PRE-PUBLICATION DRAFT OF:

Cooper, P and Cefai, C (2013) Evidence-based approaches to social, emotional and behavior difficulties in schools, *The Korean Journal of Educational Policy*, Special Issue, 81-101.

Evidence-based approaches to social, emotional and behavior difficulties in schools

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Abstract

Mental health problems across the lifespan represent a significant international health burden, the consequences of which are often underestimated by policy makers. Education services can make a significant contribution to the promotion of positive mental health through school-level preventive and remedial interventions targeted at social, emotional and behavioral difficulties (SEBD). Issues of particular concern include the qualities and skills of effective teachers and teaching in relation to SEBD, and the need for front line educators' understandings of SEBD to be located within a biopsychosocial paradigm. Various empirically validated psychologically-based interventions (e.g., behavioral, cognitive-behavioral and ecosystemic), along with strengths-based approaches (e.g.,

resilience and positive education) provide a valuable basis for the continuing development of policy and practice.

Keywords: social-emotional behavioral difficulties; interventions; best practice; special education; social-emotional learning; character education

Introduction

The aim of this paper is to highlight the important contribution that education services for children and adolescents can make to improving national responses to mental health problems in populations throughout the world. In the opening section, we argue that public policy responses to mental health problems are universally inadequate. We then go on to suggest the important role that schools can play in preventing and remediating social and emotional problems that, without intervention, are likely to develop into more serious mental health problems. The third part of the paper presents evidence from studies of interventions in schools. We close with recommendations for policy.

Responding to Mental Health Problems

Mental health problems represent one of the most significant health challenges faced by modern humans, accounting for 28% of time lost to ill-health, disability or premature death (Collins et al., 2001), with an estimated 25% of people throughout the world being affected by mental health problems at some point in their lives (WHO, 2001a). Mental Health problems are often associated with serious difficulties in the area of emotional and behavioral self-regulation, and include, among others, debilitating problems associated with the regulation of mood (depression and anxiety), conduct disorders, psychosis, eating disorders, and substance abuse disorders. When experienced to a high degree of intensity, problems

such as these interfere significantly with the individual's social, emotional and behavioral functioning, in turn leading to serious disruption to personal relationships, performance at work, and the individual's own sense of self-worth. Consequently, individuals with mental health problems experience severe impairments to their quality of life, rendering them at serious risk of unemployment, broken relationships, social problems (including social isolation and delinquency), physical ailments, and premature death (WHO, 2010). One of the problems associated with mental health difficulties is their capacity to remain hidden. For example, mental health problems can lead to a deterioration in self-protective behaviors, thus amplifying the risk for certain communicable and non-communicable diseases (such as HIV/AIDS and substance abuse). Mental health problems are also significantly associated with crimes against property and persons (Prince et al., 2007). Such consequences of undetected mental health problems are all too easily misunderstood as 'lifestyle choices' that are met with punitive, rather than therapeutic, responses.

Yet, in spite of the fact that the burdens of mental health problems have risen in recent years, particularly among young people (Perou et al., 2013), and have long been predicted to continue rising in the coming decade (Prince et al., 2007), there is longstanding concern over the adequacy of the policy response. Over a decade ago, the WHO stated that:

> A lack of urgency, misinformation, and competing demands are blinding policy-makers from taking stock of a situation where mental disorders figure

> among the leading causes of disease and disability in the world ... Currently, more than 40% of countries have no mental health policy and over 30% have no mental health programme. Around 25% of countries have no mental health legislation.
>
> The magnitude of mental health burden is not matched by the size and effectiveness of the response it demands. Currently, more than 33% of countries allocate less than 1% of their total health budgets to mental health, with another 33% spending just 1% of their budgets on mental health.
>
> (WHO, 2001)

There is little evidence of significant improvement in the past decade. The problem is greatest in low- and middle-income countries, which account for 80% of the world's population, but access only 10% of the world's resources for the treatment of mental health problems (WHO, 2008). Even in rich countries, however, the response to these problems is often seen to be inadequate, with only 10% of health expenditure being directed at mental health in the USA (Kleinman, 2009), where 26.2% of the population is estimated to suffer from a mental illness (National Institute of Mental Health [NIMH], 2013). In the UK, it has been estimated that almost 50% of the health burden involves mental health issues, whilst only 13% of government health expenditure is devoted to this issue, leaving an estimated 75% of sufferers without treatment (Centre for Economic Performance's Mental Health

Policy Group [CEP], 2012).

