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Evaluating the Impact of Therapeutic Storywriting on Childrens' Resilience and Emotional and Behavioural Adjustment

by

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ABSTRACT

FACULTY OF SOCIAL AND HUMAN SCIENCES

Doctorate in Educational Psychology

EVALUATING THE IMPACT OF THERAPEUTIC STORYWRITING ON CHILDRENS' RESILIENCE AND EMOTIONAL AND BEHAVIOURAL ADJUSTMENT

By Laura Elizabeth Harris

A range of different intervention programmes exist in schools in the UK to promote the learning and development of children with social, emotional and behavioural difficulties (SEBD). Surprisingly, there is little systematic evidence which has evaluated the effectiveness of these programmes at enhancing the protective processes associated with resilience. A systematic review of existing literature was conducted to examine the impact of both universal and targeted school-based intervention programmes on the resilience of children with SEBD. Results suggested that the most effective programmes for increasing the resilience of pupils with SEBD are those that explicitly teach new skills whilst also creating a safe and supportive environment. There was promising evidence suggesting that writing about feelings helps children to address the emotional issues underlying their behaviour (Lieberman et al. as cited in Macklem et al., 2011), however as yet there are very few studies which have evaluated the impact of interventions which use creative methods on the resilience of pupils with SEBD.

The empirical paper evaluated whether Therapeutic Storywriting (TSW, Waters, 2004) can enhance resilience and emotional and behavioural adjustment in primary school pupils experiencing SEBD. Results showed that there was a significant increase in the emotional vocabulary and sense of belonging of pupils in the intervention group (N = 21) compared with those in the WLC group (N = 21). There were no significant differences between groups on measures of emotional literacy, self-concept and emotional and behavioural adjustment, at any time. The results indicate that TSW is an effective intervention for increasing two significant protective factors associated with pupil resilience, when delivered by trained school staff. Implications for future research and educational psychology practice are discussed.

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Declaration of Authorship

I, LAURA ELIZABETH HARRIS, declare that the thesis entitled **'Evaluating the Impact of Therapeutic Storywriting on Childrens' Resilience and Emotional and Behavioural Adjustment'**, and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
- none of this work has been published before submission.

Signed: ……..

Date:…….

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Abbreviations

ADHD Attention-Deficit Hyperactivity Disorder

ANOVA Analysis of Variance

BASIII British Ability Scales third edition

CB Cognitive-Behavioural

df Degrees of freedom

DfE(S) Department for Education (and skills)

DGT Drama Group Therapy

DSM-IV-TR Diagnostic and Statistical Manual of Mental Disorders fourth edition

DV Dependent Variable

EI Emotional Intelligence

EL Emotional Literacy

ELSA Emotional Literacy Support Assistant

EP(s) Educational Psychologist(s)

EV Emotional Vocabulary

F Test statistic for ANOVA

IV Independent Variable

M Mean

Mdn Median

N Number of participants / studies

ns Non-significant

p Probability, significance of a test statistic

partial η^2 Partial eta-squared

S-C Self-Concept

SD Standard Deviation

SDQ Strengths and Difficulties Questionnaire

SEAL Social and Emotional Aspects of Learning

SEBD Social, Emotional and Behavioural Difficulties

SEN Special Educational Needs

SENCo Special Needs Coordinator

SD Standard Deviation

SPLLD Self-Perception Profile for Learning Disabled Students

T1 Time 1 (pre-intervention)

T2 Time 2 (post-intervention)

T3 Time 3 (follow-up)

TSW Therapeutic Storywriting

UK United Kingdom

USA United States of America

WLC Waiting-List Control group

z z-score

Chapter 1: How Can Schools Increase the Resilience of Pupils Experiencing Social, Emotional and Behavioural Difficulties? A Systematic Review of the Literature

One group of children and young people who are at-risk of negative outcomes, are those labelled as experiencing *emotional and behavioural difficulties* (EBD). More recently, the term *social, emotional and behavioural difficulties* (SEBD) has been employed to acknowledge the role that the environment plays in contributing to the difficulties experienced by these young people (Lloyd Bennett & Van der Aalsvoort, 2005). Children and young people identified as having SEBD represent a vulnerable population within the school community. Buchanan and Hudson (2002) highlighted that across the UK "there is growing concern about the number of children with emotional and behavioural difficulties; difficulties that put them at risk of negative academic, psychological and social outcomes" (p. 1). Evidence conducted over a number of decades has reported that children who exhibit behaviour difficulties are more likely to be rejected by their peers (Bywater & Sharples, 2012), exhibit poor conduct in school and fail to achieve academically (Ewen & Topping, 2012). Furthermore, children with SEBD are more likely to be excluded from school, experience teenage pregnancy, unemployment, drug and alcohol misuse, and violence and crime (Adi et al., 2007).

The term SEBD encompasses those that are experiencing either internalising or externalising difficulties; internalising problems are characterised by withdrawn, anxious or depressive symptoms, and pupils are often described as *acting in* (Baker, Grant & Morlock, 2008; DSM-IV-TR, 2005). Externalising problems are characterised by defiance of boundaries, hyperactivity, attention seeking, lack of self-control and aggression, and are often described as *acting out* behaviours (Squires & Caddick, 2010). Within the education sector, pupils are identified as experiencing SEBD based on their

presenting difficulties which interfere with their learning (Cooper & Whitebread, 2007; DfES, 2001; Woolfolk, Hughes & Walkup, 2010), regardless of whether they have a formal clinical diagnosis. Following Woolfolk, Hughes and Walkup (2010), this paper will use the following definition of SEBD, "Behaviour or emotions that deviate so much from the norm that they interfere with the child's own growth and development, and/ or the lives of others" (p. 165). As such, this definition incorporates children with formal clinical diagnoses of internalising and externalising difficulties such as anxiety, depression, ADHD, and conduct disorder, as well as those without clinical diagnoses.

This review is organised in two sections: First it will discuss different theoretical approaches and definitions of resilience, in order to achieve a better understanding of the underlying processes which promote resilience. By focusing on children and young people who are thought to have low resilience, namely those with SEBD, specific personal skills and environmental characteristics that relate to resilience and are of relevance to this group will be identified. In the second and main part of the review, current literature which has examined the impact of school-based intervention programmes which are designed to promote the resilience of pupils with SEBD will be systematically evaluated.

Resilience

A key difficulty faced by researchers and practitioners wishing to promote resilience in children and young people, is that there is not a single, agreed definition of resilience as a construct. Whilst early conceptualisations of resilience grew out of research which sought to identify the characteristics of individuals who thrived despite the presence of certain *risk factors* in their environment, current explanations focus on identifying *protective factors*; conceptualising resilience as a dynamic process that is the result of an interaction between intrinsic personal factors, and extrinsic environmental

factors (Benard, 1991; Cefai, 2008; Daniel & Wassell, 2002; Elias & Haynes, 2008; Luthar, Cichetti & Becker, 2000; Masten, Best & Garmezy, 1990; Masten & Coatsworth, 1998; Masten & Tellegen, 2012; Miller & Daniel, 2010; Roffey, 2011; Ungar, 2006). Garmezy (1985, cited in Luthar, 2003) was the first to propose a triarchic framework of resilience, in which protective and risk processes operate at three distinct levels: The community, the family and the child. Later work by Benard (1991) provided further support for this view, suggesting that protective characteristics need to exist within the environment in order for the individual to develop a range of individual skills, attributes and abilities that enable them to adapt to hardships, difficulties and challenges.

A second theoretical perspective, the ecological-transactional model, suggests that resilience is the result of ongoing interactions between the individual and the numerous environments in which they exist (Werner & Smith, 1982). Werner and Smith (1982) proposed that the transactions between the internal characteristics of the child and the quality of the care giving environment across time, determine the quality of the outcome. A number of researchers have applied Bronfenbrenner's (1979) ecological systems theory in order to explain this transactional framework of resilience (Buchanan & Hudson, 2000; Schoon & Bartley, 2008):

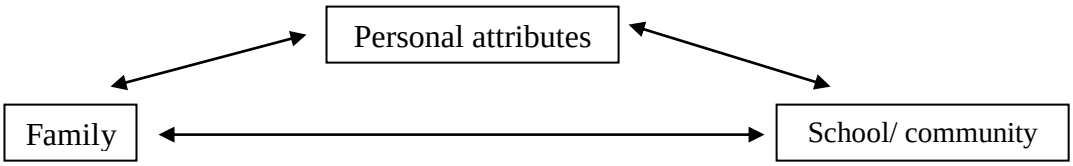

Figure 1. *Conceptual framework of Resilience based on Bronfenbrenner (1979)*

It is suggested that just as the personal strengths of the individual can have a positive influence on other parts of their environment, positive assets within their environment can further enhance the skills and attributes of the individual (Masten & Tellegen, 2012;

Waller, 2001). The rationale of such models is that one way of enhancing the resilience of children and young people would be to increase the protective processes within one part of this system.

The protective processes most commonly associated with positive outcomes for individuals in studies of resilience are represented at three levels (see Figure 2): Personal attributes, environmental influences and family characteristics (Benard, 1991; Garmezy, 1985; Masten & Garmezy, 1985; Masten & Coatsworth, 1998, Rutter, 2000).

Figure 2. *Key protective factors associated with resilient outcomes*

Personal attributes	Environmental influences and family characteristics
Emotional and social competence (self-awareness, self-regulation, empathy, communication skills, responsiveness to others)	Caring and supportive relationships with peers and adults (sense of relatedness)
Problem-solving skills	Positive and high expectations (of the adults for the child)
Autonomy (internal locus of control, sense of mastery, self-efficacy)	Opportunities for meaningful participation (sense of belonging)
Sense of purpose and future (sense of self-worth and competence, positive self-concept, achievement motivation, goal direction, persistence, optimism)	

Luthar (2003) posited that if we intend to foster better outcomes for children we need to focus on developing these processes.

Following the work of Benard (1991) and Masten and Coatsworth (1998), a significant number of intervention programmes which aim to improve the resilience of children and young people primarily target the development of emotional and social competence (Humphrey et al., 2010; Garner & Thomas, 2011; Jurecska, Hamilton & Peterson, 2011; Linares et al., 2005; Squires & Caddick, 2012; Webster-Stratton, Reid & Stoolmiller, 2008). However, there are inconsistencies around the definition and

measurement of what constitutes such competence. Within the UK, governmental policy documents make reference to *social and emotional skills* (DCSF, 2007a, 2007b), yet the academic and professional literature is awash with other terms such as: *Emotional intelligence* (EI) (Salovey & Mayer, 1995), *emotional literacy* (EL) (Steiner, 2003), *social and emotional competence* (Elias et al., 1997), and *emotional wellbeing* (Weare & Gray, 2003). Weare and Gray (2003) claimed that these terms describe qualitatively different ideas. However close inspection of the research highlights that all of the terms are similar in that they describe the skills, knowledge and behaviours that are needed in order to recognise and manage our own and others' emotions, and to successfully form and sustain relationships. For the duration of this paper the term emotional literacy (EL) will be used, as this is the term most commonly used within the UK. Further, EL is the only term that suggests that social and emotional skills can be learned and developed (Macklem, 2011; Roffey, 2011). EL is generally defined as "the ability to acknowledge, manage and appropriately express our feelings and listen and respond appropriately to the emotions of others" (Steiner, 2003, p. 2).

The term EL encompasses a number of emotional and social skills which are based upon Goleman's (1996) five-dimension conceptualisation of EI. The five dimensions include:

- The intrapersonal competences: Self-awareness (recognizing one's emotions and their effect, knowing one's strengths and limits, having a sense of one's self-worth and capabilities), self-regulation (keeping disruptive emotions and impulses in check), and motivation (aligning with the goals of the group or organization, persistence in pursuing goals despite obstacles and setbacks).

- The interpersonal/ social competences: Empathy (sensing others' feelings and perspectives) and social skills (nurturing relationships, working with others towards shared goals, negotiating and resolving disagreements).

Research evidence suggests that EL skills are a vital building block which enables children to achieve competence in a number of the other protective processes described by Benard (1991), Garmezy (1985), Masten and Garmezy (1985) and Masten and Coatsworth (1998) (Zins et al., 2007).

Social, Emotional and Behavioural Difficulties and Resilience

Research suggests that deficits in children's EL skills are likely to be a significant contributing factor in the development of SEBDs. For example, Izard et al. (2001) reported that emotion knowledge at age five correlated positively with adaptive social behaviour and negatively to measures of internalising behaviour at age nine. This can be explained by Goleman's (1996) hierarchical model of EI, in which he asserted that the personal competences must be mastered before a person can develop their social competence skills. In other words, our ability to regulate our emotions is critical for our ability to manage our behavioural expression of feelings (Eisenberg et al., 1997; Elias et al., 1997).

Evidence suggests that increasing pupils' EL skills is correlated with a reduction in internalising and externalising behaviour difficulties (Curtis & Norgate, 2007; Humphrey et al., 2010b; Renwick, 2005; Webster-Stratton, Reid & Stoolmiller, 2008; Wigelsworth, Humphrey & Lendrum, 2012). Renwick (2005) reported that a school-based targeted intervention programme, which focused on increasing EL, resulted in improvements in pupil behaviour which were sustained over the period of one year. Improved behaviour in this study refers to an increase in positive behaviour and a decrease in negative behaviour in the following categories: self awareness, self-esteem,

impulse control and interpersonal skills.

Such findings suggest that EL skills can support the development of social, emotional and behavioural competence (and reduce the likelihood of SEBD) in children and young people, through the teaching of self-awareness and self-regulation. Developing pupils' EL skills should act as a protective factor, increasing the resilience of pupils with SEBD (Cooper, 2011).

The Role of Schools in Enhancing the Resilience of Pupils with SEBD

Schools are the context in which most people spend a large proportion of their early lives. Hence schools have an important role to play in providing external protective factors, and also in identifying and teaching the personal skills that are associated with social, emotional and behavioural competence in pupils (Daniel & Wassell, 2007; Garmezy, 1985; Oswald, Johnson & Howard, 2003; Rutter, 1979). Research suggests that school teachers feel unable to make informed decisions about which are the most effective intervention programmes to increase the resilience of pupils with SEBD, based on the current research evidence (Shute, 2011). Furthermore, Weare and Gray (2003) concluded that "there is very little evaluation of specific work on emotional and social well being and competence building in England, and even less that is evaluated using the most rigorous methods" (p. 30). In our role as advisors to schools, it is vital that Educational Psychologists (EPs) develop a clear understanding of the evidence-base around the most effective ways in which schools can enhance the resilience of their pupils (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011).

The aim of this review is to evaluate current research evidence around school-based interventions which aim to support pupils with SEBD. Specifically, the author aims to gain a clearer understanding of the particular characteristics of intervention programmes that are effective at increasing the personal competencies and

environmental attributes related to resilience, and whether these have a positive impact on pupil behaviour. Whilst the author acknowledges that theoretical models of resilience propose a link between parenting and home circumstances, and the social, emotional and behavioural development of young people (Benard, 1991; Garmezy, 1985; Masten & Garmezy, 1985; Masten & Coatsworth, 1998, Rutter, 2000), the aim of this review is to focus specifically on the role that schools can play in developing these skills in their pupils. The rationale for this is that schools are the context in which most young people spend a large proportion of their early lives, and evidence suggests that the experiences that we have at school can have a significant, positive and long-lasting effect on our social and educational development (Garmezy, 1985; Rutter, 1979). Several meta-analytic reviews have been carried out to evaluate the effectiveness of universal and targeted intervention programmes for pupil mental health, social-emotional skills, prevention of depression and academic attainment. Universal programmes are those which aim to promote the skills of all pupils, whereas targeted programmes are those in which the school delivers a curriculum to those children who are at risk of, or currently experiencing SEBD (Caplan, as cited in Weissberg, Kumpfer & Seligman, 2003). However, most of these previous reviews have focused either on the impact of universal (Adi et al., 2007; Durlak et al., 2011; Wells, Barlow & Stewart-Brown, 2003) or targeted intervention programmes (Evans, Harden & Thomas, 2004; Reddy et al., 2009; Spence & Shortt, 2007), rather than incorporating an evaluation of both simultaneously. One review to date has incorporated evaluations of both universal and targeted programmes which were aimed at preventing or reducing SEBDs in school-age children (Payton et al., 2008). However this review did not examine the theoretical perspective of the intervention programmes, nor did it make any conclusions about which specific programme characteristics produced which specific outcomes.

Furthermore, the majority of the programmes evaluated (88%) were carried out in the USA and thus have limited applicability to the UK. The current review aimed to fill these gaps, and will focus specifically on the extent to which current school-based intervention programmes have successfully targeted the personal skills and environmental characteristics needed for resilience.

Method

Search Strategy

Searches were conducted in two electronic databases: PsychInfo (via Ebsco: 2000-2013) and Web of Science (2000-2013). The search terms used in each database are provided (see Appendix A for full list of search terms) and related keywords were generated in the thesaurus from each database. Further records were identified by conducting a manual search of the reference lists from the publications that were eligible for inclusion in the review.

Inclusion and Exclusion Criteria

The searches of electronic databases and reference lists produced 903 results. The titles and abstracts from these records were screened to determine whether pre-specified inclusion and exclusion criteria were satisfied. This screening process led to the removal of 660 records due to a failure to satisfy the inclusion and exclusion criteria. Following application of the initial inclusion and exclusion criteria, the titles and abstracts of 243 papers were screened further and 39 of these papers were deemed to satisfy the inclusion and exclusion criteria (see Appendix B for a list of the reasons for excluding 204 papers). The following inclusion and exclusion criteria were applied.

Participants. Studies were included if the participants were aged 5-17 years (school-age and adolescent). Studies were eligible for inclusion if they examined either universal interventions, aimed at whole schools, year groups or classes, or targeted (or indicated) programmes for individual children who are displaying early signs of emotional or behavioural problems and have therefore been identified as requiring additional support. Studies were excluded where pupils had a diagnosed mental health condition (i.e. clinically diagnosed depression or anxiety), or where the prevention of bullying or specific problem behaviours such as substance abuse were the main focus of

the intervention. Studies which involved interventions where pupils were not the main recipient of the intervention (i.e. where interventions targeted only parenting skills) were also excluded.

Study Design. Only studies which collected quantitative data were included. Studies were included regardless of whether they included a control group or not. Case study designs were not included.

Type of intervention. The intervention was eligible for inclusion if it targeted functions and skills related to: Social-emotional well-being (competence), emotional literacy, coping skills, problem-solving skills, on-task behaviour and relationships.

Outcome variables and analysis. Studies were excluded if there were no reported outcome variables related to the internalising or externalising behaviours (or emotional and behavioural difficulties) exhibited by the sample.

Publication requirements. Studies were only eligible for inclusion in the review if they were written in English and published in an academic or professional journal. Therefore, articles published in other languages, unpublished work and studies reported in books, abstracts, conference proceedings and review articles were excluded.

Data Extraction and Synthesis

The data extracted from the eligible papers included: a) Descriptive information about the sample (e.g., age, gender, nature of their externalising or internalising behaviours, location of the study); b) Study design; c) Descriptive information about the intervention (type, duration, frequency, who delivered it) and control condition; d) Outcome measures used; e) Effects of the intervention.

Results

The results of the systematic review are organised in the following way. Firstly, intervention programmes are grouped according to the theoretical position underpinning each programme, as Cooper (2011) and Gates, Gear and Wray (2000) highlighted that there are three key therapeutic approaches to dealing with SEBD, each of which is informed by a different theoretical understanding of behaviour. These are: Psychotherapeutic, cognitive-behavioural and behaviourist.

