

Professional Practice Reports

Volume 2

By

Mrs Severine Thompson

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Chapter 1

Volume 2 Professional Practice Reports

INTRODUCTION

1 Introduction

Volume 2 of this thesis comprises four Professional Practice reports that illustrate selected accounts of supervised professional practice pieces of work of which I engaged in throughout my employment for a Midlands Local Authority as a trainee Educational Psychologist in years 2 and 3.

My professional training in Educational Psychology has been set within a context of changing times for the profession in both a national and local context.

The Special Educational Needs and Disabilities (SEND) Green Paper (2011) set out the Government's proposals for the most significant changes to education and health support for children with special educational needs in 30 years.

On my arrival into the Psychology Service (previously known as the Educational Psychology Service) I was employed with for the duration of my study, the service underwent a process of review and restructure as part of Targeted Services.

Following the outcomes of this review, the Service base moved buildings to be re-located to the main Council building for the Local Authority. In addition, a new Principal Educational Psychologist was appointed (following the retirement of two joint Principal Psychologists) and three locality teams (North,

East and South), each managed by a Senior Educational Psychologist were created.

At the time of my employment with the Psychology Service, Educational Psychologists negotiated work with schools in an annual planning meeting that took place at the beginning of the academic year. Subsequently, referrals for Psychology Service involvement for individual casework would come into the service all year round. However, this was to change in the forth coming future as the Service was planning to operate a time allocation system, whereby schools would be allocated a minimum number of 'sessions' per year.

The Psychology Service employed 32 Educational Psychologists (11 full-time, 8 part-time and 2 Trainee Educational Psychologists). Family Steps were also part of the Service employing two Specialist Behaviour Teachers on a part-time basis.

In the first year of my employment for the Psychology Service I worked closely alongside a Senior Educational Psychologist who also supervised my professional practice for the two years of my contract. In the second year, I took on more responsibility for schools and was the named link EP for 14 schools (2 secondary and 12 primary). Throughout the two years I received regular supervision by a Senior Educational Psychologist who offered support for a range of work experiences including:-

- Writing Psychological advice as part of the Statutory Assessment process
- Training school staff
- Implementing Therapeutic interventions (i.e. Motivational Interviewing and CBT)
- Selecting appropriate assessment and intervention for individual casework
- Consultation with parents and teachers

Volume 2 of the thesis contains accounts of selected pieces of work relevant to practice during the period of my employment with the service over years 2 and 3. However, the selected pieces have followed the guidance as set by the University of Birmingham in terms of the range of work Trainee Educational Psychologists are required to cover. Thus, opportunities were sought to enable the completion of PPRs that were appropriate. The first 3 PPRs covered areas suggested by the University. However, PPR 4, albeit an area suggested by the University, the duration of the longitudinal study was for 3 months rather than 6. This highlights the challenge to TEPs in terms of marrying University guidance with employment responsibility and with the imminent changes to SEN following the recent Green Paper, this may be a further challenge to Universities as Educational Psychology Services endeavour to deliver Services to children,

young people, schools and families in the context of cuts to Local Authority funding whilst at the same time, providing TEPs with a range of experiences in the world of Educational Psychology.

Synopsis of Professional Practice Reports (PPR)

1.1 PPR 1: Raising the Educational Attainment of Children with Dyslexia: A look at what is happening in a Midland Local Authority

This Midland Local Authority was moving towards achieving Dyslexia Friendly Status by the end of 2009. The Psychology Service had been involved in the launch of the Inclusion Development Programme (IDP) 1 for Dyslexia and was a priority for the Service at this time. PPR 1 highlights the National and Local policies and initiatives that underpin this drive towards raising the attainment of children with dyslexia. It also considers the contribution made by psychology to inform practice and policy in this area. This is then followed with a discussion of how well National and Local policies and initiatives have addressed the issue of teaching children with dyslexia in light of the contribution made by psychology. This report concludes by reflecting on the following questions:-

1. What are the policies and legislations that underpin a move towards improving the educational provision and consequently raising the attainment for children with dyslexia?
2. What is the LA for this enquiry doing to raise the attainment of children with dyslexia?
3. How well do these initiatives reflect the findings of psychological research?

1.2 PPR 2: Using techniques taken from Personal Construct Psychology in an assessment of the difficulties presented for young people who self-harm

The range of work Educational Psychologists are involved in include therapeutic work with children and young people. However, high caseload demands make it difficult for Educational Psychologists to become involved in this sort of work on a regular basis due to this approach requiring a heavy commitment of time to be allocated to the work. PPR 2 describes an account of a piece of work with a young person aged 13 who self-harms. The aim of this work was to gain an understanding of the behaviour for the young person, parents and school. The report describes how a 'one off' interview was used alongside techniques taken from Personal Construct Psychology (PCP) (that is, Ideal Self, Triadic Questioning, Laddering and the ABC

model). The report concludes by addressing the two questions considered throughout the piece of work:-

1. Can approaching assessment from a personal construct perspective help us to understand why a pupil uses self-harming behaviour?
2. Can a 'one-off' interview enable the sufficient gathering of information on an individual's difficulties?

1.3 PPR 3: A Circle of Friends: Using this intervention for pupils with emotional and behavioural difficulties

A Circle of Friends intervention addresses social isolation experienced by children and young people in school. It was developed by Jack Pearpoint and Marsha Forest to ensure the inclusion of children with SEN with their peer group and local school. PPR 3 gives an account of a Circle of Friends intervention for a year 3 girl for whom school reported, experienced social isolation due to her unpredictable and emotional behavioural difficulties. The report describes how the intervention was adapted to meet the needs of the pupil, how the group were selected and how the work was evaluated using a sociometric questionnaire.

The report concludes by considering the following questions:-

1. Can a model 2 (as termed by Barrett and Randall, 2004) Circle of Friends increase the level of acceptance and inclusion for a pupil who is socially 'rejected' by her peers?
2. Can a model 2 Circle of Friends increase the level of acceptance and inclusion for other members of the group who are socially 'rejected' or 'neglected'?

1.4 PPR 4: Precision Teaching: Evaluating its effectiveness on a child's motivation to read

PPR 4 reports findings from an evaluation of the effectiveness of a Precision teaching Programme for a year 3 boy with a very significant weakness in acquiring literacy characteristic of a child with specific learning difficulty (dyslexia).

Progress was monitored using the standard acceleration chart in addition to measuring its effect on his motivation via the 'Motivation for Reading Questionnaire' (work in progress).

At the time of writing this thesis, consultation on the Green Paper is underway and this should impact particularly on the role of the Educational Psychologist in the future as training arrangements are being reviewed.

Chapter 2

Raising the Educational Attainment of Children with Dyslexia:

A look at what is happening in a Midland Local Authority

2 Abstract

The launch of the Inclusion Development Programme (IDP) 1 has addressed issues of staff awareness for how to teach children with dyslexia. The present study aims to provide an account of what is happening in a Midlands Local Authority (LA) to raise the educational attainment of children with dyslexia. It discusses the contribution Psychology has made to informing policy and initiatives.

The approaches of a Primary School is described to illustrate how a school has gone about working towards being dyslexia friendly (a LA priority).

This study finds that raising the attainment of children with dyslexia has emerged from several policies such as, SENDA (2001) and the amended DDA (1995). It has highlighted the LA approach (that is, seeking to become a Dyslexia Friendly LA, offering support and guidance to schools and the promotion of a structured teaching programme).

Findings confirm that initiatives reflect psychological research into dyslexia.

2.1 Introduction

This essay focuses on dyslexia and explores what is happening within a Local Authority (LA) to raise the attainment of children with dyslexia or weaknesses in literacy.

The enquiry was conducted in a LA within the Midlands.

Information was provided by the Educational Psychology Service (EPS), Specialist Teaching Service (STS) and a Primary School.

The chosen topic (dyslexia) came about as a result of the high priority given to this area of work at the time of this enquiry. The service had recently launched the Inclusion Development Programme (IDP) 1 and this was now being promoted across the schools within the LA. This also coincided with the LA's move towards achieving Dyslexia Friendly Status by the end of 2009.

One of the key priorities in the LA's Children and Young People's Plan 2008 - 2011 was to ' [raise] the attainment of all children and young people particularly progress rates between Key Stage 3 and Key Stage 4'. Dyslexia or dyslexia friendly schools was not mentioned explicitly as a priority for the LA however in 2009 achieving Dyslexia Friendly School status was high priority.

This essay aims to highlight the National and Local policies and initiatives that underpin a drive towards raising the attainment of children with dyslexia. This is then followed with a description of the contribution psychology has made to informing practice and policy in regards to children with dyslexia. Following this is a discussion of how well National and Local policies and initiatives have addressed the issue of teaching children with dyslexia in reference to what psychology has contributed. Two areas are considered:

- The learning environment
- Identification and intervention

This essay concludes by reflecting on the questions asked.

2.2 National legislative and policy context

Current major policy initiatives have guided provision and practice for children with special educational needs.

Influences from a national perspective have guided thinking around what can be done to raise the attainment of children with dyslexia. The Special Educational Needs Disability Act (SENDA) (2001) amends the Disability Discrimination Act (DDA) (1995), to promote the inclusion of children with special educational needs and disabilities in mainstream schools. This Act includes dyslexia within its broad definition of a person with disability.

With the amendments by SENDA (2001) to the DDA (1995), schools and local authorities have a statutory responsibility to ensure that pupils with a disability (such as those with dyslexia) are not treated unfavourably and that schools make reasonable adjustments to ensure children/young people with dyslexia are not disadvantaged in comparison to their peers.

This is reflected in the formal guidance given in the Special Educational Needs (SEN) Code of Practice (CoP) 2001 which sets out schools' statutory duty to meet the needs of children with Special Educational Needs (SEN) and how schools can achieve this. This is built and extends upon the schools' statutory duty under the Education Act 1996 (section 316 and 317) which states that schools must ensure that necessary provision is made for pupils with SEN and teachers should be aware of the importance of identifying and providing for pupils with SEN. Hence, there is a movement in the world of dyslexia in the case of this report, where an inclusive approach to SEN is being promoted.

In the CoP (2001), dyslexia is found in the section entitled 'Cognition and Learning' (soon to become the title of IDP 4). It states:

'Children who demonstrate features of moderate, severe or profound learning difficulties or specific learning difficulties, such as dyslexia or dyspraxia, require specific programmes to aid progress in cognition and learning.' (paragraph 7:58, p.86).

Hence, educators are now required to ensure they tailor provision in their school to meet a child's needs rather than a child fitting the provision of the school.

The National Curriculum Inclusion Statement reinforces this requirement to meet the individual needs of children with SEN in stating that teachers should respond to pupil's diverse needs by:

1. Creating effective learning environments;
 2. Securing their motivation and concentration;
 3. Providing equality of opportunity through teaching approaches; and
 4. Setting targets for learning
- (National Curriculum Inclusion Statement: section B)

In section C (Overcoming potential barriers to learning and assessment for individuals and groups of pupils) it suggests that teachers should make provision to support individual or groups of pupils to participate in the curriculum and assessment activities. It suggests that access to the curriculum for an individual with SEN can 'be met through greater differentiation of tasks and materials, consistent with school based intervention as set out in the SEN Code of Practice.'

In the Governments document 'Removing Barriers to Achievement' (DfES, 2004), a strategy for SEN is proposed. The aims of this strategy is 'to personalise learning for all children' (p.5) and raise achievement. It sets out its programme of sustained action and review in four key areas:

1. Early intervention
2. Removing barriers to learning
3. Raising expectations and achievement, and
4. Delivering improvements in partnership

In this document, the government commits itself to implementing an Inclusion Development Programme (IDP) 'to help schools become more effective at responding to the needs of individual pupils' (DfES,2004,p.31). IDP 1 has since been produced by the National Strategies and is linked to other initiatives (e.g. Improving Schools Programme, Assessing Pupil Progress, Personalised Learning). This resource is aimed at providing schools (Head Teachers and SENCOs) with support in planning to raise the attainment of pupils with dyslexia or Speech, Language and Communication Needs (SLCN).

In July 2008, the Department for Children, Schools and Families (DCSF) published a report by John Bercow in which he had conducted a review of services for children and young people with Speech, Language and Communication Needs (SLCN). In his

report, Bercow made 40 recommendations and he identified 5 key themes:

1. *Communication is crucial*
2. *Early identification and intervention are essential.*
3. *A continuum of targeted and specialist services around the family is needed.*
4. *Joint working is critical.*
5. *The current system is characterised by high variability and lack of equity.*

(taken from a summary of the Bercow Report, 2008:1)

Jim Rose, as part of a review on the identification and assessment of dyslexia and literacy difficulties for children and young people, examined how to strengthen this focus on SLCN in the curriculum. Rose made 19 recommendations under the following 5 key areas:

1. Strengthening teaching and learning
2. Assessing children's progress and identifying children's difficulties
3. Further strengthening of intervention programmes
4. Guidance for parents
5. Assuring the quality of provision

(taken from a summary of the Rose Review, July 2009)

In the reports of both Rose and Bercow they acknowledge the necessity of identifying and intervening early for children with SLCN/dyslexia.

The British Psychological Society (BPS)/Division of Educational and Child Psychology (DECP) working definition of dyslexia is as follows:

'dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching.'
(BPS/DECP, 2005:11)

In contrast, Rose (2009) proposed the following working definition of dyslexia:

- Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.
- Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.
- Dyslexia occurs across the range of intellectual abilities.
- It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points.
- Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.
- A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well founded intervention.
(Rose, 2009:10)

This bears a close resemblance to the definition made by the BPS/DECP but with the addition of a common hypothesis in dyslexia - 'the phonological deficit'.

2.3 Local policy context

In May 2007 the Children and Young People's Service for the LA discussed in this essay produced a policy on dyslexia. This policy provides advice on how to support schools in working with children and young people with dyslexia (appendix 1). It adopts the BPS (2005) working definition of dyslexia and this is used to guide the assessment of a child or young person. It advises that assessment will examine whether:

- the child/young person has learned accurate or fluent word reading and/or spelling very incompletely or with great difficulty.
- appropriate learning opportunities have been, and are being provided.
- progress has only been made as a result of much additional effort / inclusion and that those difficulties have nevertheless persisted.

The main purpose of the assessment, as made clear in the policy, is not to confirm or disconfirm the appearance/existence of dyslexia but to provide information that will inform and help in

the development of appropriate interventions and support strategies. The policy points out that dyslexia can be identified and described by teachers and SENCOs in addition to Educational Psychologists (EPs) and Specialist Support Teachers (STS).

2.4 Raising the attainment of children with dyslexia

The LA is presently working towards achieving the British Dyslexia Association (BDA) Quality Mark for being a Dyslexia Friendly Authority. The LA aims to achieve the required standards by the end of 2009. To achieve this status, several schools in the LA have been accredited as dyslexia friendly.

Mackay (2005) lists the five steps to a Dyslexia Friendly School (DFS):

1. Policy - here, there is a focus on the good practice already happening in school (with particular regard to addressing children's preferred learning styles).
2. Training - schools should have a named, qualified dyslexia specialist and the training needs of *all* staff who teach children should be identified and addressed.
3. Identification, assessment and monitoring - a DFS will identify those children who are experiencing difficulties quickly and respond promptly to their identified needs.

4. Respond to needs - a DFS supports children in such a way as to reduce weak literacy skills as a barrier to learning and achievement. Presenting work in different forms other than written is embraced.
 5. Parents as partners - a DFS involves parents in the life of the school and will listen and acknowledge parents' concerns and respond promptly.
- (taken and adapted from Mackay, 2005)

In adopting this initiative, the LA aims to provide all of their children and young people with a positive, inclusive educational experience. They endeavour to provide their children and young people with the necessary support required to achieve their full potential. This is something I have heard said by many of the EPs throughout the Educational Psychology Service (EPS).

DFS also accords with personalised learning, as recommended in the Rose review (2009) and supported by the government (DfES, 2004).

All schools in the LA are receiving support from EPS and STS to provide all their pupils with a positive and inclusive educational experience. Currently, EPS and STS are working together to embed the IDP 1, (a service priority and a

government directed initiative) throughout all schools in the LA. The 'Cross Departmental Team' which involved representatives from School Improvement and Performance Service's SEN team, Specialist Teaching Service, Speech and Language Therapy Service and Educational Psychology Service, launched the IDP 1 through the delivery of a training day to representatives from schools.

EPs and Specialist teachers (STs) have conducted a survey using questionnaires, to identify support needs in implementing IDP 1. Both the EPS and STS deliver training to teaching and support staff on dyslexia. This service comes at a cost but is free to schools if this is linked to children in the school who have dyslexia. This has implications for those children who may not be identified as dyslexic but may present tendencies that are a characteristic of dyslexia. Thus, early identification and support is more difficult where schools have not received training.

The STS offer training on reading, spelling, alternative ways of recording and dyscalculia to teaching and support staff. They also hold regular parent information evenings on dyslexia where parents can find out more about dyslexia and discuss ways of

approaching schools to talk about their concerns around the possibility of their child having dyslexia.

This is a traded service that schools have to buy in. The service manager reported that prices have recently increased and schools are finding it expensive. The service is aware that a number of children would benefit from the service they offer but may not receive it and for this reason. However, the service offers consultation that will enable teachers to improve their practice for all pupils.

The EPS recommends 'Direct Phonics' (a structured research based synthetic phonics programme designed for pupils with basic literacy difficulties) to schools and offers training to teaching and support staff. Some schools have bought this resource as a result. The service also plans to develop a dyslexia pathway in 2010 to support schools and parents in the identification and support of children with literacy difficulties.

2.5 A dyslexia friendly school

Great Primary School's (not real name) SEN register is dyslexia heavy with a majority of those children with dyslexia being boys (number not ascertained). For this reason the school chose to

work towards achieving the accreditation of Dyslexia Friendly School status. The school believe that they currently have a dyslexia friendly approach to teaching and learning. The school plans to deliver the Primary Strategies resources (IDP 1 and Learning and Teaching for Dyslexic Children) to all teaching and support staff.

The school have recently re-written their SEN policy to include dyslexia and highlight the resources available to support those children with literacy difficulties (appendix 2).

The school's SENCO has set up a display in the staffroom with the intention of making DFS high profile and a key priority throughout the school. This also functions to inform staff of dyslexia friendly strategies they can use in their classroom.

Great School have implemented a variety of dyslexia friendly strategies which the SENCO believes has made a significant impact on the learning experience of the children and contributed to a rise in the attainment of those children with dyslexia or who have difficulties in literacy (this was based on the SENCO's general assessment rather than specific data).

The school report that they have considered the teaching style they adopt which involves the use of VAK (Visual, Auditory and Kinaesthetic) and MOSS (Multisensory teaching over learning using structured, sequential approach). The school also encourages their children to present their work in a variety of forms (e.g. concept mapping, recording) and to use cursive writing.

Resources in the school include:

- A mini ICT suit in every classroom with specialised keyboards (funded by the schools' parents association)
- Visual timetables
- Visual learning targets displayed in the classroom
- Learning trays (e.g. Maths banks and word banks)
- Buff paper and tinted overlays
- Microphones
- Stories on CD
- The purchase of Direct Phonics programme/materials.

The school have received support from STS and EPS. These services have provided teaching and support staff with advice and training with regards to meeting the needs of those children with dyslexia or literacy difficulties. It is not clear whether this has also enabled staff to identify children with specific

learning difficulties (dyslexia) earlier. They have also recommended valuable and economical resources for the school to purchase.

The STS in partnership with EPS, promote dyslexia awareness week. In 2009, STS prepared and presented to schools, a flyer (appendix 3) and the EPS prepared a powerpoint on dyslexia (appendix 4) for schools to present to staff and children.

All of this indicate that schools are being offered support to meet the needs of those children diagnosed with dyslexia or who are experiencing literacy difficulties. However, it is not clear as to whether the school believed they were more able to identify children's difficulties earlier and thus, make appropriate provision.

2.6 Psychologies' contribution to the teaching of children with dyslexia: a learning difference.

In turning to psychology's contribution to developing our understanding of how best to teach children with dyslexia, I will be referring to dyslexia from the view advocated by MacKay (2005) where dyslexia is described as a learning difference. I refer to dyslexia in this way not only because of its indication

towards an inclusive practice, but also because, within psychological research, evidence draws attention to individual differences between the child with dyslexia and the non-dyslexic individual. Hence, the message is that the problems children with dyslexia experience in the acquisition of reading and writing can be addressed with adequate support. Furthermore, to understand how to provide support we need to understand the possible reasons for the child's difficulties acquiring basic literacy skills.

2.7 Neurological difference

Neuropsychology has explored the structure of the brain in search of an explanation of the reading difficulties experienced by those children with dyslexia. Research in this area indicates a difference in brain structure and neural connections for processing information resulting in a difference in the way information is processed for those children with dyslexia in contrast to children without dyslexia.

From a neurological perspective:

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction.

(Lyon, Shaywitz, and Shaywitz, 2003:2)

It is suggested that the left hemisphere of the brain (strongly associated with language processing), fails to function properly during reading tasks for children with dyslexia making reading a difficult task.

This neurological difference results in a cognitive, consequently behavioural, difference that can be observed in children's reading behaviour or experience (Thomson, 2001).

2.8 Brain structure and its function

When we look at the brain we see grey and white matter. The primary function of the grey matter is for information processing. Booth and Burman (2001) found that people with dyslexia had less grey matter in the left parietotemporal part of the brain than non dyslexic people. This could lead to problems processing the sound structure of language (phonological awareness).

White matter is concerned with the transferring of information around the brain from one nerve to another. It has been found that people with dyslexia have less white matter in the left parietotemporal region of the brain known for increasing reading skill (Deutsch, et al., 2005). This can affect the brain's efficiency for transferring information to other areas.

Non-invasive magnet source imaging methods (e.g. functional Magnetic Resonance Imaging (fMRI) and magnetoen-cephalography (MSI) have been used to measure physiological signs of neural brain activation.

Such studies have looked at comparing the difference between brain activity for dyslexics and non-dyslexics. Evidence suggests that individuals with dyslexia show strong activation in the right hemisphere coupled with significantly weaker left hemisphere activation, whereas, individuals without dyslexia show an opposite pattern (Shaywitz et al 1998, Simos et al 2000, Shaywitz et al 2002).

A study by Shaywitz et al. (2002) compared the brain activation for two groups (144 right handed children with and without dyslexia). Their brain activations were measured on tasks designed to tap several component processes of reading:

- Identifying the names or sounds of letters
- Sounding out nonsense words
- Sounding out and comparing meanings of real words

They found that there was more activation in the areas important for reading for those children without dyslexia than those with dyslexia. Also, children who were good at decoding (non-dyslexic) showed more activation in the areas important for

reading in the left hemisphere and less in the right hemisphere in comparison to children with dyslexia.

From their findings Shaywitz et al. (2002) suggested that this disruption in the reading systems in the left hemisphere for those children with dyslexia meant that these children would compensate by using other, less efficient systems (parietotemporal system of the left hemisphere involved in the conscious, effortful decoding of words and the right hemisphere). In this way, much effort is being made to decode words and this probably leaves insufficient cognitive resources to interpret the meaning of the text being read (comprehension). To reduce the demands on cognitive resources, a child needs to read words to the point of automaticity to enable the allocation of more resources to constructing meaning. This provides a possible explanation for why, although children with dyslexia can acquire reading accuracy, their observed reading behaviour, can be slow.

2.9 Preferred learning styles

Evidence of the difference in processing information as a consequence of the difference in brain structure also highlights possible differences in the preferred learning styles by children with dyslexia. For these children, their areas of strength can be used to compensate for their areas of weakness.

For instance, evidence from neuropsychology indicates that the right hemisphere is strongly activated in its effort to tackle written language. However, the right (gestalt) hemisphere is responsible for processing more holistic stimuli such as pictures and visual information. This area deals with comprehension and facilitates three dimensional, spatial or gestalt kinds of tasks (Thomson, 2001).

The notion of Gardner's 'Multiple Intelligence' (1983) sits well here. Gardner advocates for the existence of multiple intelligences suggesting that there are eight ways of knowing (Gardner, 1999). Reid (2005) recommends that this notion is incorporated 'into the teaching and learning process in schools.' (p198).

Multisensory approaches are widely used in the teaching of children with dyslexia (Reid, 2005, 2007). This approach allows for at least one mode of learning to be matched to the child's preferred learning style. For instance, if a child has difficulty processing auditory information then this may be compensated for through using visual channel. Reid (2007) suggests that the learning condition impacts on the learning performance of children with dyslexia.

Mortimore (2005), issues a word of caution in regards to taking a hypothetical view of 'right-brained learning'. Mortimore, in

a review of a research project that was concerned with illustrating the effectiveness of teaching to the learning style of dyslexic students (Exley, 2003), points out that there is little empirical research to support such claims that individuals with dyslexia have a preferred learning style or can be labelled as being visuo-spatial learners.

2.10 A cognitive explanation

'a phonological deficit is the direct underlying cause of most cases of dyslexia...'
(Ramus, White and Frith, 2006:27)

Dyslexia is viewed as a language difficulty whereby the individual experiences difficulties with phonemic segmentation and phonological coding.

The BPS (2005) presents 10 different theoretical accounts of dyslexia:

1. Phonological deficit hypothesis
2. Temporal processing hypothesis
3. Skill automisation hypothesis
4. Working memory hypothesis
5. Visual processing hypothesis
6. Syndrome hypothesis
7. Intelligence and cognitive profiles hypothesis

8. Subtype hypothesis
9. Learning opportunities hypothesis, and
10. Emotional factors hypothesis

Interestingly, the BPS, however, suggests that the phonological deficit hypothesis provides us with a main focus

'because of the broad empirical support that it commands and because of the role phonology is accorded in many of the other hypotheses in mediating the impact of dyslexia on the acquisition of word reading and spelling' (p.44).

Snowling (2000) supports this view arguing that a phonological deficit may be the single cause of dyslexia. Hatcher and Snowling (2002) suggest that dyslexia is a specific disorder of development due to phonological processing impairment. However, other aspects of the child's language (vocabulary and grammatical skills) are relatively normal.

2.11 Understanding causes of dyslexia

As mentioned earlier, neurological differences will result in cognitive differences which in turn will result in specific observed behaviour (Thomson, 2001). Frith (1999) uses a causal modelling framework (figure 1) to illustrate this.

Environment	Brain
	Cognition
	Behaviour

Figure 1: Causal modelling Framework (from Morton and Frith, 1995)

The framework includes the environment which interacts with each level. This draws our attention to contextual factors that can hinder or support the learning experience for the child with dyslexia (an element I will discuss later on).

In attending to reading at the behavioural level, the phonological deficit hypothesis highlights difficulties in learning Grapheme-Phoneme-Correspondence (GPC) and phonological processing. Psychological research points out that word recognition is a fundamental skill to learning to read (Adams, 1990; Share and Stanovich, 1995) and that progress in this relates to phonological skills (Bradley and Bryant, 1983; Bryant

and Bradley, 1985; Ball and Blachman, 1988, 1991; Lundberg *et al.*, 1988; Goswami and Bryant, 1990).

2.12 Phonological core deficit

A phonological deficit suggests that the individual is experiencing difficulties in phonemic awareness (hearing and manipulating individual phonemes) and phonological awareness (hearing and manipulating larger units of sounds i.e. onset, rimes, syllables, in addition to phonemic awareness difficulties).

It is suggested that dyslexia derives from difficulties in rapid processing and sequencing of phonological information (speech sounds) in short term memory (Mody *et al.*, 1997, Wolf and Bowers, 1999). To explain this function further, I will describe phonological processing in relation to working memory (a system relevant to dyslexia).

Baddeley and Hitch (1974) proposed a model of working memory.

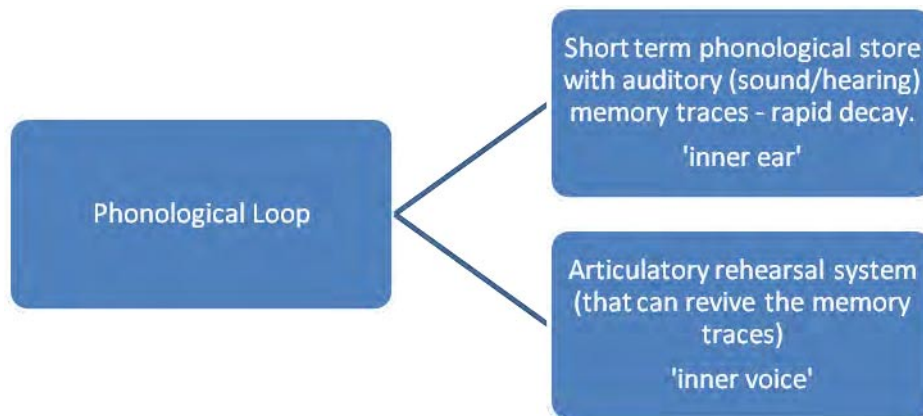
They described it as involving three main components:

- The central executive (a supervisory system that controls the flow of information to and from slave systems)
- The phonological loop
- The visuo-spatial sketch pad

The slave systems (the phonological loop and visuo-spatial sketch pad) are both short term storage systems. For the purpose of this essay, I will focus on briefly describing the function of the phonological loop which deals with sound and phonological information.

There are two parts to the phonological loop (figure 2).

Figure 2 Phonological loop



When reading, information is presented visually and thus, has to be transformed into phonological code through silent articulation (inner ear) to be encoded into the phonological store. Phonemic and phonological awareness difficulties may impede this part of the process. In addition, the phonological store remembers speech sounds in their temporal order (an area of difficulty experienced by individuals with dyslexia).

The articulatory control system facilitates this transformation (letter/word transformed into phonological code) enabling rehearsal of the information on a loop via the inner voice to prevent it from decaying.

Compounding this are difficulties in automizing behaviour. That is, learning a behaviour sufficiently well enough that it does not require conscious attention to perform it (Nicholson and Fawcett, 2001).

Here, it can be seen how cognitive processing difficulties impact on an individual's potential to learn words or spellings.

2.13 Contextual aspects

Frith's (1999) causal modelling framework (figure 1) highlights functioning at three levels (brain, cognition, behaviour).

Interacting with all of these is the environment (i.e. aspects of teaching, experiences at home) all of which may affect a child's learning and hence observed behaviour.

The school itself is a learning environment and thus, is a system where changes to aspects within that environment could result in other changes. For this reason it is important to consider the context in which learning takes place particularly when considering implementing interventions with a view to raising attainment.

Bronfenbrenner considers the significance of ecological context on children's development and draws our attention to focusing on the context in which development is taking place (Bronfenbrenner and Morris, 2006).

Jonathan Solity (an advocate for Instructional Psychology) considers the importance of aspects in the learning environment with a view to the potential impact this has on raising attainment. Solity suggests that focus should be placed on applying psychological principles to teaching and learning for all children stating: '...the key to ensuring that children make progress is what and how they are taught rather than the availability of additional resources, parental support or one-to-one teaching' (Solity *et al*, 2000: 124).

