

Table 3: What has changed and what I will do differently (results from post intervention interview)

What has changed:	What I will do differently
<p>I have more green (positive) thoughts.</p> <p>When people look at me, they think green (positive things about me)</p> <p>I go to the school canteen</p> <p>I go out to the playground</p> <p>I am not that scared of going into lessons</p> <p>I don't need Mrs XXXX with me for all my lessons</p> <p>When I think nobody is smiling at me , I carry out the fun experiment</p>	<p>Have more green thoughts</p> <p>Look at people when they are talking to me</p> <p>Talk to someone if I have a problem</p> <p>Play with others</p> <p>Use my step ladder to face my fears slowly</p>

DISCUSSION

4. Discussion

The aim of this paper was to explore the efficacy of a CBT intervention, namely the Cool Kids Anxiety Programme for a young person with Asperger's Syndrome. The results from the pre and post intervention scaling activity and the semi-structured interview highlight a self-reported improvement in SP's thoughts, feelings and behaviour. SP's anxiety had been reduced through the 10 week intervention which focused on recognising emotions such as fear and anxiety, challenging beliefs associated with feeling nervous, and encouraging her to gradually engage with fearful activities in more positive ways. More specifically, the Cool Kids programme was structured to include a number of modifications as reported by Donoghue et al. (2011) when applying CBT principles for children with Asperger's Syndrome (see Appendix 1 for modifications). The key modifications throughout the weekly sessions were the language was kept simple, for example *green* and *red thoughts* was the terminology instead of *positive* and *negative* thoughts and the session on social skills and assertiveness was the first session of the 10 week intervention. All activities throughout the sessions were made more accessible through the use of visual prompts and practical tasks such as role play as suggested by Grieg and MacKay (2005).

This case study highlights significant positive mental health outcomes for a 12-year-old girl with Asperger's Syndrome, using a structured CBT programme which included a high level of visual and practical activities. The outcomes from the current case study are consistent with a similar case study carried out by Greig et al. (2005) who used an innovative, visual therapeutic procedure based on CBT and metacognitive strategies for a 12-year-old boy with Asperger's Syndrome, and other CBT interventions for children and young people with Asperger's Syndrome (e.g. Vickers, 2002; Reaven & Hepburn, 2003) However, it is important to highlight that in all the case studies aforementioned, children and young people who were

considered high functioning took part in the research. CBT has been advocated for children and young people with some autistic spectrum disorders, particularly for those with Asperger's Syndrome, who tend to be high functioning, have high verbal IQs, are receptive to factual and logical thinking and are prone to mood disorders, which are known to be alleviated by CBT (Hare & Paine, 1997). In the current case study, SP is considered to be high functioning which may relate to why the CBT intervention led to positive outcomes. CBT may not be suitable for very young children or in children at the lower functioning level of the autistic spectrum of disorders because of the minimum level of cognition required to allow appropriate interaction. The current case study also supports findings from randomised controlled trials using CBT programmes for young people with an AS diagnosis presenting with anxiety (Sofronoff et al., 2006; Chalfant et al., 2007; Wood et al., 2009). One could argue that the success of the CBT intervention relates to the length of it which allowed for greater outcomes to be achieved as principles and techniques were practised more often. It may have been that SP developed the necessary cognitive and verbal skills to engage in CBT during the course of the 10 week intervention, rather than the skills being a pre-requisite for CBT.

Despite an initial commitment to attend all sessions, SP's Learning Support Assistant only attended 3 out of the 10 sessions due to differing school priorities. This has implications at a strategic level, as it suggests that it would have been beneficial for me to have secured commitment from the school's head teacher that the Learning Support Assistant would be available to attend all sessions. In relation to long term outcomes and embedding the practice that occurred within the sessions into the wider context, the absence of the Learning Support Assistant is likely to have a significant effect and is therefore worthy of further consideration. CBT is not a short term process, and it is important that children and young people receive long term support to help them to continue to understand the interaction between their thoughts, feelings and behaviour and how to put this understanding into practice on a daily basis. Although the Learning Support Assistant was debriefed regarding

the session content and structure at the end of the intervention, it was felt that she may encounter difficulties in supporting SP post-intervention as she had not been privy to all discussions that had taken place, or the homework activities that SP had carried out weekly.

Many of the limitations relating to the evaluative methods that were used to determine the interventions efficacy have been alluded to throughout this paper but warrant further consideration and are therefore presented in table 4. They outline the need for a more robust evaluation, which takes into consideration the views of others when determining whether there has been a genuine decrease in SP's anxiety levels. However, as the intervention was short term, it is arguably SP's perceptions that are important at this stage, and any observable changes in behaviour are not likely to be witnessed so early on. This highlights the importance of strategies and support being put into place to help the young person to maintain any changes in their thinking and cognition experienced during the intervention and was the central tenet of advice given to the school following the intervention's withdrawal.

Table 4: Limitations of the study's evaluative methods:

Limitation	Implication
Further assessment was not carried out to determine the long term effects of the intervention	The methods used to evaluate the impact of the group intervention only accounted for changes in cognition at the end of the final session. It would have been beneficial to have gained some measure of longer term change, by repeating the post test measure at another pre-determined point (e.g. 2 weeks post intervention).
Evaluative methods failed to control for the impact of factors outside of the intervention (e.g. family factors)	Any changes that were felt to have occurred as a result of the intervention could be better accounted for by a change in circumstance outside of this environment. By involving SP's parent,, the study could control for the influence of some external factors.
Data obtained was not triangulated through the views of parents or school staff	It would have been advantageous to have consulted with SP's teachers and parents to determine whether they too have observed any changes in their behaviour. Although self-reported changes in cognition were important, in keeping with the overall aims of the intervention, it would have been beneficial to have some record of teacher/parent perceptions.
Pre and post scaling activities are reliant on the respondents 'perception' of change	It would have been useful to have introduced a form of evaluation that could measure 'actual' change (rather than self-reported perceptions) that could be considered alongside the data obtained from the pre and post scaling activities. This could take the form of a behavioural incident log completed for the duration of the intervention.

4.1 Conclusions

This paper took as its starting point, concerns raised by the SENCo and Pastoral Head of a mainstream secondary school regarding a 12-year-old female (SP) with Asperger's Syndrome who was presenting anxiety. In consultation with school staff, it emerged that SP was at risk of becoming a school refuser, therefore it was decided that it would be beneficial to engage with SP in a therapeutic intervention. The intervention was informed theoretically by cognitive behavioural therapy, as it was felt that the SP's thoughts and feelings relating to particular situations were contributing to inappropriate behaviour. SP was not entering the school canteen or going into the playground at break times, and she would only go to lessons with additional adult support. SP's diagnosis of Asperger's Syndrome raised issues regarding whether CBT was appropriate given that cognitive inflexibility is known to be an impairment or deficit rather than a distortion brought about by circumstance (Grieg, 2007). As a result, a tailored CBT programme, Cool Kids was delivered using a high level of visual

prompts, simplistic language and practical activities as recommended by Donoghue et al.'s (2011) paper on using CBT with children with a diagnosis of Asperger's Syndrome.

The outcomes of this case study suggest that tailored interventions based on CBT can lead to positive outcomes as rated by the young person taking part in the intervention. Although the evaluation methods employed did not take into consideration actual changes in behaviour, it is proposed that the changes perceived by the young person are a positive first step upon which to build. These results are consistent with those found by Grieg et al. (2005) who used an innovative, visual therapeutic procedure based on CBT and metacognitive strategies for a 12-year-old boy with Asperger's Syndrome and with other research that has reported the efficacy of CBT interventions for children and young people with Asperger's Syndrome (Vickers, 2002; Reaven & Hepburn, 2003; Sofronoff et al., 2006; Chalfant et al., 2007; Wood et al., 2009).

The study also developed my knowledge regarding the application of cognitive behavioural principles to address the emotional needs of children and young people with Asperger's Syndrome, in particular those who display anxiety. However, as Asperger's Syndrome encompasses a wide range of needs and the intervention reported in this paper was a case study, it is not possible to generalise the findings to other young people and contexts. However, it provides a basis for which further interventions can be developed, and gives some insight into the way that cognitive behavioural principles can be adapted to support children and young people with additional needs. On reflection, future research endeavours of this nature would benefit from more rigorous evaluation that would establish any long term effects of the intervention and that could control for the influence of factors outside of the school setting.

From an Educational Psychology perspective, initial professional training incorporates a level of CBT based work, but the extent to which this enables EPs to be competent and skilled to delivering CBT is questionable. EPs are therefore increasingly seeking CBT training as part of their continued professional development, and the current research alongside Grieg et al. (2005) would suggest that this is a valuable role for EPs to be pursuing, to enable them to confidently apply such skills within a variety of educational settings.

REFERENCES

- Attwood, T. (2007) **The complete guide to Asperger's syndrome**. London: Jessica Kingsley.
- Bailey, V. (2001) Cognitive Behavioural Therapies for Children and Adolescents. **Advances in Psychiatric Treatment**, 7, 224 – 232.
- Baron-Cohen, S. (2001) Theory of mind and autism: A review. In L.M. Glidden (Ed.), **International review of research in mental retardation: Autism** (pp. 169–184). San Diego: Academic.
- Barrett, P., M. (2000) Treatment of childhood anxiety: developmental aspects. **Clinical Psychology Review**, 20, 479 – 494.
- Bhaskar, R. (1975) **A Realist Theory of Science**. London: Verso.
- Beck, A.T., Rush, A.J., Shaw, B.F. & Emery, G. (1979) **Cognitive Therapy of Depression**. New York: Guilford Press.
- British Psychological Society (2006) **Code of Ethics and Conduct**. Leicester: British Psychological Society.
- Chalfant, A., Rapee, R., & Carroll, L. (2007). Treating anxiety disorders in children with high-functioning autism spectrum disorders: A controlled trial. **Journal of Autism and Developmental Disorders**, 37, 1842-1852.
- De Bruin, E.L., Ferdinand, R.F., Meesters, S., de Nijl, P.F.A., & Verheij, F. (2007) High rates of psychiatric co-morbidity in PDD-NOS. **Journal of Autism and Developmental Disorders**, 37, 877–886.
- Department of Health (2001) **Treatment Choice in Psychological Therapies and Counselling: Evidence based clinical practice guidance**. Department of Health Publications.
- Department of Health (2007) **The competences required to deliver effective cognitive and behavioural therapy for people with depression and anxiety disorders**. University College London.
- Doherr, L., Reynolds, S., Wetherly, J. & Evans, E.H. (2005) Young children's ability to engage in cognitive therapy tasks: Associations with age and educational experience. **Behavioural and Cognitive Psychotherapy**, 33, 2, 201 – 215.
- Donoghue, K., Stallard, P., & Kucia, K. (2011) The clinical practice of cognitive behavioural therapy for children and young people with a diagnosis of Asperger's Syndrome. **Journal of Clinical Child Psychology and Psychiatry**, 16, 89-102.

- Ehlers, S., & Gillberg, C. (1993) The epidemiology of Asperger's Syndrome – a total population study. **Journal of Child Psychology and Psychiatry**, 34, 1327–1350.
- Friedberg, R.D., Crosby, L.E., Friedberg, J.A., Rutter, J.G. & Knight, K.R. (1999) Making cognitive behavioural therapy user-friendly to children. **Cognitive Behavioural Practice**, 6, 3, 189 – 200.
- Gadamer, Hans-Georg (1975) **Truth and Method**. London: Sheed and Ward
- Geertz, C. (1973) **The Interpretation of Cultures**. New York: Basic Books.
- Giddens, A. (1987) **Social Theory and Modern Sociology**. Oxford: Polity Press.
- Gillberg, C. (1991) Clinical and neurobiological aspects of Asperger Syndrome in six family studies. In U. Frith (Ed.), **Autism and Asperger Syndrome** (pp. 122–146). Cambridge: Cambridge University Press.
- Grazebrook, K. & Garland, A. (2005) **What are Cognitive and/or Behavioural Psychotherapies?** Paper prepared for a UKCP/BACP mapping psychotherapy exercise.
- Greig, A. (2007) A framework for the delivery of cognitive behaviour therapy in the educational psychology context. **Educational and Child Psychology**, 24,1,13 -21.
- Greig, A. & MacKay, T. (2005) Asperger's syndrome and cognitive behaviour therapy: New applications for educational psychologists. **Educational and Child Psychology**, 22, 4–15.
- Hare D. J, Paine C. (1997) Developing cognitive behavioural treatments for people with Asperger's syndrome. **Clinical Psychology Forum**, 110: 5-8.
- Howlin, P. (2006) Autism spectrum disorders. **Psychiatry**, 5, 9, 320–324.
- James, A., Soler, A., & Weatherall, R. (2005) **Cognitive behavioural therapy for anxiety disorders in children and adolescents**. Cochrane Database of Systematic Reviews.
- Kadesjo, B., Gillberg, C., & Hagberg, B. (1999) Autism and Asperger syndrome in seven-year-old children: A total population study. **Journal of Autism and Developmental Disorders**, 29, 327–331.
- Kaplan, C.A., Thompson, A.E. & Searson, S.M. (1995) Cognitive behaviour therapy in children and adolescents. **Archives of Disease in Childhood**, 73, 472 – 475.
- Kendall, P. C., & Panichelli-Mindel, S. M. (1995) Cognitive-behavioral treatments. **Journal of Abnormal Child Psychology**, 23, 107-124.
- Kendall, P.C., Flannery-Schroeder, E. & Panichelli-Mindel, S.M.(1997) Treatment of anxiety disorders in youth: a second randomised clinical trial. **Journal of Consulting and Clinical Psychology**, 62, 100-110.