In Asian countries, estimated prevalence rates tend to be significantly lower than they are in the West. For example, a substantial study of adults (n=63,004) in Mainland China (Qingdao [Shandong Province] and Zhejuang Province) estimated that 17.5% of adults have psychiatric disorders. A recent pilot community study of Chinese adolescents (n=541; mean age 13.8) in Hong Kong, which employed individual detailed standardized clinical interviews with adolescents and their parents (Leung et al., 2008), found a prevalence rate of 16.4%, with Anxiety Disorders being found to be most prevalent (6.9%), followed by Oppositional Defiance Disorder (ODD) (6.8%), AD/HD (3.9%), Conduct Disorder (CD) (1.7%), Depressive Disorder (DD) (1.7%) and Substance Use Disorder (SUD) (1.1%). Females were found to exhibit a higher rate of anxiety disorders than males, in a ratio of 4:3. These figures suggest that the prevalence of common mental disorders among Hong Kong adolescents fall within the lower bounds of what might be expected on the basis of the international literature. For example, international prevalence rates for AD/HD (the most common of all child and adolescent behavioral disorders) have been shown to range between 2.4% and 19.8% , with the higher prevalence rates tending to be between 10% and 12% (Faraone, Sergeant, Gillberg, Biederman, 2003). An earlier small scale Hong Kong study produced a prevalence rate of 6.1% (Leung, et al., 1996), which is still cited in recent clinical literature (Lam & Ho, 2010).

Some commentators have urged caution when interpreting prevalence rates in Asian

countries. There is a relative lack of resources directed at this problems in Asian countries (Choi & Hung, 2011; Yueng, 2010). There are also significant cultural factors affecting the possible accuracy of such figures. For example, it has been suggested, that in China and Hong Kong, mental illness has been traditionally labeled as an untreatable "moral weakness and the product of faulty upbringing" (Dennis, 2004, p.697), leading to the stigmatization of sufferers and a tendency to recast mental health problems in alternative guises. It has also been observed that there is a tendency in many Eastern cultures for mental health problems to find expression in psychosomatic form, and in internalizing symptoms rather than externalizing forms (Rutter & Smith, 1995). Furthermore, one recent study, which found an increase in levels of internalizing problems among Chinese adolescents since 1994, has attributed this finding to a perceived shift in Chinese culture from collectivist to a more individualistic orientation (Liu, Zhou, & Li, 2012). These authors argue that what are now perceived as symptoms of internalizing disorders, such as shyness and anxiousness, have been viewed traditionally as positive character traits that were viewed, at best, as irrelevant. Others also suggest that such traits may have been encouraged through certain child rearing practices, such as the widespread use of shaming in the regulation of young children's behavior (Fung, 1999).

Mental Health in Schools

In the context of this article, "Social, Emotional and Behavioral Difficulties" (SEBD)

is taken as a descriptive term that can be applied to individuals who exhibit problems in the effective regulation of their social interactions, behavior and/or emotional functioning. The term is commonly used in the UK and other parts of Europe and usually in educational settings. SEBD are distinguished from the occasional behavioral aberrations and/or emotional upsets that all students experience by their persistence over time and the detrimental impact that they have on educational and social engagement (Cooper & Jacobs, 2011). In this sense, SEBD are to be distinguished conceptually from Emotional and Behavioral Disorders, which, by definition are pervasive across different areas of an individual's life, and usually require the application of a diagnosis. Diagnosed disorders (such as ADHD) may be implicated in SEBD, but this is not a necessary association. Clearly, there are times when a disorder is a major contributory factor in SEBD in school. Other times, however, it may be possible, for a diagnosed disorder to be managed from outside the school in such a way that it has minimal impact on the student's functioning within the school setting. On the other hand, there are times when a student's SEBD may fall short of diagnosable conditions and exist only in relation to the school setting.

SEBD are commonly associated with disruptive behavior in classrooms; interpersonal conflict with teachers and peers, including bullying of peers and being victimized by peers; extreme withdrawn behavior, which may also lead to truancy; and serious disaffection with schooling. SEBD can be a reaction to influences emanating from the student's relationships

with others, within or outside the school setting (Olsen & Cooper, 2001), a reflection of a significant existing mental health problem, or the precursor to a future mental health problem (Rutter & Smith, 1995). SEBD is signaled by the student's presentation as someone who is disengaged from, or in conflict with, what teachers perceive as important aspects of school to a degree that goes beyond what might be termed routine indiscipline or occasional lapses in compliant behavior. In keeping with the educational focus of SEBD, interventions for prevention and remediation encompass both psychological (see below), and pedagogical approaches, including adjustments to the learning environment, the curriculum and curriculum delivery methods.

