The Incredible Years Teacher Classroom Management Programme in Ireland:

A process evaluation and observational assessment of teacher-pupil outcomes

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ACRONYMS

ADHD	Attention Deficit Hyperactivity Disorder
ANOVA	Analysis of variance
AP	The Atlantic Philanthropies
CD	Conduct Disorder
CPD	Continuing professional development
CSO	Central Statistics Office
DEIS	Delivering Equality of Opportunity in Schools
DES	Department of Education and Science
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
EBD	Emotional and behavioural difficulties
EPSEN	Education for Persons with Special Educational Needs Act
GBG	Good Behavior Game
GT	Grounded Theory
HSE	Health Services Executive
IPA	Interpretative Phenomenological Analysis
ITE	Initial teacher education
IY	Incredible Years
IYIS	Incredible Years Ireland Study
MRC	Medical Research Council
NATCEN	National Centre for Social Research
NEPS	National Educational Psychological Service
NEWB	National Educational Welfare Board
NICE	National Institute for Health and Clinical Excellence
NQT	Newly qualified teacher
ODD	Oppositional Defiant Disorder
OECD	Organization for Economic Cooperation and Development
PATHS	Promoting Alternative Thinking Strategies
RC	Responsive Classroom
RCT	Randomised controlled trial

SEN	Special educational needs
SDQ	Strengths and Difficulties Questionnaire
SEBD	Social, emotional, and behavioural difficulties
SESS	Special Education Support Service
SERC	Special Education Review Committee Report
TALIS	Teaching and Learning International Survey
TCM	Teacher Classroom Management
T-POT	Teacher-Pupil Observation Tool
TSQ	Teacher Satisfaction Questionnaire
TWEQ	Teacher Workshop Evaluation Questionnaire
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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ABSTRACT

Background: Social, emotional, and behavioural difficulties in the classroom pose considerable challenges for teachers, and may impact the well-being of children and teachers alike. The *Incredible Years Teacher Classroom Management* (TCM) programme aims to promote socio-emotional child development, improve teacher-student relationships, and build stronger home-school links. Previous research suggests that the TCM programme leads to positive outcomes for children and teachers, but few independent studies have examined this programme outside the United States where it was developed. Fewer still have explored the experiences of those involved (both directly and indirectly) with TCM training or how participation on this programme can change the way teachers view, and engage in, classroom management.

Objective: The aim of this study was to explore the experiences of all key stakeholders involved with delivery and receipt of the TCM programme in Ireland. Specifically, it purported to document the perceptions of teachers and school principals regarding behaviour management, and to examine the process of programme delivery from the perspectives of teachers and the TCM delivery team. Short- and longer-term analyses of both qualitative and quantitative data were used to examine aspects of programme delivery and its overall impact.

Method: This mixed method process evaluation was nested within a randomised controlled trial of the TCM programme, one of the few independent stand-alone replications conducted to date. Data were collected over an 18-month period using a number of methods including in-depth interviews with key stakeholders (teachers, principals, and programme delivery team) ($n = 23$) classroom observations ($n = 22$), and self-report questionnaires ($n = 11$). Interview data were analysed using Framework Analysis, whilst quantitative data were subjected to a series of factorial and one-way repeated measures ANOVAs.

Results: At baseline, teachers and principals experienced a range of challenging behaviours in school, which were managed with varying success. Post-training, teachers reported a high degree of satisfaction with the TCM programme, although

some of the learning tools used were not regarded as helpful. Training was seen as beneficial in a number of ways, particularly by providing a new approach to classroom management and creating opportunities for peer-sharing and collaboration. The qualitative analysis suggested that the TCM programme reduced isolation, and empowered teachers by increasing self-efficacy and providing practical management tools. The frequency of teachers' negative management strategies was significantly reduced, and their positive management strategies significantly increased. However, there was no significant change in their use of praise. Longitudinally, both the qualitative and quantitative analyses show that benefits to teachers, children, and classrooms were maintained and became embedded into routine practice.

Conclusions: This study represents an original contribution to knowledge about the process of TCM programme implementation and participation. The findings have important implications for the applicability and utility of the TCM programme within Irish primary schools. They underscore the important role of teachers in fostering child socio-emotional development, and the need to support them in this frequently challenging responsibility. The findings suggest that the TCM programme provides an effective and acceptable continuing professional development programme for teachers, and that early investment in such programmes may reap considerable rewards in the longer term for both teachers and students alike.

CHAPTER ONE: INTRODUCTION

1.1 Context

The impact of social, emotional, and behavioural difficulties (SEBD) in children can be far-reaching and can negatively affect not only the home lives of children and their families (Hall & Graff, 2011; Harpin, 2005), but also peer relationships (Stormshak & Webster-Stratton, 1999), and educational attainment and development (Reid, Gonzalez, Nordness, Trout, & Epstein, 2004). Negative outcomes into adolescence and adulthood are also commonplace. For example, these kinds of problems are predictive of early school leaving (Vaughn et al., 2011), poor employment prospects (Kokko & Pulkkinen, 2000), social skills deficits (Vaughn et al., 2011), substance abuse (Barkley, Fischer, Smallish, & Fletcher, 2004), and criminal behaviour (Chesapeake Institute, 1994).

Behaviours associated with SEBD vary in both type and severity and there is, as yet, no universally agreed definition. However, for the purposes of this study, the term may be defined as "... disturbing and/or disruptive behaviour that interferes with social functioning and academic engagement... behaviour may be termed 'acting-out' (disruptive) or 'acting-in' (showing withdrawal and/or avoidance)" (Cooper & Jacobs, 2011, pp. 8-9). The term also includes psychiatric disorders such as Attention Deficit/ Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD). The prognosis for many children with severe SEBD is poor (Davis, Young, Hardman, & Winters, 2011) and the early onset of disturbing behaviour patterns can signify, in some case, the beginning of pervasive anti-social behaviour (Odgers et al., 2008).

SEBD tends to be more prevalent amongst children living in areas characterised by high levels of socioeconomic disadvantage. For example, within an Irish context "…marginalised children, living in designated areas of socio-economic disadvantage, often present in school with social, emotional, health and developmental needs that are barriers to learning." (Department of Education and Science; DES, 2006, p. 36). Neighbourhood socio-economic disadvantage has been shown to be a significant risk factor for the development of childhood behavioural problems (Kalff et al., 2001;

Schneiders et al., 2003). Recently, one third of Irish schools in acutely disadvantaged communities reported SEBD prevalence rates greater than 40%; less than one third reported SEBD rates below 25% (Banks & McCoy, 2011). By contrast, schools serving non-disadvantaged communities did not appear to be as acutely impacted, with an overall SEBD prevalence of less than 10% (Banks & McCoy, 2011).

It is widely accepted that programmes to improve child socio-emotional development should be targeted, in the first instance, in areas of socio-economic disadvantage (Webster-Stratton, Reid, & Stoolmiller, 2008), and also as early as possible in light of evidence which suggests that early treatment significantly improves outcomes (Fox, Dunlap, & Cushing, 2002). Moreover, interventions to target SEBD, implemented across all environments to which the child is exposed, may engender optimal, generalisable outcomes (Bywater, 2012; Olchowski, Foster, & Webster-Stratton, 2007). In the case of family-based interventions, positive outcomes have not always translated to the school environment, and when they do, the effect is often smaller than that shown in the home (Taylor & Biglan, 1998). Accordingly, schools and classrooms are ideal locations in which to intervene at the earliest possible stage in a child's life. Evidence suggests that supportive teachers, who receive targeted continuing professional development (CPD), can foster emotional and social competence in children (Webster-Stratton et al., 2008). However, without specialist training, some teachers may be ill-equipped to manage behaviours associated with SEBD (Hutchings et al., 2007; Rothì, Leavey, & Best, 2008). Specifically, they may feel overwhelmed by the extent of the challenge and lack familiarity with recommended practices. Inappropriate behaviours that are either not addressed or poorly managed can deteriorate over time, resulting in a repetitive pattern of negative child actions and adverse teacher reactions (Nelson & Roberts, 2000). UK guidelines suggest that children at risk for social, emotional, and behavioural problems should receive help from teachers who have been trained to promote social and emotional well-being in primary education (National Institute for Health and Clinical Excellence; NICE, 2008).

The *Incredible Years* (IY) *Parent, Teacher and Child Training Series* (Webster-Stratton, Reid, & Hammond, 2001) includes a suite of interrelated evidence-based programmes aimed at reducing and preventing inappropriate and conduct-disordered

behaviour, and promoting positive socio-emotional and behavioural development in children aged 0-12 years. The programme comprises parent, child, and more recently, teacher classroom management (TCM) components, which may be delivered independently or in tandem. The TCM programme aims to provide teachers with tools to strengthen and improve classroom management and promote pro-social child behaviour (Webster-Stratton & Reid, 1999). Training is delivered to teachers on a group basis, one whole day per month, over five or six months. The evidence to date from a small number of studies in the US (Reid, Webster-Stratton, & Hammond, 2003; Webster-Stratton & Reid, 1999), and also from independent replications in Jamaica (Baker-Henningham & Walker, 2009), the UK (Hutchings et al., 2007; Hutchings, Martin-Forbes, Daley, & Williams, 2013), Ireland (McGilloway et al., 2012), and Portugal (Webster-Stratton, Gaspar, & Seabra-Santos, 2012), suggests that the TCM programme is effective in reducing and preventing behaviour problems in children aged 3 to 8 years.

1.2   Study Rationale

Whilst randomised controlled trials (RCTs) can provide robust evidence of programme outcomes (Sibbald & Roland, 1998; Torgerson & Torgerson, 2003), some argue that the intervention process is overlooked in such designs (e.g., Audrey, Holliday, Parry-Langdon, & Campbell, 2006). Therefore, process evaluations have become an intrinsic component in the assessment of programme delivery (Bouffard, Taxman, & Silverman, 2003; Oakley, Strange, Bonell, Allen, & Stephenson, 2006; Saunders, Evans, & Joshi, 2005). The incorporation of a process evaluation in complex intervention research is recommended for many reasons, not least to comprehend contextual factors that can affect outcomes, elaborate upon unanticipated findings, and inform future implementation (Craig et al., 2008). A process evaluation breaks down interventions into their component parts, and is used to monitor acceptability, implementation, and resultant impact of these components (Byng, Norman, Redfern, & Jones, 2008).

The TCM programme may be regarded as a complex intervention, as it involves many of the "dimensions of complexity" outlined by Craig et al. (2008; p. 7). Primarily, the TCM programme consists of a number of interacting components (e.g., the longitudinal delivery of individual training sessions and the learning techniques

used by facilitators); it focuses on a wide range of classroom behaviours (often firmly entrenched teacher and child classroom behaviours) and potential outcomes (teacher classroom management and child social, emotional, and behavioural competence). The recognition that an intervention is 'complex' has implications for its evaluation (Bywater & Sharples, 2012; Craig et al., 2008). In the past, the TCM programme has primarily been assessed in terms of outcome effectiveness, and usually in combination with other IY (parent and child) programmes (Shernoff & Kratochwill, 2007; Webster-Stratton et al., 2008), or as an adaptation of the original programme (Raver et al., 2008; Williford & Shelton, 2008). However, given the potential cultural differences across various geographical contexts, it is important that researchers also focus on the local implementation of a programme that has been developed elsewhere (in this case, the US). This is particularly true in the current economic climate when Irish schools have limited finances to trial untested, and potentially ineffective, programmes. During a period of economic recession, policy makers become increasingly concerned with the quality of educational research, and focus investment into delivery of programmes that have been empirically supported as effective (Hayward & Phillips, 2009; Moore, Graham, & Diamond, 2003). For example, in Ireland, the National Educational Welfare Board (2008) guidelines propose a whole-school approach to positive behaviour promotion. These guidelines further emphasise the importance of bridging the gap between home and school, modelling positive behaviour, and the judicious use of rewards. Although the TCM programme aims to meet these criteria, it is vital to understand not just programme effectiveness but also teacher-perceived acceptability and the overall utility of the TCM programme in an Irish context. Traditionally, researchers have paid little attention to the qualitative impact of TCM training. Notable exceptions to this are Hutchings et al. (2007) and Baker-Henningham et al. (2009), both of which acknowledged the importance of teachers' experiences.

1.3 Aims and objectives

The current study involved a process evaluation nested within an RCT of the TCM programme in Ireland (McGilloway et al., 2011). The overarching aim of this study was to explore the 'lived experiences' of all key stakeholders involved in the delivery and receipt of the programme. A secondary aim was to assess the impact of the programme in terms of the results from classroom observations. Further details of the

mixed methods approach adopted are provided in chapter 6. The specific objectives of the study were to:

1. Assess pre-intervention classroom management and perceptions regarding the need for additional support/training to manage challenging behaviour;

2. Explore the experiences of other key stakeholders (e.g., programme facilitators and development manager) involved in TCM organisation and delivery, taking into account any contextual factors that may have impacted on programme delivery;

3. Identify the TCM learning processes, strategies, and tools, which were found to be helpful or unhelpful, by programme participants;

4. Explore teachers' experiences of participation in TCM training with a particular focus on the perceived utility and acceptability of the programme, and post-training levels of satisfaction; and

5. Investigate the impact (perceived and otherwise) of the TCM programme on post-training management practices in terms of teacher and child behaviour in the classroom.

1.4   Outline of the thesis

Chapter Two is the first of four literature review chapters and discusses a number of aspects relating to SEBD more generally including the term itself, overall prevalence, relevant risk factors, and long-term (life course) outcomes. The role of teachers as early identifiers of SEBD is also discussed, as are the inherent challenges and responsibilities of this role. A large part of this chapter also focuses on the inclusion of children with special educational needs (with a particular focus on those with SEBD) within mainstream classrooms and some of the relevant issues around this.

Chapter Three documents the changing concept of childhood and the historical development of classroom discipline/management, both nationally and internationally. The role of teachers in child moral development and in the management of challenging classroom behaviour is examined with a particular focus on the negative impact of persistent problem behaviour on teacher well-being. The potential isolation of early-career teachers is discussed and the school community is cited as a potential (although in some cases, inaccessible) support. Teacher-parent

relations are also examined with respect to their function and the perceptions of power inequity that can impact upon child outcomes.

Chapter Four primarily addresses teacher beliefs and perceptions, and how these influence classroom management practice. Literature regarding self-efficacy and collective-efficacy in the school context is discussed whilst consideration is also given to the causal attributions of teachers regarding child behaviour and, in particular, how these can influence classroom management efforts. The mechanisms of experiential learning and coaching are also outlined together with a discussion of the role of teachers as effective agents of change in the classroom.

The aim of **Chapter Five** is to outline the TCM and other similar evidence-based programmes, and to discuss the available literature on their respective theory bases, their implementation, and effectiveness. The TCM programme, its structure, components, and method of delivery are of primary focus. A review of the few independent replications of the TCM programme outside of the United States is presented, alongside evidence from TCM adaptations, stacked interventions, and developer-led trials. Importantly, teacher perceived acceptability of the TCM programme is discussed and issues relating to fidelity and cultural adaptability of programmes are debated.

Chapter Six describes the methods underpinning the study and the epistemological framework within which it is located. This includes a brief description of the larger RCT of which the process evaluation was a part, as well as other issues related to study design, participants, materials, procedure, and analysis. The chapter concludes with a discussion of relevant ethical considerations.

Chapter Seven is one of four results chapters which present the findings of the study in detail. This chapter presents four overarching themes and related subthemes from a series of one-to-one interviews conducted before the TCM intervention was delivered (i.e., baseline). It documents the experiences of principals ($n = 6$) and teachers ($n = 10$) and, in particular, reports their perceptions regarding the practice and effectiveness of current management techniques, along with their beliefs regarding support from parents and colleagues. This chapter further discusses the

impact of challenging classroom behaviours upon teachers and children without SEBD, as well as an examination of teachers' beliefs and expectations surrounding participation in the TCM training programme. In this, and in all subsequent qualitative results chapters, research findings are related, where applicable, to established theory and evidence from the psychological, educational, and sociological literature.

Chapter Eight, the second results chapter, focuses on five themes and related subthemes from immediate post-TCM training reflections of the intervention ($n = 4$), and control group teachers ($n = 4$), and on the experiences of those charged with programme organisation and delivery ($n = 3$). Primarily, it examines the extent to which teachers believed TCM learning mechanisms were acceptable, and whether they felt that TCM principles were applicable within their classroom. The psychological impact of training on teachers and the children in their care is also documented. A secondary aspect of this chapter is the presentation of qualitative data from teachers' workshop evaluations. These two data sources are merged with the interview data from programme facilitators to provide thick description of TCM training experiences and reported child/classroom outcomes.

Chapter Nine follows on from the immediate post-TCM period, and details the longer-term (12-month) outcomes. This chapter presents two themes and related subthemes from interviews with a small sample of intervention group teachers ($n = 6$) who, at this stage, were teaching a new child cohort. As in chapter 8, this relates to the impact of TCM training on teachers and students alike but with a particular focus on whether changes in child and teacher behaviour reported at 6-month follow-up had become embedded into practice (with the new child cohort) or whether any new challenges are faced by teachers in the long term implementation of TCM strategies.

Chapter Ten, the final results chapter, presents the quantitative results from analyses of classroom observation data that were collected as part of the larger RCT and which are presented here to further amplify the findings from the qualitative analyses. The data also include workshop evaluations and teacher perceptions regarding the utility of various learning strategies, along with overall satisfaction with the TCM programme

In **Chapter Eleven**, findings from the current study are synthesised and critically discussed in relation to the academic literature and, in particular, research evidence underpinning child socio-emotional well-being, teacher education and professional development. A number of strengths and limitations of the current study are also outlined together with suggestions for future research. Lastly, the policy and practice implications of the findings are highlighted and discussed.

CHAPTER TWO: SOCIAL, EMOTIONAL, AND BEHAVIOURAL DIFFICULTIES

This chapter outlines SEBD in terms of the use and misuse of this diagnostic label, and provides international and Irish prevalence figures. It also discusses the literature on life course implications of SEBD and presents a number of issues relating to the education of children who experience the types of additional needs encompassed within this heterogeneous group.

2.1 Social, emotional, and behavioural difficulties: Terminology and recognition of needs

Bywater and Sharples (2012) classify social and emotional well-being as comprising three related dimensions. These include psychological well-being (e.g., happiness), social well-being (e.g., good peer relationships), and emotional well-being (e.g., resilience). There are multiple influences on the social and emotional well-being of children, including their own 'individual make-up', their family background, and the wider social environment (NICE, 2008). Early childhood is a period where a protective "web of relationships" can develop between the child, their parents and caregivers, and their teachers (Powell, Dunlap, & Fox, 2006, p. 28). Social, emotional and behavioural competence has been shown to predict academic performance above cognitive ability (Raver & Knitzer, 2002). Moreover, children who display social and emotional well-being are more likely to succeed in life, due to increased self- and social-awareness, and an increased ability to make responsible decisions (Bywater & Sharples, 2012).

For most children, the development of social, emotional, and behavioural regulation skills occurs as expected. However, any kind of atypical development in this respect can result in a wide range of difficulties for the child; how these are perceived and labelled by society may determine the manner in which they are addressed. Lexical differences exist in how these difficulties are described and represented (Winzer, 2005). Tobbell and Lawthom (2005, p. 91) referred to a "lamentable lack" of definition in this domain. The most commonly used acronym to describe problems which can impede psychosocial development, limit educational opportunities, and

necessitate special educational assistance is EBD. This term has been variously used to describe emotional and behavioural difficulties (Howarth & Fisher, 2005), emotional and behavioural disorders (Mooij & Smeets, 2009), emotional or behavioural disorder (Sutherland, Lewis-Palmer, Stichter, & Morgan, 2008), and emotional and behavioural disturbance (Reid et al., 2004). Several attempts have been made to define this term, and its constituent features.

Children with EBD can experience a wide range of challenges. In the inaugural issue of the journal 'Emotional and Behavioural Difficulties', EBD was proposed to include any problems of emotion or behaviour which interfere with personal, social, or educational development; it was further suggested that these problems should be viewed within a biopsychosocial framework (Cooper, 1996). An early statement on EBD from the English education ministry noted that these difficulties "…range from social maladaptation to abnormal emotional stresses. They are persistent (if not necessarily permanent) and constitute learning difficulties. They may be multiple and may manifest themselves in many different forms and severities. They may become apparent through withdrawn, passive, aggressive or self-injurious tendencies." (Department for Education and Employment; DfEE, 1994, p. 7). EBD can involve both internalising (e.g., emotional withdrawal, anxiety, oversensitivity) and externalising (e.g., aggression, oppositional behaviour) components. Associated difficulties include ADHD, ODD, and CD (Place, Wilson, Martin, & Hulsmeier, 2000). The National Council for Special Education (Cooper & Jacobs, 2011) recommends that depressive disorders are added to this list whilst UK guidance also acknowledges the potential for overlap between children with EBD and those who have more serious mental health difficulties (DfES, 2001).

As shown, the term EBD constitutes a varied category of needs (Cole, 2004), recognising both the inner, emotional world of the child, and the outer, visible world of their behaviour (Bowers, 2005). First appearing in the 1990s, EBD remains the most frequently used descriptor "... even if the term 'social' has been bolted on along the way" (Bowers, 2005. p. 84). The term SEBD has been used to refer to social, emotional, and behavioural disorder, and to social, emotional, and behavioural difficulties (Groom & Rose, 2005; Hunter-Carsh, Tiknaz, Cooper, & Sage, 2006). Recognition of social factors is vital in understanding difficulties which can impact

child development. Hence, the term SEBD is regarded as taking a step further than EBD, by recognising that this diverse range of difficulties can include socialisation. Throughout the current study, the term SEBD is used to refer to social, emotional, and behavioural difficulties. However, EBD will be used to reference past research where authors specifically use this acronym.

2.2   What's in a name? Labelling the needs of children

Notwithstanding the varied opinions regarding terminology, there is much discourse regarding whether the use of such labels benefits or burdens the child with additional needs. Nomenclature of the challenges associated with atypical socio-emotional development, and particularly the use of the term EBD, has encouraged debate. Some suggest that labels are a powerful tool for change, facilitating anxiety reduction for children, parents, and professionals, and enabling focused treatment (Archer & Green, 1996). Through a social constructionist lens, Gillman, Heyman, and Swain (2000) argued that whilst labels have the power to disadvantage, they can also create positive opportunities, if used appropriately. They conceded that labels are acceptable provided they open, rather than close, doors. However, neither EBD nor SEBD depict a homogenous group; they encompass a variety of types and levels of need. One criticism of the term EBD is the fact that it encompasses a group with very diverse needs and Kershaw and Sonuga-Barke (1998) suggested that if labelling is useful insofar as it allows development of appropriate interventions, then the term EBD which covers a broad sphere of diverse difficulties, cannot be effective in identifying intervention-specific needs. Thus, a lack of attention to individual differences among children labelled as having EBD leads to insufficiently tailored care provision (Lauchlan & Boyle, 2007).

Once assigned, labels may become the only 'available story' regarding a child, and can exert a totalising effect through which an individual and their actions are regarded (Todd, 2005), for example they can become regarded as 'problem children'. The labelling of children with EBD constitutes a clinical framework from which it is "difficult to escape" (Thomas, 2005, p. 61). Therefore, in attempting to serve a positive purpose (i.e., the assignment of care provision), labelling can result in an unintended disservice. The term 'EBD' has been cited as more appropriate and less stigmatising than one of its precursors, 'emotional disturbance' (Merrell & Walker,

2004). However, Thomas and Loxley (2001) stated that the term 'EBD' is an indolent one which has hindered the child with additional needs. Where teachers encounter difficulties in behaviour management, terms like 'EBD' or 'SEBD' can represent a conceptual shift in attribution. Deficit-model language transmits information regarding both cause and treatability. By labelling students as 'having EBD' and perceiving the child through a deficit lens, it has been possible to reduce teachers' and schools' responsibility (Araújo, 2005). As will be discussed in more detail in chapter 4, blame is attributed to the child or to their parents; therefore treatment within an educational setting may be envisaged as offering only limited possibility of success.

2.3   Prevalence of SEBD

Figures relating to SEBD prevalence vary and are largely dependent upon the identification criteria (Smith & Taylor, 2011) and methods (e.g., samples or measurements) used by researchers (Kuorelahti, 2001). Typically, point (rather than cumulative) prevalence rates are used to ascertain the number of children with SEBD (Forness, Freeeman, Paparella, Kauffman, & Walker, 2012), which may mask the true extent of the problem. Moreover, the perceptions of those who provide this information may differ (Ruijs, Peetsma, & van der Veen, 2010). Parents and teachers, who evaluate child psychosocial development, may differ in their ratings (Nixon, 2012). Teacher reports may provide a more valid account, as they have access to a large, appropriate reference group (i.e., the child's peers) and are less biased by family relations (Clark & Ladd, 2000; Hartman, Rhee, Willcutt, & Pennington, 2007). A German review reported that 17% (+/-5%) of children and adolescents displayed emotional and behavioural disorders (Barkmann & Schulte-Markwort, 2004). A wider range is reported by Brauner and Stephens (2006), who in their cross-cultural review, noted SEBD prevalence estimates ranging from 5% to 26%. However, few studies have examined the prevalence of SEBD in Ireland. One recent exception - the large scale *Growing up in Ireland study* - noted that teachers in Irish primary schools considered 15% of 9 year-old children to have borderline or

problematic levels of difficulty (Nixon, 2012)[1]. The current study displays an increased level of prevalence with teachers at baseline reporting 26% of children as having difficulties outside of the normal range (Hyland, Ni Mhaille, McGilloway, & Lodge, in press)[2].

SEBD risk is not regarded as uniform across all children. For example, a clear gender difference is evident in the prevalence of different subtypes of SEBD; girls tend to have higher levels of internalising behaviour than boys whilst externalising behaviour is typically higher in boys (Chen, 2010; Lundh, Wångby-Lundh, & Bjärehed, 2008; Nixon, 2012). In short, because of the more visible nature of externalising behaviours (acting out, aggression, oppositional behaviour), those with internalising difficulties may be overlooked. Thus, because they exhibit a greater extent of externalising behaviours, a greater number of males are regarded as having SEBD when compared with female peers (Davis et al., 2011). Other disparities are also evident. It remains unclear whether overrepresentation of children from minority ethnic backgrounds may be due to actual need, or biased assessment. Osher et al. (2004) made a call for cultural competency to rectify the purported racial bias in the assessment of SEBD amongst children. However, more recently, researchers have failed to note such bias (Cullinan & Kauffman, 2005; Hosterman, DuPaul, & Jitendra, 2008). Multiple studies have shown that children from lower socioeconomic backgrounds are disproportionately more likely than their affluent peers to be labelled as having EBD (Emerson & Einfield, 2010; McCoy, Banks, & Shevlin, 2012; Van Oort, Van der Ende, Wadsworth, Verhulst, & Achenbach, 2011). Williams et al. (2009) found that parent-rated emotional problems ranged between 7-20% depending on maternal education level, a frequently used component of socioeconomic status. Children of university graduate mothers displayed the lowest level of emotional problems, hyperactivity, and conduct problems, and the highest quality of peer relationships.

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[1] The Growing up in Ireland Study is a longitudinal project which tracks the progress of approximately 20,000 children and infants. Where this study is discussed within the current process evaluation, reference is to the 9-year old child cohort.

[2] The paper by Hyland et al. (in press) is attached in Appendix 24.

2.4   Life course implications of SEBD

Learning largely depends upon a solid foundation, so the initial education experience is crucial. Entry to the unfamiliar environment of primary education marks a major transition for the child (Stright, Herr, & Neitzel, 2009), with increased demands on attention, autonomy, and behaviour. Whilst most children transition to formal schooling without difficulty, those with poor self-regulation and less developed social competence may struggle with adjustment (Belsky & MacKinnon, 1994; McClelland, Acock, & Morrison, 2006). Approximately one sixth of children entering primary education, experience serious general adjustment problems and a further third exhibit minor adjustment problems (Rimm-Kaufman, Pianta, & Cox, 2000). The physical surroundings in which a child lives and learns, can significantly impact upon their life outcomes (Earthmann, 2004; Evans, 2004; Schneider, 2002). Internationally, children from low-income families, may exhibit difficulties in early school adjustment and increased levels of maladaptive classroom behaviours (Boyce et al., 2012; Janus & Duku, 2012; Smart, Sanson, Baxter, Edwards, & Hayes, 2008). Although Kiernan and colleagues (2008) identified only 11% of a small sample of socio-economically disadvantaged children in Ireland ($n = 89$) as having behavioural and socio-emotional difficulties, almost 56% were identified as experiencing some barriers to school readiness. Accordingly, schools which serve areas of relative deprivation may face additional challenges in meeting students' needs (Banks, Shevlin, & McCoy, 2012).

A number of other factors influence child-school adjustment. The creation of new peer relationships provides children with important social support and acts as a 'pull-factor' to school. Furthermore, the quality of new friendships is predictive of school adjustment (Engle, McElwain, & Lasky, 2011; Ladd, Kochenderfer, & Coleman, 1996). However, not all children succeed in making friends. Challenges in forming and sustaining friendships are more evident in children with SEBD (DeRosier & Mercer, 2009; Hoza et al., 2005). The visibility of atypical internalising and externalising difficulties further complicates an already challenging transition period, posing an early setback in school experience. Nonetheless, other school-based relationships may exert a compensatory influence during the transition process. For instance, several studies illustrate the importance of positive non-familial (e.g.,

teacher-student) relationships during this period of transition (Silver, Measelle, Armstrong, & Essex, 2005). Specifically, the quality of the teacher-student dyad has been shown to play a significant role in adjustment to school (Arbeau, Coplan, & Weeks, 2010; Birch & Ladd, 1997).

Behavioural problems in childhood are frequently linked with educational difficulties, due to the fact that learning typically requires concentration and motivation (Anderson, Kutash, & Duchnowski, 2001; Irish National Teachers' Organisation, 2003). Thus, the learning opportunities of children with SEBD are compromised. The cumulative nature of the educational curriculum results in reduced likelihood of academic achievement following early difficulties (Bossaert, Doumen, & Buyse, 2011). Difficulties in emotional regulation can predict academic outcomes even after controlling for intelligence (Graziano, Reavis, Keane, & Calkins, 2007; Howse, Calkins, Anastopoulos, Keane, & Shelton, 2003). Inadequate behavioural regulation has also been linked with low academic outcomes (McClelland et al., 2007; Rhoades, Warren, Domitrovich, & Greenberg, 2011). For most children, exposure to education does not ameliorate internalising problems. Anxiety and social withdrawal have been shown to remain stable or increase over time (Toumbourou, Williams, Letcher, Sanson, & Smart, 2011). For instance, parent-reported internalising problems at age 4-5 have been shown to significantly predict the persistence of such problems at age 11 (Ashford, Smit, van Lier, Cuijpers, & Koot, 2008). Similarly, the occurrence of externalising behaviour in early childhood increases the likelihood that this pattern of behaviour will prevail over the life course (Silver et al., 2005); interestingly, this trend is more marked in females than males (Duncan & Magnusun, 2011). Wehby, Lane, and Falk (2003) argue that the limited attention to the academic needs of children with SEBD has contributed to these negative outcomes. However, as with social adjustment, close teacher-pupil relationships can result in positive behavioural and academic outcomes (Silver et al., 2005). Thus there is considerable evidence to show that teachers have a vital role to play, not only in early adjustment, but longitudinally through the facilitation of educational engagement, which (within all socioeconomic groups) has been shown to correlate positively with academic outcomes (Hamre & Pianta, 2001; Jennings & Greenberg, 2009; Park, 2005).

Educational engagement entails a number of inter-related factors, including positive teacher-student relationships, academic interest, bonding with school peers, trust, and beliefs regarding future success (Jimerson, Campos, & Greif, 2003). Research typically suggests the involvement of a tripartite relationship between cognitive, emotive (e.g., absence of anxiety) and behavioural (e.g., on-task behaviour) dimensions (Appleton, Chrisenson, & Furlong, 2008; Skinner, Furrer, Marchand, & Kindermann, 2008). School engagement is a dynamic process (Fredricks, Blumenfeld, & Paris, 2004; Ladd & Dinella, 2009) which has the potential to change over the course of a child's educational experience. Nonetheless, early school engagement is regarded an antecedent of later success (Battin-Pearson et al., 2000; Finn, Gerber, & Boyd-Zaharias, 2005). The academic trajectory for children with SEBD is largely negative, beginning with poor early education experiences, and resulting in progressive disengagement throughout the primary and secondary school years.

Early school-leaving often results in insufficient attainment of the academic and social skills, necessary for success in later life (Vaughn et al., 2011). Approximately half of all students with SEBD leave education prematurely (Davis et al., 2011). In a study spanning over 20 years, McClelland, Acock, Piccinin, Rhea, and Stallings (2012) noted that children who, at age 4, were one standard deviation lower on attention span-persistence, had a 48.7% reduced likelihood of completing further education by age 25. In fact, over half of all children who receive a diagnosis of EBD drop out of the education system prior to certification (Davis et al., 2011). Physical withdrawal from education before the age of 16 in Ireland is prohibited. As absolute disengagement from education is not possible until age 16, the term disaffection is used. Forced attendance can result in "…emotional withdrawal, such as frustration, disruptive noncompliance, or simply going through the motions" by many children with SEBD (Skinner, Kindermann, & Furrer, 2009, p. 496). Skinner et al. (2008) stipulated that disaffection is not the absence of engagement, but rather signifies the interplay of behaviours and emotions that indicate 'maladaptive motivational states'. This is not a particularly acute problem within Irish schools, as Ireland has a

relatively high participation rate in education.[3] Nonetheless, there are many students with SEBD who do not complete their second level studies.

The cumulative effect of early school leaving has implications far beyond the individual. The predicted cost of dropouts from the US high school graduating class of 2006, were identified to be more than $309 billion (Alliance for Excellent Education, 2008). This figure represents a combination of wages unearned, taxes unpaid, and loss of productivity over the life course. The economic development and fiscal growth of a country is largely predicated on human capital, the result of a well-educated labour force (Hanushek & Kimko, 2000). Unemployment and underemployment are issues facing those with SEBD upon leaving full-time education (Davis & Vander Stoep, 1997; Kokko & Pulkkinen, 2000). Young people with SEBD have a higher incidence of illicit drug and alcohol abuse than their non-SEBD peers (McCrystal, Percy, & Higgins, 2007a; Wilens, 2004). Moreover, those with SEBD who do not complete their high school education are at an increased risk of criminal involvement. The Chesapeake Institute (1994) stated that 73% of early school leavers who were diagnosed with SEBD were arrested within five years of leaving school. Research suggests that many types of community violence are perpetrated by those who have disengaged from the education system (Sandhu, Arora, & Sandhu, 2001). The long term consequences of SEBD include increased risk of violence towards others and self-harm (Cho et al., 2008; Galéra, Bouvard, Encrenaz, Messiah, & Fombonne, 2008; Izutsu et al., 2006; Odgers et al., 2008; Putnins, 2005). The educational, social, health, and overall life outcomes of a child with SEBD, may be severely limited and initial school adjustment and ongoing school engagement offer immense potential for later psychosocial functioning. Identification of risk is not enough. It should happen early (Cunha & Heckman, 2010; Reynolds, Temple, White, Ou, & Robertson, 2011). More than programmes focused on remediation at more advanced child ages, this may facilitate interventions

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[3] The Central Statistics Office (CSO, 2010) reported the number of early school leavers as 10%, compared with a European (2009) average of 14.8%. In 2010, Ireland ranked joint first in Europe in terms of educational attainment, with 48% of 25-34 year olds reportedly having a third level qualification (CSO, 2011).

to promote positive school experiences for all children, and act as a protective factor for those most at risk.

2.5   Early identification of SEBD: The role of educators

The role of teachers in primary, secondary, and tertiary prevention of SEBD is an issue of contention and one to which many pay 'lip service' (Kauffman, 2005). The context-dependent nature of certain aspects of SEBD (Dyson, Farrell, Polat, & Hutcheson, 2004) and the subjectivity of the observer (Cooper, 1999), can result in over-attention to some, and under-attention to other, problems. Students who engage in more externalising (i.e., observable) behaviours, such as aggression, refusal or inability to stay 'on-task' or 'in-seat', along with other forms of classroom disruption, are more likely to be identified by teachers, than those with internalising issues such as anxiety or social withdrawal (Davis et al., 2011). The pressure that teachers face in managing behavioural issues in the classroom can lead to a lack of attention towards the less demanding, but no less important, emotional problems (Bowers, 2005; Place et al., 2000). Although children who face emotional challenges pose as much a concern for many teachers as those who show externalising behavioural or social difficulties, "the 'B' of EBD is what bugs teachers and challenges schools" (Bowers, 2005, p. 91). However, it is largely accepted that early childhood emotional dysregulation can indicate risk for the later development of psychopathology (Cole, Luby, & Sullivan, 2008). Consequently, the observation of atypical emotional development or regulation in children is of vital importance. Teachers, as 'expert observers' (Erdur-Baker, Özmen, & Özmen, 2011), are often one of the first to identify emotional and behavioural problems in children and are expected to refer children on to the next level of support (Rothi et al., 2008).

Similar to the graduated system of special needs identification in UK schools (Department for Education and Skills, 2001), the Irish school system implements a three-stage framework (National Educational Psychological Service; NEPS, 2007) which is "underpinned by the recognition that special educational needs occur along a continuum from mild to severe and from transient to long term" (NEPS, 2007, p. 2). At the first stage of this process, a child's skills and behaviour are assessed as falling outside the typical expected range, and attention is focused on the extent to which this negatively impacts their social and educational development. At this

point, the teacher attempts to actively respond to the perceived needs of the child within the classroom. Such responses may include changes in teaching style and the use of tailored approaches to promote positive child development. Where this proves insufficient and additional resources are deemed necessary, Stage 2 (a school-led assessment of needs) is enacted. This typically results in a school support plan, developed in association with parents, which outlines a needs-based approach. Other school personnel (e.g., learning support teachers) may be involved at this stage. Outcomes from this support plan are then documented and monitored over time, as an indication of effectiveness. Where reviews suggest that insufficient progress has been achieved, Stage 3 'School Support Plus' is initiated, with involvement of relevant professionals from outside agencies (e.g., educational psychologists, speech and language therapists). A plan incorporating input from all relevant personnel is developed (Banks et al., 2012; NEPS, 2007), implemented, and monitored.

2.6 Separate systems of education: Legislation and implementation of change

Educating children in an environment conducive to social integration and acceptance is largely internationally regarded as best practice (Boyle, Scrive, Durning, & Downes, 2011; Katz & Mirenda, 2002b; Thomas & Loxley, 2007). Historically, the education of children with and without special needs was delivered through discrete systems of provision (Thomas & Loxley, 2001). The Warnock Report (Department of Education and Science; DES, 1978) proposed that pupils of all needs and learning abilities should be educated together in mainstream schools. The UK Education Act (DES, 1981) codified many recommendations made by the Warnock Report, and the 'mainstreaming' of children with special educational needs became a more common practice in the UK. However, statements regarding the official stance on mainstreaming education at that time, from the Irish Department of Education "tended to be a mixture of aspiration and caution" (Griffin & Shevlin, 2007, p. 44). It was not until the publication of the Special Education Review Committee Report (SERC; Department of Education and Science, 1993) that inclusion of children with special educational needs into the mainstream classroom environment was recommended in Ireland. The SERC report further regarded children with SEBD as falling under the domain of special educational need.

The 1990s, both in Ireland and internationally, saw a move from segregated systems of education towards inclusion, with this shift founded upon rights-based policy statements. The World Conference on Special Needs Education in Salamanca, and the adoption of the Salamanca Statement and Framework for Action on Special Needs Education, set the policy agenda for inclusive education on an international basis (UNESCO, 1994). As outlined in the Salamanca Statement (agreed upon by 25 international organisations and 92 governments, including Ireland), inclusive education is based on the fundamental right of all children to receive education in their local community, regardless of their ability. The Education Act (1998) represented an important move towards inclusive education for those with special educational needs in Ireland. However, Griffin and Shevlin (2007) suggested that the biomedical definition of disability used in this Act negated psychosocial aspects. Following on from the Education Act, the EPSEN Act (2004), replaced a biomedical with a social model of disability, and identified disability as reduced capacity to benefit from, or participate in, education. The adoption of a social model of disability places the onus on society to collectively remove disabling barriers (Tregaskis, 2002). The EPSEN Act thus focused on capacity building- a fundamental move towards a holistic approach whereby schools and the professionals within, are the key drivers of inclusion, in partnership with other professionals and parents/guardians. It mandated inclusive education, except in circumstances where the best interests of children are not served by such placements, afforded a greater role in decision-making to parents of children with special educational needs (Carroll, 2010), and established a comprehensive appeals procedure. However, although all features of the EPSEN Act were to be delivered over a 5-year period (commencing in 2005), the economic downturn has delayed full implementation, indefinitely (Armstrong, Kane, O'Sullivan, & Kelly, 2010; Smyth & McCoy, 2009).

The shift from 'integration' of children with diverse needs to 'inclusion' is more than a shift in semantics; it represents a shift in paradigm (Mittler, 2001). Integration involves the movement of 'ready' pupils from special to mainstream schools. Within an integrationist system, children with needs must adapt to fit in with the mainstream approach, whereas in an inclusive system this need not be the case. The inclusive school is one which recognises and responds to the multiple, diverse needs of students, despite the inherent difficulties in this provision. According to UNESCO,

"the challenge confronting the inclusive school is that of developing a child-centred pedagogy capable of successfully educating all children, including those who have serious disadvantages and disabilities" (1994, p. 6). Therefore, inclusion is not a matter of simply placing pupils with challenges into an existent system of education (Sebba & Ainscow, 1996). Rather, it should be "… concerned with overcoming barriers to participation which may be experienced by any pupils" (Ainscow, 1999, p. 218).

Some critics of inclusive education suggest that its adoption has been based upon a moral standpoint rather than upon empirical evidence regarding effectiveness (Lindsay, 2007; Simpson, 2004). Those operating within a human rights and social justice perspective argue that inclusively-oriented schools reduce discrimination and represent a positive step towards wider societal acceptance of those with differing needs (Culham & Nind, 2003; Polat, 2011; Riddell, 2009). However, others suggest that there is a division between rhetoric and reality when speaking of inclusion in education; they suggest that the perception of the current model as inclusive is a fallacy and that the system is actually integrationist (e.g., Visser & Stokes, 2003). Changes to educational provision legislation must be accompanied by changes in attitude (Visser & Stokes, 2003). Any discussion on inclusion should acknowledge that although legislation over the past 30 years has led to a reduction in the numbers of children in segregated education, it did not necessarily have an equitable effect on all children with additional needs. The number of children with SEBD attending segregated schools actually increased over the course of the 1980s (Goacher, Evans, Welton, & Wedell, 1988) and despite the advances in inclusionary practices that have occurred since then, some have suggested that children with SEBD remain at greater risk of educational exclusion than their peers (Cooper, 2004; Graham & Jahnukainen, 2011). So whilst the concept of inclusion appears to have been largely embraced, in practice, this does not always extend to those whose behaviours are deemed problematic in a mainstream classroom.

2.7   Challenges for teachers: Resources and reactions to inclusion

An essential prerequisite for successful inclusion is that appropriate resources to meet the needs of all children are available. As stated previously, children from socioeconomically disadvantaged areas are more likely to experience adjustment

difficulties. In Ireland, the Delivering Equality of Opportunity in Schools (DEIS)[4] scheme targets additional resources towards schools with higher numbers of disadvantaged pupils. These schools typically have smaller class sizes; approximately 81% of junior and senior infant DEIS Band 1 classes hold no more than 20 children (Weir & McAvinue, 2012). DEIS Band 2 classes are larger in size, with 55.3% of junior infant and 44% of senior infant classes having no more than 20 children. A reduction in the number of children within a given class may boost student engagement and child adjustment (Blatchford, Edmonds, & Martin, 2003; Finn, Pannozzo, & Achilles, 2003). Small class placement over a period of three or four years has been shown to positively influence rates of achievement and increase the percentage of graduates by 80% (Finn et al., 2005), and more for those from low socioeconomic groupings.[5]

Although the concept of inclusion has been welcomed by teaching staff (e.g., Idol, 2006), the operational reality is somewhat differently regarded (MacBeath, Galton, Stewart, MacBeath, & Page, 2006). Some forms of special educational need are deemed comparatively more difficult to manage in a mainstream classroom setting, than others. For example, schools face greater challenges in including children who display problem behaviour (Department for Education and Skills; DfES, 2004), whilst there is evidence to suggest that school psychologists regard SEBD as the most difficult form of special needs within mainstream schools (Evans & Lunt, 2002). Those with SEBD fall into the category of special educational needs, which carries with it an increased likelihood of exclusion/expulsion from school (Jull, 2008). Arguably, inclusionary practice must be fully inclusionary, and not selective of the most manageable types of need, but it must also exemplify supportive practice,

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[4] DEIS consists of a range of programmes designed to address educational disadvantage within the public school system and incorporates band 1 and band 2 (higher and lower levels of disadvantage, respectively), along with DEIS rural. Identification of schools in need of additional resources is based upon a range of poverty indicators such as rates of local unemployment, local authority housing, and student eligibility for the free book scheme (Department of Education, 2005).

[5] Irish classrooms contain a high pupil-teacher ratio of 18:1, a figure notably higher than European and United States averages with 14.6 and 14.3 children per teacher, respectively (OECD, 2010).

for students and teachers alike. Thus, MacBeath et al. (2006) reported that a blanket acceptance of inclusion, coupled with inadequate resources, could prove damaging and could exacerbate the extant problem of inequity in education.

Teachers' attitudes towards inclusion should not be examined in isolation, as multiple factors have been shown to contribute to belief formation. For example, a number of potentially interrelated factors (including class size, levels of perceived and actual support, beliefs regarding own ability to manage, overarching demands of curriculum, and the types and extent of student needs) may combine to inform beliefs regarding inclusion. For example, teachers who hold favourable attitudes towards inclusion have been shown to put more effort into fostering classroom success than those with unfavourable attitudes (Avramidis, Bayliss, & Burden, 2000). A similar relationship between teacher attitudes towards inclusion and direct classroom practice has been reported by Bender, Vial, and Scott (1995) and by Buell, Hallam, Gamel-McCormick, and Scheer (1999). The effect of teacher perceptions and subsequent bias regarding abilities/disabilities of children in their care, have been referred to variously as 'expectancy effect', 'Pygmalion effect', 'Galatea effect' and 'Golem effect' (Babad, Inbar, & Rosenthal, 1982; Rosenthal & Jacobson, 1968). If teachers believe that improvements in behaviour and learning are possible for all children, this may in turn affect the social and academic opportunities of the children in their care. As previously mentioned, behaviour can be regarded as context-specific- "...the incidence of disruption seems not to have been caused by the presence of "disruptive children" alone, but by an interaction between these children and the context within which they were taught" (Dyson et al., 2004, p. 81). Therefore the classroom environment can exert a significant effect not just on behaviour, but also on the way in which behaviour is perceived by teachers. Where the expectation is that children should remain seated and engaged in one particular task, those whose behaviours do not conform to this are more likely to be considered to be disruptive. In the absence of this expectation, the same behaviours may be regarded differently (Maag, 2004).

The provision of information about inclusionary practice during initial teacher education (ITE) may significantly reduce negative beliefs upon entry to the classroom. For example, Mittler (2000) has stated that "...ensuring that NQTs have a

basic understanding of inclusive teaching and inclusive schools is the best investment that can be made" (p. 137). Booth, Nes, and Stromstad (2003) suggested that few newly qualified teachers (NQTs) have clear comprehension of inclusionary practice values. The terminology used by student teachers can indicate the attitudes they hold towards children with special educational needs; this has been shown as sometimes exclusionary and offensive (Pearson, 2005). Mintz (2007) reported that although most teachers viewed special educational needs through an environmental lens, a significant number held beliefs which more closely represented a medical model of disability[6]. Thus, despite the fact that many ITE students hold positive beliefs regarding inclusion, others may benefit from targeted engagements to facilitate the development of positive, inclusive attitudes and behaviours. Where teachers become equipped at an early stage in their career, with necessary skills and positive perceptions regarding inclusive practices, beneficial classroom outcomes can occur (Cooper, Kurtts, Baber, & Vallecorsa, 2008; European Agency for Development in Special Needs Education, 2010). However, holding favourable attitudes towards inclusion alone does not guarantee success. For example, Lancaster and Bain (2010) showed that teachers' recognition of learner diversity and adaptive practice are also important for meaningful inclusion. A willingness to modify one's own teaching practice in recognition of diversity of student needs is frequently seen in teachers who score high on self-efficacy (Stein & Wang, 1988). This may be because highly self-efficacious teachers are more likely to attribute child learning difficulties to external (and therefore, modifiable) factors (Brady & Woolfson, 2008). Beliefs which suggest that the problem is internal to the child, and therefore inaccessible to change by the teacher, are more likely to result in lack of teacher effort (Poulou & Norwich, 2002).

Although teachers may hold positive attitudes towards inclusion, where these children have SEBD, teacher confidence may be reduced (Avramadis et al., 2000; Cardona, 2009); they may feel anxious (Gyimah, Sugden, & Pearson, 2008), or

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[6] The medical model of disability, with reference to socio-emotional and behavioural difficulties, locates these problems 'within' the child with focus on the impairment rather than on the individual (Evans, Harden, Thomas, & Benefield, 2003).

burdened by the additional responsibility of management (Rothì, 2008). The latter authors noted that this stems from a lack of training in psychological issues facing certain children; teachers in their study felt 'abandoned' by a local authority that had promised, but had not delivered, training on mental health issues. Similar findings were reported by Ališauskas and Klizaitė (2010), who noted that those engaged in ITE felt insufficiently prepared to recognise and meet the special educational needs of pupils. Educational preparedness of teachers is important, but other barriers to inclusive practice have also been cited. In a review of the inclusion debate, Kavale and Forness (2000) stated that teachers reported insufficient time to meet the needs of all students. This perceived excess of time spent on children with SEBD was echoed in a study by Lloyd-Bennett, (2006), which noted that this may stem from the rigid curriculum constraints, or indeed, from other factors including teaching style or school behaviour policy. In Ireland, a similar pattern is observable. Shevlin, Winter, and Flynn (2012), in a small scale Irish study, cited teachers' positive opinions regarding inclusion. However, they also reported teachers' concern regarding their capacity and that of the school, to provide a truly inclusive education. An earlier study noted unawareness among Irish teachers regarding how to best meet the needs of diverse groups of children, and warned that this can result in the use of wholly inappropriate teaching methods (Shevlin, Kenny, & Loxley, 2008). Among Northern Irish trainee teachers, 57% were concerned that they did not have the necessary skills to teach children with SEN in an inclusive environment (Lambe & Bones, 2006a). Addressing teacher concerns may prove challenging. These factors, as previously stated, are inter-related. Perceptions regarding resources, preparedness, and time constraints combine to influence teacher behaviour, and in turn shape child learning and development within the mainstream classroom.

2.8 The impact of educational inclusion on child learning

Successful inclusionary practice (to gain optimal benefit from inclusion for both SEBD and non-SEBD students) requires careful organisation and the support of trained staff, such as classroom assistants (Mäensivu, Uusiautti, & Määttä, 2012). Inadequate communication between teachers and support staff can result in classroom assistants working in a reactive manner. In an Irish study, special needs assistants (SNAs) believed their role was not fully thought out and schools had a tendency to "make things up as they went along" (Shevlin et al., 2008, p. 147).

Blatchford, Bassett, Brown, and Webster (2009b) stated that increased interaction with teaching assistants resulted in pupils becoming detached from the teacher's instruction. Support staff in this sense could be regarded as offering an alternative, rather than additional, support to the child (Blatchford et al., 2009b). This study mirrors a similar, much older, finding of MENCAP (1999), suggesting that little has changed in the intervening decade of inclusive educational practice. Nonetheless, other empirical studies suggest that if provided with adequate structural, tangible support by classroom assistants, mainstream classroom teachers can provide a comprehensive and equitable education (Idol, 2006; Logan, 2006; Moran & Abbott, 2002). It is further apparent that many teachers and parents value the support given to the child by a dedicated classroom/special needs assistant. More than just an 'extra pair of hands', the teaching assistant is largely seen as playing a major part in supporting the child's learning, and as an active participant in the facilitation of inclusion (Black-Hawkins, Florian, & Rouse, 2007; Groom & Rose, 2005).

Discourse on inclusion also focuses on whether the rights of students with SEBD in the mainstream classroom are prioritised above those of non-SEBD students. Some researchers question whether inclusion may impede, rather than enhance, the learning of non-SEBD children (Farrell, Dyson, Polat, Gallannaugh, & Hutcheson, 2005). As stated previously, the EPSEN Act (2004) enshrined the right of children with special educational needs to mainstream schooling so long as it was in their best educational interests and did not impede the rights of others. This Act also affords certain responsibilities to schools (to managerial staff and to individual teachers), regarding the inclusion and management of children with special educational needs, of which they often had little previous experience (Griffin & Shevlin, 2007). Whilst the provision for children with special educational needs within the mainstream environment has been lauded in theory, in practice it is not without problems. Policies that focus on inclusion are balanced against those aimed not just at maintaining, but raising academic outcomes (Burton, Bartlett, & de Cuevas, 2009; Evans & Lunt, 2002; Norwich, 2009). In the UK, where schools are under inspection of The Office for Standards in Education, Children's Services and Skills (Ofsted), who report directly to parliament, emphasis is placed upon academic standards and league table positioning. Time spent in managing behaviour is lost from curriculum delivery, and circumstances that can lower academic outcomes represent a distinct

challenge for schools. This is particularly evident when dealing with the types of special need encompassed by SEBD. As stated, children with these difficulties can be amongst the most difficult to teach (Algozzine, Ysseldyke, Kauffman, & Landrum, 1991). For that reason, they represent one of the most marginalised groups in the 21st century classroom. Because this group is often regarded as impeding the learning opportunities of others rather than enhancing them, it becomes more difficult to argue for the benefits of inclusion (Farrell et al., 2005, Mowat, 2009).

Some commentators object to this stance, from the perspective that it further discriminates against an already marginalised cohort of children. Araújo (2005) noted that concern regarding children with SEBD is linked inextricably with their potential to disrupt the learning of others; such pupils can be regarded as an obstacle to the success of their (non-SEBD) peers. From a social developmental standpoint, the opportunity for children with SEBD to connect with and learn from peers without disabilities may be important. Although Saint-Laurent, Fournier, and Lessard (1993) did not find any academic outcome differences between segregated and inclusive education, they reported social and behavioural benefits for children with developmental difficulties. Some suggest that when contact between SEBD and non-SEBD peers is encouraged, social benefits may also be gained by typically-developing children (Hepler, 1998; Katz & Mirenda, 2002b). In a review of the literature, Kalambouka, Farrell, Dyson, and Kaplan (2007) reported either neutral or positive outcomes of inclusive education for typically developing children, although they noted that the paucity of available studies limits generalisability. More recent studies suggest that although inclusionary practice may not cause harm to typically developing children, neither does it offer benefit. Children without special needs were seen to hold neutral feelings towards their special needs peers (de Boer, Pijl, & Minnaert, 2012). To obtain positive benefits from inclusion, exposure alone is unlikely to prove sufficient. It has been demonstrated that teacher 'buy-in' and engagement with inclusive education practices is one of the most proximal determinants of its success (Angelides, Sawa, & Hajisoteriou, 2012; Avramidis & Norwich, 2002; Giangreco, Broer, & Edelman, 2001). In conclusion, the extent to which inclusion offers children academic or social benefits remains an issue of debate. What is certain is that education is not a static discipline. Changes to practice such as the adoption of inclusive education (and as will be discussed in the following

chapter, classroom management), necessitate a conceptual shift on the part of teachers, to facilitate delivery of optimal child outcomes.

2.9   Conclusion

This chapter outlined a number of issues relating to children with social, emotional, and behavioural difficulties in both Irish and international contexts. It focused on the extent of difficulties that are experienced by children regarded as having SEBD (whilst acknowledging the problems of applying a label to a wide range of diverse needs), along with prevalence and risk factors. Possible life course implications of SEBD (as suggested by longitudinal research) were outlined with reference to both individual and societal costs. The role of the teacher in early identification of, and intervention with, children displaying SEBD was examined, and the shift from segregated to inclusive education and the inherent challenges therein were critically discussed. Crucially, evidence suggests that both internationally and in Ireland, teachers in purportedly inclusive schools feel ill-prepared to manage the extent of child needs in their classrooms. Thus there is a clear need to identify systems of support for teachers so that they can provide equitable education for all pupils. The next chapter will review the literature on managing child behaviour; it will consider the role of the teacher in classroom management, and the negative impact of challenging behaviour on teacher psychological well-being.

CHAPTER THREE: MANAGING BEHAVIOUR: TEACHER, SCHOOL AND HOME FACTORS

This chapter discusses a shift from the role of teacher as 'disciplinarian', towards one focused on child-centred, moral education. Effective strategies for the management of child behaviour, as will be discussed later in this thesis, are those which have the potential to enhance child behavioural and emotional regulation, and prosocial development. This chapter further outlines the mechanisms involved in classroom management, the negative repercussions for teachers when classroom management is ineffective, and the importance of teacher-parent relationships in optimal behaviour management.

3.1   Discipline or Punish? Changing perceptions of childhood and schooling

Childhood is both a biological and a social construction (Hays, 2002), with perceptions regarding the nature of childhood subject to considerable change over the course of human history (Heywood, 2001; Humphries, 2013). With the development of universal education during the 19th century, children's economic roles became regarded as impeding their education. Through enactment of legislation for compulsory education, child protectionists moved to preserve employment opportunities for adults, and simultaneously safeguard children from unsafe working conditions. However, it has been argued that such protectionism placed children in the position of 'objects of concern', disempowering both the child and the family (Boylan & Dalrymple, 2009, p. 44). The social construction of childhood continues to shift, as does the understanding of the rights and needs of children. For instance, since the latter part of the 20th century, children have begun to be conceptualised as active citizens (Devine, 2002; Jans, 2004). This concept should be taken into consideration in discourse related to education and reflects a need to facilitate further development of the rights of children as social actors (Devine, 2003).

A change in the focus and delivery of education occurred alongside a shift in the societal view of children. In the 18th and 19th centuries, education focused primarily on religious and moral development of the child (Thornberg, 2013; Wallace, Franklin, & Keegan, 2010). Childhood was regarded as a stage of preparation for

adulthood. Therefore instilling discipline was regarded as a vital factor in the development of a child's (and a young adult's) moral character. Enlightenment philosophers such as Rousseau and Locke understood both classroom discipline and the moral formation of young learners differently. Rousseau, whose thinking was underpinned by romanticism, rejected the use of habit formation in the development of young children. Rather, he proposed a 'negative education' where children are permitted to develop self-sufficiency and where formal discipline is removed, since childhood represents the 'sleep of reason'. Locke's 'tabula rasa' perspective on the other hand acknowledged that there is neither an inherently 'good' nor 'bad' child (Locke, 1693/1996). Instead he argued that an individual's thoughts and actions can be moulded through the efforts of a teacher. Locke believed that children should be encouraged in their assimilation of appropriate behavioural norms, and deemed the ideal form of behaviour manipulation to be esteem or disgrace (i.e., praise for positive behaviours and admonishment for negative behaviours). However, schools historically focused primarily on the latter approach, and teachers often doled out harsh discipline on those who transgressed expected behaviour norms.

The concept of childhood as a stage of moral development persisted into the 20th century. Bagley (1909) remarked that education has the potential to transform the 'little savage' into a person fit for civilised society (as cited in Watson, 2008). Appropriate moral development was not just 'taught'. Rather, the wider school environment began to be regarded as playing a greater role than that of direct instruction (Dewey, 1909). This may have been due to a growth in the recognition of character deficits (e.g., helplessness, dishonesty) as learned habits, rather than personal defects (Lamiell, 2003). The learned morality of the child was acknowledged. Durkheim (1925) suggested that this learned morality incorporates two key elements, namely discipline and group attachment. He argued that because children have not yet become rational beings, a system of reward and punishment is required to develop moral character. However, circumstances in which punishment was warranted, and the type of punishment that was given, began to be questioned. The progressivist educational ideology made a clear link between cognitive and moral development, and proposed that children move through sequential stages of reasoning (e.g., Dewey, 1938; Eisenberg, 1986; Kohlberg, 1969; Piaget, 1964). Evans and Fargason (1998) outlined how changing insights over the 20th century,

into the nature of childhood development meant that behaviours which had previously been regarded as warranting corporal punishment began instead to be regarded as normal behaviours for young children. Furthermore, the academic literature of the 1940s acknowledged the potential "risks of corporal punishment due to ideas which emerged from the child developmental research" (Evans & Fargason, 1998, p. 363). It is in early education (i.e., junior and senior infants) that children are exposed to the "first template of society" with its concomitant rules and regulations (Astuto & Ruck, 2010, p. 257).

The root of the word discipline is 'to learn' (Morrison & Skiba, 2001). Just as the physical environment of the school demarcates the territory of one teacher from that of their colleagues (Olsen & Sexton, 2009), the classroom prescribes certain roles to students who must learn these structures. Alongside the academic curriculum, students must internalise the semiotics of the classroom (Groisman, Shapiro, & Willinsky, 1991), and grow to understand what is allowable within the time and space of their new environment (Christie, 1998; Foucault, 1977). Chairs and desks instruct children as to their place in this system (i.e., seated and at work), and for effective adjustment to occur they must learn to effectively navigate the rules of this new environment. From a Foucaultian perspective, discipline is enacted through an acceptance by the subject that at any given time they are under the gaze of an authority figure. Foucault (1977) used the concept of Bentham's 'Panopticon' to illustrate how those in authority use environmental space to maintain control. Teachers monitor children, who must 'buy in' to this system of classroom governance. It is the internalisation of accepted discipline norms that makes the panoptic system effective. The responsibility to ensure this internalisation largely lies with early education teachers. Where children choose to ignore, or are unable to adhere to, this (often unspoken) code of behaviour, the management system fails to operate effectively. The theoretical model of power in school, proposed by Devine (2000) incorporates the work of Foucault and of Giddens (1984). Devine uses this model to explain the manner through which children internalise the 'hidden' curriculum (Bernstein, 1975) and systems of power. In her study, children assumed habits and behaviours that are regarded as positive and displayed evidence of Durkheim's group attachment (belongingness). They were also seen to hold

awareness of the power hierarchy in the school and the system of rules to which they are expected to adhere.

The nature of discipline within schools is seen to mirror wider societal understandings and implementation of authority. Foucault (1977) argued that western society's approach to the operation and implementation of power and authority changed over centuries from the public chastising of the body of the condemned to a more restrained approach to sanction. The same transition in disciplinary practices is observable within the school environment, where a shift from corporal punishment became replaced with the development of a climate that fosters positive behaviour (NEWB, 2008). A duty of care for children gradually superseded the rights of teachers to engage in discipline through corporal punishment. However, it was only in the late 20th century that many countries truly subscribed to this practice. Teachers traditionally acted 'in loco parentis', exercising the disciplinary role entrusted to them by parents (Coleman, 1982). In 1979, Sweden was the first country to implement a blanket ban on corporal punishment for both parents and educators alike.

The child-centred curriculum adopted by Irish schools in 1971 included a focus on making schools welcoming to children, and the development of positive teacher-pupil relationships (Walshe, 2004). This helped pave the way for the 1982 prohibition of corporal punishment in schools, a move which was initially met with mixed response (Dunphy, Flanagan, & Gash, 1988). In 1981, a study by Kellaghan, Madaus, Airasian, and Fontes (1981) found that only 58% of the general public favoured the abolition of school-based corporal punishment. Internationally, enactment of law forbidding corporal punishment in schools was seen to occur in the context of a wider move towards the rights of the child (Durrant & Olsen, 1997). However, school-based prohibition was deemed by many to be implemented from a top-down perspective, with little or no suggested disciplinary alternatives (Christie, 1998). In many cases, teachers reported feeling disempowered, believing their position of authority within the classroom to be weakened by this change in law (Christie, 1998; Maphosa & Shumba, 2010; Naong, 2007; Smith & Matusov, 2011). Despite the fact that teachers' responsibilities increased, this was unaccompanied by a rise in their rights (Parker-Jenkins, 2008) and as such it remains a contentious issue

for some proponents of the judicious use of corporal punishment in schools (Fuller, 2009; Wilson, 2002).

3.2 Teacher factors in classroom management

The role of 'teacher as disciplinarian' has shifted towards one with a focus on positive educational and behavioural development. Teachers exert a large influence on how children develop their moral code (Sternberg, 2013), and consequently societal expectations are placed upon teachers to inculcate appropriate attitudinal and behavioural outcomes (O'Connor, 2008). Recently published Irish guidelines state that teachers' practice is "motivated by the best interests of the pupils/students entrusted to their care... (and is shown) through positive influence, professional judgement and empathy" (Teaching Council, 2012, p. 5). Attempts to foster desirable behaviours should begin early and be implemented across all environments to which children are exposed, particularly the home and school. Moral education incorporates both curriculum-based education and reinforcement of acceptable classroom (and by extension, societal) behaviour (Raby, 2012). Classroom management is one such method of moral education as it is, by definition, centred upon the premise of order (O'Connor, 2008). Both positive and negative behaviour management approaches may be implemented by teachers, and these can exert a direct influence on the classroom environment and child behaviour outcomes.

Effective classroom management consists of various interrelated components. Specifically, effective classroom management is proactive rather than reactive; it is decisive and focuses on the elimination or reduction of student misbehaviour (Emmer & Stough, 2001). Additionally, effective classroom management involves the promotion of student engagement, and the maintenance of a positive and productive learning environment (Brophy, 1988). Effective classroom management involves the successful structuring of activities and transitions between them (Barbetta, Norona, & Bicard, 2005). The literature clearly shows that teacher-preparedness reduces the opportunity for disruption (McIntosh, Herman, Sanford, McGraw, & Florence, 2004). The smooth transition from one classroom activity to another largely stems from teacher forethought and planning, and from the use of plain instructions (Barbetta et al., 2005; Buck, 1999). It is long been argued that children benefit from provision of clear, concise teacher instructions (Darch,

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Kame'enui, & Crichlow, 2003; Moore, 1938). Conversely, unclear or complex commands pose difficulty in terms of compliance and offer opportunity for classroom disruption (Fisher, Adelinis, Thompson, Worsdell, & Zarcone, 1998; Richman et al., 2001).

Classroom management may be achieved by scheduling instruction to maximise engagement, and by ensuring that the number of teacher reprimands do not outnumber praise (Simonsen, Fairbanks, Briesch, Myers, & Sugai, 2008; Sugai & Horner, 2002). Language is a powerful tool for instruction, but it holds potential for misapplication. Semantics, and the manner in which instructions are relayed, are intrinsically linked with how they will be received. For example, whilst many teachers use positive instruction, much communication directed towards children who have behavioural problems tends to be negative or critical in nature (Nungesser & Watkins, 2005). Negative commands (e.g., 'stop', 'don't', or 'hush') are often directed towards children who engage in perceived misbehaviour (Thornberg, 2006), and disapproval is an inherent feature in this type of command (McNeil & Hembree-Kigin, 2010). Regard for this manner of instruction is becoming less favourable, as new classroom management techniques call for increased attention to child well-being (O'Brien, 2008).

Kounin (1970) reported that teachers who displayed successful management skills were conscious of ongoing student activities and that this meant they could intervene to prevent minor difficulties from escalating to major problems; he referred to this as 'withitness'. This work, whilst dated, was very influential in stimulating further research into effective classroom management throughout the 1970s and 1980s (Oliver, Wehby, & Reschly, 2011). Teachers skilled in classroom management have also been shown to be more successful in the prevention of problem behaviour (Raver et al., 2008). Moreover, there is evidence to suggest that children educated within well-managed classrooms display significantly less aggression and spend more time on-task than do their peers in matched control groups in classrooms where the teacher engaged in less effective management (Kellam, Ling, Rolande, Brown, & Ialongo, 1998; Webster-Stratton, Reid, & Hammond, 2004). Thus, the collective evidence indicates that developing positive teacher-pupil relationships is intrinsic to successful classroom management, the creation of a positive learning experience for

children, and a positive work environment for teachers. This is not a controversial idea, nor is it new. Humphrey (1945) suggested that "no matter how crowded our teaching schedules may be, we must find a place and time for individual conferences with our students." (p. 23).

Although teacher-student relationship building is recognised as an ideal, Thomas, Bierman, and the Conduct Problems Prevention Research Group (2006) noted that, when classrooms contain aggressive or disruptive children, it is difficult for teachers to develop and sustain positive relationships with students. This can result in teachers who would otherwise prefer to engage positively with the children in their care, engaging in negative interactions. Indeed, they may become angry or vindictive when continually facing aggressive students (Van Acker, 1993). They may find themselves involved in arguments within the classroom and relying on combative strategies, which have the potential to result in negative cyclical patterns of teacher and child behaviour (Hamre & Pianta, 2001). Using negative classroom management strategies can result in poor outcomes not just for the child, but also for the teacher. As noted by Baker, Lynch, Cantillon, and Walsh, teachers and students are 'emotional beings' (as cited in O'Brien, 2008); importantly, emotions cannot be compartmentalised from action or cognition (Hargreaves, 2000). The experience of conflict is known to be uncomfortable (Jablin, 2001), and the strength of emotional responses to conflict is no less acute for adults when the source of conflict is a child. With perceptions of little available support, a teacher's emotional reaction to classroom conflict is understandably human. The physiological arousal that accompanies conflict is often difficult to manage (Lazarus, 1999), although response-focused emotional regulation has been proposed as a potential mechanism through which people can maintain a measured response.

In order to respond in a socially appropriate manner and to model expected behaviour in the classroom, teachers must regulate their inner, emotional reactions (Grandey, 2000). They are frequently called upon to suppress their emotions (Hargreaves, 2000; Totterdell & Parkinson, 1999), and if this is a chronic occurrence, it can be regarded as part of emotional labour (Hochschild, 1983). Engagement in emotional labour requires an employee to regulate expression of their inner feelings, to match the organisational vision (Riddell, 2008) and engender a sense of security in

those for whom they care (i.e., for healthcare professionals, their patients; for teachers, their students) (Smith & Gray, 2001). Emotional regulation can be seen as transitioning into emotional labour when the emotional activities of an individual worker are largely regulated by their employers. The ability to regulate emotions in the classroom does not solely rely upon emotional competence; it is influenced greatly by rules imposed on the individual by their professional role (teacher), and by the organisation (school culture) (Hargreaves, 2000).

Teaching demands a high level of personal commitment and, in many cases, emotional labour (Kitching, 2009). The experience of intense emotional reactions, without scope for expression, may exert a high price for teachers (Mackenzie, 2011). Emotional suppression can be viewed as a risk factor for negative physiological outcomes (Panagopoulou, Kersbergen, & Maes, 2002) along with psychological ill-effects such as stress and burnout (Bakker & Heuven, 2006), as will be discussed later in this chapter. Nonetheless, a recent review found that there are also potential benefits to emotional regulation, such as increased role commitment, job satisfaction, and enhanced professional identity (Tsang, 2011). The manner in which emotional reactions are felt and perceived by teachers may be important. For example, in a longitudinal study by Philipp and Schüpbach (2010), teachers who engaged in 'deep acting' (i.e., who reported an ability to regard their expressed emotions as appropriate in a given situation) were significantly less emotionally exhausted at follow-up. Similar findings were reported by Näring, Briët, and Brouwers (2006), where teachers who did not display deep acting of emotions, displayed increased levels of depersonalisation (development of negative/cynical feelings towards students). This study also showed that emotional consonance, or the absence of emotional labour, had the best possible outcome in terms of self-reported personal accomplishment (feelings of enthusiasm and competence). Thus, it would seem plausible that the greater teachers' belief in their externally exhibited emotions, the less likely they are to experience negative psychological effects. The research suggests that providing teachers with only the strategies to respond to challenging behaviour in the classroom, without instilling beliefs regarding response-appropriateness, is unlikely to be effective. Importantly, they must also be confident in their ability to enact this practice, as this increases the frequency of strategy usage (Reupert & Woodcock, 2010).

In a study by Sutton, Mudrey-Camino, and Knight (2009), teachers reported a conscious attempt to moderate the strength and duration of their emotional response to child misbehaviour in order to succeed in classroom management and develop positive teacher-child relationships. However, many participants cited a lack of self-confidence in managing their negative versus positive emotional states. Thus, it would appear that not only are teacher beliefs related to the expression of positive, appropriate responses to child behaviour, but these encompass their classroom management identity. Students undergoing ITE may have a definite image of their future professional selves and hold constructivist, student-centred management ideals (Arnon & Reichel, 2007; Çermik, 2011; Haritos, 2004). Nonetheless, some have argued that the classroom experiences of novice teachers shape and sometimes challenge their self-concept as educators and result in the use of management methods which directly contradict pre-service beliefs (Kaufman & Moss, 2010). The latter authors further note that strongly-felt fears relating to uncontrolled behaviour can dominate student teachers' academic knowledge of constructivist and child-centred principles. Thus, the idealism of student teachers is replaced by what Veenman (1984) refers to as 'traditional' or 'custodian' views of teaching. Where learned management techniques prove insufficient, the outcome can be cognitive dissonance (Festinger, 1957) on the part of the teacher. This professional incongruity (perceived dissonance between one's role and self-perception) stems from an inconsistency between teacher-held views on classroom management, an idealised image of the type of teacher they wish to become, and the reality of the classroom environment.

Research suggests that in terms of pedagogy, teachers who feel that they must conform to a particular school culture are more likely to abandon recommended pedagogical practices that they learned during initial teacher education (Ginsburg, 2007). Teachers who enter a new system of practice and face unexpected management realities may be inclined to adopt any (not necessarily effective) strategy. Terms such as 'washout' and 'reality shock' have been used to describe the loss of skills and knowledge acquired during ITE (Fayne & Ortquist-Ahrens, 2006), when novice teachers first enter the contextual reality of the classroom environment (Cole & Knowles, 1993). In this situation, it is likely that to reduce the discomfort of

cognitive dissonance an individual will change their attitudes towards the issue at hand (Veenman, 1984). This may be done for example, through the identification of behaviour problems as stemming from the home or outside their control as educators. Teacher beliefs regarding their ability to manage effectively have direct application in terms of classroom practices that occur, and are of importance for their own psychological well-being. Moreover, it has been noted that "teachers who have no confidence in their classroom management abilities are confronted by their incompetence every day" (Brouwers & Tomic, 2000, p. 242).

3.3   Negative impact of challenging child behaviour: Teacher stress

Social, emotional, and behavioural difficulties do not affect a child in isolation. These can also significantly impact those who hold a duty of care to children with additional needs. The burden of responsibility for someone with marked difficulties in emotional or behavioural self-regulation can take a toll on the psychological (and indeed, physical) well-being of the caregiver (Brannan & Heflinger, 2006; Gallagher, Phillips, Drayson, & Carroll, 2009; Morgan & Baron, 2011; Nixon, Mazzola, Bauer, Krueger, & Spector, 2011). Parents of children with social, emotional, and behavioural difficulties are understandably the focus of much attention and intervention efforts (Hall & Graff, 2011; Lee et al., 2010). However, as Rothì et al. (2008) argued, teachers also have a responsibility for the holistic development of children, including their education and psychological health and well-being. Moreover, teachers typically spend a considerable amount of time each day with the pupils in their care. It is conceivable therefore, that the psychological well-being of teachers of children with psychosocial or behavioural developmental delay could be negatively affected by this responsibility.