Intervention programmes based on psychotherapeutic principles encompass several psychological perspectives, including humanistic, social and psychodynamic approaches. The underlying tenet of the humanistic approach is that behaviour is a function of the subjective experience of the individual, and that changes in behaviour can be brought about through teaching new skills and building relationships. Intervention programmes which are underpinned by the psychodynamic approach are based on the belief that abnormal behaviour is a result of dysfunctional thinking and past experiences (Gates, Gear & Wray, 2000). Therefore, the aim of these programmes is to enable the individual to explore their thoughts and feelings about past experiences, within the safety of a therapeutic relationship (Cooper, 2011).

Intervention programmes based upon cognitive-behavioural (CB) approach are guided by the argument that thoughts, feelings, behaviours and biological symptoms are inter-linked, and thus maladaptive behaviours are the result of dysfunctional thoughts. Accordingly, the aim of CB intervention programmes is to increase awareness of the link between thoughts, feelings and behaviours, and to teach pupils how to identify and modify dysfunctional ways of thinking.

The underlying tenet of intervention programmes underpinned by the behaviourist approach is that all behaviour is shaped by external forces (Gates, Gear &

Wray, 2000). More specifically, Skinner (cited in Woolfolk, Hughes & Walkup, 2010) proposed that behaviour could be modified by using reinforcement to either increase or decrease its frequency.

Within these theoretical approaches, results will be presented according to whether they are universal or targeted programmes. By comparing methodological differences between studies based on their theoretical orientation, the aim was to highlight important differences in what is and isn't effective in increasing pupil resilience.

Complete details about the sample, design, measures and outcomes for each study can be found in Appendix C. References to studies are given in number form (in brackets) throughout the results section, and can also be found in Appendix C below the authors' names. From a total of 39 studies reviewed, 19 studies were carried out in the USA (48%), 12 within the UK (30%), and one in Australia (2.5%). Eight of the 39 studies did not provide any details about the location in which it was conducted (6, 7, 19, 21, 27, 32, 34, and 39). The ratio of female and male participants across all of the studies (regardless of theoretical approach) was largely equal, with the exception of one study (27) in which only males exhibiting aggressive behaviour were included.

Psychotherapeutic approach

Description of programmes. 19 studies of 15 different intervention programmes were included in the review, all of which are underpinned by a psychotherapeutic approach. Nine of these constituted universal, school-based intervention programmes whose primary aim was to help children to acquire social-emotional skills to cope better with everyday stresses and difficulties (1, 4, 7, 10, 12, 16, 17, 18 and 19). The other ten studies evaluated targeted interventions which seek to address the underlying causes of the behaviour in selected pupils who are experiencing

difficulties (2, 3, 5, 6, 8, 9, 11, 13, 14 and 15). The universal psychotherapeutic interventions evaluated included: The Incredible Years child training curriculum: Dinosaur school (Webster-Stratton, 2004), the INSIGHTS into Children's Temperament programme (McClowry, 2003), the Unique Minds school program (Stern, 1999), the 4Rs program (MCTSR; www.morningsidecenter.org), the Strong Kids program (Merrell, Carrizales, Feuerborn, Gueldner & Tran, 2007), Social and Emotional Aspects of Learning (SEAL) (DfES, 2005), Tools for Getting Along (Daunic, 2006), the Child Development Project (Battistich, Schaps & Wilson, 2004), and Zippy's Friends (www.partnershipforchildren.org.uk). The targeted psychotherapeutic interventions which were evaluated were: Nurture groups (Cooper & Whitebread, 2007; Seth-Smith, Levi, Pratt, Fonagy & Jaffey, 2010), The Coping Power programme (Jurecska, Hamilton & Peterson, 2011; Lochman & Wells, 2003; Peterson, Hamilton & Russell, 2009), The Primary School Project (Malberg, Stafler & Geater, 2012), New Beginnings (Humphrey, Kalambouka, Wigelsworth & Lendrum, 2010a), Going for Goals (Humphrey et al., 2010b), and Big Brothers, Big Sisters (Herrera, Baldwin Grossman, Kaugh & McMaken, 2011).

Frequency and duration of intervention programmes. There was significant variation in the frequency and duration with which participants received each intervention programme. Targeted programmes mostly consisted of weekly sessions of around 45 minutes, which lasted between 7 weeks (14, 15) and 50 weeks (13). Universal programmes also consisted of weekly sessions of around 45 minutes, and lasted between 6 weeks (16) and 39 weeks (1, 17).

Methodological variations across studies.

Design. Seventeen of the studies employed a between-subjects repeated measures design; in 9 of these studies participants or schools were randomly allocated

to either the intervention or control condition (3, 4, 6, 8, 9, 10, 11, 16 and 18) whereas in the remaining seven, participants could not be randomly allocated either because the researchers were relying on schools to be able to implement the intervention, or schools had already decided which pupils they would like to receive the intervention (1, 2, 7, 13, 14, 15 and 12). Two studies employed a repeated measures design, and thus were evaluating only within-individual change. A strength of the studies which evaluated psychotherapeutic interventions is that all but two of the studies employed a control group (5, 12). Of the universal interventions, in seven studies whole-schools were allocated as an intervention or control school, and compared with other schools (1, 4, 7, 10, 16, 17 and 18). Of the targeted interventions, two studies assigned pupils within the same school to act as the control group (3, 9), whereas in other studies pupils from different schools with similar needs were selected as control pupils (2).

Measures. Almost all of the studies in this category employed standardised questionnaires or checklists to gather data (2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 and 19). These included measures of a wide range of personal competencies related to resilience as well as measures of internalising and externalising behaviours. For example, several studies used the Behaviour Assessment Scale for Children (BAS-C; Reynolds and Kamphaus 2004) (3, 9 and 10) or the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) (2, 5, 13, 14, 15 and 16), others used the Emotional Literacy Checklist (Southampton Psychology Service, 2003) (14, 15 and 16).

Three studies gathered data through observation of pupil behaviour in class (1, 6 and 7).

Data collection. Across studies, data were collected from a range of informants: pupils only (12, 16), teachers only (2, 4), pupils and teachers (3, 6, 9, 11, 17, 18 and 19), teacher and parents (5, 13) or pupils, teachers and parents (8, 10, 14 and 15). In two

cases, data were collected from participants' teachers and from the researcher's own observations (1, 7). From the entire sample of 39 studies, only 10 collected follow-up data. Six of these were studies of psychotherapeutic interventions (6, 7, 8, 14, 15 and 16).

Description of participants. As described above, all of the studies which evaluated universal programmes included all pupils in a specified year group or school. For targeted programmes, the majority of studies within this category included participants described as experiencing SEBD / behaviours that interfere with their learning (2, 11 and 13), or at risk of experiencing SEBD (3, 8 and 14). Some studies included participants presenting with externalising behaviours who were at risk of school exclusion (5), aggressive behaviour (6), hyperactive or disruptive behaviour (9), whilst others included participants who were uninterested or unmotivated to learn (15). The participants in all but one of the targeted studies (2, 3, 5, 8, 9, 11, 13, 14 and 15) were selected by teacher referral, if their class teacher felt that they were at risk or experiencing SEBD. Only one study used a scale of teacher ratings of pupil aggression to select the participants (6).

Samples sizes ranged from 44 (5) to 1746 (1), although the majority of these studies employed around 120 participants. Most of the intervention programmes in this category included participants between the ages of 7-9 years (4, 10, 11, 14 and 15) or 9-11 years (3, 7, 9 and 12), others included participants from the early years (5-7 years old) (1, 2, 5, 13 and 19) or secondary school age (11-14 years old) (8, 16), and some studies did not included any information about the age of the participants (6, 17 and 18).

Aims of the intervention. The programmes reviewed targeted EL skills including self-awareness, self-regulation, empathy, perspective-taking, social skills and communication skills (1, 2, 4, 6, 8, 9, 10, 12, 14, 16, 17 and 19). Other studies

evaluated programmes which have combined the development of both literacy skills and EL skills (10), or promoted a sense of school connectedness (9, 12, 13 and 18). Some studies evaluated programmes which aimed to develop participants' problem-solving skills (3, 4, 6, 13, 17 and 19), sense of self-worth (including self-concept, achievement motivation, optimism an goal direction) (9, 12 and 14), or ability to cope with feelings of anxiety (6), whereas others targeted environmental changes such as creating opportunities for pupils to be able to participate in school activities (2, 11 and 13).

Outcomes. Several studies reported that compared to controls, intervention participants showed a significant increase in: EL skills and social skills (2, 3, 7, 12, 13, 15, 16 and 19), the number of positive problem-solving strategies that they could identify (1, 7, 17 and 19), or the number of positive feelings words that they could think of (1). Effect sizes ranged from small (*partial eta squared* = 0.02) (19) to large (Cohen's d = 1.32) (12). One study reported that the increases in EL skills observed in the intervention participants were only significant for those participants who displayed the most significant difficulties at pre-test (15). One study reported no statistically significant effects (14).

Other reported outcomes were: Significant increase in intervention participants' self-efficacy from pre- to post-intervention (7, 18), self-esteem (18), self-concept (11, 18) and sense of school belonging (18). Many of the interventions resulted in a significant increase in intervention pupils' perception that they had a caring and supportive relationship (11, 18 and 19) or were accepted by their peers (2, 4).

A number of studies reported a significant reduction in intervention pupils' externalising behaviour problems (1, 2, 3, 4, 5, 6, 9, 10, 13, 15 and 16) in particular, reductions in hyperactivity, conduct problems and aggression were reported. Several studies also reported a significant reduction in intervention pupils' internalising

behaviours (3, 5, 8, 9, 10, 13, 15, 16 and 19) such as anxiety, withdrawal, rumination and depression, although in one case significant effects were only evident from the teacher-report data and not from the pupil or parent-report data (8). In one study, there was no significant effect of the intervention on pupils' emotional difficulties (2). Effect sizes ranged from small (Cohen's *d* = 0. 22) (3) to large (*partial eta squared* = 0.108) (19).

Only five of the studies reviewed in this category reported evidence of a simultaneous increase in personal competencies and a reduction in SEBDs (1, 3, 13, 16 and 19), although only one of these (16) stated that there was an association between the increase in EL skills and the reduction in SEBD. The majority reported either an increase in skills or a reduction in SEBDs as a result of the intervention but not both together.

Generalisation of outcomes. Six studies (3, 9, 11, 13, 18 and 19) illustrated that the observed positive effects of the intervention were transferred to other contexts, for example when the child was in other parts of the school or home environment other than where the intervention had taken place. In contrast, another six studies reported that the observed pupil outcomes were not visible in other contexts (5, 7, 8, 14, 15 and 17). Seven studies did not collect data from teachers or parents, thus it was not possible to conclude whether the impact of the intervention was generalised to other settings (1, 2, 4, 6, 10, 12 and 16).

Cognitive-Behavioural approach

Description of programmes. A total of 13 studies were identified which evaluated 11 different interventions guided by a CB approach. There were seven programmes which used a universal approach (20, 22, 24, 25, 29, 30 and 31) and six programmes which employed a targeted approach (21, 23, 26, 27, 28 and 32). The

universal CB interventions evaluated included: Promoting Alternative Thinking Strategies (PATHS; Greenberg, Kusche, Cook & Quamma, 1995; Curtis & Norgate, 2007), FRIENDS (Stallard, Simpson, Anderson, Hibbert & Osborn, 2007), Positive Action Programme (PAP; Li et al., 2010), the Aussie Optimism Programme (Swannell, Hand & Martin, 2009), a Mindfulness-based intervention (Mendelson et al., 2010), and an adaptation of the PARC programme (Desbiens & Royer, 2003). The targeted CB interventions evaluated included: the Self-Discovery Programme (Powell, Gilchrist & Stapley, 2008), the Feelings Club (Manassis et al., 2010), Solution-Focused Brief Therapy (Franklin, Moore & Hopson, 2008) and the Brain Power Programme (Hudley, Graham & Taylor, 2007). Squires and Caddick (2012) carried out an evaluation of a CB programme, which was based upon both the Penn Resiliency Programme and Think Good, Feel Good materials, and Humphrey and Brooks (2006) evaluated an unpublished CB programme which aimed to develop pupils' anger management skills.

Frequency and duration of intervention programmes. The frequency and duration with which participants received the universal CB intervention programmes was noticeably more intensive than the psychotherapeutic and behaviourist programmes reviewed. For example, a number of the universal CB programmes were delivered to pupils up to four times per week, over periods of between 12 and 30 weeks (24, 25, 30 and 31). Targeted programmes were less intensive, consisting of weekly sessions of around 1 hour, which lasted an average of 10 weeks (20, 22 and 29).

Methodological variations across studies.

Design. Ten studies employed a between-subjects repeated measures design; in eight of these the schools or participants were randomly allocated to either an intervention or control condition (21, 24, 25, 27, 28, 29, 30 and 32), and in two the participants were not randomly allocated to each condition (23, 31). Instead the pupils

that were selected by their teacher as experiencing SEBD were asked to complete a questionnaire, and they were allocated based on their own self-reports. A difficulty with the study by Powell, Gilchrist and Stapley (2008) is that the researchers did not report which measure was used, and how participants were allocated based on this. Two studies employed a repeated-measures design (20, 22), and one study employed a single-group phase-change design (26), in which measures were taken during a 4 week baseline period (teaching as normal), followed by a 4 week intervention period and a 4 week follow-up period (teaching as normal).

Only three studies collected follow-up data to measure whether the effects of the intervention lasted after the intervention had ended (20, 26 and 28).

Of the seven studies evaluating a universal programme, five employed a control group in which some schools acted as the intervention group, and other schools acted as the control group (24, 25, 29, 30 and 31). Of the six studies evaluating a targeted programme, four employed a control group of pupils within the same school as the intervention group (21, 23, 27 and 32) and one study selected pupils from different schools with similar characteristics to the intervention participants, to act as the control group (28). The remaining three studies did not employ a control group (20, 22 and 26).

Measures. A number of standardised measures were employed including measures which assessed a wide range of internalising behaviours: The Response to Stress Questionnaire, the Emotion Symptoms Inventory (24) and the SDQ (22, 23 and 31). Others measured more specific internalising behaviours, such as anxiety or depression: The Spence Children's Anxiety scale (20) and the Centre for Epidemiological Studies Depression scale for children (CES-DC; 22).

Several studies used teacher-report measures of participants' externalising behaviours, including the Behaviour Assessment Scale for Children (21), the Child

Behaviour Checklist (28, 32), the School Problems Checklist (21), and the Revised Rutter Teacher scale for school-aged children (26). One study reported changes in participants' behaviour based on observations of pupils' behaviour in class (26).

A few studies collected data which aimed to measure participant's perceptions of their own skills, including measures of self-concept (29) and self-esteem (20). One study obtained data about participants' perceptions of their bullying behaviour, substance abuse and externalising behaviour via interview (25).

***Data collection*.** Perhaps owing to the nature of CB intervention programmes, many of the studies collected data from the participants themselves (20, 22, 24 and 25). A number of others gathered data from the participants and their teacher (21, 28, 29 and 30), or their teacher alone (23, 31). One study gathered measures from the participant, their teacher and from the researcher's observations (26). There was less triangulation of results in these studies than those evaluating psychotherapeutic interventions, with only one study gathering data from participants, teachers and parents (32). One study did not provide any information about the measures that were used or who completed them (27).

Description of participants. For targeted programmes, the majority of studies within this category included participants who were presenting with externalising behaviours and were at risk of school exclusion (21, 26 and 28), aggressive behaviour (27), or hyperactive and disruptive behaviour (29). Perhaps surprising given the nature of CB therapies, only one study included participants who were experiencing internalising behaviours (32). As with the psychotherapeutic interventions, most of the studies used teacher referral to select the participants (21, 23, 26 and 28), one study used teacher ratings of pupil aggression to select the participants (27) and one study employed two standardised measures (the Multi-dimensional anxiety scale for children

and the Children's Depression Inventory) and selected participants based on their own reports of their internalising difficulties (32).

Samples sizes ranged from 12 (21, 26) to 510 (25). Most of the intervention programmes in this category included participants between the ages of 7-9 years (30, 31), 9-11 years (20, 23, 24, 25 and 28) or secondary school age (11-14 years old) (21, 22 and 26). Interestingly, none of the studies included participants from the early years (5-7 years old), which may reflect the different skills that are required in order to reflect on our thoughts, feelings and behaviours in CB programmes. Some studies did not include any information about the age of the participants (27, 29 and 32).

Aims of the intervention. Seven of the programmes aimed to reduce the risk factors associated with developing SEBD by promoting emotional and social competencies in the five key areas of EL named by Goleman (1996) (22, 23, 24, 25, 26, 30 and 31).

Five of the intervention programmes aimed to increase pupils' awareness of their own body, thoughts, feelings and behaviours, as well as developing their ability to recognise and manage negative feelings and maladaptive thoughts (21, 25, 28, 29 and 32), for one programme this specifically focused on feelings of anxiety (20).

One programme also aimed to teach pupils skills in relaxation, in order to increase their feelings of autonomy and control around self-regulating their own behaviour (23). A number of interventions aimed to help pupils to change their current behaviour by developing their skills in identifying solutions to problems that they perceive (22, 26 and 28). Three studies evaluated interventions which specifically focused on managing anger, developing pupils' skills in identifying hostile attributions and in thinking of alternative explanations for others' behaviour (26, 27 and 29).

Outcomes. Significant improvements were reported in intervention participants': Feelings vocabulary, ability to define complex feelings words, ability to recognise how others are feeling, and manage their own feelings, in addition to increased skills in empathy and perspective-taking (30, 31). However, Greenberg, Kusche, Cook and Quamma (1995) reported that there was no change in the participants' ability to recognise their own feelings, following participation in the PATHS programme.

Other outcomes included statistically significant improvements in participants' externalising behaviours (21, 23, 25, 27, 28, 30 and 31), including a significant reduction in hostile attributions, aggressive behaviour and reported anger for pupils in intervention group only (25, 27). In addition to reductions in externalising behaviour, some studies reported increases in participants' prosocial behaviour and acceptance by peers, post-intervention (22, 26).

Six studies reported improvements in participants' internalising behaviour difficulties following the interventions (20, 22, 24, 26, 28 and 32). One of these studies however (32), reported a significant reduction in both intervention and control pupils' self-reported symptoms of anxiety and depression from pre- to post- test, and no significant change in anxiety or depressive symptoms as reported by parents or teachers. Effect sizes ranged from small (r = - 0.19, Cohen's d = 0.4, *partial eta squared* = 0.01) (22, 26 and 32) to large (Cohen's d = 0.7, Cohen's d = 1.4) (24, 28).

Generalisation of outcomes. Similar to the studies based on psychotherapeutic principles, five of the studies reported that observed outcomes were generalised to the classroom (21, 23, 28, 29 and 31). For example, Powell, Gilchrist & Stapley (2008) reported that class teachers rated intervention pupils as illustrating significantly greater social competence with peers in the classroom, post-intervention. Two studies reported

that observed outcomes were not generalised to settings other than where the intervention took place (25, 32), and five studies did not collect any data from class teachers or parents (20, 22, 24, 26 and 27), thus it is difficult to establish whether any positive changes in participants' behaviour were transferrable to other settings.