Students presenting with SEBD pose enormous challenges to schools. The UK government has suggested that 10% of children in UK schools have diagnosable psychiatric disorders (DCSF, 2008). This would appear to be in keeping with the more authoritative British Medical Association's claim that 10-20% young people in the UK experience a mental health problem at some point (BMA, 2006). These figures also appear to be in keeping with the world wide prevalence rate of 10-20% for 'clinical psychiatric disorders among school students (Willman, 2013). U.S. figures indicate that 12% of children experience significant behavioral disorders, with 37% -39% of young people experiencing such problems at some point in their development (Forness, Kim, & Walker, 2012).

From an educational point of view, these figures must be seen as representing the tip

of the SEBD iceberg, given that serious mental health problems do not tend to arrive fully formed; but rather they develop over time (Rutter and Smith, 1995). For every person with a diagnosable mental health problem, there are several people progressing towards such problems, and even more who are deemed at risk of developing mental health problems. It should be noted that the issue of prevalence is fraught with controversy, partly driven by serious concerns about the dangers of pathologizing certain types of behavior for purposes of social control through the process of labeling (Slee, 2013). Such concerns are not to be ignored or dismissed lightly. However, if the tendency towards minimizing prevalence rates leads to misinformation about the extent of the problem then action to correct this situation is essential. Efforts to deny the actual extent of SEBD are counter-productive, resulting in missed opportunities for preventive and remedial interventions. Furthermore, such neglect is likely to lead to more significant problems later in the life course, with concomitant individual, social and economic burdens on individuals, communities and societies at large.

There are two main reasons why SEBD among the school age population of all countries of the world needs to be high among policy makers' priorities. The first reason is that SEBD are a major cause for concern for many teachers and parents, with strong evidence suggesting that SEBD is perceived as being a significant obstacle to effective teaching and learning in inclusive education settings (MacBeath, Galton, Steward, MacBeath, & Page, 2006; OECD, 2009). Classroom teachers tend to prefer students with other forms of special

educational needs such as physical or intellectual disability, than students with SEBD (Avramadis & Norwich, 2002; Baker, 2005). For example, in Hong Kong, mainstream school teachers and parents have raised concerns about the practical feasibility of catering for students with SEBD and other disabilities in mainstream classrooms (Chen, Jin, & Lau, 2006). So whilst many teachers perceive the problem of SEBD to be worsening, they also frequently complain about their lack of preparation for dealing with the phenomenon. This leads to a situation whereby students with SEBD are put at risk of being 'criminalized' through punitive, exclusionary (legal and illegal) processes (e.g. England's Children's Commissioner for Children, http://www.childrenscommissioner.gov.uk/) because policy makers too often prioritize the support of academically able students over those with special educational needs (Cooper & Jacobs, 2011). In contrast, the education of these children is often placed in the hands of sometimes untrained Teaching Assistants and other paraprofessionals, the consequences of which too often are disastrous (Blatchford et al., 2009).

The second reason why SEBD needs to be prioritized in policy terms is because there is strong evidence available to suggest that with appropriate support there is a great deal that can be achieved by schools to meet and deal effectively with SEBD when teachers are given appropriate support and training. When appropriate measures are taken to prevent and address SEBD, in the context of sound curricula and pedagogy, schools are more cohesive and effective as social organizations; their students and staff are more socially and emotionally

competent and educational performance is optimized (Layard and Dunn, 2009; Cooper and Jacobs, 2011). In turn, these successes benefit society at large in ways discussed above. The rest of this paper is devoted to a review of some of the evidence of what can schools can do to deal effectively with SEBD.

Key Theoretical Underpinnings to the Prevention of and Intervention with SEBD

As we have noted, the problem of SEBD is widespread and has serious negative consequences. However, as we have already pointed out, it is counterproductive to wait until problems arise before taking action. This means that strategies for promoting positive social-emotional engagement for *all* students in schools are an essential feature of proactive responses to the problem of SEBD. Recent approaches such as positive psychology**,** asset development/strengths-based practice, social capital and educational resilience have very important roles to play. These approaches tend to focus less on deficit and disadvantage and more on the promotion of growth and healthy development despite risk and difficulties. These approaches underline the need for proactive strategies that strengthen and promote children's healthy development and, thereby, seek to prevent difficulties from developing in the first place, even in the face of risk and disadvantage, by making use of the children's strengths and assets while providing enabling and protective contexts (e.g., Cefai, 2008; Pianta & Walsh, 1998; Rutter, Werner & Smith, 1992).