Stress can be operationalised as an interaction between a situation that causes stress (stressor) and available resources. The transactional model of stress, as proposed by Lazarus and Folkman (1984), suggests that upon exposure to a particular stressful event, the individual cognitively weighs up the perceived threat of the event against their own capacity for coping. Furthermore, the conservation of resources theory proposes that personal characteristics (e.g., skills, resilience) and energies (e.g., time, knowledge) are vital resources by which the negative effects of a stressor can be ameliorated (Hobfoll, 1989). Where demand outweighs cognitive appraisal of

available resources, stress ensues. A large body of literature exists on work-to-family conflict (e.g., Amstad, Meier, Fasel, Elfering, & Semmer, 2011; Bianchi & Milkie, 2010; Schieman, Milkie, & Glavin, 2009). It has been suggested that problems in the work environment may impact negatively on the home environment more markedly than interference in the other direction, i.e., work boundaries are less permeable to home stress (Frone, Russell, & Cooper, 1992; Swanson, Power, & Simpson, 1998). Thus teachers, who are exposed to chronic stress within the classroom, may find it difficult to disengage from classroom problems when away from their place of work. Within the teaching profession, risk factors for occupational stress are numerous (Travers & Cooper, 1993). Teacher stress may be regarded as "... the experience by a teacher of unpleasant, negative emotions, such as anger, anxiety, tension, frustration or depression, resulting from some aspect of their work as a teacher" (Kyriacou, 2001, p. 28). In a study of 26 occupations, Johnson et al. (2005) reported that teachers ranked second lowest in physical and psychological well-being. This study also found that teachers' scores were poorer than those of school principals and teaching assistants; the authors speculated that this might be due to the emotional labour involved in teaching and the direct responsibility of their role. The occurrence of perceivably unmanageable behaviour problems can result in disheartenment among teachers (Yarrow, 2009), and a range of negative emotions (Annhorn, 2008). Evans, Harden, and Thomas (2004) proposed that the lack of definition around SEBD and the opaque nature of child need identification, in itself, can be a source of stress for the classroom teacher. This may certainly be the case, but research has shown that several other factors may play a contributory role in teacher stress. Workload, student misbehaviour, role ambiguity, isolation, and teacher self-efficacy have all been identified as significant predictors of teacher stress (Boyle, Borg, Falzon, & Baglioni, 1995; Burke, Greenglass, & Schwarzer, 1996; Clunies-Ross, Little, & Kienhuis, 2008; Schwarzer & Hallum, 2008). Discipline problems are regarded by Blase as first-order stressors (i.e., more proximal determinants) in a psychosocial model of teacher stress (as cited in Betoret, 2009). Similarly, a recent Irish study by Darmody and Smyth (2011), showed that 45% of primary school teachers and 70% of principals report occupational stress, and cite the main cause as challenging pupil behaviour.

Whether teachers experience greater levels of stress when working in mainstream or special education schools, remains unclear (Ervasti et al., 2011; Trendall, 1989; Williams & Gersch, 2004). Within mainstream schools, conflict between attending to the needs of those who have particular difficulties and those who do not, can lead to guilt on the part of teachers (Talmor, Reiter, & Feigin, 2005). Time and the dual demands of curriculum and behaviour management can cause anxiety and chronic stress for teachers (Richards, 2012). Worryingly, occupational stress can be seen as predictive of poor physical and mental health for teachers (Yang, Ge, Hu, Chi, & Wang, 2009), negatively correlating with job satisfaction. Teachers who reported high classroom management self-efficacy experienced greater job satisfaction and lower levels of occupational stress (Klassen & Chiu, 2010). Those who are satisfied with their occupational role and working conditions are more likely to remain in their job and to engage positively with associated duties. In the specific case of teachers, job satisfaction can foster positive student outcomes (Chaplain, 1995; Crossman & Harris, 2006). Findings from the *Teaching and Learning International Survey* (TALIS) illustrate that job satisfaction is positively related with teacher-pupil relationships, self-efficacy, and classroom behaviour management. However, in a large-scale descriptive study among secondary schools teachers from 24 countries, the average job satisfaction in Ireland was found to be marginally lower than that shown in all comparison countries, with the exception of Poland (Shiel, Perkins, & Gilleece, 2009).

Burnout is a negative consequence of long term exposure to chronic occupational stress. It is characterised by depersonalisation, reduced accomplishment, and emotional exhaustion (Leiter & Maslach, 1998). A serious phenomenon, it is largely found among those who work in caregiving and human service professions, such as healthcare or education (Chang, 2009; Schaufeli, Leiter, & Maslach, 2009). Teachers constitute a large occupational group that has received much attention in burnout research (e.g., Schaufeli & Enzmann, 1998). Sociability factors, inattentiveness, and pupil disrespect have been shown to account for 22% of variance in teacher burnout (Friedman, 1995). A longitudinal Canadian study with teachers and school administrators by Burke et al. (1996) found that arguments with disruptive students significantly predicted burnout over the course of one year. Reduced teacher self-efficacy (Brouwers & Tomic, 1999; Skaalvik & Skaalvik, 2007) and the construct of

professional incongruity have also been shown to predict burnout (Maslach & Leiter 2008). Research conducted in Ireland suggested that comparison with other teachers is an important determinant of teacher satisfaction (Morgan & Kitching, 2007), and this has been further related to the development of burnout. Likewise, according to Bandura (1988c; 2003), people tend to judge their own capabilities, at least in part, by comparing themselves with others. The expected role of the 'ideal' teacher, when unmet by reality, results in feelings of despair, frustration, and worthlessness. Carmona, Buunk, Peiró, Rodriguez, and Bravo (2006), in a study of 558 teachers, reported that downward identification (believing oneself to be a poorer teacher than in reality) was positively related to burnout. In other words, burnout indicates a gap between the expected or anticipated performance and what is perceived as actual performance (Friedman, 2000a). The level at which one perceives oneself might not be the causal factor in burnout, rather it may stem from the internal emotional reaction to this self-placement (Buunk, Zurriaga, & Peiro, 2010). Farber (1991) estimated that at any given time, between 5% and 20% of all teachers in the United States are 'burned out'. More recently, Gil-Monte, Carlotto, and Gonçalves Câmara (2011) reported that 5.6% of a sample of Brazilian teachers could be characterised as 'burned out'. Thus, the available evidence would suggest that burnout can cause serious problems in this occupational group.

Extreme chronic stress and burnout can also have organisational implications, in terms of absenteeism and eventual attrition of teachers from the profession (Ervasti et al., 2012). Skaalvik and Skaalvik (2011) found that alienation from the school and emotional exhaustion can cause teachers to exit the profession. Burnout is not an instantaneous event; as stated earlier, it is a consequence of prolonged exposure to chronic stress. The Job Demands-Resources Model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) suggests a common-sense approach to the development of burnout as an unstable equilibrium between demands and available resources. The nature of resources to cope with demanding classroom environments can vary from school to school, and indeed from class to class. If teachers work in a classroom environment where they face high-level demands, then without adequate resources or skills to teach the curriculum or manage child behaviour, reduced work engagement and burnout may result (Hakanen, Bakker, & Schaufeli, 2006). Therefore, recognition of factors which pre-empt burnout (e.g., reduced self-efficacy, perception

of insufficient support, chronic occupational stress) should help to identify a need for intervention. Thus, attempts to reduce the likelihood of burnout should focus upon provision of resources such as autonomy, opportunities for staff development, and co-worker support (Fernet, Gagné, & Austin, 2010; Xanthopoulou et al., 2007).

A sense of isolation in the classroom has been identified as a major factor in burnout (Dussault, Deaudelin, Royer, & Loiselle, 1999). This may operate via two discrete mechanisms. Isolation may be viewed as a stressor in its own right and as exacerbating stress caused by the perception of inadequacy through comparison with colleagues (Rogers, 2006). Post-ITE, teachers rarely have opportunities to view the teaching methods employed by their peers. Thus, they may develop a perception that their colleagues cope more effectively with classroom demands. Although teaching involves interaction, it is a solitary profession in the sense that teachers do not have the ready access to peer feedback that those in other professions may benefit from. For this reason, teaching has been referred to as the 'lonely profession' (Fullan & Hargreaves, 1991). This aspect of reduced teacher well-being is primarily caused by isolation in relation to systems of management, colleagues, and parents (Smylie, 1999). The structure of the school building can play a role in the availability of support; as an educational institution, it has a focus on direct instruction, and not on collaboration (Loader, 1997). Despite the fact that the staffroom is often the site of professional knowledge sharing in the school (Hunter, Rossi, Tinning, Flanagan, & Macdonald, 2011; Mawhinney, 2010), it can also be site of tension and conflict (Ben-Peretz & Schonmann, 2000).

In particular, early career teachers may experience isolation whilst navigating the structures and procedures which are embedded and unspoken within their new environment (Lovett & Cameron, 2011; Zeichner & Grant, 1981). Whether a NQT can rely upon support from colleagues depends largely upon the prevailing school culture (Kardos, Moore-Johnson, Peske, Kauffman, & Liu, 2001). As noted by Gold (1996) few experiences in life have such a marked personal and professional impact on teachers as their first year teaching. Worryingly in this respect, teaching has been referred to as "the profession that eats its young" (Halford, 1998, p. 33). As suggested by Kardos, Moore-Johnson, Peske, Kauffman, and Liu (2001) those who enter 'veteran-oriented cultures' can be left to struggle alone, without induction into

the practices and professional life of the school. They further state that even when NQTs work in close physical proximity to experienced teachers, there may be no real access to the wealth of knowledge and expertise held by these 'veterans'. The seemingly impenetrable systems of school culture serve to reinforce the NQTs' isolation and their understanding that they are not just new to teaching, but new to the school itself (Heller, 2004). It may take considerable time before NQTs emerge from the period of liminality (Van Gennep, 1960) and 'become' colleagues (Renard, 2003). This process of joining a staff and learning to teach can be regarded as the acquisition "of a complex reality which forces itself incessantly on the beginning teacher, day in and day out" (Veenman, 1984, p. 144).

It is essential to note that not only those who are new to teaching may encounter difficulties or indeed, face them alone. Importantly, open dialogue is regarded as providing a solution to workplace isolation (Senge, 2000). Development and maintenance of supportive collegial groups within the school is necessary for social support and the sharing of behaviour management advice. Positive working relationships between colleagues are facilitated when those in authority demonstrate trustworthiness, openness, and encouragement (Donaldson, 2001). Brunderman (2006) reported that four key school behaviours enhanced collegiality, namely open discourse on teaching (as noted by Senge, 2000), peer teaching observations (with feedback), inclusive staff development, and sharing of skills among staff members. However, for many teachers, the need to ask for assistance is tempered by the wish for boundaries. Rogers (2002) suggested that teachers may be unwilling to share concerns about a child's behaviour or ask for advice, for fear of being perceived as failing to manage by their colleagues. This had also been previously proposed as a major barrier for teachers (Gordon, 1991; Weasmer & Woods, 2000). Judgement by peers is a risk that many struggling teachers are unwilling to take (Miller, 1996).

Good and Brophy (2000) suggest that adaptive teacher classroom management, such as the use of praise and avoidance of reprimands, can reduce the risk of teacher stress and burnout. Teacher resilience has been identified as the positive outcome of conflict between risk and protective factors. Such protective factors can include those pertaining to the individual such as high self-efficacy as well as both intrinsic and altruistic motivations for teaching (Beltman, Mansfield, & Price, 2011). Both risk

and protective factors can be regarded as stemming from the relative level of support received from management and colleagues, and from the perception of the availability of other resources. Bakker, Hakanen, Demerouti, and Xanthopoulou (2007) found that alongside support, appreciation, and the organisational climate, innovation was an important job resource that can enhance teachers' capacity to cope with demanding students. Improvements in teachers' own practice, availing of opportunities for growth, and continuing professional development can boost work engagement and diminish the negative effects of student behaviour problems (Bakker et al., 2007). Once burnout has become established, intervention programmes (for example, classroom management training) may offer little benefit due to poor teacher engagement in classroom delivery (Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009).

3.4 Teacher-parent communication

As discussed earlier, the strength of relationships between teachers and their colleagues has been shown to impact the sharing of information within schools. However, the school is second only to the home in terms of child environment proximity; the family background plays a large role in behavioural outcomes. Obtaining support from parents when dealing with child behavioural issues can be challenging, particularly in areas where there is a history of relative deprivation or community-education disengagement (Eamon, 2001). Those who come from family backgrounds where early educational disengagement is the norm have been suggested to lack 'cultural capital', and are further disadvantaged in the classroom through a system of middle-class values with which they are unfamiliar (Bourdieu & Passeron, 1977). Willis (1977) recognised the intergenerational resistance to education (as an implement of enforced authority) by working class families, and the subsequent social reproduction effects on life outcomes of children. In such cases, negative teacher reactivity to child misbehaviour has the potential to result in further parent withdrawal from contact, and the escalation of a divide between home and school. Furthermore, reluctance on the part of parents to engage with schools may stem from a perception that teachers only initiate contact when a problem arises (Flynn, 2011).

Teachers too, may show resistance towards parental involvement in school-based issues. NQTs and experienced teachers alike may avoid contacting parents if they have had negative past experiences of doing so (Hoover-Dempsey, Walker, Jones, & Reed, 2002). Moreover, Hoover-Dempsey et al. suggested that where teachers already struggle with the traditional family, they may exhibit stronger uncertainty regarding how to engage productively with families who may be considered 'culturally different'. Although a range of disciplinary practices exist within every cultural group, including among Irish parents, Fontes (2002) illustrated that certain cultures utilise corporal punishment to a greater extent than others. Barge and Loges (2003) and Vargas et al. (1995) reported how some parents may engage in physical discipline in order to support the teacher. Unwillingness amongst teachers to consult with parents may be especially relevant when dealing with those who are known or suspected to engage in corporal punishment for school misbehaviour, due to an acute awareness of the difficulties this may cause in the life of the child (Lasky, 1999).

Vincent and Tomlinson (1997) have critically questioned whether true partnerships between homes and schools exist. They suggest that relationships under the guise of 'partnership' are simply mechanisms by which schools seek to control the behaviour of parents and children. Parent-perceived hegemony of schools and teachers is a recurrent theme in much of the sociological literature (e.g., Crozier, 1999; Greenfield, 2012; Hanhan, 1998). In some cases, it has been suggested that teachers adopt a homogenous view of parents, with little acknowledgement of parental diversity in circumstance or needs (Crozier, 1999), thereby reinforcing their own dominance and parents' passivity. Where communication between teachers and parents does occur, it is regarded as being bound by unspoken rules of discourse (Walker & MacLure, 1999). Lemmer and Van Wyk (2006) further propose that because teachers are the initiators and controllers of communication, the subsequent asymmetric power relationship cannot be conceived of as a partnership. However, they state further that despite the often poor implementation of home-school communication, it can be used very effectively to engage parents in the educational life of their child. Teacher-parent partnerships are regarded as being at the centre of positive child educational outcomes and adjustment to school (Chan et al., 2013; Mendez, 2010; Murray, 2009). The available evidence suggests that the proper use of teacher-parent communication is vital to its success; this should be regular and

should begin at the start of the school year (Davis & Yang, 2009; Philip, 2013). Obstacles to parent-teacher communication may stem from both parties and there is a clear need therefore, for teacher professional development programmes to help address this challenge (Flynn, 2011; Mag, 2011).

3.5 Conclusion

The social construction of childhood and the ways in which child behaviours are managed within schools have undergone transformation over previous centuries. In more recent years, the role of the teacher too has changed, away from 'disciplinarian' towards a focus on positive educational and behavioural development. This chapter outlined these major transitions and highlighted the development of the child-centred educational curriculum. Although a number of positive developments were noted, teachers remain at risk of negative psychological outcomes, such as stress and burnout due to chronic child behaviour difficulties and their mismanagement. Features of adaptive and maladaptive classroom management were examined in relation to their effectiveness and outcomes. Potential resources for classroom management were discussed, along with factors that facilitate or inhibit their uptake by teachers. The next chapter details how teachers' efficacy beliefs and causal attributions regarding child behaviour can influence management efforts. In particular, it documents the need for continuing professional development and how a change in practice can develop through experiential learning. The role of the school principal as the driver of organisational change will also be outlined.

CHAPTER FOUR: INTERNAL AND EXTERNAL FACTORS IN CLASSROOM MANAGEMENT

This chapter draws on a wide psychological and educational literature to highlight and discuss a number of internal and external factors that impact upon successful classroom management. The former refer to efficacy beliefs and attributions regarding the causes of child behaviour whilst the latter include initial teacher education and continuing professional development opportunities. The first of these, self-efficacy, is discussed below.

4.1 The role of self-efficacy and collective efficacy in classroom management

Self-efficacy has been defined as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). Within the classroom, teacher self-efficacy relates to a perceived capacity to work effectively across several aspects related to the teaching role. Specifically, teacher self-efficacy may be regarded as "beliefs about their capability to impact students' motivation and achievement" (Tschannen-Moran & Woolfolk-Hoy, 2001, p. 2). These efficacy beliefs can influence the way in which teachers view, and prepare for, future challenges. Thus, positive beliefs about current classroom management may lead to confidence in future management. Similarly, negative beliefs in this regard can result in lower management expectations into the future. Sustained levels of low self-efficacy can also result in a sense of helplessness (Hardré & Sullivan, 2009) and can hinder future management efforts. Individuals who feel highly efficacious have been shown to exert greater effort and for a longer duration than those with low self-efficacy, who typically cease their efforts prematurely (Stajkovic, 2006). While self-efficacy may be more a product of past success than the 'driving force' in future performance (Sitzmann & Yeo, 2013), an increase in efficacy beliefs can lead to improved outcomes (Gist & Mitchell, 1994; Ouweneel, Shaufeli, & Le Blanc, 2013). In short, the self-efficacy of teachers suggests how they will act and to what extent they will experience success with these actions (Bandura, 1997; Brouwers & Tomic, 2000). Thus, it is a useful predictor of a teacher's future behaviour across a number of domains, including classroom management.

Whilst prior task exposure is an important factor in the development of self-efficacy, the exact role of experience in self-efficacy remains an issue of some debate. For example, how much prior experience of a task is necessary? Is there a change in the efficacy beliefs of teachers throughout their teaching career? It has been suggested that experienced teachers hold higher self-efficacy beliefs than those entering the profession (Putman, 2012) - an artefact of experience, and the use of tried and tested behaviour management techniques. Conversely however, teachers who have been within the profession for many years may also be at an increased risk of poor self-efficacy (Day & Gu, 2007) due to, for example, multiple changes in systems of practice within schools which may in turn, undermine confidence in their own ability (Hargreaves, 2005; Lee & Tsai, 2010). Teachers, who are accustomed to a system of practice, may experience a reduction in efficacy beliefs when new practices are implemented. One study (Klassen & Chiu, 2010) undertaken in Canada noted a non-linear relationship between years of experience and three distinct types of teacher self-efficacy (teaching strategies, student engagement, and classroom management); the same authors also noted a mid-career peak in efficacy most probably because mid-career teachers may have overcome any initial post-qualification questioning of their abilities and practices, whilst remaining open to change. The weight of research evidence suggests that those most at risk of low self-efficacy are newly qualified teachers, who encounter the concurrent demands of teaching, administration and classroom management for the first time (MacBlain & Purdy, 2011; Tschannen-Moran & Hoy, 2007; Wolters & Daugherty, 2007). However, it is not just the experience itself, but rather how it is regarded by the individual, that is important. Prior success should increase self-efficacy if the individual holds accurate attributions about task outcomes. Bandura suggested four aspects of experience that contribute toward the formation of self-efficacy beliefs (as cited in Swan, Wolf, & Cano, 2011). These include: enactive mastery (task accomplishment); vicarious experience (observation of modelled action); verbal persuasion (feedback from other teachers, management, or parents); and physical arousal (e.g., stress or anxiety). Some of these are discussed in more detail below.

Crucially, the enactive mastery of a given task does not just involve increased feelings of confidence, but also beliefs regarding competence. Yost (2006) suggested

that this has practical applications for ITE programmes in terms of increasing the competence and confidence of student teachers. As self-efficacy is a malleable construct (Chen, Gully, & Eden, 2004), enhancing efficacy beliefs of those undergoing ITE, or early-career teachers may deliver positive effects in the classroom. However, this alone may be insufficient; contextual, and specifically environmental factors, also play an important role. In an influential early study, Gist and Mitchell (1994) reported that a number of factors can negatively impact self-efficacy including the unavailability of resources (including material, time, or support resources), perceived danger in the environment (physiological or psychological), competing demands on attention, and interdependence of the task with other environmental functions. Thus, teachers who are confident in their own classroom management ability may find their beliefs challenged by the extent of difficulty or lack of resources available in a given school.

The school itself may also influence the efficacy beliefs of staff; the notion of collective teacher efficacy has attracted recent attention. This is the perception of teaching staff that "... efforts of the faculty as a whole will have a positive effect on students" (Goddard, Hoy, & Hoy, 2000, p. 480). Systems of support and collegiality can facilitate collective efficacy (Lee, Zhang, & Yin, 2011) which may serve to reduce teacher stress caused by student misbehaviour (Klassen, 2010). However, as with self-efficacy, collective efficacy may also change over time. To the extent that collective teacher efficacy can positively impact classroom management, the occurrence of problem behaviour can also negatively influence collective efficacy in a reciprocal relationship between the two. For example, in a large scale Norwegian study (Sørlie & Torsheim, 2011) problem behaviour predicted a significant reduction in collective teacher efficacy, even after controlling for school- and teacher-specific characteristics.

4.2   The impact of attributions regarding child behaviour

Causal attributions regarding the actions of others have been shown to exert a large influence on the type of response (Wishart, Mckenzie, Newman, & Mckenzie, 2013). As illustrated in the quote below, Polakow (1993) suggests that the deficit-model stereotypes of disadvantaged families evident in wider society, are also sometimes shown by teachers; "...from maladjusted to culturally deprived; from the family as a

tangle of pathology to broken, non-intact and dysfunctional; from the pauper child as a potential criminal to the at-risk student delinquent- this is a discourse embedded in time" (Polakow, 1993, p. 103). Many studies suggest that teachers view child misconduct and classroom behavioural problems as stemming from the child themselves or from the home environment, and therefore outside the control and responsibility of the school (Baker-Henningham, 2011; Cothran, Kulinna, & Garrahy, 2009; Mavropoulou & Padeliadu, 2002). Thus, teachers' causal attributions regarding challenging child behaviour can influence the implementation of best practice techniques in the classroom, and their own efficacy beliefs (Wiley, Tankersley, & Simms, 2012). Research has also shown that teachers who regard a child as having control over their own behaviour, exhibit more negative emotional and behavioural responses towards that child (Ho, 2004). One recent study (Andreou & Rapti, 2010) found that teachers who attributed behaviour problems to the family, and who also had low management self-efficacy, preferred negative management strategies such as threats and punishment. Teachers may also choose to avoid contact with children who are seen as challenging. Indeed, reports of compliance problems by teachers also tend to be associated with fewer classroom interactions (Stuhlman & Pianta, 2002). Incorrect (stereotyped) attributions, and the subsequent negative impact on the classroom management practices of teachers, have been described by Lewis and Riley (2009) as indicative of 'teacher misbehaviour'. In this way, attributions have been shown to shape teacher behaviour toward a child which, in turn, shapes future child behaviour, and so on. This leads to a vicious cycle whereby an inappropriate response to challenging behaviour begets future challenging behaviour (e.g., Rosenthal & Jacobson, 1968).

However, it is not the case that all teachers believe that child behaviour stems from within (child-deficit) or from the family (home-deficit); many hold a more holistic view. In a study of primary and secondary school teachers ($n = 455$) in England and Ireland (Gibbs & Gardiner, 2008), it was found that behavioural problems were regarded as multifaceted and "a product of social interaction" (p. 74). Social relations occur in a variety of settings and classroom interactions are a key factor in the development of behavioural norms. Thus, schools and classrooms can become the 'site of contagion', and peers can exert a significant negative influence on each other's behaviour (Tillery, Varjas, Meyers, & Collins, 2010). A Greek study reported

similar findings, namely a commonly held teacher-perception that both school and teachers could be regarded as a causal factor in the maintenance of child emotional and behavioural difficulties (Poulou & Norwich, 2000). Additionally, teacher respondents in this study noted not only willingness, but also a responsibility to assist these children. Interestingly, Miller (1995) found that, when teachers were successful in managing behaviour, they were likely to attribute the success to their own efforts. This attribution of management success may have implications for the efficacy beliefs of teachers in their future practice. Thus, an acknowledgment that factors extrinsic to the child and their family are important in shaping behaviour is vital in teachers' acceptance of the classroom as a viable site of intervention. Indeed, some research has shown that early education teachers are well placed to intervene early (and on an ongoing basis) in improving the social, emotional, and behavioural well-being of children (e.g., Pianta, Stuhlman, & Hamre, 2002). Despite this, teachers are "...an often-overlooked resource in the lives of youth" (Pianta, Stuhlman, & Hamre, 2002, p. 91).

4.3 Teacher preparedness: Early, and continuing professional development

The research literature highlights a clear need to equip teachers with skills to maximise child adjustment to school and to optimise social, emotional, and behavioural development. For instance, consistent findings indicate a belief amongst some teachers that ITE does not sufficiently prepare them to manage the types of difficulties encountered in the classroom (Duck, 2007; Meister & Melnick, 2003; Stoughton, 2007). Although pre-service teachers are often educated in the principles of classroom management, their knowledge may be disconnected from actual practice (Fayne & Ortquist-Ahrens, 2006). Allen (2010) called for greater attention to the classroom management needs of pre-service and in-service teachers, particularly regarding aggressive child behaviour. Furthermore, the responsibilities and roles given to NQTs are often the same as those of more experienced teachers (Shoffner, 2011; Tellez, 1992). Therefore, preparation during ITE is particularly important and should include practical experience of teaching pupils with SEN in mainstream classrooms (Golder, Norwich, & Bayliss, 2005). However, it is increasingly accepted that the few short years of ITE cannot wholly prepare teachers for a lifetime of professional service (Conway, Murphy, Rath, & Hall, 2009). These

last authors further suggest that the purpose of ITE should not be to create fully-formed teachers, but to provide opportunities to develop key competencies.

When post-qualification teachers can identify and access training programmes, professional and personal development may occur, resulting in positive benefits for children in the classroom. However, Ware, Butler, Robertson, and O'Donnell (2010) reported that such CPD courses are often perceived as inaccessible. In the UK, it has been suggested that ITE graduates may have little opportunity over the course of their career to engage in meaningful and sustained CPD (Green, 2002). Many of the courses that are available to teachers tend to focus on child academic attainment, are held during the summer, are accompanied by (albeit low) fees for participation, and/or are provided online. The delivery of equitable, inclusive education for children with additional needs is hampered by the "serious shortfall in the range and level of skills required and opportunities for professional development available" (Shevlin et al., 2008, p. 141). Harford (2010) echoes this criticism; she argued that despite the good intentions of teacher education review bodies in Ireland, there is a notable dearth of CPD evidence in teacher education policy, and an ad hoc, fragmented exposure to ongoing training. This, she suggests, poses a significant obstacle for Ireland's teachers once they enter the profession, and throughout their careers. The manner in which CPD in additional educational needs can be made both accessible and attractive to teachers in mainstream classrooms has been a focus of some research attention in recent years. According to Ware et al., (2010) such research "... should cover issues such as the format, timing, cost and publicising of courses, as well as other factors likely to make them more or less attractive to teachers" (p. 7). The same author argues that CPD opportunities for the management of additional needs within the classroom should be more widely available to teachers. However, it is also important that teachers demonstrate a willingness to avail of these opportunities. Thus, once ITE is complete, teachers should actively engage in ongoing professional development throughout their career (Banks & Smyth, 2011).

Internationally, differences are apparent in the extent to which teachers are expected to engage in CPD. For example, in Finland CPD is mandated, and in Scotland, following the 'McCrone Report' it is linked with 'chartered teacher' status (Scottish Executive, 2003; Wilson, Hall, Davison, & Lewin, 2006). The recently published

Code of Professional Conduct for Teachers in Ireland (Teaching Council, 2012) highlights a professional obligation for teachers to engage in ongoing CPD. Specifically, this stipulates that teachers must keep up to date with developments in their field, critically evaluate their own practice, and engage with opportunities for ongoing professional development. In Ireland, the Special Education Support Service (SESS) provides a range of training options for teachers in mainstream and special education, which include autistic spectrum disorders and the management of challenging behaviour (Department of Education and Skills, 2011). The National Institute for Health and Clinical Excellence guidelines (NICE, 2008) in the UK, also recommends that schools should implement programmes designed to foster emotional and social well-being of children. Such programmes should be embedded within the curriculum and staff should be trained to effectively deliver all components. Moreover, children identified as being most at risk for SEBD should be provided with targeted assistance, and teachers offered training by qualified professionals in the promotion of social and emotional well-being in primary education. In so doing, children and teachers alike may benefit. Bray-Clarke and Bates (2003) further advocated that CPD programmes should aim not only to improve teacher efficacy beliefs through skills training, but should also use self-efficacy as a measure of programme success.

4.4   Experiential learning: Key to raising competence and confidence

The acquisition of skills and knowledge is known to occur through a number of different modalities. For instance, experiential learning theory (e.g., Kolb, 1984; Kolb, Boyatzis, & Mainemelis, 2001) suggests that knowledge is created through the transformation of experience. Experiential learning focuses on the integration of theory with practical work-based delivery, both of which play a role in the development of the 'task mastery' construct of self-efficacy. As a prerequisite to experiential learning however, the learner must engage in the experience as it occurs, whilst it is also essential that they retrospectively critically reflect and analyse the experience (Eyler, 2009; Kolb & Kolb, 2005). It is also important to note though, that such critical reflection is not simply 'thinking' or 'remembering' a past event; it is an "active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusion to which it tends" (Dewey, 1933, p. 9).

Whilst individual reflective practice can offer considerable benefits to individual teachers and classrooms, it need not be a solitary action. In fact, Kelchtermans (2009) stipulated that reflection is a communal process which necessitates dialogue whilst Conway et al. (2009) argue that CPD programmes should include opportunities for teachers to engage in ongoing reflective engagement "...to interactively examine practice in new ways and to share practice expertise and dilemmas with peers in a community of learners" (p. xxix). Moreover, the use of systematic and rigorous reflective practice is widely reported to be one of the most useful methods to foster positive intellectual, professional, and personal development (Rodgers, 2002). Structured reflection, when integrated into regular practice, can help to shape the attitudes and identities of both experienced and newly qualified teachers (Ryan, 2005; Walkington, 2005). Furthermore, this may enable teachers to manage their emotions when dealing with difficult child behaviour (Shoffner, 2011).

Programmes designed to improve classroom behaviour may not be easily applied by teachers in their own classroom. Thus, reflection upon what does and does not work, may serve to refine any learned strategies whilst reflective communities of practice provide a forum through which an individual's subjective experience and successes may be shared, problems discussed, and solutions proposed. Teachers who share their own ideas regarding change and strategy implementation outcomes, offer learning opportunities to their colleagues and facilitate change that goes beyond their own classroom door. Reflection is intrinsic to the experiential learning cycle (see *Figure* 4.1). This cycle has been proposed as incorporating a spiral, rather than a circular process (Lam, 2011). Despite the stages being necessarily sequential, learners may enter this continuum at any stage depending on individual learning preferences (e.g., assimilator) (McCarthy, 2010).

Implications
of concepts are
applied and
tested

The occurence
of concrete
experiences

Abstract concepts
generalisations are
formed

Learners make their
observations and
reflections

(Kolb & Fry, 1975)
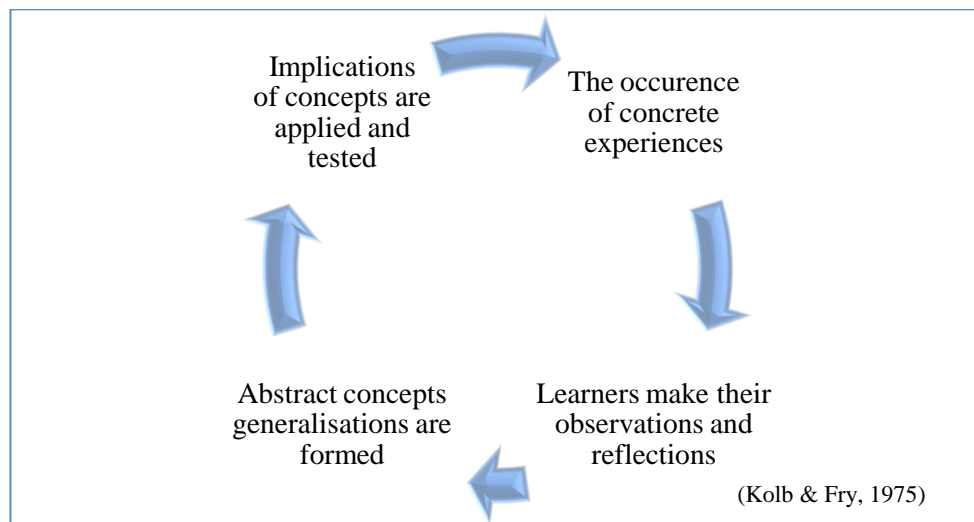
Figure 4.1. Experiential learning cycle

On a related point, learning is differentiated by Jarvis (2012) into two distinct types: that resulting from primary experience (learning via one's own participation) and secondary experience (learning vicariously from others). Secondary learning is a common approach underpinning many short CPD programmes. Such programmes are delivered as a once-off exercise with little opportunity for continued progression, reflection, and feedback. Thus, any positive effects of secondary learning (without reflection) may be short-lived. Primary learning, on the other hand, consists of time directly spent in engagement with an act, such as classroom management and is closer to what most researchers claim to be the process of experiential learning (e.g., Hicks, 1996; Knutson, 2009).

Nonetheless, neither experience nor reflection alone, guarantee learning. The process of learning can be optimised by skilled programme delivery professionals. Fowler (2008) argued that the meaningful interaction between experience and reflection (as directed by a programme facilitator) is an essential feature of programme or intervention delivery. It is imperative that those in a position to facilitate learning are themselves knowledgeable, skilful, and capable of communicating passion for the subject (Andresen, 2009). In adult education, the 'facilitator as instructor' guides self-directed learning and encourages critical reflection. Facilitation is a process of enablement whereby learners are guided by facilitators through a process of behavioural or attitudinal change (Harvey et al., 2002). Interestingly, Titchen (2004)

envisions facilitation as 'critical companionship', whereby those with expertise accompany those who are newly qualified (or simply less experienced) on a learning journey. This model has been utilised primarily in healthcare (notably in nursing), where practitioners can readily work together towards enhancing practice through critical reflection and self-transformation.

The coaching model has also long been used as a viable method of teacher learning and professional development (Croft, Coggshall, Dolan, Powers, & Killion, 2010). Coaching may be regarded as a process of ongoing problem solving (Palmer, 2011; Reinke, Stormont, Webster-Stratton, Newcomer, & Herman, 2012). It is seen as both an alternative and an adjunct to traditional forms of professional development; in the coaching model, peers assist in the transmission of skills and knowledge learned in professional development into actual practice. Coaching from within a community with a shared set of symbols and language, offers teachers both information and social support. It has been suggested that there is a greater likelihood of ongoing strategy implementation by teachers in the classroom if they are coached by colleagues or by experts (Kretlow, Wood, & Cooke, 2011; Showers, Joyce, & Bennett, 1987). A number of different types of coaching have been discussed in the literature; these include 'technical (expert-led) coaching', 'team building coaching', and 'reflective coaching' (Denton & Hasbrouck, 2009). The first of these, technical coaching, focuses on professional development provided to teachers and the restructuring of classrooms with an 'expert teacher' leading a 'novice'. An alternative form of coaching is that of collaborative problem solver, wherein the teacher's identified concern(s) regarding students' academic or behavioural development are systematically addressed through ongoing peer partnership. A second approach, team building coaching, is delivered by an active community of learners, who share common goals (e.g., positive classroom behaviour). This is thought to be the ideal way to engender change within an organisation as a whole. A further approach, cognitive (reflective practice) coaching, is conducted by encouraging teachers to reflect upon their teaching and management styles in novel manners. Teachers are supported by the coach in self-appraisal; they examine the relative success of current management techniques in light of best practice guidelines. Reflective practice coaching does not require the coach to be an expert in the field, but rather it gives the teacher the responsibility of systems change and

improvement (Denton & Hasbrouck, 2009). Teacher recognition of both the value of reflective practice and a need for improvement, are crucially important. However, for this model of coaching to be successfully enacted within a school, teachers need to be supported by school management.

4.5   Changing school culture: The principal as leader

Karpicke and Murphy (1996) defined 'culture' as the shared set of values held by the majority of people within an organisation. Culture, in the school context, refers to the interrelated systems of practice, both the spoken and unspoken beliefs; it involves every person who operates within the school context, including teachers, children, management, and support staff. Each school has its own distinct culture which conveys messages about acceptable and unacceptable practices to its members (Wilen, Ishler, Hutchison, & Kindsvatter, 2000). This involves explicit rules as defined in the school 'code of behaviour' or posted on classroom or corridor walls. It includes implicit features such as the willingness of colleagues to help with disciplinary issues, and shared assumptions regarding causes of behaviour problems. Semiotic evidence of culture includes public displays of student artwork or achievements. Norms and expectations regarding behaviour are simultaneously part of, and reinforced via, culture. Over time, both positive and negative aspects of school culture can become deeply embedded systems of practice.

Changing cultural practices in schools or other settings is often challenging. It has been argued that optimal outcomes in professional development occur through a balance between the collegiality of whole school training, and individual teacher autonomy (Clement & Vandenberghe, 2000). Indeed, it has been shown that, where policy implementation occurs on a whole-school level (i.e., inclusive of management, teachers, and support staff), it can lead to positive outcomes with regard to range of domains including violence prevention (Waterman & Burstyn, 2008), healthy eating (Buttriss et al., 2004), literacy (Hill & Crévola, 1999), values education (Lovat, 2009), and behaviour (Luiselli, Putnam, Handler, & Feinberg, 2005). Thus, a whole-school approach would appear to provide an appropriate means of creating and embedding change in the cultural ethos of a school. Nonetheless, it is not always a viable option. For example, there may be prohibitively high costs associated with implementing a whole-school intervention. Staff willingness to

participate in training may also be tempered by colleagues' reluctance. Moreover, school management may prioritise certain issues and deem intervention to be pertinent for some, but not all, staff members. The potential outcome of this is the 'Balkanisation' evident in some schools (Hargreaves, 1994; Ng, 2011), where teachers socialise and collaborate in small, relatively isolated groups. In this case, little onward transfer (whole-school dissemination) of knowledge or collaboration occurs. The professional lives of teachers become constrained within these small groups, and perceptions regarding both acceptable practices of classroom management and aetiology of child behaviour become firmly entrenched. Although some teachers may wish to deal with misbehaviour in their own classroom, support from school management is crucial in the formation and maintenance of new disciplinary practices. Walker and Qian (2012) stated that in China, schools are regarded metaphorically as a family unit, wherein the principal is the 'teachers' parent' and each class within the school is 'parented' by the class teacher. In other cultures, although the familial analogy may not be as applicable, school principals and vice principals are frequent providers of support for teachers who encounter challenging behaviour in the classroom (Harris, Cook, & Upton, 1996; Jennings & Greenberg, 2009).

Whilst teachers are the most important agents of change in the reformation of school structures (Hattam, 2000), principals are often the key instigators and drivers of this change. They are 'gatekeepers', who oversee the incorporation of new school practices (Hall & Hord, 2001). Importantly, unless principals recognise the need for change, little can be done to improve behaviour management practice on a school-wide scale. Individual leadership differences can influence the cultural climate within a school. Amongst the different leadership styles, two forms (instructional and transformational leadership) have dominated the discourse within educational research (Hallinger, 2003; Stewart, 2006). The mechanisms by which these two types of leader facilitate change within schools may impact the likelihood of organisational change. Traditionally, the concept of instructional leadership involved principals: (a) holding high expectations of teachers and students, (b) supervising classroom activities, (c) managing the curriculum, and (d) monitoring student progress. The instructional principal is involved across all levels of the school environment, and plays multiple roles with teachers, children, and parents. They operate within a

clearly defined hierarchy as the primary source of educational knowledge within the school (Barth, 1986). However, Barth (1986) further suggested that due to the many diverse roles (as outlined above), a principal's fulfilment of instructional leadership criteria may be impossible. With uncertainty surrounding the ability of one person to manage a school via instructional measures, the popularity of this model of principal leadership has somewhat declined over the past decades (Cuban, 1988; Hallinger, 2007). However, in recent years, it has been experiencing resurgence in popularity (Halligner, 2008; Scott & Webber, 2008). Instructional principals may, or may not, recognise the need for change within their schools. Nevertheless, in cases where principals engage in CPD and perceive it necessary that their teachers do likewise, instructional principalship can be an effective leadership method and driver of organisational change.

The transformational principal is, by definition, one who recognises the need for change. Thus, those who adopt a transformational approach can assist staff in thinking creatively about difficulties encountered in their practice (Kurt, Duyar, & Çalik, 2011). Thoonen, Sleegers, Oort, Peetsma, and Geijsel (2011) suggested that encouraging teachers to question their own beliefs and engage in problem solving, along with the provision of one-to-one individual support, is intrinsic to the role of transformational leader. Such leaders are likely to be highly visible in the school environment, with an open-door policy (Avolio & Bass, 1993). This contrasts with the traditional 'principal as manager' role, whereby communication is controlled, employees discouraged from initiating conversations, and debate is regarded as conflict (Hanson, 2003). Transformational leaders also communicate and collaborate effectively with colleagues regarding methods of practice improvement within their organisation. However, the leader's recognition of the need for change alone is insufficient. It is imperative that motivation to change is instilled in staff. One vital component of transformational leadership within schools is that of vision-building. Leithwood (1992) described transformational leaders' emphasis on teacher professionalism and empowerment, and their knowledge of how to engender change in others. Navickaite and Janiunaite (2010) further suggested that transformational principals should aim to highlight and celebrate successes in the change process along with receiving and acting on feedback. This can generate excitement among school staff about the potential benefits of change, build emotional attachment to the

organisation, and can enhance social cohesion (Thoonen et al., 2011). Through this, the transformational principal can foster psychosocial well-being of their staff. Moreover, this form of principal leadership has been shown to shape teacher self-efficacy, mediated by perceptions of collective efficacy among school staff (Kurt et al., 2012). Transformational leaders can help employees exceed their own expectations (Gabel, 2012) and have been further shown to reduce employees' cynicism regarding organisational change (Bommer, Rich, & Rubin, 2005). This may exert positive outcomes in relation to whole-school adoption of new practices. Moreover, Hopkins (2001b) argues that both instructional and transformational leadership may contribute to improving the culture of practice within schools, especially those that face challenging circumstances. It is not the case that transformational leaders are more effective than instructional leaders in managing schools, or in driving staff CPD. They simply may be more likely to identify the need for change.

Change management, whereby leaders assist their employees' adoption of new practices, also relies on a number of key features. It has been suggested that along with an acceptance of the need for change, the learner must observe successful modelling (of changed behaviour), experience reinforcement through structure or incentive, and have the skills necessary to implement change (Lawson & Price, 2003). However, this was critiqued by Keller and Aiken (2009) as failing to consider human irrationality; even when deemed necessary, change can be uncomfortable and unwanted. They further note that although some employee anxiety can foster an awareness of the need for change among staff, a deficit-based focus (e.g., on ineffective classroom management) is not sustainable as it can lead to blame, fatigue, and resistance among employees. For example, some research has shown that attempts at negative verbal persuasion by school leaders rarely work and can be construed as criticism (Patterson, Grenny, Maxfield, & McMillan, 2008). Even with encouragement and support from school management, the attitudes and practices of teachers may pose an obstacle to real structural change within schools. Any attempts to compel teachers to alter their usual practice may only create resentment. Indeed, any threat to the work-based identity of professionals has been shown to engender a 'self-enhancement' response and a resistance to change (van Dijk & van Dick, 2009). Obstacles to organisational change include employee resistance and ambivalence

(Piderit, 2000). Employee cynicism, which can occur at the individual and organisation level, is a further issue which can hamper intervention efforts (Trader-Leigh, 2001). Therefore, principals who drive change initiatives in the absence of staff support may further damage the cultural climate within the school. Implementation of change in the presence of cynical staff attitudes may potentially lead to negative outcomes, such as disengagement from the organisation, and lower levels of job satisfaction and employee motivation (Reichers, Wanous, & Austin, 1997).

It is clear that employee beliefs regarding any proposed organisational change should be favourable prior to implementation (Armenakis & Bedeian 1999). In the case of teacher reluctance to acknowledge behaviour management problems, or to engage with potential solutions, the onus falls primarily upon the school leader to transform staff beliefs. Bringing about a cultural transformation within any organisation, including a school, is not a once-off process. It requires constant attention from those who plan to introduce systems change. Thus, from initial identification of need through staff discussion and initiation of the change process, the role of the principal is to facilitate the embedding of change in the culture and ethos of the school. This progression can be seen to follow Lewin's (1947a) three-step model, which involves the 'thawing out' of the old equilibrium often by utilising an 'emotional stir-up' within an organisation (Schein, 1996, p. 61). Teachers must first accept the existence of a problem in order to relinquish unsuccessful management strategies. This signifies a reflection upon current (ineffective) practice and a willingness to adopt new strategies, both of which are necessary precursors of change. Schein (1996) argued that those within an organisation must feel safe from reproach or embarrassment before they can reject the old equilibrium (methods of working) and confront or change previously accepted behaviours, such as classroom management techniques. Where employees resist change, it is often because they do not recognise its need, fear the loss of stability, and question their own competence to work effectively in the post-change era (Senior & Fleming, 2006).

Those involved in change can also be motivated by participating in an evaluation of the new activities (e.g., conducting a cultural audit) to identify forces for and against organisational change (Faulkner & Johnson, 1992). Ho (2000) used the process of

self- and peer-reflection as part of an intervention to change university lecturers' attitudes towards teaching. To ascertain the views of the wider school culture, principals may enact such an audit via staff discussions. Researching original practice, agreeing upon and enacting new behaviour, and evaluating the outcome of this change, may facilitate movement from ineffective to effective practice (Step 2). The school leader plays a pivotal role at this stage, since change without effective reinforcement is often temporary (Lewin (1947a). Double loop learning (see *Figure 2*) signifies a paradigm shift in a school's way of operating; change can be guided by ensuring that teachers understand the rationale for new practices. This requires a continuous questioning of the premise of change (i.e., the problem at hand), in order to address the core issue itself rather than the symptom (Scribner, Cockrell, Cockrell, & Valentine, 1999). Thus, new norms are created using a variety of strategies which "…involve acquiring knowledge and building capacity for effective knowledge use and dissemination" (Scribner et al., 1999, p. 134). Webb (2005) noted the emergence of novice secondary school teacher identities through double loop learning; it was regarded as an ongoing tool for improving practice. Single loop learning, on the other hand, can have the undesired effect of further embedding unsuccessful strategies because attempts at change become embedded in existing cultural practices and knowledge (Argyris & Schön, 1978). A recent qualitative study on reflective practice among novice teachers illustrated the move from single to double loop learning (Brooke, 2012). In this study, participants were seen to link reflection-based knowledge regarding classroom practice to a new management paradigm. In terms of school improvement, teacher behaviour may be reshaped via this double loop learning process, towards enhanced engagement in reflective dialogue and collaboration (Scribner et al., 1999). Once new structures are in place (i.e., post intervention), these can be solidified by a process of re-freezing (Step 3) and helping staff adapt to changes. This enables maintenance of successful practices in the medium- to long-term (see *Figure 4.2*).

Scan and monitor
the environment

SINGLE LOOP LEARNING – WHAT?

Initiate appropriate
action

Compare the information thus
acquired with operating norms

DOUBLE LOOP LEARNING – HOW?

Question whether operating
norms are appropriate

(Watson & Gallaher, 2005)
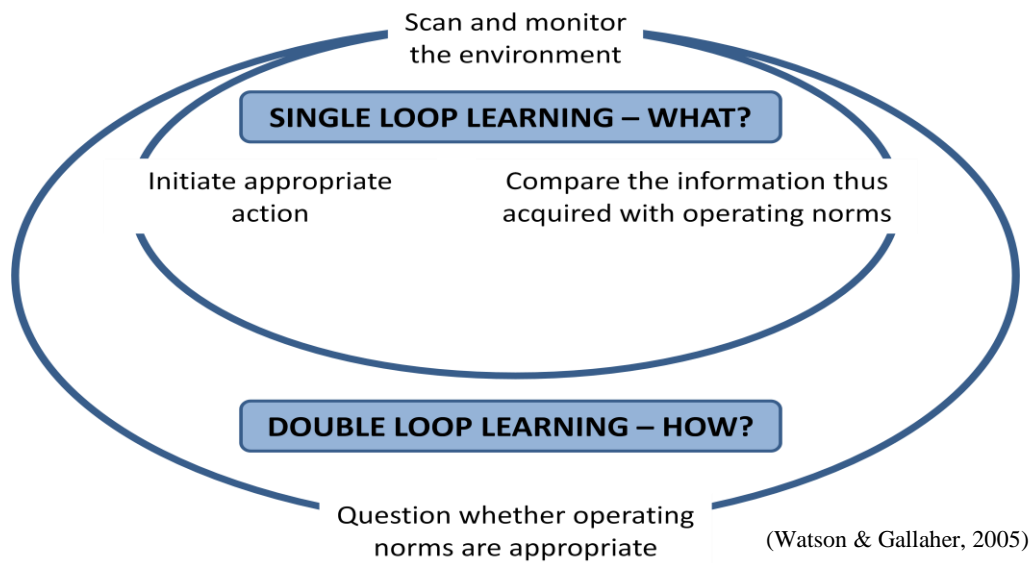
Figure 4.2. Single and double loop learning

School leadership is the driving force in school reform (Datnow & Castellano, 2001). Regardless of principal leadership style, intra-organisational communication is crucial to the positive implementation of change. Significantly, information about an organisation's vision must be shared among employees, with an internal communication network in order to minimise rumour, gossip, and negative perceptions about change. Newton (2007) suggested that communication must be managed at each stage of the process in order to be productive. Where principals are closely connected to teachers (i.e., where they are regarded as open and approachable in terms of offering professional and personal advice), teachers display an increased willingness to engage in organisational change and development (Moolenaar, Daly, & Sleegers, 2010). Research has also shown that engagement itself plays a considerable role in intervention success (Baydar, Reid, & Webster-Stratton, 2008; Glasgow et al., 2011; Strecher et al., 2008). Thus, there is an onus on school leaders, not only to make evidence-based training programmes accessible to teachers, but also to provide support and encouragement for those who wish to avail of them (Richards & Farrell, 2005). In so doing, principals and teachers have the power to engender real cultural change within their school.

4.6 Conclusion

This chapter documented the role of internal (teacher-based) and external (wider school-based) factors in classroom management. The importance of teacher CPD was outlined, with a particular focus on the role of experiential learning. The leadership role of the school principal was also discussed, particularly with regard to fostering staff learning and development opportunities which can, in turn, lead to school-wide cultural change. The following chapter describes evidence-based programmes designed to improve child social, emotional, and behavioural competencies and facilitate classroom management.

CHAPTER FIVE: POSITIVE CLASSROOM MANAGEMENT PROGRAMMES: WHAT WORKS?

This final literature review chapter provides a brief overview of a number of evidence-based classroom management (or behaviour-based) programmes that have been used in many countries throughout the world. However, the chapter will necessarily focus on the IY TCM Programme (Webster-Stratton & Reid, 1999).

5.1 Managing classrooms: Evidence-based programmes

Whilst teachers often develop their own classroom management strategies, programmes based in theoretical and empirical evidence may be implemented nationally and internationally with reasonable expectations (from teachers, managers, funders, and providers) of positive outcomes. As indicated earlier in chapter 1, the current study focuses on the IY TCM programme, for which a small, but growing, number of studies provide compelling evidence. However, other classroom management programmes purport to deliver similarly positive outcomes. A discussion of all of these is beyond the scope of this chapter and so the programmes covered here have been selected on the basis of their similarity to the TCM programme. Thus, they were required to fulfil the following criteria:

1. The sole (or primary) focus should be on the development of pro-social, emotional, and behavioural outcomes in the classroom. Those programmes which focus primarily on other issues (e.g., bullying, substance abuse) are excluded as these are outside the direct remit of TCM training. Programmes which emphasise child emotional development through proactive problem-solving or identification of emotions are eligible for inclusion.

2. Teachers must receive training in the programme. Post-training, the programme principles and strategies must be deliverable by teachers in the classroom.

3. There must be a focus on the early education years; hence programmes which are specifically developed for later childhood or adolescence are excluded.

4. The programmes must have a basis in psychological theory and be supported by empirical evidence emanating, for example, from evaluations of effectiveness and with results published in peer-reviewed journals.

On the basis of the above, three mainstream programmes were selected for inclusion in this chapter, all of which are considered to be evidence-based by Stiegler and Lever (2008), and which are comparable with the TCM programme[7]. The selected programmes are as follows:

1. Good Behavior Game (GBG; Barrish, Saunders, & Wolf, 1969)
2. Responsive Classroom (RC; Charney, 1992)
3. Promoting Alternative Thinking Strategies (PATHS; Kusché & Greenberg, 1994)

5.1.1   Good Behavior Game (GBG)

The Good Behavior Game (GBG) incorporates principles of behaviourism and social learning theory, and attempts to reduce disruptive classroom behaviour by fostering competition between groups of students. Teachers inform students about unacceptable classroom behaviours that lose privilege, such as non-compliance with teacher requests, physical violence, and other forms of classroom disruption. At each occurrence of negative behaviour, the teacher places a mark or sticker on a chart. The group, which at the end of the school day has remained within an allowable range of marks, is rewarded. Groups who have an excessive number of marks (i.e., who have displayed unacceptable behaviours) do not receive a reward; importantly, neither are they punished. The developers reported high levels of student and teacher satisfaction with this programme (Barrish et al., 1969). The GBG has shown to be effective in terms of reducing behaviours associated with ADHD (van Lier, Muthén, van der Sar, & Crijnen, 2004) and disruptive / oppositional behaviours (Donaldson, Vollmer, Krous, Downs, & Berard, 2011; Leflot, van Lier, Onghena, & Colpin,

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[7] The PATHS programme is recognised as a Blueprints 'model' programme, a title which signifies programme effectiveness, whilst the TCM and GBG are regarded as 'promising' programmes. Blueprints programmes are selected following a critical examination of foundation theory, goals, evaluated outcomes (analysis of statistically significant and sustained effects) from several trials/ sites, and cost-benefit analyses (Mihalic, Irwin, Elliott, Fagan, & Hansen, 2001).

2010). Further evidence suggests a longer term reduction in the likelihood of antisocial personality disorder, delinquency, and substance abuse (Kellam et al., 2011).

Although the focus of the GBG is firmly on positive child behaviour, it does not aim to foster positive social relationships between the teacher and child, and it is heavily contingent on behaviour-response. Improvements in child behaviour do not necessarily bring about a concomitant increase in teacher praise (Lannie & McCurdy, 2007). The potential absence of praise and lack of information about types of desirable behaviour are potential barriers to child cognition. In other words, even though the GBG specifies constituents of undesirable classroom behaviour, it does not provide clear, positive alternatives. As suggested by Barbetta et al. (2005), the elimination of negative behaviour should be accompanied by information regarding appropriate behaviour. Moreover, the GBG focuses on school behaviour and does not acknowledge the most proximal ecological system to which a child belongs, the family. In the absence of parental involvement, positive outcomes may not extend beyond the classroom. This may be particularly the case if this system conflicts, in any way, with normative practice in the home, or if weak school-home relations exist. As with other interventions, the GBG should be actively embedded into daily classroom practice. The teacher-coach relationship has been shown to strongly relate to post-training classroom practice (Wehby, Maggin, Partin, & Robertson, 2012). Without this, initial positive effects may be temporary. Early improvement in classroom behaviour declined once 'behavioural coaches' stopped visiting the classroom to encourage programme use (Johnson, Turner, & Konarski, as cited in Tingstrom, Sterling-Turner, & Wilczynski, 2006). The success of the GBG would appear to stem from the social demands placed upon children by their teacher and peers; that is, they should attend to their work and socialise appropriately (Kellam et al., 2011). Peer encouragement is a main component in the success of GBG and can lead to social adaptation. As previously noted, positive peer relations play an important role in adjustment to school. Although not evident in the literature, it is possible that in some cases peer pressure may serve to further marginalise children who, due to developmental delay, may be unable to engage in the GBG as effectively as their classmates. The possibility of deteriorating student-peer relations is also a real concern. Nonetheless, the appeal of this programme is apparent and indeed,

Embry (2002) referred to it as a 'behavioural vaccine'. As GBG training is delivered over one day, this programme does not demand long-term training commitment on the part of teachers. It is simple but effective in its design and implementation, making it an attractive option for teachers, who may not have access to long-term programmes which require advanced training.

5.1.2 Responsive Classroom (RC)

The Responsive Classroom (RC) was developed by the Northeast Foundation for Children, a US-based collaboration between teachers to enhance child social and academic growth. This programme regards social skills as intrinsic to academic development; it has a focus on relationship building, with the teacher-child relationship at its centre. Furthermore, the programme emphasises socio-emotional development and views the creation of positive home-school links as essential towards achieving this goal. Teacher training consists of one-day workshops and one-week 'institutes', delivered by RC-certified 'presenters' who are also experienced classroom teachers. The development of positive classroom relationships centres on a daily 'greeting and morning meeting' during which children can develop conversational and relational skills with their peers. Other strategies inherent to the RC approach include 'rules and logical consequences' which were termed 'habits of goodness' by Charney (1997), 'guided discovery' which involves the acquisition of academic and social skills, 'assessment and reporting to parents', and 'classroom organisation'. The RC is used to model positive behaviour (including language) and assist children in problem-solving strategies.

This programme has been widely researched, but (even within studies) has displayed divergent findings. For example, in one multi-site study, it was stated that outcomes "... looked so different from school to school" (Horsch, Chen, & Wagner, 2002, p. 365). These authors reported that in some schools, RC was regarded as a useful and generative approach, but in others as an 'ivory tower' programme unsuitable for inner-city schools with inner-city issues. Whilst research by Elliott (1995, 1999) showed increased social, behavioural, and academic functioning due to RC exposure, recent research evidence predominantly points toward academic, rather than socio-emotional gains (Ottmar, Rimm-Kaufman, & Larsen, 2012; Rimm-Kaufman, Fan, Chiu, & You, 2007). Nonetheless, the RC appears to be well-grounded in a number

of constructivist and developmental theories (e.g., Vygotskian and Piagetian) and has much in common with the Incredible Years (IY) TCM programme such as a focus on teacher change, the importance of home-school links, and improvement of child socio-emotional competence.

5.1.3   *Promoting Alternative Thinking Strategies (PATHS)*

Similar to RC and TCM, the PATHS curriculum focuses on the early childhood promotion of socio-emotional competence. In so doing (as with RC), it aims to strengthen academic processes. It is also regarded as an effective aggression and behavioural problem prevention programme, focused predominantly in schools, although also inclusive of parental activities. PATHS implementation typically occurs on a whole-school basis, where a coordinator (with access to ongoing training) encourages classroom teachers in programme delivery (Seifer, Gouley, Miller, & Zakriski, 2004). The programme is delivered by teachers to children in class daily, in 20-30 minute blocks. The premise of PATHS is largely neurocognitive, recognising that child emotional development is the precursor of cognitive development (Riggs, Greenberg, Kusché, & Pentz, 2006). It has a number of inter-related objectives, including the development of child emotional recognition and communication, self-control, problem-solving, and the promotion of positive peer relationships. The creation of a positive classroom environment is at the core of the PATHS curriculum (Domitrovich, Cortes, & Greenberg, 2007).

Among typically developing children and those with additional needs, the PATHS curriculum has been shown to reduce externalising and internalising behaviours (Kam, Greenberg, & Kusché, 2004; Riggs et al., 2006). Hamre, Pianta, Mashburn, and Downer (2012) noted that until recently, almost all studies into the effectiveness of the PATHS curriculum have involved the developers, and that further independent replication is warranted. However, an independent study is currently underway- a longitudinal evaluation of a culturally adapted version of the PATHS curriculum (Together 4 All) - in Northern Ireland. Early findings show that teachers, students, and parents reacted positively towards the programme (Ross, Sheard, Cheung, Elliott, & Slavin, 2011). Although programme effects on socio-emotional development were inconsistent, some improvements were found in both emotional labelling and pro-social behaviour. These results differ from another independent

study examining PATHS implementation within an urban US primary school (Seifer et al., 2004). Whilst children in the PATHS intervention group displayed better socio-emotional competence than controls, the authors found that teachers and school personnel engaged only modestly with the programme. They further reported a teacher-held belief that PATHS materials had "low production value" (i.e., inadequate quality), highlighting the potential impact of teacher 'buy-in' and engagement with training programmes of this kind. Recent findings from a cluster randomised trial in the UK, showed that children in intervention (PATHS) schools displayed modest improvements in emotional and behavioural outcomes, compared with control group schools at 12-month follow-up (Little et al., 2012). However, the authors note that these improvements were not evident at 2-year follow-up, thereby demonstrating a clear need for extended longitudinal study of programme outcomes.

5.2   The Incredible Years TCM programme: Theory and components

Social cognitive theory posits that learning occurs through ongoing interactions between social, cognitive, and behavioural components (Bandura, 1989). Just as behavioural difficulties in childhood may begin with modelling and reinforcement (Kauffman, 2005; Patterson, Reid, & Dishion, 1992), so too can these difficulties be unlearned using the same socio-behavioural processes. It has been argued that learning is social due to the fact that "...it occurs with other people; it is 'tool dependent'... and finally, it is the interaction with the setting itself in relation to its social and tool dependent nature that determines the learning" (Wilson, 1993, p. 73). This encapsulates the learning process that occurs in all of the *Incredible Years* (IY) programmes. This series of programmes, developed in the United States over the past 30 years, focus on the primary and secondary prevention of emotional and behavioural difficulties in young children (Webster-Stratton, 1982). Michie and Abraham (2004) note that evidence-based interventions must contain certain a number of vital components; they should specify the mode through which change can be targeted and the change causing mechanisms. The IY series would appear to meet these criteria, with clear links between theory, mode, and mechanisms of change. Based on cognitive and social learning practices, and the theories of Patterson (1982) and Bandura (1977), the IY programmes are designed to equip children, parents, and teachers with the skills necessary to engender positive child behaviour, with a specific focus on social, emotional, and behavioural competence.

As with GBG, the IY series (including the TCM) has been heralded as a Blueprints for Violence Prevention 'promising' programme (Webster-Stratton et al., 2001) with a rating of 'exemplary' by the Office of Juvenile Justice and Delinquency Prevention. The TCM programme aims to develop effective teacher classroom management strategies in order to improve pro-social behaviour, school readiness, and reduce child classroom aggression and non-cooperation with peers and teachers. Similar to other IY programmes, the TCM is a group-based intervention. Its delivery (one day per month, over a series of five to six months) is structured to facilitate post-session implementation in the classroom and engagement with practical assignments. Coaching (as discussed in chapter 4) is embedded within the design of the TCM programme (Reinke et al., 2012), with trained facilitators who guide participants during programme delivery. Built upon the foundation of a positive teacher-child relationship, the mechanisms of praise, encouragement, and incentives are used to create a willingness and enthusiasm for learning, and positive behaviour.

The use of incentives for behaviour modification has been widely studied throughout the 20th century, in areas as diverse as health behaviour change (Lynagh, Sanson-Fisher, & Bonevski, 2011; Paul-Ebhohimhen & Avenell, 2007), employee performance (Wiersma, 2011), and treatment adherence (Burton, Marougka, & Priebe, 2010). Extrinsic incentives (e.g., star charts) are also regarded as a powerful tool in encouraging favourable child behaviour. Although the use of such strategies is not without its critics (e.g., Kohn, 1994, 1999; Reifman, 2009), motivating children through the use of extrinsic incentives is an integral aspect of the TCM programme. It also details strategies for problem behaviour prevention and treatment. Ignoring negative classroom behaviour in order to decrease its frequency is not a novel strategy (e.g., Madsen, Becker, & Thomas, 1968; Wrightstone, Parke, & Bressler, 1944), but despite its potential it is rarely implemented by teachers. This is largely due to the inherent difficulty in ignoring misbehaviour (Madsen et al., 1968). However, attending to a disruptive child is, in many cases, more likely to reinforce rather than reduce the behaviour. 'Planned' ignoring informs students that disruptive behaviour will not result in attention (Alberto & Troutman, 2006). The common-sense approach proposed by Barbetta et al. (2005) is to 'ignore wisely', as simply ignoring actions of children illustrates to them *what not to do*, but does not replace it

with *what to do instead*. Ignoring should be used alongside praise for those who engage in positive behaviours. However, it is recognised that some children will need more attention than others. Therefore, throughout the TCM training programme, teachers are encouraged to be sensitive to developmental differences in children (Webster-Stratton & Reid, 2006).

The role of the TCM facilitator is to assist teachers in adapting processes and skills to the context of their individual classrooms (Webster-Stratton, Reinke, Herman, & Newcomer, 2011). The typical TCM facilitator will likely have prior knowledge of child development, although a teaching qualification is not a prerequisite. Neither is it vital that they have extensive experience of classroom management, as an intensive programme of training must be completed before TCM facilitator certification. Similar to the concept of the 'expert patient' in the management of chronic illness (Donaldson, 2003), within the TCM programme there is an acknowledgement that the teacher (and not the facilitator) is the expert regarding their class. During the programme all teachers share their experiences in the classroom and through a process of collaboration the facilitator assists in adapting skills and strategies to each teacher's specific circumstance (Reinke et al., 2012).

5.2.1 *Programme structure*

Programme delivery is highly structured and delivered through sequential stages. *Figure 5.1* and *Figure 5.2* illustrate the importance placed on each learned strategy within the TCM training programme. Fundamentally important components such as those concerning relationship building within the class are discussed early in the training programme and are recommended for liberal use, whereas consequences of problematic child behaviour (such as loss of privileges or time out) should be used only rarely. There are five interrelated components in the TCM programme, delivered over five days (one day per month), with opportunity for classroom implementation during session intervals:

1.   Providing attention, encouragement, and praise to children
2.   Increasing child motivation through incentives
3.   Proactively preventing behaviour problems
4.   Decreasing students' inappropriate behaviours
5.   Building positive teacher-child relationships

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Session 1	Session 2	Session 3	Session 4	Session 5
•Building positive relationships with students •Proactive teacher-preventive appraoches	•Attention, praise, & encouragement •Coaching, child-directed play, & friendship skills	•Motivating students through incentives •Dialogic reading	•Decreasing inappropriate behaviour (day-long topic)	•Teaching children to be socially competent (day-long topic)

Figure 5.1. TCM session content

© Webster-Stratton, 1999
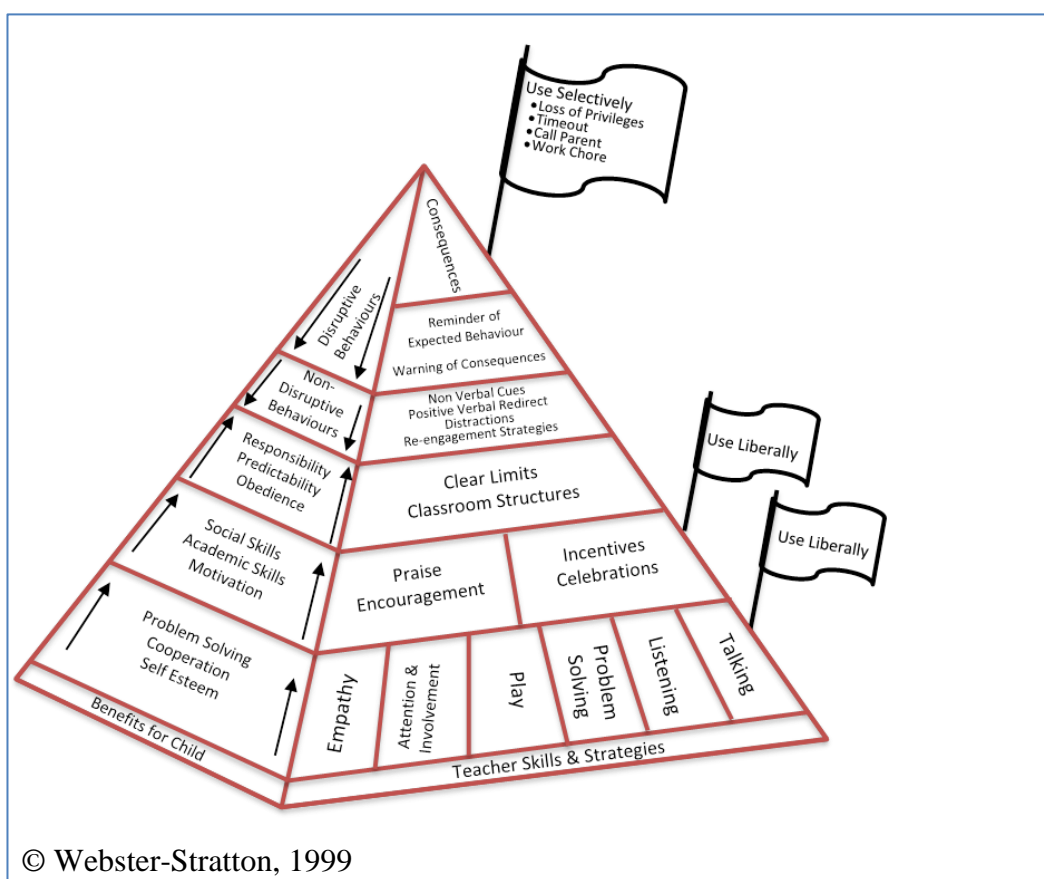
Figure 5.2. TCM strategies

At the end of each session, teachers engage in self-reflection and the identification of strategies which they plan to use during the interval between programme sessions. They are expected to implement these proactive strategies in class, and to complete accompanying homework activities. They each receive a copy of '*How to Promote Children's Social and Emotional Competence*' (Webster-Stratton, 1999). Other

materials which assist teachers in classroom implementation of TCM principles include *Dina's Wheel of Fortune* (which offers behavioural incentives), a *Calm Down thermometer* (a visual aid which enables children to recognise how their experience of anger, for example, can move from 'red hot' to feelings of calm 'cool blue'), and *Feeling Wheels* (used to assist children in the identification of different emotions). Facilitators' materials include a manual containing checklists, reminders, and discussion content. Learning on the TCM programme occurs through a number of diverse modalities. Goal setting and self-reflective learning are the foundation of the programme. In the absence of clear goals, little progress may be gained in classroom management.

5.2.2   *Modelling appropriate behaviour*

Videotaped modelling (of teacher-student interactions) is used during TCM training, as vicarious learning has been widely shown to occur via observations (both videotape viewing and live demonstration) of behaviours. Bandura (1977) proposed that the observer is likely to replicate behaviours if they perceive themselves as similar to the model, if they pay close attention to the model, if they observe successful outcomes for the model (rewards), and if they themselves are rewarded for these behaviours. He further noted four key features as intrinsic to successful observational learning - attention, retention, production, and motivation of the viewer (Bandura, 1986). Thelen, Fry, Fethenbach, and Frautsch (1979) argued that videotape holds several advantages over live modelling, including control over actions, exact repetition, increased ability to present multiple examples and settings, and post-training videotape viewing by the learner. Given the known utility, standardisation benefits, and the relative cost- and time- effectiveness of videotape modelling (Webster-Stratton, 1996), this is highly suited to TCM delivery. Over 250 DVD vignettes (brief audiovisual clips) depicting a variety of 'real life' classroom situations are available. The models depicted in these tapes are deliberately of both genders, and of various ages, and cultural and economic backgrounds. In order to 'demystify' the concept of the ideal teacher, the vignettes show both positive and negative child outcomes (Webster-Stratton & Reid, 2002). Videotaped vignettes are always accompanied by group discussion, elicitation of teachers' responses to the strategies used, and role play.

5.2.3 Role play

Role play can increase learner empathy towards all actors in a scenario (Poorman, 2002), particularly when learners adopt roles that are contrary to their own experience (Cranton, 2002). Role play is a tool frequently associated with transformational (Mezirow, 1997) and experiential learning (Kolb & Fry, 1975). Kneebone (2005) identified several criteria to enhance the learning medium of role play in clinical practice including stipulations that the role play must be aligned with (in this case, the TCM) curriculum, must map onto actual experience, and must be conducted in a supportive and safe environment. Role-play, correctly implemented in a non-judgemental environment, has the potential to challenge learners' cognition and emotion (Fannon, 2004), and can result in significant changes to their beliefs and behaviour (Turner, 1992). It is most effective when immediate feedback is provided and when participants and observers are given an opportunity for discourse and reflection (Joyner & Young, 2006). Despite the learning opportunity inherent in role play, it is frequently a source of learner unease (Nestel & Tierney, 2007; Stevenson & Sander, 2002). Facilitators' acknowledgement of the difficulty inherent in 'performing' in front of colleagues can reduce anxiety and reluctance to participate in role play (Steinert, 1993). Additionally, TCM programme facilitators are encouraged to 'break the ice' by acting in the first role play. This is subsequently followed by direction that paired learners engage in the role play, using worst possible techniques (Webster-Stratton & Reid, 2002). This may reduce tension and maximise learning opportunities. Understandably, the support of both the facilitator and the group is vital in determining positive outcomes from role play (Joyner & Young, 2006).

5.2.4 The group dynamic: Facilitating dialogue and reflection

Learning on the TCM programme may be regarded as reliant upon an evidence-based 'community of practice' (Lave & Wenger, 1991; Wenger, 1998), a group of individuals who face common challenges and who share the same vision for learning. The members of such groups typically engage in interactive problem solving through shared frameworks (Armitage et al., 2008). Several challenges in such group learning include inter-group conflicts, differences in interpersonal communication style, along with divergent problems, priorities, and goals (Arvaja, Salovaara, Häkkinen, &

Järvelä, 2007; de Wit, Greer, & Jehn, 2012). Nonetheless, one notable aspect of collaborative learning among communities of practice is they are devoid of hierarchy (Dillenbourg, 1999). Moreover, the group dynamic fosters critical appraisal of information, and provides the opportunity for individual and social aspects of learning. These have been suggested to interact over time, strengthening one another in a 'reciprocal spiral relationship' (Salomon & Perkins, 1998). Not only does this promote optimal outcomes in terms of collaboration and problem solving, but it provides both practical and emotional support for teachers, which has been shown to be typically lacking in the teacher stress literature (e.g., Jennings, 2011; Rogers, 2002; Smylie, 1999). Providing group training fosters a sense of commonality, challenging the belief of a teacher that they are alone in their struggle to manage in the classroom (Hutchings et al., 2007; Webster-Stratton & Reid, 2002). The support of an empathetic group has been shown to produce benefits, not least an increase in learner motivation (Blumenfeld, Kempler, & Krajcik, 2006), which itself predicts learning (Robbins et al., 2004). In fact, it is one of the most proximal predictors of programme success, having been shown to explain variance in outcomes beyond the cognitive ability of learners (Colquitt, LePine, & Noe, 2000).