Behaviourist approach

Description of programmes. Seven studies guided by a behaviourist approach were included in the review. Of these, four were universal interventions (33, 36, 37 and 39) and three were targeted programmes (34, 35 and 38). The universal programmes that were reviewed included: Peer modelling and teacher reinforcement (Richards, Heathfield & Jenson, 2010), school-wide Positive Behaviour Support (PBS) (Warren et al., 2006), Peer Tootling (Cihak, Kirk & Boon, 2009), and the Good Behaviour Game (GBG) (Wright & McCurdy, 2011). The targeted interventions that were reviewed were: Check-In, Check-Out (Hawken, MacLeod & Rawlings, 2007), a targeted adaptation of PBS (Callan Stoiber & Gettinger, 2011), and the First Steps to Success programme (Seeley et al., 2009).

Frequency and duration of intervention programmes. The universal behaviourist programmes require the class teacher to implement strategies for reducing the frequency of inappropriate behaviours during their normal lessons, and thus these are generally much less intensive than the psychotherapeutic or CB programmes. For example, one study (33) evaluated an intervention which consisted of 6-8 sessions over four weeks (two times per week for 15 minutes each) during which pupils watched video tapes of pupils with similar characteristics to themselves, carrying out on-task behaviours 100 per cent of the time and being praised by their teacher for doing so. The participants' class teacher made positive comments about the on-task behaviours that

they were observing on the video which generated discussion amongst the participants, who were asked to agree to imitate the observed behaviours from then onwards.

The targeted behaviourist interventions were more intensive; individualised programmes were designed for each participant and behaviour was monitored by class teachers throughout the school day for a period of between 30 days (38) and 13-15 weeks (35).

Methodological variations across studies.

***Design*.** Two studies employed a between-subjects randomised control design (35, 38): In one, classes within the same school were randomly allocated to either an intervention or a 'usual care' control group. The class teachers were then asked to highlight the pupils with the highest level of externalising behaviour in each class, and one of these pupils was randomly selected for intervention from each class (38). In the other, pupils who were highlighted by their class teacher as experiencing SEBD were then randomly allocated to an intervention or control group (35). Five studies employed a repeated-measures design (34, 36 and 37).

Follow-up data was collected for only one study (33); this illustrated that participants' levels of on-task behaviour remained higher at follow-up (4 – 8 weeks after the end of the intervention) than at pre-test.

***Measures and data collection*.** No participant-report measures were employed in these studies. The majority of the data were collected from the class teachers who were implementing the intervention (34, 36, 37 and 38), for example Hawken, MacLeod and Rawlings (2007) and Warren et al. (2006) measured the number of office discipline referrals that each participant received, whereas Callan Stoiber and Gettinger (2011) collected teacher and parent ratings of participants' externalising behaviour and adaptive behaviour skills using the Behaviour Assessment System for Children. One

study used data from the class teacher's observations of the number of inappropriate behaviours exhibited by the whole class each day (37).

One study gathered data from both teachers and parents, including teacher reports of ADHD and behaviour symptoms, measures of social competence (using the Social Skills Rating System and Adaptive Behaviour Index), as well as parent reports of social competence and externalising/ internalising problem behaviours, using the Social Skills Rating Scale (38).

Two studies obtained data from either observations of pupil behaviour in class by trained psychology graduates (33) or from observations carried out by the researcher (39).

Description of participants. Two of the targeted programmes in this category included participants who were described as exhibiting externalising behaviours or SEBDs that were putting them at risk of exclusion (34, 35). Both of these studies selected their participants based on class teacher perceptions that they were at risk of, or currently experiencing SEBDs. One study selected participants if they met the diagnostic criteria for ADHD based on class teacher-ratings of their behaviour using the Conner's DSMIV/ ADHD rating scale (38). Interestingly, none of the studies in this category targeted participants who may have been experiencing internalising behaviour difficulties.

The participants in these studies spanned a wide age-range, including 5-6 years old (35), 7-9 years old (33, 37 and 38), 11-16 years old (36). One study did not explicitly define the age of the participants, simply stating that they were within the primary school age-group (39), and one study did not provide any details about the age of the participants (34).

Samples sizes ranged between 12 (34) and 737 (36), although the majority of studies reported including between 20 and 45 participants (33, 35, 37, 38 and 39).

Aims of the intervention. All seven of the intervention programmes reviewed in this category aimed to either reduce the frequency of off-task, inappropriate behaviours (34) or increase the frequency of on-task, appropriate behaviours (33, 37) or both (36, 38 and 39). In one study, the intervention involved explicitly teaching appropriate, socially acceptable behaviours (38). Increasing socially acceptable behaviours is likely to increase pupil resilience by decreasing the likelihood that they will be rejected by their peers (Bywater & Sharples, 2012), or that they will fail to achieve academically (Ewen & Topping, 2012).

Within this category, one study evaluated an intervention which recognised the importance of attempting to understand the communicative function of the child's behaviour, as part of the process of reducing inappropriate behaviours (35). This represented a unique method of behaviour change within the range of intervention programmes which are guided by a behaviourist approach, as these do not traditionally take into account cognitive and affective factors underlying behaviour.

Outcomes. The outcomes from the studies of behaviourist intervention programmes were quite different to those reported in studies of psychotherapeutic and CB intervention programmes. The main outcome of these studies was either a reduction in inappropriate, externalising behaviour (34, 35, 36 and 38) or an increase in on-task or prosocial behaviours (33, 34, 35, 36, 37 and 38), rather than increases in pupils' personal competencies or environmental changes. Three studies of universal intervention programmes (36, 37 and 39) concluded that reward and reinforcement contingencies resulted in a reduction in office referrals, in-school conferences, time-outs and in-school suspensions. However in all studies the positive effects of the

intervention on behaviour change were not maintained once the intervention had ended. In one study, reward and reinforcement was successful at reducing the number of incidences of inappropriate behaviour in some but not all pupils (34). It is possible that these pupils did not find adult attention reinforcing. Four of the studies also aimed to increase the number of positive prosocial behaviours (33, 35, 36 and 38), however this was only achieved in the two studies of targeted intervention programmes (35, 38). Callan Stoiber and Gettinger (2011) indicated that post-intervention, those pupils receiving the intervention showed significantly more positive behaviours, including social cooperation, self-control and learning behaviour, and significantly less negative behaviours (aggression, non-compliance and negative affect), than control children. Seeley et al. (2009) reported similar findings to those above for pupils with a clinical diagnosis of ADHD, in terms of increases in adaptive behaviours and social skills, and reductions in problem behaviours from pre-test to post-test. The effect sizes reported in these studies ranged from small (Cohen's $d = 0.19$) (35) to large (Cohen's $d = 0.74$ - 1.32) (38). No effect sizes were reported for the remaining studies (34, 36, 37 and 39).

Generalisation of outcomes. The fact that data was only collected from parents in one of the studies in this category (38) makes it difficult to conclude whether or not behaviourist intervention programmes are successful at achieving positive changes in pupil behaviour across different contexts including school, home and elsewhere.

Discussion

The 39 studies reviewed evaluated a wide range of intervention programmes which aim to support pupils with SEBD in schools. Whilst the studies varied significantly in terms of design, skills targeted, sample size, age of participants, and outcomes measured and reported, it was important to include a wide range of studies in order to illustrate the complexity involved in evaluating the most effective means by which schools can increase the resilience of their pupils with SEBD.

The results illustrated that the quality of monitoring intervention integrity across studies was roughly equal. For example, eight of the studies which evaluated psychotherapeutic interventions monitored implementation, 11 did not (1, 2, 5, 8, 10, 11, 13, 14, 15, 16 and 19). This was compared with the studies of CB interventions in which six of the studies monitored implementation and seven did not (21, 23, 24, 25, 26, 27 and 29), and behaviourist interventions in which three of the studies monitored implementation, four did not (33, 6, 37 and 39). The outcomes of this monitoring suggested that there were frequent variations in the way in which intervention programmes were delivered, particularly in the psychotherapeutic category. For example, one study reported that there was considerable variation in the frequency and duration of sessions across schools (10), others reported that the implementation fidelity was very low (14, 15) or that the lack of programme guidance meant that schools were implementing the programme in very different ways, making it almost impossible to compare (16).

Despite large variations in programme implementation and monitoring, 17 studies of psychotherapeutic interventions, 11 studies of CB interventions and six studies of behaviourist interventions reported positive effects for pupils. Analysis of the results indicated that intervention programmes underpinned by a psychotherapeutic

approach produced the greatest range of positive outcomes related to resilience. The aspects of resilience for which it was possible to show improvement included: EL, including increases in emotional vocabulary (1, 7, 12, 15, 16, 19, 30 and 31), social and communication skills (3, 38) problem-solving (1, 7, 17 and 19), positive self-concept (11, 18), self-esteem (18, 20), self-efficacy (7), sense of school connectedness (18) and perception of having a caring relationship (11, 18 and 19). Out of the total 39 studies reviewed, only nine studies (five psychotherapeutic studies, two CB and two behaviourist studies) reported that intervention pupils exhibited both an increase in some of the personal competencies related to resilience, *and* a reduction in externalising behaviours. A common feature of these studies was that they evaluated the most intensive intervention programmes in which participants either received several sessions per week, or the programme lasted over the course of two-three school terms (24-36 weeks). This is supported by previous reviews of the literature including Adi et al. (2007) and Wells, Barlow and Stewart-Brown (2003), which concluded that the most successful programmes were those that were delivered continuously over extensive periods of time.

The results appeared to suggest an important difference between the effectiveness of the universal versus targeted intervention programmes; across all theoretical approaches studies of universal programmes reported a greater range of positive outcomes for pupils than targeted programmes. More specifically, 11 universal programmes reported significant increases in personal competencies related to resilience including EL, social skills, problem-solving, self-esteem and sense of belonging, compared with only six studies of targeted programmes. However, in relation to observable behaviour change the results suggested that targeted programmes are more likely to lead to a reduction in internalising or externalising behaviours, than universal

programmes. Furthermore, there was a trend towards studies of universal intervention programmes reporting larger effect sizes than those reported for studies of targeted programmes. These results suggest a bias towards universal intervention programmes being more effective at increasing the resilience of pupils with SEBD. This could be explained by the fact universal intervention programmes aim to both increase pupils' personal competencies and increase environmental resources. This is supported by Greenberg et al. (2003), who noted that "programmes are most beneficial when they involve explicit attempts to enhance competence, connections to others and provide opportunities for them to contribute to their community" (p. 468).

Across all theoretical approaches, there was a consistent bias in selecting participants for targeted interventions based solely on teacher referral; there were very few cases where objective measures were used. This was particularly the case in studies of behaviourist intervention programmes in which participants were selected based on their class teacher's perceptions of their disruptive behaviour, with no mention of including pupils who may be exhibiting internalising difficulties. This could be due to the fact that internalising behaviours are not as easily observable to parents or teachers as externalising behaviours (Masten & Tellegen, 2010; Reddy et al., 2009). This highlights an important consideration for future educational practice, as pupils with SEBD who are experiencing internalising emotional difficulties rather than externalising, disruptive behaviours may be less likely to receive intervention to increase their resilience.

Difficulties with identifying and measuring internalising behaviour difficulties could also help to explain another bias which was observed in the studies. Specifically, there was a clear bias towards reporting positive effects for externalising problems compared to internalising problems. For example, Swannell, Hand and Martin (2009)

reported that intervention pupils exhibited a significant reduction in externalising behaviours following the Aussie Optimism Programme, yet the aim of the intervention was to prevent internalising problems. One explanation for this could be due to the measures that were selected by the researchers; the aim of a number of CB intervention programmes was to alter pupil perceptions of themselves and their environment, yet in some cases no measures of pupil perceptions are taken (22, 23). This means that it is impossible to establish whether the programme was effective at achieving its primary aims. Furthermore, in a large majority of the studies where the class teachers provided ratings on changes in pupils' skills or behaviour, the teachers were not blind to the intervention and hence their ratings may have been biased. This bias could be minimised by collecting data from a variety of sources, which was most common in studies of targeted interventions, the majority of which were underpinned by a psychotherapeutic approach.

A further difficulty encountered when reviewing intervention programmes which support pupils with SEBD, is that despite reporting positive outcomes, a number of them do not make any firm conclusions about the psychological mechanisms of the intervention that resulted in these outcomes (11, 28). For example, Herrera et al. (2011) reported that pupils who received the Big Brothers, Big Sisters mentoring programme illustrated significant increases in academic attainment, perceptions of their academic ability and perceptions that they had a special adult in their life, however the format of each mentoring session was not consistent across mentors and thus it is impossible to know which elements of the intervention were the key mechanisms impacting on change. Further research is needed to develop a firmer understanding of these mechanisms.

In addition to failing to identify the key psychological mechanisms involved in

school-based intervention programmes, a number of the studies reviewed failed to employ a control group. This was particularly the case for behaviourist programmes, in which three out of seven studies reported outcomes based on one class of pupils within one school (34, 36 and 37). This makes it difficult to determine whether the reported results were due to the intervention or the normal teaching processes that were occurring within the school.

An interesting theme in the findings of a number of targeted psychotherapeutic and CB intervention studies was that the intervention had the most significant positive impact on those pupils who had the most significant difficulties (often within the clinical range) at pre-test (10, 22 and 27). This is in agreement with previous findings from Reddy et al. (2009), who reported that the magnitude of the impact related to the base rate of symptom or behaviour severity of the pupils. One explanation for this could be that the outcome measures employed were not able to detect changes within the 'normal' ranges, for example Swannell, Hand and Martin (2009) reported that the Centre for Epidemiological Studies Depression scale for children (CES-DC) was only able to detect changes in self-reported depressive symptoms for pupils in the 'borderline' to 'clinical' range. Another explanation could be that some of the participants included in this study were also receiving support for their behaviour difficulties from an external agency, however as the researchers did not employ a control group, it is not possible to establish the unique impact that the Aussie Optimism Programme had on the pupils' behaviour. This highlights an important consideration when selecting the most appropriate measures to evaluate interventions to support pupils with SEBD in the future.

Conclusions

Despite the fact that there were a vast range of intervention programmes and methodologies employed by the studies that were evaluated in this review, it is possible to make a number of conclusions. The evidence suggests that behaviourist intervention programmes that reinforce target behaviours using peer recognition and group contingencies are effective at providing a short-term reduction in pupils' disruptive behaviours. However, these interventions do not sustain behaviour change once the intervention is finished; it is likely that this is because they do not take into account the underlying causes of pupils' behaviour. Daunic et al. (2010) reported that although behavioural strategies are able to reduce externalising behaviours in the short-term, they do not enable children to self-regulate their own behaviour and hence are not providing children with the personal skills needed to increase their resilience to SEBD in the long-term. Furthermore, whilst these intervention programmes are cost-effective and easy to implement, there is a lack of research evaluating the effectiveness of behaviourist interventions using control groups (33, 35, 38 and 39).

The most effective programmes for increasing the resilience of pupils with SEBD are those that involve explicitly teaching new skills whilst also creating an environment in which pupils feel supported by their peers and teachers, and can build relationships. Although both psychotherapeutic and CB intervention programmes aimed to target both of these domains, CB programmes were generally much more intensive to deliver and did not result in relatively improved outcomes compared with psychotherapeutic programmes. In fact, psychotherapeutic programmes produced the greatest range of positive outcomes related to resilience. The results suggested that universal intervention programmes that were delivered over the course of two-three school terms were most likely to result in a simultaneous increase in personal

competencies and a reduction in externalising behaviours. Research has suggested that this is because more long-term programmes offer sufficient time for relationships to develop and for skills to be practised (10). Programmes were less effective at increasing the social and emotional skills associated with resilience when these were not taught explicitly (11).

Of the studies reviewed, there were an extremely limited number of evaluations of school-based intervention programmes which: Gathered data from a variety of sources, utilised standardised measures to select the most appropriate participants for the intervention, or collected follow-up data to establish whether findings were maintained after the intervention has finished. Future research on intervention programmes for pupils with SEBD must seek to address these issues. In particular, further research is needed to establish whether school-based intervention programmes increase pupils' ability to manage their feelings and behaviour in the multiple environments in which they live, rather than collecting data from either school or home.

There is also limited evidence of intervention programmes which attempt to simultaneously target both academic and social-emotional skills (10) or programmes which enable the child to address emotional issues which may be underlying their behaviour difficulties (5, 8). The evidence presented to date suggests that using creative activities as a medium through which children can make sense of their emotional issues can be successful at increasing pupils' social-emotional competence and reducing externalising behaviours and emotional disturbance (5, 7) although some evidence suggests that this is not consistently the case (8). Liberman et al. (as cited in Macklem et al., 2011) posited that talking about or writing about feelings helps to regulate negative emotional experience, however as yet there are very few studies which have evaluated the impact of interventions which use creative methods on the resilience

of pupils with SEBD. These methods should be particularly appropriate for children as the use of metaphor represents a type of pretend play through which children can explore different scenarios and outcomes to their problems (Cattanach, 1997; Nicholson, Irwin & Dwivedi, 2010; Pomerantz, 2007; Riordan, 1996; Waters, 2004). Further, with schools experiencing a significant amount of pressure to increase both the academic attainment and social-emotional well-being of their pupils, more evidence is needed to determine the effectiveness of intervention programmes which aim to target both academic and social-emotional skills at the same time.

It is important to note the limitations in the approach the author adopted in reviewing the literature. Firstly, only studies published in academic or professional journals were included and unpublished work was excluded. This raises the likely possibility of a publication bias in the results, which could lead to an inflated proportion of the studies showing positive treatment effects. A further limitation of this literature review is that it focused only on papers which evaluated interventions that specifically targeted the skills of the pupils, and those that were carried out within the school environment. Models of resilience emphasise the need to enhance protective factors across multiple domains of the child's environment (Benard, 1991; Garmezy, 1985; Masten & Garmezy, 1985; Masten & Coatsworth, 1998, Rutter, 2000), for example, within the family, home and the wider community, however this review focuses solely on what schools can do. In practice it can be costly for schools to work at all levels of the eco-system, both in terms of providing training or support to parents to enable them to improve outcomes for their children, and also in terms of the time required to implement and monitor environmental changes to increase pupil resilience.

Chapter 2: Evaluating the Impact of Therapeutic Storywriting on Childrens' Resilience and Emotional and Behavioural Adjustment

Over the past two decades a significant body of research has evaluated the effectiveness of a range of school-based intervention programmes, to promote the resilience of children with *social, emotional and behavioural difficulties* (SEBD). The evaluated interventions focus on using rewards and sanctions to increase or decrease the frequency of behaviour (Callan Stoiber & Gettinger, 2011; Richards, Heathfield & Jenson, 2010), teaching new skills and building relationships (Battistich, Schaps & Wilson, 2004; Cooper & Whitebread, 2007), or identifying and modifying dysfunctional ways of thinking (Curtis & Norgate, 2007; Stallard et al., 2007). Very few studies have evaluated interventions which enable pupils to explore the intrapersonal and interpersonal emotional issues that underpin their behaviour difficulties. Yet, targeting change in intrapersonal and interpersonal skills through indirect expressive approaches such as free writing, art, movement and drama therapy (Roberts, 1997) may be particularly promising.