In considering 'what' should be taught in regards to children with dyslexia or weaknesses in learning literacy, research has focused on phonological awareness and the order in which this should be taught.

There are two contrasting theoretical positions to this.

1. A developmental perspective which suggests children should be taught those skills which emerge first and so are easiest to learn (onset-rimes).

2. Instructional Psychology which argues for the most useful skills to the learner to be taught first, irrespective of developmental sequence (Grapheme-phoneme correspondence (GPC)).

Solity (2000) argues that in taking an Instructional Psychology position to the teaching of reading, the skills being taught mirror those skills used directly in reading and spelling (GPC). That is, teaching is concerned with the small units as opposed to teaching larger units to beginning readers. Thus, attention is paid to the teaching of phonological skills.

2.14 Top down or bottom up

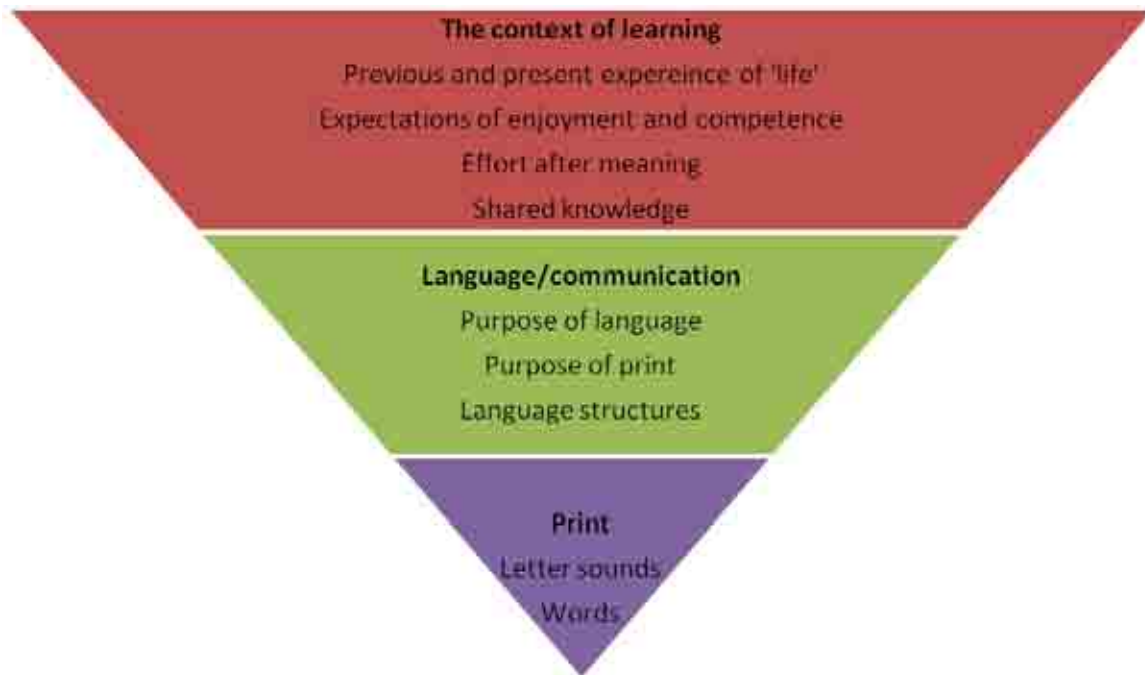
A 'bottom up' approach to learning focuses on skills of decoding (reading). It promotes the idea of teaching/learning sub-skills to enable the mastery of complex skills (consider Haring and Eaton's (1978) instructional hierarchy). This theory applies to practices associated with instructional methods such as task analysis and precision teaching which assume that efficient practice of a targeted skill will increase success. Structured cumulative programmes of instruction in the form of objectives (Solity and Bull, 1987), direct instruction (Carnine and Silbert, 1979) and the multi-sensory practice of phonics (Hornsby and Shear, 1975; Hickey, 1977) are distinctive to a bottom up approach. However, approaching teaching and learning

from the 'bottom up' could be detrimental to acquiring meaning in reading (Pumfrey and Reason, 2001).

In contrast, a 'top-down' approach considers providing the reader with a whole language experience from the outset, immersing the child in 'real books'. This is concerned with fostering an enjoyment of books through supported and shared activity where the experience of difficulty to decode words is avoided (i.e. paired reading). This approach, however, means that in using prediction based on the whole text when reading, the reader fails to attend to meaning in the text. Rumelhart, (1980) suggests that if the reader is unable to arrive at the 'schema' intended by the author, then the text has not been understood. Guesses and predictions run the risk of the child misinterpreting or not understanding the text read.

Reason (1990) argues for an approach that combines the two paradigms. She provides a framework (figure 3) which conceptualises an approach which takes into account the context of learning, purpose of learning and the nature of print recognition.

Figure 3 Framework



This view is further reinforced by Velluntino (1987) who, in his research of word recognition, suggests the implementation of programmes that combine both a holistic/meaning and analytic/phonetics approach to instruction in the teaching and learning of reading.

Individualized programmes for teaching children with dyslexia, incorporate the following principles:

- Multisensory: utilising all available senses simultaneously

- Overlearning: necessary to achieve automaticity (necessary to establish mastery of skill to allow less demand on executive function and automaticity to take over)
 - Structure: linear progression whereby the learner masters sub-skills before advancing to a subsequent skill
 - Sequential: a sequential and cumulative approach that provides a structure for learning making learning meaningful and effective
- (adapted from Reid, 2007)

2.15 Social interaction and cognitive development

Vygotsky (1896-1934) considers how the social environment contributes to providing effective learning situations that enable cognitive development/growth. He holds the view that children's learning is embedded in social relationships and practices and that these act as a social context which facilitates or hinders progress towards advanced modes of thinking. Thus, context is an integral part of learning.

Vygotsky regarded the social interaction between an adult and a child (what he termed, expert-novice) to be significant to a child's cognitive growth. He proposed that through joint working between the adult and the child (teacher-pupil) the pair are able to work through what he terms 'the zone of proximal development' (ZPD).

Burden (2002) describes the ZPD as a zone in which an adult will scaffold the learning experience to be presented to the child. As a consequence of providing the child with a scaffold, cognitive activity occurs and following this, the adult will gradually withdraw the scaffold. The process is a dynamic one involving active learning rather than passive.

Vygotsky's model considers the importance of the more able 'other' who can guide the child to more advanced modes of thought (the adults' understanding). To do this, Vygotsky suggests that the child requires the tools for thinking. Once able to use the tools for thinking provided by the adult as a consequence of working together, the child will eventually be able to use that tool for themselves as it becomes part of their repertoire.

Scaffolding provides that opportunity. Through scaffolding, the child with dyslexia is able to clarify and establish concepts prior to advancing further in their learning. This process is metacognitive as it involves the learner thinking about their own thinking processes.

2.16 Metacognitive aspects of learning

Neuropsychology highlights possible disruptions of the systems in the left hemisphere leaving other, less efficient systems to

compensate for this disruption. Thus, the dyslexic individual may apply ineffective and inefficient strategies to learning (particularly where there are phonological processing difficulties). It is suggested that the high cognitive demands being made on their memory means that learning tasks are misdirected resulting in the selection of ineffective and inefficient strategies (Leather and McLoughlin, 2001). Reading can be a slow and laboured process for the child with dyslexia as they view reading as essentially a decoding task and seldom re-read or actively comprehend whilst reading (Reid, 2005). Thus, in using metacognitive strategies, the child will avoid being entrenched in the decoding process of reading which is costly to their ability to comprehend.

Tunmer and Chapman (1996) suggest that the individual with dyslexia has poor metacognitive awareness and subsequently experiences difficulty in metacognitive aspects of learning. Hence, it is suggested that the child with dyslexia needs to be explicitly taught metacognitive strategies (Wray, 1994) with an emphasis on the process rather than the product of learning.

Metacognitive strategies can facilitate new learning by drawing the child's attention to previous learning experience and helping them to make the link between this and the new learning being presented and so become more efficient. Some

metacognitive strategies, as reported by Tregaskes and Daines (1989) are:

- Mind mapping or webbing (using visual imagery to obtain the main ideas from a text and to aid the development of concepts)
- Self-questioning (facilitates making the link between previous knowledge with new material)

Returning to Uta Frith's causal model, the environment may impact on the child in such a way as to reveal a difference in the behaviour of a child with dyslexia when a change has been made. Evidence from research reviewed above indicates that adequate instruction has the potential to remediate some of the difficulties children with dyslexia experience.

'environmental input will be crucial in shaping development, and will be dynamic rather than static.'
(Goswami, 2003: 535)

2.17 Addressing issues in teaching children with dyslexia: national and local initiatives

National and local policy move towards a learning environment that is inclusive whereby the school/teacher makes reasonable adjustments with a view to meeting the needs of children with special educational needs (DDA, 1995). Creating an effective

learning environment is key (as stated in the National Curriculum Inclusion Statement) as research in psychology particularly Bronfenbrenner's systems theory, point out. National and consequently, local policy and initiatives have drawn attention to the context in which learning takes place. In this way, they appear to acknowledge the potential context has in either hindering or enhancing the learning for the child with dyslexia.

Local and national policies and initiatives have taken account of this and consequently this has shaped the practice of teaching children with dyslexia across the LA where a DFS status is adopted.

In a drive towards obtaining DFS status across the LA, the initiative is in line with the social model of disability whereby social factors are considered to impact on the child. Frith's causal model illustrates this. This is a move away from within- child factors to a focus on the teaching and learning environment.

Solity *et al*, (2000) points out the benefit of applying psychology to all children. The LA's drive towards acquiring Dyslexia Friendly Status is a move in this direction where approaches and strategies that are an element of DFS will be delivered across the whole school.

DFS supports an early identification and intervention approach to the teaching of children with dyslexia (a point acknowledged in the Bercow report, 2008 and the Rose review, 2009).

The CoP (2001) clearly states that schools are required to provide 'specific programmes to aid progress in cognition and learning' (p.86). Rose (2006) in conclusion to an independent review of the teaching of reading, suggested that a systematic approach to phonics (synthetic) is a direct route to becoming a skilled reader and writer.

The EPS supports schools by recommending and providing training for 'Direct Phonics' (a wave 3 phonic-based intervention).

Research in psychology supports the implementation of a phonic-based programme in teaching children with dyslexia. Phonological skills for decoding and automizing behaviours are difficulties children with dyslexia experience and the 'Direct Phonics' programme used in some schools across the LA offers a sequential and cumulative approach which draws on principles of Instructional Psychology and those found in individualised programmes for teaching children with dyslexia (Reid, 2005).

The launch of the IDP 1 has addressed issues of staff awareness for how to teach children with dyslexia or SLCN. The materials it contains covers key elements drawn from psychology (for example, metacognitive strategies). The school I approached in

this study was applying multi-sensory techniques to teaching and learning, reaching the different styles of processing information children have. In this way, teaching approaches drew on the children's strengths to compensate for their areas of weakness. However, memory is a difficulty children with dyslexia experience, and so although it is important to consider how information is going in and out, attention needs also to be drawn to considering the cognitive processing difficulties that leave the child with dyslexia experiencing difficulties in retaining knowledge. Are schools providing an approach to the whole curriculum that considers this? This is an area for future research.

2.18 Conclusion

In this essay I have addressed the following questions:

1. What are the policies and legislations that underpin a move towards improving the educational provision and consequently raising the attainment for children with dyslexia?

Raising attainment for children with dyslexia has emerged from the following:

- SENDA (2001) and the amended DDA (1995) - schools now have a duty to ensure 'all' children (with an emphasis

on children with a disability including dyslexia) are included and should make reasonable adjustments to this end.

- The CoP (2001) which highlights the need to implement specific programmes to support learning.
- The National Curriculum Inclusion Statement which has placed an emphasis on creating an effective learning environment.
- Removing Barriers to Achievement (DfES, 2004) and the implementation of IDP 1 which focuses on early identification and intervention and this is acknowledged in two reports (Bercow, 2008; Rose, 2009).
- The BPS (2005) which provides a working definition of dyslexia to guide assessment and intervention. This definition includes distinctive characteristic features of dyslexia (i.e. difficulties in accurate and fluent word reading and spelling) and now Rose (2009) has included phonological difficulty to a definition of dyslexia.

2. What is the LA (the focus for this enquiry) doing to raise the attainment of their children with dyslexia?

To raise the attainment of children with dyslexia the LA have taken the following actions:

- To seek Dyslexia Friendly status by the end of 2009.
- Provided schools with advice and training (from EPS and STS particularly in regard to embedding IDP 1) to support schools in becoming dyslexia friendly.
- The promotion of implementing a phonic based programme such as Direct Phonics to teaching children with dyslexia.

3. How well do these initiatives reflect the findings of psychological research?

The following initiatives reflect psychological research:

- The recommendation to implement Direct Phonics for those children with dyslexia (this includes the element of overlearning to achieve automaticity)
- The implementation of the IDP 1 (this facilitates appropriate teaching for children with dyslexia such as the use of multi-sensory approaches and metacognitive strategies)

- Being a dyslexia friendly Local Authority and school
(this considers the impact of contextual factors in
which learning is embedded)

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Relevant websites

National Curriculum Inclusion Statement available through the following weblink:

http://curriculum.qcda.gov.uk/key-stages-3-and-4/organising-your-curriculum/inclusion/statutory_inclusion_statement/index.aspx?return=/search/index.aspx%3FfldSiteSearch%3DInclusion+statement

Primary and Secondary Inclusion Development Programme (IDP): Dyslexia and Speech, Language and Communication Needs (SLCN) e-learning course available through the following weblink:

<http://nationalstrategies.standards.dcsf.gov.uk/node/165381>

Chapter 3

Using techniques taken from Personal Construct Psychology

In an assessment of the difficulties presented for

Young people who self-harm

3 Abstract

The present study provides an account of the use of a 'one-off' interview to understand the behaviours presented by a 13 year old girl who self-harmed. This piece of work utilised techniques taken from Personal Construct Psychology (PCP) (ideal Self, Triadic Questioning, Laddering and the ABC model) to 'make sense' of the behaviour presented in order to inform future planning for interventions.

The present study provides a description of the work undertaken. This study reveals the potential impact a single session of therapy using techniques from PCP has for Educational Psychologists. The potential for future research in this area is highlighted.

Outcomes of this work indicate that a 'one-off' interview enabled sufficient information to be gathered about the pupils' difficulties to inform decisions with regards to ways forward.

3.1 Introduction

This essay provides an account of work with a 13 year old girl who presents self-harming behaviour. It describes how her difficulties were understood through using a 'one off' interview (as described by Ravenette, 2006). This type of interview is

concerned with trying to understand the difficulties the young person experiences from their perspective and this is accomplished by utilising techniques taken from Personal Construct Psychology (PCP).

The pupil concerned was referred to the Psychology Service for 'angry outbursts', 'self-harming', and other concerning behaviours. The interview session was conducted at her school in a one-to-one situation following a meeting with the school SENCO and her parents.

The purpose of this piece of work was to gain an understanding of the behaviour presented for the pupil concerned, parents and school. Both her parents and teachers wanted to understand 'why' she was self-harming. They described her as a 'high achieving' pupil but relatively 'private', keeping herself to herself (as she later described herself in our work together).

Techniques taken from PCP (that is, Ideal Self, Triadic Questioning, Laddering and the ABC model) were used to explore the pupil's personal constructs in order to begin to 'make sense' of the behaviours presented and so, build a formulation of her difficulties to provide information to inform the planning of future interventions.

This essay begins with a review of literature which considers how self-harm is defined before exploring research that investigates the prevalence of self-harming in adolescence (for girls and boys) and motivation for self-harming. This is then followed by a description of PCP including a brief description of the background to the theory (developed by George Kelly) and research whereby PCP approaches are applied to assessing people who self-harm by Winters *et al.*, (2007). This essay describes the 'one off' interview before moving into a description of the casework and a discussion as to what was achieved in using this approach to a pupil that self-harmed. The following questions were considered:

1. Can approaching work with a young person who self-harms from a personal construct perspective help us to understand why the young person uses self-harming behaviour?
2. Can a 'one off' interview enable the sufficient gathering of information on an individual's difficulties to help us to consider future interventions?

3.2 Defining 'self-harm'

Current literature does not provide a common definition for 'self-harm'. At present, definitions of 'self-harm' differ from those that view 'self-harm' to include suicidal intent and those that view 'self-harm' as non-suicidal in its intent.

To illustrate this point, what follows is a review of literature where a definition of 'self-harm' has been provided.

Rayner (2003), in a study based in the UK, defined self-harm as behaviour that includes the deliberate intent to inflict harm on him or herself directly or indirectly. Favazza, (1989) (a study based in the US) and Laye-Gindhu and Schonert-Reichl (2005) (a Canadian based study) elaborate further by arguing that although self-harm is a deliberate and voluntary attempt to inflict physical injury to one self, it is not a deliberate conscious suicidal intent to die. It is noteworthy that this definition come from outside of the UK and this warrants consideration when looking at studies and making comparisons (a point which urges us to take the side of caution when considering what the literature tells us about self-harm).

Already the term 'deliberate' has appeared in a description of what could be defined as 'self-harm'. The term 'self-harm' can be found to be used in literature interchangeably with other terms such as 'deliberate self-harm', 'self-mutilation', 'self-cutting', 'self-injury', 'self-damage' and 'self-destruction' (Laye-Gindhu and Schonert-Reichl, 2005). 'Deliberate self-harm' can be found to include behaviour that is suicidal and non-suicidal (Atkinson and Hornby, 2002; Laye-Gindhu and Schonert-Reichl, 2005). This definition is also shared by the NHS Centre

for Reviews (1998) entitled 'Deliberate Self-Harm'. In their definition they state that deliberate self-harm is an 'intentional self-poisoning or injury, irrespective of the apparent purpose of the act' (cited in Bywaters and Rolfe, 2002, p.1). However, in this study I will be using the term 'self-harm' as defined by Favazza (1989) whereby self-harm is defined as deliberate physical injury but without deliberate conscious suicidal intent .

As noted earlier, the term self-harm is used interchangeably with other terms, one of which being 'self-injury'. Bywaters and Rolfe (2002) highlight that for some authors, a distinction can be made between these two terms and thus for them 'self-injury' implies no suicidal intent whilst the term 'self-harm' implies suicide and attempted suicide. This further highlights the confusion that may arise when attempting to understand and compare studies on self-harm.

'Self-mutilation' is another term used interchangeably with 'self-harm' (Pattison and Kahan, 1983; Patton *et al.*, 1997; Taiminen *et al.*, 1998). Both these terms have been used by authors to describe adolescents who have inflicted injury on themselves with a conscious intent to attempt suicide and subsequently have been admitted into hospital as a result of their injuries. It also includes those who, although

deliberately hurting themselves, this act was without suicidal intent (Brittlebank *et al.*, 1990; Hawton *et al.*, 1997; McLaughlin *et al.*, 1996; Scott and Powell, 1993).

Behaviours associated with 'self-harm' include body mutilation (self-cutting, poisoning, overdosing on prescribed or household medication) or the use of alcohol or other drugs and engaging in risk taking behaviours (such as being on the street alone late at night) (Connors, 1996). Lingren *et al.*, (2004) also includes behaviour whereby the person engages in burning, scratching, skin-picking and hair-pulling. However, there are also a wide range of socially sanctioned behaviours that are included in the description of self-harm such as body piercing, tattooing, sunbathing, head moulding and foot-binding (Rayner, 2003). In contrast, Favazza (1989) in his definition of 'self-mutilation' excluded body piercing and tattooing.

This illustrates that there is not a clear single definition of self-harm being used in studies across Europe. Subsequently, caution is required if we are to try to make a comparison between the prevalence of self-harm in the UK against the prevalence of self-harm in other geographical locations across Europe (or the United States).

Hence, in looking at research concerned with self-harm, one has to consider what the definition being used in that research, refers to.

3.3 The prevalence of 'self-harm' in adolescence

Having no clear demarcated definition of 'self-harm' makes it problematic for us to establish the prevalence of 'self-harm' in adolescence. Thus, behaviours included as 'self-harming' behaviours may differ across studies.

Literature highlights that self-harm is more prevalent among adolescents (Fortune and Hawton, 2005; Laukkanen *et al.*, 2001; Tick *et al.*, 2008). Although a majority of empirical findings take samples from clinical settings or use University participants, more school-based studies using a community sample of adolescent school pupils are beginning to emerge (Ross and Heath, 2002). However, as discussed earlier, studies differ with regards to the terms used to describe this behaviour (i.e. self-mutilation as used in the study by Ross and Heath, 2002). All the same, these studies have investigated the prevalence of self-harm with an interest in finding the rates of self-harm among adolescents and how this differs in relation to gender. Some studies have also examined the motivation for self-harming with a particular interest in why some young people have an

isolated episode of self-harm whilst others are more likely to repeat this behaviour.

What follows is a review of three studies that investigated the prevalence of self-harm. The first study by Ross and Heath (2002) considers the prevalence of self-mutilation in adolescence. This is followed by two studies (Laye-Gindhu and Schonert, 2005; Madge *et al.*, 2008) that consider the prevalence of self-harm in terms of gender differences. However, it is noteworthy that the term 'self-harm' has been used interchangeably with other terms such as 'self-mutilation'. However, the definition by which decisions were based follow that given by Favazza (1989) of 'self-harm': a deliberate and voluntary attempt to inflict physical injury to one self but not a deliberate conscious suicidal intent to die.

Ross and Heath (2002) investigated the frequency of 'self-mutilation' among a community sample of 440 high school students (219 boys and 221 girls). This community sample came from a suburban (schools placed on the outskirts of the city) and an urban (inner city) high school. To begin with, researchers used a screening questionnaire to identify students who may be classified as having 'self-mutilated'. Following this, respondents who indicated they engaged in 'self-mutilating' acts were interviewed to confirm the existence of and to gather

further information on the behaviour, such as elaborating on what they meant by "hurting themselves on purpose", methods used, frequency, age at which self-mutilating behaviour began, and participants feelings prior to, during and after the act of self-mutilation. The definition of self-harm by Favazza (1989) (a deliberate and voluntary attempt to inflict physical injury to oneself but without deliberate suicidal intent) was used to guide the decision with regards to the student being grouped as 'self-mutilating' (a term used interchangeable with self-harm).

A standardised questionnaire to assess the prevalence of depression and anxiety (Becks Depression Inventory and Becks Anxiety Inventory) was also administered to the group identified as 'self-mutilating'.

Results from the questionnaires for adolescents in the urban school indicated that 21.2 percent ($n=49$) of the respondents had hurt themselves on purpose. Findings from the interviews revealed that 13 percent ($n=30$ out of 231) of these adolescents could be categorised as having self-mutilated. Results from the questionnaires for adolescents in the suburban high school indicated that 19.6 percent ($n=41$ out of 209) of respondents had hurt themselves on purpose. Findings from their interviews revealed that 14.8 percent ($n=31$) could be categorised as having self-mutilated. The prevalence rate of high school students who

report self-mutilation at least once for this sample combined was 13.9 percent ($n=61$). Furthermore, the results indicated a gender difference in the prevalence of self-mutilation suggesting that 65 per cent were girls ($n=39$) and 36 per cent were boys ($n=22$). It is noteworthy to consider the definition that was used in this study and how this may have resulted in a higher prevalence of girls reporting self-mutilating. The authors consider this stating

'Findings from the present study suggest that when a definition of SM specifies a deliberate attempt to alter or destroy body tissue without suicidal attempt, girls may be more likely than boys to engage in this type of behaviour.' (Ross and Heath, 2002, p75).

In addition, some of the participants grouped as self-mutilating reported that they used hitting objects or the wall in anger. The study does not indicate the gender difference here. However, it does acknowledge the need for further research

'to explore whether these 2 groups [those that hit themselves and those that hit walls and objects] are distinct both clinically and empirically.' (Ross and Heath, 2002, p75).

The findings of other studies that followed were consistent to that found in Ross and Heath (2002) with regards to girls being more likely than boys to self-harm (a term used interchangeably with self-mutilation) (De Leo and Heller, 2004; Laye-Gindhu and Schonert-Reichl, 2005; Rodham, Hawton, and Evans, 2004).

However, a study by Laukkanen *etal.*, (2009) conducted in Finland using 1953 boys and 2252 girls (aged between 13 - 18 years) found that there were no gender differences in the prevalence of self-harming behaviour which was behaviour other than self-cutting. However, they found that girls were more prevalent to self-cutting than were boys. The data was collected through structured self-rating questionnaires. The questions were relatively direct but were also open to misinterpretation as they asked the participant to answer yes or no to questions that relate to cutting themselves but did not add information with regards to this being a purposeful act. Again, the definition proposed by Favazza (1989) was used.

It is noteworthy that in the work described in this essay, the behaviour presented by the young person was described as 'self-harm' by the problem owners. For this reason I will be referring to the behaviour in this way following the definition of self-harm by Favazza (1989) who states that self-harm is a deliberate and voluntary attempt to inflict physical injury to one self although without conscious suicidal intent. I have chosen this definition for this study because it considers the act of harming one self 'without conscious suicidal intent' and the behaviour presented best fits this definition.

3.4 The prevalence of 'self-harm' in girls

Laye-Gindhu and Schonert-Reichl (2005) examined 'non-suicidal' self-harm in a sample of 424 adolescents (236 girls and 188 boys) from a public high school in Canada (age range: 13 to 18 years old). Researchers used a self-report questionnaire to conduct a survey of self-harm among the participants in the study. One of the questions used in this study to investigate the lifetime prevalence of self-harm was:

"Have you ever done anything on purpose to injure, hurt, or harm yourself or your body (but you weren't trying to kill yourself)?" (p.449-450)

Respondents were classified as 'self-harmers' if the authors equated the responses they gave as self-harming behaviour defined as:

'a deliberate and voluntary physical self-injury that is not life-threatening and is without any conscious suicidal intent' p.447.

The study found that 15 percent ($n=64$) of the total sample, reported engaging in self-harming behaviour. This study also found that girls were more likely than boys to report self-harming with a prevalence rate of 20.3 percent ($n=48$) girls and 8.5 percent ($n=16$) boys.

Furthermore, Laye-Gindhu and Schonert-Reichl (2005) investigated the prevalence of the ideation of self-harming among adolescents. They found that 42 percent of the 424 adolescents

reported self-harm ideation with significantly more girls (53 per cent) than boys (28 per cent) reporting these thoughts.

The reported prevalence rates of self-harm were found to be consistent with that found in the study by Ross and Heath (2002). However, they are higher than estimates in other studies (such as Rodham *et al.*, 2004). The discrepancy between these studies may be down to the various ways self-harm has been defined and explored.

Madge *et al.*, (2008) reports a study that compared the prevalence of deliberate self-harm among adolescents across six European countries (Belgium, England, Hungary, Ireland, the Netherlands and Norway) and Australia. This study involved 30,477 adolescents (51.3 per cent male and 48.7 per cent female). Identical standard questionnaires were used across the seven countries and respondents were classified as deliberate self-harmers if their answer to two questions illustrated that they had performed at least one of the acts set out in the following criteria.

An act with a non-fatal outcome in which an individual deliberately did one or more of the following:

- Initiated behaviour (for example, self-cutting, jumping from a height), which they intended to cause self-harm.
- Ingested a substance in excess of the prescribed or generally recognised therapeutic dose.

- Ingested a recreational or illicit drug that was an act that the person regarded as self-harm.
- Ingested a non-ingestible substance or object.
(Madge *et al.*, 2008:669)

The study further supports findings that self-harming behaviour is more prevalent among girls than boys. They argue that their findings indicate that rates of self-harm in a sample of 15 and 16 year old adolescents is higher than that which has been indicated in studies taken from hospital admissions. They suggest that the reasons for this difference may be as a consequence of self-harming behaviour being an act done at home, in private with no other person knowing and thus being a 'hidden' population (particularly for girls).

3.5 Motivation behind self-harming

Self-harming behaviour has been described as a type of 'maladaptive coping strategy' (McVey-Noble *et al.*, 2006; Olson, 2006) for coping with emotional distress (Bywaters and Rolfe, 2002). This section describes some of the studies that have identified motivating factors to this 'maladaptive' behaviour and also describes studies that suggest gender differences in term of reasons for self-harming for girls and boys.

A survey by Bywaters and Rolfe (2002) suggests three reasons for self-harming behaviour:

1. Life events (such as family breakdowns, bullying)

2. Emotional state (such as depression)

3. Relief of tension

It is suggested that those who self-harm experience difficulty in ascertaining and implementing 'appropriate' coping strategies such as positive problem solving or seeking social support (Stanford and Jones, 2009). Thus the young person may find it difficult to 'cope' with some feelings of distress and use self-harming as a 'coping strategy'. Research has argued that the use of self-harm for this reason can be described as a 'maladaptive coping strategy' (McVey - Noble *et al.*, 2006; Olson, 2006).

Self-harm has been associated with depression and anxiety (Ghaziuddin *et al.*, 1992; Ross and Heath, 2002) and low self-esteem (Darche, 1990; Favazza and Conterio, 1989). Laye-Gindhu and Schonert-Reichl (2005) found that more than 50 per cent of their community sample of participants who self-harmed reported negative emotional states (i.e. anger, depression, loneliness, and frustration) leading up to a self-harming episode. Self-harming has also been described as a way of coping with depression and emotional distress (Bywaters and Rolfe, 2002).

Further research suggests that motivation for self-harming behaviour can be associated with emotional regulation. Madge *et al* (2008) in their study which compared the prevalence of self-

harm across seven countries, found that the most common reason for self-harming was 'to get relief from a terrible state of mind' p.672. The second most common reason was 'to die' p.672. However, although self-harming to regulate emotions is a common motivating factor, research indicates a difference between gender motivations.

Laye-Gindhu and Schonert-Reichl (2005) found that boys were more likely to report using self-harm to 'communicate' how they feel to others or as a result of 'boredom'. However, self-harming behaviour reported by girls appeared to endorse intro-punitive factors. That is behaviour that appeared to be a way of inwardly punishing themselves (such as self-hatred, self-punishment, depression, loneliness, and depersonalization). In this way self-harm functions to regulate effect particularly for girls. Laye-Gindhu and Schonert-Reichl (2005) found that girls exhibited increased levels of emotional distress in comparison to boys, supporting literature that suggests girls are more likely to report internalizing symptoms such as depression and anxiety (Crick and Zahn-Waxler, 2003). These findings also add to evidence that suggests that girls are more likely to direct their feelings inwards (internalizing and intrapersonal motivations) and boys to turn outwards (externalizing and interpersonal motivations) (Crick and Zahn-Waxler, 2003).