Kendall, P.C (1994) Treating anxiety disorders in children: Results of a randomised clinical trial. **Journal of Consulting and Clinical Psychology**, 62, 100–110.

Klin, A., Pauls, R., Schultz, R., & Volkmar, F. (2005) Three diagnostic approaches to Asperger Syndrome: Implications for research. **Journal of Autism and Developmental Disorders**, 35, 221–234.

Lord, C., Wagner, A., Rogers, S., Szatmari, P., Aman, M., Charman, T. (2005) Challenges in evaluating psychosocial interventions for autistic spectrum disorders. **Journal of Autism and Developmental Disorders**, 35, 6, 695–708.

Mackay, T. (2007) Educational Psychology: The rise and fall of therapy. **Educational and Child Psychology**, 24, 1, 4 -12.

Manassis, K., Mendlowitz, S., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M., Monga, S. & Owens, M. (2002) Group and individual cognitive behavioural therapy for childhood anxiety disorders: A randomised clinical trial. **Journal of the American Academy of Child and Adolescent Psychiatry**, 41, 1423–1430.

Muris, P., Steerneman, P., Merckelbach, H., Holdrinet, I., & Meesters, C. (1998) Comorbid anxiety symptoms in children with pervasive developmental disorders. **Journal of Anxiety Disorders**, 12, 4, 387–393.

Reaven J & Hepburn S. (2003) Cognitive-behavioural treatment of obsessive compulsive disorder in a child with Asperger Syndrome. **Autism**, 7, 145-164

Robson, C. (2002) **Real World Research: A resource for social-scientists and practitioner-researchers**. 2 nd Edn. Oxford: Blackwell.

Schniering, C.A., & Rapee, R.M. (2002) Development and validation of a measure of children's automatic thoughts: The Children's Automatic Thoughts Scale. **Behaviour Research and Therapy: Behavioral Assessment Section**, 40, 1091-1109.

Scott, D. & Usher, R. (1996) **Understanding Educational Research**. London: Routledge.

Sofronoff, K., Attwood, T., & Hinton, S. (2005). A randomised controlled trial of CBT intervention for anxiety in children with Asperger Syndrome. **Journal of Child Psychology and Psychiatry**, 46, 1152–1160.

Sofronoff, K., Attwood, T., Hinton, S., & Levin, I. (2006). A randomised controlled trial of a cognitive-behavioural intervention for anger management in children diagnosed with Asperger syndrome. **Journal of Autism and Developmental Disorders**, 37, 7 1203–1214.

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.

Stallard, P. (2005) **A clinician's guide to Think Good Feel Good. A cognitive behaviour therapy workbook for children and young people.** Chichester: Wiley.

Stallard, P. (2007) **Think Good Feel Good: A cognitive behaviour therapy workbook for children and young people.** John Wiley & Sons Ltd.

Vickers, B. (2002) Cognitive behavior therapy for adolescents with psychological disorders: A group treatment programme. **Clinical Child Psychology and Psychiatry**, 7, 249-262

Weerasekera, P. (1996) Formulation: a multiperspective model. *Journal of Child Psychiatry*, 38, 351- 359.

Weisz, J.R., Hawley, K.M., & Jensen Doss, A. (2004) Empirically tested psychotherapies for youth internalizing and externalizing problems and disorders. **Child and Adolescent Psychiatric Clinics of North America**, 13, 729–815.

Willig, C. (2008) **Introducing Qualitative Research Methods in Psychology.** Maidenhead: McGare Hill, Open University Press.

Willner, P. (2005) The effectiveness of psychotherapeutic interventions for people with learning disabilities: A critical overview. **Journal of Intellectual Disabilities Research**, 49,1, 73–85.

Wood, J.J., Drahota, A., Sze, K., Har, K., Chiu, A., & Langer, D.A. (2009) Cognitive behavioural therapy for anxiety in children with autism spectrum disorders: a randomized, controlled trial. **Journal of Child Psychology and Psychiatry**, 50, 224–234.

Yin, R.K. (2008) **Case Study Research: Design and Methods, 4th ed**, London: Sage Publications.

Appendix 1

Modifications to the PRECISE Framework for the 10 week CBT intervention for a young person diagnosed with Asperger's Syndrome (Donoghue et al., 2011)

PRECISE Element	Examples of modifications to CBT practice
Partnership Working	<ul style="list-style-type: none"> • Explicitly clarify what the partnership and CBT involves. • Provide visual and written information to reinforce this • Be specific and directive • Use a written schedule to maintain focus in sessions. • Employ 'distancing' techniques with the aim of reducing the client's anxiety (Anderson and Morris, 2006)
Right Developmental Level	<ul style="list-style-type: none"> • Use precise, concrete and literal language which matches that of the child • Set realistic and achievable goals which are broken down into manageable chunks • Represent emotional material visually e.g., worksheets and diagrammatic formulations
Empathy	<ul style="list-style-type: none"> • Regulate social skills and adopt a task-focused approach with the aim of reducing the child's anxiety
Creativity	<ul style="list-style-type: none"> • Use emotional education resources and events and experiences from the child's everyday life to demonstrate links between thoughts, feelings, behaviour and body sensations
Investigation and experimentation	<ul style="list-style-type: none"> • Reduce focus on traditional cognitive restructuring, drawing on behavioural experiments to help promote cognitive change • Provide lists of simple, logical and concrete rules which, if possible, can be applied across situations • Use role-play and drama to help the young person explore what to feel, think and do in certain situations

Self-discovery and efficacy	<ul style="list-style-type: none">• Highlight the skills the child is already using to adapt to their social world
Enjoyable	<ul style="list-style-type: none">• Use a variety of non-verbal materials• If necessary, have shorter but more frequent sessions• Use appropriate humour to engage the child

Appendix 2

Semi-structured interview post-intervention

“So we have been meeting over the last 10 weeks to work on making you feel more happier at school and less worried. It would be interesting to know how you have found our meetings. There are no right or wrong answers, and anything you say will not be shared with anyone if you want.”

1) Has anything changed for you over the 10 weeks?

(Shown the thoughts, feelings and behaviour CBT triangle as a visual prompt)

2) Is there anything you will do differently now as a result of our sessions?

Appendix 3

Scaling activity

Rate yourself on a scale of 1 – 10 on the following statements

1 = I really do not / I never

10 = I really do / I always

1) I enjoy being at school

1 2 3 4 5 6 7 8 9 10

2) I have some friends

1 2 3 4 5 6 7 8 9 10

3) I feel worried at school

1 2 3 4 5 6 7 8 9 10

4) I find it easy to tell people how I feel

1 2 3 4 5 6 7 8 9 10

Appendix 4 – Case formulation

Predisposing Factors

- Diagnosis of Asperger's Syndrome at 6 years old
- Family history of anxiety
- Poor attendance

Precipitating Factors

- School playground and canteen
- Lots of noise
- Group and partner work in lessons
- Unstructured times
- Emergencies e.g. fire drills
- Change from daily routine
- Not having 1:1 adult support in lessons

Perpetuating Factors

- Not attending lessons without adult support
- Being able to go the SEN mobiles during break time and lunch time
- Thinking "Everybody is looking at me" during lessons and in the playground/canteen
- Thinking "I am stupid and nobody wants to be my friend"
- Feeling scared as enters school premises in the mornings

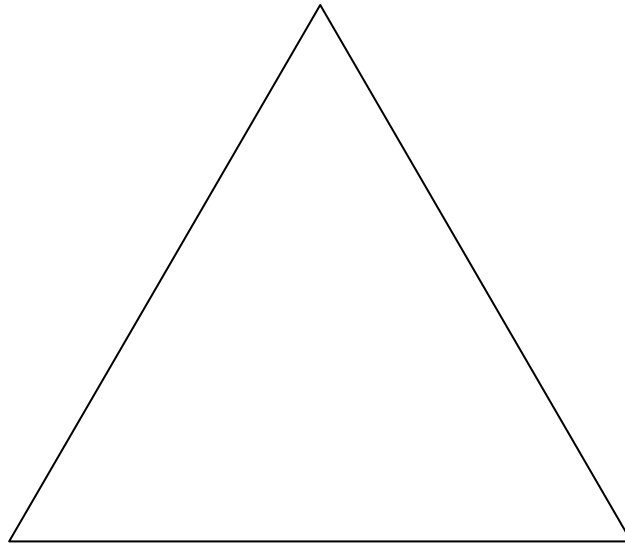
Protective Factors

- Has a Learning Support Assistant in lessons
- Has a special sensory cloth to use when feeling anxious or nervous
- Enjoys art and dance lessons
- Attends extra-curricular activities within the community
- Allowed to text mum during the day when feeling anxious

Thoughts, feelings and behaviours triangle shared with SP

THOUGHTS

“I am stupid”
“Everybody is looking at me”
“I have no friends”
“I don’t belong here”



FEELINGS

High levels of anxiety in social situations

Worried and panic attacks if in playground

Withdrawn and isolated during lessons

Scared what others will think

BEHAVIOURS

Not attending lessons unless 1:1 support is available

Sitting away from peers

No interaction with peers during break time and lunch time

Attending school only 3 days a week for past term

Appendix 5

████████ Children's Services

Your Ref:

Our Ref: SA27.JL

Date: ██████████

Ask for: **Sidra Aslam**

Direct Line: ██████████

Dear Parent

My name is Sidra Aslam and I am a Trainee Educational Psychologist working within ██████████ Services. I have been working with ██████████ School through allocated sessions since September 2010. Through working closely with the staff at ██████████ School, ██████████ has been prioritised by the school regarding her anxiety issues and as you have mentioned she is at risk of becoming a school refusal. Following your verbal consent, I have carried out an initial assessment of ██████████ behaviour. As a result, ██████████ may benefit from a targeted intervention based on cognitive behavioural therapy which will help her to explore new ways of thinking and behaving. The intervention will take place once a week and will last for 10 weeks. The intervention helps children to recognise emotions such as fear, stress and anxiety, helps them to challenge beliefs associated with feeling nervous, and encourages them to gradually engage with fearful activities in more positive ways. During the intervention, ██████████ will have homework tasks such as a mood diary to carry out at home. I hope this is something you can support her with.

The information that I collect during the intervention will be written up in a report. Your child can change their mind about taking part in the project at any time, without having to give a reason.

If you are happy for ██████████ to take part in the intervention then please complete the Parent Consent Form. Your child will also need to complete the Pupil Consent Form. Please return the completed consent form to ██████████.

If you have any questions about the intervention then please do not hesitate to contact me on ██████████

Many thanks for your help.
Yours sincerely,

Sidra Aslam
Trainee Educational Psychologist

Chapter 4

Exploring SENCOs perceptions of the application of psychology by Educational Psychologists

Volume 2

Professional Practice Report 4

The University of Birmingham

School of Education

January 2012

ABSTRACT

The current study looks at a group of stakeholders who have the most immediate, day-to-day concern about how Educational Psychologists (EPs) work: the Special Educational Needs Co-ordinators (SENCOs) who prioritise and co-ordinate the work in schools. There has been little research focusing on the application of psychology by the EP according to SENCOs perceptions and experiences. The present study aims to explore SENCOs perceptions of the application of psychology by EPs at the five core functions of EP work, namely, consultation, assessment, intervention, training and research. Semi-structured interviews were carried out with five SENCOs within a Local Authority. The results from the current study highlight SENCOs perceptions of the application of psychology by EPs. SENCOs referred to consultation, assessment and intervention as the key functions where psychology is most evident in its application and communication. SENCOs reported that EPs application of psychology was least evident in the functions of training and research. They indicated that these functions could be carried out by alternative providers and within a time allocation model, consultation, assessment and intervention by the EP are valued as more important. Implications for practice are discussed in the paper.