Current research on resilience focuses on identifying *protective factors/ processes* which are commonly associated with positive outcomes for individuals. These protective processes are represented at three levels (see Figure 2): Personal attributes, environmental influences and family characteristics (Benard, 1991; Garmezy, 1985; Masten & Garmezy, 1985; Masten & Coatsworth, 1998, Rutter, 2000). Pupils with SEBD represent a population who are at-risk of negative psychological and social outcomes, as they lack many of these personal attributes associated with resilience. In particular, research suggests that deficits in children's *emotional literacy* (EL; Steiner,

2003) skills are likely to be a significant contributing factor in the development of SEBDs.

Figure 2. *Key protective factors associated with resilient outcomes*

Personal attributes	Environmental influences and family characteristics
Emotional Literacy (self-awareness, self-regulation, empathy, communication skills, responsiveness to others)	Caring and supportive relationships with peers and adults (sense of relatedness)
Problem-solving skills	Positive and high expectations (of the adults for the child)
Autonomy (internal locus of control, sense of mastery, self-efficacy)	Opportunities for meaningful participation (sense of belonging)
Sense of purpose and future (sense of self-worth and competence, positive self-concept, achievement motivation, goal direction, persistence, optimism)	

Emotional literacy is made up of two aspects: the intrapersonal intelligences and the interpersonal intelligences (Gardner, 1983; Goleman, 1996). Intrapersonal intelligence is concerned with our ability to identify, discriminate between and regulate our emotions. It is suggested that the development of intrapersonal intelligence is a vital precursor to children's ability to make sense of their experiences and to be able to form effective and empathetic interpersonal relationships (Mowat, 2011). Hence one explanation for the difficulties exhibited by children with SEBD is that they have not yet learned the intrapersonal skills that are needed to successfully regulate their emotional arousal and behavioural expression of feelings (Eisenberg et al., 1997; Elias et al., 1997). This link is supported by research evidence which illustrated that intervention programmes that increase pupils' EL skills also resulted in a reduction in internalising and externalising behaviour difficulties (Curtis & Norgate, 2007;

Humphrey et al., 2010b; Renwick, 2005; Webster-Stratton, Reid & Stoolmiller, 2008; Wigelsworth, Humphrey & Lendrum, 2012). Furthermore, researchers have proposed that strengthening these intrapersonal and interpersonal skills is likely to form a vital building block, which enables children to achieve competence in a number of other protective processes (Zins et al., 2007), such as a sense of belonging (Ripley & Simpson, 2007; Salovey & Mayer, 1995) and self-concept (Bosacki, 2007; Roffey, 2011).

One example of a school-based intervention programme which aims to help pupils to explore their feelings and develop their intrapersonal and interpersonal skills is Therapeutic Storywriting (TSW, Waters, 2004). TSW is a targeted intervention which was designed to support pupils in Key Stage 2 (7-12 years of age) who are experiencing SEBD. The model employs the medium of story writing, in particular the use of metaphor, to enable pupils to address emotional issues which may be having a detrimental impact on their learning, whilst simultaneously developing their literacy skills. The use of metaphor is a particularly pertinent element of TSW which distinguishes it from other intervention programmes for pupils with SEBD. Researchers have suggested that the metaphor employed in story writing provides a medium through which children can explore significant feelings, reflect, problem-solve and explore different scenarios, in a way that is acceptable in the educational environment (Cattanach, 1994; Nicholson, Irwin & Dwivedi, 2010; Pomerantz, 2007; Riordan, 1996; Waters, 2004).

A TSW session has six components: 1) Feelings check-in; 2) review of previous week's stories; 3) suggestion of story theme; 4) children and teacher writing stories; 5) sharing stories; 6) story game (Waters, 2004). Waters explains the mechanisms which underpin TSW from a psychodynamic perspective, however the present study seeks to

highlight other psychological processes that are occurring throughout each TSW session, which may increase some of the personal skills and environmental characteristics associated with resilience.

One of the key protective factors targeted by TSW is the development of EL skills. The development of EL occurs at several stages of TSW including the feelings check-in, review of previous week's stories, and sharing stories. Based upon Goleman's (1996) five-dimension conceptualisation of EL, these session components are thought to develop pupils' self-awareness, self-regulation and empathy, as they focus on increasing the pupils' emotional vocabulary (EV). Developmental Cascades Theory (Masten & Chicchetti, 2010) can provide a theoretical explanation for the mechanisms through which TSW can improve pupil behaviour. It posits that the impact of an intervention on proximal factors, such as EV, may in turn influence the developmental course of a broader set of social, emotional, behavioural and academic outcomes. Researchers have supported this notion, suggesting that having a vocabulary of feelings words is a vital precursor to being able to correctly perceive and appropriately act upon different feelings in the self and others (Joseph & Strain, 2003). It is thought that this is because increasing the complexity of the language skills that a child has enables them to identify and label their feeling states more easily (Eisenberg, Sadovsky & Spinrad, cited in Macklem et al., 2011; Burwell & Shirk, 2007). This in turn supports emotion regulation, as evidence suggests that labelling emotions activates the prefrontal cortex and decreases the intensity of the emotion (Lieberman et al., cited in Macklem et al., 2011, p. 72). The development of EV is also linked to empathy and social competence as it enables pupils to more quickly and accurately perceive the feeling of others (Izard et al., 2001). Throughout these session components, the teacher is also modelling a number of skills including: Active listening, reflecting on emotions,

being empathic and using EV.

It is argued that EL can only develop within a safe, supportive environment in which the pupils' anxieties are contained (Bion, 1994). In TSW this is achieved through: Ensuring that the group meet at the same time and at the same place each week, establishing clear ground rules about confidentiality, allowing the pupils to choose the group name, and keeping all explorations of feelings within the metaphor of the story. The use of metaphor in these stories is important, as it allows pupils to express their emotions in a way that feels safe and not overwhelming. Zins et al. (2007) also proposed that developing a safe and supportive learning environment can lead to an increased sense of belonging and identity between the pupils.

In addition to developing pupils' EL, TSW aims to develop pupils' literacy skills. Waters (2004) suggests that a key difference between TSW and the literacy instruction which occurs within the mainstream classroom is that children are encouraged to write about something of personal significance, and the focus is on the content of the stories rather than targeting their technical writing skills. During TSW, the children receive positive feedback from the teacher for engaging with writing, which reinforces their self-concept as a writer and increases their perception that they are able to achieve academically. Evidence suggests that pupils with SEBD are likely to have a negative self-concept as their difficulties often interfere with their learning (Ewen & Topping, 2012) and their ability to successfully form relationships with their peers (Bywater & Sharples, 2012). Thus, increasing the pupils' self-concept through TSW is another protective factor related to resilience as it influences the way in which we conceptualise our personal skills and experiences (Craven & Marsh, 2008; Rutter, cited in Shonkoff & Meissels, 2000).

Despite being used as an intervention in over 500 schools across the UK (www.therapeuticstorywriting.com), the current evidence-base for TSW is limited to two studies, neither of which has attempted to make a link between TSW and resilience. Waters (2002) carried out a case study examining the impact of TSW on a single Key Stage 2 pupil's emotional and behavioural difficulties, following a 10-week TSW group intervention. Findings suggested that TSW had a positive impact on the pupil's emotional well-being, the pupil's experiences were given extended language and meaning, and there was an improvement in the participant's literacy, and speech and language skills. However, Waters provides no explanation of what "extended language and meaning" (p. 356) looked like or whether this was related to changes in the pupil's behaviour. Furthermore, the evidence is based on the personal reflections of the author rather than any quantitative measures of the pupil's progress.

Later, Waters (2008) conducted a pilot study to evaluate the impact of TSW groups on the emotional, social and academic learning of a larger sample of pupils. Measures included: Individual and group interviews with 21 pupils (13 girls, 8 boys) from years 3 – 6 and interviews with the Special Educational Needs Coordinators (SENCo) who ran the groups. Interview data suggested that the TSW intervention enabled pupils to: Move through difficult feelings, encouraged them to develop cooperative and trusting relationships with each other, supported listening and speaking skills and increased their confidence in their ideas. In addition, 72 % of pupils said that TSW helped them to process their emotional experiences through the medium of story writing, some stated that TSW increased their motivation to write, and teachers reported that participants' EL had increased as a result of the intervention. However, no standardised quantitative measures were used; teachers were asked to give ratings of pupil EL skills using a scale from 1-5 (5 = high EL).

A number of important limitations need to be noted regarding Waters (2008) study. Water's report was commissioned by a SEN Partnership who were responsible for funding the training and dissemination of TSW groups across UK schools. The researcher was involved in generating the model, training the teachers and gathering the data, thus it is possible that they may have been predisposed to seeking positive results. In addition, the teachers that were interviewed for the study had been running the groups, making it possible that the teachers, too, were biased in their reports. Control groups were not employed, thus it is difficult to determine whether the reported changes were due to the TSW or due to other processes that were occurring within the schools. Furthermore, there was no indication of whether the improvements in pupils' emotional and social skills related to changes in behaviour in the classroom or in the home. Also, to the best of the author's knowledge, all of the available published research which has attempted to evaluate TSW has been conducted by the author of the intervention (Waters, 2002, 2008).

Within the literature, there is a dearth of evidence for the effectiveness of story writing approaches on increasing the intrapersonal and interpersonal skills of children with SEBD. Most of the research has either used the medium of metaphor as a therapeutic tool with children through therapeutic story *telling* (e.g. Gersie & King, 1990; Pomerantz, 2007; Sunderland, 2000) or other indirect expressive approaches (McArdle et al., 2011; Meekums, 2008), or has focused on the technical aspects of children's writing skills, such as planning, structure, use of grammar and vocabulary (Adkins & Gavins, 2012; Lane et al., 2010). Evidence suggests that storytelling and other indirect, expressive approaches can be successful at promoting positive behaviour change in pupils with SEBD. For example, Pomerantz (2007) carried out a series of therapeutic story telling sessions with five individual children and reported that the story

telling sessions enabled three pupils who had been internally excluded, to be fully reintegrated to their classes after just three months of intervention. A difficulty with the Pomerantz (2007) study is that the researcher was involved in carrying out the storytelling intervention as well as reporting their own observations as the outcomes. No other outcome measures were taken and there was no control group, hence it is difficult to establish whether the reported effects were in fact due to the storytelling, or another element of the participants' environment. Furthermore, the researcher did not measure whether there were any changes in the participants' EL skills, which may have contributed to the observed changes in behaviour. Meekums (2008) aimed to fill this gap, reporting that Dance Movement Therapy (DMT) had a positive impact on both infant school participants' (mean age = 6 years) social and emotional skills and behaviour. DMT shares many similarities with TSW in that it utilises the medium of metaphor to enable pupils to express their feelings. Further, like TSW, DMT provides a process through which pupils can explore alternative outcomes through movement metaphor and reflect on the significance of the actions that they chose with the teacher. Data were gathered before, during and after the intervention from: Therapist notes, a focus group with teaching staff, and a teacher-rated child behaviour scoring sheet. This was not a standardised measure; teachers were asked to define their goals for each child's behaviour at pre-test and progress on these goals was checked at a follow-up meeting. Meekums reported qualitative data for only one participant, noting that following the DMT intervention the pupil began to recognise their own and others feelings, was able to express their feelings in a contained and appropriate way, and illustrated an increase in self-esteem. This study too, has a number of limitations. Firstly, as in the Pomerantz (2007) study the researcher was also the therapist, making it impossible to rule out bias in reporting. Secondly, there was no control group. Thirdly,

the results reported were from a single case study, making it difficult to generalise these findings to the wider population.

In terms of research which has evaluated the therapeutic impact of story *writing*, most of the research published to date has been limited to adults (Graybeal, Sexton & Pennebaker, 2010; Pennebaker & Beall, 1986; Pennebaker & Seagal, 1999). Pennebaker and Beall (1986) and Pennebaker and Seagal (1999) used a form of TSW with university students, (the Basic Writing Paradigm), where a control group wrote about a non-emotional topic and an experimental group about a traumatic experience, for 15 minutes every day for 1 – 5 days. The measured outcomes were the number of positive and negative emotion words and visits to the doctor. The researchers reported that an increase in the use of positive emotion words was related to improvements in physical health (decreases in blood pressure and heart rate). Very high or low use of negative emotion words was related to continuing health problems. High use of insight and causal words was related to improvements in physical and mental health. It was suggested that this was because writing about experiences in a structured, story-like format forced participants to translate their experiences and feelings into language, which enabled reflection and insight into the possible causes of their feelings and experiences. The researchers also proposed that using language to communicate our feelings increases our connectedness to others, which is vital for our psychological and physical health. Although the Basic Writing Paradigm does not exactly follow the structure of the TSW model by Waters (2004), it does highlight the value of writing about emotional issues for participants' self-awareness and sense of belonging.

Preliminary evidence suggests that TSW can have a number of positive outcomes for pupils with SEBD however this evidence is limited to two research studies which have considerable methodological flaws (Waters, 2002, 2008). It seems clear

that TSW develops a number of the individual skills and environmental characteristics which are linked resilience, in particular EV, EL, self-concept and sense of belonging. However, until now, to the best of the author's knowledge, there has been no research which has attempted to measure this link. This study aims to increase our understanding of the specific protective processes that TSW targets, and whether these result in an increase in overall resilience. Finally, this study aims to investigate whether TSW has an impact on pupils' emotional and behavioural adjustment in the classroom and the home, as evidence suggests that the presence of personal protective factors linked to resiliency, are associated with a decreased likelihood of externalising and internalising behaviours (Clarke & Barry, 2010; Cooper, 2011; Furrer & Skinner, 2003; Izard et al., 2001; Lansford et al., 2006; Liau et al., 2003). Given the link between deficits in intrapersonal and interpersonal skills and SEBD it is of empirical and educational significance to investigate whether targeted interventions such as TSW, which are easy to implement and focus on developing both social-emotional and academic skills, are effective at enhancing some of the personal and environmental protective processes, for pupils with SEBD.

This report addresses the following research questions:

1) Is there an increase in EL, EV, global self-concept and sense of belonging of pupils with SEBD as a result of the TSW intervention?
2) Do these effects endure over time?
3) Do these changes in EL, EV, global self-concept and sense of belonging relate to actual changes in the pupils' emotional and behavioural adjustment in the classroom and at home?

It was hypothesised that children undertaking a 10-week TSW intervention would improve significantly on measures of EL, EV, global self-concept and sense of

belonging from pre- to post-test, compared to children in a waiting-list control group, who would show no improvements. It was also hypothesised that children in the intervention group would show improvements in emotional and behavioural adjustment in the classroom and at home, and that the children in the waiting-list control group would not show these effects.

Method

Participants

In order to identify which pupils would benefit the most from receiving the TSW intervention, an initial screening process was carried out. Opt-out informed consent letters were sent to the parents of all pupils in Year 4 and 5 (N = 210) at four primary schools situated in the South of England, to inform them of their children's participation in the initial screening process and to give them the opportunity to state whether they did not want their child to take part. The schools selected to take part in this study were located in an area of multiple deprivation, and were all situated within two kilometres of each other. The proportion of pupils within all four schools who were eligible for free school meals was above average for the UK, as was the number of pupils identified with special educational needs.

Identification of pupils to participate in the study was based on two processes: First, a screening process which involved all pupils completing the pupil version of the Emotional Literacy Checklist (Southampton Psychology Service, 2003), to highlight the children with the lowest levels of EL. Second, in order to ensure that the EL Checklist was a valid screening measure, the Emotional Literacy Support Assistant (ELSA) and the SENCo who were responsible for running the intervention were provided with the results of the screening assessment and asked to check whether the lowest-scoring 12 pupils (in each school) were the pupils that they would have selected for the intervention themselves, based on their perception of the childrens' SEBD. The key criterion for involvement was that their difficulties were preventing them from accessing the curriculum. They confirmed that they would have selected the same pupils. The EL Checklist was chosen as a screening instrument as research suggests that children with poor EL skills are more likely to develop SEBD (Izard et al., 2001).

As TSW targets EL skills it was important to identify the pupils who would benefit most from targeted support to develop these skills.

The parents of four pupils withdrew their children from the study at the screening stage (1.9%). The TSW intervention is designed for groups of up to six children (Waters, 2004), thus the twelve children with the lowest EL scores in each school were selected. The 12 pupils in each school were then randomly allocated to either an experimental (N = 6) or a waiting-list control group (WLC) (N = 6). In one school, the size of the room where the intervention was to take place meant that a maximum group size of four participants per group was selected. Of the 44 pupils identified through the screening process, informed written opt-in parental consent was obtained for 42 of these pupils. Eight of these pupils were on their school's Special Educational Needs (SEN) register, at School Action or School Action Plus (DfES, 2001).

Table 1

Proportion of male and female participants in the intervention (N = 21) and control groups (N = 21)

	Intervention	Control
Male	8	11
Female	13	10
Total	21	21

The average number of TSW sessions attended by participants was eight. In addition to the TSW intervention, five participants (three WLC group, two intervention group) were also taking part in a social skills programme, one participant (intervention group) was receiving additional support in school for maths and one participant was receiving additional support for literacy (intervention group). During the statistical analysis of results, all analyses were re-run excluding these seven participants to establish whether

their participation in other interventions would significantly change the pattern of results. The results indicated that the pattern of findings was the same.

The children in the intervention group did not differ significantly from the children in the WLC group in terms of their age, verbal ability and their EL score (see Table 2).

Table 2

Means and standard deviations of pupils' age, verbal ability and EL for the intervention (N = 21) and control groups (N = 21)

	Intervention			Control		
	M	*(SD)*	Range	*M*	*(SD)*	Range
Age (years)	9.8	0.68	9-11	10.09	0.62	9-11
Verbal Ability	80.24	9.94	67-104	81.05	8.89	70-99
Emotional Literacy	71.48	10.48	55-96	69.29	10.94	52-86

Note. *M* = mean; *SD* = standard deviation. Verbal ability was measured using the Verbal Similarities and Word Definitions subscales of the British Ability Scales (BASIII; GL Assessment, 2012). Emotional literacy was measured using the Emotional Literacy: Assessment and Intervention checklist (Southampton Psychology Service, 2003). Verbal Ability scores are standard scores (*M* = 100, *SD* = 15).

Power was calculated using G*Power version 3 (Faul, Erdfelder, Lang, & Buchner, 2007). Previous studies looking at the impact of story writing interventions have achieved a medium effect size (Cohen's *d* = 0.47) (Smyth, 1998). According to the G*Power analysis, a sample of at least 32 participants in total was required to detect a medium effect size with 95% power and 5% significance level when testing five outcome measures.

Design

A between-subjects repeated measures design was employed. The experimental group completed a 10-week TSW intervention, and a waiting-list control group (matched on EL) completed the pre-, post- and follow-up assessments. These pupils received the TSW intervention after completion of the study. The outcome variables were the change scores over time (within groups) and between groups for measures indexing protective factors known to increase resilience: EL, EV, sense of belonging, self-concept and emotional and behavioural adjustment.

Measures

Verbal ability. The British Ability Scales 3rd Edition (BASIII; GL Assessment, 2011) is an individually administered test of cognitive ability that was designed for use with children and young people aged from 3 years to 17 years, 11 months. The verbal core scales of the BASIII have a reported inter-rater reliability of 0.99. Test re-test reliabilities for all sub-tests of the school-age core scales are reported to be between 0.64 – 0.9. The specific internal reliability for the Word Definitions sub-test is 0.85 and the internal reliability for the Verbal Similarities sub-test is 0.88. All participants completed the Word Definitions and Verbal Similarities sub-tests at pre-test only, which combined, give a score for Verbal Ability. This acted as a control measure.

