Thrive training and Thrive trainees’ perceived relationships with children with BESD, self-efficacy in managing children’s BESD and causal attributions about BESD in children: a two-phase evaluation

Submitted by Katherine Howarth to the University of Exeter as a thesis for the Degree of Doctor of Educational, Child and Community Psychology, May 2013.

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I certify that all material in this thesis that is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other university.

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Abstract

This paper reports the two phases of an evaluative study looking at the impact of Thrive training. A small Local Authority (LA) in the South West of England commissioned this study.

In **phase-one**, Thrive trainees completed Likert-type questionnaires about the three areas below:

- Perceived relationships with children with BESD;
- Self-efficacy in managing children’s BESD; and
- Causes to which BESD can be attributed.

Data were taken from Thrive trainees who attended either the one-day Thrive training or the nine-day Thrive training.

Thrive trainees \((n=60)\) completed questionnaires before training began and after training had finished. The questionnaire comprised three established scales, investigating the three areas listed above.

Data gathered was quantitative and analysis was designed to show differences between participants’ ratings before and after completing the Thrive training.

For the nine-day training, results show an overall increase in trainees’ perceived relationship quality, and self-efficacy in managing children’s BESD. It was also seen that Thrive trainees attributed the existence of challenging behaviour to causes thought to be beyond the child’s control yet within the provision control. Findings were less evident for the one-day training.

These results are related to past research and conclusions are drawn about the efficacy of the Thrive training.

In **phase-two**, eight participants were randomly selected from the sample used in phase-one. Participants were interviewed through the process of hierarchical questioning and contextual focusing and qualitative data was gained. The focus of phase-two was to investigate what changes (if any) Thrive trainees identified as occurring due to their attendance on the Thrive training as well as which factors (if any) within the Thrive training particularly facilitated change in each of the areas measured in phase-one (perceived relationship building, self-efficacy and causal-attributions).

Thematic analysis was used to draw themes from participants’ responses. Results show that Thrive trainees discussed changes in their behaviour; thoughts; feelings; and personal attributes. Results also found that Thrive trainees attributed these changes, as well as changes relating to the three areas measured quantitatively in phase-one, to specific factors within the Thrive training. These include:

- The delivery style;
- The Thrive model and specific training content; and
- Other mediating factors.

Results are discussed with reference to past research; conclusions are drawn about the efficacy of the Thrive training and some general implications for the LA for whom the current research was conducted, as well as for educational psychology practice, are reported.
Overview

The current piece of research has been conducted in two phases, as required by the University of Exeter. In order for the reader to gain an overview of how these two halves fit together, figure 1. has been compiled. This diagram details the research questions for both phases separately, but also shows that findings will be joined to gain an understanding of broader implications for the LA, whom the current research has been conducted for. Figure 1. also illustrates that both phase one and phase two of the research were conducted simultaneously.

Thrive training and Thrive trainees’ perceived relationships with children with BESD, self-efficacy in managing children’s BESD and causal attributions about BESD in children: a two-phase evaluation

**Phase-one:**
One group pre-test-post-test design looking at Thrive trainees’ perceived relationship building with children with BESD, self-efficacy in managing children’s BESD and causal attributions about BESD in children before and after completing one-day and nine-day Thrive training.

**Research Questions:**
RQ1: To what extent is there a change in Thrive trainees’ perceptions of the quality of their relationships with children with BESD after receiving the nine-day Thrive training, or the one-day Thrive training when compared with before?
RQ2: To what extent is there a change in Thrive trainees’ self-efficacy towards managing the behaviour of children with BESD after receiving the nine-day Thrive training, or the one-day Thrive training when compared with before?
RQ3: To what extent is there a change in Thrive trainees’ causal attributions towards BESD after receiving he nine-day Thrive training, or the one-day Thrive training when compared with before?

**Phase-two:**
Qualitative evaluation design looking at what changes (if any) Thrive trainees identify as a result of completing the Thrive training and which factors (if any) within the Thrive training trainees perceived to have impacted upon shifts in relationship building; self-efficacy and causal attributions.

**Research Questions:**
RQ1: What changes (if any) do Thrive trainees identify as occurring as a result of taking part in Thrive training?
RQ2: What factors (if any) within the Thrive training do Thrive trainees perceive to have impacted upon their ability to build positive relationships with children with BESD?
RQ3: What factors (if any) within the Thrive training do Thrive trainees perceive to have impacted upon their self-efficacy when managing the behaviour of children with BESD?
RQ4: What factors (if any) within the Thrive training do Thrive trainees perceive to have impacted upon their causal attributions about BESD in children?

**Outputs:**
- A contribution towards the evaluative research needed to report on the efficacy of the training element of the Thrive intervention;
- Implication for the LA whom the current research was commissioned by;
- Limitations of the research and identification of future research needed;
- Implications for educational psychology practice.

*Figure 1: Visual overview of the two-phase research structure*
Phase-one
Thrive training and Thrive trainees’ perceived relationships with children with BESD, self-efficacy in managing children’s BESD and causal attributions about BESD in children: a one-group pre-test-post-test evaluation

1. Introduction and background

The following report presents the findings of phase one of the current research: a one-group pre-test-post-test evaluation of the training element of the Thrive intervention.

A Local Authority (LA) in the South West of England commissioned the current research to be carried out between September 2011 and June 2013. Although the design of the research was left flexible for interpretation by the researcher, the LA’s aim was to gain a deeper understanding of the effectiveness of the Thrive intervention. The following background information details the reasons for this request as well as describing the micro political backdrop negotiated by the researcher throughout the current research.

Prior to the current research, Thrive had been implemented in some form in the commissioning LA for the preceding 15 – 20 years. The nine-day Thrive training had been delivered to key practitioners in the majority of local schools within this LA, and furthermore, in those same schools all staff (other than key practitioners) had received one-day Thrive introduction training (differences between the nine-day, and one-day training will be described in the next section).

‘Thrive- Fronting the Challenge’ (Thrive FTC) is the full name of the limited business and intervention, however for ease of reading, ‘Thrive’ will be used throughout the current document.
It is understood that immediately prior to the current research being commissioned Thrive employed a business manager and supporting team and became a limited company. The training elements of Thrive also became standardised at this time and the cost of training increased. This increase particularly impacted upon the LA for whom the current research was conducted. This is because during the process of creating Thrive in the 1990s, the intervention was piloted in this particular LA and the LA had ‘in-house’ Thrive trainers. This resulted in a reduced fee for the training. It is understood, that when Thrive became a limited company, the contract was re-negotiated in a less favorable way for the LA.

During the time of conducting the current research, the LA underwent a number of events and changes including the cutting of budgets to Children’s Services; voluntary redundancies of ‘in-house’ Thrive trainers; and the initiation of traded support and psychological services (including Thrive training).

Within six months of conducting the current research Thrive training ceased in the LA for the reasons detailed above. A consultation period followed to decide whether to continue with the Thrive intervention training or not. This research hopes to provide the LA with certain evidence to aid this decision.

Although some data were collected from the LA for whom the research was conducted, data were also collected from two neighbouring LAs where the intervention training was still running.

The current research was conducted against the micro-political backdrop and constraints described above.
2. Thrive

2.1. The Thrive intervention

Thrive is a therapeutic intervention created by Banks, Bird, Gerlach and Lovelock (1994). The intervention aims to bring about change in the behaviour and emotional development of children with behavioural, emotional and social difficulties (BESD) through increasing adults’ understanding of children’s needs and providing adults with therapeutic strategies and techniques to help support children with BESD. It is aimed at professionals and practitioners who work with children with BESD.

The intervention is underpinned by the theory that children progress through six stages of development in early life (Figure 2). If a stage is interrupted for a particular reason relating to attachments between the infant and the primary caregiver, emotional and social development is affected. This model of development has been adapted from work by Illsley-Clarke and Dawson (1998) and Levin (1991). It is proposed by Banks et al. (1994) that attachment interruptions commonly manifest as challenging behaviour.

- Learning to **be** (0-6 months);
- Learning to **do** (6-18 months);
- Learning to **think** (18-36 months);
- Learning to be **powerful** and to have an **identity** (3-6 years);
- Learning to be **skilful** and have **structure** (6-12 years); and
- Learning to be **separate** and **secure** in your **sexual identity** (12-18 years) (Banks, et al., 1994)

*Figure 2: The Thrive model*
A further assumption within the Thrive model is that if an interruption is identified at any of the stages below, appropriate intervention can be put in place during later life to support the child in ‘filling in’ this interruption and moving to the next developmental stage.

The Thrive intervention also comprises a computer-based assessment tool. This tool assesses where the child’s interruption is in relation to the above six stages and details specific therapeutic strategies and activities to use with the child to help the child develop to the next stage. For example, generally, therapeutic activities relating to the ‘learning to do’ stage advocate that the adult becomes the child’s “co-adventurer” and supports the child in exploring their surrounding environment and how the child impacts upon this environment, whereas activities relating the ‘learning to think’ stage focus on the use of language and reasoning skills to explore thoughts, feelings and behaviours.

Before an individual can officially practice Thrive with children and young people they must undergo Thrive training, and pass the Thrive practitioner assessment. On the Thrive website a number of training packages are currently advertised, including;

- Practitioner Training (nine days)
- The Thrive Early Years Training (eight days)
- Action Plan Mentor Training (three days)
- Trainer Course (six and a half days)

At the time of the research being conducted there was also an introductory one-day training session on offer.
2.2. Thrive training

For reasons that will be discussed further in section 2.4., the training element of the intervention will be the focus of the current research and data will be collected from Thrive trainees who attend the Practitioner Training (nine-day), and the Introductory Training (one-day).

Once a trainee has undertaken the nine-day Thrive training course they can become a registered Thrive practitioner, and therefore it was deemed important to collect data from trainees attending this training. The one-day training aims to introduce and attract trainees to the nine-day training. When a school signs up to become a ‘Thrive school’, a small number of practitioners are required to complete the full nine-day training, and the entire school staff are required to do a one-day awareness training, so that everyone within the school has an understanding of the intervention. This one-day training is similar in structure to the introductory course reported upon below.

As discussed in section one, Thrive training ceased halfway through the data collection period within the LA for whom the research was being conducted and data were instead collected in two neighbouring LAs where the intervention training was still running. Although all future training was cancelled within the original LA, two one-day training sessions were already booked-up and therefore carried on. For this reason it was decided that data would also be taken from these two one-day introductory sessions. This decision was made for two reasons; to investigate whether changes are also identified in the one-day training, potentially offering the LA a less expensive option; and secondly, as data were limited due to unforeseeable changes within the LA, the researcher made every effort to collect as much relevant
data as possible to help gain an understanding of the research questions, and the LA’s requests.

2.2.1. One-day training

To accompany the one-day training there is a printed course manual, titled ‘An Introduction to the Thrive Approach’. The Thrive trainer follows the structure of this manual when delivering the training. The below areas are covered (as taken from the page titles in the manual):

- The Thrive approach at a glance (delivered through PowerPoint), including:
  - What is Thrive?
  - Why use Thrive?
  - Who created Thrive?
  - Where is Thrive already being used?
- Developmental Building Blocks (delivered through PowerPoint), (as discussed in figure 2);
- Case examples of work with children (delivered through PowerPoint);
- Information about what Thrive looks like in school
  - Case studies of how other schools are implementing the intervention are discussed.
  - A discussion of what the school in question would need to do to get the intervention up and running (such as whole school training and the releasing of key members of staff for the nine-day training).

2.2.2. Nine-day training

To accompany the nine-day training there is a number of printed course manuals, entitled ‘Core Training Manuals’. Thrive trainers follow the structure of these manuals and deliver a combination of standard PowerPoint presentations and practical skills activities throughout the training. The following areas are covered:

Day one:
- Introduction to Thrive: underpinning theory (delivered by PowerPoint presentation) (figure 2.)
The importance of relationships in child development (delivered by PowerPoint presentation).

‘Learning to be’: PowerPoint presentation about this stage of the Thrive model and teaching trainees the importance of children understanding that they are “special beings”.

Experiential learning activities to help trainees practice ‘learning to be’ therapeutic activities, including: eye-contact, use of child’s name, greeting child, noticing and acknowledging child, and ‘safe touch’.

Day two:

‘Learning to do’: PowerPoint presentation about this stage of the Thrive model and teaching trainees the importance of children exploring and making sense of their world around them and how they interact with it.

Experiential learning activities to help trainees practice ‘learning to do’ therapeutic activities, including: sand play, messy play, cooking, finger painting, the adults role as the co-adventurer, the adults use of curious and inquisitive language.

Introduction to the computer-based assessment tool; PowerPoint presentation and activities to help trainees explore the online system.

Day three:

‘Learning to think’: PowerPoint presentation about this stage of the Thrive model and teaching trainees the importance of children using language to reason about their feelings, thoughts and behaviours.

Experiential learning activities to help trainees practice ‘learning to think’ therapeutic activities where language is used to help the child explore their feelings. Activities include: narrating child’s play, or paraphrasing the child’s language (but never asking questions, leading conversations or passing judgment); using language to attach words to the child’s feelings and behaviours “I’m wondering whether you are feeling really angry in your stomach”; and use of story books and metaphor to explore feelings.

Discussion about how Thrive can integrate with the Common Assessment Framework (CAF) and support multi-agency work.

Day four:

‘Learning about Power and Identity’: PowerPoint presentation about this stage and teaching trainees the importance of boundaries for children in ensuring that they feel secure.

Experiential learning activities to help trainees practice power and identity therapeutic activities, including implementing clear boundaries and becoming a reflective practitioner. These skills are taught through the exploration of psychological theory including JoHari’s Window (Luft, 1982), and the O.K. Corral and Drama Triangle taken from Berne’s Transactional Analysis (Stewart, 2001).

Day five:

PowerPoint exploring the importance of establishing positive relationships with children. Focus on attunement, validation, containment and regulation. Experiential learning activities to help trainees explore what the child might feel like when these relational skills are not employed compared to when they are used.

Sharing of experiences, relating of practice to theory through group discussion work.

Day six:

PowerPoint about brain science and brain plasticity, the role of creativity and play in child development.

Review of the Thrive model (figure 2.) (delivered through PowerPoint).

Introduction to whole class screener computer-based assessment tool; PowerPoint presentation and activities to help trainees explore the online system.
Day seven:
- “Anger and Learning; Fear and Learning” delivered by PowerPoint Presentation.
- “Keeping the child safe, keeping the practitioner safe”: using art to safely explore a child’s feelings (discussion based);

Day eight:
- “Loss Separation; Bereavement and Learning” delivered by PowerPoint Presentation.
- Keeping the child safe, keeping the practitioner safe: using art to safely explore a child’s feelings continued (discussion based);

Day nine:
- Helping children experience joy and celebration (PowerPoint and discussion based).
- Review of Thrive and training.

Although the areas listed above are standard to all training, the delivery style encourages discussion and experience sharing and for this reason it is likely that there is a level of variance between individual Thrive trainees’ experiences of the training. In terms of drawing general conclusions from the current research, this may affect the results although unfortunately it is impossible for the analysis to control for these variations in training experiences.

After the nine-day training, trainees are assessed before becoming a certified Thrive practitioner; feedback is given on their progress and a one-day post training mentoring session is available to support the implementation of the intervention. The nine-day training takes place over six months. This time is usually split into three lots of two days and one lot of three days. Trainees are required to keep a reflective journal during this time to help adapt training to practice.

All of the above is included in the training fee.

Thrive training is delivered by licensed Thrive trainers only.
For more detailed information about possible underpinning models, theories and broader research associated with the Thrive model please refer to section two of the extended literature review found in Appendix A.

2.3. **Significance of the Thrive intervention within a broader context**

The Department for Education (DfE) (2013) in the United Kingdom reported that around 26% of children at School Action Plus and 13% of children with a statement of special educational needs (SEN), experienced BESD as their primary area of need in 2011 / 12. Based on Government statistics and information from Local Authorities (LA), it is estimated by Cole, Daniels and Visser (2003) that in 2003 around 0.4% of the school population were removed from mainstream education and placed in pupil referral units (PRUs) or special schools for reasons relating to BESD. Further to this, 5,740 pupils were permanently excluded from school in 2009 / 10 in England and again, BESDs are often noted as the cause of such exclusions (DfE, 2012).

The Thrive intervention aims to respond to these challenges.

2.4. **Unpublished research**

Despite there being references to the Thrive intervention in recent publications (Edmund & Stuart-Brown, 2003), and current research being conducted about the Social Return On Investment (SROI) that Thrive potentially offers (Courtney, personal communication, March 8, 2013), there is currently no published research or evidence-base of an evaluative nature available. This is partly why the LA by whom the current evaluation has been commissioned requested the research be conducted.
In the last eight years, however, the unpublished pieces of evaluative research listed below have been conducted. By reviewing these, insight can be gained about the direction of the current research.

A small-scale study conducted by Williams (2005) looked into the effect of elements of the ENABLE programme (which is now named Thrive) on teachers’ attitudes and commitment towards the inclusion of children with emotional and behavioural difficulties (EBD). Results showed that following training, teachers were more likely to advocate the inclusion of children with EBD within mainstream provision; that they were more personally committed to including children with EBD in the classroom and that teachers were more likely to recognise children’s behaviour as resulting from early developmental factors. The scales used by Williams (2005) were adapted from the Index for Inclusion by Booth and Ainscow (2002) and research conducted by Avramidis and Norwich (2002). Although the scales used were adapted from valid and researched sources, in the form that they were used for Williams’ data collection, they were not standardised, and therefore no reliability or validity data are reported on. It is argued here that although the effects of Thrive training on trainees may lead to positive results, there is a need for more robust research to be conducted before this conclusion can be confirmed.

A second piece of research has recently been conducted by a trainee educational psychologist in a South West LA as part of their doctoral research (Cole, personal communication, December 14, 2012). This study looked at the impact of Thrive on children’s ‘sense of relatedness’, ‘emotional reactivity’ and ‘readiness to learn’. Two subscales from the Resiliency Scale (Prince-Embury, 2001) and the Reintegration Readiness Scale (Doyle, 2001)
were used to measure specific aspects of resiliency and readiness to learn over an eight-month period. Teachers’ attitudes towards inclusion were also investigated during this same eight-month period. Scales used to measure the area of inclusion were adapted from Williams’ work (2005) (as described above), and scales developed by Avramidis, Bayliss and Burden (2000).

Cole’s research also investigated staff’s, parents’ and children’s experiences of the Thrive intervention through the use of semi-structured interviews.

Quantitative analysis found that children who received Thrive made no significant gains in any of the three areas measured when compared to the control group. Infact it was found that the control group made significantly greater progress in terms of their readiness to learn during the same eight-month period. Despite this, the author’s qualitative data found that parents and school staff did infact identify personal gains in the behaviour of the children who took part in the Thrive intervention. This could suggest that the potential impact Thrive has on improving outcomes for children with BESD is too subtle to measure with more generic scales, or the scales selected for use on this occasion measured the wrong concepts altogether.

Cole’s findings also show that staff that belonged to “Thrive schools” held equally as inclusive attitudes when compared to those who belonged to control schools. However, staff that received the nine-day training held significantly more inclusive attitudes, and were more confident to include children, when compared to staff who had not received Thrive training at all.

In relation to both Cole’s and Williams’ research ‘inclusion’ as a concept is difficult to define (Norwich, 2005), and therefore difficult to measure. Furthermore, Avramidis et al.’s (2000) original scale (as used by Cole) was
developed to look at teachers’ attitudes towards including children experiencing a range of special educational needs and not just children experiencing BESD. For these reasons, the validity and reliability of Cole’s data collection methods can also be called into question. It is argued that, similarly to Williams’ work (2005), Cole’s findings may not provide robust results about the effects that the Thrive training has on its trainees.

Cole recommends the need for future mixed-method evaluations to focus on quantifying the impact of the intervention on staff beliefs, and furthermore, establishing whether any changes observed can be attributed to Thrive specifically. It is proposed by Cole that this may provide a clearer way of contributing to the much-needed Thrive evidence-base.

Research by Woods (n.d.) was commissioned by Thrive, the Targeted Mental Health Service (TaMHS) project in a LA in the South West, and a University in the South West to help select a valid measurement tool to evaluate the potential impact of Thrive. Preliminary results suggest that Thrive does positively impacts on teachers’ attitudes, teachers’ causal attributions and whole school policy.

Although this provides a more positive view about the Thrive intervention, Woods’ (n.d.) data were collected over a two week period immediately preceding the summer holidays: it could be argued that this is a particularly short data collection period and not necessarily representative of normal school life. Despite this criticism, the purpose of this work, as requested by its commissioners, was to pilot a method of evaluating Thrive, and therefore such a short data collection period could be deemed sufficient. One should be cautious however, when drawing general conclusions. Furthermore, as discussed by Cole (personal communication, December 14, 2012), it is not
necessarily reliable to attribute these positive impacts to Thrive specifically, as no before and after measures were taken by Woods (n.d.), nor was there a control group.

If Woods' research is taken as an indication, his conclusions propose that attitudes and causal attributes are appropriate areas for further investigation in future attempts to evaluate Thrive.

It is argued by the current researcher that the discussions above uncover many gaps in the limited literature. Unpublished research appears to either lack robustness in its design and data collection methods, or lacks validity in terms of measuring what Thrive actually aims to do.

The current research intends to address this gap by starting at the beginning; before an individual can practice Thrive with children, they must first attend the Practitioner Training. Therefore, the effect of this training on the trainee appears to be the first link in the chain when uncovering the effectiveness of Thrive. In order to investigate this systematically, it is logical to first identify the aims of Thrive. Elements of both Cole's research (2012) and Williams' research (2005) focused on attitudes towards inclusion, however, current literature available on the Thrive website makes no reference to the concept of inclusion, and does not explicitly claim that the intervention actually aims to facilitate this.

In light of these discussions the current research should first look to investigate what Thrive actually aims to do, and only when this is understood should the current research measure whether Thrive meets these aims. In relation to Cole’s research (2012) on the effect of Thrive on outcome for children, it is proposed that, there again, only following the research
described above, can future research evaluate the effect that the practitioner who implements Thrive has on the child.

Furthermore the current research aims to conduct the above research through employing established, robust and relevant quantitative measurement tools.

2.5. The significance of evaluating Thrive

Although the current research has local significance for the LA who commissioned it, it is argued here that the results could also be nationally significant for the reasons discussed below.

Thrive is becoming a well-known intervention used across the UK. Within the South West, Thrive training has been delivered throughout five LAs, and within two of these LAs there is an aim for all schools to be implementing the intervention in the near future. Thrive is also being employed in Thetford, Norfolk, Rotherham, Barnsley, Sheffield, East Sussex, and Surrey. Furthermore, training is underway in Manchester and Newcastle and is planned in a number of London Boroughs, as well as Suffolk and Cumbria.

Thrive is a privately owned business developed by Banks et al. in 1994. The owners of the intervention collect a fee paid by trainees for attending the course. Currently the fee stands at just over £1,000 per person for the nine-day training. This fee also includes one day of mentoring post-training. There is a further cost for every computer-based assessment used by a Thrive practitioner after training.
As stated above, there is presently no published research of an evaluative nature about Thrive that shows a clear evidence-base for its use, therefore the current research aims to provide a contribution towards this to ensure practitioners such as educational psychologists can make a more informed decision about promoting and using Thrive.

2.6. How should Thrive be evaluated?

From the available literature on Thrive it is stated that the intervention aims to provide benefits for school staff, outside agencies working with children, parents and children (Banks et al., 2012). It appears that the benefits for the child occur as a product of changes in the adults’ behaviour towards the child. For this reason, the effect of the Thrive training on adults working with children is the focus of the present research (as discussed in section 2.4.). A list of 22 benefits taken from the Thrive website (Banks et al., 2012) can be themed into four main Thrive aims as shown below (Figure 3).

Please see Appendix B for the list of original 22 benefits taken from Banks et al. (2012) and how these have been themed to form the Thrive aims stated in Figure 3.

The fourth aim relates to implementation and although this area should be reviewed, it is beyond the scope of the current research. This leaves the first three aims to be considered here.
As discussed in section 2.4., the current research aims to evaluate Thrive in terms of what the intervention actually claims to do. For this reason the first three aims listed in figure 3. will form the criteria for evaluation of the training element of the Thrive intervention. Elements of these criteria are also consistent with past research recommendations reviewed above (Woods, n.d.).

The Thrive aims will be evaluated across the two phases of the current research. The first and present document will report the findings of the first phase of this evaluation through the use of quantitative methods and the following document will report the findings of the second phase of the current evaluation through the use of qualitative methods.

The next section on psychological frameworks will provide further insight into why the three Thrive aims listed above for evaluation are reasonable areas to measure in order to evaluate the impact of Thrive training. The next section is relevant to phase one and phase two of the current evaluation. Literature

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**The Thrive intervention aims to:**

- Encourage the building of positive relationships between Thrive trainees and children;
- Increase Thrive trainees' self-efficacy and confidence in personal practice;
- Increase trainees' understanding of issues relating to BESD and;
- Provide a well structured, easy to implement intervention that runs alongside already established initiatives and targets.
reviewed below will also look at how best to quantitatively measure the impact of these three Thrive aims for phase one. For further literature covering the potential impact of these three aims on outcomes for children please refer to the full literature review in Appendix A.
3. Literature review: psychological frameworks for evaluation

The psychological models and frameworks listed below reflect the three aims of Thrive and therefore the three areas that will be evaluated by the current research.

3.1. Relationships: Thrive aims to facilitate the building of positive relationships between Thrive trainee and child

There is considerable research investigating the impact of positive teacher-pupil relationships on outcomes for children (Cooper, 2011; Gillies & Boyle, 2008; McDonald, Connor, Son, Hindman, & Morrison, 2005). Although the current evaluation investigates relationships between children and a range of professionals who work with children, teacher-pupil relationship research remains highly relevant to the current evaluation and therefore will be reviewed below.

Buyse, Verschueren, Doumen, Van Damme & Maes, (2008) make links between levels of BESD and teacher-pupil relationship quality through conducting two related studies with kindergarten children ($n=3,798$; $n=237$).

Buyse et al.’s (2008) first study ($n = 3,798$) shows that although factors such as achievement at school and the social economic status (SES) of the child’s family affect teacher-pupil relationship quality, BESD are the strongest predictor of a ‘high-conflict’ relationship between teacher and pupil. The authors propose that despite this association, a positive teacher-pupil relationship can in fact act as a protective factor against children’s further development of BESD. This piece of research suggests a strong link between teacher-pupil relationships and BESD: a child with BESD may
experience a high-conflict teacher-pupil relationship by default; however, if this high-conflict teacher-pupil relationship can be overcome (for whatever reason) a reduction in the child’s BESDs should follow.

The author’s second study ($n = 237$) found that teaching approaches such as ‘supportiveness’ (as stated by the authors) and the use of positive behaviour-management reduce the risk of children forming negative relationships with their teachers. These results imply that although BESDs are highly predictive of less positive relationships, teachers themselves can prevent the formation of a negative relationship by being more supportive. In conclusion, Buyse et al.’s (2008) first and second study propose that being a more supportive teacher contributes to the building of a positive teacher-pupil relationship, which, in turn minimises pupils’ BESDs.

Buyse et al.’s (2008) research made use of data collected from one large-scale study and one smaller-scale, more indepth study. This design was employed to give higher levels of reliability and validity to the results. However, data from both Buyse et al.’s (2008) studies were based on teachers’ beliefs about teacher-pupil relationships, with no children’s opinions or views gathered. As the research focuses in part on the impact of relationships on children’s behaviour, it would have been valuable to also reflect the views of the children.

To explore this critical point further, research from La Russo, Romer and Selman (2008) will be considered. Here, the authors elicited views from 476 students aged 14-18 to investigate links between teacher characteristics and the building of a respectful school environment. Results show that teachers who were thought to respect students’ opinions (a possible indicator of a positive teacher characteristic and a good quality relationship) were
perceived as contributing to the building of a respectful school ethos. Further to this, when a higher level of teacher support was received, students experienced a greater level of social belonging, whilst drug use and depression levels decreased (possible factors associated with the label BESD). This is consistent with the findings of Buyse et al. (2008).

When viewed together, the work from the two sets of authors discussed above provides support for the argument that teacher-pupil relationships are an important factor when working to improve outcomes for children with BESDs and that the onus of establishing a positive relationship should be placed on the adult/teacher. For further information about the interdependence of BESD, teacher characteristics and teacher-pupil relationships, please refer to the extended literature review in Appendix A.

For phase one of the current evaluation, Pianta and Nimetze’s (1991) framework will be used to outline factors associated with a more positive relationship and factors associated with a less positive relationship. The authors conducted research that compared data from established parent-child relationship instruments; observations; established behaviour scales; and data about teacher-pupil relationships in schools. In discussing this research the authors explain three descriptions that can be used to categorise a teacher-pupil relationship type:

- **Secure**: relationships characterised by trust, feeling in-tune with the pupil, perceptions that the pupil feels safe with the teacher, and that the teacher consoles the pupil when needed.

- **Improved**: relationships characterised by comments suggestive of positive change.

- **Dependent**: relationships characterised by the teacher’s perception that the pupil constantly seeks help; reacts negatively to separation from the teacher;
teacher’s perception that the pupil shows challenging behaviour and is unresponsive to the teacher’s instructions.

Pianta and Nimetze (p 384, 1991)

For specific information on the scale used to measure this construct in the current research please see section 5.4.

3.2. **Self-efficacy: Thrive aims to increase trainees’ self-efficacy towards the management of BESD in children**

“Self-efficacy relates to (...an individual’s ...) belief that they can bring about change” (Guo, Justice, Sawyer and Tompkins, 2011, p 961). Bandura established the term as an important element to behaviour modification (Bandura, 1977).

Although disputed by some (Ross and Bruce, 2007), much research highlights the importance of self-efficacy in the classroom by demonstrating strong links between teachers’ perceptions of this construct and their behaviour (Haney, Wang, Keil & Zoffel, 2007; Timperley & Phillips, 2003; Tschannen-Moran & McNaster, 2009). Research that explores this link will be reviewed next.

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2 Bandura argues that;

“...the construct of self-efficacy differs from the colloquial term “confidence.” Confidence is a nondescript term that refers to strength of belief but does not necessarily specify what the certainty is about. I can be supremely confident that I will fail at an endeavor. Perceived self-efficacy refers to belief in one’s agentive capabilities, that one can produce given levels of attainment.”

(Bandura, 1997, p. 382)

Contrary to this, current definitions state that self-confidence is “a feeling of trust in one’s abilities, and qualities” (Oxford Dictionaries, retrieved July 2013). There are similarities between this definition of self-confidence and Guo et al.’s (2011) definition of self-efficacy, stated above. It is assumed in the current research, that as long as ‘self-confidence’ is used to describe an individual’s belief that they are able to achieve the aim in question, these two terms will be used interchangeably.

3 Teacher-efficacy has since become an extension of Bandura’s theory of self-efficacy (Ashton, Webb and Doda, 1983) and for the purpose of the current report these two terms will be used interchangeably.
Investigations by Guo, Piasta, Justice, and Kaderavek, (2010) show that increased self-efficacy in pre-school teachers is associated with an increase in instruction quality and quality of emotional support given to pupils (teacher behaviour). Furthermore, this research found that with higher teacher-efficacy, and higher quality of teaching, there was also an increase in pupils learning skills (e.g. their ‘print awareness’, as stated in the research). Not only do Guo et al.’s (2010) results provide evidence for the link between teacher self-efficacy and teachers’ classroom behaviour, it also suggests that increased teacher-efficacy indirectly leads to improved academic outcomes for pupils, a finding that is supported by other research in the field (Goddard, Hoy & Hoy, 2004; Guo et al., 2010; Sela-Shayovitze, 2009).

As stated above, Guo et al. (2010) also report that better emotional support for pupils is related to increased teacher self-efficacy, however the authors do not measure the impact of these changes in teachers’ behaviour in terms of behavioural and emotional outcomes for pupils. In light of the current Thrive evaluation, this would have been a valuable area for investigation.

In answer to this, a study by Andreou and Rapti (2010) \((n = 249)\) will be reviewed. This research put more focus on behaviour management and investigated correlations between teachers’ self-efficacy towards classroom-management and the use of specific interventions in the classroom. In agreement with Guo et al.’s (2010) work, the researchers found that self-efficacy was associated with teachers’ selection of particular interventions in the classroom, however, it was also found that teachers’ self-efficacy and likelihood to change their teaching behaviour was also linked to their causal attributions (as discussed in the next subsection).
The two pieces of research reviewed above report an *association* between teacher self-efficacy; teacher behaviour change; and outcomes for pupils. However, neither piece of research shows whether increased self-efficacy necessarily *causes* more successful teacher behaviour in the classroom, or whether, in fact, more successful teacher behaviour, causes higher perceived efficacy. Furthermore, Andreou and Rapti’s (2010) results suggest that teaching-experience is also related to teacher-efficacy. With this in mind, it could be that, as teachers trial a wider range of interventions with pupils over an extended time period, they start to find and use interventions that are successful more frequently, and therefore their self-efficacy increases due to their success rate increasing. This point challenges the theory that by increasing teacher-efficacy, teachers will start to demonstrate more successful teaching-behaviour in the classroom.

From the literature described above, it can be inferred that increased teacher self-efficacy and successful teaching behaviour are *associated*. These two constructs are heavily interrelated making it difficult to view which one is causing the other. However, what the above research does outline is that if self-efficacy increases there is a likelihood that good practice will have simultaneously increased, irrelevant of which area has caused the other.

In phase one of the current evaluation, Sharma, Loreman and Forlin’s (2011) framework will be used to conceptualise patterns of self-efficacy towards managing disruptive behaviour. Sharma et al.’s (2011) framework is based on Bandura’s theoretical model of self-efficacy as discussed at the beginning of this subsection. Sharma et al. (2011) developed a scale to measure teacher-efficacy towards inclusion, which comprises three components;

- Efficacy to use inclusive instructions;
- Efficacy in collaboration; and
- Efficacy in managing disruptive behaviour.
For the purpose of the current study only the third component of Sharma et al.’s (2011) scale will be used, as this is most relevant to the current study.

For information on the validity of the whole scale and the chosen subscale please refer to section 5.4.

3.3. Causal attributions: Thrive aims to facilitate change in trainees’ understanding of the causes of BESD in children

In the current research, causal attributions relate to the causes people attribute the existence of BESDs to. For example, with reference to a child who is showing physically aggressive behaviour, one adult may think that the presenting behaviour is a reaction to them not getting enough sleep because they were up all night playing computer games, therefore attributing the behaviour to the cause e.g.- ‘lack of sleep, due to disobedient behaviour’. Another adult however, may speculate as to whether aggressive behaviour is seen by the child at home between parents. For this second example the adult may attribute the behaviour to the cause e.g.- ‘volatile home environment’. People can, and do make a whole range of causal-attributions, based on their knowledge, experience and predispositions about situations (Malle, 1999).

These causal-attributions can also affect the way people react to situations. This process can be understood by looking at Weiner’s (1992) Attribution Theory. In this theory, it is assumed that:

"an individual's decision to help a person in need, is determined by his / her perception of the cause of the need"

For example, if someone believes that a situation has occurred through no fault of the individual in question, then they are more likely to help that individual, than if they believe that the individual’s behaviour has led to the situation.

Attribution theory is well established in the field of BESD (Andreou & Rapti, 2010; Poulou & Norwich, 2000). It is also linked to research on teachers’ behavioural, emotional and cognitive responses to children with BESD (Poulou & Norwich, 2002) and Theory of Planned Behaviour (TOPB) (Ajzen, 1991), which states that adult behaviour can be modified in part by shifting causal attributions.

There is a wealth of research that suggests that if teachers believe the cause of a child’s behaviour can be attributed to external factors beyond the child’s control, they are more likely to instruct, advise and seek help from others about the child’s needs (Andreou & Rapti, 2010; Soodak & Podell, 1994). Likewise, teachers who believe that the cause of a child’s behaviour can be attributed to factors within the child’s control may respond to the pupil more negatively (Tollefson, 2000).

It is proposed by Malle (1999) that an individual’s default position is often that a child is in control of the cause of their behaviour. In light of research discussed in section 3.1. on relationship building it is argued here that it would be beneficial in terms of outcomes for children with BESD, if practitioners’ causal attributions were shifted from this default position towards an ‘understanding’ that some children’s difficulties are beyond the control of the child. This shift could potentially lead to more positive
relationships being formed and, in turn, protect against further development of BESD in children (see section 3.1. on relationship building).

Research from Thijs and Koomen (2009) looked for links between teachers’ subjective accounts of relationship building and the causes to which they attribute a child’s behaviour. In total, 81 kindergarten teachers answered questionnaires about 237 familiar children. Analysis showed that teachers described overly dependent relationships with ‘inhibited’ children and less close relationships with children with hyperactivity in comparison to ‘average’ children. The authors report that these differences in perceived relationships were mediated by teachers’ causal attributions: whether behaviours were perceived as being within the child’s control or beyond the child’s control.

A second side to attribution-theory that is directly related to the Thrive intervention and training is explored in research by Mavropoulou and Padeliadu (2002) (n = 305). Here, the authors looked at links between teachers’ perceptions of their control in the classroom and their causal attributions towards children’s behaviour. Elementary teachers were asked about possible causes of behaviour described in vignettes and how effective they would feel about supporting a child with such behaviours in the classroom. Results showed that teachers attributed much behaviour to family and pupil-related factors, while they neglected to attribute behaviour to school factors. This implies that many school staff may feel powerless to affect change in children’s behaviour in the classroom and is therefore also related to self-efficacy as discussed in section 3.2. Further research by Erbas, Turan, Aslan, and Dunlap (2010); and Guttman (1982) supports this conclusion.
Mavropoulou and Padeliadu (2002) go on to discuss that training can positively affect school staffs’ causal attributions and help empower them to believe that change can occur within the school environment.

The above research, and in fact all research discussed throughout section three supports the argument that causal attributions, self-efficacy and relationship building are highly interrelated and that increased self-efficacy, and shifts in causal attributions towards viewing behaviour as beyond the control of the child, yet within the control of the practitioner, potentially leads to increased positive relationships. This in turn may protect against children’s further development of BESD.

The question of how to shift each of these constructs has been raised throughout this literature review and it is next important to look at research that demonstrates the possible impact that training can have. Furthermore, as the current Thrive evaluation includes practitioners who work with children from other agencies as well as those who work in schools, research from other disciplines will be reviewed here also.