As suggested by West (1994), social groups (learning or otherwise) who share a clear vision, may provide support from a number of valued perspectives. These include instrumental (tangible) assistance, informational (exchange of knowledge to enable optimal functioning), appraisal (examination of possible solutions to a problem), and emotional supports such as offering 'a shoulder to cry on' (Drach-Zahavy & Somech, 2002). Several interrelated processes involved in coaching (as outlined earlier in chapter 4) can be seen in the TCM programme. The format of training delivery is conducive towards reflective practice, allowing time for post-session implementation, and consideration/discussion of relative strategy success. The programme also includes components of both primary and secondary learning (Jarvis, 1999) as discussed earlier, whereby teachers receive training through information transmission (course content) and through their own implementation of this information in the classroom. As previously mentioned, these two components of learning are not discrete and where meaningful reflection upon the interaction between these learning components can be facilitated, optimal learning outcomes are more likely to occur (Fowler, 2007). With a structured process of self-reflection,

learners may examine their behaviour in relation to their goals, monitor their progress, and adjust strategies to best promote success (Zimmerman, 1998, 2002).

5.2.5 Emotional regulation

The emotional regulation of teachers when encountering conflict in the classroom (as shown in chapter 3) has received increasing attention in recent years. The TCM programme aims to assist teachers in coping with internal emotions and in reframing beliefs regarding child behaviour (e.g., recognising that behaviour is developmentally appropriate or expected). Teachers on the TCM programme are not instructed to suppress their emotions, but rather are provided with methods to 'down-regulate' the magnitude of their internal reactions to misbehaviour. This serves a triple purpose in that it reduces teacher discomfort, allows for direct and calm engagement with the situation, and it also illustrates to the child (via modelling), an appropriate way to address conflict. The methods by which teachers deal with classroom conflict or disturbance reinforce their position as powerful role models for acceptable behaviour norms. Additionally, recent research found that emotion regulation strategies had a direct, protective effect upon teacher exhaustion (Tsouloupas, Carson, Matthews, Grawitch, & Barber, 2010).

5.2.6 Home-school links

The concept of relationship-building is central to TCM training. One aspect of this is the importance of teacher-parent relationships. Although child outcomes are related explicitly to changes in teacher behaviour (i.e., it is the teacher who undergoes TCM training), parental involvement is highly valued. As previously stated, while the creation of positive school-home links may be challenging across all socio-economic groups, this difficulty can be particularly evident in areas of socio-economic disadvantage (Eamon, 2001). The TCM programme aims to develop effective teacher-parent communication, to foster collaboration and consistency between home and school environments. Where initial communication between home and school is positive, broaching the difficult subject of child misbehaviour may be received more favourably by parents. The programme encourages teachers to remove the boundary between school and home behaviour management practices and involve parents in their child's school life. For example, teachers can send home 'Happygrams' to inform parents of a child's positive behaviour/achievements during the day.

5.3 Implementation fidelity

A frequently cited aspect of IY programmes is the extent to which implementation fidelity is prioritised (Webster-Stratton & Herman, 2010; Webster-Stratton et al., 2011) through the use of standardised materials such as facilitators' delivery manuals, DVD vignettes, and books (Hutchings, Gardner, & Lane, 2004). Consequently, any change to its delivery could compromise outcomes. Casual implementation of even best practice programmes has been shown to result in poor outcomes (Gottfredson et al., 2000), resulting in what Kilbourne, Neumann, Pincus, Bauer, and Stall (2007) referred to as the 'voltage drop' of efficacy. Moreover, Gottfredson & Gottfredson (2002) and Ringwalt et al. (2009) suggested that many schools adopt programmes that are neither evidence based, nor implemented with fidelity, leading to an ineffective and costly disconnect between 'best' and 'actual' practice (Durlak et al., 2011). Bandura argued that the selection of individual programme components (outside of the context in which they are shown to work - i.e., as part of a whole, evaluated package) amounts to "cafeteria-style theorizing" (as cited in Lent, Hackett, & Brown, 1998).

Thus, the TCM programme should be delivered as designed by the developer without modification in order to achieve positive outcomes. One aspect of determining implementation fidelity is the number and length of individual sessions (Dane & Schneider, 1998). This can be regarded as similar to dosage in a clinical trial, where variations can compromise results. Similarly, the delivery mode can potentially moderate the relationship between an individual programme and its outcomes (Carroll et al., 2007). A review of the TCM literature illustrates some variability in the duration and frequency of individual training sessions. For instance, in a study by Carlson et al. (2011), teachers undergoing TCM training met for eight individual sessions over an 8- to 10-week period for a total of 32 hours; the authors stated that they chose this delivery mode based upon feasibility issues including teacher availability. Similarly, Baker-Henningham, Walker, Powell, and Gardner (2009) reported that in a Jamaican implementation of the TCM programme, teachers underwent training over a course of eight to nine, full-day workshops. A more recent study by Baker Henningham and colleagues indicated that the TCM programme was delivered over one consecutive 8 day period (Baker-Henningham, Scott, Jones, &

Walker, 2012). The authors stated that this method of delivery was adapted for the Jamaican context, due to findings from a pilot study. In Portugal, a previous implementation of the programme consisted of five workshops (25 hours) held over a two month period (Webster-Stratton et al., 2012). It is unclear as to how these kinds of variations might impact on implementation fidelity or, indeed on overall outcomes, but in the current research, teachers met for five days, on one whole day per month. This is in line with the guidance of the TCM developer who advise that the programme be delivered in five to six full-day workshops (with intervals of 3-4 weeks), or in 14 to 20 two-hour sessions, thereby ensuring that delivery adheres, at least in principle, to the notion of fidelity.

In many cases, the transition of evidence-based research into practice requires a compromise between fidelity and flexibility (Cohen et al., 2008). Nonetheless, if comparisons between intervention sites can be meaningfully achieved, the mode of programme delivery should be similar. Enabling some, but not other teachers to trial strategies in the classroom for a full month in between sessions, may cause wide variation in usage and perceived effectiveness. A week may be insufficient for such newly-learned strategies in the class to show significant improvement. On the other hand, having more regular meetings with TCM group members may provide greater tangible ongoing support for those undergoing training. Arguably though, it is only through a process of standardisation, that true (like-with-like) comparisons of effectiveness may be made. Whilst acknowledging the limitations placed upon teachers in terms of scheduling classroom cover (and indeed the implications this may have for programme uptake), the variation in implementation among the few studies that have examined TCM effectiveness, may be a cause for concern.

5.4   The research context

As a relatively new addition to the IY series, the TCM programme is currently under-researched. Evaluations are typically conducted on multi-focused IY interventions (i.e., inclusive of parent, child, and teacher) (e.g., Foster, Olchowski, & Webster-Stratton, 2007; Webster-Stratton, Reid, & Hammond, 2004). Few have examined the effectiveness of the TCM as a standalone programme. Moreover, those that do so, focus on a younger child age group (i.e., preschool; Baker-Henningham, Walker, Powell, & Gardner, 2009), or involve facilitators who were not TCM-certified

(Shernoff & Kratochwill, 2007). Until the recent findings related to the larger RCT (McGilloway et al., 2012) and another independent RCT in Wales (Hutchings, Martin-Forbes, Daley, & Williams, 2013), the effectiveness of the TCM as a stand-alone programme had not been researched. Additionally, research into TCM effectiveness has primarily centered on North America, where the programme was developed. A small but growing body of research has begun to examine the TCM programmes in other countries, although at the time of this study, there were just two other published independent evaluations of IY TCM programme in primary schools (Hutchings et al., 2007; Hutchings et al., 2013) – both in Wales and the latter an RCT. Moreover, only Hutchings et al. (2007) and Baker-Henningham et al. (2009) have undertaken a qualitative analysis of teachers' TCM experiences. This lack of research has led to insufficient clarity regarding standalone TCM programme process and outcomes effectiveness. Due to the limited availability of literature for inclusion in this review, the parameters were expanded to include studies that differed somewhat from the current RCT and process evaluation.

5.4.1 *Increase in positive teacher behaviour*

Notwithstanding the small pool of studies within this area, and the lack of standardised delivery, initial evidence of TCM effectiveness is promising. As a large focus of the training programme is on relationship-building between teachers and children, the domains in which post-training change may be examined, include teacher positive behaviours. Teacher 'positives' may be examined through behaviours such as positive affect (e.g., smiling when interacting with a child), touching a child in a supportive manner, providing the child with encouragement (e.g., 'I know you can do it'), and even describing the child's activities. Baker-Henningham et al. (2009) found a highly significant increase in the frequency of teacher positives in their Jamaican study, with similar findings also reported in an exploratory Portuguese TCM implementation (Webster-Stratton et al., 2012). Carlson et al. (2011) further reported a pre- to post-training increase in the use (and perceived utility) of positive strategies as well as the maintenance of these strategies over time, 4-months later.

5.4.2 Praise

Praise is an important element included within 'teacher positives', and is thought to be easier to implement than negative management strategies (Han & Weiss, 2005). The earliest TCM evaluation comparing child (CT) and parent training (PT) alone, and also alongside teacher training (Webster-Stratton et al., 2004) indicated that intervention group teachers used increased praise and had greater self-confidence than their control group counterparts. Subsequent TCM evaluations also show encouraging findings such as increased praise and the promotion of social and emotional skills (Baker-Henningham et al., 2009). All teachers in the study by Hutchings et al. (2007) reported praise to be the most commonly implemented strategy that they had learned from participating in the TCM programme. However, despite this, there was no statistically significant difference in this respect between the intervention and control groups – most likely due to a lack of statistical power, as noted by the authors. Carlson et al. (2011) addressed the use of praise (coupled with incentives), immediately post-training and again at 4-month follow-up and found statistically significant differences between baseline and both other periods, thereby illustrating a short-term stability in the use of praise.

5.4.3 Decrease in teacher negative behaviour

'Teacher negatives' are a form of communication which can be divided into a number of components, including negative commands (e.g., 'don't do that'), physical negatives (restraining student), critical statements (e.g., 'I don't like the way you're behaving'), or warnings (e.g., 'if you don't stop banging on the desk, you'll lose five minutes from play time'). These types of negative forms of communication provide the child with attention, act as a further disturbance to class activities, and can result in the continuation of disruptive behaviours. Baker-Henningham et al. (2009) reported a statistically significant reduction in the frequency of teacher negatives in the intervention group and most notably a specific reduction in criticism and in incidences where teachers raised their voice in class. Additionally, in a study by the IY programme developer, the intervention group teachers displayed fewer critical management strategies than control group teachers (Webster-Stratton et al., 2004). More recent findings from an independent RCT in Wales, demonstrate a small to medium effect size in the reduction of teacher negatives to target children, but not in teacher negatives to the general class (Hutchings et al., 2013). By contrast, Carlson et

al. (2011) found no significant differences between the baseline, immediate post-training, and 4-month follow-up measurement of teacher-reported use of inappropriate strategies (including negatives). The authors noted that this may stem from the already low baseline level of such strategies.

A time by treatment interaction was demonstrated for the use of negative strategies (namely teacher harshness or sarcasm) by Raver et al. (2008). These strategies increased over time in the control group, but remained relatively stable for intervention group teachers. Notably, the authors expressed a concern that, without appropriate intervention, the quality of the classroom environment deteriorates over the course of an academic year. They further cited work by Hamre, Pianta, Downer, and Mashburn (2007) who likewise noted that the 'emotional climate' of a classroom which begins 'on a high' in the autumn, progressively deteriorates an 'end of year' low. Similar results were reported by Baker-Henningham et al. (2009) who suggested that this effect may be due to dissipation in teacher tolerance, or indeed to an escalation of negative cycles of teacher-student behaviour throughout the school year.

5.4.4   *Changes to child behaviour*

From a child perspective, the TCM programme has been shown to reduce conduct and behavioural difficulties, and improve social competence (Webster-Stratton et al., 2004, 2012). Likewise, there is evidence to indicate that it has led to reduced levels of child aggression in both school and home environments (Webster-Stratton, Reid, & Stoolmiller, 2008), increased child positive behaviours and compliance with teacher commands (Hutchings et al., 2007), and on-task behaviour (Webster-Stratton et al., 2001). Hutchings et al. (2013) further report significant reductions in classroom off-task behaviour and target child off-task behaviour, and child negatives towards teachers. Moreover, Baker Henningham et al. (2009) found intervention benefits for pre-school children, most notably an increase in appropriate behaviour and school engagement. A more recent study by the same authors, of children with conduct problems showed a substantial reduction in conduct problems, along with an increase in pro-social behaviour and, in particular, improved friendship skills (Baker-Henningham et al., 2012). In this study, teachers (but not parents) suggested a significant shift in child behaviour from within the clinical range of conduct

problems to a non-clinical level. Whilst research into an adaptation of TCM (which, it should be noted, runs contrary to the concept of programme fidelity) found no significant pre-post improvements in intervention group child behaviour, authors noted deterioration in control group behaviour (Williford & Shelton, 2008). Shernoff and Kratochwill (2007) found non-significant reductions in disruptive child behaviour, although they did note a trend in adaptation to the school environment.

5.4.5   Home-school links

Webster-Stratton et al. (2001) suggest that parents may benefit from the TCM programme due to improvements in child behaviour which extend into the home, and also enhanced parent-teacher relationships. Interesting results from a later study by Webster-Stratton and colleagues (2008), (which evaluated outcomes of concurrent TCM and Dinosaur school training, for teachers and children respectively) showed an improvement in teacher-parent bonds for those who displayed low-level bonding at baseline. A smaller (yet still significant) improvement was shown for those whose initial teacher-parent bond was average or slightly above average. As teacher classroom management training was delivered in parallel with 'Dina', the impact of the TCM programme cannot be identified in isolation. However, these findings suggest that the level of improvement is associated with the baseline home-school relationship, and that families in need of developing positive links with schools have the most to gain from the TCM programme. Similar preschool teacher perceptions of improved post-TCM parental relationships were reported by Baker-Henningham and Walker (2009). However, a later study by Baker-Henningham et al. (2012) found that parents' attitude towards school, post-intervention, were not significantly improved. Moreover, an evaluation of the TCM programme in Wales, found that strategies for improving home-school relations were rated lower (in terms of teacher satisfaction) than any other strategy taught on the programme (Hutchings et al., 2007). Recommended strategies to improve home-school relations include, among others, visits to the child's home. Hutchings et al. (2007) suggested that teacher dissatisfaction with these strategies may stem from their perceived lack of feasibility. The perceived cultural constraints in implementing some IY strategies also emerged from a recent Irish evaluation of the IY Parenting programme (Furlong & McGilloway, 2012). However, the lower levels of satisfaction with the parent-teacher relationship strategies may not be solely due to cultural reasons, as similar findings

were also recently reported in a US-based study (Carlson et al., 2011). The many variables which operate within a social environment may impact upon the quality of teacher-parent relationships, and therefore may not be amenable to a 'one size fits all' approach. Nonetheless, engaging in strategies to strengthen the partnership between the two most important formative influences in a child's life is arguably a worthwhile pursuit.

5.4.6   Cautious optimism

The term 'classroom management intervention' is value-laden and has deficit-based connotations of problem-solving. However, it is important to note that the TCM programme moves beyond management, towards development of a positive class environment and optimal child emotional, social, behavioural, and educational growth. Encouraging findings relating to both teacher and child outcomes have been shown from the few studies already conducted. However, because of the limited pool of such studies, direct comparisons are not easily made. Multi-component implementations of IY programmes make it difficult to disentangle potential effects of the TCM, from concurrent effects of the Parent and Child programmes (Webster-Stratton et al., 2004). Moreover, any adaptation of TCM delivery and the use of non-accredited facilitators are contrary to the strict guidelines regarding implementation fidelity as outlined by the programme developer. However, a number of studies are currently underway which will go some way toward addressing the current dearth of independent research into the TCM as a stand-alone programme. Emergent findings are promising. Early results from a US study of the TCM illustrate a significant time by treatment interaction with respect to positive class climate (Murray, Murr, & Rabiner, 2012). A large scale cluster randomised controlled trial of TCM efficacy (along with economic and process analyses) in the UK is also currently underway (Ford et al., 2012). Such ongoing empirical research should help to further increase our understanding of the relative utility and effectiveness of the TCM whilst more qualitative research is also needed to assess acceptability across different contexts and the inhibitive and facilitative barriers therein.

5.5   The importance of programme acceptability

The acceptability of an intervention has been shown to be highly linked to its success (Proctor et al., 2011). Programme adoption cannot occur without willing participants,

and without an appropriate level of 'buy-in' on the part of teachers, success is unlikely. However, training programmes may be regarded as 'good' or 'bad' (Pickering, 2007b). 'Good' programmes involve interaction and co-construction; they are optional, challenging, and ongoing. Conversely, 'bad' continuing professional development is regarded as involving a patronising/judgmental approach; these courses are forced, passive, and typically once-off (Pickering, 2007b). Fink (2001) suggested that teachers and principals must firmly believe in the applicability of any training programme in order for it to demonstrate effective outcomes. Previous research has also indicated the role of emotions (including boredom, enjoyment, anger, hopelessness, and shame) in mediating the relationship between goals held by trainees and subsequent performance outcomes (Pekrun, Elliot, & Maier, 2009). Thus, an individual who undergoes training with good intentions and well-formulated goals, but who is unsatisfied with the experience of participation, is unlikely to demonstrate effective learning outcomes.

From the initial decision to participate in training, through the learning process, and into the post-TCM classroom, teacher receptiveness can impact upon programme success. TCM participants typically report enjoying the programme, in particular, the intrinsic camaraderie that accompanies group learning, "It was good to share experiences with other teachers in similar situations – I no longer felt I was alone" (Hutchings et al., 2007, p. 20). Shernoff and Kratochwill (2007) similarly reported teacher appreciation of the chance to discuss strategies within a shared learning community; this echoes similar findings from research into parent experiences of IY programmes (Furlong & McGilloway, 2012; Stewart-Brown et al., 2004). Although the TCM programme is widely regarded as user friendly, some initial difficulties with strategy implementation can exist (Baker-Henningham et al., 2009). It may take time before strategies become part of daily practice. As shown by other research, these strategies may increase in both utility and ease of implementation over time (Williford & Shelton, 2008). A concerted effort to maintain the learned skills is required, alongside curriculum and administration duties. Nonetheless, teachers in a large-scale study conducted in the US, reported an ability to balance these often competing demands (Webster-Stratton et al., 2008).

The utility of a programme is not solely determined by its theory base. Whether or not it can be applied by teachers in a 'real life' setting is also crucial to its success. Satisfaction with the TCM programme was reportedly high among participants in Portuguese (Webster-Stratton et al., 2012) and Welsh (Hutchings et al., 2007) trials. The latter noted how teachers were able to put the TCM programme into practice, illustrating transferability from TCM theory and content to the post-training classroom. Furthermore, these teachers felt re-energized by participation in the TCM programme- "I feel I can engage the children's attention better... The best course I ever attended!" (Hutchings et al., 2007, p. 18). In fact, 91% of participants in this study reported that they would recommend TCM training to colleagues. In an early study by Webster-Stratton et al. (2001), 97% of teachers who participated in TCM training rated it positively. All pre-school teacher participants ($n = 14$) in a small-scale TCM study, stated that they would recommend the programme to others (Baker-Henningham et al., 2009). Among two diverse samples (Jamaica and Wales), recommendations were made for a) TCM inclusion in pre- and primary-school teacher training curricula, and b) roll-out of the programme to all school staff (Baker-Henningham et al., 2009; Hutchings et al., 2007).

The process of undergoing TCM training may be impacted by internal and external factors. Whole school approaches are generally believed to be effective in implementing widespread system change (e.g., anti-bullying campaign; O'Connell, Pepler, & Craig, 1999). Waldron and Redd (2011) reported that whole school practices deliver the most positive results. Moreover, the chance to work together as a staff through peer coaching and increased dialogue creates a "buzz of excitement" (Waldron & Redd, 2011, p. 61). Where schools fail to engage with a delivered programme, or to provide support and encouragement for those undertaking training, positive effects (if any) are likely to be short-lived. This may be particularly evident when programmes are not practice-focused or supported by theory. Miles (1995) provided a scathing report of CPD offered to teachers, stating "…a good deal of what passes for professional development in schools is a joke…. In short, it's pedagogically naïve, a demeaning exercise that often leaves its participants more cynical and no more knowledgeable, skilled, or committed than before" (1995, p. viii). Teachers themselves have reported being in need of assistance. However, their desire to promote child socio-emotional development should not be construed as

carte blanche for the implementation of programmes which undermine the dynamic nature of the classroom and are unsupported by empirical evidence. The delivery of programmes to improve classroom management should acknowledge the difficulties inherent in the classroom, and demonstrate respect for those working under often challenging conditions and frequently with limited resources.

5.6   Conclusion

A number of psychological theory-based programmes purport to assist teachers in managing classroom behaviour and encourage socio-emotional development in children. This chapter provided a brief overview of three of the most popular programmes that might be considered as similar to the TCM programme, which is the subject of this study. However, the main focus of this chapter was on the theory, components, principles, and application of the IY TCM programme, its evidence base and its acceptability among those who have undergone training to date. The next chapter details the methodological aspects of the current process evaluation, and the larger RCT within which it was located.

CHAPTER SIX: METHOD

6.1 Introduction

This chapter details the methodological approach underpinning the current study including, in the first instance, a discussion of the epistemological framework within which the study is located. It outlines aspects of the larger RCT which are relevant to the current study, along with the process evaluation itself.

6.2 Epistemological framework

The current study involved a predominantly qualitative design with an additional smaller quantitative component designed to support/amplify the qualitative findings. Thus, this study adhered to a pragmatic (mixed methods) approach as outlined by Pawson and Tilley (1997), a response to the positivist-constructivist impasse. Still some differences of opinion exist as to the mixing of typologies and the precise means of method integration (Onwuegbuzie & Leech, 2005). For example, the equilibrium between qualitative and quantitative approaches in mixed methods research is rarely stable; one paradigm typically receives greater attention. For example, Howe (2004) and others such as Denzin and Lincoln (2005) have argued that the qualitative component of mixed methods research is often a secondary (auxiliary) approach, used only to support quantitative findings. Nonetheless, the methodological pluralism of pragmatism permits a combination of epistemologies and methods based on what works best. The pragmatic approach is less concerned with epistemological conflict between qualitative and quantitative methodologies, but rather purports that methods can be holistically combined as and when required. Morgan (2007) suggested that pragmatism offers the opportunity to focus on methodological rather than metaphysical issues and involves a 'real-world', problem-centred approach to conducting research. In the current study, constructivist qualitative methods are used in tandem with positivist quantitative methods to elicit both the experiences of all key stakeholders of programme implementation and receipt, and to elucidate the impact of the TCM programme in terms of changes in child and teacher behaviour. Specifically, the epistemological approach adopted in the current study was informed by several key principles:

Comprehensiveness- As this is the first study of its kind in Ireland, a rich account of both process and outcomes was required.

Utility- Mixed method findings from the current research may inform future TCM programme delivery in Ireland, and elsewhere. The use of mixed methods allows decision-makers and programme implementers to explore several inter-related components of TCM.

Triangulation- In evaluation research, it is not only important to ascertain *whether* something is effective, but also *how* it works (or does not work). Methodological triangulation can corroborate and uncover any contradictions, leading to what Denzin called a 'convergence upon truth' (cited in Johnson, Onwuegbuzie, & Turner, 2007).

6.3   Process evaluations within RCTs

While RCTs have the potential to demonstrate programme effectiveness, they rarely examine contextual factors which can directly and indirectly influence outcomes. For this reason, Rosner (2002) called for caution in assessing evidence based solely upon RCT findings and it has been argued by others that RCTs can be quite limited in scope (Cartwright, 2007) due, in large part, to their exclusion of the 'lived experiences' of participants. Thus, there is an apparent need for improved integration between quantitative trial findings and the qualitative experiences of those involved (Lewin, Glenton, & Oxman, 2009). Qualitative research which examines the processes of implementation, can be useful in elaborating upon the validity of trial results and in "... reaching the parts other methods can't reach" (Pope & Mays, 1995, p. 42). Therefore, the perspectives of those involved in intervention delivery and receipt can be explored using qualitative methods, allowing contextual information to come to the fore (Bradley, Wiles, Kinmonth, Mant, & Gantley, 1999). However, it is also important to remember that qualitative findings are not intended to be a substitute for an outcome evaluation (Medical Research Council; MRC, 2008). As recommended by the MRC (2008), the importance of intervention processes *and* outcomes necessitates a longitudinal synergy between research approaches, and across multiple stakeholders. The kind of mixed method research used in the current study has been referred to as the "third research paradigm" (Johnson, Onwuegbuzie, & Turner, 2007) and the "third methodological movement" (Tashakkori & Teddlie, 2003). It contends that qualitative research can complement the assessment of intervention efficacy, by addressing stakeholder experience.

6.4 The Incredible Years Ireland Study

The Incredible Years Ireland Study (*IYIS*) was commissioned by Archways[8] in 2007 with funding from Atlantic Philanthropies[9], and involved a five-year evaluation of the IY series in Ireland (see www.iyirelandstudy.ie). Specifically, three separate RCTs were undertaken to assess the overall effectiveness of the IY parent, teacher, and child training programmes. As indicated earlier in chapter 1, the current study was nested within an RCT of the TCM programme, one of the first outside the United States to involve an independent evaluation of this programme. Archways provided TCM training and a team from NUIM (including the author) carried out the research component. There were a number of aspects of the larger RCT that are relevant to this study and which therefore, are described in the following subsections, including, for example, the early stages of recruitment and RCT randomisation. These will be discussed briefly, followed by the main focus of the chapter, which specifically details methodological aspects of this PhD process evaluation sub-study.

6.4.1 RCT recruitment

Archways identified a number of potentially suitable schools in the greater Limerick area (located in south-west Ireland), for participation in the RCT. In early 2008, personnel from these schools were invited to attend an initial information meeting with Archways and the senior NUIM academic team. Schools were provided with information regarding the TCM programme, along with an overview of the research commitment required. In October 2008, Archways sent a 'handover letter' to school principals who had confirmed their initial interest in participation. This letter thanked

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[8] Established in 2006, Archways is a national organisation involved in the promotion and delivery of evidence-based programmes (including the *IY* series of programmes) for vulnerable children and young people throughout Ireland.

[9] The Atlantic Philanthropies (AP) is a limited life foundation, whose mission statement is to bring about "lasting changes in the lives of disadvantaged and vulnerable people." Over the past 30 years, AP has awarded funding for research, programmes, and other initiatives in several countries, worldwide. A major focus of AP is to the evaluation and provision of programmes for disadvantaged children and youth. For further information, see http://www.atlanticphilanthropies.org/

principals for their continued interest in this project, and informed them that the NUIM team would be in contact. In November 2008, the researcher (accompanied by a member of the senior NUIM academic team) visited each participating school, to discuss the study with school staff. Principals, junior and senior infants' teachers, and other key staff members (e.g., home school liaison personnel, resource teachers, and visiting teachers for travellers)[10] were invited to attend these meetings. Each prospective infant class teacher received an information pack which, alongside other documents pertaining to the larger RCT (see McGilloway et al., 2011), included:

- A visual timeline and description of the RCT, from first contact, through randomisation, to 12-month intervention group follow-up (see Appendix 15).
- A teacher information leaflet/ consent form which detailed the purpose of the study, the rights of participants, and the use of collected data (see Appendix 12 and Appendix 11).
- An information leaflet with 'rules' for classroom observations (see Appendix 13).

If teachers were willing to commit to the study during the initial meeting, consent forms were signed then and there. In some cases, a number of further school visits were scheduled as teachers required more information about the expected long-term commitment. These initial meetings were also useful in informing the research team about class composition (e.g., children with special needs, or with limited spoken English).

6.4.1.1   Inclusion criteria for schools and teachers

Initially, the following criteria for inclusion of schools and teachers were outlined:

- Participating schools should be located in disadvantaged areas within the greater Limerick area or have a large number of pupils coming from areas of disadvantage, as outlined by DEIS guidelines.

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[10] Although ineligible for participation in the TCM trial/training, these school personnel were viewed as a potential resource in obtaining parental consent.

- Participating teachers should be fully qualified, with their probationary year completed.

- They should be permanent members of school staff.

- They must be teaching a junior or senior infant class (age range 4 to 7) for the academic years 2008-2009 *and* 2009- 2010.

- They must commit to remain involved in both training and the research (to completion).

- They must not currently participate in, nor have recently completed any, behaviour-based training programme.

- School management must agree to support teachers in their training and research participation.

As recruitment progressed, it became apparent that some of the above criteria were too stringent, especially those pertaining to the issue of disadvantage. Active regeneration efforts in Limerick at the time of recruitment meant that many schools located in disadvantaged areas had received recent exposure to classroom management programmes. The participation of any teacher who had undergone TCM or similar training would pose a problem of contamination (i.e., prior exposure to classroom management training would have had implications for the findings of this study, in terms of attributing resultant outcomes to the TCM delivery), so it was decided to include additional schools outside specifically disadvantaged areas. Once these schools were identified, another issue emerged. While most teachers who opted to participate were fully qualified permanent staff members, four were not. The inclusion of these teachers in the final sample was due largely to their enthusiasm and the time pressure on recruitment. Furthermore, all principals gave an assurance that these teachers would be supported in their participation. However, subsequent to recruitment, financial cuts necessitated the reorganisation of school structures, internal movement of teachers within schools, the amalgamation of classes, and the unexpected loss of some non-permanent staff members.

6.4.2 *Participants*
The final sample included 11 schools- eight in Limerick city, one in County Limerick, and two in County Clare. At the time of the research, five of these schools

were classified as Urban DEIS band 1, one was Urban DEIS band 2, and one was Rural DEIS[11].

Teachers

Twenty-two primary school teachers participated in the RCT and in the quantitative component of this sub-study (11 junior infants' teachers and 11 senior infants' teachers)[12]. Only one participant was male, which is typical of the wider gender representation of early years' educators more generally (Drudy et al., 2005). At the time of trial commencement, most participants were aged between 25 and 34 years ($n = 15$), five were aged 35 to 54 years whilst two were under 25. Overall, they had a wide range of teaching experience ($M = 9.4$ years; $SD = 8.39$) including specific experience teaching infant classes ($M = 4.73$ years; $SD = 5.94$).

In order to identify 'index' children for inclusion in the RCT, teachers screened a total of 445 children from junior and senior infant classes using the teacher version of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). Screened children had a mean age of 5.4 years ($SD = 0.71$). Over half were female (56%, 253/445), with the sample almost equally divided between junior and senior infant classes (49% and 51% respectively). Most children (295/445), attended mixed sex schools whilst just under one-quarter (105) attended girls-only schools. The number of children in each class ranged from 11 to 29 (average class size = 20.23). As discussed in Hyland et al. (in press), children screened by teachers at baseline

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[11] As discussed in chapter 2, DEIS consists of a range of programmes designed to address educational disadvantage within the public school system and incorporates band 1 and band 2 (higher and lower levels of disadvantage, respectively), along with DEIS rural. Primary schools which serve rural communities and small towns (where the population is below 1,500), can be given the DEIS Rural designation. Whilst DEIS Rural schools are not eligible for the Home School Community Liaison Scheme, they are entitled to receive the yearly DEIS grant, based on the level of disadvantage and on enrolment figures (DES, 2005).

[12] The initial period of formal education in Irish primary schools is referred to as 'infant education', with the first year known as 'Junior Infants' and the second year as 'Senior Infants' (Donnelly, 2007). This early education period largely equates with reception class (Foundation Stage, Year 2) in England, the Foundation Phase in Wales, and with Kindergarten in the US.

displayed relatively high level social, emotional, and behavioural challenges (see Appendix 22 for further information).

6.4.2.1 Randomisation and programme delivery

For this study, the unit of analysis was the teacher; that is, within each school, one teacher was randomised to the intervention group ($n = 11$), and the other to the (6-month) wait-list control group ($n = 11$). This design ensured that all participating schools immediately received the intervention whilst it also reduced the possible problem of "resentful demoralization" (Shadish, Cook, & Campbell, 2002, p. 72), and the potential attrition of wait-listed schools. Furthermore, any observed post-trial differences between intervention and control groups can be more directly attributed to the intervention itself than to possible between-school differences. However, within-school randomisation leads to a potential lack of independence across treatments given that teachers and children within a school will interact over time (Goldstein & Blatchford, 1998). To overcome the possibility of contamination, intervention group teachers were informed of the importance of trial conditions, and were asked not to share any TCM information with the control group teacher, until after follow-up.

Random assignment resulted in five junior infants' teachers and six senior infants' teachers comprising the intervention group. Teachers assigned to the intervention group attended training sessions in Limerick city from 9am to 4pm one day per month, over a period of five months. Programme delivery began in January 2009, to facilitate post-intervention evaluation before the end of the academic year. The TCM programme was delivered by two different pairs of facilitators to the intervention (2009) and control (2010) groups. All teachers consented to participate in the RCT, and all completed the training.

6.5   The TCM process evaluation

6.5.1   Study design

The mixed method process evaluation study comprised two related elements: (1) a qualitative component which primarily consisted of semi-structured interviews with teachers, school principals, and Archways staff members; and (2) a quantitative examination of TCM training processes and outcomes. This multi-informant

longitudinal study was designed to provide a thorough overview of aspects of training organisation/delivery, and receipt and outcomes that are often unexamined in RCT research, and which have implications beyond whether an intervention works. The various participant categories and data collection components of this study are illustrated in *Figure 6.1*.
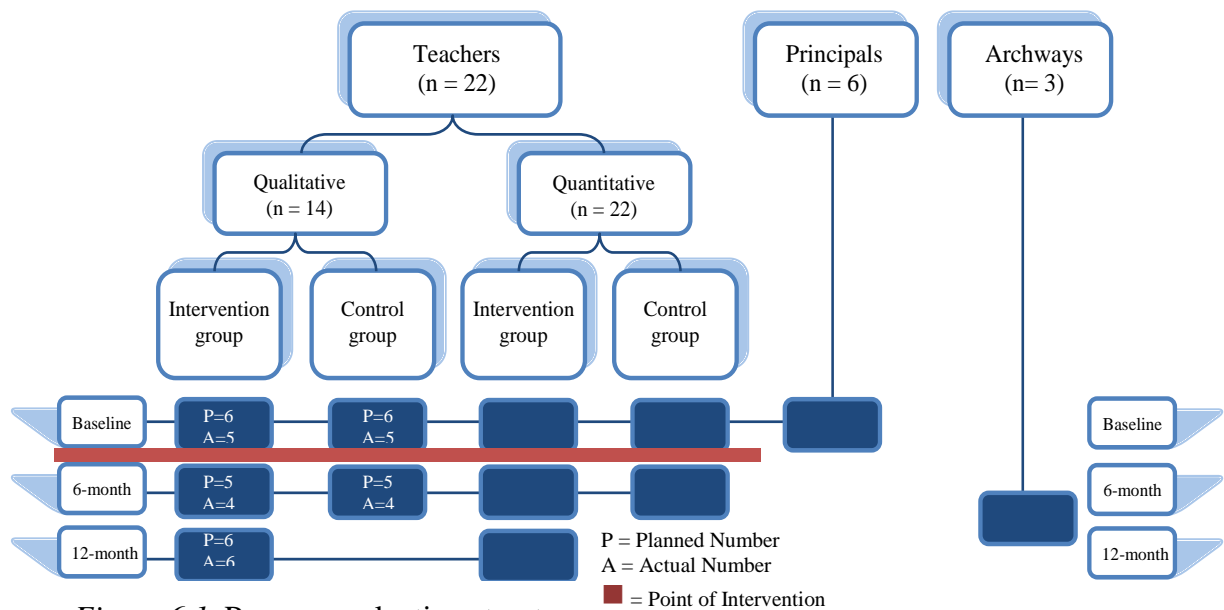
Figure 6.1. Process evaluation structure

6.5.2 *Participants*

The involvement of all 'appropriate users' is intrinsic to the success of a process evaluation (MRC, 2008). Thus, the sample in the qualitative study was selected to be as diverse as possible and comprised teachers, principals, TCM group facilitators, and the Archways development manager. As indicated above, the number of participants varied across different components of the study (questionnaires, observations, and interviews). For example, a total of 23 stakeholders participated in 33 in-depth one-to-one interviews which were conducted as part of the qualitative study. Further information by stakeholder group is provided overleaf.

Teachers

Teachers comprised the primary stakeholder group. All 22 teachers participated in classroom observations. However, only the intervention group teachers ($n = 11$) were asked to return questionnaire data.

Although all RCT participants were provided with information about the qualitative interviews, maximum variation purposive sampling was used to obtain a sample of 12 teachers differing in age, service years, school types, and school locations. However, only 10 of those approached to take part in interviews baseline interviews, consented to do so. Five intervention and five control group teachers, (from five schools) participated in baseline semi-structured interviews. In the immediate post-training period (6-months post-TCM commencement), interviews were conducted with four intervention teachers (June, 2009) and with four control group teachers (June, 2010). In December 2009, 12-month follow-up interviews were conducted with six intervention group teachers who had completed training in June 2009 (see Table 6.1).

Initially, it was intended that all those who had been interviewed at baseline would be re-interviewed at follow-up time points. However, three teachers who took part in baseline interviews were unavailable at follow-up. Due to a non-permanent teaching post, one teacher (T4) was no longer working in the school at the 6-month follow-up (control group) Another (T10) was ineligible for participation at that time due to a move to a resource teaching post whilst prior personal commitments resulted in the unavailability of a third teacher (T11).

At 12-month follow-up, similar challenges in re-interviewing participants emerged; one (T9) was on sick leave and another (T21) (due to non-permanency of post) was no longer working in her original school. Thus, of those interviewed at 12-month follow-up, just two had participated in both baseline and 6-month follow-ups, with one other interviewed only at baseline. To address this shortfall in numbers, three teachers who had not previously participated in the qualitative research process, were interviewed at the 12-month follow-up; these participants were selected solely due to their availability and willingness to be involved.

Table 6.1.

Interviewed Teachers

Teacher ID	Intervention or control group	Gender	School DEIS band	Baseline	6-month follow-up	12-month follow-up
T1	Intervention	Female	Non-DEIS			✓
T3	Intervention	Female	DEIS Band 2	✓	✓	✓
T4	Control	Male	DEIS Band 2	✓		
T7	Intervention	Female	DEIS Band 1	✓	✓	✓
T8	Control	Female	DEIS Band 1	✓	✓	
T9	Intervention	Female	DEIS Band 1	✓	✓	
T10	Control	Female	DEIS Band 1	✓		
T11	Intervention	Female	Non-DEIS	✓		✓
T12	Control	Female	Non-DEIS	✓	✓	
T15	Intervention	Female	DEIS Band 1			✓
T16	Control	Female	DEIS Band 1		✓	
T17	Intervention	Female	DEIS Band 1			✓
T21	Intervention	Female	Non-DEIS	✓	✓	
T22	Control	Female	Non-DEIS	✓	✓	

Principals

In early 2009, six principals participated in once-off interviews. As with teachers, purposive sampling was used to select principals by gender and by each of the four different classifications of schools (non-DEIS, DEIS Band 1, DEIS Band 2, and DEIS Rural); these are shown in Table 6.2.

Table 6.2.

Interviewed Principals

Principal ID	Gender	School DEIS band
P1	Male	Non-DEIS
P2	Female	DEIS Band 1
P3	Male	DEIS Band 1
P4	Female	DEIS Band 1
P5	Male	DEIS Band 2
P6	Female	DEIS Rural

Archways personnel

Two programme facilitators (who delivered TCM training to the intervention group) were interviewed by the researcher in the immediate post-training period (June 2009). The development manager at Archways, whose role was primarily in trial recruitment, was also interviewed in March 2010.

6.5.3   Data collection methods

A diverse range of data collection methods were used to address the research questions including: (1) a series of in-depth, one-to-one interviews (baseline, 6-, and 12-month follow-up schedules); (2) self-report questionnaires; and a classroom observation tool. The materials used in this study are detailed in the following chapter subsections.

6.5.3.1   Interview schedules

The researcher developed a series of interview schedules (see Appendices 1 to 6), for teachers, principals, programme facilitators, and the development manager respectively. Interview content was informed by a review of the literature and by the research questions outlined earlier in chapter 1. With regard to the teacher participants, baseline interviews related to current management practices, prior knowledge of the TCM programme, and expectations surrounding training participation. Initial open-ended questions enquired about challenges in classroom

management and perceptions of support. Where necessary, prompts were given and based upon participant response the order of questions was altered. Follow-up interview schedules related to teacher experiences of undergoing TCM training (at 6-month follow-up), and their perceptions regarding post-intervention classroom management (at both 6- and 12-month follow-up).

The Principal Interview Schedule was constructed to measure broader issues relating to behaviour management within schools, and to contextualise the experiences of teachers. This included questions relating to the types of behavioural problems typically encountered, their school's 'code of behaviour', the perceived cause of difficult classroom behaviour, and prior knowledge of the TCM programme.

Facilitator interviews, conducted post-intervention, addressed experiences with TCM delivery, and perceptions regarding the influence of group-dynamic and extraneous factors on the training process. The ways in which facilitators dealt with emergent problems, and the extent to which such issues affected their ability to remain within TCM protocol, were also examined. The interview with the Archways development manager addressed issues pertaining to school and teacher recruitment/retention. The process, challenges, and successes of this activity were discussed, along with issues relating to the NUIM-Archways partnership. Such community-university collaboration involves an active bridging of 'town' and 'gown', a beneficial (although often difficult) partnership noted by McWilliams, Desai, and Greig (1997). Suarez-Balcazar, Harper, and Lewis (2005) proposed that such collaborations involve a range of interrelated benefits and challenges, which can manifest from both community and university perspectives (Norris et al., 2007; Ross, 2010).

6.5.3.2 <u>Quantitative measures</u>

All intervention group participants were invited to complete self-report questionnaires in order to elicit experiences of workshop participation (one questionnaire per individual workshop) and overall post-training programme satisfaction. Structured classroom observations were also conducted to ascertain the classroom dynamic, pre- and post-TCM training. Each of these is described briefly in the following subsection.

Teacher Workshop Evaluation Questionnaire

The Teacher Workshop Evaluation Questionnaire (TWEQ), developed by The Parenting Clinic[13], is a self-report measure, completed by teachers on a monthly basis after each of the five training sessions. This questionnaire addresses teacher experience of individual TCM workshops (see Appendix 9). It consists of four open-ended questions to identify aspects of the workshop that were liked most and least, the most helpful component, and recommendations for workshop improvement. It also contains six 4-point Likert scale items ranging from 1 (very poor/unhelpful) to 4 (above average/very helpful), which evaluate the workshop leaders and group interaction (3 items), and the training strategies used (3 items). The extent to which the workshop evaluation is favourable is indicated by the mean score of these six items.

Teacher Satisfaction Questionnaire (revised)

The Teacher Satisfaction Questionnaire (TSQ) also developed by The Parenting Clinic, was abbreviated by the researcher for use in the current study. The original 37-item measure displayed overlap with the TWEQ (outlined above), and was considered to be excessive in length, thus it was revised for use in the current study. The revised version comprises five 5-point Likert scale items ranging from 1 (a negative response such as 'not at all') to 5 (a positive response such as 'very much so') and 4 open-ended questions. This questionnaire contains items regarding participant satisfaction with training, expectations prior to TCM participation, perceived appropriateness of the training programme, whether the participant would recommend the training programme to others, post-training classroom management confidence, and overall impression of the programme. The satisfaction score is calculated by obtaining the mean score from these items with the exception of item 1,

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[13] The University of Washington's Parenting Clinic develops, delivers, and evaluates programmes to promote social competence and prevent conduct problems in children. Co-directed by Dr. Carolyn Webster-Stratton, (developer of Incredible Years curricula), one of the aims of the Parenting Clinic is to provide publicly-accessible measures for programme evaluation. The TWE and TSQ are available at: http://www.son.washington.edu/centers/parenting-clinic/documents/Teacherworkshopeval.pdf

which addresses expectations prior to TCM training. In the current study, the internal consistency of this revised measure was .942.

Classroom observations: The Teacher-Pupil Observation Tool

The T-POT (Martin, 2005) was used in this study to assess teacher behaviour[14] in the classroom (Appendix 7). This tool was developed at Bangor University and is based upon contemporary teaching and child behaviour research. It incorporates elements of the Dyadic Parent Child Interaction Coding System (DPICS; Robinson & Eyberg, 1982) and the Multiple Option Observation System for Experimental Studies (MOOSES; Tapp, Wehby, & Ellis, 1995). The T-POT has been shown to have promising reliability (inter-rater reliability = 0.78) and validity (Martin et al., 2010). Its ease of administration within a busy classroom made it ideal for use within the current study.

Several possible teacher and child behaviours relating to both verbal and non-verbal communication are coded on an itemised checklist. The focus in the current study is on 'Teacher Positives', 'Teacher Negatives', and 'Teacher Praise'. The category 'Teacher Positives' includes such behaviours as 'positive affect' (e.g., smiling at a child), 'physical positive' (e.g., touching a child in a positive manner), and 'encouragement' (for example, where a teacher tells a child "I know that you can do a good job"). The category 'Teacher Praise' comprises both labelled and unlabelled praise. Both are regarded as favourable behaviours; because labelled praise is specific (e.g., "I like how you are taking your books out of your bag") it is preferable to unlabelled praise (e.g., "Good job!). The categories 'Teacher Positives' and 'Teacher Praise' may be contrasted with 'Teacher Negatives', which includes 'negative commands' (e.g., "Stop" or "Don't do that"), 'physical negatives' (e.g., physically restraining a child), 'criticisms' (e.g., "You've been very naughty"), and 'warnings' (e.g., "If you don't sit down, you'll be sent to the naughty corner"). T-POT scores are comprised of frequency counts for all relevant behaviours. These are summed to give

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[14] Although not a focus in this process evaluation sub-study, child classroom behaviour was observed alongside teacher behaviour, as part of the larger RCT - see McGilloway et al. (2011) for further details and for RCT findings pertaining to child classroom behaviour.

an overall score for teacher and child (positive and negative) behaviours. As several different researchers typically code simultaneously, it is important to ensure consistently high inter-rater reliability- this will be discussed in more detail later in this chapter.

6.5.4 Procedure

6.5.4.1 Interviews

Interviews with teachers and principals were held insofar as possible, in quiet rooms on school premises, typically a vacant classroom or the principal's office. These interviews ranged in duration from 30 to 70 minutes, and all were recorded on microcassette. A voice recording test was conducted prior to each interview, to assess sound quality. Despite careful attempts to ensure audible recording, the nature of the working school environment often resulted in interruptions by staff members or children, and extraneous noise from school bells or PA systems. Interviews with the development manager and one TCM facilitator were held at Archways, Clondalkin. The other facilitator interview was held in a secondary school in West Dublin. All interviews with Archways personnel lasted approximately 60 minutes. Brief contextual notes relating to the emotional responses of participants were written throughout each interview. The researcher also compiled more detailed field notes immediately following each interview

The aim during interviews was to balance adherence to pre-set questions with attention to emergent issues. The interviewer was aware of potential bias in terms of question selection and in leading the general direction of the interviews. Therefore, a number of opportunities were given to the interviewees to voice their opinion on other issues they perceived as relevant. Follow-up and probing questions were also used to obtain additional information. Trust and rapport were easily established because the researcher had been involved in the early recruitment of teachers to the trial, and had met with them (and the principals) on several occasions prior to interviews. Similarly, the positive working relationship between the researcher and programme delivery staff enabled open and frank interview discussions.

6.5.4.2   Questionnaire completion

Questionnaire packs were distributed to teachers by the researcher, on the first day of training (in January 2009). These packs included the TWEQ and TSQ, along with instructions for completion. Teachers were reminded at intervals to complete the questionnaires. These were returned to the researcher by mail once training had been completed (in June 2009). All TSQ questionnaires were returned, and all but one teacher returned the TWEQ.

6.5.4.3   Classroom observations

During a two-day period in October 2008, the T-POT developer trained the NUIM team (including the researcher) in the use of the T-POT. This involved an overview of the T-POT's theoretical background, along with training in its classroom administration. Prior to trial commencement, pilot sessions were conducted to ascertain the time required to set up observations, to identify appropriate researcher positions within a classroom (so as to cause minimal disruption), and to enhance inter-rater reliability. Pilot observations were conducted in the classrooms of two teachers who were M.Ed. students at NUIM, and two other primary school teachers known to the researcher. 'Live' practice observations were also scheduled by the researcher before each follow-up time point in order to ensure consistently high inter-rater reliability throughout the RCT. Moreover, T-POT video practice sessions were regularly held at NUIM. Reliability was calculated by comparing the proforma results of the primary (main) coder, with data collected by other coders. All practice checks exceeded the recommended minimum of 70% inter-coder reliability. Moreover, immediately after all 'live' classroom observations within the TCM trial, the research team examined, scored, and calculated inter-rater reliability on the T-POT coding sheets.

Observations took take place during formal, structured classes (e.g., maths, Irish, or English lessons) where teacher and child interaction was maximised. The researcher was present for all observations. Classroom observations typically lasted 60 minutes, divided into four 15 minute blocks. Classroom observation sessions were conducted in each class pre- and post- TCM training programme, and again for the intervention group teachers, at 12-month follow-up. An average (above threshold) reliability of 73% was exhibited across all coders during data collection. Maintenance of inter-rater

reliability reduces the likelihood of bias due to researcher non-blinding to trial conditions. The PhD researcher's involvement in TCM RCT co-ordination necessitated awareness of trial conditions. However, all other T-POT coders (four in total) were blinded to the allocation of teachers to intervention or control groups.

6.5.5   Ethical considerations

The IYIS received ethical approval from the NUIM Ethics Committee in 2007. Permission to conduct the process evaluation was sought from NUIM Ethics Committee on October 3rd, 2008, and approval was granted on November 3rd, 2008. Ethical issues such as consent, confidentiality, and safety were taken into consideration when planning and executing the research and the study was conducted in accordance with guidelines of the British Psychological Society (BPS; 2000), The Psychological Society of Ireland (PSI; 2003), and the *Ethical Standards of The American Educational Research Association (*AERA; 2002). Fully informed (written) consent was sought from all prospective participants (teachers, principals, facilitators, and the development manager), who were assured that their data would remain confidential. All parents of children whose behaviour was a focus of the larger RCT were provided with information leaflets and consent forms outlining the research process, and stipulating that children were not obliged to participate in this study. Due to the large number of non-English speaking parents of children in the schools, the parent information leaflets and consent forms were translated into Polish, Czech, and French (the latter for parents from French-speaking African countries).

Permission to conduct classroom observations or interviews and to collect questionnaires was sought in advance, and reminder phone calls were made to schools preceding any visit by the researcher. At each classroom observation (i.e., baseline, 6-, and 12-month follow-up), participants received €50 in cash as a token of thanks. In two cases, teachers did not wish to receive any remuneration for participation, and donated the cash gift to their school funds. Prospective qualitative interview participants were also informed that they would receive a token of appreciation (€20) for their participation. The written informed consent of all participants was also obtained in relation to the audio recording of the interviews. All observation coding sheets and audio-taped interviews were stored in a fireproof,

locked filing cabinet at NUIM and were accessed only by the researcher. All data files (SPSS, MS Excel, and MS Word) are held on a password-protected computer.

This research was, for the most part, conducted in schools. Although no one-to-one interaction with children occurred, close contact between the researcher, teachers and children was unavoidable, particularly when conducting classroom observations. Due to the vulnerable nature of the study population, additional precautions were taken by the researcher, such as pre-observation discussions with teachers/school principals, and the development and use of an Operations Manual (see Appendix 23). The aforementioned document (which outlined the TCM trial process and provided guidelines to the research team) was developed by the researcher to ensure quality control throughout the data collection period, specifically the standardisation of all interactions between the research team and participants. Importantly, all researchers who conducted classroom observations were also required to obtain Garda clearance in advance.

6.5.6 *Data storage and analysis*
Quantitative data gathered via classroom observations and questionnaires were analysed using SPSS (Version 19.0). Qualitative interviews were audio-recorded and transcribed verbatim to Microsoft Word. Although qualitative analysis software (MAXQDA) was trialled as a possible means of facilitating data storage/analysis, data were subsequently stored using Microsoft Excel and all analysis was conducted using hard copies of transcripts.

6.5.7 *Qualitative analysis: Epistemological considerations*
A number of analytical methods could have been used in the qualitative study, but it was decided that Framework Analysis provided the 'best fit' with the aims and objectives of the study. Other methods considered for use, included Interpretative Phenomenological Analysis (IPA) and Grounded Theory, but for the reasons outlined below, neither of these was considered suitable for the current study. IPA offers a comprehensive approach to the analysis of individually-experienced phenomena but unlike the current study, it typically addresses topics with considerable existential significance for participants - those which are highly emotive and which often impact upon the life or functional capacity of the respondent. This method is eminently

suitable for use with rich, complex narratives (Ryan & Bernard, 2003) as it recognises the socially constructed nature of meaning for the individual. As an idiographic approach, it is also primarily concerned with the lived-experiences of the individual rather than those of the group (de Visser & Smith, 2006). Whilst teachers' individual experiences of undergoing TCM training were at the heart of the current study, this was primarily of interest in terms of a wider process evaluation from which recommendations for policy and practice may emerge. Furthermore, most issues relating to classroom management were not regarded as highly emotive for many of the participants in this study.

Grounded theory (GT), often regarded as a suitable alternative to IPA (Smith, Flowers, & Larkin, 2009) offers an inductive approach, and focuses on the emergence of theory which is 'grounded' in data. It recognises both formal and informal understandings of the world and the gap that may exist therein. Certain elements of everyday thoughts, ideas, and behaviour are often taken for granted and left unexamined but the aim of GT is to make visible, the invisible (Star, 2007); it may be used, therefore, to examine daily work practices of a group of individuals, particularly the meaning with which their interactions are imbued. Unlike IPA, it can be a particularly useful technique when the experiences of the participant are less emotive. A grounded theorist typically does not predetermine sample size at the research outset- the necessary number of participants is decided only at the point of conceptual saturation, where no new themes or information emerge from the data (Hunter, Hari, Egbu, & Kelly, 2005). Sampling should continue until all categories are theoretically saturated (Charmaz, 2006). The GT approach is more suited to emergent research designs, unconstrained by time limits on data collection. The current study was nested within an RCT and therefore had a limited time-frame and a finite number of participants. Research which involves a limited number of participants is seen as largely inappropriate for its application, and in a review of 19 published studies of complex health interventions in which qualitative methods were nested, only two used GT (Lewin et al., 2009).

6.5.8 *Framework analysis*

This highly structured approach to thematic analysis was developed during the last 20 years by qualitative researchers working at the UK National Centre for Social

Research[15] (NatCen; Richie & Spencer, 1994). It originated due to the need for a method in applied qualitative research that could be used to link rigorous qualitative outcomes with future policy recommendations. Thus, it is regarded as ideal for use in applied policy research (Richie & Spencer, 1994; Furber, 2010). The Framework method has gained popularity in recent years particularly within health psychology (e.g., Dovey-Pearce, Doherty, & May, 2007; Ssebunnya, Kigozi, Ndyanabangi, & Cooper, 2011), and education research (Agbenyega, 2007; Baginsky, 2007; Baker-Henningham & Walker, 2009), and is often used alongside trials with predetermined samples, aims and objectives, and short timeframes (Furber, 2010; Pope, Ziebland, & Mays, 2000). As was the case in the current study, the timescale for applied research is often short and often there is a need to integrate quantitative and qualitative data. In these kinds of studies, certain aims and objectives may be decided from the outset rather than determined by themes which emerge from the data. These aims can be specified by the researcher based on literature review and/or by funding bodies. Furthermore this approach has clear sequential stages which allow those who fund research to observe the manner in which results were obtained (Lacey & Luff, 2001).

Framework analysis may be regarded as incorporating both inductive *and* deductive approaches to the data, although the researcher should be mindful not to 'force' data to fit to expected themes (Srivastava & Thompson, 2009). It contrasts with the traditional conceptualisation of thematic analysis in the sense that, rather than grouping code headings using a linear approach, these are instead grouped together under a thematic 'framework' which itself becomes the main (but not only) resource for analysis (Rivas, 2012). Topics under investigation may be specified at the outset, but emergent themes can also be incorporated into the analysis and reporting (Barnett-Page & Thomas, 2009). As will be discussed in this chapter, the Framework approach provides a matrix-based method for managing data, but the different stages of analysis are similar to those found in other qualitative data analysis methods.

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[15] The National Centre for Social Research is a not-for-profit organisation which conducts social research in the UK across a number of different areas. Established in 1969, NATCEN has since grown to become Britain's largest independent social research organisation. For further information, see http://www.natcen.ac.uk/.

Although specialist software is available for managing and analysing data based on the Framework method, this may also be conducted using alternative Computer Assisted Qualitative Data Analytic Software (CAQDAS) as well as Microsoft Excel, or a simple pen-and-paper/hard copy approach (Smith, Chen, & Liu, 2008).

The highly systematic approach adopted in Framework analysis (Littlewood, Ashton, Mawson, May, & Walters, 2012) involves five discrete stages (Pope et al., 2000; Richie & Spencer, 1994), all of which were used in the current research (see *Figure 6.4*). These were as follows:

1. This first stage of 'familiarisation' necessitated immersion in the interview transcripts. This stage is largely similar to that of other qualitative approaches and involves an ongoing process of reading and re-reading transcripts, with the study's aims in mind. In the current study, the reading of transcripts took place alongside a process of initial audio-based analyses whereby intonations in voice, pauses, and filled pauses were noted. This was also accompanied by reading the notes taken during and immediately after the interviews, in order to recognise contextual factors which were not identifiable from the audio recordings alone.

2. It is predominantly this stage which differentiates Framework from other qualitative approaches. The second stage involved identifying a 'thematic framework' or index of potential themes. This involved noting all aspects germane to the research, from issues deemed important by funding bodies (e.g., the baseline level of difficulty experienced by teachers in classroom behaviour management), those informed by a literature review (e.g., teacher stress), and those which emerged from the data (e.g., classroom isolation and helplessness). Despite the predetermined, deductive nature of framework identification, it was vital that predetermined aims of the study were implemented *alongside* an inductive approach towards the data. Thus, this framework which incorporated both a priori and emergent issues, developed in a recursive (i.e., the re-examination of previously analysed transcripts), rather than linear process, throughout the analytic process. Initial codes, identified from stage 1 (familiarisation with the texts), were organised into a

draft framework alongside pre-determined issues topics which had been identified. As shown in Table 6.3, data were summarised in this stage under a number of developing thematic frameworks (Rivas, 2012).

Table 6.3.

Thematic Framework for 'Impact upon Teachers'

1. Difficulties experienced	5. Helplessness
2. Stress	6. External pressures
3. Frustration	7. Respect
4. Isolation	

3. The third stage of the analysis involved 'indexing', which is comparable to coding in other analytic approaches (i.e., wherein the thematic framework was applied to the data). As with other forms of qualitative analysis (e.g., IPA, GT), numeric identifiers or codes were applied in the margins of the interview transcripts. The focus here was on the identification of both explicit *and* implicit codes within the data. At this point, the theoretical framework which was drafted using a priori and emerging issues (as previously outlined) was applied to the transcripts to examine whether they were an appropriate fit, or if amendments to the framework were necessary (see Table 6.4). This process continued throughout the indexing stage, with each new transcript. Within the current study, once the theoretical framework was applied to the transcripts an iterative process of data re-immersion occurred, which involved re-reading previous transcripts

Table 6.4.

Data Indexing

Theme 2 from thematic framework 'impact upon teachers'	Quote from transcript
Helplessness (later renamed as helplessness and hopelessness)	"Some days I went home and just cried, because I was just so exhausted and frustrated with the situation. Because, you know, I could see it in the other children, and I could see it in the other parents as well." (T10)

4. The penultimate stage of analysis involved 'charting'; this refers to the organisation of data according to specific appropriate thematic frameworks to which they relate. This process resulted in the creation of common charts under identified headings so that a comparison could be made across cases, or studied on an individual case-by-case basis. (See Appendix 21 for some examples of data charts across all participants and themes).

Table 6.5.

Sample of 'Charted' Participant Data

	Helplessness and hopelessness				
Teacher ID	T10	T9	T4	T12	T21
Theme content: Acknowledging limitations in own efforts, helpless and hopeless in the classroom	Didn't have the skills, experience or support (P35) **Not knowing how to do things that weren't taught in college (P37, P39)**	**I'm not going to get anywhere with him (P10)** It's going to happen every day (P20)	Whilst disciplining (P5) **Afraid to touch child (P10)**	I couldn't manage (P2, P3)	Nothing I can say (P13)

5. The final stage of analysis entailed 'mapping and interpretation', that is, using previously developed charts to help define key concepts, to identify patterns or typologies, and to explain findings. The focus of the researcher, at this stage, was on maintaining balance between the original research question and the emergent themes, as suggested by Ritchie and Spencer (1994).
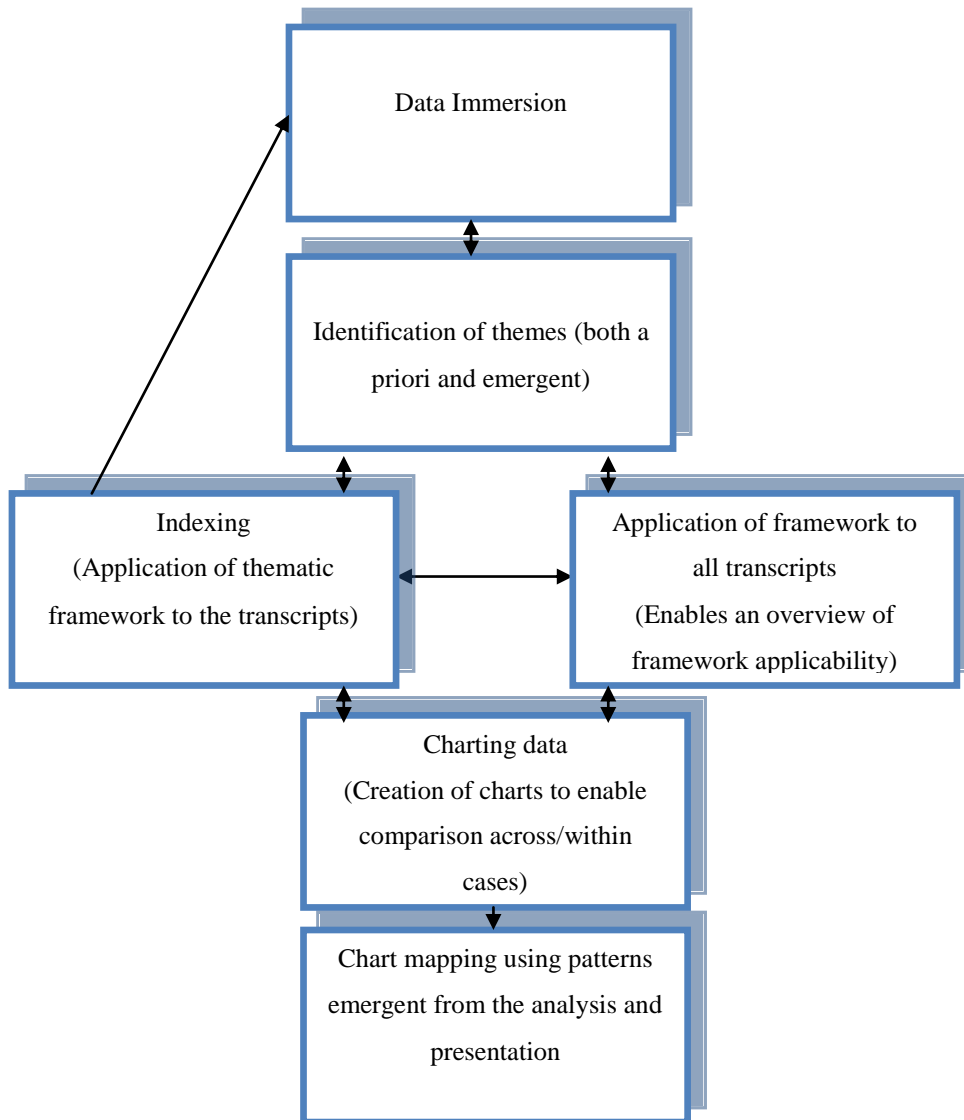
Figure 6.2. Process involved in Framework Analysis
(adapted from Rivas, 2012)

6.5.9 *Ensuring methodological soundness in mixed method research*

Arguably, the most important aspect of any empirical study is the extent to which the findings are sound and can be trusted. This is as important in qualitative as in quantitative research, and in order to ensure this within the current study, a number of factors were taken into consideration. However, certain challenges existed, particularly with regard to the TSQ and TWEQ, neither of which has established psychometric support (Hutchings et al., 2013). Whilst small sample sizes can impact reliability estimates of measurement tools (Charter, 2003), in this study both the TSQ and T-POT displayed acceptable reliability and internal consistency. Designed by the programme developers to examine participant workshop evaluation across a number of different and unrelated components, the TWEQ displayed poor internal consistency at almost all administration time points. Moreover, as TWEQ data were returned along with TSQ data (post-intervention), it is possible that teachers retrospectively completed the TWEQ questionnaires (in June 2009) rather than after each individual workshop, and consequently may have been subject to recall bias.

Rigour is the process by which high standards are met in qualitative research design (Montgomery, 2004). A number of criteria for rigorous qualitative research have been identified as important and these have guided the current study. They include credibility, transferability, dependability, and confirmability which, in effect, "...correspond with internal validity, external validity, reliability, and objectivity, respectively, in quantitative research" (Nastasi & Schensul, 2005, p. 185). The ways in which each of these was incorporated into the current study, are described below:

1. *Credibility*: Methodological triangulation is often used to examine convergent and divergent findings and was used in the current study to enhance credibility. Since a primary purpose of this research was to understand stakeholder experience and classroom outcomes, interview data on perceived outcomes were triangulated with both classroom observation and questionnaire data to provide credible findings. Respondent validation is another method by which credibility may be assured but it was not used in the present research due to its longitudinal nature and the possibility that early presentation of interview data to teachers could have impacted negatively upon future interviews and classroom observations. However, as an

alternative, an expert qualitative analyst conducted a secondary analysis of a small selection of baseline transcripts. A subsequent discussion of their findings with those of the researcher indicated a high level of agreement with regard to the identification of participants' beliefs and experiences. Lastly, the use of verbatim quotes in the findings chapters (and in previous publications and presentations), facilitates credibility.

2. *Transferability:* Although it is not suggested that findings of qualitative studies can necessarily be generalised to the wider population (i.e., in the same way that generalisability may be a feature of many quantitative studies), the establishment of transferability was an important aspect of ensuring rigor within the current study. Transferability refers to the extent that findings may be applicable in other contexts. Here, this was enhanced by providing detailed information on the study context, for example, including an account of researcher-participant relationships and interview locations. This thick description is important in enabling others to determine the extent to which the findings reported here may be applicable to other situations and contexts.

3. *Dependability*: This third criterion refers to the extent to which the findings of qualitative research may be considered reliable. From the initial stages of the study (i.e., when identifying and finalising the aims and objectives) through to the development, execution, analysis, and reporting of the research a detailed record of all activities was maintained by the researcher. All of these were important in ensuring dependability of the conclusions reached.

4. *Confirmability*: This final criterion is important in enabling others to determine the extent to which the findings have been influenced by researcher bias. Here, the development of audit trail was critical. This consisted of personal notes, process notes, and interview schedule development information. For example, detail as to how and why analytical decisions were made, is important in terms of replication of the study. Furthermore, this is important in helping to enhance researcher reflexivity (Watt, 2007); this is discussed in more detail in the following subsection.

The above were further complemented by the use of the 'consolidated criteria for reporting qualitative research' (COREQ) checklist (Tong, Sainsbury, & Craig, 2007) which contains 32-items across three major domains relating to researcher

characteristics, study design, and analysis/findings (see Appendix 18). This checklist was used throughout the analysis and write-up stage of the current study. An example of one COREQ item relates to the reporting of findings: "Were participant quotations presented to illustrate the themes / findings? Was each quotation identified?" The use of this checklist facilitated a comprehensive process of quality control throughout this research.

6.5.9.1 Reflexivity

A researcher's own subjective biases and influences can unconsciously impact upon the research process; thus, reflexivity allows the researcher to identify and overcome subjective biases that may impact upon the analysis and presentation of findings. According to Charmaz (2006), no analysis is neutral and there is always the potential for contamination. Furthermore, Etherington (2006) noted that researchers have the potential to influence the very thing which they purport to examine. One potential (negative) consequence of failing to adhere to reflexive practice in research, is the risk of "obscuring the subjective", and the presentation of findings "intentionally or otherwise, as objective" (Newton, Rothlingova, Gutteridge, LeMarchand, & Raphael, 2012, p. 880). Put simply, the way in which questions are posed may itself prompt particular cognitive processes and responses in participants.

For the above reasons, the researcher engaged in a process of reflection throughout the study (as recommended by Tracy, 2010). For example, the researcher had an appreciation of how classroom (mis)behaviour can affect teacher well-being. Furthermore, the researcher's health psychology background and prior training in trauma counselling were helpful in facilitating an appropriate degree of empathy when teachers discussed the impact of chronic occupational stress on their psychological and physical health. It is possible, therefore, that empathy with teachers' struggles and achievements may have encouraged participants to focus too much on this aspect rather than on other components of classroom experience. However, the researcher made a conscious effort to avoid superimposing her own expectations onto participants' accounts. Furthermore, she attempted to remain mindful of her own potential biases throughout and, as previously discussed, the process of keeping an audit trail was invaluable in enabling this process of critical reflection.

6.5.10 *The quantitative study*

Descriptive statistics were calculated on TSQ and TWEQ data. Two repeated measures ANOVAs were then conducted on TWEQ data to: (a) identify whether significant differences existed in evaluations across the five sessions, and (b) to indicate whether significant differences were evident in the total perceived helpfulness of three main TCM strategies (role play, written handouts, video vignettes). Means plots were also created to graphically represent data. Correlational analysis using Spearman's Rho (due to non-normal distribution of data) was conducted to examine whether a relationship existed between teachers pre-training expectations and post-training programme satisfaction.

Descriptive statistics were computed for classroom observation variables under investigation, namely 'Teacher Positives', 'Teacher Praise', and 'Teacher Negatives' for both intervention (baseline, 6- and 12-month time points) and control group (baseline and 6-month time points). A series of 2x2 mixed ANOVAs were conducted to examine for time-treatment effects on: (a) 'Teacher Positives', (b) 'Teacher Praise', and (c) 'Teacher Negatives'. Means plots representing time by treatment across these three variables were also produced. A further three one-way ANOVAs and related post-hoc tests were conducted to examine for potential change from baseline to 6- and 12-month follow-up for the intervention group only. Mean plots were produced to examine graphically, change across the three time points in 'Teacher Positives', 'Teacher Praise', and 'Teacher Negatives'.

6.6 Conclusion

This chapter presented methodological information pertaining to both the larger RCT and the embedded process evaluation. Epistemological, quality control, and ethical decisions were outlined. The results of both qualitative and quantitative components of this study are presented in chapters 7 to 10. The next chapter specifically details findings from interviews with teachers and principals at baseline.

CHAPTER SEVEN: BASELINE FINDINGS: THE PRE-TCM CLASSROOM

7.1 Introduction

As outlined earlier in the opening chapter, one of the objectives of this research was to examine the pre-intervention experiences of managing challenging behaviours from both a teacher and principal perspective and, in so doing, to highlight the need (or not) for TCM training in Irish schools. A number of key questions were used to guide this aspect of the study, including the following:

- What types of behaviours occur in the classroom?
- What supports are in place for teachers in the management of these behaviours?
- How do teachers manage these behaviours and how do they feel about the effectiveness of their current management strategies?
- What are the views of teachers and school principals on the perceived need for CPD in classroom management and what are their hopes and expectations in relation to the introduction of TCM strategies into their schools?

Findings are presented from a series of baseline interviews with teachers ($n = 10$) and principals ($n = 6$). Four overarching themes and a total of 10 sub-themes emerged, or were identified, from the analysis (see Table 7.1). These are outlined sequentially and are discussed, where relevant, in the context of the literature, throughout the following subsections (see *Figure 7.1* for a graphical representation of baseline interview themes).

Table 7.1.

Themes identified at baseline interview

Themes	Subthemes	
(1) Reality of the classroom environment	i.	The nature and extent of behavioural difficulties
	ii.	Perceived causal factors
	iii.	Impact upon peers: Shifting priorities in the classroom
(2) '*Sink or swim*': Methods used to manage behavioural difficulties and their perceived efficacy	i.	Sources and availability of support
	ii.	Resource issues: School support for children at risk
(3) Impact upon teachers	i.	Asking for help: Isolation in the classroom
	ii.	Helplessness and hopelessness
	iii.	Conflicting professional identity: "*Not the type of teacher I want to be*"
(4) '*Looking to the future*': Expectations of TCM	i.	Optimism: Becoming better equipped
	ii.	Realistic expectations and concerns

7.2 Reality of the classroom environment

7.2.1 *The nature and extent of behavioural difficulties*

All interviewed teacher participants, to varying degrees, reported significant emotional and behavioural challenges in their classrooms. Likewise, five of the six principals stated that social, emotional, and behavioural issues were a major source of concern to them; these were perceived to be a significant problem within most schools. This finding is supported by the baseline quantitative analyses carried out as part of the RCT (and within which this process evaluation is situated) (Hyland et al., in press). In fact, children in this trial displayed generally poorer outcomes than the GUI study sample (Williams et al., 2009) across a number of variables relating to socio-emotional outcomes (Hyland et al., in press). Highly statistically significant

differences were found in terms of emotional symptoms, hyperactivity, peer problems, pro-social behaviour, and total difficulties[16].

In the current study, the qualitative analysis revealed a recurring pattern in the types of emotional and behavioural problems identified. These included: hyperactivity (e.g., inattentive behaviours, inability to remain seated or remain quiet in class, non-compliance with teacher requests), emotional difficulties (e.g., attention-seeking, immaturity), and destructive behaviours (e.g., physical violence towards people or objects). Each of these is discussed, in turn, below.

Hyperactive behaviours (including inattention and non-compliance) were among the most frequently reported difficulties occurring in the classroom, with all but one teacher reporting this as a major problem. Although hyperactive behaviours were not regarded as aggressive or dangerous per se, they did necessitate a great deal of time and effort on the teachers' part, and tended to interrupt the 'flow' of the class, in particular, class transitions (i.e., movement from one subject to another). Daily schemes were frequently disrupted by hyperactive and inattentive behaviours in the classroom. Thus, these off-task behaviours were regarded as a chronic annoyance and an unwanted distraction from teaching the curriculum.