So are girls and boys who self-harm relying on an 'emotion focused' coping strategy? Research suggests that such coping strategies increases psychological distress. (Compas *et al.*, 1993; Lohman and Jarvis, 2000). Lohman and Jarvis (2000) argue that further problems for adolescents can arise if the coping strategy employed is not adaptive to managing the stressful transactions they encounter. Thus, delinquency or even depression may arise as a result of using maladaptive coping strategies (e.g. a young person may feel disgusted with themselves after self-harming).

Theories, however, do argue that self-harming can function to reduce overwhelming and intolerable effect (Ross and Heath, 2003). In a survey by Bywaters and Rolfe (2002), participants reported using self-harm to relieve the 'pent up emotions' they experienced. They found that self-harm was viewed by participants as suicide prevention and thus there were perceived benefits. It is important to note the perceived benefits on behalf of the participants if we are to begin to consider possible explanations for repeated self-harming behaviour.

Laye-Gindhu and Schonert Reichl (2005) found that participants reported feeling a reduction in their negative state during and especially after a self-harming episode. Some participants reported experiencing an increase in feelings of positive

emotions (such as happy, excited) and relief (during and after the episode).

Self-harming is described as a maladaptive way of reducing psychological distress (Mikolajczak and Petrides and Hurry, 2009). For the young person described in this report, it was difficult for her to understand why she was using self-harming behaviour beyond a superficial level of understanding. Neither her, her parents' or the school could understand the behaviour or the reasons for it. This was frustrating for all concerned and subsequently lead to negative attitudes from teachers towards the young person (Winters *et al.*, 2007).

3.6 Intervening in self-harm: Personal Construct Psychology

The use of a Cognitive Behavioural approach which would enable the young person to consider how 'negative' thoughts may have subsequently resulted in particular feelings and actions (that is, self-harming) had been considered. However, an initial discussion with school and parents compounded with information donated in the Consultation Request form (appendix 1), indicated that what school and parents wished to understand was why the young person presented concerning behaviours with particular regard to self-harming and what was making her repeat this behaviour. A PCP approach enables 'self-harm to be understood from the perspective of the individual' (Winters, *et al.*, 2007,

p.24). For this reason PCP seemed to be an appropriate approach to take in order to understand her needs and difficulties and a possible way of identifying the factors that were maintaining this behaviour in order to inform plans for future intervention.

Personal Construct Psychology (PCP) was originally formulated by George Kelly in his book 'The Psychology of Personal Construct' (1955). His theory was concerned with the personal constructs held by an individual and how this gave personal meaning to life, significant others and the social world for the individual.

Kelly held the view that a sense of self was created by the individual and thus this 'creation' or 'construction' of self could be re-created 'if [the individual has] the courage and imagination to do so.' (Fransella; 2005, p.5). In Kelly's view, an individual is an active rather than passive respondent to outside influences. He also suggests that the individual possesses 'power' to make his or her own decisions in their life. For Kelly, psychological change for the individual could emerge as a consequence to eliciting and experimenting with alternative constructs.

This 'sense of self' is defined and maintained via a system of 'core constructs' which help the individual to make sense of human behaviour and the world around us. These constructs have

feelings, thoughts and behavioural components to them and are shaped by the way in which we process events.

The fundamental postulate (and 11 corollaries) serves to elaborate on the elements of the theory. The fundamental postulate adheres to the notion that the way in which we predict events, informs the way in which we construe them. Therefore, our experiences function to shape our constructions which can limit our potential to solve problems presented to us. Kelly's own approach to his work whereby he gave breadth and vision coupled with attention to detail, informs his theory in that constructs are viewed as being able to shift from 'tight' unhelpful constructs to 'looser' ways of construing (and thus more helpful ways of construing).

Hence, in working with children and young people it is worth considering how to access their constructs with a view to understanding how he or she makes sense of their experiences and thus predict events. Understanding how they construe the world around them can help us to begin to understand the way in which they respond to it.

An individual's constructs can be elicited in the context of therapy via various techniques. For example,

- Repertory grid (Kelly, 1955)

- Laddering (Hinckle, 1965)
- Pyramiding (e.g. Landfield, 1971)
- or conversation (e.g. Mair, 1970)

Within this approach, alternative constructions can be elicited. In this way the client is made aware of the 'choices' available to them and helped to 'reinterpret' aspects of their life (Butler and Green, 1998). The client can then experiment with these alternative ways of construing before returning to therapy to review its effectiveness and utility.

The relationship between the therapist and the 'client' is one of joint researcher, whereby both the client and the therapist work together (as equal partners) to solve the problem presented. Thus what the client does with the therapist's interpretation within the work is important and 'should be relevant to the client's problem and carry novel implications for a possible solution.' (Fransella, 2005, p.5).

There is a paucity of literature that focuses on the use of PCP techniques with people who self-harm. However, David Winters (a clinical psychologist) studied the effectiveness of a personal construct psychotherapy approach for 64 people (24 participants allocated to the therapeutic intervention group and 40 to the normal clinical practice control group) who attended Accident and Emergency at a hospital after an episode of self-harming.

Winters *et al.*, (2007) suggests that there is a relationship between suicidal behaviour (deliberate self-harm with or without suicidal intent) and aspects of construing for people who self-harm. In this study, 'pre-intervention' assessment (using repertory grid and questionnaires) was concerned with 'exploring' the individual's constructs in a formulation of their difficulties and selecting techniques (from Personal Construct therapy and when appropriate, techniques from other models such as Cognitive therapy) that would make a positive impact on the individual's construing. Thus, consideration was given as to whether constructs were 'tight' or 'loose' and to the world view held by participants, following Kelly's personal construct theory on suicidal acts (Kelly, 1961).

The pre-intervention measures used indicated that 'participants with more severe symptoms viewed themselves and their significant others more negatively,...' (Winters *et al.*, 2007, p.28), and 'those with higher levels of hopelessness and suicidal ideation had a more constricted view of the self in the future...' (Winters *et al.*, 2007, p.29). Winters reports that post-intervention measures for the 'intervention group' indicated that they were less constricted, having shifted their perceptions of the world and themselves. They also found that this group reported a reduction in suicidal ideation,

hopelessness and depression in contrast to the 'normal' clinical practice group. Hence, this study, although a PCP technique was not the main focus, has illustrated the benefits of using techniques taken from PCP to elicit constructs that will inform plans for future interventions. However, Winters *et al.*, (2007) acknowledges limitations to this study. A significant difference between groups was found in the amount of contact time clients received from Mental Health Professionals. The 'intervention' group may have received more contact than the 'control' group. In addition, over half the participants for the 'control' group did not return to do the second assessment and so it is not possible to establish whether the results obtained are indicative of the results that would be obtained for the rest of the group.

The exploration of the participants constructs using techniques from PCP with an assessment purpose was implemented in one session for this study. Ravenette (2006) suggests that a 'one-off interview' can still allow for the exploration of the child's personal constructs, although in only one session.

3.7 The 'one-off' interview

In the piece of work concerned for this report, techniques drawn from PCP were used in a single session to gather the views of the young person with regard to the problem presented, self-

harming behaviour. Ravenette (2006) describes a 'one-off interview' in which an exploration of a young person's constructs with a view to understanding their needs and difficulties is carried out in one meeting. This meeting does not require a particular structure and is an 'efficient use of time' for the relatively stretched Educational Psychologist (Ravenette, 2006).

Ravenette highlights the benefits of this approach to the interviewing of young people, suggesting that its power to enable the young person to 'take a closer look at [themselves]' makes it a kind of 'personal assessment'. From this work, the materials generated from the interview cannot only be useful for the young person, but also for professionals involved with the young person as the work is concerned with exploring the young persons' :

- individual and personal constructions of themselves and the subjective world around them
- sense of self (Who am I?)
- constructs and construct systems (What is the personal sense that a person makes of 'events'?)
- alternative constructs: (Can he/she come to recognise an 'alternative sense' of self?)

Subsequently, the materials that come out of this work may also be useful in getting other professionals who work with the young person (particularly teachers) to view the young person differently and thus offering them an alternative way of 'knowing' the pupil and consequently

'communicat[e] with him in ways that respect rather than ignore or invalidate his sense of self.' (Ravenette, 2006, p.199).

Where the aim of the interview is to explore the young person's sense of self, Ravenette suggests that there is a strong case for using 'direct' questions in asking the young person how is it that they see themselves. In this way, the young person provides the interviewer with a 'self-description'.

However, an approach that draws on PCP can enable the interviewer to elicit constructions that go beyond the 'superficial' to a more 'meaningful level'. Ravenette describes the following interviewing techniques:

1. Ask for three rather than one answer to a question. This will require from the interviewer a search that goes beyond the 'pat' answer and instead will give an 'overt' description.
2. Ask for a 'contrast' to the overt description given. For example: 'How would you describe a person not like that?'
'What sort of situation would be the opposite of the one

you have described?' 'You say that is important to you. How would you describe someone who says it is not important?' (Ravenette, 2006, p.199).

3. Enquire as to the level of relevance/importance this observation is before pursuing this further. For example: 'Is that important to you?' 'How come?'

3.8 Why a 'one-off' interview?

In my view, the 'one-off' interview is probably a more 'realistic' picture of the use of a PCP approach to working with children and young people by Educational Psychologists today to cope with service demand. Although delivered in a 'single session', this approach can enable the psychologist to gather information that may form the basis of future intervention between the psychologist and the pupil and also function to enable the young person to identify and promote areas of change. The purpose of the interview in this context, is to 'help the staff [and the young person concerned], in their understanding of the young person' (with regards to self-harming behaviour) (Ravenette, 2006, p.196). In a 'one-off' interview, the psychologist has the opportunity to understand the problems presented and has a framework with which the psychologist may be able to anticipate cause and solutions which may in turn, affect

the young person's sense of self (either validating or invalidating their sense of self).

The psychologist, Moshe Talmon (1990) has provided supporting evidence for delivering 'single session' of therapy (SST). From his research conducted in the United States of America, Talmon argues that on average clients attended one session of therapeutic treatment and found that this would usually be 'good enough' for some change to occur. Talmon suggests that because the therapy is being delivered in a single session it is approached with an attitude of trying to make the most of the meeting. Thus, 'each session is whole and complete in itself' (Perkins, 2006, 216). However, SST does not include an assessment of a client's needs. Rather it goes immediately into dealing with the problems presented in one therapeutic session.

I have not found any research that has demonstrated the use of a 'one-off' interview, as suggested by Ravenette, to assess the needs of a young person. Thus, the validity of this approach is questionable and warrants further research. However, Bloom (2001) suggests that a single session interview has the potential to significantly influence the thinking and future behaviour of the client. This highlights the possible potential of the 'one-off' interview having a positive effect for the young person.

3.9 Why PCP?

Cognitive Behavioural Therapy (CBT) is a commonly used and highly successful form of therapy. There is evidence to support the use of CBT to reduce self-harming behaviour (Slee, *et al.*, 2007 and 2008). However, this research has been concerned with reducing suicidal cognitions which has been associated with self-harming behaviour.

PCP on the other hand, considers how the young person 'interprets' events or situations they experience and suggests that these interpretations are unique to the individual and so each individual's constructions will differ. Kelly suggests that we behave in accordance to our constructions. Thus, to understand the behaviour presented by a young person, we need to explore their construing (Moran, 2006).

The constructs are not viewed as 'maladaptive' or 'bad' constructs or constructs that the young person has to give up. Rather, it allows them to put old constructs to one side while they try out new constructs (Beaver, 2003, p47). Furthermore, the young person is encouraged to consider whether their construct enables them to achieve what they want to achieve. If so, the construct and the behaviour may be maintained, if not, they may consider an alternative construct and test this out.

A significant strength to PCP is the use of the techniques for assessment purposes. Moran, (2006) states:

"In PCP there is no particular separation between assessment and therapy: exploring constructs is part of the therapy because the experience is often enlightening and therapeutic in itself. This means that a single initial session can achieve something useful." (p7).

The reason for this referral was for 'understanding' (as categorized by Ravenette, 2006). CBT would identify negative thoughts but would not enable me to elicit those 'core beliefs' that govern the young person's thinking, behaviour, emotions and physiological sensations. Sharing her constructs (social corollary) could enable us to share her world view. Furthermore, this could enable us to predict her behaviour.

3.10 Mary (background information)

For confidentiality a pseudonym has been used. Thus, the young person described in this study will be referred to as 'Mary'.

Mary was 13 years old at the time of the interview. She lived at home with her mother, father and her younger brother. She attended a mainstream secondary school and was referred to the Psychology Service by her school SENCO. At that stage concern centred on Mary's behaviour with regards to anger management,

breaking school rules and self-harming. At this time, there had not been any referral made to the family GP or CAMHS (Children and Adolescent Mental Health Service) to address Mary's self-harming behaviour. Mary's parents were asked whether they wished for a referral to be made to CAMHS but declined.

Mary was described by her school as 'a good kid who seems to get involved in some nasty situations' (reported by the school SENCO). These situations included uploading a video on to the website which showed Mary and other pupils taunting another pupil. Subsequently, Mary had received two exclusions during her term in school. School reported that Mary had experienced bullying by her peers in the past. This bullying was associated with her interest. Mary was a sporty girl who attended air cadets. Consequently, pupils in her school would taunt her calling her 'Mary the man'.

Mary presented good behaviour in class and was meeting her academic targets. Her parents were described by the school as 'very supportive' and 'keen for Mary to get back on track' (reported by the school SENCO).

Mary had developed a relationship with an 18 year old man who also attended the air cadets. Because of the age difference between the two of them they had been told by the organisers of the air cadets that they could not continue to see one another.

Before Mary and I proceeded with our work together, I introduced myself to Mary and explained why I was here (to help her to be happier at school). She was informed of her right to engage or not engage with me and also that any information she donated in our meeting would be confidential if she wished it to be. However, I did tell Mary that I felt it would be helpful to share some of the information with the other adults (parents and SENCo) who could help her at school and at home. Mary indicated that she understood this (nothing was written).

Our first meeting revealed some complexities in Mary's life. There were three issues that Mary presented at the outset of our meeting as causing her some concerns. She presented these in the order recorded below:

1. Mary reported that her mother was very thin. She feared that her mother was anorexic. She described how her mother ate very little and that she would occasionally copy this behaviour.
2. Mary had one best friend in school. However, this friend was no longer attending the school. Mary was not sure whether this was permanent or temporary. Mary was concerned about this friend as she had attempted suicide on three occasions.

3. Her 'boyfriend' had not spoken to her for several weeks and she did not know what the future held in this respect.

Of significant concern to the school and to Mary's parents was Mary's self-harming behaviour. At that time this was described as hitting herself in the face, scratching her face, attempting to hang herself in school and allegedly taking an overdose of Paracetamols. The school also reported a police incident that had occurred the previous year. Information about this incident was not shared with the psychologist as the school was not sure how much they could disclose. However, Mary's father indicated that the incident involved Mary, a boy and an alleged sexual assault.

3.11 The interview

Prior to working individually with Mary I met with her father and the school SENCO. Mary sat in the corner of the room making no eye contact with anyone in the room. She appeared very annoyed and a little embarrassed to be there. This was the first time Mary and I had met and so I was not sure how receptive she would be to work with me. For this reason, I asked Mary whether she wished to speak with me that day and informed her that she could speak to me with or without her father present. I told her that our conversation would be confidential. However, she was also informed that I would need

to share information with an appropriate adult if I felt she or someone else was at risk of harm. From the information provided by the school in the Consultation Preparation form (appendix 1) I was able to begin to formulate an initial hypothesis and consider the approach and techniques that would be appropriate to use in the process of gathering information (appendix 2).

In this session, I used a range of activities. This was partly to enable me to gather as much information as possible and also to maintain Mary's interest and engagement in the work. A concern highlighted by the school and Mary's father was her unwillingness to 'talk' about her feelings or problems. School and parents reported that Mary would not 'talk' about her problems which suggested to them that there were no problems and that perhaps her 'self-harming behaviour' was attention seeking. However, Mary was self-harming (including suicidal intent) and would present with the occasional angry outburst towards other pupils in school. The frequency of this was not ascertained. For this reason, a therapeutic approach seemed appropriate. Particularly, an approach that enabled the individual to consider the problem presented 'indirectly' (one step away from considering the situation in direct relation to themselves) as can be established through the following techniques that are based on PCP:

The 'ideal self': This technique requires the interviewee to represent their 'ideal' and 'non-ideal' self through drawing. The interviewer asks the interviewee questions about the drawing they have produced to elicit their personal perceptions of their sense of self. The two contrasting drawings (ideal v/s non-ideal self) enable the interviewer and the interviewee to see alternative constructs of self that are accessible and acceptable to the interviewee (Hardman, 2001). Simon Burnham (2008) suggests that the use of drawings can be an easier medium by which children and young people can express themselves. He states, 'Some children simply struggle to describe themselves or their worries but find no difficulty at all in drawing these things and *then* talking as they draw, or talking about their finished pictures.' (Burnham, 2008, p35). Mary was particularly shy and found it embarrassing to talk about herself. For this reason, I felt that using the 'ideal-self' technique was appropriate.

Mary preferred to label rather than draw her 'ideal' and 'non-ideal' self. She described her 'ideal' self as the following:

- Someone who is popular, good looking, wealthy and able to afford designer clothes.

- Someone who would carry around a 'designer' bag that would either be 'big and bright or small and made from leather'.

The contents of this bag would be:

- o Makeup
 - o Mobile phone
 - o Money
- Someone who would have 'loads of things' for her birthday (i.e. clothes, make up, money)
- Someone who does not see her parents very often as they are at work. She would live in a large house.
- Someone whose biggest fear is 'losing her popularity'.
- Having 'money' would be the reason that this person is the way she is.
- In the future this person would 'meet a nice man, get a nice job, live in a nice place, and have a nice family'.

Mary described her 'non-ideal' self as :

- Someone who keeps herself to herself, has no friends, does not talk to anybody and is ashamed of herself.
- Someone who would carry around a small, plain, tacky and dark coloured bag. The contents of this bag would be:
 - o The odd pencil
 - o Torn school books

- Someone who would be grateful for anything on her birthday.
- Someone who does not get on with her parents. Her parents will have separated. She would keep herself to herself and does not talk.
- Someone whose biggest fear is 'crowds of people'.
- This person 'may' be the way she is because her mum or someone she lives with is on drugs and she does not get the care and attention she needs.
- In the future, this person will not get anywhere. She will not meet anybody (i.e. boyfriend).

This activity enabled Mary to see the two versions of a sense of self (who she would not want to be like and who she would like to be like). In using a Salmon line to rate herself between the two images, this activity also enabled her to see how, although she was not at her 'ideal self', she was also not at her 'non-ideal self'. Furthermore, Mary was able to consider how others would see her along this continuum and so giving Mary an alternative view of her sense of self.

Triadic questioning: This technique requires that the interviewee lists eight elements (Mary listed people she liked and disliked) and describes the way in which two out of three elements are alike, in a way that is different from the third. Through this process of discrimination personal constructs are

elicited. Each of these constructs are presented as dichotomous 'bi-polar' dimensions using the standard convention for illustrating a bipolar construct (e.g. happy I-----I sad). Refer to appendix 3 to view Mary's elicited constructs.

From this activity, 12 constructs were elicited. These constructs enabled me to share the view Mary had of relationships with the adults and peers around her in school. Throughout, Mary reflected on how the individual's she was considering had impacted on her and what their significance (with regards to level of importance) was to her. At this point in the activity Mary would indicate the characteristics of an individual that were important to her and began to allude to how this related with her emotions and sense of self. She was relatively relaxed when doing this activity and presented a reflective and thoughtful approach to the task.

Laddering: Kelly (1955) argues that the individual's personal constructs are hierarchical and hold levels of 'importance' ('superordinate constructs' v/s 'subordinate constructs') to the individual. Laddering can help to access those constructs that are 'important' to the individual (Clarke, 1999).

Mary was asked to indicate, by labelling with the number two, her desired pole on each of the constructs elicited.

Having done this, Mary chose two constructs that were 'most important' to her for further elaboration:

1. Feel comfortable and relaxed around him
2. Very important

For each construct Mary was asked 'why this was important' to her (appendix 4).

1. Feel comfortable and relaxed around him

In exploring this construct further through laddering (asking why this was important), a possible explanation for Mary's behaviour in terms of not talking with others about her worries emerged. Mary and I agreed that what her responses may be indicating is a desire to keep 'herself to herself' in order to maintain relationships with others. It would seem that for Mary, sharing her worries and concerns would only alienate her from other people.

2. Very important

In asking Mary why this construct was important to her, the theme of friendships and relationships interlinked with confidence emerged. Mary began to smile during this activity. I wondered whether she had realised something she had not realised before. Following this work I constructed a formulation which highlighted 'confidence' to be associated with

her self-harming behaviour. Mary agreed with the formulation constructed commenting that 'it made sense'.

What we had arrived at were Mary's core beliefs and assumptions which underpinned her behaviour.

ABC technique: This technique by Tschudi (1977) requires that the interviewee describe their actual and desired state from the construct elicited. The interviewer then asks the interviewee to describe the advantages and disadvantages for both the desired and actual states they have indicated. The model enables the interviewer to 'elicit underlying theories concerning behaviours resistant to change.' (Clarke, 1999:111). One of the constructs elicited was 'feeling insignificant ----- feeling extremely important'. Mary had presented repeated self-harming behaviour and I hypothesised that there was a motivation (feeling insignificant) to repeat this behaviour and that 'the consequences of change' may be 'worse than [Mary's] current state of affairs' (Clarke, 1999:111). Mary's desired state was to feel extremely important. However, Mary felt closer to being 'insignificant' than to feeling 'important' (appendix 3).

Mary appeared to be 'stuck' and unable to move towards her desired state. An investigation as to what may be keeping Mary from moving closer towards her desired state was warranted

(Fransella, 2005). For this reason, the ABC model was appropriate (appendix 5) as it considers the question "What keeps the person from moving?" and assumes that there is an 'advantage to remaining' in their actual state (Fransella, 2005, p.54).

This activity enabled both Mary and I to begin to understand what may be preventing her from moving towards her desired state (feeling extremely important). It revealed a 'belief' she held with regards to 'keeping herself to herself'. This 'belief' seemed to be associated with avoiding being 'worried'. This information was significant to our work together as it enabled Mary to begin to consider whether an alternative belief could be adopted and tried out. However, I was not able to continue this work to that end.

3.12 Discussion

The self-harming behaviour Mary presented was both with and without deliberate suicidal intent. This meets the definition given by the NHS Centre for Reviews (1998) where it is suggested that 'deliberate' self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act' (Bywaters and Rolfe, 2002).

From the schools perspective, self-harming was a behaviour they could not recall having to 'deal with' in the past and for this reason they found it difficult to conceptually understand this behaviour beyond the view of 'attention seeking'. However, Mary's behaviour occurred in private and her injuries would be concealed by the clothing she wore unless the clothing revealed the injury. For instance, Mary's mother noticed marks on Mary's leg when Mary stepped out of the bathroom with a towel around her. Thus, Mary was the hidden population highlighted in the study by Madge *et al.*, (2008). Madge *et al.*, (2008) also suggests that behaviour such as this whereby acts of self-harming is done in private with no other person becoming aware of the behaviour unless requiring medical attention, cannot be described as attention seeking.

This highlights the question with regard to the prevalence of self-harming in Mary's school. Although Mary was the only pupil brought to my attention for self-harming, this does not suggest that the prevalence of such behaviour among pupils is excessively low in this school. Research indicates that this behaviour may be more prevalent than is suggested by studies that use data from hospital admissions (Madge *et al.*, 2008). Thus, further research is required into the prevalence of self-harming that is brought to the attention of schools and how

schools become aware of self-harming behaviours in adolescence. In this case, it was Mary's angry outbursts and other concerning behaviours that brought her to the schools attention before they became aware of her self-harming.

The strategies used in this personal construct assessment were practical and enabled a deeper understanding of the 'personal' motivations for self-harming. This approach also revealed a possible explanation for the repetition of the self-harming behaviour Mary presented.

From this work it seems that self-harming for Mary was a way of 'improving' how she felt. It appeared to be a 'maladaptive' way of coping with her emotions. However, this way of behaving was unhelpful to Mary because she would feel ashamed of her body as a result of the marks she incurred. In addition her 'cognitions' (ways of thinking) were unhelpful and may have contributed to the ways in which Mary saw herself and subsequently the adoption of unhelpful behaviour (e.g. self-harming, angry outbursts).

In the 'Ideal-self' activity the images Mary described for her 'non-ideal- self seemed to bear a strong likeness to her 'actual' self. For instance, Mary was keeping herself to herself and she did not 'get on' with her parents. Although her parents had not 'split' they indicated that they were

experiencing some tension in their marriage and attributed this to Mary's self-harming behaviour. For this reason, I wondered whether Mary felt 'ashamed of herself' as her non-ideal self would feel.

The laddering activity (appendix 4) reveals that 'being someone who others are comfortable to be around' leads to feeling good about yourself (liking yourself), being 'likeable' by others and subsequently, presenting as sad leaves you less approachable and thus less 'likeable'. Consequently, Mary argues that keeping 'herself to herself' maintains her persona of being someone people are comfortable to be around. From this I hypothesised that when Mary felt others did not like her she did not like herself and subsequently harmed herself. This appears to support Laye-Gindhu and Schonert-Reichl (2005) argument in that the behaviour may be endorsing intropunitive factors.

This seems to be further reinforced by her belief and values elicited on having 'friends'. The second Laddering activity (appendix 4) reveals Mary's belief that 'being important' leads to having 'friends' and subsequently being 'confident'. It would seem that for Mary, 'confidence' is achieved by having 'friendships' and is a significant aspect in her life.

These 'core constructs' indicate the value 'friendship' has for Mary. It makes her feel 'good about herself' and 'confident'.

Change to her 'core constructs' (talking about her feelings with significant others and not having friends) can be perceived as threatening.

Mary had reported that she felt 'insignificant' and explained that being insignificant meant that she would have less 'to worry about'. I was interested in exploring this further with Mary in an attempt to establish what 'feeling extremely important' (the desired state) implied and what 'feeling insignificant' (her actual state) denied her (appendix 5).

Mary's response to feeling insignificant was that this position meant that you would be on your own with less 'people' in your life and so 'less to worry about'. She explained that the advantage to 'feeling extremely important' was that everyone would like you and you would have lots of friends (something Mary views as important to her feeling of 'confidence').

Although Mary held the belief that 'feeling insignificant' and subsequently 'alone' would mean she had less to 'worry about', this way of thinking was unhelpful in light of her earlier constructs where she suggests that 'having friends' meant she was more confident, which subsequently lead to no self-harming. In this way, Mary's behaviour, in Kelly's view, could be 'hostile' in that she is seeking 'validational evidence' for a theory that is not working for her. Furthermore, Mary's actions

may be worsening how she feels about herself and confirming any negative beliefs she may hold (thus, maintaining the problem and the behaviour of self-harming).

I shared my formulation with Mary in a following session (appendix 6). She agreed with my understanding of the problem presented. This may indicate the maintaining factor underlying Mary's behaviour.

Thus, self-harming behaviour may be a way of regulating her emotions, and so Mary perceives a benefit to this way of coping (Bywaters and Rolfe, 2002).

From this assessment it would appear that Mary is using a 'maladaptive coping strategy' (McVey-Noble *et al.*, 2006; Olson, 2006) for dealing with her emotional distress (Bywaters and Rolfe, 2002). Thus, Mary requires an intervention that will provide her with 'appropriate' coping strategies rather than self-harming (as suggested by Stanford and Jones, 2009).

Cognitive Behavioural Therapy (CBT) was an approach considered for this piece of work. Stanford and Jones (2009) suggest that CBT can provide a person with 'alternative' ways of coping with distress and reduce impulsive self-harming behaviour. However, CBT is concerned with the 'assumptions' a young person makes in response to a situation or event and how this is inextricably

linked to their emotions and consequent behaviour. CBT aims to change the way the young person thinks as it assumes their thinking to be maladaptive and irrational. This would be replaced with rational thought based on facts and not assumptions. Thus, sessions would be concerned with helping the young person to identify 'negative automatic thoughts' in response to difficult situations they find themselves in and replace these with alternative 'more helpful' ways of thinking about the situation. Homework is central to this approach as it expects the young person to try out and use what they have learned from the session.

3.13 Conclusion

To conclude, I will address the two questions that were being considered throughout this piece of work in turn. I will begin with a consideration as to what each of the activities contributed to helping us to understand why a pupil uses self-harming behaviour. This will be followed with a brief summary as to whether using a 'one-off' interview approach enabled us to gather sufficient information about a young person's difficulties to inform future work.

- Can approaching assessment from a personal construct perspective help us to understand why a pupil uses self-harming behaviour?

Using a PCP approach to assessment enabled me to take a partnership role in understanding the behaviour presented for Mary, her parents and her teachers. It enabled me to begin to see and understand the behaviour from Mary's perspective and to ascertain the core constructs that drive the choices Mary was making with regards to self-harming.

- What did the 'ideal self' tell us?

The 'ideal self' activity provided me with Mary's view of the kind of person she would not like to be and the kind of person she would like to be. I wondered whether some of the descriptions Mary donated were descriptions of herself now. This 'crucial' part of the process as recommended by Moran (2008) was not delivered completely. Mary indicated that she saw herself as closer to her 'non-ideal' self but that others around her (family, friends and teachers) saw her as being closer to her ideal self.

Moran suggests that by asking the child to rate where he/she would put themselves 'now' and where they would put themselves in an 'ideal world' (a part of the process I did not include) along a continuum, would enable further understanding about how the child views themselves.

Moran (2008) suggests that the child who considers the 'ideal self' to be an appropriate aim to 'settle for' may experience feelings of disappointment 'linked with intense feelings of distress (e.g. anger, anxiety, urges to self-harm)..' (Moran, 2008, p19-20). Delivering this final part of the process as described by Moran (2008) could have yielded much valuable information with regards to whether Mary's view of herself in contrast to her ideal self may be contributing to feelings of disappointment. However, the information ascertained in this activity did indicate the possibility of some dissatisfaction with who she is now and thus possibly feelings of disappointment.

- What did 'triadic questioning' contribute?

The triadic questioning led us to constructs that were of importance to Mary. She chose the two constructs that were most important to her and these were then used for further exploration through laddering.

- What did laddering tell us?

The laddering activity provided a possible explanation for Mary's choice to 'keep herself to herself'. For Mary, 'keeping herself to herself' meant that others would like her. Friendship was important to Mary and she agreed with my

formulation that suggested that when others liked her she felt confident and when she felt confident she could build and maintain friendships. However, when she did not feel confident she would self-harm. Hence through laddering we have identified part of what may be underpinning the self-harming behaviour Mary presents.

- So, what does the ABC model contribute?