A study by Grey, McClean and Barnes-Holmes (2002) investigated care staff’s causal attributions of challenging behaviour. Here 34 staff completed scales about clients’ challenging behaviour before, during and after completing training in multi-element behaviour support: assessment and intervention for challenging behaviour (as reported by the authors). Results found that before training, staff were more likely to attribute BESDs to what the authors label learned / learned positive (L / LP) causes. Items found under this label follow the pattern of positive reinforcement (Pavlov, 1901, as cited in Cardwell, Clark & Meldrum, 2002), the theory that an individual behaves in a certain way to receive a reward, e.g. the child or person has a
tantrum to receive attention, a cake, or a new toy. Statements from the scale that relate to L / LP causes include “because she / he wants attention” (Grey et al., 2002, p306).

After receiving the training, Grey et al. (2002) found that care staff were more likely to attribute BESDs to self-stimulation and learned behaviour from negative reinforcement. This latter category is labeled by the authors as learned / learned negative (L / LN) causes. Items found under this label follow the pattern of negative reinforcement (Pavlov, 1901, as cited in Cardwell et al., 2002), the theory that if an individual finds themselves in a punishing environment they behave in a certain way to stop the punishment, e.g. the child has a tantrum because they have learnt that this will result in their removal from a punishing environment. Statements from the scale that relate to L / LN causes include “Because she / he is given things to do that are too difficult for her / him.” Self-stimulation statements include, “Because she / he is bored” (Grey et al., 2002, p306).

Comparisons can be made between this research and research discussed above by Malle (1999) because in Grey et al.’s (2002) research the default position for staff was to attribute the cause of a behaviour to what could be perceived as ‘controllable’ or ‘within’ person factors.

Furthermore, in Grey et al.’s (2002) study it was also common for causes to be described as ‘beyond the control of the staff’ before the intervention training and the inverse following training. For this reason, Grey et al.’s (2002) research is also of relevance to theories of self-efficacy as reviewed in the last subsection.
Grey et al. (2002) conclude that training can broaden understanding and by doing this, shift people’s causal attributions to more social or environmental factors such as L / LN and self-stimulation.

In phase one of the current evaluation, Hastings’ (1997) framework will be used to map potential patterns in Thrive trainees’ causal attributions towards BESD in children. Hastings (1997) discusses six possible causes that a person’s behaviour can be attributed to. These are listed in table 1 with example items.

Consistent with research discussed above, Hastings’ (1997) 32 items have also been re-categorised for the current evaluation as either “within / beyond the control of the child” and “within / beyond the control of the practitioner or provision”. This has been done to provide insight into the potential effect of the Thrive training on trainees’ causal attributes and the likelihood that attendance on the Thrive training will impact on trainees’ behaviour in the workplace. This re-categorisation was not always possible e.g. items relating to emotional causes could fall into each of the categories as they rely on a subjective understanding of the construct of emotion (reasons behind emotions; how much people can control emotions; whether others can change an individual’s emotions or not). Please see Appendix I for full detail of where each item has been categorised and an explanation of how these choices were made.

For specific information on the scale used to measure this causal-attributions see section 5.4.
To conclude, the above review has shown that the three Thrive aims as outlined in section 2.6. are reasonable aims to evaluate in terms of phase one and phase two of the current research and should provide a level of evidence towards the effectiveness of the Thrive training.

Table 1. Factors discussed by Hastings (1997) re-categorised as within / beyond the child’s control and within / beyond the Provision’s control.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Example items:</th>
<th>Within the child’s control</th>
<th>Beyond the child’s control</th>
<th>Within the Provision’s control</th>
<th>Beyond the Provision’s control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learned / learned negative:</td>
<td>• “Because she / he is given things to do that are too difficult for her / him.”</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Because somebody she / he dislikes is nearby”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learned / learned positive:</td>
<td>• “Because she / he has not got something that he/she wanted.”</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• “Because she / he wants attention from others”</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomedical:</td>
<td>• “Because she / he is physically ill.”</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Because of the medication that she/he is given”</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Emotional:</td>
<td>• “Because she / he cannot cope with high levels of stress”</td>
<td></td>
<td></td>
<td>Not able to categorise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Because she / he is angry”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulation:</td>
<td>• “Because he / she is bored”</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Because people do not talk to her / him very much”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Environment:</td>
<td>• “Because her / his house is too crowded with people”</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Because her / his surrounding are too warm / too cold.”</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Factors discussed by Hastings (1997) re-categorised as within / beyond the child’s control and within / beyond the Provision’s control.
4. Research questions

**Research aim**

The current research aims to explore to what extent there is any change in Thrive trainees’ perceived relationships with children with BESD, Thrive trainees’ self-efficacy in managing children’s BESDs and Thrive trainees’ causal attributions towards BESD in children, before and after receiving the nine-day Thrive training, or the one-day Thrive training.

**Research questions**

Research question one: Relationship building

To what extent is there a change in Thrive trainees’ perceptions of the quality of their relationships with children with BESD after receiving the nine-day Thrive training, or the one-day Thrive training when compared with before?

Research question two: Self-efficacy

To what extent is there a change in Thrive trainees’ self-efficacy towards managing the behaviour of children with BESD after receiving the nine-day Thrive training, or the one-day Thrive training when compared with before?

Research question three: Causal attributions

To what extent is there a change in Thrive trainees’ causal attributions towards BESD in children, after receiving the nine-day Thrive training, or the one-day Thrive training when compared with before?

The overall purpose of the research is to evaluate the efficacy of the Thrive intervention training in terms of the intervention’s proposed aims as stated by Banks et al. (2012) and as listed above in section 2.6.
This information will provide evidence for professionals and the LA for whom the research is being conducted, relating to the usefulness of both the one-day and nine-day training elements of the intervention in terms of these three specific areas (relationship building, self-efficacy and causal-attributions).

It is predicted that information gained through conducting the current evaluation will also be valuable the creators of the Thrive intervention⁴.

⁴ It should be noted that the current evaluation has been conducted independently to Thrive FTC.
5. Method

This section explains how the views of participants were studied in order to address the research questions listed above.

5.1. Pragmatism

Pragmatism considers truth to be “what works” (Tashakkori & Teddlie, 1998, p12), and consequently is not concerned with distinct philosophies that dictate an approach to research but instead advocates that any approach is appropriate as long as the purpose of the study is met. This is summarised by James (1950). Pragmatism is the...

"...attitude of looking away from first things, principles, "categories", supposed necessities; and looking towards last things, fruits, consequences, facts...”

(James, 1950, p15)

The purpose of the current study is reported in section four.

There are however criticisms of pragmatism that should be considered. It is discussed by Crotty (2009) that at times researchers have been overly simplistic in what they have put forward as pragmatism (Crotty, 2009). To avoid this occurring with the current research, fundamental principles of pragmatism have been taken from a range of authors to represent the coherence found between these and the values assumed in the current research. Both pragmatism and the current research share:

- A belief in the “value-ladenness of inquiry” (Tashakkori & Teddlie, 1998, p13);
• A belief that research always occurs in “social, political, historical or other contexts” (Creswell, 2012, p28); and
• A belief that there may be an “external world independent of the mind, as well as those lodged in the mind” (Creswell, 2012, p28).

The three values listed above are consistent with assumptions of the current research.

5.2. Research design

The methods used to study the phase one research questions (listed in the last section) have been selected to match the purpose of the study. To reflect the purpose a pre-test-post-test design was selected to investigate whether there was a change in perceived relationship building; self-efficacy and causal attributions before and after participants completed the Thrive training.

The use of a control group would have given the design of the current evaluation more rigour by providing comparisons and possible causal links within the research findings. However, for reasons relating to the heterogeneity of the sample and the local constraints, this was not possible. The lack of control group means that the current evaluation cannot be described as a quasi-experiment.

The limitations of the current design are considered in detail is the discussion section of phase one.
5.3. Participants

A total of 60 Thrive trainees took part in the current research, 26 of whom completed the one-day training and 34 completed the nine-day training.

The sample was an opportunity sample and consisted of whoever attended the one-day and/or nine-day training on the days when data were collected.

The training had been advertised to LA workers, social workers and workers from the local health service. Please see figure 4. for information about the sample of participants. This information is presented using pie charts to illustrate background factors that might impact upon the responses gained during the current research. Information about participants was gained through the Background Information Questionnaire (BIQ) (as discussed in the next subsection) and included the below areas:

- The role of the participants;
- The level of past Thrive training participants had received;
- Whether participants volunteered or where requested to attend the training by their line managers;
- What kind of provision they were attached to;
- The number of years experience they had of working with children with BESD; and
- The level of past training they had received of any type to do with working with children with BESD.

Information is presented as percentages and the number of participants that each of these represents is also given as an n value. For example, for roles of participants on the one-day training, there were ten family support workers
(n=10) and this comprised 38% of the total sample size, for the one-day training.

This information was not collected to be used in the analysis of the results as the sample was too small and heterogeneous, however, this information may be useful for future researchers looking to replicate the current evaluation, as well as for the reader when looking to draw conclusions about the general population. For further discussion about the decision not to use the data below as part of the analysis, see section nine.

<table>
<thead>
<tr>
<th>One-day Thrive training</th>
<th>Nine-day Thrive Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles of Participants:</td>
<td></td>
</tr>
</tbody>
</table>

- Family/ parent support workers (38%, n=10)
- Teaching assistants (31%, n=8)
- Foster carers (19%, n=5)
- Counsellors (4%, n=1)
- Physiotherapists (4%, n=1)
- Teachers (4%, n=1)

- Teaching Assistant (35%, n=12)
- Teacher (29%, n=10)
- SENCo (15%, n=5)
- Adoptive Parent (2.9%, n=1)
- Foster carer (2.9%, n=1)
- Headteacher (5.8%, n=2)
- Family Support Worker (2.9%, n=2)
- Advisor (5.8%, n=2)

<table>
<thead>
<tr>
<th>One-day Thrive training</th>
<th>Nine-day Thrive Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of past Thrive training:</td>
<td></td>
</tr>
</tbody>
</table>

- None (88%, n=22)
- Full training (8%, n=2)
- One-day introduction (4%, n=1)

- None (97%, n=34)
- Full training (0%, n=0)
- One-day introduction (3%, n=5)
### One-day Thrive training

<table>
<thead>
<tr>
<th>Type of provision participants are attached to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School (23%, n=6)</td>
</tr>
<tr>
<td>• Nursery (34%, n=3)</td>
</tr>
<tr>
<td>• Youth Services (4%, n=1)</td>
</tr>
<tr>
<td>• Fostering Agency (15%, n=4)</td>
</tr>
<tr>
<td>• Parent/ family support with LA (23%, n=6)</td>
</tr>
<tr>
<td>• NHS (19%, n=5)</td>
</tr>
<tr>
<td>• Social care (4%, n=1)</td>
</tr>
</tbody>
</table>

### Nine-day Thrive Training

<table>
<thead>
<tr>
<th>Type of provision participants are attached to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School (88%, n=30)</td>
</tr>
<tr>
<td>• LA advisory services (2.9%, n=1)</td>
</tr>
<tr>
<td>• Fostering Agency (2.9%, n=4)</td>
</tr>
<tr>
<td>• Social care (2.9%, n=1)</td>
</tr>
</tbody>
</table>

### Level of experience of working with children with BESD:

<table>
<thead>
<tr>
<th>One-day Thrive training</th>
<th>Nine-day Thrive Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less than 1 year (11%, n=3)</td>
<td>• 1-3 years (9%, n=3)</td>
</tr>
<tr>
<td>• 1-3 years (11%, n=3)</td>
<td>• 4-6 years (11%, n=4)</td>
</tr>
<tr>
<td>• 4-6 years (8%, n=2)</td>
<td>• 7-9 years (21%, n=7)</td>
</tr>
<tr>
<td>• 7-9 years (11%, n=3)</td>
<td>• 10+ years (59%, n=20)</td>
</tr>
<tr>
<td>• 10+ years (57%, n=15)</td>
<td></td>
</tr>
</tbody>
</table>
Data collection instruments

Questionnaires were used to collect data. Questionnaires were particularly suitable because responses were anonymous (Robson, 2009). The questionnaires included:

- Background Information Questionnaire (BIQ);
- The Student-Teacher Relationship Scale (STRS);
- The Teacher Efficacy for Inclusive Practice (TEIP) Scale; and
- The Challenging Behaviour Attribution (CHABA) Scale.

Each of these will be reported upon below.

The above scales were combined to produce the final questionnaire. Participants, completed a ‘version one’ on the first day of the training before the training had begun and a ‘version two’ was completed by participants after they had received all training, on the last day of the training.
Although the scales used for version one and two were the same, there was a slight variation in the language used in the vignettes to reduce the risk of participants remembering their responses and replicating these for the second version. The aim here was to minimize bias in results. For a copy of version one and version two of the questionnaires please see Appendix C.

5.4.1. Background Information Questionnaire (BIQ)

Participants were requested to provide background information relating to the following areas:

- Roles and responsibilities in current job;
- Level of experience of working with children with BESD;
- Type of provision participants are attached to;
- Past training in BESD;
- Number of years working in a school / with children;
- How they came to be on the Thrive training course (did they volunteer or did someone request they attend?); and
- Whether they had attended any Thrive training prior to the current training.

The data gained form the BIQ was used to inform figure 4.

5.4.2. The Student-Teacher Relationship Scale (STRS)

As discussed in section 3.1., the STRS developed by Pianta and Nimetze (1991) was used to measure the quality of trainees’ perceived relationships with children experiencing BESD at their place of work. This scale contains 16 items rated on a six-point forced choice Likert-type classification, ranging from one (strongly disagree) to six (strongly agree). For information on reliability and internal consistency of this scale please see Appendix D.
When conducting the original analysis of the STRS, Pianta and Nimetz (1991) asked participants to complete the scale in reference to their relationships with three named children. Similarly, for the current evaluation, participants were asked to think of a child who experiences BESD with whom they worked, and to write three bullets points describing this child’s common behaviours. Participants were then asked to complete the questionnaire with reference to this relationship. The notion of using real-life vignettes is advocated by Norwich and Poulou (2000) as a technique to facilitate validity of responses.

5.4.3. The Teacher Efficacy for Inclusive Practice (TEIP) Scale

As discussed in section 3.2., an edited version of the TEIP scale developed by Sharma, Loreman and Forlin (2011) was used to measure trainees’ self-efficacy in managing children’s behaviour. This edited scale contains six items rated on a six-point forced choice Likert-type classification, ranging from one (strongly disagree) to six (strongly agree).

These six items were taken from the full scale created by Sharma et al. (2011) that looked at inclusive practice. The authors’ full scale comprised three sections that measured teacher-efficacy in using inclusive instructions; teacher-efficacy in collaborating with other professionals; and teacher-efficacy in managing disruptive behaviour. Each of these scales were standardised individually and therefore only items relating to management of children with BESD were included in the current research.
The TEIP was selected for use because it should provide insight relevant to the research questions listed above and has satisfactory reliability as reported by Sharma et al. (2011). For an overview of these results see Appendix D.

5.4.4. The Challenging Behaviour Attribution (CHABA) Scale

As discussed in section 3.3., the CHABA (Hastings, 1997) was used to measure trainees’ causal attributions of children’s BESD. This scale contains 33 items rated on a six-point forced choice Likert-type classification, ranging from one (very unlikely) to six (very likely).

Hastings (1997) conducted a factor analysis on the 33 items and found that six causes emerged:

- Learnt-behaviour positive (learned / learned positive),
- Learnt-behaviour negative (learned / learned negative),
- Biomedical,
- Emotional,
- Stimulation, and
- Physical environment.

Hastings (1997) describes each of these factors as having a moderate to good level of reliability (Hastings, 1997). Please see Appendix D for more information.

For the current data collection, participants were given a vignette of a child presenting with challenging behaviour and then asked to rank what cause was more likely to explain the existence of such behaviour. Please see version one and version two of the administered scales for a copy of
vignettes used (Appendix C). The use of pre-written vignettes is proposed by Avramidis and Norwich (2002). Here it is argued that presenting the participant with a vignette of a situation removes misunderstandings between participants emerging from language and individuals’ assumptions. This strategy was also used to help establish some level of comparability between answers given by Thrive trainees.

5.4.5. Limitations of the data collection instruments

Originally the STRS and TEIP were designed as instruments to measure teachers’ views of the respective constructs, however, as reported above, the current research investigates relationship building between children and a range of professionals who work with children and the self-efficacy of a range of professionals. For this reason, the language used in these two scales was adapted for the purpose of the current study. These new versions of the STRS and TEIP were piloted with a range of professionals (three teachers, four teaching assistants, thee foster carers, and two occupational therapists). The two scales were deemed to be relevant for the majority of professionals asked, and therefore should still provide good insight into the current research aim. However, due to an opportunity sample, it was not possible to predict the range of professionals likely to attend the training prior to the point of data collection. For this reason there is a chance that the adapted scales were not relevant to all participants who took part in the current evaluation. However, no participant commented on these scales appearing irrelevant during data collection.
5.5. Procedure

Ethical Approval was sought and granted from the Graduate School of Education, University of Exeter Ethics Board before data were collected (see Appendix E).

The questionnaires listed above were combined and piloted with a range of professionals before a one-day training course to ensure that timing was correct and that the scales were accessible and relevant. It was unanimously agreed that this was the case at the point of piloting. Professionals who took part in this pilot study included three teachers, four teaching assistants, three foster-carers and two occupational therapists.

For the data collection, data were collected between June 2012 and March 2013 within three LAs in the South West of England.

Data were taken from two one-day Thrive training courses. Both of these one-day courses were run in the LA for whom the research was being conducted: a small LA in the South West of England. Participants completed version one of the questionnaire at the beginning of the day (before the training was received), and participants completed version two of the questionnaire at the end of the day (once all formal training had been delivered).

Data were also collected from two nine-day training courses. These were run in a second and a third LA in the South West of England. In the third LA Thrive is currently being set up in all schools. The nine-day training courses were delivered over a period of six months.
For the nine-day training, version one of the questionnaire was distributed at the beginning of the first day of the training (before the training had begun), and version two was distributed at the end of the ninth day.

Although the choice to ‘opt-out’ was clearly given by the researcher, both verbally and in writing, all participants who attended the training courses were happy to take part in the research. Two trainees from the one-day training course left the training early and did not complete the training and therefore were not included in the data analysis.

All Thrive trainers who delivered the Thrive courses on the above occasions had received the nine-day training plus additional training on how to deliver the Thrive training to others, and were certified Thrive trainers.

Informed consent was gained from all participants and the researcher’s contact details were left with each participant in case they wanted further information or to withdraw their data from the research (see Appendix F for consent forms).

Key details about the participants were gathered during the first data collection points as discussed in section 5.4.1.

Participants were advised to give a pseudonym so that before and after responses could be matched yet ensuring that all participants remained anonymous.

Data were analysed as discussed in the next section.
5.6. Analysis

Statistical analysis using SPSS (Statistical Package for the Social Sciences) (International Business Machines, retrieved July, 2013) was employed to identify significant patterns in quantitative data. Data were not normally distributed and therefore a number of non-parametric Wilcoxon signed-rank tests were run to look for significant differences between before and after measures.

Within the CHABA (Hastings, 1997) six factors were measured (Learned / learned negative; Learned / learned positive; Biomedical; stimulation; physical environment; and emotional). In order to analyse patterns in participants’ before and after causal-attribution profiles, a bar chart was used to present the CHABA findings.

Furthermore, as part of the current research, items within the CHABA were re-categorised as: within or beyond the control of the child, and within or beyond the control of the provision. See section 3.3., for a discussion about why this was done and see Appendix I for information about how this re-categorisation was conducted. In order to analyse patterns in participants’ before and after causal-attribution profiles, in terms of these new categories, a bar chart has been used to present the findings.

For normality results and descriptive data please see Appendix G.
6. Results

Data collected were analysed in order to evaluate the efficacy of the training element of the Thrive intervention. The findings are reported below.

6.1. Research Question one:

To what extent is there a change in Thrive trainees’ perceptions of the quality of their relationships with children with BESD after receiving the nine-day Thrive training, and the one-day Thrive training when compared with before?

A Wilcoxon signed-rank test showed that there was a statistically significant difference in Thrive trainees’ perceived relationship ratings, following attendance on the nine-day training when compared to before (Z = -5.088, p = 0.00). There was also a statistically significant difference in Thrive trainees’ perceived relationship ratings, following attendance of the one-day training when compared to before (Z= -2.872, p= .004).

It was found that 20 / 26 Thrive trainees who attended the one-day training, reported a higher perceived relationship score after completing the training compared with before, and 34 / 34 Thrive trainees who attended the nine-day training, reported a higher perceived relationship score after completing the training when compared with before.

See table two for an overview of these results.
6.2. Research Question two:

To what extent is there a change in Thrive trainees’ self-efficacy towards managing children’s BESDs after receiving the nine-day Thrive training, and the one-day Thrive training when compared with before?

A Wilcoxon signed-rank test showed that there was a statistically significant difference in Thrive trainees’ self-efficacy ratings, following attendance on the nine-day training when compared with before ($Z = -5.020, p = 0.00$). No significant difference was found in the pre and post training scores of trainees who attended the one-day Thrive training.

Although not a significant increase, it was found that 14 / 26 Thrive trainees, who attended the one-day training, reported a higher self-efficacy score after completing the training when compared with before. For the nine-day training, 33 / 34 Thrive trainees reported a higher self-efficacy score after completing the training when compared with before.

See table two for an overview of these results.

6.3. Research Question three:

To what extent is there a change in Thrive trainees’ causal-attributions of BESD in children after receiving the nine-day Thrive training, and the one-day Thrive training when compared with before?

A Wilcoxon signed-rank test showed that there was a statistically significant difference in Thrive trainees’ causal-attribution ratings, following attendance on the nine-day training when compared to before ($Z = -5.020, p = 0.00$). However, no significant difference was found in the pre and post training scores of trainees who attended the one-day Thrive training.
See table two for an overview of these results.

To investigate changes in causal-attribution profiles before and after attending the Thrive training a separate Wilcoxon signed-rank test was used.

These results showed that after attendance on the nine-day Thrive training, participants were statistically more likely to attribute BESD to learned / learned negative (L / LN)\(^5\) causes; stimulation\(^6\) causes; and emotional\(^7\) causes when compared with before the training.

For L / LN causes, the increase described above was seen in 26 / 34 participants; for stimulation causes in 23 / 34 participants and for emotional causes, the increase was seen in 29 / 34 participants.

Further results showed that after attendance on the nine-day Thrive training, participants were statistically less likely to attribute the existence of BESD to learned / learned positive (L / LP)\(^8\) causes.

This was the case for 28 / 34 participants.

For the one-day training the only statistically significant difference observed was that trainees were more likely to attribute BESD to emotional causes following the training when compared with before. This was seen to be the case for 20 / 26 participants.

---

\(^5\) L / LN example item: “Because he/she is given things to do that are too difficult”.
\(^6\) Stimulation example item: “Because Casey is rarely given activities to do”.
\(^7\) Emotional example item: “Because Casey is unhappy”.
\(^8\) L / LP example item: “Because Casey did not get something that he/she wanted”.
See table 3. for statistics and figure 5. for visual representation of the above results.

Further patterns in trainees’ causal-attribution profiles can be seen in figure 6, for the below categories:

- Causes deemed to be ‘within the child’s control’
- Causes deemed to be ‘beyond the child’s control’
- Causes deemed to be ‘within the provision’s control’
- Causes deemed to be ‘beyond the control of the provision’

Figure 6. shows that there was a decrease in ‘within-child’ causal-attributions for trainees who attended the nine-day training, however this was not the case for trainees who attended the one-day course.

There was also an increase in causal-attributions deemed as ‘beyond the control of the child’ for participants who attended the one-day and for participants who attended the nine-day training.

Again, there was an increase in causal-attributions deemed as ‘within the control of the provision or adult’ for participants who attended the one-day and for participants who attended the nine-day training.

There also appears to be an increase in trainees’ responses that attributed the behaviour to a cause ‘beyond the control of the provision’ for the one-day training, and no change for the same area for trainees who attended the nine-day training.

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9 As the CHABA was not designed to be used in this way, statistics were not used to analyse data, but instead the data have been visually presented to gain a level of insight into the potential patterns within causal attributions.
See Appendix G for descriptive statistics and normality tests and Appendix H for Wilcoxon Signed Rank tests for all research questions.

**Figure 5**: Bar chart to show Thrive trainees’ causal attributions’ before and after receiving the Thrive training, in percentages: one-day training, nine-day training and combined (one-day, \( n = 26 \), nine-day, \( n = 34 \), combined, \( n = 60 \)).

**Figure 6**: Bar chart to show Thrive trainees’ causal attributions’ relating to within / beyond the child’s control and within / beyond the provision’s control before and after receiving the Thrive training, in percentages: one-day training, nine-day training and combined (one-day, \( n = 26 \), nine-day, \( n = 34 \), combined, \( n = 60 \)).
### Table 2.
Mean, standard deviation and p values for before and after measures of self-efficacy, perceived relationships and causal-attributions: one-day (n= 26); nine-day (n =34); and combined one and nine-day Thrive training (n = 60)

<table>
<thead>
<tr>
<th></th>
<th>One-day</th>
<th>N</th>
<th>Before (B)</th>
<th>After (A)</th>
<th>B-A Difference</th>
<th>Number of participants that scored higher after receiving the training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>(p&lt;.01)</td>
<td></td>
</tr>
<tr>
<td>Relationships</td>
<td>26</td>
<td>54.46</td>
<td>8.34</td>
<td>58.88</td>
<td>7.21</td>
<td>.004</td>
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<td></td>
<td>34</td>
<td>51.85</td>
<td>9.13</td>
<td>67.06</td>
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<td>.00</td>
</tr>
<tr>
<td>Self-efficacy</td>
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<td>25.12</td>
<td>4.00</td>
<td>26.35</td>
<td>3.69</td>
<td>.022</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>26.18</td>
<td>4.18</td>
<td>31.62</td>
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<tr>
<td>Causal-</td>
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<td>126.46</td>
<td>18.21</td>
<td>133.65</td>
<td>21.67</td>
<td>.015</td>
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<tr>
<td>attributions</td>
<td>34</td>
<td>125.47</td>
<td>16.09</td>
<td>133.03</td>
<td>17.27</td>
<td>.00</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Nine-days</th>
<th>N</th>
<th>Before (B)</th>
<th>After (A)</th>
<th>B-A Difference</th>
<th>Number of participants that scored higher after receiving the training</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
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<tr>
<td></td>
<td>60</td>
<td>52.98</td>
<td>8.90</td>
<td>63.52</td>
<td>7.57</td>
<td>.00</td>
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<tr>
<td></td>
<td>60</td>
<td>25.72</td>
<td>4.11</td>
<td>29.33</td>
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<table>
<thead>
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<th>Combined data</th>
<th>N</th>
<th>Before (B)</th>
<th>After (A)</th>
<th>B-A Difference</th>
<th>Number of participants that scored higher after receiving the training</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
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<td>60</td>
<td>125.90</td>
<td>16.90</td>
<td>133.30</td>
<td>19.14</td>
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</tbody>
</table>

### Table 3.
Mean, standard deviation and p values for before and after measures of six causal-attributions**: one-day (n= 26); nine-day (n =34); and combined one and nine-day Thrive training (n = 60)

<table>
<thead>
<tr>
<th></th>
<th>One-day</th>
<th>N</th>
<th>Before (B)</th>
<th>After (A)</th>
<th>B-A Difference</th>
<th>Number of participants that scored higher after receiving the training</th>
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<tr>
<td></td>
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<td>M</td>
<td>SD</td>
<td>(p&lt;.01)</td>
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<tr>
<td>L / LN**</td>
<td>26</td>
<td>11.16</td>
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<td>12.15</td>
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<tr>
<td>L / LP</td>
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<td>8.42</td>
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<td>.12</td>
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<td>34</td>
<td>9.65</td>
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*LLN: learned behaviour through negative reinforcement (a child behaves in a certain way to avoid a negative event continuing).
**LP: learned behaviour through positive reinforcement (a child behaves in a certain way because they have learned that if they do, they will receive something that they want).
BM: Biomedical (a child behaves in a certain way because they have learned that if they do, they will receive something that they want).
SJ: Stimulation (a child behaves in a certain way because they are not stimulated enough).
PE: Physical environment (a child behaves in a certain way because of their physical environment).
EM: Emotion (a child behaves in a certain way because of their emotions).
7. Discussion

7.1. Research Question one:

To what extent is there a change in Thrive trainees' perceptions of the quality of their relationships with children with BESD after receiving the nine-day Thrive training, and the one-day Thrive training when compared with before?

Results for this research question show that after attendance on both the nine-day training and the one-day training, trainees’ scores on the STRS (perceived relationships) increased. This increase was seen in all participants who attended the nine-day training and 20 / 26 who attended the one-day training. An increased perceived relationship score is associated with a more positive perceived relationship.

The Thrive intervention aims to support trainees in building positive relationships with children with BESD, and therefore on this occasion there is a possibility that Thrive may have met its first aim- however this conclusion needs further discussion.

See section 2.6. for an explanation of why the area of relationship building represents one of Thrive’s three main aims.

As no control group was used in the current evaluation, it is not necessarily possible to attribute the changes described above directly to trainees’ attendance on the Thrive training. Instead it could be argued that a range of possible reasons could underpin the current results. For example, the
passage of time in the school year, or other changes in the work environment that the researcher was not aware of could have directly impacted on trainees’ perceived relationship building. Despite this, in section 2.2., it is reported that on day one and day five of the nine-day Thrive training, the importance of relationship building is directly taught to trainees, and experiential learning activities exploring attunement, validation, containment and regulation are delivered. The aim of these activities is to encourage trainees to explore what the child might feel like when these relational skills are not employed by the adult compared with when they are.

For the above reasons it is plausible that changes found in perceived relationship building could be related to attendance on the Thrive training, although the current research does not necessarily provide robust enough proof of this claim.

Phase-two of the current evaluation will aim to shed further light on the possible reasons for the changes observed here in phase-one by investigating whether trainees attribute such changes to specific features within the Thrive training or not.

If it is the case that the changes reported above are caused by attendance on the Thrive training, it is relevant to view this result in the light of research discussed in the literature review about the role of positive adult-child relationships in improving outcomes for children with BESD (Buyse et al., 2009; La Russo et al., 2008) (as reviewed in section 3.1.). Past research proposes that when adults hold more positive relationships with children with BESD, the child’s likelihood of continuing to experience BESD decreases. In
terms of high countrywide levels of Statements of SEN, high exclusion rates
and an increasing number of places in alternative provisions for children
experiencing BESD (as reported in section 2.3.), this effect could be of
significance for the LA for whom the research has been conducted, as well
as nationally. Thrive training could be recommended as a way of decreasing
BESD in children, through educating staff about the significance of, and
practical skills associated with relationship building.

Although the findings of the current evaluation are potentially encouraging (if
the assumption is made that the training is a contributory factor), in fact the
findings only represent trainees’ perceptions of their relationships with
children. For this reason it should not be assumed that actual relationships
between Thrive trainees and children with BESD improved following training.
The original research into the use of Pianta and Nimetze’s (1991) STRS found
consistent ratings between this scale and real-life observations of teacher-
pupil relationships, suggesting that the scale is a strong predictor of actual
behaviour. However, the fact that there was a statistically significant increase
in Thrive trainees’ perceptions of their relationship quality after completing
just the one-day training as well as after completing the nine-day training,
evidences the need to be cautious of this result. This is because no adult-
child interactions occurred between the first and second data collection
points on the one-day training, making it hard to argue that actual adult-
child relationship quality truly improved.

If this research were to be extended it would be useful to gauge the actual
effect of the Thrive training on adult-child relationship quality in a more in-
depth manner, such as using observation tools and interviewing the children concerned.

It would also be useful to employ a control group to help establish whether changes observed were triggered by trainees’ attendance on the Thrive training. A discussion about why a control group was not used in this research can be found in the section titled limitations of the study.

7.2. **Research Question two:***

To what extent is there a change in Thrive trainees' self-efficacy towards managing the BESD of children after receiving the nine-day Thrive training, and the one-day Thrive training when compared with before?

Results for research question two show that, after attendance on the nine-day Thrive training, trainees' self-efficacy towards managing children’s BESD significantly increased. This increase was seen in 33 / 34 participants who attended the nine-day training.

No significant increase in self-efficacy was found in trainees who attended the one-day training.

The Thrive intervention aims to support Thrive trainees in building self-efficacy and confidence in their practice towards working with children with BESD. Therefore on this occasion these results possibly provide some evidence in support of Thrive meeting its second aim. However, as with research question one, this conclusion requires further discussion. See
section 2.6. for an explanation of why the area of self-efficacy represents one of Thrive’s three main aims.

As already discussed, the current evaluation did not employ a control group. For this reason it is not necessarily possible to attribute changes seen here to trainees’ attendance on the nine-day training. The above finding must therefore be seen as tentative for the time being. However, phase two of the current research will investigate whether trainees themselves attribute these changes to features within the Thrive training or not.

As shown in past studies reviewed at the beginning of this paper (section 3.2.), in the current research it can be inferred that participants who showed increased self-efficacy following Thrive training may also show better behaviour management skills in their place of work (Andreou & Rapti, 2010; Guo, et al., 2010; Haney et al., 2007; Timperley & Phillips, 2003; Tschannen-Moran & McNaster, 2009). This potential increase in positive practice is further associated with positive outcomes for children (Guo, et al., 2010). If it is assumed that the changes found for research question two are a direct result of attendance on the nine-day training, these findings could be seen as significant for the LA for whom the current research is being conducted. Attendance on the nine-day training may be linked with an increased self-efficacy and associated increase in the quality of professional practice when working with children with BESD. Furthermore, these factors may indirectly benefit outcomes for children with BESD.

The TEIP scale depicts ‘good management of BESD’ as a practitioner’s ability to:
• Make expectations about the child’s behaviour clear;
• Calm a child who is being disruptive;
• Prevent disruptive behaviour;
• Get children to follow rules; and
• Successfully deal with aggressive behaviour.

In section 2.2., it is reported that on day four of the nine-day training, Thrive trainees are taught about the importance of providing and enforcing clear boundaries with children, however this seems to be the only teaching that explicitly relates to the above areas. Past research to do with relationship building and causal-attributions, as discussed in the literature review at the beginning of this evaluation (section three) suggests that the building of positive relationships and the shifting of practitioners’ understanding of the causes of BESD, also leads to successful management of BESD and is linked to increased self-efficacy. This suggests that changes to do with self-efficacy are likely to be interrelated with changes associated with relationship building and changes in causal-attributions.

Unlike results found in research question one, analysis for research question two only uncovered a significant change in the self-efficacy of trainees’ who attended the nine-day training. This result may also have implications for the LA for whom the research has been conducted.

As reported in section 2.2., the purpose of the one-day training is to introduce people to Thrive and attract future trainees to the nine-day training. If the structure of this one-day training is only used for this purpose, it could
be argued that Thrive are not aiming to affect change in the self-efficacy or practice of its one-day trainees. However, as stated in section 2.2, when a school signs up to become a ‘Thrive school’, only a small number of practitioners are required to complete the full nine-day training, and yet the entire school staff are required to do a one-day awareness training. It is understood that this one-day training is similar in structure to the introductory course reported upon here.

Although tentative, the results found in the current evaluation suggests that there would be no benefit in terms of changing self-efficacy and possibly changing the practice of the majority of staff, if they only complete the one day training. When seen alongside Cole’s research (2012) similarities can be drawn. Here it was found that staff who belonged to “Thrive schools” (and had completed a one-day ‘awareness training’) held equally as inclusive attitudes as staff who belonged to control schools, and had had no Thrive training. However, staff who had received the full nine-day training held significantly more inclusive attitudes, and were more confident to include children, when compared to staff who had not received Thrive training, or had just received the one-day introductory training.

This finding could be of significant to LAs and schools looking to introduce the intervention at a whole school level. It appears that for self-efficacy, attending the one-day training may not be anymore useful than not attending the training at all.
7.3. Research Question three:

To what extent is there a change in Thrive trainees' causal attributions towards BESD in children after receiving the nine-day Thrive training, and the one-day Thrive training when compared with before?

Results for research question three show that, after attendance on the nine-day Thrive training, trainees' causal-attributions of BESD significantly changed. No significant change was found in trainees' causal-attribution responses for the one-day training.

The scale used to measure causal-attributions investigated six different causes that Thrive trainees may attribute the existence of BESD to, and therefore whether Thrive trainees are more likely to select a particular profile of causes after receiving the training in comparison to before, was also investigated.

Results show that following attendance on the nine-day Thrive training, Thrive trainees were significantly more likely to attribute the existence of BESD to learned / learned negative (L / LN)\textsuperscript{10} causes; stimulation\textsuperscript{11} causes; and emotional\textsuperscript{12} causes when compared to before the training. It was also observed that Thrive trainees were significantly less likely to attribute the existence of BESD to learned / learned positive (L / LP)\textsuperscript{13} causes after completing the nine-day training when compared with before.

\textsuperscript{10} L / LN example item: “Because he/she is given things to do that are too difficult”.
\textsuperscript{11} Stimulation example item: “Because Casey is rarely given activities to do”.
\textsuperscript{12} Emotional example item: “Because Casey is unhappy”.
\textsuperscript{13} L / LP example item: “Because Casey did not get something that he/she wanted”.

For the one-day training it was found that trainees were significantly more likely to attribute the existence of BESD to *emotional* causes following the training when compared with before. No other significant changes were found in the profiles of participants who attended the one-day Thrive training.

The Thrive intervention aims to support Thrive trainees in their understanding of what causes BESD in children. As results show that trainees’ understanding of the causes of children’s BESDs did change during the course of the training, it is proposed that, these results provide tentative evidence in support of Thrive meeting its third aim. However, these finding require further discussion.

See section 2.6. for an explanation of why the area of causal-attributions represents one of Thrive’s three main aims.

Similarly with the results discussed above for research question one and two, the current evaluation did not make use of a control group and therefore it is not necessarily valid to assert that such changes seen here are due to trainees’ attendance on the nine-day training.

Furthermore, by only revealing that Thrive trainees’ causal-attributions have changed during the course of the training, the reader does not necessarily learn whether these changes are in fact, significant to practice or not.

Research reviewed at the beginning of the current evaluation (please see literature review section 3.3.) suggests that if an adult attributes the existence
of a child’s BESD to a cause that is deemed ‘beyond the control of the child’ yet ‘within the control of the provision in which they work’, the adult is more likely to change their behaviour in order to support that child (Andreou & Rapti, 2010; Erbas, et al., 2010; Grey, et al., 2002; Guttman, 1982; Mavropoulou & Padeliadu, 2002; Soodak & Podell, 1994; Tollefson, 2000).