Exploring SENCOs perceptions of the application of psychology by Educational Psychologists

1. Introduction

1.1 Rationale

Since September 2011, the Educational Psychology Service in the Local Authority (LA) has become an independent core service. Prior to this, they were situated within a service with advisory teachers. With the Educational Psychology Service now operating as a partly traded service as well as offering schools their core allocation, Educational Psychologists (EPs) are becoming increasingly accountable for their work. Various stakeholders want to know what they are getting for their investment, and EPs need to be clear about what services they are offering (MacKay, 2002). Due to the partly traded service offer, the EP service has a working group which is committed to the marketing of the wide range of services available to schools from EPs. As part of the marketing, the working group are creating a brochure to advertise various projects and types of work delivered by EPs. However, there is a lack of direct information about what Special Educational Need Co-ordinators (SENCOs) within the LA value about their visiting EP. More specifically, discussions have taken place about the distinct contribution of the psychology offered and how much psychology is shared with key stakeholders such as SENCOs in schools. This research aimed to explore SENCOs' perceptions of the application of psychology by EPs.

1.2 Role of the EP

Some writers argue that the role of the EP has been to provide an assessment of educational need leading EPs to become identifiers of deficits (Webster et al., 2000). EPs have been seen as gatekeepers to the allocation of funding and used for classification and placement purposes (Quicke, 1984). However, it could be argued that this not only makes EPs a very expensive resource but has implications for further provision required (Beaver, 1996).

Furthermore, EPs have not always agreed with each other about what they want to offer, or have not been able to state their offering clearly to schools. This relates to the role of the EP constantly evolving (Love, 2009). Stobie (2002a) provides evidence that EPs in the twenty-first century find it difficult to describe their role and that diversity in practice is increasing. Furthermore, movement in delivery systems from referral to time allocation and consultation has opened up a much wider spectrum of possible work (Love, 2009). Additionally, the restructuring of Children's Services created opportunities to broaden the range and focus of work that EP services undertake within a variety of contexts. For example, Fallon et al.'s (2010) case study example highlights that following the Every Child Matters agenda (Department for Education and Skills, 2004), EPs have begun to carry out a range of different functions. For example, EPs are working within the community with drop-in centres and surgeries for parents (Fallon et al., 2010).

Other agencies (such as clinical psychologists, school advisers and specialist advisory teachers) carry out activities which could be seen as similar to parts of the EP role (Department for Education and Employment, 2000). These overlaps make it difficult to define the distinctive role of the EP and to make clear to schools when they should be working with the EP rather than (or as well as) another professional. One way of distinguishing the role of the EP from other professionals is to draw on the uniqueness of the profession which undoubtedly is the application of psychology (Boyle & Lauchlan, 2009).

1.3 Psychology as a distinct contribution

The EP role emphasises promoting child development and learning through the application of psychology by working with individuals and groups of children, teachers, and other adults in schools, families, other LEA officers, health and social service and other agencies (Farrell et al., 2006) Although a useful definition, it leads us to ask whether one needs to be a

professional psychologist to use psychological knowledge and understanding? Other professions use psychological knowledge and understanding, e.g. counsellors, doctors, social workers and, closer to educational psychology, teachers, special needs teachers and advisory teachers (Norwich, 2005). Furthermore, MacKay (2002) argues that educational psychology is not as close to mainstream psychology as other applied branches are.

The British Psychological Society (BPS) has made an important contribution to this debate by developing the National Occupational Standards to describe the particular skills, knowledge and understanding of applied psychologists. A key purpose of these standards is to support the clarification of organisational goals and service provision (BPS, 2002). The key theme running through the standards is the knowledge of, and ability to apply psychology. The seminal Farrell et al. (2006) review of the function and role of EPs indicates clearly that, where EP work was viewed as effective and distinctive, school staff and other professionals had no difficulty in identifying one or more of the psychological functions used by the EP in their work. The functions of '*Application of Psychological Methods, Concepts, Models, Theories or Knowledge*' and '*Communication of Psychological Knowledge, Principles, Methods or Needs, and their Implications for Policy*' were the most commonly identified functions across all respondent groups, each being identified in over half of the cited examples within each respondent group (Farrell et al., 2006). However, it could be argued that these functions appear vague and ambiguous as it is unclear in which aspects of the EP role psychological knowledge, principles, methods are being applied or communicated. It would be useful to know within which type of work carried out by EPs, these functions are most apparent.

Nonetheless, the findings from the Farrell et al. (2006) review highlight that the principle strength that EPs have lies in what they share in common with all psychologists, and that is psychology itself. Applied psychologists approach human problems with specific and well-

established psychological perspectives in mind. In psychology, it is generally accepted that human behaviour is most usefully viewed from an eco-systemic perspective which emphasises the complex, interdependent and recurring nature of the links between a variety of contextual, personal, and interpersonal variables (Cameron, 2006). Yet, it is often argued that EPs do not attempt to apply psychology and thus do more 'interesting' and 'enjoyable' work because teachers and schools want them to continue with traditional practice (i.e. individual casework, usually revolving around the use of cognitive tests) as demonstrated in Ashton and Roberts (2006) study regarding SENCOs perceptions of the EP role. They found that most of the SENCOs valued the "traditional" (MacKay, 2000, p.250) EP roles of individual assessment which may lead to statutory assessment, and giving expert advice to staff.

However, one could argue that through raising awareness of the diverse functions of the EP role, school staff may begin to understand the value of other functions of EP work alongside the 'traditional' role. For example, in relation to my own experiences as a Trainee EP, I carried out 10 week CBT intervention in a secondary school for a pupil presenting anxiety. Negotiating this piece of work with the school was challenging in the first instance as I felt the time allocation model within the EP service reinforced a 'quick fix' approach in dealing with problems and issues within the school. After observing the success of the intervention for the individual pupil, the school were keen to buy traded sessions for therapeutic work for groups of children. This reflects how individual casework can act as a catalyst for more systemic work within schools.

Boyle and Lauchlan (2009) argue that individual casework can act as a catalyst to carrying out whole school systemic work. Thus, one could argue that there is far more to individual casework than psychometric assessment forming the basis as in the 1970s and 1980s (Gilham, 1978., Gilham, 1981). Boyle and MacKay (2007) highlight that the value of

individual casework has evolved to be part of a wider intervention. For example dynamic assessment and therapeutic individual work with children and young people using psychological models such as cognitive behavioural therapy can be successfully undertaken to improve the educational and psychological well-being of young people in schools (Boyle and Lauchlan, 2009). Moreover, it is argued that this kind of work should be valued as distinctive and unique within the realm of educational psychology practice. This is supported by Farrell et al. (2006) which highlighted that agencies such as health and social work held in high esteem the work of EPs in dealing with highly complex individual casework.

Recently the Department for Education (DfE, 2011) published its final recommendations from the review of educational psychology training in England. The review, which was launched alongside the SEN Green Paper in March 2011, concluded the Government values the educational psychology profession and it is committed to work to secure the future of the profession. It is especially encouraging that the DfE recognises the more universal early intervention and preventative support offered by EPs, which goes beyond the narrow statutory role in relation to assessment. This reflects that EPs work at different levels to promote positive outcomes for children, schools and families.

1.4 Psychology at different functions and levels

The British Psychological Society Professional Practice Guidelines (British Psychological Society, 2002) recognise that the core functions of EP work are:

- Consultation

- Assessment

- Intervention

- Training

- Research

Moreover, Fallon et al. (2010) suggested that these five functions should be delivered at three levels:

- 1) at the level of the individual child (or family)
- 2) at the whole school level, and
- 3) at the Local Authority (LA) level

Farrell et al. (2006) found that the majority of all respondent groups which included SENCOs, head teachers and teachers believed that at the individual level, EPs carried out individual assessment, intervention and consultation activities. All three activities have a clear psychological orientation (Cameron, 2006). Within consultation, EPs often find themselves introducing the possibility of change to children, teachers and parents who, themselves, may see no need for such change and, while this presents a tough professional challenge, strategies have been developed to help a 'reluctant' client to move from a pre-contemplation to a contemplation of change stance using motivational interviewing techniques (e.g. McNamara, 1998). Furthermore, consultation enables EPs to empower the team around the child that are most appropriately placed to help children (Leadbetter, 2006). Kennedy and colleagues (2008) study explored the espoused theory of consultations of ten EP consultants, their theory-in-use and the degree to which there is a match or mis-match between the two. The analysis indicated that consultants' espoused theories were based on three models: solution-focused thinking, systemic practice and problem-solving. Theory-in-use showed a consistent fit with espoused theory, especially in relation to problem-solving, where 70% of the consultants engaged in an approximate problem-solving cycle during the

consultation. However, a key limitation was that no data on the impact (if any) of the consultation on consultee and client outcomes were collected. Only the content of the EP's speech was examined, thus it is not possible to identify whether the consultees in the schools valued the psychological theories applied. Additionally, this study consisted of a small sample, therefore results cannot be generalised and there may have been sampling bias present.

A fundamental aspect of the EP role at the whole school level is providing in-service training to school staff (Barrett et al., 2002; Bickford-Smith et al., 2005). The Farrell et al. review (2006) yielded a number of examples of this area of work by EPs. For example:

- EPs supported staff in the use of social stories. They helped them to review progress and set new targets in a primary school,
- In a special school, EPs ran a training session on learning styles for all staff.
- EPs set up and carried out training for education staff in managing and handling of children whose behaviour is challenging and dangerous.
- Training on specific conditions e.g. autism, ADHD.

However, training delivered by EPs was rarely mentioned by respondents working in schools. This may indicate school staff view work at the individual level as being more distinctive and more likely to have an impact. Nonetheless, training delivered by EPs to schools focuses on the communication of psychological knowledge, theories and models to inform practice in relation to special educational needs issues. For example, in behaviour management training, a number of psychological theories and models can be drawn upon to inform practical strategies. An understanding of psychological theory and models which inform strategies is important to apply the strategy with a high level of integrity and fidelity. However,

it could be argued that many school staff are not keen to understand the psychology and problem formulation underpinning the strategy, rather a 'quick fix' is appreciated (Norwich, 2005). Furthermore, it may be the case that EPs delivering training aim to ensure that the content is accessible to school staff by not focusing on the psychology explicitly.

EPs continue to work for a significant amount of time at the systems level in order to increase the capacity of schools and other organisations to meet the needs of all children and young people. The frequency of this type of work by EPs has increased over the last 10 years (Fallon et al., 2010). For example, interventions are directed at the system rather than an individual child (Kelly, Woolfson and Boyle, 2008). By creating positive outcomes for all, a systems approach is preventative and therefore can be considered an efficient use of EP time. Systems work can be done through consultation, training, research and involvement in organisational change (Boyle and MacKay 2007). It can also work towards developing staff skills (Stobie et al, 2010), which could empower staff to make more positive systems changes in the future. This work has a very wide variety of foci including developing teaching approaches; schools in 'special measures'; the development of emotional intelligence within an organisation; improvement of learning support centres; dealing with problem classes; reducing bullying; promoting inclusion (Cameron, 2006).

Dessent (1992) argued that working at the level of organisations, at the level of policy and working essentially through others to affect change at the individual level is where educational psychology can be most effective. (Dessent, 1992, p.39). However, Farrell et al. (2006) found that this type of work is increasingly being delivered by professional groups other than EPs. For example, Hallam and Rogers (2008) carried out an evaluation of a Behaviour Support Team carrying out a programme aimed at improving behaviour and attendance in a school. Arguably, this type of work can also be carried out EPs given their

experience of applying psychology to create changes at a whole school level as found by Farrell et al. (2006).

EPs operate in the context of local authority inspections and “best value” (Leadbetter, 2000; Stobie, 2002a, 2002b) and must increasingly demonstrate to the commissioners of services that applied psychological practice is effective and informed by evidence (Frederickson, 2002). In the early 1990s, a series of studies on schools’ expectations of psychologists was carried out (Boyle & MacKay, 1990; MacKay & Boyle, 1994). The results indicated that, while the traditional role of individual assessment and counselling was the one that continued to be strongly endorsed by teachers, schools nevertheless also supported a role for the EP in project work and research. A further study showed that 98% of head teachers believed research to be ‘important’ or ‘very important’, and that their top research priorities were in areas at the heart of educational psychology, and that they wanted research as part of the core service delivery to their schools (MacKay, 1997). Similarly, Eodanable’s (2005) small scale research found that research was valued highly by the EPs. Yet, the contribution and impact of research by practising EPs and EPs studying for doctorates to schools is vague (Pomerantz, 2007).

In summary, the studies reviewed reflect that attitudes and perceptions regarding the EP role have changed over time. The ‘reconstruction’ of educational psychology (Gillham, 1978) should be more appropriately seen as an ongoing professional orientation, rather than an historical movement with specific fixed goals. Academic, practitioner, governmental and professional body reviews of the role of the EP have been numerous and have seemed to appear with increasing frequency (Ashton & Roberts, 2006; Cameron, 2006; DfEE, 2000; Farrell et al., 2006; Gersch, 2004; Gillham, 1978; Jones & Frederickson, 1990; Love, 2009; MacKay, 2002; Norwich, 2000; Stobie, 2002a, 2002b). Despite continued debate about the distinctive contribution of the EP, Fallon et al. (2010) argue that the main functions of the role

are clear: EPs are fundamentally scientist-practitioners who utilise, for the benefit of CYP, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training. However, there is a lack of research that explores school staff perceptions of the application of psychology within the various functions of the EP role.