Emotional Literacy. The Emotional Literacy Checklist (Southampton Psychology Service, 2003) was completed by participants, their class teacher (not delivering the intervention) and their parents, in order to determine whether significant adults felt that the pupils' EL skills had changed as a result of the TSW intervention. The checklists are designed to assess pupils between the ages of 7 and 11, and are made up of items which make up the five main components of EL: Self-awareness, self-regulation, motivation, empathy and social skills (Goleman, 1996). The teacher

checklist consists of 20 items (4 items per sub-scale) and the pupil and parent checklist consists of 25 items (5 items per sub-scale). For the pupil checklist, the pupil is required to select which answer best describes how they perceive themselves for each question: Very true, somewhat true, not really true, not at all true. For the teacher and parent checklists, the adult is required to select which answer best describes how the pupil generally is: Very true, somewhat true, not really true, not at all true. In addition to sub-scale scores, a total EL score can be obtained by summing the scores for all items; a higher score indicates better EL.

The pupil-report questionnaire was standardised on a sample of 732, 7-11 year olds (54% male, 46% female), and this produced a set of norms to indicate whether an individual's score is high or low. A score between 69 and 81 is considered to be within the average range. A score between 63 and 68 represents below average EL, and a score 62 or below represents well below average EL.

Southampton Psychology Service (2003) reported good internal consistency for the EL checklist: Cronbach's alpha was reported as 0.76 for the pupil checklist, 0.94 for the teacher checklist and 0.87 for the parent checklist. The sub-scales of the pupil checklist did not achieve sufficient reliability (0.34-0.61), and hence were not used in the present study. Validity was assessed by examining whether items in each sub-scale correlated with the five dimensions of EL proposed by Goleman (1996). The results of the factor analysis suggest that items within each sub-scale fit well with the five dimensions of EL. The Cronbach's alpha calculated for the EL Checklist in this study was $\alpha = 0.746$.

Emotional Vocabulary Assessment Tool (Woodcock, 2004). This instrument is used to measure the nature and extent of the pupils' EV. It was developed within Southampton Psychology Service. There are two key reasons why this measure was

chosen: Firstly, the literature suggests that in order to increase EL, a person needs to be able to identify, discriminate between and label their emotions. Thus, extending a person's vocabulary of emotion words should facilitate EL development (Joseph & Strain, 2003). Secondly, because the sub-scales of the EL checklist - pupil version did not achieve good reliability ($\alpha = 0.34$-0.61), an additional measure for EL was included which could be completed by the pupils themselves.

This assessment tool has not been standardised but has been used to look at pupils' use of simple and complex EV (Holmes & Faupel, 2004). Each pupil is read a simple story and asked at certain specified points in the story to describe how the persons in the story would be feeling. Responses are categorised into simple and complex emotional descriptors (Simple words simply indicate mood direction, e.g. happy, sad, good, bad. Complex words indicate both mood direction and detail**,** e.g. excited, jealous). The mean Cronbach's alpha calculated for the EV tool in this study was $\alpha = 0.60$.

Sense of Belonging. The Belonging Scale (Goodenow, 1993 adapted by Frederickson & Cameron, 1999) assesses pupils' sense of belonging to their school, in particular, the extent to which they feel accepted, included, respected and supported. It is designed for pupils between the ages of 8 and 14 years of age. The scale consists of 12 items, which the participants are asked to respond to on a three-point response scale: No, not true, Not sure or Yes, true (e.g. 'I feel really happy at my school'). A total score is obtained by summing the scores for each item and calculating the mean. A mean score of 2 or below can be used to identify pupils who have a low sense of belonging. Frederickson et al. (2007) reported good internal consistency reliability for this scale (Cronbach's alpha = 0.87). The Cronbach's alpha calculated for the Belonging scale in this study was $\alpha = 0.829$.

Self-Concept. The Self-Perception Profile for Learning Disabled Students (SPLLD, Renick & Harter, 1988) is an adaptation of Harter's Self-Perception Profile for Children (Harter, 1985), and assesses pupils' self-perceptions of their own competence across a number of different domains: General intellectual ability, reading competence, maths competence, writing competence, spelling competence, social acceptance, athletic competence, physical appearance, behavioural conduct and global self-worth. A strength of this scale is that "it allows accurate assessment of both individual self-concepts and enables educators and psychologists to test the impact of interventions on specific domains of self-concept most relevant to the goals of the intervention" (Craven & Marsh, 2008, p. 114). The SPLLD was designed for use with pupils between the ages of 8 and 18 years, and can be used with children with and without specific learning difficulties. The SPPLD consists of 46 items; each question is composed of two contrasting statements (e.g. "Some kids know how to spell most words BUT other kids find it really hard to spell most words"). The pupils are asked to decide which statement best describes themself and then check if that statement is "Really true for me" or "Sort of true for me." Renick and Harter (1988) calculated internal consistency reliabilities with 367 normally achieving pupils in USA grades four to eight. Good internal consistencies were reported for each of the 10 subscales ($\alpha = 0.79 - 0.89$). The Cronbach's alphas calculated for each scale in this study was as follows: General intellectual ability ($\alpha = 0.933$), writing self-concept sub-scale ($\alpha = 0.838$), social acceptance sub-scale ($\alpha = 0.777$), global self-worth sub-scale ($\alpha = 0.875$).

Emotional and behavioural adjustment. The Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997) is a 25-item questionnaire, designed to assess emotional and behavioural functioning of children between the ages of 3 and 16 years. In the current study, the class teacher and parent of all participants was asked to

complete the SDQ before and after completing the TSW intervention, and at 10-week follow-up. The aim was to determine whether there was any change in emotional and/ or behavioural functioning as a result of the intervention, and whether this was transferred to the classroom and home. The 25-items consist of 5-items for each of 6 sub-scales, assessing: Total difficulties, emotional symptoms, conduct problems, hyperactivity-inattention, peer problems and pro-social behaviour. For each item, respondents are asked to indicate the extent to which the statement is not true, somewhat true or certainly true of the child using a 3-point likert scale. The scale has good internal consistency (mean α coefficient = 0.73) (Goodman, 2001).

Intervention

The participants in the experimental group received the TSW intervention (Waters, 2004). The intervention was carried out for one hour per week in school, over a period of 10 weeks. Each week the teacher provides the group with a suggestion for their story and each member of the group then spends around 20 minutes writing their story, which they share and discuss with the group at the end. Due to school holidays, there was a period of 11 weeks between the first and last sessions for three of the schools and a period of 13 weeks between the first and last sessions for one of the schools. The waiting-list control group received teaching as normal.

Procedure

Ethical approval was obtained from the School of Psychology Ethics Committee and Research Governance Office at the University of Southampton (Appendix D).

Agreement was obtained from each head teacher for carrying out research in their school and for using opt-out consent for the initial screening process. All parents of pupils in Year 4 and 5 were sent opt-out consent letters and were asked to inform the school if they did not wish their child to complete the EL Checklist (Appendix E1 &

E2). The pupils who were selected for participation in the study were given an information letter to take home for completion by their parents, informing them which group their child had been allocated to, and an opt-in consent form (Appendix E3).

Once consent was obtained from the parents, the researcher met with the pupils to explain what their participation in the study would involve. Participants were then given the option to confirm that they were happy to take part or to withdraw without consequence (Appendix E4).

All participants completed a set of pre-assessments with the researcher. This took place one week prior to the planned 10-week TSW intervention. The researcher completed the Word Definitions and Verbal Comprehension sub-tests of the BASIII and the EV Tool with each participant individually in a quiet room within school. The EL Checklist, the Belonging Scale and the SPLLD scale were completed by each participant individually, however these were completed with all participants together at one time in the same quiet room. Seating was organised carefully so that participants were unable to share their responses with others.

The TSW intervention commenced one week following completion of the pre-testing. The researcher could not be present due to the confidential nature of the sessions, however a number of safeguards were implemented in order to ensure that the TSW was delivered as consistently across schools and groups as possible. First, the instructors received training in the intervention from the same trainer (an EP) and completed the training at the same time (hence they all had the same level of experience). Second, the instructors met with the trainer and the author prior to commencing the study to discuss a consistent approach to implementing the intervention. At this meeting the instructors were given a checklist that contained step-by-step directions for each session (Appendix F). Third, the instructors met with the

trainer once every six weeks for supervision to discuss any unusual occurrences or difficulties that took place when implementing the instructional procedures. Possible responses to such issues were discussed as a group and implemented.

All 42 participants completed a set of post-assessments 1-2 weeks after the final TSW session had taken place, and a set of follow-up assessments 10 – 11 weeks after the final TSW session had taken place. The post- and follow-up assessments were administered in the same way as at pre-test, except that the sub-tests of the BASIII were not administered as this was a control measure for verbal ability at pre-test. The order of presentation of each questionnaire was counterbalanced across each period of testing.

At each point of testing, each pupil's class teacher and parent were sent a copy of the EL Checklist and the SDQ by post. On each occasion, a letter was sent reminding them what the purpose of the study was, and providing instructions as to what they were required to do (Appendix G). Unfortunately only 23 of the participants' parents completed measures for them, which did not provide enough responses to achieve power. Thus the parent responses were excluded from the main analyses.

Results

Descriptive statistics

Emotional Literacy Checklist. Scores for the total EL Checklist were out of a total of 100 (pupil version) and 80 (teacher version). Following Southampton Psychology Service (2003), the mean pupil ratings of EL for both the intervention group and the WLC group lie in the 'average' range at pre-test (T1), post-test (T2) and follow-up (T3). The mean teacher ratings of EL for both the intervention group and the WLC group lie in the 'below average' range at T1, and in the 'average' range at T2 and T3.

Belonging Scale. Scores for the total Belonging Scale were out of a total of 3. Table 3 shows the number of participants in the intervention and WLC group who were either 'average' or 'below average' on their ratings of their sense of school belonging at T1, T2 and T3.

Table 3

The number of participants scoring average or below average on the self-report Belonging Scale at pre-intervention (T1), post-intervention (T2) and follow-up (T3), for the intervention group (N= 21) and WLC group (N = 21)

	T1		T2		T3	
	Below Average	Average	Below Average	Average	Below Average	Average
WLC	1	20	3	18	5	16
Intervention	5	16	4	17	4	17

Emotional and Behavioural adjustment. Scores for the total difficulties scale of the SDQ were out of a total of 40. Following Goodman (2001), the mean teacher ratings of total difficulties for the intervention group lie in the 'borderline' range at T1, and in the 'normal' range at T2 and T3. The mean teacher ratings for total difficulties for the WLC group lie in the 'normal' range at T1, T2 and T3. Scores for the prosocial behaviour scale of the SDQ were also out of a total of 10. The mean teacher ratings of prosocial behaviour for the intervention group lie in the 'borderline' range at T1, and in

the 'normal' range at T2 and T3. The mean teacher ratings of prosocial behaviour for the WLC group lie in the 'normal' range at T1, T2 and T3.

Data analysis

Analyses were conducted using PASW statistics version 18. All 42 participants were included in the analysis regardless of whether they attended all of the sessions or not. The number of sessions attended was not correlated with the participants' EL scores at pre-test or the school that they attended.

Checking assumptions.

Pupil report data. Before commencing with the Mixed-design ANOVA, the parametric assumptions of the data were checked. After Field (2009), the data file was split so that assumptions could be checked for both the intervention and WLC groups separately. The Kolmogorov-Smirnov test showed that the pupil report data for verbal ability, EL, EV, global self-worth, writing self-concept and social acceptance all met the assumption of normality, however, the data for sense of belonging did not ($p= 0.03$). As a result, non-parametric tests were conducted on the sense of belonging data as evidence suggests that when data are skewed, non-parametric tests have greater power (Vickers, 2005). Levene's test indicated that the data for all DVs had homogeneity of variance.

Teacher report data. The Kolmogorov-Smirnov test showed that only the teacher report data for SDQ total difficulties, conduct problems, emotional symptoms, hyperactivity and peer relationship problems met the assumption of normality in the intervention group. The data for EL and SDQ pro-social behaviour for the intervention group did not ($p= 0.029$). The teacher-report data for all measures in the WLC group all met the assumption of normality. Levene's test indicated that the teacher report data for all DVs had homogeneity of variance.

Main analysis

Mean scores on all outcome measures at each time point for both the intervention and WLC groups are shown in tables 4 and 5. There were no significant differences between the intervention and WLC groups at pre-test for verbal ability, self-reported EL, EV, writing self-concept, social acceptance or global self-worth. The sense of belonging scores of intervention pupils (*Mdn* = 16.2) were significantly different from control pupils at pre-test (*Mdn* = 26.8) at pre-test, U = 109.5, z = -2.81, *s*, r = -0.43 (see Table 5).

There were no significant differences between the scores of males and females on any of the DV measures, at pre-, post-test or at follow-up (see Table 4). The Mann-Whitney U test indicated that the sense of belonging scores of males did not differ significantly from females at pre-test, post-test or at follow-up.

Comparison of the intervention and WLC group data provided by class teachers at pre-test (using a Mann-Whitney U test), indicated that there were no significant differences between groups for any of the DVs (see Table 6).

Table 4

The mean ± standard deviation of pupil self-report measures of EL, EV, sense of belonging and self-concept measures (writing self-concept, social acceptance, global self-worth) at pre-intervention (T1), post-intervention (T2) and follow-up (T3) for males (N = 19) and females (N = 23)

	Males			Females		
	T1	T2	T3	T1	T2	T3
Verbal Ability	79.63 ± 8.34	n/a	n/a	81.48 ± 10.18	n/a	n/a
EL Checklist	69.95 ± 10.10	72.63 ± 10.72	70.74 ± 13.52	70.73 ± 11.25	71.43 ± 14.66	74.91 ± 9.39
EV Tool	14.00 ± 4.70	17.63 ± 5.81	14.37 ± 5.01	16.22 ± 4.26	16.78 ± 6.88	16.48 ± 3.59
Belonging Scale	2.37 ± 0.51	2.5 ± 0.43	2.26 ± 0.58	2.46 ± 0.32	2.44 ± 0.41	2.50 ± 0.45
Harter Scale						
Writing S-C	2.18 ± 0.88	2.76 ± 0.87	2.40 ± 0.87	2.61 ± 0.85	2.71 ± 0.93	3.03 ± 0.60
Social Acceptance	2.42 ± 0.65	2.74 ± 0.88	2.62 ± 0.66	2.48 ± 0.71	2.77 ± 0.68	2.92 ± 0.63
Global Self-Worth	2.55 ± 0.74	2.96 ± 0.83	2.80 ± 0.98	2.85 ± 0.85	2.89 ± 0.84	3.08 ± 0.79

Note. EL refers to Emotional Literacy, EV refers to Emotional Vocabulary, and Writing S-C refers to Writing Self-Concept.

Table 5

The mean ± standard deviation of pupil self-report measures of EL, EV, sense of belonging and self-concept measures (writing self-concept, social acceptance, global self-worth) at pre-intervention (T1), post-intervention (T2) and follow-up (T3) for the intervention (N = 21) and control groups (N = 21)

	Intervention			Control		
	T1	T2	T3	T1	T2	T3
EL Checklist	71.48 ± 10.48	74.29 ± 13.66	74.76 ± 12.56	69.28 ± 10.94	69.67 ± 11.95	71.29 ± 10.30
EV Tool	14.52 ± 4.05	19.24 ± 5.73*	17.00 ± 4.23*	15.91 ± 5.01	15.09 ± 6.40	13.90 ± 4.10
Belonging Scale	2.24 ± 0.42	2.44 ± 0.43*	2.43 ± 0.50*	2.59 ± 0.34	2.49 ± 0.41	2.36 ± 0.56
Harter scale						
Writing self-concept	2.41 ± 0.93	2.84 ± 0.96	2.97 ± 0.79	2.43 ± 0.86	2.63 ± 0.83	2.52 ± 0.74
Social acceptance	2.46 ± 0.63	2.75 ± 0.89*	2.84 ± 0.75*	2.45 ± 0.73	2.77 ± 0.65*	2.73 ± 0.55*
Global self-worth	2.65 ± 0.92	3.00 ± 0.93	3.09 ± 0.93	2.78 ± 0.69	2.85 ± 0.72	2.81 ± 0.83

Note. EL refers to Emotional Literacy; EV refers to Emotional Vocabulary. * = significant at the 0.05 level.

Table 6

The mean ± standard deviation of teacher-report measures of EL and emotional and behavioural adjustment at pre-intervention (T1), post-intervention (T2) and follow-up (T3) for the intervention (N = 21) and control groups (N = 21)

	Intervention			Control		
	T1	T2	T3	T1	T2	T3
Total EL	57.95 ± 11.08	60.95 ± 10.24	62.62 ± 8.92	58.80 ± 13.47	60.09 ± 12.10	60.90 ± 12.70
Self-Awareness	10.95 ± 2.35	11.91 ± 1.89	12.95 ± 2.15	11.60 ± 2.85	11.80 ± 2.45	12.90 ± 2.46
Self-Regulation	11.23 ± 3.16	11.95 ± 3.15	13.76 ± 2.18	11.43 ± 3.15	11.52 ± 3.41	12.71 ± 3.16
Motivation	11.38 ± 2.77	11.71 ± 2.00	13.09 ± 1.73	11.09 ± 2.88	11.62 ± 2.75	13.14 ± 2.01
Empathy	12.00 ± 2.60	12.38 ± 2.56	13.76 ± 2.47	11.57 ± 2.75	12.00 ± 3.30	13.04 ± 2.99
Social Skills	12.52 ± 2.36	12.91 ± 2.34	14.14 ± 1.77	12.67 ± 2.69	13.38 ± 2.52	14.43 ± 2.38
SDQ Total difficulties	13.90 ± 13.05	9.24 ± 6.76	8.91 ± 6.53	10.05 ± 7.29	11.00 ± 7.25	8.48 ± 6.95
Emotional Symptoms	3.09 ± 2.14	2.38 ± 1.59	2.47 ± 2.02	1.52 ± 1.91	1.91 ± 2.09	1.71 ± 2.03
Conduct Problems	1.76 ± 1.97	1.57 ± 1.80	1.28 ± 1.73	2.00 ± 2.30	2.09 ± 2.07	1.48 ± 1.63
Hyperactivity	4.28 ± 2.93	3.28 ± 2.47	3.38 ± 2.61	4.47 ± 3.47	4.52 ± 3.23	3.67 ± 2.95
Peer Relationship Problems	2.57 ± 2.38	2.00 ± 2.07	1.76 ± 1.72	2.05 ± 2.17	2.48 ± 2.35	1.62 ± 1.94
Prosocial behaviour	5.91 ± 2.48	6.86 ± 2.03	7.19 ± 2.18	6.33 ± 2.67	6.14 ± 2.56	7.05 ± 2.39

Note. ‘Self-Awareness’, ‘Self-Regulation’, ‘Motivation’, ‘Empathy’ and ‘Social Skills’ refer to the teacher reported subscales of the Emotional Literacy Checklist (Southampton Psychology Service, 2003). ‘Total Difficulties’, ‘Emotional Symptoms’, ‘Conduct Problems’, ‘Hyperactivity’, ‘Peer Relationship Problems’ and ‘Prosocial behaviour’ refer to the teacher reported subscales of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997).