Although, items found in the category of \textit{L} / \textit{LP} could generally be described as reflecting causes of behaviour that are ‘within the control of the child’ and items found in categories \textit{L} / \textit{LN} and \textit{stimulation} could generally be described as reflecting causes ‘beyond the control of the child’ and ‘within the control of the provision’, it was found by the researcher that for some individual items this distinction was less clear. For this reason, all individual items from the CHABA were re-categorised as ‘within the child’s control’ or ‘beyond the child’s control’, and ‘within the provision’s control’, or ‘beyond the provision’s control’ (please see Appendix I, for an overview of how CHABA items were re-categorised).

Further visual analysis was conducted on these new data in order to investigate the theory discussed above (Andreou & Rapti, 2010; Erbas, et al., 2010; Grey, et al., 2002; Guttman, 1982; Mavropoulou & Padeliadu, 2002; Soodak & Podell, 1994; Tollefson, 2000) and therefore to gain some understanding of the current findings in terms of practice.

Overall, for trainees who attended the nine-day training there was a decrease in causal-attributions deemed ‘within the control of the child’, an increase in causal-attributions deemed as ‘beyond the control of the child’ and an increase in causal-attributions deemed as ‘within the control of the provision’.
If the assumption is made that attendance on the nine-day Thrive training is causal in these changes, this second analysis provides evidence towards the hypothesis that, following attendance on the nine-day Thrive training, trainees are likely to behave positively towards children with BESD, due to a greater understanding the causes of children’s difficulties.

For the one-day training, this second analysis showed that there was an increase in causal-attributions deemed ‘beyond the control of the child’. It was also found that for the one-day training there was an increase in causal-attributions deemed to be ‘within the control of the provision’, however, there was also an increase in trainees causal-attributions to factors deemed as ‘beyond the control of the provision’. This finding could be seen as a contradiction, however, it is possible that it occurred because the Thrive model teaches that early developmental factors and attachments with parents ultimately cause BESDs in later-life, however, that at any age, with the right intervention from an adult a child can overcome these difficulties.

It appears that maybe Thrive trainees still believe that factors beyond their control are the primary cause of the BESD, however following training, trainees are more likely to hold the new belief that their behaviour can go someway in undoing the ‘damage’ made by this cause. These discussions are also related to self-efficacy as considered in the literature review of Mavropoulou and Padeliadu’s (2002) research, and in the discussion of research question two.

Despite the above findings, the CHABA was not designed to measure whether causal attributions were deemed to be within or beyond the control
of the child, or within or beyond the control of the provision. Therefore this second analysis was conducted purely to gain an initial insight into this area. Further research is needed to explore this area in detail.

If assumptions are made about attendance on the Thrive training being causal in changes observed through analysing research question three, it could be concluded that post-training, trainees hold a greater understanding of BESD. This might provide encouraging insight for the LA for whom the research is being conducted, about the effectiveness of the Thrive training in terms of changing practitioners' behaviour through challenging their causal-attributions. However, future research would need to employ a control group in order to report these findings more assertively.

A final point for discussion about the causal-attribution results elicited here should also be made. The findings reported above are the same as the finding gained by Grey et al.'s (2002) research as discussed earlier in the literature review (section 3.3.). However, in Grey at al.'s (2002) research, the authors looked at a different training package and how it affected practitioners' causal attributions. This raises the question as to whether any behaviour training would result in similar changes in causal attributions, or whether there is something particular or 'special' about Thrive that resulted in these changes on this occasion. This question will be addressed in phase two of the current evaluation.
8. Conclusion: phase one

Overall, the current small scale one group pre-test- post-test evaluation shows that, following the nine-day training there was a statistically significant increase in Thrive trainees’ perceived relationship quality with children with BESD and self-efficacy in managing children’s BESD. It was also found that trainees’ understanding about the cause of BESD significantly changed in a way that past research suggests is beneficial to both behaviour change in trainees and outcomes for children with BESD.

These results are tentative due to the limitations of the methods used in the current evaluation.

9. Limitations and future research

Limitations associated with phase one of the current evaluation are reported upon below to ensure the reader is provided with a critical view of the results. Furthermore, how these limitations can be overcome in future research will also be suggested.

The most significant limitation of the current evaluation relates to the lack of a control group. If the current research design had included a control group, it is predicted that further insight about possible causal-links between the training and the finding might have been gained. Without a control group a wider range of potentially influencing factors may have affected the results.
For example, it is likely that the passage of time impacted upon the three areas that were measured in the current evaluation. For the nine-day training, the pre-test data collection points were in October 2012, not long after pupils joined a new year at school. Starting a new year commonly means meeting a new set of staff. The post-test data collection point was in March 2013. It is likely that within this six month period, all staff (regardless of their attendance on the Thrive training or not) would have built a more positive relationship with the children with whom they were working, would have increased their skill base and self-efficacy in managing the behaviour of these children and furthermore may even have gained insight into the children’s background/causes of their BESD.

More discrete factors may also have influenced the outcomes seen in the results discussed above. For example, sometimes by simply attending a course, a practitioner may start to reflect on their practice and skills, and adjust the way that they work. This implies that the same sorts of changes might have been found in participants regardless of whether they were attending Thrive or any other intervention training.

There were several reasons as to why it was decided not to use a control group. The first was to do with availability. The LA for whom the current research was being conducted, first piloted Thrive around 10-15 years ago. Since that time, a large number of practitioners who work with children have received some level of Thrive training. This is also becoming the case in the second and third data collection locations. For this reason if was deemed impractical to find a control group that would have not already been influenced by the Thrive intervention in some way.
Furthermore, the sample used for the current evaluation was heterogeneous, and amongst others, consisted of foster-carers, counsellors, physiotherapists, family support workers, adoptive parents (see figure 4). Participant information was not known until the day of data collection because of the way the training providers organised the training. For this reason, it was impossible to know whom to include in a control group. A control group is supposed to uncover whether the effects observed within the experimental group can be explained by factors other than those imposed by the ‘experiment’. However with such a heterogeneous sample, and no knowledge of who this sample may include before data collection, it would have been a difficult undertaking to organise a control group.

The next significant limitation of the current evaluation is related to the sample size. The current sample consisted of 26 trainees who attended the one-day training and 34 trainees who attended the nine-day training. During data collection, participant information was collected to report on the characteristics of the sample. It would have been useful to use this data for further analysis and gain insight into the effect size on different groups within the sample. However, as the sample size was small, it was likely that this further analysis would have led to unreliable results. For example, investigating the effect of the training on trainees who held different job roles would have meant comparing five SENCos, with one fosterparent and one family support worker.

It would be useful if future research were conducted on a larger scale perhaps with a more homogeneous sample to allow for a control group to be
used. Furthermore with a larger sample more in-depth analysis into participants’ characteristics could also be reliably gained.

The current evaluation used pre-test and post-test data. Completing a delayed post-test data collection to investigate the longevity of the results could be used to extend the current evaluation. This would provide information to the LA about how long the effect of the training may last, and therefore how frequently practitioners should repeat the training in order for the effect to be maintained, if in fact, this is possible.

Other limitations, as discussed throughout section seven, are also reported below:

• As discussed above in section 7.1. a limitation to the current evaluation is that the relationship scale used only measured Thrive trainees’ perceived relationships and although research by the creators of this scale supports the argument that this should reflect actual relationship quality, results of the current study question this. Future research should aim to take a more in depth measure of Thrive trainee-child relationships. The use of observations, the adult’s view and the child’s view could help triangulate results.

• The scale used in phase one of the current evaluation to measure causal-attributions was not designed to solely measure whether trainees viewed causes of BESD as within or beyond the control of the child, and / or within beyond the control of the provision. Although some initial findings suggest that results here would be positive in terms of theory in this area, research that focuses entirely on this would be worthwhile when considering implications for practice.
Phase one word count: 16,024
Phase-two
Thrive training and Thrive trainees’ perceived relationships with children with BESD, self-efficacy in managing children’s BESD and causal attributions about BESD in children: a qualitative evaluation

10. Introduction

The following document presents the findings of phase two of the current research: a qualitative evaluation of the training element of the Thrive intervention. Throughout this report reference will be made to phase one of the current evaluation.

10.1. Background

The following areas form the background to phase two of the current evaluation:

- The commissioning and background of the current evaluation;
- The underpinning Thrive model, the Thrive intervention and information on the Thrive training;
- The significance of Thrive within a broader context;
- Unpublished research; and
- The significance of evaluating Thrive.

Please refer to phase one, section one and section two for details relating to these points.

10.2. How should Thrive be evaluated?

The Thrive intervention comprises several core elements including the Thrive model and underpinning theories; the computer-based assessment tool; a selection of therapeutic strategies and the Thrive training. To evaluate all of these elements is beyond the scope of a single study. Ingvarson, Meiers, and Beavis (2005) assert
that the professional development of individuals working with children should be seen as a significant component to increasing positive outcomes for children. Therefore, by assessing the training element of the Thrive intervention and the effect this has on Thrive trainees, significant predictions about the intervention’s efficacy can be made. This is also consistent with recommendations made by past Thrive researchers such as Cole (personal communication, December 14, 2012) as discussed in section two.

Phase two of the current evaluation aims to investigate what changes Thrive trainees identify as occurring as a result of attending the Thrive training. Comparisons will be made between these results and those gained through quantitative methods in phase one, when specific Thrive aims were measured.

Phase two also aims to uncover elements within the Thrive training that trainees believe to led to the changes identified in phase one. This should help clarify whether there are features specific to Thrive that facilitate change.

Research that investigates possible factors within training that led to change in trainees’ thoughts, feeling and behaviours will be reviewed next.
11. Literature review: what elements within a training programme impact upon change?

Ingvarson et al. (2005) investigated the effectiveness of professional development on a number of areas, listed below. To an extent, these areas can be compared to the three aims of the Thrive intervention. By understanding which elements within training leads to change in these areas, insight about the significance of certain processes within Thrive can be gained.

Ingvarson et al.’s (2005) research found that training increased trainees’ ...

1. Knowledge of a particular topic;
2. Practice;
3. Self-efficacy; and

The Thrive training aims to increase Thrive trainees’ ...

1. Understanding of BESD;
2. Quality of relationships with children with BESD; and
3. Self-efficacy.
4. -

Ingvarson et al. (2005) reviewed research conducted between 2002 and 2003. In total, the authors’ study sampled 3,250 teachers who took part in 80 types of professional development activity.

In this review, the criterion employed to analyse which factors affected trainees’ perceptions and outcomes for children was developed before analysis was conducted (not during analysis), and therefore information that emerged directly from the data of past studies were potentially overlooked. For this reason, it could be argued that the results generated by Ingvarson et al. (2005) do not reliably represent all research reviewed.

Despite this, the authors consider that the following points are important elements for successful professional development and changes in trainees’ knowledge, practice, self-efficacy and outcomes for pupils:

- **Contextual features** such as school support;
• **Structural features** of programmes such as length of training;
• **Process features** such as an emphasis on content and active learning; and
• **Mediating variables** such as the level of professional community that the training generates.

Ingvarson et al. (2005) reviewed research that gained subjective perceptions of the impact of training on trainees (and indirectly, on children). Contrary to these methods, are those employed in a synthesis of research compiled by Guskey and Yoon (2009). For reliability reasons it is significant to compare the results of these two studies as one reviews qualitative research and one quantitative.

Guskey and Yoon’s (2009) review looked at the impact of professional development on outcomes for children. Here the authors identified 1,343 relevant studies. However, Guskey and Yoon (2009) employed a strict selection standard that only included randomised control trials (RCT) or quasi-experiments that focused on the impact of training on outcomes for children. From the 1,343 identified studies, only nine were incorporated in the authors’ analysis. Results from these nine studies showed that all training that was reviewed had a positive impact on outcomes for children. The below elements were common in all nine types of professional development, implying that they were instrumental in effecting change in trainees’ practice and therefore affecting outcomes for children:

• All nine professional development activities employed a ‘workshop’ approach. Although this term is not clearly defined by Guskey and Yoon (2005), it is implied that a workshop approach relates to the employment of research-based instructional practices; active-learning experiences; and trainees being provided with opportunities to adapt practices to their personal circumstances;

• Secondly, it was found that training was more efficacious if it was delivered by a professional in the field such as the writer of an intervention, as opposed to
in-house training;

- Results also found length of training to be an important element and assert that training should comprise 30 hours or more contact time;

- Follow-up activities were also found to be instrumental in facilitating and maintaining change; and

- Lastly, the quality of the content of the training was paramount to its success. Throughout the nine studies, all activities aimed to facilitate better trainee understanding of both what it was they were being trained in, and how pupils that they were later to work with acquire specific content knowledge and skill (pedagogy).

Some of the above factors are consistent with Ingvarson et al.’s (2005) larger scale and qualitative work reviewed above, for example the need for active-learning; the importance of sufficient contact time; and the need for the content to be of a high quality. As these areas in particular emerge across both quantitative and qualitative data collection, evidence is provided to support the argument that these areas are reliably significant.

It is difficult to conclude that the elements listed by Gusky and Yoon (2009) represent a complete list of factors that affect successful training or whether a number of factors were missed due to research not being deemed robust enough to review. Furthermore, Ingvarson et al.’s (2005) study may have also missed factors due to their deductive or ‘top-down’ use of pre-formed frameworks for analysis (Braun & Clarke, 2006).

It is therefore next necessary to look at further empirical research to help triangulate emerging trends.
A study by Birman, Desimone, Porter and Garet (2000) investigated effective staff development practices. In answer to the above limitations, this study involved a sample of 1,000 teachers and compared these results with a further 16 case studies. Similarly to results discussed earlier, Birman et al. (2000) found the below areas were needed for successful professional development in Maths and Science:

- A focus on content knowledge and knowledge of pedagogy;
- Opportunities for active-learning;
- Greater duration of training and;
- Continued support after the training has finished.

Birman et al.’s (2000) results also show the factors below to be significant. These factors have not been discussed by Ingvarson et al. (2005), or Guskey and Yoon (2009):

- The requirement for collective participation within the training;
- The requirement for the training to fit coherently with other learning activities and the needs of the trainee; and
- The requirement for reflective practice.

The majority of factors stated so far also appear in research reported by Garet, Porter, Desimone, Birman and Yoon (2001); and Wayne, Yoon, Zhu, Cronen, and Garet (2008), however, there is limited research from the field that explicitly supports the need for ‘reflective practice’ in professional development, other than that conducted by Birman et al. (2000). Often this factor appears encompassed within the term ‘active-learning’ (Ingvarson et al., 2005) and therefore is not given the same emphasis as is given by Birman et al. (2000). The importance of reflective practice in learning and professional development is advocated by many who sit just outside the field, yet work in areas of great relevance in terms of learning and professionalism, including Hunt, (2010a; 2010b) from social care, and Avramidis, Bayliss and Burden (2000) who conducted research around social inclusion and
how training can help shift teachers’ attitudes.

A paper prepared by Hill, Hawk and Taylor for a conference held in 2001 reviewed literature looking into the characteristics of effective professional development. Here the authors argue that further factors within professional development and training are significant and therefore should be added to the emerging list above. Hill et al. (2001) provide more detail about the types of learning activity that are beneficial, and it predicted that these may be particularly relevant to Thrive.

- **Risk taking**: for the professional development activity to provide an environment where ‘safe’ risk taking is encouraged;
- **Ownership**: for the professional development activity to encourage and allow trainees to take ownership of their learning;
- **Focus on ‘deep learning’**: for the professional development activity to provide experiences and understanding that allows trainees to examine their values and beliefs;
- **Support systems**: for professional development activities and trainers to help establish support systems in the workplace and within the training group;
- **Relevance and coherence**: for the content of the training to meet the needs of the trainee and address real concerns; and
- **Monitoring of outcomes**: training should encourage staff to reflect on the impact that their new way of working is having on the child.

In conclusion, the above research offers a level of consistent understanding around the factors that affect successful professional development and training for trainees working with children. The research also suggests that no matter what subject is being taught to trainees, these factors are relevant. Figure 7. has been adapted from Ingvarson et al.’s (2005) model to include all factors discussed above. Furthermore, with reference to section two of phase one of the current research, the red ticks drawn on figure 7. identify the factors that information to date shows Thrive training to already include.
The current phase of the evaluation aims to uncover which other of these factors (figure 7.) the Thrive training incorporates and whether there are new factors, unique to Thrive, that also facilitate change in trainees. Phase two of the current evaluation will therefore show whether factors occurring within Thrive are similar to those of other training packages or whether Thrive also offers something new and distinct from other training packages. It will also provide evidence to suggest whether Thrive trainees specifically attribute the changes quantitatively measured in phase one to attendance on Thrive training.

The next section will list the research aims and questions for phase two of the current evaluation.
Figure 7: Background factors, structures, and learning processes found in training and the potential impact of these on professional development.

Please refer to section two of phase one for evidence of factors within Thrive that have been ticked in Figure 7.
12. Research Questions

**Research aim**

The current research aims to explore Thrive trainees’ perceptions of the changes that occur (if any) as a result of taking part in the Thrive training, and what factors within the Thrive training that trainees perceive to impact upon their ability to build relationships with children with BESD, increase self-efficacy in managing children’s BESD and change causal attributions about BESD in children.

**Research questions**

**Research question one: Identified changes**

What changes (if any) do Thrive trainees identify as occurring as a result of taking part in Thrive training?

**Research question two: Relationship building**

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their ability to build positive relationships with children with BESD?

**Research question three: Self-efficacy**

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their self-efficacy when managing children’s BESD?

**Research question four: Causal attributions**

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their causal attributions of BESD in children?

Phase one and phase two of the current evaluation were requested by one LA in the South West of England to gain insight into the effectiveness of the Thrive training.
and intervention. Phase one quantitatively evaluated the Thrive training. Phase two now aims to qualitatively evaluate the effectiveness of the Thrive training whilst also gaining insight into whether results found in phase one can be attributed specifically to Thrive or whether the same effects could be gained through using other BESD interventions / training packages.

Information gained through conducting both phase one and phase two of the current evaluation, will provide evidence for the LA about the effectiveness of Thrive, but will also be useful for professionals working within the LA, and hopefully within the broader professional community, such as educational psychologists. Although Thrive FTC has not commissioned the current research, it is predicted that it will also be of use to them.
13. Method

This section explains how the views of participants were studied in order to address the research questions listed above.

13.1. Pragmatism

Please refer to phase one, section 5.1. for a discussion of Pragmatism.

For reasons discussed in phase one, pragmatism is also relevant to phase two of the current evaluation. This is mainly because the purpose of the study guided the design process. Pragmatism considers truth to be “what works” (Tashakkori & Teddlie, 1998, p12), and proposes that any approach is appropriate as long as the purpose of the research is met. It is therefore important to consider what the purpose of phase two of the current evaluation is.

The purpose of the current research is reported in section 12.

13.2. Research design

The research design and methods used to investigate the research questions listed in the last section have been selected to match the purpose of the study. To reflect this purpose, a qualitative evaluation design (Patton, 2003) has been employed to investigate what changes (if any) Thrive trainees identified as a result of completing the Thrive training and which factors within the Thrive training trainees perceived to have led to change in relationship-building; self-efficacy and causal attributions.
13.3. Participants

A total of eight Thrive trainees were interviewed to gain insight into the research questions listed above. Out of these eight participants, four completed the one-day training only and three completed the nine-day training only. One completed both the one and the nine-day training.

Participants were picked at random from the opportunity sample used in phase one. Invitations were sent to ten Thrive trainees, eight of who responded. Training had been advertised to LA workers, social workers and workers from the local health service. Table 4. shows participants’ details.

A consent form explaining the purpose of the study and informing participants that involvement was voluntary and that anonymity would be assured was distributed at the point of interview. A copy of the researcher’s contact details were given to each participant in case they felt they would like to withdraw at a later date, or in case they had any further questions about the research. For a copy of the consent forms see Appendix F.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>THRIVE training attended***</th>
<th>Years working with children with BESD</th>
<th>Past THRIVE training</th>
<th>Past BESD training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee 1</td>
<td>Teaching Assistant in a primary school</td>
<td>1 day</td>
<td>5 years</td>
<td>One day whole school</td>
<td>None</td>
</tr>
<tr>
<td>Trainee 2</td>
<td>Teaching Assistant in a primary school</td>
<td>1 day</td>
<td>1 year</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Trainee 3</td>
<td>Teaching Assistant in a primary school</td>
<td>1 day</td>
<td>1.5 years</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Trainee 4</td>
<td>Family support worker</td>
<td>1 day</td>
<td>5 years</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Trainee 5</td>
<td>Kinship Foster carer for two young boys</td>
<td>1 day and 2 / 9 day</td>
<td>2 years</td>
<td>None</td>
<td>Foster-care training and CAMHS and EPS advice.</td>
</tr>
<tr>
<td>Trainee 6</td>
<td>Teacher in a primary school</td>
<td>2 / 9 day</td>
<td>10 years</td>
<td>Through school ethos but no official training</td>
<td>Large number of various intervention training.</td>
</tr>
<tr>
<td>Trainee 7</td>
<td>Adoptive parent</td>
<td>5 / 9 day</td>
<td>4 years</td>
<td>None</td>
<td>Adaptive parent training and CAMHS and EPS advice and training.</td>
</tr>
<tr>
<td>Trainee 8</td>
<td>Reception teacher in a private school</td>
<td>5 / 9 day</td>
<td>9 years</td>
<td>1 day</td>
<td>Medium number of various intervention training.</td>
</tr>
</tbody>
</table>

***Trainee 5, 6, 7 & 8 were interviewed at different stages of their nine-day training. This is reported in Table 4. e.g. 5 / 9 means that the trainee was interviewed after the fifth day of their nine days of training.

Table 4. Name, role, Thrive training attended, years worked with children with BESD, past Thrive training and past BESD training of all phase-two participants (n=8).
13.4. Data collection methods

13.4.1. Interview schedule

Data were collected through the use of a semi-structured interview schedule.

Contextual focusing (Kitwood, 1980) and hierarchical focusing (Tomlinson, 1989) were used to develop the semi-structured interview schedule. First, Thrive trainees were asked to describe a situation where they believed that they (for example) “related well to a child with BESD” (contextual focusing). Secondly the hierarchical interview schedule was used to uncover interviewees' views about what factors (if any) within the Thrive training had influenced the situation described by the trainee. Contextual focusing and hierarchical focusing will be reported on in more detail below, followed by a discussion of why they were selected as appropriate methods to gain data from Thrive trainees.

13.4.2. Contextual Focusing

The idea of contextual focusing was taken from a combination of arguments raised by Kitwood (1980) and points raised by Avramidis and Norwich (2002).

Kitwood (1980) discussed the need for an interviewee to be able to frame the interview questions within their own personal contextualised account of a situation. Here it is argued that by encouraging the interviewee to describe a real world situation they become primed in considering how they think, feel and behave in certain day-to-day circumstances.

Furthermore, the view of using prewritten vignettes is asserted by Avramidis and Norwich (2002). Here the authors argue that by presenting the interviewee with a vignette of a situation, the likelihood of misunderstandings emerging from language and individual’s assumptions, are minimised.
Through merging these two principles, the current interview schedule first required interviewees to describe a situation that occurred in the last two weeks where they successfully related to a child; felt confident in dealing with a child’s BESDs; and thought about their understanding of the causes of a child’s behaviour. Each of the descriptions given by trainees was visually mapped on paper by the researcher in front of the trainee to allow both parties to gain a shared understanding and to encourage the trainee to relate all following questions to this personalised vignette. For a copy of the contextual focusing frameworks please refer to Appendix K.

Following the visual mapping of a personalised vignette on paper, the semi-structured interview described below was implemented.

For research questions two, three and four, only data elicited through the semi-structured interview schedule (hierarchical focusing) were analysed. The contextual focusing part of the interview, as described above, was used to set the context for each of the research questions. Following this, specific questions about the factors within the Thrive training that impacted upon the changes described by the participant during the contextual focusing section were asked.

13.4.3. Hierarchical focusing:

The semi-structured interview scheduled used in phase two of the current research was based on a hierarchical focusing approach.

“At its broadest, the principle of hierarchical focusing is that the interviewer seeks to elicit the interviewee’s construal with a minimum of framing and uses a hierarchical interview agenda to raise topics only as necessary”

(Tomlinson, 1989, p165)

Hierarchical focusing supports the interviewer in first asking a question at the
highest level of generality about the research topic to allow the interviewee to answer freely—presenting the issues that are of most important to them. If the interviewee does not mention important aspects of the research questions spontaneously, the interviewer then prompts in order of ‘general to specific’ prompts (a tiered approach).

For example, in the current research the interviewer may first ask the general question of “what factors within the Thrive training affected your ability to build relationships with children with BESD?” this may lead to a spontaneous discussion of the Thrive model for example or a discussion of the trainer’s personal attributes, however, the researcher may still want to find out about other factors, so, the next question could be something still fairly general but guiding the trainee slightly, such as, “can you tell me about any other factors within the training that affected your ability to build relationships?”, if this leads to nothing further, and the interviewer believes that the trainee still has more to say, then the interviewer could ask more specifically, “was there anything within the delivery style that affected relationship building?”, and again more specifically this could be followed by, “What activities directly affected your ability to form relationships?”.

Through employing this approach, leading questions are minimalised and a ‘truer’ reflection of trainees’ constructions of the research questions can be gained, yet at the same time the interviewer ensures that enough available information is acquired from the Thrive trainee to answer the research questions.

A semi-structured interview also allows for a greater degree of flexibility during the interview process; and promotes a more conversational technique, which in turn may help relax the interviewee and gain a better quality of data (Robson, 2009). In the current evaluation, the semi-structured interview schedule guided the interview as opposed to dictating the pace and direction of the interview; instead the
interview was led by the trainees’ priorities and interests.

The hierarchical interview schedule was designed by the researcher through the process of mapping out all areas of Thrive predicted to be relevant. This process is called an “analysis of the research domain” (Tomlinson, 1989). From this, flow charts that list all main areas in order of specificity were created (see Appendix M and L for analysis of research domain and hierarchical semi-structured interview schedule, respectively).

The initial questions and following prompts were intended to specifically address each research question listed in section 12. Whether topics were spontaneously discussed or prompted was recorded during the interview process and therefore will also be reflected upon during analysis.

It is argued by Tomlinson (1989) that to ensure that casual interviewer influence during the interview process is avoided, it is important for the researcher to be aware of their view of the phenomena. Although not the primary reason for completing an analysis of the research domain, through completing this process the researcher explicitly mapped their assumptions associated with the Thrive training down on paper. Also through completing this process, the researcher challenged their thinking and perceptions. As a result, the researcher was able to be more reflective of these assumptions during the interview process.

Attempts were made to remain impartial throughout the interview process and to aid this phrases such as, “I wonder whether...”; “it appears that you are saying...”; and, “I believe …., but I’m curious to know what you believe…?” were used. This enabled an opinion to be given by the interviewer when needed but influences over Thrive trainees’ responses were minimised.
13.5. Procedure

Ethical Approval was sought and granted from the Graduate School of Education, University of Exeter Ethics board, before data were collected (see Appendix E).

The semi-structured interview schedule was piloted with two teachers to ensure that the process was accessible and relevant. At this point it was learnt that interviewees might wish to use their first personalised vignette for all research questions whether questions are about relationship building, self-efficacy or causal attributions. It was decided that this would be acceptable as long as the personalised vignettes applied to all questions. During actual data collection Thrive trainees were given the opportunity to describe a second and third vignette, however many thought it relevant to answer all research questions about the first vignette that they described. It was also found during the pilot that Thrive trainees often made reference to research question one throughout the interview process (even when they were being asked about research question two, three and four). For this reason it was deemed acceptable for data, if relevant, to be extracted from anywhere in the transcribed interviews for the analysis of research question one.

Interviews were conducted between June 2012 and February 2013 within three LAs in the South West of England.

The researcher contacted trainees independently after they had completed some level of Thrive training (one-day or part of the nine-day), and a date was arranged for interviews to take place. Eight out of the ten participants who were contacted for this phase of the research took part. The sample was selected at random from a list of delegates who attended training sessions the quantitative data for phase one were collected.
Informed consent was gained from all participants and the researcher’s contact details were left with each trainee in case they wanted further information or to withdraw from the research (see Appendix F, for consent forms). The interviews lasted between 25 and 45 minutes and this time was guided by the interviewee and how much they wanted to contribute, although as discussed above, prompts were used to extend the interview when needed.

Key details about the participants were collected before interviews began such as what training they had completed (both Thrive and other), how long they had been working with children and what their role was (see participants section above, table 4.). This information may be of significance to future researchers looking to replicate the current evaluation, or to readers who wish to use the current results as an evidence-base for practice.

All names discussed in the interview were made anonymous during transcription.

Interviews were transcribed and then analysed through the use of thematic analysis, which will be discussed next.

13.6. **Thematic Analysis**

Interviews were transcribed and thematic analysis was used to analyse the qualitative data.

*“Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data”*

(Braun & Clarke, 2006, p6).

It is discussed by Braun and Clarke (2006) that thematic analysis is often criticised for not being a method of analysis in its own right, however in response to this, the
authors argue that although thematic analysis is a “foundational method for qualitative analysis” (Braun & Clarke, 2006, p78), it should be seen as a flexible and accessible way to analyse qualitative data, if conducted correctly. It is for these reasons that thematic analysis has been selected for the current research.

For the current analysis data were coded and these codes\textsuperscript{14} were categorised, where appropriate, to create themes and subthemes. Please refer to Appendix N for an example of a coded transcript, and Appendix O for an example of how codes were themed. During the process of theming codes, ‘working’ definitions were written for each theme and subtheme. Definitions were adapted throughout analysis and at any one time represented what a theme encompassed at that point in the analysis. Example extracts of what should be included and example extracts of what should be excluded, were also decided upon and recorded. The purpose of writing these definitions was to ensure validity and consistency within each theme, throughout the process of analysis. Please see Appendix P for an example of this process.

Although some codes did not mesh well with others, it was found that often patterns did emerge within the data sets. Codes that did not fit within broader themes became themes of their own to ensure that no significant data were omitted. The number of data extracts within a theme and subtheme are listed alongside findings reported in the results section, as well as the number of participants who discussed each area reported upon.

\textsuperscript{14} A code is “an item that captures something important in relation to the research question” (Braun & Clarke, 2006, p82). It is discussed by Braun and Clarke (2006) that there is no simple answer to what makes a code and how many codes make a theme. For this reason codes should be seen as subjective. This point is asserted by Taylor and Ussler (2001), who discuss that in reality themes and codes do not objectively emerge from raw data, but instead the researcher’s eyes are drawn to certain areas of interest. For the reader of the current evaluation to consider the results of the research critically it is important to list some of the researcher’s preconceptions, background and assumptions about the research, as these assumptions will have contributed to the direction the analysis took. Please see Appendix J, for an outline of these.
Following the emergence of patterns from the data, the researcher interpreted these. Themes and patterns are listed in the results section (section 14.) and interpretations and implications of these are considered in the discussion (section 15.).

The choice of analysis for the current research must also be considered with reference to the semi-structured hierarchical focusing interview schedule. Although an inductive approach to analysis has been taken through the employment of thematic analysis, during the interviews, Thrive trainees were prompted when needed through the use of hierarchical focusing. This was to ensure discussion of certain areas that the researcher wanted to gain insight into. Because of this prompting, it is predicted that during analysis these prompted areas may emerge as themes.

It could be argued then that the interview schedule alters the analytical approach from an inductive one, to one that is considered more deductive. However, it was observed during interviewing that although interviewees usually responded positively to prompts, there were concrete examples of trainees rejecting a prompt and explaining that they did not believe that the prompted area was relevant. This is apparent in the two extracts below:

Interviewer: *What about... thinking particularly about that same (example) again, what about the sort of “theory”, or the “model”?*

Interviewee: Ummm... don't know really

Interviewer: *That's ok, lets move on to the next one...*  
*Interview four, line 74-79*

Interviewer: *And do you think the “group dynamic” could affect this at all....?*

Interviewee: Possibly, I don’t know how you would do this?

Interviewer: *Ok, don’t worry...*  
*Interview one, line 96-100*

This implies that although some topic areas were prompted during interviews, these
areas were still of importance to the trainee (if they were not of importance, trainees tended to reject them). Additionally, whether a piece of datum was prompted or not has been recorded and will be reflected upon during data analysis.

Also of relevance, as discussed in section 13.4.3., the researcher mapped their beliefs of the research area with the aim that all related areas of Thrive were explored during the interview process and not just those that are pertinent to the researcher. By doing this, the prompts used during interviewing should represent a reasonably unbiased range of areas relating to the research topic, minimising the likelihood of the researcher leading the trainee in their responses.

13.6.1. Dependability

Two out of the eight interview transcripts were selected at random and given to an independent rater to assess for inter-rater reliability. Although this process is mainly used if the researcher plans to transform qualitative data into quantitative data, or if the sample is particularly large (Yardley, 2008), it also strengthens qualitative research, and makes findings more robust. For the current research the researcher wanted to ensure that there was some level of agreement about emerging themes. The second rater had little knowledge of the Thrive intervention and was given no information about the researcher’s codes and themes and little insight into the research, apart from the research questions. The second rater was also not a child professional (see Appendix Q, for the second rater’s codes).

On consideration of these results, it can be seen that although there was a level of difference between raters in that generally the original analysis appeared more sensitive to themes and coded more information than the second rater; there was also an overall level of agreement between raters.
As a secondary precaution and as advocated by Yardley (2008) the themes analysed by the original rater were also given to a third rater and were checked for consistency between codes that comprise a theme. Feedback from this process was positive and no amendments were made at this point.
14. Results

The results for each research question are presented on the following pages. Common themes that emerged through conducting thematic analysis are recorded in tables 5., 6., 7., and 8., along with some examples taken from the data set. In addition, the number of participants that made reference to each theme; the number of times the theme was spoken about; and the number of times the theme was prompted or spontaneously discussed has been recorded.

14.1. Research question one

What changes (if any) do Thrive trainees identify as occurring as a result of taking part in Thrive training?

As reported in the method section, data were analysed through thematic analysis. This analysis resulted in a number of themes and subthemes being drawn from the data. For research question one, results can be seen in table 5., and will be reported upon below.

Through thematic analysis, the data generated four main themes in answer to research question one. Participants perceived the Thrive training to positively affect their behaviour, their thoughts and their personal attributes. Two participants also reported changes in their feelings as a result of attending the Thrive training. Within these themes, a number of subthemes emerged.

Within the theme of behaviour change, participants described further subthemes to do with the nature of this behaviour change, including behaviour change to demonstrate: empathy, nurture, adaptation to meet individual needs, emotional literacy, and lastly, behaviour change to ensure the child does not identify with the negative behaviour they display.
The most common subtheme was ‘behaviour change to demonstrate empathy’. This was discussed six times by four Thrive trainees. Five of these six discussions were initiated spontaneously by the trainee, and not prompted by the interviewer.

Within the theme of thought change, participants described further subthemes relating to the nature of these changes, including: changes in thinking around perspective taking and empathy, and changes in thinking around the causes of behaviour.

This second subtheme was most common. This was discussed 22 times by seven out of the eight Thrive trainees. Table 5., shows that 20 out of these 22 discussions were initiated spontaneously by the trainee, and not by the interviewer.

The third theme (perceived ‘changes in feelings’), was only discussed by two participants, and only yielded one subtheme to do with feelings of empathy. This was discussed spontaneously on both occasions.

The fourth and final theme that emerged in answer to research question one encompassed statements relating to changes in personal attributes. Within this theme, participants’ responses were categorised into four subthemes about the nature of these changes. Subthemes included participants perceiving that they were more: calm, confident, aware and patient following the Thrive training.

The second of these subthemes was most commonly discussed. ‘Participants perceiving that they were more confident’ was discussed nine times by five out of the eight Thrive trainees. The trainees initiated seven of these nine discussions spontaneously.