Resilience may be defined as successful adaptation in the face of adversity and

environmental stressors, a process of successful adaptation and transformation despite risk and adversity (Masten, 1994). It underlines the development of strengths and assets instead of focusing on deficit and risk. The literature has identified three major school factors that have been found to protect vulnerable children and young people, and support their academic and social development, namely caring relationships, meaningful engagement and high expectations (Rees & Bailey, 2003). As we show below, when teachers and schools implement these processes effectively, *all* students benefit through improved resilience, and social-emotional problems are minimized. The most effective approaches to promote resilience in school are those that integrate resilience principles and practices into the daily mainstream classroom activities, rather than through one-off programs (Pianta & Walsh, 1998; Waxman et al., 2004). Teachers in particular need to appreciate that their behaviors and interactions with their students have a cumulative influence on students' mental health and resiliency. There are attributes that develop from sustained exposure to supportive ecological contexts, and not the products of inoculation or other short-term, discrete interventions.

It is importance to realize, however, that prevention/resilience building and remediation are not mutually exclusive alternatives. Prevention and remediation must go hand in hand, so long as there are students in schools who experience SEBD. With this in mind, we emphasize that the psychological approaches outlined below are all based on theories of social and emotional development and learning. As such, they are not simply

approaches to ‘therapy;’ they are also powerful tools for understanding positive human development and how this might be achieved.

Historically, there are five main psychological ‘families’ of approaches to understanding, preventing, and intervening in SEBD:

(1) Psychodynamic approaches focus on the ways in which early interpersonal relationships influence personality development and social-emotional engagement with others (e.g., Bowlby, 1975; Shaver & Mikulincer, 2004). They provide important insights into the ways in which psychological health can be promoted. They do this through the development of relationships that enable individuals to overcome problems associated with foundational unmet emotional needs by providing experiences that meet these needs and thus enable interruptions to development to be overcome.

(2) Humanistic approaches focus on ways in which self-concept is influenced by social and interpersonal relationships. Interventions based on this approach, such as Rogers’ (1951) person-centered approach, emphasize the value of affirming relationships characterized by unconditional positive regard, empathy and honesty.

(3) Behaviorist approaches are based on the ways in which behavior can be understood in terms of involuntary responses to external stimuli. Behavioral interventions exploit this theory by encouraging desired behaviors and extinguishing undesired ones through the manipulation of the stimuli that precede target behaviors and the consequences that

follow from them.

(4) Cognitive approaches and those based on cognitive behavioral therapy (CBT) are concerned with the ways in which the relationship between external stimuli and target behaviors can sometimes be mediated and moderated by thought processes (Meichenbaum, 1977). The aim of CBT is to encourage the development of functional ways of behaving by challenging and changing dysfunctional ways of thinking.

(5) Systemic approaches focus on the ways in which an individual's functioning can be understood as a function of the social systems in which he or she is embedded (Bronfenbrenner, 1979). Systemic interventions combine features of the above approaches and are designed to seek ways of enabling individuals to continue to participate in key social systems, such as families, partnerships and work places, in ways that are functional in relation to their mental health (e.g. Selvini-Palazzoli, 1984).

In the following sections, we show that considerable attention has been given to behavioral, cognitive behavioral and systemic approaches in the recent and contemporary interventions literature. We therefore, focus on these three areas of intervention. However, we acknowledge that psychodynamic and humanistic understandings provide powerful explanations for the apparent effectiveness of relational approaches to dealing with and preventing social, emotional and behavioral difficulties. We, therefore, devote the opening section on interventions to this area. The major difference between these relational

approaches and the approaches described in subsequent sections is that the latter deal with formal intervention programs that are often explicitly located within a particular psychological tradition, whilst the discussion of relational approaches is based on descriptive, naturalistic research studies that emphasize interrelationships between teacher qualities and student outcomes. These studies offer valuable insights into the ways in which schools and teachers have been shown to contribute to positive student engagement and resilience.

Relational Approaches to SEBD: Teacher–Student Relationships

The teacher–student relationship stands at the heart of the formal educational process. This view is evident in approaches to teaching and learning that stress the central importance of social interaction in the learning process (Bruner 1987; Cooper & McIntyre 1996). Research showing the association between aversive relationships with teachers and negative student outcomes has a long tradition, revealing, for example, long-term intensification of problem behaviors in those children who experienced a negative relationship with a teacher (Myers & Pianta, 2008). Similarly, teachers who teach in schools with high levels of suspensions have been found to be more likely to self-report that they have bullied students (Twemlow & Fonagy, 2005), echoing findings from seminal studies that associate coercive teaching with student deviance and disaffection (Cefai & Cooper, 2010; Reynolds & Sullivan, 1979; Shostak, 1982; Tattum, 1982).