1.5 Purpose of study

Published studies looking at the role of the EP have taken a variety of approaches in terms of their sample population and their focus. They include:

- EPs looking at themselves and stating what they feel their role is (Gulliford, 1999; Thomson, 1996).
- EPs asking other EPs what they do (Leyden, 1999).
- EPs asking children about what EPs do (Lubel & Greaves, 2000; Woolfson & Harker, 2002).
- EPs asking school staff about what EPs do (Imich, 1999; MacKay, 1997; MacKay & Boyle, 1994; O'Hagan & Swanson, 1983).
- Professional organisations reviewing EPs' work (e.g. Farrell et al., 2006; DfEE, 2000).

The current study looks at a group of stakeholders who have the most immediate, day-to-day concern about how EPs work: the SENCOs who prioritise and co-ordinate the work in schools. There has been little research focusing on the application of psychology by the EP according to SENCOs perceptions and experiences. It is unclear whether EPs are giving psychology away that is, finding ways to make what they know about psychological skills and

knowledge understandable to practitioners working within schools so that they can apply that in their professional practice. However, one could argue that often the psychology is hidden from those using it; it is built into the practices and materials used by teachers, teaching assistants and allied professionals (Love, 2009). Theoretical concepts may be applied to produce practical principles and techniques, with their origins often not known or ignored by practitioners.

The present study aimed to explore SENCOs perceptions of the application of psychology shared by EPs through undertaking the five core functions of EP work, namely, consultation, assessment, intervention, training and research. This approach aims to generate insight into where psychological knowledge, principles, theories and models are communicated which could lead to implications for future practice. The literature review led to the following research question being identified:

1. What are SENCOs perceptions of the application of psychology by EPs?

A key sub-question related to the research question was 'according to SENCOs, is psychology more evident in a specific function of the EP role?'. This was based on the five core functions of EP work, namely, consultation, assessment, intervention, training and research.

2. Methodology

2.1 Epistemology

The study adopts an interpretive epistemological stance (Robson, 2002), which is sometimes referred to as a hermeneutic approach (Cohen et al., 2003). Hermeneutic or interpretive epistemology assumes human action is understood and interpreted within the context of social practices. In adopting this position, research is viewed as a subjective undertaking, concerned with interpreting the experiences of people in specific contexts (Cohen et al., 2003).

I have adopted a 'double hermeneutic', which focuses on the assumption that researchers who are engaged in social practices of research, make sense of what they are researching through their own interpretive frameworks (Usher, 1996). This was important to bear in mind as my doctoral training as an EP has led me to shape my own understanding of the role of the EP based on my own experiences. The interpretive perspective assumes new knowledge is constructed in ways which are dependant upon subjects' pre-understood knowledge and interpretive framework (Usher, 1996). In subscribing to an interpretive epistemology, this study is concerned with understanding the subjective reality that is represented and constructed through the eyes of the SENCOs, by eliciting rich, contextually-grounded descriptions and identifying themes that exist between the SENCOs.

There is a clear relationship between the features of hermeneutic approach and Grounded Theory (Cohen et al., 2003). They both aim to identify themes that are progressively integrated until master themes are established that capture the essence or nature of the phenomenon. The reason a hermeneutic approach was chosen in this study was due to the fact that the hermeneutic approach was designed to gain insight into individual participants' realities while Grounded Theory was developed to allow researchers to study basic social

processes. A hermeneutic approach is a developing approach that provides the researcher with clear and systematic guidelines to identify and integrate themes making it a interpretative methodology that is accessible to those who do not have a philosophical background (Willig, 2001).

2.2 Research design

A fundamental consideration when deciding on the methodology is to ascertain which approach will best suit the research question (Doyle et al., 2009). The research question is 'what are SENCOs perceptions of the application of psychology by EPs?' According to Cresswell (2007) "A qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (p37). The fact that the research question begins with "what" suggest that the initial forays into the topic are to describe what is going on. This is in contrast to quantitative questions that ask *why* and look for a comparison of groups (e.g., Is Group 1 better at something than Group 2) or a relationship between variables. Secondly, the research question emphasises that the topic of *psychology* is to be explored. Therefore, in accordance with an interpretive epistemological stance, the study adopted a qualitative approach.

2.3 Data Collection

Semi-structured interviews were selected to explore the research question. This method was chosen for a number of reasons. Firstly, as the research question was underpinned by an interpretivist paradigm, an interview would allow for detailed exploration and insight into the topic. Secondly, semi-structured interviews can be used if the researcher knows enough about a particular topic to develop questions in advance of interviewing (Bryman, 2004). This was appropriate as I had a professional interest in the topic as a Trainee EP and the research has a clear focus about requiring insight. Finally interviews are based on a

relationship which is interactive, allowing for a degree of adjustment, clarification or further exploration. It could be argued that semi-structured interviews provide flexibility alongside structure so that they may probe participants' in more detail (DiCicco-Bloom & Crabtree, 2006. Gillham, 2005).

An interview schedule was based on the five core functions of EP work (consultation, assessment, intervention, training and research) as highlighted in the British Psychological Society Professional Practice Guidelines (BPS, 2002). In order to identify whether SENCOs felt psychology was communicated in some functions more than others, a ranking activity was carried out at the start of the interview to facilitate the discussion (see Appendix 1 for interview schedule). This was based on the research sub-question 'according to SENCOs, is psychology more evident in a specific function of the EP role?. Ranking is traditionally a recognised thinking skills tool (Rockett & Percival, 2002) praised for eliciting construct generation and for facilitating talk around a specific topic. Connor (1991) used it as a tool to explore the views of teachers on assessment and Aspinwall et al. (1992) recommended it as a tool in their work on managing evaluation in education. Its strength is in the idea that it aids reflection, promotes discussion and communication and can lead to a collection of rich, qualitative data through making explicit the over-arching relationships by which individuals organise knowledge (Banks, 2001). This ranking activity would support discussion about aspects of EP practice where psychology is shared. It was felt that informing SENCOs of the various functions of the EP role would facilitate discussion as to ask SENCOs to share their thoughts of where psychology is shared or applied without any scaffolding may be considered arbitrary (see Appendix 1 for interview schedule).

2.4 Setting

This research took place within a local authority EP service. The service consists of 9 full-time EPs, and 3 part-time EPs. All EPs have an allocated cluster of schools for which they are the visiting EP. Access to this sample was practical as I am employed by the local authority as a Trainee Educational Psychologist.

2.5 Participants

At an EP team meeting, I introduced the research aim and question and asked EPs to identify a SENCo each for the interviews. My target population of SENCos is based on three specific criteria in Box 1. Therefore, I adopted a two strand 'purposive' sampling method.

'In purposive sample...researchers handpick the cases to be included in the sample on the basis on their judgments of their typicality or possession of the particular characteristics being sought.' (Cohen et al, 2003, p. 114-115)

Box 1: Inclusion criteria for EPs selecting a SENCo

- Have been the visiting EP for the school for at least a minimum of one year
- SENCo has been in post for a minimum of a year
- Have carried out the five core functions of EP work: consultation, assessment and intervention, training and research
- Any educational setting is applicable (children centres, special schools, mainstream primary and secondary schools)

I chose to highlight that the working relationship between the SENCo and the EP should have existed for a minimum of a year as research suggests that effective working relationships built up over time allow for EPs to carry out a range of work (Farrell et al., 2006; Ashton & Roberts, 2006).

I provided a succinct synopsis of the literature on EPs contribution of applying psychology, in order to give the professionals a greater understanding of the projected target sample for the study. I highlighted to the EP team that I am not judging their performance or application of psychology, as I am not sharing information from the interviews to individual EPs nor am I corroborating what the SENCOs say with EP experiences of applying psychology. Rather the aim is to explore what are SENCOs perceptions of the application of psychology by EPs? Based on professional judgements, eleven EPs identified a SENCO each for me to contact whom they felt met the criteria. One EP was unable to identify a SENCO due to joining the local authority in the same term the research was carried out.

The participants in this study were accessed through a purposive sampling method as the aim was to explore SENCOs perceptions of the application of psychology by EPs within the EP Service I was employed within. All eleven SENCOs identified were contacted. Five SENCOs consented to taking part in the research. Four SENCOs chose not to participate in the research due to a lack of time and the remaining two SENCOs were on sick leave.

Table 1. displays data regarding the five SENCOs in relation to the type of educational setting the SENCO is situated within.

Table 1: Type of educational setting the SENCo is situated within

SENCo	Educational Setting
1	Mainstream nursery
2	Mainstream infant school
3	Mainstream primary school
4	Mainstream secondary school
5	Specialist (emotional and behaviour difficulties) primary school

2.6 Ethical Considerations

In line with the British Psychological Society Code of Ethics and Conduct (BPS, 2006), I ensured that the SENCos were aware of informed voluntary consent through a letter detailing the nature of the research and enquiring whether they would be willing to participate (see appendix 2 for participant information sheet and consent form). All information gathered from the semi-structured interviews would remain anonymous to maintain confidentiality. Also the EP service would only be given the key themes that arose from the interviews, so that no SENCo would be identifiable from quotations. This would protect the SENCos and the visiting EPs for the schools to maintain a high level of professionalism and positive working relationships. SENCos were informed that the semi-structured interviews would be recorded and only accessible by the Trainee EP. Moreover, data would be stored in a locked drawer which could only be accessed by the Trainee EP and would be destroyed after the data analysis.

2.7. Reliability and validity

Validity in qualitative research might be described in terms of 'honesty, richness, depth and scope of the data generated and should be seen in relative terms, rather than something absolute that is to be achieved (Cohen et al, 2008). Therefore, validity might be viewed

according to the extent to which the data are comprehensive and are reported with fidelity (e.g. Blumenfeld-Jone, 1995) and authenticity (e.g. Guba and Lincoln, 1989; Cohen et al, 2008). Indeed, Maxwell (1992) described threats to validity for qualitative research in terms of: description (the accuracy and completeness or non-selectivity of the account); interpretation (fidelity to the participants rather than 'imposing meaning'); and theory ('the extent to which the phenomenon is explained and alternative explanations sought'). There is also the possibility that SENCOs' responses are influenced by 'respondent bias' (Lincoln & Guba, 1985), where participants may withhold information or respond according to what they feel the researcher would like to hear. Throughout the interview, I endeavoured to mitigate this risk as much as possible, by reminding SENCOs that this research is about their perceptions and I will not sharing quotes from the interview to the visiting EP for the school at an individual level.

I also tried to minimise my 'researcher bias' (Lincoln & Guba, 1985), though avoiding asking leading questions (consistent with Robson, 2002) and endeavoured to control my non-verbal communication so as not to influence the content of the interview (Cohen, et al, 2008) and sought also to verify my understanding of the SENCOs' responses during the course of the interviews (Kvale, 1996) rather than simply interpreting in line with what I expect them to say (Hycner, 1985). Yin (2009) alerts the reader to four tests that have been used to establish the quality of any qualitative empirical social research. The ways in which the current study controlled for these is reported in Table 2 on the following page.

Table 2: Types of validity and reliability

Test	Relevance
Construct Validity	<p>This test of validity can be problematic for small scale research; as such research is by its very nature subjective. Within the current study:</p> <ul style="list-style-type: none"> • The ranking activity was used to facilitate the SENCo to identify examples from the range of work that has been carried out by the EP within the school. The five functions of EP work can be used to support the operationalisation of how psychology is applied by EPs.
Internal Validity	<p>Internal validity aims to reflect that an explanation of a specific event can be justified by the data (Cohen et al., 2007). As the current study is exploratory, issues relating to internal validity present less of a threat than if the research was seeking to explain a particular phenomenon.</p> <p>The thematic analysis coding process also helped to ensure internal validity. I followed a systematic approach in order to minimise research bias (Lincoln & Guba, 1985), conforming to the phases set out by Braun and Clarke (2006) The thematic analysis process was also verified by a Trainee EP to ensure the process was adhered to as objectively as possible. Thus, I believe that I have endeavoured to represent the full richness and scope of the data.</p>
External Validity	<p>External validity relates to the extent to which the results can be generalised to the wider population (Cohen et al., 2003). The generalisation of results is not a primary aim of the current research. Furthermore external validity is limited as the sample of SENCos was small and the sample can be considered biased in that it is based on EPs selecting SENCos.</p>
Reliability	<p>Reliability is concerned with the extent to which a subsequent researcher could replicate the study and arrive at the same findings and conclusions, if they followed the procedures outlined in the research. The goal of reliability is therefore to minimise the errors and biases in the study.</p> <p>In the current study this was controlled for by:</p> <ul style="list-style-type: none"> • A semi-structured interview schedule and a ranking activity to facilitate the discussion. • The thematic analysis process was verified by a second Trainee EP.