See table 5., for examples of interview extract for each of these subthemes.
### Table 5. Changes that Thrive trainees identify as occurring as a result of attending the Thrive training.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>No. of Statements</th>
<th>No. of Interviewees (n=8)</th>
<th>Spontaneous (k)/ Prompted (p)</th>
<th>Example Interview Extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour change to demonstrate empathy</td>
<td>6</td>
<td>4</td>
<td>5 x s / 1 x p</td>
<td>“You ask me no. I was buying him milk. Putting a few toys away and he came straight back from nursery went into his bedroom and locked straight away that something was not right as having been on the THRIVE course I went into his bedroom, realises what had happened and I sat down on the floor at his level and said ‘O my goodness!!’ I understand how you are feeling and why you are so angry because if somebody touched something that I had, and put something away I would feel really anxious.” “The words weren’t appropriate really but he could see me empathising with him and I said, ‘If that had happened to me I would feel angry and sad and all these things in my tummy, and I understand how you are feeling.’ And I kept on talking… it was almost a little bit of an overload with the words I was using but he could understand from my body that I understand what he was feeling…” (Int. 3: 34-40)</td>
<td></td>
</tr>
<tr>
<td>Behaviour change to demonstrate nurture</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“You know a lot of the time, we make children feel that they don’t always work and some children need that extra nurture and I think we need to understand that we need to make them feel secure and that’s the priority and I think I do this now, my behaviour is more nurturing.” (Int. 2: 231-232)</td>
<td></td>
</tr>
<tr>
<td>Behaviour change to encourage adaptation to individual needs</td>
<td>2</td>
<td>2</td>
<td>2 x s</td>
<td>“So you take a step back and you look at the situation and you reflect on it and you just try to assess what’s happened… and think how best you can actually react to the child or the mother knowing at this, and without damaging them any further without causing them anymore… just being sensitive to their individual needs… I change my behaviour now, you know, depending on this interruption…” (Int 5: 169-171)</td>
<td></td>
</tr>
<tr>
<td>Behaviour change to encourage emotional literacy in another (child / young person)</td>
<td>2</td>
<td>1</td>
<td>2 x s</td>
<td>“There are things that I am doing now and one of my things is bringing out his emotions… and describing how he is feeling… ‘I’m supporting him… when I feel tired…’ I’m saying, ‘Ohh, my eyes are heavy… how are you feeling?’… when he is in an anxious state he cannot give you a description of how he is feeling so what we are doing is…(saying it ourselves); that… it seems that everything he does… we are commenting on…” (Int. 6: 145-147)</td>
<td></td>
</tr>
<tr>
<td>Behaviour change to avoid the child does not identify with negative behaviour</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“Yeah, and that’s quite hard to do because you are looking at child at 5 and you compare them against your own children and other children and you think… you should be able to know that… I don’t do that now… and I think I did before (THRIVE)… and I used to try to separate the behaviour and not use… ‘you are naughty’, but… it was hard… Now I say, ‘that behaviour is not acceptable’… or in age appropriate words to him… but we want… I’m more ummm… I’m looking more at what’s coming out of my mouth and not putting the behaviour on him.” (Int. 6: 169-203)</td>
<td></td>
</tr>
<tr>
<td>Perceived behaviour change</td>
<td>12</td>
<td>6</td>
<td>12 x s / 1 x p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived thoughts change</td>
<td>3</td>
<td>3</td>
<td>2 x s / 1 x p</td>
<td>“So the sand tray, I think that, I really did think that was good because it takes you out of your own way of thinking and it helps you to step over and think about what they (the child) must be thinking and feeling – you know, ‘Oh, he must be feeling really isolated. Alone. He must be feeling really angry.’” (Int. 5: 53-54)</td>
<td></td>
</tr>
<tr>
<td>Change in thinking around perspective taking and empathy</td>
<td>22</td>
<td>7</td>
<td>20 x s / 2 x p</td>
<td>“…the training will definitely help me, with understanding that you know, that there are a lot of things going in to the problem other than the child just being naughty.” (Int. 1: 160-162)</td>
<td></td>
</tr>
<tr>
<td>Perceived feelings change</td>
<td>25</td>
<td>7</td>
<td>22 x s / 3 x p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in feelings to empathise with others</td>
<td>2</td>
<td>2</td>
<td>2 x s</td>
<td>“When the sand tray in particular because it was quite an emotional type of therapy for me – probably I thought more… I was quite emotions anyway and that really wanted… I cried…loved all this but I cried with the sand tray… and I just felt sorry but actually I was just a child… I was visualising how he (H****) felt, even in a situation (as described above) where I was moving his toys or a magazine… it was really real to him… and through doing the sand tray it was real to me so I could experience that actually…” (Int. 6: 64-69)</td>
<td></td>
</tr>
<tr>
<td>Perceived changes in personal attributes</td>
<td>2</td>
<td>2</td>
<td>2 x s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More calm</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“You know I think that being awake and just knowing that these children are not just being naughty, you know that there is something wrong something has triggered this, so it puts you in a more positive approach to it really. Yeah you are more calm.” (Int. 1: 58-60)</td>
<td></td>
</tr>
<tr>
<td>More confident</td>
<td>9</td>
<td>5</td>
<td>7 x s / 3 x p</td>
<td>“…that one day gave me the confidence to use what I’ve been feeling. Does that make sense? It kind of gives me the rationale and back up to there to know what you are doing is right…” (Int. 3: 46-50)</td>
<td></td>
</tr>
<tr>
<td>More aware</td>
<td>3</td>
<td>3</td>
<td>2 x s / 1 x p</td>
<td>“I don’t know… with H**** sometimes it’s very hard to see the triggers but with the three days of THRIVE that I have had I am noticing… I’m more observant, more aware…” (Int. 6: 80-81)</td>
<td></td>
</tr>
<tr>
<td>More patient</td>
<td>3</td>
<td>2</td>
<td>2 x s / 1 x p</td>
<td>“I think probably, before I had a bit more patience… I’d say ‘Ha ha…’ and I think that I think that has been a huge change now this is how I am empathising with everybody… Ha ha… I think now you feel… it’s given me more patience… it affected me in my everyday life as well as my work with the boys.” (Int. 6: 176-178)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>8</td>
<td>12 x s / 4 x p</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As discussed in the methods section (section 13.), contextual focusing was initially used to discuss each of the three concepts being evaluated in the current research. The reason for this was to gain a shared understanding of how these concepts were comprehended, and to encourage the participant to frame their answers within an ecologically valid context. For research question two this concept was relationship building, research question three, self-efficacy and for research question four, this concept was causal-attributions.

Following this contextual focusing process, questions were asked about what features within the Thrive training (if any) impacted upon the participant’s experiences in each of these areas.

This whole process was conducted for one concept at a time. For example, anything that was discussed by the trainee throughout the first third of the interview was considered to be about relationship building, as this was the overarching area being discussed at this time. The same applies for the second third of the interview when the concept of self-efficacy was introduced through contextual focusing, and the final third of the interview when the concept of causal-attributions was introduced through contextual focusing.

For the above reason the data extracts seen in tables 6., 7., and 8., do not necessarily mention the particular concept on each occasion. Even if, each time a Thrive training feature was mentioned, the participant did not immediately state that this feature impacted upon their (e.g.), relationship building, it is assumed that this was the case because of the amount of time taken to introduce each concept initially through contextual focusing.
14.2. Research question two

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their ability to build positive relationships with children with BESD?

Research question two investigated factors within the Thrive training that trainees perceived to have affected the quality of their relationships with children with BESD.

Thematic analysis uncovered four main themes in answer to research question two. Participants perceived that their ability to build high quality relationship was affected by 'the trainers', 'the delivery style', 'the content' and 'other mediating factors'. Within these themes, a number of subthemes emerged.

Overall, the first theme to emerge 'trainers' was only discussed by three out of the eight participants interviewed.

Within the theme of 'trainers', participants' statements were categorised into further subthemes relating to the trainers being 'inspiring', 'the trainers modeling the behaviour that they hoped to teach the trainees' and 'the trainers facilitating a comfortable environment to learn in'. The most common subtheme was 'trainers facilitating of a comfortable environment', however this was only discussed by two participants, and one of these comments was prompted by the interviewer.

The 'delivery style of the training' was the most frequently referred to theme to emerge as an influential feature of the Thrive training in terms of impacting upon trainees’ relationship building. In total, all eight participants discussed this theme 24 times, and 22 of these comments were spontaneous. The interviewer only prompted two.
Within this theme, participants’ statements were categorised into a further five subthemes relating to the ‘delivery style’. These subthemes include, ‘experiential learning activities’, ‘empathy triggering activities, ‘emotion-triggering activities’, ‘experience sharing’ and ‘direct teaching of practical strategies’.

The most common subtheme area to be discussed within the theme of ‘delivery style’ related to the use of ‘experiential/ active learning activities’. This was discussed eight times by six participants, and the interviewer prompted only one of these comments.

Within the theme of ‘content’, participants’ statements were categorised into further subthemes to do with the nature of the content, including: ‘being directly taught about the importance of showing empathy’, ‘being directly taught about the importance of relationships’, ‘being directly taught about the Thrive model’, and ‘being directly taught practical strategies’.

The distribution of comments amongst subthemes was evenly spread, and the theme received ten comments from five participants in total. Nine of the ten comments were spontaneous.

The fourth and final theme that emerged in answer to research question two was labeled ‘other mediating factors’ and incorporates comments that are not related explicitly to features within the training, but instead seemed to occur as a product of the interaction between the trainee and the training experience as a whole. Within this theme, participants’ statements were categorised into four subthemes including ‘thoughts about the Thrive model being harmonious with their own feelings’, ‘the affects of other trainees in the group’, ‘the general group dynamic’, and ‘the trainees’ personal attributes’. 
This first subtheme was most commonly discussed (the Thrive model being harmonious with trainees’ feelings). Four Thrive trainees discussed this spontaneously five times.

See table 6., for examples of interview extracts for each of these subthemes.
Table 6. Factors within the Thrive training that Thrive trainees identify to have impacted upon their perceived relationship building.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>No. of statements</th>
<th>No. of interviewees</th>
<th>Spontaneous (y)</th>
<th>Example Interview Extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainers</td>
<td>Inspiring</td>
<td>1</td>
<td>1</td>
<td>1 x p</td>
<td>“I think you could tell they (the trainers) were very passionate about... the way it was delivered was brilliant... Interesting, memorable, really good. All the points that they covered made me want to go on and do more training.” (Int 1: 76-78)</td>
</tr>
<tr>
<td></td>
<td>Modeling of behaviour that trainers hope to teach</td>
<td>1</td>
<td>1</td>
<td>1 x p</td>
<td>“I think the way D... and F... (trainers) did a lot of reminiscing with us, they were using a lot of expression with the people in the group.” (Int 2: 91-95)</td>
</tr>
<tr>
<td></td>
<td>Facilitating a comfortable learning environment through trainers' attributes</td>
<td>2</td>
<td>2</td>
<td>1 x s / 1 x p</td>
<td>“I think the way D... and F... did a lot of reminiscing with us, they were using a lot of expression with the people in the group and they definitely made us feel comfortable. They were very open and friendly.” (Int 3: 97-99)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>3</strong></td>
<td><strong>3 x s / 1 x p</strong></td>
<td></td>
</tr>
<tr>
<td>Delivery Style</td>
<td>Experiential active learning</td>
<td>4</td>
<td>8</td>
<td>7 x s / 1 x p</td>
<td>“My learning style is that for me I have to do things and I have to feel things and I think that... Thrive works well for me... So down on the floor and get to know your own emotions and that sort of learning is what I like.” (Int 5: 94-103)</td>
</tr>
<tr>
<td></td>
<td>Empathy triggering activities</td>
<td>6</td>
<td>5</td>
<td>4 x s / 2 x p</td>
<td>“Through doing that activity, I could put myself in F**** shoes. I always felt that I could empathise with F**** anyway, but actually he needs more empathy and I realised that now through Thrive.” (Int 5: 52-61)</td>
</tr>
<tr>
<td></td>
<td>Emotion triggering activities</td>
<td>3</td>
<td>2</td>
<td>3 x s</td>
<td>With the sand tray in particular because it was quite an emotional type of therapy for me... probably I thought maybe... I was quite emotional anyway and was really standing... I cried... sounds awful but, I cried with the sand tray... and I just felt silly but actually I was just a child... I was visualising how he (F****) felt.” (Int 5: 64-68)</td>
</tr>
<tr>
<td></td>
<td>Experience sharing activities</td>
<td>3</td>
<td>3</td>
<td>3 x s</td>
<td>“Yeah, I think seeing other people that were there and being given time to reflect and the acceptance... that was important.” (Int 5: 84-85)</td>
</tr>
<tr>
<td></td>
<td>Direct teaching of practical strategies</td>
<td>4</td>
<td>3</td>
<td>4 x s</td>
<td>“Plus (with Thrive) there is someone actually teaching a lot of the strategies, telling you how to do it.” (Int 5: 84-85)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>8</strong></td>
<td><strong>22 x s / 3 x s</strong></td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td>Being taught about the importance of empathy</td>
<td>3</td>
<td>4</td>
<td>3 x s</td>
<td>“Um... I felt when we learnt about the mirroring of the child and not saying to them... it’s like talk to you in a moment... I’m a bit busy now... but instead being taught to realise that you need right now and to give them that attention... even if it is something that is really important... maybe just saying... ‘I can see you are really excited... we were taught how this is so important’” (Int 2: 63-68)</td>
</tr>
<tr>
<td></td>
<td>Being taught about the importance of relationship building</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“the understanding of the brain patterns as we really want it in terms of how important building relationships... and the need to do this (pov relationship) as well.” (Int 3: 79-80)</td>
</tr>
<tr>
<td></td>
<td>Being taught about the Thrive model</td>
<td>3</td>
<td>3</td>
<td>3 x s / 1 x s</td>
<td>“I think before... in the training we were just you know... for goodness sake just... it’s no a big thing, you’ve got to learn that it doesn’t matter... that it isn’t going to reappear... for the same thing over and over again... but actually no... he is a baby... he is all that ‘being stage’ and you wouldn’t expect a baby to constantly learn things like that... Thrive has taught me that.” (Int 5: 82-85)</td>
</tr>
<tr>
<td></td>
<td>Being taught about the importance of children’s individual needs</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“I think at... what am I trying to say... every child is different but through doing... Thrive, we learn that... thrive works with every different child... it has that flexible nature to it... yeah...” (Int 5: 117-124)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>5</strong></td>
<td><strong>9 x s / 1 x p</strong></td>
<td></td>
</tr>
<tr>
<td>Mediating factors</td>
<td>The Thrive model is harmonious with trainees feelings</td>
<td>4</td>
<td>5</td>
<td>5 x s</td>
<td>“I think it’s a bit of a thing and maybe parents that see it with ADHD children already have these sorts of thoughts anyway and are using these ideas it’s part that... Thrive put them all together.” (Int 3: 50-54)</td>
</tr>
<tr>
<td></td>
<td>Other trainees</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“So, another important thing for me is that I can work alongside all these professionals...” (Int 5: 111)</td>
</tr>
<tr>
<td></td>
<td>Group dynamic</td>
<td>2</td>
<td>2</td>
<td>2 x s</td>
<td>“I could be in a room with teachers, some parents and I haven’t got a degree myself... I have a bit of experience of working with children but you can feel a little intimidated... but this wasn’t like that... this was very comfortable for me... Thrive was very comfortable...” (Int 5: 108-114)</td>
</tr>
<tr>
<td></td>
<td>Trainees attributes</td>
<td>1</td>
<td>1</td>
<td>1 x p</td>
<td>“I think it would have been the same with another group of people I think it was just because they were all there for the same reason.” (Int 5: 50-54)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>8</strong></td>
<td><strong>8 x s / 1 x p</strong></td>
<td></td>
</tr>
</tbody>
</table>
14.3. **Research question three**

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their self-efficacy when managing the behaviour of children with BESD?

Research question three investigated factors within the Thrive training that trainees perceived to have impacted upon their self-efficacy when managing children's BESD.

Thematic analysis uncovered four main themes in answer to research question three. Participants perceived that ‘the trainers’, ‘the delivery style’, ‘the content’ and ‘other mediating factors’, impacted upon their self-efficacy. Within these themes, a number of subthemes emerged.

Within the theme of ‘trainers’, only two participants described that ‘trainers modeled the behaviour that they were hoping to teach’ and that this helped the trainees build their self-efficacy.

The ‘delivery style’ of the training was the second theme to emerge as an influential feature of the Thrive training in terms of building self-efficacy in trainees. This theme was discussed four times by three out of the eight trainees. Within this theme, participants’ statements were categorised into a further three subthemes relating to the delivery style. These included, ‘experience sharing activities’, ‘experiential learning’, and ‘direct teaching of practical strategies’. Responses were distributed equally across all subthemes.

The theme labeled ‘content’ was most frequently referred to by participants for research question three. Participants' statements were categorised into a further six subthemes relating to the nature of this the content, including 'being taught that firm
boundaries are important’, ‘being taught about the computer assessment’, ‘being taught about the importance of relationship building in terms of managing behaviour’, ‘being taught about the Thrive model’, ‘being taught about the importance of recognising children’s individual needs’ and ‘being taught strategies to use with children with BESD’.

In total 12 comments were made about this theme, by four participants and the distribution of comments amongst subthemes was evenly distributed.

The fourth and final theme that emerged in answer to research question three again labeled ‘other mediating factors’, incorporated comments similar to those found in research question two. Within this theme, participants’ statements were categorised into four subthemes including thoughts about the ‘Thrive model being harmonious with their own feelings’, ‘the fact that the training is available to a range of professionals’, ‘the impact of seeing Thrive work in practice’ and ‘the idea that the process of completing the training is therapeutic for the trainee themselves’. Each of these mediating factors received one comment each.

See table 7., for examples of interview extracts for each of these subthemes.
Table 7. Factors within the Thrive training that Thrive trainees identify to have impacted upon their perceived self-efficacy.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>No. of statements</th>
<th>No. of interviewees</th>
<th>Spontaneous (s)/prompted (p)</th>
<th>Example Interview Extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainees</td>
<td>Mistaking of behaviour that trainers hope to teach</td>
<td>4</td>
<td>2</td>
<td>1 x s / 1 x p</td>
<td>&quot;Do you think in the THRive training the (empathising with children) was mistook in a particular way? ... Yeah, like I said before... through the activities and the relationships within the group and with the trainers.&quot; (Int 2:164-168)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2</td>
<td>2</td>
<td>1 x s / 1 x p</td>
<td>&quot;Umm, that was really useful hearing everyone else in the group's questions and they were all pretty similar.&quot; (Int 1:151-152)</td>
</tr>
<tr>
<td>Delivery Style</td>
<td>Active experiential learning delivery that triggers empathy</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>Last Friday we went into the groups and we did a really simple activity... we were all given a musical instrument and to...&quot; (trainer) said, &quot;ok, now let's make a rhythm and then one by one let's knock the rhythm, so we all had to go around the group to break the rhythm. I found it really easy, but afterwards others said they found it really hard... which I wouldn't have considered so it's just having that time... and reminding yourself that things are difficult for everyone...&quot; (Int 7: 262-267)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4</td>
<td>3</td>
<td>3 x s / 1 x p</td>
<td>&quot;And then to look at specific areas to target...&quot; (Int 2: 170-174)</td>
</tr>
<tr>
<td>Content</td>
<td>Being taught that firm boundaries are important</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>&quot;I also really like the idea of the online assessment, I want to do one of those soon with a child I work with as I really think it should help with going forward.&quot;</td>
</tr>
<tr>
<td>Being taught about the THRIVE model</td>
<td>4</td>
<td>3</td>
<td>3 x s / 1 x p</td>
<td>&quot;...the 'brain' thing and the 'being' and being, ok, yeah, just all of it... it's all really useful...&quot; (Int 1:167)</td>
<td></td>
</tr>
<tr>
<td>Being taught about the importance of recognising children's individual needs</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>&quot;The answers were always about the child being an individual and about you knowing them, knowing how far that child is going to go and again the importance of building a relationship with them. You just really need to know that child... when are they playing games and getting out of lessons and when they need you...&quot; (Int 8: 111-113)</td>
<td></td>
</tr>
<tr>
<td>Being taught strategies to work with children with BESS</td>
<td>3</td>
<td>3</td>
<td>3 x s</td>
<td>&quot;...like keeping away the whole mimicking a child's emotions to let that child know that I understand how they feel, because that helps them calm down very quickly... you know, if you just say, 'stop being like this...', or 'stop crying', you know... things can escalate. So you know, instead you have to say, you know, 'I can see that you are feeling like this... just being taught these strategies was really useful', (Int 2:154-155)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>12</td>
<td>4</td>
<td>11 x s / 1 x p</td>
<td>&quot;The THRIVE model is harmonious with trainees' feelings... Umm, I think it is the idea in my head anyway that a lot of the problems are due to their backgroungs because I have had previous experience of these things so I know how it can affect you growing up and as an adult... so I have a lot of empathy for these children but the model was very interesting... the 'being' and the 'doing'... kind of looking in to that more makes you think... Wow... it really does affect things... on the way the brain works and how it is wired...&quot; (Int 5: 172-173)</td>
</tr>
<tr>
<td>Mediating factors</td>
<td>Training is available to a range of practitioners</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>&quot;I also think it's important that lots of different agencies are doing it (the training)... and that we can be involved in it... I think it is just the teachers and not involved in these things and they can't always pass it on to us... but it is nice that we are getting involved as you have always got the child, you know, I deal with year four and there are two classes in year four and there is always one... if not five (ha ha). Do you know what I mean?&quot; (Int 1: 157-158)</td>
</tr>
<tr>
<td>Locations of implementing THRIVE affecting self-efficacy</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>&quot;If I had that... that's more secure... I mean obviously he can't take me... I feel more secure... because he can't express himself or be as expressive when he can't join in as well... you know...&quot; (Int 2: 164-166)</td>
<td></td>
</tr>
<tr>
<td>THRIVE training as therapeutic and restorative for the trainee</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>&quot;Every time that is a big thing for me... I just don't have that time to really reflect on that usually... with having... A*** issues are very different to D***'s because he suffered severe neglect for the first year so... you know...&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;And then (I have) high anxiety (from the other child)... on the other hand and every day coming back from school it really kick off so I almost have to psych myself up... you know... because potentially it will be tonight again... ummm... poor boy...&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| "So for you, you need to look after yourself and support yourself and then you can look after the others, and THRIVE is helps you to reflect and look after yourself?"
| Yes, it does ready." (Int 7: 233-247) |
14.4. Research question four

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their causal-attributions of BESD in children?

Research question four investigated factors within the Thrive training that trainees perceived to have impacted upon their causal attributions of BESD.

Thematic analysis uncovered four main themes in answer to research question four. Participants perceived that the ‘trainers’, ‘delivery style’, ‘content’ and ‘other mediating factors’, impacted upon their understanding of what causes children’s behaviour. Within these themes, a number of subthemes emerged.

Within the theme of ‘trainers’, only one participant described that ‘trainers’ facilitated a comfortable learning environment’ and that this triggered a shift in their causal-attributions.

The ‘delivery style’ of the training emerged as a feature of the Thrive training in terms of facilitating an understanding of causes of children’s behaviour. This theme was discussed three times by one out of the eight participants. Within this theme, the participant described that the ‘experiential/ active learning activities’ and ‘accessibility of the information’ was influential in allowing them to gain an understanding of the causes of children’s behaviour.

The theme labeled ‘content’ was most frequently referred to by participants for research question four, and was discussed by six out of the eight participants, 12 times. Participants described that ‘being directly taught about the Thrive model’ impacted upon their understanding of causes of children’s behaviour. Six participants made ten comments about this subtheme in total. Seven of these comments were spontaneous. Two participants reported that ‘being taught
strategies to use with children with BESD’ also facilitated change in their understanding of causes of behaviour.

The fourth and final theme that emerged in answer to research question four was again labeled ‘other mediating factors’ and incorporates comments similar to those found in research question two and three. Within this theme, participants’ statements were categorised into three subthemes including ‘thoughts about the Thrive model being harmonious with their feelings’, ‘the workplace environment’ and ‘Thrive as a personal support system’. Each of these subthemes received one comment, apart from the first subtheme, which received four comments by four participants.

See table 8., for examples of interview extracts for each of these subthemes.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>No. of statements</th>
<th>No. of interviewees</th>
<th>Spontaneous (s)/ prompted (p)</th>
<th>Example Interview Extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainers</td>
<td>Trainers facilitate a comfortable learning environment</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“I actually said to S… (THRIVE Trainer)… ‘I’m really enjoying this… your training style…’ I didn’t feel embarrassed to ask questions… and I said, ‘no offense to THRIVE or anything but it’s not exactly rocket science is it!!’ And she said, ‘no!! na na…’” (Int 5: 270-273)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td></td>
</tr>
<tr>
<td>Delivery Style</td>
<td>Experimental/active learning</td>
<td>1</td>
<td>1</td>
<td>1 x p</td>
<td>My learning style is direct… think it… feel it and not so much from a book, a little bit of that and the two in combination (…book and THRIVE training…) was much better… but I have to feel it… I felt it during the THRIVE training…” (Int 5: 220-225)</td>
</tr>
<tr>
<td>Accessibility of information</td>
<td></td>
<td>2</td>
<td>1</td>
<td>2 x s</td>
<td>THRIVE starts from the beginning and then you work your way up to more complex things and it says it in a way that is not condescending…” (Int 5: 261-263)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3</td>
<td>1</td>
<td>2 x s / 1 x p</td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td>Being taught about the THRIVE model</td>
<td>10</td>
<td>6</td>
<td>7 x s / 2 x p</td>
<td>“It’s the model of THRIVE that makes you think differently…” (Int 4: 175)</td>
</tr>
<tr>
<td>Being taught strategies to use with children with BESD</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2 x s</td>
<td>“What if you couldn’t find out that anything had happened to the child that caused him to show challenging behaviour?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“Then I would just keep working on the calming strategies that we learnt about in THRIVE so take them to a quiet area, look at some books, whatever they are interested in… get them engaged…Often from that they will relax and start talking about the trigger of their behaviour…” (Int 2: 213-218)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>12</td>
<td>6</td>
<td>9 x s / 2 x p</td>
<td></td>
</tr>
<tr>
<td>Mediating factors</td>
<td>The THRIVE model is harmonious with trainees’ feelings</td>
<td>4</td>
<td>4</td>
<td>4 x s</td>
<td>I know as we said with the first one… that’s just backed up now I feel better… and given me the confidence to use these tools and how to understand the children…” (Int 3: 107-108)</td>
</tr>
<tr>
<td></td>
<td>The workplace environment</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>I think also the links between the schools… that 4… …(school’s THRIVE coordinator) was really relieved what we are doing with THRIVE… the confidence in what we are doing… and that support. Yeah… it’s working together it becomes a much bigger picture doesn’t it…” (Int 3: 166-170)</td>
</tr>
<tr>
<td></td>
<td>THRIVE as a support system</td>
<td>1</td>
<td>1</td>
<td>1 x s</td>
<td>“The network of people around us, support us in order to support (… has not been there… unless that (THRIVE) is my safety net… this is my safety net… THRIVE… so when THRIVE ends I’ll have to think about what I can use from THRIVE that I can go to … to refer to … that will give me that… “we are supporting you”, feeling… if that makes sense…” (Int 5: 393-395)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6</td>
<td>4</td>
<td>6 x s</td>
<td></td>
</tr>
</tbody>
</table>
15. Discussion

The findings are discussed below.

15.1. Research question one

What changes (if any) do Thrive trainees identify as occurring as a result of taking part in Thrive training?

The main findings for research question one show that participants perceived the Thrive training to positively impact upon their behaviour, their thoughts and their personal attributes. Two participants also reported changes in their feelings as a result of attending the Thrive training. Within these themes, the most commonly discussed subthemes are listed below:

- Trainees commonly described changes in their behaviour to demonstrate empathy towards children with BESD;
- Trainees commonly described that they were more confident about working with children with BESD (changes in personal attributes); and
- Trainees commonly described changes in their thoughts around possible causes of BESD.

To an extent, these areas fit with the three main aims of Thrive (Thrive aims to increase positive relationships, to increase self-efficacy and to increase understanding). See section 2.6. for an explanation of why these three areas represent Thrive’s three main aims.

However, on reflection of the results listed above, criticisms around the subjective nature of qualitative analysis could be raised. Taylor and Ussler (2001), argue that in reality themes do not objectively emerge from raw data, but instead the
researcher’s eyes are drawn to certain themes. There is a possibility that the findings of phase one biased the researcher’s theming of phase two, however, with reference to the methods sections (section 13.) a number of measures were taken to ensure an objective qualitative data collection and analysis was conducted. Furthermore, along with the three most commonly cited themes listed above, additional themes and subthemes emerged (as reported in the results section).

It should also be noted that although associations can be made between the three subthemes listed above and the Thrive aims, the constructs of relationship building, self-efficacy and understanding are difficult to define. The three main subthemes listed above are likely to reflect some elements of relationship building, self-efficacy and understanding, however some of the other changes identified by Thrive trainees, listed in table 5. might also play a role, as might factors that were not discussed by trainees.

Despite this, the main point asserted in the current evaluation is that when Thrive trainees were asked to discuss what changes they identified as occurring due to attendance on the Thrive training, their responses were, to some extent, consistent with Thrive’s main aims.

If assumptions are made about the validity of results discussed above, it is relevant to view the findings with reference to past research discussed in section three of phase one about the importance of increasing adult-child relationships; adult self-efficacy and the importance of shifting causal attributions / understanding, in terms of outcomes for children with BESD.

Past research shows that a positive relationship between an adult and a child with BESD can act as a protective factor, and decrease the child’s likelihood of experiencing further BESDs (Buyse et al., 2009; La Russo et al., 2008).
Furthermore, research from Andreou and Rapti (2010); Guo, et al. (2010); Haney et al. (2007); Timperley and Phillips (2003) and Tschannen-Moran and McNaster, (2009), proposes that increases in practitioners’ self-efficacy is associated with increases in the quality of their practice. Lastly, research in the field of causal-attributions provides evidence in support of the argument that change in causal-attributions toward believing that the child’s behaviour is caused by factors beyond the control of the child, can be instrumental in triggering more positive responses to children with BESD which in turn improves outcomes for those children (Erbas et al., 2010; Grey et al., 2002; Guttman,1982; Mavropoulou & Padeliadu, 2002; Soodak & Podell, 1994; Tollefson, 2000).

In terms of implications for the LA by whom the current evaluation has been commissioned, it could be recommended that the above findings support the conclusion that Thrive trainees perceive the Thrive training to be causal in:

• Increasing their capacity to build positive relationships:
• Increasing their self-efficacy in managing BESD in children and:
• Increasing their understanding of the causes that underpin BESD in children.

In-turn, past research asserts that each of the above is instrumental in decreasing BESD in children.

Research questions two, three and four focused on what factors within the training (if any) led to change within the three areas below:

• Relationship building capacity with children with BESD;
• Self-efficacy of trainees in terms of managing children’s BESD; and
• Understanding of BESD.
As reported above, these three areas have been listed as the three main aims of the Thrive intervention. See section 2.6. for an explanation of why these three areas represent Thrive’s three main aims.

Results from the following three research questions will shed light on whether the positive changes identified in research question one, and in phase one of the current evaluation, can be specifically attributed to unique features within the Thrive training package or whether influential factors described by Thrive trainees are in fact generic to other evidence-based training programmes aimed at supporting practitioners working with children (as described in literature review, section 11.).

15.2. Research question two

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their ability to build positive relationships with children with BESD?

Research question two investigated factors within the Thrive training that trainees perceived to have impacted upon the quality of their relationships with children with BESD.

Thematic analysis suggests that the most common theme discussed by trainees related to the delivery style used within the Thrive training. Trainees discussed areas relating to the following four subthemes as influential factors in terms of an increased capacity to build positive relationships.

- Experiential / active learning activities;
- Empathy triggering activities;
- Emotion triggering activities; and
- Experience sharing.
For example extracts reflecting these subthemes please refer to table 6.

Thrive trainees also commented on the significance of the training content particularly in terms of being directly taught about the importance of empathising with children.

Past research has already established that training should include experiential / active learning in order for success to be observed (Birman et al., 2000; Gusky and Yoon, 2005; and Ingvarson, et al., 2005) (see section 11.). Furthermore, Hill et al. (2001) propose that value and belief changing activities, risk-taking activities and the facilitating of support systems are also influential. These factors can be likened to empathy triggering; emotion triggering and experience-sharing activities as described as important factors by Thrive trainees.

The above comparisons suggest that although the Thrive training employs delivery style strategies and activities that are known to be successful in facilitating change, these sorts of activities are not specific to the Thrive training and are commonly found in a range of training courses.

However, the current findings do indicate that these types of activities in combination with a content focus of empathy are perceived by Thrive trainees to support a specific increase in their capacity to build positive relationships with children with BESD. Before this conclusion can be confirmed, further discussion of potential limitations is required.

Concepts discussed above, such as 'empathy' and 'emotions', are subjective. These words provide labels for personal constructs and experiences and although the individual words can be defined through the use of a dictionary, each participant who uses one of these words is likely to have a slightly different
constructed understanding of it, based on their own experiences. This makes it difficult to propose with assertion that either the researcher’s themes were consistent with what the participants actually meant and furthermore, when two or more participants supposedly spoke about the same concept, whether they were both actually meaning the same thing.

The current research has made an assumption about this problematic feature of qualitative research. If two or more participants used the same word, it was assumed that they were talking at least about ‘similar’ concepts. This is the principle that is used in everyday communication, and therefore has been followed for the present study.

With this assumption in mind, if the concepts and themes uncovered in the current analysis are valid, it is relevant to review the claim that unique features within the Thrive training positively impact upon the trainees’ ability to build relationships with children with BESD with reference to research discussed in the literature review.

The importance of relationship building in terms of outcomes for children with BESD has been discussed throughout this current document (section three of phase one, the extended literature review in Appendix A, the findings for phase one and the findings for research question one, phase two), so will only be briefly referenced here. Past research asserts that the building of a positive relationship between an adult and a child with BESD, often leads to a decrease in BESD in the child (Buyse et al., 2008; La Rossa et al., 2008; and Pianta and Nimetze, 1991).

For this reason, the current findings support the claim that unique features within the Thrive training may specifically impact upon a reduction of BESD in children through facilitating relationship building.
For the LA for whom the current evaluation has been conducted these results imply a move towards increasing Thrive training, in order to decrease BESD in children.

15.3. Research question three

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their self-efficacy when managing the behaviour of children with BESD?

Research question three investigated factors within the Thrive training that trainees perceived to have impacted upon their self-efficacy when managing children’s BESD.

In general, this area was not commented on as many times, by as many Thrive trainees when compared to the number of comments made about relationship building. However, when results for research question one are considered, it is seen that five trainees made nine spontaneous references to a perceived increase in confidence after attending Thrive training. Self-efficacy is associated with self-confidence (as discussed in section three) and therefore this suggests that although trainees may have generally perceived that they were more self-efficacious / confident after receiving the Thrive training, they struggled to attribute these changes to specific factors occurring within the Thrive training.

Although data were limited for this research question, those trainees who did identify factors that impacted upon their self-efficacy mainly attributed these changes to the content of the training, particularly being taught about the need for firm boundaries to promote a feeling of security and being taught hands-on strategies to relate theory to practice. Also, trainees discussed the teaching of the Thrive model in terms of it providing a positive rationale for enforcing boundaries. This is reflected in the below quote:
Although past research already acknowledges the importance of good quality content (Birman et al., 2000; Gusky and Yoon, 2005 and Ingavarson, et al., 2005), results from research question three imply that Thrive trainees specifically attribute changes in their self-efficacy to this factor. In particular trainees seem to value training content that can be used to reinforce, or theoretically support their practice.

The growing culture of accountability in the public sector is discussed by O’Neill (2002), and is associated with the increasing demand for evidence-based practice when working with children (Rosenfield, 2008). It is hypothesised here that the current findings are, to an extent, an example of this culture. As discussed in section 2.3. there is currently significant national concern about high levels of children who experience BESD. Ensuring that this population is well supported receives a high level of political attention (Action for Children, retrieved, 2013). With this, it is proposed here that, under the current accountability culture, practitioners who work with children may feel under pressure to show that what they are doing when working with children with BESD is ‘right’.

Accountability or factors related to this hypothesis have not been discussed in past research as an important element for professional development or training to include or facilitate. This factor may therefore be a unique feature of the Thrive training.
This hypothesis is tentative due to the low quantity of data gathered for research question three. Furthermore, limitations associated with the interpretation of qualitative data relating to personal constructs being subjective are relevant to these finding as was the case with research question two.

Future research should look into this area further and attempt to gain a deeper understanding of practitioners’ perception of external demands associated with working with children with BESD, whether these demands are linked with a greater pressure to show accountability, and whether training that responds to this pressure, increases self-efficacy and impacts upon practice.

The use of more in-depth interviewing techniques such as Personal Construct Psychology as discussed by Day, Calderhead and Denicolo (2012) may provide more valid insight than the techniques used in the current research.

When the findings for this research question are compared with phase one results, and the results of research question one of phase two, implications for the LA can be drawn. It is considered here that not only does the current evaluation tentatively imply that Thrive training is causal in increasing practitioners’ self-efficacy in managing BESD in children, it is also possible that this effect is due to specific and unique features of Thrive relating to accountability. As with research question two, if the LA is in support of increasing practitioners’ self-efficacy as a way of responding to the high number of children with BESD, then Thrive training may provide an effective option.
15.4. Research question four

What factors (if any) within the Thrive training do Thrive trainees perceive to impact upon their causal-attributions of BESD in children?

Research question four investigated factors within the Thrive training that trainees perceived to have impacted upon their causal attributions of BESD in children.

This analysis showed that six of the eight participants interviewed reported changes in this area as occurring due to the content of the training - within this, the specific teaching of the Thrive model was most frequently referred to. The Thrive model theorises that children's experiences of BESDs are commonly caused by early developmental interruptions in attachments between the child and their primary care giver.

The teaching of the Thrive model as a vehicle for shifting trainees' causal attributions can in part be seen as an example of Hill et. al.'s (2001) training feature described as deep learning: value and belief changing experiences. However, it is argued here that as the Thrive model so implicitly advocates that causes of a child's behaviour are often beyond the child's control, this should also be seen as a unique feature to the Thrive intervention, and one that is perceived, by Thrive trainees, to have a positive impact on their understanding and behaviour.

This research question should also be discussed with reference to the results from phase one, research question three. Here it was found that although Thrive trainees were more likely to attribute BESD to causes beyond the control of the child after attending the Thrive training, trainees also acknowledged that the Thrive model changed their belief system in this area too. Following training, trainees were more likely to hold the new belief that they could impact upon the effects of these causes
and reduce BESD in children. This suggests that the teaching of the Thrive model not only triggers shifts in causal attributions but may also impact upon self-efficacy as discussed in the last subsection.

The same limitations apply to research question four as to research questions one, two and three, relating to the subjective nature of qualitative data collection and analysis. However, if it is assumed (as for research question one, two and three) that the methodological decisions made in the current research minimised bias in data collection and analysis then result discussed here can be seen as valid. If this assumption is made, it is relevant to view these results with reference to literature considered about causal-attributions in section three phase one.

Literature reviewed in phase one, section three shows the significance of causal attributions in terms of changing adults’ behaviour and responses to children with BESD. Here it is reported that adults who attribute the child’s behaviour to a cause that is out of the child’s control, are more likely to respond positively to the child (Andreou & Rapti, 2010; Soodak & Podell, 1994).

The above discussions led to recommendations for the LA by whom the current research has been commissioned. Phase two, research question four findings imply that the Thrive training is causal in shifting practitioners’ causal-attributions in a way that is beneficial in terms of their practice when working with children with BESD. Furthermore, similar elements within the training may also impact upon self-efficacy. It is also possible that this effect is due to specific and unique features of Thrive to do with the direct teaching of the Thrive model. As with research question two and three, if the LA is in support of shifting practitioners’ causal-attributions as a way of changing practitioners’ behaviour to more successfully work with children with BESD, then Thrive training may provide an effective option.
15.5. General findings

General findings that have been reported in the results section but not yet discussed above will be considered here.

Across all research question data, only seven references from four trainees were made about the trainers - this is fairly low when compared to the number of total responses that were given about the other themes (delivery style received 24 references from all trainees; content received 34 references from all trainees and mediating factors received 21 references from six trainees). In terms of triggering change in trainees relationship building, self-efficacy and causal attributions, this finding suggests that the delivery style / activities and the content of the Thrive training were perceived to be more important than the trainer who delivered the training.

This finding could have implications for the LA in terms of delivering the Thrive training. As reported in the introduction in phase one, within the LA for whom the current evaluation was conducted, one of the ‘in-house’ trainers has recently taken voluntary redundancy. Other LAs that deliver Thrive training tend to request training from Thrive directly and therefore do not necessarily have their own in-house trainers. The current findings suggest that this method of training delivery would not alter the effectiveness of the training, but instead Thrive trainees perceive the content and delivery style to be the most influential elements of the training as opposed to trainer themselves.