Teachers' Personal Warmth

On the positive side, teachers who demonstrate emotional warmth have been shown to improve the social-emotional well-being of students. Teacher emotional warmth helps children with both externalizing and internalizing behavioral problems to develop non-conflictual relationships in classrooms (Buyse, Verschueren, Doumen, Van Damme, & Maes, 2008). Similarly, high school students in the US who reported that their teachers were supportive were more likely to report a healthy school climate and lower drug use, greater social belonging and lower levels of depression than those who did not attribute these qualities to their teachers (LaRusso, Romer, & Selman, 2008).

It is important to note that these qualities of personal warmth and supportiveness are also associated with positive academic outcomes. Students tend to be most socially and academically engaged when they feel supported and respected by their teachers, and when they expressed a sense of trust in their teachers (Battistisch, Schaps, & Wilson, 2004; Cooper & McIntyre, 1996). These teacher qualities have also be found be associated with effective language skill acquisition (McDonald Connor, Son, Hindman, & Morrison., 2005). Additionally, teachers who are skilled communicators, ask meta-cognitive questions, and who mediate learning in a social-constructivist manner (such as through the use of scaffolding) are most successful in enabling students to achieve success in reflective thinking (Gillies & Boyle, 2008), a skill that is important in both higher level academic development

and social-emotional problem solving. Other studies emphasize the importance of teacher reflexivity in classroom interaction, whereby they monitor and adjust their emotional responses to students and adjust their communications accordingly (Flem, Moen, & Gudmundsdottir 2004; Kremenitzer, 2005; Poulou, 2005).

These findings suggest that strong attention should be paid to the personal qualities of individuals who are accepted into teacher training. Such matters should also be a priority in the initial training programs and in job selection procedures. Education providers should also be careful to protect and nurture these qualities in their teachers through professional supervision and in-service training.

Teacher Management of Physical Conditions in Classrooms

One of the ways in which teachers take account of their pupils' needs is through their management of the physical environment of the classroom. Teachers' choices often have an impact on the quality of students' experience and sense of self-worth (Cooper 1993; Cooper, Smith & Upton, 1994; Cooper & Tiknaz, 2007; Savage 1999; Weinstein 1992). The spatial structure of the classroom, which involves patterns of student seating, the physical proximity of students to teachers, routes of physical circulation, and the overall sense of atmosphere and order, can have a significant effect on student engagement (Bettenhausen, 1998; Quinn et al., 2000; Stewart & Evans 1997; Wannarka & Ruhl 2008). It should be acknowledged that teachers sometimes have limited control over such setting factors.

Teacher Use of Student Peer Influence in Classrooms

Where disruptive students serve as role models they can promote classroom disruption (Barth, Dunlap, Dane, Lochman, & Wells, 2004), undermine interventions designed to address these problems (Dishion, McCord, & Poulin, 1999) and promote 'deviancy training' (Gottfredson, 1987). Other negative aspects of negative peer influence include 'grassing' and 'tattling' (Skinner, Neddenriep, Robinson, Ervin, & Jones, 2002). Grassing and tattling involve informing on pupil misdeeds to authority figures to invoke punishment. As such, they are malicious acts aimed at marginalizing targeted persons. On the other hand, positive peer reporting (PPR) has been shown to reverse the negative effects of 'grassing.' PPR involves students being rewarded for reporting on peers' positive behavior, and has been shown to be effective in increasing positive peer interaction, and in increasing peer acceptance of children with SEBD (Bowers, Woods, Carlyon, & Friman, 2000; Ervin, Miller, & Friman, 1996; Jones, Gottfredson, & Gottfredson 1997; Moroz & Jones, 2002).

One of the most strongly evidenced behavioral interventions for academic progress in children with SEBD is peer-assisted learning, which addresses academic outcomes for children at risk through peer-assistance and increased opportunities to respond (Beaumont, 2009; Damon 1984; Pigott, Fantuzzo, & Clement 1986; Sutherland, Alder, & Gunter 2003; Topping 2005). One of the best known of these strategies is class-wide peer tutoring, in which learners are paired to increase rates of reciprocal response between learners. This

approach has been adapted for use in a wide range of educational settings. To date, the strongest evidence for its effectiveness is in kindergarten and first grade levels ((DuPaul & Henningson 1993; Hall, Delquadri, Greenwood, & Thurston, 1982; Karagiannakis & Sladeczek, 2009).