The ABC model enabled us to consider what may be preventing Mary from moving closer to her desired state (feeling extremely important) and away from her actual state (feeling insignificant). This activity revealed that Mary viewed it to be better to be insignificant as this would mean she would be on her own and being on her own meant she had no-one to worry about. This is valuable information for those working with Mary and who are planning appropriate intervention. Further work could be planned to encourage Mary to experiment with alternative constructs i.e. 'What if..' as described by Ravenette (2006).

- Can a 'one-off' interview enable the sufficient gathering of information on an individual's difficulties?

The information gathered enabled Mary's parents and her teachers to view the behaviour she presented differently (as not

attention seeking). Unfortunately, one member of staff was unable to shift his view of the behaviour and maintained that it was 'attention seeking'. However, the outcomes from this work may help to make the relationships adults have with Mary 'validate' her sense of self. Hence, adults will respond/relate to Mary in a way that does not 'threaten' her sense of who she is.

Although the activities (interviews) were conducted as a 'one-off', the following positive outcomes were achieved:

1. Alternative constructs were elicited. These could be 'checked out' by Mary whilst holding onto old constructs;
2. A formulation of Mary's difficulties was produced.

For this reason, PCP as an approach and the 'one off' interview as the structure were feasible and could be applied relatively easily in the 'real world' of Educational Psychology practice. However, this requires careful planning in terms of hypotheses building in order to make the appropriate choice with regards to the techniques drawn from PCP to be used.

This work indicates that further research is warranted into the use of the 'one-off' interview by Educational Psychologists to assess adolescence who self-harm or children with other social

and emotional difficulties. This work could inform future EP practice to encourage the use of more therapeutic interventions (an approach being encouraged by our present government). We require further evidence of its efficacy and its utility in providing information that will inform plans for appropriate interventions.

3.14 References

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Chapter 4

Circle of Friends for a child with Social and Emotional difficulties in a Primary School

4 Abstract

The present study investigates the implementation of a Circle of Friends (CoF) intervention for a 'socially rejected' year three girl in a mainstream primary school. The study aims to build on the work of Shotton (1998) by applying an adapted version of a CoF (focus child is not identified) for a socially isolated pupil with low level emotional and behavioural difficulties. The intervention was implemented over a period of six weeks and was co-facilitated by the Trainee Educational Psychologist and the remaining four sessions were facilitated by the TA. The aim of the study was to evaluate of the intervention via pre and post measures. The outcomes were measured for the focus child through a sociometric questionnaire. Results from the sociometric survey showed that the CoF intervention had made no impact in changing CoF group members' social acceptance of the focus child. However, her classmates perceptions of her had positively changed. The present study highlights future implications to EPS where service delivery is set within a time allocation model and where there are no graduate psychologists. The study suggests the need for future research using a larger sample size.

4.1 Introduction

The present study provides a critical commentary on the use of a Circle of Friends as a group intervention for a year three girl in a mainstream school who was identified by her school as being socially isolated. The present study will describe how the intervention was adapted to meet the needs of the pupil, how the group were selected and discusses the outcomes from this intervention following the use of a pre and post sociometric questionnaire to establish the impact of the intervention on the focus child's social acceptance by her peers.

The pupil concerned was prioritised for involvement from the Psychology Service following a planning/review meeting. Concerns, at that time, centred on her difficulties socially interacting with her peers which was leaving her experiencing social isolation. The Circle of Friends intervention was implemented at her school and the first two sessions were delivered by myself and shadowed by the teaching assistant (TA) who delivered the remaining four weeks of the intervention.

The Circle of Friends sessions followed the suggested process of a traditional model (Taylor, 1997). However, it was adapted to enable the child concerned not to be identified as the 'focus' child (Shotton, 1998).

The present study begins with a review of literature moving from a discussion of what a Circle of Friends is, to exploring the benefits of the Circle of Friends approach and evidence of its impact for children and young people.

The present study describes how the intervention was implemented before moving into a discussion around the findings from a pre and post sociometric questionnaire in terms of identifying any changes in peer acceptance for the focus child.

The following question was considered:

3. Can a model two version of the Circle of Friends approach as described by Barrett and Randall (2004) where the focus child is not singled out from their peer group at the initial discussion stage, increase the level of acceptance and inclusion for a pupil who is socially 'rejected' by her peers?

4.2 A Circle of Friends

'It is a systemic approach that recognises the power of the peer group - and thereby of pupil culture - to be a positive as well as a constraining or exacerbating influence on individual behaviour.' (Newton *et al.*, 1996, p.42)

The Circle of Friends approach originated in Canada and the United States as a way to include children with disabilities in mainstream schools (Perske, 1988; Pearpoint, Forest, and Snow,

1992). This approach has now been used in the UK with children who have a range of needs and in a variety of settings (Newton *et al.*, 1996; Shotton, 1998; Whitaker *et al.*, 1998).

The purpose of this approach is to establish a circle around a focus child who is experiencing social isolation. Following an initial whole class discussion held with the focus child's class in their absence, volunteers are sought to be members of the Circle of Friends. This group then regularly meet to identify problems experienced by the focus child, set targets and devise strategies to meet these targets with the focus child.

Taylor (1997) describes the process of the traditional model of a Circle of Friends as follows:

1. *Establishing prerequisites*, which involves selecting a school with a suitably supportive ethos and negotiating the necessary commitment of resources (typically 30 - 40 minutes of teacher time weekly to facilitate a meeting involving six to eight students). The parents and the focus child are then approached.
2. *A discussion with the class or tutor group*, which is usually undertaken by an outsider, focuses on the child's strengths and difficulties and invites class members to empathise with him or her and to build on his or her own experience of friendships. Volunteers to form a circle are sought at the end of this meeting.
3. *Establishing a circle*. A representative group of six to eight volunteers meet with the focus child and an adult facilitator. The class discussion is summarised, a collaborative approach to problems solving is established and practical arrangements determined.
4. *Weekly meetings of the 'circle'*. The children and the members of the school staff meet weekly, jointly reviewing progress, identifying difficulties and planning practical steps to resolve them.

(Taylor, 1997, cited in Whitaker *et al.*, 1998, p.60)

4.3 Psychological and theoretical underpinnings

The Circle of Friends approach is underpinned by attribution theory. Attribution theory is concerned with how we explain our behaviour and the behaviour of others.

The theory was first proposed by Heider (1958) who noted that people would attribute the behaviour of others to either internal dispositions or external circumstances. Thus, in considering this theory in relation to children, they may explain the behaviour of an aggressive child as being linked to their AD/HD (internal disposition) or attribute it to unkind pupils in the playground (external circumstances).

Attribution theory is fundamental to the Circle of Friends approach as it is how others attribute a focus child's behaviour that can make a difference to the attitudes, beliefs and subsequent behaviour of the other children towards the focus child such as to reject him/her. Thus, how children attribute the behaviours of other children has real and important consequences.

Weiner (1986) proposed that how we perceive a child's behaviour, contributes to the way in which we respond to the child. Challenging behaviour that is negatively attributed correlates

with a negative response towards the child's behaviour (Poulou and Norwich, 2002). The Circle of Friends approach is an attempt to alter children's attributions of the focus child, and allow the group to see themselves as facilitators of change.

The Circle of Friends approach is congruent with the Dodge *et al.*, (1986) model of social competence (figure 1). This model illustrates how the social situation (stage 1) the child exists in influences both their perception and understanding of their own behaviour (stage 2) and also how other children perceive and understand their behaviour (stage 4). This model is concerned with the influences on a child's behaviour and how these interact. Frederickson *et al.*, (2005) summarises these interactions:-

- Within-child factors, such as ways in which the child thinks and feels, as well as their friendship and social skills levels;
- Situational factors, such as aspects of the physical environment as well as the framework of rules and management practices adopted by adults;
- Other children's responses, which includes their perceptions and interpretations of a child's behaviour, as well as what they say and do in response.

(Frederickson *et al.*, 2005, p.198)

The Circle of Friends approach enables the group to engage in a discussion about the behaviour of the focus child (thus exploring and changing pupil's perceptions and judgements - stage 4) and also offers the group members an opportunity to try out alternative ways of thinking and behaving.

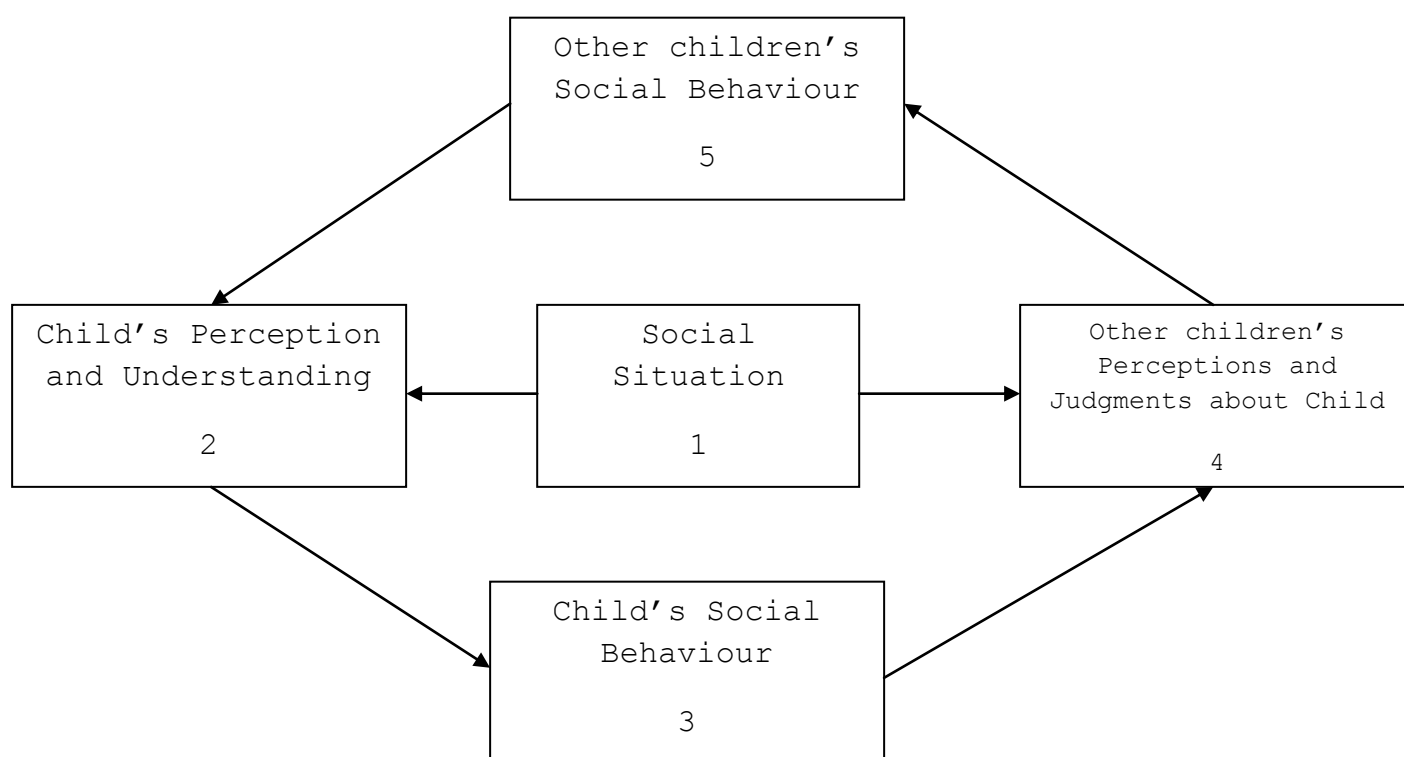


Figure 1. A model of Social Interaction, Adapted from Dodge *et al.*, (1986)

Although a Circle of Friends was originally produced as an intervention for including those children with disabilities into

mainstream schools (Perske, 1988; Pearpoint, Forest, and Snow, 1992) it is now being used as an intervention for children with social, emotional and behavioural difficulties (Newton *et al.*, 1996).

4.4 Benefits of a Circle of Friends intervention

Newton *et al.*, (1996) report on their experiences setting up a Circles of Friends. They demonstrate how this approach can be utilized in supporting those vulnerable and difficult children in mainstream school. Newton *et al.*, (1996) argue that this approach is concerned with 'the social psychology of acceptance' (p.42) and how this can be fostered in the context of the group. As Whitaker *et al.*, (1998) points out:

'acceptance and friendship can foster growth and enable him or her, in turn, to contribute to the community of which he or she is a part of.' (p.60)

Social acceptance is the opposite of social isolation. Social acceptance suggests the social inclusion of a child by his/her peer group. That is a child being included in games and social interaction by his/her peers and subsequently being relatively liked by his/her peers. Whereas social isolation has been associated with two types of behaviour:

1. Aggressive, disruptive and sometimes the class clown
(described as the 'rejected' child)

2. Withdrawn, rarely going out or initiating conversations with his/her peers (described as the 'neglected' child) (Shotton, 1998)

4.5 Benefits to the focus child

Frederickson and Turner (2003) in a small scale evaluation of the Circle of Friends intervention investigated the benefits of a Circle of Friends intervention on the social acceptance of a focus child. They conducted an experimental study in which 20 primary aged pupils were randomly allocated to either an intervention group ($n=10$) or a control group ($n=10$). The control group received weekly small group meetings to hear stories read to them on the theme of friendship. However, they received the Circle of Friends intervention a term later.

Frederickson and Turner (2003) used measures to target the different components of the Dodge *et al.*, (1986) model of social interaction (figure 1). Measures were taken for all the children before the intervention started for the first group and after six weeks of the intervention for the first group. With regards to the social acceptance of peers, the authors used a sociometric rating scale (Asher and Dodge, 1986) to measure children's perceptions and judgements about the focus child (stage 4 of the Dodge *et al.*, 1986 model).

Frederickson and Turner (2003) found 'that the Circle of Friends intervention had a positive impact on the social acceptance of the focus children in their classroom peer groups' (p.240).

Whitaker *et al.*, (1998) set up a series of Circle of Friends interventions to support seven children (from years three to ten) with autistic spectrum disorder. All but one of the children attended mainstream school. The child who did not attend mainstream school attended a school for children with moderate learning difficulties. The evaluation of Whitaker's *et al.*, (1998) study involved collecting participants' (staff involved in circles, focus child and his/her parents) subjective experiences of the Circle of Friends approach through interviews.

Whitaker *et al.*, (1998) found that the circle facilitators' perceived the following benefits of a Circle of Friends intervention for the focus child:-

- increased social integration and peer acceptance (improvements were noticed in the quality and quantity of interaction by the focus child with his or her peers beyond the circle);
- decreased anxiety (found in four out of seven of the focus children); and

- improvement in behaviour (as a result of using the process of identifying problems, setting targets and devising strategies to meet these targets)

Parents of the children who were involved in the Circle of Friends programme reported positive changes in their child's sociability and claimed that there were many benefits to using this intervention for their child. Parents commented that their child appeared to play with peers of the same age rather than younger aged peers and attributed this to their child's participation in the circles. Five parents hoped the circles would be seen to benefit all children rather than having the focus child considered as 'always being the one with the problems' (p.64). Parents also commented on the limits any such interventions could achieve for their child as they viewed their child's needs as long term. This highlights an implication of the Circle of Friends intervention which is a short or medium term intervention that can last from six weeks onwards subject to schools' resources.

4.6 Benefits to the circle members

Newton *et al.*, (1996) suggests that there are benefits for all the children involved in the circle and not just the focus child. From the evidence based on observations of the pupils

made by adults, benefits to the members of the circle included development in:

1. empathy
2. skills for problem solving
3. listening skills
4. ability to identify and express feelings
5. understanding the links between feelings and behaviour; and
6. an increased awareness of their power to change

Whitaker's *et al.*, (1998) findings were similar. They found that the adult facilitators reported advantages for both the focus child and the other circle members.

The impact on other circle members reported were:

- developments in empathy and understanding
 - the experience seemed to promote empathy in the other members of the group towards the focus child. In this way other members of the circle would understand the focus child and not take their actions personally. They suggest that the approach helped to avoid a blaming orientation and allowed for balanced acknowledgement of the focus child's strengths in addition to their weaknesses
- increased self-esteem,

- o the groups collective efforts engendered a sense of competence and pride in the group
- enhanced group participation
 - o the focus child's ability to engage in group discussions was felt to improve in three of the groups, and
- improved behaviour for certain members
 - o four facilitators commented on improvements observed. For one circle member who had presented emotional and behavioural difficulties, the facilitator commented that this child had shown sensitive and enthusiastic participation (something they had not observed in this child before). Another child with similar needs was reported to show improvements in their interactions outside of the circle and two children who were usually very quiet were felt to contribute more confidently in group discussions

The circle members involved in this study were positive about their experience in the Circle of Friends intervention. 32 out of the 52 pupils involved reported to have enjoyed helping others. Circle members commented on the positive impact their involvement had made to their personal growth and development. They reported that they would resolve the problems of other

circle members in addition to that of the focus child. Older circle members reported that it enhanced their self expression and enabled them to understand and take the view of others. They also reported experiencing a sense of satisfaction at achieving targets set. However, frustration was experienced if the group felt they were not making progress.

Whitaker *et al.*, (1998) attempted to compare the self-esteem of all members of seven circles with that of their classmates who were not involved in the intervention. Only data for three classes were obtained. They found that nearly 70 percent of the circle members showed gains in their self-esteem as measured by the standardised B/G Steem test (Maines and Robinson, 1993) compared with under 50 per cent of their classmates. However, in their report, it was not suggested that the B/G Steem test was administered pre and post intervention. For this reason, I have assumed that the test was administered post intervention. The majority (48 out of 52) of the children involved in the Circle of Friends intervention indicated that they would like to continue their involvement with the circle.

4.7 Benefit to teachers

Newton *et al.*, (1996) also suggests that there are also benefits to the teachers involved in the project. From the notes

teachers were encouraged to collect, the following themes emerged:

1. Teachers reported feeling more supported by the active involvement of an outsider
2. The approach encouraged emphasis on the positives for both teacher and pupils
3. Teachers appeared to experience an increase in their self-esteem
4. Existing PSHE and pastoral work was validated
5. Class teachers and tutors reported an increased sense of pride in their class

They suggest that the Circle of Friends intervention impacted on other parts of school life. They suggested the following:

1. The increase in empathy as a consequence of the work has influenced parents and other classes not involved in the Circle of Friends intervention
2. Teachers feel less isolated as they work jointly with pupils to support a member of their class

Although the authors acknowledge that they did not endeavour to rigorously or systematically evaluate the work for outcomes, they suggest that the projects had been successful and propose the following hypotheses to account for its success:

1. children gain much from the additional attention focused on them;
2. children feel more accepted and liked and this affects their behaviour radically;
3. other children can be much more effective interventionalists than adults. Children are more likely to take notice of each other and change their behaviour as a result;
4. peer group pressure and encouragement to change is as powerful with individual children as it is with adult groups, perhaps more so;
5. providing a framework for problem-solving, support and active interaction is the ideal way of enhancing and mobilising a small community's impact on one of its individuals;
6. honest and open discussion with children about an individual's pain, about isolation and lack of friends combined with the difficulties adults face in dealing with certain behaviour, encourages empathy and provides a model for a healthier relationship in the classroom and beyond.
(Newton *et al.*, 1996, p.47)

This report by Newton *et al.*, (1996), although a valuable source of information with regards to the process and procedure of a traditional Circle of Friends approach, uses subjective evidence from the notes of teachers. To know whether Circle of Friends is an effective approach it is important to measure outcomes for the focus child involved in the intervention.

Whitaker *et al.*, (1998) found that the majority of facilitators reported feeling their involvement with the Circle of Friends a worthwhile or very worthwhile use of their time and suggested that their involvement further developed their professional skills. However, this would be with regards to promoting and supporting the inclusion of children with autistic spectrum disorder. The staff involved in the programme felt well

supported by their colleagues in school and results from a short questionnaire to 16 respondents indicated that 14 respondents rated improvements in the social skills, behaviour and happiness of the focus child.

4.8 Drawbacks to the intervention

Whitaker *et al.*, (1998) reported some drawbacks in a small minority of cases. They reported that for one focus child, there appeared to be an increase of egocentricity. Whitaker *et al.*, (1998) described this as the child developing what they termed 'a sense of self-importance'. Two facilitators reported that some circle members experienced distress when the focus child's reactions were unexpected or intense during some meetings.

Although circle members reported their wish to continue with the circle meetings, they reported the following difficulties:-

1. Missing lunch times
2. Often-demanding nature of the interpersonal skills required
3. Problems trying to engage and support someone with autistic spectrum disorder

Overall, although Circle of Friends has been suggested to benefit all those involved (focus child, peers, and teacher), Whitaker *et al.*, (1998), reports that the focus child remained

largely the less competent recipient of support being helped by his or her more competent peers rather than equally competent participants in a supportive relationship. Whitaker *et al.*, (1998) concluded that:

'On the basis of this study it is impossible to know the extent and nature of any actual changes in behaviour which can be directly attributed to the work of the circles. What is indisputable, however, is that the circles have provided means of mobilising and expressing support of a very practical nature, at a very limited cost and with few, if any, discernable drawbacks for any of the participants.'
(p.64)

Thus far, the literature reviewed has been largely descriptive and attempts at evaluating the effectiveness of a Circle of Friends approach have focused on ascertaining the subjective experiences of all involved via teachers' notes, evaluation questionnaires or interviews. Although Whitaker *et al.*, (1998) utilized the B/G Steem test (a standardised test to assess self-esteem) in their study, there remains a need to make pre and post comparisons to establish whether there are positive outcomes to a Circle of Friends approach.

4.9 Moving towards a standardised measure of the impact of the Circle of Friends approach

Barrett and Randall (2004) suggest that future evaluations of Circle of Friends should consider using a range of objective data collection techniques such as rating scales or sociometric

questionnaires in a pre and post comparison of Circle of Friends.

In their study of models of Circle of Friends, Barrett and Randall (2004) evaluate two studies that use adapted versions to the traditional model of a Circle of Friends (they suggest model one is the traditional model).

Model two of the Circle of Friends intervention is where the focus child is not absent during the initial meeting with the whole class and he/she is not singled out for the circle meetings. These meetings are concerned with building relationships between peers.

Model three (developed by the authors) involves the set up of several circles in a classroom that involve two or more children identified as socially isolated.

For the purpose of this study, I will focus on model two as this is most relevant to my work. Model two was first proposed by Shotton (1998) in her study in which the traditional model was adapted for a year eight girl (13 years of age) identified as 'neglected'. This pupil did not wish to be identified as the focus child and Shotton (1998) states that 'She would not have wanted to take part if the usual circle of friends procedure had been followed' (p.23). Shotton (1998) proposes that the

traditional procedure is not suited to those children identified as 'neglected' as they present withdrawn behaviour and 'have a heightened sense of self-awareness' (p.23). Shotton (1996) states:-

' For such children the setting up of a circle of friends, which focuses solely on them and talks about them in their absence, would be an insurmountable ordeal which they may not wish to face and which may in fact heighten their feelings of isolation further' (p.23).

In Barrett and Randall's (2004) study, the aim was to consider the relative effectiveness of implementing a model two Circle of Friends for a primary aged 'rejected' pupil (year three/four).

This study involved six children (four boys and two girls) who volunteered to be members of the circle. The authors do not describe how the children were selected or by whom, other than that a pre-test sociometric questionnaire was used to determine appropriate pupils for the circle.

In gathering evidence with regards to the outcomes of the intervention, both quantitative (sociometric questionnaire) and qualitative (interview with the whole class) were utilized.

Results indicated that the intervention had little impact on the focus child's peer relationships but faired slightly better for the rest of the circle members. The authors suggest that reasons for the results obtained are concerned with the length

of time taken to deliver the intervention (six weeks) suggesting that this duration is too short for any changes to occur. Between six and 10 weeks is the suggested duration with follow up circle meetings thereafter (Frederickson and Turner, 2003). Barratt and Randall (2004) also consider the benefit of following up activities suggesting that the absence of this for the rest of the class may have also contributed to the outcomes obtained.

In this study, and for this model, the short term outcomes had been measured. The authors suggest that consideration of long term outcomes are worth investigating for the future.

The authors also highlight the issue with regards to matching the model to the type of social isolation experienced by the child. They question whether the outcomes of Circle of Friends depends on the model used matched to whether the child is socially rejected or neglected by their peers. Thus further research is required to investigate the effect of a particular model of Circle of Friends on a child identified as rejected or neglected.

For Shotton's (1998) adapted version of the traditional Circle of Friends, the focus child was identified as socially isolated by the author and described as being a loner by her teachers.

The focus child had reported not having any friends but wishing to have friends.

The emphasis for the piece of work was on building and developing friendship links between the group members.

In Shotton's (1998) study, model two of Circle of Friends was used for a socially 'neglected' 13 year old girl. In Barrett and Randall's (2004) study model two of Circle of Friends was used for a socially 'rejected' boy (from a year three/four class). However, in Shotton's study the focus child requested to be unidentified but this is not indicated in Barrett and Randall's (2004) study. This begs the question as to whether a socially 'rejected' child would request to be unidentified for the intervention to take place.

Shotton (1998) found that the group reported that they felt less isolated. However, again, these were subjective self-reports and vulnerable to bias. Interestingly, Shotton (1998), reports that the focus child appeared more talkative and the teacher reported to have observed the focus child ask others to work with her. However, there were no monitoring schedules for behaviour to establish the frequency and quality of interactions or to establish whether a difference had occurred within the context of the circle or beyond it.

Although this study was implemented in a secondary school it could be applied to a primary school setting.

The aim of the present study was to build on Shotton's (1998) work by applying model two to a primary school 'socially isolated' pupil with low level emotional and behavioural difficulties (appendix 1). The purpose was to establish the effectiveness of this model through using a sociometric questionnaire for a pre and post measure.

4.10 Procedure

This piece of work considers the impact of a Circle of Friends intervention for a year three girl (appendix 1). Although this is a group intervention, the work is targeted on the focus child but also considers the benefits to the other circle members. The outcomes for the focus child and the group were measured using a sociometric questionnaire to establish whether a model two Circle of Friends intervention influenced the social acceptance of a rejected pupil and the social acceptance of the other circle members.

Prior to the delivery of the session, Charlotte's mother was approached to obtain her informed consent. Following this, I approached Charlotte to obtain her informed consent. This was a verbal explanation of what a Circle of Friends is and asking

whether they consented to having this intervention implemented at school and informing Charlotte that she had the right to withdraw from the sessions at any point if she wished. I explained that a Circle of Friends intervention could support Charlotte's skills in making and maintaining friendships. I also explained that this would involve either Charlotte being supported by a group of volunteers in her class with the focus being on her, or without her being identified as the focus child. Charlotte chose not to be identified as the focus child. I felt it important that I did this discussion myself to avoid misinterpretation and to ensure that both parent and pupil were not coerced into doing something they did not want to do. I felt it important that Charlotte and her mother understood what the intervention would entail, agree on the model to use and understand that she had the right to withdraw at any time (BPS, 1993). As a prerequisite to the approach, Newton *et al.*, (1996) suggests that the approach is explained properly to the focus child to ascertain genuine acceptance. However, they report that they would typically leave this discussion to the class teacher as they would know the child best.

The school was given the responsibility of informing parents of my initial meeting with the whole class (appendix 2). They were

also responsible for considering the logistics with regards to when the sessions could be delivered in the week and by whom.

I delivered the first meeting with the focus child's class including the focus child (Charlotte) (appendix 3 and 4). To evaluate the impact this intervention made on the circle members, a sociometric questionnaire was administered to the whole class (appendix 5). This questionnaire was administered pre and post the intervention. In this questionnaire, children were asked to state which three children they 'most' liked to play with and which three children they 'least' liked to play with. The pupils used code numbers as presented on their class register list. This helped to retain confidentiality for all those involved.

The sociometric questionnaire enabled me to identify the social status for all the children in the class with particular regard to Charlotte.

I analysed the data from the sociometric questionnaire (using Dr Robin Banerjee Sociometric Assessment Helper) and arranged the circle group to include those children identified as rejected or neglected and who had said yes to being a part of the Circle of Friends. Newton *et al.*, (1996) suggests that those children who are considered 'difficult' can be 'the most effective and helpful members of a circle of friends' (p.43). The group

involved four boys and two girls (including Charlotte). There were no children with a diagnosis of developmental disorders (i.e. Autistic Spectrum Disorder or Attention Deficit Hyperactivity Disorder).

I delivered the first and second Circle of Friends sessions which were observed by the TA who would be delivering the following four sessions to this group.

Subsequent circle meetings took place in the school on a weekly basis for the duration of 30 minutes although at different times during the week. The TA who would be delivering the intervention was offered consultation over the telephone or via email. However, he did not contact me at any point for the duration of the intervention.

The TA delivered one circle meeting a week for four weeks. I recommended that the school be committed to implementing a minimum of six weeks of circle meetings. Frederickson and Turner (2003) propose that the Circle of Friends sessions can be held over a period of six to ten weeks and would typically be facilitated by the class teacher. However, the SENCo said that it was unlikely that a class teacher would be released to deliver this intervention and that the school felt it was more appropriate and feasible for a TA to deliver the intervention to a group of children.

The structure of the sessions followed that suggested by Taylor (1997). I advised the TA who would be delivering the sessions to ensure that the structure of the meetings were clear and consistent. Hence, the children would understand how the session started and how it finished. A Circle of Friends weekly review sheet was provided (appendix 6).

4.11 Discussion of the outcomes of the intervention

Results from the sociometric survey showed that the Circle of Friends intervention had made no impact in changing the social acceptance of the focus child (Charlotte) in her classroom peer group (table 1). This was also found for two other members of the group. Whilst one member of the group had been perceived as popular and no longer 'rejected' by their classmate and another pupil had not been identified as rejected, neglected, controversial or popular. However, one pupil reported that they most liked Charlotte in the post questionnaire in contrast to the pre questionnaire which had none (appendix 7).

Table 1: Results of the sociometric questionnaire pre and post a Circle of Friends (CoF) intervention

Circle member	Pre CoF	Post CoF
Charlotte	rejected	rejected
3	neglected	rejected

12	rejected	rejected
16	neglected	popular
18	neglected	none
19	neglected	neglected

Further findings from the sociometric questionnaire revealed that three classmates (none of the group members) had changed their perceptions of Charlotte and did not report her as their 'least liked' person. However, two other pupils did report her as their 'least liked' person. Thus, she moved from a score of 13 to 12 reports of being 'least liked'. The circle member's social acceptance of Charlotte had not changed over the six weekly meetings.

Barratt and Randall (2004) had also found that the Circle of Friends intervention had made little impact on the focus child's peer relationships using the same model as was used in my work. They argue that this may have been due to the short duration of time given to the implementation of the intervention. Newton and Wilson (1999) suggest the duration of a term for a Circle of Friends and Frederickson and Turner (2003) suggests six weeks with follow up activities thereafter. However, the school for this piece of work could not commit to more than six weeks due

to end of year tests and anticipated changes with the allocation of TAs to support pupils across the school. Many of the studies that have investigated the impact of a Circle of Friends have implemented the programme in six weekly meetings (Shotton, 1998; Newton *et al.*, 1996; Frederickson and Turner, 2003; Frederickson *et al.*, 2005). Thus, this was considered the minimal amount of sessions that should be delivered.