As reported above, mediating factors emerged as a theme within the analysis of research questions two, three and four, yet this has not been discussed in any of the above subsections. At least one significant pattern emerged within this theme across all data. This pattern warrants further discussion here.
Five out of eight participants made ten references to the fact that they believed the Thrive model and intervention to be ‘harmonious’ with how they felt that they should be working with children, but that they have not had the confidence to work like this in the past as it goes against common culture. This is reflected in the following quote:

“I think as we said with the first one... that it (Thrive) just backed up how I was feeling... and (has) given me the confidence to use these tools and how to understand the children”

(Int 3: 157-158)

This could provide an explanation as to why, in research question one, trainees gave many examples of shifts in behaviours, thoughts and personal attributes as a result of attending the Thrive training yet did not describe many shifts in the way that they felt about working with children with BESD. It is hypothesised that trainees’ feelings prior to attending the Thrive training already matched those associated with the Thrive intervention, yet their behaviour and conscious thoughts were not congruent with these feelings. Therefore it could be argued that potentially the Thrive training realigns trainees’ thoughts, feelings and behaviours.
16. Conclusion: Phase two

Overall the current findings advocate that Thrive trainees perceive the Thrive training to have a positive impact on their behaviour, thoughts and perceived personal attributes. There does not appear to be a substantial impact on perceived feelings and a number of participants suggested that they already shared feelings that they likened to those advocated in the Thrive training, prior to training. Through completing the Thrive training it is hypothesised that trainees become more confident to behave and think in a way harmonious with both the values of Thrive, and their personal feelings. This effect can be described as a mediating factor.

Within the three themes listed above, trainees most frequently discussed:

- Changes in their behaviour to demonstrate empathy towards children with BESD;
- Changes in personal attributes making them feel more confident about working with children with BESD; and
- Changes in their thoughts around possible causes of BESD.

These three areas can be likened to the three Thrive aims, and tentative conclusions can be drawn about the Thrive training influencing change in these three areas and therefore meeting its aims.

Research question two, three and four uncovered specific and unique features within the Thrive training that caused these changes to do with a combination of delivery style and content. As shown below:

- A unique feature of the delivery-style associated with empathy was reported to facilitate relationship building in trainees practice;
• Unique mediating factors associated with the content provided a level of accountability for trainees’ practice, and allowed them to feel more self-efficacious;

• A unique feature of the content associated with the Thrive model and teaching trainees about the causes of behaviour was reported to facilitate changes in understanding, and;

• Unique mediating factors associated with the content realigning Thrive trainees’ thoughts and behaviours with their feelings facilitated changes in all areas explored.

Figure 8., maps these features onto the original figure (figure 7.) discussed in the literature review (section 11.). The red ticks identify the factors included in the Thrive training evident prior to the current evaluation. The blue ticks identify factors included in the Thrive training that have become evident as a result of this evaluation, and the blue writing describes the features that the current evaluation has found on this occasion to be unique to Thrive and described by trainees as being important in facilitating change. The blue dotted line represents possible contributory effects relevant to the Thrive training.
Background:
• Experience;
• Sector;
• Support systems in the workplace; and
• Size of workplace.

Structural factors:
• Number of contact hours (min 30); ✔
• Length of training from start to finish; ✔
• Collective participation between trainer and trainee;
• Delivery by a professional trainer; ✔

Opportunity to learn:
• Research / theory based content focus; ✔
• Content that shifts causal attributions of trainees; ✔
• Deep learning: values and belief changing experiences; ✔
• Pedagogic focus;
• Active-learning (focus on empathy); ✔
• Reflective practice; ✔
• Follow-up; ✔
• Monitoring of impact on child/pupil; ✔
• Feedback on practice; ✔
• Opportunities for collective participation in training; ✔
• Opportunities for risk taking / emotion triggering within a secure environment; ✔
• Coherence- opportunity to adapt training to real life practice and concerns; ✔

Mediating and contextual factors:
• Professional and supportive community within the training group and within the workplace; ✔
• Ownership of learning; ✔
• Content that provides trainees with accountability / evidence for their changes in practice; ✔
• Content that is harmonious with trainees feelings and provides realignment between their thoughts, feelings and behaviours (if needed); ✔

Impact:
• Knowledge and understanding
• Practice (and relationship building)
• Self-efficacy

Features within Thrive that were already known prior to the current research

Features within Thrive that trainees identified as being significant in facilitating change

Blue writing: Features within Thrive that trainees identified as being significant in facilitating change and appear to be unique to the Thrive training.

Identified contributory effects relevant to the Thrive aims.

Figure 8: Factors within the Thrive training that affect changes in relationship building, self-efficacy and causal-attributions.
17. Limitations and future research: phase two

Limitations associated with the current evaluation are listed here to ensure the reader is provided with a critical view of the results. Future research to show how these limitations should be overcome is suggested where appropriate.

Although the interview schedule was piloted several times, because the sample of eight participants comprised such a heterogeneous sample, it was very hard to mould a set of prompts that would be fully relevant for all participants. Although the flexibility of the interview schedule arguably gained richer data and this can be seen as an advantage, it also meant that often there were inconsistencies between participants’ responses, for example, for people in different roles, different elements for the Thrive training appeared to be most relevant. During analysis, this led to some themes only holding one data extract.

Future research should look into the effect of the Thrive training on individual groups of practitioners. This would provide further insight into who the Thrive target audience should be and what elements of the Thrive training are beneficial to particular groups of trainees. In order to do this a larger sample would be required than that which was available for the current evaluation.

Due to the time constraints of the current research the data collection was limited to seven months. Over this time, all eight participants were interviewed. This meant that interviews occurred when each participant was at a different phase in their training and again, although this offered insight into participants’ perceptions at different stages in their training, it could be argued that the reliability of the results was consequently compromised due to each participant reflecting on slightly different experiences at the point of interview. It would be interesting to conduct
further research over a longer period of time to look for patterns in perceptions of participants before, during, after and significantly after they complete the training.

General limitations relating to qualitative data collection and analysis have been discussed throughout section 15. A number of methodological decisions were made during the current evaluation to limit bias and misinterpretation although these problems are inherent to qualitative data collection. As stated above, future research may benefit from interviewing techniques that are modeled on constructivist theory such as Personal Construct Psychology as discussed by Day, Calderhead and Denicolo (2012). This level of inquiry may provide more in-depth and more valid findings.
18. Implications for educational psychology practice: Phase one and phase two

Implications for the LA whom the current evaluation was conducted for have been discussed throughout section 15., however, the current research is also valuable for professionals working within the field of education, and those who work with children with BESD, such as educational psychologists (EPs).

Within the field of educational psychology there is considerable literature about the importance of evidence-based practice (Rosenfield, 2008). The current findings provide a level of evidence for the promotion of the Thrive intervention if it is deemed that outcomes for children with BESD would improve if the child’s primary support worker was able to:

- Build a more secure relationship with the child with BESD;
- Hold higher levels of self-efficacy; and / or
- Have a greater understanding of the causes of the child’s needs (from within-child causes towards causes perceived to be out of the child’s control / yet within the control of the provision).

As has been reviewed in the discussion section above, and the literature review, positive shifts in each of these three areas are associated with changes in adult practice and indirectly, positive outcomes for children (Andreou & Rapti, 2010; Buyse et al., 2008; Guo et al., 2010; and La Russo et al., 2008).

A secondary implication of the current research for EP practice is to do with training at a more general level. Love (2009) discusses that a current main feature of the role of the EP is to use psychology to support the child through supporting those around the child- this is often done through EPs designing and delivering training.
The current research provides practitioners who are looking to develop their own training packages with a combination of factors that in the current research trainees perceived to impact upon and facilitate their learning and practice when working with children with BESD. It is recommended that some of these factors could be adapted and included in EP training to facilitate change.
19. Reflecting on the research process and outcomes: Phase one and phase two

Robson (2009) describes the ‘Practitioner-Researcher’ as:

“Someone who holds down a job in some particular area and is, at the same time, involved in carrying out systemic enquiry which is of relevance to the job”

Robson, p534, (2009)

This description is consistent with the researcher’s position during the process of conducting the current research. Furthermore the LA, for whom the researcher was working, commissioned the current research. The researcher’s personal reflections on the research process and the advantages and disadvantages of conducting a piece of commissioned work will be reported here to provide the reader with a critical view of the research.

A common theme that emerged within the researcher’s reflections describes a main disadvantage of the work being commissioned by the LA for whom the researcher was working as a Trainee Educational Psychologist. This theme related to the researcher being an ‘insider’. As an insider, the researcher had preconceptions about the research area, an awareness of the politics within the LA, the needs of the local schools, and the opinions of colleagues about the research area. Each of these points had to be negotiated sensitively by the researcher, yet still ensuring that an unbiased piece of work was produced. For example, as a Trainee it was often difficult for the researcher to negotiate the values and opinions of colleagues with higher statuses. To help overcome these disadvantages, impartial supervision was sought frequently from the University of Exeter, and a reflective diary was kept about both research and practice.
This diary was used to document and justify the decisions made throughout the research process, but also to reflect on the influences that the researcher and researcher’s situation may be having on the research and likewise, the influences that the research may be having on the researcher’s practice. Tashakkori and Teddlie (1998) discuss the notion that subjective positions and belief systems influence the research process.

As a Trainee Educational Psychologist, the researcher started the research process whilst simultaneously exploring their thoughts and feelings about the practice of educational psychology. They came to the research with the view that in educational psychology practice, outcomes for children are most powerfully changed by the psychologist ‘giving away psychology’ to the practitioners who work most closely with the child, (George Miller, 1969). Therefore the process of changing practitioners’ understanding, behaviour and skill base is a core interest to the researcher as a practitioner and is also reflected in the current research.

Furthermore, although the researcher had not experienced great trauma in their early years, they held empathy towards the notion that early life experiences and experiences of schooling can affect and shape an adult life. Again this core belief is of relevance to the current research.

With these two belief systems in place, the design of the current research was influenced, and priority was given to how the Thrive training affected Thrive trainees’ thoughts, feelings and behaviours towards children with BESD.

During the research, reflections about the intervention itself were also considered and throughout, the researcher’s thoughts and feelings fluctuated, potentially affecting the research process and the researcher’s practice.
At times the researcher felt that the intervention’s computer-based assessment tool was not robust or transparent enough to make claims about children’s attachment quality and interruptions, and was too prescriptive in recommending therapeutic strategies. Perhaps to implement therapy with children with attachment needs should not be seen as something that can be taught in just nine days, and prescribed by a computer programme.

Consistent with this, another theme that emerged from the researcher’s reflective diary was to do with the current ‘trend’ in education towards the pathologising of typical child behaviour, as argued by Eccelstone and Hayes (2009).

By the researcher reflecting on this area, a deeper understanding was developed of the potential implications of therapeutic work. Particularly the notions of how language associated with therapy should be used knowingly. ‘Therapy’ implies that something needs ‘fixing’ whereas ‘education’ implies that a new skill is to be learned or added to past skills. For this reason, is it acceptable for children who take part in Thrive to be treated as an individual who needs ‘fixing’? Or, will this in itself affect their self-concept and possibly even affect future outcomes?

The current research focused on three main areas; relationship building, self-efficacy and causal-attributions. Past research discussed in phase-one section three, provides an overview of research that shows changes in these three areas in terms of adults’ behaviour, positively affect outcomes for children. For this reason, by the end of the research process and on reflection of the research results, the researcher considered that results found here appear to have positive effects on trainees, and do not particularly relate to Thrive being seen as a therapy. For this reason, the researcher felt comfortable with the design of the research in relation to trends about therapy becoming commonplace in school.
However, work by Ecclestone and Hayes (2009) is worth the reader’s awareness as it provides information about possible broader concerns associated with the use of therapeutic work in schools.

There were also advantages associated with completing commissioned work, and practicing educational psychology within the same professional setting. The most noteworthy is about the usefulness of the research. As the LA commissioned the current research, from the outset there was a very clear use for the results. Following the completion of the research, feedback was given to the LA, and already the research has influenced strategic planning around Thrive. It is understood that the LA aims to reintroduce Thrive training with an intention to re-train schools, including head teachers. The local authority also aims to place a greater focus on Thrive outreach as opposed to removing children from the mainstream class and taking them to an outside provision for intense Thrive work (as occurred previously).

As a researcher-practitioner, the usefulness of research in terms of implementation and policy change is of great importance to the researcher. This point is related to the EPs role in ‘giving away psychology’ to those who work most closely with children and through this process, improving outcomes for children.

Phase two word count: 15,731

Combined word count: 31,780
References


Williams, P. (2005). Does Training school Staff about relationships, attachment and emotional development affect teachers’ attitudes towards the inclusion of children with emotional and behavioural difficulties? *Unpublished manuscript.*


Appendix A:

Extended literature review- this literature review has been marked separately and included here for information purposes only.
INTRODUCTION

The Department for Education and Skills (DfES) in the United Kingdom (UK) reported that in 2006, nearly two percent of the school population had a statement of special educational needs (SEN) or were at School Action Plus for showing significant behavioural, emotional and social difficulties (BESD). Based on Government statistics and information from Local Authorities (LA), it is estimated by Cole, Daniels and Visser (2003) that in 2003 around point four of a percent of the school population were removed from mainstream education and placed in pupil referral units (PRUs) or special schools for reasons relating to BESD. Further to this, permanent exclusion rates are high in England and again, BESDs are often the cause of such exclusions (Office for Standards in Education (OfSTED), 2005).

It is discussed by Frederickson and Cline (2009) that disruptive behaviours observed in the classroom are often underpinned by significant emotional difficulties that can affect a child’s learning, ability to concentrate and ability to interact successfully with peers. Cooper and Jacobs (2011), discuss that often it is children who externalise behaviours that are monitored under the label of BESD, however, many children internalise emotional needs. Furthermore, the authors (2011) suggest that by nature, the internalising of emotional needs is not always so easily recognised and as a result this group children can become overlooked. Possible evidence of this can be found from the British Medical Association (2006). Here it is estimated that 20 percent of young children experience mental health problems at some point in their
childhood. This statistic is higher than discussed above, possibly because it includes children who internalise their emotional needs as well as those who externalise.

In answer to the above, many interventions and training packages have been developed to aid schools and other agencies in supporting children with BESDs (Cooper & Jacobs, 2011). THRIVE (Banks, Bird, Gerlach and Lovelock in 1994) is one such intervention. The proposed small-scale research that will follow the current literature review aims to evaluate the impact of THRIVE training on adults who work with children with BESD.

The following document will review literature related to the THRIVE intervention. Literature reviewed here will also guide the subsequent research by highlighting areas noteworthy of further investigation. The below table comprises the content of the following document;

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15 There has been much dispute about the terminology used to describe children who experience difficulties related to behaviour, emotional and social skills (OfSTED, 2005). Historically, children have been labelled with a number of different terms including emotional and behavioural difficulties (EBD) and social, emotional and behavioural difficulties (SEBD). Throughout the current literature review and corresponding research, the label BESD will be used. This is the term employed in current UK Government legislation and guidance (DfES, 2001). Literature reviewed here however, uses a range of different terms including disruptive behaviour, mental health difficulties, emotional needs and social difficulties.

16 Literature was sourced from EBSCO, PsychInfo and Google Scholar searches. For full search terms for each section of the literature review see Appendix A. It should be noted that each section within the current literature review represents a proportion of the abundance of research available. Not all literature available could be included for practical reasons. Instead the most current, relevant and representative literature has been included where at all possible.
1. THRIVE

One LA in the South West of England for whom the proposed research is being conducted for, offer the THRIVE training and intervention to all local school staff and people working with children through other agencies. There are different levels of training and intervention available including whole school training, one-day and five-day training aimed at school staff, professionals who work with children through agencies other than schools and recently foster carers. Supervision and outreach are also offered to school staff. The training element of the THRIVE intervention will be the focus of the current literature review and resulting research.

Although THRIVE training is run by two LA Advisory Teachers and one LA Educational Psychologist (EP), there is a fee to be paid for attendance on the course. This is because THRIVE is a privately owned business developed by Banks et al. in 1994. The founders and owners of the intervention collect the fee paid for attending the course.

The THRIVE intervention aims to support adults working with children with BESD and early attachment interruptions. The training encourages the implementation of the THRIVE intervention in schools and in other provisions available to children. The intervention consists of completing a computer-based assessment of the child’s behaviour and then implementing strategies with the child as directed by the results of the assessment.
1.1 BACKGROUND AND AIMS OF THE THRIVE INTERVENTION

From the available literature about THRIVE it is stated that the intervention aims to provide benefits for school staff, outside agencies working with children, parents and children (Banks et al., 2012). It appears that the benefits for the child occur as a product of changes in the adults’ behaviour towards the child. For this reason, the effects of the THRIVE training on adults working with the child will be the focus of the present literature review and subsequent research. A list of 22 benefits taken from the THRIVE website (Banks et al. 2012) can be themed into four main areas or aims as shown below\textsuperscript{17}. The THRIVE intervention aims to:

The forth aim relates to implementation and is beyond the scope of the proposed research. This leaves the first three aims to be considered throughout the current literature review and subsequence research.

1.2 UNDERPINNING MODELS AND THEORY

The underpinning model to the THRIVE intervention is based on work by Stern and Beebe (1985) that proposes that children need to build interpersonal relationships to

\begin{tabular}{|l|}
\hline
1. Encourage the building of positive relationship; \\
2. Increase trainees’ self-efficacy and confidence in personal practice; \\
3. Increase trainees’ understanding of issues relating to BESD and; \\
4. Provide a well structured, easy to implement intervention that runs alongside already established initiatives and targets. \\
\hline
\end{tabular}

\textsuperscript{17} Please see Appendix B for the list of original 22 benefits taken from Banks et al. (2012) and how these have been themed by the author of the present literature review to form the above stated THRIVE aims.
develop and sustain their sense of self. It is reported by Banks, et al. (2012) that the THRIVE model has also taken influences from parenting work by Illsley-Claire and Dawson (1998) who advocate that children’s experiences produce ‘building blocks’, all of which need to be present for emotional wellbeing.

With these underpinning theories in mind the THRIVE model consists of six stages or building blocks that a child is to experience to gain emotional wellbeing. These six building blocks are listed below:

- **Learning to be** (0-6 months);
- **Learning to do** (6-18 months);
- **Learning to think** (18-36 months);
- **Learning to be powerful and to have an identity** (3-6 years);
- **Learning to be skillful and have structure** (6-12 years) and;
- **Learning to be separate and secure in your sexual identity** (12-18 years)

(Banks, et al., 2012)

### 1.3 THE THRIVE TRAINING PACKAGE

In practice, during the THRIVE training, the trainees are taught about:

- The THRIVE model (as described above);
- Potential links between neuroscience and child development;
- Attachment theory and elements of psychodynamic theory; and
- How to use the computer assessment programme to assess a child’s needs\(^\text{18}\).

The THRIVE training is experiential in its delivery style and the aims of the THRIVE intervention (listed above) produce the ethos of the training. This is done through

\(^\text{18}\) The computer-based assessment requires an input of data from significant adults about the nature of the child’s behaviours. The programme then locates at which building block (as shown above) the child may have had an interruption. Following this, the computer prescribes strategies to be used with the child.
‘emotional-experience sharing’ activities, ‘team building’ activities and the encouragement of self-awareness and reflective practice.

1.4 CURRENT RESEARCH AND EVIDENCE-BASE OF THE THRIVE INTERVENTION

An unpublished small-scale study that looks into the effect of elements of the ENABLE programme (which is now named THRIVE) on teachers’ attitudes towards the inclusion of children with emotional and behavioural difficulties (EBD) was conducted by Williams (2005). Results showed that post training, teachers were more likely to advocate the inclusion of children with EBD within mainstream provision; that they were more personally committed to including children with EBD in the classroom and that teachers were more likely to recognise children’s behaviour as resulting from early developmental factors.

Further to this, a second unpublished study is currently being conducted in a neighbouring LA by a trainee EP as part of their Doctoral research. This study looks at the impact of THRIVE on children’s resilience and ‘readiness to learn’ as well as more in depth interviews around people’s experiences of the intervention (Cole, n.d). At present no conclusions have been officially drawn.

Despite there being various mentions of the THRIVE intervention in recent publications (DfES, 2007; Edmund & Stuart-Brown, 2003), there is currently no published research or evidence-base of an evaluative nature available.

Presently, in the LA for whom this research is being conducted, generic training evaluation forms are distributed after the training courses are completed. These forms assess trainees’ perceptions about the training. There is however, no
information gathered about whether, and if so how, the training has actually impacted on trainees, and therefore on children experiencing BESD.

Further to the above points, the training has more recently been opened up to agencies that work with vulnerable children on the frontline from education, health and social care (for example, nurses, foster-parents and family support workers). It is therefore also a priority to investigate how the training is impacting upon these groups of trainees.

Conclusions Relating Section One:

• Through exploring the THRIVE training aims; underpinning models and current evidence-base there are a few points to conclude. Firstly, The training aims to improve outcomes for children by improving relationships, trainees’ self-efficacy towards their practice and trainees’ understanding of BESD. Each of these aims will be explored further in section four of the current literature review.

• Secondly, the THRIVE training promotes psychodynamic approaches, particularly attachment theory and knowledge gained from brain development research. Further to this, the power of establishing a positive relationship is significant to each of these areas and the THRIVE intervention. Although there appears to be limited research available that directly supports the use of the THRIVE intervention, research into each of these relevant areas will be discussed next in section two, as they could be used indirectly provide evidence for the THRIVE intervention.

2. BROADER LITERATURE THAT CAN BE USED TO EVIDENCE THE THRIVE INTERVENTION

2.1 LITERATURE ON PSYCHODYNAMIC APPROACHES AND ATTACHMENT THEORY

Psychodynamic approaches are also very relevant to the THRIVE model as they are concerned with how a person’s behaviour may be related to their unconscious feelings around early childhood experiences. These approaches assert that unresolved early childhood events particularly associated with parental
relationships, unconsciously lead to an inability to form trusting relationships in later life (Cooper & Jacobs, 2011).\(^{19}\)

The level of research showing the importance of secure early attachments on later-life experiences, achievement and behaviour is substantial (Munson, McMahon, & Spieker, 2001; Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997; Burk, & Burkhart, 2003; Hill, 2002; Moss, Smolla, Cyr, Dubois-Comtois, Mazzarello, & Berthiaume, 2006; Levy, Meehan, Temes, Yeomans, 2012). However, despite these high levels of literature in support of attachment theory, there is also a level of associated criticism.

An example of one such criticism can be found in Flanagan (2002, as cited in Cardwell, Clark & Meldrum, 2002) and Harris (2009) who suggests that innate individual characteristics or personality traits belonging to the child may also play a part in their ability to form relationships in childhood and later adulthood. For example, some children may be innately more sociable in infancy so it appears that they bond better with their caregiver, however, this innate characteristic may also lead to better social skills in adulthood. This would give the effect of supporting attachment theory yet actually could be explained in part by innate personality traits.

Despite criticisms of the existence of a causal relationship between early attachments and later behaviours/psychological wellbeing, a large amount of research is available cross-culturally to support the concept of an internal working model of attachment.

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\(^{19}\) It must be noted that psychodynamic approaches provide one theoretical framework for understanding BESD. Other theories, for example Bandura’s (1962) Social Learning theory, conversely proposes that BESD could be learnt from behaviours displayed by significant others. To acknowledge assumptions made by individual approaches and to further set the THRIVE model in context; other theories will be discussed in section three. However, throughout the present section, psychodynamic theory will be the focus, particularly research in support of early attachments and research suggesting potential outcomes for children if these early attachments are not secured.
(Pía Santelices, Olhaberry, Paz Pérez-Salas, & Carvacho, 2010; Bee & Boyd, 2004; Sagi, 1990; Van Ijzendoorn & Kroonenberg, 1988).

So what is said to happen if early attachments are not formed? One potential outcome proposed by advocates of psychodynamic approaches is that individual’s employ ‘defence mechanisms’ to protect themselves\textsuperscript{20}. Some of these defence-mechanisms could manifest as BESDs.

Research by Perry, Beck, Contantinides and Foley (2009), suggests that ‘defence-mechanisms’ can be categorised into a hierarchical framework; the more severe the individual’s need, the lower on the hierarchy is the mechanism selected by the individual. Perry et al. (2009) report that defence-mechanisms found higher up the hierarchy can be described as socially acceptable or healthier responses to situations whereas, defence-mechanisms at the very bottom of the hierarchy are described by the authors as ‘psychotic’. Perry et al. (2009) assert that the unconscious selection of defence-mechanisms shifts as an individual receives therapy. For example, a child might employ an ‘acting out’ defence-mechanism (rebelling against authority) initially, yet through receiving intervention this may shift up the hierarchy to the selection of ‘reaction formation’ (taking the side of authority) or maybe, even altruism (helping others respond appropriately to authority). In relation to the THRIVE intervention, this research could demonstrate the significant impact of working therapeutically with children experiencing BESD.

Perry et al.’s (2009) research is however based on a small sample of case studies (four cases), making it unreliable to draw theoretical generalisations from. The concept of ‘defence-mechanisms’ is also fairly broad; the list of potential defence-mechanisms currently stands at 42 (Perry et al., 2009) and this is viewed as being open to

\textsuperscript{20} A ‘defence mechanism’ is defined in the Oxford Dictionary of Psychology as “a pattern of feeling, thought or behaviour … enabling a person to avoid conscious awareness of conflict or anxiety-arousing ideas” (Coleman, 2003, p189).
additions. Furthermore, with the existence of ‘reaction formation’ (which implies that an individual behaves in a manner contrary to their unconscious feelings), the theory becomes scientifically unfalsifiable (Cardwell et al. 2002)

2.2 LITERATURE ON BRAIN DEVELOPMENT

Research shows that the brain is very active in the first few years of life (Flores, 2010; Schore & Schore, 2008; Schore, 2000). Many advocates of attachment theory propose that it is during this period that either a secure or insecure attachment is imprinted in the brain circuitry (Schore, 2000; Critchley et al., 2000). Furthermore, the adolescent brain also appears very active, suggesting that brain circuitry can again be altered in a child’s teenage years (Crittenden & Claussen, 2004). However, the above research is correlational and therefore assumptions should not be made about these two factors being directly related.

In Cozolino’s (2006) book further literature is reviewed. This book explores the impact of interpersonal attachments on the developing brain. Cozolino (2006) asserts that the brain is a social organ that is impacted upon by its interactions with other people. Contrary to notions discussed above, that the brain has only two windows for change (in infancy and in teenage years), Cozolino (2006) argues that the brain is malleable throughout childhood and adulthood and that experiences during a child’s school years can affect brain circuitry relating to attachment and emotional wellbeing. This implies that intervention at school can be successful. The author proceeds to assert that these changes can occur through the establishing of positive relationships with figures other than parents (including teachers and support workers). The key points outlined by Cozolino (2006) are also supported by Flores (2010) and Divino and Moore (2010).
Conclusions Relating to Section Two:

- In conclusion, research shows correlations between early attachments and neurological development, although causal research is scant (CriJenden & Claussen, 2004). If assumptions in this area are made however, it can be surmised that the establishing of new relationships is paramount to the success of intervention and that this can be established at any point not just in a child’s early years and teenage years.

3. BROADER LITERATURE ON OTHER BESD INTERVENTIONS

As discussed above there is limited research specifically around the THRIVE intervention. As a result of this, research around some of the underpinning theories has been discussed in section two and now, in section three, broader literature that evaluates other psychological approaches and BESD interventions will be reviewed. Section three aims to place the THRIVE approach in context for the reader and furthermore, it is relevant to review elements of other interventions that are comparable to the THRIVE intervention.

The majority of evidence-based interventions, available internationally, to support adults working with children who experience BESDs appear to fit into two main categories (as discussed by Cooper and Jacobs, 2011). These two categories comprise of behavioural interventions and cognitive-behavioural (CB) interventions. Cooper and Jacobs (2011) also discuss instructional strategies, but as these focus on academic engagement they are beyond the scope of the current literature review. Relevant to THRIVE (and already mentioned in the last section) are psychodynamic and attachment theory based interventions. For the above reasons, three types of psychological approaches and BESD interventions will be reviewed in this section; psychodynamic interventions, behavioural interventions and CB interventions. All approaches discussed will be evaluated in terms of their underpinning assumptions, evidence-base and how each type of intervention relates to THRIVE.
3.1 PSYCHODYNAMIC INTERVENTIONS

Psychodynamic theory and assumptions were discussed briefly in the previous section. There are a number of popular BESD interventions other than THRIVE which employ psychodynamic strategies, and the evidence behind one of these will be discussed next.

According to Bennathan & Boxall (2000), Nurture Groups involve withdrawal sessions within mainstream provision for children who experience BESD. The main aim of Nurture Groups is to support the child in successfully attending a mainstream class. Whilst the child is in the Nurture Group they partake in a version of the National Curriculum that is designed to focus on emotional and social development.

Cooper, Arnold and Boyd (2001) carried out preliminary research into the effectiveness of Nurture Groups. Here, 216 children with BESD who attended Nurture Groups were matched with 64 pupils with BESD who did not attend Nurture Groups and 62 pupils with no signs of BESDs. Participants were aged between four and ten. The results showed that after one year, Nurture Groups had had a positive impact upon outcomes for children. The results also show that the presence of this intervention in the school positively affected whole school ethos. However, Cooper et al. (2001) comment that schools that were seen to be successfully supporting children with BESDs before the implementation of Nurture Groups gained the majority of significant results, implying that the findings could be due to factors present in particular schools beyond just Nurture Groups.

The above findings are supported by research by Cooper and Whitebread (2007). Nurture Groups have also been seen to be successful for younger children
(Reynolds, MacKay, & Kearney, 2009; Bishop, & Swain, 2000) and cross-culturally (Cefai, & Cooper, 2011).

A reoccurring theme in the Nurture Group literature again is the importance of establishing a relationship between the Nurture Group practitioner and the child (Cooper, & Lovey, 1999; Doyle, 2001; Boxall, 2002; O’Connor, & Colwell, 2002; Cooper, & Tiknaz, 2005; Sanders, 2007). Nurture Groups therefore share features with the THRIVE intervention.

3.2 BEHAVIOURAL INTERVENTIONS

The category of intervention that appears most disparate to THRIVE is that of behavioural interventions. This category includes packaged interventions such as The Good Behaviour Game (GBG) (Barrish, Saunders & Wold, 1969) and Functional Behavioural Analysis (FBA) (Baer, Wolf & Risely, 1968). Behavioural approaches assume that the focus of intervention should be on the management of observable behaviours as opposed to the underlying reason for the behaviour. The two interventions mentioned above have undergone a number of large-scale and rigorous evaluations. Evidence demonstrates their success in terms of reducing aggressive/externalising behaviours (Dolan et al., 1993; Poduska, et al., 2008; Kleinman, & Saigh, 2011); lowering inappropriate verbalizations, and touching (Salend, Reynolds, & Coyle, 1989); increasing positive experiences (Poduska, et al., 2008); decreasing disruptive behaviours in classroom and in non-classroom settings (Lewis, & Sugai, 1996; Umbreit, Lane, & Dejud, 2004; McCurdy, Lannie, & Barnabas, 2009); reducing use of negative remarks from the teacher (Sutherland, Wehby, & Copeland, 2000; Kamps, Wendland, & Culpepper, 2006; Leflot, van Lier, Onghena, & Colpin, 2010); improving outcomes for younger and older children (McGoey,
Schneider, Rezzetano, Prodan, & Tankersley, 2010); and reducing drug use (Kellam & Anthony, 1998; Embry, 2002; Poduska, et al., 2008).

Despite this, there are questions around the practicality and implementation of such interventions (Blood & Neel, 2007; Tingstrom, Sterling-Turner, & Wilczynski, 2006; Scott, McIntyre, Liaupsin, Nelson, Conroy, & Payne, 2005). Further criticism suggests that these interventions may be less effective for girls compared to boys (Poduska, et al. 2008). The fact that behavioural interventions focus on observable/externalising behaviours could shed light on this, as girls are often seen to show more internalising manifestations of emotional need (Zahn-Waxler, Park, Usher, Belouad, Cole & Gruber, 2008). In light of these criticisms, perhaps such interventions provide an answer to the behavioural needs of children when and if there are no underpinning emotional needs.

However, Embry & Biglan (2008) reviewed a range of research to uncover 52 individual successful behavioural strategies (or ‘Kernels’ as named by the authors). It is suggested here that these strategies can be adapted and used alongside interventions that focus on the underpinning emotional needs, therefore targeting both emotional and behavioural difficulty. This research is relevant to the THRIVE intervention as certain evidence-based kernels such as verbal praise, peer-peer praise, ‘special play’, positive physical touch, ‘rough and tumble’, free-play, nasal breathing and relaxation techniques (Embry & Biglan, 2008) are taught to trainees during the THRIVE training.

3.3 COGNITIVE-BEHAVIOURAL INTERVENTIONS

The next category of BESD intervention includes those that follow a CB approach. Compared to behavioural approaches, CB approaches appear to be more successful
when working with children who internalise their emotions as well as for those who externalise. This is because CB approaches assume that feelings, thoughts and behaviours are interrelated and shifts in any one of these areas can influence corresponding shifts to occur in the other two. For example, if a friend is late, an individual may think that they are late on purpose leading to one particular set of associated feelings and behaviours, whereas if the individual were to instead think that their friend was stuck in traffic, the corresponding feelings and behaviours would be different. Although CB approaches accept that some behaviours are instinctive and reactionary, interventions advocate the need to explore whether an individual’s thoughts, behaviours and feelings are rational in relation to the given situation, and if not, to challenge these with the aim that broader changes will be triggered.

It is reported by Fonagy and Kurtze (2002); Kazdin (2002) and Altepeter and Korger (1999) that CB approaches can help promote self-control for children with Oppositional Defiance Disorder (ODD) and Conduct Disorder (CD). CB interventions that promote self-monitoring have also been shown to improve less severe behavioural difficulties (Amato-Zech, Hoff & Doepke, 2006) and further research by Elias and Berk (2002) shows that these interventions are also successful with early years children in terms of impulsive behaviours and classroom compliance. It must be noted however, that each of the above studies was conducted on a small-scale.

One example of a well-researched CB approach aimed at overcoming externalising behaviours is called COPING POWER (Lochman & Wells, 2006). Lochman, and Wells (2002) completed a randomised control trial longitudinal study with a 186 at-risk preadolescent boys from fifth and sixth grade. The authors found that when parents were involved (by being taught the CB approach, and by promoting this
approach with their child), delinquency and poor classroom behaviour was reduced. However, it could be argued that the reduction in undesirable behaviour was attributable to parental involvement alone as opposed to the particular intervention. Such an explanation would be more consistent with psychodynamic approaches discussed in section two and at the beginning of section three.

As mentioned above there is also a range of research available that shows that CB approaches support children who internalise emotions as well as those who externalise. One intervention, that has received a large amount of research is the FRIENDS approach (Barrett, Lowry-Webster, & Holmes, 1999, as cited in Cooper & Jacobs, 2011). Barrett, Farrell, Ollendick and Dadds (2006) describe this intervention as;

“A brief CB intervention designed ... as an individual or group based treatment for clinically anxious children. The programme assists children and youth in learning important skills and techniques that help them to cope with and manage anxiety and emotional distress through the application of learned coping and problem solving skills.”

(Barrett et al., 2006, p406)

Barrett et al. (2006) conducted a large-scale (N=669) randomised control trial in Australia to investigate the long-term effects of the FRIENDS programme on children’s anxiety and depression levels. Results showed that the intervention reduced anxiety levels and this reduction was sustained after 12 and 24 months compared to control groups. Interestingly, this study found that the intervention was initially more effective for girls than boys however; over time this disparity was lost. Research from the UK also supports the use of FRIENDS (Stallard, Simpson,
Anderson, Hibbert, & Osborn, 2007). Here the results show that anxiety levels of the sample of nine and ten year olds decreased after receiving the intervention. Further to this, participants’ self-esteem increased. Despite these results there was no control group for this study meaning that it is tenuous to attribute changes in behaviour to participation in the FRIENDS intervention. Although the authors are reflective of this, little discussion is given to other potential influencing factors. This should be kept in mind when generalisations are being drawn from Stallards et al.’s (2007) results.

Further research into the FRIENDS intervention also shows that it can be well integrated into the curriculum (Lowry-Webster, Barrett, & Dadds, 2001) and teachers can deliver it as effectively as psychologists (Barrett and Turner, 2001). However, a general criticism of all CB approaches is that they rely on the child’s and the facilitator’s ability to ‘think’ and use language to rationalise behaviours and feelings. As discussed by the THRIVE model some people may not have these skills and this might impact on the success of the intervention.

In general, CB approaches to working with children who experience BESD aim to enable the child to recognise their feelings, explain their thought processes and then apply successful strategies for overcoming such feelings. This is consistent with parts of the THRIVE training where emphasis is placed on the trainees’ role in helping children to recognise their feelings.
4. CURRENT RESEARCH

Although evidence from broader research areas can be used to indirectly support the THRIVE intervention and place it in theoretical context, (as discussed in the last two sections), there is still no published research relating directly to the THRIVE intervention. Therefore it is significant for the corresponding present research to evaluate whether the THRIVE training successfully meets its aims. The THRIVE aims (as aggregated in section one) are presented again below, as a reminder:

- Encourage the building of positive relationships;
- Increase trainees’ self-efficacy and confidence in personal practice and;
- Increase trainees’ understanding of issues relating to BESD

Section four will now discuss the importance of each of these aims, and explore ways of evaluating their impact.

4.1 Aim One of the THRIVE Intervention: The Establishing of a Positive Relationship
International research shows that the establishing of a positive relationship between the teacher and the pupil is often significant to successful outcomes for pupils (Cooper, 2011; Gillies & Boyle, 2008; McDonald, Connor, Son, Hindman, & Morrison, 2005). How teachers establish a positive relationship and the effect this has on outcomes for children is discussed by a range of different authors and will be reviewed below.

Buyse, Verschueren, Doumen, Van Damme & Maes, (2008) make links between levels of BESD and teacher-pupil relationship, through conducting research in Belgium with kindergarten children (N=4035). The authors propose that children with BESD are at risk of forming less positive relationships with their teachers. Although this research acknowledges that other factors such as achievement at school and social skills can affect the building of a relationship, it is concluded that a supportive teacher is a central protective factor in establishing positive relationships. In turn the establishing of a positive relationship is a protective factor against children’s further development of BESDs.

This study provides insight into the important role of the teacher in building positive teacher-pupil relationships, however, a few critical points should be considered. Data collected for Buyse et al. (2008) was based on teachers’ beliefs about teacher-pupil relationships and teachers’ assumptions about what they believe children to think about their teacher-pupil relationships. No children’s opinions or views were gathered throughout this research, meaning the validity of the study can be brought into question. As the research focuses on the impact of relationships on a child’s behaviour, it may have been more insightful to measure pupils’ perceptions of relationships.
Further to Buyse et al.’s (2008) study, research from the United States (US) conducted by La Russo, Romer and Selman (2008) investigates links between teacher characteristics and the building of a respectful school climate. This research elicited views from 476 students aged 14-18. Results show that teachers who were thought to respect students’ opinions were perceived as contributing to the building of a respectful school ethos. Further to this, when a higher level of teacher support was received, students experienced a greater level of social belonging, whilst drug use and depression levels decreased.