> "You'd be in the middle of teaching and the next thing he'd just start shouting out like, just silly things. Or just making noises just for the sake of it." (T3)

> "She couldn't sit down, and she would run around the classroom, and she would scream, and she would shout." (T4)

> "(He) is fidgety, very easily distracted, certainly trying to move around, do anything for a laugh, to get a bit of attention and moves away easily from what's going on in the classroom." (T22)

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[16] However, these differences must be interpreted with caution as the GUI study involved a sample of nine-year olds, who had been in school for a number of years, and who thus were unlikely to experience the same range of adjustment issues as younger children.

Three teachers alluded to children getting up from their desks and moving around the classroom; in these classes, children (of both junior and senior infant classes) frequently and persistently left their seats without permission, and had to be directed back to their place. This was seen as an ongoing and time-consuming challenge for teachers; it is one which may impede a child's educational development, since learning typically requires the maintenance of concentration and motivation.

Hyperactive behaviours, such as those mentioned above, tend to be more instantly observable in the classroom than emotional difficulties (Bowers, 2005; Davis et al., 2011). However, 7 of the 10 teachers interviewed at baseline, and all but one of the principals, indicated that emotional problems in children were a greater challenge. For example, one teacher described how a child had been hiding her uneaten lunch inside a desk for weeks, unnoticed. Although this child was known to be highly anxious, school staff could not determine the reason for this behaviour. Thus, there may be children who experience worrying internalised emotional difficulties which may not be easy to identify or indeed target for improvement. Although not disruptive per se, this type of internal emotional difficulty can be a cause of concern for teachers and principals alike. Moreover, certain children may, without warning, display extreme emotional outbursts, with this unpredictability leading to high levels of discomfort in the classroom. For example, in one case, a teacher felt lucky when morning classes took place without incident. However, she acknowledged that invariably this signified an outburst in the afternoon. It was a question of *when* rather than *if* this would occur on any given day.

> "It was like an explosion. We were waiting for a bomb to go off all the
> time... It was just when during the day it was going to happen." (T10)

The nature and extent of emotional problems varied from class to class, but in many cases ($n = 7$), these problems were evident in children who continuously sought attention and who displayed general over-dependence on the teacher. For example, some children were regarded as exceptionally clingy and emotional. Providing children with almost constant attention is, of course, unrealistic in a class of more than 20 children with competing needs. The louder (more aggressively demanding) children were seen to take up a lot of time in class - time

that could be spent more usefully with children who needed academic support from the teacher.

> "She (child with developmental delay) does not get the time or the attention that she needs, you know, because it's the children with the more, the louder children take up the time and the attention." (T10)

Crying in class might be expected from some very young children, but it is worth noting that two teachers specifically believed that some children engage in 'fake crying' to gain attention from the teacher or their peers. As highlighted earlier in chapter 4, when teachers believe that a child can exert control over their own behaviour, they display a greater level of negative emotional and behavioural response towards the child (Ho, 2004). Whilst such instances were generally perceived as manageable in relative isolation, a recurring pattern of such behaviour (e.g., on a daily basis) was seen as more problematic in the extent to which it interfered with the learning of other children in the class.

> "There are some behaviours that you can ignore but if a child is crying incessantly or if a child is screaming, it is something that you have to deal with because you can't teach in that kind of environment." (T7)

Three of the six principals and three teachers specifically mentioned child opposition to authority. Children, unused to the structural regulations of school, can try to push the boundaries of permissible behaviour, resulting in conflict with teachers. Destruction of school or peer property (e.g., writing on tables, textbooks, pencil cases and interactive white boards; breaking blackboard chalks and classroom toys; throwing objects such as chairs, crayons, and bags) was also reported by two principals and two teachers. These behaviours could not be ignored due to the disruption to class activities. Attempts to resolve the problem (as outlined in the case below) could exacerbate the situation and lead to extremes of physical and verbal aggression, directed mainly at school staff, but also towards the student's peers. Although less frequent in occurrence than attention-seeking behaviours, six teachers and five principals reported physical aggression (i.e., kicking, punching, biting) to be a problem in their classroom/school.

"She couldn't sit down and she would run around the classroom, and she would scream and she would shout. And she would push children out of the way and she would hit children. And if you tried to remove her, she would scream and she would kick." (T10)

"He was just gone into senior infants. We had our concerns, but he overturned a table which was very frightening for everybody and could have caused a lot of hurt. Could've hurt the teacher, could've hurt himself and other children… they were only five years of age." (P2)

"(He) would physically and emotionally bully and abuse children. Your priority as a classroom teacher is to 31 children, and not to 1." (T12)

"He has thrown things behind his head and hit children with them. And he has even been violent towards adults as well…, children and adults. Numerous teachers I'd say at this stage have gotten kicked and punched when he lashes out." (T9)

Teachers in this study realised that their primary responsibility was toward the health and safety of the larger class group; indeed, this has also been observed in other research (e.g., Moen, 2008). Although the children involved were of a very young age and therefore small in stature, their physical aggression towards teachers, peers, and school property was not taken lightly by participants in this study. In fact, teachers occasionally needed to physically remove a child from the room due to the occurrence of behaviours considered dangerous to the child themselves and to other children in the class. The frequency of behavioural difficulties reported by teachers in baseline interviews was seen to vary considerably, not only between schools, but between classrooms, and over time. Whilst some classrooms had high levels of SEBD, three teachers stated that the occurrence of unwanted classroom behaviours was less than they had encountered in their previous experience. In these classrooms, the occurrence of extremely disruptive class behaviour was regarded as exceptional with more low level but consistent problems (e.g., attention difficulties) evident on a daily basis. However, other classrooms experienced a frequent incidence of disruptive behaviours. Four teachers interviewed at baseline reported that the emotional and behavioural difficulties experienced by children in their class occurred on a daily basis. One remarked that from October (until late January, when the

interview was conducted), a successive series of incidents of particularly disruptive behaviours had occurred with one specific child. There was not always a clear pattern of behaviour, with daily and weekly fluctuations evident. Likewise, another teacher noted how one day a child could play happily with his peers - the next, he could physically attack them.

Whilst in some cases, improvements in behaviour could be seen from time to time, these were short-lived and the behaviour recurred. During the early education years, as children engage in an ongoing process of transition and social development, it is normal for them to have fluid relationships with their peers, and to display some difficulties in adjusting to school (McClelland et al., 2006). However, early difficulties can also signal later problems. One, albeit extreme case, was cited by a principal who recognised progression from problem behaviours in the early school years, to very serious outcomes in the 'senior' classrooms.

> "We had to suspend some children for example for leaving school
> and going off drinking, on a school day." (P6).

7.2.2 *Perceived Causal Factors*

All teachers and principals regarded the cause of behavioural difficulties as multifaceted, each citing a number of influencing factors. However, the most frequently reported was the perceived impact of the home environment, particularly the parents, on child behaviour. In fact, 9 of the 10 teachers interviewed at baseline stated their belief that a child's background was a vital factor in determining their disruptive behaviour. This supports extensive literature suggesting that a child's background is perceived by teachers to be a proximal influence on their behaviour (Baker-Henningham, 2011; Cothran et al., 2009; Mavropoulou & Padeliadu, 2002). Similar views were expressed in the principal interviews, with all six in agreement on the major causes of difficult classroom behaviour, namely poor parenting and specifically inadequate supervision of children, insufficient boundaries, and a lack of rules in the home. A clearly emergent issue was that teachers and principals alike perceived that some children had too much freedom in choosing their own activities, often being allowed to play unsupervised with older children in the neighbourhood until late in the evening. The perceived lack of attention given to children by their

parents, and the negative influence of older, more streetwise children, were regarded as directly influencing behavioural problems at school.

> "They're out on the street and they're palling with bigger and older children and they're trying to be like them and then they get this tough kind of attitude." (P4)

> "They're actually being allowed to do anything… total freedom. They might be in a family where it's ok to really punch somebody. The parents would accept that was ok, that kids do that. But that's obviously not ok in any school." (P5)

Principals suggested that the rules to which children are expected to adhere to at school are likely to be completely absent in the home. There was widespread acknowledgment that this could be confusing for children when they enter formal education for the first time, while they try to adjust to the social norms of the new environment. Inadequate parental supervision and tolerance of behavioural problems outside of school was perceived by principals as fostering a disregard for school authority and rules, and normalising a pattern of inappropriate behaviour which would lead to future social problems. Many children attending DEIS schools were also regarded by principals as behaving in a qualitatively different manner from those who attend non-DEIS schools. For example, all but one of the principals cited differences in the types and extent of behavioural issues in disadvantaged versus non-disadvantaged schools. These same five respondents expressed the belief that SEBD was more prevalent among children from lower socioeconomic backgrounds.

> "This is the first DEIS band 1 school, disadvantaged school I have been in. So therefore *obviously* [emphasis added] it's more common, more prevalent. These various dysfunctional behaviours we'll call them, would be much more prevalent here." (P3)

Indeed, this finding is supported by many studies which show the SEBD label as being more readily applied to children who already experience disadvantage (Emerson & Einfield, 2010; McCoy et al., 2012; Spencer, 2005). The geographical location of the schools was also suggested to play a role in the types of difficulties

described above. For instance, Limerick city has for a number of years been associated with an ongoing feud between two extended families. Children, in some of the classes, were from families implicated in this conflict. Interviews with two teachers and two principals (across three different schools) showed this issue to be a salient factor in the behaviour and well-being of a small minority of children.

> "[The child] would have come from a dysfunctional family- very much so on the border of a feuding family. The older people in the family just have gone down the wrong road." (P2)

> "There's a few then too that would be kind of connected to the less desirable people in the city, their families would be well-linked inside in it." (T9)

Reassuringly, there was evidence that school staff (both principals and teachers) recognised the influential role of environmental factors. While critical of some parents, teachers and principals recognised that many struggle with little support in childrearing. Some also alluded to family poverty and disadvantage as compounding factors. For instance, at the time of the study, some parents lived in hostels, had addictions, were in violent relationships, or were absent from their child's life entirely. When teachers believed that a problematic home background was the primary determinant of child misbehaviour, they commonly showed a great deal of understanding.

> "They have experienced an awful lot of sadness in a very short time. If your life is very upset… it is very hard to focus on the learning. And if you are worried about what is happening at home or what is likely to happen later on, or what happened last night, there is an awful lot of need for stability within the school life." (T7)

> "There's other children who have other backgrounds and you just…take that into account. And you just have to be firm with them and you try your best…and they have to be treated the same. But I think personally I suppose you'd make leeway with them." (T11)

Five teachers in the current study specifically stated that a child's young age plays a large role in some problem behaviours; they recognised that immaturity and an

inability to self-regulate in the classroom were largely due to their stage of development. Young children are unaccustomed to having to remain seated at their desks or paying attention for extended periods of time, and several teachers appeared to have realistic expectations of this. Unsurprisingly, as also shown by previous research, entry to formal education represents a period of significant transition in the life of every child (Ladd & Price, 1987; Stright et al., 2009), and may be especially challenging for those with poor self-regulation or social competence (Belsky & MacKinnon, 1994; McClelland et al., 2006). Moreover, teachers in the current study acknowledged difficulties regarding special needs - not only SEBD, but also physical and developmental challenges, and poor communication skills/language difficulties. In one extreme instance (see quote below), 7 children in a class of 13 had significant levels of need.

> "One child has assessed autistic and two children on the moderate range. There is also a child who is waiting assessment under the Disability Act with a query about ADHD. There are two children then who are 'newcomer children' (with communication difficulties) and one of those children seems to have a great deal of frustration and anger. And there is one little Traveller boy who was in our early start preschool, but his attendance was very poor there. So basically he has just learned to settle into school now." (T7)

Although perceptions about the aetiology of needs varied, only two teachers in the current study recognised their own role in possibly influencing child behavioural outcomes. For example, one teacher stated that her mental state on a given day, along with her level of preparedness, had a direct effect on the mood within the classroom. Similarly, only one principal stated that the role of teachers in child behaviour was vital.

> "Children won't behave if a teacher hasn't her planning done. A teacher has to take responsibility; we can't just blame the child for not sitting still. We have to look at things ourselves…And you know we have to make sure that we have done our own bit before we start accusing the child." (P2)

The general lack of acknowledgement by interviewees of the teacher's role in possibly influencing the effects of SEBD is inconsistent with research by Poulou and Norwich (2000). In the current study, a prevailing perception regarding the dominant role of the home environment may have limited, at least to some extent, the teachers' self-efficacy in tackling behavioural issues. Indeed traditionally, research has shown teacher preparation to be vital in this respect (e.g., Kounin, 1970) and arguably therefore, there is a need for all teachers to recognise their own potential role in helping to bring about positive change in the lives of youth (e.g., Pianta et al., 2002).

7.2.3 *Impact upon peers: Shifting priorities in the classroom*

Participants also spoke often about the negative impact of challenging behaviours upon the other (more compliant) children in the class. In fact, 7 of the 10 teachers reported negative outcomes for non-disruptive children including risks to personal safety (i.e., from an aggressive child), fear, and anxiety. For instance, one teacher noted how a young boy in her class physically attacked a female classmate because she had been given a sticker as a reward. Due to regular occurrences of this type of behaviour, six teachers remarked that children in their classes had become well-adapted to the level of disruption caused by some students with SEBD, and could often sit quietly in class during a peer's outburst. In some cases, children seemed to become immune to the disturbance, whereas in others, active coping strategies had been adopted.

> "Sometimes the child next to her will cover his ears and the other children at this stage- I think they just … accept the fact that it's the way she is. They don't copy her behaviour. They just seem to have learned to live with it." (T7)

> "The rest of the kids are just sitting there waiting patiently while you're there trying to deal with this problem. They just sit there looking and they're going 'Oh my God!'." (T3)

From the quotes above, it was clear that some children can become habituated to the challenging behaviour of their peers and indeed, this is consistent with the findings of a recent review which showed that children typically hold neutral feelings towards

fellow students with additional needs (de Boer et al., 2012). Whilst inclusionary practices have been championed from a human rights perspective, other research has shown that this may negatively impact the school experiences of non-SEBD children (Farrell et al., 2005; Lindsay, 2007; Simpson, 2004), particularly because of a need for the teacher to focus on children with additional challenges. Interestingly, teachers in the current study acknowledged this, indicating that exceptions were made for children with special emotional or behavioural needs, particularly regarding their management in the classroom. For example, rewards may have been given to some (often misbehaving) children for instances of good behaviour, and in many cases their disruptive behaviours were ignored. By contrast, the typically developing child does not usually receive rewards for behaving within expected parameters. This type of perceived inequity may not go unnoticed by other non-disruptive children.

> "And it's a lot for them…at 4 and 5 years of age to take on, so we all
> just have to deal with it. And then you can play social life skills, that in
> life there's some people that exceptions are made for." (T12)

Another indirect impact of disruptive behaviour for all children in the classroom is the loss of teaching time (Kavale & Forness, 2000; Lloyd-Bennett, 2006). All but 3 of the 10 teachers in the current study reported having lost significant teaching time due to the need to manage disruptive class behaviours. Where the occurrence of such problems in the classroom was infrequent or low-level, teachers could generally cover class materials adequately. However, where incidences of challenging child behaviours were regarded as the norm rather than the exception, teaching activities were conducted around their occurrence and management, thereby requiring both a curriculum and management focus on the part of the teacher; this disrupted lesson plans and the learning opportunities of other pupils, and was regarded as a significant drain on the personal resources of teachers. For example, one teacher's outlook on what could be achieved academically during the school year was determined by the behaviour of the pupils in her class.

> "Your goals academically change, and the goals that you set for the
> children change...if you can get everybody sitting down, everyone
> paying attention and everybody happy some days that's all you're going
> to get." (T10)

For other teachers, the situation was less acutely challenging, although the problematic behaviour of a minority of pupils caused considerable disruption, with time lost daily due to management needs. This was widely expressed as placing additional demands upon teachers, outside of their normal day-to-day activities.

7.3   'Sink or swim': Methods used to manage behavioural difficulties and their perceived efficacy

As noted in chapter 3, classroom management consists of many related components that, when implemented effectively, can be preventive rather than reactive (Emmer & Stough, 2001). For example, the acquisition of appropriate classroom management skills can enhance teachers' professional efficacy and enable a greater focus on the educational aspects of schooling. However, there was a general consensus among teachers that their ITE did not focus sufficiently on classroom management ($n = 9$).

> "I suppose it was more like on special needs children…and strategies like sitting them up and things like that. But not really how to deal with a child or how to deal with parents, they don't go into that at all." (T5)

The findings reported here show that, to a large extent, techniques for managing child behaviour were self-taught. All but one of the teachers reported that the techniques they used for classroom management were developed over their teaching career based on their own experiences with different groups of children. This is consistent with research from elsewhere which shows that teachers do not believe they are prepared for classroom management prior to gaining their own 'on-the-job' experience (Duck, 2007; Meister & Melnick, 2003; Stoughton, 2007). This perception extended to post-qualification training courses, which were also perceived to be specifically geared towards managing children with clearly defined/diagnosed special needs. Thus, teachers voiced their feelings of being '*thrown in at the deep end*' as a NQT and having to address behavioural issues with little prior knowledge of techniques to implement in the classroom. Although teaching had been identified as a profession wherein newly qualified personnel should be able to function as expertly as their more experienced colleagues (Tellez, 1992), it has been acknowledged, in more recent years, that this is not a reasonable expectation

(Conway et al., 2009). Although it is not the case that teachers should leave their initial teacher education as 'fully-formed' professionals, the concept of having to '*sink or swim*' with regard to the management of wide-ranging behavioural challenges, emerged from the findings reported here.

Half of the 10 interviewed teachers openly acknowledged their use of 'negative' classroom management strategies such as shouting, removal of privileges, or active confrontation. Given that socially desirable responding may have led to underreporting of these strategies in the current study, these findings give cause for concern. These types of negative management strategies have been shown to lead to poor outcomes for both child behaviour and the home-school relationship (e.g., Flynn, 2011). Nonetheless, as in the current study, research evidence suggests that these strategies are widely implemented, and much of the communication between teachers and children with behavioural problems is negative or critical in nature (Nungesser & Watkins, 2005; Thornberg, 2006). In the case of teachers with responsibility for particularly large classes, incessant talking amongst children posed considerable challenges, and non-verbal cues (frequently used in the classroom) were sometimes ineffective.

> "I find in this class that you tend to shout. Not that you're angry. But that you need to be, you can't be heard, it's the biggest thing. So many voices and you know that they don't look around for the cues of the ciúnas (instruction for class to be silent), of the hand up. You know that everyone needs to be quiet and then the clapping- ok, it is fine, but sometimes it doesn't work." (T4)

Teachers reported that there was not always an effective technique for managing disruptive behaviours. In some instances, those who experienced a lack of success in managing such behaviour asked for help from other staff members (e.g., SNA, other teachers, and the school principal). In other cases, support was neither sought nor offered.

7.3.1   Sources and availability of support

The nature of the primary school classroom means that teachers are often the only adult in the room when difficulties occur. Supports can therefore, be contingent upon teachers sharing concerns or asking for advice. Although no teacher perceived a complete absence of support, the types, extent, and utility of support on offer varied considerably. The reported sources of support included principals, vice-principals, colleagues (including SNAs, home-school liaison teachers, and resource teachers), and to a lesser extent, parents. An analysis of the baseline interviews demonstrated that classroom support personnel such as SNAs (where applicable, as some classrooms did not have support staff) were highly valued by teachers ($n = 5$). SNAs were reported to play a major role in classroom inclusionary practice; likewise, other research has shown the role of SNAs to be important in facilitating the learning and socialisation opportunities of children with additional needs (Black-Hawkins et al., 2007; Logan, 2006; Moran & Abbott, 2002). SNAs and resource teachers were regarded as offering teachers in the current study an invaluable '*breathing space*' due to their active engagement with children. This type of support was reported to centre upon strategies such as listening to a child's concerns, or in more extreme cases, the temporary removal of the child from the classroom. This was viewed by teachers as offering many benefits such as giving children the individual attention that they need, or allowing them to '*burn off energy*' in the schoolyard. Primarily, however, this support was regarded as important in facilitating the delivery of the curriculum to other children in the class.

Principals too, were seen as offering some support, particularly in cases where problem behaviours were frequent or dangerous. Unsurprisingly, the lower level problems (e.g., attention-seeking behaviour and inability to concentrate) reported by many teachers were managed in the classroom. All teachers noted that only when they had exhausted their own resources and they perceived the situation to be outside their control, did they seek assistance from others. Thus, challenges in child behaviour encountered by principals tended to be more severe than those reported by teachers, most probably because they are required to manage (less frequent) more extreme cases. However, even where support from principals and other school colleagues was sought and received, this did not always help to address behavioural challenges. For instance, moral rather than practical support may be offered and

although colleagues may empathise with the situation, they may not always be able to provide tangible assistance.

> "We have a great staff so if you need the help of another staff member or your SNA, or failing that our principal, or if you need to contact parents. But sometimes then you could have all the supports in the world and if you just have a troubled child it is still difficult." (T8)

> "Anything anybody has said is 'oh well they're just a tough person' or this is 'that's just the way it is' and 'sure, just do your best'. Which isn't hugely helpful." (T4)

Although there was some variation in teacher-perceived support, all principals noted that behavioural issues were not the sole responsibility of the class teacher, and that these required a whole-school based approach to discipline, extending to all school personnel. The concept that all staff have something to offer towards fostering a positive school behavioural ethos was previously highlighted by Waldron and Redd (2011) who noted that where practices are delivered within a comprehensive system - with everyone working toward the same goal - optimal results can be achieved. In the current study, a whole school discipline policy was just that; it involved the whole school and was something that every staff member (including auxiliary staff) could work towards.

> "Discipline is a staff issue and when I say staff, I mean everybody in the school, including caretakers and secretaries. If somebody sees somebody misbehaving in the corridor or the yard, you don't walk past it. Just because the child isn't in your class it isn't your problem- it's everybody's problem. It could be a big problem next year, or it might be your problem in two years' time. …It's a whole, it's a staff issue. Plus a parent one, if they can be involved in it, if it's appropriate." (P1)

It was recognised by all principals that getting parents '*on your side*' is important in order to access support in improving child outcomes, a belief widely supported by research evidence (Chan et al., 2013; Mendez, 2010; Murray, 2009). One aspect of home-school collaboration which was discussed by principals was the school 'code

of behaviour'. All schools had a detailed behavioural code to support decision making processes around the management of misbehaviour. Typically, these were developed through consultation between school boards of management, teachers, and parents. The involvement of parents in designing or updating a school's code was seen by many principals as integral to its success in facilitating parental support. This somewhat contradicts the 'asymmetric power relationship' proposed by Lemmer and Van Wyk (2006) wherein the school, and not the parents, set the rules for behaviour. Moreover, all six principals mentioned that they had an open-door policy in their school, to enhance relationships, and build systems of support. Indeed, in some cases, "parent rooms" had been created within schools in order to bridge the home-school divide- a strategy which is also increasingly used in UK and US schools (Davis, 2000; Lall, Campbell, & Gillborn, 2004).

> "Another area, another priority you know, in our DEIS plan would be working, bringing parents into the school and making them feel very comfortable in the school." (P6)

The purpose of a parent room is to enable socialisation and make parents feel welcome in the school. These rooms (typically with tea-making facilities and comfortable seating) were designed for parents to use in the morning, after they bring their children to school. Principals discussed how they were keen to get parents involved in a partnership with the school, with the goal of improving both educational and behavioural outcomes for the children. Nonetheless, all six principals noted concerns regarding parental reluctance in discipline issues; one stated that involving parents was an *'uphill battle'*. Although eight teachers mentioned parents as a potential source of support, this was not always utilised. Based on past negative experiences, a majority of teachers (7/10) and principals (4/6) believed that they may not always be supported by parents when attempting to discuss or resolve difficult classroom behaviour. The statements below support the suggestion from previous research (Hoover-Dempsey et al., 2002) that such experiences could negatively impact upon teacher willingness to involve parents in the longer term.

> "Some think their daughter is the most perfect child who was ever created- it's a sense of denial from some of the parents." (P5)

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"Conversations tend to be treated flippantly (by parents). It could lead to confrontation... that's like your worst nightmare. I do not want to have parents coming in, giving out to me for upsetting their children." (T4)

"Her father wasn't a great help to us… Initially we involved him and when we involved him, we kind of were sorry that we did because she was getting a really tough time at home then, and he was beating her. We're pretty sure of that, so we kind of left him out of it, of the loop eventually, and we dealt with it here". (P1)

7.3.2   Resource issues: School support for children at risk

In the current study, six teachers perceived a lack of resources for supporting children (in terms of inclusion and behaviour management) in the infant classroom. This was particularly evident in the non-DEIS schools, where *all* interviewed teachers noted insufficient resources for the management of behavioural difficulties. The non-DEIS schools in this study did not have any dedicated home-school liaison teachers - a post considered to be an invaluable support for families in facilitating engagement and home-school cooperation. Three of the four non-DEIS teachers noted distinct advantages in relation to the level of support given to teachers in DEIS schools. Thus, whilst these supports were greatly appreciated by the DEIS school principals, there was evidence of some frustration amongst their non-DEIS counterparts.

"…mainstream schools that are not designated disadvantaged are very much neglected when it comes to all these interventions. …it's always thrown, given to disadvantaged schools, and it's piloted in those schools, and it's developed in those schools, and because we're not designated disadvantaged we … don't score from it at all really. …. Now we're doing something that's being done in disadvantaged schools, but we had to do it ourselves." (P1)

The early identification of SEBD by teachers is known to facilitate the implementation of appropriate support (NICE, 2008). As stated earlier in chapter 2, a three-stage process of need identification is practised in Irish schools by NEPS.

Where limited progress can be made by schools alone (stages one and two), further support may be sought via the initiation of School Support Plus. Speech and language therapy and educational psychology services may also be offered following assessment (Banks et al., 2012; NEPS, 2007). Understandably, delays in assessment result in delayed supports but because early education teachers are often the first professionals to encounter children on a daily basis (and therefore the first to notice specific needs), it often falls to them to set supportive procedures in motion. However, crucial supports may be unavailable to children until a later stage in their school career due to limited resources (Armstrong et al., 2010). Despite the delay in access to formal assessment, teachers and principals in the current study engaged in this process in the hope of obtaining practical supports for children in need. Yet even when formal assessments had been completed, the subsequent recommendations were not always regarded as being helpful. For example, psychological assessment reports were often seen as being inadequate, offering little or no suggestions for practical support, with one teacher noting these reports as largely '*copy and paste*'. In fact, the pre- and post-assessment level of support was perceived by 6 of the 10 teachers and 3 of the 6 principals as being inadequate.

> You're not given 'try this with this boy'…'This is where he's coming from', 'You need to do this with him'. None of that. I think it would be far more useful if…the educational psychologist met with the classroom teacher. They meet with the parents…but what happens is you fill out a report, and that report goes in, and from that then you get another report back. But it's never exactly, 'this is what you should do with him'. (T12)

As an indirect mechanism of support for children at risk, a high level of support was given by schools to parents. For example, all principals (both DEIS and non-DEIS) reported attempts to support parents, most notably through the creation of links between schools and outside agencies such as Barnardos and St. Vincent de Paul. In fact, two principals also reported running classes (e.g., IT training, storytelling, and cookery classes) for parents, stating their potential value but also the inherent difficulty in securing parent engagement with these courses. The extreme poverty experienced by some families was acknowledged by principals, who themselves

often attempted to help families in need. Along with financial assistance, other forms of help were offered by all school principals to parents, from emotional support through an open-door policy in the school, to practical intervention through local authority agencies. Perhaps not surprisingly, working in a school designated as disadvantaged, was regarded by some principals as bringing with it many other responsibilities beyond day-to-day school management:

> "You have a lot of things to do in a disadvantaged school, outside the running of your school, because if you don't reach out to them, in the community, if you don't support them, then their kids are in trouble." (P4)

7.4 Impact on teachers

7.4.1 *Asking for help: Isolation in the classroom*

Despite the fact that most teachers were comfortable asking colleagues for assistance or advice in the management of problem behaviours, a small number reported reluctance to do so for fear of being judged as incapable, or being seen as less than competent. This was evident *only* in the responses of the three NQTs interviewed for this study, who also reported being unfamiliar with established protocols for behaviour management within their schools. They perceived the school environment to be unsupportive of information transfer and peer-to-peer collaborative support and indeed, this is consistent with findings reported elsewhere (e.g., Gordon, 1991; Rogers, 2002; Weasmer & Woods, 2000).

> "…sometimes you feel like you're being judged when you bring a child to someone else… you need the support but at the same time you're kind of thinking, 'right do they think I can't handle it?'" (T21)

> "I think most people want to have this thing of 'I'm coping and things are good. …nobody wants to highlight the fact, because it might be frowned upon or they might be looked upon as if they're not a good teacher because they're not coping … I would've had that experience where I would've had a very difficult class and… it would have been very much like 'if you're having difficulty, well why are you having difficulty and why aren't you handling it'? I didn't have the skills or didn't have the experience, and didn't have the support" (T10)

"The [behaviour problem] is possibly down to me... it's up to me to coordinate and manage it all." (T4)

Two teachers indicated that they were unaware of to whom they could speak about behaviour management. Although this response was from a minority of teachers, it echoes findings of Kardos et al. (2001) who noted that this type of information is often hidden within systems of practice that only more established members of any group can decipher. It may be, as suggested by Renard (2003), that it takes some time before new staff members '*pay their dues*' and form strong and trusting bonds with their colleagues. Indeed, it was suggested by one NQT in the present study, that this perceived lack of support may stem from a large number of new staff and relatively few experienced teachers within a school. Thus, staffing constraints meant that rather than supportive encouragement, help was forthcoming only when NQTs made mistakes.

"….I think at one stage there was 10 student teachers which started within the space of 2 years. So everyone is trying to find their feet, but there wasn't those supports. I found that the only time that you got help was when you did something wrong…all these things that go on, no-one explains to you. No-one shows you. No-one ever teaches you how to deal with parents". (T10)

It is also perhaps the case that the school ethos/culture will influence, at least to some extent, the likelihood that NQTs will turn to colleagues for help (Kardos et al., 2001). The reluctance to ask for help may be a short-lived, but nonetheless acutely felt problem for those new to the teaching profession. In the current study, new ideas for classroom management that could potentially stem from discussions with peers and parents were notably absent; as a result, many teachers maintained their sometimes ineffective classroom management strategies. Furthermore, more senior staff members may not realise the needs and perceptions of NQTs.

"Sometimes younger teachers have a lot of expectations of parents to be similar to their own situation …they can't understand how [children are] dirty or their schoolbag is messy, or they're not keeping their things together or think they're a bit kind of crazy… Very often we tend

to say 'what kind of a family is that? I find now that's not something I do."(T22)

A related aspect of school culture - principal leadership - may also play an important role in determining whether teachers feel isolated, or supported; there was evidence of some divergent views in the current study, regarding principal involvement in misbehaviour management. As shown below, some principals chose to become involved at a very early stage ($n = 2$), others would intervene only if the teacher was under pressure ($n = 3$), whilst one principal chose to remain a '*last resort*' to be contacted only when teachers felt that they had exhausted all other options:

> It would be the last resort really for me to get involved. If at all possible, leave me out of it. Teachers don't send kids to the office to me… it's kind of disempowering the class teacher really… it should be the teacher's responsibility. … Obviously everybody supports the teacher, but again I'd be kind of fairly adamant in saying 'don't send them to the office'." (P1)

> "I would tend to intervene, probably sooner rather than later. I'm not the end of the process, I'm part of the process. That's the way we co-operate here. We do it together. And so, if somebody's misbehaving I would be aware of it almost immediately." (P5)

7.4.2   *Helplessness and hopelessness*

In the current study, perceptions of low self-efficacy were in evidence among four teachers interviewed at baseline. The literature indicates that helplessness occurs over time and stems from a number of factors including negative role modelling, negative self-talk, and past failures in carrying out a specific behaviour (Hardré & Sullivan, 2009). The four teachers, who were interviewed here, specifically questioned their own competence in classroom management. Additionally, all teachers in this study reported feeling helpless at times, having tried and failed on many occasions to manage the behaviour of disruptive children. Comparable findings were reported in a US study by Yarrow (2009), where 40% of teachers ($n = 890$) were disheartened, with three-quarters of these teachers citing student misbehaviour as a major problem. Despite being acutely aware of their futility, teachers in the

current study continued to engage in the same ineffective strategies. Likewise, Barbetta et al. (2005) reported that teachers can rigidly adhere to ineffective management strategies rather than trying new methods. Furthermore, the continued engagement with strategies known to be ineffective has been found to be predictive of emotional exhaustion (Schwarzer & Hallum, 2008), one of the key features of burnout (Leiter & Maslach, 1998).

In the current study, teachers often dealt in parallel with children who had multiple learning and socialisation challenges. Incidences of low-level problem behaviours, along with occasional but highly disruptive physical aggression from some pupils, were seen to have a negative effect on teachers' psychological health. This was particularly the case when demands were perceived as exceeding available resources (e.g., the level of colleague support provided). Thus, seven teachers reported a negative psychological impact of chronic and difficult classroom behaviour; this often took the form of frustration, losing patience with the children, becoming short-tempered with the non-disruptive children in the classroom, and difficulty in maintaining a positive attitude. Indeed, there was intense emotion behind the words used by certain participants in relation to this subtheme and terms such as '*worn*', '*weathered*', and '*helpless*' denoted a general loss of hope and resignation.

> "You feel like pulling your hair out. You're like, there's nothing I can say, he just won't respond to anything at all! Good or bad, it makes no difference." (T21)

> "Some days I went home and just cried, because I was just so exhausted and frustrated with the situation. Because, you know, I could see it in the other children, and I could see it in the other parents as well." (T10)

> "When I'm disciplining, sometimes I feel helpless because you might start with your hand up, or making eye contact, or praising. But as long as you're talking, then they're talking. And you sit there in silence. I've sat there five, ten minutes, and it doesn't work" (T8)

> "These days I'm weathered from it. And it's something different every day. I'm weathered from it. And I know when it starts I'm not going to get anywhere with him." (T9)

Likewise, Annhorn (2008, p. 15) reported that the teachers in their qualitative study (*n* = 6) felt "overwhelmed, hectic, isolated, beaten down, unsupported, scared, humiliated, afraid, stressed, and drowning" when dealing with pupils with SEBD. Interestingly, principals in the current study noted a similarly negative impact on their own well-being. Just as teachers can struggle with disciplinary issues, so too can their managers. For example, recent research has shown that 70% of school principals experience occupational stress, with the number of students with SEBD in a school positively correlated with the level of stress experienced (Darmody & Smyth, 2011). Principals in the current study (see below) reported an additional burden of responsibility placed upon them by their staff and parents.

> "I was expected to bark, be angry, and give out. I remember thinking 'This is incredible. Now I've to get in a tough mood' and it didn't sit well on me, and I wasn't particularly good at it. I was very much struggling in the beginning, and I'd have parents ringing in and coming in complaining about other children. And that compounded my feeling of just helplessness. You know, maybe I'm not the person that can do this job." (P6)

> "A lot of teachers would like me to be stricter, you know? But it's kind of hard to balance. That's just not my personality anyway. I can't become Mr Angry overnight, or Mr Strict overnight, and that's just the way. That can be, that's the most challenging part I suppose." (P5)

The helplessness felt by some teachers in the current study, led, in turn, to a sense of hopelessness regarding the future of children with SEBD. Three teachers reported a belief that some of the current child behaviours that they were witnessing were likely to impact negatively on the child into the future. Indeed, as indicated earlier, there is a large body of literature to show the long-term negative outcomes of SEBD, if left unchecked (e.g., Bossaert et al., 2011; McCrystal et al., 2007a; Skinner et al., 2009), including disengagement from school and low levels of educational attainment. Thus, even at the earliest stage of education (in infant classes), teachers reported being able to identify children whom they believed will struggle through school. Unfortunately, the more experienced teachers in the current study, particularly those

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who have several years of experience in one school, noted that they witnessed many children with early-onset conduct problems who deteriorated socially over time. They identified patterns of behaviour among infant class children which, if left unaddressed, could severely limit future life outcomes.

> "We're not really making a whole pile of progress. Even since last year.
> You know it's just like, it's hard and you think 'is he going to get worse
> as he gets older?". (T11)

7.4.3 Conflicting professional identity: "Not the type of teacher I want to be"

The three NQTs within the current study reported a compulsion to act in ways that were contrary to their beliefs about teaching. For example, they engaged in negative discipline strategies such as shouting or criticising students, whilst displaying fewer of the positive strategies, such as praise and encouragement. This acting out of character with one's professional identity can be intensely anxiety-provoking, and as in the case of the NQTs in this study, may happen on a daily basis. Four teachers (two NQTs and two experienced teachers) wished specifically to avoid using negative behaviour management strategies, but felt unable to do so.

> "I don't want to be that type of teacher where I'm roaring and shouting
> all day…where I'm giving out…when the children are upset. I'd rather
> it was positive." (T10)

> "I don't want to raise my voice in the classroom. You don't want to be
> 'Oh teacher was very cross today'. You don't want that, because they're
> in school. You want them to have fun and enjoy themselves and learn
> and but, oh my goodness, some days!" (T21)

Thus, constant class disruptions can result in incongruity for the teacher whereby their actions in the classroom may not reflect their idealised professional identity. For example, teachers may often enter the profession with an internalised view of the 'ideal teacher' and may hold a firm belief in student-centred, constructivist methods of teaching and management (Kaufman & Moss, 2010). However their 'lived experiences' within the classroom can challenge these beliefs and negatively impact the use of recommended management strategies, whilst also damaging the concept of

'*the self as teacher*'. Ginsburg (2007) stated that where NQTs feel pressurised to adopt a sanctioned school culture, they may be more likely to relinquish the theory and evidence-based (best-practice) strategies learned in college. When faced with the reality of the classroom situation and the complex levels of needs exhibited by children therein, these factors can result in cognitive dissonance (Festinger, 1957). In the current study, it was clear that all teachers were looking for an opportunity to change, and to improve their practice.

7.5 'Looking to the future'- expectations of TCM

Most teachers in the current study attempted to manage behavioural challenges in their classrooms through a combination of their own skills, resources made available to them, and (where accessible) interpersonal support offered by other school staff, management, and parents. Other teachers, particularly NQTs, were seen to struggle to control disruptive class behaviours, a factor that had a perceived negative effect on their own psychological well-being. Thus, all teachers in this study reported optimism regarding their planned TCM participation and what this could offer them in terms of their personal and professional development[17]. A number of key subthemes are discussed below.

7.5.1 *Optimism: Becoming better equipped*

All nine teachers welcomed the opportunity to engage in CPD. The acquisition of practical skills was the most commonly cited reason as to why teachers were looking forward to TCM training. Two teachers reported that they '*needed to learn*' ways of managing, and that they had reached a point where they were willing to '*try anything*'. However, most other teachers (*n* = 7) simply recognised that there are always new things to be learned and were open to gaining new skills. Prior to trial recruitment, teachers were informed by Archways about the TCM programme (as stated in chapter 6, teachers were given an overview of the types of skills addressed by training, how training would be delivered, and importantly, were informed about

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[17] One teacher who participated in the RCT (at baseline and 6-month follow-up) and in qualitative interviews was employed on a short-term maternity cover basis, and was thus ineligible for TCM training. Consequently, nine teachers answered questions relating to future TCM participation.

its evidence-base). Their optimistic disposition towards the TCM programme, may be viewed as positive because it is known that teachers differentiate between '*good*' and '*bad*' training opportunities (Pickering, 2007b). The responses here suggested that they perceived the TCM programme as offering potential in the management of problem classroom behaviour. This belief in the future utility and applicability of an intervention has been suggested by Fink (2001) as a vital component in demonstrating later programme effectiveness.

Most principals (5/6) specifically noted the importance of research evidence to support programme effectiveness. Previous research (e.g., Green, 2002; Harford, 2010; Shevlin et al., 2008; Ware et al., 2010) suggested a perceived inaccessibility to courses that offer evidence-based training. However, mixed findings were evident in the current study, with only two principals citing inaccessibility to such courses. Most principals (5/6) mentioned awareness of short (typically in-service) behaviour management courses, and three noted that some of their staff had previously participated in this type of training. Although only three principals had previously heard of the IY TCM programme, all were all highly committed to their schools' involvement, believing that it would serve as a useful form of staff CPD. The practical elements of the training programme was seen as important, particularly the mode of delivery whereby teachers could trial strategies in the classroom and report on their respective successes and challenges. Four principals explicitly stated a hope that the content of the training programme would spread through their school, and that it would help shape a positive school ethos to benefit children, teachers, staff, and parents alike. Additionally, two principals specifically mentioned their long-term hope that the research findings (if positive) would support the roll-out of the programme to other schools, so that others could also benefit.

The ability to deal with behavioural problems in a controlled way was seen as a potential benefit of TCM participation, with the TCM focus on positive behaviour also cited as an important factor. Five teachers hoped that this would engender a more positive learning environment, with potential subsequent improvements in classroom atmosphere. One teacher in particular, noted how easy it was to overlook a child's good behaviour during the day and to focus on their one negative outburst. The fact that the TCM asks the teacher to focus on a 'target child' and document

their behaviours was seen as an opportunity to develop a more balanced view of the child's behaviour.

> "Sometimes you forget that for 95% of the day that child was very good, until he took a scissors and chopped someone. But I mean you have to look back and say 'yeah but he was good for 95% of the day'. So if you sit down and write how they're doing, I think that's good." (T12)

> "I'd just like tricks…to kind of click out of it so you're not so much in the moment but you're… dealing with the behaviour. 'Cos I know it's not the child's fault but what they're doing is not acceptable. You've got to be able to separate that out. And I do for the most part, but sometimes you just… you're just gone. You know, and I don't want to be like that anymore." (T21)

7.5.2   *Realistic expectations and concerns*

Teachers generally displayed realistic expectations of how the TCM programme might improve their practice. They did not expect a panacea for classroom challenges, and were mindful of the fact that not every child would benefit from the programme. In cases where the teacher thought they would not be able to eliminate undesirable child behaviours, they hoped, at a minimum, to become better equipped to cope with such problems when they arise. They did however acknowledge the potential benefit of being able to 'reach' most of the children in their class.

> "There are always gonna be children that don't listen, that don't put their hands up, that walk around the class,… that aren't well-behaved, that don't sleep enough, that don't eat enough, that [are] academically weak,… that only like certain subjects…, that run around like lunatics in the yard. But as long as you can cope with them yourself, you know? I don't want them all to be robots, I don't want them all to sit down and do what I say just because I say it, but I'd like to be able to…have strategies in place where I could reach 80% to 90% of them." (T21)

Whilst one principal voiced a concern that paperwork and administration would be burdensome, no major concerns regarding programme participation were mentioned

by teachers. Concerns, reported by six teachers, related to a variety of minor issues. Only one concern was repeated by two teachers, and this related to taking time away from the class which would necessitate substitute cover. This concern was primarily due to the level of disruption that their absence would cause to the children.

> "I sometimes feel that teachers can be asked to do belittling things. We can be asked to sit down on the floor and stuff like that. I don't know if I would like that really because I don't think in any other profession, nurses, doctors are they asked to do kind of things that they wouldn't ordinarily do." (T8)

> "9 o'clock to 4 o'clock is a long time. It's maintaining your own concentration and trying to keep, you know... It's just me, but after a while I've a tendency to tune-out if there's somebody talking for too long, at me. That would be just about the only concern that I would have." (T9)

7.6 Conclusion

One of the main findings that emerged from the analysis of baseline interviews with teachers and principals was that chronic behavioural difficulties exist within Irish primary schools and that these can pose significant challenges for teachers and other school staff. Although all teachers and all principals mentioned having children in their care who displayed problem behaviours requiring extra attention, the extent of these reported difficulties varied between and within schools. Teachers reported encountering a wide range of challenging behaviours, from low level attention difficulties that could potentially be ignored, to physical aggression necessitating immediate action to ensure the safety of the child and other children in the class.

It was apparent that some teachers found the management of behavioural difficulties to be more challenging than other children's needs. This was determined not only by the actual level of difficulty reported, but was to a large extent influenced by perceptions of support received from colleagues and parents. The strategies used to manage behavioural difficulties also varied across teachers and schools. Reassuringly, teachers overwhelmingly looked forward to TCM training, irrespective of the extent and type of challenges occurring within classrooms. They, and their

principals, expressed gratitude for the opportunity to participate in the programme and had high, yet realistic, hopes for what it could offer. Although some minor concerns were raised, the prevailing feeling amongst teachers and principals was one of measured optimism.

The themes that emerged from these baseline interviews are illustrated in *Figure 7.1*. The next chapter explores the findings from the 6-month follow-up interviews with a specific focus on those teachers who had participated in TCM training, and their perceptions of resultant class outcomes.
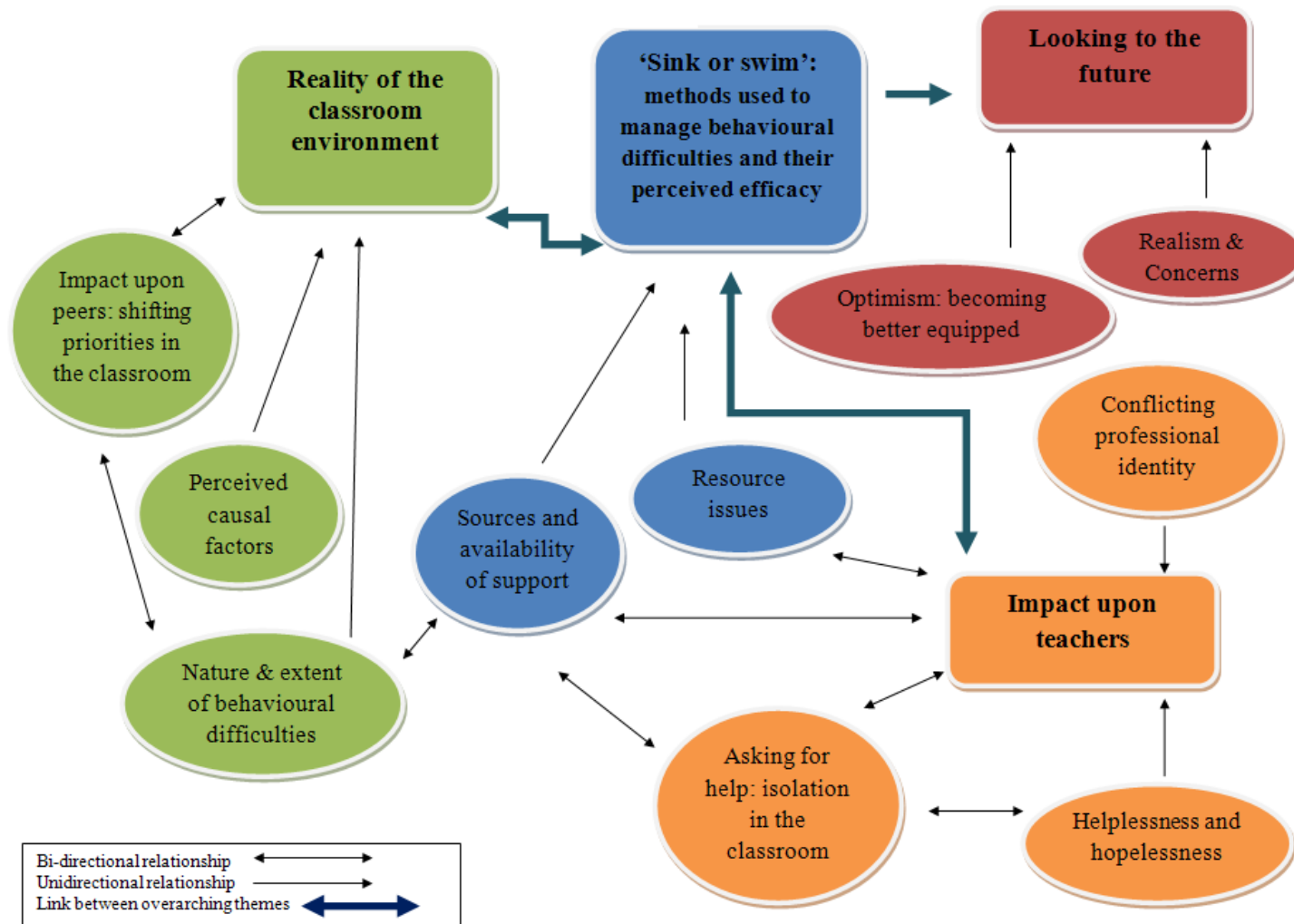
Figure 7.1. Thematic map illustrating baseline 'pre-TCM classroom' themes

CHAPTER EIGHT: TCM PROCESSES AND 6-MONTH OUTCOMES

This chapter focuses on the findings from eight one-to-one in-depth interviews with a subsample of the intervention group teachers ($n = 4$; training completed in May 2009) and their control group counterparts ($n = 4$; training completed in May 2010) teachers. One previously interviewed intervention group teacher was unavailable at the 6-month follow-up, and of the previously interviewed control group, one was in a resource teaching post (i.e., did not have a class), whilst the other was no longer working in her original school. Thus, an additional teacher from the wait-list control group, who had not been interviewed at baseline, was invited to participate at the 6-month follow-up stage. The interviews with teachers were conducted within one month of TCM training completion (i.e., 6-months post-training commencement). The analyses of responses to the Workshop Evaluation Questionnaires ($n = 10$) are also presented in this chapter.

The primary focus of this phase of the study was to explore and understand the experiences of teachers who participated in TCM training. A number of key questions were used to guide the analysis, including the following:

- How did teachers reflect upon their involvement in the TCM programme?
- Are TCM strategies feasible and perceived as effective in the context of the Irish primary school classroom?
- Could aspects of the training programme be improved upon, and if so, how?

Also presented in this chapter, is an analysis of the experiences of those directly involved in the organisation and delivery of TCM training. Such stakeholders are often neglected in research, although they play an important role in programme delivery. For this reason, the 'behind-the-scenes' experiences of the programme facilitators (A1 and A2) and the Archways Development Manager (A3), were also incorporated into this stage of the study.

Here, the key questions were as follows:

- What were stakeholder views about early school recruitment and inter-organisational relationships; how did these impact later delivery/ outcomes?
- How did programme facilitators view the TCM learning processes, in terms of teacher engagement and subsequent classroom management outcomes?

Table 8.1.

Themes identified at 6-month follow-up

Themes	Subthemes
(1) Programme delivery and receipt	i. Inter-organisational relationships
	ii. Behind-the-scenes: Experiences of facilitators
	iii. "*Friendly and warm*": Camaraderie in TCM training
	iv. Reverse washout: Reinforcing theoretical knowledge through experiential learning
(2) Applicability of TCM principles in the classroom	i. Utility of TCM tools and strategies
	ii. Ease of implementation
(3) Post-training changes to the self: New ways of thinking about management	i. Increased self-efficacy: "*I am not as shocking as I thought I was*'
	ii. Reduced stress
	iii. Renewed enthusiam and a focus on the positives: "*I am not alone*"
(4) Positive children: Positive classrooms	i. Decrease in disruptive behaviours
	ii. A positive classroom ethos: "*Better learning, better people*":
(5) Lessons learned	i. Criticisms of TCM and suggestions for improvement
	ii. Teacher perspectives in future TCM delivery

Table 8.1 categorises the 5 overarching themes and 13 sub-themes which emerged from the analysis of all of the 6-month follow-up interviews. These are further illustrated in *Figure 8.1* and *Figure 8.2*.

8.1 Programme delivery and receipt

8.1.1 Inter-organisational relationships/collaboration

Preparation for the trial began one year prior to training delivery; thus, this subsection focuses on the initial stages of set-up. One important aspect of TCM programme implementation was the relationship between Archways and NUI Maynooth. Both facilitators and the development manager attested to the positive working relationships developed over the course of the RCT with the research team. However, a few notable challenges arose with early school recruitment. It was thought, by the development manager and the lead facilitator that an over-emphasis on the research may have acted as a deterrent for schools who had displayed initial interest in TCM training. For example, participant A1 suggested that the programme should have been 'sold' to teachers and principals prior to discussion of what the research process would entail:

> "Some of the principals disengaged and through the grapevine afterwards, they felt that the emphasis was on the research and not on what the schools were going to get out of it. So we lost four schools. That meant then we had to go back and recruit more schools." (A1)

> "I didn't realise at the time that it would really be important that we would keep a balance at the meeting between the research aspects and the implementation, delivery of the TCM in itself. I kind of lost my way a bit on keeping that balance, with the result that the meeting went on, went ahead with details being provided largely just about research." (A3)

However, participant A3 also believed that, although some teachers may have been deterred from participation due to an emphasis on the commitment to the research, a general teacher reluctance towards training (even when supported by principals), was

also a factor. Whilst this early withdrawal of some schools might have been expected in a 'real world' trial, it appeared to be an source of tension in that two participants (A1 and A3) reported feeling blamed for obtaining an insufficient number of schools for the trial.

> "I was the person given the responsibility for getting schools on board. I did feel at times, a little exposed both within Archways here and also within the Archways-NUI Maynooth link-up. That I was kind of expected to deliver the goods." (A3)

> "I sometimes think the effort that we would put into trying to recruit those schools would be kind of underestimated [by NUIM]. I'd get a frantic phone call to say the researchers are down there…and two schools have just dropped out. Panic, panic, panic! Do you know? And a slight sense of 'it must be you'. It must be our fault. But I think human systems are that way and you could not account for every single thing." (A1)

Such tensions, however, are not unique to the current study which required baseline assessments to be conducted within a very tight timeframe in order to accommodate a tight schedule of service delivery. For example, Norris et al. (2007) note the potential for such conflict from within community-based organisations and academic institutions (in this case, Archways and NUIM). As suggested by Suarez-Balcazar et al. (2005), collaboration between partners in research is most effective when bi-directional and non-hierarchical lines of communication are in place. This illustrates the importance of managing stakeholder expectations and devising and agreeing a clear communications protocol in advance in order to avoid the kind of misunderstandings that may emerge in studies of this kind. After several teachers/schools retracted their interest in participation, a decision was made that schools would be approached jointly by Archways and NUIM, as opposed to Archways alone. Although this happened later in the process, this collaboration was seen by both parties to effectively reinstate the recruitment process. Despite A1's belief that that the most effective way to get teachers '*on board*' would have been to emphasise the benefits of the training rather than participation in the research, the

success in later teacher engagement was partially attributed to the preparatory work of the NUIM-led research team.

> "There was so much done with these schools before we went in...
> The work you guys did was brilliant." (A2)

> "Definitely, the group leaders found that the participants were
> very energetic, positive, easy to engage, and enthusiastic about
> the programme and they put that down to the work that had gone
> on with those teachers and principals earlier." (A3)

Overall, despite some initial teething difficulties, the development of effective working relationships between NUIM and Archways was deemed to be a success, and positive feedback in relation to the research team's engagement with schools was also conveyed by the teacher participants to the group facilitators. The facilitators also reported that the teachers felt respected by the research team; as shown by past studies, mutual respect and trust are necessary prerequisites for a successful working relationship between research partners (Ross, 2010). The potential difficulties that could have arisen, if this had been absent, were noted by the development manager.

> "There were possible pitfalls all the way along there, until the
> teachers turned up at that first workshop. So I would say fair play
> to [the research team] in that sense. You seem to have dealt in a
> very collaborative and respectful way with teachers and the
> principals. The schools involved didn't seem to have any sense of
> interference… it was an agreeable and collaborative relationship
> that you had with them. It could have been different!" (A3)

8.1.2   "Behind the scenes": Experiences of facilitators

Process evaluations of interventions typically focus on the experiences of those undergoing training, rather than considering how the views and experiences of facilitators may impact delivery and resultant outcomes. Although TCM facilitators are extensively trained in workshop delivery techniques, a range of situational factors (e.g., differences in teacher group composition or environmental constraints), can

impact programme delivery. Both facilitators in this study had prior practical experience with a range of IY programmes and one was "*the TCM expert in Ireland*" (A1) and involved in nationwide delivery. Both facilitators recognised that excellent group leadership and the combination of different skill-sets were crucial to the successful implementation of the TCM training programme. Additionally, shared support between partner facilitators was seen as an important aspect of the TCM programme; moreover, both A1 and A2 noted the supportive role of their organisation (Archways) in helping to prepare for training delivery. Programme delivery was not regarded by the facilitators as their exclusive responsibility, rather it was thought of as a group effort among organisation staff.

Facilitators are a main source of support for teachers on the TCM programme. However, they themselves may need assistance whilst delivering training. While in the early pre-delivery stages of this trial, there was some phone contact with a 'TCM advisor', no official supervision was in place. When problems arose, both (TCM-accredited) facilitators dealt with these between themselves, rather than through an impartial third party. In fact, both facilitators mentioned challenges in the early stages of the TCM programme, and one explicitly cited the lack of supervisory support as an impediment to training delivery.

> "The supervision I'd say was lacking. There were a couple of times during the course of the delivery, that I thought it would have been useful to have a third party in a supervisory role. I know we had (names advisor), but like I said it was one or two phone conversations very early on. It wasn't sort of a month to month thing because it just didn't happen that way, and that was out of my control." (A2)

> "I wasn't in a good place on that first morning. It was like a piano that... was off-key. I sat in the wrong place. We hadn't kind of got our bearings in the room. We'd set things up very carefully, but then we realised one of us was crossing over and the other crossing back and so I was a little bit unhinged, I don't know what the reason was. Maybe a bit of stress, like 'Jesus, this is a big deal'." (A1)

Although the issue outlined by A1 (above) was regarded by both as problematic during the first session, neither facilitator reported any detrimental impact on the teachers' learning. Moreover, this session was highly rated by teachers in their workshop evaluations (see chapter 10). The ability to overcome this difficult start to programme delivery, despite the perceived lack of supervision, was felt by the facilitators to be due to their established rapport, and their ability to openly discuss problems.

> "Because we had a good working relationship and she knows I tell it like it is, I was able to say 'look, what happened?' and sit her down. I think if we hadn't have had that relationship, it could've been a different story." (A2)

> "I think it comes down to being able to work with and be very open and honest with your other facilitator. She could say what she had to say to me and I would give my defence and that was it." (A1)

Despite the aforementioned issues, facilitators' overall experiences were positive, and both regarded the training as a success (as discussed later in this chapter), in terms of delivery and outcomes. Learning on a CPD programme is frequently affected by the degree of skill with which facilitators operate (Andresen et al., 2009) and therefore the professionalism and competence of the TCM group facilitators was an essential component of training here. They were also appreciated by the participants; indeed, seven teachers specifically noted the role that facilitators played in their learning experience, and commented on their approachability, commitment, organisational skills, and their expertise.

> "I must say the people running the course were fantastic. I thought they were excellent. If every course could be run like that, they'd all be very successful." (T22)

"It was well thought out, it was well structured; the facilitators worked very hard and seemed very committed to what they were doing." (T7)

8.1.3 "Friendly and warm": Camaraderie in TCM training

As noted above, teachers also reported learning from the feedback aspect of programme delivery. The shared learning process was a valued component of training. Previous qualitative research on IY TCM (Hutchings et al., 2007; Shernoff & Kratochwill, 2007) and parent programmes (Furlong & McGilloway, 2011; Stewart-Brown et al., 2004) has shown similar participant appreciation of the camaraderie fostered during training. Within the current study, all teachers reported learning from their own direct experience in the classroom, but also from the experiences of their peers. The ability to follow the progress of other teachers' 'target' children throughout the programme created invaluable learning opportunities regarding children who displayed a wide range of social, emotional, and behavioural challenges. Through this, teachers were able to develop strategies and skills which they could draw upon to assist them in managing possible future problems. Thus, important secondary learning was also taking place (Jarvis, 2012) and perhaps because this was accompanied by their own direct experience, teachers regarded it as a powerful learning tool. The programme was therefore not seen solely as providing a solution for current behaviour management problems, but also as building a long-term reserve of strategies.

"I liked meeting other teachers and it was nice to do it over a period of time as well and we learned about children in different classes, we learned about their progress. It was as if we almost knew them." (T7)

The candid discussion of classroom behavioural issues within the TCM group led to a high level of peer-collaboration regarding management strategies. In fact, six of the eight teachers interviewed at follow-up, viewed the sharing aspect of TCM training as the most enjoyable element of the programme. Moreover, workshop evaluations (*n* = 10) showed 'sharing ideas' to be the most helpful aspect of training (noted in all

but one session). In order for such group learning experiences to be beneficial, collaboration must be regarded as 'safe' and teachers must feel open to dialogue (Walker, 2001). In the current study, both facilitators and teachers alike noted how the group quickly became a 'safe' and encouraging forum in which problems could be shared and solutions generated. Ideas for classroom management offered by peers on the training course were highly valued, and teachers noted that solutions were developed outside of direct TCM learning activities. This is also reflected in the wider literature which has shown that where teachers are provided with ongoing 'coaching' by colleagues, there is a greater likelihood of continued strategy implementation (e.g., Showers et al., 1987; Waldron & Redd, 2011). Importantly, collaborative coaching by peers was not only viewed as beneficial, but also as enjoyable. Both the intervention and control group participants formed good working relationships and felt comfortable discussing previously undisclosed management problems.

> "First of all the group were lovely. Do you know the way you'd put a group of individuals together and you don't really know one another at all? Strangers, all they have in common is their teaching. They were lovely, really, really nice. And we all got on very well. You wouldn't be embarrassed to say anything." (T8)

> "They all chatted really well together. First thing in the morning, they'd all sit around one big table and have a cup of coffee. I felt everybody was included. They knew each other's names… They were very friendly and very warm towards each other." (A1)

Both facilitators regarded the second session in particular (i.e., praise, attention, and encouragement) as the most effective, and the one in which they perceived group camaraderie to have the greatest impact upon learning and practice. Interestingly however, this was not the most favourably-rated session by participants (see chapter 10), perhaps because this group displayed high levels of classroom management difficulties at baseline. One of the facilitators (A2) suggested that the reason why this session was so effective stemmed from the positive inter-group dynamic that had been developed, which had led to a greater openness to group work participation.

The fostering of child self-esteem and development of individual teacher-child relationships are highlighted in this session with the aim of developing and maintaining the 'positive classroom' as discussed later in this chapter. The perceived success of this session, and indeed the entire programme, exemplifies the impact of a 'community of learners' in the assimilation of practical skills (Conway et al., 2009).

8.1.4 *'Reverse-washout': Reinforcing theoretical knowledge through experiential learning*

All teachers regarded the TCM programme as enabling professional development through a wide range of evidence-based techniques. The evidence suggests that it reinforced the practical application of theoretical concepts of which certain teachers had been aware, but had not regularly practised ($n = 4$). For example, while some may have used positive management strategies prior to TCM training, the reported consistency and effectiveness of this had varied. Although teachers may have recognised the importance of positive behaviour reinforcement, this did not always translate into classroom practice. As noted previously, teachers can lose their idealism and discontinue any initial use of positive management strategies (i.e., they can experience 'washout') when faced with the reality of the classroom (Cole & Knowles, 1993; Kaufman & Moss, 2010). Thus, within the current study 'reverse washout' was evident in the realignment of teaching practice with theoretical knowledge and practical skills. The findings indicated a consensus amongst teachers ($n = 8$) about the merits of relationship-building with children and the reinforcement of positive behaviours - also shown in previous research on the TCM programme (e.g., Baker-Henningham et al., 2009; Hutchings et al., 2007). This would appear to stem from the TCM focus on relationship-building, praising positive behaviour, and where possible, ignoring minor negative behaviours. Whilst in some cases, it was reported that the TCM programme had not necessarily provided 'new' information, the training had provided a renewed focus on, and facilitated the consistent implementation of, positive strategies.

> "I definitely feel that it supports the individual attention for children that you would give them. It's certainly something that I would have believed in but I probably didn't practice enough."
> (T22)

"A lot of things you use yourself anyway but maybe kind of just tweaking them a little bit or whatever." (T3)

Learning (and in some cases, re-learning) positive strategies had occurred over time. Indeed, it has been suggested that experiential learning emphasises the integration of theoretical concepts with practical 'doing' components (Kolb et al., 2001). The mechanism of 'learning through doing' is an intrinsic aspect of TCM programme delivery and experiential learning was cited by all eight teachers as a defining feature of the TCM programme. All commented positively on the delivery format, which enabled transmission of TCM principles into the classroom after each session. The initial process of learning began during the training days using theory-based tools, with later implementation of strategies in the classroom intended to consolidate the learning process. However, if learners are not given an opportunity to reflect upon the learning experience, implementation, and outcomes, the likelihood of change is reduced (Dyke, 2006; Eyler, 2009; Kolb & Kolb, 2005). Therefore, the time allocated to group-based and individual reflection within the TCM programme was valued highly by all eight participants who reported that implementing the strategies over the course of one month provided them with an opportunity to transform theory into practice.

"The one element that I thought was excellent was the fact that you had a day [of training] and then you had a month. That was brilliant. There's no point in trying to implement something in a week. You will try and implement it the next week and after that it goes to the dusty shelf." (T12)

As discussed in chapter 4, feedback is an important aspect of experiential learning (Kolb & Kolb, 2005). The TCM training involved multidirectional feedback, from the learner to the group (including facilitators) and vice versa. Importantly, teachers felt that that learning did not end with the post-session implementation of TCM techniques in the classroom, but was built upon in feedback discussions at the beginning of each new session. In fact, six of the eight teachers interviewed at follow-up, reported that the feeding back of the successes and challenges of TCM

technique implementation to the group, provided an excellent learning opportunity; similar findings are evident in the literature (e.g., Shernoff & Kratochwill, 2007).

8.2   Applicability of TCM strategies in the classroom

The TCM programme appeared to provide a thorough grounding for teachers in the application of a range of strategies, from those used to promote positive classroom environments, to those dealing with challenging behaviour. This section addresses teachers' beliefs and views about these strategies and the nature and extent of their utilisation in the classroom post-training.

8.2.1   Utility of TCM tools and strategies

All teachers spoke about their individual experiences of TCM training as positive and worthwhile. They referred to the programme in very positive terms as 'very beneficial', 'a great experience', and 'a great asset'. Although teachers normally have opportunities to attend short courses throughout the school year and during the holidays, these courses may be pedagogically naïve in the sense that they are short and ineffective in engendering real change or improvement (Miles, 1995). By contrast, the TCM programme was regarded by all eight teachers as offering effective outcomes, facilitating the management of challenging behaviours and the development of a positive class environment.

> "There are some things, there are some courses that you go to with very unrealistic goals and it's a very realistic and very doable programme." (T12)

> "Overall I would feel that it is a very good programme to promote positive behaviour within a classroom." (T7)

In the current study, the course materials were also regarded as an invaluable source of practical support, both in the immediate- and longer-term. Four teachers felt that they had a 'toolkit' of materials to which they could refer. The 'yellow book' - *How to Promote Children's Social and Emotional Competence* (Webster-Stratton, 1999) - was highly commended as an easy-to-read resource whilst other materials (including handouts), were also believed to be very helpful.

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"You actually feel confident going in that no matter what, you always have your folder at home, you always have your little bits and pieces or kind of photocopiable resources and even the yellow book is very good." (T21)

Hutchings et al. (2004) noted that standardised TCM programme materials also offer benefits in relation to implementation fidelity (e.g., by enabling consistency in delivery practices), as well as providing a long-term resource for teachers during and post TCM training. Moreover, an appreciation of the written handouts - which was also noted by teachers in the workshop evaluations in the current study - indicates the perceived 'high production value' of the TCM programme materials. Importantly, previous research on other programmes such as the PATHS programme has indicated the opposite (Seifer et al., 2004).

Some interesting patterns regarding teachers' perceptions of the most practical TCM strategies also emerged from the findings. For example, teachers in the control group ($n = 4$) did not discuss in detail the techniques for managing misbehaviour; instead, they focused on child socio-emotional development (at 6-month follow-up). This is inconsistent with Bowers' (2005) suggestion that it is the 'B' of 'EBD' that is the greatest source of concern for teachers. All four control group teachers noted that enabling children to identify and verbally express emotions was an important aspect of TCM training. This is an important point because it reflects recognition - also identified by Rothi et al. (2008) – that a teacher's responsibility is not limited to education, but may also include child well-being.

"I think it's so important for them because when they're feeling this [strong emotion], they just don't understand it, they don't recognise the feeling. They don't know how to identify it. They don't know how to deal with it or cope with the emotions. So I've actually said [to colleagues] 'look we need to do more work on this, because there are children coming in with severe emotional and behavioural problems'. So that's one thing that I absolutely found brilliant on the course." (T8)

By contrast, the intervention group teachers only briefly mentioned relationship-building and the importance of being positive in the classroom and none spoke specifically of coaching children on the identification of emotions. In fact, all four intervention group teachers reported instead that ignoring minor misbehaviour was the most useful tool that they gained from TCM training.

> "I suppose the biggest change that I would have noticed would be that it's ok to ignore behaviour and I suppose I feel I have the freedom to do that now, whereas in the past I wouldn't have had."
> (T7)

These differences are based on only very small numbers but nonetheless, a number of factors may be at play. For example, the findings from the larger RCT showed that, at baseline, the intervention group classes had higher levels of SEBD than the control group. No assessment of control teachers' classes was conducted in 2010 (when this group underwent training), so the extent of classroom behavioural challenges during their TCM training year is unknown. Thus, the intervention group may have had a more pressing need to manage misbehaviour, rather than focusing on the socio-emotional development of children. Furthermore, if the control group's reported level of classroom behavioural problems was low, a greater emphasis may have been placed in programme delivery, on fostering socio-emotional well-being. Indeed, this is not uncommon in the delivery of such programmes (Reinke et al., 2012). Furthermore, two different pairs of facilitators delivered the training to each group and although TCM training should be implemented with fidelity, facilitators themselves may have placed greater emphasis on different elements within the TCM programme.

8.2.2   Ease of implementation

Of those interviewed at 6-month follow-up, two intervention group and two control group teachers described a variety of challenges to the successful implementation of TCM techniques. Interestingly, these challenges did not stem from a perceived deficit in the programme itself, but rather from a number of environmental and situational factors. In one classroom, some children reportedly became 'obsessed' with receiving rewards which led to the abandonment of this strategy by the teacher.

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Two teachers cited difficulties outside of their direct control, specifically the contradictory management techniques of their colleagues who had not received TCM training. A comparable challenge was reported by a minority of teachers in the Welsh implementation of the TCM programme (Hutchings et al., 2007), where non-TCM trained school staff used inconsistent behaviour management strategies. In the current research, one teacher reported how colleagues in her school, had engaged in misguided attempts to help manage a particular child's behaviour, but with the result that any progress she had made with the child had been undone. This teacher also stated that the child's home life played a major role in his continuation of inappropriate behaviour.

> "He hangs out with older children at home and from what he's telling me about what he's watching on telly… you know we had to call the dad in to say 'he's really saying inappropriate things in the yard about boobies'. He's four. How does he know these things? The dad is like 'Oh it must be the ten-year-old he's hanging out with down the road'. I'm like 'Really? Cos he told me he was watching an 18's film last night'." (T21)

Three teachers specifically mentioned their own personal challenges in the implementation of TCM principles. Although they reported the strategies to be highly effective, one teacher spoke of the difficulty of implementation when busy with other tasks, while the others reported occasionally forgetting to engage in the use of non-verbal communication and positive reinforcement, thereby 'slipping back into old habits'. The latter was also reported by Baker-Henningham et al. (2009). However, a fourth teacher who cited initial implementation challenges reported an almost immediate realisation that her old strategies for managing behaviour were ineffective.

> "Sometimes I'd go back to what I was doing, you would see straight away that this doesn't go anywhere, it really doesn't work." (T21)

It was clear from the findings that teachers, in the immediate post-training period, had to make a conscious effort to constantly implement and maintain what they had learned from the TCM programme. However, despite the presence of various factors (both inside and outside the classroom environment), four of the eight teachers who were interviewed identified no barriers to TCM strategy implementation. This relative ease of implementation is consistent with findings of Hutchings et al. (2007), although more challenges were reported by Baker-Henningham et al. (2009) in their study, most probably because their research was conducted in a different cultural context. In the present study, the feedback given by teachers at the beginning of each new session had indicated to the facilitators that the new strategies were being successfully assimilated and translated into practice in the classroom.

> "It was so heartening, for them to come back, each of them, and comment on how much work they put in over the course of the month… I think they took it on board significantly. They were all coming back with great reviews every month." (A2)

> "I definitely think they took them on board, because the feedback, the quality of the feedback, the completion of the assignments, the completion of reading, it was blatantly obvious to us that they were doing the stuff in between the different days of training." (A1)

Both facilitators also noted that practical implementation had occurred even with so little time between sessions. For instance, a mid-term break occurred between two training days, resulting in a much shorter teaching period in which to implement strategies. Despite this, it was apparent to the facilitators that teachers had familiarised themselves with required readings and had introduced the associated strategies into the classroom, thus indicating successful delivery of the TCM programme under 'real world' circumstances.

8.3   Post-training changes to the self: New ways of thinking about management

8.3.1   *"I am not as shocking as I thought I was': Increased self-efficacy*

The TCM programme was also regarded as instrumental in boosting the self-efficacy of teachers in the current study; a new ability to deal effectively with problem behaviour was reported by all eight teachers. Additionally, in post-training interviews, three teachers regarded themselves as more confident professionals who could manage a variety of child needs.

> "I definitely feel more confident in my abilities. It just kind of reminds you that 'yeah I am a good teacher. I can do this'. You know, because you start doubting yourself after a certain amount of time. Especially this year has not been a great year for me like, so I feel like I got a boost from it… you know I am not as shocking as I thought I was." (T21)

These findings are in line with those reported by other authors (Webster-Stratton et al. (2004), Shernoff and Kratochwill (2007), and by Baker-Henningham et al. (2009). Moreover, within the current study, all eight teachers reported that they changed their way of thinking about behaviour management, and how they now perceived their role to be central to the classroom dynamic. The time and 'space' of the TCM programme provided an opportunity for teachers to reflect upon their own classroom management habits, and also to critically examine their own impact on disruptive classroom behaviour.

> "It took the onus off the child and put it onto you, which again is huge. When you're trying to help a child, you have to look to yourself first. And they [the programme facilitators] did that in a very subtle way, because some people don't like to admit that it's you ultimately, that is the problem. Not the problem but, do you know what I mean? Like ultimately, you have to change." (T12)

> "The overall training has made me more aware of 'me' in the classroom, thinking like I can't blame them. It's not them all the time, this is me too." (T16)

Interestingly, this acceptance by teachers of their own role in classroom behaviour was regarded as empowering. Rather than placing a burden of responsibility on teachers, this realisation enabled a critical appraisal of practice and the implementation of new management strategies. Through reflection, appropriate methods of management were identified and implemented and these, in turn, helped to boost teacher confidence. Knowledge of what does and does not work in the classroom enabled more decisive actions by teachers and equipped with an increased awareness of appropriate management strategies, they reported a greater confidence in their own abilities.