Approach to analysis

Effects of the intervention were tested by a series of repeated measures mixed between-within analyses of variance (ANOVA), with group (intervention and WLC) as the between-subjects factor and time (T1, T2 and T3) as the repeated measures variable. Mean scores on all of the outcome measures at each time point for both the intervention and control groups are shown in table 5. As the sense of belonging data was not normally distributed and there were significant between-group differences at pre-test, effects of the intervention over time were tested using non-parametric analyses on the difference scores. Jamieson (2004) suggested that using difference scores is helpful when there are pre-test between-group differences, and the groups are not completely randomly allocated. Difference scores were calculated by subtracting pre-test scores from post-test (T2-T1) and follow-up scores (T3-T1) for the sense of belonging data. Positive difference scores indicate an increase in sense of belonging. The intervention and WLC groups were compared on these difference scores using a Mann-Whitney U test.

Intervention Evaluation

Emotional Vocabulary. There was no significant main effect of group on pupil-reported EV at T2 or T3. There was a significant interaction effect between group and time for the EV data, $F(2, 39) = 4.53$, $p = 0.01$, *partial* $\eta^2 = 0.18$. Children in the intervention group produced significantly more feelings words at T2 and T3 compared to children in the WLC group.

Emotional vocabulary was divided into simple and complex feelings words and separate analyses were conducted for each. Mann-Whitney U tests were used to compare differences between the groups at T1, T2 and T3, as the simple feelings words data violated the assumption of normality when separated out. There were no

significant differences between the number of simple feelings words produced by the intervention and WLC groups at any time. There was a significant difference between the mean number of complex feelings words produced by the intervention and WLC groups at T2 (U = 151, z = -1.77, p = 0.04, r = -0.26) and T3 (U = 153, z = -1.72, p = 0.04, r = -0.27). The findings indicated that participants in the intervention group produced significantly more complex feelings words than participants in the WLC group at post-intervention and at follow-up (see Figure 3).

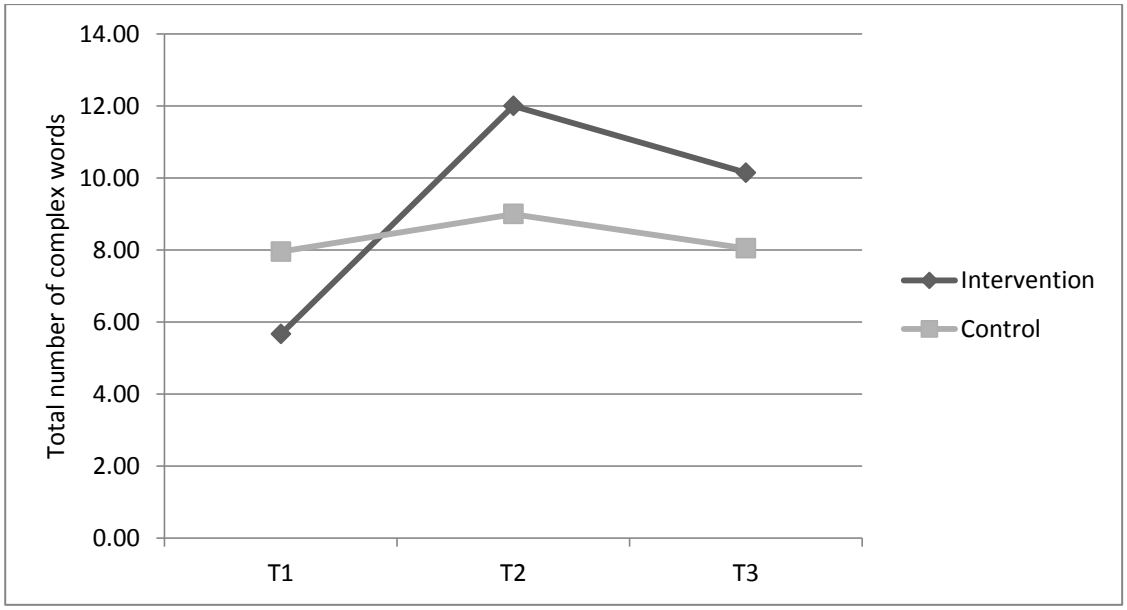

Figure 3. Number of complex feelings words recalled per group at T1, T2 T3.

Emotional Literacy. There was no significant main effect of group on pupil-reported EL at T2 or T3. There was also no significant main effect of group on teacher ratings of participants' EL at T2 or T3.

There was a significant effect of time on the mean ratings of EL (teacher-report) for participants in both groups: Self-awareness $F(2, 39) = 7.94$, p= 0.001, *partial* $\eta^2 = 0.29$; self-regulation $F(2, 39) = 7.23$, p = 0.002, *partial* $\eta^2 = 0.27$; empathy $F(2, 39) = 9.16$, p = 0.001, *partial* $\eta^2 = 0.32$; motivation $F(2, 39) = 12.47$, p = 0.000, *partial* $\eta^2 = 0.39$; social skills $F(2, 39) = 11.24$, p = 0.000, *partial* $\eta^2 = 0.37$. The results indicated

that the EL of all participants increased over time, regardless of whether they received the TSW intervention.

Sense of Belonging. Analysis of the T2 minus T1 difference scores (see Table 7) highlighted a significant group difference (U = 118.5, z = -2.58, p = 0.005, r = -0.39), indicating that participants in the intervention group (N = 21, Mdn = 0.3) showed larger difference scores compared with those in the WLC group (N = 21, Mdn = -0.1). The T3 minus T1 scores also highlighted a significant difference (U = 122.0, z = -2.48, p = -0.005, r = -0.38), indicating that participants in the intervention group (N =21, Mdn = 0.1) showed larger difference scores compared with those in the WLC group (N = 21, Mdn = -0.1). The findings indicated that the sense of belonging of participants in the intervention group increased from T1-T2 whereas the sense of belonging of participants in the WLC group decreased during the same time. The sense of belonging scores of the intervention group decreased from T2-T3, however these still remained above the mean level of sense of belonging at T1 (see Figure 4).

Table 7

The mean difference scores for Sense of Belonging between pre-test and post-test (T1-T2), pre-test and follow-up (T1-T3) and post-test to follow-up (T2-T3), for intervention (N=21) and control groups (N=21)

	Mean difference score		
	T1 - T2	T1 - T3	T2 -T3
Waiting-List Control group	-0.1	-0.23	-0.13
Intervention group	0.2	0.18	-0.11

Note. Difference scores were obtained by subtracting T1 from T2, T1 from T3 and T2 from T3.

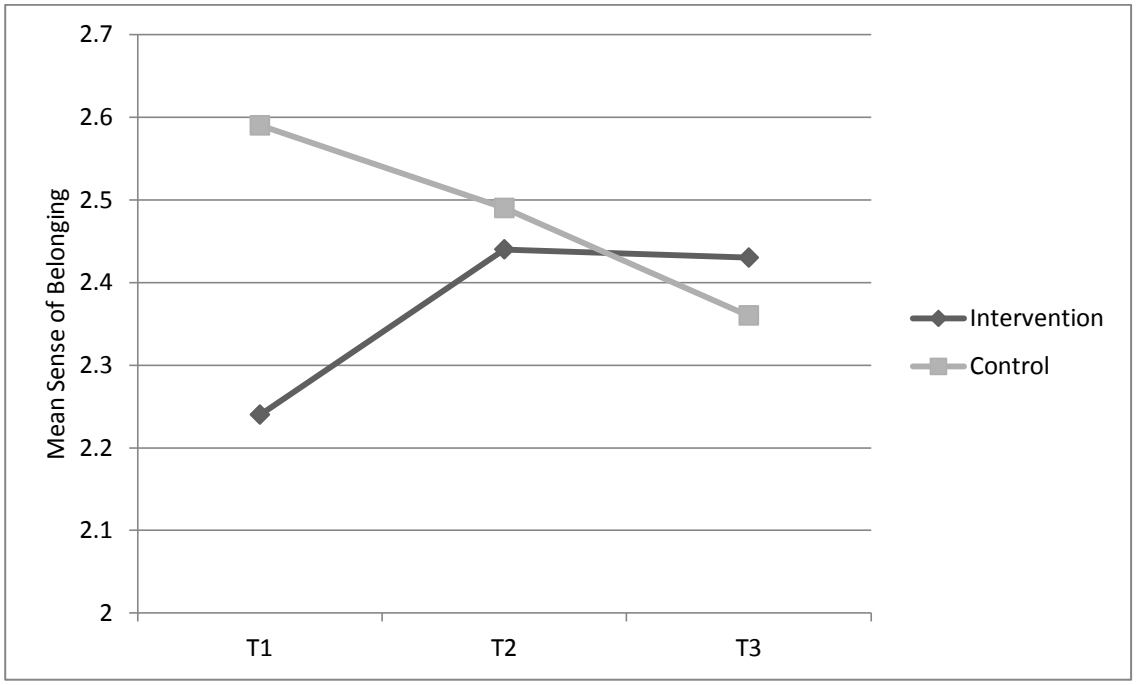

Figure 4. Sense of Belonging reported by intervention and WLC group pupils at T1, T2 and T3.

Self-Concept. There were no significant main effects of group on pupil-reported global self-worth, writing self-concept or social acceptance at T2 or T3. There was a significant effect of time on the mean ratings of social acceptance (pupil-report) for participants in both groups, $F(2, 39) = 5.29$, $p = 0.03$, *partial* $\eta^2 = 0.12$. The results indicated that the social acceptance of all participants increased over time, regardless of whether they received the TSW intervention.

Emotional and Behavioural Adjustment. There were no significant main effects of group or time on teacher ratings of participants' emotional and behavioural adjustment (see Table 6).

Discussion

The present study evaluated the effect of TSW on pupil resilience, reflected in EL, EV, sense of belonging and self-concept in a community sample of pupils aged 9, 10 and 11 years old exhibiting SEBD. The results demonstrated that there was a significant main effect of time on the mean ratings of social acceptance (pupil-report) for participants in both groups, as well as a significant effect of time on the mean ratings of EL (teacher-report) for participants in both groups. There was also a significant interaction effect between group and time for EV and sense of belonging.

In relation to the significant group x time interaction for EV, results indicated that there was a significant increase in the EV of pupils in the intervention group from T1 to T2 and from T1 to T3, compared with those in the WLC group. More detailed follow-up analyses examining effects of the intervention on simple and complex word use separately, indicated that there was a significant increase in the number of complex feelings words produced by the intervention group at post-test and follow-up, compared with the WLC group. Despite having a relatively small sample size, the improvements in participants' EV were of large effect size for overall EV (*partial* $\eta^2 = 0.18$) and small effect size ($r = -0.26$) for complex vocabulary alone. There was also a significant difference in the sense of belonging scores of the intervention group compared with the WLC group; the intervention group reported a significantly greater increase in sense of belonging between T1 and T2, and between T1 and T3 than the WLC group. The sense of belonging scores for the WLC group actually decreased between T1 and T2 and between T1 and T3. Effect sizes were medium ($r = 0.39$, $r = 0.38$).

The improvements in the EV of participants' receiving the TSW intervention are consistent with the findings from studies evaluating the impact of other intervention programmes with pupils with SEBD (Curtis & Norgate, 2007; Greenberg, Kusche,

Cook & Quamma, 1995). Greenberg, Kusche, Cook and Quamma reported that pupils receiving the PATHS intervention showed a significant increase in the number of feelings words they could generate, as well as a significant increase in their ability to define complex feelings words, from pre-test to post-test. In addition, Curtis and Norgate (2007) reported data from interviews with class teachers which suggested that the PATHS intervention resulted in increases in pupils' EV and encouraged them to talk about the emotions that they were experiencing. The PATHS curriculum is similar to the TSW programme in that it also employs storytelling and modelling, and explicitly teaches children how to recognise and label a range of emotions through activities such as displaying how they feel through showing an appropriate 'feelings face'.

A limitation of the findings by Greenberg, Kusche, Cook and Quamma (1995) is that there was a significant effect of time on EV, which indicated that the control group pupils also illustrated an increase in the number of feelings words they could generate from pre-test to post-test. This suggests that the reported increase in EV may not have been due to the PATHS intervention. Furthermore, the reported increase in the intervention pupils' ability to define complex feelings words was only significant for pupils without SEN; PATHS was not effective at increasing the complex feelings vocabulary of pupils with SEN. A strength of the present findings was that the increase in intervention pupils' EV was significant for pupils with SEN. In the present study, TSW also resulted in a significant increase in intervention pupils' sense of belonging which is another key protective factor related to resilience. Neither Greenberg, Kusche, Cook and Quamma (1995) nor Curtis and Norgate (2007) reported increases in participants' sense of belonging, which suggests that TSW leads to an increase in a greater number of protective factors related to resilience than the PATHS programme.

Previous studies which examined the impact of TSW have documented that

pupils who received the intervention were able to develop cooperative and trusting relationships with each other (Waters, 2008). This is consistent with findings from the present study which illustrated that TSW enhanced pupils' sense of belonging, yet the present study extends previous research by employing a control group and by using a standardised measure of pupils' sense of belonging, rather than relying on the reports of teachers who were delivering the intervention. The present findings are also comparable to findings from research examining adults' writing about emotional experiences (Neiderhoffer & Pennebaker, cited in Snyder & Lopez, 2002), which posited that using language to communicate our feelings to others increases our connectedness to others. The present findings are important as evidence suggests that increasing pupils' sense of belonging is a key protective factor in increasing resilience and preventing the development of SEBD; children who feel liked by their peers are less likely to engage in anti-social behaviours (Catalano et al., 2004).

The present study did not find a significant main effect of group on measures of EL, global self-concept, writing self-concept, social acceptance or emotional and behavioural adjustment, at any time. This indicated that TSW did not lead to significantly greater improvements in these areas for pupils in the intervention group, compared with pupils in the control group. Interestingly, another small-group intervention programme which aims to explicitly teach EL skills, also reported no significant difference in pupil or teacher ratings of EL or behaviour problems (Humphrey et al., 2010a). As suggested by Humphrey et al. (2010a), this could be due to the fact that the changes that occurred as a result of the intervention affected aspects of social and emotional functioning that are not always easily observable through behaviour, for example increases in self-awareness and empathy. Furthermore, Humphrey et al. (2010a) also used the Emotional Literacy Checklist (Southampton

Psychology Service, 2003) and highlighted an important limitation with the use of this measure. Specifically, that measures of social and emotional skills that rely on pupil self-report are limited by the child's ability to reflect on, and verbalise these skills. Future research should consider utilising a measure which more directly measures pupils' ability to apply EL skills, for example a scale on which the pupil is shown a picture of a face and asked to describe how the person is feeling (Humphrey et al., 2010a).

Despite these limitations, it is worth noting that closer examination of the raw data in the present study suggested that mean teacher ratings of intervention pupils' total difficulties decreased from T1 to T2, whereas as WLC pupils' total difficulties increased. This was also the case for emotional symptoms, conduct problems, hyperactivity and peer relationship problems. Furthermore, the mean teacher ratings of intervention pupils' prosocial behaviour increased from T1 to T2, whereas WLC group pupils' prosocial behaviours decreased. This indicated that the TSW did have an impact on intervention pupils' emotional and behavioural adjustment, although none of these results were approaching significance. Further research is needed to gather data from the teachers who ran the TSW groups to ascertain whether there were any changes in pupil behaviour within the context of the group. It would also be beneficial to obtain pupil ratings of their own behaviour, as pupils may have a greater insight into their internalising behaviour difficulties and any changes in their feelings as a result of the TSW (Masten & Tellegen, 2012; Schmidt, McVaugh & Jacobi, 2008).

The fact that there were significant increases in EV but not in other areas of EL or in pupils' emotional and behavioural presentation (as observed by their teachers), could be explained by Developmental Cascades Theory (Masten & Chicchetti, 2012). It is proposed that an intervention may have an impact on proximal factors, such as EV,

which may in turn influence the developmental course of a broader set of social, emotional and behavioural outcomes such as increased EL or reduced internalising and externalising difficulties. This fits with reports from a number of researchers (Greenberg, Cook, Kusche and Quamma, 1995; Joseph & Strain, 2003; Ripley & Simpson, 2007), who suggested that being able to use vocabulary to label our affective states is a pre-requisite skill to being able to regulate our emotions and behaviour. Greenberg, Cook, Kusche and Quamma (1995) found evidence of such an effect in practice, reporting that pupils receiving the PATHS curriculum illustrated improvements in both EV and behavioural competence, however these measures were taken following an intervention which lasted for 20 weeks (twice the length of the TSW intervention). Accordingly, it is possible that the observed increases in EV in the present study are the most proximal outcome of TSW, and that enhanced EV would later result in measurable changes in EL and behaviour. Masten and Chicchetti posited that testing such cascade effects requires longitudinal data collection, including continuous assessment over a number of years. Future research should explore whether TSW can have a significant impact on pupils' EL skills and behaviour if delivered more frequently and over a longer period of time.

In addition to the explanations provided above, a number of further explanations are possible regarding the absence of a significant effect of TSW on EL, self-concept or emotional and behavioural adjustment. First, this could be related to the fact that the pupils who were selected for the intervention were not experiencing higher than average levels of behavioural risk. Previous research conducted on other intervention programmes for pupils with SEBD reported that the intervention had significant effects on pupils' internalising and externalising behaviours (Swannell, Hand & Martin, 2009), EL (Humphrey et al., 2009a) and academic ability (Jones, Brown, Hoglund & Aber,

2010), but only for those pupils who were in the 'borderline' or 'clinical' range for behaviour difficulties at pre-test. In the present study, the mean teacher and pupil ratings of EL and behaviour difficulties for the intervention group were 'borderline' or 'average' at pre-test, and thus it is possible that the pupils did not have sufficient difficulties for the TSW to have a significant effect. It is also possible that the lack of effect on EL, self-concept or behaviour could be due to ceiling and floor effects as the outcome measures may not be able to detect improvements within the 'normal' ranges. In future it may be more helpful to obtain ratings of pupils' assets and skills when targeting pupils who do not have significant behaviour difficulties, as their assets and skills may be more observable than changes in behaviour difficulties.

It is important to note that although there were no significant group differences in EL or social acceptance, as mentioned previously, there was a significant effect of time. This suggests that for children involved in the present study, levels of EL (as reported by teachers) and social acceptance increased over time regardless of the intervention. As reported in previous studies of intervention programmes for pupils with SEBD (Cooper & Whitebread, 2007) it may be that the mainstream class teachers develop an increased awareness of the need to explicitly teach and model EL skills, as well as developing a more nurturing approach with all of their pupils, as a result of their daily interactions with the TSW staff.

A limitation of the present study is that whilst the intervention participants' EV increased, there was no measure of whether this increase in EV also increased participants' ability to talk about their own feelings. Further, the EV Tool used is an unpublished measure and thus does not yet have widely reported evidence of reliability and validity. In this study, the reported results must be interpreted with caution as the internal consistency of this measure did not achieve the recommended alpha level of 0.8

(Field, 2009). However, Cortina (cited in Field, 2009) stated that when measures have a small number of items, the alpha level can appear unreliably low when in fact it is not.

A final limitation of the present study is that only a small number of responses were returned from parents. As a result, it was impossible to test meaningfully whether TSW was effective at increasing participants' skills and behaviour at home. In future it would be helpful to arrange data collected data by telephone or online, to make it easier for parents to participate.