Interventions to Enhance Teachers' Skills

The previous section dealt primarily with teacher and student qualities, and the ways these can be exploited to positive effect. This section discusses theoretically grounded approaches that are often made available in the context of more formalized interventions and that can be accessed through professional training programs.

Behavioral Programs

Behavioral interventions, as noted earlier, are primarily concerned with the manipulation of surface behavior through the management of external stimuli. There is now a long history of their use in educational settings, where, when employed appropriately, they are often perceived to be cost effective and to combine minimal training requirements with ease of implementation and effectiveness (Walker, Colvin, & Ramsey, 1995). Embry (2004) and Embry and Biglan (2008) have identified and described 52 strongly evidence-based behavioral strategies, which they term 'kernels.' These are specific strategies, such as response cost, verbal praise and 'time out,' that are commonly embedded in more elaborate schemes and interventions approaches. There is strong evidence to suggest that if employed

appropriately, competently and with sufficient frequency they can produce significant and lasting behavioral change. All of these kernels are supported by strong empirical evidence (Embry & Biglan, 2008).

One of the most powerful 'packaged' applications of behaviorist principles to problem behavior in classrooms is the good behavior game (GBG) (Barrish, Saunders, & Wold, 1969). European and North American studies have long demonstrated its success for a wide range of social, emotional and behavioral difficulties and in a wide range of educational settings with students aged 4 to 18 years old (Nolan, Houlihan, Wanzek, Jensen, 2013; Tingstrom, Sterling-Turner, & Wilczynski, 2006). Longitudinal studies (e.g., Kellam & Anthony, 1998) indicate that its positive effects can endure over time.

The purpose of the GBG is to promote positive behavior by following selected behavioral rules. It is a team game in which participants are rewarded for the aggregate performance of their team, thus encouraging collectivist, as opposed to individual, effort. The GBG has been found to have a significant impact in reducing aggression and preventing externalizing aggressive behavior and anxious internalizing behaviors (Dolan et al., 1993; Kellam & Anthony 1998; Kellam, Rebok, Ialongo, & Mayer, 1994; Poduska et al. 2008). It has also been found to decrease classroom symptoms of ADHD.

Another empirically tested behavioral approach is functional behavioral analysis (FBA) (Baer, Wolf, & Risley, 1968). FBA involves assessing the child's relationship to the

environment and makes note of the rate and frequency of problem behaviors, as well as their antecedents and consequences. In this way, the approach eschews explanations of behavior that appeal to the internal states of individuals (including psychomedical accounts, which might invoke diagnostic categories such ADHD, CD or ASD) in favor of a focus on the search for the stimuli that reinforce behaviors in a specific setting. The purpose of FBA, therefore, is to determine the fitness of specific interventions and assist selection from the wide array of options. FBA, when carried our rigorously, is highly effective in promoting behavioral change across a wide range of SEBD (Bowers, Woods, Carlyon, & Friman, 2000; Lewis & Sugai, 1996; Sutherland, Wehby, & Copeland, 2000; Umbreit, Lane, & Dejud, 2004). FBA is usually most effective when carried out by school professionals who have been formally trained in the method. While teachers trained in the techniques can achieve positive effects (Chandler, Dahlquist, Repp, & Feltz, 1999), they sometimes find it difficult to implement this complex and time consuming approach effectively while carrying out their other classroom responsibilities (Acker & O'Leary, 1987; Blood & Neel 2007; Scott et al., 2005). A recent and welcome contribution to this debate is the 'Keystone' skills approach (Ducharme & Shecter, 2011), which recognizes the challenges classroom practitioners face in relation to FBA, and offers instead a highly focused approach. A limited range of target areas for change are identified and then become the focus of cognitive and behavioral 'compliance' strategies (e.g., reinforcement). This means that practitioners do not need to engage in full

FBA.