3. Findings

3.1 Data analysis method

A preferred method of data analysis would have been discursive psychology which as a form of discourse analysis deconstructs the processes inherent in text which position knowledge, social relationships and perceptions (Potter, 2003). This method, coupled with verbatim quotes, enables the reader actively to construct their meaning of the research text, thus enhancing the transparency of the research process. However, discourse analysis is a time-consuming process which was impractical due to time constraints of this research. Furthermore, due to the small sample it was important to maintain anonymity of these SENCOs and the EPs they were referring to through not selecting quotes.

Thus, a qualitative method of analysis that researchers use to identify themes called Thematic Analysis was selected to analyse the data from the focus groups (Braun & Clarke, 2006). Thematic analysis is one method for identifying, analysing and reporting patterns (themes) across an entire data set, rather than within a data item, such as an individual interview or interviews from one person, as in the case of biographical or case-study forms of analysis, such as narrative analysis (eg, Murray, 2003). However, despite thematic analysis being widely used, there is no clear agreement about what thematic analysis is and how to carry it out (Tuckett, 2005). As this research aligns itself with an interpretive epistemological stance, thematic analysis was used within a social constructionist framework which identifies patterns (themes, stories) within data.

In relation to the current study, thematic analysis is a method of analysis that aims to reflect the reality of the participants and for this reason is considered to be 'essentialist' or 'realist' (Braun & Clarke, 2006). An inductive or 'bottom up' approach was predominantly applied where the identification of themes was driven by the data and themes were identified due to

the frequency with which they occurred within and between the strands of data. However, it is important to note that on occasion a deductive or ‘top down’ approach may inadvertently have been applied as data is not coded without researcher bias (Braun & Clarke., 2006). From this perspective, it is possible that certain elements of the thematic analysis were driven by my theoretical interest in the area rather than emerging from the data itself. Braun and Clarke (2006) would therefore maintain that researchers do not just give voice to the participants and that it is important for researchers to recognise their decisions in data analysis. I therefore describe the process of thematic analysis that I undertook below in Table 3 (see Appendix 3 for thematic analysis process carried out and Appendix 4 for an example interview transcript).

Table 3: Phases of Thematic Analysis (adapted from Braun & Clarke, 2006)

Phase	Description of the process
1. Familiarising yourself with the data	All interviews were transcribed one by one. They were read and re-read and initial ideas were noted. Transcribing data has been acknowledged as a good way for researchers to familiarise themselves with the data (Riessman, 1993) and as providing a thorough understanding of the data (Braun & Clarke, 2006). The examples of extracts used in the results section were written according to guidelines identified by Atkinson (1998) in that the participants’ own words were used, but with any unnecessary words omitted, and use of correct spelling and sentence structure, whilst endeavouring to retain the original meaning (Avis et al, 2007).
2. Generating initial codes	Each of the points of interest noted in Phase 1 were examined to see if it might be represented by a code (based on my impression of patterns). I generated a list of provisional codes (as many potential codes as possible) and linked these to excerpts in the transcripts. I then re-read the entire data corpus to see how the codes fitted and to look for further potential codes.
3. Searching for themes	This phase involved collating codes into potential themes, and gathering all data relevant to each potential theme. There are no ‘hard or fast’ rules regarding the prevalence or quantity of data extracts that would make up a theme, either within a

	particular interview or across a whole data corpus (Braun & Clarke, 2006). Furthermore, given that I used prompts in my interviews, I did not judge the frequency of occurrence of themes appropriate. However, I made the decision that a theme should be represented by data from at least four SENCos.
4. Reviewing themes	The process of analytic abstraction (Miles & Huberman, 1994) was used where themes with similar content were combined and therefore reduced using diagrammatic representation of relationships between themes and subthemes to form an 'explanatory framework' (Avis et al., 2007). When this phase was completed, a thematic map was created that was examined to check whether it accurately reflected the data corpus as a whole. I then left the data for a while and returned to them to refine the themes according to whether the codes I had allocated conformed to a coherent pattern, the discreteness of themes, and how adequately they captured the coded data. I did this through rereading all the coded transcripts to see how well the themes represented the entire data corpus and to see if any codes may have been missed and required assimilation into the overall thematic map. This was also reviewed by a Trainee Educational Psychologist to reduce the extent of researcher bias. This was done by the Trainee EP verifying Phase 2 to 5 of thi thematic analysis process.
5. Defining and naming themes	I refined the names of my themes so that they captured the essence of the data and fitted with the overall analysis and research question (see Appendix 3).
6. Producing the report	Produce a scholarly report of the analysis.

3.2 Ranking activity results

The ranking activity at the start of the interview aimed to facilitate discussion in relation to their perceptions of psychology at the five core functions of EP work. Figure 1. highlights the responses from the SENCos in relation to which function of EP work they feel psychology is clear. The response was highest for consultation, followed by psychology is apparent when the EP is carrying out intervention being the second most popular response.

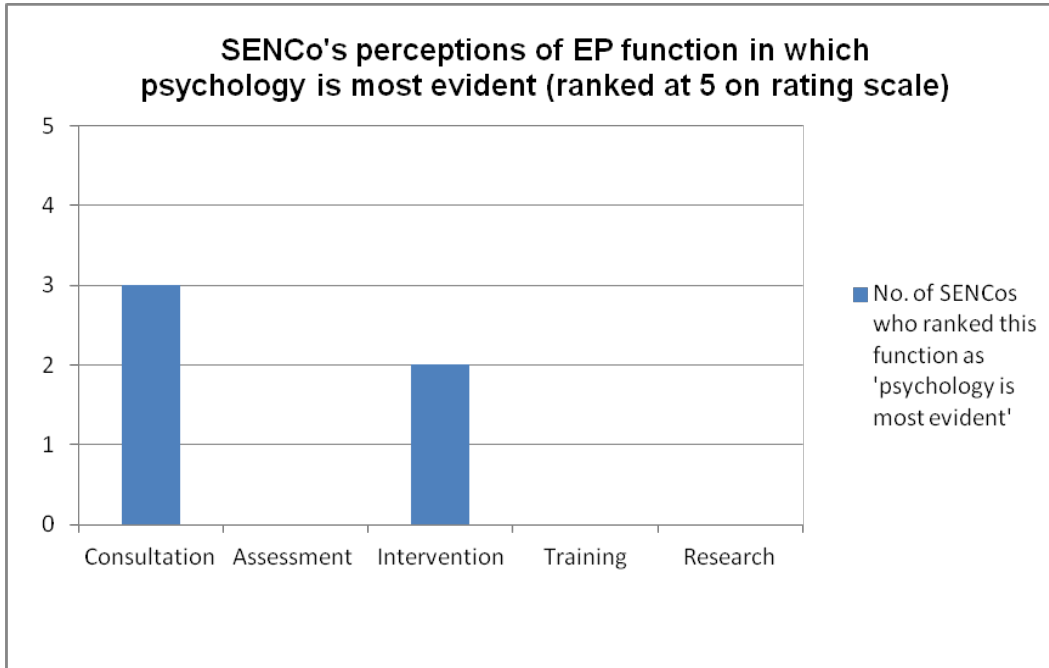


Figure 1. SENCos responses of the EP function in which psychology is evident.

Furthermore, SENCos ranked the function of the EP role in which they felt psychology was least evident. Figure 2. displays the results. This highlights that SENCos believe the research function of the EP role is where psychology is least evident, followed by training. Consultation, assessment, and intervention were selected as displaying the least psychology.

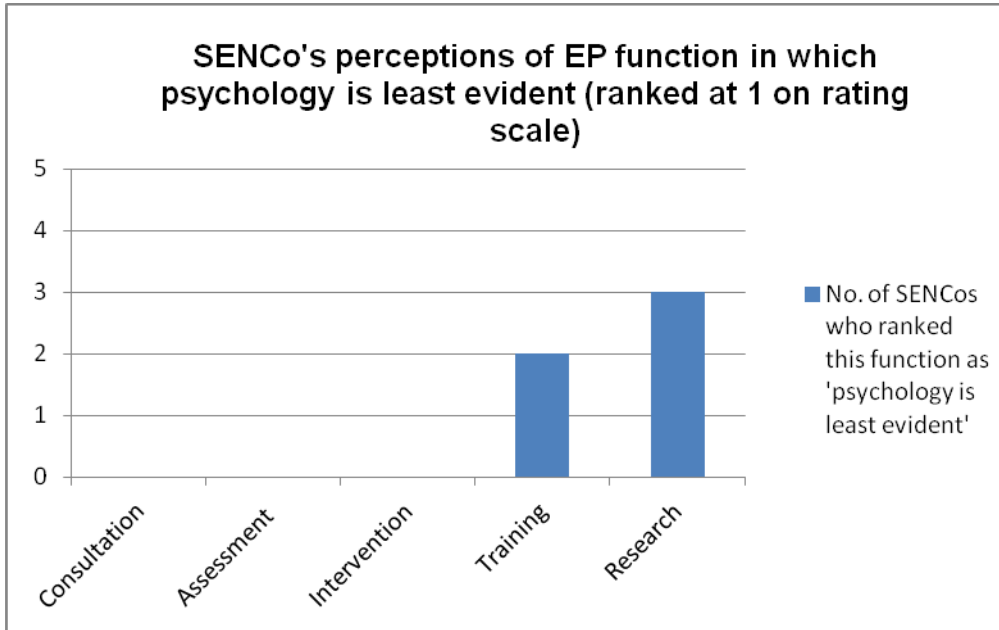


Figure 2. SENCos perceptions of the EP function in which psychology is least evident

3.3 Emerging Themes

This ranking activity facilitated discussion about functions of the EP role which were most valued in terms of the distinct contribution of psychology. The following themes emerged from the thematic analysis process (see Appendix 3). The themes selected were prevalent across the data and can be said to capture significant aspects of SENCos perceptions of the distinct contribution of psychology as related to the study's research question. In order to maintain a high level of anonymity and confidentiality for the SENCos and the visiting EP for their school, quotes will be unidentifiable.

Three overarching themes emerged from the data set, all of which serve to highlight a significant aspect of SENCos perceptions of EP work. Within two of the themes, two sub-themes were identified which gave further structure to the analysis. There are no 'hard or fast' rules regarding the prevalence or quantity of data extracts that would make up a theme, either within a particular interview or across a whole data corpus (Braun & Clarke, 2006). Furthermore, given that I used prompts in my interviews, I did not judge the frequency of

occurrence of themes appropriate. However, I made the decision that a theme should be represented by data from at least four SENCOs. The themes are discussed below (please see Appendix 3 for thematic analysis process). Although themes are presented separately, a full understanding of each theme can only be achieved through an appreciation of the connections between them (see Figure 3).

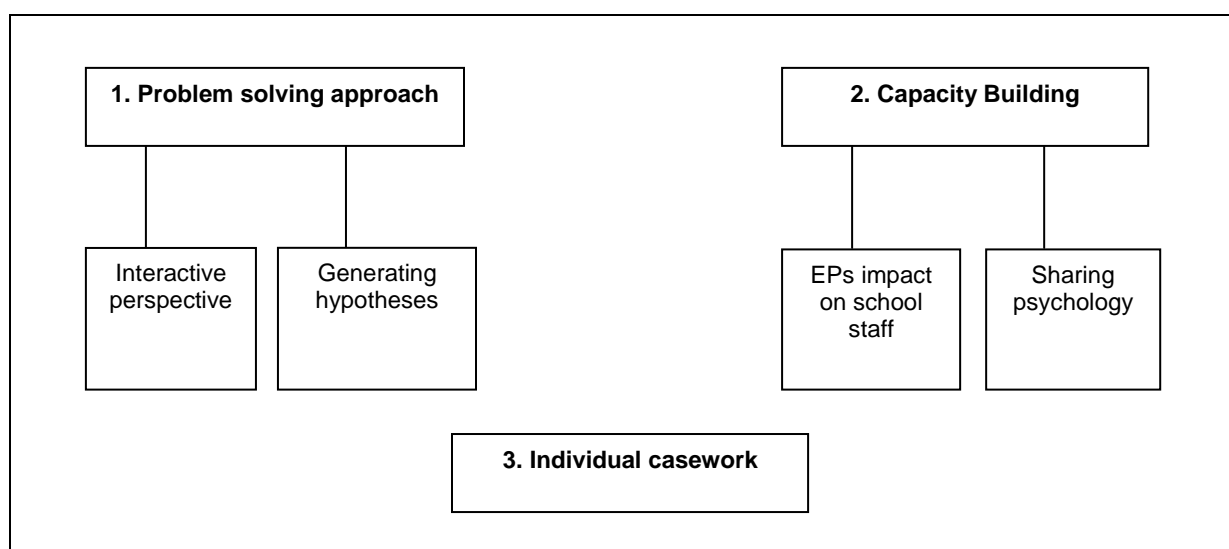


Figure 3: Overarching and subordinate themes

3.3 Problem solving approach

This theme was prevalent in all five interviews, with each SENCO making reference to the EP using psychology as part of the problem solving approach. SENCOs said that psychological knowledge was evident in the problem solving approach adopted by EPs. More specifically, the problem solving approach was highlighted as being unique to EPs. Other external professionals such as advisory teachers and speech and language therapists were seen to focus on an aspect of a problem or offer an explanation for the problem straightaway whereas EP's carry out problem solving according to SENCOs. Within this theme, the sub-themes: 'interactive perspective' and 'generating hypotheses' were identified to explain how EP's communicated psychology through a problem solving approach to their work in schools.