However, it was likely that Charlotte's needs were significant and enduring. In Whitaker's *et al.*, (1998) study, parents reported that due to the long term needs of their child (with autism), they felt that there was a limit to what could be achieved through intervention. Future research could consider a more longitudinal Circle of Friends intervention for those children with long term needs such as autism or emotional and behavioural needs. This could include follow up activities that involve the rest of the focus child's classroom peers and class teacher. Whitaker *et al.*, (1998) proposed that the absence of follow up activities done with the rest of the focus child's classmates may have contributed to the outcomes they obtained.

The initial session delivered by myself through a powerpoint presentation (appendix 4), used an imaginary character (Amy) rather than Charlotte. Thus, the strengths and difficulties of Charlotte were not explored with the class. This may have meant

that the class did not begin to build empathy towards Charlotte or begin to recognise the difficulties she had as well as appreciating her many strengths.

For this piece of work, the TA facilitated four out of six of the Circle of Friends meetings with the group. On meeting the SENCo on an unrelated visit, she reported that the TA was having difficulty managing the behaviour of the group. The group were not listening to one another and she noted that the TA had asked Charlotte 'Who had she played with recently?' to which she replied 'no-one'. The SENCo was concerned that Charlotte had been asked this question in front of the rest of the group and was concerned about the content of the session being delivered by the TA. The TA had been provided with a framework to use to support him in facilitating the meetings (appendix 6) taken from Taylor (1999). However, the content of the sessions may have contributed to a negative outcome to the intervention. Taylor (1997) suggests that in the weekly meetings attended by the group, focus should be on reviewing the focus child's progress and planning practical ways to solve the problems he/she encounters. However, this was the first time the TA had facilitated Circle of Friends meetings and it would seem that the outcomes may have been obtained due to the difficulties he

experienced managing the group compounded by his limited experience facilitating circle meetings.

TAs may need the support of the Educational Psychologist with regards to maintaining a content to the weekly meetings that can facilitate positive change for the focus child. However, the service for which I was employed, were in the process of moving towards a time allocation model and there were no graduate psychologists. This meant that supporting teaching staff in the implementation of such interventions would be minimal.

For this piece of work, Charlotte did not want to be identified as the focus child. The school had already identified Charlotte as socially isolated and the results of the sociometric questionnaire identified her as 'rejected' by her peers. In this way, the model employed met with Charlottes wishes and may have been suitable to her needs. However, there is no research that suggests that a particular model for a Circle of Friends intervention is appropriate for a particular type of child (that is rejected or neglected). In this model, Charlotte did not have the circle meetings attention focused on her needs. Newton *et al.*, (1996) suggests a Circle of Friends meeting enables an 'honest and open discussion with children about an individual's pain, about isolation and lack of friends' (p.47) with its focus being on the focus child. However, model two (as described by

Shotton 1998, and Barratt and Randall 2004) does not facilitate a focus on the child for which the intervention has been set up and thus, it may not have harnessed the group's empathy and support in a way that would have been directed at Charlotte in the traditional model. In future work, I may consider offering the intervention in its more traditional format (in terms of the initial whole class meeting) and if the child is apprehensive about the model offered, then an alternative model can be offered. Furthermore, I feel that the group established, should then have a focus on the focus child in the circle meetings and the benefits of this would need to be discussed with the focus child prior to the first circle meeting. In my view this is paramount to the impact of a Circle of Friends as the intervention is particularly concerned with the perceptions and understandings of the children on the focus child's behaviour as described in Dodge's *et al.*, (1986) model (figure 1). Whitaker *et al.*, (1998) strengthens this point. He found that the weekly meetings impacted on the way the circle members understood the behaviour of the focus child 'reduc[ing] the extent to which his or her behaviour was taken personally' (p.62).

Charlotte's class teacher reported that she was unpopular with her peers as a consequence to her 'rough' behaviour. It is worthy of note that Charlotte's classmates and teacher may

perceive and judge (attribute) her behaviour negatively and thus respond as such (Poulou and Norwich, 2002). Whitaker *et al.*, (1998) observed in their study to support children with autism in mainstream school, a 'recognition of positive attributes, greater understanding of difficulties and a much reduced tendency to blame the focus child' (p.64). However, the children may have felt that the child with autism could not help themselves (that is, it was not their fault). But those children with emotional and behavioural needs may be perceived by their peers as to blame for their behaviour. Graham (1997) in a series of studies involving children in mainstream school, suggests that children are more sympathetic towards those children whose behaviour they attribute to being outside of their control. But those whose behaviour they attribute to being within their control are rejected. However, although the Circle of Friends intervention has the potential to change the attitudes of the other children it has not been found to change the behaviour of the focus child (Frederickson and Turner, 2003).

4.12 Conclusion

To conclude I will address the question that was considered at the start of this piece of work. I will consider possible

influences on the outcomes of the Circle of Friends intervention and ways forward in terms of future research in this area.

The following question was considered:

1. Can a model two version of the Circle of Friends approach as described by Barrett and Randall (2004) where the focus child is not singled out from their peer group at the initial discussion stage, increase the level of acceptance and inclusion for a pupil who is socially 'rejected' by her peers?

The outcomes from the intervention as measured using a sociometric questionnaire indicated that the Circle of Friends intervention did not increase the level of acceptance for the focus child. The model utilised for this piece of work was model two whereby Charlotte was not identified as the focus child in the initial whole class meeting and in the subsequent six weekly meetings.

It is noteworthy to consider the significance time may have on this particular intervention. Charlotte's needs were enduring in my view. Future research should consider the impact of a Circle of Friends for children with enduring emotional and behavioural needs over a longitudinal study and measure its impact on the child's social acceptance by his/her peer group.

This piece of work has also highlighted the issues with regards to facilitating the weekly meetings. The involvement of the TA as opposed to the class teacher with minimal support from Psychology Service may have meant that the weekly meetings were not facilitating empathy/support for each member in the group and the focus child. Using a TA to facilitate the meetings may have also distanced the work from the class teacher and the focus child's classmates who may have been able to support Charlotte in and around class/school.

It would be worthwhile keeping in mind the need to alter negative attributions and to consider how Psychology Service can support the facilitator in doing this in their bid to facilitate positive change for a child with emotional and behavioural needs in future Circle of Friends interventions.

This piece of work has indicated some issues for further consideration and research. However, this is a single case study and further investigation of this model is required with a larger sample size.

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Chapter 5

Precision Teaching: motivating children to read

5 Abstract

The present study aims to critically examine the implementation and impact of a Precision Teaching (PT) programme on the reading motivation of a year three boy in a mainstream primary school.

The present study takes a quasi-experimental design using pre and post test measures (the Motivation to Read Questionnaire (MRQ) and the Myself as a Learner Scale (MALS) and includes data collected through semi-structured interviews.

Results indicate that the pupil's reading speed was improving and reading accuracy was developing. In addition, PT had influenced how he viewed himself as a learner and his motivation to read.

The study concludes in calling for future large scale experimental research to investigate the impact of PT on children's reading motivation. It also suggests the need to investigate effective ways to support Teaching Assistants.

5.1 Introduction

This paper outlines a small piece of work that is an aspect of interest to me because of my background as a classroom teacher who worked with Teaching Assistants (TAs) in mainstream schools with children who experienced a delay in acquiring basic literacy skills. The work involved a year three boy (appendix 1)

for whom I did a statutory assessment due to significantly slow academic progress in literacy and numeracy. Precision Teaching (PT) was one of the interventions recommended on his statement. I was not only interested in the impact of PT on his reading skills, but also on his motivation to engage with reading activities.

The National Literacy Strategy (NLS) published 150 common sight English words also known as High Frequency Words (HFW). It is suggested that these words are taught as 'sight recognition' words by the end of year two (Department for Education and Employment, 1998) because many of the words have irregular or difficult spellings. HFW play an important grammatical part and are thus harder to predict from surrounding text or picture cues. Being able to read these words will enable the child to read simple text in books and also enable the child to read with relatively good speed and accuracy at an early stage in their schooling (by the end of key stage two). Similar Medium Frequency Words (MFW) are provided through Year three to Year five in key stage two.

This paper begins with a review of literature moving from a discussion of what PT is including its origin to highlighting its theoretical underpinnings in terms of the psychology of

learning and considering what literature has said in terms of how PT influences children's motivation to read.

This paper then describes how a PT programme was implemented for a year three boy who did not like reading because of the difficulties he experienced in this area. I will then discuss the findings from a pre and post measure using the Motivation to Read Questionnaire (MRQ) in order to identify any changes in his motivation to read in addition to a Myself as Learner Scale (MALS) to obtain an overview of any changes in how he perceives himself as a learner.

The following question is therefore the basis for this paper:-

Can Precision Teaching influence a child's motivation to reading?

Thus, although my involvement with this pupil was concerned with addressing his progress in reading, this paper is concerned with his reading progress and motivation to read.

5.2 From the laboratory to classroom: the origin of PT

PT has its influence from behavioural psychology and thus uses a behavioural approach with a focus on observable behaviour. This perspective follows the work of B. F. Skinner (1938) who considered how the consequence that followed behaviour (reward or sanction) changed behaviour (operant conditioning). In this

way, the environment of which behaviour operates is key to a child's learning potential. Skinner (1938) considered how behaviour could be measured in terms of a persons' rate of response. The success of this notion was translated to the classroom.

Lindsley (1991) was instrumental in this translation from the laboratory to the classroom. He suggests that pupil progress should be measured against their previous performances as opposed to making peer comparisons. He proposes that this would be more motivating for the pupil whereas comparison against peers may become a negative effect on a child's self-esteem.

5.3 PT for pupils with a delay in acquiring literacy skills

Solity (2000) suggests that the notion of Special Educational Needs (SEN) functions as a psychological defence mechanism which focuses on the child as being unable to learn rather than the teachers' ineffective teaching. In this way, Solity is putting a spotlight on the importance of the feedback we get from children which can tell us about the quality of the teaching and learning environment as opposed to putting the problem within the child. Hence, from a behavioural perspective PT follows the behavioural ABC (Antecedents, Behaviour, Consequence) with a focus on the learning environment -A (what and how the child is taught to acquire basic skills) in which observable and

measurable behaviour (reading words) is triggered -B. This behaviour is then reinforced by the consequence -C (reward or sanction) that follows it.

PT is a good response to this re-framed notion of why children experience difficulties acquiring basic skills. The quality as well as the appropriateness of instruction given by the teacher is important. 'What Precision Teaching does is tell you whether your selected methods have been effective' (Solity and Bull, 1989, p24).

PT is suggested as appropriate for those children making slow academic progress in basic literacy skills development (Raybould and Solity, 1988; Solity, 1991) and most of the literature on PT is concerned with its use for these children.

PT is aimed at accelerating children's skill acquisition (Raybould and Solity, 1982) and to support those children who require planned learning experience (Raybould and Solity, 1988).

5.4 Learning hierarchy

PT also has influence from an instructional model of learning whereby learning is viewed as occurring as a result of good instruction. The learning hierarchy described by Haring and Eaton (1978) suggests stages of skill acquisition (table 1).

There are five distinct parts to the stages of skill acquisition. Each part must be acquired before the individual can progress to the proceeding parts. Hence, each part is dependent on effective teaching to enable the pupil to progress to the proceeding stage.

Table 1 Haring and Eaton's (1978) five stages of instruction and learning (Learning Hierarchy)

Acquisition	Learners become able to perform a skill accurately for the first time.
Fluency	The learner becomes able to perform the new skill fluently as well as accurately.
Maintenance	Accuracy and fluency are maintained even in the absence of periods of direct teaching of the skill.
Generalization	Learners become able to apply the skill across different contexts.
Adaptation	Learners are able to make novel adaptations to the skill in order to solve new problems.

PT takes an instructional approach that is based on the learning hierarchy. As for the learning hierarchy, PT defines the difficulties pupils have acquiring basic skills in terms of fluency and accuracy. Thus, if a child has not mastered a skill they are considered to have not moved through the stages of fluency and accuracy.

With regard to a PT procedure, Downer (2007) defines fluency as being able to read five words randomly presented in a grid of 50 words within one minute.

West *et al.*, (1990) suggest that for those children who have difficulty retaining skills taught in their memory, the level of fluency is essential. West and colleagues suggests that to get the child to this state, he/she will need to be exposed to learning opportunities to practice the skill and time should be allowed for correction and assistance.

Raybould and Solity (1988) concur with this stating that some pupils need more opportunities to practice a skill than others.

PT is an over learning approach that enables a level of accuracy and fluency to be achieved. However, Raybould and Solity (1988) note that if teaching is disorganised in its application, then it will be an inefficient use of an over learning approach and thus little skill acquisition will occur.

Hence, the learning hierarchy enables the planning of the way in which skills are taught and thus enables skills to be mastered (hence, retained) at the child's pace.

5.5 Components of PT

PT is described as a 'systematic daily measurement of student progress' (Roberts and Norwich, 2010, p.281). Raybould and Solity (1982) describe PT as 'not a method of teaching as such but a way of trying to find out 'what teaches best' by providing daily feedback on the effectiveness of instruction. Precision teaching provides techniques for direct and daily measurement, charting and evaluation of individual pupils' progress towards mastery of specific educational tasks' (p.9). Thus, PT is a way of monitoring and evaluating the effectiveness of teaching and not a teaching method.

This intervention has been considered to be particularly effective for literacy skills and an intervention that is grounded in psychological theory (Lindsley, 1964; Raybould and Solity, 1988). For this reason, it has been recommended as an appropriate intervention for addressing basic literacy skills development (Raybould and Solity, 1988; Solity, 1991).

PT procedures use data from the child's performance to indicate whether how we are teaching the child is effective and offers us

a criteria by which to judge this in terms of the child's rate in achieving fluency and accuracy and subsequent mastery of a skill (Downer, 2007). Fluency and accuracy are important indicators as to whether a child has attained mastery as this facilitates skills being maintained over time and generalised over into new contexts (Haring and Eaton, 1978).

Thus, PT is concerned with the learning environment more so than the child. It holds the view that if the child is not making expected progress, it is not the child who is failing but the teaching approach being employed (Raybould and Solity, 1988; Solity, 2000). In this way, PT is an appropriate method of evaluating teaching (Boys and Lyndon, 2008).

This is in opposition to a cognitive explanation for a child's reading difficulties. This view suggests that cognitive processing difficulties (within child) impact on a child's potential to read. Word recognition is argued to be a fundamental skill to learning to read (Adams, 1990; Share and Stonovich, 1995) and thus any progress in this is related to phonological skills (Bradley and Bryant, 1983; Bryant and Bradley, 1985; Ball and Blachman, 1988,1991; Lundberg et al., 1988; Goswami and Bryant, 1990).

Following the phonological core deficit hypothesis, a child's poor performance is suggested to result from weaknesses in

his/her phonological processing ('the ability to process sounds' (Frederickson and Cline, 2007; p308)). Thus, teaching is concerned with developing children's phonological awareness (phonics teaching). PT, however, acknowledges that any progress a child makes in their reading is dependent, not on cognitive difference but on the quality of instruction a child receives. PT assumes that poor progress in reading is a reflection of the instruction (teaching quality) the child received.

Hughes *et al.*, (2007) describes three key methodological characteristic of PT:

1. Element/compound analysis

- a. Refers to considering the prerequisite skills necessary for children to overcome problems experienced in learning a particular task.

2. Frequency-building

- a. A method used to develop both accuracy and appropriate speed. This can help to establish those that have acquired mastery of the skill (Chiesa and Robertson, 2000)

3. Measuring learning or performance

- a. Refers to measuring the effectiveness of teaching and decisions being made based on data driven evidence. Time probes are used to measure a child's performance

in counts per minute. Hughes *et al.*, (2007) describes this as 'practice sprints' which are aimed at building fluency and identifying instructional decision points in terms of whether change is required following the 'learning picture' that emerges from data displayed on a standard celeration chart (SCC).

Children are presented with probe sheets (a 40 cell grid) to measure their rate of accuracy and fluency at a rate per minute count. However, the timing in implementing the probe can be adjusted dependent on the child and the skill being measured. For instance, longer probes (such as three minute) are more appropriate where a skill cannot be completed in a minute (e.g. spelling) and thus this will need to be divided by three to give a rate per minute. Also, very young children may not be able to do a whole minute and so the time may need to be multiplied to give a rate per minute count to enter onto the SCC (Chiesa and Robertson, 2000).

The SCC provides the teacher with a visual learning picture that can tell you the following:

- Flat line - no improvement in child's performance. Thus, the teacher needs to change an aspect of teaching, method or material.
- Upward slope - an increase in child's performance

- Downward slope - a decrease in child's performance
- Ideal picture - upward slope for correct responses and downward slope for incorrect responses

5.6 Links to the National Curriculum: assessment for learning

PT is an appropriate way of evaluating teaching and is also 'compatible with a range of assessment approaches also referred to as "formative" assessment' (Roberts and Norwich, 2010, p.280). Formative assessment enables the teacher to identify what a pupil already knows and what he/she needs to do next (Yeomans and Arnold, 2006). It 'provides ongoing feedback about pupil progress, in order to ensure that further learning and development take place' (Yeomans and Arnold, 2006, p.136).

For PT, the teacher produces materials that have been tailored to the needs of the child following assessment data. The implementation of the programme is also tailored to the child's needs as each child will progress at different rates, some children requiring more practice than others (Chiesa and Robertson, 2000).

5.7 Implementing PT: a typical session

Precision teaching is a procedure that enables a child to progress through the learning hierarchy as described earlier. The procedure is as follows:

1st teach

2nd test

3rd chart

I will describe each procedure briefly.

1st: Teach

At this stage of the procedure the teacher uses a method they deem most effective to teach a composite skill to the child. This is usually implemented for 3 or 4 minutes (i.e. flashcards).

2nd: Test

At this point in the procedure, after teaching for a short time (three or four minutes), the teacher then uses a time probe to test for accuracy and fluency. The desired rate of words read in one minute is set to enable the teacher to see when the child needs to move on or when adjustments need to be made to enable the child to achieve the desired rate (Potts *et al.*, 1993). Frequent testing and analysis of correct and incorrect responses are a prerequisite of the approach.

3rd: Charting

The teacher and/or the child record the rate of correct and incorrect responses onto a SCC (appendix 1). Lindsley advocates

for pupils to self-count and self-chart their own performance. Potts *et al.*, (1993) states 'Self-charting is cost effective, reliable, produces better learning than a teacher-charted system, creates trust between the student and teacher, and gives the learner ownership of the data' (p.186).

The chart provides both the pupil and the teacher with a learning picture of their performance (Lindsley, 1977). In this way decision points can be identified to indicate where teaching may need to be altered.

Solity and Bull (1987) suggest the following four changes to a programme if a child is not meeting their desired aim rate:-

1. Change the sequence of tasks or skills i.e. you may need to take a step back to ensure the pupil has acquired a specific skill (e.g. the skill taught may not be appropriate)
2. Change task or skill slices i.e. you may need to make the task/skill easy (e.g. fewer words)
3. Change the teaching approach i.e. you may need to increase the help provided (e.g. cues, prompts)
4. Increase motivation i.e. you may need to use incentives

5.8 Evidence of effectiveness

Hughes *et al.*, (2007) conducted a study to investigate the effectiveness of using practice sprints and PT procedures designed to increase the rate of reading common English words (that is, High Frequency Words (HFW) for PT programme) for five pupils who were experiencing problems with reading. A 10 week PT programme was implemented in a mainstream Secondary Comprehensive school. Seven participants (age range from 11 to 12 years) were randomly allocated to either a PT group (n=5) or a Treatment as Usual (TAU) group (n=2). The authors do not explain why the group numbers were not evenly distributed. The mean age of the PT group was 12 years two months and for the TAU group it was 11 years and nine months. Pupil reading ages were established by the administration of a Group Reading Test II (GRT II) and the Vocabulary Scale of the Middle Years Information Systems Year seven. Outcomes of these tests indicated that the groups reading ages were considerably below their chronological age.

Participants were assigned a teaching assistant (TA) for the duration of the programme in the form of 20 minute sessions, three to four times a week.

The PT group used SAFMEDS in practice sprints and once a pre-determined aim rate had been obtained (70 or more with no more

than two errors), they moved onto using the word sheets (aim: 120-80 correct on three consecutive days. An error rate is not reported).

Hughes *et al.*, (2007) suggests that 'brief practice sprints offer an effective, efficient, and easily administered procedure for helping children with significant reading problems' (p.232). However, in PT, if a child is not making progress it is considered to be the teaching that is ineffective. Hence, the teaching will change to get progress.

Hughes *et al.*, (2007) suggests that the difference between the PT group and TAU group was due to the PT group having the opportunity to learn and practice target words. However, it is also worthy to note that both groups would have received reading experience at school and/or at home. Could the addition of a targeted intervention that was different to the usual learning experiences have contributed to progress for the PT group?

The small number of participants for the TAU group ($n=2$) meant that the researchers could not be confident that the TAU group were similar to the PT group ($n=5$) in reading. However, they could suggest that the differences observed for the individual children seemed to correlate with the different learning experiences each of them had.

Roberts and Hampton (2008) conducted a six week study aimed to investigate the effectiveness of PT by contrasting PT against usual literacy teaching in terms of measures of word reading skills.

Using pre and post measures to establish effectiveness, the authors measured the number of words children read correctly from a wordlist that was presented across each group pre and post PT programme.

Findings indicated that prior to the PT programme the PT group read a mean number of 14.3 words and the control group read a mean number of 14.6 words.

However, after the PT programme was implemented to the PT group differences emerged between the two groups in terms of the mean number of words read accurately from the word lists.

The PT group read a mean number of 42.3 words and the control group read a mean number of 15.9 words.

These results were clearly impressive as they indicated that the PT group out performed the control group on measures of word reading skills following the implementation of a PT programme.

It is worthy of note that this was a small scale study and nothing was reported in terms of the background to the participants (i.e. any pupils with Specific Learning

Difficulties). For this reason, I feel this cannot be generalized to other pupils who may have literacy difficulties that are relatively severe and persistent and characteristic of a specific learning difficulty such as dyslexia (the pupil in the present study was not diagnosed with dyslexia but this was a query).

Furthermore, the PT programme was implemented during the daily literacy hour. Hence, there is the question as to whether the difference observed was the result of the content of the learning experience (focus on HFW) rather than the effectiveness of a PT procedure.

Chiesa and Robertson (2000) examined the effectiveness of PT procedure on Maths skills for five (year five) pupils aged nine to 10 years (three boys and two girls). The authors compared the performance of a PT group (n=5) to that of a control group (n=20). Following the implementation of a 12 week PT programme, the authors found that the PT group out performed previously higher performing peers who had not receive the PT programme (the control group).

In this study, the PT group facilitated the programme between themselves. It is not clear as to whether this was in pairs or other small groups. However, the group had received training prior to their involvement in the programme with regards to

plotting scores and interpreting learning pictures. An explanation and demonstration of fluency training was also received by the group and each pupil had a pre-prepared practice sheet. In this way, the group were set up to do PT without an adult. However, the group were visited once a week by the authors who spent 30 minutes with the group reviewing each child's rate of progress and making decisions about the next instructional stage. The sessions happened during the numeracy hour in the classroom for the group and lasted the duration of the lesson. The PT group progressed at an individual rate through the materials provided by the researchers. By the end of the 12 week programme all five participants had completed all components.

Although this study demonstrates how PT can be adapted for pupils to use without adult one to one support, there is the question as to how closely tailored is the programme for each pupil and does it become a competition against other peer performances rather than competing with your own. Furthermore, although the authors visited the group weekly, would this be enough to ensure children do not experience any level of frustration due to the task being too easy or too hard and also, is it feasible for Educational Psychologists to visit PT groups on a weekly basis to ensure they are always achieving success?

Further research is warranted with regards to the role of the TA in facilitating PT with regards to individual or small group programmes.

Downer's (2007) project aimed to 'demonstrate that TAs can be trained speedily and effectively to work with individual children for a short session daily in order to accelerate the rate at which those children are able to acquire new words into their sight vocabulary at levels of fluency' (p.3). For this study, 16 TAs implemented PT sessions for a group of children.

Objectives for the study were:-

- a) To demonstrate that the precision teaching method could be used to 'kick-start' children for whom other means of establishing reading skills were not producing expected rates of progress;
- b) To demonstrate that by using this method, even disaffected pupils could be motivated to learn;
- c) To show that the method was economic in terms of time and manpower.

Seven schools (one infant, four junior and two secondary) was involved in Downer's (2007) study. The children were selected by their teachers on the basis that their reading was progressing slowly relative to their peers. 47 participants (from year one

to year eight) took part in the study at a ratio of two to one boys to girls (with boys exceeding the number of girls).

In monitoring the TAs who were facilitating the programme, the authors visited each school on four occasions:

- Once for an initial meeting
- Twice for the maintenance sessions
- Once for the feedback session after the collection and processing of data

For the duration of the programme, Downer (2007) made herself available to the TAs via email and telephone to discuss any problems or queries.

The author reported that the TAs were told that the children would get opportunities for phonic decoding practice in real reading throughout school.

The outcome measures for infant and junior children were based on the number of new words the child could instantly recognise following their participation in the PT programme. For secondary children, outcome measures were based on any changes in their reading age as measured pre and post intervention using the Salford Sentence Reading Test, 1991.

Findings indicated incremental gains for new words recognised to fluency level in reading skills. 13 Key Stage one pupils made a mean incremental gain of 27.12 words, 19 Key Stage two pupils made an incremental gain of 33.68 words and 15 (year 7 and 8) secondary pupils made mean incremental gains of 6.28 months.

With regard to the TAs views about the programme's effectiveness, 16 TAs responded to a questionnaire and reported that they felt the programme had overall a positive effect on pupil progress. Raybould and Solity (1988) suggest that the views of the facilitator of a PT programme may influence its outcome in that a negative view may be associated with a negative outcome. However, a positive view may be associated with a positive outcome.

No views were obtained from the child.

Downer (2007) suggests that the findings from this study indicate that where the TA had a positive view about the programme they tend to report that the child responded positively and these children made progress in increased self-confidence, motivation and a sense of achievement. However, where the TA had a mixed or negative view about the programme they tended to report that the child responded negatively and these children did not benefit in terms of gains in motivation or self-esteem. However, these associations between the TA

views, pupil's performance and increase or no increase in motivation have not been measured in the study. Furthermore, feedback from the child in terms of their motivation has not been obtained.

Downer (2007) concludes that TAs can implement daily individualised PT programmes to children to address their needs in accomplishing recognition of HFW or visual recognition of phonics and phonic blends. In addition, the study showed that a majority (particularly junior boys) responded well to the PT programme. However, the study does not include feedback from TAs in terms of implications to their practice (that is, difficulties encountered). Although outcomes to the intervention were positive, training for the TAs required four visits and it is unclear as to whether the TAs viewed this as sufficient to enable them to deliver a PT programme.

5.9 Supporting TAs

Macleod *et al.*, (2007) considered the notion of 'giving Psychology away' through psychologists working with non-psychologists in order to meet the demands Educational Psychologists (EP) face particularly with regards to underachievement in literacy. This notion follows from a Presidential Address to the American Psychological Association

by Miller in 1969 which was later taken up by Kay at his Presidential Address to the British Psychology Society in 1972.

Macleod *et al.*, (2007) notes that teachers are finding it increasingly more challenging to meet current demands in terms of provision for those pupils who require more intense input to address their literacy difficulties. In the UK this is addressed by having 'minimally trained teacher assistants rather than teachers support the bulk of the work with pupils with literacy difficulties' (Macleod *et al.*, 2007, p.557).

Macleod *et al.*, (2007) investigated whether EPs can work successfully and effectively with non-qualified teachers to deliver a programme of intervention to children. Their study was concerned with EPs training TAs in delivering a 'self-voice feedback loop' where by children can listen to their own voice as it is heard by others. Unlike PT, TAs received their guidance from the teachers as opposed to the EP following training. This was beneficial to the programme delivery.

Where schools chose to have one TA trained, SENCOs in the study commented that it would have been beneficial to have had more than one TA trained to enable faster cascading of the expertise offered by the EP to the rest of the school.

Macleod et al., (2007) concluded, 'The service delivery model meant that the particular expertise of the psychologist penetrated more deeply and broadly within participating schools than would have been possible if an individual child-focussed approach had been taken. Instead, by working directly with groups of teachers and assistants as well as through others such as the special needs co-ordinator, the educational psychologist was able to add value to the education process within the school as a whole' (p.570).

5.10 PT appeal

Implementing any programme in an already overloaded and highly demanding job such as teaching makes the idea unattractive to many teachers. Chiesa and Robertson (2000) highlight the issue of teachers being reluctant to implement PT programmes themselves for this reason.

However, 'the practical consequences' may 'outweigh any philosophical misgivings' (Chiesa and Robertson, 2000, p. 298) and eventually persuade teachers to consider the benefits of implementing this approach for children experiencing difficulties in acquiring basic skills such as literacy.

Chiesa and Robertson (2000) in their study, demonstrate not only the effectiveness of PT but also address the practicality issues

with regards to time constraints and meeting the needs of the classroom. The authors point out that to persuade teachers of the benefits of PT programmes we need to consider the time teachers have available to train to become competent in its methodology and they also need to see the potential benefits of PT in that it 'not only lead[s] to effective learning for pupils, but are also an efficient use of his/her time' (p.299).

The effectiveness 'in terms of enabling learning' and inexpensiveness 'in terms of resources required in both time and materials' of PT is also reported by Hughes *et al.*, (2007) (p.234). Their study also demonstrated the flexibility of the approach in that the children did three or four days of 20 minute sessions a week. The approach is generally viewed as 'particularly efficient' (Roberts and Hampton, 2008, p.28).

With regards to its attractiveness to children, it has been reported that even those children who do not usually show an interest in the subject (that is literacy or numeracy), have shown enthusiasm and frequently request more practice sheets and time probes (Cheisa and Robertson, 2000).

PT has been regarded as particularly beneficial to those children who have experienced repeated failure and frustration as it provides a clear set of objectives, daily praise and evidence of observable success which can be measured by the

child (Downer, 2007). Furthermore, Downer (2007) proposes that PT can heighten a child's 'self-confidence and co-operative learning behaviour.' (p.140).

It is important to remember that PT is a way of evaluating the effectiveness of teaching and this procedure follows Haring and Eaton's (1978) learning hierarchy. Thus, the quality of the delivery of the programme is paramount to the programmes effectiveness. Raybould and Solity (1988) identified that faulty transmission can occur where staff don't receive adequate training and ongoing support. Thus, this may reduce the effectiveness of the programme.