The two studies explored above provide support for the argument that teacher-pupil relationships are an important factor when working on outcomes for children with BESDs and that the onus of establishing such a relationship should be placed on the adult/teacher. To map the dimensions of this area further, research that suggests that negative teacher-pupil relationships may be detrimental when working with children with BESDs could be considered.

Research from Twemlow and Fonagy (2005) investigates links between teachers who reportedly ‘bully’ pupils (as named by the authors) and school suspension rates. The authors define the term ‘bullying’ as:

“one who uses his or her power to punish, manipulate or disparage a pupil beyond what would be a reasonable disciplinary procedure”

(Twemlow & Fonagy, 2005, p2387)

The researchers distributed questionnaires to a convenience sample of 214 teachers. These questionnaires investigated teachers’ awareness of teacher to pupil bullying in their school and their opinions of their own practice relating to this area. The results showed that teachers who worked at schools with higher suspension rates reported
themselves to have bullied pupils in the past. These findings suggest that teachers who maintain negative relationships with pupils may contribute to higher suspension rates and poor behaviour in school. Although the authors control for influencing factors, such as class size, SEN and free-school meals, as in the last research reported upon, there could be other community and school-based factors that affect suspension rates. Further to this, it is hard to predict whether relationships are predictive of suspension rates or whether, undesirable behaviour resulting in high suspension rates also results in poor teacher-pupil relationships. For these reasons, Twemlow and Fonagy’s (2005) research is correlational and therefore causal conclusions cannot be drawn. It should also be noted that as the sample was a convenience sample, many teachers may have opted out of the research, potentially for reasons related to the research topic. For this reason a true representation of the school dynamic may not have been gained.

Contrary to Twemlow and Fonagy (2005), research by Myers and Morris (2009) found that, although positive teacher-pupil relationships correlated with improved socio-emotional development, teacher-pupil conflict was not associated with lowered socio-emotional development for all children. This implies that the situation is more complex and individual differences may play a role.

Overall, despite these criticisms, there appears to be a high proportion of research available to support the argument that a negative teacher-pupil relationship is often a risk-factor for early and future BESDs in children and a supportive teacher/positive teacher-pupil relationship is commonly a protective-factor (Downer, Sabol, & Hamre, 2010; Sutherland, Conroy, Abrams, & Vo, 2010).
Conclusions Relating to The Establishing of a Positive Relationship:

- The establishing of a positive adult-pupil relationship appears to be an important element of successful intervention when working with children with BESD.

- The onus of establishing this relationship should be placed on the teacher/ or adult.

- The importance of establishing a relationship is the first of the THRIVE aims. This construct will therefore be measured to contribute to part of the evaluation of the THRIVE training package.

4.2 Aim Two of the THRIVE intervention: The Increasing of Trainees’ Self-Efficacy and Confidence in Personal Practice

“Self-efficacy relates to (…an individual’s self…) belief that they can bring about change” (Guo, Justice, Sawyer and Tompkins, 2011, p 961). Bandura established the term as an important element to behaviour modification (Bandura, 1977). Teacher-efficacy has since become an extension of Bandura’s self-efficacy (Ashton, Webb and Doda, 1983) and for the purpose of the current review these two terms will be used interchangeably.

Although disputed by some (Ross and Bruce, 2007), current research highlights the importance of self-efficacy in the classroom by demonstrating strong links between teachers’ perceived self-efficacy and their actual behaviour (Tschannen-Moran & McNaster, 2009; Haney, Wang, Keil & Zoffel, 2007; Timperley & Phillips, 2003). Research in support of this link will be explored next.

Andreou and Rapti, (2010) investigate correlations between teachers’ perceived self-efficacy towards classroom-management and the use of specific interventions in the classroom. Here, the researchers found that perceived self-efficacy predicted what specific interventions teachers would opt to use in practice. Further to this, research by Guo, Piasta, Justice, and Kaderavek, (2010) found that increased self-efficacy leads to an increase in instruction quality. Additionally, this change in teachers’
behaviour in turn could be related to improved outcomes for children (Guo, et al., 2010; Sela-Shayovitze, 2009; Goddard, Hoy & Hoy, 2004). Likewise, Pintrich and Schunk (1996) report that when teachers do not believe they can implement good behaviour management in the classroom they tend to avoid trialling classroom management techniques. Circular causality may result in a decrease in pupil behaviour, reinforcing the teacher’s low self-efficacy.

The research listed above suggests that increased self-efficacy consistently appears to have a positive relationship with teachers’ behaviour and in turn, on outcomes for pupils. It is therefore surmised that the self-efficacy of THRIVE trainees is worth investigating in the current corresponding research. Next, literature that investigates how teachers’ self-efficacy can be increased through training will be reviewed. This should offer insight into whether the THRIVE training will potentially impact positively on trainee’s self-efficacy.

Although current research suggests that overall, training increases teacher self-efficacy, it would appear that this process is not straightforward (Klassen, Tze, Betts, & Gordon, 2011). An example of this is demonstrated in research by Sela-Shayovitz (2009). Here the author looked at the effect of a school violence prevention programme on teachers’ self-efficacy in dealing with violent behaviour. Overall, it was found that self-efficacy increased during and post participation in training, however, discussions from the authors suggest that this change was not attributable only to the dissemination of knowledge about violence prevention but also to the specific presence of ‘team building’. This implies that training is successful in increasing self-efficacy if it focuses on support networks in the workplace. It was also noted that self-efficacy only increased in domain-specific areas related to the training (i.e. violence prevention).
Other research examining what elements of a training package help increase teacher self-efficacy shows that self-efficacy is dependent on improved emotional intelligence (Fabio & Palazzeschi, 2008) and feeling included within a supportive learning community during the learning process (Gebbie, Ceglowski, Taylor & Miels, 2012). Again these findings suggest that training can increase trainee’s self-efficacy if the delivery goes beyond the dissemination of knowledge to also include certain activities relating to group work, experiential and supportive learning.

One potential difficulty with the research discussed above however, is that the construct of self-efficacy is difficult to measure validly. A review of the research available on teacher self-efficacy conducted between 1998 and 2009 investigates this area further (Klassen et al., 2011). Here it was concluded that measurement scales should use language that is consistent with the construct of self-efficacy. For example auxiliary verbs such as “can”, should be used as opposed to “will” as this term implies belief or attitude as opposed to perceived capability. Secondly, as mentioned above measurement scales should be domain-specific. For example, for the current corresponding research, a measurement scale for self-efficacy should specifically look at teacher self-efficacy towards working with children with BESD.

### Conclusions Relating to Increasing Self-Efficacy and Confidence in Personal Practice:

- When we look at teacher self-efficacy we can assume (based on the above research) that we are also looking at behaviour change in the classroom. For this reason, self-efficacy becomes very relevant to the second aim of the THRIVE training as it relates to improving trainees' practice and confidence in the workplace.

- It can also be concluded that if a training package includes the above-described elements, it is more likely to increase trainees' self-efficacy. As described in section one on the THRIVE intervention, the delivery of the THRIVE training aims to include elements of each of these factors.

#### 4.3 Aim Three of the THRIVE intervention: The Increasing of Trainees’ Understanding of BESD

Trainee’s ‘understanding’ is an indistinct concept to attempt to measure validly. A test comprising of BESD related questions could be used to gain insight into how
much information trainees can remember after completing the THRIVE training but may not necessarily demonstrate a change in understanding. ‘Understanding’ is defined in the Oxford Dictionaries as “an individual’s perception or judgement of a situation” and as an individual’s ability to perceive…”the significance, explanation or cause…(of the situation)” (Oxford Dictionaries, 2012). It is useful to reflect on section one and to decide what it is specifically that THRIVE hopes trainees will ‘understand’ after receiving the training.

As already discussed, THRIVE informs trainees predominantly that early childhood events are causal in the manifestation of BESD in later-life (see section two). THRIVE also asserts that, through employing THRIVE strategies, trainees can trigger improvements in children’s ability to form attachments. The term ‘understanding’ within the THRIVE framework therefore, relates to what underpinning causes trainees attribute to the existence of BESDs. This process can be understood by looking at Weiner’s (1992) Attribution Theory. Here, it is assumed that “an individual’s decision to help a person in need, is determined by his/ her perception of the cause of the need” (Poulou & Norwich, 2002, p 113). Attribution theory is well established in the field of BESD (Andreou & Rapti, 2010; Poulou & Norwich, 2000). It is also linked to research on teachers’ behavioural, emotional and cognitive responses to children with BESD (Poulou & Norwich, 2002) and Theory of Planned Behaviour (TOPB)(Ajzen, 1991), which is further associated with changing participants’ behaviour. For these reasons changes in trainees’ causal attributions will be investigated in the current research which this literature review accompanies. The following section will review literature relating to attribution theory; what behaviour changes are associated with individual’s causal attributions and how best to measure this construct.
There is an abundance of research that suggests that if teachers believe the cause of a child’s behaviour can be attributed to external factors beyond the child’s control, they are more likely to instruct, advise socialise and seek help from others about the child’s needs (Andreou & Rapti, 2010; Soodak & Podell, 1994). Likewise, teachers who believe that the cause of a child’s behaviour can be attributed to factors within the child’s control tend to employ more to negative punishments (Tollefson, 2000). It is proposed by Malle (1999) that people’s default position is often that a child is in control of the cause of their behaviour. This suggests that it would be beneficial to outcomes for children with BESD, if training could shift trainees’ causal attributions towards an understanding that some children’s needs are beyond the control of the child.

Research from Thijs and Koomen (2009) looked for links between relationship building and the reasons to which teachers attribute a child’s behaviour. In total 81 kindergarten teachers answered questionnaires about 237 familiar children. Analyses showed that teachers described less close relationships with children with BESDs in comparison to ‘average’ children. The authors report that these differences in perceived relationships were mediated by teachers’ causal attributions and whether these were perceived as being within the child’s control or beyond the child’s control. It is interesting to consider this research in light of research discussed earlier in section 4.1. Here a number of studies proposed the importance of a positive teacher-pupil relationship as a protective factor against the development of BESDs (Buyse et al., 2008). The authors of this first study did not consider attribution theory as an influencing factor in their research. This cross-reference highlights that some areas relating to the THRIVE aims are interrelated and this should be considered when analysing the data collected for the current proposed research.
A second side to attribution-theory that is directly related to the THRIVE intervention is explored in research by Mavropoulou and Padeliadu (2002), conducted in Greece. Here, the authors looked at links between teachers’ perceptions of their control in the classroom and their causal attributions towards children’s behaviour. Elementary teachers (N=305) were asked about possible causes of behaviour described in vignettes and how in control they would feel about supporting a child with such behaviours in the classroom. Results showed that teachers attributed many behaviours to family and pupil-related factors, while they neglected to attribute behaviours to school factors. This implies that many school staff may feel powerless to affect change in children’s behaviour in the classroom. Further research by Erbas, Turan, Aslan, and Dunlap (2010); and Guttman (1982) supports this conclusion. Mavropoulou and Padeliadu (2002) go on to discuss that training can positively affect school staffs’ causal attributions and help empower school staff to believe that change can be effected within the school environment. This area of research can be linked back to research discussed in section 4.2 about self-efficacy and an individual’s “self-belief that they can bring about change” (Guo et al., 2011, p961). This again demonstrates that the areas relating to the THRIVE aims are highly interrelated.

As the current research aims to include trainees from other agencies as well as schools, it is also interesting to look at research from other disciplines. A study by Grey, McClean and Barnes-Holmes (2002) looked into care staff’s causal attributions for challenging behaviour. Here 34 staff completed attribution scales about clients’ challenging behaviour during and after completing assessment and intervention training. Results found that staff were more likely to attribute BESDs to negative reinforcement and self-stimulation after receiving the training. Before training, staff were more likely to attribute BESDs to learnt positive causes. Statements from the scale that relate to ‘learnt positive causes’ include “because he/she has not got
something that they wanted” (Grey et al., 2002, p306). Comparisons can be made between this research and research discussed above by Malle (1999) because in Grey et al.’s (2002) research the default positive for staff was to attribute causes of behaviour to intentional or ‘within’ person factors. The authors conclude that training can broaden understanding and therefore shift people’s causal attributions to more social or environmental factors such as ‘learnt negative behaviours’ or ‘self-stimulation’ (due to a lack of entertainment or challenge in the client’s immediate environment).

Again, as discussed by Malle (1999), if workers perceive behaviours to be attributable to situations beyond the control of the client/child, they are more likely to react positively and build a positive relationship; as suggested in section 4.1 the building of a positive relationship could in itself act as a protective factor against further manifestations of BESD.

**Conclusions Relating to The Increasing of Trainee’s Understanding of BESD:**

- It would appear that attribution theory is very relevant to the third aim of the THRIVE training around trainee’s understanding of BESD. Further to this, the research reviewed above demonstrates that attribution theory is also relevant to the first aim of the THRIVE training (relationship building) as well as the second aim of the THRIVE training (self-efficacy and changes in practice). For all these reasons this construct will be measured as part of the current research.

The structure of the following research has been formed as a result of the present literature review. For related research questions please see Appendix C.

6,558 words
REFERENCES


181


Williams, P. (2005). Does Training school Staff about relationships, attachment and emotional development affect teachers' attitudes towards the inclusion of children with emotional and behavioural difficulties? Unpublished manuscript.
SEARCH TERMS:

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BENEFITS OF THE THRIVE INTERVENTION FOR SCHOOL STAFF, OUTSIDE AGENCIES, PARENTS AND CHILDREN.

**BENEFITS FOR SCHOOL STAFF**

- Supports and empowers staff to be more confident and competent in working with challenging and vulnerable children, with parents and within integrated teams.
- Enables teachers to focus on productive learning for all children in the classroom.
- Creates practical strategies matched to an identified need that can be put in place the next day.
- Designed to meet the new requirements of the Ofsted Framework for Inspections, especially the evaluation schedule for “Safeguarding” and “Looked-After Children”.
- A valuable tool for gathering information regarding vulnerable children and for record-keeping.
- A process that informs the CAF and promotes integrated working.
- Improves learning, improves behaviour, improves achievement.
- A way of meeting the goals of Every Child Matters.
- Fewer exclusions, better relations in school, better relations with parents.

**BENEFITS FOR OTHER AGENCIES**

- A clear, accessible, workable framework within which to understand children's emotional and social development and their behaviours.
- The development of a common language, understanding and approach across services and disciplines including with parents, other agencies and staff in schools.
- Improved relationships with pupils, colleagues, staff in schools and parents.
- Improved provision for pupils with Emotional and Behavioural Difficulties.
- Greater range of preventative measures regarding the behaviours that interrupt learning.
- Increased range of interventions and strategies regarding the behaviours that interrupt learning.
- Greater capacity to meet national and LEA targets, including the promotion of mental health.

**BENEFITS FOR PARENTS**

- Increased understanding of what is happening for their children.
• A more active sense of partnership with the school and/or other service providers;
• Improved relationships with children and/or school staff;
• Reduced anxiety;
• Increased sense of control: knowing there are things they can do which help; and
• More confidence to play an active and supportive role in their children’s development and education.

**BENEFITS FOR CHILDREN- (UNTHEMED)**

• A more secure sense of themselves.
• Increased self-esteem and confidence to learn.
• Increased emotional wellbeing.
• The ability to recognise, name, think about and express feelings.
• More, and more satisfying relationships.
• Increased ability to motivate themselves and others.
• Increased capacity to be creative and take the initiative.
• A greater willingness to become involved.
• A capacity to recognise and improve their skills and talents.
• Increased moral and social responsibility.
• Increased emotional capacity for learning.
• More choice about their behaviours.
• More strategies for dealing with difficulties and emotional discomfort.
• More control of their behaviour.
• More strategies for resolving conflict and 'sticking with' learning.
• More resources as a learner.
• More willingness to engage with and increased capacity to contribute to their immediate community, the wider democratic society and the global community at large.
APPENDIX C (of initial extended literature review)

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<td><em>Is there an increase in trainees’ positive relationships, self-efficacy and causal attributions towards the children with BESD after they receive the THRIVE training?</em></td>
<td><em>What are the factors within the THRIVE training programme that trainees’ perceive to affect their relationships, self-efficacy and causal attributions towards the children with BESD?</em></td>
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<td><strong>Specific research questions</strong></td>
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<td><em>Is there an increase in trainees’ relationships with children with BESD after receiving the THRIVE training?</em></td>
<td><em>What are the factors within the THRIVE training programme that trainees’ perceive to affect their relationships with children with BESD?</em></td>
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<td><em>Is there an increase in trainees’ self-efficacy towards working with children with BESD after receiving the THRIVE training?</em></td>
<td><em>What are the factors within the THRIVE training programme that trainees perceive to affect their self-efficacy towards working with children with BESD?</em></td>
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<tr>
<td><em>Is there a change in trainees’ causal attributions towards children with BESD after receiving THRIVE training?</em></td>
<td><em>What are the factors within the THRIVE training programme that trainees perceive to affect their causal attributions towards children with BESD?</em></td>
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Appendix B:

Benefits of the Thrive intervention and how these have been themed to form the three Thrive aims.
Benefits of the Thrive intervention and how these have been themed to form the three Thrive aims

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<td>EFFICACY AND CONFIDENCE IN PRACTICE</td>
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BENEFITS FOR SCHOOL STAFF

- Supports and empowers staff to be more confident and competent in working with challenging and vulnerable children, with parents and within integrated teams.
- Enables teachers to focus on productive learning for all children in the classroom.
- Creates practical strategies matched to an identified need that can be put in place the next day.
- Designed to meet the new requirements of the Ofsted Framework for Inspections, especially the evaluation schedule for "Safeguarding" and "Looked-After Children".
- A valuable tool for gathering information regarding vulnerable children and for record-keeping.
- A process that informs the CAF and promotes integrated working.
- Improves learning, improves behaviour, improves achievement.
- A way of meeting the goals of Every Child Matters.
- Fewer exclusions, better relations in school, better relations with parents.

BENEFITS FOR OTHER AGENCIES

- A clear, accessible, workable framework within which to understand children's emotional and social development and their behaviours.
- The development of a common language, understanding and approach across services and disciplines including with parents, other agencies and staff in schools.
- Improved relationships with pupils, colleagues, staff in schools and parents.
- Improved provision for pupils with Emotional and Behavioural Difficulties.
- Greater range of preventative measures regarding the behaviours that interrupt learning.
- Increased range of interventions and strategies regarding the behaviours that interrupt learning.
- Greater capacity to meet national and LEA targets, including the promotion of mental health.

BENEFITS FOR PARENTS

- Increased understanding of what is happening for their children;
- A more active sense of partnership with the school and/or other service providers;
- Improved relationships with children and/or school staff;
- Reduced anxiety;
- Increased sense of control: knowing there are things they can do which help; and
- More confidence to play an active and supportive role in their children’s development and education.

BENEFITS FOR CHILDREN- (UNTHEMED)

- A more secure sense of themselves.
• Increased self-esteem and confidence to learn.
• Increased emotional wellbeing.
• The ability to recognise, name, think about and express feelings.
• More, and more satisfying relationships.
• Increased ability to motivate themselves and others.
• Increased capacity to be creative and take the initiative.
• A greater willingness to become involved.
• A capacity to recognise and improve their skills and talents.
• Increased moral and social responsibility.
• Increased emotional capacity for learning.
• More choice about their behaviours.
• More strategies for dealing with difficulties and emotional discomfort.
• More control of their behaviour.
• More strategies for resolving conflict and ‘sticking with’ learning.
• More resources as a learner.
• More willingness to engage with and increased capacity to contribute to their immediate community, the wider democratic society and the global community at large.
Appendix C:

Version one and two of the data collection questionnaire.
THRIVE QUESTIONNAIRE- Version one

As two questionnaires will be administered before and after today’s training session, we ask that you use a ‘made-up’ name, that you will be able to remember in the future - for example, your first pet’s name. By doing this we will be able to look for differences between your answers, yet your data will remain anonymous.

What is your ‘made up’ name?
_______________________________________________________

1. Please circle the most appropriate response to each of the below statements.

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<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Agree somewhat</th>
<th>Agree</th>
<th>Strongly agree</th>
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<td>I can make my expectations about children’s behaviour clear</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am able to calm a child who is disruptive</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am confident in my ability to prevent disruptive behaviour in the classroom/my place of work</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I can control disruptive behaviour in the classroom/my place of work</td>
<td>1</td>
<td>2</td>
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<tr>
<td>I am able to get children to follow rules</td>
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<tr>
<td>I am confident when dealing with students who are physically aggressive</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

2. Please think of a child that you work with, who has behavioural, emotional and social difficulties and whom you find a particular challenge. Write three bullet points to describe their common behaviours below;

•
•
•

Please answer the below questions in terms of your relationship with this child.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Agree somewhat</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This child trusts me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>It is easy to be in tune with what this child is feeling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child seems wary of me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child challenges my efforts to reach him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child seeks help, recognition, and support from me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am able to console this child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child avoids contact with me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
This child sees me as a source of punishment | Strongly disagree | Disagree | Somewhat disagree | Agree somewhat | Agree | Strongly agree |
--- | --- | --- | --- | --- | --- | --- |
1 | 2 | 3 | 4 | 5 | 6 |
I share an affectionate and warm relationship with this child | Strongly disagree | Disagree | Somewhat disagree | Agree somewhat | Agree | Strongly agree |
--- | --- | --- | --- | --- | --- | --- |
1 | 2 | 3 | 4 | 5 | 6 |
If upset, this child will seek comfort from me | Strongly disagree | Disagree | Somewhat disagree | Agree somewhat | Agree | Strongly agree |
--- | --- | --- | --- | --- | --- | --- |
1 | 2 | 3 | 4 | 5 | 6 |
This child overreacts to separation from me | Strongly disagree | Disagree | Somewhat disagree | Agree somewhat | Agree | Strongly agree |
--- | --- | --- | --- | --- | --- | --- |
1 | 2 | 3 | 4 | 5 | 6 |
My relationship with this child has become more positive over the school year | Strongly disagree | Disagree | Somewhat disagree | Agree somewhat | Agree | Strongly agree |
--- | --- | --- | --- | --- | --- | --- |
1 | 2 | 3 | 4 | 5 | 6 |

3. Please read the below vignette:

“Casey never seems to finish an activity. He/she is easily distracted soon after they start anything. At the slightest opportunity Casey hinders others and at times becomes physically aggressive towards them. You constantly plead with Casey to behave and be more cooperative, but he/she does not comply with your demands.”

Behaviours like Casey’s are often seen in our community and it is likely that you have worked with children who present with similar behaviours. Although you don’t know Casey’s background, please use your knowledge of working with children and do your best to rate the potential reasons for Casey’s behaviour in the following table:

<table>
<thead>
<tr>
<th>Casey shows the above behaviours...</th>
<th>Most unlikely</th>
<th>Unlikely</th>
<th>Somewhat unlikely</th>
<th>Somewhat likely</th>
<th>Likely</th>
<th>Most likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because he/she is given things to do that are too difficult</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is physically ill</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey does not like bright lights</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is tired</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey cannot cope with high level of stress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey’s house is too crowded with people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because of the medication that Casey is given</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is unhappy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey did not get something that he/she wanted</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey lives in unpleasant surroundings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey enjoys it (performing negative behaviour)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is in a bad mood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because high humidity makes Casey uncomfortable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because he/she is worried about something</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Reason</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Somewhat disagree</td>
<td>Agree somewhat</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Because of some biological process in Casey’s mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey’s surroundings are too warm/cold</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is angry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because there is nothing else for Casey to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey lives in a noisy place</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey feels let down by somebody</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is physically disabled</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because there is not much space in Casey’s house to move around in</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey gets left on his/her own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because he/she is hungry or thirsty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is frightened</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because somebody Casey dislikes is nearby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because people do not talk to Casey very much</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey want to avoid uninteresting tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey does not go outdoors very much</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey is rarely given activities to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Casey wants attention from other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Please fill in the below boxes about yourself?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are your roles and responsibilities at work?</td>
<td></td>
</tr>
<tr>
<td>What type of provision or service are you attached to?</td>
<td></td>
</tr>
<tr>
<td>What level of experience do you have of working with children with</td>
<td></td>
</tr>
<tr>
<td>behavioural, emotional and social difficulties?</td>
<td></td>
</tr>
<tr>
<td>What level of training have you had in this area? Please describe.</td>
<td></td>
</tr>
<tr>
<td>What number of years have you been working with children?</td>
<td></td>
</tr>
<tr>
<td>How did you come to be on the THRIVE training course? (Did you volunteer</td>
<td></td>
</tr>
<tr>
<td>or did someone request you attend?)</td>
<td></td>
</tr>
<tr>
<td>Have you completed THRIVE training before?</td>
<td></td>
</tr>
</tbody>
</table>
The below questions are to be completed after/ or part way through completing the THRIVE training. They are similar to the questions that were asked before the training started and some of your responses may well be the same. However, some of your responses may have shifted a bit (either more positively or more negatively), and this will help us see what effects the THRIVE training has.

1. Please circle the most appropriate response to each of the below statements.

<table>
<thead>
<tr>
<th>Since completing the THRIVE training I believe that...</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Agree somewhat</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can make my expectations about children’s behaviour clear</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am able to calm a child who is disruptive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am confident in my ability to prevent disruptive behaviour in the classroom/ my place of work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I can control disruptive behaviour in the classroom/ my place of work</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
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<td>I am confident when dealing with students who are physically aggressive</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

2. Remind yourself of the child that you wrote three bullet points about before. Someone who you work with, who has behavioural, emotional and social difficulties and whom you find working with a particular challenge.

Please answer the below questions in terms of your relationship with this child.

<table>
<thead>
<tr>
<th>Since completing the THRIVE training I believe that...</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Agree somewhat</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This child trusts me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>It is easy to be in tune with what this child is feeling</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>This child seems wary of me</td>
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<td>This child challenges my efforts to reach him/ her</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child seeks help, recognition, and support from me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am able to console this child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child avoids contact with me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child sees me as a source of punishment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I share an affectionate and warm relationship with this child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Because of some biological process in Robin’s mind
Because he/she is worried about something
Because high humidity makes Robin uncomfortable
Because he/she is in a bad mood
Because of some biological process in Robin’s mind

<table>
<thead>
<tr>
<th>Reason</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Agree somewhat</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If upset, this child will seek comfort from me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>This child overreacts to separation from me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>My relationship with this child has become more positive over the school year</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Our relationship has become more negative over the school year</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

3. The following vignette is slightly different to the vignette you were given before you completed the training:

“Robin does not remain on-task for very long, and if you ask him/her to do anything, he/she often wanders off instead of completing the task. Robin will constantly distract other children and adults, and on particularly challenging days, Robin will become violent towards others. As the adult working with Robin, you try hard to make him/her stop these behaviours and listen to you, but Robin does not seem to conform to your expectations.”

Behaviours like Robin’s are often seen in our community and it is likely that you have worked with children who present with similar behaviours. Although you don’t know Robin’s background, please use your knowledge of working with similar children and do your best to rate the potential reasons for Robin’s behaviour in the following table: Please consider the THRIVE training as you rate the below reasons.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Most unlikely</th>
<th>Unlikely</th>
<th>Somewhat unlikely</th>
<th>Somewhat likely</th>
<th>Likely</th>
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<tbody>
<tr>
<td>Because he/she is given things to do that are too difficult</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is physically ill</td>
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<td>2</td>
<td>3</td>
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<td>6</td>
</tr>
<tr>
<td>Because Robin does not like bright lights</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is tired</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin cannot cope with high levels of stress</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Because Robin’s house is too crowded with people</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
</tr>
<tr>
<td>Because of the medication that Robin is given</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is unhappy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin did not get something that he/she wanted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin lives in unpleasant surroundings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin enjoys it (performing negative behaviour)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is in a bad mood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because high humidity makes Robin uncomfortable</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because he/she is worried about something</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because of some biological process in Robin’s mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Reason</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Somewhat disagree</td>
<td>Agree somewhat</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Because Robin’s surroundings are too warm/cold</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is angry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because there is nothing else for Robin to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin lives in a noisy place</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin feels let down by somebody</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is physically disabled</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because there is not much space in Robin’s house to move around in</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin gets left on his/her own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because he/she is hungry or thirsty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is frightened</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because somebody Robin dislikes is nearby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because people do not talk to Robin very much</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin want to avoid uninteresting tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin does not go outdoors very much</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin is rarely given activities to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Because Robin wants attention from other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Please fill in the below boxes?

**Do you think the THRIVE training has affected any of your responses? If so, why?**

**Do you expect to do the five-day training in the Autumn term?**
Appendix D:

Information about scales used in Phase-one.
Phase one data collection scales and instruments

The Student-Teacher Relationship Scale (STRS)

Pianta and Nimetze (1991) conducted a factor analysis on the 16 items and found that three factors emerged, categorising student-teacher relationships as secure, improved or dependent. For the current research results will not be categorised into these three levels but instead, a high score across all 16 items represents a ‘higher quality of relationship’ and a low score will represent a ‘lower quality of relationship’.

These three subscales and the full scale were also analysed by the authors for internal consistency reliability. The alpha coefficient for the full 16-item scale was .85 suggesting that this scale has good reliability to measure the intended construct (Crammer & Howitt, 2004).

The Teacher Efficacy for Inclusive Practice (TEIP) Scale

Overall, it is reported that the reliability coefficient for the TEIP scale was 0.89. Within this whole scale score, the reliability coefficient for the ‘efficacy in managing behaviour’ factor employed in the research, was 0.85 suggesting that this scale has adequate reliability to measure the intended construct (Crammer & Howitt, 2004).

Construct validity of items presented in the TEIP scale was gained through the use of Hinkin and Tracy’s (1999) approach that calls for experts in the field to rate the items in terms of how well they measure the desired construct. The internal consistency was computed using Cronbach’s alpha and was reported as adequate (Sharma et al., 2011).
The Challenging Behaviour Attribution (CHABA) Scale

Hastings (1997) conducted a factor analysis on the 33 items and found that six factors emerged, categorising causal attribution relationships as:

- learnt behaviour (positive),
- learnt-behaviour (negative),
- biomedical,
- emotional,
- stimulation, and
- physical environment.

These six subscales were analysed by the authors for internal consistency reliability. The alpha coefficients for each of the six subscales ranged between .65 and .87. These scores are described by the author as having a moderate to good level of reliability (Hastings, 1997).
Appendix E:

Ethical approval.
Certificate of ethical research approval

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School’s Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: http://www.bera.ac.uk/publications/guidelines/ and view the School’s statement on the GSE student access on-line documents.

READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER (the form will expand to contain the text you enter).  DO NOT COMPLETE BY HAND

Your name: Kitty Howarth
Your student no: 560021634
Return address for this certificate: Flat 3, 15 North Street, Ashburton TQ13 7QH DEVON

kh324@exeter.ac.uk

Degree/Programme of Study: Doctorate in Educational, Child and Community Psychology
Project Supervisor(s): Andrew Richards and Margie Tunbridge
Your email address: kh324@exeter.ac.uk
Tel: 07882259050

I hereby certify that I will abide by the details given overleaf and that I undertake in my thesis to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed:.......................................................... Date:.................................

NB For Masters dissertations, which are marked blind, this first page must not be included in your work. It can be kept for your records.
Certificate of ethical research approval

Your student no: 560021634

Title of your project:

- THRIVE TRAINING AND TRAINEES’ RELATIONSHIPS, CAUSAL ATTRIBUTIONS AND PERCEIVED SELF-EFFICACY TOWARDS CHILDREN EXPERIENCING BEHAVIOURAL, EMOTIONAL AND SOCIAL DIFFICULTIES: AN EXPLANATORY STUDY

Brief description of your research project:

The THRIVE intervention aims to support adults working with children with behavioural, emotional and social difficulties (BESD) and early attachment interruptions. The five day training is delivered to adult trainees and encourages the implementation of the THRIVE intervention in schools and in other provisions available to children.

The first half of the proposed research aims to investigate the effects of the THRIVE training on;
- Trainees’ relationships with children with BESD;
- Trainees’ causal attributes about children’s BESD; and
- Trainees’ self-efficacy towards working with children with BESD.

To measure the effect of the THRIVE training on trainees, three questionnaires will be administered to adult trainees before and after they receive the five day THRIVE training package. Results will be statistically analysed and reported upon.

The second half of the proposed research aims to investigate what (if anything) trainees’ perceive to be the key elements within the THRIVE training that affect change in these three areas. To measure the aims here, interviews will be conducted with a sample of trainees. Themes will be identified throughout the interviews and reported upon.

Give details of the participants in this research (giving ages of any children and/or young people involved):

- It is anticipated that 40 trainees from a range of primary, secondary and special school provisions as well as professionals from other child-based agencies in the South-West of England will partake in the proposed research. This number of participants has been decided upon because 20 trainees usually attend the THRIVE training at any one time and I hope to conduct the research over two cohorts of trainees.
• Within this sample, it is anticipated that participants will have a range of qualifications, experiences of working with children with BESD and a range of roles and responsibilities, resulting in a fairly heterogeneous sample. As this study is a piece of 'real world' research as discussed by Robson (2009), the sample will be determined by whoever attends the training programme on the day. Because of this, such factors cannot be controlled. However, questionnaires will aim to seek information in order to gain insight into individual differences between participants.

• For the second phase of the study, eight participants from the original test sample will be encouraged to volunteer to take part in interviews about their training experience.

• No children or young people will be participating in the proposed research.

Give details (with special reference to any children or those with special needs) regarding the ethical issues of:

Throughout the conduct of the proposed research, the Exeter University Code of Ethics for Research; the Health Profession Council Standards of Conduct, Performance and Ethics (HPC, 2008); the British Psychological Society Code of Conduct (BPS, 2009); The British Educational Research Association Ethical Guidelines for Educational Research (BERA, 2011) as well as the, Division of Educational and Child Psychology (DECP) Professional Practice Guidelines (BPS, 2002) will be followed to ensure that interactions with participants is conducted professionally and ethically at all times. Ethical procedures discussed next are consistent with documents listed here.

Informed Consent:
• The purpose and nature of the study will be explained to all participants verbally before they are asked to complete questionnaires, scales and interviews. A written version explaining the purpose and nature of the study will also be distributed to all participants.

• Informed signed consent will be gained from all participating trainees before they are asked to contribute to questionnaires, scales and interviews. It will be made clear that participants have the right to not partake if they so choose. Individual participants will also be informed of their right to withdraw their data from the research at any time. Again participants will be given a pseudonym so that their individual data is easily identifiable and withdrawn if need be.

• After the research has been conducted, participants will be debriefed about the research by letter and again reminded of their right to withdraw. Information about the research findings will also be distributed in due course.

Anonymity and Confidentiality:
• Participants will be informed that the questionnaires, scales, interviews and transcripts will remain anonymous; that the data will be stored in a safe place
by the researcher, and that all recorded versions of interviews will be destroyed after interviews have been transcribed. Participants will also be informed that any identifying information will be removed from all data and that all information gained will be kept confidential unless in exceptional cases where “failure to share information more widely would not be in the best interests of (…a…) young person, or would contravene the law” (p9, DECP, 2002).

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

Method of data collection: questionnaires and semi structured interviews with trainees.

• Although it is not anticipated that the research will cause harm to participants, a question and answers session will be offered to all participants in case they have queries about the research and wish to discuss their involvement further.

• In the case that the researcher becomes aware of participants being distressed or negatively affected by the research process then the research will be terminated for that participant immediately and the researcher will remind the participant of the above ethical considerations.

• If participants do not feel comfortable raising issues related to the research with researcher, names of other Educational Psychologists working within the local area would be given to all participants.

• The research itself will be written up in a responsible and ethical manner, again abiding to all above listed ethical boards and codes of conduct.

Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):

• It will be important to store both the quantitative and qualitative data securely. The data will be held only by researchers and details will be destroyed once the data have been analysed and conclusions drawn. No individual children or adults will be identifiable throughout the proposed data collection.

• Interviews will be recorded with the trainee’s permission and the researchers will securely store the copies of the recordings. Once the data have been transcribed, the original recordings will be destroyed and the researchers will
store transcripts securely. Once the research has been completed the transcripts will be destroyed.

**Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**

An information brief will be provided at the beginning of the interview and it will be stressed that participation is entirely voluntary and participation can be withdrawn at anytime. This project will have been discussed with the participants’ employers before data are collected to ensure support is available to them if needed. I will also provide participants with a full debrief, contact details and additional time to answer any of their concerns or questions.

Due to the sensitive nature of the training (BESD and early attachments difficulties), participants may feel uncomfortable or it may provoke feelings of distress, in this event the data collection will be discontinued to ensure the participant’s well-being at all times. If need be further support from the THRIVE trainers will be provided.

4.1. This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School’s Research Support Office for the Chair of the School’s Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor

This project has been approved for the period: until:

By (above mentioned supervisor’s signature):

………………………………………date:…………………………

N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.

GSE unique approval reference:…………………………………………
Signed:……………………………………………………………………
Date:…………………………

Chair of the School’s Ethics Committee

This form is available from  http://education.exeter.ac.uk/students/
Appendix F:

Consent forms.
CONSENT FORM (Phase one)

Information Brief

The following questionnaires are part of a research project that aims to investigate the perceptions of THRIVE trainees with regard to their experiences of working with children with behavioural, emotional and social difficulties and the receiving of Thrive training.

Participation is entirely voluntary and can be withdrawn at any time (by notifying the researcher, Kitty Howarth, Trainee Educational Psychologist, please see contact details attached).

The researcher will securely store copies of the completed questionnaires. Only the researcher will hold the data and any personal details recorded will be destroyed once the data have been analysed. No individual participants will be identifiable.

Please note the University of Exeter guidelines on data protection:

“The information you provide will be used for research purposes and your personal data will be processed in accordance with current data protection legislation and the University's notification lodged at the Information Commissioner's Office. Your personal data will be treated in the strictest confidence and will not be disclosed to any unauthorised third parties. The results of the research will be published in anonymised form.”

All participants will receive a letter at the end of the project explaining the overall findings of the research.

Please read the attached informed consent forms, sign both copies if you are happy to partake and hand one signed copy back to the researcher before filling in the questionnaire.
CONSENT FORM
(TO BE KEPT BY THE PARTICIPANT)

Informed Consent

I have been fully informed about the aims and purposes of the project.

I understand that:

- There is no compulsion for me to participate in this research project and, if I do choose to participate, I may at any stage withdraw my participation and data;
- I understand that any information which I give will be used solely for the purposes of this research project, which may include publications, in relation to this I understand that I have the right to refuse permission for the publication of any information about me, if I so choose to by contacting the researcher (Kitty Howarth, Trainee Educational Psychologist);
- All information I give will be treated as confidential and;
- The researcher will make every effort to preserve my anonymity.