3.3.1 Interactive approach

The SENCOs in the current study highlighted that they felt psychology was being used when the EP provided an integrated and coherent perspective of complex environments (e.g., school, home), the complex problems and situations which occur in such environments (e.g., parental uncertainty, teacher stress, children's learning and behaviour difficulties) and the complex needs of people which results from such problems (e.g., insight, skill deficits, challenges to current belief systems, attributing difficulties to within child). SENCOs stated that the EP ensures they gather information from different perspectives and contexts and takes into account the impact of difficulties through the problem solving approach:

'She is really good at gathering information from lots of different places and will even go and see children at home which is always interesting as that way the picture of the child's behaviour is clearer.'

'Like we were really focused on the learning side of things for our Year 6 children, as the SATs were coming up and she helped us to think about the social and emotional development of the children. Like they would be worried about their new secondary schools. So it was useful for the EP to point us in the right direction and making sure we look at all aspects of a child, not just their learning.'

'It was useful when the EP saw the child in the classroom and playground and the corridors. She said she noticed it was the unstructured times that were stressful for him. That helped us to understand his behaviour better and make sure that we planned breaktimes and corridor times for him.'

'We didn't really have much of a relationship with parents, it's hard to get them involved. So the EP carried out a focus group which helped us to understand why they didn't want to come to parents evenings. A lot of them couldn't speak English or had little schooling experience themselves, so we then started having informal coffee mornings for parents.'

3.3.2 Generating hypotheses

SENCOs highlighted that EPs apply psychology when they generate and confirm or reject hypotheses. It was felt that consultation and assessments carried out by the EP allow for assumptions and common sense explanations to be rejected. Rather the information gathering process during the problem analysis allows for the best fit explanation to be used. In this way, SENCOs felt that EPs were not offering 'quick fix' explanations and were making psychology accessible (see appendix 4 for extracts highlighted in green). This is supported

by the ranking activity in which SENCOs ranked consultation and assessment as functions where psychology is most evident. Furthermore, three SENCOs suggested that EPs are the only external professionals who carry out problem solving for individual casework:

'She shared this framework with us and it had everyone's different explanations and then she had on the side how information was gathered to either confirm or reject the hypothesis. It was fascinating. It made us think that we shouldn't just assume the reasons for a child's behaviour.'

'In an EBD school, behaviour is an issue naturally. She helps us to understand that there may be lots of different hypotheses for their behaviour, and she's carry out consultation and assessment so that we all can access the correct hypotheses I think other outside professionals don't do that.'

'Sometimes when we work with other professionals they just see the child once and say they have ADHD or ASD, and actually that isn't useful for me and my staff in meeting their needs. Whereas with the EP there are always strategies that we can use and she helps talk through them after seeing the child. So we know it's not something she just is giving us. She will talk us through it and that helps us to see how she is applying psychology.'

'Sometimes all we want are the strategies, but the EP is good at asking us about why we think a child or a class are not doing well, and then we all carry out some work. I know the EP gave the antecedents, behaviour and consequences chart to the teacher to fill in over a week. From that we realised that transitions between activities was the trigger for poor behaviour in the classroom. So we were part of a system working with the EP together.'

3.4 Capacity Building

This theme was prevalent in all five interviews with the SENCOs. Building capacity refers to the EP supporting school staff in terms of their knowledge, skills and practice. This empowered school staff to build their expertise in solving problems, rather than solely relying on external agencies. SENCOs highlighted that other external agencies often donate expert advice which means they are called in often despite the same issues arising (see appendix 4 for highlighted examples of 'capacity building' theme). Whereas, SENCOs stated that EPs work more collaboratively with school staff and share psychology which leads to empowering them and their colleagues to take ownership of the issues arising in schools.

3.4.1 EP's impact on school staff

SENCOs highlighted that working with the EP has supported them to feel more confident and competent in supporting children with additional needs. They highlighted that in consultations the EP encourages school staff to reflect on their practice. Three SENCOs highlighted that they view behaviour in a different way through their positive relationship with the EP. They emphasised that they perceive all behaviour as communication, rather than attributing behaviour difficulties to deficits or a diagnosis:

'I know that she is using psychology when after a consultation I feel a lot more confident and understand how I can support the class teachers. I feel like over the years I have known the EP, I have gained a lot of knowledge which I can share with the class teachers. It helps because the EP only has a number of sessions anyway, so it wouldn't be practical to call them in all the time.'

'I think the EP applies psychology when they carry out assessments and share what they found and what that means for how we teach children. There was one case where me and the class teacher thought the child was just lazy and couldn't be bothered with any work. Then after the EP had seen her, we realised she had working memory difficulties. The EP explained that she had a poor hearing memory but her visual memory was strong. So we knew what we could do to support her as the EP gave us strategies and we knew the psychology behind them. Now I think twice before thinking a child is lazy.'

'It's probably to do with the relationship we have with the EP now. Some EPs in the past have been very different. She is always really approachable and that helps us to reflect on our practice and we don't mind when she challenges us, it becomes a dialogue.'

3.4.2 Sharing psychology

SENCOs reported that EPs were able to build capacity of the school staff through sharing psychology. Reference was made to psychology being communicated and shared in consultation, assessment and intervention. SENCOs highlighted that when EPs gave strategies, the psychology underpinning them was clear and informed. SENCOs stated that EP's shared psychology for strategies at the different levels, including the individual child, the classroom, the family and the school:

'Last year the EP carried out a group intervention for a group of pupils who are disaffected. She made sure that she went through the materials and the psychology behind the

intervention with the Learning Mentor and carried it out with her. That's been really useful, because now the Learning Mentor is able to carry out the intervention again for the new cohort of pupils.'

'I think compared to other professionals, we really value training from the EPs. We think they understand the school systems and know a lot about child development. At our school we have a lot of support as we are specialist in EBD. But the EP's training sessions are always useful. She explains the psychology behind them.'

'In consultations, I feel as if the EP shares psychology in a way that I understand. Like she will give examples and explain the research behind it.'

3.5 Individual casework

SENCOs highlighted that psychology was evident when EPs carried out individual casework. Interestingly, SENCOs highlighted that irrespective of statutory assessment, they value the EP carrying out individual casework. During the ranking activity, all the SENCOs interviewed highlighted that it was difficult to separate 'consultation', 'assessment' and 'intervention' as they felt the individual casework carried out by EPs generally consists of all three functions. Four of the five SENCOs reported that psychometric testing was only one aspect of the individual casework carried out by EPs. Additionally, SENCOs highlighted that from all external agencies available, EPs are the professionals most equipped to carry out effective individual casework. SENCOs reported that health agencies rely on diagnosis when carrying out individual casework, and behaviour support professionals carry out individual and group intervention programmes.

'When our EP comes in and carries out their problem solving on an individual child, it's really useful and we feel like we get something from the process. I know with the pressures of statutory work it has been difficult, but this year we have brought in 12 traded sessions because we know that individual casework is a valuable contribution from the EP. Whereas I think with other professionals who come in we don't always have that. Like the behaviour support professionals carry out lots of programmes which are useful, but it's the EP who will help us to understand the nature of the child's difficulties and how to support them. Whereas other professionals assume what we say about the child is right and suggest a programme.'

'I really value the EP carrying out the whole process of consultation, assessment and intervention. I don't think other professionals do that. The behaviour support advisor comes in with a list of programmes which is good, but sometimes we don't know which programme is going to be appropriate as we don't know why the child is behaving in a certain way. It's

the same with advisory teachers; they don't always know why the child is not progressing in numeracy or literacy but give the same interventions. Whereas with the EP, it does feel like every case is different.'

4. Discussion

4.1 Key Findings

The aim of the current study was to explore SENCOs perceptions about the contribution of psychology by EPs. Thematic analysis highlights that SENCOs state that EPs apply and communicate psychology through their problem solving approach, capacity building of school staff and in individual casework. Furthermore, the ranking activity highlights that SENCOs perceive psychology is most evident through consultation and intervention, and least evident in training and research. Thematic analysis will be discussed in further detail.

4.1.1 Problem solving approach

This theme was prevalent in all five interviews, with each SENCO making reference to the EP using psychology as part of the problem solving approach. The problem solving approach was highlighted as being unique to EPs. Other external professionals such as advisory teachers and speech and language therapists were seen to focus on an aspect of a problem or offer an explanation for the problem straightaway whereas EPs carry out problem solving according to SENCOs. This is also consistent with Kennedy et al.'s (2008) research with ten EPs which found that problem solving was a predominant theoretical model used in consultation.

SENCOs stated that the EP ensures they gather information from different perspectives and contexts and takes into account the impact of difficulties through the problem solving approach. This is consistent with Morton (2004) and Cameron and Monsen's (2005) findings that EPs analyse human behaviour through an eco-systemic perspective which emphasises the complex, interdependent and recurring nature of the links between a variety of contextual, personal, and interpersonal variables (Cameron, 2006). Furthermore, EPs adopting an interactive perspective supports problem identification (Kennedy et al., 2008).

Previous research has found that consultants who lacked efficiency, flexibility and interviewing skills at problem identification phase never reached intervention development and implementation successfully (Kennedy et al., 2008). This suggests that by EPs adopting a problem solving approach, the impact of intervention and recommendations is likely to be strengthened.

SENCos also highlighted that EPs apply psychology when they generate and confirm or reject hypotheses. It was felt that consultation and assessments carried out by the EP allow for assumptions and common sense explanations to be rejected. Rather the information gathering process during the problem analysis allows for the best fit explanation to be used. In this way, SENCos felt that EPs were not offering 'quick fix' explanations and were making psychology accessible. This is supported by Cameron and Monsen's (2005) study in which they found EPs using a problem analysis approach will seek those psychological factors which provide the most plausible and logical representation of the problem and which have higher probability than other 'explanations'.

4.1.2 Capacity Building

This theme was prevalent in all five interviews with the SENCos. Capacity building refers to the EP supporting school staff in terms of their knowledge, skills and practice. This empowered school staff to build their expertise in solving problems, rather than solely relying on external agencies. SENCos highlighted that other external agencies often donate expert advice which means they are called in often despite the same issues arising. Whereas, SENCos stated that EPs work more collaboratively with school staff and share psychology which leads to empowering them and their colleagues to take ownership of the issues arising in schools. These findings are consistent with Farrell et al.'s (2006) research which found that respondents including SENCos cited examples of capacity building carried out by EPs. More specifically, the application and communication of psychological knowledge and skills

was reported as a distinct contribution from EPs. This is consistent with the current study's findings as the subordinate theme 'impact on school staff' highlights that SENCOs felt that they had acquired psychological knowledge through working with the EP. They were able to use the knowledge they had gained from the EP to apply to other similar cases. SENCOs highlighted that consultation supported the communication of psychological knowledge and this was evident through their own confidence and skills being improved throughout the working relationship. These findings suggest that EPs are carrying out a process model of consultation (Schein, 1987) in which the emphasis is on facilitating the skill development and expertise of others so they can be empowered to use the skills and knowledge for similar cases. Interestingly, these findings from the current study contrast with previous research regarding SENCOs perceptions of the EP role. Ashton and Roberts (2006) found that most of the SENCOs valued the "traditional" (MacKay, 2000, p.250) EP roles of individual assessment which may lead to statutory assessment, and giving expert advice to staff. This study acknowledges that SENCOs value the capacity building aspect of the EP role rather than being donated expert advice. Furthermore, this suggests that adopting a process model of consultation allows for psychology to be shared more effectively with SENCOs.

4.1.3 Individual casework

SENCOs highlighted that psychology was evident when EPs carried out individual casework. Interestingly, SENCOs highlighted that irrespective of statutory assessment, they value the EP carrying out individual casework. This contrasts with previous findings in which professionals working in schools perceived statutory assessment as the main function of the EP role (Farrell et al., 2006). However, the current study reflects that SENCOs perceive EPs distinct contribution of psychology as apparent in consultation, assessment and intervention. This is especially encouraging as the role of the EP is more diverse than special educational needs functions as the central emphasis. Firstly, the concept of a legislative structure for the Statement of Needs is time-limited, given the SEN and Disability Green Paper's plans to

replace the statutory assessment process with a single Education, Health and Care Plan (Department for Education, 2011). Secondly, the functions relating to special educational needs are also limited in their scope (MacKay, 2002).