5.11 Motivation, reading and PT

Motivation is defined by Long and Fogell (2007) as,

the degree of effort, interest and involvement that a pupil has with a task. (p.44)

To know what motivates a child enables us to know why a child will or will not do a task. Motivation may be influenced by internal (such as child's belief in their confidence and ability) or external (such as the feedback child receives from teachers and consequences) factors. In the classroom, an unmotivated pupil is a pupil who is disengaged in the task presented.

Much research has established a link between learning and motivation (Deci and Ryan, 1985; Dweck and Elliott, 1983; McCombs, 1989). Wigfield and Guthrie (1997) highlight that researchers have predicted that,

when individuals have a positive ability beliefs about an activity and think they can do the activity efficaciously, value the activity for intrinsic reasons, and have learning and prosocial goals, they should do better at the activity and choose to do it more frequently. (p421)

Wigfield and Guthrie (1997) consider these predictions in light of children's motivation and reading.

Baker and Wigfield (1999) note that reading is an effortful activity that children can choose to do or not to do. For this reason, it requires motivation. They argue that children's attitude towards reading is associated with their motivation to read. That is, those children who hold a positive attitude towards reading are more motivated to read and thus, engage more in reading activity.

Being motivated to read is important. The child who has experienced repeated failure in their reading activity or has received negative feedback from adults (teachers, TAs or parents) about their reading will become de-motivated and reluctant to engage in reading. Hence, the experience the child

has of reading should be positive and also achievable in order to maintain their motivation.

Solity and Bull (1987) report that reluctant learners are those who have experienced past difficulties in their learning environment. Hence, the teacher has a significant role to play in ensuring that the learning environment captures the child's interest and facilitates observable success to the child (Solity and Bull, 1987).

However, there is little literature that considers the link between PT and motivation specifically although there is anecdotal evidence that PT can be motivating for children.

Hughes *et al.*, (2007) noted the difference in some participants reading behaviour. They found that one of the participants who never usually volunteered to read aloud in class, volunteered for the first time. The authors note that such qualitative information (this changing relationship between the participants and their reading) is not noted in the tables and figures reported. Furthermore, they report that conditions whereby pupils experience reading at the level of frustration, is 'likely to establish escape and/or avoidance of reading as a powerful reinforcer' (p.233).

When considering what is thought to motivate children to read, Edmunds and Bauserman (2006) suggest the following five aspects:-

1. Self-selection

- a. Motivated to read when decide what text they want to read

2. Attention to characteristics of books

- a. Such as exciting book cover, action packed plot, funny, great illustrations

3. personal interests

- a. reading influenced by books related to own interest

4. access to books

- a. students being exposed to school and public libraries by family members and teachers and sharing books with their peers

5. active involvement of others

- a. others buying or giving students books
- b. others reading books to students

Most of the literature on PT has been concerned with the impact of PT on raising attainment in literacy or numeracy skills (Chiesa and Roberts, 2000; Downer, 2007; Hughes, Beverley and Whitehead, 2007; Roberts and Norwich, 2010). Subsequently, there has been a paucity of literature on the motivational impact of

PT. This provides my rationale for choosing to investigate the impact of PT on children's motivation to read. This work will also build on the work of Roberts and Norwich (2010) and contribute to a body of knowledge on PT and reading motivation. Roberts and Norwich (2010) investigated PT with a focus on providing an enhanced intervention through a framework but noted that children continued to make progress even after the PT programme had been withdrawn. They wondered what could explain for this 'carry over' effect. They began to consider that the possible consequence of a pupil's marked difficulties in literacy may be 'a limited belief that success could be enjoyed in reading-based activities' (p.293). For this reason, they suggest that further research into the motivational effects of PT input is warranted.

5.12 Methodology

The research question for this study is to investigate whether PT can influence a child's motivation to read. Thus, this study intends to test whether a particular programme (PT) causes reading motivation.

This study takes a realist approach to answer the research question following a positivist paradigm (positioned within a scientific tradition). A quasi-experimental design (Campbell and Stanley, 1963) was deemed appropriate for this study because

it was concerned with measuring the impact of PT on the reading motivation for a single participant. Thus, the study takes a pre-experimental: one group pretest-post-test design. This study also takes a mixed methods approach to data collection as brief interviews are also included.

As previously mentioned, the gap in research has been in relation to qualitative data and particularly in obtaining the views of children when measuring the impact of PT on reading. This study takes a quantitative approach to measure the impact of PT. But this is in terms of reading motivation using a standardised assessment tool (an area not yet investigated in literature on PT). However, qualitative data is obtained via two semi-structured interviews to support the data collected from the pre and post tests of reading motivation.

5.13 Data collection/tool methods

The Motivation for Reading Questionnaire (MRQ) and the Myself as Learner Scale (MALS) was used as a pre-test, post-test measure for a single participant involved in a PT programme.

The MRQ is a 54 item questionnaire which measures different dimensions to a child's motivation to reading. Each item is scored on a four point scale (1 = very different from me; 2 = a little different from me; 3 = a little like me; and 4 = a lot

like me). The questionnaire measures 11 dimensions: Reading efficacy; Reading challenge; Reading curiosity; Reading involvement; Importance of reading; Reading recognition; Reading for marks; Social reasons for reading; Reading competition; Compliance; and Reading work avoidance.

MALS is a 20 item scale which measures a child's perception of him/herself as a learner and as a problem solver. An average score ranges between 60 and 82. MALS uses a rating scale (a to e) for each item.

I chose to use the MRQ because this would enable me to measure any changes in the pupil's motivation towards reading activities. However, the questionnaire was relatively long and was difficult for the pupil in this present study to read independently. This was counterproductive when considering that the measure was for pupils who do not particularly enjoy reading.

I chose to accompany this with the MALS as this would enable me to monitor any changes in the pupil's general perception of himself as a learner. The measure was relatively short (1 page) but still required an adult to administer (to support reading). However, it does not tell me the precise reasons for positive or negative outcomes.

Additional data was collected through a semi-structured interview with the pupil and the TA. The three questions I posed to the pupil were to elicit the pupil's general feelings about the PT sessions in terms of its impact on his reading. The questions posed to the TA were to elicit any implications to implementing the programme and any suggestions she felt may have made the programme more effective. The last two questions I asked the TA were to elicit whether there were noticeable changes in his reading behaviour and also to gain a sense as to whether she felt the programme was worthwhile.

5.14 Description of programme

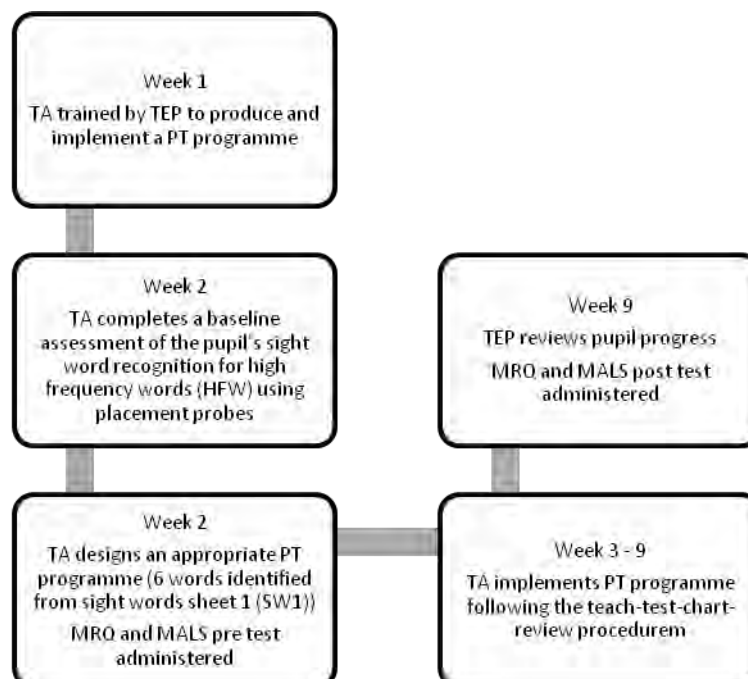


Figure 1 A timeline of the procedure

The pupil's sight word recognition for HFW was assessed using placement probes (Sandwell LA). The aim rate was to read 50 words per minute with no more than two errors.

From an analysis of the data with regards to word counts per minute, it was identified that Bobby needed to begin with placement probe sheet SW1. The task size was six words with four known and two unknown.

The TA delivered daily PT sessions as follows:

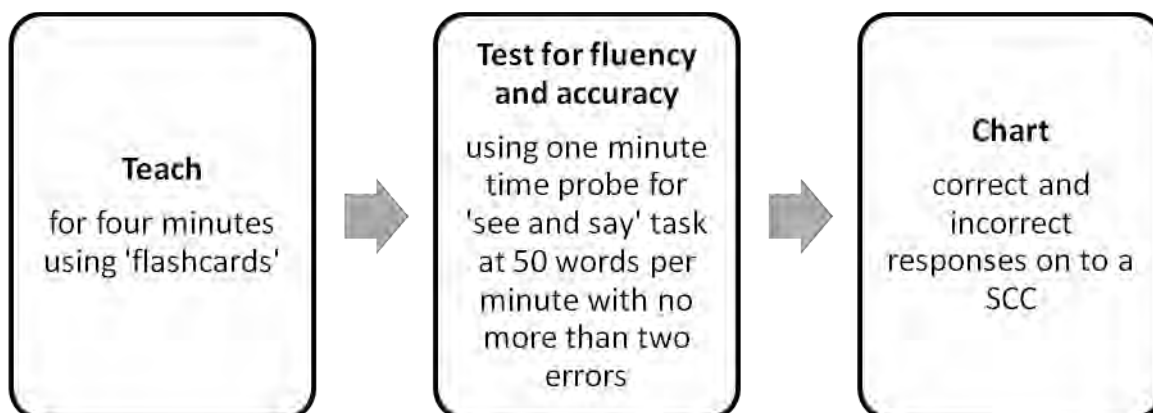


Figure 2 Delivery of PT sessions

The TA was advised that Bobby should move onto a new PT programme (that is a programme that kept to four known words and two unknown) when he met the aim rate of 50 words per minute with no more than two errors over two consecutive days.

Bobby's progress was reviewed after two months using the probe sheets of all the words he had mastered.

5.15 Results of the PT programme

Refer to the standard celeration charts (appendix 1).

Table 2 Reading placement probe for a review of progress 7 weeks into the PT programme

Probe	Skill	Pre PT Programme Rate correct	Pre PT programme Rate incorrect	Post PT programme Rate correct	Post PT programme Rate incorrect
SW1	1 st 10 HFW	22	4	41	11
SW2	2 nd 10 HFW	6	4	41	21

The data indicates that the TA had moved Bobby onto a new task following three consecutive days meeting the aim rate of 50 words per minute with no more than two errors (appendix 1).

The TA did not always follow charting conventions. However, the data presented are correct.

5.16 MRQ and MALS scores

Table 3 Scale scores from a MRQ pre-test and post-test measure

SCALE (MRQ) (Dimensions)	Pre-test scale score Highest score = 4	Post-test scale score Highest score = 4
Reading efficacy (believing he can be successful at reading)	1.5	1.5
Reading challenge (satisfaction of mastering complex ideas in text)	1.2	3.2
Importance of reading (the value of the task to ones self or others)	1	2
Reading recognition	2.2	2.8

(the gratification in receiving a tangible form of recognition for success in reading)		
Social reasons for reading (sharing meaning gained from reading with others i.e. friends and family)	1.29	1.29
Reading competition (the desire to outperform others)	2.17	3.33
Reading work avoidance (what the pupil does not like about reading)	4	2.25

Table 4 Total MRQ Score for pre-test and post-test measure

	Pre-test scale score	Post-test scale score
TOTAL MRQ SCORE (excluding reading work avoidance scale)	9.36	14.09

score)		
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The scaled scores were created by adding the pupil's responses to each of the items for each scale. Responses ranged from 1 to 4 (1 being very different from me and 4 being a lot like me). After adding the responses, the total was divided by the number of items. Dividing by all the number of items meant that all the scaled scores had a range of 1 to 4. Thus, the closer the score was to 4, the more positively the pupil was motivated in this aspect of reading.

Reliability of the results presented may have been affected due to the incomplete administration of the scale by the TA. Thus, data analysis involving comparison of pre and post scores was carried out only with scores from items completed at both phases (pre and post).

Table 5 Total MALS Score for pre-test and post-test measure

	Pre-test score	Post-test score
TOTAL SCORE	40	44

Both pre and post-test scores for Bobby fall below average range. However, his post test score shows a slight increase.

Table 6 Educational attainment pre PT programme

Skill	Level (teacher assessment)
Writing	P8
Reading	P8

The following results were obtained at a chronological age seven years using the School Age, British Ability Scales 2nd Edition.

Table 7 Standardised assessment (BAS II) pre PT programme

Subtests	Percentile	Age equivalence
Spelling	16	5 years, 10 months
Word reading	10	5 years, 4 months

The above scores indicate that Bobby is performing in the 'low average' range. During the assessment, Bobby became distractible when the tasks became more challenging. However, he made more of an effort to attempt the tasks presented to him when he was offered a sticker. This suggests that extrinsic rewards are motivating for Bobby.

5.17 Semi-structured interviews

Bobby was asked three questions. The questions and responses are presented in table 6.

Table 8. Bobby's response to questions

Question	Response
Has the sessions helped you to enjoy reading?	Bobby told me that he did not know whether the programme had helped him to enjoy reading more or whether he read more at home.
Do you think you read more?	Bobby said he did not know.
Do you want to continue doing these sessions in your next class?	Bobby told me that he did not want to continue doing the PT programme in his new class in September. When asked why, he said that he missed out on doing 'free reading' in class with the rest of his peers. He went on to explain that after register in the morning, the children were allowed to choose any book they would like to read from the class library. He could not do this because he was taken out of

	class at this time to do the PT programme.
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The TA was asked four questions. The questions and responses are presented in table 7.

Table 9. TA response to questions

Question	Response
What is your view about the PT approach you implemented?	The TA told me that she enjoyed using this approach with Bobby and found it simple to do and practical. She particularly liked it because it did not take much time to deliver and cost effective in terms of resources required. She commented that she felt the approach was useful for other children in school.
Is there anything you feel could have made outcomes for Bobby better?	The TA commented that a larger scale SCC would be beneficial as Bobby enjoyed charting his performance and she felt it gave him ownership of his learning. She also felt that using flashcards to teach the sight words was easy and effective.
Do you see any	The TA felt that Bobby was not motivated to

changes in Bobby's motivation to read at school?	come to the PT sessions and would need encouragement. He had asked her if he could choose a book as for the rest of the class before coming to the session and wanted to read this with the TA before beginning the session.
Do you feel he should continue with the programme?	The TA felt that the PT approach was worth continuing with Bobby and other children in the school. She felt that the programme was easy to transfer over to another TA and be followed on as the words were there and the history of the child's previous performance was available. She described the approach as 'straight forward'.

5.18 The link between the present study and reviewed literature

Bobby reported in the interview, that he wished to choose a book in his class with his peers. This suggests that Bobby is more motivated to read a book (something that was not evident before the intervention). It may be that Bobby's improved ability to read some HFWs was having an effect on how he feels about reading and thus his willingness or interest in engaging with

it. Edmunds and Bauserman (2006) suggest that a motivating factor for children in reading is the ability to choose their own book that they would like to read. Hence, this classroom routine may be a contributing factor to Bobby's motivation to read in addition to a possible consequence of the PT programme.

The TA received a one hour session of training to deliver the programme. Following this, she was offered email and telephone consultation. However, she did not take this up. On reflection, I think it would have been beneficial to have split the training into two one hour sessions. However, prior commitments in my work made this difficult to achieve at that time.

Downer's (2007) study set out to prove whether TAs were able to implement PT to groups of children. In Downer's (2007) study the TAs received four visits by the researcher and two of those visits were concerned with the maintenance of the programme. However, with regards to EPs, this has implications for those who work in a service under a time allocation model.

Macleod et al., (2007) proposes that EPs can train TAs effectively. However, utilising teachers who can offer TAs continued guidance would be beneficial to the implementation of a programme. Thus, training the SENCo as well as the TA in PT would have enabled the SENCo to support the TA in the

implementation of the programme. Furthermore, my offer of email and telephone consultation may have been taken up if a time and date for this form of supervision was set and is something I will consider doing in my future practice.

All the same, PT was viewed as both efficient and economic by the TA as this concurs with literature (Downer, 2007; Chiesa and Robertson, 2000; Hughes et al, 2007; Roberts and Hampton, 2008). The TA commented on the use of flashcards as being an effective way to teach for PT. The use of flashcards (or SAFMEDS) in teaching for accuracy and fluency was endorsed by Lindsley (1980) who used flashcards to build fluency and viewed as an effective method for fluency-building by Hughes et al., (2007). However, there is a paucity of research that has focused on the 'teach' aspect as PT is concerned with measuring the effectiveness of the teaching and thus to suggest that one method is most effective may neglect this important principle. All the same, further investigation is warranted into the effectiveness of using flashcards to teach for fluency in PT.

5.19 Methodological implications for the present study

Due to unforeseen circumstances that were beyond my control, the PT programme began later than anticipated and the time lapse between my pre and post measures for the MALS, MRQ and placement

probe prior to the onset of the programme and at the point of review was seven weeks.

Although the effectiveness of the PT programme was measured within a time span of seven weeks, Bobby has made some progress in his sight recognition of HFW (table 7). Prior to the programme, Bobby was not able to read to the end of the placement probe and so, although 22 words were recorded as read correctly he had only read to 26 words. On week seven, Bobby was able to read to the end of the placement sheet (40 words) and begin again to read from the top of the sheet. This suggests that his speed is improving although his accuracy is still developing.

In addition, the influence of the PT programme on Bobby's overall view of himself as a learner and his motivation to read was also measured within the time span of seven weeks.

The pre measure using the MRQ and MALS were administered by the TA. However, I administered the post measures. At the onset of the PT programme, Bobby did not know me at all but the TA worked with him and they knew each other very well. For this reason I felt it appropriate to ask the TA to administer the pre-test measures and for myself to administer the post test measures as his responses may have been better with her at that time and better with me once he was familiar with me. For this reason, I

am relatively confident that the scores obtained represent his views.

The MALS only showed a slight increase. The short duration of time that has passed between pre and post measure may be an explanation for this. Perhaps not enough time has gone for any real changes in Bobby's view of himself as a learner to emerge. However, there have been better results from the MRQ even after a short period of time. The results from the MRQ suggest that:

- Bobby is more willing to approach texts that are challenging but are of high interest to him. Thus, providing books of high interest to Bobby will be beneficial.
- Bobby is beginning to view reading as important and thus, may engage in reading at home as well as at school if he is able to access a majority of the text.
- Bobby feels that others are recognising his efforts in reading (parents and peers) and is more receptive to praise for his efforts. Thus, it is important to continue to ensure Bobby achieves success and receives praise for his success and efforts in reading.
- Bobby is becoming comfortable with competing with his peers in terms of being able to read or be known as being a good reader. However, he does not like to compete with his

peers in getting answers correct. He may see this question as referring to tasks other than reading. This is suggestive of low-confidence in other areas of the curriculum.

- Bobby is less likely to avoid demanding reading tasks. Thus, school should invest in books that are of high interest to Bobby and parents should consider making him a member of their local library.

There were errors in the implementation of the programme which may have impacted on the outcomes in Bobby's performance (table 7). Of particular importance is the charting of correct and incorrect responses onto the SCC which would provide the pupil and the TA with a visual picture of learning and could function as motivational for the child. The TA suggested a large version of the chart to enable Bobby to chart his own progress which he was keen to do. However, I wonder whether pupils involved in PT programmes also require training in using a SCC. Cheisa and Robertson (2000) trained year five pupils to plot scores and to interpret the learning pictures. This could make the charting exercise more meaningful to Bobby and thus, more attention to accuracy when plotting scores on the chart. Self-charting by the pupil is recommended by Potts et al., (1993) who states that this gives the pupil 'ownership of the data' (p.186).

Table 4 and 5 showed that Bobby had met the aim rate. However, he continued with the same set of words and performed below the aim rate thereafter. This may have been a maintenance session after a break. However, this is not clear and I am unable to explain why Bobby continued with this set of words after achieving the aim rate or why his performance after achieving the aim rate suddenly reduced. It is also noteworthy to mention that the TA did not continue with this programme until the aim rate was achieved or until an alteration to the programme was required.

These points highlight the importance of supporting the TA in delivering a PT programme.

5.20 Conclusion

To conclude I will address the question that was considered at the start of this piece of work. I will consider important lessons learnt with regards to implications for Educational Psychologists and also ways forward in terms of future research in PT.

The following simple question was considered:-

Can Precision Teaching influence a child's motivation to reading?

Outcomes from a pre and post measure for the MRQ indicate that Bobby's motivation for reading activity has increased in four dimensions out of the reported six (excluding Reading work avoidance which is not a reading activity). However, the design of this study makes it difficult to establish whether the changes that have occurred are a result of the PT programme. To understand whether children's motivation to read is influenced by their involvement in a PT programme future large scale experimental studies are warranted. However, the main purpose of this work was to evaluate the influence of PT on Bobby's motivation to read in addition to considering it's effectiveness on improving his skills in sight recognition of HFWs.

The time lapse for many of the studies on PT has varied and there is no recommended minimal time suggested in the literature. However, Bobby continues to do the PT programme and the TA and SENCo intend to continue with this programme for Bobby and other pupils with consideration to Bobby's comment about the time scheduled for the delivery of the sessions.

It is worthy of note that this is a small scale study using a single participant over a short lapse of time (seven weeks). For this reason I feel this can not be generalized across other pupils who may have experienced delayed literacy acquisition and have a perceived low motivation for reading. Furthermore, the

scheduled times for the implementation of the PT sessions may have influenced the outcomes of this work.

Further research is warranted with regards to investigating effective ways to support TAs in implementing a PT programme and also this study could be viewed as a pilot study for an experimental research to investigate whether PT programme influences children's motivation to read and thus enable their continued progress.

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Chapter 2

Appendix 1

Local Authority Policy on Dyslexia

Appendix 2

A Policy for Special Educational Needs

Appendix 3

Dyslexia awareness week

Appendix 4

Powerpoint presentation



1.0 INTRODUCTION

This document sets out the policy of [REDACTED] Children and Young People's Service on the identification, assessment and interventions in respect of children and young people with dyslexia.

2.0 DEFINITION

2.1 [REDACTED] Children and Young People's Service adopts the following definition:

Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching.

British Psychological Society (BPS), 1999

2.2 This definition,

- is supported by persuasive research evidence
- focuses on observed and observable difficulties
- makes no assumptions about causation
- is based on the research evidence that no particular test or test profile is necessary or sufficient for the identification of dyslexia
- is based on research evidence that confirms the view that dyslexia can occur in children and young people of all abilities
- does not rely on identifying a discrepancy between a child's abilities in one area and his/her abilities in another

2.3 While dyslexia can occur as a specific learning difficulty, it is not necessarily so. A child may have a range of learning difficulties and also have dyslexia.

3.0 PERSPECTIVES ON LITERACY LEARNING

3.1 Reading and spelling are complex skills that do not necessarily develop naturally. They need to be taught and children need to learn and practise the skills involved.

3.2 Teachers and carers should notice pupils' individual needs and adjust their responses accordingly. If a child does not make progress with the acquisition of reading and spelling skills, supported by parents/carers

as well as teachers and other school staff, then as a first step educational provision should be reviewed and possibly modified.

- 3.3 Dyslexia can be identified by anyone with suitable experience including teachers and special needs co-ordinators. It is not necessary to have an educational psychologist or other specialist to describe a child or young person's learning difficulties as 'dyslexia'. Many school-based staff prefer to have a discussion with an external agency or colleague before raising a concern with parents/carers because of the understandably high level of anxiety that can be caused.

4.0 WHAT SHOULD BE ASSESSED AND HOW?

- 4.1 The definition of dyslexia requires three aspects to be evaluated through assessment:

- That the child/young person has learned accurate or fluent word reading and/or spelling very incompletely or with great difficulty.
- That appropriate learning opportunities have been, and are being, provided. Barriers to such learning opportunities may include social, emotional and behavioural factors and/or previously unidentified sensory impairments.
- That progress has only been made as the result of much additional effort/instruction and that those difficulties have nevertheless persisted.

- 4.2 There is no single test for dyslexia and identification of dyslexia does not require a measure of any discrepancy between intelligence and reading skills. Assessment that makes no reference to the learning context and progress over time provides an incomplete picture of a child's difficulties/needs. This is particularly true when emotional difficulties prevent children/young people from learning. Emotional problems may develop as a consequence of the delay in acquiring literacy skills, which can exacerbate the learning difficulties in a complex way. Developing an understanding of the child's thoughts and emotional experiences is central to a meaningful assessment.

- 4.3 Assessment should be conducted over time through ongoing intervention and review. Examples of schoolwork, reports, IEPs and National Curriculum scores should be considered.

- 4.4 It is also highly relevant to the assessment that any other factors that could be contributing to the learning delay are considered, for example, possible hearing or visual impairment, poor attendance, emotional or physical difficulties.

- 4.5 It is important to gather as much information about the child's needs as possible and this will come from a variety of sources.

- 4.6 Direct work with the child may include assessment of:
- Word reading, reading comprehension and spelling ability using reputable, up to date tests
 - Phonic knowledge
 - Phonological awareness
 - Visual memory for spellings
- 4.7 The assessor may administer cognitive assessments in order to gain further information about a child or young person's strengths and relative weaknesses but there is no requirement or necessity to undertake a psychometric assessment.
- 4.8 In addition to an examination of the child/young person's current attainments in literacy and/or numeracy, there is also a need to consider emotional and motivational aspects of functioning including:
- The child/young person's confidence as a learner
 - The extent to which s/he feels able to take risks with their learning
 - How s/he responds when 'making a mistake'
 - How s/he responds to praise
- 4.9 The assessor may wish to explore the child/young person's views by asking a range of questions which help to provide information regarding the child/young person's self-esteem, view of their ability, and how s/he thinks they could improve and develop their skills.
- 4.10 Observation of a child/young person in context can provide useful information about listening skills, motivation, independent learning skills, social development and peer relationships.

5.0 DEVELOPING SUPPORTIVE INTERVENTIONS

- 5.1 The purpose of the assessment should be to develop appropriate intervention and support strategies, not to confirm whether or not a child's learning difficulty is dyslexia.
- 5.2 There are many interventions that are proven to be helpful in supporting and improving children's literacy skills. The critical point is to select the intervention that is most likely to have a significant impact for the individual child/young person concerned. This judgement will be made on the basis of assessment information and current research.
- 5.3 Advice to schools can be found in DfES Guidance on the inclusion of all children in the literacy hour and daily mathematics lesson (DfES 0465/2002) and within the Primary National Strategy, 'Learning and teaching for dyslexic children' (DfES 1184/2005).

- 5.4 The Educational Psychology Service (EPS) and Specialist Teaching Service (STS) promote the development of effective practice within 'dyslexia friendly' schools. Advice and training on whole-school approaches to literacy development are available. Educational psychologists and learning support teachers also provide advice to school staff and to parents/carers as well as individual assessment, where appropriate.
- 5.5 EPS and STS offer a range of services related to the identification, assessment and amelioration of dyslexia in schools including:
- Staff training on supporting children with dyslexia and literacy difficulties within the context of 'Effective Dyslexia Friendly Schools' work.
 - Advice on programmes of work and effective interventions
 - Discussing dyslexia with groups of parents and/or school governors.
 - Enhancing the self-esteem and confidence in abilities of pupils with learning difficulties
 - Modelling good practice

6.0 WHEN TO USE THE TERM DYSLEXIA

- 6.1 Literacy difficulties exist on a continuum. There is no clear or absolute cut off point where a child/young person can be said to have dyslexia. The terms 'mild dyslexia' or 'dyslexic tendencies' are generally unhelpful. A child/young person is seen as having dyslexia if their difficulties meet the criteria set out in the BPS definition i.e. accurate and fluent word reading and/or spelling that develops incompletely or with great difficulty and that the problem is severe and persistent despite appropriate learning opportunities.
- 6.2 The point to be stressed is that in describing a child's learning difficulty as dyslexia, many factors need to be taken into account. One score on a reading test should not be viewed in isolation from all other factors. Some cases will be clear, others will not. Whether to describe a child's literacy difficulties as dyslexia will be a matter for professional judgement.
- 6.3 Consideration will also need to be given as to whether the term will be helpful for the individual child/young person concerned. Some find it reassuring to have their difficulties described in this way, for others it can seem to limit achievements and motivation. Professionals as well as parents/carers should be aware of the potential danger of creating low expectations through the use of the term 'dyslexia'.

A Policy for Special Educational Needs

(See also policy for Inclusion)

Date: June 2009

Review: June 2012

SENCO: Miss W

Responsible Governor: Mrs L

Philosophy

Every child is entitled to the best possible education, within the school's resources, irrespective of their capabilities. All teachers are teachers of special needs being the leading professionals in overcoming the barriers to learning that some children may experience in their school career.

Aims to:

- Ensure that assessment practice and monitoring of children's progress leads to the early identification of SEN
- Ensure that curriculum access strategies are planned for pupils with SEN
- Ensure that appropriate resources and alternative ways of recording are made available
- Implement Individual Education Plans with SMART targets for pupils who need extra support to learn and achieve their full potential
- Deploy support staff and other resources appropriately according to the school's specific needs
- Ensure that teachers and support staff receive training and guidance for SEN and support from external agencies where appropriate
- Ensure external agencies are contacted as soon as a specific need is identified
- Ensure the learning environment is conducive to the achievement of SEN pupils'
- Ensure that every classroom is dyslexia friendly.
- Have an open door policy for parents/carers.

Entitlement

This policy is written in accordance with the DCFS Code of Practice for SEN and follows the principles within it. No child will be refused admission to the school on the grounds of their special educational needs. All education takes place on one floor and there is easy access to the building from the playground. In addition main entrances have ramped access. There are toilet facilities for children with a disability in school and within the community part of the school. The school has its own kitchen and caters for special diets. Funds are allocated to support pupils with

special needs from within the school budget meeting and exceeding the recommended requirement of 5% of the total.

Definition of Special Needs

According to the 1996 Education Act a child has special educational needs if he or she has a learning difficulty which calls for special educational provision to be made for him or her. A child has a learning difficulty if she/he:-

- ❖ has a significantly greater difficulty in learning than the majority of children of his/her age
- ❖ has a disability which either prevents or hinders the children from making use of educational facilities of a kind provided for children of the same age
- ❖ has social, emotional or behavioural problems which impede the learning process

Pupils with SEN. usually fall into the following categories:

- General Learning Difficulties
- Specific Learning Difficulties (including Dyslexia)
- Emotional Behavioural and Social Difficulties
- Speech, Language and Communication Difficulties
- Hearing Impairment
- Autistic Spectrum Disorder
- Visual Impairment
- Physical Difficulties
- Medical Difficulties

Four categories of difficulty

- 1) Communication and interaction
- 2) Cognition and learning
- 3) Behaviour, emotional and social development
- 4) Sensory and/or physical

Causes for concern for classroom teachers and parents at St. Great's School

Where action is necessary any Children who is assessed to be achieving a national curriculum level a year or more below that which is age expected in reading, writing, spelling or maths will be placed on the SEN register.