Cognitive Behavioral (CB) Strategies for Acting-Out Behavior

CB approaches are concerned with the ways in which the relationship between external stimuli and target behaviors can sometimes be influenced by thought processes. The aim of CB intervention is to encourage the development of functional ways of thinking by challenging and changing dysfunctional ways of thinking. A wide body of research attests to the efficacy of CB interventions to promote cognitive flexibility (Amato-Zech, Hoff, & Doepke, 2006; Rhode, Morgan, &Young, 1983), self-monitoring difficulties among children with ADHD (Reid, Trout & Schartz, 2005), self-control among children with ODD and CD (Altepeter & Korger 1999; Fonagy & Kurtz 2002; Kazdin 2002), anxiety disorders (Fonagy & Kurtz, 2002; Kearney & Wadiak 1999; Schoenfeld & Janney 2008), and depressive disorders (Fonagy & Kurtz, 2002).

A particularly interesting feature of several of these and other similar studies (e.g., Hoff & DuPaul, 1998) is the apparent success that they are able to achieve with students diagnosed with AD/HD, a condition that is commonly treated with stimulant medication (Greenhill & Ford 2002; National Institute for Clinical and Health Excellence, 2008). In the studies cited here, students diagnosed with ADHD were often being prescribed medication before the onset of a CB intervention. This suggests that CB may have a significant value-added effect when combined with medication (Kazdin, 2002). It may also be the case

that CB and systemic strategies competently applied at the initial onset of ADHD symptoms may reduce the need for medication (Young & Amarasinghe, 2010**).**

CB techniques have also been found to be highly effective in dealing with anger management problems (DeCastro, Bosch, & Veerman, & Koops, 2003; Kellner, Bry, & Colletti, 2001) and social skills development (Battistich, Solomon, Watson, Solomon, & Schaps, 1989), often through the use of self-instruction techniques.

CB strategies for Internalizing Problems

There is a strong tendency for educational approaches to SEBD to focus on acting-out behaviors to the neglect of internalizing problems. This is in spite of the widespread prevalence of acting-in problems, as well as evidence of their serious impact on educational functioning (Schoenfeld & Janney, 2008). CB interventions, including modelling, *in vivo* exposure, role-playing, relaxation training, and contingency reinforcement, when used with middle school aged children with anxiety disorders, enable children to recognize anxious feelings, clarify their cognitions in such situations, implement coping strategies such as positive self-talk, and administer self-reinforcement where appropriate (Kendall, 1994).

Applications of Mindfulness training

Mindfulness is a relatively new form of cognitive therapy, with its roots in Buddhist practice, in which individuals are trained to focus on their immediate situation and thoughts in an accepting and non-judgmental way. Its effect is to produce a heightened sense of

wellbeing and reduced levels of stress associated with concerns about future or past events. The approach has been shown to be highly effective with adults who have internalizing problems, such as anxiety and depression (Baer, 2003). A recent successful application has been demonstrated in its application to the parents and teachers of students with SEN (Benn, Akiva, Arel & Roeser, 2012), leading to significant reductions in levels of stress and anxiety, as well as increases in their levels of self-compassion, and empathic concern and forgiveness—qualities that are noted for their impact on positive adult-child relationships. A recent study in which mindfulness interventions were applied to adolescents with ADHD and their parents, found significant improvements in adolescents' performance, in sustaining attention, reductions in behavioral problems, and improvements in their executive functioning (a core deficit for many individuals with ADHD), and parents reported reduced parenting stress (van de Weijer-Bergsma, Formsma, de Bruin & Bögels, 2012)

These studies are particularly interesting because they recognize the systemic importance of parents and teachers in relation to childhood SEBD and show the beneficial effects of the interventions for all parties.

Systemic interventions

Space does not permit anything more than a cursory reference to the extremely important areas of wider systemic interventions and parenting interventions. Dishion (2011) calls for a 'systemic concatenation of empirically-based approaches' that draw on a wide

range of proven strategies that focus on the need for school-based teacher behavioral management strategies and systems of parent support, coupled with the kinds of strategies cited above aimed at promoting students' social-emotional and behavioral well-being. It is argued that such approaches need to be embedded in a context of effective school leadership that ensures the provision of appropriate support and engages in rigorous assessment of process outcomes. A systems approach recognizes that human behavior is subject to proximal and distal influences. These influences operate in complex and often convoluted patterns, rather than in simple lineal ways, which means that change in any part of a system can have sometimes unpredicted consequences in other parts the system. This makes the approach particularly useful with apparently intractable problems that have resisted well-tried conventional approaches directed at the individual student who is perceived to be at the center of the problem (Cooper & Upton, 1990). A systemic analysis, therefore, considers not only the individual who is perceived to be 'the problem' but the wider circumstances in which s/he operates.