Thematic analysis highlights that individual casework was perceived as distinct to EPs as it led to the application and communication of psychological knowledge and skills. SENCOs reported that health agencies rely on diagnosis when carrying out individual casework, and behaviour support professionals carry out individual and group intervention programmes, rather than applying or communicating specific knowledge and skills. These findings support Boyle and Lauchlan's (2009) view that EPs have opportunities to apply psychology in individual casework. Approaches such as Solution Focused Brief Therapy and Cognitive Behaviour Therapy demonstrate clear applications of psychological knowledge (Elliott et al., 1996; Carrigan, & Kennedy, 2007; Toland & Boyle, 2008), as does the problem-solving model advocated by Monsen, Graham, Frederickson, and Cameron (1998).

The current study's findings suggest that psychometric testing is only one aspect of the individual casework carried out by EPs as SENCOs perceive the application of psychology underpinning individual casework. Furthermore, three SENCOs highlighted that the EPs' academic background and doctoral training in psychology as being the factors that enabled them to offer a distinctive contribution and well equipped to carry out individual casework. However, one could argue that the emphasis on individual casework has led to other functions of the EP role becoming marginalised in relation to the application of psychology. Training and research were perceived as the functions where psychology is least evident in the ranking activity. However, SENCOs highlighted that alternative providers can carry out this type of work and within a time allocation model, consultation, assessment and intervention by the EP are valued as more important.

4.2 Implications for practice

Since September 2011, the Educational Psychology Service in the LA in which I am employed within has become an independent core service. Prior to this, they were situated within a service with the advisory teachers. With the Educational Psychology Service now operating as a partly traded service as well as offering schools their core allocation, Educational Psychologists (EPs) are becoming increasingly accountable for their work. Due to the partly traded service offer, the EP service has a working group which is committed to the marketing of the wide range of services available to schools from EPs. As part of the marketing, the working group are creating a brochure to advertise various projects and types of work delivered by EPs. The findings from the current study highlight the application of psychology being the distinct contribution of EPs through their problem solving approach, capacity building and individual casework. Consultation, assessment and intervention are especially valued in terms of their application of psychology by the EP. However, training and research were least evident in the functions of training and research. This has implications for how the EP service advertises the application of psychology in training and research to SENCOs and other stakeholders in schools. One could argue that with the traded service offer, schools can overcome the barriers of the time allocation model. However, they must first be aware of the value of the EP carrying out training and research. EP could present articles highlighting the range of work they have undertaken at termly inclusion planning meetings and through developing scripts. These awareness raising activities may inform SENCOs about the different roles EPs can take on.

4.3 Evaluating the approach

This study has led to valuable insight for the host EP Service regarding what a group of SENCO's value in relation to the application of psychology by the EP. However, given the small scale, situated nature of the enquiry and the qualitative approach to data analysis,

the research is positioned within the specific context of the host EP Service and with recognition that the findings represent my own interpretation of SENCOs accounts. Nonetheless, it could be argued that acting on the literal content of SENCOs comments promoted greater fidelity (Blumenfeld-Jones, 1995) to their responses and therefore reduced the potential for subjective bias (and so strengthen interpretation validity, e.g. Maxwell, 1992) in influencing my analysis. Indeed, a latent level interpretation (Braun & Clarke, 2006) of SENCOs views would be contrary to 'giving voice' (Fine, 2002) to SENCOs.

In setting out to explore the research question, I encountered a problem as the research question and how this translated into the semi-structured interview schedule was not straightforward. This is because much of the psychology applied and communicated by EPs to SENCOs may not be explicit (Love, 2009). As a result it may be unclear whether SENCOs are able to disentangle whether psychology is being applied in some EP functions more than others. Additionally one could argue that EPs may aim to ensure that the communication of psychology is subtle to the SENCO in order for knowledge to be communicated in an accessible manner. Nonetheless the current study offers insight into SENCOs perceptions about where psychology is being applied.

Despite measures that I took to militate against respondent and reactivity bias (Lincoln & Guba, 1985) the possibility of these forms of bias impacting on the fidelity of the data gathered should be acknowledged. I therefore recognise my role in conducting the research as potentially having influenced SENCOs views regarding the EP role.

In order to increase the validity of these findings it would be useful to interview EPs regarding their application of psychology. Furthermore, asking classroom teachers or head teachers

about the application of psychology by the EP may well yield different results as they have different experiences and expectations. For example, MacKay and Boyle (1994) found that head teachers in Dunbarton felt that EPs could play a valuable role in policy development and in research, neither of which was mentioned by the SENCOs in this study.

4.4 Conclusion

The results from the current study highlight SENCOs perceptions of the application of psychology by EPs. SENCOs referred to consultation, assessment and intervention as the key functions where psychology is most evident in its application and communication. More specifically, SENCOs recognised consultation as consisting of problem solving by the EP in which an interactive approach allowed for generating and confirming hypotheses rather than achieving a 'quick fix'. This reflects that EPs are able to share the psychological knowledge underpinning recommendations for children and groups whom are causing concern and SENCOs recognise this to be important. Furthermore, the current study demonstrates that EPs are focused on building capacity through using process consultation models rather than donating expert advice. Furthermore SENCOs reported that EPs application of psychology was least evident in the functions of training and research. They indicated that these functions could be carried out by alternative providers and within a time allocation model, consultation, assessment and intervention by the EP are valued as more important. Therefore a challenge is to make EPs' distinctive application of psychology not only clear to schools but to be perceived as valuable by them.

References

- Ashton, R and Roberts, E (2006) What is Valuable and Unique about the Educational Psychologist?, *Educational Psychology in Practice*, 22 (2) 111 – 123
- Aspinwall, K., Simkins, T. Wilkinson, J.F. and McAuley, M.J. (1992) *Managing Evaluation in Education*. London: Routledge
- Banks, M. (2001) *Visual Methods in Social Research*. London: Sage
- Barrett, M., Reason, R., Regan, T., Rooney, S., Williams, C., Woods, K., Stothard, J., (2002) Co-researching the concept of 'noticing and adjusting' in monitoring literacy learning, *Educational Psychology in Practice*, 18 (4), 297-311
- Beaver, R. (1996) *Educational Psychology: A Practice Guide*. London: Jessica Kingsley Publishers
- Bickford-Smith, A., Wijayatilake, L. & Woods, G. (2005) Evaluating the Effectiveness of an Early Years Language Intervention, *Educational Psychology in Practice*, 21 (3), 161-173
- Blumenfeld-Jones, D. (1995). Fidelity as a criterion for practicing and evaluating narrative inquiry. *International Journal of Qualitative Studies in Education*, 8(1), 25-33.
- Boyle, C., & 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
- Boyle, J. & MacKay, T. (1990) Pupils with learning difficulties: what do schools expect of their educational psychologists? *Learn*, 12 (2), 24–33
- Boyle, J., & MacKay, T. (2007). Evidence for the efficacy of systemic models of practice from a cross-sectional survey of schools' satisfaction with their educational psychologists. *Educational Psychology in Practice*, 23(1), 19–31.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101
- British Psychological Society (2006) *Code of Ethics and Conduct*. Leicester: British Psychological Society
- British Psychological Society (2002) *Professional Practice Guidelines. Division of Educational and Child Psychology*. Leicester: British Psychological Society
- Bryman, A. (2008) *Social research methods* (3rd ed). Oxford: Oxford University Press
- Cameron, R. J (2006) Educational Psychology: The distinctive contribution, *Educational Psychology in Practice*, 22 (4), 289-304
- Cohen, L., Manion, L., and Morrison, K (2003) 5th Edition, *Research Methods in Education*. London: Routledge/Falmer
- Connor, C. (1991) *Assessment and Testing in the Primary School*. Basingstoke: The Falmer Press

- Creswell, J. W. (2007) *Qualitative inquiry and research design: Choosing among the five traditions* (2nd ed.). Thousand Oaks, CA: Sage
- Curran, A., Gersch, I. S., & Wolfendale, S. (2003). Educational psychology, in R. Bayne, & I. Horton (Eds.), *Applied psychology: Current issues and new directions*. London: Sage
- Department for Education (2011) *Developing sustainable arrangements for the initial training of educational psychologists*. London: The Stationery Office
- Department for Education and Employment (2000) *Educational Psychology Services (England): Current Role, Good Practice and Future Directions. Report of the Working Group*. London: DfEE Publications
- Department for Education and Skills (DfES). (2004). *Every Child Matters: Change for Children*. London: HMSO.
- Dessent, T. (1992) Educational Psychologists and the case for individual casework. In S. Wolfendale, T. Bryans, M. Fox, A. Labram & A. Sigston (Eds.), *The profession and practice of educational psychology: Future directions*. London: Cassell
- DiCicco-Bloom, B., & Crabtree, B. F. (2006) The qualitative research interview. *Medical Education*, 40, 314_321
- Doyle, L., Brady, A., & Byrne, G. (2009) An overview of mixed methods research. *Journal of Research in Nursing*, 14 (2), 175-185
- Fallon, K., Woods, K., & Rooney, S (2010) A discussion of the developing role of educational psychologists within Children's Services, *Educational Psychology in Practice*, 26 (1), 1-23.
- Farrell, P., Woods, K., Lewis, S., Squires, G., Rooney, S. & 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
- Fine, M. (2002). *Disruptive Voices: The Possibilities for Feminist Research*. USA: University of Michigan Press.
- Frederickson, N. (2002) Evidence-based practice and educational psychology. *Educational and Child Psychology*, 1 (2), 96–111
- Gillham, B. (2005) *Research Interviewing: The Range of Techniques*. London: McGraw-Hill Education
- Gillham, B. (1978) Directions of Change in B. Gillham (Ed.), *Reconstructing educational psychology*. London: Croom Helm
- Gillham, B. (Ed.). (1981). *Problem behaviour in the secondary school: A systems approach*. London: Croom Helm.
- Gulliford, A. (1999) Life as an educational psychologist. *Educational Psychology in Practice*, 14 (4), 237–239
- Hallam, S & Rogers, L (2008) *Improving behaviour and attendance at school*. Milton Keynes: Open University Press

- Imich, A. (1999) Delivering educational psychology. *Educational Psychology in Practice*, 15 (1), 57–64
- Kennedy, E., Frederickson, N., & Mosen, J. (2008) Do educational psychologists “walk the talk” when consulting?, *Educational Psychology in Practice*, 24 (3) 169-187
- Labram, A. (1993) ‘The educational psychologist as consultant’ in S. Wolfendale, T. Bryans, M. Fox, A. Labram and A. Sigston (Eds.), *The profession and practice of educational psychology* (pp. 71-85). London: Cassell
- Leadbetter, J. (2000) Patterns of service delivery in Educational Psychology services: Some implications for practice. *Educational Psychology in Practice*, 16 (4), 449–460
- Leyden, G. (1999) Time for change. *Educational Psychology in Practice*, 14 (4), 222–228
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Enquiry*. Beverley Hills: Sage.
- Lubel, R., & Greaves, K. (2000) The development of an EPS information booklet for primary age pupils. *Educational Psychology in Practice*, 16 (2), 243–248
- MacKay, T. (2002) Discussion paper: The future of educational psychology. *Educational Psychology in Practice*, 18 (3), 254–253
- MacKay, T. (2000) A common purpose. *The Psychologist*, 13 (7), 331
- MacKay, T. (1997) Psychological service delivery to primary schools: do head teachers want research? *Educational Psychology in Practice*, 13 (3), 165–169
- MacKay, T. & Boyle, J. (1994) Meeting the needs of pupils with learning difficulties: what do primary and secondary schools expect of their educational psychologists? *Educational Research*, 36 (3), 187–196
- Maxwell, J.A. (1992). Understanding and validity in qualitative research. *Harvard Educational Review*, 62(3), 279-300.
- McNamara, E. (1998) *Motivational interviewing: A form teacher’s manual*. Merseyside: Positive Behaviour Management
- Miller, G.A. (1964) *The science of mental life*. London: Hutchinson
- Mosen, J. Graham, B., Frederickson, N., & Cameron, R. J. (1998) Problem analysis and professional training in educational psychology: An accountable model of practice. *Educational Psychology in Practice*, 13 (4), 234–244
- Murray, M. (2003) Narrative psychology. In Smith, J.A. *Qualitative psychology: a practical guide to research methods*. London: Sage
- Norwich, B. (2005) Future directions for professional educational psychologist. *School Psychology International*, 26 (4), 387–397
- O’Hagan, F. J., & Swanson, W. I. (1983) Teachers’ views regarding the role of the educational psychologist in schools. *Research in Education*, 29, 29–40

- Parker I. (1994) Qualitative research. In. Banister, P., Burman, E., Parker I., Taylor, M., Tindall, C. (eds). *Qualitative methods in psychology: a research guide*. Buckingham: Open University Press
- Pomerantz, M. (2007). EPS Research community developments: A discussion document. *Debate CPD*, 122, 21–26.
- Potter, J. (2003) Discursive Psychology: Between Method and Paradigm. *Discourse and Society*, 14, 783-796
- Quicke, J. (1984) 'The role of the educational psychologist in the post Warnock-era' in Barton, L. & Tomlinson, S. (Eds.) *Special education and social interests*. London: Croom Helm
- Robson, C. (2002) *Real World Research*, 2nd ed., Oxford: Blackwell
- Rockett, M. & S. Percival (2002) *Thinking for Learning*. Stafford: Network Educational Press
- Schein, E H (1987) *Process Consultation: Lessons for Managers and Consultants*, Reading, Massachusetts: Addison Wesley
- Stobie, I. (2002a) Processes of change and continuity in educational psychology Part I. *Educational Psychology in Practice*, 18 (3), 203–212
- Stobie, I. (2002b) Processes of change and continuity in educational psychology Part II. *Educational Psychology in Practice*, 18 (3), 213–237
- Taylor, G.W. & Ussher, J.M. (2001) Making sense of S&M: a discourse analytic account. *Sexualities*, 4, 293 -/314
- Thomson, L. (1996) Searching for a niche. *Educational Psychology in Practice*, 12 (2), 99–106
- Tuckett, A.G. (2005) Applying thematic analysis theory to practice: a researcher's experience. *Contemporary Nurse*, 19, 75-87
- Usher, R (1996) A critique of the neglected epistemological assumptions of educational research. In David Scott and Robin Usher (Eds) *Understanding Education Research*. London: Routledge
- Webster, A., Hingley, P., & Franey, J. (2000) Professionalisation and the reduction of uncertainty: A study of new entrants to educational psychology. *Educational Psychology in Practice*, 16 (4), 431–448
- Woolfson, R. C., & Harker, M. E. (2002) Consulting with children and young people: Young people's views of a psychological service. *Educational & Child Psychology*, 19 (4), 35–46

Appendix 1

Interview Schedule

Ranking Activity

Script

You have 5 cards here. They all have a role that the EP may have carried out in your school. Could you rank these five functions in terms of how much psychology is shared with you in each activity. 1 would be the most psychology shared and 5 would be the least, with 3 in the middle.