Reading: reading age one year+ below chronological age; child finding age appropriate texts difficult to read and understand.

Language: speech lacks structure and vocabulary is limited; reluctance to talk to peers or adults.

Listening skills: finds responding to instructions difficult and is unable to sit and listen for an age appropriate period of time.

Visual Skills: has difficulty in interpreting visual information; discriminating between pictures/ letters / words.

Writing: child is unable to form letters clearly and show the application of phonic knowledge by the end of Reception year; write a diary using simple sentences with some capital letters, full stops and finger spaces by the end of Year 1; write a

simple coherent story with some punctuation e.g. capital letters, full stops, commas in a list by the end of Year 2; write a coherent story with clear paragraphs, some compound sentences with some words selected for effect or occasion by the end of Year 3; write a coherent story with clear paragraphs, some compound and complex sentences with some words selected for effect or occasion and mainly accurate punctuation by the end of Year 4; express themselves competently across a range of genre at Year 5 using a variety of punctuation accurately.

Spelling: assessed at 12 months below Chronological age in Vernon Spelling test at Year 2 or above.

Maths skills: needing to work at a level below chronological age within the Numeracy Framework.

Social Skills: cannot play or co-operate on a simple task/ activity with peers; finds it difficult to form relationships with other children or adults or acts inappropriately.

Behaviour: acts aggressively towards others or is excessively timid or anxious; unable to concentrate and sit still to complete a task; behaves inappropriately in or out of class.

Co-ordination skills: delayed fine and gross motor skills; poor co-ordination in P.E. or movement and when dressing themselves.

Personal organisation: significant difficulty in managing personal belongings and loses equipment on a regular basis.

Medical: general health, eyesight, hearing is a cause for concern or a specific condition or disability that affects a child's learning.

Family History: any history of dyslexia, speech and language problems that may require monitoring.

One of these areas alone would not necessarily trigger a child to be recorded as having SEN but if a cluster of difficulties arose then a child could be described as having special educational needs. Teachers' professional judgements and effective tracking of pupil's progress will ensure that a child having difficulties would be identified early in their school career. The class teacher, having already completed a registration of concern, will gather relevant evidence and meet with the SENCO and a decision will be made whether or not to place a child on the SEN Record.

The Special Educational Needs Code Of Practice

This policy reflects the revised code issued in November 2001. This document provides practical advice to LAs, maintained schools and early education settings on carrying out their statutory duties to identify, assess and make provision for children with Special Educational Needs. The Code sets out a model of action and intervention that is designed to help children towards independent learning; in particular the procedures schools might adopt to use their best endeavours on behalf of children with special educational needs. The Code recommends **School**

Action and School Action Plus only for those children whose progress continues to cause concern despite quality teaching. The Leicestershire Revised Code of Practice: Special Educational Needs Criteria for Placement file is used by SENCo in conjunction with teachers to decide which stage the child is at.

School Action triggers could be the teacher's or other's concern if the child:

- Makes little or no progress even when teaching approaches are targeted particularly in a child's identified areas of weakness
- Shows signs of difficulty in developing literacy or numeracy skills which result in poor attainment in some curriculum areas
- Presents persistent emotional or behavioural difficulties which are not ameliorated by the behaviour management techniques usually employed by the school
- Has sensory or physical problems, and continues to make little or no progress despite the provision of specialist equipment
- Has communication and/or interaction difficulties, and continues to make little or no progress despite the provision of a different curriculum

School Action Plus triggers are where a child:

- continues to make little or no progress in specific areas over a long period;
- continues working at National Curriculum levels substantially below that expected of children of a similar age;
- continues to have difficulty in developing literacy and numeracy skills;
- has emotional or behaviour difficulties which substantially and regularly interfere with the child's own learning or that of a class group, despite having an individualised behaviour management programme;
- has sensory or physical needs, and requires additional specialist equipment or regular advice or visits by a specialist service;
- has on-going communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to learning.

At this point the advice of an external agency may be sought e.g. Speech, Language Service, Specialist Teaching Service.

School Request for a Statutory Assessment

If after at least three reviews at School Action Plus it is considered that despite continuing an individualised programme the child continues to experience a much higher level of difficulty than peers in making progress in his/her education, a decision will be made, using the LA's criteria, whether or not to refer a child for statutory assessment. By the time the Head teacher considers asking for statutory assessment of a child's special educational needs, the school will be able to provide written evidence of a range of action taken at School Action and School Action Plus (see pg.56 of Code of Practice.)

The Role of the Special Educational Needs Co-ordinator

The SENCo is the professional leader in the area of Special Needs and as such is responsible for

- Assisting staff in the identification and assessment of pupils with SEN;
- Observing and assessing children in the classroom setting;
- Guiding and advising on classroom and other appropriate strategies;
- Leading staff training with the support of the Head Teacher;
- Surveying children's and parent's attitudes and opinions to the provision in place;
- Organising external training to meet the professional needs of teaching and support staff with the support of the Head Teacher;
- Liaising with parents, support staff and external agencies;
- Maintaining the school's SEN. files and record;
- Managing the budget for SEN in conjunction with the Head teacher;
- Informing and advising the Governors;
- Implementing intervention programmes guided by a pupil needs audit and a 'Provision Map' with the support of the Head Teacher;
- Continuing her/his professional development in SEN;
- In conjunction with the Head Teacher monitor the support staff's contributions to the teaching and learning of statemented children.

Regular non-contact time will ensure the SENCo can fulfil these roles successfully.

The Role of the Class Teacher

It is the Class Teacher's responsibility to:-

- plan appropriate teaching and learning activities for all children with SEN. This is vitally important for children with statements;
- develop IEP SMART targets for children with SEN, *ensure that opportunities for achieving these targets are incorporated into and shown on weekly planning and class timetables;*
- teach all children with SEN, monitor progress against targets regularly and review IEP's each term in conjunction with parents;
- produce a 'child speak' IEP for each SEN pupil and assist the child in monitoring their progress towards the targets shown. *Where children are setted for literacy and numeracy other teachers will be asked to monitor the child's progress towards targets and feedback to Class Teacher weekly, this will ensure a consistent approach.*

The Role of the Teaching Assistant in relation to pupils with statements of Special Educational Needs

1. Teaching Assistants are expected to liaise with Class Teachers about the planned provision for SEN children - *it is not their responsibility to plan work themselves. However it is appropriate to make and prepare resources that are needed.*

- Teaching Assistants are expected to include statemented children in all class activities *where appropriate and to withdraw children as necessary under the specific guidance of the class teacher.*
- Teaching Assistants are jointly responsible for the day to day assessment of the statemented child as they are working and to record progress against learning objectives and targets.
- Teaching Assistants should be prepared to oversee the independent work of the class to enable the class teacher to focus on the statemented child when necessary.
- With guidance from the teacher/SENCo, Teaching Assistants are expected to contribute a written report to a statemented child's Annual Review.

Procedures specific to Great's Primary School

We are committed to early identification of pupils with special educational needs. Concerns about any child will be discussed with the SENCo. Teachers will follow the Leicestershire guidelines. This explains the procedures to follow when concerns about a child are raised:

- Gather relevant evidence and complete the Initial Concerns Checklist;
- Meet with the SENCo;
- Arrange meeting with pupil and/or parents;
- Discuss learning difficulties with the child;
- Devise an IEP including 'child speak' IEP, if the child is considered to be at the School Action stage;
- Share a copy of the IEP with parents and record their contributions and comments;
- Discuss targets with the child and teaching assistant;
- Implement the IEP by showing interventions on class timetable.

Planning

All SEN children are featured on weekly planning to show how their targets are achieved.

Monitoring Progress/Record keeping

- Monitor progress towards IEP targets on school *Target Tracker sheet*
- Use notes from target tracker to write outcomes on *IEP review sheet*
- Keep SEN group information on *SEN Class Tracker* eg. To show progress with high frequency word acquisition, spelling and reading ages.

Review of Individual Education Plans

(See Leicestershire guidelines: IEP Review Procedures in SEN Handbook and SMART target training materials).

IEPs of all children will be reviewed termly in conjunction with children, parents and where appropriate the school's SENCo. IEPs will be reviewed towards the end of the term in conjunction with parents and revisions will be made ready for the start of the new term. New IEPs will be drawn up at the end of the summer term ready for the start of the academic year. If the child concerned is moving class revised IEPs will be given to the receiving class teacher before the end of the summer term and a face to face discussion will take place. IEPs will be retained by the class teacher in the red SEN file and a copy will be given to the school's SENCo. A further copy will be placed in the IEP File kept in the Head teacher office.

Involving Pupils and Parents

It is the policy at Great's to involve parents and pupils in all relevant discussions and the review of Individual Education Plans. Parents will always be informed of any action taken by the school and encouraged to support their child's learning. Pupils will be encouraged to recognise their own strengths and weaknesses and to take an active part in setting and monitoring their own targets using their 'child speak' IEP. Class Teachers will reward achievements towards IEP targets actively.

Transition

SEN children are well supported in transition between Key Stages and schools. Support for SEN children making a transition may include:

- Making additional visits to new classes/schools;
- Where appropriate new teachers will visit the child in their own setting;
- Class Teacher and new teacher will meet face to face to share relevant information about the child's difficulties and the current IEP;
- Parents will be asked to contribute any key information they wish the new teacher to know in the term before transition;
- social stories may be used to support children's understanding of new experiences;

Resources

Resources available within the school are usually sufficient to support pupils with SEN. There are however resources purchased for specific learning difficulties e.g.: ICT software, multi sensory equipment, phonic games, spelling resources, Specialist Teaching Service booklets, which are all kept in the Green room and classrooms.

Every teacher is issued with the SEN Handbook. In addition every class has a teaching assistant to help with the provision of SEN pupils. Support for teachers in assessment of SEN pupils' needs may be sought from external agencies e.g. The Specialist Teaching Service.

In addition SEN manuals and resource sheets are available for supporting children with ASD, EBSD, speech, language and communication difficulties, Downs Syndrome, Dyspraxia, Dyscalculia and Dyslexia. Please ask the SENCo for advice when using.

SEN Electronic and Red Paper Files

Electronic and SEN paper files are kept by all teachers and contain:-

- SEN policy
- SEN handbook
- Class teacher's SEN responsibilities
- SEN class tracking sheet
- SEN target tracker
- Initial observation checklist (to be filled in prior to discussion with SENCo)
- IEP proformas
- Notes about particular pupils and their progress
- Details of any SEN training and information given by the SENCo.

Monitoring and Evaluation

This policy has been drawn up in accordance with the current Code of Practice and in consultation with all staff and the SEN Governor. It will be monitored by the SENCo through observation in classroom, scrutiny of planning, SEN pupil interviews, appraisal of the learning environment, through discussion with the Governor responsible for Special Needs, and at least once each year via the Head's report to Governors. An annual statement will also be made to parents in the School Profile.

SEN/SENCOs

Dyslexia Awareness Week

1st. November - 7th. November

- Great opportunity to flag up dyslexia friendly approaches
- Involve the whole school community - try **some of the ideas attached**
- Display the **attached poster** around school - please print on buff paper
- Inform parents through the school newsletter
- Try to keep or record some activities
- Please let us know how it went

Learning Support Service



Dyslexia Awareness Week

1st. - 7th. November 2009

An opportunity to find out about
and celebrate dyslexic
differences and strengths



Remember - approaches that are
good for dyslexic learners are
probably good for all learners!

Whole School - General

- Use buff coloured paper for the week
- Have a day of minimal written work - show your learning in different ways

Displays

- Famous dyslexics
- Interactive display - use talking postcards.
Perhaps have a photo of a famous dyslexic. Press the play button to find out about him/her

Assemblies

- Famous dyslexics
- Strengths of staff, pupils (guess who's good at ????)
- Use SEAL materials - Good to be me

Staff Meeting

- Have a quiz - famous dyslexics
- Show and tell - what are you using in your own classroom that's working well with your dyslexics
- Focus on particular section of IDP
- Highlight the use of ...(e.g. using word lists)
- Explore free audio books - www.youngcalibre.org.uk
- Explore writing software e.g. www.gingersoftware.com

Admin/Office Staff

- Use buff coloured paper throughout the school (could try for a week)
- Look at texts being produced - are they dyslexia friendly?
- Theme of 'Guess who's good at...' (involve admin/office staff etc. too)

School Newsletter

- Have a quiz - guess the famous dyslexic
- Give some facts about famous dyslexics
- Did you know?

Class

- Research famous dyslexics
- Play matching activity - facts about dyslexics (example attached) or match facts to pictures
- Explore multiple intelligences (use web based task - search in Google - bgfl multiple intelligences)
- Make a cartoon leaflet... How I learn best
- Circle Time activities - lots of ideas in SEAL class booklets
- Write letters to famous dyslexics for signed photos and messages of encouragement
- Use a visual timetable for a week (can download pictures from Sparklebox)

Parents

- Have a dyslexia awareness parent's evening
- Open afternoon - parents sit with their children to work out learning styles or multi intelligences - bgfl website
- Mini-dyslexic heroes event
- Top Tips for parents event or handout. Eg. "Do talk about the picture, don't cover it up"

Kitchen/Lunch Time Supervisors

- Menu with pictures
- Colour coding e.g. each class has a colour. Cards are held up for when it's their turn to go into the dining hall
- Game involving strengths - *e.g child who's good at football holds a mini workshop in playground*
- Talent show
- Display - e.g. dance
- Theme of 'Guess who's good at...' (involve lunch time staff etc too)

OVERCOMING DYSLEXIA AS AN OBSTACLE TO SUCCESS

FAMOUS PERSON	OBSTACLES EXPERIENCED
Jamie Oliver Famous chef and celebrity	Was put in the 'stupid row' when at primary school; later, as an unemployed and struggling single parent, wrote on scraps of paper in a local café.
F W Woolworth Famous for founding the 'Woolworths' chain of shops	Enjoys writing songs and tried to get into reading but just can't get into that 'book thing'.
Richard Branson Famous entrepreneur	Achieved his greatest work after the age of 46, by which time he was completely deaf.
Ludwig van Beethoven A famous composer	Being dyslexic has helped him in the business world – he sees some things more clearly than others.
Alexander Graham Bell Famous for inventing the telephone in 1876	Didn't speak until he was four and didn't read until he was seven. His teacher described him as 'mentally slow, unsociable and adrift forever in his foolish dreams'.
J K Rowling A famous writer	Was told by his employers at the shop where he worked that he was not good enough to service customers.
Albert Einstein A brilliant physicist	Was told after a meeting with the President, "That's an amazing invention, but who would want to use one of them?"
Robbie Williams Famous singer	Didn't do well at school; people thought he was 'thick'.

Achieving 'effective dyslexia friendly' schools within the context of IDP

Effective dyslexia friendly schools within the context of IDP

Dyslexia Action (DA) state the following facts about SpLD/Dyslexia (2008)-

- 1 in 10 children affected to some degree
- 1.2 million young people nationally
- 2 to 3 pupils in every class

Effective dyslexia friendly schools within the context of IDP

- Dyslexia affects reading and spelling
- A distinctive pattern of strengths & weaknesses
- Affects short-term memory, sometimes maths and often organisation
- Dyslexia doesn't strike selectively at 'bright' children
- All races and socio-economic groups
- Lifelong 'learning difference'.

(source: Dyslexia Action)

Effective dyslexia friendly schools within the context of IDP

Aims of the dyslexia element of the IDP

- To raise awareness and the confidence of all staff in meeting the needs of C&YP who 'learn differently'
- To support leadership teams with strategic planning
- To extend inclusive practices

www.standards.dcsf.gov.uk/SEN

Effective dyslexia friendly schools within the context of IDP

3 sections to the IDP

1. Guidance for H/Ts & Leadership Groups
2. Foundation Level Knowledge (FLK) – Dyslexia x 8 units
3. FLK - Speech, Language & Communication Needs x 8 units.

Effective dyslexia friendly schools within the context of IDP

■ IDP content is grouped under 3 headings -

- Background information
- Barriers to effective learning
- Overcoming barriers



Effective dyslexia friendly schools within the context of IDP

'Inclusion friendly' = 'dyslexia friendly'

Self-evaluation: 4 categories –

Focusing

Developing

Establishing

Enhancing

WAVE 1/QFT

7



Effective dyslexia friendly schools within the context of IDP

Aspects of best practice for all pupils will include:-

- High expectations & meaningful praise
- Differentiation to take account of 'learning difference'
- Pupils assessing their own work
- Oral & written instructions reinforced by 'visual prompts'
- Realistic timescale for each task
- Effective questioning and time to respond

WAVE 1/QFT

8



Case study of a dyslexia-friendly classroom

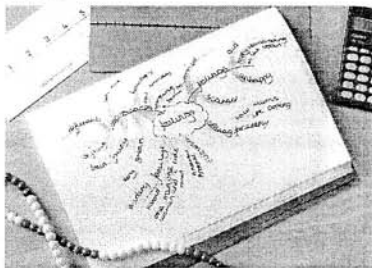


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Case study of a dyslexia-friendly classroom

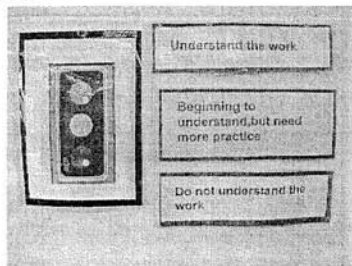


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10



Case study of a dyslexia-friendly classroom



Slide 1.24

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Effective dyslexia friendly schools within the context of IDP

Supporting learners with weak literacy skills / dyslexia

Provide evidence of -

- Access to the written curriculum for all learners – use of ICT
- Teaching takes account of different learning styles
- Flexible groupings are used
- Pupils' organisational skills are developed
- Steps are taken to build self-esteem
- Specific difficulties in numeracy are addressed
- Role models to inspire – displays assembly themes

WAVE 1/QFT

12

Effective dyslexia friendly schools within the context of IDP
How can a positive classroom ethos help?

- Create a 'no failure, only feedback' ethos
- Encourage 'risk taking' - valuing a 'good try'
- Encourage learners to play an active role in discussions
- Allow additional 'thinking time'
- Use ICT

WAVE 1/QFT

Effective dyslexia friendly schools within the context of IDP
Enhancing the self-esteem of pupils who learn differently . . .

- 'Learning difference' not a disorder
- Refer to positive role models
- Take steps to avoid potential failure/anxiety
- Plan for those pupils who also have difficulties with mathematical learning
- Think about how to help individuals without always giving individual help.

WAVE 1/QFT

Effective dyslexia friendly schools within the context of IDP

Evidence of dyslexia inclusive arrangements around school . . .

- Do you display keywords for topics on notice boards & use photographs?
- Do you use 'Mind Maps' to summarise the topic studied?
- Do you use colour to draw attention to significant information?

WAVE 1/FT

Effective dyslexia friendly schools within the context of IDP

Evidence of 'positive marking' / diagnostic feedback .
Do you . . . ?

- Only mark 'target spellings', trying to avoid 'death by deep marking'?
- Write comments above, below or to the side of text or mathematical calculations?
- Identify **one success**, provide **one tip** and suggest **one target?** Give credit for 'almost accurate' / 'nearly there'?

WAVE 1/QFT

Effective dyslexia friendly schools within the context of IDP

References

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- Learning and Teaching for Dyslexic Children. CD-ROM. DfES 1184-2005 CDI
- Inclusion Development Programme, 2008. Ref. 00070-2008DVD-EN

Chapter 3

Appendix 1

Consultation preparation form

Appendix 2

Problem analysis

Appendix 3

Eliciting Mary's personal constructs

Appendix 4

Laddering

Appendix 5

ABC technique

Appendix 6

Formulation

not known

Psychology Service

-2 NOV 2009

2/11

EDUCATIONAL PSYCHOLOGY SERVICE

CONSULTATION PREPARATION FORM

School: [REDACTED]

Name of person/persons completing the form: [REDACTED]

Designation(s): PARENT

Class Teacher/Form Tutor: MISS [REDACTED] Year Group: 9

Signed: [REDACTED] Date: 15/10/09

Please answer the following questions and return the form to the Educational Psychology Service at least two weeks before the expected date of the consultation meeting.

Child's Legal Name: [REDACTED] Date of Birth: [REDACTED]

Known as or Previous Name: [REDACTED] Male/Female: [REDACTED]
(delete as appropriate)

Child's Home Address: [REDACTED]
[REDACTED]

Telephone No: [REDACTED]

Name of all those with parental responsibility (including details if child is in Local Authority care e.g. lives with foster parents, or in a children's home etc.)

Name and Title	Relationship	Address & Telephone No.
[REDACTED]	MOTHER	[REDACTED] [REDACTED] [REDACTED]
[REDACTED]	FATHER	[REDACTED]

PARENTAL CONSENT (Parents to complete – essential for referral to proceed)

I/We give permission for Educational Psychology Service staff to discuss information about our son/daughter with school staff and other involved professionals and to carry out an interview, observation and/or assessment as necessary.

Signed: [REDACTED] Date: 15/10/09
(Parent/Guardian)

Please complete the rest of the form and tick the boxes opposite when items are attached:

- A copy of the child's individual education plan.
- Notes from the last review meeting.
- Information about the child's attainments in different curricular areas, strengths, learning styles, any test results and aspects of the child's social and emotional development

☐
☐
☒

What is the issue or concern about this child you wish to raise?

Anger issues

General misbehaviour - breaking minor school rules

Recently uploaded a video onto Facebook showing [redacted] and other taunting another pupil.

Had previously set up a Facebook page against an ex member of staff

[redacted] is a 'good kid' who seems to get involved in some nasty situations resulting in 2 exclusions from [redacted]

What are the context or background factors that might be contributing to the child's needs (e.g. attendance factors; changes of school; family or community circumstances; physical/medical factors; peer group influences; etc)?

Parents extremely supportive - will not let [redacted] 'get away' with anything
[redacted] can be influenced by others, but can also be the ringleader

Major anger issues - saw relate councillor last year
Has experienced bullying in the past - [redacted] is very sporty, likes air cadets and was taunted as being "[redacted] the man"

Police involvement last ^{academic} year (July 09) - not sure how much I can disclose - please see AE.

What are the child's areas of strength?

Sport - football / swimming

[redacted] is an intelligent girl who can hold a reasonable argument - classroom behaviour is good.
[redacted] wants to be a peer mentor.

When are the child's difficulties less evident? Are there classroom or other situations in which he/she is most successful?

In class, [REDACTED] is generally fine - current levels + Targets, with the exception of German, are above average.

[REDACTED] is very good in discussion lessons

What strategies and approaches have tended to work best so far with this child?

Time out

Relate counselling

Support from HOF, teachers, SLT + Parents

What are parents' views and how have they been involved?

Parents are very supportive and are keen for [REDACTED] to get back on track. School/HOF has had several talks with parents both in person and by telephone.

What are the child's views and how involved has he/she been in the planned education programme?

would need to ask [redacted]
[redacted] understands and agrees to this referral.

What changes will have to occur to indicate positive outcomes? What will be different?

[redacted] will not be getting herself into these situations and will appear happy around school.

Is there any additional information that might help planning?

The police incident last year was significant - can be discussed further with Head Teacher.
The school leadership team feel there are serious emotional issues with [redacted] to justify this referral.

Please make a duplicate of this form for the consultation meeting with the Educational Psychologist.

Please note that any of the information on this form may be discussed with parents/carers. The form will be placed in the Educational Psychology Service case file which parents may request to view at any time.

Thank you for taking the time to complete this form.

Please return together with attachments to:

Educational Psychology Service, OEM Building, Whiteacres,
Cambridge Road, Whetstone, Leics LE8 6ZG

Name: Mary

Date: 10.12.09

Level: Individual

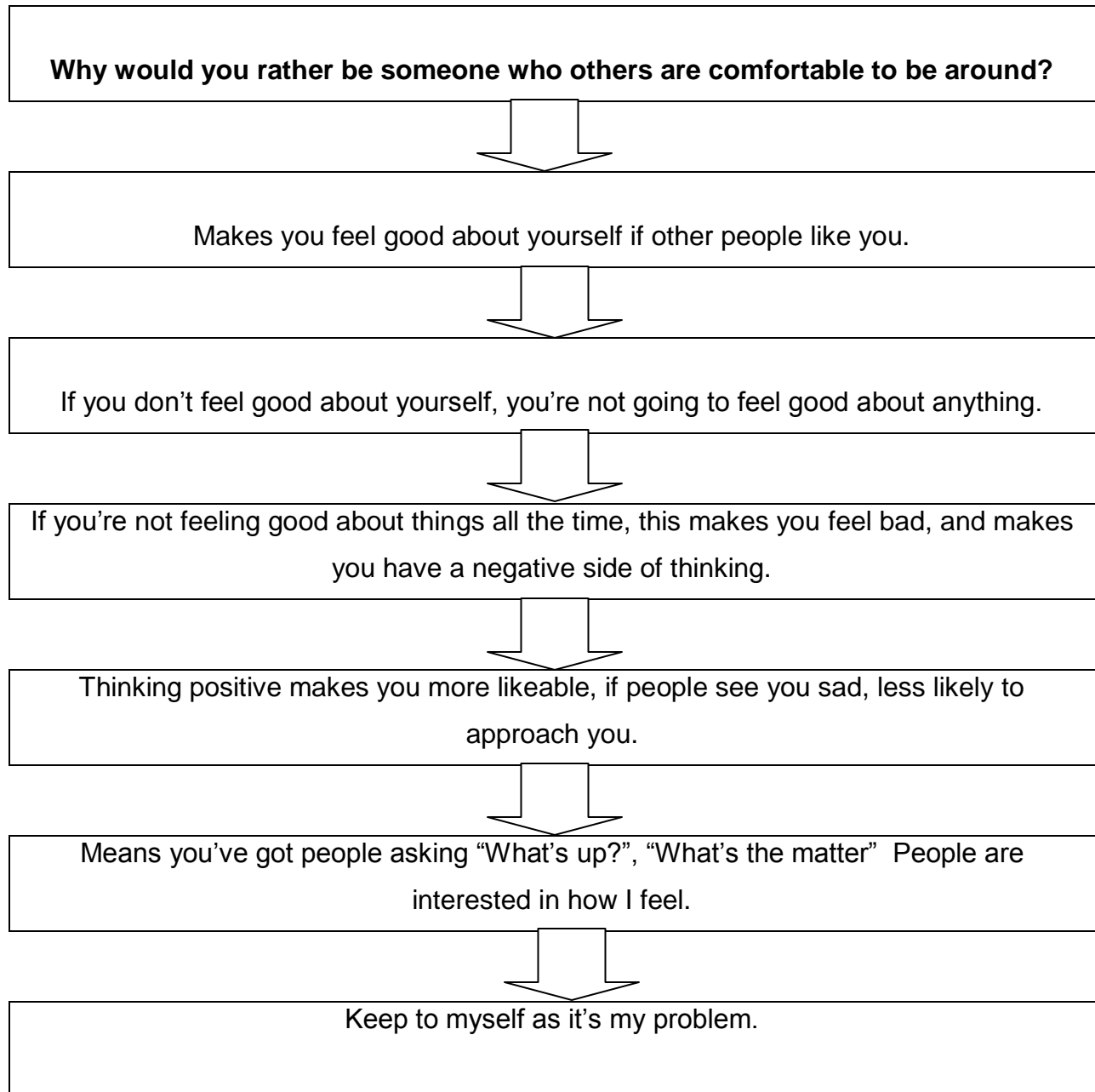
Source	Guiding hypotheses	Information gathering	Confirmed
EP SENCO EP	Mary is experiencing significant behavioural difficulties. This could be due to: <ol style="list-style-type: none">1. Low self-esteem2. Difficulties managing anger3. Anxiety/worry	B/G Steem Discussion with Mary Discussion with Mary	Yes Yes Yes
EP EP	Mary does not talk about her concerns or issues with school or home. This may be due to: <ol style="list-style-type: none">1. Poor relationships2. Difficulties understanding the problem herself (she is unable to make sense of her behaviour)	PCP PCP	No No
	To check out: <ol style="list-style-type: none">1. Mary has few friends2. Mary has no-one she can talk to about her worries/anxieties (if she does not have mum, boyfriend or best friend)3. Mary has few significant long term friends.	Discussion with SENCO Discussion with SENCO, parents and Mary Discussion with Mary	No Yes Yes

Eliciting Mary's Personal Constructs

ELEMENTS

A	B	C	D	E	F	G	H	CONSTRUCTS
	*		*		*			+ sense of I-----I don't make humour 2 1/a people laugh
*		*					*	+ sensitive I-----I insensitive 1/a 2
			*	*		*		+ good at I-----I not good at French 2 1/a French
	*	*			*			+ know what I-----I does not know they are 2 1/a what they are talking about talking about
*					*		*	+ 2 1/a good friend I-----I not there for (there for me) me
	*				*	*		+ 2 1/a good I-----I not good relationship relationship
		*	*	*				+ 2 1/a listen to me I-----I not nice to help me people
					*	*	*	1/a 2 + clash of I-----I same personality interests
*	*			*				+ extremely important I-----I hate to me 2 1/a insignificant
		*		*		*		1/a 2 + insignificant I-----I very (unimportant to me) important to me

Laddering: 1

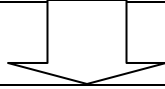


Q: Is Mary suggesting that by keeping her problems to herself, others will be comfortable around her which can make her feel good about herself?

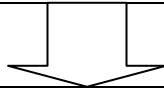
Is this working for Mary? Could she try experimenting with sharing her problems?

Laddering: 2

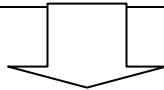
Why is it good to be important?



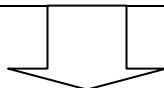
Gives you a sense of stability.



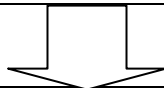
Means you've got somebody there.



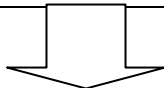
If you've got people with you, .. feel less vulnerable if you've got people around you to back you up.



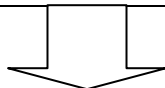
Gives you more self confidence if you've got people around you to back you up.



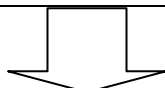
Get to know people around – if you can be confident with those around you, you can be confident with anybody.



If not confident around anybody, find yourself not being able to do things or take part in things.



You can build friendships from taking part in things.



If you've got friends, you're confident.