In the case of school students, these wider circumstances will include classroom (e.g., relational matters involving teacher and peer group factors); school level issues (i.e., cultural and organizational factors), as well as medical, family and community factors. Such analyses often lead to the identification of unmet need, which may, for example, include the identification of learning needs, unintended consequences of school rules, material

deprivation or family dysfunction that can be addressed through social services involvement, and medical needs. An educational intervention that has been shown to have a positive impact on behavior is the Success for All (SFA) program (Chamberlain, Daniels, Madden, & Slavin, 2007), which involves measures to engage parents in supporting their children's developing literacy skills. An unintended consequence of engagement in the program is an improvement in parent and student relationships, which leads to improvements in students' attitude toward, and engagement with, schools. Multi-Systemic Therapy (MST), developed by (e.g. Henggeler et al, 2002), often involves explorations of the medical, family and community sub-systems as well as the school. This approach has been highly effective with adolescent Conduct Disorder (Eyberg et al., 2008).

Implications for Policy: The Importance of a Bio-Psycho-Social Approach

It follows from the previous section that school-based interventions will be all the more effective when linked to a wider, integrated multi-disciplinary network (Hernandez & Blazer, 2006). A properly informed understanding of SEBD cannot be gained without some engagement with psycho-medical understandings. The research evidence we have reviewed on effective interventions for SEBD has, at times, emphasized psycho-social (particularly psychological) interventions (such as cognitive behavioral approaches), which are sometimes associated with a biomedical paradigm. As we have also shown, however, the educational sphere is a major site frequently implicated in the development, remediation and prevention

of SEBD. Academic success is an important protective factor and the effectiveness of psycho-social interventions is often enhanced when they are delivered in schools, rather than clinics, and when they are embedded in the curriculum, where appropriate.

We have also suggested that certain psychological interventions are most effective when they are delivered by teachers rather than other professionals. However, there is a limit to what one can expect teachers to implement, particularly in the classroom, where a number of students have particular SEBD issues. Psychologists and medical professionals, including school nurses, where they are deployed, therefore have two important roles in school interventions. The first is a training role and the second is as a provider of interventions, both as a consultant to school staff and in direct intervention with students.

It is very important for both educational and health professionals to reflect on the ways in which they can combine their efforts and go beyond multi-professional approaches to embrace trans-professionalism (Hernandez & Blazer, 2006). Trans-professional approaches require professionals to step outside their narrowly defined and sanctioned professional roles to absorb, rather than simply engage with, some of the knowledge and understandings of representatives from other professions. SEBD in schools is, arguably, one of the most fruitful targets for such an approach. As it stands, the evidence base shows that some members of the teaching profession have demonstrated conspicuous success in adopting and applying psychological approaches to SEBD that are informed by understandings of the underpinnings

of SEBD. These successes need to be built on. This aspiration will be advanced if medical professionals learn more about the potential that educational approaches have for remediating and preventing SEBD and contribute to the development of these approaches.

We therefore argue for a bio-psycho-social approach (Cooper & Jacobs, 2011). This approach integrates the individual biological and intra-psychic dimensions with the interpersonal and social dimensions. This makes the approach truly holistic and lends itself well to understandings of the complexities of SEBD and its concomitant interventions. The bio-psycho-social approach is, therefore, a valuable theoretical framework within which to locate a fully trans-disciplinary approach to SEBD. The importance of this approach is that it emphasizes a contextualized view of SEBD that suggests that the perceived problem may well be amenable to social and educational accommodations that go well beyond simplistic disciplinary procedures to embrace psycho-pedagogical interventions.

This discussion relates to the broader issue of problems that can arise from different disciplinary cultures and languages. We have noted in our review the importance attached by some commentators to ‘the rejection of the medical model’ in the historical development of inclusive education policies and practices. A potentially negative consequence of this might be to create problems in the all-important area of inter-disciplinary working. Our suggested solution to this potential problem is the adoption of a bio-psycho-social framework that will incorporate and give equal respect to the contributions of different disciplines.

This has important implications at the policy level for education and related services concerned with children and young people, as well as the training needs of professionals working in these areas. Policy should be conceived within the context of understandings about children's social-emotional competence and influences that lead to SEBD, as well as the ways in which the environment can be manipulated to promote overall well-being. Clear messages can be gleaned from the literature regarding the kinds of attitudes, understandings and skills that teachers and other professionals require. These messages need to be imported into the training and selection processes of professionals who work with children and young people. Crucially, policy and training must strive for a stronger emphasis on trans-professionalism that works towards the optimal integration of diverse professional perspectives to yield a comprehensive approach to the social-emotional well-being of troubled youth.

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