Despite these limitations, the findings from the present research have a number of strengths. First, they have advanced the field of research surrounding targeted intervention programmes for pupils with SEBD, in particular examining the ways in which TSW can increase pupil resilience. The results from the present study provide evidence for the effectiveness of TSW in increasing two significant protective factors associated with resilience: EV and sense of belonging, when delivered by trained school staff. This is important as evidence suggests that the ability to verbalise our emotions and cognitions is a key component of behaviour change (Greenberg, Kusche, Cook & Quamma, 1995; Heydenberk, Heydenberk & Tzenova, 2006; Ripley & Simpson, 2007). In addition, Furrer and Skinner (2003) found that children who felt a higher sense of belonging to school showed greater emotional and behavioural engagement, and reported that they felt happy and comfortable in the classroom.

Second, the findings have important implications for EP practice. Educational Psychologists have a role to support schools in achieving their obligation to foster both pupils' cognitive development and their social-emotional development (Durlak et al., 2011; Every Child Matters, 2004). As most schools have limited resources to address all of these areas, clear research evidence is needed in order to inform decision-making about the most effective interventions to implement (Durlak et al., 2011; Zins et al.,

2007). The results of the present study provide evidence that can be transmitted to school staff who are seeking to increase the EV and sense of belonging of their pupils with SEBD.

Third, the present study has highlighted a number of areas for future research. Further research is needed to explore the impact of TSW on pupils with more significant SEBD needs, in order to establish whether TSW has a more noticeable impact on pupils EL skills if their needs are more pronounced prior to the intervention. In addition, measuring participants' reflective skills pre- and post-TSW would provide a significant contribution to understanding the precise mechanisms through which TSW can increase pupil resilience, as evidence suggests that the process of active reflection which occurs during story writing helps us to make sense of, and increase our understanding of our experiences (East, Jackson, O'Brien & Peters, 2010).

Appendix A. Literature Review: Search Terms

The following search terms were used in each database. The search terms included a list of specific keywords generated by the authors and related keywords generated in the thesaurus from each database. Search terms were combined with either an **AND** or an **OR**.

1. PsychInfo (via Ebsco; 2000-2013): All search results were filtered by age: school-age (6 – 12) and adolescence (13-17 years).

SEARCH 1:

Behaviour problems **OR** *emotional disturbances* **OR** e*motional and behavioural difficulties* **OR** *externalization* **OR** *internalization.*

AND

School-based intervention.

2. Web of Science (via Ebsco; 2000-2013): All search results were filtered by age: school-age (6-12) and adolescence (13-17 years).

SEARCH 2:

Behaviour problems **OR** *emotional disturbances* **OR** e*motional and behavioural difficulties* **OR** *externalization* **OR** *internalization.*

AND

School-based intervention.

Appendix B. Literature Review: Inclusion & Exclusion Criteria

After searching with the above key terms, 903 studies were obtained. Search results were then filtered using the following inclusion / exclusion criteria:

1. Papers including participants who were not school-age (6-12 years) or adolescent (13-17 years) (n= 245)
2. Papers not published in English (n= 35)
3. Papers published in an academic or professional journal. Unpublished work and studies reported in books, abstracts, conference proceedings and review articles were excluded (n= 340)
4. Exclude papers that were not published between the years 2000 -2013 (n= 40)

Following application of the initial inclusion and exclusion criteria, the titles and abstracts of 243 papers were screened and a further 204 papers were excluded for the following reasons:

1. Papers that did not include outcome measures related to improvements in behaviour or social-emotional skills (n = 30)
2. Papers which discuss only: the development of instruments to identify pupils with EBD OR identification of pupils with EBD OR factors affecting pupils' behaviour, e.g. domestic violence (n = 26)
3. Papers which focus solely on factors affecting the sustainability or effectiveness of interventions designed for pupils with EBD, rather than reporting outcomes for pupils (n= 15)
4. Papers which looked at the correlation between existing practices within the classroom and the presence of SEBD (n = 2)
5. Papers presenting a review of research rather than original research (n = 8)

6. Papers evaluating the impact of interventions in which pupils are not the main recipient of the intervention, e.g. parenting programmes (n = 9)
7. Papers employing a qualitative design (n = 3)
8. Papers that presented case studies (n = 22)
9. Book reviews or studies published in books rather than academic or professional journals (n = 9)
10. Duplication of records (n = 6)
11. Papers that focused on a participant group that met exclusion criteria (individuals with a diagnosed mental health condition, pupils who have another condition which is the main focus of the intervention, pupils older than 17 who were transitioning from school to work, pupils with Emotional and Behavioural difficulties in a non-mainstream school setting, e.g. special school) (n = 45).
12. Papers where the intervention is not delivered within the school curriculum/ day (n = 10)
13. Papers that included non-English-speaking pupils (n = 19).

Author(s)	Participants (Age, Gender)	Design	Intervention (Type, duration, frequency)	Universal / Targeted	Key results	Effect size*
Webster-Stratton, Reid & Stoolmiller (2008) **Ref: 1**	Head Start pre-schools and elementary schools (Year R and Year 1), USA. No significant differences between groups prior to starting intervention.	Schools randomly assigned to either an intervention or a control group (teaching as normal).	Incredible Years Child training curriculum (Dinosaur school. Teacher training plus pupil curriculum: 30 lessons per year (2x p.w., 15-20 mins whole class instruction and 20 mins small-group skills practice).	Universal	1. Intervention children: significant increase in the number of positive problem-solving strategies and number of positive feelings words that they could identify. 2. Significant improvement in intervention pupils' emotion self-regulation, social competence and conduct problems from pre- to post intervention.	M
Seth-Smith et al. (2010) **Ref: 2**	Pupils either in a nurture group or who had EBDs and who were identified by their head teacher as someone who would attend a NG if there was one available. Average age = 5y 9 m.	Non-randomised (based on willingness of schools to take part) pre-test post-test design. Comparison schools did not have nurture groups.	Intervention children attended 4.5 days per week (for 2 terms). Control children's EBDs were supported through normal classroom teaching.	Targeted	1. No significant difference in total problem scores or individual sub-scale scores for either group from pre- to post- assessment. 2. NG children rated as having significantly fewer peer problems, and increased pro-social behaviour following the intervention, compared with the control group. 3. Significant time x group reduction in hyperactivity behaviour in the NG group. 5. Statistically significant improvements in academic attainment from pre- to post-test in both groups.	

Peterson, Hamilton and Russell (2009) **Ref: 3**	6th grade pupils (average age = 11.5 years), USA.	Pupils referred by their class teacher (if perceived to be 'at-risk' of behavioural problems at school), and then randomly allocated to intervention or control group. Groups led by masters-level students and clinical psychologists (all received weekly supervision from researchers).	Coping Power Programme (Lochman, Wells and Murray, 2007). Manual-based psychotherapy programme. 24 sessions in groups of 5/6, across 1 academic year. Usually involves 10 parent sessions, but these were not taken up.	Targeted	1) Significant reduction in Attention problems and hyperactivity for all pupils, from pre- to post-intervention. 2) Significant reduction in the 'withdrawal' ratings for both groups over time. 3) Intervention group showed a significant increase in social skills and functional communication. 4) Pupil self-report data did not show any significant differences in the intervention groups, from pre- to post-intervention.	
McClowry et al. (2010) **Ref: 4**	5-9 years old, USA schools	Schools randomly allocated to either condition. 3 schools received Insights programme, 2 schools were in 'Read Aloud condition' = attention control condition.	Insights into Childrens' Temperament: 3 programmes (1 parent, 1 teacher and 1 pupil). Pupil and parent/teacher programmes delivered simultaneously. Pupil programme = 45 mins per week for 10 weeks. Manualised programme.	Universal	1) Boys in the Insight condition showed a significant decline in overt aggression and attention difficulties over time, compared with the Read Aloud group. 2) Significant increase in teachers' perceptions of their boy pupils' competence.	

Malberg et al. (2012) **Ref: 5**	3-7 years old (mean age = 6.5 years), UK schools		The Primary School Project: 1 day per week. Intervention depended on the needs of each child, but may have included: individual psychotherapy once per week for 3 months to 1 year.	Targeted	1) CGAS- intervention pupils' general functioning significantly improved from pre- to post intervention. 2) Significant reduction in the childrens' severity of symptoms and problem behaviours. 3) Significant reduction in childrens' Total Difficulties score.	
Lochman and Wells (2003) **Ref: 6**	Class teachers asked to rate how aggressive all of their pupils were using a Likert scale (1-5). Top 31% of aggressive pupils were selected for random allocation to either intervention or control groups. 17 schools had 1 class assigned to one of four conditions: Coping Power only, Coping Power plus classroom intervention, Classroom only and Control.		Coping Power Programme (Lochman, Wells and Murray, 2007). 16 months: 22 group sessions, 45 mins each. 8 pupils per group. Plus individual sessions once every 2 weeks. Run by CPP specialist and school counsellor.	Targeted	1) Intervention children had significantly lower levels of delinquency and substance use at 1 year follow-up than Control children.	

Linares et al. (2005) **Ref: 7**	Average age = 8.9-11 years old.	Quasi-experimental (comparing pupils receiving UMSP with pupils in control schools). Control schools did not offer a formal SEL programme.	Unique Minds Schools Programme (Stern): package of activities involving multiple agents (i.e. pupils, peers, teachers, parents) and settings (i.e. classroom, playground, home). 30 mins per week, delivered by class teacher - 26-36 lessons in total Manualised curriculum	Universal	1) Time x school interaction: intervention pupils showed a significant increase in self-efficacy from Time 1 to Time 2. 2) Students in the intervention school showed a higher number of pro-social problem solving strategies over time than the control group. 3) Intervention pupils were rated as significantly more socially and emotionally competent than the control group, plus gains in social-emotional competency over time.	M-L
McArdle et al. (2011) **Ref: 8**	Children in the NE of England, at-risk of emotional and behavioural problems.	Randomised control trial. Compared 2 interventions: Drama Group Therapy (DGT) and small-group teaching of maths and English (Active Control group). Groups of 8 pupils.	1 hour per week for 12 weeks.	Targeted	1) Significant decline in pupil internalising and externalising behaviours during and immediately after the intervention for both groups. 2) Pupil adjustment remained below 'clinically significant' levels throughout the follow-up period.	

Jurecska, Hamilton and Peterson (2011) **Ref: 9**	Pupils with hyperactive and/ or disruptive behaviour. Mean age= 11.59 years. USA		Coping Power Programme (CPP). Manualised. Delivered to pupils by clinical psychologists- met monthly to discuss programme to ensure intervention integrity. Group activities for 40 mins per week (for 6-7 months).	Targeted	1) Significant reduction in hyperactive behaviours of pupils in the intervention group, from pre- to post-test.	

Jones, Brown, Hoglund and Aber (2010) **Ref: 10**	3rd grade pupils from 18 schools (9 matched pairs) in the USA	Pairwise matching procedure. Class teachers trained to deliver the programme to pupils.	4Rs (Reading, Writing, Respect & Resolution) - integrated social-emotional and literacy intervention. Social-emotional skills promoted within an embedded literacy strategy. 21-35 hour course. Each unit based around a different story/ book which the class read together and then carry out different activities based on the book (i.e. practise different skills in the context of discussion about the book- identifying feelings words, role-playing how to calm down when upset).	Universal	1) Significant main effects of 4Rs intervention on hostile attributions of children, compared with control group. 2) Significant main effect of 4Rs intervention on levels of depressive symptoms compared with the control group. 3) Children with the greatest level of baseline behavioural risk showed the greatest improvement.	0.20-0.24
Herrera, Baldwin Grossman, Kaugh and McMaken (2011) **Ref: 11**	4th to 9th grades (8-18 years). Pupils selected for mentoring by their teachers based on: at-risk of dropping out of school, below-average academic performance, poor behaviour.	Random-assignment impact design.	Big Brothers, Big Sisters school-based mentoring programme. Mentoring run by a number of agencies. Mentors met with pupils weekly for 45-60 mins. Some activities for mentoring sessions pre-specified by the programme or school, but most of time decided by mentor and mentee, i.e. creative activities, games or discussions.	Targeted	Time 1 (after 4.9 months of mentoring) = A) Teachers and pupils reported a significant increase in intervention pupils' academic performance/ perceptions of their academic ability, compared with the non-mentored peers. B) Mentored peers were more likely than non-mentored peers to report having a special adult in their life. Time 2 (after 15 months of mentoring- most peoples' mentoring had stopped by this point) = No significant difference between the mentored and non-mentored youth on any of the 11 outcome measures (inc. relationships with peers and adults, global self-esteem). Mentored peers still remained significantly more likely than the non-mentored peers to report having a special adult in their lives.	

Gueldner and Merrell (2011) **Ref: 12**	Mean age = 11.5 years. USA.	Quasi-experimental design. No random allocation to conditions- existing classes were assigned to one of three groups: control, Strong Kids where teacher received performance feedback from the researcher, Strong Kids where teacher did not receive performance feedback.	Strong Kids programme: 12 lessons (45-50 mins each), skill-based SEL programme. Delivered by class teachers.	Universal	1) Children in the Strong Kids programme showed significantly greater knowledge of social and emotional coping strategies than children in control condition, post- intervention 2) No significant effect of intervention or time on internalising symptoms.	L
Cooper and Whitebread (2007) **Ref: 13**	Mean age = 6 years, 5 months. UK.	Longitudinal: data collected over 2 years. Five groups: (1) NG children, (2) SEBD pupils at same school as NG pupils, but not attending NG, (3) No SEBDs, attending same school as pupils in Groups 1 & 2, (4) Pupils with SEBD attending schools without a NG, (5) Pupils without SEBD attending schools without a NG.	Nurture Groups	Targeted	1) Significantly greater improvement in teacher-rated Total difficulties scores for NG pupils than SEBD pupils in same school who were not attending the NG. 2) Statistically significant difference emerged in the number of SEBD pupils who fell within the 'normal' range for behaviour on the SDQ, post-intervention: the number of SEBD pupils in the NG school categorised as 'normal' increased, whereas the number of SEBD pupils in the non-NG schools categorised as 'normal' decreased.	
Humphrey et al. (2010a) **Ref: 14**	Mean age = 8 years, 2 months. Pupils at-risk of developing social-emotional problems, and good behaviour role models.	Random allocation of children not possible-schools had already selected pupils for intervention. Waiting-list control group-would receive intervention following term.	New Beginnings (one of the small-group interventions that form SEAL). 7 weeks: 45 mins per week. Led by an LSA. Same structure for each session.	Targeted	None of the expected effects were observed 1) No significant main effects of group or time, however there was significant main effect of role (i.e. the positive role models scored significantly higher on both measures than all other pupils). 2) No significant difference between teacher ratings of EL skills or behaviour problems from pre- to post, for either intervention or control group. 3) Parent ratings: No significant effects other than of time 4) Follow-up data: no significant change in any of the scores at 7-week follow-up.	S-M

Humphrey et al. (2010b) **Ref: 15**	Mean age = 8 years, 3 months. Intervention pupils indentified by their class teacher as 'uninterested in learning and unmotivated to achieve in school'. Intervention groups include pupils who act as 'role models' for pupils with EBD.	Quasi-experimental	Going For Goals (one of small-group interventions that form SEAL). 7 weeks: 45 mins per week. Led by an LSA. Same structure for each session.	Targeted	1) Pupil EL Checklist scores: a small statistically significant effect of intervention on pupils overall EL score from T1-T2 (ONLY in SEBD pupils, no difference in role models' scores). 2) Teacher measures: No significant effect of intervention on pupils' EL skills, significant effect of intervention on EBD pupils' SDQ scores from T1 to T2, 3) Parent measures: No statistically significant effect of intervention on either EL scores or behaviour. 4) Follow-up measures: No further statistically significant differences in EL or SDQ scores from T2-T3.	S
Wigelsworth, Humphrey and Lendrum (2012) **Ref: 16**	Mean age = 11/12 at pre-test, 13/14 at post-test. UK	Longitudinal: Pre-test, post-test, control group design.	Explicit teaching of social-emotional skills within a whole-school environment which is safe, caring and positive. Explicit teaching designed to be delivered 1 x per week for 6 weeks.	Universal	1) Marginal increase in intervention pupils' self-reported EL skills and marginal reduction in pupils' self-reported SDQ total difficulties score (0.3) - Both non-significant.	
Daunic et al. (2012) **Ref: 17**	14 schools, USA	Schools randomly allocated to intervention or control condition.	Tools for Getting Along: follows a pattern of learning, rehearsing, reviewing and practising steps in a problem-solving process. 27 lessons over 1 year (around 1-2 sessions per week). Led by class teachers.	Universal	1) Significant main effect of the intervention on pupils' perception of their ability to solve social problems. 2) No significant effect of intervention on teacher-ratings of pupils' internalising and externalising behaviour.	

Battistich, Schaps and Wilson (2004) **Ref: 18**	USA.	Matched-control design (6 intervention schools, 6 control schools). Data collected annually for 4 years once pupils were in middle school- so no longer receiving CDP (although data not collected until 2 years after the end of the elementary school study).	Child Development Project (CDP): multi-component intervention including an intensive classroom component (emphasises collaborative learning and enhances students' self-control and personal responsibility), a school-wide component and a family component.	Universal	Overall, CDP shows positive effects even after the pupils have left the intervention environment. 1) Intervention pupils scored higher than control pupils on self-reported: sense of school connectedness, positive relationships with teachers, liking for school, and task-orientation towards learning. Also, sense of self-efficacy, global self-esteem. 2) No difference in pupils' reported drug use or delinquency 3) Teacher reports: Intervention pupils rated as significantly more popular and socially skilled than control pupils.	S
DuFour, Denoncourt and Mishara (2011) **Ref: 19**	Mean age = 6.7 years		Zippy's Friends: taught by class teachers. 24 x weekly sessions, 50 mins each.	Universal	1) Significant effect of intervention and time on Social-Emotional functioning: intervention children significantly more cooperative with teachers, children in the control group were significantly less cooperative at post-test. 2) Intervention groups' autonomy increased at post-test (this included perseverance and problem-solving). 3) Significantly less internalising problems in the intervention group at post-test. 4) Significant increase in the intervention pupils' perception of social support from their teacher. 5) No change in the number of coping mechanisms used from pre- to post-test, as reported by children and parents.	S

Stallard et al. (2007) **Ref: 20**	106 pupils aged 9-10 years from 3 schools in UK. Only 69 children completed all measures.	Pupils assessed 6 months before, upon starting and 3 months after the intervention.	FRIENDS (manualised, 10-session, CBT programme). Delivered 1 session per week, over 10 weeks in the Spring term. Sessions delivered by trained school nurses, supported by class teacher and TA.	Universal	1. Significant improvement in anxiety and self-esteem scores from T1 to T3. 2. No significant differences between T1 and T2 (both pre-FRIENDS assessments) - anxiety and self-esteem stable for 6 months before intervention. 3. Teachers commented that a key factor was the development of a warm and positive culture in the classroom, in which feelings and worries could be openly discussed.	
Squires & Caddick (2012) **Ref: 21**	Secondary school (12-13 years old) Pupils with externalising behaviours, at risk of exclusion. Pupils with a clinical diagnosis were excluded.	Small- scale randomized control design.	Intervention designed by researcher- based on Penn Resiliency Programme and Think Good, Feel Good materials. 8 sessions: 1 hour per week. Delivered by researcher and pastoral manager.	Targeted	1. Intervention group pupils' perceptions of their own behaviour problems remained stable over time; the control group pupils' perceptions of their behaviour problems worsened over time. 2. Class teacher ratings suggested that BOTH groups' behaviour improved over time.	M

Swannell et al. (2009) **Ref: 22**	5 cohorts of year 8 students (average age = 13 years). Australia.	Longitudinal	Aussie Optimism Programme (adaptation of Penn Prevention Programme, USA). Delivered by trained class teacher over 20 weeks (1 hour per week). Manualised. Also includes a parent booklet to inform parents about content of weekly sessions and to support generalisation to home.	Universal	1) No significant change in depression scores from Time 1 to Time 2 for 'normal' pupils. 2) Significant reduction in self-reported Total Difficulties scores and Conduct Problems scores from Time 1 to Time 2 for both groups. 3) Self-reported depression scores for pupils who scored in the 'borderline' to 'clinical' range on the CES-DC scale at Time 1, showed a significant reduction in depressive symptoms by Time 2. 4) Also, 'clinical' pupils showed an improvement in: emotional symptoms, hyperactivity and peer problems (stayed the same for 'normal' pupils).	S - M
Powell, Gilchrist and Stapley (2008) **Ref: 23**	8-11 years old, at-risk of exclusion.	Pupils selected by Head Teacher based on having SEN, EBD and at-risk of exclusion. Then allocated to intervention or control group based on how they scored on a self-completed questionnaire (No mention of what this was).	The Self-Discovery Programme (Powell, Barlow & Bagh, 2005). Delivered by 3 holistic therapists, trained by researcher. 12 sessions; 1 x per week for 45 mins.	Targeted	1) Intervention group showed significantly greater improvements in self-confidence, social confidence with teachers, communication with peers and teachers, and contribution to the classroom. 2) Greater improvements in attention and concentration skills in the control group than the intervention group. 3) Statistically significant improvement in Total Difficulties scores on the SDQ, in the intervention group. 4) Teachers reported that intervention pupils used significantly more: massage, self-talk, breathing techniques and listening skills post-intervention.	