A: the problem: a1 actual state: Feeling insignificant
 a2 desired state: Feeling extremely important

The client is now asked the disadvantages of a1 and the advantages of a2.

B: thus b1 disadvantage of a1: no-one likes you; lonely; feel you're not important
 b2 advantages of a2: everyone likes you; got lots of friends

The next questioning elicits what it is that prevents movement. The client is asked for the advantages of the present state and the disadvantages of the desired state.

C: prevents movement: c1 advantages of a1: on your own;
 Less people you have, less you have to worry about
 c2 disadvantages of a2: not enough time to yourself;
 Everyone wants to be with you

The problem redefined:

A: the problem: a1 actual state: on her own
 a2 desired state: wants to have enough time to herself
C: prevents movement: b1 advantage of a1: (It's to be this way because...)
 Mary will worry about others less; she worries about others
 b2 disadvantage of a2: (It's to be this way because...)

Although Mary wants to be important, in doing this she will not have enough time for herself, and others will want to be with her.

The problem redefined once more:

A: the problem: a1 actual problem:

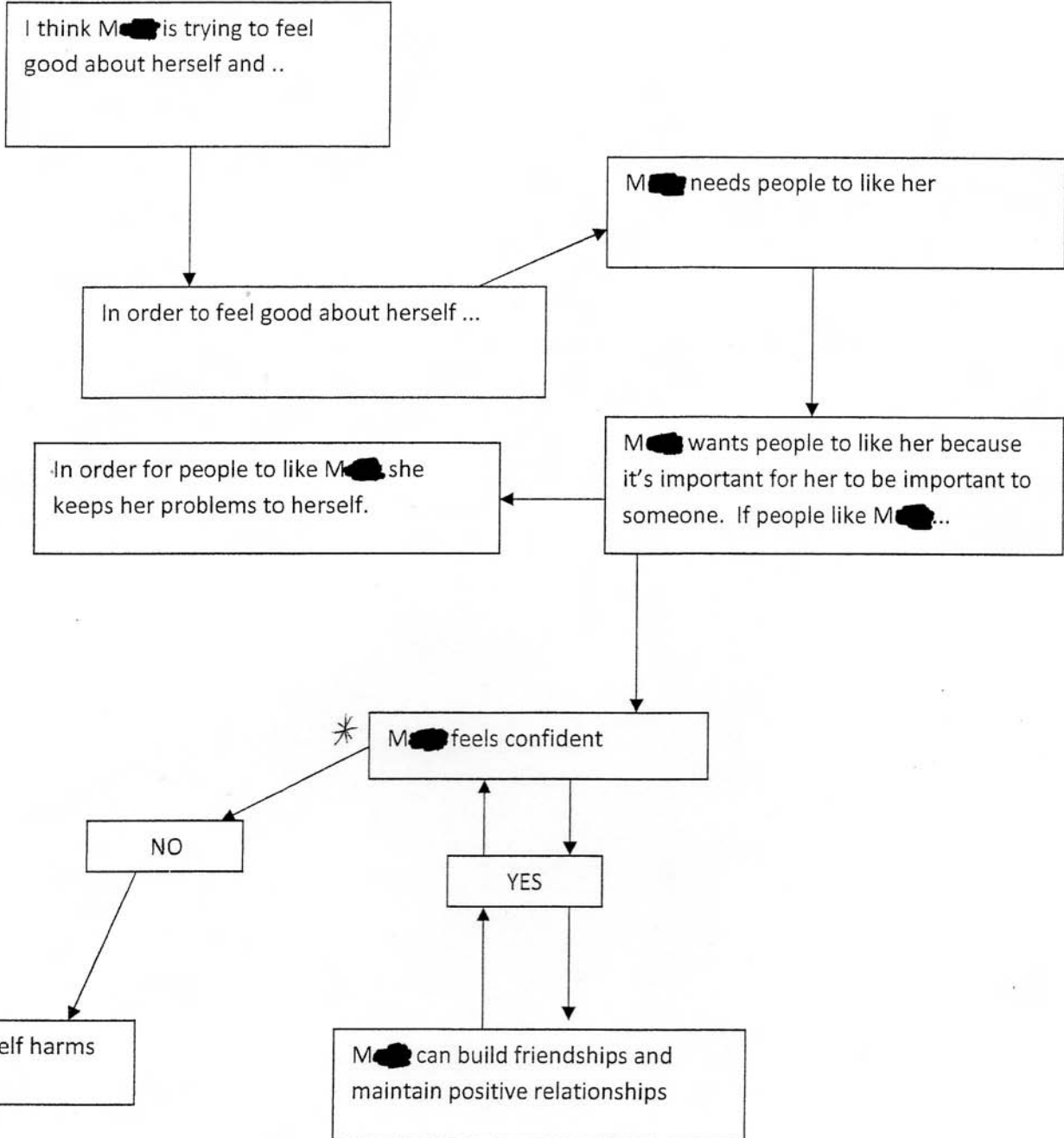
The actual problem is, Mary would prefer to be insignificant as this means being on your own and being on your own means you have less people to worry about. So, this is consistent with Mary's report of being worried about three other people (mum, best friend and boyfriend).

b2 desired state:

However, although Mary desires to be 'extremely important' she is aware that in doing this she will not have enough time for herself and others will want to be with her. Hence, she will not be alone. Thus, she will have others to worry about.

Q: What do I hypothesise?

Mary uses 'keeping herself to herself' to avoid worrying about others?



Chapter 4

Appendix 1

Background information

Appendix 2

Letter to parents

Appendix 3

Whole class meeting

Appendix 4

Powerpoint presentation

Appendix 5

Sociometric questionnaire

Appendix 6

Circle of Friends weekly sessions

Appendix 7

Assessment helper matrix

Appendix 8

Sociogram

Appendix 9

Rating scale

Charlotte (background information)

For confidentiality a pseudonym has been used. Thus, the child described in this study will be referred to as 'Charlotte'.

Charlotte was eight years old at the time of this intervention. She lived with her mother and younger sister. She had a designated Social Worker who supported the family due to safeguarding issues with regards neglect in the past. Charlotte attended a mainstream primary school and was prioritised for involvement from the Psychology Service following a planning/review meeting. Concerns at that time centred on her difficulties socially interacting with her peers.

Charlotte was described by her social worker as 'experiencing difficulty developing and maintaining peer group relationships'. Her mother reported that Charlotte 'experienced bullying at school'. The school SENCo informed me that Charlotte had arrived at school with bruises in the past that had been inflicted by her mother. However, there had been no more recent incidents of this nature.

I understood that Charlotte enjoyed playing with the boys at school and was described as a 'tomboy' by the SENCo. However,

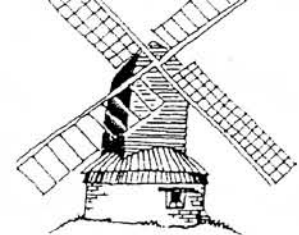
her behaviour was very rough and aggressive and seemed to be putting other boys off wanting to play with her.

Charlotte reported that she had no friends and stated 'The children do not talk or play with me'.

On meeting Charlotte for the first time, she presented as relatively shy. However, she was very co-operative in answering my questions using a rating scale to understand how she perceived her experiences at school (appendix 9).

Of significant concern to Charlotte's class teacher and her mother was her lack of friendships which they attributed to her unpredictable and aggressive behaviour. At this time this was described as pushing, punching, and chasing boys.

A Circle of Friends intervention was suggested as an appropriate intervention to use with Charlotte. The SENCo had not heard of this intervention before and the school had not used it in the past. The school currently used SEAL to support children at a universal level but there were no group interventions for social skills or otherwise at that time.



Headteacher:

March 10th 2011

A LETTER TO PARENTS/CARERS OF VOLUNTEERS

Dear parent/carer

The school has become involved in a project to set up and run what are called Circles of Friends. These are made up of 6 to 8 children who have agreed to help one of their classmates. Usually the Circles help someone to get on with other children. It involves the group in meeting once a week for 15 - 20 minutes (during lunchtime) with a teacher and the focus child to come up with solutions and ideas for sorting out any difficulties.

The idea is being used in other parts of the country. As well as helping the focus child, it has been found to have benefits for all the young people in the Circle. In particular, it seems to help them to develop their ability to think through problems and helps with their understanding of themselves and others.

Your child has agreed to be part of the Circle (though of course may opt out at any time). We are very grateful for your child's willingness to become involved and we hope that you are happy with this. If you have any concerns or questions, please let us know as soon as possible.

The Year 3 teachers



Tel:

Email: office@

Fax:

THE WHOLE CLASS MEETING – RECRUITING MEMBERS FOR THE CIRCLE

1. Introduction

Explain your interest in helping young people to get on with and help each other.

Discuss why we are here:

- To talk about how we could help one another
- To think about making and maintaining friends – relationships with others and this could include with adults if the group wishes.

2. Ground rules

Treat each other with respect.

Listen .. one person speaking at a time.

Confidentiality.

3. Need for confidentiality (explain)

No reference to who said what about whom – the details stay in this class.

Emphasise that this confidentiality also binds adults.

4. Listing positives

Focus on positives first – good at..., nice things about..., what their 'partner' does well.

List all contributions on a flip chart sheet and share.

5. Where things do not go so well / difficult times for young person

Young people can describe to a partner (or small group of 3) a behavioural difficulty with regards to making and maintaining friends that a made up character may have (record onto a role on wall).

6. Discussion of friendships

Display concentric circle and introduce.

- Family, people at home you love and who love you
- Best friends/other family members
- Friends and acquaintances

- People paid to look after us
- Groups fill in for made up character (prepared task).
All fill in own circle diagram privately.

7. What would it be like if ...

- What would it be like if circles 2 and 3 had no people in them?
- Record thoughts in thought clouds of role on wall character and feeling in the body and behaviour in the behaviour box. Highlight the significance of thoughts, feelings and behaviour.

The next few questions are to gain empathy from the group and raise the awareness of the importance of friends in our lives.

- *How would you feel if the only people in your life were the people at home and people paid to look after you, that is family and teachers or adults in school?*
- *How would you feel if you had no friends?*
- *How would you feel about going to a new school where you don't know anyone?*
- What might you think?

Record answers on a prepared picture of a child for each of the three key questions above (in italics).

Tell group: The way we think and feel affects what we do.

Tell group: Research tells us that happy, confident people learn better than people who are sad and feel bad about themselves.

Tell group: If we can help each other to feel happy and welcome and that we all have friends/support in our school/class then we might all behave and learn better.

8. What's involved

- Explain about the idea of Circles of Friends and that you want to set up a group which will help one another with any difficulties they may encounter making and maintaining friends.
- Explain that these sessions will be delivered once a week.
- Explain that all or some of the groups can be involved (we will decide later).
- Pass out small pieces of paper. Ask them to think about whether they would like to be a member of this group, then to write their name on the paper with either yes or a no. Stress confidentiality and 'no pressure'.

- Explain that maybe everyone will do this special piece of work or maybe just some will be selected (subject to the numbers of interest shown). However, a letter will go to the parents of all those selected to explain what Circle of Friends is.

***Pre-evaluation for members selected (speak to psychologist).**



Circle of Friends

Presented by Sevi Thompson
Trainee Educational Psychologist
January 2011

Introduction

- Helping young people to get on with and help each other
- Why are we here:
 - To talk about how we could help one another
 - To think about making and maintaining friends – relationships with others and this could include with adults.

Ground rules

- Treat each other with respect.
- Listen .. one person speaking at a time.
- Confidentiality.

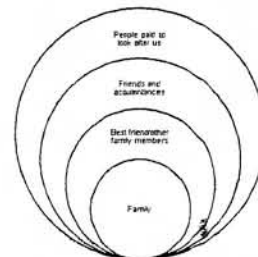
Positives



Difficult times

- In your group, describe a difficult time for our character 'Amy' when she was not able to make or maintain friends.

Friendships



What would it be like if...

- Circles 2 and 3 had no people in them?



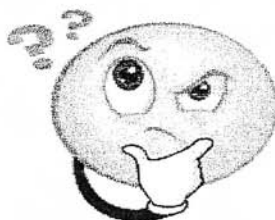
Remember

- The way we think and feel affects what we do.
- Research tells us that happy, confident people learn better than people who are sad and feel bad about themselves.
- If we can help each other to feel happy and welcome and that we all have friends/support in our school/class then we might all behave and learn better.

What's involved?

- I want to set up a group which will help one another with any difficulties they may encounter making and maintaining friends.
- These sessions will be delivered once a week by your teacher.
- All or some of the groups can be involved (we will decide later).
- Think about whether you would like to be a member of this group. Write your name on the paper provided with either a yes or a no. We will adhere to strict confidentiality and there is 'no pressure'.
- Maybe everyone will do this special piece of work or maybe just some will be selected (subject to the numbers of interest shown). However, a letter will go to parents of all those selected to explain what Circle of Friends is.

Any question?



Thank you!

- For listening and for giving me your time!



Class _____ School _____ Date _____

My code _____ boy or girl

Use the code numbers on your class list to answer each question.

1. The three children in my class who I MOST like to play with: _____

2. The three children in my class who I LEAST like to play with: _____

Circle of Friends

Weekly Review

Name of group: Friendzeez

Date: 23.03.2011

Week No: 2

GROUND RULES

1. Warm up game: Getting to know you
2. Review last week's target(s):
 - a. Where are you now on the scale?
 - b. What did you do to get there?
3. What worked well? -in terms of how what you did to achieve your target.
4. What do you need to do more work on? Move one point up the scale and describe what you will be doing at this point.
5. Target for next week: (as set in point 4)
 - a. How will we meet this target? (discussion)

Circle of Friends

Weekly Review

Name of group: Friendzeez

Date: 31.03.2011

Week No: 3

GROUND RULES

1. Warm up game: (not described)
 - a. Allow all to have their say. No interruptions.
2. Review last week's target(s):
 - a. (ticked)
 - b. (ticked)
3. What worked well? (not noted)
4. What do you need to do more work on? (not noted)
5. Target for next week: Play games together in the playground
 - a. How will we meet this target? (not noted)
 - b. How will we meet this target? (not noted)

Circle of Friends

Weekly Review

Name of group: Friendzeez

Date: 07.04.2011

Week No: 4

GROUND RULES

1. Warm up game: (not described)
2. Review last week's target(s):
 - a. (ticked)
 - b. (ticked)
3. What worked well? Target setting
4. What do you need to do more work on? Charlotte does not like targets being set for her.
5. Target for next week:
 - a. How will we meet this target? Play games together
 - b. How will we meet this target? (not noted)

Circle of Friends

Weekly Review

Name of group: Friendzeez

Date: 14.04.2011

Week No: 5

GROUND RULES

1. Warm up game: (ticked)
2. Review last week's target(s):
 - a. (ticked) all achieved targets
 - b. (ticked)
3. What worked well? Warm up game
4. What do you need to do more work on? Not talking at the same time. Charlotte to set own targets.
5. Target for next week:
 - a. How will we meet this target? Meeting at breaktime/ and lunchtime
 - b. How will we meet this target? Meet at benches

Circle of Friends

Weekly Review

Name of group: Friendzeez

Date: 05.05.2011

Week No: 6

GROUND RULES

1. Warm up game: Everyone recounted their Easter holidays
2. Review last week's target(s):
 - a. (ticked)
 - b. (ticked)
3. What worked well? Warm up game
4. What do you need to do more work on? Sitting down and listening to each other.
5. Target for next week: not standing up
 - a. How will we meet this target? (not noted)
 - b. How will we meet this target? (not noted)

Email: robinb@sussex.ac.uk

WWW: <http://www.sussex.ac.uk/Users/robinb/socio.html>

School: [REDACTED] Primary

Class: [REDACTED]

Date: March 2, 2011

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1				1		-1			1			-1			1				
2	1						-1	1			-1								-1
3	1				1					1					-1				
4	1								1			-1							
5	1								1			-1			-1				
6	1	1	-1	-1	-1				1										
7						-1				1							1		
8												-1		1					
9		-1				1											-1		
10						1	1					1	-1						-1
11	1			1	-1	1				-1									
12					-1	1				1			1						
13	1			1	-1	-1					1								
14	1		-1					1				-1			-1				
15	1			1		-1			-1										
16					1				1					-1			-1		
17						-1	-1							1	-1			1	
18		1					1							-1			-1		
19		1		1		-1		1				-1							
20					-1			1			-1								
21	1									1		-1	-1						
22	1											-1			-1	1			
23																			
24	1			1					-1	-1					1				
25							1	1			-1						-1		
ML	12	3	0	6	2	4	3	5	5	4	1	1	1	2	2	1	1	1	0
LL	0	1	2	1	5	6	2	0	2	2	3	8	2	2	5	0	4	0	2

[illegible]

[illegible]

[illegible]

Calculating social acceptance

I used Robin Banerjee's sociogram tool (web resource)

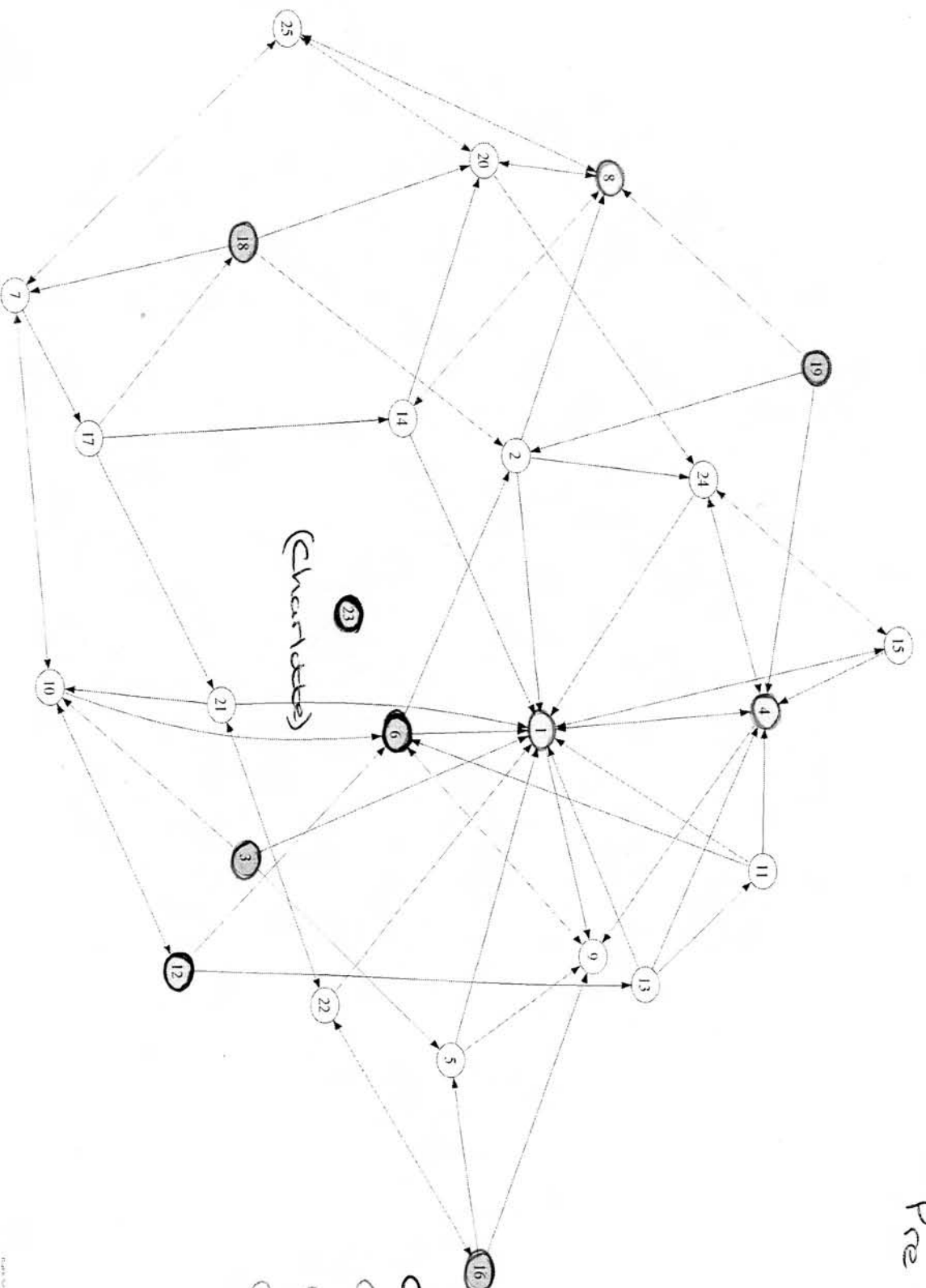
Grey (rejected): where the pupil received a low number of 'most liked' nominations and a high number of 'least liked' nominations

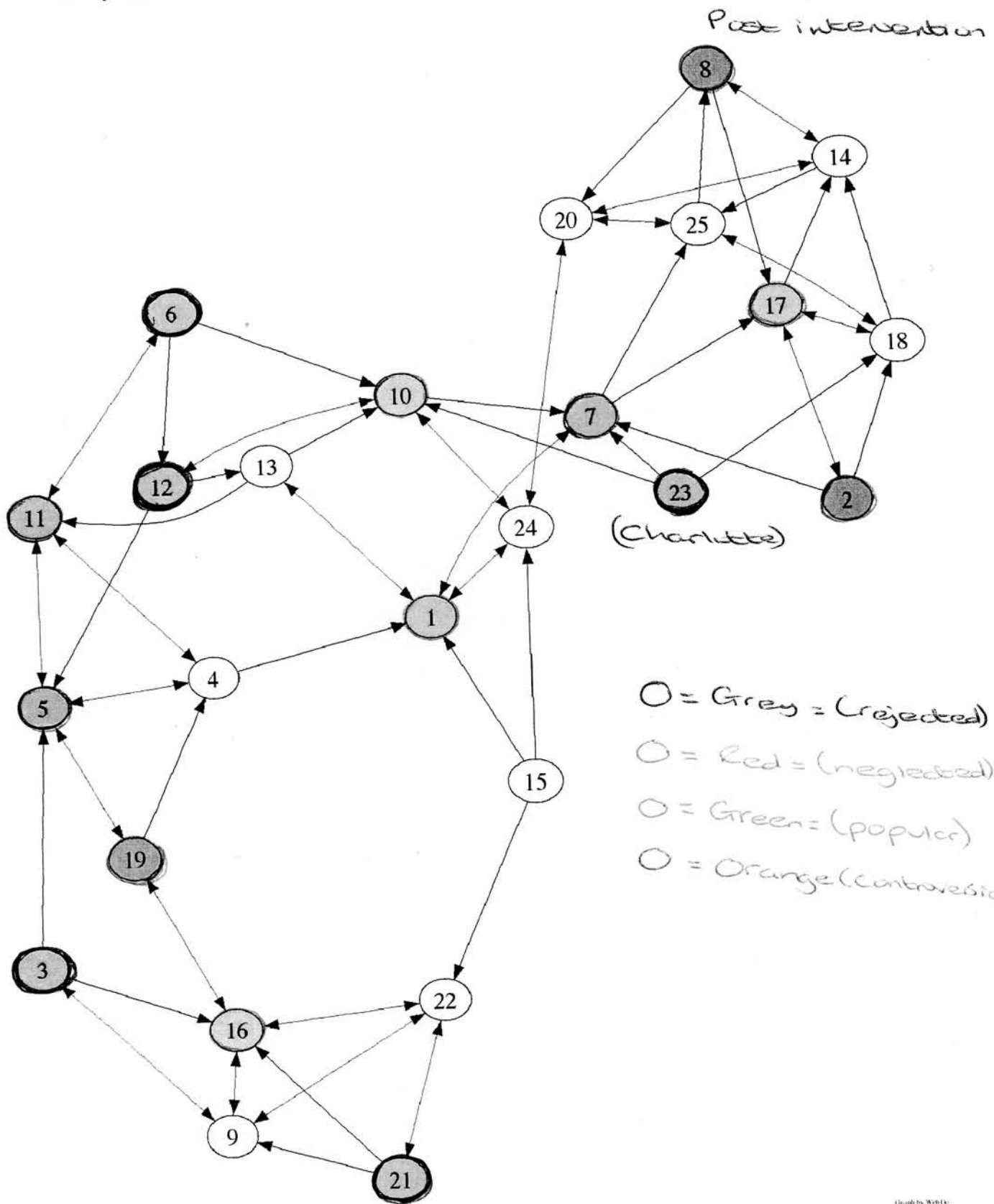
Red (neglected): where the pupil received a low number of 'most liked' nominations and a low number of 'least liked' nominations

Green (popular): where the pupil received a high number of 'most liked' nominations and a low number of 'least liked' nominations

Orange (controversial): where the pupil received a high number of 'most liked' nominations and a high number of 'least liked' nominations

Pre intervention





Graph by WebDx

[What is a sociogram?](#)

[Administering a sociometric survey](#)

[Recording and formatting sociometric data](#) (Previous Page)

[Viewing your sociogram](#) (Current Page)

[Interpreting a sociogram](#) (Next Page)

Go to [Robin Banerjee's Homepage](#)
 Email: robinb@sussex.ac.uk

I used scaling questions to elicit Charlotte's views about school:-

1. On a scale of 1 to 5 (1 being I am happy at school and 5 being I am sad at school) Charlotte rated herself at 1 stating 'I feel very happy'.
2. On a scale of 1 to 5 (1 being I like coming to school and 5 being I hate coming to school) Charlotte rated herself at 1 stating 'I like coming to school because I like my class teacher'
3. On a scale of 1 to 5 (1 being I have lots of friends and 5 being I have no friends) Charlotte rated herself at 5 stating 'The children do not talk or play with me'
4. On a scale of 1 to 5 (1 being I can concentrate in class and 5 being I can't concentrate in class) Charlotte rated herself at 1
5. On a scale of 1 to 5 (1 being I can follow instructions and 5 being I can't follow instructions) Charlotte rated herself at 4.

Chapter 5

Appendix 1

Background information

Appendix 2

Standard celeration chart: SW1 and SW2

Bobby (background information)

Bobby (not his real name) was seven years old at the time of this PT programme. Bobby attended a mainstream primary school. Concerns at that time centred around slower than hoped for academic progress.

Bobby was known to Speech and Language Service due to concerns about his understanding of grammatical structures and use of complex language.

Fleeting attention was identified as a concern together with low motivation to reading and low academic self-esteem.

One of the recommendations I made with regards to an educational intervention for Bobby's literacy skills was PT. This was to complement a more typical intervention recommended by the service I was employed (Direct Phonics). Parents and school were concerned that Bobby was not motivated to read and thus a central issue was to use an approach that would not only accelerate his progress in reading but also motivate him to read.

Ben Marsh

Meadowdale

Dates:

15-3-11

Ben

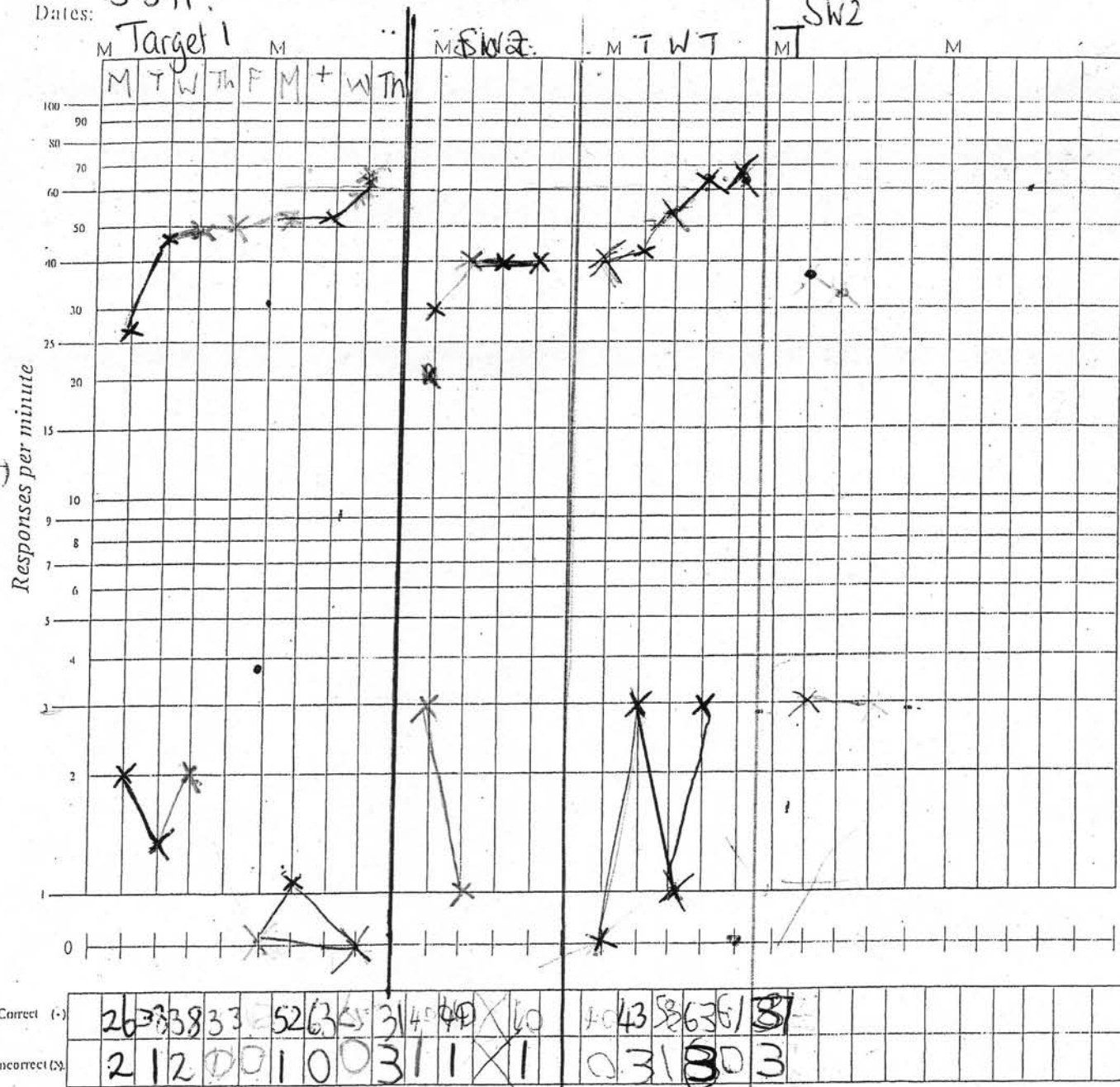
'S CHART'

Teacher:

Miss Doherty

Advisor:

SW2



Correct (-)

Incorrect (N)

SWL:

I
and
in
to
said
they.

SW2:

they
said
and
like
went
he

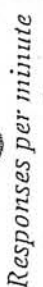
SW2.

- they went
- like
- said come all

's CHART

[REDACTED]

1000



Correct (•)

Incorrect (X)

Teaching targets and arrangements