8.3.2 Reduced stress

As indicated earlier in chapter 7, the baseline interview analysis showed (particularly among NQTs), that some teachers who encountered chronic classroom behavioural problems felt largely unable to cope, which in turn exerted a strain on both work and home life. This did not go unnoticed by facilitators.

> "There was one if not two people in the group and I could see a kind of almost a professional wearing-down, even though they were very good and very kind and really competent teachers. I could see the impact; I could see it impacting on their energy and sense of well-being." (A1)

The 'professional wearing-down is indicative of burnout (Leiter & Maslach, 1998), and it was apparent to both facilitators that the occurrence and (mis)management of SEBD was a significant threat to the psychological well-being of certain TCM participants. As noted by one facilitator "the cost [of dealing with these classroom difficulties] is quite high" (A1). In addition to the obvious psychological cost, the excess time spent in classroom management (prior to TCM training) was also regarded by facilitators as seriously impeding teaching and, in turn, negatively impacting the learning opportunities of children.

An emergent theme from baseline interviews (described in chapter 7) was the commonly held aspiration for professional and personal development. Notably, the ability to cope with disruptive behaviour whilst managing their own stress was something that many teachers hoped to achieve. Importantly, participants recognised

the need for additional support to meet the high-level demands of behaviour management and indeed, as indicated by the Job Demands-Resources Model (Demerouti et al., 2001), the availability of resources significantly impacts the extent to which demands may be perceived as stressors. Here, the evidence at follow-up indicates that although the TCM programme was not perceived as suitable for all children (specifically those awaiting psychological assessment), teachers felt that they were better able to handle their own emotions when encountering challenging classroom situations. This improved ability to handle emotions appeared to be due to the development of new skills to remain calm in the face of behavioural challenges, and the experience of 'appropriate' emotional responses, which as indicated elsewhere, are deemed to be crucial (Philipp & Schüpbach, 2010).

At the 6-month follow-up, five of the eight teachers stated that they were no longer stressed by minor misbehaviour ("I just find myself, that things don't bother me as much." - T3), and when challenges did occur, they were better equipped to deal with them ("I think I'm a lot calmer." - T16). Likewise, previous research has found that one third of post-training teachers felt calmer when dealing with classroom misbehaviour (Hutchings et al., 2007). In the current study, stress reduction was primarily due to a greater teacher awareness of how their own emotions could contribute to an escalation of low level disruptions. Therefore, TCM techniques recommended for coping with challenging behaviour were regarded as invaluable, providing teachers (particularly NQTs) with the support that was absent at baseline.

> "I am definitely more confident in my own ability, which would
> have been a big issue for me before." (T21)

8.3.3 *"I am not alone": Renewed enthusiasm and a focus on the positives*
According to facilitators, the TCM training enabled a reciprocal, 'mini' social support network among those who understood the impact of classroom behaviour difficulties. As shown in chapter 3, and by previous studies (e.g., Johnson & Kardos, 2002), perceived isolation in the classroom can be a feature of teachers' (particularly NQTs') professional lives. Most notably, the NQTs alluded to the experience of being alone in the management of difficult classroom behaviour. For many teachers, the reluctance to discuss problems with colleagues or parents of children often

compounds these feelings of isolation (Rogers, 2002, 2006; Weasmer & Woods, 2000). For instance, Webster-Stratton et al. (2012) noted that the availability of peer support can be an invaluable and empowering resource for those who previously felt alone with classroom management difficulties. The TCM training programme was reported by five teachers in the current study as being important in terms of increasing awareness that other teachers encounter similarly challenging behaviour. Through open discussion in the safe environment of TCM training, and under the guidance of the two facilitators, teachers felt reassured that their struggles with management were not unique to them or to their classroom.

> "We [the group] were a team, kind of working together…. Sometimes as a teacher you…feel a little bit isolated. You're in the classroom and if you are dealing with a very challenging behaviour in your class, you can't…leave the classroom and go 'oh I need to find somebody' or whatever. And there's no button to press going 'code red'!" (T16)

> "…teachers can be so isolated. You're inside in the classroom all day long. So it was actually lovely to be able to see other teachers… and 'oh God', their experiences - seeing that you're normal as well!" (T8)

> "You could hear other people's experiences and you didn't feel like 'I am the only one that this is happening to. It is because I am young. It is because I am not as experienced in this classroom as other people would be'. When you hear other people expressing the same fears as well or that they feel that they are being seen like that in the school as well, you are like 'oh right, ok it is not just me'." (T21)

The acknowledgement by five of the eight interviewed teachers that challenging behaviour poses problems for even experienced professionals signifies an important shift from the beliefs and views seen at baseline. Although classroom isolation emerged as a theme amongst the NQTs at baseline, the follow-up findings suggest that even the more experienced teachers shared this concern. The opportunity to

discuss in detail what was often not disclosed in the staffroom, provided useful insights into other classrooms, the behaviours of other children, and the self-doubt of other teachers.

Another theme which emerged from the follow-up interviews was a renewed enthusiasm for teaching ($n = 4$). As stated previously, the constant pressure of classroom management had exerted a significant toll on the emotional well-being of most teachers and, in some cases, caused some degree of professional incongruity. Some reported acting in ways that contradicted their personal teaching philosophy; they felt that they were becoming the kind of teacher they never wanted to be. This disillusionment, coupled with other negative psychological outcomes, can have a negative long-term effect on staff retention (Skaalvik & Skaalvik 2011). Encouragingly, the follow-up analysis illustrated a significant shift in the outlook of four teachers, who felt that TCM training had imbued in them a greater enthusiasm for their role as educators. There was a marked departure from what Veenman (1984) referred to as 'traditional' or 'custodian' views of teaching. In fact, teachers found that improved classroom interactions (e.g., the use of praise and encouragement) had a powerful impact, not only on the children but also with regard to how they themselves felt. They reported an energising effect, feelings of optimism towards the future, better preparedness for incoming classes, and a renewed professional enthusiasm for teaching. Thus the post-training classroom was regarded as offering a therapeutic milieu. For those who had been reportedly engaging in positive management *before* TCM training ($n = 4$), the programme reaffirmed their good work practices, thereby renewing their enthusiasm for the consistent practice of these techniques.

> "It's brilliant. … I do feel I can handle pretty much any class now. I would love to have juniors again next year…because they are the real challenge." (T21)

> "I suppose it has reaffirmed the good practices that I have. Now I know that I have an awful lot to learn but I realise that you know there are some things I am doing well, and it has encouraged me." (T7)

"I'm really looking forward to September, to starting on a clean slate." (T12)

8.4   Positive Children: Positive Classrooms

8.4.1   Decrease in disruptive behaviours

Prior to TCM training, teachers in the current study faced a wide range of challenging classroom behaviours. At baseline, approximately one quarter of children exhibited difficulties outside the typical range (Hyland et al., in press; McGilloway et al., 2011). Both facilitators recognised the extent of the difficulties faced by TCM participants, and acknowledged that teachers were doing their best, with limited resources.

> "These teachers are coming to you with real problems and real issues in the classroom." (A2)

> "I felt they had definitely big problems that they were coping with. You know there were children in their classes that were as demanding and as challenging in terms of their behaviour as you'd get." (A1)

Where improvements in behaviour management were achieved, the facilitators recognised that this was due to the willingness of teachers to acknowledge other, better ways of management, and to their consistent implementation of TCM strategies. The findings from the larger RCT also showed a significant post-training reduction in child emotional problems (McGilloway et al., 2011). Correspondingly, within the current study, five teachers reported that children at 6-month follow-up displayed less attention-seeking behaviour than in the pre-training period. Not only did teachers report a new ability to effectively manage attention-seeking behaviours, they also demonstrated a greater understanding of the child's motivation to engage in attention-seeking.

> "In terms of the children who would be attention seeking... the fact that their behaviour is ignored now has lessened that behaviour. Whereas in the past I would have reacted to their

behaviour in an attempt to stop it and that would have fed the attention and it would have escalated the behaviour." (T7)

As indicated previously, there were also some differences between the intervention and control groups. Post-training, the intervention group teachers highlighted the benefits of misbehaviour management, rather than emotional labelling and coaching - the most practical strategy reported by the control group. Therefore, it is unsurprising that the greatest changes in child behaviour reported by the post-training control group teachers ($n = 4$) were increased self-esteem, confidence, and maturity.

> "I suppose just you definitely feel that the children seem to act more maturely in themselves. They're more sure of themselves because they feel that they can say what they need to say and that there's nobody… judging them." (T22)

> "I think it gives the children confidence also. Because I find the children in here quite confident. And sometimes it might be taken for abrasiveness, or cheekiness! But…they're well-able to speak up for themselves and if they're not comfortable with something, they'll tell you. And if they're happy with something, they'll tell you as well." (T16)

An increase in child confidence was also illustrated in the findings of Hutchings et al. (2007) and Baker-Henningham et al. (2009). However, these kinds of emotional improvements were not mentioned by any intervention group teacher at the 6-month follow-up, most probably because they tended to focus more on the necessary management of misbehaviour, rather than fostering the emotional development of children. Despite this, there was a clear portrayal by all eight teachers, of the post-TCM classroom as a positive environment for working and learning.

However, whilst classrooms were generally improved, not all behaviour management efforts were regarded as equally effective. For example, none of the teachers reported ineffective strategies in their monthly feedback to facilitators although, in some cases, their efforts with target children were not always successful. In line with the

realistic expectations evident in the baseline interviews, teachers again noted that there is no 'miracle cure' for challenging behaviours in the classroom ($n = 4$).

> "I can't say that everything has worked for me, but I would certainly feel that in the programme and in the training, there is a solution really to most things." (T22)

> "Some of the teachers had kids who were still completely disruptive and shouting and kicking [at the end of the programme] and I don't know if that was really solved. But they might need assessments for different things like that anyway." (T3)

Such comments illustrate a general acceptance that the needs of each child can be very different. Furthermore, any unsuccessful outcomes were thought to result more from the complexity of child need, than from the inadequacy of the TCM programme. For example, one teacher implemented TCM strategies in her classroom while awaiting psychological assessment for a child. Whilst the strategies did not work on the target child, they were effective for other children in the class. Hence, both the group facilitators and teachers ($n = 4$) acknowledged that, in some cases, the TCM techniques would not work.

> "I felt terribly sorry for her. Because she still had to try to teach a whole class and I thought she was one of the people who was kind of affected by the stress of the classroom. We used to try to say to her 'look, you know there's only so much you can do. In a special school [this child] would be in a classroom with four or five kids maybe. You're doing a really good job with twenty five in your classroom'. She realised she could only have limited success with him and she had to try to accept that." (A1)

> There are always going to be some kids who need additional support. I think some teachers come into [the TCM programme] thinking it's going to be a cure-all, which to some extent it is… for some children. But you know there's always that small

percentage of kids who need more. And I think an acknowledgement of that is essential." (A2)

While perceptions regarding the effectiveness of the overall TCM programme were very positive (*n* = 8), two teachers noted that changes in child behaviour may have been influenced by non-TCM factors. For example, one teacher stated that by the time post-intervention data were collected, the children were a little older and positive class outcomes may have been due to a combination of the TCM programme *and* child maturation. Another teacher suggested that the positive changes in a child's behaviour were partially attributable to her efforts prior to TCM programme training.

"I had set up my own behaviour system with him and I had done the whole thing of talking to the parents and everything before I started the course so I couldn't say it was the course [that improved his behaviour] because I actually had a lot of things in place before I started in January. But he is very good now. His behaviour has totally improved, so maybe it is the combination of both." (T3)

8.4.2 *"Better learners, better people': A positive classroom ethos*

Prior to training, many classrooms were tense environments where the learning opportunities of children were limited by ongoing disruption. Verbal (and in some cases, physical) child aggression posed clear difficulties for teachers. The post-TCM class environment was reported by all teachers to be a very different place, where children felt secure and where teachers and students enjoyed positive relationships. Not only did teachers note a lower incidence of conflict with children, they reported improvement in peer relations. Although all teachers mentioned benefits to the classroom environment, this was particularly evident among the control group teachers who took part in training in 2010. Children were reported as showing increased kindness to one another and helping their peers.

"They are more aware of praising each other. …when somebody does a good job or whatever, they're copying me and they're saying 'good job' or 'well done' and they're giving the thumbs

up… When I had First Class they would go 'well done, that's great'. But I don't think I'd ever seen them do it as much in junior infants. I think maybe they're feeling more positive." (T16)

"They have started to get on better with each other. They're co-operating amongst themselves even. You are always going to have one or two who are always telling tales on each other anyway but the rest of them definitely are getting on much better." (T9)

Thus, teachers reported increasingly positive interactions with children in the class (*n* = 6). This is an important finding because, as shown by previous research, the quality of the relationship between early educators and their pupils can predict a range of longitudinal outcomes (Hamre & Pianta, 2001; Ladd et al., 1999; Silver et al., 2005). This realisation of the rewards of increasing the amount of one-to-one attention given to a child was also reported by all teachers in a study by Baker-Henningham et al. (2009). Furthermore, one teacher in the current research commented that the length of time needed (to yield positive results), was minimal.

"You need to build up a relationship. I think as teachers we have too many excuses. It's like you know the programme wasn't asking you to spend a half an hour with a child each day. They were asking you to give that child a two minute slot in your day, so it's just you and that child. And I mean that's so doable." (T12)

Praise was reported by three teachers to be one of the most useful and widely implemented strategies acquired from TCM training. Again, this was evident in the findings of Hutchings et al. (2007) and Baker-Henningham et al. (2009). For example, Baker-Henningham et al. (2009), in a quantitative analysis, reported a highly significant increase in the frequency of teacher positives, whilst both Webster-Stratton et al. (2012) and Carlson et al. (2011) found a similar post-training increase in classroom 'positives', including praise. Within the current study, the use of proximal praise was regarded as particularly useful, and generally led to a much better-behaved class.

"I would feel that they're more ready, they want to be good. And they want to show you, like they want to get the praise. They want to be in the group that's sitting up being very quiet… There's actually a link between yourself and the child individually, then with the whole class." (T22)

"Kids thrive on praise, even the children that you think that don't really care and it doesn't make any difference to them but it does. It really does." (T21)

Three teachers (two intervention and one control group) specifically mentioned that the TCM programme encouraged a greater focus on the 'good child' (i.e., the low-risk child) who would not typically receive much attention. Teachers recognised that some children rarely received attention due to the fact that they behaved well, worked independently, and generally did not need any additional assistance. Although the findings from the larger RCT (McGilloway et al. (2011) indicated no significant baseline to follow-up differences in emotional and social competence between 'low risk' children in the intervention and control groups,, the qualitative findings at both the 6-and 12-month follow-up clearly illustrated teachers' perceptions of improvement. Post-TCM teachers had a greater appreciation of 'good' children; child baseline behaviour was reinforced and in some cases enhanced. The improved classroom ethos and the change in child behaviour were also seen as having direct implications outside of the classroom such as at home, or in the playground. In two cases, behavioural improvements were noticed, not only by the teachers themselves, but also by colleagues and parents. In both cases, these were attributed directly to the work the teachers had been doing in the classroom. This type of anecdotal confirmation of the effectiveness of TCM techniques by others was seen by the teachers as reinforcing good practice.

"They went on a school tour on Friday and all the teachers came in to say 'Oh my God, he was amazing'. He was just fantastic on the tour, they couldn't believe it. And I was like 'at last, somebody else is seeing that he can be really good'. I said 'I knew he would be...'." (T21)

8.5 Lessons learned

8.5.1 Criticisms of TCM/ Suggestions for improvement

Overall, the experiences of the teachers here were very positive. All cited examples of techniques that they had used to positively influence child behaviour in the classroom. However, certain aspects of the programme were viewed less favourably than others. Interestingly, these varied considerably between the intervention and control groups. For example, the primary concern amongst the intervention group was the length of the programme training day.

> "From nine until four o'clock it was very, very tiring and you know, I suppose when you are listening to the same topic for the whole day you'd be there going… 'The children would be gone home since 1.40pm. I'd be gone home since 2.40pm if I wasn't here'." (T9)

Across the final three TCM workshop evaluations, the duration of training was the most frequently cited concern. Although one teacher expressed her personal belief in the importance of 'making time' for professional development, the general consensus among the intervention group was that the programme should insofar as possible, mirror the length of the school day. By contrast, only one control group teacher noted that the first workshop "dragged on a bit"; it was not an issue for this group. However, it is important to note that their training day was shorter (09:00 until 15:00) due to an agreed reduction in break times which was initiated as a result of feedback given to the programme facilitators by the intervention group in June 2009. Likewise, both Carlson et al. (2011) and Baker-Henningham et al. (2012) noted that any such minor changes to delivery format may be based on local implementation concerns. However, it is important to note that, where large deviations from typical delivery occur, this may have implications for implementation fidelity, subsequent outcomes, and also for control group comparability.

Another issue described only by the intervention group related to the training venue. The first two training sessions were held in a venue which the teachers deemed to be unsuitable. Two interviewed teachers and five of those who completed workshop

evaluation questionnaires, complained about the room temperature and the fact that breaks were held in the same space in which training was delivered.

> "We were stuck in the room the whole day, they brought lunch in that we had to sit [with lunch] on our lap and it was awful. I had a cracking headache and I think everyone was like that. Like the one room all day long, you wouldn't do that to anyone. It was really bad." (T3)

These practical/environmental issues caused difficulties for the teachers who were expected to maintain consistently high levels of attention; this is understandable given that temperature and air quality are among the most important factors affecting students' learning experience (Earthman, 2004). Indeed, complaints about the venue overshadowed issues pertaining to course content and delivery. Reassuringly however, due to the feedback from the participants to the facilitators, the venue was changed for the third and subsequent training sessions, and teachers remarked that this had improved their learning experience. Moreover, any issues that arose whilst delivering training to the intervention group were taken on board by the group facilitators, and were resolved by Archways prior to control group training.

A frequently noted criticism of the TCM training by both groups (and one which to some extent related to the length of the training day) was the perceived over-repetition of certain topics. Despite baseline views to indicate that limited ITE attention had been given to classroom management and the perceived need for additional training, all but one teacher at 6-month follow-up reported an over-emphasis on some individual topics, causing teachers to become bored, to 'clock watch', and to disengage from the learning process.

> "I just remember thinking if the rest of (the sessions) are like this, I will not want to come back." (T16)

> "I thought that it was a very long day and we really had grasped the concept very early on and it kind of was flogged to death." (T7)

"We didn't need to talk about [ignoring minor misbehaviour] for 6 hours. But the whole day was dedicated to it, repetition, repetition, repetition, repetition. You're like, ok I understand. I am not a four-year-old. I do assimilate things after a certain length of time." (T21)

Various practical solutions were proposed including, for example, discussing more than one topic per day. However, as this is a manualised programme, changes such as this would have implications for implementation fidelity, and could potentially result in differential training outcomes. Another teacher proposed giving the participants material (e.g., chapters, hand-outs) for the following month's session in advance, so that they could read about salient issues prior to training, thereby reducing the amount of time spent introducing topics.

There was also significant variation in teachers' beliefs regarding TCM learning tools. The use of role play was a particularly divisive issue. For example, one teacher felt patronised when she engaged in this activity; as shown in chapter 10, role play was the least favoured TCM learning tool. Two of the teachers highlighted reluctance among their peers to engage in role play and that this had negatively impacted its overall effectiveness. Both facilitators noted that despite initial teacher reluctance to participate, all eventually engaged with this learning tool, and noted its utility in experiential learning. In fact, one teacher reported that, although the group tended to shy away from role play, it was this form of active participation which consolidated her own learning. This is in line with evidence from elsewhere which suggests that, although for many, unease and embarrassment can impede the learning potential of role play (Nestel & Tierney, 2007; Stevenson & Sander, 2002), when correctly implemented, it can have beneficial outcomes (Fannon, 2004; Kneebone, 2005).

"We shied away from it at the time, but it worked really well, the role-play - they are the things that I remember. It's the same in class, 'doing' instead of the teacher talking. It's the very same thing. It's the doing that makes you remember it". (T12)

Similarly, the use of vignettes elicited divergent opinions. As reported in chapter 10, vignettes were rated more favourably than role play and although some teachers viewed their use as an integral part of the learning process (e.g., allowing a greater understanding of the mechanisms for dealing with behavioural problems), others did not. Two teachers criticised very different aspects of vignette usage. One believed them to be over-used whilst the other (despite reporting that she enjoyed watching them and recognising their benefit) found the American accent and demeanour to be "a bit OTT" (T8). The perception that vignettes and other materials were more culturally relevant to America is not unique to this study. It was also noted in other qualitative examinations studies of the IY series (Baker-Henningham et al., 2009; Furlong & McGilloway, 2011). For the facilitators, the use of vignettes presented both opportunities and challenges. They reported an awareness of their own role in fostering dialogue about vignettes, and confidence in their ability to highlight important learning points. They believed that most teachers should be able to look beyond the apparent differences between American and Irish classrooms, and focus on the deeper meaning of the vignettes.

> "Sometimes I heard people saying 'the vignettes aren't appropriate and they're not Irish'. And 'why can't you produce a set of vignettes for Ireland?' But if the leader uses those vignettes skilfully and gets past the accent or whatever, teachers don't even hear the accent in the end. You ask good open questions and that leads to great dialogue and conversation." (A1)

> "You know the vignettes can be difficult because you've got to get teachers really engaged and focused on them. You do sometimes get negative reports on the vignettes. Things about it being American or 'it's not realistic'... just little things, but that's constant- it's how you mediate it." (A2)

8.5.2 Teacher perspectives on future TCM delivery

With regard to suggestions for future TCM delivery, the most frequent was that TCM training should be made more widely available. Furthermore, many teachers ($n = 6$) felt that the programme should be delivered on a whole school basis, so that the TCM philosophy of positive classroom behaviour might become ingrained in school culture. Previous research has shown that such systems level interventions may create, not only positive changes in child behaviour, but may have professional and personal implications for teachers themselves (Klassen, 2010; Waldron & Redd, 2011). The provision of whole-school TCM training was regarded as potentially fostering a positive culture and increasing the likelihood that strategies would be maintained - just as other programmes such as violence prevention initiatives (Waterman & Burstyn, 2008) and healthy eating programmes (Buttriss et al., 2004) have been shown to provide optimal outcomes through whole school implementation (O'Connell et al., 1999; Waldron & Redd, 2011). However, despite a shared belief that the programme should be more widely available within schools, as shown from the illustrative quotes below, there was a clear divergence of opinion among teachers in this study, regarding how this might be best achieved.

> "It would be great to have even one workshop for the whole staff. So I think a staff meeting or something like that, someone could come and talk for an hour to them, on it. Or even just to get an insight into the programme." (T8)

> "Obviously the best solution would be to train all teachers and have whole-staff training. One girl was saying in our staff 'Could we do it for a summer course?' - But you actually couldn't. It would have to be trying things out in your class, it'd have to be hands on and coming back and discussing. Definitely you couldn't do it without that." (T22)

> "I think it should be implemented in our teacher training or something like that. I think it would be a good programme to have in teacher training." (T21)

The latter quote is in line with findings of Baker-Henningham et al. (2009) in Jamaica, and by Hutchings et al. (2007) in Wales, who noted that post-TCM teachers recommended the implementation of the programme into pre- and primary-school ITE. Furthermore, almost all participants in these studies also stated that they would recommend TCM training to colleagues. This was also mentioned in the current study and it illustrates the widespread satisfaction with the programme and teachers' firm belief in its potential benefit for schools.

Unsurprisingly, facilitators were also invested in the concept of a national roll-out of the TCM programme. For instance, one mentioned the possibility of including the programme in Department of Education in-service training. However, she noted (as also mentioned in chapter 5), that taking elements of the training programme out of their intended context could be problematic. "The big danger is if the Department [of Education] start 'chopping and changing' and taking little nuggets of information out of the training programme." (A1). Thus, as mentioned in chapter 5, this would result in '*cafeteria-style theorizing*' (Bandura as cited in Lent et al., 1998) and would clearly affect programme integrity. Such piecemeal delivery may be a costly exercise that might not result in the positive outcomes shown when a programme is appropriately implemented with fidelity. Several researchers have noted the potential negative impact even to so-called 'best practice' programmes when they are inappropriately delivered (Gottfredson et al., 2000; Kilbourne et al., 2007). In fact, one of the most frequently lauded aspects of IY programme delivery is the prioritisation of implementation fidelity (Webster-Stratton & Herman, 2010; Webster-Stratton et al., 2011), although recent TCM research (e.g., Carlson et al., 2008) suggests some flexibility in how this translates into practice, as also noted by Hutchings et al. (2013). Within the current study, the issue of implementation fidelity was emphasised throughout by facilitators, and the standardised delivery of TCM training was seen as integral to successful short- and long-term outcomes.

> "It only has a value if you cover the whole curriculum. I could do a one-day programme and I could pick all the little sweet, easy-to-access bits out of the programme... I'm not going to get the same effect." (A1)

> "It's a good programme when delivered properly. But I think it
> very easily can be haphazardly put together… it can be a bit hit
> and miss with delivery. So I'm sort of conscious of that when I'm
> delivering, 'cos I want the teachers to get as much out of it as they
> can." (A2)

Both facilitators in the current research also believed it to be imperative that teachers themselves *choose* to attend TCM training; compulsory attendance of teachers to the programme (i.e., mandated by school management) is a poor foundation for learning. They made reference to the difficulty of previously trained groups who were 'forced' into attendance by well-intentioned school principals. For example, one facilitator stated how she had delivered many training sessions in the past where attendance had been compulsory, and attendees as a result had antagonistic attitudes towards participation and were less willing to engage with the learning process.

> "I think it should be done on a 'want to be involved' process,
> instead of a conscript…. I know there have been groups where
> there's been some teachers where principals have made them go
> to the training and that's evident from the moment they walk in
> the door. A lot of reluctance and a lot of resistance to the
> concepts, resistance to try anything new." (A2)

This facilitator went on to indicate that if teachers undergo training with the "wrong mental attitude", they are unlikely to benefit. Indeed, voices of dissent can also detract from the learning opportunities of others, whilst participant cynicism can also erode any potential benefits of a programme (Trader-Leigh, 2001). Moreover where employees are compelled to engage in what they perceive as unnecessary CPD, this can result in further negative outcomes including occupational disengagement, and reduced job satisfaction and motivation (Reichers et al., 1997).

The level of teacher programme engagement in the current study may be related, at least in part, to the support of principals, who along with initiating school participation, also built considerable enthusiasm among staff regarding potential

TCM outcomes. The vision of principals within the current study is consistent with the concept of school leadership as the driving force of school reform (e.g., Datnow & Castellano, 2001). Furthermore, it is in keeping with the concept of the 'transformational leader', which previous research has identified as an important factor in actively reducing cynicism relating to organisational change (Bommer et al., 2005) and generating a school culture of teacher empowerment (Leithwood,1992). The facilitators noted that the teachers in the current study were more motivated to learn than some previous cohorts whom they had trained, although the former may have engaged in better classroom management practice prior to TCM training: "We were absolutely blessed that every teacher wanted to be there and they were there to learn and share and be respectful of one another's opinions." (A1).

Beliefs at study inception were also highly favourable, and this too can have positive implications for the way in which a training programme is received (Armenakis & Bedeian 1999). Thus, the findings reported in the current study suggest that teacher enthusiasm and 'buy-in' are vital, as also shown in previous studies (e.g., Seifer et al., 2004). Interestingly, one of the facilitators also noted that teachers who engage in bad practice are also less likely to analyse their own efforts.

> "They were very happy to look at their good practice and to make it better practice and unfortunately that's not always the case. I think people with poor practice often don't look at themselves in a realistic way, and they're saying 'oh, I do that already, I do all that already'. They're more defensive and less willing to take a really hard look at their practice." (A1)

In addition, the fact that training was delivered during work days, with supervision cover provided for classes, may have played a role in enhancing the commitment and enthusiasm of teachers in this study. These factors may have implications extending beyond actual uptake, to teacher-reported satisfaction with the programme, and their intentions for continued implementation of strategies. However, a need for further research in this respect is indicated.

8.6   Chapter summary

A number of key themes and subthemes emerged from the 6-month follow-up interviews and these are outlined graphically in *Figure 8.1* and *Figure 8.2*. For the most part, these pertained to positive experiences of undergoing TCM training and subsequent classroom management outcomes. All teachers found the training to be a very worthwhile experience; they reiterated their gratitude for the opportunity to participate in the study, and stated that initial high hopes for the programme had been met, or exceeded. Through shared experiences, the skills of the facilitators, and their own experiential learning, a toolkit of effective strategies was developed and was regarded as providing support for current practice and future challenges. The acquired classroom management techniques were, in most cases, easily applied by both intervention and control group teachers.

While some teething difficulties occurred (more notably for the intervention group), training was deemed, by and large, to be a success. Suggestions for improving programme delivery mainly centred on practical/environmental factors which were taken on board by the programme facilitators and addressed prior to control group training. This may have impacted, to some extent, upon the relative differences in interview themes and group session feedback. Where difficulties in strategy implementation emerged, they were usually seen as minor, or as stemming from outside the teacher's direct control. Overall, post-TCM interviews portrayed a very different picture of the classroom than those conducted at baseline. Teachers reported considerable reductions in stress, greater confidence in their ability to manage, and renewed enthusiasm in their role as educators. Children were reportedly happier, more emotionally competent, with better peer relations and improved class behaviour.

The next chapter documents the key findings from the 12-month interviews with intervention group teachers, and examines how TCM strategies were used into the longer-term, post-training.
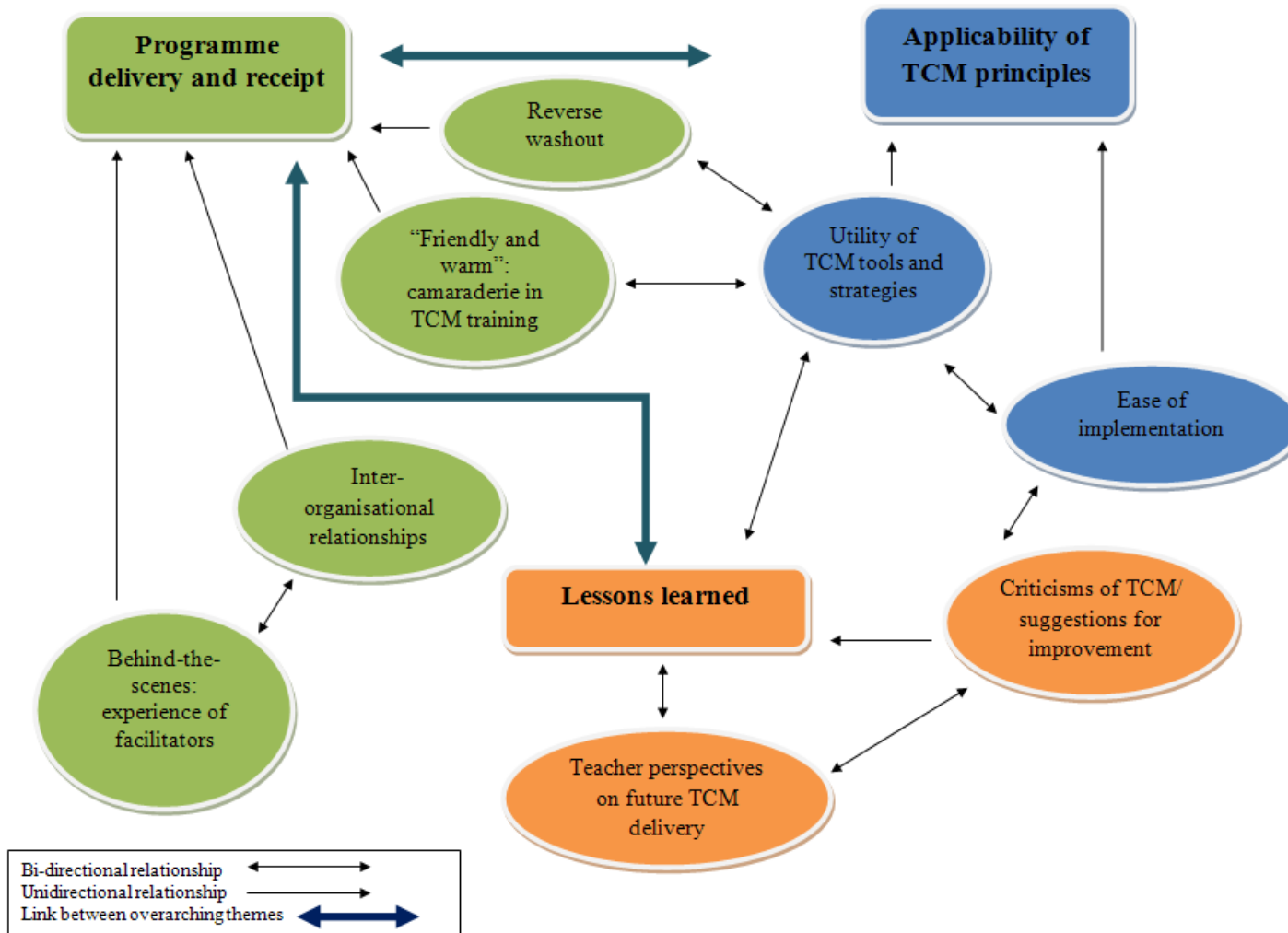
Figure 8.1. Thematic map illustrating 6-month follow-up 'Experience of TCM training' themes

Bi-directional relationship

Unidirectional relationship

Link between overarching themes
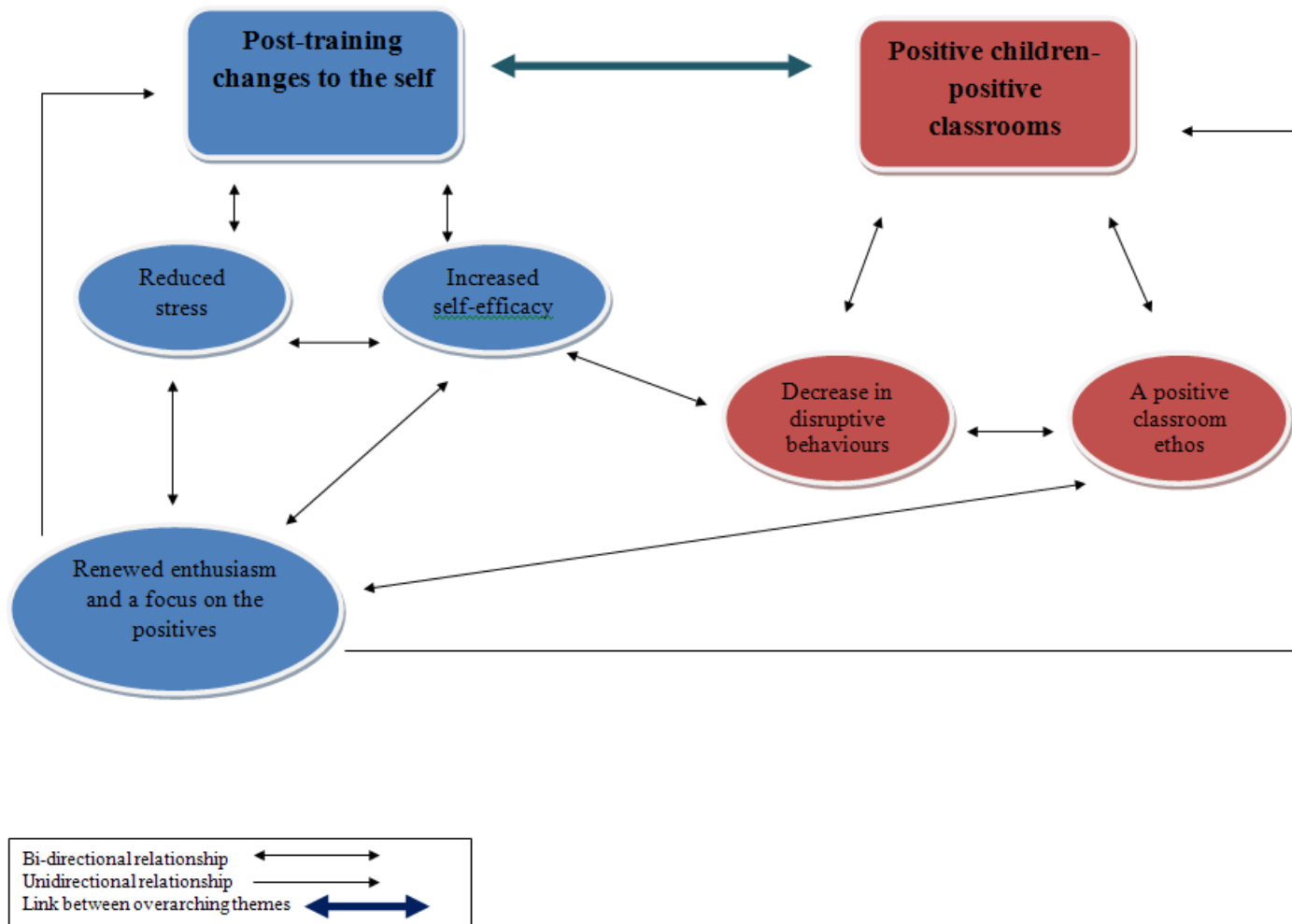
Figure 8.2. Thematic map illustrating 6-month follow-up 'post-TCM classroom themes

CHAPTER NINE: LONGER-TERM QUALITATIVE FINDINGS

This chapter presents findings from 12-month follow-up interviews with six intervention group teachers (i.e., who had begun TCM training one year previously). Three of these teachers had been interviewed on at least one prior occasion (baseline only, $n = 1$; both baseline and 6-month follow-up, $n = 2$); the others were selected for participation, based upon their representation of DEIS and non-DEIS schools, and upon their availability for interview.

Typically, researchers have focused more on measuring immediate post-intervention outcomes than assessing any longer term effects, not least because of the many challenges involved in these kinds of studies (Durlak et al., 2011). Although the principal objective of this study was to access teachers' experiences of the process of undergoing TCM training, the post-programme beliefs and views of teachers are also important. Analyses of the longer-term follow-up data provide useful insights into how management strategies were perceived and used by teachers on an ongoing basis. Specifically, the aim of this element of the research was to explore the extent to which: (a) the TCM strategies continued to be deemed effective in the management of child behaviour with new class cohorts when compared with the original class group, and (b) any changes made to the class environment had been sustained over the course of the academic year.

From these six interviews, two overarching themes emerged. These pertained broadly to the embedding of practice and reflective evaluation of the TCM programme respectively, and comprised a number of constituent subthemes, each of which is discussed in the sections that follow (see Table 9.1). Also see *Figure 9.1* for a graphical representation of 12-month follow-up interview themes).

Table 9.1.

Themes identified at 12-month follow-up

Key Themes	Subthemes
(1) Embedding practice	(1) Sustained use of TCM
	(2) Perceived programme success
	(3) Continued professional and personal development
	(4) The new classroom dynamic: Accentuating the positive, eliminating the negative
(2) Reflective evaluation	(1) Programme dissemination
	(2) Looking to the future

9.1 **Embedding practice**

9.1.1 *Sustained use of TCM strategies*

All teachers at 12-month follow-up believed that the TCM programme continued to demonstrate effectiveness. Although they no longer taught the class with whom they had initially implemented techniques, all six stated that they found their TCM skills to be transferable to a new child cohort. Indeed, the continued application of TCM techniques was apparent from the teacher interviews and classroom observations (see chapter 10) at 12-month follow-up. In fact, all interviewed teachers reported that the TCM strategies were easy to implement, suggesting that the programme principles had become more ingrained into their practice over time. Two teachers specifically used the term 'second nature' to describe the extent to which they had successfully integrated the TCM philosophy into their classroom management:

> "Your first instinct is 'sit down', you know 'go to your seat'. It was just retraining yourself to say it… just reminding yourself 'right, positive, positive, positive'. When I saw then how it did work last year, it's easier this year… It becomes part of the routine, like with anything just keep doing it and it just becomes second nature." (T15)

"Once you put the strategies into place and the kids become familiar with your different ways and means, it's second nature to them as well... looking back now in hindsight, as I said, it's like second nature at this stage implementing it. Once you get your classroom up and going and you adapt your style, away you go!"

(T17)

Bray-Clarke and Bates (2003) suggested that teacher self-efficacy may be regarded as one measure of programme success. Indeed, the evidence reported in the current study, albeit from a small number of teacher participants, suggests an increase in self-efficacy which has been shown by previous work, to accompany successful past experience (Gist & Mitchell, 1994). The mere repetition of a given activity is not always sufficient for learning to occur; feedback and reflection are important parts of the process. Teachers' observations of positive outcomes throughout the training year, and the readiness with which children appeared to adapt to the TCM techniques, appeared to increase teacher efficacy beliefs and to promote encouraged sustained programme implementation with their new child cohort.

Although transferring knowledge from TCM training into practice was regarded as relatively achievable, not all TCM strategies were employed uniformly by teachers. By and large, this was reportedly due to practical environmental challenges to implementation, rather than a fundamental lack of competence. For example, one teacher had a much older class group (approximately 10-11 years) at 12-month follow-up. Although she still used many TCM techniques, others (e.g., the use of stickers as a reward) had proved ineffective with this older age group. Another teacher noted that one barrier to implementing TCM techniques was the requirement to group children into small 'teams' in class. Despite recognising the potential benefits of group rewards for positive behaviour, she regarded this type of reward system as ineffective within her small class. Specifically, she believed that this would be more useful with larger class cohorts. Thus, whilst not every TCM technique was used by teachers at 12-month follow-up, all of the interviewees acknowledged their potential value. Just as programme delivery itself had been tailored to meet the needs of the intervention group (as also shown by Baker-

Henningham et al., 2012; Carlson et al., 2011), so too were teachers tailoring their use of strategies to meet the needs of their pupils.

While all teachers reported using their newly acquired TCM knowledge in the classroom, all but one expressed concerns in relation to successful implementation in the longer term. For example, three interviewees believed that the most significant barrier to maintenance was that of forgetting or becoming distracted. Similar to the 'washout' of ITE classroom management strategies (Fayne & Ortquist-Ahrens, 2006), some concerns were expressed regarding a non-use of skills in the long-term following TCM training. However, these challenges were regarded as something that could be overcome with conscious effort. In fact, five of the six teachers recognised their own role in the continuation of progress made since TCM training.

> "We all know what we should be doing, and praising and using verbal cues but you just forget that with everything that is going on that it can go out the window. So I think it's making a conscious decision that today I'm going to really try to use this."
> (T11)

> "You get back what you give out, if you're roaring and shouting."
> (T17)

When teachers perceive the cause and treatability of SEBD to lie with the child's family, school-based intervention may be regarded as offering only limited possibilities for success (Araújo, 2005). As indicated earlier in chapter 7, teachers at baseline felt that child behaviour was largely determined by factors outside of their direct control. However, the follow-up analyses indicated that five of the six teachers had acquired a greater awareness and appreciation of their influence in this respect, thereby representing an important shift in their thinking over time. The helplessness in managing SEBD reported by teachers at baseline was not evident at 12-month follow-up.

9.1.2   *Perceived programme success*
Teachers reported continuous, and in some cases improved, effectiveness of TCM strategies at 12-month follow-up. However, some techniques were clearly regarded

as more successful than others. For example, the session regarded as most useful (and which was also noted by facilitators and teachers at 6-month follow-up), was that which focused on praise. In line with past research regarding the use of praise in the post-TCM classroom (Carlson et al., 2011; Hutchings et al., 2007; Webster-Stratton et al., 2004), teachers in the current study reported continued usage of this strategy at 12-month follow-up. Although other strategies, such as ignoring minor misbehaviour and using non-verbal cues, were also mentioned by two teachers as highly effective, the most commonly recommended TCM strategy at 12-month follow-up, was that of proximal praise; its simplicity and utility particularly when managing low-level classroom disruption and inattention, was mentioned by all interviewees:

> "It's amazing actually. The [technique] that just shines is the proximal praise. Like last year- this year, it's the same. And each day they don't get tired of it, each day if I praise someone, you see them all sit still. You could use it ten times a day, twenty times a day and they'll still sit up." (T15)

> "Proximal praise, it's unreal how well that works within a classroom environment. I mean if someone isn't sitting down, instead of roaring 'sit down', you just compliment someone and say 'oh so and so is sitting lovely and quietly'." (T17)

One useful aspect of TCM training noted by three teachers at 12-month follow-up was the emphasis on building relationships with pupils. This reflects recommendations of Pianta et al. (2002) and Silver et al. (2005) who stated that teacher-pupil relationships are particularly important in early education. This is not a simple task and, as indicated in the literature, there are inherent difficulties in developing relationships with children in classrooms characterised by high levels of disruptive behaviour (Thomas et al., 2006). However, the three teachers in the current study, who discussed relationship-building, reported an increased awareness of the direct benefits of individual attention, and more specifically, discussing activities important to that child or engaging in play. Teachers were also mindful of the need for consistency in their efforts to build such relationships. These findings

support those of Baker-Henningham et al. (2009) who also identified a post-training improvement in teacher-child relationships.

"I'm very aware of building up the positive relationship with the child. Spending time with them in the morning, positive reinforcement of behaviour and proximal praise." (T7)

"I had to make time. Because I think you can go 'I don't have time to talk to him, I don't have time to read him a story', but it was just making myself make time for them and just make more effort to build the relationship." (T11)

Two teachers in the current study also regarded the TCM programme as effective in developing the social skills of non-disruptive children, an issue which has received little attention in previous research. In fact, the relationship building features of the TCM programme were regarded by two of the interviewees as having had direct, tangible benefits (both in school and at home) for children who were more introverted:

"She was too serious and wouldn't smile and just had a really serious head on her. So I just worked on her with the Happygrams and the praise. … the parents came in then two weeks ago to the parent teacher meeting- that's after two months of school and …[said] 'she's a changed child from all that- the Happygrams and all that kind of thing. Do you know that she's a totally changed personality'." (T1)

"Some of the kids would have opened up and told me stuff that I would definitely not have been aware about. And I don't think that would have came out unless I had built up the relationship with them. Because I don't think they would have felt at ease. An awful lot of the kids, they're very withdrawn due to whatever is going on. So it does take for you to build up a relationship, for them to feel comfortable, you know?" (T17)

The TCM techniques were considered by all teachers to be easy to implement, and largely effective. As also shown in the 6-month follow-up interviews (chapter 8), strategies which were deemed most effective at 12-month follow-up included the development of positive teacher-pupil relationships, the use of praise, non-verbal cues, and the ignoring of minor misbehaviour.

9.1.3   Continued professional and personal development

Several teachers at baseline reported a perceived inability to manage challenges in the classroom and expressed a hope that TCM training would increase their knowledge and skills to effectively deal with problem behaviour. As noted earlier in chapter 8, a clear increase in teacher self-confidence post-TCM training was apparent at 6-month follow-up. This improvement in confidence was also evident at 12-month follow-up, and was directly attributed to an increase in knowledge. Teachers felt better prepared in terms of having available to them, a range of evidence-based strategies for effective management of classroom difficulties. As shown by Baker-Henningham et al. (2009), teachers in the current study felt better prepared for future encounters with children who have a greater level of need.

> "I'd be more knowledgeable now and more confident to deal with behaviour within my classroom, having done the course. And not really a lot would faze me, whereas before you'd probably be 'oh God', if you think you're going to get a child with x, y and z. I just think now having done the course, you'd have lots of different things you could draw on and try to use with the children. So I suppose I'd be a more confident teacher in some ways, definitely in relation to dealing with behavioural issues." (T17)

> "It … makes you more able to deal with what's coming in the future. If you had a difficult child coming you could say 'ok well this is going to be difficult' but I suppose planning ahead and knowing if this doesn't work, we'll try this. I think that's probably the main thing. That you'd be more confident and just handle it better." (T11)

As indicated earlier in chapter 7, a key theme at baseline was the feeling of isolation in the classroom. Similar to the 6-month follow-up findings, the 12-month interviews indicated awareness amongst interviewees that all teachers face classroom management challenges. In fact, four of the six teachers reported that they gained comfort from the knowledge that they were not alone in facing extreme challenges and struggling with classroom management on a day-to-day basis.

> "It was great hearing from other teachers about things…they'd have bold behaviours in their classroom and what they'd do. To hear what they do and their experience, so that you don't feel like you're the only one." (T1)

> "Sharing stories was brilliant, because you're always thinking you're the worst. I remember thinking 'oh my God, my target child, oh my God'. And then I went and I heard stories from other teachers and I kind of went 'right, you're not so bad here now. There's a lot worse out there!'." (T15)

The baseline interview findings suggested that the struggle to combine classroom management with teaching the curriculum exerted a considerable toll on psychological well-being, particularly among early career teachers. Reassuringly however, the high levels of stress reported at baseline, were not evident at 12-month follow-up. No teacher mentioned situations escalating beyond their management capabilities. In cases where potentially stress-provoking situations arose in the classroom, teachers could draw upon their TCM strategies. As Good and Brophy (2000) suggested, the use of praise and avoidance of reprimands can reduce the risk of teacher stress and burnout. Indeed, as a result of the consistent use of positive strategies (particularly praise), two interviewees in the current research specifically reported feeling considerably less stressed and feeling more in control.

> "For me then the techniques to just kind of de-stress, you know not to get so bogged down, definitely was a help and I don't feel

as…stressed out in the classroom as I would have before. So it's definitely better all round for teacher and children!" (T15)

One teacher, at 12-month follow-up, reported increased composure when dealing with misbehaviour in the classroom. Specifically, she reported feeling able to ignore certain types of misbehaviour, whereas previously she would have regarded ignoring the child's behaviour as poor or ineffective classroom management. Acceptance of ignoring misbehaviour as a valid management strategy (also reported by one teacher at 6-month follow-up) was seen as liberating and stress-reducing.

"I'm not as stressed because I've more strategies up my sleeves. You might have gotten very cross with a child who was…jumping up and down. … But now it's like ignore and redirect and give them something else to do and if they won't, just maybe let them read a book. And not feeling like that's wrong, feeling that it's ok to do that. Maybe this child just can't do that right now. So maybe let them do something else for a while." (T1)

9.1.4 *The new classroom dynamic: Accentuating the positive, eliminating the negative*

A major theme that emerged at 6-month follow-up was the positive post-TCM classroom environment and, in particular, an emphasis on the management of misbehaviour. However, at 12-month follow-up, teachers appeared to focus more on fostering positive teacher-pupil relationships and developing pro-social classroom behaviour, than on managing disruptive behaviour per se. Positive socio-emotional development of children evident at longer-term follow-up reduced the need for misbehaviour management (i.e., there was less need to implement strategies such as 'time out'. The most useful reported strategies specifically related to positive behaviour promotion. This shift in focus was reflected in a reduction at 12-month follow-up in the occurrence of behaviours which had previously necessitated strategies such as ignoring or time-out:

> "This year I find I don't have to use much of the [problem behaviour management] strategies, where last year I was being very conscious of them and being very aware of them because I had a more challenging class. I felt I had to use them every day.... Sometimes I find…you can use some of them and…the classroom is much calmer and I find I don't have to." (T11)

Although this may be due simply to the fact that the new cohort of children were better behaved, it may also stem from teachers beginning the new academic year with the full range of TCM strategies at their disposal, thereby being able to foster an improved classroom environment. At 12-month follow-up, all teachers mentioned positive changes that had occurred in their classrooms since taking part in training:

> "Just overall having a warm, positive classroom environment, the kids are happier in themselves as well. Because before if you were constantly roaring or giving out, it drains you and it's not good." (T17)

> "The children respond really well to the techniques that we learned. And it does make the classroom atmosphere much better when you do use them." (T11)

> "They're more…motivated to do well, when you're constantly encouraging them. And they're just striving then to do well. It's a better atmosphere in the class then. You're not as bogged down." (T15).

There was a broad acceptance that pre-TCM methods of classroom management were largely ineffective and had often resulted in tension between teachers and pupils. Baseline references to feeling 'bogged down' and 'drained' were indicative of both the perceived inefficacy of pre-TCM management strategies and the potentially negative psychological outcomes for teachers. The post-training shift, evident from the 6-month interviews, continued in the longer term. One year after training had begun, classrooms were regarded by intervention group teachers as calm, warm, positive environments, where children wanted to learn and achieve.

9.2   Reflective Evaluation

9.2.1   Programme dissemination

During intervention group training, participants were asked to refrain from sharing with their colleagues (i.e., discussing within the school) any TCM strategies, in order to avoid contamination of the control group. However, once the 6-month follow-up data were collected from both the intervention and control groups, teachers were at liberty to share TCM information with other school personnel; at 12-month follow-up, it was apparent that some teachers had done so. As shown by both 6- and 12-month interview analyses, not only did teachers cite their own changed class environment, some also reported that their colleagues had seen this improvement, and had sought information from them regarding the TCM programme. This reinforced the perceived success of the programme for intervention group teachers and encouraged them to continue to apply the TCM strategies.

Bandura and Locke (2003) noted how individuals make self-judgements in relation to their peers; this comparison of capabilities has also been shown in a recent Irish study (Morgan & Kitching, 2007). One practical implication is that negative peer comparison is related with burnout (Carmona et al., 2006). Teachers in the current study, who previously felt less competent than their more experienced peers, warmly welcomed the recognition of their good practice by colleagues. Four of those interviewed at 12-month follow-up (similar to 6 months earlier) reported a shift in the way their class and their classroom management, were perceived by colleagues:

> "Some of the other teachers have commented on how there's a good atmosphere within my classroom environment already. So that's obviously quite visible to outside people coming in." (T17)

> "So the good news is going out around the school. … so I find it's not only this classroom, but the entire school it's helped… the others (colleagues) have taken up on it as well, and it's brilliant. So it's throughout the school." (T15)

> "The teacher who has my class from last year, she'd come looking…for the Happygrams or … things like that because they love them, they've been telling her about them." (T11)

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All six teachers stated unequivocally that they would recommend the TCM programme to colleagues. In fact, an identical pattern to that reported at 6-month follow-up emerged; all teachers felt that the programme would be best implemented on a whole-school basis. In some cases, interviewees recommended including all those involved in the life of a child, from teachers to SNAs, and a possible extension into the home with parental involvement.

> "I would definitely recommend it. I think it would be great for a whole-school thing as well. Because I know [another school] that did- all the teachers did it. And I think it'd be brilliant if everyone did it. So from juniors up, it'd be a really good idea." (T3)

> "I would see it as being of particular benefit for special needs assistants who are working with children in the same classroom. They would have benefit from training. I think it would be a lovely idea if it could be rolled out to parents as well. That parents, teachers and staff, you know everybody would be working from the same hymn sheet." (T7)

It has been suggested that teachers who feel compelled to conform to an established school culture, are more likely to adopt the school practices over their learned ITE strategies (Ginsburg, 2007). This of course, can be negative when school cultures fail to adhere to recommended practices. In cases where schools (on a whole-school basis) adopt the TCM philosophy, the shared practices may become embedded into the school, with increased rates of implementation (Waldron & Redd, 2011). Teachers reported a unanimous belief that the TCM programme should be made available to *all* Irish primary schools. Yet despite this apparent consensus, there was considerable divergence of opinion as to how best this might be achieved (e.g., through training of pre-service teachers during ITE, or as an in-service course). For some, the current method of TCM programme delivery was a clear indication that strategies should be built and reflected upon over time, with progressive implementation in the classroom viewed as intrinsic to success:

"I think it's great that it's given to teachers who are out teaching and not in college, cos I feel that maybe some of it could be wasted in college. You're putting it into practice and you're seeing straight away the results of it …we actually saw straight away what worked and what didn't work, and commented on that straight away. As I said that's how I feel it should be done- with teachers who are actively out there working." (T17)

It was also suggested (by one teacher) that TCM training should be made available to teachers before poor classroom management habits become ingrained.

"I definitely think it should be done earlier. And if possible, if they could even try and do it in your first year of teaching or if you're doing your diploma. I think it needs to be done then like because I think if you start off knowing what you should be doing instead of like- I know we all do things, like you do learn as you go along and we all have to develop our own classroom management, but really you're not given any training in it and that training should be given earlier." (T11)

True experiential learning occurs via a meaningful interaction between practice and reflection (Fowler, 2008); therefore, it is imperative that those undergoing training have the opportunity to implement learned material in the classroom. If not, learned management techniques may be lost due to washout - i.e., they may not translate into action once NQTs enter the classroom (Fayne & Ortquist-Ahrens, 2006). Similarly, if TCM principles are taught during ITE, without alignment with the NQT's school culture, they may be lost. A further delivery recommendation came from another teacher in the current study, who suggested that the TCM be delivered to all school staff, but on a shorter more intensive training basis than the current programme:

"I think it would be good if everyone kind of did it like a training course. I know it'd be a couple of days or whatever alright, but I think it's really worthwhile and I think there's some really good ideas in it as well." (T3)

However, as stated by Cohen et al. (2008), the transition of evidence-based programmes into practice requires a compromise between fidelity and flexibility. Implementing the TCM as a short intensive course would eliminate some of its most important aspects. For example, having month-long gaps between sessions allows for concerted classroom implementation; also the strategies may take some time to lead to improvements in child behaviour. Additionally, brief sessions may not permit the development of a safe and collegial environment, conducive to sharing classroom management concerns. If a whole-school, brief intervention is implemented as a 'knee-jerk' reaction to child misbehaviour, without recognition of practice deficits and without due commitment to change, single-loop learning may occur (as discussed in chapter 3). In fact, Argyris and Schön (1978), suggest that where new practices are limited by normative beliefs, the previously used unsuccessful practices can be further entrenched.

During the initial meetings with the research team (during recruitment for the larger trial), some teachers voiced concerns in relation to TCM programme workload. However, post-training interviews illustrated that these concerns were unfounded. Despite the requirement to participate both in TCM training and in the research study, no teacher reported that the demands placed upon them were excessive. Although workload is predictive of occupational stress (Schwarzer & Hallum, 2008), participation in the TCM programme was actually shown to be important in reducing stress for teachers in the longer term. Only one teacher stated that she initially found the workload demanding, although she further noted that over time, it had been rewarding for her. The other five teachers explicitly stated that there was no additional burden involved in the programme.

> "What you were doing wasn't really work because in the long run
> you're only helping yourself… I mean you're using it all the time.
> The workload isn't that much to be honest. And what you are
> doing, you're going to be using it in the classroom, and you're
> focusing on your target child. So it's not extra work." (T15)

In fact, two respondents specifically mentioned that teachers should engage in this type of positive child development activity regardless of participation in professional

development training because they are well placed to do so (also reported by NICE, 2008), and simply because they saw it as part of their job.

> "I don't think it's any extra burden at all. I mean you're not going off doing extra, big massive plans. …it was just very simple written work …You had to just implement it every day [in the classroom], so that's your job. And it's going to help you in the long run." (T11)

9.2.2 Looking to the future

The programme was regarded by teachers at 12-month follow-up as an absolute success and this was supported by their reporting that evidence-based TCM strategies were still being implemented in their classroom on a daily basis. Some teachers noted that they continued to refresh their knowledge of TCM principles by referring to the materials and notes from the training programme. All teachers suggested ways in which the TCM programme could continue to offer support in the longer term. For instance, one reported that being kept up to date with future IY developments, such as the publication of new classroom materials, would support her use of TCM strategies. Interestingly, a TCM-graduate web forum was also suggested as a means of helping to further promote the shared learning experience valued by many during training. However, the most common recommendation, ($n = 3$), was a proposed brief refresher session:

> "If there was a session, maybe once a year... kind of a quick refresher course. Something like a booster, something like that might be of benefit to me." (T7)

> "I think if there was a website- I know there is websites out there, people do use education posts and they share advice. But I suppose even if there was contact, maybe once or twice a year and people would …say how they were getting on, or some way of sharing. Because I found you learned a lot from other people and their situation." (T11)

Some teachers envisaged challenges (both within and outside their control) to continued TCM strategy implementation, such as forgetting or encountering children for whom the strategies do not work. However, all indicated that they intended to continue using these strategies into the future, as the TCM programme was seen to have provided a range of usable, practical tools for classroom management. All teachers expressed gratitude for the opportunity to participate in TCM training, and held positive beliefs regarding programme content, delivery, and importantly, measurable outcomes. Thus, terms like 'invaluable', 'brilliant', 'excellent', 'worthwhile', 'practical', and 'perfectly structured' were used by the teachers throughout their interviews. Teachers' participation in the TCM programme also instilled or reinforced their belief that they could directly influence child behaviour.

> "A year on, I found the training brilliant and I'm glad, because it has changed in the classroom for me, definitely. The positives. Different things. So I think definitely, I think the training was invaluable." (T15)

> "I think that definitely the colleges should be made aware of it… there's no point standing up at the top of the class teaching lovely lessons if you don't have the classroom under control." (T11)

> "When you're hearing it in a programme, that's actually been researched and it's worthwhile - you actually feel like this is actually as important as teaching a lesson. To get them to work harder and whatever, do you know? I think it's every bit as important, doing stuff like this, like praising and rewarding, as doing Irish or English or whatever. So they'll become better pupils like, you know?" (T1)

9.3 Conclusion

This chapter focused on analysis of in-depth one-to-one interviews with a small sample of teachers, one year after TCM training had begun. In particular, this part of

the study examined whether TCM classroom management strategies had remained in use one year later, and if so, to what perceived effect.

At 12-month follow-up, all teachers in this study had a new cohort of children in their class. The children with whom teachers practised TCM strategies (during programme participation) had since moved to another classroom. Despite the change in student cohort, several beneficial outcomes were reported by teachers in the longer term. The first of the two themes, 'Embedding practice', may be regarded as an extension of the 6-month follow-up theme 'Applicability of TCM principles', reported in chapter 8. There was little evidence of the 'washout' that can occur in the longer term, post-training. Nonetheless, teachers were mindful that this could occur, and recognised that their own conscious effort played a major role in this respect.

By 12-month follow-up, teachers had ample opportunity to trial the strategies they had learned during the course of the programme. They saw certain techniques work well in the classroom, and others fail. However, this did not detract from the perceived overall utility of the programme. Interestingly, all who participated in this interview stage reported a positive, encouraging classroom environment. This echoes the theme 'Positive children: Positive classrooms' in the 6-month follow-up interviews.

In summary, teachers were as encouraged by the programme at 12-months as they had been at 6-month follow-up. In fact, the strategies appeared further ingrained into daily practice, and the classroom was regarded as a more positive environment with fewer occurrences of extreme misbehaviour. From the first day of school in the academic year following training, teachers aimed to promote positive social and academic development. Thus, the perceived benefits at 6-month follow-up remained evident into the longer-term.

The following chapter will present quantitative results from questionnaires relating to workshop evaluations and overall programme satisfaction, along with results from classroom observations, conducted at baseline, 6-, and 12-month follow-up.
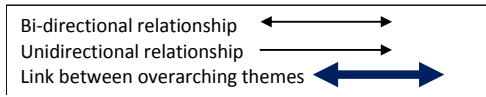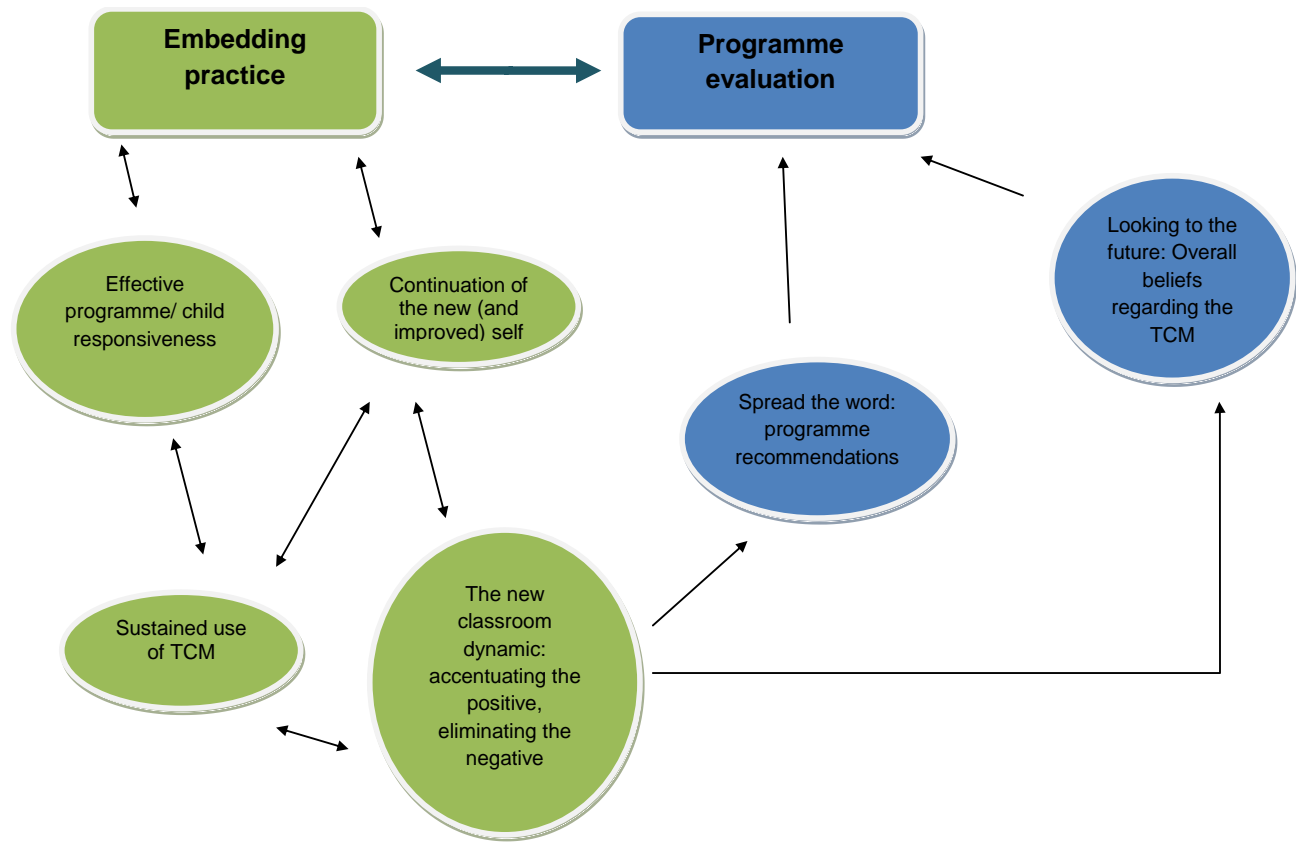
Figure 9.1. Thematic map illustrating 12-month follow-up themes

CHAPTER TEN: QUANTITATIVE RESULTS

This chapter details the quantitative findings relating to teacher training workshop evaluations, post-TCM training satisfaction, and classroom observations which focus on teacher behaviours to the whole class[18]. Research questions relating to the quantitative aspect of this study address whether:

- there were significant differences in teachers' evaluation of individual workshop sessions;

- teachers' favoured particular specific teaching and learning strategies (as used on TCM training sessions) above others;

- there was a significant relationship between pre-training expectations and post-training satisfaction;

- there was change over time in the observed occurrence of 'Teacher Positives', 'Teacher Praise', and 'Teacher Negatives', within the intervention group.

The findings relating to these research questions are outlined sequentially, in the following subsections.

10.1 Teacher workshop evaluation

As indicated earlier in chapter 6, this process evaluation involved the completion of Teacher Workshop Evaluation Questionnaires by teachers following each monthly training session. The way in which training sessions are evaluated indicates perceived value of these sessions (across both content and facilitator issues), and according to the developer, can be used to inform future development of workshops. A repeated measures analysis of variance (ANOVA) was conducted to examine any change in these evaluations across all five sessions. A non-significant Mauchly's test indicated sphericity across the five time points; variances of the differences between combinations of related groups are approximately equal ($\chi^2(9) = 5.11$, $p = .834$).

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[18] See McGilloway et al. (2011) for classroom observation findings relating to child behaviour.

Although partial eta squared indicated a large effect size[19], the analysis showed no significant differences between session evaluations ($F(4, 28) = 2.12$, $p = .104$, $\eta_\rho^2 = .233$). This indicates that teachers' evaluations were relatively similar across the five TCM sessions. As possible responses were scored on a Likert scale from 1 (indicating an unfavourable evaluation) to 4 (indicating a highly favourable evaluation) the range of mean scores across all evaluations (2.35 to 2.66) indicated a moderate evaluation by teachers (see *Figure 10.1*).
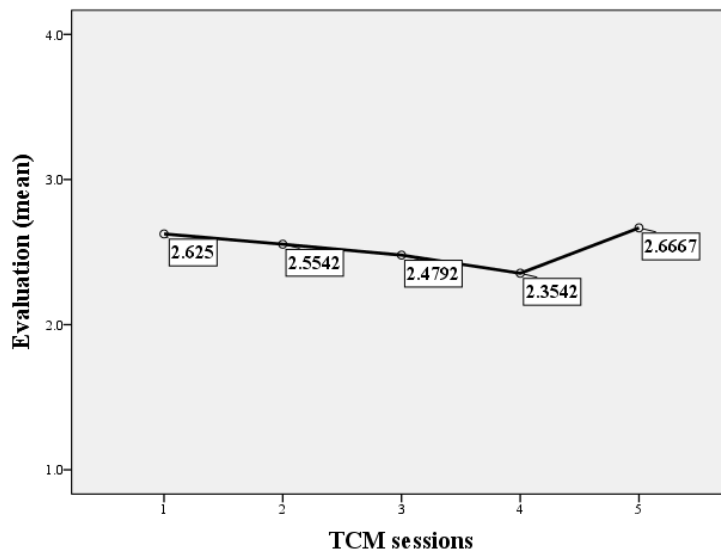
Figure 10.1. Distribution of mean scores for TCM workshop evaluations

The TCM sessions involved several different teaching and learning strategies, so a repeated measures ANOVA was conducted to examine whether there were any differences in their perceived helpfulness. Sphericity was indicated by the Mauchly's test ($\chi^2(2) = 1.21$, $p = .547$). The results demonstrated a significant difference overall within the model ($F(2, 18) = 9.07$, $p = .002$, $\eta_\rho^2 = .502$) and pairwise comparisons displayed significant differences between written handouts ($M = 2.49$, $SD = 0.58$) which were the most favourably evaluated tool, with both video vignettes ($M = 2.18$, $SD = 0.53$) and role play ($M = 1.89$, $SD = 0.61$). Differences in strategy evaluations are illustrated in *Figure 10.2*.

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[19] Cohen (1988) provided estimates of small, medium, and large effect sizes (partial eta squared) as 0.01, 0.06, and 0.14 respectively.
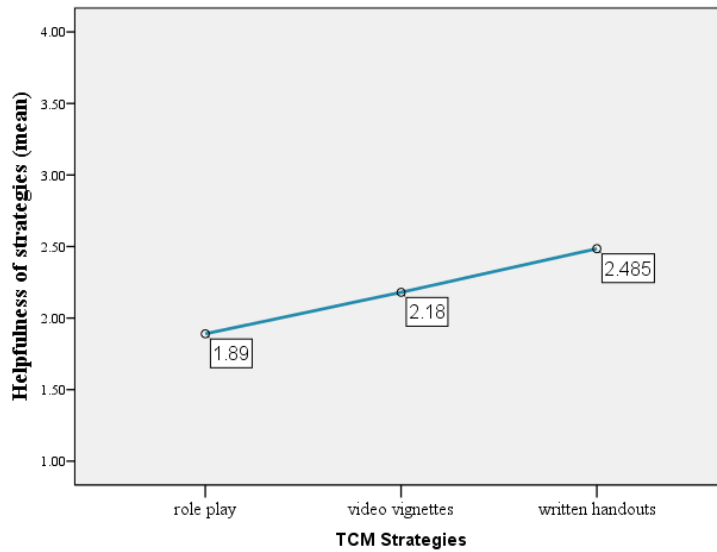
Figure 10.2. Means plot illustrating evaluations of TCM teaching and learning strategies

10.2 Teacher satisfaction with the TCM programme

As indicated earlier in chapter 6, the Teacher Satisfaction Questionnaire was used to assess overall levels of programme satisfaction. Possible scores on this measure ranged from 1 to 5, with higher scores indicating higher satisfaction ratings. Participants' mean scores indicate their total satisfaction with the TCM programme. Descriptive analysis identified a high level of optimism prior to participating in TCM training ($M = 4.00$, $SD = 0.78$) and high post-training levels of satisfaction ($M = 4.61$, $SD = 0.47$). A further correlational analysis (using Spearman's Rho, due to non-normal distribution of the data) indicated no significant relationship ($p > .05$) between pre-training expectations and post-training satisfaction of teachers. This suggests that expectations for obtaining good results from the TCM training (retrospectively indicated by teachers in the immediate post-training period) were unrelated to their overall satisfaction with the programme.

10.3 Classroom observation

The TCM programme purports to change teacher behaviour, as measured via classroom observations. Earlier in chapter 6, it was indicated that the T-POT was used to obtain the total number of 'Teacher Positives' and 'Teacher Negatives' per 15 minutes of continuous coding. Furthermore, 'Teacher Praise' (a specific component of 'Teacher Positives') was also examined. The results reported here refer to data

collected from the intervention and control group at baseline and 6-month follow-up, and from the intervention group at 12-month follow-up, during 15-minute classroom observations.

10.3.1 Teacher Positives

Initial descriptive statistics for both groups across all time points are presented in Table 10.1. These show some interesting patterns between the two groups across time.

Table 10.1.

Teacher Positives: Descriptive Analysis

	Baseline	6-month follow-up	12-month follow-up
Intervention group (*n* = 11)	67.43 (17.46)	82.82 (15.37)	85.85 (22.88)
Control group (*n* = 11)	75.47 (16.32)	82.55 (15.70)	–

Note. The category 'Teacher Positives' includes such behaviours as 'positive affect', 'physical positive', and 'encouragement'. Figures in Table 10.1 refer to mean frequency counts of 'Teacher Positives' in a 15-minute period, with standard deviations in parentheses.