..............................................................................................
(Signature of participant) .........................................................
(Date)

..............................................................................................
(Printed name of participant)

..............................................................................................
(Name of school/ place of work)

The participant will keep one copy of this form; the researcher will keep a second copy

Contact phone number of researcher(s): 01803 208261

If you have any concerns about the project that you would like to discuss, please contact Kitty Howarth (Trainee Educational Psychologist).
CONSENT FORM  
(TO BE HANDED IN WITH YOUR QUESTIONNAIRE)

Informed Consent

I have been fully informed about the aims and purposes of the project.

I understand that:

- There is no compulsion for me to participate in this research project and, if I do choose to participate, I may at any stage withdraw my participation;

- I understand that any information which I give will be used solely for the purposes of this research project, which may include publications, in relation to this I understand that I have the right to refuse permission for the publication of any information about me, if I so choose to by contacting the researcher (Kitty Howarth, Trainee Educational Psychologist);

- All information I give will be treated as confidential and;

- The researcher will make every effort to preserve my anonymity.

................................................................. .................................................................
(Signature of participant) (Date)

.................................................................
(Printed name of participant)

.................................................................
(Name of school/place of work)

The participant will keep one copy of this form; the researcher will keep a second copy.

Contact phone number of researcher(s): 01803 208261

If you have any concerns about the project that you would like to discuss, please contact Kitty Howarth (Trainee Educational Psychologist)
CONSENT FORM (Phase two)

Information Brief

The following interview is part of a research project that aims to investigate the perceptions of THRIVE trainees with regard to their experiences of working with children with behavioural, emotional and social difficulties and the receiving of Thrive training.

Participation is entirely voluntary and can be withdrawn at any time (by notifying the researcher, Kitty Howarth, Trainee Educational Psychologist, please see contact details attached).

Interviews will be recorded and transcribed and the researcher will securely store all data collected. Only the researcher will hold this data and any personal details recorded will be destroyed once the data has been analysed. No individual participants will be identifiable.

Please note the University of Exeter guidelines on data protection:

"The information you provide will be used for research purposes and your personal data will be processed in accordance with current data protection legislation and the University's notification lodged at the Information Commissioner's Office. Your personal data will be treated in the strictest confidence and will not be disclosed to any unauthorised third parties. The results of the research will be published in anonymised form."

All participants will receive a letter at the end of the project explaining the overall findings of the research.

Please read the attached informed consent form, sign both copies if you are happy to partake and hand one signed copy back to the researcher before starting the interview.
CONSENT FORM

Informed Consent

I have been fully informed about the aims and purposes of the project.

I understand that:

- There is no compulsion for me to participate in this research project and, if I do choose to participate, I may at any stage withdraw my participation and data;
- I understand that any information which I give will be used solely for the purposes of this research project, which may include publications, in relation to this I understand that I have the right to refuse permission for the publication of any information about me, if I so choose to by contacting the researcher (Kitty Howarth, Trainee Educational Psychologist);
- All information I give will be treated as confidential and;
- The researcher will make every effort to preserve my anonymity.

(Signature of participant)  (Date)

(Printed name of participant)

(Name of school/ place of work)

The participant will keep one copy of this form; the researcher will keep a second copy.

Contact phone number of researcher: 01803 208261. If you have any concerns about the project that you would like to discuss, please contact Kitty Howarth (Trainee Educational Psychologist).
Appendix G:

Descriptive statistics and normality tests.
# Descriptive Statistics

## Phase one

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before training: Self-efficacy score</td>
<td>59</td>
<td>19</td>
<td>35</td>
<td>25.54</td>
<td>3.910</td>
</tr>
<tr>
<td>After training: Self-efficacy score</td>
<td>60</td>
<td>20</td>
<td>36</td>
<td>29.33</td>
<td>4.328</td>
</tr>
<tr>
<td>Before training: relationship score</td>
<td>60</td>
<td>30</td>
<td>68</td>
<td>52.98</td>
<td>8.902</td>
</tr>
<tr>
<td>After training: relationship score</td>
<td>60</td>
<td>44</td>
<td>78</td>
<td>63.52</td>
<td>7.572</td>
</tr>
<tr>
<td>Before training: Causal attributions score</td>
<td>60</td>
<td>77</td>
<td>192</td>
<td>125.90</td>
<td>16.903</td>
</tr>
<tr>
<td>After training: Causal attributions score</td>
<td>60</td>
<td>84</td>
<td>192</td>
<td>133.30</td>
<td>19.137</td>
</tr>
<tr>
<td>IlnBFactual</td>
<td>60</td>
<td>7.00</td>
<td>18.00</td>
<td>10.9667</td>
<td>2.17822</td>
</tr>
<tr>
<td>IlnAFactual</td>
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<td>6.00</td>
<td>18.00</td>
<td>12.4500</td>
<td>2.46621</td>
</tr>
<tr>
<td>IlpBFactual</td>
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<td>6.00</td>
<td>12.00</td>
<td>9.3167</td>
<td>1.33393</td>
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<td>IlpAFactual</td>
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<td>4.00</td>
<td>12.00</td>
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<td>bmBFactual</td>
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<td>12.00</td>
<td>36.00</td>
<td>22.6167</td>
<td>3.97062</td>
</tr>
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<td>12.00</td>
<td>36.00</td>
<td>22.8000</td>
<td>4.57258</td>
</tr>
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<td>sBFactual</td>
<td>60</td>
<td>15.00</td>
<td>36.00</td>
<td>22.6500</td>
<td>3.72725</td>
</tr>
<tr>
<td>sAFactual</td>
<td>60</td>
<td>10.00</td>
<td>36.00</td>
<td>24.3167</td>
<td>4.35108</td>
</tr>
<tr>
<td>peBFactual</td>
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<td>15.00</td>
<td>48.00</td>
<td>28.6667</td>
<td>5.55608</td>
</tr>
<tr>
<td>peAFactual</td>
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<td>15.00</td>
<td>48.00</td>
<td>30.3167</td>
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</tr>
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<td>eBFactual</td>
<td>60</td>
<td>20.00</td>
<td>42.00</td>
<td>31.6833</td>
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</tr>
<tr>
<td>eAFactual</td>
<td>60</td>
<td>27.00</td>
<td>42.00</td>
<td>35.5000</td>
<td>3.67539</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**
- IlnBFactual: Learned / learned negative Before- ‘actual’ raw score (not percentage)
- IlnAFactual: Learned / learned negative After- ‘actual’ raw score (not percentage)
- IlpBFactual: Learned / learned positive Before- ‘actual’ raw score (not percentage)
- IlpAFactual: Learned / learned positive After- ‘actual’ raw score (not percentage)
- bmBFactual: Biomedical Before - ‘actual’ raw score (not percentage)
- bmAFactual: Biomedical After - ‘actual’ raw score (not percentage)
- sBFactual: Stimulation Before - ‘actual’ raw score (not percentage)
- sAFactual: Stimulation After - ‘actual’ raw score (not percentage)
- peBFactual: Physical environment Before - ‘actual’ raw score (not percentage)
- peAFactual: Physical environment After - ‘actual’ raw score (not percentage)
- eBFactual: Emotion Before - ‘actual’ raw score (not percentage)
- eAFactual: Emotion After - ‘actual’ raw score (not percentage)
Data were found to not be normally distributed and could not be transformed to become normally distributed and therefore a non-parametric analysis was conducted.
Appendix H:

Wilcoxon Signed Rank tests.
## Wilcoxon Signed Ranks tests

### One-day training

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>After training: Self-efficacy score</td>
<td>Negative Ranks</td>
<td>7&lt;sup&gt;a&lt;/sup&gt;</td>
<td>7.21</td>
</tr>
<tr>
<td></td>
<td>Positive Ranks</td>
<td>14&lt;sup&gt;b&lt;/sup&gt;</td>
<td>12.89</td>
</tr>
<tr>
<td></td>
<td>Ties</td>
<td>5&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>After training: relationship score</td>
<td>Negative Ranks</td>
<td>5&lt;sup&gt;d&lt;/sup&gt;</td>
<td>11.20</td>
</tr>
<tr>
<td></td>
<td>Positive Ranks</td>
<td>20&lt;sup&gt;e&lt;/sup&gt;</td>
<td>13.45</td>
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Assmp. Sig. (2-tailed): 0.02, 0.04, 0.015, 0.040, 0.122, 0.093, 0.041, 0.371, 0.000

- Wilcoxon Signed Ranks Test
- Based on negative ranks.
- Based on positive ranks.
For information on what the above acronyms mean please refer to the key in Appendix G.
### Nine-day training

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a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.
c. Based on positive ranks.
Positive Ranks | 23<sup>w</sup> | 14.91 | 343.00
---|---|---|---
Ties | 4<sup>x</sup> | | 
Total | 34 | | 
Negative Ranks | 1<sup>y</sup> | 2.00 | 2.00
---|---|---|---
Ties | 4<sup>aa</sup> | | 
Total | 34 | | 

eAFactual - eBFactual

| Positive Ranks | 29<sup>z</sup> | 15.97 | 463.00
---|---|---|---
Ties | 4<sup>ba</sup> | | 
Total | 34 | | 

a. After training: Self-efficacy score < Before training: Self-efficacy score
b. After training: Self-efficacy score > Before training: Self-efficacy score
c. After training: Self-efficacy score = Before training: Self-efficacy score
d. After training: relationship score < Before training: relationship score
e. After training: relationship score > Before training: relationship score
f. After training: relationship score = Before training: relationship score
g. After training: Causal attributions score < Before training: Causal attributions score
h. After training: Causal attributions score > Before training: Causal attributions score
i. After training: Causal attributions score = Before training: Causal attributions score
j. llnAFactual < llnBFactual
k. llnAFactual > llnBFactual
l. llnAFactual = llnBFactual
m. llpAFactual < llpBFactual
n. llpAFactual > llpBFactual
o. llpAFactual = llpBFactual
p. bmAFactual < bmBFactual
q. bmAFactual > bmBFactual
r. bmAFactual = bmBFactual
s. sAFactual < sBFactual
t. sAFactual > sBFactual
u. sAFactual = sBFactual
v. peAFactual < peBFactual
w. peAFactual > peBFactual
x. peAFactual = peBFactual
y. eAFactual < eBFactual
z. eAFactual > eBFactual
aa. eAFactual = eBFactual

For information on what the above acronyms mean please refer to the key in Appendix G.
## Combined, nine and one-day

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\(a\). Wilcoxon Signed Ranks Test  
\(b\). Based on negative ranks  
\(c\). Based on positive ranks  

### Ranks

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a. After training: Self-efficacy score < Before training: Self-efficacy score
b. After training: Self-efficacy score > Before training: Self-efficacy score
c. After training: Self-efficacy score = Before training: Self-efficacy score
d. After training: relationship score < Before training: relationship score
e. After training: relationship score > Before training: relationship score
f. After training: relationship score = Before training: relationship score
g. After training: Causal attributions score < Before training: Causal attributions score
h. After training: Causal attributions score > Before training: Causal attributions score
i. After training: Causal attributions score = Before training: Causal attributions score
j. lnAFactual < lnBFactual
k. lnAFactual > lnBFactual
l. lnAFactual = lnBFactual
m. lpAFactual < lpBFactual
n. lpAFactual > lpBFactual
o. lpAFactual = lpBFactual
p. bmAFactual < bmBFactual
q. bmAFactual > bmBFactual
r. bmAFactual = bmBFactual
s. sAFactual < sBFactual
t. sAFactual > sBFactual
u. sAFactual = sBFactual
v. peAFactual < peBFactual
w. peAFactual > peBFactual
x. peAFactual = peBFactual
y. eAFactual < eBFactual
z. eAFactual > eBFactual

For information on what the above acronyms mean please refer to the key in Appendix G.
Appendix I:

Re-categorisation of Hastings' (1997) 32 items (taken from the CHABA scale).
### Within / beyond the child's / provision's control

<table>
<thead>
<tr>
<th>Reason</th>
<th>Within Child</th>
<th>Out of Child's Control</th>
<th>Within Provisions Control</th>
<th>Outside of Provisions Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Because he/she is given things to do that are too difficult</td>
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<tr>
<td>2. Because Casey is physically ill</td>
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<td>3. Because Casey does not like bright lights</td>
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<td>4. Because Casey is tired</td>
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<tr>
<td>5. Because Casey cannot cope with high level of stress</td>
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<tr>
<td>6. Because Casey's house is too crowded with people</td>
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<tr>
<td>7. Because Casey is bored</td>
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<tr>
<td>8. Because of the medication that Casey is given</td>
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<tr>
<td>9. Because Casey is unhappy</td>
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<tr>
<td>10. Because Casey did not get something that he/she wanted</td>
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<tr>
<td>11. Because Casey lives in unpleasant surroundings</td>
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<tr>
<td>12. Because Casey enjoys it (performing negative behaviour)</td>
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<tr>
<td>13. Because Casey is in a bad mood</td>
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<tr>
<td>14. Because high humidity makes Casey uncomfortable</td>
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<tr>
<td>15. Because he/she is worried about something</td>
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<tr>
<td>16. Because of some biological process in Casey's mind</td>
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<td></td>
<td></td>
<td>Before thrive training this item could be described as beyond the adult's control, yet after the training perhaps could be described as within the adult's control. For this reason it was decided to omit this item from either analysis.</td>
</tr>
<tr>
<td>17. Because Casey's surroundings are too warm/cold</td>
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<tr>
<td>18. Because Casey is angry</td>
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<tr>
<td>19. Because there is nothing else for Casey to do</td>
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<tr>
<td>20. Because Casey lives in a noisy place</td>
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<td>21. Because Casey feels let down by somebody</td>
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<tr>
<td>22. Because Casey is physically disabled</td>
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<tr>
<td>23. Because there is not much space in Casey's house to move around in</td>
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<tr>
<td>24. Because Casey gets left on his/her own</td>
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<tr>
<td>25. Because he/she is hungry or thirsty</td>
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<tr>
<td>26. Because Casey is frightened</td>
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<td>27. Because somebody Casey dislikes is nearby</td>
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<tr>
<td>28. Because people do not talk to Casey very much</td>
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<td></td>
<td>Because Casey want to avoid uninteresting tasks</td>
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<tr>
<td>29.</td>
<td>Because Casey does not go outdoors very much</td>
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<tr>
<td>30.</td>
<td>Because Casey is rarely given activities to do</td>
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<tr>
<td>31.</td>
<td>Because Casey wants attention from other people</td>
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<tr>
<td>32.</td>
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<tr>
<td>Total:</td>
<td></td>
<td>5</td>
<td>18</td>
<td>9</td>
</tr>
</tbody>
</table>

Items taken from Hastings (1997)

**How were items re-categorised?**

Blank copies of the table above were given to nine individuals (including the researcher), all of whom work with children. Individuals were asked to tick columns that they believed to be appropriate for each item. This information was used to recategorise all items in the CHABA as within or beyond the control of the child, and with or beyond the control of the provision.

The table below gives information on the nine individual's used to make decisions about re-categorising items.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Thrive trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Foster parent</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Teaching assistant</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Foster parent</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>SENCO.</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Teaching assistant</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>SENCO</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Adaptive parent</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Trainee educational psychologist</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Researcher</td>
<td>Yes</td>
</tr>
</tbody>
</table>

There was a level of agreement amongst most re-categorisation answers, however there was a level of inconsistency also. For this reason, items have only been categorised in the current research if everyone agreed on the answer. Any items that people were unable to categorise or that people placed in multiple categories have been omitted and coloured orange above.
Appendix J:

About the researcher: background and possible assumptions.
**Background and possible assumptions of the researcher**

“The way the experimenter looks, feels, or acts may unintentionally affect the results of the study.”

*(p8, Tashakkori & Teddlie, 1998)*

The researcher is studying educational, child and community psychology. The current research has been implemented over the final two years of their professional doctorate. During these final two years the researcher has also been on placement with a LA where Thrive is promoted by the LA to all schools. As part of the researcher’s first year of placement they were employed for one-day a week to help promote the Thrive intervention in schools and mentor school staff and parents about the implementation of the intervention. As part of this work it was requested by the LA that an evaluation of Thrive be conducted. It is hoped that the current research will either provide evidence to support the wide implementation of Thrive across the LA, or information about how to best to continue to implement Thrive in the future.

The researcher has completed both the one-day training course and a longer version of the training course that at the time was a five-day course (it is now a nine-day course). The researcher’s thoughts about the direction that the interview data might have taken were mapped out through the process of analysing the research domain, at the point of creating the semi-structured interview schedule. Please see Appendix M for a copy of this.
Appendix K:

Contextual focusing framework.
The interview will last up to 45 minutes but it is more likely to be over in 30 minutes;

Two parts...

PART ONE... is not specifically about THRIVE but instead about your experiences of children with behavioural, emotional and social needs,

PART TWO relates specifically to THRIVE;

Before we go any further can I ask that you read and sign this CONSENT FORM— it is very similar to the form I asked you to sign on the training.

ARE YOU HAPPY THAT I RECORD YOU?

• IT WILL ONLY BE ME WHO LISTENS TO THESE RECORDING AND THEY WILL BE ANONYMISED WHEN DATA IS TRANSCRIBED AND ANALYSED.

• ALL INFORMATION WILL BE DESTROYED AT THE EARLIEST STAGE POSSIBLE.

• EVERYTHING YOU SAY WILL BE CONFIDENTIAL UNLESS I FEEL THAT EITHER YOU OR SOMEONE ELSE MAY BE AT RISK.

• PASS OUT CONSENT FORM
BUILDING RELATIONSHIPS WITH A CHILD

Can you recall an experience that has occurred in the last two weeks where you related positively with a child with behavioural, emotional or social needs?

For the initial stage of the interview please do not refer to the THRIVE training...
Can you recall an experience that has occurred in the last two weeks where you feel you successfully and confidently dealt with a situation relating to a child’s behavioural, emotional or social needs?
CAUSES OF A CHILD’S BEHAVIOUR

Can you recall an experience that has occurred in the last two weeks where you thought about the potential causes of the needs of a child with behavioural, emotional and social difficulties, what these were, and whether these altered your response to the child/ your understanding of the situation?
Appendix L:

Hierarchical focusing interview schedule.
Interview schedule: mark p for prompted and s for spontaneous next to the corresponding questions on the hierarchy.

1. DO YOU THINK THAT THE THRIVE TRAINING AFFECTED THIS EXPERIENCE OR NOT?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

WHAT FACTORS IF ANY WITHIN THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?

CAN YOU TELL ME A LITTLE MORE ABOUT HOW THE THRIVE TRAINING AFFECTED THIS EXPERIENCE FOR YOU?
Appendix M:

Analysis of research domain.
Focus of Phase two of the current research

NATURE OF THRIVE TRAINING

What is Thrive?

FACTORS AFFECTING THRIVE TRAINING EFFECTIVENESS

Effects of the Thrive training?

CHANGES IN CONFIDENCE TO IMPLEMENT
SUCCESSFUL BEHAVIOUR MANAGEMENT STRATEGIES
NURTURING THRIVE BASED INTERVENTION

CHANGES IN RELATIONSHIP BUILDING

CAUSE OF PROBLEM BEING OUT OF CHILD’S CONTROL

CHANGES IN UNDERLYING CAUSAL ATTRIBUTION

DELIVERY STYLE
RELATIONSHIPS
PERSONAL CHARACTERISTICS AND ATTRIBUTES
ACTIVITIES
PRESENTATION
EXPERIENTIAL LEARNING
TEACHING STYLE
PRACTICE TIME
GROUP CHARACTERISTICS AND ATTRIBUTES
TEACHER/ TRAINER
ACTIVITIES

UNDERPINNING PSYCHOLOGICAL THEORIES
UNDERPINNING MODELS
COMPARISONS TO OTHER INTERVENTIONS
COMPARISONS TO OTHER PSYCHOLOGICAL THEORIES
TEACHING INPUT/ QUALITY
DELIVERY STYLE OF TRAINING
GROUP DYNAMICS AND ETHOS FACILITATED BY...

NURTURING THRIVE BASED INTERVENTION
SUCCESSFUL BEHAVIOUR MANAGEMENT STRATEGIES
NURTURING THRIVE BASED INTERVENTION
CAUSE OF PROBLEM BEING OUT OF CHILD’S CONTROL

FACTORS AFFECTING THRIVE TRAINING EFFECTIVENESS

What is Thrive?

UNDERPINNING PSYCHOLOGICAL THEORIES
UNDERPINNING MODELS
COMPARISONS TO OTHER INTERVENTIONS
COMPARISONS TO OTHER PSYCHOLOGICAL THEORIES

TEACHING INPUT/ QUALITY
DELIVERY STYLE OF TRAINING
GROUP DYNAMICS AND ETHOS FACILITATED BY...

DELIVERY STYLE
RELATIONSHIPS
PERSONAL CHARACTERISTICS AND ATTRIBUTES
ACTIVITIES
PRESENTATION
EXPERIENTIAL LEARNING
TEACHING STYLE
PRACTICE TIME
GROUP CHARACTERISTICS AND ATTRIBUTES
TEACHER/ TRAINER
ACTIVITIES
Appendix N:

Example of how initial coding was conducted.
Interviewer: So first we will go through this (interviewer shows questions to interviewee) and then I will ask you about your experiences of how this links to the THRIVE training, if at all. So the first one is about relationship building and it says…

Can you recall an experience that has occurred in the last two weeks (or the last couple of days) where you related positively with a child with behavioral, emotional or social needs?

Interviewee: Yer, umm… I was actually doing the THRIVE introduction to THRIVE where they said the child… ummm… sorry I'll give you the example where it happened first…

H**** doesn't like you touching his toys, if something is out of place, his state of anxiety goes to such a level… and umm… his behaviour is very extreme… he is very aggressive.

So, as you do, I was tidying his room, putting a few toys away and he came straight back from nursery and went straight back into his bedroom and noticed straight away that something was out of place so having been on the THRIVE course I went into his bedroom, realized what had happened and I sat down on the floor at his level and said “O my goodness H****, I understand how you are feeling and why you are so angry because if somebody touched something that I had, and put something away I would feel really anxious.”

The words weren’t appropriate really but he could see me empathise with him and I said, “if that had happened to me I would feel angry and sad and all these things in my tummy, and I understand how you are feeling.” And I kept on talking… It was almost a little bit of an overload with the words I was using but he could understand from my body that I understood what he was feeling…

Interviewer: …you were mirroring his feelings with your body so that you could show him that you understood…?

Interviewee: Yer.

So that had a great impact on H**** because he sat down and looked at me and he became calm as if he was saying, “you get it, you get it…”

Interviewer: So he was relieved?

Interviewee: Yes, his state of his anxiety went right down and we could then talk about it in a calm way and he could accept it that I had made a mistake… that I had touched his toys… and I could reduce his anxiety level which is a big thing and normally that state of arousal would last about an hour… hour and a half so he came down within seconds of me saying, “yes I know how you feel, if someone touched my things that would make me feel angry and sad and I would see red…” I’d have butterflies in my tummy.”

Interviewer: Yer, so before when you were saying it used to take an hour and a half for him to calm down, what sort of strategies were you using then and was there a real difference with you … your behaviour?
Interviewer: Umm yer… there was more of an understanding of how he was feeling, more of a focus on empathy whereas before I would have just said, “but H**** all I did was put it away”, but I’d…(say that)…after the event, …whereas (here) I was showing that… actually showing that this is how I feel, I know how you are feeling.

Interviewee: Yes yes, that’s it

Interviewer: So it was empathy to a whole new level really…

Interviewee: Rather than saying, “It doesn’t really matter H****… well actually I wasn’t understanding H**** before… it matters… it really does matter to you H**** and I understand that now… it’s a whole other way of communication. And that’s something that they had actually discussed within THRIVE and I thought right I’m going to do that.

Interviewer: Ok so going onto the training… more specifically … can you relate this to the training…

Interviewee: Yer, it was the introduction to THRIVE, which was different to the two day I have just been on with D****. Basically, they compacted things in there they did the sandplay. I think that sand play was a very emotional thing for me… I noticed within the group that some people found it quite uncomfortable but I found it quite easy to play with the sand cusc’ what they said was put yourself in the child’s shoes and think of what the child does and think as the child does: make the world of the child…

That was quite an emotional journey for me and I felt that I was really feeling what H**** was feeling inside and that helped me with how he was feeling… I can’t quite describe it … I’m not very descriptive… I could put myself in H**** shoes, I always felt that I could empathise with H**** anyway, but actually he needs more empathy and I realise that now through THRIVE, put yourself into that child’s shoes completely, forget all your inhibitions and put yourself into how he is feeling:

Interviewer: And that’s hard because we all have our perceptions of how the world works… and we have them without realising sometimes…

Interviewee: With the sand tray in particular because it was quite an emotional type of therapy for me, probably I brought home; I was quite emotional anyway and was really wanting … I cried… sounds awful but, I cried with the sand tray… and I just felt silly but actually I was just a child… I was visualising how he (H****) felt, even in a situation (as described above) where I was moving his toys or a magazine… it was really real to him… and through doing the sand tray it was real to me so I could experience that anxiety… and which then for H**** would progress to aggressive. I was talking to A*** (husband) and I gave that example at the PEP meeting today because they asked what sort it strategies I use with H**** and … I can’t remember where I was going with it now… sorry lost my train of thought… sorry…

Interviewer: That’s ok… and just when you were saying that you felt silly for crying… I did the five-day training and there were a lot of people who also became very emotional when they did the training and the sand tray in particular…

Interviewee: And I think you have to … personally… I could sense some people weren’t comfortable, however, it was the first day and you do feel uncomfortable and I just sensed that everybody has got their own learning styles and it was important to go through all that emotional stuff to...
I think also… with H****, sometimes it's very hard to see the triggers but with the three days of THRIVE that I have had I am noticing… I'm more observant, more aware… more in tune with his feelings… I think before, a little thing to us was you know, “oh for goodness sake just… it’s no a big thing you’ve got to learn that it doesn’t matter… that it isn’t ground hog day…”, for the same thing over and over again… but actually no… he is a baby… he is at that 'being stage' and you wouldn't expect a baby to constantly learn things like that… it's definitely made us think more… more in tune… definitely…

Interviewer: And you have spoken quite a lot about the activities that you did… umm, in terms of basically looking at different areas of the THRIVE training… is there anything else that is relevant to what you have been saying… for example the teachers, the input or the underlying model… whether these things affected your perceptions of building relationships…

Interviewee: I think for me because I'm all for training… what can be quite... you can feel quite isolated… especially for kinship foster carers… it's not like bringing your own children up … you don’t have that network around you … Because we are foster carers we can go to the foster carer training but what’s for me is particularly useful… my learning style is that for me I have to do things and I have to feel things and I think that… THRIVE works well for me… sit down on the floor and get to know your own emotions and that sort of learning is what I like…

Interviewer: So… experiential learning… you experience it as you learn??

Interviewee: I actually went to S*** (one of the trainers)… and I like her way of training… she is really easy to understand and sometimes when you go to training the trainers are big professionals and I could be in a room with teachers, ed psychs and I haven’t got a degree myself… I have a lot of experience of working with children but you can feel a little intimidated... but this wasn’t like that… this was very comfortable for me…THRIVE was very comfortable…

Interviewer: So the trainers ensured that feeling of the training… ??

Interviewee: Yes.

Interviewer: Yes…

Interviewee: So, another important thing for me is that I am working alongside all these professional and I
was working alongside a … I think she was a teaching assistant with children with behavioural problems … that’s her full time job and we are talking about her experiences and sharing experiences and I was bouncing off her and she was bouncing off my ideas and so that’s important … within a training … sharing of experiences and THRIVE … it allows you to do that … I think it’s a really important aspect of the training. It allows you to share experiences because every child is different … THRIVE is … what am I trying to say … every child is different but THRIVE works with every different child … it has that flexible nature to it … yet …

Interviewer

Ok… let’s move onto the next area…

It says …

Can you recall an experience that has occurred in the last two weeks where you feel you successfully and confidently dealt with a situation relating to a child’s behavioural, emotional or social needs?

All these situations overlap a little …

Interviewees

The most direct input with H**** has been that situation I just spoke about …

I think what THRIVE has instilled within me is my confidence … because now I have a deeper understanding … I think H**** … H**** has tantrums throughout the days and it is constant … it’s not like other children who have one or two … he is so up and down … it is like a roller coaster … Sometimes there is a trigger that you can see or sometimes there is not a trigger and I think that the confidence that the training has instilled in me is … umm … he sees the confidence in me and he sees it and I feel he sees somebody that is more understanding and it’s a two way thing … it’s difficult to describe …

Interviewer

What else is he getting from seeing you are confident?

Interviewees

That he is more secure … his self-esteem has gone up … I was looking at recent photos and he is smiling and I wish I had done the THRIVE two years ago … I really really do … umm its given me more confidence … and not only am I in tune with H**** … I feel … because its very much gut feelings … that he is more in tune with me … so the relationship between us and the whole house hold … its still very difficult to umm … and umm … but …

There are things that I am doing now and one of my things is bringing out his emotions … and describing how he is feeling … I’m having a bit of difficulty with that, because I don’t want to put words into his mouth and I am talking to school about this and we have said you know … maybe we should use a visual thing …

(BLOB TREE WAS DISCUSSED AT THIS POINT - mainly by the interviewer)

I’m supporting H**** when I feel tired … I’m saying: “ohh, my eyes are heavy … how are you feeling?” … when H**** is in an anxious state he cannot give you a description of how he is feeling so what we are doing is that … it seems that everything he does … we are commenting on … so if he eats his dinner we are saying: “… oh well done H****, does that make you feel happy or warm inside?”

Interviewer

And a good phrase to use is “I wonder if …” Because then you are not saying that you know for sure how he is feeling …

Interviewees

This is it …
And that kind of opens up the conversations for him to either say... "no", or think that maybe that is how he's feeling.

Yer... I see my training in THRIVE; basically no one will give H**** therapy basically because of his background... he is not in long term foster care... you now... if he was a child that was adopted he would get therapy whereas in my opinion it's not just that child that needs therapy if the one who doesn't know where they are going or what's happening. He is in this insecure world... going back to the therapy thing... what I'm trying to find through THRIVE is... I feel that THRIVE itself is therapy enough for H****... sand tray therapy, music therapy... I know that they did the sand tray and I'm very interested in that and some of the activities we did with THRIVE is just picking objects and sitting with them and describing when the partner plays with them... I wonder whether you are feeling... da da da da... you know... I've started to do that a lot more in play... I guess that's a type of play therapy... I'm trying to get out of him... how he is feeling... which is proving challenging... but ummm... we are doing it daily and we are doing it in our everyday interactions between me and A**** (husband)... just describing and I think these descriptions... I think THRIVE has changed my conversations with people around me because I'm modeling it... People probably think I'm a bit overly emotional now... ha ha... but I think what it (THRIVE) has done is that now I'm empathising with everybody... Ha ha... I know how you feel... it's given me more patience... it's affected me in my everyday life as well as my work with the boys... Ok, and when you said before that your confidence has grown and that H**** can see that your confidence has grown... what is it within the THRIVE training that has made you feel more confident?

What's made me feel more confident...? Going back to me being... I thought... I was in tune with H****... I think I was to a degree... but I'm more in tune with him now... ummm... our relationship... if I feel that H**** feels more secure... I mean obviously he can't tell me... "I feel more secure"... because he can't express himself but in everyday activities from getting up in the morning... I'm not saying it's a bed of roses but... I feel his confidence has grown which gives me more confidence...

So it's outcomes led... that is giving you more confidence... you are seeing a change and no making you feel confident that you are doing the right thing?

And also when H**** shows aggression... I was taught through CAMHS consultations to separate the behaviour from the child...

So it's not that 'you are a naughty child'... but instead that 'that behaviour is not ok':

Yer, and that's quite hard to do because you are looking at child at 5 and you compare them against your own children and other children and you think... you should be able to know that...

I don't do that now... and I think I did before... and I used to try to separate the behaviour and not use... you are naughty... but... it was hard...

Now I say... 'that behaviour is not acceptable': or in age appropriate words to him... but we
Interviewer: So what does that hole represent…?

Interviewee: Brain development… the interruption in the brain development… I have to visualise that…

Interviewer: That's taking us to the final section around causes… And it's really interesting… it sounds to me… I'm going to use the 'I wonder whether' you have done other training before THRIVE and they have taught you how you should think about the child's behaviour but because you haven't experienced that empathy and understanding it has not shifted you on --- you have still been like 'but he is being naughty compared to other children of his age…'

Yer yer yer…

Interviewer: But now through doing the THRIVE what ever is different…through doing THRIVE training it has…

Interviewee: It is it is…

Interviewer: You are now very clearly and very visually seeing it from a different point of view…

Interviewee: Yes I mean my leaning style is very… there are four different leaning styles and I don't know which one is my Learning Style but I part read the Margot Sunderland book… ‘Science of Parenting’… now A*** (husband) has read the whole book and I didn't read the whole book but the bits that I did read, I kind'a got an understanding but…for start I don't have time… my life over the last two years has changed so much … everyday can be so challenging…

The Margot Sunderland book gave me a bit of an understanding in but my learning style is direct… think it… feel it and not so much from a book, a little bit of that and the two in combination was much better… but I have to feel it… I felt it during the THRIVE training so I can now totally empathise with H*****… ha maybe I'm on the autistic spectrum…ha ha… but to visualize things is important for me…

And actually because of his disorganized attachment which is similar to an autistic child's … their behaviour is similar… so for that example when I sat on the floor and said "o my goodness, I know how you feel, I would feel the same..." it was very visual to H*****… and emotional to H**** and I feel he related to that.

I think I've gone off the last question…

Interviewee: No that's fine… it's all very relevant…

Really just talking about the THRIVE model… and you have touched on it quite a lot already and just really the causes of H*****'s needs and you have said… that actually… you have said that
through reading the book and going on the course your understanding of attachment theory and interruptions has increased.

It’s quite difficult because I know quite a lot about (…) difficulties and the background and the parents… and I think it must be quite difficult for professionals who haven’t experienced that in their lives maybe… umm… I’m not saying that I get it… I think I get it… and there is so much more learning to take on board but I think what I’m saying is that maybe I’ve got it because I’m emotionally involved. And I’m not saying that professionals working with children are not emotionally involved but I have been there from the beginning and that has made a difference.

And it must be very frustrating for professionals if they don’t know … I mean we don’t know the full facts… we probably know 90% but I don’t know…

Interviewer

Interviewee

It’s interesting because the LA advised that I went on the PPP training (positive parenting) and I said I don’t think it’s for me… because… through THRIVE… just three days and that bit of reading… umm… I have a good understanding of how parenting impacts on a child’s development… and brain functioning… I can remember saying to my son actually that I didn’t realize how much of an impact parenting has on their foetus actually…

Interviewer

Interviewee

When the baby is in the womb… when you are shouting or in a high state of anxiety then it really impacts on the foetus in the womb…

And my son said… of course it does!

And I was thinking ha… yer course it does…. Haha

I think when you are busy with work and going about day-to-day life you sometimes need to go back to basics again…

And that’s what I like about THRIVE… it takes you back to the beginning… it covered a little bit about the foetus in the tummy and that was important for me… going from the beginning…

Start from the beginning and then work your way up to more complex things and it says it in a way that is not condescending…

Definitely and it’s… but like I said going back to some professionals… I actually said to S***** (THRIVE trainer)... “I’m really enjoying this… Your training style… I don’t feel embarrassed to ask questions”… and I said, “no offense to THRIVE or anything but it’s not exactly rocket science is it!” And she said, “no!” Ha ha…

My ignorance was that I thought that every mother, every parent had that natural instinct to do that… Maslow’s hierarchy… blocks to build up… but they don’t… and that’s really, you know… I’m so ignorant…

Interviewer

Interviewee

So it’s how you should be to another person and especially to a child… its that kind of…

But that’s what I like about it… it’s the science behind the brain development… it’s scientifically proven… you know and that supports THRIVE…
Ok, so it's the science that reinforces the things that you would feel that you would naturally do things that are good things to do…

Yer… so you've got something to say you are doing the right thing

So that makes you feel more confident as well:

...and if you have that interruption in the brain development …that the damage that is done it kind of irreparable and also for me I am hoping because my biggest um… obstacle, if you like, is the brain development and the damage that has been made and like I said, I visualize that as a black hole and that damage has been done…that's irreparable… and that frightens me and I may not be right in saying that and this is why need further training from THRIVE...

I see it as irreparable but you can build around it … you can build the neurons … that damage is done… my concern is … is it …? Can you build around it?

To a level for H**** to not be anti social…

But I have to take myself back to the progress that H**** has made… and that’s evidence enough that THRIVE can repair that damage…

So, that is my inspiration… but ts… yer, you have to evidence everything and evidence has shown that for the short time that I have had THRIVE it has had an impact… ummm positive impact without a doubt…

And you are quite a reflective practitioner? It feels like you are constantly asking ….with a range of strategies that you have tried… “is this having an impact?”

I'm almost 50 and in the last 2 and half years I have learnt so much and it has been the most challenging period of my whole life … I worked in a school before… I was an attendance officer… so I've had experience of working with challenging behaviour and I was always trying to find the underlying reason as to why they didn’t want to come to school and through my own experiences, I could relate to how they were feeling so I think I had that ability to empathise… so going back to me as nearly 50 and what I have learn and … I wouldn’t say its changed my personality but changed my perception… so if I can change why cant they…

So why shouldn't emotional development be differen to cognitive development or learning?

I think through the PEP meeting they assessed H**** and he is around 22months, and he is 5 and I think that his difficulties are going to affect his learning… and what we have to do is work really really hard and implement the strategies because we have such a small window and I know I said that you can still learn at the age of 50 but still we know that window is so short and it is really important that we support him through the support of THRIVE because he is young and his brain is like a sponge

And he is in this house and this support is available to him…
<table>
<thead>
<tr>
<th>Interviewer</th>
<th>Interviewee</th>
</tr>
</thead>
<tbody>
<tr>
<td>It will be interesting to monitor that because you will be controlling subconsciously what you visualize... it will be interesting to reflect on that hole and think... is it getting smaller?, changing colour at all...?</td>
<td>Yer... And you know you don't discount other children or write them off because they are older... it's harder... H**** has experienced a really tough couple of years... I know he has but lets put that aside now and really concentrate and fill in that hole...</td>
</tr>
<tr>
<td>Yer definitely... I think it will be the colour change...</td>
<td>It's definitely... I think in the book and in THRIVE, I think they have done x-rays and I think that hole that I see is related to these?</td>
</tr>
<tr>
<td>Ummmm... I've seen some images from brain scans which I think represent that certain parts of the brain are lit up when certain activities are engaged in, yet with some children these areas don't light up when relationship activities are undergone? Maybe...</td>
<td>Yer... so I think it is these dark spots which make my black hole... which I'm seeing so maybe it start to see more lights around it as time goes on...</td>
</tr>
<tr>
<td>I definitely don't see him... and I see his brain... not his face and then I see.... I mean nothing is normal but... when I see the happy and smiley H**** I see his actual face... Its quite a scary visualisation, but it works because it makes it easier to separate the behaviour from the child...</td>
<td>That sounds like a brilliant strategy... you seem very in tune with your learning and how you work... and how you overcome things...</td>
</tr>
<tr>
<td>I thought I was... but I am now (after THRIVE) definitely more so...</td>
<td>The network of people around us, support us in order to support H**** has not been there... ummm this (THRIVE) is my safety net... this is my safety net... THRIVE... So when THRIVE ends I'll have to think about what I can use from THRIVE that I can go to... to refer to... that will give me that... &quot;we are supporting you&quot;, feeling... if that makes sense...</td>
</tr>
<tr>
<td>Yer, I'm going to stop there....</td>
<td></td>
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</tbody>
</table>
Appendix O:

Example of how codes have been transformed into themes and subthemes.
**RESEARCH QUESTION**
What changes do THRIVE trainees identify as occurring due to their participation in the THRIVE training?