Depending on how SENCo has ranked the 5 functions, use the interview schedule accordingly.

Interview Prompts

In consultations, has the EP shared any psychology with you? (prompt to highlight that psychology refers to frameworks, models and theories) How effective have you found the EP sharing psychology with you in consultation?

What psychology has the EP applied and/or communicated to you when carrying out assessment? (prompt that assessment could be related to learning, social and emotional development)

What psychology can you think of that has helped inform an intervention for a child that school staff may have carried out, or the EP has supported with? (prompt..it could be an individual, group or whole class intervention)

Is there any psychological theories or models that you know the EP has used or shared with you when supporting pupils therapeutically (prompt..times when EP has been involved with children and families regarding emotional wellbeing/behaviour)

Are you aware of any research or evidence based practices that are underpinned by psychology through your work with EPs? (prompt...when recommendations are given, is the psychology shared with you? Do you want it to be?)

What psychology have you and/or the school staff become aware of through any in-service training by the EP?

Appendix 2

Participant Information Sheet

21st November 2011

Dear

My name is Sidra Aslam and I am a Trainee Educational Psychologist working within Walsall's Early Intervention and Inclusion Service Team.

The visiting EP for (name of school) feels that she has a positive working relationship with you and has given me your details in relation to some research. As part of my university requirements, I am carrying out a piece of research related to SENCos experiences of working with the EP. More specifically, I would like to explore your perceptions of the contribution of psychology by EPs. This will be through a semi-structured interview which will last up to 30 minutes.

I am therefore writing to seek consent for you to take part in the semi-structured interview. In line with the British Psychological Society Code of Ethics and Conduct, all information gathered will remain anonymous to maintain confidentiality. I will not be sharing any individual quotations with your visiting EP. The write up of the findings will not be in the public domain.

Please can you complete and return the consent form at the bottom of this letter acknowledging whether or not you agree to taking part.

Should you wish to discuss this further, then please do not hesitate to contact me on 01922 686375.

Yours Sincerely

Sidra Aslam

Trainee Educational Psychologist – Walsall Children Services

Please delete as appropriate and return to Jackie Smith by 16th December 2011

I do / do not consent to taking part in the semi-structured interview.

School: _____

Name: _____

Signed: _____

Appendix 3

Thematic Analysis

Below is an illustration of the thematic analysis process (Braun & Clarke, 2006)

Phase 2: Generating initial codes

Systematically coding interesting features of the data across the whole data set. Collating data relevant to each code

Phase 3: Searching for themes

Collating codes into potential themes, and gathering all data relevant to each potential theme

Phase 4: Reviewing themes

Checking if the themes work in relation to coded extracts and data set. Generate a thematic map of analysis

Phase 5: Defining and naming themes

Refine the specifics of each theme, and the overall story. Generate clear definitions and names for each theme

Phase 2 of the thematic analysis

Not giving a quick fix	Understanding behaviour is communication	EP gathers information from different sources	Staff understanding impact of environments
EP assessing children in different environments	Making me think differently	Using different psychological models in consultation	Making me feel confident in consultation
Realising it isn't about the diagnosis	Psychological knowledge through projects	Other professionals focus on programmes	Supporting staff to reflect on their practice in training
Psychological knowledge through INSET	EP carrying out interventions alongside school staff	Sharing problem analysis makes psychology accessible	EP gathering different people's perspectives
Value of psychology in consultation assessment and intervention for specific cases	Positive relationship with EP which encourages reflection	Breadth and depth of psychological knowledge is distinct to EPs	

Phase 3 of thematic analysis - Searching for themes

Potential theme 1 - Interactive perspective

EP gathers information from different sources
Staff understanding impact of environments
EP Assessing children in different environments
EP gathering different people's perspectives

Potential Theme 2 – Generating hypotheses

EP not giving a quick fix
EP using different psychological models in consultation
Sharing problem analysis makes psychology accessible

Potential Theme 3 - Impact of EPs work on school staff

Understanding behaviour is communication
Making me feel confident in consultation
Making me think differently
Supporting staff to reflect on their practice when carrying out training
Positive relationship with EP encourages reflection

Potential Theme 4 - Sharing psychology

EP carrying out interventions alongside school staff
Psychological knowledge through INSET
Psychological knowledge in consultation
Breadth and depth of child development knowledge is distinct to EPs

Potential Theme 5 - Individual casework

Realising that it isn't about the diagnosis
Value of psychology in consultation, assessment and intervention in specific cases
Other professionals focus on programmes

Phase 4 of thematic analysis - Reviewing themes

Theme 1: Problem solving approach	Sub-theme 1: Interactive perspective	EP gathers information from different sources
		Staff understanding impact of environments
		EP assessing children in different environments
		EP gathering different people's perspectives
	Sub-theme 2: Generating hypotheses	EP not giving a quick fix
		EP using different psychological models in consultation
		Other professionals carry out programmes
		Sharing problem analysis makes psychology accessible
Theme 2: Capacity building	Sub-theme 1: EPs impact on school staff	Understanding behaviour is communication
		Making me feel confident in consultation
		Making me think differently
		Supporting staff to reflect on their practice
		Positive relationship which encourages reflection
	Sub-theme 2: Sharing psychology	EP carrying out interventions alongside school staff
		Psychological knowledge in consultation
		Breadth and depth of child development is distinct to EPs

Theme 3: Individual Casework

Realising it isn't about the diagnosis

Value of psychology in consultation, assessment and intervention in specific cases

Other professionals focus on programmes

Appendix 4

Example of sample interview transcript

Themes:

Problem solving approach (interactive perspective/generating hypotheses) highlighted in yellow

Capacity Building (EPs impact on school staff/sharing psychology) highlighted in green

Individual Casework is highlighted in red

Interviewer: Hi, thank you for agreeing to take part in this research. Can I just remind you that all information will remain confidential and I will not feedback any quotes specifically to your visiting EP. Is there anything you would like to ask before we get started?

SENCo: That's fine, yes I am happy to start right away

Interviewer: Ok, so you have 5 cards here. They all have a role that the EP may have carried out in your school. Could you rank these five functions in terms of how much psychology is shared with you in each activity. 1 would be the most psychology shared and 5 would be the least, with 3 in the middle.

SENCo: Ok...that's quite difficult because I'm just thinking of all the different things she does and then where the psychology is most clear. **Hmmm....well we really enjoy consultation from XXXX and I know that that's where her psychology training is apparent as she makes it quite clear when she talks about different types of psychological studies and what evidence suggests that we should do.** It's obvious she does not just go on instinct.

Interviewer: Ok and would you say that in consultation you talk about individual children or at a whole group or class level too?

SENCo: I would say mainly individual children because that's where the EP is so different to other professionals who we see in the school. **And it definitely isn't just about the statutory assessment. I see the EP applying psychology for children who are causing us concern and are not statemented.** Other professionals we have to keep calling in but the EP doesn't just tell us what to do and then the same thing crops up again. **Like we were really focused on the learning side of things for our Year 6 children, as the SATs were coming up and she helped us to think about the social and emotional development of the children. Like they would be worried about their new secondary schools. So it was useful for the EP to point us in the right direction and making sure we look at all aspects of a child, not just their learning.**

Interviewer: I see so you feel the EP facilitates you to look at all children's needs holistically and not just focused on the learning.

SENCo: **Yeah definitely she really looks at the big picture.**

Interviewer: Ok and how would you rank the other functions?

SENCo: I would put research as the function with the least psychology shared. I just think that we don't really have any time for research or other professionals could perhaps carry that out. I don't know, to me it feels as if that's something that's not really a priority for our school anyway. And then I would put training next to research as I don't know whether that much psychology is used as it's more just information giving and other professionals like my advisory teacher can do that too. So I don't know if they are really using psychology.

Interviewer: Hmm and how about intervention and assessment?

SENCo: Definitely intervention and then assessment. Yeah...intervention after consultation and then assessment then training and research. I think what I appreciate about XXXX is that sometimes when we work with other professionals they just see the child once and say they have ADHD or ASD, and actually that isn't useful for me and my staff in meeting their needs. Whereas with the EP there are always strategies that we can use and she helps talk through them after seeing the child. So we know it's not something she just is giving us. She will talk us through it and that helps us to see how she is applying psychology.

Interviewer: Excellent, could you give an example of case where that has happened?

SENCo: Yeah for this one child we kept thinking he was just really naughty and should be here, and XXXX we thought would agree with us once she observed him. But she actually carried out assessment and observations and spoke to staff and said that he actually is seeking attention because of his low self esteem and previous rejection from staff at the school he was at before us. So we realised that she was using psychology to help find out why his behaviour was out of control.

Interviewer: So she was able to generate a range of possible reasons and then carry out assessment to identify which underlying reason was the most accurate for his behaviour.

SENCo: Yeah and what the great thing about XXXX is that we can then use the information and support she has given us about children with other children. We rarely ask her about the same sort of issue if she has helped us before. The staff are great in sharing issues with me about children and I can think of times that XXX has come in with sort of similar cases and helps us and use some of the strategies she has suggested. Usually they work which is great. I think it has boosted my confidence in the process as I have a lot more knowledge and now don't worry if class teacher come up to me saying they are unsure about how to teach or support a child.

Interviewer: So you are able to apply the knowledge shared by EP in other cases.

SENCo: Yeah and I know that she is using psychology when after a consultation I feel a lot more confident and understand how I can support the class teachers. I feel like over the years I have known XXXX, I have gained a lot of knowledge which I can share with the class teachers. It helps because XXXX only a number of sessions anyway, so it wouldn't be practical to call them in all the time. And in the first 3 EP jobs (consultation, assessment and intervention) I would say the psychology is really clear to me. I can see how it's different to what the advisory teacher or the behaviour professional does.

Interviewer: It's interesting to hear that comparison you have just made, Could you describe how the EP role in consultation assessment and intervention is different to other professionals?

SENCo: Ermmm...I would say XXXX has alot more knowledge. Like, last year XXXX carried out a group intervention for a group of pupils who are disaffected. She made sure that she went through the materials and the psychology behind the intervention with the Learning Mentor and carried it out with her. That's been really useful, because now the Learning Mentor is able to carry out the intervention again for the new cohort of pupils.

Interviewer: Excellent, and would you say that psychology is used by the EP at the individual level and the group level equally?

SENCo: I think we have more specific individual children that we always want XXXX to see but the group work has also been happening recently. And she helps us with lots of whole school things. She gave us advice on our behaviour policy a few weeks back. So yeah in lots of ways psychology is being used I think. But for me its the individual casework where I think the psychology training is clear. When our EP comes in and carries out their problem solving on an individual child, it's really useful and we feel like we get something from the process. I know with the pressures of statutory work it has been difficult, but this year we have brought in 12 traded sessions because we know that individual casework is a valuable contribution from the EP. Whereas I think with other professionals who come in we don't always have that. Like the behaviour support professionals carry out lots of programmes which are useful, but it's the EP who will help us to understand the nature of the child's difficulties and how to support them. Whereas other professionals assume what we say about the child is right and suggest a programme.