Short-term (baseline-6-month) results

A 2x2 mixed ANOVA was conducted on observed 'Teacher Positives'. Box's Test illustrated equality of covariance between the control group and the treatment group (Box's $M = 0.15$, $F(3, 72000) = 0.04$, $p = .988$). The results showed a significant main effect of time (baseline to 6-month follow-up) on the mean number of observed 'Teacher Positives', ($F(1, 20) = 8.73$, $p = .008$, $\eta_\rho^2 = .304$). No significant effect of treatment on 'Teacher Positives' was shown, indicating no difference between the two groups in this respect ($F(1, 20) = 0.45$, $p = .509$, $\eta_\rho^2 = .022$). No significant interaction was found between time and treatment ($F(1, 20) = 1.19$, $p = .287$, $\eta_\rho^2 = .056$) (see *Figure 10.3*). Although an increase in 'Teacher Positives' was apparent in the intervention group, as there was also evidence of improvement in the number of 'Teacher Positives' displayed by the control group, the interaction was non-significant.
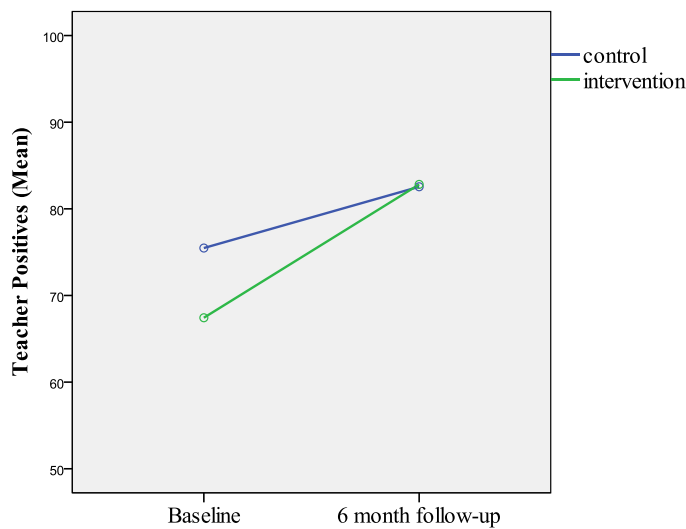
Figure 10.3. Teacher Positives at baseline and 6-month follow-up for intervention and control groups

Longer-term results

A one-way repeated measures ANOVA was conducted to test continued change over time within the intervention group. Mauchly's test indicated sphericity; $\chi^2 (2) = 3.57$, $p = .168$. The results indicated a statistically significant difference in the occurrence of 'Teacher Positives' over time ($F(2, 20) = 5.98$, $p = .009$, $\eta_\rho^2 = .374$). At the 12-month follow-up, these showed a significant increase from baseline. A significant improvement was also shown over time between the baseline ($M = 67.43$, $SD = 17.46$) and 6-month follow-up ($M = 82.82$, $SD = 15.37$) ($F(1, 10) = 8.80$, $p = .014$, $\eta_\rho^2 = .468$). However, there was no significant change between the 6- and 12-month assessments ($M = 85.85$, $SD = 22.88$) ($F(1, 10) = .457$, $p = .514$, $\eta_\rho^2 = .044$). The means plot (*Figure 10.4*), demonstrates the improvement over time in the frequency of positive management strategies used by the intervention group. Moreover, a stabilisation in the use of 'Teacher Positives' between 6- and 12-months is apparent.
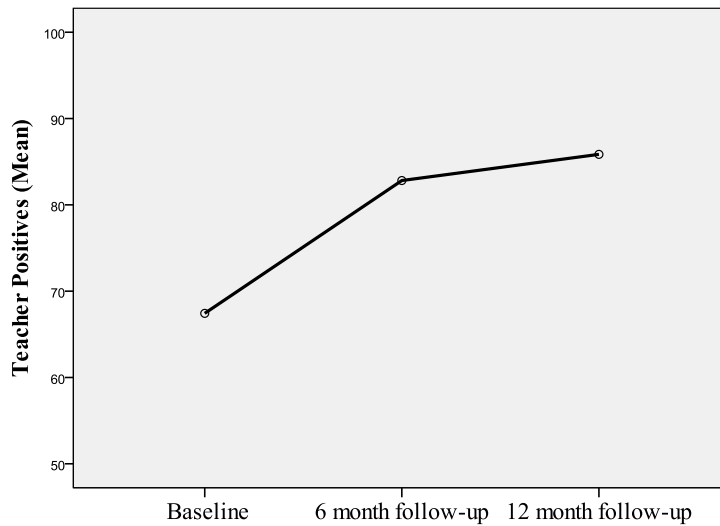
Figure 10.4. Teacher Positives at baseline, 6-, and 12-month follow-up for intervention group

10.3.2 Teacher Praise

Descriptive statistics for the use of praise by intervention and control groups across data collection time points are presented in Table 10.2.

Table 10.2.

Teacher Praise: Descriptive analysis

	Baseline	6-month follow-up	12-month follow-up
Intervention group ($n = 11$)	27.69 (8.47)	31.59 (8.98)	34.79 (17.95)
Control group ($n = 11$)	29.87 (13.51)	26.79 (8.53)	–

Note. The category 'Teacher Praise' includes both labelled and unlabelled praise. Figures in Table 10.2 refer to mean frequency counts of praise in a 15-minute period, with standard deviations in parentheses.

Short-term (baseline-6-month) results

A 2x2 mixed ANOVA was conducted to determine whether there was any significant time-treatment effect on the frequency of praise given by teachers. Equality of covariance between the control group and the treatment group was shown; Box's *M* = 3.29, $F(3, 72000) = 0.98$, $p = .403$. There was no statistically significant main

effect of time, $F(1, 20) = .032$, $p = .861$, $\eta_\rho^2 = .002$, nor of treatment, $F(1, 20) = 0.13$, $p = .720$, $\eta_\rho^2 = .007$); neither was there any significant time-treatment interaction, $F(1, 20) = 2.27$, $p = .148$, $\eta_\rho^2 = .102$. These findings indicate that exposure to treatment (TCM training) did not significantly increase the use of praise as a management strategy for the intervention group, when compared with those in the control group. However a medium to large effect size was identified, which suggests that the non-significant finding might have resulted from insufficient statistical power. *Figure 10.5*, illustrates the non-significant change over time, in the use of praise among control and intervention groups.
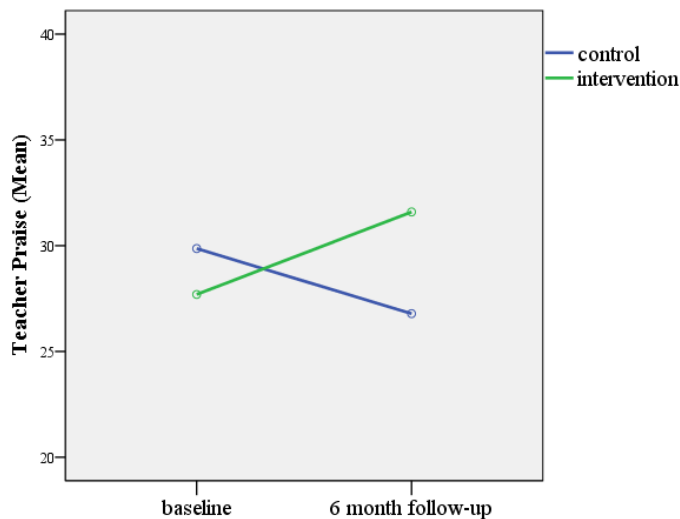
Figure 10.5.Teacher Praise at baseline and 6-month follow-up for intervention and control groups

Longer-term results

As before, a one-way repeated measures ANOVA was conducted to assess the extent of any changes over time with respect to this measure. In this instance, the Mauchly's results indicated a lack of sphericity ($\chi^2(2) = 7.77$, $p = .021$) and, therefore, the Lower Bound (the most conservative correction; Norman & Streiner, 2008), was used to adjust for the increased likelihood of Type I error. The results showed no significant increase in 'Teacher Praise' from baseline to 12-month follow-up ($F(1, 10) = 1.31$, $p = .279$, $\eta_\rho^2 = .116$), although partial eta squared indicated a large effect size. This suggests that although 'Teacher Praise' increased within the intervention group across the three time points, intervention group teachers did not

use this strategy to a significantly greater extent within their classrooms at follow-up time points, than at baseline. The means plot (*Figure 10.6*), illustrates this non-significant increase in the use of praise within the intervention group.
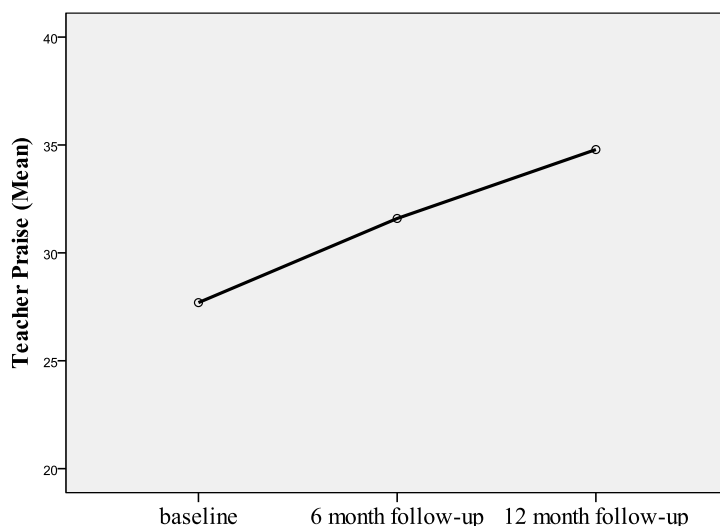
Figure 10.6. Teacher Praise at baseline, 6-, and 12-month follow-up for intervention group

10.3.3 Teacher Negatives

Descriptive statistics for the use of 'Teacher Negatives' over time by group membership are shown in Table 10.3, indicating the relatively large number of negative management strategies used by the intervention group, at baseline.

Table 10.3.

Teacher Negatives Descriptive Analysis

	Baseline	6-month follow-up	12-month follow-up
Intervention group (*n* = 11)	18.23 (15.21)	8.12 (9.87)	5.77 (5.21)
Control group (*n* = 11)	7.28 (6.12)	9.34 (7.54)	_

Note. The category 'Teacher Negatives' includes such behaviours as 'negative commands', 'physical negatives', 'criticisms', and 'warnings'. Figures in Table 10.3 refer to mean frequency counts of 'Teacher Negatives' in a 15-minute period, with standard deviations in parentheses.

As in previous analyses, a 2x2 mixed ANOVA was conducted to examine for a significant time-treatment effect. Using an reduced alpha level of .001 to test homogeneity assumptions[20], Box's Test indicated equality of covariance, Box's $M =$ .10.76, $F(3, 72000) = 3.19$, $p = .022$. ANOVA results illustrated a statistically significant main effect of time ($F(1, 20) = 10.06$, $p = .005$, $\eta_\rho^2 = .335$) and whilst no main effect of treatment was evident, $F(1, 20) = 1.34$, $p = .261$, $\eta_\rho^2 = .063$, a large significant time-treatment interaction was observed ($F(1, 20) = 22.96$, $p < .001$, $\eta_\rho^2 = .534$). These results indicate that participation in TCM training significantly reduced the number of negative classroom management strategies used by teachers. *Figure 10.7* illustrates the statistically significant interaction between time and treatment in the mean number of negative management strategies used.
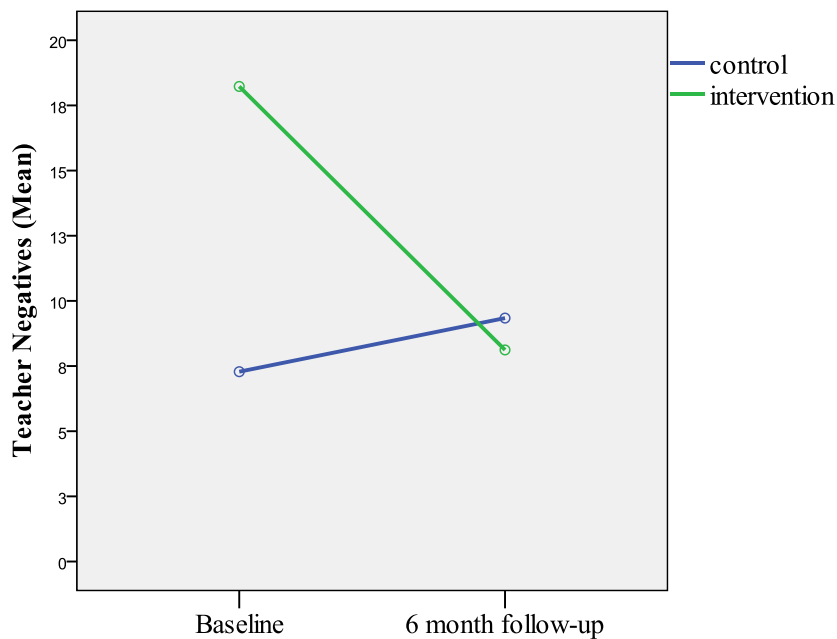
Figure 10.7. Teacher Negatives at baseline and 6-month follow-up for intervention and control groups

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[20] Due to the high sensitivity of the Box's test, a more conservative alpha level is recommended (Pallant, 2005; Tabachnick & Fidell, 2007).

<u>*Longer-term results*</u>

With regard to any changes over time in 'Teacher Negatives', the data were analysed using a repeated measures ANOVA. A significant Mauchly's test indicated that sphericity could not be assumed, $\chi^2(2) = 12.80$, $p = .002$, thus to reduce the increased likelihood of Type I error due to lack of sphericity, the Lower Bound was used. A highly statistically significant reduction over time in the occurrence of 'Teacher Negatives' in the intervention group $F(1, 10) = 11.69$, $p = .007$, $\eta_\rho^2 = .539$, indicating a sustained reduction in negatives from baseline to 12-month follow-up. A significant reduction was also shown over time from baseline ($M = 18.23$, $SD = 15.21$) to 6-month follow-up ($M = 8.12$, $SD = 9.87$) ($F(1, 10) = 20.96$, $p = .001$, $\eta_\rho^2 = .677$). Though a continued decrease from the first to second follow-up period ($M = 5.77$, $SD = 5.21$), and a large effect size was found, the difference was not statistically significant, $F(1, 10) = 1.52$, $p = .246$, $\eta_\rho^2 = .132$. These findings suggest a marked decrease in the number of negative management strategies used by teachers immediately post-training, with evidence of continued (although non-significant) reduction. *Figure 10.8* graphically illustrates the statistically significant decrease in the use of negatives from baseline to both follow-up time points.
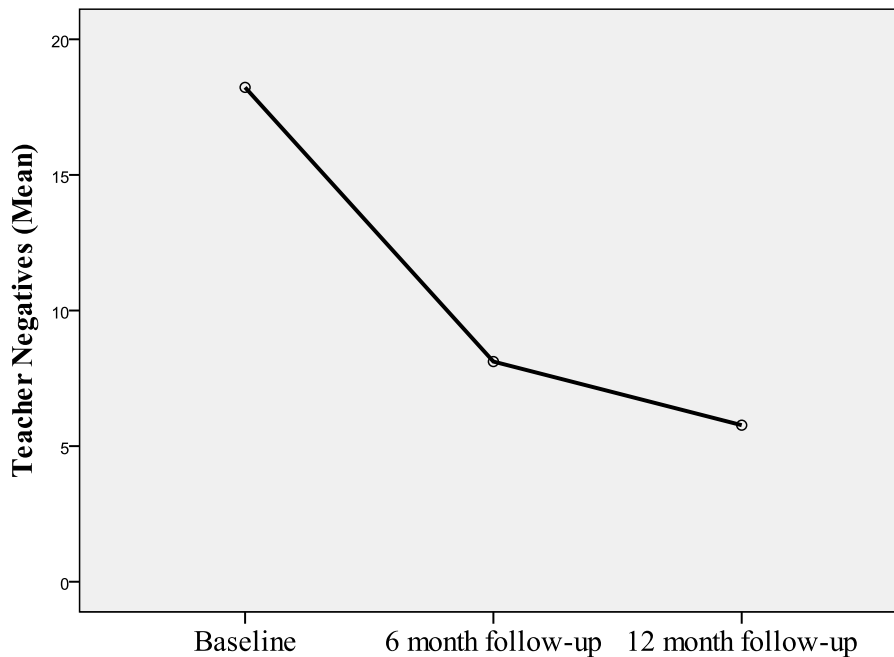
Figure 10.8. Teacher Negatives at baseline, 6-, and 12- month follow-up for intervention group

10.4 Chapter Summary

This chapter reports the quantitative results pertaining to several process and outcome-related aspects of the TCM programme. No significant differences were shown in teachers' workshop evaluations. However, the perceived helpfulness of teaching tools (used across all sessions) displayed significant differences, with programme handouts regarded as significantly more helpful than either role play or video vignettes. Teacher optimism about participating in TCM training (measured retrospectively) was high, as was their overall satisfaction with the programme. There was no significant relationship between pre-training expectations and post-training satisfaction. The impact of TCM training on teachers was examined across a number of relevant teacher classroom behaviours, namely 'Teacher Positives', 'Teacher Praise' and 'Teacher Negatives'. Although praise did not display either time or treatment differences, intervention group the use of positives increased, and negatives decreased, over time. Importantly, although significant continued improvements (from 6- to 12-months) did not occur, changes seen at first follow-up were maintained into the longer term. These results help to build upon the qualitative findings reported in chapters 7, 8, and 9 and will be discussed in the following, concluding chapter.

CHAPTER ELEVEN: DISCUSSION

The principal aim of this mixed method study was to explore the experiences of key stakeholders involved in the delivery and receipt of IY TCM training in one of the first stand-alone trials of the programme outside the US. This study comprised two main components - a qualitative study of key stakeholders, and a quantitative study of teacher behaviour change. Thus, the study documented: (a) teachers' and principals' experiences of pre-intervention behaviour management; (b) the views and perspectives of Archways staff and teachers regarding various aspects of programme organisation and delivery; and (c) longer term analyses of observed and reported classroom behaviours. The study findings presented in earlier chapters have been contextualised with reference to the literature throughout (where relevant). In this final chapter, the findings from both qualitative and quantitative study elements are synthesised and discussed in the context of previous research and in terms of their implications for future programme delivery. The key findings are outlined, in brief, below.

11.1 Key findings

- At baseline, teachers reported a wide range of child behaviour challenges in the classroom, which were largely viewed as stemming from the home; these were regarded as negatively impacting the teaching and learning environment as well as teachers' psychological well-being.

- Teachers reportedly felt ill-prepared to effectively manage behavioural challenges in the classroom and there were marked differences in the level of perceived support available to them. All reported positive expectations regarding their participation in TCM training.

- High levels of engagement with TCM training were evident throughout, both in terms of teacher self-report and the independent accounts of facilitators. Although the formal evaluations of individual sessions showed only slight variation in teachers' experiences, some learning tools (e.g., sharing, feedback, programme materials) were considerably more valued than others (e.g., role play, repetition of topics).

- Some 'behind-the-scenes' issues for facilitators emerged during the course of training (e.g., the need for more intensive supervision); however, teachers remained unaware of this and expressed very favourable views of facilitators' knowledge and competence.

- Following TCM-training, there were a number of positive changes in aspects of teacher classroom management. An increase in positive management (though not specifically, in praise) was accompanied by a concomitant decrease in negative management behaviours. This change in behaviour was reported by teachers in interviews, and was further supported by classroom observations.

- Teachers at follow-up also generally reported improved child behaviour overall, and a more positive classroom environment. Nonetheless, there were a small number of children who were not regarded as having benefitted from the training, due to the complexity of their needs which required additional assessment and support.

- Teachers also reported considerable improvements to their own psychological well-being in terms of increased self-efficacy and positivity, and reduced stress.

- The positive classroom seen at 6-month follow-up and the attendant improvements to teacher well-being were maintained into the longer term. Importantly, the use of TCM strategies was regarded by teachers as having become embedded in practice at the 12-month follow-up.

- All teachers reported high levels of satisfaction with both the training and the outcomes, although some suggested improvements to the programme were also highlighted; these were related, in large part, to practical/environmental factors (specifically the location of training) and to the perceived over-repetition of certain topics.

11.2 Teachers' beliefs and views of TCM: Perceived utility and observation outcomes

The baseline interview findings reported here, provide support for the initial screening (based on the Teacher SDQ; Goodman, 1997) that was undertaken as part of the larger RCT (Hyland et al., in press; McGilloway et al., 2012). The fact that

teachers in the current study perceived over one quarter of children in their classes to have difficulties outside the 'normal' range is a cause for concern (Hyland et al., in press). Indeed, this was further corroborated by the facilitators, who suggested that teachers in the intervention group were dealing with often severely conduct disordered children and sometimes with very limited resources; this was more evident however, in the reports of staff from non-DEIS schools.

Importantly, the findings reported here provide useful insights not only into the nature and extent of behavioural challenges in the classroom, but also into the impact of these on teacher well-being. Overall, these findings are consistent with previous research into the outcomes of disordered classroom conduct (Clunies-Ross et al., 2008; Darmody & Smyth, 2011; Schwarzer & Hallum, 2008). The development of teacher helplessness over time, due to unsuccessful management of child behaviour, was a recurring theme during the baseline interviews. This was particularly evident among the small subsample of NQTs, a finding also evident in work by Heller (2004) and by Lovett and Cameron (2011). At an early stage in their career, NQTs may not yet have the self-taught skills to manage classroom challenges, or the confidence to approach others on the school staff to ask for help. This is, to a certain extent, further influenced by school culture (Kardos et al., 2001). The unwillingness (and in some cases, perceived lack of opportunity) to discuss classroom management problems with peers may generate and maintain division between teachers whilst also leading to classroom isolation. Moreover, the reluctance to seek available sources of support may lead to 'survivalism' (Rogers, 2006), and a determination to continue using ineffective classroom management practices, thereby perpetuating a cycle of problem behaviour (Barbetta et al., 2005). These findings further indicate the importance of the development of mentoring/support systems for NQTs/new staff, as recommended by Hobson, Ashby, Maldarez, and Tomlinson (2009). Indeed, it may be the case that experienced teachers can benefit from the knowledge of NQTs, through reciprocal supportive relationships (Ulvik & Langørgen), as even the less isolated, more experienced teachers in this study also reported difficulties in classroom management which negatively impacted their well-being. This assessment of baseline teacher experiences provided a useful 'lived experience' benchmark against which later post-training changes could be assessed, whilst also focusing on the kinds of issues (e.g.,

self-efficacy, stress, isolation) that are typically neglected in controlled evaluations which (understandably) focus solely on behavioural outcomes.

Unsurprisingly, the baseline analysis identified a commonly-held perception among teachers and principals that problematic behaviour has its roots in the home; this has been also shown in several previous studies (Baker-Henningham, 2011; Cothran et al., 2009; Mavropoulou & Padeliadu, 2002). In the current study, such beliefs may have influenced teachers' attempts to manage challenging classroom behaviour, as those who regard problems as stemming from the home or from the child themselves can engage in more negative management strategies, such as the use of threats or punishment (Andreou & Rapti, 2010; Ho, 2004). Thus, the extent of the difficulties seen at baseline, coupled with the above causal attributions regarding behaviour, could plausibly have led to the frequent use of negative management strategies, apparent from one-to-one interviews ($n = 5$) and baseline classroom observations. On average, intervention group teachers issued 18 negative commands such as '*stop that*' or '*don't...*' per 15 minutes. This illustrates a cycle, at baseline, whereby many teachers, frustrated by chronic disruption, used negative management strategies (despite their ineffectiveness) which further exacerbated problem behaviours. This may have contributed to the perception that disordered child behaviour is outside of the teacher's direct control, compounding negative self-beliefs apparent in many baseline interviews.

The findings reported in chapter 7 have considerable implications for the provision of CPD to teachers. Consistent with previous research (Duck, 2007; Meister & Melnick, 2003; Stoughton, 2007), these show that teachers ($n = 9$) felt underprepared by ITE to deal with the challenges of behaviour management in the mainstream classroom. However, it was unclear from these interviews whether teachers are *actually* underprepared by ITE, or whether they experienced a post-qualification 'washout' (Fayne & Ortquist-Ahrens, 2006) of learned management strategies. Plausibly, it may be a combination of both. ITE is only the first step in the provision of key competencies and this should be supplemented by teacher engagement in career-long learning via CPD (Conway et al., 2009). Thus, both an increased focus on classroom management in ITE, coupled with provision of ongoing, post-

qualification CPD may prove most beneficial in terms of effective classroom management. The school principals in the current study highlighted a need for focused teacher training in behaviour management, a view echoed by the teacher participants. It is likely that, to a large extent, the perceived lack of effective behaviour management strategies at baseline, influenced the willingness of teachers to participate in the current study. However, this does not necessarily mean that those most in need will seek out relevant training opportunities, or that they will engage with, or benefit from, training. In fact, as mentioned in an interview with an Archways staff member, several teachers approached to participate in this RCT did not choose to do so, even when principals were perceived as supportive of the proposed involvement. Interestingly, pre-training expectations (retrospectively reported, post-training) did not correlate with overall satisfaction with the TCM programme, indicating that teachers were largely very satisfied with their experience regardless of their prior beliefs. However, it is worth noting that no teacher displayed low pre-training expectations, and that this may qualitatively differentiate this sample from those who feel compelled (by school management) to take part in the TCM programme- i.e., for reasons other than personal motivation. Such motivation has been shown to a proximal determinant of learning (Robbins et al., 2004) and therefore the outcomes of any training programme may vary accordingly.

The initial (6-month) follow-up findings reported in chapter 8 indicate a number of benefits. Primarily, there were notable changes in the classroom dynamic and specifically, a reduction in teacher-reported child behaviour problems and a more positive teaching and learning environment. The post-training positive classroom, in particular, was not anticipated by teachers at baseline. Typically, fewer focused on the creation of a positive teaching environment; they simply began training with hopes to gain new, effective strategies to manage problem behaviours. Thus, the post-training positive classroom ethos was an unexpected, but welcome development for all of the participants ($n = 8$). Secondly, there was evidence of lower levels of teacher-child conflict, improved peer relations, and a greater level of on-task behaviour. As will be discussed in more detail later in this chapter, teachers' own behaviour had also changed; this too, became more positive, as indicated by both the classroom observations and the interviews. This appeared to have a tangible impact

on the behaviour of children. Emotional problems, a major concern of teachers at baseline, were reportedly reduced at 6-month follow-up, thereby corroborating the results of the larger RCT (McGilloway et al., 2012), as well as findings from previous research (Baker-Henningham & Walker, 2009). Moreover, five of the eight respondents (62%) cited improvements in child attention; this was also reported by 67% of teachers in a study by Hutchings et al. (2007). Thus the collective findings from both the larger RCT and the current study suggest that all of these positive changes led to the creation of a kind of educational and environmental 'therapeutic milieu' for children (McGilloway et al., 2011). In this way, it would appear that the TCM programme provides more than simply a set of organisational or management skills; it can also offer an appropriate foundation for improved learning and more positive social and developmental outcomes. In cases where TCM techniques were not effective with certain children, teachers frequently acknowledged that this stemmed from their acute level of need, and a necessity for additional (post psychological assessment) supports.

A secondary, yet important outcome relates to changes in teacher cognition. To date, only three studies have noted the impact of IY TCM training on teacher well-being (Baker-Henningham & Walker, 2009; Hutchings et al., 2007; Shernoff & Kratochwill, 2007). Teachers' social and emotional competence and their psychological well-being are vital components in creating and maintaining optimal relationships with students, and successful classroom management (Jennings & Greenberg, 2009). Interestingly, a major benefit reported by teachers in the current study, was an increase in their self-efficacy; all interviewed teachers noted changes in their perceived role in child behaviour. Teachers' efficacy beliefs had changed dramatically from baseline - where behavioural dysfunction was attributed largely to the home environment - to follow-up where teachers acknowledged their own role as central. Thus, post-intervention teachers were empowered by the knowledge that they could create a changed classroom environment, a finding also reported elsewhere (Poulou & Norwich, 2000). Indeed, this increased self-efficacy may be a mediating factor in the positive teacher and child behaviour outcomes displayed within the larger RCT (McGilloway et al., 2012). This increase in teacher-efficacy after TCM training supports the findings of Shernoff and Kratochwill (2007) and

Baker-Henningham et al. (2009), and suggests that the benefits of the IY TCM programme may be more wide-reaching (e.g., in terms of psychological benefits for teachers) than the facilitation of improved classroom management.

Of specific interest in the current study were the longer term implications of training on teacher classroom management strategies; that is, whether any changes in teacher behaviour from baseline to 6-month follow-up were maintained at 12 months. In the case of the larger RCT, there was no control group at the 12-month follow-up because (for ethical reasons) these teachers had already received the intervention at that point. Thus, the longer-term quantitative results refer only to the ongoing maintenance of TCM strategies in the intervention group. One of these was 'teacher positives' which showed a significant increase in the intervention group from baseline to 6-month follow-up, and this was sustained over time, as also demonstrated (in the short-term) by Carlson et al. (2011). However, the current study failed to replicate the findings of Webster-Stratton et al., (2004) who found that intervention group teachers used praise more frequently than their control group counterparts at follow-up; similarly, Carlson et al. (2011) - in contrast to the findings reported here - noted an increase in the use of praise over time. However, whilst there was no significant increase in 'teacher praise', a considerably large effect was demonstrated, and importantly, this continued into the longer-term. Given the relatively small sample size in the current study (and the known implications this may have on significance testing), it may be the case that quantifying the size of the difference provides more useful information (Coe, 2002; Thompson, 2002), particularly in the context of future meta-analyses into TCM programme effectiveness.

The above findings are similar to Hutchings et al. (2007) who also reported a non-significant (but large) effect in observed classroom praise; these authors further noted a belief amongst all teachers ($n = 21$) that their use of the IY TCM had become more effective. Interestingly, although there was no observable increase in praise in the present study, three teachers indicated that for them, this was the most useful and widely implemented strategy. Nonetheless, the between-teacher variance apparent in the use of praise at the 12-month follow-up, suggests large differences in teacher

acceptance of this as a viable management technique. Indeed, there may be some parallels between the current study and research on the IY parenting programme in Ireland, wherein some parents found the use of praise to be difficult (Furlong & McGilloway, 2012). It may be the case that certain teachers too, can experience difficulty in the use of praise as a behaviour management strategy. Moreover, the lack of statistical significance in the current study suggests that contrary to the suggestion of Han and Weiss (2005), praise may not be particularly easy (at least for Irish teachers), to implement in the post-training classroom. It may also be the case that TCM training alone does not significantly increase the use of praise, and that the use of additional adjunct (post-TCM training) strategies such as teacher self-evaluation (Sutherland & Wehby, 2001) or performance feedback (Cavanaugh, 2013) could deliver improved outcomes.

The results of this study also indicated a significant time by treatment interaction in relation to the frequency of 'teacher negatives', unlike those of Carlson et al. (2011) and Hutchings et al. (2013), although the latter authors noted a significant reduction in negatives towards the index child. The intervention group teachers displayed a significant reduction in negative management behaviours at 6-month follow-up, when compared with their control group counterparts. In fact, the use of 'teacher negatives' actually increased among the control group. This finding suggests (for the control group) a normal course of classroom dynamics whereby the environment typically declines in quality over the course of the academic year. The observation that the use of negative management strategies amongst the intervention group continued to decline into the subsequent academic year, indicated that the TCM techniques had become embedded into daily practice. This may have implications beyond child behavioural responses, as adaptive teacher classroom management, such as increased use of positive, and reduced use of negative, behaviours, can also reduce the likelihood of teacher stress and burnout (Good & Brophy, 2000).

Overall, the quantitative observation findings suggest positive support for TCM programme effectiveness in terms of teacher behaviour change both in the immediate post-training period and in the longer term. This is particularly important in light of the fact that the teachers had a new child cohort at the 12-month follow-up, and that

these improvements were sustained following many months (summer, and other holidays) out of the classroom. Thus, the initial post-training effects of the programme, at least in the medium-to-long term, appear to be sustainable. One possible concern relating to the implementation of behaviour change programmes is whether positive early effects will be short-lived (Cunha & Heckman, 2010). Indeed, the cost of programme delivery must be balanced against the perceived benefits, and short-term programme effectiveness would likely not warrant the wholesale adoption by schools of any new programme. This study was the first to examine qualitatively, the longer term impact of the TCM programme and, encouragingly, the findings are positive in this respect, although the small sample must also be kept in mind. Further research into the longer-term (e.g., 18- or 24-month follow-up), is necessary to determine whether the benefits of training continue to stabilise over time, or whether they are subject to the same 'washout', as has previously been shown with post-ITE management strategies (Fayne & Ortquist-Ahrens, 2006). In summary however, the evidence from this process evaluation supports and amplifies the findings from the larger RCT (McGilloway et al., 2012) and suggests that the TCM programme is acceptable to teachers in an Irish context and that it can deliver positive outcomes for teachers and children in Irish primary school classrooms. Research evidence, both from previous literature and from the current findings, tends to favour the TCM programme in terms of acceptability and outcomes in comparison with alternatives such as the GBG, PATHS, and the RC (as previously discussed in chapter 5).

11.3 How does it work? Active ingredients of TCM training and implementation experiences

In addition to TCM training outcomes, the recognition of change-causing mechanisms, and how they are perceived by participants, is crucial. It has been suggested that interventions are more likely to work if they target causal determinants of behaviour (Michie, Jochelson, Markham, & Bridle, 2009) - in this case, perceptions regarding child classroom conduct, or indeed, teachers' own efficacy beliefs. As discussed earlier in this study, these factors can determine how teachers respond to classroom management challenges. Theory-based interventions such as the IY TCM can also enable an understanding of how interventions work, as their constituent components have been chosen based upon evidence of effectiveness

and they can be evaluated as to their individual contribution. How participants perceive these components to operate and whether they are considered acceptable, can influence the receipt, and subsequent outcomes, of training (Proctor et al., 2011). Thus, it is not solely classroom outcomes, but also teachers' training experiences, that may inform continued engagement with strategies and indeed, future uptake of the programme. This current section details aspects of TCM programme participation in terms of teacher-reported acceptability, and importantly, the potential role of teachers in determining post-training outcomes.

Several components inherent to the TCM training were perceived by teachers and group facilitators to be 'active ingredients' or mechanisms of change. Nonetheless, not all training components were equally valued by teachers. The written materials were evaluated most highly by teachers post-training. This may be due to their potential as an ongoing resource to support strategy implementation. It may also conceivably stem from the high 'production value' (i.e., standard of quality) of TCM materials, the lack of which was noted as problematic in a study by Seifer et al. (2004) of the PATHS curriculum. However, whilst the TCM materials given to teachers to support their learning in the short- and longer-term were a highly valued resource, the other TCM tools received a more variable reaction, especially the use of role play. Although deemed to be an effective learning tool by certain teachers, for others, it proved to be a major source of discomfort. The TCM programme is predicated upon teacher willingness to try new management techniques and therefore, the incorporation of learning tools which might damage this willingness/engagement could impact negatively on training outcomes. Certain teachers may feel demeaned or embarrassed and may consequently fail to engage with the purpose of role play which is to challenge learners' emotions and attitudes and to facilitate experiential learning. However, the TCM training structure itself facilitates experiential learning and arguably the benefits of role play for some (Cranton, 2002; Poorman, 2002), should be balanced against benefits lost to others who resist this particular learning tool (Nestel & Tierney, 2007; Stevenson & Sander, 2002). There may be cultural or simple practical reasons as to why this might be the case and certainly, there are too few participants in this study to suggest even small changes to the programme in this respect. Nonetheless, some useful alternatives or

additions to role play could be considered, such as critical case study discussions, or the development of 'if-then scenarios' (Gollwitzer & Brandstätter, 1997). However, as this is a manualised therapy programme, a need for further research in this area prior to any change in delivery, is indicated.

The peer-sharing environment was highly regarded by all participants in this study in terms of improving their learning outcomes. This is an important point and not least because 'enjoyment' has value in that it can impact the cognitive absorption of the learning materials/process (Gomez, Wu, & Passerini, 2011). As is known from research into coaching and group support (Palmer, 2011; Reinke et al., 2012), learners in the current study benefitted in a number of different ways. The shared TCM learning environment offered tangible assistance to teachers, many of whom did not perceive themselves as having sufficient resources or support at baseline. The teachers also reported the value of feedback at the beginning of each session, wherein they could discuss implementation challenges, were encouraged to maintain their efforts, and were offered potential solutions. As also indicated by previous studies into training group processes, motivation was increased and an active 'conversation community' was established (Blumenfeld et al., 2006; McCormack & Kennelly, 2011). Notably, this collaboration with peers went beyond offering practical solutions to classroom management challenges, in that teacher participants also reported receiving empathy and emotional support from their peers. Importantly, potential challenges to the group dynamic (Arvaja et al., 2007; de Wit et al., 2012) were not reported in this study. Although, in theory, this community of learners could be developed within schools without the need for a structured training programme such as the TCM, the findings reported here and elsewhere would suggest otherwise (Rogers, 2002; Weasmer & Woods, 2000).

The process of learning evidence-based management strategies as part of the TCM programme may have brought about positive changes to teacher and child behaviour, and indeed to teacher-efficacy, but arguably, it was the shared environment which appeared to be the most influential factor with regard to teacher well-being at follow-up. This may have consequences for longer-term post-training benefits. If indeed it was the support and encouragement of colleagues that helped to maintain teacher

behaviours in the immediate post-training period and at longer-term follow-up, it is possible that in the absence of such support, the consistent use of strategies may taper off. Therefore, the findings suggest that the maintenance of a system of support into the long term should be encouraged. This might be facilitated via an ongoing buddy-system, face-to-face contact between group members, or indeed social-media-based TCM 'graduate forum' networks. Moreover, booster sessions at regular post-training intervals may also reinforce learned techniques (Reinke et al., 2012) into the long term and may help to maintain the social support structures formed during the initial training period. Whilst booster sessions may be effective to ensure teacher adherence to TCM strategies, Hawkins, Kosterman, Catalano, Hill, and Abbott (2005) argued against the belief that booster sessions are necessary to sustain effects of interventions over time. Thus, this requires further research attention in terms of cost-effectiveness, prior to any recommendations regarding roll-out.

The mode of TCM programme delivery was largely appreciated by teachers, who perceived the opportunity to trial strategies during the month between training sessions as beneficial. However, there was a perception (apparent from both the interviews and the questionnaires) that some topics were over-emphasised. This was particularly evident in session 4 (decreasing inappropriate behaviour, including the use of ignoring), which although not significantly different from other evaluations, was the 'least liked' of the five workshops. Whilst teachers acknowledged the utility of the ignoring strategy, they perceived the length of this particular training day to be excessive in view of the amount of material to be covered. As session 4 was the least favourably evaluated of all five workshops, this could have had negative implications for the strategies discussed during that particular session. However, it is also possible that the perceived over-repetition of material in session 4 may actually have facilitated strategy assimilation. In fact, ignoring minor misbehaviour was regarded by intervention group teachers as the most useful strategy at short-term follow-up (i.e., two months after session 4). Thus, it may be the case that teachers realised the value of this session, only once they had the opportunity to implement the strategies in the classroom. Furthermore, facilitators may have perceived a necessity to 'drive home' these specific TCM principles given the high levels of disruptive behaviours reported by the intervention group at baseline. From a programme delivery

perspective, perhaps some facilitator explanation (in advance and on an ongoing basis) of the necessity for repetition (and the benefits that may be gained) may help teachers to overcome potential disengagement and dissatisfaction with such sessions.

The level of skill with which facilitators structured and led the training process was noted by almost all teachers. Facilitators were seen as central to the acquisition of skills and the development of a shared 'community of learners'. The teacher-facilitator (i.e., coach) alliance has been shown in a recent study of the GBG, to be strongly correlated with post-training classroom practice (Wehby, Maggin, Partin, & Robertson, 2012). Given the importance of the facilitators' role in programme delivery and ongoing strategy implementation, it is vital that they themselves are well-supported. The provision of ongoing coaching to facilitators following their own training has been shown to result in increased facilitator proficiency and fidelity in delivery (Webster-Stratton, Hurlburt, Reid, & Marsenich, in submission, as cited in Webster-Stratton et al., 2012). In the current study, facilitators felt an appreciable level of support from the administrative staff within their organisation, and both noted the importance of open and honest communication. However, it is of some concern perhaps, that they reported (as indicated in chapter 8) having received insufficient supervision/mentoring during the delivery process, particularly given that this TCM training programme was linked to an RCT evaluation. Indeed, more importantly, it must be questioned whether in 'typical' or more routine programme delivery (i.e., without an accompanying RCT), a similarly low level of facilitator support may be in evidence. Just as teachers are at risk of occupational stress and burnout when demands exceed resources, it is conceivable that facilitators too, might be similarly impacted. Therefore, all organisations involved with TCM training should ensure that those tasked with programme delivery are adequately supervised and supported.

An issue related to the actual conduct of the research, is the potential role played by both the RCT and process evaluation in influencing outcomes. Whilst it is understandable that involvement in the RCT would have led facilitators perhaps to prioritise programme delivery, this alone is unlikely to have impacted on the study findings; irrespective of any evaluation, attention to implementation fidelity should

ensure the standardisation of TCM training delivery. However, as noted by the facilitators, the relationship between the researchers and teacher participants had developed over the course of many months prior to the commencement of training and both reported in the interviews that work carried out by the research team had helped to increase teacher engagement and their enthusiasm for training. However, this is likely to be a by-product in any such programme evaluation with multiple data collection points and it is unlikely that this would have had any impact on the overall effects of the programme. Indeed, if such contact was helpful, there may be an argument for more pre-training, 'rapport-building' contact between facilitators and participants and possibly also, more post-training contact in order to support teachers in the continued implementation of TCM strategies.

11.4 Strengths of the current study

To the researcher's knowledge, this study is one of only three that have employed qualitative methods to explore teacher perceptions of the IY TCM training; it is also only the second to do so in a European context, and is the first to incorporate a longer term qualitative perspective. Although no substitute for outcome evaluations (Craig et al., 2008), process evaluation research can provide useful evidence to support (or not) the adoption of a given intervention. The inclusion of process evaluations offers considerable advantages over RCTs alone (Craig et al., 2008), but despite this, very few studies aim to identify the mechanisms of change and contextual issues that can impact outcomes. This study was carried out in acknowledgement of the fact that evidence-based interventions are more likely to succeed if participants are engaged and active learners who believe in the potential effectiveness of the programme (Baydar et al., 2008; Glasgow et al., 2011; Seifer et al., 2004).

The findings reported here represent an important addition to the international literature on teacher classroom management by exploring and illustrating, in detail, teacher experiences in the classroom both before and after TCM training. Comprehensive insights into TCM processes and outcomes were generated by incorporating the views and perspectives of multiple diverse informants (teachers, principals, and Archways staff), a range of mixed methodologies (interviews, self-report questionnaires, and classroom observations) and the collection of data at

several time points. All of these enhance the potential transferability and conceptual generalisability of the findings. Despite some contextual differences between participants and schools, albeit in only a single geographical region, the findings illustrate clear programme benefits in both disadvantaged and non-disadvantaged schools and amongst a small, but diverse sample of participating teachers.

Quality control was also central to the current study. The development and subsequent use of the Operations Manual (see chapter 6) and the researcher's involvement in each of the 55 individual classroom observations ensured standardisation of data collection. As previously mentioned, T-POT inter-rater reliability checks were conducted after each classroom observation. In relation to the qualitative data, all audio-taped interviews were transcribed verbatim, and were analysed in accordance with the required stages of Framework analysis (see chapter 6). This method was eminently suited to the current study, having been previously used in one of the few qualitative examinations of teachers' TCM experiences (Baker-Henningham et al., 2007). Rigor was further enhanced through use of the 32-item COREQ checklist (Tong et al., 2007) and a constant process of reflexivity. This, along with the development of an audit trail (as discussed in chapter 6) enhanced the reliability and validity of the findings whilst also allowing the researcher to remain mindful of her role in the collection and analysis of data, and in reporting the findings.

The findings from this and the larger study have also been widely disseminated to date (and is still ongoing); the process of knowledge transfer has included presentations at national and international conferences in both psychology and education, along with publication in national and international peer-reviewed journals and popular media outlets (see Appendix 19). In this way, the research has contributed to a greater awareness of the potential impact of the TCM programme, with a particular focus on the experiences of those involved. A number of commentators have alluded to the failure of evidence-based prevention programmes to become ingrained in practice for reasons including their "virtually nonexistent" promotion (Embry, 2004, p. 581). Specifically, the findings of the current study have highlighted a number of key issues relevant to uptake, process, and outcomes of

TCM training. These include baseline classroom management practices, child and teacher well-being, mechanisms of TCM change and their receipt, subsequent classroom behaviour, and the longer term impact on children and teachers.

11.5 Study limitations

The study also has a number of limitations. One may stem from the randomisation process itself. Randomisation to treatment at the teacher, and not school, level may have had implications for contamination of the control group. However, any risk of contamination must always be balanced against the difficulties inherent with randomisation at the school level. There are also obvious ethical implications with asking a school to abstain from treatment for behavioural problems that are known to negatively impact child academic and socio-emotional development. The perceived need for intervention within schools was apparent from teacher and principal interviews and from classroom observations. Furthermore, the exclusion of any school for research purposes may have resulted in the attrition of control schools from the study and this would have been a significant problem in view of the small number of schools involved. As a result, within-school randomisation was deemed to be a more appropriate option. Moreover, Keogh-Brown et al. (2007) in a study of educational intervention trials noted that: (a) individually randomised trials (i.e., in the case of the current study, randomisation at the teacher level) are often more powerful than cluster RCTs; and (b) the latter should not always be uncritically assumed to solve the issue of contamination.

On a related point, due to limited resources, it was possible to include only a small number of schools in the larger RCT and therefore, also in the current sub-study. These schools were located in only one region of Ireland (and many cases were in highly disadvantaged urban communities) and this raises questions about the extent to which the qualitative findings reported here, may be generalisable both to other settings in Ireland and elsewhere. Reassuringly however, the findings are consistent, for the most part, with those qualitative studies conducted elsewhere and especially those in the Welsh study (Hutchings et al., 2007) which would arguably share some similarities with the schools in this study (although more of the Welsh schools were located in rural areas). Furthermore, the findings support and amplify the observation

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data reported in chapter 10 as well as other quantitative findings from the larger RCT; the latter are also consistent with studies conducted elsewhere, both in a US and European context. Lastly, there is no reason to expect that the teachers in the current study would differ in any significant way from teachers in schools located elsewhere in Ireland, and indeed the research conducted to date (Nixon, 2012; Williams et al., 2009) would further suggest that teachers in many classrooms in Ireland face similar challenges.

The relatively small sample size must also be acknowledged as a limitation of the qualitative component of the study. To a certain extent, the reduction in sample size at the 12-month follow-up stemmed from cuts to education spending and changes to school personnel that occurred during the trial. However, a more direct influence stemmed from collection of 6-month follow-up data at a time when teachers were occupied with the completion of curriculum tasks. Thus, a number of teachers were unable or unwilling to participate. The earlier collection of data may have potentially overcome this difficulty but this was deemed problematic, as the TCM programme is designed specifically to allow for a period of post-training implementation. It is likely that if data were collected immediately following training (i.e., at 5-month follow-up), the learned strategies would not yet have been fully absorbed into teaching practice and teachers would not yet have been able to evaluate their effectiveness. However, the heterogeneous sample in the current study displayed broadly similar responses across many issues (in some cases displaying theoretical saturation) and, therefore it is unlikely that the results would have been different, had a small additional number of teachers been included in the study.

It is also likely that teachers involved in this study may have displayed greater levels of commitment to training than other 'typical' TCM trainee cohorts. According to the programme facilitators, participants were exceptionally motivated and driven both towards continuing professional development and crucially, towards the creation of positive child outcomes. The dual demands of TCM and research participation in the current study indicate that those who chose to become involved were highly committed to training success. Those, who at an early stage doubted the level of commitment they could make, chose to withdraw from the study prior to

commencement. As indicated earlier in chapter 8, cynicism and reluctance can lead to negative effects on programme reception, and consequently on classroom implementation and strategy effectiveness, particularly in cases where teachers are mandated to take part in a programme (Reichers et al., 2007; Trader-Leigh, 2001; van Dijk & van Dick, 2009). However, as part of a process evaluation, it was important that the experiences of teachers in the current study could at a minimum, be conceptually generalised to any teacher who is keen to engage in CPD and who might consider participation in the TCM programme as part of that goal.

11.6 Implications for practice and policy

The positive findings from the current research highlight both the importance and the feasibility of delivering the TCM training programme to teachers in Irish primary schools. This chapter subsection discusses the specific implications of this research for policy (those involved in decision making regarding programme uptake) and practice (those involved directly in service provision). These are summarised in *Figure 11.1*. 'Early years' educators play an important role in setting the foundation for educational adjustment, child engagement, and the development of positive peer relations (Arbeau et al., 2010; Park, 2005; Silver et al., 2005). Despite the move towards inclusive education (Mittler, 2001) and growing awareness of the benefits of positive teacher-child interaction (Silver et al., 2005), maintaining 'best practice' strategies requires constant effort and attention as well as appropriate resourcing, and in the current study, teachers' attention was divided across multiple competing tasks at baseline. The scaling-up of targeted early interventions is indicated, as left unaddressed, early behavioural difficulties can lead to later (and more costly) mental health problems (Bywater, 2012). Practical training in classroom management and the fostering of optimal child development outcomes is recommended by national (UK) and international guidelines (NICE, 2008; OECD, 2009). However, whilst such guidance exists, clearly teachers require and deserve tangible supports and opportunities for professional development in order to significantly influence the socio-emotional development of children in their care. The Teaching Council (2011) stipulated that ITE should prepare student teachers for a number of key areas, including classroom management. Nonetheless, many teachers in the current study felt ill-equipped/underprepared for the management of challenging classroom

behaviour. An increased availability of the TCM programme via teachers' in-service/ CPD may address this current gap in provision. As of December 2012, over 100 educational psychologists in Ireland have been trained to deliver the TCM programme to teachers in schools (Cullinane, 2012); however, the number of projected programmes which were to be delivered in 2013 was relatively low – only 25 (approximately) were planned. An increased provision of such training opportunities is essential in light of the nature and extent of emotional and behavioural difficulties seen in the current research, which are somewhat higher than those shown previously in Ireland and elsewhere (Barkmann & Schulte-Markwort, 2004; Brauner & Stevens, 2006; Nixon, 2012), and the resultant challenges in classroom management apparent at baseline.

Interestingly, the findings of this study demonstrate that schools in areas of disadvantage have a wide range of supports, which are typically unavailable to schools in non-disadvantaged areas. Whilst DEIS initiatives stem from the premise of providing equitable education to all (Department of Education, 2005), ironically, they may result in children from non-disadvantaged communities missing out on programmes that could potentially help to promote their academic and socio-emotional development. Certainly, the provision of structural supports to disadvantaged schools makes sense because these children are known to be most at risk of SEBD and subsequent life course difficulties (Emerson & Einfield, 2010; McCoy et al., 2012; Van Oort et al., 2011). However, it is important to note that SEBD is not solely an issue of disadvantage and a child in need, regardless of school DEIS designation, should be able to access necessary supports. For this reason, programmes which are known to assist in the promotion of child psychosocial development should be more widely available to *all* schools.

During the current recession, the fiscal constraints and cuts to public spending have had a dramatic impact on many aspects of Irish education (Clarke & Killeavy, 2012; OECD, 2013). Thus, guidelines and policy documents extolling the benefits of inclusive education have not necessarily been translated into accessible services for children and teachers in need. Teachers require tangible, structural supports to best deliver an equitable education to all children in their care, and as shown by the

baseline findings reported here, delivering such an education is difficult when behavioural challenges disrupt the teaching and learning environment. Policy makers should note that, with an average expenditure per teacher of €2012.92 (or €100 per child in a class of 20 children), the TCM programme offers considerable return in terms of child behaviour, costing less than 2% of total expenditure per primary school pupil in Ireland (McGilloway et al., 2011). In addition, previous research has shown that spending on early childhood socio-emotional development is an investment which can pay long-term dividends (Barnett, 1995; Doyle, Harman, Heckman, & Tremblay, 2009). Collectively, the findings reported here coupled with those of the larger RCT, suggest that making the IY TCM programme more accessible to teachers could potentially lead to benefits in the long-term for children, their families, and the wider community. Specifically, the TCM child-centred approach to the management of classes and the emphasis on creating positive classroom environments, can facilitate improved learning opportunities, and may reduce the risk, in the longer term, of early school leaving and maladjustment.

It may also be the case in the current economic climate, that alternative delivery options should be considered to ensure that TCM training is feasible for schools struggling with financial difficulties. For example, whilst potentially less attractive to teachers, TCM delivery could take place outside teaching hours (e.g., at weekends), thereby negating the need for substitution cover and reducing overall programme costs. Furthermore, whilst fidelity to programme delivery protocol is crucial, perhaps alternative methods of delivering training could also be considered (e.g., extended over the course of an academic year, in a series of shorter (two-hour) topic-focused sessions). As discussed earlier in chapter 5, there is some evidence in the literature of variability in the delivery structure of TCM (e.g., Baker-Henningham et al., 2009; Carlson et al., 2011). However, if such wide-ranging methods of delivery are to be promoted as evidence-based and fidelity adherent, they require further research attention. These should be examined both in terms of outcome effectiveness *and* acceptability to teachers, prior to widespread implementation.

Alternatively, the provision of training to one or two teachers in each school to become TCM group leaders (i.e., so that they can mentor their colleagues in TCM

principles) may be a viable option for schools with limited budgets.[21] In this way, the TCM philosophy may be more likely to permeate the whole school culture, thereby enabling a consistency between colleagues whilst also reducing 'Balkanisation' mentioned in chapter 4, whereby teachers socialise and communicate in small, isolated groups (Hargreaves, 1994; Ng, 2011), and embedding improved practices of behaviour management. All teachers interviewed at 12-month follow-up recommended whole-school TCM implementation and as shown in chapter 4, whole school implementation of behaviour change programmes can result in positive outcomes (e.g., Waterman & Burstyn, 2008). However, even an established literature which cites programme effectiveness through direct and observable improvements in classroom behaviour cannot, in and of itself, encourage programme uptake and guarantee positive outcomes. It is clear that for many reasons, including programme costs and teacher unwillingness, the TCM programme may not be a viable or desirable option for all schools. Additionally, any services (e.g., NEPS) which offer TCM training might consider examining, in advance, the local facilitative and inhibitive factors surrounding programme uptake.

At present, the IY TCM programme is marketed as a programme to benefit children[22] in the extent to which it aims to improve school readiness, peer relations, enjoyment of school, and parental school involvement. It does not however, purport to improve the self-efficacy or the psychological well-being of teachers. Despite this, a small but growing pool of studies (including our own) has now shown clear benefits to teacher well-being (Baker-Henningham & Walker, 2009; Hutchings et al., 2007; Shernoff &

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[21] An individual can become a group leader after undergoing a short, intensive training programme, and can further progress to become a Certified Group Leader once they have demonstrated competency in facilitating two or more groups using IY materials, methods, and protocols.

[22] For further information see: http://incredibleyears.com/programs/teacher/classroom-mgt-curriculum/

Kratochwill, 2007). As already indicated, the direct benefits of classroom management were only one outcome of TCM training in the current study. A major shift in the psychological well-being and efficacy beliefs of participants was also in evidence. The psychological well-being of teachers is something that cannot be overemphasised. As noted by Raver et al. (2008), there is nothing trivial about improving teachers' feelings regarding their role. Thus, whilst the programme itself is centred on behaviour management, an important, and potentially undersold, outcome of TCM training is the psychological benefit to teachers. Arguably, in the absence of information regarding such benefits, uptake may be more limited than it might otherwise be, as teachers who already struggle with the demands of the classroom may not recognise the benefits that *they* themselves could gain from participation. Thus, service providers (and the programme developer) may wish to place an increasing emphasis on these, albeit secondary (yet still important) teacher outcomes, as well as the primary focus of promoting child socio-emotional development.

Both the short- and longer-term outcomes seen in the current study are encouraging, with evidence of many positive changes to teacher and child behaviour, and improvements in the wider classroom dynamic and environment. However, as previously noted, intervention success measured by behaviour change alone is insufficient grounds for widespread service roll-out. The success of any given treatment is largely predicated on its acceptability (Seifer et al., 2004). In the current research, post-delivery teachers clearly valued their TCM training experience. Although pre-training expectations about TCM training did not relate to post-training satisfaction, it is likely that in order to influence future training uptake, the possible benefits of TCM training should be more widely disseminated. In the current study, the perceived lack of training opportunities at baseline may stem from a greater focus on more easily accessible short-term summer courses, often delivered online, with limited evidence-based options for classroom behaviour management. For the TCM programme to make an impact within schools, it must first be well-known and well-regarded within the educational community. Gottfredson and Gottfredson (2002) argue that schools do not typically implement evidence-based interventions to improve child outcomes. As stated by Hutchings et al. (2013), there may be several

reasons for this, including a lack of awareness (among school management) regarding such programmes, or indeed an inability to differentiate between evidence-based and other programmes. Without dissemination to a variety of relevant stakeholders (service providers, teachers, principals, policy makers), the results from RCT and process evaluation research (more generally) are likely to have little impact. Findings published in sources that are more widely accessible to decision makers and service users (such as the popular press or teachers' union publications) may be more likely to directly impact programme uptake, implementation, and roll-out (e.g., McGilloway & Hyland, 2011). Improvements in knowledge mobilisation within the education sector can be seen with initiatives such as the *Coalition for Evidence-based Education* (CEBE) in the UK, whose aim is to empower educators with research evidence. The CEBE, and its recently launched *Education Media Centre*, aim to act as 'knowledge brokers', providing service users such as educators and policy makers with accessible, relevant findings. Other promising organisations which may encourage uptake of evidence-based programmes by schools include a UK charity, the *Education Endowment Foundation*, which focuses on reducing the impact of socioeconomic disadvantage on educational attainment. Through such initiatives, decision makers within schools may be able to differentiate evidence-based from 'evidence-inspired' (Michie & Abraham, 2004) interventions.

One major influence on TCM training uptake and the subsequent experiences of teachers is the role and leadership of the school principal. The findings reported here, provide useful insights into the beliefs of school principals, which are often overlooked in classroom management intervention research. In fact, this is the first study, albeit based on only a small sample, to examine school leaders' perceptions of the need for TCM training. The findings indicated that although principals were not in classes teaching students, they felt a dual burden of responsibility for behaviour management from teachers and parents. Additionally, as discussed earlier in chapter 4, it is often school principals (rather than individual teachers) who scrutinise systems of school practice and who initiate training due to a perceived need for change (Hall & Hord, 2002; Hattam, 2000). Thus, principals' attitudes towards child behaviour and teacher classroom management can influence decisions regarding provision of staff CPD. Furthermore, once the need for change has been identified, it

usually falls to the principals to engage in change management and encourage positive attitudes among staff (Moolenaar et al., 2010; Richards & Farrell, 2005). Although, as shown in chapter 7, principals in the current study displayed very different methods of support for teachers in behaviour management, they all shared a common vision for teacher and school development. This suggests that the attitudes of principals, and their relationships with teachers, were pivotal factors in the change process. For service providers offering TCM training, it is recommended that school principals are well-informed about the programme, the potential benefits that may be gained, the challenges in maintaining post-training positive changes, and the importance of providing ongoing support for teachers. Open channels of communication between facilitators, teachers, and school management - from initial contact to post-training maintenance - may also enable longer term improvements in classroom management, whilst also contributing to a positive school culture and ethos.

Practice (Service providers)	• Greater emphasis on teacher outcomes (e.g., increased self-efficacy, reduced stress) may encourage greater uptake of, and subsequent engagement with, TCM training opportunities. • The involvement of school management *at all stages of training* could facilitate improved teacher, child, and classroom outcomes. • Publication of evidence of TCM outcomes through channels frequently accessed by teachers (e.g., union publications/circulars) is important in increasing awareness of the programme and its potential benefits.
Policy-makers	• There is an unmet need for evidence-based, teacher CPD in classroom management for Irish teachers. • Given the number of NEPS psychologists already trained in TCM delivery, and the growing support for its effectiveness, increased provision of TCM training as CPD to teachers should be prioritised. • Internationally, if costs are a factor in widespread roll-out, alternative delivery modes or the training of individual teachers within schools as TCM-certified group leaders (who can subsequently deliver on-site training to colleagues) may be considered as feasible alternatives.

Figure 11.1. Summary of implications for practice and policy

11.7 Directions for future research

The true test of TCM effectiveness may lie in the much longer term. The TCM programme, though increasingly endorsed as an effective method to improve classroom management and child outcomes (Carlson et al., 2011; Hutchings et al., 2013; McGilloway et al, 2012; Webster-Stratton et al., 2001), has yet to be examined with respect to its extended effects over a number of years. Furthermore, despite the demonstrated cost-effectiveness of this programme (McGilloway et al., 2011), TCM training still represents a considerable outlay for many schools, particularly in the current economic climate. However, early evidence-based intervention can potentially exert a significant impact on the educational and life outcomes of the child (Barnett, 2005), and the actual social, psychological, educational, and financial benefits of early exposure to TCM principles may become increasingly evident in the much longer term. Conversely, it is possible that these learned classroom management strategies may decline in use, over time. Future research should involve an extended longitudinal study and an assessment of the perceived effectiveness of TCM training, well beyond the initial one-year post-intervention period.

Greater attention should also focus on how school culture facilitates or impedes the uptake, acceptability, and outcomes of the TCM programme. Although teachers in the current study reported varying degrees of support from their colleagues, school management showed a high level of commitment to their schools' participation in the training and RCT. As illustrated in chapter 4, the support given to teachers by school principals is associated with teacher-efficacy beliefs (Kurt et al., 2012) whilst any level of cynicism can also negate any benefits of CPD participation (Bommer et al., 2005). Thus, more attention should focus on school leadership as a contributory factor in TCM engagement and outcomes. In so doing, facilitators may be able to address potentially problematic issues prior to the commencement of training, in order to bolster teachers' behavioural intentions and increase their post-training usage of evidence-based classroom management strategies. Moreover, as only a small number of studies have examined teachers' qualitative experiences of TCM training, further qualitative research into cultural, geographical, and socio-economic factors in TCM participation and resultant outcomes, are warranted.

Several components of TCM programme delivery combined to result in post-training changes in teacher and child behaviours. As mentioned earlier, however, some learning tools were more highly regarded than others and it is possible that rather than facilitating learning, strict adherence to certain tools may actually inhibit learning. Despite the fact that TCM components are based on psychological theory (Bandura, 1977; Kolb & Fry, 1975; Patterson, 1982), their independent predictive effect on classroom management outcomes is less well understood. Thus, active TCM ingredients require further attention by programme developers and by those engaged in independent evaluations. It may be the case that the removal or adaptation of one component (e.g., role play) may help to further streamline delivery, and improve the outcomes and experiences of those undergoing training. With this in mind, programme delivery modes could also be examined. The ability of the TCM programme to adapt to the needs of the training group has also recently been noted by Hutchings et al. (2013). As with the active TCM ingredients of change, different modes of programme delivery should be evaluated as to their relative effectiveness and acceptability. Within the current study, teachers were excused from typical classroom duties on one day per month in order to attend training[23]. However, many teachers were critical of the length of training sessions. It may be the case that programme delivery in an increased number of shorter sessions could deliver the same outcomes as shown in the current research, with increased acceptability to teachers. Hence, an examination of the influence of delivery mode on outcomes may inform future programme development and provide teachers with a wider range of feasible classroom management options. It may also be the case that the methods commonly used to measure changes in teacher and child behaviour should themselves be evaluated. For example, classroom observations could allow for measurement of teacher behaviour using a positive: negative ratio. It has been proposed that a 4:1 ratio of positive to negative statements should be maintained in the classroom (Gable, Hester, Rock, & Hughes, 2009). Just as evidence-based interventions can be revised in light of emergent evidence, so too could the tools and methods by which the TCM programme is assessed.

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[23] Teacher substitution costs were funded by Archways for the duration of the training programme.

It has been suggested by a small number of teachers in the current study that child behavioural improvements in the classroom had translated into better home behaviour. This is encouraging, but no data were collected from parents in this trial. This is an area which requires further attention and not least because the delivery of IY TCM training costs significantly less than delivery of the IY parent programme (McGilloway et al., 2012) and the training of even one teacher could possibly benefit multiple children over time. Moreover, future research could examine outcomes resulting from multi-component IY training. This form of 'stacked' delivery may result in optimal outcomes as the potential for behaviour management discrepancy between home and school may be reduced, and relationships between teachers and parents strengthened. Indeed, many of the studies which have previously examined the TCM programme, have done so as part of a 'stacked intervention'- an examination of a combination of TCM with child, or child and parent training (e.g., Foster, Olchowski, & Webster-Stratton, 2007; Webster-Stratton et al., 2001, 2004; 2008). However, none of these studies examined the independent contribution of TCM training to the measured outcomes. Future research should examine the various combinations of IY programmes, particularly the cost- effectiveness of TCM versus stacked trials, the results of which may inform future policy and service provision.

As shown in the current study, teachers also benefitted from increased post-training self-efficacy, less negative comparison with peers, and lower levels of stress in the classroom. Future research on TCM effectiveness might examine these secondary (yet important) outcomes of programme participation in greater detail. For example, aspects of training that could be examined using quantitative methods include pre-post training changes in teacher self-efficacy, stress, anxiety, and depressive symptoms. This may be important in terms of successful dissemination of programme outcomes that may in turn, improve uptake and roll-out on both a national and international basis. Implications for future research are summarised in *Figure 11.2*.

Figure 11.2. Summary of implications for future research

11.8 Conclusion

This study, the first of its kind (i.e., which addressed teachers' TCM experiences using a longitudinal mixed method approach), provided a comprehensive account of the processes and outcomes associated with TCM training in the specific context of a sample of Irish primary schools. The mixed method approach and the acknowledgment of multiple key stakeholders' perspectives allowed for a thick description of aspects of programme initiation and delivery, and the triangulation of data from a number of sources (all of which help to promote conceptual generalisability). Moreover, the longitudinal nature of the study, albeit based on only small sample sizes, enabled an examination of change-causing mechanisms, and classroom-based outcomes. The findings illustrate, amongst other things, the need for CPD in classroom management, the many possible benefits that can be gained from TCM training (and not only amongst inexperienced teachers in schools serving socioeconomically disadvantaged communities), and the acceptability of the TCM programme in an Irish context. A number of recommendations for future research and for policy and practice have already been outlined.

In conclusion, a critical aspect of the current research is the recognition that behind closed classroom doors, many teachers struggle with the weight of responsibility of SEBD management. Given the current economic climate and the perceived unavailability of relevant CPD programmes, those that are considered for adoption must be empirically supported. However, whether a programme works, is not sufficient reason to adopt it wholesale within a school or group of schools. Ineffective or unacceptable CPD programmes can lead to negative outcomes, particularly if teachers display reluctance or cynicism regarding participation. The development of a robust evidence base internationally, and specifically within Ireland, through studies such as that described here, should help to inform the continued implementation of the TCM programme and influence the allocation of funding. Arguably however, building a strong evidence base is only the beginning. It is only through the effective leadership of principals, and the willing engagement of teachers coupled with the collective will of policy makers, that the IY TCM programme can continue to be implemented effectively to promote positive change in primary school classrooms throughout Ireland, and beyond.

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APPENDICES

Baseline Interview Schedule (Teacher)

Classroom management/ Behaviour problems in the classroom

- Could you tell me about some of the difficulties you've experienced with classroom management/ problem behaviour in the classroom?

- Generally speaking, what do you feel are the causes of these behaviour problems?

- How do you feel when you encounter such behaviour problems in the classroom?

- How do you feel towards the child who is causing the disturbance?

- How much support do you feel you receive, when dealing with behaviour difficulties/ daily classroom management issues? Prompt sources of support below:

  - from the child's parents
  - from head teacher
  - from colleagues

- How do you deal with behaviour problems when they arise?
  - Can you give me an example?
- During your teacher training, did you get any training relating to the classroom management of children with emotional and behavioural problems?

- Do you feel that you are equipped with the skills/ knowledge to help you deal with problem behaviour in the classroom?

Incredible Years TCM training

- What (if anything) had you heard about Incredible Years before now?

- Have you been on, or heard about, other courses to manage behaviour?

- How do you feel about being asked to participate in the training?

- Can you tell me about any hopes or expectations you have for the training course?

- To what extent do you have any concerns about the training course?

- Would you like to add any other comments before we finish?

Follow-up Interview Schedule (Teacher)

Pre: Looking back to the start of the school year, what types of behavioural problems did the children in this class exhibit.

Incredible Years TCM training

- Having undergone the TCM training course, how would you feel that it went?

- Was the programme what you expected?

- How did you feel the training addressed the issues you experience in your classroom?

- What part of the training did you enjoy most, and why?

- What part of the training did you enjoy least, and why?

- Would you have any suggestions for making the training more effective, or run more smoothly?

Post-training Classroom Management

- What changes (if any) have you noticed in yourself, since undergoing the TCM training?

- Can you tell me about any changes that you have noticed in the behaviour of the children in your class since you completed the training programme?

- To what extent have you found the TCM training to be more effective with certain problems than others?

- What was the most valuable thing you learned on the TCM training?

- Were there any specific problems that you feel that the training didn't address very effectively? If so, could you tell me a little more about these?

- If another school were thinking about implementing the program, would you recommend it?

- Would you like to add any other comments before we finish?

Appendix 3. Teacher interview schedule (12-month follow-up)

Current child cohort

- Can you tell me a little bit about the class you are teaching this year? (Prompt: how they compare to the previous group in terms of age, temperament).
- What types of behaviour challenges would you have experienced with this year's group of children?

TCM usage and perceived effectiveness

- To what extent are you still using the Incredible Years TCM techniques?
- How easy or how difficult would you find implementing the techniques in the class with this year's cohort? (Prompt: Are there any particular strategies that you found more difficult to use in the classroom? Please elaborate.).
- Do you find these techniques as effective this year as last year? (Prompt: do they work with this cohort, give examples)
- What is the most useful TCM strategy that you have used with your class this year?
- In the longer term since completing training, how easy have you found it to maintain use of TCM strategies?
- To what extent do you think there might be challenges for teachers using the techniques into the future?
- Do you think that there's anything that could help *you* with your continued use of the strategies?
- Looking back now, how do you feel about the course itself, now that you've had a chance to implement it in the classroom? (Prompt: Have you noticed any changes in yourself/children/classroom since you did the programme?)

Recommendations

- If another teacher said to you '*I've heard about this Incredible Years TCM training. I'm thinking about doing it*', what would you say to them?
- What would you say to a teacher who might think that it was going to be too much of an additional burden to their workload?
- To what extent do you think that the training should be available to other teachers in your school, and throughout the country?
- Do you have any final comments?

Thank you.

Facilitator Qualitative Interview

Thank the participant for agreeing to be interviewed.

On the basis of your interactions with the teachers, how prevalent do you think EBD is in Limerick schools and how much difficulty do these kinds of problems present for the teachers in your group?

Training for delivery of the IY programme
- Could you tell me a little about the training that you had to undertake in order to be a TCM group leader?
- To what extent do you feel that your training prepared you to be an effective group leader? Please indicate the ways in which it did so, or any possible areas for improvement.
- What do you think are the most important attributes of a successful TCM group leader/facilitator?
- You were delivering the TCM programme with another group leader. Could you tell me about how this worked in practice when delivering this programme?
- How much support did you receive in terms of resources etc. in order to effectively deliver the TCM programme? (Ask to elaborate upon this)

TCM Recruitment
- Were you involved in the recruitment of teachers/ schools for the research? If so, could you tell me a little about that (for example, any successes or difficulties encountered in getting schools on board)?
- Were there particular difficulties in recruitment that you could report?
- How did you keep prospective participants involved• and interested in the programme? How might this work in routine practice, i.e. how would you get people to sign up to the programme if it was more widely available (outside the research)?

Programme Context
- How did this group of teachers compare to others to whom you have delivered the programme in the past? (probe) To what extent was the group of teachers/the issues they reported, typical or representative of those that you have encountered in your previous delivery of TCM programmes?
- Had the teachers taken part in any other similar programmes in the past? If so, what were they and how effective did they think they were?
- Were there any specific problems that you feel the training didn't address for the teachers or which the teachers felt could be improved upon? (probe) If yes, what were the problems, and could you suggest ways in which the training might address those problems?

- How much did the individual teachers-within the group differ (if at all) with respect to their participation in the programme? Could you tell me about these teachers? What do you regard as the factor(s) that contribute to their level of interest being different to that of their colleagues?
- Could you tell me more about this? (How important is this to the success of the programme, any dissenting voices - effect on group, etc.)

Programme Content
- To what extent did the programme delivery go as you had expected?
- What (if any) session(s) do you feel you delivered most effectively and why?
- What (if any) session(s) do you feel you could have delivered better and why?
- Was there any particular aspect of the programme that you found difficult to implement (e.g. role play, vignettes,)?
- Were there any sessions with which the teachers seemed to engage less than others? Why do you think that might have happened?
- To what extent did you feel that the teachers took on board the strategies and techniques of the TCM programme? Could you give me an example of this (e.g., Do you know of a teacher with a specific classroom issue, who implemented a strategy in their classroom with/without success)?
- Could you tell me a little about how you dealt with the issue of teachers who missed sessions? (e.g., catching up on missed work, providing notes or handouts, involving them in the group discussion in the next session)
- How well did the participants work amongst each other? Could you tell me about the inter-group dynamic? How did this dynamic develop in the group?

Barriers/ Facilitators
- To what extent did anything come up during the course of the programme that might have impacted on its delivery in a positive way?
- Could you tell me about any major obstacles you encountered to successful programme delivery?
- What do you think would be required to implement the TCM programme more widely in Ireland?

Would you like to add any other comments before we finish?

Thank you very much for your time.

Appendix 5. Principal Interview Schedule

Principal interview schedule

School behavioural issues

Could you tell me about some of the problem child behaviours you may have encountered as a principal in this school?

Can you give me an example of a specific incident where you became aware of a child displaying problem behaviour in this school, either in class, or in the yard?

At what stage would you usually become aware of a teacher who might be struggling with one particular child?

At what stage would you intervene?

Generally speaking, what would you feel are some of the causes of problem behaviour you'd have in this school?

Code of behaviour/ behaviour management policy

Please tell me about your schools code of behaviour? (Prompt: how it was developed and what it includes)

What would you feel are the most important elements in your current policy on behaviour?

How do parents and children become aware of this policy?

Do you have an early warning system in the school? (I.e., once a teacher becomes aware of a child displaying behaviour outside the usual range)

How equipped do you feel as a principal in this school, to manage problem behaviours when they arise? (Prompt: Do you feel supported? Can you tell me about the types and extent of support received?)

Has there been any training made available to you or your staff before now, in managing problem behaviour in the classroom?

Family and community issues.

Could you tell me a little bit about rules that children have at home and how these compare with those in the school environment?

Can you tell me about engaging parents in school issues? (Prompt: have you found differences in the levels of engagement shown by parents? Elaborate on this...)

Do you have a school policy for dealing with children **whose parents** are the ones in need of support?

Are there any links between the school and outside organisations, for parents of children in your school?

The TCM programme

What had you heard, if anything, about the Incredible Years Teacher Classroom Management?

What had you heard, if anything, about Archways, the organization involved?

What has your experience been like, in your dealings with Archways? And in dealing with the research team?

Have you heard about other courses like the Teacher Classroom Management, or anything similar to it?

How do you feel about your school's participation in Teacher Classroom Management training? (Prompt: hopes/expectations)

How do you feel about your school's participation in the RCT? (Prompt: hopes/expectations)

Do you have any concerns about your school's participation, either in the research or in the training course?

Any additional comments?

Thank you for your time

Appendix 6. Interview Schedule (Development Manager, Archways)

Interview Schedule (Development Manager, Archways)

Role of the development manager in Archways
- First of all, could you tell me about what exactly your role as development manager in Archways involves?

- What do you know of the TCM programme?

- Have you worked on recruitment of schools to the TCM programme in the past, or since the Limerick trial?

- How does the recruitment of schools in Limerick for the TCM compare with previous or subsequent programmes for which you have recruited or similar type activities in which you have previously been involved (e.g., in previous work roles)?

