

Introduction

The difficulties that a significant number of children and young people display in schools is well documented. Palmer (2006) reports that over the past 30 years behavioural problems in young people have doubled and emotional problems have increased by some 70 per cent. The increases are seen to reflect the many changes that have taken place in our society. Changes in society are identified as significant in the increase in stressors on young people and an increase in the likelihood of disorders. Rutter and Smith (1995), found such factors as secularisation of society, the changing pattern of the family and the increased role of the mass media as each contributing towards an understanding of why we are witnessing more psychosocial disorders in young people.

To be an 'inclusive' school is to be a school that is seriously challenged to support children with a wide array of difficulties and conditions. Schools have a significant role to play, but it is naive to think that schools alone can solve these problems. Children grow up in a range of different social contexts and each context influences a child's development. Efforts must be made at all levels to effect lasting changes – families need to be supported, communities need to be actively involved and both need to liaise with schools. The problem behaviours that children develop say as much about the contexts in which these problem behaviours occur as they do about the child.

All behaviour is multidimensional, no one factor can explain everything. Problem behaviours especially, have a multitude of causes, and multifaceted problems need multifaceted solutions. Professionals that work at different levels – family, community, whole-school and classroom – can each increase the protective factors in children's lives and reduce the at risk ones. Too often one professional claims superiority over another, but it is not a question of which is best – each has a definite role to play. The Toolbox, is written for those school practitioners who find themselves supporting children and young people who have problem behaviours that act as barriers to their successful engagement with school. Such staff can be faced with a wide array of concerns – anxiety, low self-esteem and disruptive behaviours as well as specific medical conditions such as attention deficit disorder, Tourette's syndrome, etc. Practical ideas will be given about such specific conditions but, more importantly, the Toolbox will provide an action research model with proven techniques to enable staff to design comprehensive support programmes.

So what does the Toolbox look like and how does it work?

Essentially it has six tool compartments or dimensions:

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|-----------------|--------------|
| 1 Physiological | 4 Cognitive |
| 2 Feelings | 5 Social |
| 3 Behaviour | 6 Happiness. |

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For each compartment there are a number of tools – or interventions – that may be used, depending on age and level of understanding of the young person.

All problem behaviours have many component parts, not just one. This is partly why many interventions fail to be as effective as they could be because they take a standpoint that one tool fits all problems. The Toolbox enables us to employ several different tools that comprehensibly tackle the problem behaviour. So from the Toolbox the practitioner can take the most relevant interventions and place them in a 'string bag'. A string bag is ideal as it can become whatever shape it needs it to be in order to fit the shape of the problem.

The degree of relevance that any particular tool has to a problem is decided by answering a set of indicative assessment questions. Usually all tools are used at some time, but some are used more frequently. Ideally, the young person is actively involved in the whole process, because it is the problem that is to be analysed, not the child. A useful way of remembering this is: the problem is the problem, not the child. Drawing on personal experience here are two examples.

Case Study 1

JJ is nine years old and her teachers complain about her slowness in completing assignments. She seems to need a lot of reassurance and will often cry in class during new assignments or group work. During playtimes JJ is seen wandering around alone, and would rather stay in and read than join in with other children. She often complains of feeling anxious and frightened.

For a moment consider how a car mechanic would begin to investigate a problem in a car engine and then transfer this approach to addressing JJ's problems. Through basic observation it can be seen immediately that there are clear indications that JJ will need a range of interventions, namely:

- Physiological tools – teaching her relaxation skills to help her cope with her physiological arousal.
- Feelings tools – skills to raise her feelings of self-worth and an understanding of her negative feelings.
- Behavioural tools – to explore the triggers that seem to lead to her crying in class, whether these can be changed or if JJ can be taught alternative coping responses.
- Cognitive tools – JJ will probably have negative thoughts, such as 'I'm not popular with other children' or 'Nobody wants to play with me', that will require techniques designed to develop positive thinking to eradicate.
- Social tools – JJ seems to lack friendship-making skills, so this would be an area to explore and perhaps help strengthen.
- Happiness tools – it is clear that she is not enjoying school. Interventions that can help her focus on the good things in school, as well as developing a 'badge of courage' as she faces her challenges will be of value.

The beginnings of a comprehensive intervention programme for JJ begin to emerge. Our Toolbox has provided us with a multifaceted approach that is much more likely to be effective in tackling the problem.

Returning to the car mechanic, we would expect that after listening to the car that he would carry out some form of diagnostic testing, to provide more precise information. For us, the more detailed assessment will come through applying a set of indicative questions to the problem, which will be detailed later.



Case Study 2

TS is 14 years old and has a history of social, emotional and behavioural difficulties. He has some in-class support, but his behaviour with certain teachers has deteriorated – refusing to comply with reasonable requests and often shouting out and banging his desk. His peer relationships have worsened and he has been reported for bullying some members of his tutor group. He is frequently sent out of lessons and his parents have been interviewed in school several times. Detentions and similar punishments seem to have little or no effect.

Once again it can be seen from the description of TS's problems that certain interventions will be needed to support him. This is the initial assessment, before the set of indicative questions are completed. These questions will often confirm your first hunch, giving you added confidence in how to approach the problem.

It is important to remember that it is the answers given to the assessment questions that determine the interventions to be used. However, it would be foolish not to draw on the professional insight and understanding that every practitioner acquires through hands-on experience.

- Feelings – TS is receiving little positive feedback for his work and his relationship with adults and peers seems poor. This range of negativity is likely to have damaged his personal confidence, so some self-esteem activities would probably prove useful.
- Behaviour – there is a need to analyse the circumstances which lead to TS being excluded from classes. Is there a pattern to it? Are there certain triggers, and what are the consequences that follow? Does being excluded enable him to avoid work he does not like? Are there any positive consequences that could be employed to increase appropriate behaviour?
- Cognitive – does TS have doubts about his abilities in certain subject areas? Is there a need for some cognitive restructuring? That is, helping him to challenge negative thoughts about his ability and work. Also, as he sometimes hurts others a Restorative Justice approach could be used. That is, 'What have you done? What was the outcome? How can you make amends and learn what to do next time?'
- Socially – the fact that he is bullying other children will naturally damage his chance of having friends. In fact, children will naturally avoid him because of his bullying tendencies. Some social skills training might be of value to help TS understand how to make friends and relate better to others.
- Happiness – an area from which he could benefit – finding his signature strengths and enabling him to employ them would be positive, as well as other activities such as helping others and positive event planning.

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As these two examples show, the Toolbox approach means that the many different aspects to a problem are dealt with in a constructive manner. This approach does not reject others, it merely utilises those aspects that appear most relevant for any problem behaviour. The approach is driven by the needs of the problem, not the needs of the theory upon which a technique is based. For example, if a purely behavioural approach was taken, there would be no need to be concerned with feelings. Similarly, a cognitive approach would not analyse behavioural patterns, but because specific individual problems are being analysed it can be seen that each problem has several elements to it.

Further Reading

Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (eds) (2005) *Handbook of Emotional and Behavioural Difficulties*. London: SAGE.

Palmer, S. (2006) *Toxic Childhood*. London: Orion Books.

Porter, L. (2007) *Behaviour in Schools: Theory and Practice for Teachers*. Maidenhead: Open University Press.