<table>
<thead>
<tr>
<th>RESEARCH QUESTION</th>
<th>THEME</th>
<th>SUBTHEME</th>
<th>EXAMPLES IN TEXT</th>
</tr>
</thead>
</table>
| What changes do THRIVE trainees identify as occurring due to their participation in the THRIVE training? | Concrete examples of identified changes in behaviour since participating in the THRIVE training | Concrete examples of changes in behaviour to demonstrate empathy to another person | So it appears that the training reinforced what you were already doing and that was due to the group dynamic and the evidence it provided for your ‘gut feelings’.

Yer, and I really value the activities such as the sand tray and the measuring lines, and I like the idea of using objects on the floor. So, for example, if you are feeling angry, how angry? and again using lots of expressions to mirror this. I have used this, but I haven’t done the sand one yet. I found that one quite emotional so I’m building up to that one, and judging when it might be good to do this with a child.

Int 2: 87-93
SPONTANEOUS

...thinking back the THRIVE training is there anything that you feel that has impacted on or a factor that you relate to being able to managed that child’s behaviour in the given situation...

Like I keep saying really the whole mimicking a child’s emotions to let that child know that I understand how they feel, because that helps them calm down very quickly... you know, before... I would have... if you just say, "stop being like this..." or, "stop crying", you know... things can escalate. So you know, instead you can say, you know, "I can see that you are feeling like this...", this is what I do now... and be respectful of them, and then getting them to show others respect as well... I just think it makes them feel a lot calmer a lot quicker.

Int 2: 154-163
SPONTANEOUS

I think (THRIVE) has changed my conversations with people around me because I’m modeling it...

People probably think I’m a bit overly emotional now... ha ha... but I think what it (THRIVE) has done is that now I’m empathising with everybody... Ha ha... “I know how you feel”... it’s given me more patience... its affected me in my everyday life as well as my work with the boys...

Int 5: 173-178
SPONTANEOUS

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1 SUBTHEMES have been organised in terms of the function of the behaviour that is being described by the THRIVE trainee.

2 ‘Empathy’ is defined as ‘an ability to understand and share the feelings of another’.
Int 5: 8-40

1.1 H**** doesn't like you touching his toys, if something is out of place, his state of anxiety goes to such a level … and umm… his behaviour is very extreme…. he is very aggressive.

1.2 So, as you do, I was tidying his room, putting a few toys away and he came straight back from nursery went into his bedroom and noticed straight away that something was out of place so having been on the THRIVE course I went into his bedroom, realized what had happened and I sat down on the floor at his level and said "O my goodness H****, I understand how you are feeling and why you are so angry because if somebody touched something that I had, and put something away I would feel really anxious."

The words weren't appropriate really but he could see me empathise with him and I said, "if that had happened to me I would feel angry and sad and all these things in my tummy, and I understand how you are feeling." And I kept on talking… It was almost a little bit of an overload with the words I was using but he could understand from my body that I understood what he was feeling…

(….Removal of some irrelevant text…)

1.3 … so before when you were saying it used to take an hour and a half for him to calm down, what sort of strategies were you using then and was there a real difference with you … your behaviour?

1.4 Umm yer… there was more of an understanding of how he was feeling, more of a focus on empathy whereas before I would have just said, “but H**** all I did was put it away”, but I’d…(say that)… after the event….whereas (here) I was showing that…. actually showing that this is how I feel, I know how you are feeling. I tried to do that before because through the ‘Skills to Foster’ and the training we had umm and other training, I tried to do that but this time it was more of a visual thing…. I sat down on his level and I tried to look like what he was feeling…. 
I guess if I hadn’t had that THRIVE training I would probably just be like “come on, come in quickly we need to get on”, but instead I’m sort of just said “actually he is in a bit of a state” yer, I kind of knew he wasn’t in… I guess that’s it isn’t it? I knew he wasn’t in a place ready, then if I had just told you know “get on” or whatever he probably would have just switched off completely and withdrawn completely, but I know I had to coax him/ reassure him or help him to come back to a place where he was ready to learn. You know sort of calm him down a bit. So that is really from THRIVE that containing it all. Or you know say “look I know you have had a bad day, I understand what has happened to you…”

Obviously you spoke about understanding, but if you were to label specific things in the training that effected change in terms of the relationships you build what would those be?

I think it was all the attuning…

OK…

I wouldn’t have done that to the degree that I did you know I was reflecting his body language and tone of voice, I think that is what really helped … he knew that I was there with him and that we were going to sort it out together...
**Concrete examples of changes in behaviour to demonstrate nurture** to another person

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**Int 2: 221-232**

SPONTANEOUS

...do you think that through doing the THRIVE training it has made you more aware of the causes of behaviours or changed your views of behaviours that you see at school?

It's not changed my view... it's just made me more aware. It's emphasised that the things that could happen to a child can have a massive impact on everything and we need to take these into account when working with children... you know a lot of the time, we make children conform and that doesn't always work and some children need that extra nurture and I think we need to understand that we need to make them feel secure and that's the priority- and I think I do this now. I mean we are often aware of extreme children's backgrounds although often things are confidential and if the child says things we know to feed that back to come picture of how that child is...

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**Int 4: 150-171**

SPONTANEOUS

Arr, now this is the interruptions.... You know... because it does make you actually think... I did think that was really good...

I think, it's really difficult, when you actually look at a child and you think of the age of the child and when the interruptions was and you think what the cause of why they are like they are... and yer, definitely you would alter your response...

You do look into it more deeply and that's not just with children actually, quite often with the parents as well because its made me think, why is a parent behaving on that way because normally like say for instance for something you would have emotions, you would have feelings about something.... For the norm you would behave in a certain way but if you look at how a parent's reacting and then you look at the interruptions in their live... and you think that's why that's happened and they have had no one to talk to about it and then it gives insight into the child, they have had this interruption.... and its gone on and on and nobody has been there, so you take a step back and you look at the situation and you reflect on it and you just try to assess...

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* Nurture is defined as ‘care for and encourage the growth or development of’.
Table: Concrete examples of changes in behaviour to encourage emotional literacy of another person

<table>
<thead>
<tr>
<th>Int 5: 145-153</th>
<th>Concrete examples of changes in behaviour to encourage emotional literacy of another person</th>
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</thead>
</table>
| SPONTANEOUS     | I am doing now and one of my things is bringing out his emotions and describing how he is feeling. I am having a bit of difficulty with that, because I don't want to put words into his mouth and I am talking to school about this and we have said you know maybe we should use a visual thing.

(Blob tree was discussed at this point - mainly by the interviewer)

I am supporting H**** when I feel tired I am saying, "owh, my eyes are heavy how are you feeling?" when H**** is in an anxious state he cannot give you a description of how he is feeling so what we are doing is that it seems that everything he does we are commenting on so if he eats his dinner we are saying, "...oh well done H****, does that make you feel happy or warm inside?"

| Int 5: 165-175 | I know that they did the sand tray and I'm very interested in that and some of the activities we

*Emotional literacy is defined as 'the ability to understand the way people feel and react and to use this skill to make good judgments and to avoid or solve problems'.
SPONTANEOUS

Thrive is just picking objects and sitting with them and describing when the partner plays with them... "I wonder whether you are feeling... da a da da... you know..."

I've started to do that a lot more in play... I guess that's a type of play therapy... I'm trying to get out of him... how he is feeling... which is proving challenging... but ummm... we are doing it daily and we are doing it in our everyday interactions between me and A**** (husband)... just describing and I think these descriptions... I think (Thrive) has changed my conversations with people around me because I'm modeling it...

Concrete examples of changes in behaviour to ensure child does not identify with the negative behaviour

Int 5: 189-203

SPONTANEOUS

... when H**** shows aggression... I was taught through CAMHS consultations to separate the behaviour from the child...

So it's not that 'you are a naughty child'... but instead that 'that behaviour is not ok...'

Yer, and that's quite hard to do because you are looking at child at 5 and you compare them against your own children and other children and you think,... you should be able to know that...

I don't do that now... and I think I did before... and I used to try to separate the behaviour and not use... 'you are naughty'... it was hard...

Now I say, 'that behaviour is not acceptable'... or in age appropriate words to him... but we want... I'm more ummm... I'm looking more at what's coming out of my mouth and not putting the behaviour on him... through Thrive, I can visualise (because I have to visualize) when H**** is... I don't like to use the word naughty... ha ha... but when his behaviour is poor... I don't visualize H**** anymore, I visualize a child-H**** face and a brain with a big black hole in the middle.... I don't see his face I see that....
Feeling is defined as 'an emotional state or reaction'.

Empathy is defined as 'an ability to understand and share the feelings of another'.

Thought is defined as 'having a particular opinion, belief, or idea about someone or something'.

Perspective taking is defined as 'someone’s ability to perceive someone else’s thoughts, feelings, and motivations since participating in the THRIVE training.'

Examples of perceived changes in thoughts and feelings since participating in the THRIVE training.

| Int 5: 64-69 | Empathy to another person | With the sand tray in particular because it was quite an emotional type of therapy for me... probably I brought home... I was quite emotional anyway and was really wanting... I cried... ‘sounds awful but, I cried with the sand tray... and I just felt silly but actually I was just a child... I was visualising how he (H****) felt, even in a situation (as described above) where I was moving his toys or a magazine... it was really real to him... and through doing the sand tray it was real to me so I could experience that anxiety... and which then for H**** would progress to aggressive. |
| Int 4: 53-79 | Empathy and perspective taking | ... So the sand tray, I think that, I really did think that was good because it takes you out of your own way of thinking and it helps you to step over and think about what they must be thinking and feeling... you know, "oh, he must be feeling really isolated, alone... he must be feeling really angry". |

Ok, so that activity helps you to empathise...

And challenges you... 'cuz often you are thinking that you are the adult here, sometimes, in your own life you have actually experienced all these things that the parents have experienced and sometimes that can really help you because you have been there... say like when a child's parent dies you can empathise in a certain way... I mean, obviously everyone deals with things in different ways but...

So I think with the sand tray thing... it helps you to empathise when you haven't experienced it... some times you do this with out realising you are doing it without the aid of the sand tray, but the activity helps you to recognise and reflect on that. Doing a sand tray would make me think and be more aware of the, you know, "what are they feeling?" you know, and looking at all the different factors, so when I did the sand tray activity I did for a child I used to work with, so I put the child there and it made me think of all the things she was feeling... more than ordinarily it helps you think more big, it opens your mind.

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5. ‘Feeling’ is defined as ‘an emotional state or reaction’.
6. ‘Empathy’ is defined as ‘an ability to understand and share the feelings of another’.
7. ‘Thought’ is defined as ‘having a particular opinion, belief, or idea about someone or something’.
8. ‘Empathy’ is defined as ‘an ability to understand and share the feelings of another’.
9. ‘Perspective taking’ is defined as ‘someone’s ability to perceive someone else’s thoughts, feelings, and motivations since participating in the THRIVE training’.

Kitty Howarth 23/5/13 14:49
Comment [58]: Changes in feelings: through doing THRIVE activities trainee started to strongly feel what child feels.

Kitty Howarth 23/5/13 14:49
Comment [59]: Trainee describes how through completing one of the THRIVE training activities, she is able to think about the child’s thoughts and feelings differently.

Kitty Howarth 23/5/13 14:49
Comment [60]: Changes in thinking: using activities in THRIVE to think about how children may feel and think.

Kitty Howarth 23/5/13 14:49
Comment [61]: Changes in thinking: using activities in THRIVE to think about how children may feel and think.
Now for the next bit, it is about reflecting on that particular example of you having that relationship and that joint empathy as you have described... and thinking specifically about the THRIVE training you went on. It sounds like these things come naturally to you anyway but whether there is anything within that training that impacted on the situation you have just described, or has made you think about how you relate to children...

Ummm, I like when we spoke about the mimicking of the child and not saying to them "I'll talk to you in a moment... I'm a bit busy now", but instead to realise that they need you right now and to give them that attention... even if it's not something that is really important... maybe just saying... "I can see you are really excited..."

So mimicking and being excited if they are excited... being at their level, and having time to listen to them, when they need to be listened to?

I think it is about letting them know that I recognise that their feelings are important.
So that sounds like the experiential learning... the experiences the training made you feel have affected your relations with children...

Yes, it (the THRIVE training activity) did; because it made me see it from both points of view... I could see it from a child's point of view... they come to you with something and you say I haven't got time... go away 'cus it's not important. It's making the time to listen to them isn't it.

Examples of changes in understanding of the possible causes of behaviour

...did you do any activities and were these influential in the experience you have described?

Yer we did... we did a chat about...a holiday... I think I spoke about Bigbury on Sea and the lady I was working with wasn't paying any attention to me at all... we did that one...which was really good because when we are working with children they will be like that they won't be looking at you and there is just nothing and sometimes they don't look at you at all do they? ...because the eye contact is really really important... ummm... and that helped...

How did that help?

Because I think ummm... that they don't mean it, but whereas a lot of people think well I'm not going to speak to you then because you are very rude... but actually they are not... they just don't know how to react.
Ummm, I didn’t consciously think about the training, but having been on the training it is about connecting, and I possibly might not have thought that before? Like I say I don’t directly work with this child day in and day out so it’s hard to relate to it in that way. But yer, I think that it is being aware and just knowing that these children are not just being naughty, you know that there is something wrong/ something has triggered this, so it puts you in a more positive approach to it really. Yr you are more calm, because I think often you can just think that they are being naughty… so it (the training) just gives you a better grounding for understanding and wanting to connect and finding out what the trigger is. In the training they said about not just brushing over a child’s emotions and instead empathising and getting to their level… if they are feeling cross, then don’t say “oh come on stop being silly”. The training will definitely help me, with understanding that you know that there are a lot of things going in to the problem other than the child just being naughty.
...I deal with year four and there are two classes in year four and there is always one... if not five (ha ha). Do you know what I mean? And you don’t always get to know about their needs because of confidentiality... sometimes you are working with these children who you don’t actually know a lot about them at all... because you are not allowed to know...

That’s interesting...

Yer, because it’s confidential... but the THRIVE training makes me start thinking, “oh, maybe the behaviour is because of one of these things that I don’t know about...”

So it encourages you to hypothesise on your own without the information?

Yer, like the child might have had a trauma or the home live isn’t good? And this will help you decide what they need basically

That’s a really interesting point ...

Because a lot of the adults working with these children don’t know their backgrounds so it’s almost quite an obvious conclusion to jump to is that these children are just naughty...

Yer, but you don’t know anything about them... So what do you do?

But through doing THRIVE it’s obvious that the reasons could be something to do with this... but you don’t specifically know...
In that way and again... we will probably never know what a child's triggers are unless they tell us, or they might not even know... you know...

Int 1: 230-233

SPONTANEOUS

Yeah, the training has given me stuff to think about when working with a child... insight, I guess... interesting...

I would like to know more...

Int 2: 177-179

SPONTANEOUS

... the model was very interesting... the 'being' and the 'doing'... kind of looking into that more makes you think... Wow... it really does affect things... on the way the brain works and how it is wired...

PROMPTED

... do you think that through doing the THRIVE training it has made you more aware of the causes of behaviours or changed your views of behaviours that you see at school?

It's not changed my view... it's just made me more aware. It's emphasised that the things that could happen to a child can have a massive impact on everything and we need to take these into account when working with children... you know a lot of the time, we make children conform and that doesn't always work and some children need that extra nurture and I think we need to understand that we need to make them feel safe... and that's the priority. I mean we are often aware of extreme children's backgrounds although often these are confidential and if the child says things we know to feed that back to complete the picture of how that child is...

For example, one child who we were having problems with, but had quietened down, but then he was being very violent towards our other children and then I spoke to his teacher about it and she said, "oh yes, that's because this has happened..." and I thought, 'right I can understand that now...' and you can modify your approach... to the situation...

Int 3: 170-172

SPONTANEOUS

I've always tried to be understanding with my own girls and after the one-day course I did start to think about things differently in terms of why... a few things and I would actually do things a little differently...
children. It sort of challenged my views.

And this boy also wants to lay his head on your belly and that’s his way of getting close to you but mum stopped that... she didn’t want that to be happening... and that brought me back to the THRIVE. A lot of children like that physical contact.

When children don’t want to do that … maybe at the beginning I took it personally and thought maybe they don’t like me but we spoke about this in THRIVE and maybe it made me think that actually some of these children have never had that.

So go back to the way that you were reacting to him and the way the dinner ladies reacting to him... at that point you didn’t know that something had happened to him but you were still more open minded as if there was an external cause to his behaviour. you think if the dinner ladies had known this they would have reacted differently...

They do know... but I don’t think they know like we would know... (since completing the training)

Do you think that any of the things you did on the THRIVE training affected this (example) ... I know we have spoken about THRIVE already throughout this example...

I think just the understanding … they are not just being naughty… they are not just playing… there is a reason and that again just reinforced what I was thinking anyway.
And challenges you... but often you are thinking that you are the adult here sometimes, in your own life you have actually experienced all these things that the parents have experienced and sometimes that can really help you because you have been there... say like when a child’s parent dies you can empathise in a certain way... I mean, obviously everyone deals with things in different ways but...

So I think with the sand tray thing... it helps you to empathise when you haven’t experienced it... some times you do this with out realising you are doing it without the aid of the sand tray, but the activity helps you to recognise and reflect on that. Doing a sand tray would make me think and be more aware of the, you know ‘o, I wonder how they are feeling?’ you know, and looking at all the different factors, so when I did the sand tray activity I did for a child I used to work with, so I put the child there and it made me think of all the things, how she was feeling; more than ordinarily, yer it helps you think more big, it opens your mind.
Arr, now this is the interruptions…. You know… because it does make you actually think…. I did think that was really good…

I think, it’s really difficult, when you actually look at a child and you think of the age of the child and when the interruptions was and you think what the cause of why they are like they are… and yer, definitely you would alter your response…

You do look into it more deeply and that’s not just with children actually, quite often with the parents as well because its …(THRIVE has) made me think, why is a parent behaving in that way because normally like say for instance for something you would have emotions, you would have feelings about something…. For the norm you would behave in a certain way but if you look at how a parent’s reacting and then you look at the interruptions in their live… and you think that’s why that’s happened and they have had no one to talk to about it and then it gives insight into the child; they have had this interruption… and its gone on and on and nobody has been there, so you take a step back and you look at the situation and you reflect on it and you just try to assess what’s happened… and think how best you can actually relate to the child or the mother knowing all this… and without damaging them any further without causing them anymore… just sensitive to their individual needs …. I change my behaviour now, you know, depending on this…

We deal with sexual abuse, drug and alcohol abuse, and neglect and some kids have to deal with three of these and we are not doctors and you have to try to not use your common sense but with THRIVE you know, look at all these areas and just try to make a little bit of difference. Just listening,

I do think with that question it’s the model of THRIVE that make you think differently….

I think also… with H****, sometimes its very hard to see the triggers but with the three days of THRIVE have had I am noticing… I’m more observant, more aware… more in tune with his feelings … I think a little thing to us was you know, “oh for goodness sake just… its no a big thing you’ve got to learn doesn’t matter… that it isn’t ground hog day …”. for the same thing over and over again… but actually no… he is a baby… he is at that ‘being stage’ and you wouldn’t expect a baby to constantly learn things like that… its definitely made us think more, more in tune, definitely…
...when H**** shows aggression... I was taught through CAMHS consultations to separate the behaviour from the child...

So it's not that 'you are a naughty child'... but instead that 'that behaviour is not ok...'

Yer, and that's quite hard to do because you are looking at child at 5 and you compare them against your own children and other children and you think,... you should be able to know that...

I don't do that now... and I think I did before... and I used to try to separate the behaviour and not use... 'you are naughty', but... it was hard...

Now I say, 'that behaviour is not acceptable'... or in age appropriate words to him... but we want ... I'm more ummm... I'm looking more at what's coming out of my mouth and not putting the behaviour on him... through THRIVE, I can visualise (because I have to visualise) when H**** is... I don't like to use the word naughty... ha ha... but when his behaviour is poor... I don't visualize H**** anymore, I visualize a child- H**** with no face and a brain with a big black hole in the middle... I don't see his face I see that....

So what does that hole represent...?

Brain development... the interruption in the brain development... I have to visualise that...

It's interesting because the LA advised that I went on the PPP training (positive parenting) and I said I don't think it's for me... because... through THRIVE... just three days and that bit of reading... umm.... good understanding of how parenting impacts on a child's development... and brain functioning... remember saying to my son actually that I didn't realize how much of an impact parenting has on the actually....

Can you recall and experience that has occurred in the last week when you positively with a child with BESD?

Well there is my big THRIVE moment...
Well it was with D*** and it was in the summer time, because D*** is high anxiety he comes from drugs background… he was 7 months when he came to us but for the first four months he was being weaned off drugs in hospital …

Ummm, but he is high anxiety … he doesn't display it at school… he holds it all in but the minute he sees me it's like a release… and I've only just realized this through doing the THRIVE… you know …

he was shouting and shouting …. All the way home…

And I thought gosh this is getting a bit taxing and we got home and I said to A***, “look A****, I'm going to need to deal with D***”, I'll put the telly on to give me a bit of time so I can deal with him…”

And I remember thinking right… THRIVE …what do we do??? You know….

Clearly there is a problem, so I went and got myself a glass of water and I went up stairs and he was all like (folds arms) and we had a chat you know doing all the THRIVE stuff… and I remember we sat on the bottom step and had a cuddle and what it was, was that that day they had cancelled sports day… the pitch was waterlogged and so how could they possibly have sports day… but D*** is a very fast runner and he always wins at sports day…

It was his time to shine and it had been taken away from him…

Now I would never… without THIRVE have realized and put into place that actually … your anger isn't really anger it is sadness…

Ok…

And as soon as I twigged… you know ’cus we were sitting on there for quite a while… and as soon as I got it out of his system it was like it had never happened … and I was like of gosh… you know … I’m back on you know. … it was that instant… as soon as we had it out and discussed it …that was it… It was ok…

So it was almost like THRIVE encouraged you to really start to think about the cause of the behaviour….

Absolutely… he had been displaying out and out anger towards me for over half an hour… and normally I would have said “aarrr (GRRR!)” you know or whatever I would have said if you caught me at a bad moment… but I would not have thought well actually … maybe it is not anger… Well I just wouldn't have…

But with THRIVE I thought actually lets get to the bottom of this and see where we are…
**Examples of trainee perceiving that they are more calm**

**Int 1: 56-64**

**SPONTANEOUS**

Um, I didn’t consciously think about the training, but having been on the training it is about connecting, and I possibly might not have thought that before? Like I say I don’t directly work with this child day in and day out so it’s hard to relate to it in that way. But yer, I think that it is being aware and just knowing that these children are not just being naughty, you know that there is something wrong/ something has triggered this, so it puts you in a more positive approach to it really. Yer you are more calm, because I think often you can just think that they are being naughty… so it just gives you a better grounding for understanding and wanting to connect and finding out what the trigger is. In the training they said about not just brushing over a child’s emotions and instead empathising and getting to their level… if they are feeling cross, then don’t just come on stop being silly’.

**Examples of trainee perceiving that they are more confident**

**Int 2: 78-85**

**SPONTANEOUS**

Um, yer it is interesting listening to other people’s stories in the group and how they deal with things and it makes you …errr… as you can relate to these experiences. When people say what they are doing and you think …arr… I’m already doing that …so that is good and it makes you feel more confident. That has been an issue, when you are new to the job. Often you haven’t got someone there to say this is actually how you do things and you are building the relationship the best way you know how and you think its right, but you don’t know so when you come on a course like this and you can share experiences it makes you think maybe I am doing this right. Plus (with THRIVE) there is someone actually teaching a lot of the strategies or gut feeling…
that you already had.

**Int 3: 45-60**

**SPONTANEOUS**

OK... lovely... now think about that situation with that particular boy and thinking back to your THRIVE training... do you think there were any factors that you spoke about or did in the THRIVE training that shed more light or made you react in that situation differently?

Yes... definitely... I think it backed up my own feelings about how I felt about ...


Thing with THRIVE is, I think a lot of children and maybe parents that deal with SEN children already have these sorts of thoughts anyway and are using these ideas it's just that THRIVE put them all together and with that it gives you... that one day gave me the confidence to use what I've been feeling. Does that make sense? It kind of gives me the rationale and back-up there to know what you are doing is right, because I've never had any training and then when they gave me the first boy I had when I started here, I was like, "gosh am I doing the right thing?... I know he is reacting to me in a positive way but am I doing this right?", obviously when you do something like THRIVE it gives you that confidence.

**Int 3: 111-126**

**SPONTANEOUS**

Can you recall an experience that has occurred in the last two weeks where you feel you successfully and confidently dealt with a situation relating to a child's behavioural, emotional or social needs?

Yes, we did have a different one this week... it's been a difficult week this week as it's the end of term and a lot of children are leaving especially from 1A and they are aware that there is a big change for them and the relationship that this particular boy has with his class teacher has really broken down this week. He is using a lot of, "I hate", you know... "I hate this class"... "I hate this school" and really it's because he doesn't want to go.

I think if we went back a couple of months I wouldn't have enough confidence to help (the teacher) with this child, and she actually looked and she looked for me and she said Mrs. D**** could you help me with this child, and I thought yes actually I can and it was about containing this boy and bringing him in here... (The SENCO/THRIVE room). I did have the confidence to do that and THRIVE has played a huge part in that, I've also done some further research at home and managed to buy some books... Margot Sunderland books... which has been absolutely fantastic which has made me more confident...
"Aware" is defined as 'having or showing realisation, perception, or knowledge'.

The most direct input with H**** has been that situation I just spoke about...

I think what THRIVE has instilled within me is my confidence... because now I have a deeper understanding...

I think H****... H**** has tantrums throughout the days and it is constant.... it's not like other children who have one or two... he is so up and down... it is like a roller coaster .... Sometimes there is a trigger that you can see or sometimes there is not a trigger and I think that the confidence that the training has instilled in me is... umm... he sees the confidence in me and he sees it and I feel he sees somebody that is more understanding and it's a two way thing ... its difficult to describe...

...I wish I had done the THRIVE two years ago ... I really really do... umm... its given me more confidence... and not only am I in tune with H****, I feel... because its very much gut feelings.... that he is more in tune with me...

I felt justified to stop for 5 minutes and talk to him... I think that's it... THRIVE justifies you a bit more... I know that I have something that backs me up and says "I know that I need to spend some ne to one time with him"

So it is giving you the confidence to make that decision....

Right it is my priority now

OK, was there anything else within the training specifically that felt affected the relationship you built in the example you have just given?

Just what I said before really, I think that’s it... it’s that what we spoke about and learnt means that I have the confidence to do what I feel anyway.

Your confidence... Yer whether THRIVE has increased your confidence in dealing with behaviour...

Yer it has really...

Examples of the trainee perceiving that they are more aware^12

And challenges you... cus often you are thinking that you are the adult here sometimes, in your own life you have actually experienced all these things that the parents have experienced and sometimes that can really help you because you have been there... say like when a child's parent dies you can empathise in a certain way... I mean, obviously everyone deals with things in different ways but...
So I think with the sand tray thing… it helps you to empathise when you haven’t experienced it… sometimes you do this with out realising you are doing it without the aid of the sand tray, but the activity helps you to recognise and reflect on that. Doing a sand tray has made me think and be more aware of the, you know ‘o, I wonder how they are feeling?’ you know, and looking at all the different factors, so when I did the sand tray activity I did for a child I used to work with, so I put the child there and it made me think of all the things she was feeling, more than ordinarily, yer it helps you think more big, it opens your mind.

PROMPTED

...do you think that through doing the THRIVE training it has made you more aware of the causes of behaviours or changed your views of behaviours that you see at school?

It’s not changed my view… it’s just made me more aware. It’s emphasised that the things that could happen to a child can have a massive impact on everything and we need to take these into account when working with children… you know a lot of the time, we make children conform and that doesn’t always work and children need that extra nurture and I think we need to understand that we need to make them feel safe and that’s the priority. I mean we are often aware of extreme children’s backgrounds although often they are confidential and if the child says things we know to feed that back to complete the picture of how that child is…

For example, one child who we were having problems with, but had quietened down, but then he was being very violent towards our other children and then I spoke to his teacher about it and she said, “o yes, that’s because this has happened…” and I thought, ‘right I can understand that now…’ and you can modify your approach…to the situation…

SPONTANEOUS

I think also… with H****, sometimes its very hard to see the triggers but with the three days of THRIVE that I have had I am noticing… I’m more observant, more aware… more in tune with his feelings … I think before, a little thing to us was you know, “oh for goodness sake just… its no a big thing you’ve got to learn doesn’t matter… that it isn’t ground hog day …”, for the same thing over and over again… but actually he is a baby… he is at that ‘being stage’ and you wouldn’t expect a baby to constantly learn things like its definitely made us more in tune, definitely…

Examples of the trainee perceptions that they are more

People probably think I’m a bit overly emotional now… ha ha … but I think what it (THRIVE) has done is that now I’m empathising with everybody…. Ha ha … “I know how you feel”… it’s given me more patience… it’s given me more patience affected me in my everyday life as well as my work with the boys…

Kitty Howarth 23/5/13 14:49

Comment [95]: Changes in personal attributes: made the trainee more aware of other feelings

Kitty Howarth 23/5/13 14:49

Comment [96]: Changes in personal attributes: more aware since doing the training

Kitty Howarth 23/5/13 14:49

Comment [97]: Changes in personal attributes: more aware

Kitty Howarth 23/5/13 14:49

Comment [98]: Change in personal attribute: more patient
patient

| Int 7:93-107 | so before you would have perceived it as anger...? 
| PROMPTED | …and I would have dealt with it as if it were anger.

**What would your behavior have been then...**

It wouldn't have been so understanding and it would have taken less time... because you know we were 20 minutes talking about it...

And I just thought I know there is something here... where as before I would have probably just thought ... O my goodness, it's swimming soon ... we need to get ready and go.

**So more patience...**

Absolutely more patient and understanding...

| Int 7:199-200 | So the boundaries are still in place but it is how I talk to him as well...but it always takes a while it is as patience I've learnt (through THRIVE) that is so important... |
Appendix P:

Example of how codes were defined to aid analysis.
Defining of codes to aid qualitative analysis

Research question one:

What (if any) perceived changes do Thrive trainees identify as occurring as a result of taking part in Thrive training?

THEME ONE:

Concrete examples of identified changes in behaviour since attending the Thrive training.

A DEFINITION OF WHAT THE THEME CONCERNS:

Theme one concerns any references to a concrete example of change in behaviour from before the trainings to during participation in the training.

HOW WOULD ONE KNOW WHEN THE THEME OCCURS?

When this theme occurs there will be an example of a situation or a reference by the trainee about how they have changed their behaviour/ done something differently. There will also be some reference to this change in behaviour occurring due to their attendance on the Thrive training course.

(Also, in order for an extract to be themed here the extract must make reference to both of these elements.)

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Needs to specifically mention behaviour, do or an action: “I have done this”, “this is what I do”, “this is what I say”, “I use this strategy”. Must be able to hear or see the point they describe.</td>
<td>• Paraphrasing of what was learnt on the Thrive training/ what Thrive says you should do in practice/ what you would do…</td>
</tr>
<tr>
<td>• Also must have some reference to time: “after attending the training”, “now I do this”, “since going on the training”</td>
<td>• Exclusions of any reference to feelings, thoughts, or changes in personal attributes.</td>
</tr>
</tbody>
</table>

EXAMPLE OF INCLUSION:

“Now I say, ‘that behaviour is not acceptable’… or in age appropriate words to him… but we want … I’m more ummm… I’m looking more at what’s coming out of my mouth and not putting the behaviour on him…” (Int 5: 189-203)

EXAMPLE OF EXCLUSION:

“Ummm, I like when we spoke about the mimicking of the child and not saying to them “I’ll talk to you in a moment… I’m a bit busy now”, but instead to realise that they need you right now and to give them that attention… even if it's not something that is really important… maybe just saying… “I can see you are really excited…” (Int2: 65-68).
Appendix Q:

Inter-rater reliability.
### Research aim

The current research aims to uncover Thrive trainees' perceptions of what changes occur (if any) as a result of taking part in the Thrive training, and what factors within the Thrive training trainees perceive to have an impact (if any) on their ability to build relationships, increase self-efficacy and shift in causal attributions.

### Research questions

**Identified changes**

What (if any) perceived changes do Thrive trainees identify as occurring as a result of taking part in Thrive training?

<table>
<thead>
<tr>
<th>Interview eight: Independent's themes</th>
<th>Interview eight: Researcher's themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearer understanding of ways to move forward;</td>
<td>• Change in behaviour to show empathy, (explanation of the use of Thrive strategies);</td>
</tr>
<tr>
<td>• Better knowledge of strategies to use;</td>
<td>• Change in thoughts and understanding about possible causes of behaviour;</td>
</tr>
<tr>
<td>• Better understanding about whether a child is in control of naughty behaviour or not;</td>
<td>• Change in personal attributes: Increase in confidence;</td>
</tr>
<tr>
<td>• More understanding of the need for boundaries as a way of ensuring child feels secure;</td>
<td></td>
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<tr>
<td>• More challenging of other's practice and views;</td>
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<tr>
<td>• More confident;</td>
<td></td>
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<tr>
<td>• Calmer;</td>
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<tr>
<td>• More aware.</td>
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</table>

<table>
<thead>
<tr>
<th>Interview five: Independent's themes</th>
<th>Interview five: Researcher's themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Talks more about emotions;</td>
<td>• Change in behaviour to encourage emotional literacy;</td>
</tr>
<tr>
<td>• Trainee gave example of what they used to do and what they do now (trainee acts differently);</td>
<td>• Change in behaviour to show empathy, (explanation of the use of Thrive strategies);</td>
</tr>
<tr>
<td>• Trainee uses visual prompts more to attune;</td>
<td>• Change in behaviour to ensure child does not identify with negative behaviour;</td>
</tr>
<tr>
<td>• Better understanding of/ more intune with other’s feelings and perspectives;</td>
<td>• Change in thoughts and understanding about possible causes of behaviour;</td>
</tr>
<tr>
<td>• More aware of whether others can control their behaviour or not;</td>
<td>• Change in personal attributes: Increase in confidence;</td>
</tr>
<tr>
<td>• Thinks more about relevance of developmental interruptions;</td>
<td>• Change in personal attributes: Increase in awareness;</td>
</tr>
<tr>
<td>• More confident</td>
<td>• Change in personal attributes: Increase in patience;</td>
</tr>
<tr>
<td>• More understanding</td>
<td></td>
</tr>
<tr>
<td>• More aware;</td>
<td></td>
</tr>
<tr>
<td>• Trainee believes they help others</td>
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</table>
• **Relationship building**

What factors within the Thrive training do Thrive trainees perceive to affect their ability to build positive relationships with children with BESD?

**Interview eight: Independent’s themes**

- Teaching of specific strategies

**Interview eight: Researcher’s themes**

- Delivery Style: Direct teaching of practical strategies

**Interview five: Independent’s themes**

- Good teachers;
- Comfortable;
- Sand tray activity;
- ‘Doing activities’ as described by the trainee;
- Training made trainee feel emotional and trainee said this was important to get her to learn;
- Working with others / sharing

**Interview five: Researcher’s themes**

- Facilitation of a comfortable learning environment through trainers attributes;
- Delivery Style: Empathy triggering activities;
- Delivery Style: Experiential/active learning;
- Delivery Style: Emotion triggering activities;
- Delivery Style: Experience sharing activities;
- Delivery Style: Direct teaching of practical strategies;
- Content: being taught about empathy;
- Content: Being taught about the Thrive model;
- Content: Being taught about the importance of a child’s individual needs;
- Mediating factors: group dynamics

• **Self-efficacy**

What factors within the Thrive training do Thrive trainees perceive to affect their self-efficacy when managing the behaviour of children with BESD?

**Interview eight: Independent's themes**

- Gave specific strategies;
- Taught about the fact that boundaries are good for children and should not be seen as a sanction;

**Interview eight: Researcher’s themes**

- Trainers: understanding of role of teacher;
- Content: being taught specific strategies to use with children with BESD;
- Content: being taught that boundaries are important;
- Working with others;
- Use of visual representation of brain science;
- Content: being taught specific strategies to use with children with BESD;
- Content: being taught about the Thrive model;
- Mediating Factors: outcomes of the intervention observed by the trainee increasing self-efficacy.

**Causal attributions**

What factors within the Thrive training do Thrive trainees perceive to affect their causal attributions of the manifestation of BESD in children?

<table>
<thead>
<tr>
<th>Interview eight: Independent's themes</th>
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<tbody>
<tr>
<td>- Not 'wishy washy': gave specific strategies;</td>
<td>- Content: being taught about the Thrive model;</td>
</tr>
<tr>
<td></td>
<td>- Content: being taught specific strategies to use with children with BESD;</td>
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<td>- Use of visual representation of brain science;</td>
<td>- Delivery Style: Experiential/ active learning;</td>
</tr>
<tr>
<td>- Training taught about the basics of child development before going on to more complex teachings;</td>
<td>- Delivery Style: Accessible content;</td>
</tr>
<tr>
<td>- All training is based in science;</td>
<td>- Content: being taught about the Thrive model;</td>
</tr>
<tr>
<td>- Provided a support network.</td>
<td>- Mediating Factor: The Thrive model in congruent with trainees’ feelings and thoughts about working with children;</td>
</tr>
<tr>
<td></td>
<td>- Mediating Factors: Thrive as a support system.</td>
</tr>
</tbody>
</table>