Choosing the location for the programme
- Could you tell me a little bit about the reasons for choosing to deliver the programme in Limerick?

Initial contact with schools
- How was initial contact made with the schools? Who did this? What form did it take (email, letter, or phone)? Could you expand upon the process?

- Do you experience any difficulties with the process of contacting schools? If so, why do you think that this was the case?

- Were there any schools (principals, teachers) which at the initial stage seemed to be less/ more interested in participating in the programme than others? Could you tell me about these and the reasons they gave?

- Why do you think that certain schools initially indicated that they were willing to take part and then changed their minds?

Next steps
- Once Archways had an idea of the level of initial interest in the programme from school principals and teachers, how did you proceed? What were the next steps (meetings, school visits)? Could you tell me a bit about this?

- After the initial meetings, what were your criteria for choosing the schools (DEIS, location, willingness of schools to participate, etc…)?

Challenges, successes
- How, in your opinion, did the location of the programme in Limerick impact upon the development and delivery of the training?

- What was the greatest challenge(s) for you, when recruiting the schools? (Probe… e.g., what about the issue of substitution – to what extent, if any, was this a potential problem)?

- Could you tell me what you think was your greatest success when organising participation of schools in Limerick?

- If you were go through the recruitment process again, would you do anything differently?

- Have you spoken to any of the teachers/school principals since their completion of the TCM programme? (If so, probe as to their reported experiences)

- To what extent would you expect the findings of the research to ultimately change teacher practices throughout Ireland?

Collaborating with the NUIM team
- You worked closely with the NUIM team throughout the later stages of contacting schools. What was your experience of that?

- How do you think it would have worked if the recruitment of schools was carried out entirely by the research team rather than through Archways? **(Probe this if necessary – advantages vs. disadvantages)**

    - Do you have any knowledge as to how the research was perceived by the schools?

    - And what about your colleagues in Archways? How did they view the TCM research?

Anything else you would like to add?

Appendix 7. T-POT

School/Teacher: Child: Session/date: Coder: P / S

TEACHER	INDEX	GENERAL
Acknowledgement: (inc reflective and descriptives		
T Negative: (neg commnd, phys neg, crit, intrusion, warning)		
Positive (incl continuing activity)		
Negative		
T Praise Unlabelled (not specific/vague)		
T Praise Labelled (specific as to why pupil praised)		
T Positive: (Pos affect, when/then, phys pos, encouragement)		
Pos Response (incl continuing activity)		
Neg Response		
Problem Solving		
T Ignore (inappropriate beh)		
Question: (Command that requires a verbal response)		
No Opp		
Compliance (even if answer is incorrect)		
Noncompliance		
Indirect Command:		
No Opp		
Compliance	I.G.	
Noncompliance		
Direct Command:		
No Opp		
Compliance	I.G.	
Noncompliance		

	INDEX	GENERAL
Time Out Warning:		
No Opp		
Compliance		
Noncompliance		
T/O Deviant		TIME

CHILD BEHAVIOUR

	INDEX	PEER		
Aggression to Peer: **Verbal** (incl smart talk, teasing, tongue pulling)				
Physical (incl grab, hit, throw at, steal, snatching, pulling)				
Aggressive to T (verb & phys)				
Destructive (incl destroying, damage, self harm)				
Disruptive (crying, whining, yelling, being cheeky or insulting to more than 1 peer/class/self)				
Initiation to Peer (any neutral/positive approach, request)	I – P	P	– I	P - P
Pos Response				
Neg Response (incl ignoring)				
Positives: (incl pos affect verbal and non-verb and physical warmth)				
Off Task (I count initially, then 1 per min if not back on task within that min)				

NOTES:

Agree =   *Disagree* =   *Total* =   *Reliability* =

Appendix 8. Teacher Satisfaction Questionnaire

THE INCREDIBLE YEARS IRELAND STUDY

Teacher Satisfaction Questionnaire (Revised)

The following questionnaire is part of our evaluation of the *Teacher Classroom Management* (TCM) programme. Your co-operation is greatly appreciated. Please be assured that all the information/answers you give will be kept <u>strictly confidential</u>.

A. The Overall Programme

Please underline/ circle the response that best describes how you honestly feel about the Teacher Classroom Management Programme and its outcomes.

1. My initial expectations for obtaining good results from the TCM programme (i.e. prior to undertaking the training) were:

1	2	3	4	5
very pessimistic	pessimistic	neutral	optimistic	very optimistic

2. I feel that, with regard to managing classroom behaviour, the TCM programme is:

1	2	3	4	5
very inappropriate	inappropriate	neutral	appropriate	very appropriate

3. To what extent would you recommend the programme to another teacher?

1	2	3	4	5
not at all	a little	neutral	a good deal	very much so

4. How confident do you feel with regard to managing behaviour problems in your classroom?

1	2	3	4	5
not at all	a little	neutral	a good deal	very much so

5. My overall impression of the TCM programme is:

1	2	3	4	5
very negative	negative	neutral	positive	very positive

B. Techniques covered by the Teacher Classroom Management Programme

1. Which three elements of the TCM programme did you enjoy most, or were most beneficial to you?

_____
_____
_____
_____
_____
_____
_____

2. Was there any aspect of the TCM programme that you disliked, or found to be unhelpful? If so, please state below:

_____
_____
_____
_____
_____
_____
_____

3. Were there any techniques within the TCM programme that you found particularly difficult or challenging to use/ implement in practice (e.g. ignoring misbehaviour which is non-disruptive to the class, commenting on good behaviour etc.)? If so, please list each one below:

Technique 1 (please specify):

_____
_____

Technique 2 (please specify):

_____
_____

Technique 3 (please specify):

_____
_____

Please feel free to add more below:

_____
_____
_____
_____

4 Were there any techniques within the TCM programme that you found easy to implement in practice (e.g. ignoring misbehaviour which is non-disruptive to the class, commenting on good behaviour etc.)? If so, please list each one below:

Technique 1 (please specify):
_____
_____
Technique 2 (please specify):
_____
_____
Technique 3 (please specify):
_____
_____

Please feel free to add more below:
_____
_____
_____
_____

Lastly, have you any other comments?
_____
_____
_____
_____

Thank you for your time

Teacher Workshop Evaluation (Session _)

The following questions are part of an evaluation of the workshop in which you have participated.

<u>THE OVERALL WORKSHOP</u>

1. What part of the workshop was most helpful to you?

2. What did you like the most about the workshop?

3. What did you like the least about the workshop?

4. How could the workshop be improved?

<u>TEACHING/LEADER EVALUATION</u>

  1. *The leader's teaching and leadership skill was:*

Very poor   Below average   Average   Above average

  2. *The leader's knowledge was:*

Very poor   Below average   Average   Above average

  3. *The group discussion and interaction was:*

Very poor   Below average   Average   Above average

  4. *Use of videotape examples was:*

Unhelpful   Somewhat helpful   Helpful   Very helpful

  5. *The use of role-plays was:*

Unhelpful   Somewhat helpful   Helpful   Very helpful

  6. *The use of written handouts was:*

Unhelpful   Somewhat helpful   Helpful   Very helpful

Thank you for taking the time to complete this questionnaire.

Appendix 10. Teacher Information Sheet for Qualitative Interviews

NUI MAYNOOTH

THE INCREDIBLE YEARS IRELAND STUDY

Teacher Classroom Management Programme
Qualitative Interview

This sheet provides additional information on the Incredible Years Ireland *Teacher Classroom Management* Study that is being conducted at NUI Maynooth. During this part of the evaluation, a small number of teachers will be invited to take part in a brief, informal interview with a researcher. The information gathered during this part of the research is designed to provide us with teachers' experiences of problem behaviour in the classroom/ classroom management issues. Also we are interested in finding our more about teachers' expectations of the Incredible Years *Teacher Classroom Management* programme as well as their views of the programme, once completed.

In total, up to three relatively informal interviews will take place- one before the programme starts, one at six months following the programme, and one at twelve months following the programme. We will discuss issues that you have experienced when managing infant classes and your expectations around what the *Teacher Classroom Management* programme has to offer you. Once you have completed the programme you will be asked questions about your experience of participating in the programme and its usefulness in helping with managing problem classroom behaviour. If you agree to take part in the interview, it will last between 30-45 minutes. You will be given €20 for each interview (in addition to the €50 for your participation in the larger study) as a token of our gratitude for your time and co-operation with this research.

Interviews will be tape-recorded so that we can be sure of what teachers are saying. All information provided during the discussions will be treated with total confidentiality and your anonymity is guaranteed at all times, including within the final report. We would ask only that you could be as honest as possible in your responses.

You are free to withdraw from the study at any time (and/or withdraw your data) without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your right to access services provided by Archways or other support services in your area.

If you have any questions about the research, please contact Lynda Hyland on 087.9368730.

If you would like to take part in this research, please complete the consent form.

Appendix 11. Consent Forms

<div align="center">

THE INCREDIBLE YEARS RESEARCH STUDY

TEACHER CONSENT FORM

</div>

I (name) _____have read and understood the information sheet dated   _____for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study. I also give my permission for the trained researchers to come into my classroom in order to undertake observation work.

I understand that I can withdraw from the study (or withdraw my data) at any time and that my withdrawal will not affect my relationships within the school.

Signature of participant:_____

Date: _____

Signature of researcher _____

Date: _____

THE INCREDIBLE YEARS RESEARCH STUDY

SCHOOL PRINCIPAL CONSENT FORM

I (name) _____have read and understood the information sheet dated   _____for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study.

I understand that I can withdraw from the study (or withdraw my data) at any time and that my withdrawal will not affect my relationships within the school.

Signature of participant:_____

Date: _____

Signature of researcher _____

Date: _____

THE INCREDIBLE YEARS RESEARCH STUDY

TCM FACILITATOR/DEVELOPMENT MANAGER CONSENT FORM

I (name) _____ understand the information given to me regarding the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study.

I understand that I can withdraw from the study (or withdraw my data) at any time and that my withdrawal will not affect my relationships with my organisation.

Signature of participant:_____

Date: _____

Signature of researcher _____

Date: _____

Appendix 12. Teacher Information Sheet

THE INCREDIBLE YEARS RESEARCH STUDY

TEACHER INFORMATION SHEET

We would like to invite you to take part in an important research study. Before you decide whether or not you would like to take part, it is important for you to understand why the research is being done and what it will involve. Please take a few minutes to read carefully through the following information. Also, please ask us if there is anything that is not clear, or if you would like more information.

What is the purpose of this study?
Since 2003, the Clondalkin Partnership and more recently, its newly established organisation, Archways, have supported parents in the Dublin area through the Incredible Years (IY) program. The purpose of the IY program is to help support parents and teachers to manage children who are deemed to have emotional and behavioural difficulties.

NUI Maynooth has been commissioned to undertake a large, three-year research study of the Incredible Years program in Ireland (the Incredible Years Ireland Study) in order to see how it is working and how effective it is. As part of this research, we are now beginning to talk to teachers who have indicated that they would be interested in attending the Incredible Years Teacher Classroom Management programme. This is designed to support teachers in managing young pupils (aged 3-6 years) with emotional and behavioural difficulties. All participating teachers will be invited to attend a one-day training session per month during a five to six-month period. The training group will be led by a trained professional who will talk with teachers about ways in which they can help their pupils' development.

Why have I been asked to take part?
Your school Principal has expressed an interest in participating in the Incredible Years TCM programme and in taking part in the research that will be undertaken as part of this programme. This will involve only Junior and Senior Infants teachers. Discussions have already taken place, in this respect, with Archways representatives. We would now like to invite you formally to take part in the research.

Who has approved this study?
The study has received ethical approval from National University of Ireland at Maynooth Ethics Committee.

Do I have to take part?
No, you are under no obligation whatsoever to take part in the research. However, we hope that you will agree to take part and give us some of your time to complete a few short questionnaires. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time, as the research findings are

made publicly available. If you withdraw from the research part of the study, you can still carry on with the training.

If you are unable to complete the training course, we would still like you to remain part of the study (e.g. even if you move from the school) and to continue to assist the researcher. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships within the school.

What will happen to me if I take part?
Firstly, you will be offered a place on a teacher training session that will run at some stage during the next year. One Junior/Senior Infants teacher at your school will be given the opportunity to participate in training within the next few months; another training course for the second Junior/Senior Infants teacher at your school will then take place within approximately 6-12 months. A researcher will visit you at your school sometime before the training begins and then again, approximately 6 and 12 months after completion of training. At each visit, the researcher will ask you to complete a few brief questionnaires about how you have been managing. You will be told which of the two training groups you will be attending after the researcher has completed the first visit and collected the information provided by you.

An important part of the research involves observing a small number of children in the classroom as they interact with the teacher during 'unstructured' classes (e.g. art work). Each selected (or index) child must be observed for a full 15 minutes in order to obtain valid results. As there will be up to 12 index children in your class, it would be much easier for everyone if all children could be observed together if at all possible. Therefore, this will involve about three trained researchers being present in the classroom for approximately one morning; this will, of course, be arranged at a time that is convenient for you, although it must take place before you enter training and then again afterwards. The emphasis here is very much on the children's behaviour. In order to complete this part of the research, we are seeking your consent to allow the researchers into your classroom. We are also seeking the consent of parents/guardians to allow us to undertake the observation of the selected children.

All the information you provide will be kept at NUI Maynooth in such a way that it will not be possible to identify you. When the findings of this study are reported, information from participants will be reported as a group rather than as individuals.

How long will the whole process take?
Each initial visit by the researcher will last about 20-30 minutes.

Will my taking part in this research be kept confidential?
Yes, all information that is collected about you during the course of the research will be kept strictly confidential. No names will be identified at any time. All information will be held in a locked cabinet at the researchers' place of work and will be accessed only by the research team; no information will be distributed to any other unauthorised individual. If you so wish, the data that you provide can also be made available to you at your own discretion.

What will happen to the results of the research?
The research will be written up in report format and may be published in journals and presented at conferences. A copy of the research will be available upon completion.

Who do I contact if I have a question?
Please feel free to address any questions to Ms Lynda Hyland who is also available on the telephone to discuss the study with you (Tel: 087.9368730).

Alternatively, you may contact the Principal Investigator Dr Sinéad McGilloway, at 708 4765 (sinead.mcgilloway@nuim.ie), or the Deputy Principal Investigator Dr Anne Lodge (anne.lodge@nuim.ie), at 708 3742.

If you would like to take part in this research, please complete and detach the consent form overleaf.

If during your participation in this study, you feel that the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the National University of Ireland at Maynooth Ethics Committee at pgdean@nuim.ie or telephone (01) 708 6018. Please be assured that your concerns will be dealt with in a sensitive manner.

THANK YOU FOR TAKING THE TIME TO READ THIS.

Appendix 13. Classroom Observation Teacher Information Sheet

INFORMATION REGARDING CLASSROOM OBSERVATIONS

The classroom observations are an important part of the research, designed to look at interaction between the teacher and the children in their class. The observations are conducted to ascertain whether the Incredible Years Teacher Classroom Management Programme impacts upon the different ways in which teachers and their students interact. This is why we will visit schools before teachers attend the training programme, and again afterwards. This leaflet is designed to inform you as to how the classroom observation will proceed.

Prior to the observation all teachers will be consulted as to the daily timetable of subjects. Also they will be asked to provide information on how they sort out their classroom and group their class, as this may have an effect on the coding.

- Three trained researchers will come to the school at a pre-arranged time, and will be present in your classroom for approximately 60 minutes.

- Because the three researchers need to observe each of the twelve children for 15 minutes, the observation should take place when class time is continuous for at least 60 minutes, (i.e., no breaks during this time).

- The selected (index) children will be chosen for observation based upon the completed Strengths and Difficulties questionnaires, and for whom consent forms were signed and returned to the research team.

- So that the researchers will be able to identify the index children, name tags/ sticky labels should be on each child's lapel, or where the researchers can see them. (Note: These will be given to the teacher in advance by the researcher. All children in the class will have name tags/ sticky labels, but the index children's labels will be a different colour).

- The observation will be of the selected children, and their interaction with the teacher. Although they may be present at the time, classroom assistants/ special needs assistants will not be 'observed'.

- The observation should take place during structured classes (e.g., learning numbers and letters) where teacher and child interaction is maximised.

- During the observation there should be no television viewing by the class and no working at a computer.

- Teachers should carry on with their teaching in the way in which they would normally. The observation is conducted to test the Incredible Years Teacher Classroom Management Programme

- No interaction with observer whilst they are coding. Although it may seem strange, please ignore the researchers and act as though they are not there whilst they are coding!

- After each 15 minute segment, the researchers will observe the next index child. This may necessitate their moving around in the class, but will be done as quietly as possible, so as not to disturb the children or teacher.

- If, for any reason, the teacher feels that the class must be paused during the observation (e.g., a child is sick, the fire alarm sounds, or one of the index children needs to leave the room), please indicate to one of the researchers. If this is a brief interruption, the observation may continue once normal classroom activity resumes. However, if there is a major interruption, the researcher will consult with the teacher, as to when would be an appropriate time to reschedule the observation.

- If an index child is absent on the day of the scheduled observation, the rest of the index children can still be observed. A researcher can return to the school (time to be arranged with the teacher) to observe the absent child.

If you have any concerns questions or that you feel are not answered in this leaflet, please contact Lynda Hyland who is available on the telephone to discuss them with you (Tel: 087.9368730).

THANK YOU FOR TAKING THE TIME TO READ THIS.

Appendix 14. Researcher Declaration Form

Confidential

STAFF AND VOLUNTEER DECLARATION FOR THOSE WORKING WITH CHILDREN/ YOUNG PEOPLE

(Adopted from *Our Duty to Care,* (2002), Department of Health and Children, Northern Ireland*)*

Family Name/ Surname: _____

Forename: _____

Date of Birth: ___/___/___

Place of Birth: _____

Have you ever been convicted of a criminal offence or been the subject of a caution or of a Bound Over Order?

Yes ☐   No ☐

If you answered yes, please state below the nature and date(s) of the offence(s):

Nature of offence:
_____
_____
_____

Date of offence: ___/___/___

I have declared (above) any past criminal convictions or cases pending against me.
I further declare that that there is no reason why it would be unsuitable for me to work with young people.

Signed:

_____

Date: ___/___/___

Appendix 15. Teacher Classroom Management Research Process

Teacher Classroom Management Research Process

Researcher(s) contact and visit schools **(November 2008).** Some questionnaires will be completed with the researcher. Teachers will be given other questionnaires to complete on their own.

⬇

Teachers have 1 week in which to complete Strengths and Difficulties Questionnaire (SDQ) for all children in the class

⬇ ⬇

Collection of SDQs by the researchers   ➔   1:1 interview with some teachers (approx 45mins)

⬇

Researchers identify and inform teachers of the children selected for the study

⬇

Teachers send information sheet and consent form to parents/ guardians of these children

⬇ ⬇ ⬆

Consent obtained

No consent/ Forms not returned
Researchers provide the name of the next child on the list. Follow step above.

⬇

Teachers complete Conners Questionnaire <u>for selected children who have given consent only</u>. Teachers send Information Letter to parents/ guardians of all other children

⬇

Classroom observation session (during structured class time)
Completed Conners Questionnaires collected

⬇

Teachers randomly assigned to intervention/ control groups

⬇ ⬇

Intervention teachers begin the programme in **January 2009**

Control group teachers begin the programme in **September 2009**

⬇

May/June 2009
Completion of follow-up questionnaires and second classroom observation (Intervention and control teachers)   ➔   **December 2009**

Follow-up teachers who began training in January 2009

Appendix 16. Ethical Approval

NATIONAL UNIVERSITY OF IRELAND, MAYNOOTH
MAYNOOTH, CO. KILDARE, IRELAND

NUI MAYNOOTH
Ollscoil na hÉireann Má Nuad

RESEARCH & GRADUATE STUDIES
Professor Ray O'Neill
Vice-President for Research

Ms. Linda Hyland
Room 67, 1st floor
Rhetoric Annex
NUI Maynooth

03 November 2008

RE: Application for Ethical Approval for a project entitled:
The Incredible Years Classroom Management Training Programme in Ireland: A
process evaluation and observational assessment of teacher-pupil outcomes.

Dear Linda,

The Ethics Committee evaluated the above project for ethical approval and we would like
to inform you that ethical approval has been granted.

Sincerely,

Professor Ray O'Neill
Vice- President for Research and Graduate Studies and Chair of NUI Maynooth Ethics
Committee

cc. Dr. Sinead McGilloway

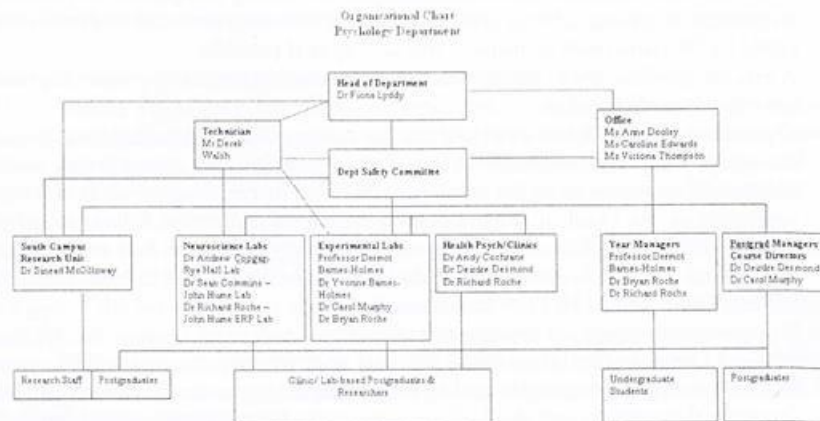## GUIDANCE FOR SAFE WORKING PRACTICE IN PSYCHOLOGICAL RESEARCH

Staff members with responsibility for particular units/laboratories are shown in the chart below:

Organisational Chart
Psychology Department

5. GUIDELINES FOR CONDUCTING RESEARCH WITH HUMAN PARTICIPANTS

This document has been devised in order to provide detailed safety guidance to staff and students when conducting psychological research with human participants. The staff members in the Department recognise that the personal safety and health of students and other researchers/staff members should be protected at all times when conducting research. Therefore, it is important that staff and students conducting research within or outside the Department of Psychology read and follow these guidelines. **NB.** **All postgraduate students and visiting postgraduate students are also required to complete and return the Declaration section at the end of this document to the Departmental Office.** Please note that you will be unable to begin or continue your research if you fail to complete this declaration, or if it becomes clear that you are (or have been at any stage) in breach of these guidelines. All postgraduate students and researchers working in the department must ensure they are familiar with the guidance for safe working practice in psychological research guidelines. Please also consult the University Safety Policy Statement which is appended.

5.1 WORKING GENERALLY WITHIN THE DEPARTMENT

Under most circumstances, the assessment or testing of human participants proceeds without incident. However, occasional difficulties may arise and it is imperative, therefore, that these guidelines are read and followed by all students and staff.

- Supervisors MUST provide a list of visiting researchers to the departmental office.
- If you are interviewing, assessing or testing a participant in the department, please ensure that you have a landline telephone number (or at the very least a mobile number) and address for them before they come in. <u>Please telephone in advance to confirm that this is a correct number.</u> Ensure that this is filed in a place known to your supervisor or to a colleague.
- Make sure that someone knows: (a) that you are seeing this person; (b) where the assessment or testing is being conducted; and (c) when you are due to finish. Please introduce the participant by name to this colleague if possible.
- Wherever possible, try to ensure that you are seated nearest to the door. If possible, leave the door slightly ajar.
- If you have any doubts or worries about the prospective participant, please terminate the session immediately and inform your supervisor. In some cases, it may be better to leave the room and to let the participant finish while reporting the difficulty to your supervisor or the Head of Department. Please ensure that you inform all of these people of the difficulties after the event. If, at any time, you feel *under physical threat*, find a plausible excuse, *leave the room immediately* and call security on *Ext. 3589/3929 (01 708 3589/3929 from a mobile)*.
- If a participant faints, or becomes visibly ill or distressed, contact the University Medical Centre immediately (Ext.3878) and report to departmental office or phone Ext.3333 for campus emergencies. In some situations, you should take care to screen for medical conditions and check if any participants have epilepsy as a seizure may be triggered by a visually demanding or flickering computer screen. Consult the appended University document containing first aider details and instructions regarding medical emergencies.
- Testing should not take place outside of departmental office hours i.e. Mon to Fri 9a.m. to 5p.m.
- Should you see anyone in the building whom you regard as behaving suspiciously, or in the department whom you do not recognise, do not confront, but phone security on *Ext. 3589/3929* and seek assistance/advice from any available source.
- Please note that prospective participants have not been 'vetted' and that people recruited from posters on campus may not necessarily be students. Therefore, you must be aware of the pitfalls of handing out a **personal mobile phone number.** A safer alternative might be to recruit using a temporary email account, e.g., readingstudy@hotmail.com. Researchers should report any cases of inappropriate or persistent calls or contact from participants to their supervisor and Head of Department.
- If any participant asks for help or advice for psychological or other problems, please state firmly that it is not appropriate for you to give such advice because you are not qualified to do so, and direct them to their GP, or to their local A&E department.

5.2   CONDUCTING ASSESSMENTS OR INTERVIEWS OUTSIDE THE DEPARTMENT

The Head of Department must ensure that those appointed to undertake fieldwork are authorised, adequately trained and judged to be sufficiently competent to do so. The supervisor must inform the Head of Department of those undertaking fieldwork and their

training requirements. However, the supervisor is primarily responsible for assessing the level of risk involved and implementing safe systems of work. With regard to the latter, the following guidelines must be adhered to at all times by students and staff.

Where possible, the research should be conducted in a convenient and preferably quiet public place (e.g. a quiet café/restaurant or a hotel lobby). Supervisors should ensure that undergraduates do not test participants who are not known to them outside the department in non-public places. For postgraduates and research staff, the following precautions must be taken when *making a home visit*:

- Staff/students must always carry a charged mobile phone.
- There should be a clear 'checking-in' procedure with the supervisor, or another member of staff or colleague where appropriate (this includes postdoctoral fellows) when undertaking a home visit. The designated contact person must have a record of the time of the visit, the name and address, and the telephone number. They must also know the mobile phone number of the researcher.
- All students and staff should carry photographic ID that clearly indicates their status and affiliation. This should be shown before entering anyone's home.
- As part of the introduction to the participant, the researcher should say '*I just have to call my supervisor (or another staff member or colleague who can be available at the time)*. The researcher should then ring the designated staff member, or available colleague, in the presence of the participant and say: 'I'm in xxxx's house, and will be finished at approximately xx'.
- If a researcher fails to ring the designated person at the appointed time, that person should immediately try to make contact with him/her. If unsuccessful, a member of staff should be contacted and/or, where appropriate, the relevant emergency services phoned.
- If you have any doubts or worries about the prospective participant, please terminate the session immediately and find a plausible excuse to leave. You should inform your supervisor as soon as possible afterwards. If, at any time, you feel under *physical threat*, find an excuse to leave the room immediately and call the appropriate services. Try not to panic – if you stay calm, you will be more able to think clearly and stay safe.
- A personal alarm should be carried at all times and the relevant services contacted in the event of an emergency. Some personal alarms are available within the department. Please contact your supervisor if you require one.
- See the leaflet entitled '*Working Safely in other People's Homes*' published by the Suzy Lamplugh trust (see Appendix 2).
- If any participant asks for help or advice for psychological or other problems, please state that it would not be appropriate for you to provide such help because you are not qualified to do so. Instead, direct them to their GP, or to the A&E department at their local hospital. In specific projects, it may also be advisable to provide some or all participants with information leaflets and help line numbers etc. (e.g. of mental health support organisations).

5.2.1 Further guidelines for assessing patient participants and other vulnerable groups (e.g. people with mental health problems)

- Patients should be well briefed about what to expect of the session before the visit in question.
- A first home visit by staff or students to participants with a brain injury or mental health problem MUST always be made by two people.
- All patient participants must be provided with an Information Sheet which should, where possible, be distributed to them and their families at least 48 hours before the first visit.
- In general, patient participants should not be tested, or be required to complete questionnaires or engage in any other research activity for more than one hour without a break. A maximum of two 60-minute sessions in any one day is a reasonable guideline, although there are exceptions where people have travelled a long distance.
- People who have had a stroke, or who are terminally ill (or have some other illness or disability) may often develop pain and discomfort when, for instance, being asked to stare for long periods at a computer screen, or when asked to complete lengthy questionnaires or interviews. Therefore, they should be frequently monitored for pain and discomfort, and testing/assessment stopped if necessary.

5.2.2 A brief note on research with children: protecting their safety

This section deals with issues of safety when conducting research with children. The Department recognises that it has a duty of care to children with whom it is in contact for research purposes. Ethical guidelines on conducting research with children may be obtained from the departmental office.

- It is important to make clear and documented plans for data collection. Records should be kept of arrangements made with parents/guardians, teachers and schools. Records of written permission should be retained.
- A parent/guardian or school teacher/principal must be present at all times.

NB. For further information on personal safety when dealing with human participants, please refer to the departmental copy of *Personal Safety for Health Care Workers* (1995) by P. Bibby (Ashgate: Suzy Lamplugh Trust). (In particular, see Chapters 14-16). A copy of *Lone Working* (2005) (Ashgate: Suzy Lamplugh Trust) is also available from the departmental office.

5.3 Guidelines for conducting electrophysiological research with human participants (EEG/ERP)

All personnel working with EEG/ERP may do so only after they have received adequate training in the use of electrophysiological techniques, either at NUIM, or one of the collaborating institutions of the Department of Psychology (e.g. TCD, St. Vincent's Hospital, Fairview, Nathan Kline Institute, NY). New postgraduates and all undergraduates may only carry out electrophysiological data acquisition in the presence of a trained postgraduate student, trained postdoctoral researcher, or staff member with

Appendix 18. COREQ Checklist

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Domain 1: Research team and reflexivity
Personal Characteristics

Which author/s conducted the interview or focus group?

1. Interviewer

Lynda Hyland

What were the researcher's credentials?

2. Credentials

M.Sc. (Health Psychology), B.A. (Hons.) Psychology

What was their occupation at the time of the study?

3. Occupation

Doctoral Fellow, NUIM/ Project lead (TCM trial)

Was the researcher male or female?

4. Gender

Female

What experience or training did the researcher have?

5. Experience and training

An academic background in psychology, with prior training in trauma counselling/interview techniques, qualitative and quantitative research.

Relationship with participants

Was a relationship established prior to study commencement?

6. Relationship established

Yes, informally via information meetings in schools with teachers and school principals. With Archways staff through numerous meetings prior to data collection.

What did the participants know about the researcher?

7. Participant knowledge of the interviewer

No participant had any prior knowledge of the researcher. However, all participants were informed that the researcher was collecting data for the purposes of PhD research.

What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic

8. Interviewer characteristics

No biases were reported about the researcher, by participants. The researcher engaged in an ongoing process of reflexivity throughout data collection and write-up, and this is discussed in detail in chapter 5.

Domain 2: study design

Theoretical framework

What methodological orientation was stated to underpin the study?

9. Methodological orientation and Theory

A pragmatic mixed method approach. In relation to qualitative data, Framework analysis was used.

Participant selection

How were participants selected?

10. Sampling

With teachers, in the initial selection stage, (and with principals) purposive sampling was used.
At later data collection time points, convenience sampling was used, based upon participant willingness.

11.	**Method of approach**	How were participants approached?
		All participants were approached face to face.
12.	**Sample size**	How many participants were in the study?
		In total, 23 participants were interviewed for the current study.
13.	**Non-participation**	How many people refused to participate or dropped out? Reasons?
		Initially, all teachers were provided with information regarding the process evaluation sub-study, and were asked to register interest in participation. 12 teachers were approached to participate, and of these 10 agreed. Reasons for non-participation stemmed primarily from timings of interviews (after the school day), and from teacher reluctance to be audio-taped. No participants subsequently dropped out.

Setting

		Where was the data collected?
14.	**Setting of data collection**	*Teachers' and principals' data were collected on school premises. Interviews with two of Archways staff members were held in their organisation's premises. One interview with a programme facilitator was held in a school in Dublin.*
15.	**Presence of non-participants**	Was anyone else present besides the participants and researchers?
		No.
16.	**Description of sample**	What are the important characteristics of the sample?
		All teachers in the sample were participating in the Incredible Years Ireland Study TCM trial which ran from 2008-2010.

Data collection

17.	**Interview guide**	Were questions, prompts, guides provided by the authors? Was it pilot tested?
		Prompts were provided by researcher, where needed. The interviews were not piloted, but were circulated for feedback prior to data collection.
18.	**Repeat interviews**	Were repeat interviews carried out? If yes, how many?
		No repeat interviews were conducted, although nine teachers were interviewed at follow-up time points (with different interview content).
19.	**Audio/visual recording**	Did the research use audio or visual recording to collect the data?
		Audio recording was used.
20.	**Field notes**	Were field notes made during and/or after the interview or focus group?
		Yes, both during and immediately after each interview.
21.	**Duration**	What was the duration of the interviews or focus group?
		Interviews varied in duration from 30 to 70 minutes.
22.	**Data saturation**	Was data saturation discussed?
		Data saturation was discussed in the write-up.

Were transcripts returned to participants for comment and/or correction?

23.	**Transcripts returned**	*No. However, participants were informed of their right to pause the recording prior to answering any questions, and that they could change/restate their responses during the interviews, if they wished.*

Domain 3: analysis and findings

Data analysis

How many data coders coded the data?

24.	**Number of data coders**	*Only the researcher coded the data; however, a small sample was shown to a second coder, to enhance credibility of findings.*
25.	**Description of the coding tree**	Did authors provide a description of the coding tree? *Yes, in the method chapter, and a sample was provided (as an appendix)*
26.	**Derivation of themes**	Were themes identified in advance or derived from the data? *Both, as this is a key feature of Framework analysis.*
27.	**Software**	What software, if applicable, was used to manage the data? *MAXQDA was initially used as a means of facilitating data storage/analysis. However, data were subsequently stored using Microsoft Excel*
28.	**Participant checking**	Did participants provide feedback on the findings? *No. It was decided that to avoid potentially influencing later data collection (both RCT and process evaluation) that respondent validation would not be used.*

Reporting

29.	**Quotations presented**	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.*g. participant number* *Yes, quotations were used to illustrate the identified themes, with each quotation linked to a specific participant via an identification number.*
30.	**Data and findings consistent**	Was there consistency between the data presented and the findings? *Yes. The process of analysis allows for confirmability of analysis and can illustrate consistency between the data and the findings.*
31.	**Clarity of major themes**	Were major themes clearly presented in the findings? *Major themes were clearly presented, supported by quotations and by discussion of the number of participants who provided related information.*
32.	**Clarity of minor themes**	Is there a description of diverse cases or discussion of minor themes? *Yes, in cases where even one or two participants noted dissimilar opinions/experiences, these are highlighted and discussed.*

Appendix 19. List of publications and presentations

Peer-reviewed publications:

Hyland, L. A., NiMhaille, G., McGilloway, S. & Lodge, A. Emotional and behavioural difficulties in young, school-going children: A screening study of Irish primary schools (In submission to *School Psychology International*).

Hyland, L. A., McGilloway, S., & Lodge, A. (2012). Coping with behavioural difficulties in the Irish primary school classroom: An investigation of teachers' experiences. In: F. Doyran (Ed) *Research on teacher education and training*. Athens: Athens Institute for Education and Research.

Hyland, L. A., & McGilloway, S. (2011). Positive classrooms, positive children. *InTouch. 120*, 46-47.

McGilloway, S., Hyland, L. A., Ní Mháille, G., Lodge, A., O'Neill, D., Kelly, P., Leckey, Y., Bywater, T., Comiskey, C. & Donnelly, M. (2010). *'Positive classrooms, positive children'. A Randomised Controlled Trial to investigate the effectiveness of the Incredible Years Teacher Classroom Management programme in an Irish context*. Dublin: Archways.

Papers planned or in preparation:

Hyland, L. A. (in preparation). *Primary school principals and behaviour management: A qualitative study (working title).*

Hyland, L. A. (in preparation). *Delivering the Incredible Years Teacher Classroom Management Programme: Experiences of group leaders (working title)*

Presentations:

Hyland, L. A., McGilloway, S., & Lodge, A. (March, 2013). *Socioeconomic disadvantage and the management of Irish primary schools: A qualitative sub-study*. Oral presentation at a The First National Conference of Applied Psychological Research in UAE. Middlesex University Dubai.

Hyland, L. A., McGilloway, S., & Lodge, A. (November, 2011). *The Incredible Years Teacher Classroom Management Programme: A randomised controlled trial*. Oral presentation at a faculty research seminar series. Middlesex University Dubai.

Hyland, L. A., McGilloway, S., & Lodge, A. (March, 2011). *The Incredible Years Teacher Classroom Management research process*. Church of Ireland College of Education, Dublin.

Hyland, L. A., McGilloway, S. & Lodge, A. (September, 2010). *Examining the impact of the Incredible Years Teacher Classroom Management programme on the experiences of primary school teachers: A qualitative analysis*- Society for Social Medicine Annual Scientific Meeting, Queens University Belfast.

Hyland, L.A., McGilloway, S., & Lodge, A. (July, 2010). *Confident teachers and positive children: A qualitative study on the long-terms effects of an intervention to improve management of disruptive behaviours in Irish classrooms*. Oral presentation of PhD findings at the International School Psychology Association conference, 2010. (Trinity College, Dublin).

Hyland, L. A., McGilloway, S., & Lodge, A. (July, 2010). *Emotional and behavioural difficulty in young, school-going Irish children: An exploratory analysis of junior classrooms*. Oral presentation given the at the International School Psychology Association conference, 2010. (Trinity College, Dublin).

Hyland, L. A., McGilloway, S., & Lodge, A. (May, 2010). *Exploring primary school teachers' experiences of managing challenging classroom behaviour: The Incredible Years Ireland Study*. Oral presentation of PhD findings at the Athens Institute for Education and Research 'Education Conference', 2010. (Athens, Greece).

Hyland, L. A., McGilloway, S., & Lodge, A. (April, 2010). *The Impact of a Classroom Management Programme on the Experiences of Teachers: A qualitative study*. Oral presentation of PhD research at the British Psychological Society annual conference 2010, (Stratford-Upon Avon, UK).

Positive classrooms, Positive children

A Randomised Controlled Trial to investigate the effectiveness of
the *Incredible Years Teacher Classroom Management*
programme in an Irish context (short-term outcomes)

Sinéad McGilloway, Lynda Hyland, Gráinne Ní Mháille, Anne Lodge, Donal O'Neill, Paul Kelly,
Yvonne Leckey, Tracey Bywater, Catherine Comiskey and Michael Donnelly

SUMMARY REPORT

Archways
Changing behaviour at home and at school

NUI MAYNOOTH

Positive classrooms, Positive children

A Randomised Controlled Trial to investigate the effectiveness of
the *Incredible Years Teacher Classroom Management* programme
in an Irish context (Short-Term Outcomes)

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Contents

Acknowledgements

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www.iyirelandstudy.ie

Executive Summary

Background

This summary report presents the key short-term findings from a large-scale, independent evaluation of the effectiveness of the Webster-Stratton *Incredible Years Teacher Classroom Management (TCM)* programme - a classroom-based intervention designed to reduce conduct problems and promote children's pro-social behaviour by strengthening teacher classroom management strategies. The evaluation involved a clustered Randomised Controlled Trial (RCT) to examine the impact of the TCM programme on teacher behaviour and the classroom environment. Two related studies were conducted in parallel: (i) a qualitative study involving one-to-one interviews with teachers; and (ii) an assessment of the costs of the programme.

Methods and Design

Eleven schools (in the Limerick area), 22 teachers and 217 children (aged 4 to 7 years) from Junior and Senior Infant classrooms took part in the research. One teacher (and their class) from each school was randomly allocated to an intervention group (i.e. to receive the TCM programme), or to a waiting-list control group. Questionnaire data and extensive 'live' observations of teachers and selected children in the classroom were used to provide a detailed assessment of teacher and child behaviour at baseline (i.e. prior to the intervention) and six months post-baseline. In addition, a series of qualitative interviews was conducted with a small sample of teacher participants (n=11), the main aim of which was to elicit views and experiences of the programme. Key outcomes were combined with data on the costs of the programme in order to assess its overall cost-effectiveness.

The Intervention

The Incredible Years (IY) TCM programme is a group-based intervention guided by the principles of behavioural and social-learning theory. Teacher training was delivered by two trained facilitators (with backgrounds in education and psychology) for one day per month for a five-month period, using videotape modelling, role plays and discussions to promote positive behaviour and participation, to decrease classroom aggression/hostility and to set clear classroom rules. A month-long interval between each teacher training day provided teachers with an opportunity to implement the new classroom management strategies that they had learned and to carry out classroom assignments.

Results

The main study - The experimental test of the Incredible Years TCM programme:

A substantial proportion of children (26%) showed significant social, emotional and behavioural difficulties at baseline. Statistical analyses indicated that the teachers who had taken part in training, were using significantly fewer negative classroom management strategies (e.g. fewer warnings and threats, less shouting) whilst their self-reported frequency of use and perceived usefulness of positive classroom management strategies (e.g. modelling good behaviour) had also increased significantly. A number of significant differences in child behaviour also emerged between the intervention and control groups, including a significant decrease in emotional symptoms in the intervention group.

Conduct problems and total behavioural difficulties among children in the intervention group also decreased when compared to the controls, although these fell short of statistical significance. Further sub-group analyses suggested that those children who were most 'at risk', derived the most benefit from the programme.

Study 2 - The qualitative study of teachers' experiences:

A series of one-to-one interviews with teachers, highlighted firstly, the difficulties inherent in managing conduct problems in the classroom and, secondly, the benefits of TCM training in this respect. Overall, teachers found the principles of the TCM programme to be effective and easy to implement, and children responded well to the strategies. Teachers also reported significant benefits of the intervention on their overall levels of stress, as well as classroom management and home-school collaboration. They felt that TCM training had led to an improvement in classroom atmosphere and a reduction in disruptive behaviour in the classroom.

Study 3 - The cost analysis:

The estimated cost of delivering the TCM programme was €2012.92 per teacher, whilst the average cost per child was €100.65. Further analysis indicated that it would cost €52.97 to effect a one-point change in the SDQ score for a given child. These findings demonstrate that the costs of implementing the IY TCM programme are very modest when compared to other popular education-based programmes.

Conclusion

The findings point toward the overall utility and cost-effectiveness of the IY TCM programme in an Irish context. The programme led to improvements in the classroom environment, including a reduction in teacher reported stress and negative classroom management strategies, as well as fewer incidences of disruptive behaviour amongst pupils in the classroom. Some improvements were also seen in teacher reports of social, emotional and behavioural difficulties in the intervention group children when compared to their control group counterparts including, in particular, a significant reduction in emotional symptoms. Teacher reports also underline the acceptability and benefits of the programme to teachers and possibly other staff within the Irish education system.

It is important to note that these results are based on a six-month pre-post intervention period, during which time the teachers were still receiving the training. This may have limited, to some extent, the opportunity available to teachers to *fully* implement everything that they had learned from the programme during this relatively short period, whilst universal changes in child behaviour may also have required a longer period of time to materialise. Nonetheless, it is notable that a number of positive changes in child and teacher behaviour were achieved and that the nature of the teacher-child relationships amongst the intervention group teachers, appear to have changed positively within a short period of time. Overall, the collective findings from this research are encouraging and have important implications for educational policy and practice in Ireland (and elsewhere) (*Box 1*).

Box 1: Summary of Key Findings and their Implications

Key findings

Our results demonstrate that the IY TCM programme:

- significantly improves teacher competencies and their management of disruptive behaviours in the classroom.
- benefits pupil behaviour and socio-emotional adjustment, particularly for those children considered to be most 'at risk'.
- facilitates a more positive social and academic environment for teachers and children.

Overall, teachers, classrooms and schools can play an important role in promoting the social and emotional development of children. The findings reported here have significant implications for educational practice and policies, both in Ireland and elsewhere.

Implications of the research

For teachers and schools…

- Irish teachers were highly satisfied with the IY TCM programme and would readily recommend the programme to other teachers. This is important because anecdotal evidence suggests that teachers often find that the implementation of these types of programmes, impacts negatively on their workload and with little, if any, tangible benefits.
- Teacher participants felt that the IY TCM programme helped to create more relaxed, manageable and positive classroom environments and a better learning experience for children.
- The implementation of the IY TCM training in the early school years can help to promote children's social and emotional development and prevent the onset of negative and aggressive behaviours.
- TCM training can provide teachers with an opportunity for professional development and augment reflective teaching practices. These factors can help to strengthen the teaching and learning environment in Irish schools, whilst also potentially averting, or minimising teacher burnout and stress.
- There was also an indication, from some of our qualitative findings, that the programme promotes better home-school collaboration, thereby contributing toward more effective shared learning between parents and teachers.
- Ultimately, this programme may help to bring about positive changes in children's academic abilities, whilst reducing the risk of early school leaving and maladjustment in the longer term.

For policy-makers...

- A child-centred approach in Irish infant classes is needed in order to address some of the kinds of emotional and behavioural challenges that tend to characterise many contemporary classrooms.
- Adequate practical training in classroom management, as recommended by the OECD (2009), is important for those who work with young children in Ireland. Currently, teachers who work with young children receive little classroom management training. The IY TCM programme can help to address this important gap in provision.
- The TCM programme can provide a cost-effective means of improving the learning environment and young children's experiences of early education, whilst also being highly acceptable to the teachers who take part in the training.

For researchers…

- The long-term outcomes of classroom-based interventions for teachers and children and the extent to which these kinds of interventions can facilitate the transferability of positive behaviour across different environments, should be assessed in future research.
- The combination of classroom-based intervention with child training and/ or parent training may further help to promote and foster positive child outcomes. Future research should explore how psychosocial interventions can be used most effectively in 'real world' settings to better manage and prevent emotional and behavioural difficulties in childhood.

Background: What is the study about?

Conduct problems in school

Academic and social success in school is an important prerequisite for positive developmental outcomes and healthy adjustment in later life (e.g. Hayes & Kernan, 2001). Conversely, child conduct problems in an educational context are associated with academic underachievement, poor attendance and disengagement from school, school failure and early school leaving (e.g. Knitzer, 1993). Children with these problems are also much more likely to have greater difficulty in establishing and maintaining positive relationships with their peers and are at increased risk of depression and low self-esteem (de Boos & Prins, 2007). In the classroom, such children may be frequently 'off-task' and may show aggression towards others, or refuse to co-operate, all of which can adversely affect their own learning as well as the learning of others around them (Irish National Teachers Organisation (INTO), 2004).

The disruptive behaviour of a minority of children with conduct problems may also have a negative effect on school 'climate' and may impinge on the rights of other children to an education and the rights of teachers to educate children in their care (INTO, 2005). High levels of disruptive behaviour in the classroom may also negatively impact upon teachers' job satisfaction (Nelson et al., 2001), whilst increasing stress (Greene et al., 2002) and the likelihood of burnout (Brouwers & Tomic, 2000). Furthermore, teachers often feel ill-equipped to deal with challenging behaviour in the classroom (Webster-Stratton & Taylor, 2001; Shernoff & Kratochvill, 2007). Indeed, there is growing recognition of the increase in discipline problems within school settings and teachers in Ireland (and possibly elsewhere) are now facing increasing demands on their role as educators.

Classroom management has been identified by the Department of Education and Science (DES, 2006) in Ireland as a key element of teaching, and the importance of positive teacher-child relationships in the development of 'positive school cultures' and an optimal classroom learning environment have also been recognised (Hamre & Pianta, 2001). The promotion and reinforcement of teachers' capacities to create and sustain positive classroom environments by means of professional training, should allow them to effectively manage and minimise disruptive behaviour and make their classrooms better, more productive and less stressful places to teach and learn. The provision of such training may also help teachers to foster positive socioemotional and behavioural well-being amongst the children in their class.

Teacher Classroom Management training

Teachers are well placed to create the conditions that support and foster positive development and learning, whilst providing an emotionally secure and safe environment that prevents and reduces aggressive behaviour (National Institute for Health and Clinical Excellence (NICE), 2008). However, teachers with poor classroom management skills tend to have higher levels of aggression and peer rejection in their classrooms which may, in turn, impede the development of appropriate self-regulatory and behavioural skills (Webster-Stratton & Reid, 2008). Existing research indicates that well designed classroom management training interventions can help teachers to develop their skills for tackling behavioural problems and for promoting pro-social behaviour, thereby

improving both the general classroom environment and individual student behaviour (Kellam et al., 1998; Raver et al., 2008; NICE, 2008; Kellam et al., 2008). Indeed, the provision of teacher classroom management training has been shown to result in more substantial improvements in child behaviour when compared to social skills training (Webster-Stratton & Taylor, 2001). Accordingly, intervention strategies that support teachers may be important in preventing negative developmental outcomes, whilst also potentially reducing the need for special education resources (Jennings & Greenberg, 2009).

The current study evaluated the effectiveness of a well known teacher classroom management intervention called *The Incredible Years (IY) Teacher Classroom Management (TCM)* programme (Webster-Stratton & Reid, 1999). This was developed to provide teachers with appropriate strategies and skills to effectively manage pupil behaviour within the classroom. The TCM programme is a group-based programme which consists of five one-day training sessions, each of which is delivered monthly. Videotape modelling, role plays and discussions are used to help teachers promote pro-social behaviour in their pupils and reduce undesirable and aggressive behaviour through the use of praise, encouragement and motivation through incentives. Teachers are encouraged to establish more positive relationships with pupils and to facilitate peer-to-peer bonding. The programme also aims to encourage teachers to collaborate with parents and promote parent involvement in school (Webster-Stratton et al., 2008). The few evaluations of the IY TCM programme completed to date, support the effectiveness of the intervention in improving child behaviour, classroom environment and teacher skills across several different cultural contexts (Webster-Stratton

& Reid, 2003; Webster-Stratton et al., 2004; Hutchings et al., 2007; Baker-Henningham et al., 2009).

The Incredible Years Ireland Study:
An Overview

The Incredible Years Ireland Study involves a comprehensive and meth-odologically rigorous, community-based evaluation of the effectiveness of different elements of the IY suite of programmes. The first findings from this study, based on the short-term outcomes from an experimen-tal study of the *Incredible Years BASIC Parent Training* programme, were produced in September 2009 (McGilloway et al., 2009a; McGilloway et al, 2009b) and further findings will become available as the study progresses. The study reported here, focuses on the second element or phase of the evaluation, the IY *Teacher Classroom Management* (TCM) programme. Both of these evaluations involved several sub-studies which were undertaken in parallel to examine the processes by which the different programmes work (i.e. the process evaluation), as well their cost effectiveness (i.e. the economic evaluation). A third phase of the *Incredible Years Ireland Study* involving an evaluation of two of the IY programmes, is currently under consideration.

Aims and objectives of the current study: The iy tcm programme

This report presents a summary of the second set of key findings to emerge from the *Incredible Years Ireland Study*. This second phase of the study was undertaken to assess the overall effectiveness and cost-effectiveness of the IY TCM programme in an Irish context. The findings focus on short-term (six-month) outcomes of the programme and provide useful insights into the impact of TCM training on both teacher classroom management behaviour and child behaviour. The longer-term (12-month) findings from this study will be reported at a later date; these will focus on the extent to which teacher 'learning' and strategies have generalised to new classrooms.

The specific research questions addressed in this study were as follows:

- Does the *Incredible Years Teacher Classroom Management (TCM)* programme improve teacher classroom management competencies and provide teachers with the appropriate skills to manage challenging behaviour?

- To what extent does the TCM programme improve child behaviour in the classroom?

- To what extent do outcomes for teachers and children change over time?

- What are the experiences of teachers and which factors facilitate or inhibit the effective implementation of the programme?

- How cost-effective is the programme?

Three separate, but interrelated studies were undertaken to address the above questions including: the main experimental study or Randomised Controlled Trial (RCT); a qualitative study involving interviews with teachers who took part in the RCT; and a third study involving a cost analysis. Each of these is outlined briefly below.

Study Design

The main study: The experimental evaluation of the Incredible Years Teacher Classroom Management programme
First, we present key findings from an RCT evaluation of the effects of the TCM training programme on teacher management strategies and on the behaviour of children (aged 4-7 years) in the classroom.

Study 2: The qualitative sub-study
This part of the study assessed teachers' views of managing conduct problems in the classroom, in general, as well as the teacher-perceived effectiveness and acceptability of the IY TCM programme in an Irish context.

Study 3: The cost analysis
The cost analysis explored the cost-effectiveness of the IY TCM programme. The costs of various elements of the programme were computed and the total costs compared to international education-based programmes.

Testing the benefits of the tcm programme in Ireland:
An Experimental Study (rct)

How was the experiment conducted?

Participants and settings

Eleven schools and a total of 22 teachers (two teachers from each school) agreed to take part in the trial. The schools participating in this research were located in Limerick city (n=8), or within an approximate 30-mile radius of the city (n=3). Seven schools were designated as 'disadvantaged'.[1] At the time of recruitment, the teachers had been assigned to either a Junior or Senior Infant class. Most participants (n=15) were aged 25 to 34 years. They had, on average, 9 years' teaching experience and had spent an average of almost 5 years teaching infant classes. All but one of the teachers were female. In total, 445 children (192 boys and 253 girls) were taught by the teachers participating in the study and class size ranged from 11 to 29 children (average class size=20). Teacher reports indicated that approximately one quarter of children in the study sample were showing significant levels of social, emotional and/or behavioural difficulties at baseline (i.e. pre-intervention). In addition, 42% were rated by teachers to be above the recommended cut-off indicating the presence of hyperactivity.

Procedure/analysis

At baseline, teachers were asked to complete the teacher version of the *Strengths and Difficulties Questionnaire* (SDQ) for every child in their classroom. Teacher participants were randomly and blindly allocated on a 1:1 ratio to an intervention or control group. Thus, one teacher from each school was allocated either to an IY TCM training group, or to a waiting-list control group (see *Fig 1*). No significant differences ($p > 0.05$) in mean SDQ scores were found between the intervention and control group classrooms at baseline.

From the 445 children initially screened, approximately 12 children from each class were selected for inclusion in the study on the basis of their teacher-reported SDQ scores, to yield a cross-section of index children that was balanced in terms of 'high', 'medium' and 'low' levels of behavioural problems.

Thus, observations were conducted on the four highest scoring children in each class (i.e. those who, as reported by their teacher, exhibited the most conduct problems in the class according to their 'total difficulties' score on the SDQ); the four lowest scoring children (the children who showed the fewest conduct problems in the class according to the SDQ 'total difficulties' score); and the four middle-scoring children (the children who obtained a score at or around the class mean on the SDQ 'total difficulties' measure). In two classrooms, where there were fewer than 12 children, all pupils were included in the trial.

Children were excluded from the study if they had a formal diagnosis of a developmental disorder, if parental consent forms were not returned, or if they were absent from school on more than one occasion during baseline assessment. In total, data were collected for 234 index children at baseline. However, 17 children (7%) were lost to follow up (see *Fig 1*). This yielded a total of 217 index children (107 control group children and 110 intervention group children) (102 boys and 115 girls)[2] with differing levels of behavioural problems, who were included in the final analysis (71 high scoring children, 74 low scoring children and 72 children who scored at, above, or below the mean depending on the distribution of scores)[3,4]. The analyses in this report were conducted on teachers (n=22) and index children (n=217).

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1. A total of 311 primary schools in Ireland have been designated as 'disadvantaged', indicating that they receive a greater level of support in terms of pupil-teacher ratios, special grants and extra support for pupils (Dept. of Education & Science, 2010).
2. Control group= 48 males and 59 females; Treatment group= 54 males and 56 females.
3. 71 high scoring children (35 control, 36 intervention); 74 middle scoring children (36 control, 38 intervention); 72 low scoring children (36 control, 36 intervention).
4. The 'high', 'medium' and 'low' groupings which were used to select index children, do not correspond to the normal, borderline and abnormal cut-off points on the SDQ 'Total Difficulties' scale.

Fig 1: Overview of teacher recruitment and RCT design

Schools (n=11) in the Limerick area approached
by Archways to participate in the research

Nine schools provided informed consent → Three schools were unable to participate (reluctant to participate [n=2] and time concerns [n=1])

Names of 2 other schools provided to the research team by Archways. Both consented to participate

Total number of participating schools (n=11), teachers (n=22), children (n=445)

All teachers completed and returned questionnaire measures → T-SDQ child scores computed and index children identified. Parental informed consent obtained

234* index children were selected for observation from the initial sample of 445 on the basis of their total SDQ scores

Randomisation process conducted: 11 intervention group teachers and 110 index children; 11 control group teachers and 107 index children

Baseline (T1) observations carried out in all classrooms (n=22) with all teachers (n=22) and index children (n=217)

Intervention group teachers (n=11) receive TCM training (110 Index children)

Follow-up (T2) assessments conducted immediately after TCMtraining completed (i.e. 6 months after baseline assessment). All intervention and control group teachers completed T2 measures

*17 children were lost to follow-up.

Measures

Child behaviour outcome measures (teacher-completed)

Two widely used and psychometrically robust questionnaires - the *SDQ* Teacher version (Goodman, 1997) and the *Conners Abbreviated Teacher Rating Scale* (Conners, 1994) - were used to provide a brief assessment of the nature and severity of child emotional and behavioural problems. These included: emotional symptoms; disordered conduct; peer-relationship problems; and hyperactivity in the classroom.

Observational outcome measures (researcher-completed)

Naturalistic observations of the classroom and teacher-pupil interactions were also undertaken to provide a rigorous and comprehensive assessment of the key outcome domains relevant to this research, including teacher classroom management strategies and child behaviour. The *Teacher-Pupil Observational Tool* (T-POT; Martin, 2005) was developed specifically for classroom observation and provides detailed insights into the nature of teacher-pupil interactions in the classroom setting, as well as frequency counts of teacher behaviours and child positive and negative behaviour. The behaviour of each index child and teacher was observed in class for a total of 15 minutes and, typically, 60 minutes of continuous coding was undertaken in each classroom for both baseline and post-intervention assessments. Frequency counts of teacher and pupil behaviour were obtained during structured lessons (i.e. reading, writing, mathematics) and focused on the behaviour of the index child and his/her interaction with their teacher and peers. Reliability between coders was examined in half of the classroom observations and an average (and acceptable) reliability of 73% was achieved. Where possible, the research team was blind to randomisation in order to minimise any potential bias.

Teacher self-report measures

A background profile of all teachers was obtained using a *Teacher Profile Questionnaire*. The *Teacher Strategies Questionnaire* (TSQ: Webster-Stratton, 2005) was used to collect data relating to teachers' confidence in managing challenging behaviour in the classroom, as well as their use of positive strategies (e.g. modelling good behaviour, using praise and incentives, ignoring non-disruptive behaviour), negative classroom management strategies (e.g. warning and threatening to send children out of class, singling out children for misbehaviour, commenting in a loud voice) and strategies to improve home school links (e.g. sending notes home). This questionnaire was also used to assess the teacher-perceived utility of these classroom management strategies (e.g. the frequency and usefulness of praise and incentive; proactive strategies, limit-setting strategies and inappropriate strategies). An adapted *Teacher Satisfaction Questionnaire* was administered at follow-up to the intervention group teachers to assess their perceptions of the intervention.

Analysis strategy

The IY TCM intervention is designed primarily to improve teachers' management competencies. Therefore, it was necessary, to analyse first, the extent to which the intervention led to any changes in the classroom management strategies of individual teachers. The changes in teachers' classroom strategies from baseline to follow-up were assessed

by computing the difference between teachers' mean scores at both time points. Independent sample t-tests were then used to examine whether the magnitude of this change differed significantly between the teachers in the intervention and control groups. Teachers' self-reported use of classroom management strategies was subsequently examined using analysis of covariance (ANCOVA).

Children in this study were clustered within classes. Individuals within pre-existing groups, such as classrooms, may resemble each other more than individuals in different groups, on a range of factors, such as gender and age and/or socio-economic, ethnic and religious background. Therefore, we used robust regression modelling to examine pre- to post-intervention differences in child behaviour, whilst adjusting for this clustering effect, or controlling for the potentially confounding effects of group-level factors. Effect sizes were calculated using partial eta squared to provide an estimate of the size of the effect of the intervention on teacher and child outcomes. An effect size of 0.01 (or smaller) is considered to be a small effect of the intervention, 0.06 is a moderate effect whilst 0.14 (or greater) represents a large effect (Cohen, 1988).

Key Findings: Short-Term Outcomes

Does the Incredible Years Teacher Classroom Management programme result in changes in teacher behaviour?

Classroom observations

- A number of post-intervention benefits for teachers were evident from the observation of their general classroom management. As shown in *Table 1*, a moderate to large positive effect of the intervention was evident at follow-up, from a significant reduction in the observed incidence of teacher negatives for the intervention group ($p<0.01$). Thus, after training, teachers used significantly fewer harsh and critical statements, as well as fewer negative commands in their interactions with children when compared to control group teachers (*Fig. 2*).

- At follow-up, teachers in the intervention group also gave pupils in their class significantly more time to comply with instructions and questions (e.g. 'no opportunity') when compared with their control group counterparts ($p<0.05$).

- Some increases in the use of positive classroom management strategies were also observed for TCM-trained teachers at the pre- and post-intervention stages, although the differences between groups in this respect were not statistically significant (*Table 1*).

- Contrary to expectation, the use of indirect commands (e.g. 'listen!') amongst the intervention group teachers did not decline over time; that is, teachers who received the TCM training did not use fewer indirect commands at follow-up. Whilst the use of direct commands amongst the intervention group teachers showed a small increase, this was not significant.

Table 1: Summary of teacher observational measures at baseline and follow-up

	Mean (SD) raw scores				Mean Diff (95% CI), p-value	Effect size (95% CI)
	Control (n=11)		**Intervention** (n=11)			
	Baseline	6 month follow-up	Baseline	6 month follow-up		
Teacher Positives	75.5 (16.3)	82.5 (15.7)	67.4 (17.5)	82.8 (15.4)	8.3 (-8.4 to 25.0) 0.29	0.11 (-0.11 to 0.53)
Teacher Praise	29.9 (13.5)	26.8 (8.5)	27.7 (8.5)	31.6 (9)	7.0 (-2.7 to 16.6) 0.14	0.21 (-0.04 to 0.60)
Teacher Negatives	7.3 (6.1)	9.3 (7.5)	18.2 (15.2)	8.1 (9.9)	-12.2 (-16.8 to -7.5) <0.001	-0.77 (-0.87 to -0.56)
Indirect Commands	52.9 (14.7)	56 (9.4)	49.4 (14.9)	49.4 (11.7)	-3.0 (-18.7 to 12.8) 0.68	-0.02 (-0.41 to to 0.25)
Direct Commands	16.3 (6.9)	17.2 (5.2)	16.9 (9.2)	19.7 (10.5)	1.9 (-8.3 to 12.0) 0.69	0.02 (-0.28 to 0.44)
No Opportunity	7.1 (4.3)	12.1 (6.7)	8.7 (6.1)	8.8 (4.3)	-4.9 (-9.2 to -0.6) 0.03	-0.39 (-0.69 to -0.01)

Fig.2: Observations of teacher negatives for intervention and control groups at baseline and follow-up
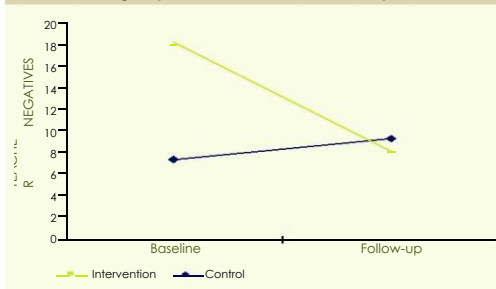
- Based on responses from the *Teacher Satisfaction Questionnaire*, all of the teachers reported the programme to be either 'appropriate' or 'very appropriate' for managing classroom behaviour whilst 7 of the 11 teachers (64%) who took part in the training, indicated that they would recommend the programme to another teacher.

- All of the intervention group teachers reported that they felt much more confident in their ability to manage behaviour problems in the classroom.

- On average, teachers' overall impression of the programme was positive, with eight teachers (73%) rating it as either 'positive' or 'very positive'.

Teachers' self-reported use of strategies and overall levels of satisfaction

- Overall, the results on teachers' self-reported frequency of use and perceived usefulness of positive classroom management strategies (e.g. modelling good behaviour, using praise and incentives) as measured on the *Teachers Strategies Questionnaire*, highlighted statistically significant between-group differences strongly in favour of the intervention group (*Table 2*). This suggests that teachers in the intervention group found positive classroom management strategies both easy to implement in the classroom and more useful at follow-up.

- There was also a significant decrease in the self-reported frequency of use of inappropriate strategies for managing misbehaviour (e.g. commenting on bad behaviour) amongst the intervention group teachers. By contrast, some increases were evident in both the frequency and perceived usefulness of inappropriate strategies amongst the control group teachers.
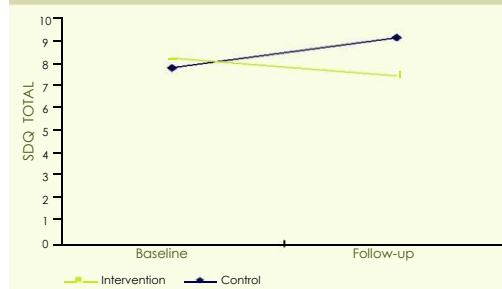
Table 2: Summary of Teacher Strategies scores at baseline and six month follow-up						
	Mean (SD) raw scores				Mean Diff (95% CI),	Effect size (95% CI)
	Control (n=11)		**Intervention** (n=11)		p-value	
	Baseline	6 month follow-up	Baseline	6 month follow-up		
Total Positive Strategies - Frequency (Min=1; Max=5)	3.6 (0.5)	3.4 (0.5)	3.6 (0.7)	4.0 (0.4)	0.44 (0.09 to 0.79), 0.02	0.56 (0.05 to 0.80)
Total Positive Strategies - Usefulness (Min=1; Max=5)	3.8 (0.5)	3.9 (0.8)	3.5 (0.8)	4.3 (0.5)	0.54 (0.006 to 1.08), 0.05	0.45 (0.0001 to 0.76)
Inappropriate Strategies - Frequency (Min=1; Max=5)	1.4 (0.5)	1.9 (0.6)	2 (0.4)	1.5 (0.5)	-0.59 (-1.19 to 0.014), 0.05	0.43 (-0.76 to 0.0005)
Inappropriate Strategies - Usefulness (Min=1; Max=5)	1.7 (1)	2.1 (1.1)	2.3 (0.7)	2.4 (1)	-0.07 (-0.98 to 0.83), 0.85	-0.005 (-0.48 to 0.40)

Does the Incredible Years Teacher Classroom Management programme lead to changes in child behaviour?

Child behaviour outcomes: Teacher-reported SDQs

- Emotional symptoms showed a significant improvement for intervention group children (post-intervention) when compared with the control group. This suggests that the TCM programme had helped teachers to better manage and promote the children's socio-emotional development, resulting in improved self-regulation and co-operation skills.

- The SDQ 'total difficulties' score in the intervention group had decreased at follow-up, although this fell short of statistical significance (*Fig 3*). Conversely, disruptive behaviour among the control group had increased post-intervention.

- Post-intervention teacher reports of child behaviour, as measured on the SDQ subscales (*Table 3*), demonstrated a number of improvements in child behaviour.

- Children receiving the classroom intervention showed fewer conduct problems than their control group peers as seen by a large effect size, although the difference between the intervention and control groups was only approaching statistical significance (*Table 3*).

- Teacher reports of hyperactivity, peer problems and prosocial behaviour did not differ from baseline to follow-up. Similarly, intervention teachers did not report a significant reduction in the general distress and social impairment experienced by children as a result of conduct problems.

Fig.3: SDQ 'total difficulties' score for intervention and control groups from baseline to follow up

Table 3: Summary of SDQ scores at baseline and follow-up

	Mean (SD) raw scores				ICC*	Mean Diff (95% CI), p-value	Effect size (95% CI)
	Control (n=107)		**Intervention** (n=110)				
	Baseline	6 month follow-up	Baseline	6 month follow-up			
Emotional Symptoms	1.6 (2.1)	2.5 (2.5)	2.1 (2.7)	2 (2.4)	0.185	0.84 (-1.69 to 0.01), 0.05	-0.17 (-0.45 to 0.00)
SDQ Conduct Problems	1 (1.8)	1.1 (2)	1.1 (1.9)	0.9 (1.8)	0.097	-0.33 (-0.69 to 0.03), 0.07	-0.15 (-0.43 to 0.001)
SDQ Hyperactivity	3.4 (3.4)	3.7 (3.6)	3.6 (3.2)	3.3 (3.2)	0.084	-0.53 (-1.41 to 0.35), 0.23	-0.07 (-0.34 to 0.03)
SDQ Peer Problems	1.7 (2)	1.7 (1.9)	1.3 (1.7)	1.1 (1.5)	0.155	-0.37 (-1.08 to 0.33), 0.29	-0.05 (-0.32 to 0.04)
SDQ Pro-Social	7.1 (2.7)	7.4 (2.7)	7.6 (2.3)	8.2 (2.3)	0.203	0.36 (-0.38 to 1.10), 0.33	0.05 (-0.05 to 0.31)
SDQ Total	7.8 (7.1)	9.1 (7.9)	8.2 (7.1)	7.4 (6.4)	0.116	-2.06 (-4.35 to 0.23), 0.07	-0.14 (-0.43 to 0.002)
SDQ Impact	0.7 (1.5)	0.9 (1.7)	0.8 (1.5)	0.7 (1.4)	0.222	-0.30 (-0.67 to 0.07), 0.10	-0.12 (-0.40 to 0.008)
Conners (Hyperactivity)	17.1 (7.8)	16.7 (8.3)	16.2 (7.5)	14.7 (6.5)	0.096	-1.23 (-3.13 to 0.67), 0.19	-0.08 (-0.36 to 0.02)

The Intraclass (or intracluster) Correlation Coefficient compares the variance within clusters to the variance between clusters. Values range from 0 to 1 and higher values indicate higher levels of inter-cluster variance which may be problematic in clustered designs.

Sub-analyses

Sub-analyses were conducted to examine the impact of the intervention on children with differing levels of behavioural need (i.e. children who were at low and high risk of behavioural problems). For purposes of this analysis, the index children were divided into the following two groups: (1) a 'high risk' group comprising 63 children (30 control, 33 intervention; 27 girls and 36 boys[5]) who were exhibiting borderline or abnormal levels of behavioural problems (i.e. who obtained a score of 12 or more on the SDQ 'total difficulties' score); and (2) a 'low risk' group comprising 154 children (77 intervention, 77 control; 88 girls and 66 boys[6]) who were rated as being within the 'normal' range (i.e. who obtained a score of 11 or lower on the SDQ 'total difficulties' score).

Pre- to post-intervention comparisons between intervention and control group children in both sub-groups were carried out using robust regression analysis, controlling for clustering. No significant differences were found between the intervention and control 'low risk' children across both time points. However, a number of significant improvements were seen in the 'high risk' group, all of which are outlined below (see *Table 4*).

- There was a significant difference between the intervention and control groups with respect to total behavioural difficulties (as shown by the 'SDQ total' scores); these showed a significant decline in the intervention group children across both time points.

- There was also a statistically significant difference in peer problems between the two groups, indicating improved interpersonal skills amongst the intervention group children. In addition, there was a significant effect of the intervention with respect to the distress and social impairment experienced by the children in the intervention group (as measured by the SDQ 'impact supplement' scale).

- Overall, these findings indicate that the programme was most beneficial for children who showed the highest levels of socioemotional and behavioural difficulties, in terms of improved emotional and social competence skills. Conversely, there was a slight deterioration in behaviour for the 'high risk' children in the control group (*Fig 4*).

Fig.4: SDQ total difficulties score for 'high risk' children in the intervention and control groups at baseline and follow-up.
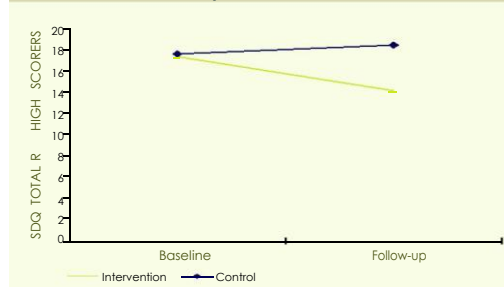
5. High scoring group: Controls: 15 female and 15 male; Intervention: 12 female and 21 males.
6. Low scoring group: Control: 44 females and 33 males; Intervention: 44 females and 33 males.

Table 4: Summary of SDQ scores at baseline and follow-up for the 'high risk' group (who obtained 12 or higher on the SDQ 'total difficulties' score)

	Mean (SD) raw scores				ICC	Mean Diff (95% CI), p-value	Effect size (95% CI)
	Control (n=30)		**Intervention** (n=33)				
	Baseline	6 month follow-up	Baseline	6 month follow-up			
SDQ Emotional Symptoms	3.7 (2.2)	4.4 (2.5)	4.4 (3.1)	3.6 (2.7)	0.412	-1.23 (-2.66 to 0.20), 0.09	-0.15 (-0.44 to 0.004)
SDQ Conduct Problems	2.8 (2.3)	3 (2.8)	2.9 (2.4)	2.4 (2.4)	0.229	-0.66 (-1.55 to 0.22), 0.13	-0.12 (-0.41 to 0.01)
SDQ Hyperactivity	7.5 (2.3)	7.4 (2.9)	6.8 (2.8)	6.1 (3.1)	0.286	-0.74 (-2.29 to 0.80), 0.33	-0.05 (-0.34 to 0.06)
SDQ Peer Problems	3.6 (2.3)	3.6 (2.3)	3.2 (1.8)	2 (1.7)	0.359	-1.32 (-2.44 to -0.20), 0.02	-0.24 (-0.52 to-0.008)
SDQ Pro-Social	4.4 (2.3)	5.1 (2.9)	6 (2.4)	6.6 (2.6)	0.491	0.17 (-0.80 to 1.13), 0.72	0.007 (-0.14 to 0.24)
SDQ Total	17.6 (4)	18.4 (6.7)	17.3 (4.3)	14.1 (5.6)	0.299	-4.01 (-8.13 to 0.10), 0.05	-0.18 (-0.47 to 0.0001)
SDQ Impact	2.3 (2.1)	2.8 (2.0)	2.4 (1.8)	1.8 (1.8)	0.55	-1.09 (-2.02 to-0.15), 0.03	-0.24 (-0.52 to -0.006)
Conners (Hyperactivity)	25.4 (8.1)	24.8 (9.3)	24.1 (8.4)	21 (8.2)	0.23	-2.79 (-7.47 to 1.89), 0.23	-0.08 (-0.37 to 0.04)

Classroom observation of index children

- Findings from the classroom observation (*Table 5*) did not reveal any statistically significant effects of the intervention. Nevertheless, in contrast to the control group, there was a slight improvement for intervention group children in relation to negative responses to teacher-initiated behaviours ('child negatives'), as indicated by a moderate-sized difference (in the expected direction) between the two groups.

- Similar moderate sized differences in the expected direction were found with respect to non-compliant behaviour, although the difference was not statistically significant.

Table 5: Summary of child observational measures at baseline and follow-up

	Mean (SD) raw scores				ICC	Mean Diff (95% CI), p-value	Effect size (95% CI)
	Control (n=30)		**Intervention** (n=33)				
	Baseline	6 month follow-up	Baseline	6 month follow-up			
Child Positives	2.5 (3.0)	2.0 (2.6)	2.1 (2.9)	2.0 (2.0)	0.284	0.03 (-0.59 to 0.65), 0.93	<0.001 (-0.16 to 0.18)
Child Negatives	0.2 (0.6)	0.3 (1.0)	0.5 (2.1)	0.2 (0.7)	0.279	-0.20 (-0.57 to 0.16), 0.26	-0.06 (-0.33 to 0.04)
Compliance	4 (4.4)	4.5 (5.2)	4.5 (5.4)	3.8 (4.5)	0.119	-0.78 (-2.63 to 1.07), 0.389	-0.04 (-0.29 to 0.06)
Non Compliance	0.1 (0.5)	0.1 (0.4)	0.2 (0.9)	0.1 (0.3)	0.188	-0.05 (-0.12 to 0.03), 0.23	-0.07 (-0.35 to 0.03)

Frequency counts of child behaviour in 15 minutes

Teachers' experiences of the tcm programme:
A Qualitative Study

How was the qualitative study conducted?

Participants and settings

This section of the report provides an overview of the findings relating to the qualitative sub-study (or process evaluation). This study comprised a series of one-to-one interviews with teacher participants and other key stakeholders across all three time points of the study. The interviews with teachers only - at both baseline and immediately post-intervention - are outlined here. The findings from interviews with other key stakeholders (e.g. school Principals) will be detailed at a later stage.

A total of 11 teachers (5 intervention teachers and 6 control teachers) from six schools participated in one-to-one semi-structured interviews at baseline (December 2008-January 2009) and immediately after programme completion (intervention group-June 2009; control group-June 2010). Only one intervention teacher who was invited to take part in an interview, was not available at the six-month follow-up due to time constraints (although we interviewed her subsequently at the 12-month follow-up). Four control group teachers, who had received the training and who were asked to participate in follow-up interviews, were unable to do so. A diverse sample of teachers was recruited to reflect varying age, years of service, types of classroom problem behaviour and school location. Within this study, teachers had five years' experience of teaching infant classes (Mean=5.3, SD=7.5), although this ranged from 0 to 27 years. Years of teaching experience in primary schools ranged from 1 to 30 years (Mean=9.7, SD=9.7). Seven teachers were working in schools designated as disadvantaged, whilst four were working in non-disadvantaged schools.

Procedure/analysis

Baseline and follow-up interview schedules were devised to include questions pertaining to current classroom management issues and strategies used by teachers when dealing with specific difficulties in the classroom. The follow-up interview schedule included questions about teachers' experiences of participating in the TCM programme and post-training classroom management. At the six-month follow-up, eight teachers (four of the five intervention group teachers and four of the control group teachers) were interviewed again in order to ascertain their experiences of the training programme. All interviews were recorded and transcribed verbatim and subjected to a thematic analysis based upon the 'Framework method' (Pope et al., 2000; Ritchie and Spencer, 2002).

Key Findings: Short-Term Outcomes

Six key themes were identified from the analysis including: (1) 'reality of the classroom environment'; (2) the 'learning experience'; (3) 'changes to the self'; (4) perceived impact on child behaviour; (5) the 'positive classroom'; and (6) further recommendations for the programme. These and the sub-themes within each (where applicable) are briefly outlined here.

1. Reality of the classroom environment

All teachers, to varying degrees, reported significant behavioural challenges in their classrooms. These challenges mainly took the form of attention-seeking behaviours and attention difficulties, such as off-task behaviours. Although these types of behaviours were seen as relatively manageable, they required a great deal of time to address, disrupted lesson plans and the learning opportunities of other students and were regarded as a significant stressor for teachers:

"I've 25 [children] in the class, and it is two or three that are constantly drawing off your attention or needing it. It can be quite difficult… It can be disheartening some days."(T5)

"When I'm disciplining, sometimes I feel helpless because you might start with your hand up, or making eye contact, or praising. But as long as you're talking, then they're talking. And you sit there in silence. I've sat there five, ten minutes, and it doesn't work either." (T8)

For some teachers, these difficulties were compounded by the occurrence of extremely challenging behaviours, such as physical and verbal aggression from students, which were viewed as highly disruptive and distressing for everyone involved. Teachers have a duty of care to all children in their classroom and, as such, the health and safety of the class is a priority. Frequently, teachers were faced with having to physically remove a child from the room, due to the occurrence of behaviours considered to be dangerous to the child and to other children in the class:

"She couldn't sit down and she would run around the classroom, and she would scream and she would shout. And she would push children out of the way and she would hit children. And if you tried to remove her, she would scream and she would kick… It was very distressing for her, for us to have to physically remove her from the room, and then it was incredibly distressing for the rest of them [the class]." (T4)

"He has thrown things behind his head and hit children with them. And he has even been violent towards adults as well too, children and adults. Numerous teachers I'd say at this stage have gotten kicked and punched when he lashes out." (T1)

The daily incidence of low-level problem class behaviours, coupled with occasional but highly disruptive physical aggression from some pupils, were reported to have a negative effect upon teachers. Some felt helpless, having tried and failed on many occasions to manage the behaviour of disruptive children. There were obvious differences in how teachers reported coping with classroom stressors, and in some cases, these challenging classroom behaviours had a detrimental effect upon teachers' emotional states:

"Some days I went home and just cried, because I was just so exhausted and frustrated with the situation because, you know, I could see it in the other children, and I could see it in the other parents as well." (T4)

Though some teachers reported that they felt comfortable asking their colleagues for assistance or advice in the management of these behaviours, many reported a reluctance to do so, for fear of being judged as incapable, or being seen as less than competent. A reluctance to involve parents in

an attempt to improve behaviour was also reported by some teachers. The reasons for this were manifold and included a reluctance to cause problems for the child, or the parents at home, beliefs that they may not be supported by the parents, or that the parents may feel that the teacher was unable to manage the class. This led to teachers continuing to struggle on alone, thereby compounding the sense of isolation that they felt within their classroom. Although support was often needed, it was not always sought:

"...sometimes you feel like you're being judged when you bring a child to someone else... you need the support but at the same time you're kind of thinking, 'right do they think I can't handle it'." (T7)

"That's like your worst nightmare- I do not want to have parents coming in, giving out to me for upsetting their children." (T8)

2. TCM: The learning experience

The theme of classroom management as a constructive learning experience was echoed by all those teachers who had taken part in training. Learning was perceived to have occurred in several ways during the course of the training.

(a) Increasing awareness: TCM content

The central learning medium of the TCM programme content was viewed very positively by the teacher participants. All reported knowing and using the theoretical underpinnings of TCM strategies prior to the training, but regarded the programme as building upon what they knew and were trying to achieve. According to their responses, the course had provided them with an invaluable opportunity to crystallise their theoretical knowledge into conscious practical applications in the classroom:

"I got a good lot of ideas from the programme. A lot of things you use yourself anyway but maybe kind of just tweaking them a little bit or whatever... And a lot of the reward systems and things like that I was kind of doing anyway, do you know? A lot of things you were doing, but it just makes you more aware of them." (T3)

(b) Experiential learning: From theory to practice

The mode of programme delivery, which allowed for the implementation of learned strategies in the classroom over the course of one month, before feeding back to the group, was considered to be a very positive element of the programme; teachers valued the opportunity to try out the different strategies in the classroom over time. Furthermore, the feeding back of information on the successes and challenges of strategy implementation, fostered open discussion and generated solutions:

"... it was nice to do it over a period of time... we learned about children in different classes, we learned about their progress. It was as if we almost knew them." (T2)

The course materials - course notes, books and other resources - were also regarded as extremely useful tools. After training, teachers appreciated the utility of these resources and stated that they could refer back to these whenever the need arose:

"... they gave a handout too with certificates and different things that you could give the children, I found that very good too... I found that very handy too because just sometimes you wouldn't have time to look them up and find them yourselves whereas now we've got a set of them just to photocopy." (T1)

(c) Group leaders: Building relationships and facilitating learning

All teachers reported having developed strong relationships with the group leaders. They noted, in particular, the consistent effort that the group leaders had invested in the delivery of the training and their strong commitment to the programme. The knowledge and expertise of the group leaders were also held in high regard by the teachers, who felt that they were always open and willing to offer support when requested, even outside of usual contact hours:

"... The group leaders were very, very good. They were very open and... they'd ask and they would try their best - even give you ideas to try this or that or try the other." (T1)

(d) 'I am not alone': Social support and the learning process

All teachers reported that further learning had occurred via the social medium of interaction with other teachers on the course which provided them with a readily accessible 'wealth of experience'. For example, some of the teachers on the programme had several years' experience dealing with infant classes and this was highly valued as offering potential learning opportunities, particularly by the more recently qualified teachers on the course:

"Well one bit which I did enjoy and which I found to be quite useful was sharing ideas with other teachers. You know... there was a vast range of experience there to begin with... There were some teachers there that had taught infants for years whereas it was only my third year with infants and if you are with the same age group for years, you do pick up things that do work and try this and try that." (T1)

As indicated earlier, many teachers struggle alone with classroom management difficulties and feel that behavioural problems are partly attributable to their own lack of expertise. As part of the sharing process at the heart of the TCM programme, these teachers realised that others were in a similar situation to themselves and that they were no longer alone in dealing with these issues. This was regarded as an invaluable aspect of the programme:

"The sharing of ideas was great, that you could hear other people's experiences and you didn't feel like, I am the only one that this is happening to. It is because I am young. 'It is because I am not as experienced in this classroom as say other people would be', or whatever, and then when you hear other people expressing the same fears as well or that they feel that they are being seen like that in the school as well. You are like 'oh right, ok it is not just me'... the kind of camaraderie of it was great, that you kind of felt like I am not alone." (T7)

3. Changes to the self: A new way of managing

Teachers reported that a fundamental change had occurred since completing the programme, in the way that they approached classroom management. All teachers reported using the TCM techniques in their classroom, whilst some also noted how their pupils had detected these strategies, understood their utility and had incorporated them into the way that they themselves dealt with difficult situations:

"I've kind of stopped commenting on 'don't do that' and the negatives, and more on the positives... I think that's the main improvement." (T3)

Although all teachers reported understanding and using the basic underlying TCM principles prior to undertaking the course, some reported that the course had enabled them to focus on, and further develop, these strategies. This allowed them, in turn, to establish that they had not been implementing them to the extent they had thought and encouraged consistency with regard to the application of positive strategies in the classroom. Teachers further reported that the programme had helped to foster a greater awareness of their teaching practices through a process of self-reflection and that this had led to beneficial outcomes for themselves and for their pupils:

"It was very beneficial - it would change your way of thinking... And it is a very simple thing and one that you would think you are doing already, but I don't think you think enough about it and focus in on it enough until you actually have something like this course to reinforce it for you and say 'look you are half way there, just push it an extra bit and you will see the benefits of it'." (T7)

"I suppose it has reaffirmed [for] me, the good practices that I have. Now I know... that I have an awful lot to learn, but I realise that there are some things that I am doing well, and it has encouraged me in doing that." (T2)

For some teachers, the programme allowed them a greater sense of freedom in the classroom, enabling them to 'let go' of issues that they previously would have felt compelled to manage, such as ignoring minor misbehaviour. Ignoring was increasingly viewed as an active and productive strategy rather than as a general permissiveness/inability to control the class:

"I suppose the biggest change that I would have noticed would be that it's ok to ignore behaviour and I suppose I feel I have the freedom to do that now, whereas in the past I wouldn't have had. And I think it's good, it's a good strategy." (T2)

Some of the teachers also alluded to the positive impact of the TCM programme on home-school communication and collaboration. For example, some participants felt it was rewarding to pass on information to the parents about the programme (e.g. how it is working) whilst others indicated that, as a result of the programme, they were making more effort to contact and share information with parents about their child's progress.

4. Perceived impact on child behaviour: A 'therapeutic milieu'?

Several changes in child behaviour were reported by teachers at the post-intervention stage. Most notably, teachers reported that children were displaying a greater ability to stay on task, were less distracted, and were engaging in less attention-seeking behaviours. Children who, at baseline, had posed significant challenges to teachers in terms of their attention-seeking and lack of task-focus, were seen as much more manageable in the class. This was regarded as highly significant by teachers and due directly to the implementation of the TCM principles:

"I ignore a lot more too than what I would, you know just ignore it and the children themselves have got used to ignoring a lot of different things as well... they know themselves that if they actually stay in their seat and do their work... that there will be something nice, a treat or whatever for the ones who have been very good." (T1)

"Mainly the attention seeking and... being off task, it would have helped very much in that. And returning people to task, getting people to focus on a particular task, the visual clues- they would have helped as well." (T2)

Children were thought to have benefitted from the labelling of emotions. This was a key aspect of the TCM programme which teachers believed was extremely beneficial for the children in their class. Participants stated that, prior to the TCM programme, children had been unable to identify the emotions that they experienced and felt that this had led to inappropriate behaviour in the classroom. Post-training, teachers were able to model appropriate responses to emotions; children learned from this and were thereby equipped with the language to express their feelings. This, in itself, was perceived by teachers as increasing the confidence of children, enabling them to speak their minds in the class, rather than 'acting out' in frustration:

"I think it gives the children confidence also, because I find the children in here quite confident... they're well able to speak up for themselves and if they're not comfortable with something, they'll tell you. And if they're happy with something, they'll tell you as well." (T12)

"They're more sure of themselves because they feel that they can say what they need to say and that there's nobody kind of judging them." (T10)

Another notable aspect of child behaviour change, reported by teachers post-intervention, was the increased ability of their pupils to independently resolve conflict with their peers. Prior to the TCM, teachers were often called upon by the children to intervene in the conflict, but this was a much less frequent occurrence in the post-TCM period. One teacher reported that this ability to resolve conflict with peers, extended outside the school environment. Children were seen to have developed these skills and used them in a variety of settings by labelling emotions and talking through problems in the classroom context:

"And the other thing... that we did was sorting out your own problems. And I really focused on that. And that they weren't always coming to me [to intervene in the conflict]. And we did a kind of a role play of it... the wording that they could use and what they could say. And then nine times out of ten they were sorting it out themselves." (T10)

"[A parent] said to me that she noticed her child in something that happened at home with friends that were over to play, and she couldn't get over how he'd become much more conciliatory - that normally he would have like flown off the handle, but when she went to talk about the problem, she could see that he seemed to have learned- that maybe it's that in dealing [with it] in the classroom we're looking at things more positively now." (T6)

Teachers also reported that children had shown improvements in their overall conduct within the classroom. Several different aspects of child behaviour were discussed by teachers as having noticeably changed from pre- to post-TCM. Children had developed better peer relations, they had become more pro-social, and showed a greater willingness to help and encourage each other. The modelling of positive behaviour by teachers was regarded as being instrumental in promoting pro-social behaviour in the class, even amongst children who had previously displayed good class behaviour:

"He's improved. His behaviour has improved. And I am sure it is probably some of the things that I have been using… in the class." (T3)

"They would be encouraging each other. They have started to get on better with each other and they're co-operating amongst themselves even." (T1)

"For the children… who were doing well and who might often get overlooked, they were encouraged and you know they were boosted and their behaviour was improved as a result." (T2)

5. The 'positive classroom' and teachers' overall views of the TCM programme

It was clear from the findings, that the teachers' views of the classroom prior to training (as portrayed in Theme 1) had been transformed once they had completed the course. The general atmosphere within the classroom was considered to be calmer and more co-operative, whilst it was also regarded as a happier and more positive environment in which to work (and learn). Whilst behavioural challenges continued to present themselves from time to time, they were reported as being less frequent and teachers also felt much more confident in their ability to manage these:

"We've been having more and more really, really good days where they've been enjoying it and I've been enjoying it. And you know, they have been saying things like, 'oh you should get a sticker too teacher', or 'you should take a jelly too teacher, you were very good today', and all this kind of thing! So I think it helps me personally feel like I can cope with anything now." (T7)

All respondents viewed the TCM programme not only as very beneficial, but also enjoyable for themselves personally and for their class. They regarded it as a worthwhile programme and all reported that they would highly recommend it to another teacher/school. Teachers often referred to post-training increases in their confidence levels and reported that they felt better equipped to deal with any problems that they may encounter in the future. At the six-month follow-up, the teachers were looking forward to implementing their newly acquired strategies with new class groups in the subsequent school year. Many believed that if these strategies were in place from day one of the school year,

that a positive class ethos would be developed from the outset and that children would display even greater improvements in behaviour as the year progressed. Importantly, all teachers stated that they would highly recommend the TCM training to another school and they were grateful for the opportunity to participate in the programme:

"I was glad to have the opportunity to avail of this programme and I must say I enjoyed the experience. I am looking forward to implementing the practice in the future in the new school year." (T2)

"I think it is good. I think it is very good… I definitely would recommend people to do it." (T3)

6. Recommendations for programme improvement

Although the programme was received very well, all teachers highlighted aspects of it with which they were less than satisfied, such as the perceived repetition of topic information. The general consensus was that the material could have been covered as thoroughly without the need for constant repetition throughout the day. The intervention group teachers considered the length of the training day (i.e. 9.00am- 4.00pm), in particular, to be excessive:

"They [the substitute teacher] get to leave at half-past-one and I am still here and it's four o'clock. What is going on? It might sound really petty like, but I think the programme itself could have been easily delivered in the amount of time of a regular school day. There is absolutely no reason for it to go over that." (T7)

One teacher suggested covering two topics per day, so that a change of topic could occur in the afternoons. She stated that this would be a more interesting method of programme delivery and that it would go some way toward overcoming fatigue in the afternoons. Another teacher recommended that the course be held over six days (rather than five) so that it would finish within the hours of a regular school day. However, the training day was of shorter duration for the control group teachers, due to a reduction in the length of lunch and coffee-break times. Therefore, it is important to note that the length of the training day was not an issue for teachers in the control group.

Some teachers also discussed the benefits of adopting a whole-school approach in order to maximise the effectiveness of the programme and of involving more parents in the new strategies to better manage challenging child behaviours. One teacher feared that without a whole-school TCM implementation, the improvements gained in child behaviour may be short-lived:

"I think for it to be effective and to see the whole benefit of everything, that the whole school has to be doing it and you even need to have the parents on board." (T1)

"The only thing I worry about in the future is that he is going to get a teacher next year or the year after (who has not received TCM training)… all you need to do is to meet one person up along the way who is going to totally knock his confidence and he will be 'gone' again." (T7)

These findings are further discussed later in the report.

The costs of the tcm programme

The third and final study involved a cost analysis to examine the short-term cost effectiveness of the IY TCM programme as it is being delivered in Ireland. While other components of the IY series, most notably the BASIC parenting programme, have been subjected to rigorous cost analysis, this is, to the best of our knowledge, the first stand-alone cost analysis that has been conducted on the TCM programme to date (although a small number of other studies have looked at the costs of combining various elements of the IY suite of programmes). The cost-analysis reported here, was carried out in parallel with the two other studies described earlier. The results help to determine the effectiveness of each euro spent on the TCM programme and, in so doing, help to ensure that scarce financial resources are allocated efficiently.

How was the cost analysis conducted?

The first and main component of the cost analysis involved collecting detailed costs data on four key elements of the TCM programme. These included: (1) non-recurrent initial training costs of group leaders/ trainers (i.e. those delivering the programme); (2) the pre-delivery cost of the programme; (3) the group training costs; and (4) substitution costs for the teachers while on the training course. The first of these - the non-recurrent initial training costs of group leaders - included the TCM training fee, as well as accommodation and travel costs of the group leaders during the training period. Some of this information was collected using 'cost diaries' which were completed by both group leaders. The pre-delivery costs included mainly travel and accommodation costs relating to the recruitment phase of the RCT. The group training costs consisted of a range of items, most notably salary costs of the group leaders, room rental and some food and travel expenses for both the teachers and the group leaders. Finally, the substitution costs covered the costs of finding replacement teachers while the participant teachers were attending training.

The robustness of the findings was also considered within a sensitivity analysis. In particular, the direct group training costs included travel and overnight accommodation expenses for the group leaders. This reflects the fact that the trial was based in Limerick and that local group leaders were not available. However, if the programme was implemented nationally, these costs would not normally apply because ideally, local group leaders should be used. Therefore, we have considered the results excluding these costs in the first instance. The third and final component of the analysis involved combining the results of the cost analysis with the outcome results from the main RCT in order to estimate the short-term cost-effectiveness of the programme. The traditional approach to studying cost-effectiveness in the health evaluation literature was used here; that is, where cost-effectiveness is defined in terms of the incremental cost effectiveness ratio (ICER[7]) of the new treatment (T) relative to specified alternative (most commonly chosen to be the status quo) (see for example, Edwards et al., (2007) and McGilloway et al., (2009)).

Key Findings: Short-Term Outcomes

- When the costs relating to group leader travel and expenses were excluded, the total cost of delivering the TCM programme was €22,142.13. The initial training costs of the group leaders accounted for approximately 10% of this total cost. The remainder of the cost was approximately equally divided between the remaining three cost elements.

- The average cost per teacher was €2012.92 whilst the cost per child was €100.65. The latter was calculated on an average class size of 20.

- The above figures are likely to provide a close approximation to the true costs of the programme, assuming that local group leaders are used in the delivery.

- When the travel and accommodation costs of the two group leaders were factored into the cost analysis, the total cost of delivering the TCM programme increased marginally to €23,848.98, as did the average costs per teacher (€2168.08) and per child (€108.40).

- These costs are modest when compared to the other components of the IY programme and other interventions (irrespective of whether or not group leader travel and accommodation costs are included).

- When the total SDQ scores were combined with the results from the cost analysis above (i.e. excluding the travel and accommodation costs of the group leaders), we estimate a cost-effectiveness ratio of €52.97 per 1 point change in the SDQ score (i.e. 100.65/1.9; where the numerator is the estimated cost of the TCM per child and the denominator is an estimate of the change in test score brought about by the treatment).

- In order to put this figure in context, it is worth noting that, according to statistics from Eurostat (http://epp.eurostat.ec.europa.eu), the expenditure per primary school child in Ireland during 2007 was €5,737. Hence, our figures suggest that the TCM programme would cost less than 1% of total expenditure per primary school pupil.

- Unlike our previous work on the IY BASIC parenting programme (which focused on a smaller number of high risk children), we were unable to demonstrate the potential longer term benefits to society of the TCM programme. However, it is important to note that the annual teacher student ratio in this study was 1:20. Thus, in the long run, the cost-effectiveness of the TCM programme may be even higher than reported here, as more children are taught in subsequent years by TCM-trained teachers. This implies, though, that the effects we have found here will be maintained in the longer term. We will examine this more closely in the analysis of our longer term (12-month) follow-up data.

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7. The ICER simply measures the cost of obtaining a one-unit decrease in the SDQ when using one treatment when compared to an alternative, This is based on the assumption that the estimated effect would be typical of the average effect for the entire class.

Discussion

This study assessed the impact of the *Incredible Years Teacher Classroom Management* programme on teacher and child behaviour in a sample of Irish primary schools. The combined findings provide support for the effectiveness of the TCM intervention and indicate that classroom management training is effective in contributing to an improved positive classroom environment and positive changes in several important aspects of child and teacher behaviour, as well as impacting positively on teacher stress. Few studies have independently evaluated the IY TCM programme or indeed, classroom-based interventions in general. The results of this study, the first independent RCT evaluation of the IY TCM within both an Irish and European context, point to the potential utility and benefits of the programme for teachers and schools in Ireland (and elsewhere).

Key Findings

Teacher and child outcomes
Participation in the TCM training appeared to improve teachers' classroom management, resulting in a decreased use of negative classroom management strategies (e.g. fewer harsh and critical statements), as well as higher levels of praise and increased use of positive behavioural management strategies in the classroom amongst teachers in the intervention group. In other words, the levels of warmth, encouragement and responsiveness that intervention group teachers showed towards pupils in their classrooms had increased. This is notable because, at baseline, teachers in the intervention group used generally more negative strategies than their control group counterparts. These teachers also allowed their pupils more time to comply with commands. Collectively, these findings reflect positive changes in teachers' attitudes toward, and management of, child behaviour in their classrooms. A growing body of research points to the importance of the school environment on child psychosocial health and well-being, and aversive and disorganised classroom environments can compound the development of conduct and socioemotional difficulties (Kellam et al., 1998). Therefore, the observed reductions in negative classroom management strategies and increased use of positive, proactive approaches, highlight important changes in the shared classroom experiences of teachers and children in this study.

The TCM intervention also had beneficial effects on teacher-reported child behavioural difficulties; that is, children in the intervention group exhibited fewer behavioural problems and showed better emotional adjustment at follow-up than their peers in the control group. The intervention also appeared to impact most significantly on children with the worst behavioural problems. In other words, the provision of TCM training contributed to significant decreases in the disordered behaviour shown by those children considered to be most 'at risk'. This finding is consistent with previous research (Webster-Stratton et al., 2008) and suggests that children who are most 'at risk' are more likely to reap early benefits from the TCM intervention. Overall, these findings indicate that a well-managed classroom can reduce the risk of conduct problems in individual children, whilst also helping to improve child adjustment. Moreover, aggressive, off-task and other inappropriate behaviours in the class can often be disruptive to learning and may serve to reinforce a maladaptive form of behavioural engagement more generally within

the class, thereby leading to an escalation of disordered conduct and an increased risk of school failure and drop-out in the longer term (Knitzer, 1993; INTO, 2004). Our findings indicate that positive and proactive teacher classroom management strategies appear to reduce general disruptive and negative behaviour in the classroom, especially for 'high risk' children, whilst it is also likely that these will help to promote longer-term emotional and behavioural health and positive experiences at school.

Some aspects of conduct problems in the intervention group (e.g. hyperactivity and peer problems) did not appear to change over time, although neither was there any deterioration in these behaviours. This finding may be due, at least in part, to the kinds of 'sleeper effects' that have been commonly reported in other intervention trials (Kellam et al., 1994; Barrera et al., 2002; Bayer et al., 2009), whereby the impact of an intervention may lie dormant initially and may only manifest itself over a longer period of time. The analysis of the 12-month data may help to shed light on this hypothesis. Furthermore, no significant differences were found in child pro-social behaviour at the six-month follow-up. However, it is important to note that most of the children were within the normal range for pro-social behaviour, which meant that there was less scope for significant improvements in this domain. Additionally, in the current study, data were collected immediately after the intervention ended and it is likely, therefore, that only initial improvements in child conduct and adjustment were observed and/or that change took place faster in those children at the extreme end of the spectrum of behavioural difficulty. Thus, the full effects of the intervention may only emerge at a later stage.

Qualitative findings
The findings from the qualitative study support and amplify the results of the RCT. Importantly, those teachers who took part in the TCM programme, found its principles to be effective and easy to implement and felt that children responded well to the new strategies. Indeed, teachers felt that some of the children had 'modelled' the teachers' behaviour and used some of the TCM principles when interacting with their peers, indicating a positive 'knock-on' effect of training on peer-to-peer interaction within the classroom. Overall, teachers indicated that their post-TCM training classrooms were much more positive environments in which children had become more socially competent and co-operative with their peers and school staff. These findings are consistent with the small number of previous qualitative studies which have included teacher reports on the effectiveness and acceptability of the IY TCM programme (Hutchings et al., 2007; Baker-Henningham & Walker, 2009). The interviews with teachers also indicate that prior to TCM training, teachers felt generally ill-prepared to address, and were sometimes overwhelmed by, the disruptive classroom behaviours which they encountered on a daily basis. However, after taking part in the TCM programme, teachers reported feeling less stressed and having more confidence to deal effectively with these kinds of behaviours.

The collective findings from both the RCT and the qualitative study, suggest that the positive changes in child behaviour and in the class 'dynamic' that arose directly from the implementation of the TCM principles, led to the creation of a particular kind of educational and environmental

'therapeutic milieu' in classrooms. Thus, it would appear that the TCM programme operates at a higher level than addressing only organisational/ management skills. This is important in terms of providing an appropriate foundation for improved learning and more positive developmental and social outcomes in the longer term (Kellam et al., 2008).

Teachers identified several aspects of the programme to be particularly helpful. The social support given by group leaders and by others on the course, coupled with the non-judgemental and 'safe' environment of the TCM programme delivery, were viewed as important mechanisms for the facilitation of problem-sharing and the identification and development of solutions. Support from group leaders and peers on the programme fostered a willingness for open and honest discussion, which all teachers reported as being an integral and satisfying part of the course. The role of the programme in promoting better home-school communication/ collaboration is also notable, in that some teachers reported engaging with parents more regularly and in more rewarding ways. The findings from the qualitative interviews further suggest that the provision of TCM training enabled teachers to engage in a critical process of self-reflection. These aspects of the programme may be crucial in the longer term, particularly with regard to teachers' role in promoting greater self-awareness of teaching practices and reducing teacher stress, whilst also helping to shape the behaviour of subsequent classes of children into the future. These outcomes may also have positive implications for teaching practice, school culture and ethos, as well as additional longer term benefits in terms of a return on any investment, by schools, in the programme.

Some perceived weaknesses of the TCM programme were also identified; these related, in large part, to the repetition of some topics (e.g. ignoring minor misbehaviour) and the overly long training day. The delivery of the programme with fidelity is paramount and would preclude any attempts to change the content in any way, although certainly there may be merit in recognising variance in work practices (e.g. school working hours) and preparing teacher participants for same, in the future delivery of the programme. A further recommendation for future programme delivery related to the importance of implementing the programme on a 'whole school' basis in order that all school staff are able to understand and use the key TCM principles, thereby effecting sustained improvements in behaviour over time. For teachers, a shared school ethos based on the type of positive classroom management that is a focus of the IY TCM programme, may enable them to learn and share techniques for classroom management in a more collegial and collaborative way.

Cost-analysis findings

The findings from the cost analysis indicate that the overall costs of the TCM programme are modest when compared to alternative education interventions. We know of no other independent cost analysis of the IY TCM programme. When interpreting the ICER for the TCM, it is important to note that the alternative 'programme' under consideration in this study is the status-quo (i.e. usual treatment/intervention or educational service provision). This is quite typical in cost-effectiveness analyses. Since all of the costs incurred under the status quo are also incurred under the new TCM scheme (but not vice-versa), the incremental cost here collapses to the additional cost of the TCM.

The average TCM cost per primary school child accounts for only a very small proportion of the total annual expenditure (according to Eurostat estimates for 2007) on educating a primary school child in Ireland; this is an important policy consideration. Furthermore, other education-based interventions tend to be characterised by higher costs than reported here (Aos et al., 2004). For instance, the costs for the US-based Early Childhood Education programme for low income 3-4 years olds, amounted to $7301 per youth, whilst the costs for Even Start and Early Head Start amounted to $4863 and $20,972 per youth respectively. The higher costs of these programmes, for the most part, reflect the much more intensive nature of these interventions relative to the TCM.

Conclusion

This research involved a rigorous, independent evaluation of the IY TCM programme which involved extensive fieldwork and combined psychometric, observational and qualitative methodologies to provide a comprehensive and psychometrically robust assessment of the outcomes of the IY TCM programme in a sample of Irish primary schools and teachers. However, the study was limited by a low level of statistical power to detect changes in child behaviour, due to the nature of the design and the numbers of teachers/schools that were available to participate. It is also important to note that the results are based on a six-month pre-post intervention period, during which time the teachers were still receiving the training. This may have limited, to some extent, the opportunity for teachers to fully implement everything that they had learned from the programme during this relatively short period, whilst universal changes in child behaviour may also have required a longer period of time to materialise. Nonetheless, our results demonstrate that a group-based teacher classroom management intervention, when delivered with fidelity, can help to significantly improve teacher competencies and their management of disruptive behaviours in the classroom. The findings also show a number of positive changes in pupil behaviour and socio-emotional adjustment, thereby facilitating a more positive social and academic environment within the classroom for both teachers and children alike - especially those considered to be most 'at risk'.

By implementing the TCM training in the early school years, schools are well placed to promote children's social and emotional development, whilst also preventing the development of negative or violent behaviours (Poulou, 2005). There is further evidence to indicate a strong association between these skills and academic performance (e.g. Henrich et al., 1999). Thus, implementing the IY TCM programme, particularly on a 'whole-school' basis, may offer a preventative approach toward challenging behaviour, whilst also helping to promote children's social and emotional health. This, in turn, may bring about positive changes in academic ability whilst possibly reducing the risk of early school leaving and maladjustment in the longer term. The addition of child training and/or parent training may further help to promote and foster positive child developmental outcomes and indeed, this is the way in which the IY programme is intended to be delivered in order to facilitate the transferability of positive behaviour across different environments.

Overall, our findings suggest that Teacher Classroom Management training helps to provide teachers with the appropriate skills and strategies to reinforce positive child behaviour and to promote appropriate

classroom behaviour, as well as facilitating a greater awareness of, and reflection upon, the teachers' role in the creation of a positive classroom and school environment. The findings from the RCT, despite their relatively short-term nature and the constraints of the study design, highlight a number of positive child and teacher outcomes. These, when combined with the results from the qualitative study and the cost analysis, indicate that the IY TCM programme is well suited to an Irish context in terms of its overall effectiveness, cost-effectiveness and acceptability. Our future work will attempt to assess the extent to which the outcomes noted here, are maintained one year post-intervention.

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Existing evidence suggests that, without early intervention, social, emotional and behavioural problems in childhood can persist into adolescence and adulthood. The unresolved experience of these difficulties can affect children as they develop and grow, increasing the likelihood of low educational attainment, school drop-out, unemployment, poor mental health, anti-social behaviour and criminality later in life. In September 2007, Archways commissioned an international research team, led by NUI Maynooth, to undertake a four-year national evaluation of a prevention and treatment programme for children with emotional and behavioural difficulties, called the *Incredible Years Parent, Teacher and Child Training Series*.

This Summary Report presents a substantive overview of the second set of key findings to emerge from the *Incredible Years Ireland Study*. These findings focus on an evaluation undertaken to examine the effectiveness of the *Incredible Years Teacher Classroom Management (TCM)* programme. The collective findings, drawn from three separate, but inter-related studies, highlight the potential utility and benefits of this programme for teachers, schools, and children in Ireland (and elsewhere).

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Appendix 21. Framework Data Chart

Reality of the classroom environment

ID	DEIS	Types of behaviour	Cause of the behaviour	Shifting priorities	Impact on other children	Under threat	Educational disadvantage	Worries about future of children
T10	Urban Band 1	Children wandering around, out of their seat (P1) Easily distracted in class, attention difficulites (P1) **Special needs child in class who is physically and verbally disruptive(P1, P2)** Hyperactivity (P41)	Age of children (P1, P3, P4) Special needs- moderate learning difficulty (P1, P2) **English as second language (P6)** Background of African children (P9) Home situation (P10)	**Academic goals change (P13)** Lowered expectations of what's achievable (P13) **Having to prioritise child happiness over curriculum (P13)** No teaching being done when child was in class (P16)	very frightened of special needs child (P18) Suffered because of inclusion of special needs child (P18)	Feud- was threatened by parents (P37, P38) Conflict in classroom due to fued (P41)	Non-disadvantaged schools may receive more pressure from parents about academics (P18) **Different goals and expectations in DEIS school (P22)**	
T9	Urban Band 1	Non-compliance (P1) Disruptive (P1) **Aggressive (P1)** Physically violent to children and adults (P1, P5, P10, P13, P14, P17) **Emotional issues (P8)**	Problem stems from home (P6, P7) Special needs (P6, P7)		**Physical danger to other children (P2, P3, P4)** Children now remain calm (P4)	Families connected with Limerick feud (P22. P23)	Some parents don't want to know (P12) **encounter an awful lot of problems (P20)** Hard home background (P20, P21, P22) **Would be afraid to teach in a non-disadvantaged school (P24, P25)** Parents don't interfere (P26, P27)	Worries about future of children (P14)
T8	Urban Band 1	Attention difficulties (P1) Can't keep up (P1) **Emotional when routine changes (P1)** Attention-seeking (P2) **Disruptive (P2)**	Attention seeking (P1)	Affects the transitions of your teaching (P3)	Changes the whole atmosphere of the class (P1) Children are unnerved (P2)		Recognition of troubled home background (P2, P4)	A 'warning bell' about their future (P2)
T7	Urban Band 1	Attention span (P1) Attention-seeking (P1) **Frustration (P1)** Physical violence (P5)	Autism queries (P1) **ADHD (P1)** Newcomer child is frustrated (P1) **Traveller boy- poor attendance (P1)** Domestic violence (P2) **Sleep deprivation and lack of routine (P6)**	You can't teach in that kind of environment (P2)	have adapted very well to it (P2) have learned to live with it (P3)		Trauma in family life (P2, P5, P6) **Experienced an awful lot of sadness (P6)** Life presents challenges for parents (P6)	

Reality of the classroom environment

ID	DEIS	Types of behaviour	Cause of the behaviour	Shifting priorities	Impact on other children	Under threat	Educational disadvantage	Worries about future of children
T4	Urban Band 2	Tantrums (P1) **Attention-seeking (P1, P3)** Hyperactivity (P12) **Thumbs up, thumbs down (P13, P14)**	Language and communication difficulties (P1) **Immaturity (P2)** Boredom/ lack of interest (P3)	simple instructions to help EAL children understand (P2) **Affects ability to teach (P8)** Managing children can over-ride everything (P14)	Sit quietly for a while (P5) Give out to disruptive children (P5)		Home issues (P3, P7)	
T3	Urban Band 2	Making noises (P1) **Shouting (P1)** Destroying property (P1) **Physical violence (P1)**	Immaturity (P3)	Totally delayed from teaching (P2)	Sit quietly (P2) **Are shocked by behaviour (P2)**			
T12		Frustration (P1) **Problems with taking discipline (P1) Physical violence (P1, P2)** Emotional bullying (P2) Clingy and emotional (P18)	Background (P1) **Language and communication difficulties (P1)** Always a reason for behaviour (P2, P3) **Own mood, preparation for class and the way you teach(P2)**		**Understood that he was different and couldn't help it (P3)** Notice that exceptions are made for some children (P13, P14)		Home background problems (P1, P2) Are benefits to teaching in DEIS school (P15)	
T11		Won't stay in seat (P1) **Attention-seeking (P1)** Fighting and arguing (P1) **Lashes out (P2)**	Home background (P1, P4) **Immaturity (P1)**	Taking time away from teaching (P1)	disrupting the whole class and the other children (P1) **Disheartening (P2)**		Have to take child's background into account (P4)	is he going to get worse as he gets older? (P10)
T22		Giddy and doesn't listen (P2) **Distracted (P6)** Attention-seeking (P7) **Emotional problem (P8)** Hiding problems (P16, P17)	Special needs children (P2) **Newcomer children (P2)** Home background (P3, P4, P14, P15) **Number of children in a class (P9)**				Home background problems (P3, P4, P14, P15, P16, P17) Are benefits to teaching in DEIS school (P4)	
T21		Short attention-span (P1, P2) **Can't tune in (P4, P6)** Attention-seeking (P7) **Shouting (P8)** Can't follow class rules (P8) **Emotional problems (P10)** Violent behaviour (P4)	Home background (P3, P6, P11) **Immaturity (P6, P7, P9)** New curriculum causes some problems (P15)	Taking time away from teaching (P29)	Children notice the behaviour and rewards for others (P5) **Not fair on other children when managing bad behaviour (P13)** Disruptive to class (P29)		Are benefits to teaching in DEIS school (P11, P12)	

Appendix 22. Conduct problems in young, school-going children in Ireland

Conduct problems in young, school-going children in Ireland: Prevalence and teacher response

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Abstract

Conduct problems in school settings can pose significant challenges for both children and teachers. This study examined the teacher-reported prevalence of conduct problems in a sample of young children ($n = 445$) in the first two years of formal education in South West Ireland. A secondary aim was to assess teachers' perceptions of child behaviour and classroom management strategies. Children displayed positive socio-emotional and behavioural adjustment, although more than one quarter had difficulties outside the 'normal' range. Class size and gender were shown to play a role in the level of difficulties experienced. Teachers reported significant challenges in managing classroom behavioural problems. This study provides useful insights into the socio-emotional and behavioural needs of school-entry age children. The findings also have important implications for policy and practice of school psychologists and other key personnel and, in particular, the need to develop and implement early intervention and prevention strategies in schools.

Keywords: Conduct problems, social, emotional and behavioural difficulties, prevalence, adjustment to school, teacher classroom management, Ireland

The early school years represent a time of considerable transition. Rapid physical and psychological development during this period is compounded by the need to develop academic skills, such as motivation and attention to schoolwork and classroom instructions (Stephen & Cope, 2003). Socio-emotional skills are also challenged as children learn to interact with teachers and peers, necessitating the development of effective coping strategies and self-regulation capabilities (Blair & Diamond, 2008). Conduct problems in childhood have been shown to impact negatively on children's academic lives and may result in poor educational performance, school disengagement, absenteeism and early school leaving (Barbarin, 2007; Evans, Harden, Thomas & Benefield, 2003). Children with conduct problems or social, emotional and behavioural difficulties are also much more likely to experience negative relationships with teachers and peers and are at greater risk of depressed mood and low self-esteem (Ladd, 1990). Socio-emotional dysregulation and behavioural maladjustment in early childhood can increase the risk of delinquency, psychopathology, substance abuse, social welfare dependency and poor adult relationships later in life (White, Moffitt, Earls, Robins & Silva, 1990; Ramey & Ramey, 1998; Colman et al., 2009; Knop et al., 2009). These early difficulties may also create barriers to the provision of effective classroom instruction by teachers. School psychologists cite conduct problems as the most challenging form of special needs within mainstream schools (Evans & Lunt, 2002), where pupils have wide-ranging academic and behavioural needs.

A number of factors have been reported to impact negatively on overall child wellbeing. Behavioural problems such as defiance, hyperactivity, emotional dysregulation and poor interpersonal skills, emerge within the context of a range of interacting risk factors (Arnold et al., 1999; Najman et al., 2000). Dispositional risk

factors include impulsivity, difficult temperament, low verbal intelligence, deficits in processing social information, autonomic irregularity and neurochemical abnormalities (Frick, 2004). Environmental contexts such as inadequate early childcare and parental supervision (Gibbs, Underdown, Stevens, Newbery & Liabo, 2003), adverse social conditions, economic disadvantage, and impoverished living conditions (Wasserman et al., 2003). Indeed, children who live in areas with high levels of disadvantage or community conflict may present with greater school-based behaviour problems (Coie & Dodge, 1998; Goeke-Morey et al., 2012). A small number of school and classroom-related factors have also been identified as influential in child psychological health. For example, in a study of middle school students in Singapore, Chong, Huan, Quek, Yeo and Ang (2010) noted that student perception of a positive teacher-student relationship was the most significant predictor of school-adjustment. Indeed, recent research indicates that conflict in the classroom and student adjustment can be negatively affected when teachers' demonstrate unfair patterns of discipline and pet-student preferences (Chin, Lee & Liang, 2013).

Inadequate classroom management and negative teacher-student relationships are also associated with higher levels of classroom aggression and poor child adjustment (Kellam, Ling, Rolande, Brown & Ialongo, 1998; Raver et al., 2008; Webster-Stratton et al., 2008). Conduct problems can lead to negative teacher-pupil interaction which, in turn, may hinder the development of appropriate socioemotional skills in 'at-risk' children (Leflot, van Lier, Onghena & Colpin, 2010). Although the importance of a positive classroom dynamic is widely acknowledged, dealing with the needs of numerous children can hinder the quality of teacher-pupil interactions. Thus, class size has also been shown to have a negative

relationship with child adjustment (Blatchford, Edmonds, & Martin, 2003; Finn, Pannozzo & Achilles, 2003). Other factors, such as gender, may play a role in determining the quality of school adjustment (Birch & Ladd, 1997). Overall, classroom quality is vitally important in aiding child adjustment to school (Barnett, 2002) and can help to promote a positive attitude toward education in the early school years (Hamre & Pianta, 2001).

School attendance in the Republic of Ireland is compulsory from age six. However, many children begin school at four years and most five-year-olds have already entered education (Eurydice, 2009). Schooling in Ireland typically begins at a very young age when compared to most other European countries (OECD, 2004). Only two published prevalence studies on conduct problems in schools have been conducted in Ireland over the last 20 years, which show that 10%-11% of primary school children aged 9 to 10 years have significant levels of emotional disturbance (Porteus, 1991; Williams et al., 2009). Further work by Kiernan and colleagues (2008) has found that almost 56% of a small sample of socio-economically disadvantaged children in Ireland (n = 89) experienced some barriers to school readiness, whilst 11% were reported to have considerable behavioural and socioemotional difficulties.

Similar to many other countries, the recent financial crisis has meant reductions in public spending in Ireland and in financial investment in primary education. Despite this, a number of initiatives, which aim primarily to improve standards in the early childhood care and education sector and to tackle educational disadvantage, remain in place. Access to psychological assessment is provided to all primary schools through the National Educational Psychological Service (NEPS), and the designation of certain primary schools in Ireland as 'disadvantaged' by the

Department of Education and Science (DES), has led to greater levels of support for the most disadvantaged children including lower pupil-teacher ratios, special grants and extra help for pupils. Several of the schools within the current study are located in areas of high economic deprivation. International data show that Ireland has the sixth largest primary school class size (24.3 pupils) within the OECD member countries (OECD, 2010), and also have high teacher-pupil ratios, with almost 18 children per teacher. This figure is notably higher than both the European and US average (14.6 and 14.3 children per teacher respectively).

The current study was undertaken as part of an exploratory group-randomised trial designed to examine the effectiveness of the *Incredible Years Teacher Classroom Management* (TCM) programme (Webster-Stratton, Reid & Hammond, 2004) in Ireland. This study is described in a companion paper. The principal aim of this screening study was to assess the nature and extent of conduct problems in a representative sample of children in the first two years of primary school. Assessment of the level of difficulty experienced in a given classroom is important for many reasons, not least to provide a baseline from which interventions may be assessed (Webster-Stratton & Lindsay, 1999). The specific objectives of the study were to: (i) document the teacher-reported prevalence of conduct and socioemotional problems in the first two years of school; (ii) compare the scores to normative national and international scores; (iii) explore the classroom environment including teachers' perceptions of child discipline in school and strategies used to tackle disordered conduct in the classroom and to promote child adjustment; and (iv) to assess the impact of class size on teacher reported prevalence of conduct problems.

Method

Participants and Settings

This study was conducted in 11 primary schools located in the South-West of Ireland. Seven of the schools, in total, were designated as 'disadvantaged'; 8 were located in a city municipality characterised by unusually high levels of social disadvantage, as evidenced by concentrations of social housing developments (Campbell, 2010). Ongoing violent conflict is evident in some of the communities where several of these schools are located. Five of these city-based schools were designated as disadvantaged schools. Two schools based in towns and one rural school were also included in the research. Two teachers, who were teaching either a Junior or Senior Infant class (aged 4-7 years), from each of the 11 schools ($n = 22$) participated in the study. Only one of the teacher participants was male, although it should be noted that this is typical of teacher gender representation at the level of infant classes (Drudy et al., 2005). Most teacher participants were aged 25 to 34 years ($n = 15$), five were aged between 35 to 54 years.

A total of 445 children from children in junior and senior infant classes were screened by the 22 teachers. At the time of data collection, children had a mean age of 5.4 years ($SD = 0.71$; range= 3.54-7.5 years). Over half were female (56%, 253/445), with the sample almost equally divided between Junior and Senior Infant classes (49% and 51% respectively). Two-thirds of the children (295/445) were attending mixed sex schools. The number of children in each class ranged from 11 to 29 (average class size= 20.23).

Measures

The *Strengths and Difficulties Questionnaire-Teacher version* (SDQ; Goodman, 1997) was used to assess conduct problems and socio-emotional

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wellbeing. This is a widely used psychometrically robust inventory developed for use with 4 to 16 year-olds. Score of 12 to 15 indicates 'borderline' difficulties, whilst a score of 16 to 40 represents 'abnormal' difficulties (see www.infosdq.org).

A *Teacher Profile Form* was developed for this study to allow teachers to detail their perceptions of classroom difficulties in the first instance; this contained a number of open-ended questions. The *Teacher Strategies Questionnaire* (TSQ; Webster-Stratton, 2005), consisting of four subscales, was used to assess: (i) teacher confidence in managing behaviour; (ii) classroom management strategies usage; (iii) perceived utility of used strategies; (iv) teacher-parent interaction. Confidence in managing children's behaviour problems was assessed with two items scored on a 7-point Likert scale from 1 (not very confident) to 7 (very confident). The frequency and perceived utility of positive and negative strategies used were assessed by 34 items on a 5-point Likert-type scale, each of which was scored from 1 (rarely/never used) to 5 (used very often). Positive strategies include '*giving clear positive instructions*' and '*using praise and incentives*'. Negative classroom management strategies include '*warning and threatening to send children out of class*' and '*singling out children for misbehaviour*'.

Results

Child Socio-emotional and Behavioural Health

In total, 26% of children in the sample were reported to have levels of conduct problems and socioemotional difficulties within the 'borderline/abnormal' range, indicating that a significant proportion of children displayed poor behavioural adjustment. Abnormal levels of hyperactivity were reported by teachers in 18% of children. Eleven per cent of children were reported to have impaired social

behaviour, whilst a further 38% were reported to be within the 'borderline to abnormal' range with respect to their ratings on the Impact Supplement subscale. Scores show a similar pattern to a British normative sample (Meltzer et al., 2000), and indicate that the majority of children in this study were well adjusted. However, the results of one sample t-test analyses indicated that the mean 'total difficulty' score in the current study was significantly higher than that reported by Meltzer and colleagues (2000), as were mean scores for 'emotional symptoms', 'hyperactivity' and 'impact supplement' subscales. With the exception of 'conduct problems', significant differences on all other subscales were identified between this and the most recent comparable Irish study (Williams et al., 2009).

[Table 1 about here]

Teachers' Perceptions of Classroom Difficulties and Self-Reported Behavioural Management Strategies

Teachers' main concerns regarding child adjustment to school, centred on children failing to start or finish class work, and having difficulty staying on-task. Overall, teachers considered these to be the most challenging aspects of child behaviour in the classroom. Aggressive and externalising behaviours were also a source of significant concern. Teachers further cited oppositional behaviours (including inability to deal appropriately with correction) as major disruptions to the classroom environment. Peer conflict difficulties were also in evidence. A number of key background factors were understood by teachers to impede positive behaviour and appropriate socio-emotional development in the classroom including social disadvantage and poor discipline at home.

Almost three-quarters of the sample (16/22) felt either 'somewhat confident' ($n = 6$) or 'confident' ($n = 10$) in their ability to manage current problems in classroom behaviour. Self-reported teacher confidence showed a moderate negative correlation with the total level of behavioural problems in the class ($r = -0.469$, p<0.05). The most frequently used classroom management strategies involved commenting on good behaviour and using praise and incentives. Teachers' self-reported use of anger management strategies and labelling emotions was comparatively low. Negative strategies such as physical restraint and suspensions were used only rarely, although commenting on inappropriate behaviour was frequently reported. Commenting in a loud voice was also routinely used as a classroom management strategy. Overall, the teacher-reported use of positive strategies, such as praise and incentives, was high ($M = 61.29$), whilst they reported moderate usage of 'negative' classroom management strategies such as shouting, warnings and criticisms ($M = 12.88$).

Class Size and Conduct Problems

The impact of class size on the prevalence of conduct problems was examined using one-way analysis of variance (ANOVA). The total sample was divided into three groups according to class size: small (≤ 20 pupils); average (21-25 pupils); and large (26-29 pupils). Effect sizes were calculated using eta squared, whereby an effect size of 0.01 denotes a small effect, 0.06 a medium effect, and 0.14 a large effect of the intervention (Cohen, 1988). An analysis based on subscale scores revealed several main effects relating to emotional symptoms ($p=0.049$), conduct problems ($p=0.034$), peer problems ($p=0.035$) and pro-social behaviour ($p=0.002$). The difference between the class groups with respect to hyperactivity levels was not

statistically significant. Post-hoc tests indicated that the mean 'emotional symptoms' score for small classes was significantly different from that of large classes. These classes also differed significantly with respect to mean levels of peer problems and pro-social behaviour, indicating that smaller classes had lower levels of peer conflict and higher levels of positive social behaviour.

[Table 2 about here]

A statistically significant effect of class size on the 'total difficulties' mean score for girls; girls in smaller classes ($n = 82$) were rated as significantly worse, on average, than those in medium ($n = 70$) or large classes ($n = 101$) ($F(2, 250) = 3.25$, $p<0.05$). Similar subscale differences for were also found with respect to girls in larger classes who were reported to have significantly higher levels of emotional symptoms ($p=0.49$), conduct problems ($p=0.039$) and peer problems ($p<0.001$). As the total number of boys in large classes was small ($n = 11$), the medium and large sized classes were merged and an independent sample t-test conducted to examine the effect of class size on behavioural problems for boys. No statistically significant differences were found in levels of behavioural and/or socio-emotional problems between boys in small ($n = 112$) and larger classes ($n = 80$).

Discussion

This study examined the teacher-reported prevalence of conduct and socioemotional problems among a sample of children in the first two years of formal education. A secondary objective was to describe the classroom environment and to investigate the factors which may influence child behaviour within the classroom. Teacher reports indicated that a significant number of all children in the current study

experienced some conduct and emotional problems and social skills impairment during their first years of formal education. The comparisons with British (Meltzer et al., 2000) and Irish (Williams et al., 2009) samples, which were, albeit inclusive of older children, also show that young children in the current study fared significantly less well in terms of overall social, emotional and behavioural difficulties. Although this study did not directly examine the effect of socioeconomic status on child adjustment to school, a high proportion of children in the current study were attending disadvantaged schools. Thus, our findings are in line with previous research which shows socioeconomic disadvantage to be an important risk factor for the development of emotional and behavioural difficulties in young children (Frick & Morris, 2004; Webster-Stratton & Hammond, 1998).

Overall, teachers' reports in the current study indicated that they regularly face problematic, aggressive and often unpredictable behaviour in the classroom. Children's disruptive and non-compliant behaviour appeared to be commonplace and was directly and negatively impacting teachers' classroom experience. Frequent behavioural disruptions within the class can overwhelm a teacher and impair their ability to teach. However, positive schooling environments and student-teacher relationships have a constructive influence on child adjustment (Baker, 2006; Warren et al., 2006). It is reassuring to note that teachers in the current study used some positive strategies for managing classroom behaviour and facilitating learning. Raver and colleagues (2008) found that teachers who have better skills in managing disruptive behaviours fared better at preventing disordered conduct in the classroom. Further evidence suggests that children in a well-managed classroom show significantly less aggressive behaviour and spend more time on-task than matched controls in less well-managed classrooms (Kellam et al., 1998). While most teachers

in the current study reported feeling confident in their ability to manage behavioural problems, a significant proportion (6/22) reported feeling less than confident in their classroom management abilities. Previous research has noted that teachers frequently feel ill-prepared to manage behavioural problems in the class (Hutchings et al., 2007). Indeed, a significant relationship between teacher confidence and the reported degree of behavioural problems amongst children was evident.

The findings from the current study indicate that class size may impact on the levels of, and challenges in managing, conduct problems and socioemotional difficulties in the classroom. Previous research has indicated that teachers working in smaller classrooms report significantly fewer problems than those in larger classrooms (Finn et al., 2003). Smaller class sizes have also been linked to increased pupil engagement with learning activities (Blatchford et al., 2003). Thus, large class sizes may pose a considerable barrier to adequately addressing the personal and learning needs of 'at risk' children. Interestingly, the effect of class size was significant for girls in the current study, but not for boys. The reasons why girls may fare more poorly in larger classrooms are unclear in the context of this exploratory study. However, previous research has indicated that teachers typically report closer relationships with girls in their classrooms (Birch & Ladd, 1997) which, in turn, may act as an important protective factor for child adjustment to school. However, in larger classrooms, it may be more difficult for teachers and students to establish such positive relationships. Future research should focus on the effects of school and classroom-related factors on the wellbeing of children, how these interact with individual differences, and indeed, whether certain groups of children are more likely to fare better in different types of schooling environments.

Teachers' use of strategies such as emotional labelling, problem solving and anger management were also relatively low and may indicate that they are less well equipped than they might otherwise be, to manage conduct problems in the classroom. Likewise, whilst there was moderate use of negative classroom strategies, teachers reported the frequent usage of some negative strategies (e.g., singling out children for misbehaviour). This is a source of some concern in terms of the potential implications of negative teacher-pupil interaction for both child and teacher outcomes, as well as the overall classroom environment (Chong et al., 2010; Hamre & Pianta, 2001). These findings are in line with those of Akin-Little, Little & Laniti, (2007) who, also noted, in both Greek and American teacher samples, a reliance on negative classroom management strategies despite high levels of positive reinforcement. .

Limitations of this study include the absence of socioeconomic information or parent-child relationships. These factors can contribute significantly to child wellbeing and can be important influences on adjustment to, and behaviour in, school. These factors are likely to interact in complex ways with a child's experiences of school and his or her classroom environment. Disentangling the effects of multiple potentially interacting factors presents researchers with many challenges. Future studies that examine a range of factors, including those with a focus on classroom management, may provide a clearer picture of the main contributors to the social, emotional and behavioural wellbeing of children in classrooms. Though teacher reports may be influenced by child characteristics as well as their academic performance or attitudes towards parents (Coie, 1990), it has been argued that teachers provide a more reliable and less biased report of child behaviour than do parents (Webster-Stratton & Lindsay, 1999). This is particularly

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so, within the classroom context. Arguably therefore, teacher reports provide an appropriate and valuable source of information.

Implications

The findings of this study provide a snapshot of the numerous challenges facing teachers of children with conduct problems and socioemotional difficulties and the extent to which they use appropriate classroom management strategies. Quality of life in the classroom is increasingly recognised for its importance in child adjustment (Barnett, 2002; Jennings & Greenberg, 2009; Reyes, Brackett, Rivers, White & Salovey, 2012) and yet, school and classroom characteristics and their contribution to the mental health and personal development of young learners, have received relatively little research attention. Providing good quality early education and improving the socio-emotional skills of at-risk children as early as possible, can impact positively on child cognitive growth, scholastic success and ultimately promote adult social and emotional adjustment (Barnett, 2002). The partnership between teachers, parents and school psychologists (and other psychological service providers) can also assist in the development and implementation of strategies to manage child behavioural difficulties and improve the general classroom environment (Greenberg, 2010).

The principle of early childhood intervention to foster wellbeing and school adjustment is well-established (Chong et al., 2010; Hamre & Pianta, 2001). However, in order to effectively target emotional and behavioural difficulties in the classroom, it is necessary to first ascertain the nature and extent of the problems that teachers encounter on a daily basis. Referrals to school psychologists are often the first step for teachers with concerns about students' conduct problems and

socioemotional wellbeing. Early warning systems which involve collaboration between parents, teachers and mental health professionals, particularly school psychologies, must be implemented in order to provide optimal outcomes for children at-risk. As shown by previous research (Allen, 2011), time is critical—with early intervention offering the best outcomes. These findings enhance our understanding of the emotional and behavioural needs of young, mainly disadvantaged children at the beginning of their school career and provide important baseline information relating to the development and implementation of targeted intervention programmes. Our results also provide a useful benchmark from which to monitor and assess the efficacy of interventions such as the *Incredible Years Teacher Classroom Management Programme* (Webster-Stratton et al., 2004), which may be implemented by teachers, school psychologists or other trained professionals. Our further work in this area is described by McGilloway and colleagues (McGilloway et al., 2010). Collectively, the findings of this research programme suggest a need for appropriate evidence-based resources for children with conduct problems and socioemotional difficulties, as well as for their educators.

Given the importance of socio-emotional and behavioural wellbeing in the classroom and positive teacher-pupil relationships, and the well-documented relationship between conduct and socioemotional problems and negative educational and social outcomes, there is a need to focus on preparing both educators and school psychologist to deal with aversive child behaviour and to equip them with skills to maximise child adjustment to school. Evidence-based early interventions which aim to improve teacher self-efficacy and classroom management skills are important and may potentially benefit pupil adjustment. School psychologists are ideally placed to deliver such training programmes (Hutchings et al., 2012). Timely delivery of

classroom management training to teachers and (where possible) teaching assistants via school psychological services, could provide wide-reaching benefits and potentially lessen the need for costly, intensive interventions at a later stage. Providing these kinds of supports in educational settings may help to create better learning environments and facilitate child social and emotional growth and adjustment.

Author Note

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Table 1: Summary statistics for SDQ scores and one-sample t-test results

Frequency (%)   Mean (SD)

	Normal	Borderline	Abnormal	Total sample ($n = 445$)	British sample 5-10 years ($n = 4801$)†	Irish sample 9 years ($n \approx 8500$)††
Emotional Symptoms	371 (83)	32 (7)	42 (9)	1.8 (2.4)	1.5 (1.9)**	1.4 (1.9) **
Conduct Problems	373 (84)	33 (7)	39 (9)	1.0 (1.7)	0.9 (1.6)	0.8 (1.6)
Hyperactivity	336 (76)	31 (7)	78 (18)	3.3 (3.1)	3.0 (2.8)*	2.6 (2.8) **
Peer Problems	380 (85)	31 (7)	34 (8)	1.4 (1.8)	1.4 (1.8)	1.1 (1.6) **
Pro-Social	334 (75)	61 (14)	50 (11)	7.4 (2.5)	7.3 (2.4)	8.3 (2.1) **
Total Difficulties	332 (75)	60 (14)	53 (12)	7.6 (6.5)	6.7 (5.9)**	5.9 (5.8) **
Impact Supplement	278 (63)	27 (6)	140 (32)	1.1 (1.7)	0.4 (0.9)**	_

† Meltzer, H., Gatward, R., Goodman, R., and Ford, F. (2000) *Mental Health of Children And Adolescents in Great Britain*, London: The Stationery Office.

†† Williams, J., Greene, S., Doyle, E., Harris, E., Layte, R., et al., (2009) *Growing Up in Ireland*: *The Lives of Nine-Year Olds*, Dublin: The Stationery Office.

*Significant at the < .05 level

**Significant at the < .01 level

Table 2: Comparison of mean scores on SDQ for pupils in small, medium and large classes

ANOVA

	Mean (SD)			F	Effect size
	Small class (n = 194)	Medium class (n =139)	Large class (n = 112)		
Emotional symptoms	1.64 (2.4)	1.73 (2.21)	2.32(2.62)	3.041*	0.01
Conduct problems	0.99 (1.67)	1.23(1.93)	0.68(1.25)	3.406*	0.01
Hyperactivity	3.15 (3.05)	3.27 (3.47)	3.63 (2.8)	0.819	0.001
Peer problems	1.12 (1.61)	1.5 (2.02)	1.74 (1.64)	3.387*	0.02
Pro-social behaviour	7.66 (2.43)	7.63 (2.63)	6.69 (2.32)	6.33**	0.03
Total difficulties	7 (6.21)	7.73 (7.23)	8.37 (5.83)	1.65	0.01
Impact Supplement	1.28 (1.81)	1.14 (1.6)	0.79 (1.55)	3.12	0.01

*Significant at the $p < 0.05$ level

** Significant at the 0.01 level

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INCREDIBLE YEARS IRELAND STUDY

TEACHER TRAINING TRIAL (TRIAL 2)

OPERATIONS MANUAL

September 2008

Table of Contents

SECTION 1   SCHOOL VISITS PROCEURE

1.1   Introduction: School Contact Procedure

In order for school management to be kept informed of the research, a designated person from each individual school will be identified (e.g., this may be the school principal). When the trial coordinator contacts the school, they should speak with the designated staff member in first instance and then directly with teachers.

The following information is required from each school:

•   If there are any Traveller children in the selected classes, the name of Visiting Teacher for Travellers (VTT) working with the school.
•   If applicable, the name of the Homes School Community Liaison (HSCL) person in the school.

Information meetings will be arranged, in order to answer any questions/ concerns that the school may have regarding the research procedure. The contact staff member(s) will be invited to these meetings, along with the teachers involved, and Home-School-Community Liaison persons. In the case that there are Traveller children in the class, the Visiting Teacher for Travellers (VTT) should be informed and involved in the seeking of consent. Dr Anne Lodge will liaise with VTTs. Consent forms/ information leaflets will be given to the teachers at this meeting. Teachers will be given the opportunity to ask any questions, and if they are satisfied that they wish to participate, to sign the consent form.

At this meeting, the researchers will provide the contact staff member with information sheets and accompanying letters, to be sent out to all parents of children in the research classes. A surplus of consent forms will be given to the contact staff members/ teachers, as some level of non-response from parents is expected.

Children with assessed or suspected disabilities (learning disabilities, autism, etc...) will not be included in the research. Any child with no spoken English must be excluded from the research, because their communication abilities (with both teacher and peers) would likely improve over time, just by being in an English-speaking classroom.

1.2   Some Brief Procedural Guidelines

The following provides a brief synopsis of general procedures that should be followed by all Incredible Years Ireland team members, when conducting fieldwork.

- All data collection/field activities must be arranged centrally by the trial coordinator.

- A diary will be held in the NUIM office with interview locations, interview times and the mobile number or contact details of the participants involved, so that we are always aware of the whereabouts of all researchers.

- Each research interviewer should also carry her own separate materials (e.g., T-POT coding sheets) plus some means of identification.

- All fieldworkers should be in possession of a mobile phone, which should be left switched on (but on silent) for the duration of the fieldwork.

- All research team members must recognise that they have a duty of care to children with whom they come into contact for research purposes. In the event that any child protection issues arise, either directly or indirectly, in the course of the research, these will be dealt with sensitively, promptly and in line with established guidelines for the protection of children (e.g. Children First, 1999; Our Duty of Care, 2002) with referral, where appropriate, to a relevant HSE agency[1]. Any queries arising in relation to the appropriate management of child protection (and parent welfare) issues should be directed to Dr Yvonne Barnes-Holmes (Yvonne.Barnes-Holmes@nuim.ie) in the Department of Psychology and/or to the PI/Research Director, Dr. Sinead McGilloway (Sinead.McGilloway@nuim.ie).

[1]The available guidance stipulates that: "A worker who knows or suspects that a young person has been, or is at risk of being, harmed has a duty to convey this concern to the designated person in their organisation who will report this information to the health board. The health board will, in turn, notify An Garda Síochana."

1.3   Questionnaire Completion

At baseline, prior to the randomisation of teachers to control/ intervention groups, the trial coordinator will visit the participating schools, and all teachers will be asked to complete the questionnaires outlined below.

Shortly after the intervention group teachers have completed the TCM programme, the trial coordinator will revisit all teachers (both intervention and control) at their school, and they will be asked to fill in the questionnaires again. They will not be required to complete the Teacher Profile Questionnaire at follow-up.

Table 1. Materials required at different data collection time points

Baseline	Follow-up
Researcher information	**Researcher information**
Participant contact details	Participant contact details
School visits manual	School visits manual
Forms	**Forms**
Participant Information Sheet	**X**
Consent Forms (teachers plus for the children, latter accompanied by letter to parents /guardians)	**X**
Rules for School Observations	Rules for School Observations
Baseline cover sheet	Follow up cover sheet
Questionnaires (for completion at baseline)	**Questionnaires (for completion at follow-up)**
Teacher Profile Questionnaire	**X**
Strengths and Difficulties Questionnaire (SDQ)	SDQ
Conners Abbreviated Teacher Rating Scale (CATRS)	CATRS
Teacher Strategies Questionnaire (TSQ)	TSQ
X	Stakeholder Evaluation Form-Teacher (SEF-T)

1.4   Observational visit

Optimal observation times during the day may vary from one school to another, and it is likely that the research will involve a range of different times observed across schools. However, these times must be matched within the individual schools (both control and intervention groups being observed at the same time of day). Also the time of the baseline observation must be matched with the time of the follow-up (e.g., 11:00am at baseline, therefore 11:00am at follow-up).

The observation should take place during formal and structured classes (e.g., Maths, English, Irish class) where teacher and child interaction is maximised (so NOT Arts & Crafts or Physical Education class). Prior to the observation teachers will be consulted as to the daily timetable of subjects. They will be asked to provide information on how they sort out their classroom and group their class, as this may have an effect on the coding.

To observe the 12 children in the classroom, 3 trained coders per classroom are required. A total of 15 minutes of teacher-child interaction is required in the coding process. In the current research 3 index children per class will be focused on at a given time– i.e., 3 coders in class together, each one focusing on 3 different children throughout the coding session (or 60 minutes of individual coding).

SECTION 2 : MEASURES AND SCORING PROTOCOL

This section outlines the measures (questionnaires and the observation tool) used in the TCM trial, along with issues pertaining to administration and scoring.

2.1 Questionnaires

- **Teacher Profile Questionnaire (TPQ)**

Demographic and background information on teachers will be collected at baseline only using a brief questionnaire. The TPQ, which is shorter than the Profile Questionnaire completed by parents in the parent trial, is based on an adapted version of the Demographic Questionnaire used in the Pathfinders study in England and by Hutchings et al. (2007) in the Welsh Sure Start study. The TPQ will be used to elicit background information such as years' experience and duration of employment in the school. The TPQ is important in providing data for purposes of potential attrition analysis and for testing the equivalency of the control and intervention groups. It will also help to establish an initial rapport with participants, prior to administration of the other questionnaires.

- **Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)**

Teachers will complete the SDQ to ascertain the 4 highest-scoring, 4 lowest-scoring and 4 mean-scoring children within their class. This 25-item inventory (containing five subscales) was designed as a behavioural screening measure to assess the occurrence of particular behaviours that have been associated with conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behaviour in children aged 4-16. The SDQ takes approximately 5- 7 minutes to complete (per child).

Scoring and interpretation
Scoring may be done by summing the items within each of the five subscales (5 items per subscale, minimum score = 0, maximum score = 10). A 'Total Difficulties' score is calculated by summing the scores from all scales except the pro-social scale (minimum score = 0, maximum score = 40).

- **Teacher Strategies Questionnaires (TSQ; Webster-Stratton)**

The 44-item TSQ will be completed by teachers to rate the frequency with which they use a number of teaching strategies and their ratings of the usefulness of each strategy. This will provide a measure of the effect of TCM training on the teacher's skills and overall classroom management. Teachers are asked to rate the frequency with which they use a number of specific strategies and the extent to which they find these strategies useful. They are instructed to think of their general strategies for managing the entire classroom, rather than a specific child. This questionnaire takes approximately 10-15 minutes to complete.

Scoring and interpretation
Confidence in management of classroom behaviour is measured on a 7-point Likert scale, ranging from 1 'very unconfident' to 7 'very confident'. Specific teaching

techniques are measured as to their frequency and usefulness on 5-point Likert scales, ranging from 'rarely/never' to 'very often'. Higher scores indicate that teachers found the strategies easier to administer and more useful in promoting positive behavioural change. Working with parents is coded on a 6-point Likert scale, ranging from 1 'never' to 6 'daily'.

- **Conners Abbreviated Parent/Teacher Rating Scale(CAPTRS; Conners, 1994)**

The CAPTRS (Conners, 1994) is used to assess the incidence of hyperactivity in children aged 3-7 years. The 10-item scale is a self-administered teacher report measure and takes approximately 5 minutes to complete. Observations of possible child behaviour (e.g., cries often and easily, disturbs other children) are given, and teachers are asked to provide answers indicating the degree of the problem based on the individual child's behaviour.

Scoring and interpretation
Each item has four possible answers ranging from 'not at all' to 'very much' scoring from 1 to 4. The higher the score reported by the teacher, the greater the extent of the indicated hyperactivity.

- **The Stakeholder Evaluation Form (SEF): teacher (SEF-T)**

The SEF-T is adapted from the Teacher Satisfaction Questionnaires that have been designed specifically for use in evaluations of the IY programme. This quantitative measure will inquire about the participants' experience of all aspects of the programme including perceived usefulness, difficulties in implementation, and overall levels of satisfaction. This measure will be completed by the teachers themselves, and will be administered once (after programme completion). This measure will take approximately 5 minutes to complete.

Scoring and Interpretation
The SEF-T will involve a 5-point Likert scale with higher scores indicating a more positive evaluation of the programme.

2.2   Observation Tool

As part of the research into the TCM programme, classroom observations of teacher and child behaviour will be conducted.

- **The Teacher-Pupil Observation Tool (T-POT; Martin et al.)**

The Teacher-Pupil Observation Tool (TPOT) was developed to observe salient teacher and classroom behaviour, both pre- and post-TCM training. This tool is relatively quick and easy to administer and is ideal, therefore, for use within a classroom setting. The researcher observes teacher and pupil behaviours and interactions in the classroom. Teacher behaviour, index child behaviour and general classroom behaviour may be coded. The observation session will last approximately one hour, but may last longer depending on possible interruptions. Such instances could include a child becoming ill, someone calling to the class (e.g., unexpected inspector visit), fire alarm, or some other disruption. If this occurs, the observation may continue once normal classroom activity resumes. However, if there is a major interruption, the researcher will consult with the teacher, as to when would be an appropriate time to reschedule the observation.

Scoring and interpretation
Each individual occurrence of behaviour is coded on an itemised checklist. These are summed to give an overall score for teacher and child (positive and negative) behaviours.

SECTION 3 : DATA MANAGEMENT PROCEDURES

3.1   Standard Operating Procedures

The data manager is responsible for development and maintenance of the database, and to the entry of the data and the checking and cleaning of all data sets as well as ensuring the safe storage of that data (in conjunction with the trial coordinator).

Storage of, and access to, written/electronic data

All of the data gathered during the study (across all three trials) are highly confidential. Therefore, in order to ensure complete confidentiality, hard copies of all data files are stored in a locked facility in the main project office at NUI Maynooth. Access to the office and to the allocated computers is permitted only to authorized personnel and the project office has a secure (swipe card) access. All electronic copies of files are stored on a secure server connected by internal network to the relevant password protected terminals. A backup system is also in place; a routine back-up of the data is done on a weekly basis. Back-up CD-ROMs are also stored securely in the main project office.

Only the Data Manager has 'write access' to the most current version of the electronic databases on one of these shared drives. Other research staff will have 'read access' only and may create working copies of the files. This is necessary in order to reduce the possibility of introducing errors into the most current version of the databases.

Checking electronic data

All data on questionnaires will be entered and checked visually against questionnaires after entry.

Data audits

Regular audits will be carried out on entered data. These will be undertaken in two parts: (1) a full 12 questionnaire audit; and (2) a full audit of the primary (most important) variables. Thus, for each data audit, 12 questionnaires will be selected at random (stratified by interviewer) and an electronic copy of the data will be printed and checked against the written copy for accuracy. In addition, a printout of primary variables will be checked against written files for all data entered. Errors will be noted and changed on the database. A summary of the number of data points checked and number of errors encountered will give an error rate for each audit and an overall error rate for the database, as a whole, can then be determined.

Note: For the first audit, all entered data will be eligible for audit. For the second audit, only data entered since the first audit will be eligible for audit, etc...