Mendelson et al. (2010) **Ref: 24**	4 schools in the USA: 2 randomly assigned as intervention schools, 4 as waiting-list control schools. 51 intervention pupils, 46 control pupils. Mean age - 10 years.	Pre-post, waiting list control group.	Mindfulness intervention. 45 mins, 4 days per week, 12 weeks.	Universal	1) Intervention group showed a significant reduction in rumination, intrusive thoughts and emotional arousal. 2)No significant difference between groups in terms of their perception of their own positive affect or their relationships with peers and teachers.	
Li et al. (2010) **Ref: 25**	Pupils aged 9-11 years. USA.	Intervention vs. Waiting list control schools.	Positive Action Programme (PAP). 140 x 15 min sessions, delivered 4 days per week (took around 2 academic years).	Universal	1) Intervention pupils reported a significant reduction in substance abuse, bullying behaviour and violence. 2) No significant reduction in disruptive behaviour though.	

Humphrey and Brooks (2006) **Ref: 26**	Pupils at-risk of exclusion, UK. Mean age 14 y, 2 m. Selected by teachers according to 'those who are at most direct risk permanent exclusion due to their anger management problems'.	Single group phase-change design (4 week baseline period, 4 week intervention period, 4 week follow-up period).	Cognitive-Behavioural Therapy anger management programme. 4-week intervention: 6 x 1 hour sessions.	Targeted	1) Significant reduction in Total Difficulties scores between Time A (baseline) and Time B (Intervention), and a significant increase in Total Difficulties scores between Time B (intervention) and Time C (follow-up) - problem behaviour increased again once the intervention finished. 2) Significant increase in prosocial behaviour and reduction in emotional outbursts during the intervention period, which remained at follow-up. 3) No significant impact on hyperactive/ inattentive scores.	S - M
Hudley, Graham and Taylor (2007) **Ref: 27**	Male, African American students (selected by teacher ratings and peer nominations of aggressive behaviour)	Randomly allocated to either: intervention, placebo intervention condition (to control for effects of being involved in a withdrawal/ attention group) or no treatment control condition.	The Brain Power Programme (attribution re-training). 12 lessons in 6 weeks (2 per week). Small groups led by 2 trained group leaders (graduate students- blind to aggression levels).	Targeted	1) Significant reduction in hostile attributions, endorsement of aggressive behaviour and reported anger for pupils in intervention group only. 2) No significant effect on any measure for pupils with 'average' behaviour.	

Franklin, Moore and Hopson (2008) **Ref: 28**	Mean age = 10-12 years. USA. Pupils selected for intervention by teachers, based on behaviour in class (if they had had a behaviour referral that requires disciplinary action).	Quasi- experimental: Pre-test, post-test, follow-up design (1 month later). Pupils from one school allocated to intervention group, pupils from second school allocated to control group.	Solution-Focused Brief Therapy. 5-7 sessions, 35-40 mins each week. Delivered by a trained SFBT therapist. Received monthly supervision and sessions were videotaped and viewed by researchers to ensure treatment integrity.	Targeted	1) Intervention pupils' scores for both internalising and externalising behaviours dropped below clinical cut-off during the intervention, and remained below cut-off at follow-up. 2) Pupil rating scale: intervention pupils' ratings of externalising behaviours dropped significantly compared with the control pupils, as a result of the SFBT. 3) No change in internalising behaviours (according to the pupils).	L
Desbiens and Royer (2003) **Ref: 29**	Pupils selected as having behaviour difficulties by teacher (using an adapted version of the Systematic screening for behaviour disorders). USA	6 schools randomly assigned to 1 of 3 groups: Social skills training, social skills training plus activities based on cooperative teaching model, control group.	PARC programme (adapted): based on CBT approach, designed to help pupils to alter their thought processes, and thus reduce their aggression. 2 hrs per week, 10 weeks. Led by graduate students.	Universal	1) No significant difference on any of the measures between the three groups, following intervention. 2) Both intervention groups grouped together as sample sizes small: intervention groups showed a small improvement in peer ratings of their social skills and cooperation, after the intervention. 3) Teachers rated intervention pupils as showing improved academic ability and prosocial skills.	

Greenberg, Kusche, Cook and Quamma (1995) **Ref: 30**	Mean age = 8 years (at post-test = 8 y, 10 m). 4 schools in USA.		PATHS. 3 x per week, 20-30 mins.	Universal	1) Significant time x intervention effect: PATHS children significantly increased the number of feelings words they knew from pre- to post-test, and a significant increase in the number of complex feelings words that they could define. 2) No change in the PATHS childrens' ability to recognise clues for how they are feeling, however there was a significant increase in their ability to recognise clues for how others are feeling.	
Curtis and Norgate (2007) **Ref: 31**	5 PATHS schools, 3 control schools. UK	Intervention vs. Waiting list control schools.	PATHS. 3 x per week, 20-30 mins.	Universal	1) PATHS pupils showed a significant reduction in Total Difficulties scores from pre- to post- test. 2) Teacher interviews suggested that PATHS children had: increased their vocabulary of feelings words, developed their ability to recognise feelings in others and manage their own feelings, and increased their skills in empathy and perspective-taking.	

Manassis et al. (2010) **Ref: 32**	Selected for either intervention or active control group if scored positively (showing symptoms of anxiety or depression, not clinical diagnosis) on either of two screening measures.	Pupils randomly allocated to intervention or control group. Control group met at the same time and for the same duration each week, and carried out activities which aimed to increase interaction but did not place any focus on feelings.	The Feelings Club (manualised CBT programme). Led by psychologists or psychology graduates. 12 weeks, 1 hour per week. 5-10 pupils per group.	Targeted	1) Significant reduction in self-reported symptoms of anxiety and depression from pre- to post- test, for both groups of children. 2) No significant change in anxiety or depressive symptoms as reported by parents or teachers. 3) No difference in the number of children meeting diagnostic criteria for anxiety or depressive symptoms in intervention or control groups.	
Richards, Heathfield & Jenson (2010) **Ref: 33**	Pupils from 3 classes from 3rd to 6th grade.	Baseline (no treatment, just on-task behaviour observed), intervention and follow-up (4-8 weeks post-intervention) phases.	6-8 intervention sessions during intervention phase (2 x per week for 15 mins each). On-task behaviour observed each day. During intervention phase, pupils watched video tapes of pupils carrying out on-task behaviour for nearly 100% of the time, and then being praised by the teacher. Class teachers made comments about what they were seeing whilst watching the video, generated discussion about what the children had seen afterwards and encouraged the pupils to agree to imitate that behaviour afterwards.	Universal	1) All classes showed an increase in on-task behaviour from Time 1 to Time 2. 2) Class A showed a further increase in on-task behaviour from Time 2 to Time 3, whereas Classes B and C showed a reduction in on-task behaviour from Time 2 to Time 3.	L

Hawken, MacLeod and Rawlings (2007) **Ref: 34**	Pupils at-risk of developing severe problem behaviour. Referred by parents, teacher or other school staff member because additional behaviour support is needed indicated by increased office referrals, in-school suspensions, time-outs.	a) Baseline phase: typical school-wide behaviour support procedures in place for all pupils- number of ODRs per month recorded.	Behaviour Education Programme (BEP): Check In, Check Out.	Targeted	1) There was a significant reduction in the number of ODRs from pre-BEP to pot-BEP.	
Callan Stoiber and Gettinger (2011) **Ref: 35**	4-7 years old, USA. Children nominated by their class teacher if illustrating challenging behaviour.	Randomised experimental control group design.	Intervention guided by manual and by a structured record form. 13-15 weeks.	Targeted	1) Teacher ratings: Intervention children showed significantly higher number of positive behaviours (social cooperation, self-control and learning behaviour) and a significantly lower number of negative behaviours (aggression, non-compliance and negative affect), than control children. 2) No significant differences in academic skills or distractibility. 3) Parent ratings: significant improvement on all areas of the BASC for intervention but not control groups.	

Warren et al. (2006) **Ref: 36**	Inner-city middle school, USA. Grades 6-8 (11-16 years).		Positive Behaviour Support (PBS). Specific lessons were timetabled in order to teach and practice appropriate behaviour for each of the school 'rules'.	Universal	1) All measures (apart from out of school placements, which remained the same) decreased from Year 1 to Year 2. Gains were not sustained by Year 3.	
Cihak, Kirk and Boon (2009) **Ref: 37**	3rd Grade pupils (8 yrs) USA	A-B-A-B design (Baseline: recorded inappropriate behaviours for 5 days, tootling, baseline, tootling reinstated)	Peer 'tootling' (positive peer reporting). Aim to increase positive prosocial behaviours and decrease inappropriate classroom behaviours.	Universal	1) Tootling intervention resulted in a reduction in incidences of inappropriate behaviour, which increased when it was removed again (but re-introducing the tootling immediately resulted in a drop in inappropriate behaviours again).	

Seeley et al. (2009) **Ref: 38**	42 pupils met diagnostic criteria for ADHD (based on teacher-ratings using the Conner's DSM4/ ADHD rating scale). Mean age = 7.2 years, grades 1-3 (from 34 USA schools)	RCT: classes randomly allocated either to intervention or to 'usual care' control group. Class teachers then asked to complete the Systematic Screener for Behaviour Disorders for ALL pupils, to highlight the pupils with the highest level of externalising behaviour in each class- 1 pupil selected from each class.	First Steps to Success (manualised intervention). Delivered by a 'behavioural coach' (i.e. school psychologist) who has received 40-50 hours training. Coach trains class teacher and parents over 10 days, and they then take over programme delivery.	Targeted	1)Significant differences between ADHD pupils in intervention and control groups, in terms of ADHD and adaptive behaviours, and social skills, from pre-test to post-test. 2) Intervention group showed significant gains in academic functioning from pre- to post-test. 3) Parent reports: Significant improvement in intervention pupils' problem behaviours. 4) No significant difference between intervention and control group pupils' social skills, from pre- to post.	L
Wright and McCurdy (2011) **Ref: 39**	Two classes: 17 pupils vs. 20 pupils.	ABAC design (interventions withdrawn in time A)	Good Behaviour Game & Caught Being Good Game. Teachers implemented either GBG or CBGG during 1 x 40 min lesson per day. Rewards given to highest scoring team at end of each week.	Universal	1) When GBG introduced on-task behaviours increased and disruptive behaviours decreased. When GBG withdrawn, both returned to baseline levels. 2) When CBGG introduced, on-task behaviours increased again and disruptive behaviour decreased. 3) Same pattern of findings when interventions delivered in opposite order (i.e. CBGG first, then GBG).	

Appendix D. Proof of Ethics Committee/ RGO approval

UNIVERSITY OF Southampton

Miss Laura Harris
School of Psychology
University of Southampton
University Road
Highfield
Southampton
SO17 1BJ

RGO Ref: 8444

14 June 2012

Dear Miss Harris

Project Title Evaluating the Impact of Therapeutic Storywriting on the Resiliency of Pupils in Key Stage 2

This is to confirm the University of Southampton is prepared to act as Research Sponsor for this study, and the work detailed in the protocol/study outline will be covered by the University of Southampton insurance programme.

As the sponsor's representative for the University this office is tasked with:

1. Ensuring the researcher has obtained the necessary approvals for the study
2. Monitoring the conduct of the study
3. Registering and resolving any complaints arising from the study

As the researcher you are responsible for the conduct of the study and you are expected to:

1. Ensure the study is conducted as described in the protocol/study outline approved by this office
2. Advise this office of any change to the protocol, methodology, study documents, research team, participant numbers or start/end date of the study
3. Report to this office as soon as possible any concern, complaint or adverse event arising from the study

Failure to do any of the above may invalidate the insurance agreement and/or affect sponsorship of your study i.e. suspension or even withdrawal.

On receipt of this letter you may commence your research but please be aware other approvals may be required by the host organisation if your research takes place outside the University. It is your responsibility to check with the host organisation and obtain the appropriate approvals before recruitment is underway in that location.

May I take this opportunity to wish you every success for your research.

Yours sincerely

Dr Martina Prude
Head of Research Governance

Tel: 023 8059 5058
email: rgoinfo@soton.ac.uk

Appendix E. Letters and Consent Forms

E1. Parent information letter and opt-out consent form for screening process

Dear Parent/Guardian,

I am a trainee Educational Psychologist currently carrying out a research project at XXXXX Junior School, to investigate the effect of story writing on pupils' ability to cope with their feelings, and the feelings of others.

With the permission of the Head Teacher I am asking all of the pupils in Years 4 and 5 to complete a short questionnaire during one of their timetabled lessons. The questionnaire will help your school to decide which pupils would find a story writing group helpful for their learning. The questionnaire will also help your school to see which skills the pupils would benefit from learning in the future.

I have designed the study in order to make it as enjoyable for the pupils as possible, however, if you would prefer that your child did not participate, please complete and return the slip below to the school office, **on or before Thursday 13th September**. If your child decides that they would prefer not to complete the questionnaire, they may withdraw at any time without consequence.

This project has received favourable ethical approval from the School of Psychology, University of Southampton. Any queries regarding this ethical approval may be directed to the chair of the Ethics Committee, Psychology, University of Southampton, SO17 1BJ, UK. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk.

If you would like any more information about the nature of the study or have any further questions please contact me through the school office.

Yours faithfully,

Laura Harris
Trainee Educational Psychologist
University of Southampton

Pupil emotional literacy questionnaire

Parent Opt-Out

I would prefer my child **not** to complete the Emotional Literacy questionnaire.

Child's name and date of birth:.....

Child's maths class and teacher:.....

Name of parent (print name):.....

Signature of parents:..... Date:.....

There is no need to make any reply if you are happy for your child to take part in the research project.

E2. Head Teacher letter and information sheet

UNIVERSITY OF Southampton

Dear Head teacher,

Re. Involvement in Educational Psychologist research dissertation

I am writing to invite your school to participate in some research that I am doing, investigating the impact of Therapeutic Storywriting groups in XXXX schools. I am a second year trainee on the Doctorate of Educational Psychology programme at the University of Southampton, and I am conducting this research project in order to further our understanding of the positive impact of the Therapeutic Storywriting intervention on pupils with emotional and behavioural difficulties.

Evidence suggests that developing pupils' emotional literacy and resilience is a key factor in raising academic attainment, as it increases pupils' readiness to learn. Whilst there have been numerous anecdotal reports of the benefits of Therapeutic Storywriting for pupils' academic and emotional literacy, until now there has been no empirical evidence which has evaluated the impact of Therapeutic Storywriting groups on pupils' emotional literacy, and ultimately, their resilience. The aim is that this research will highlight the positive impact that Therapeutic Storywriting can have on pupils' emotional well-being, and that this impact is sustained over time.

I am contacting your school, because I believe that a member of your staff has participated in the 3-day Therapeutic Storywriting training with XXXX (Educational Psychologist), and is currently running a Therapeutic Storywriting group in school. I hope that through participating in this research, your school will be able to more confidently assert that Therapeutic Storywriting not only develops the emotional literacy of pupils experiencing difficulties, but also equips them with the skills to be lifelong learners through increasing their resilience.

I have enclosed an information sheet, which provides some further information about what your participation in this research would involve. However, I would like to stress that there is flexibility in the way in which I could gather the data, thus I would very much like to meet with you in person to talk about how we could make it work for your school. I will contact you by telephone later this week, to arrange a date to meet and answer any further questions that you might have. If you have any questions in the meantime, please do not hesitate to contact me.

I look forward to speaking to you,

Kind Regards, Laura Harris, Trainee Educational Psychologist

Head Teacher Information Sheet – [Version 2, 02/08/2012]

Study Title: Evaluating the impact of Therapeutic Storywriting on the resiliency of pupils in Key Stage 2

Researcher: Laura Harris **Ethics number**: 2243

What is the research about?

I am a second year trainee on the Doctorate of Educational Psychology programme at the University of Southampton. I am required to conduct a research dissertation that explores a question of interest as a requirement of my degree. I am exploring the impact of story writing groups on pupils' resilience, and in particular, their emotional literacy and emotional and behavioural functioning in the classroom.

Why has my school been chosen?

All schools in XXXX where a member(s) of staff has received the 3-day Therapeutic Storywriting training, and who are currently running a Therapeutic Storywriting intervention group(s) have been invited to participate.

What would my school's participation involve?

The evaluation will take place in schools that can ensure the programme is run for a 10 week period (either side of a holiday break is fine).

I would need to gather data from a group of around 6 pupils who have been identified as experiencing emotional and/ or behavioural difficulties, and who are receiving the Therapeutic Storywriting intervention for 10 weeks during the **Autumn term of 2012**. This would represent the 'Intervention Group'.

In order to account for the impact of your normal school practices on the resilience of pupils, I would also need to gather data from a 'Control Group': 6 pupils in the **same year group** as the pupils in the 'Intervention Group'. These pupils would need to be pupils who are on a **waiting list** to receive the Therapeutic Storywriting intervention (i.e. also have emotional and/or behavioural difficulties).

In order to select the pupils with the greatest level of need for both the experimental and control groups, I plan to administer the Emotional Literacy checklist to all pupils in years 5 and 6. With the permission of the headteacher of each school, I aim to use opt-out parental consent (in which parents will be sent a letter detailing the purpose of the screening, and will be asked to reply with an 'opt-out' slip, if they do **not** wish their child to complete the checklist) before administering this scale.

An Overall Emotional Literacy score will be calculated for all pupils, the twelve pupils with the lowest scores will be selected and will be randomly allocated to either the intervention group or the waiting-list control group (6 pupils in each).

Once I have identified which pupils would benefit the most from the Therapeutic Storywriting intervention, the school will seek consent from parents, for their child to be involved in the Therapeutic Storywriting intervention. I will then seek consent for participants to take part in this study. Opt-in consent letters detailing the nature of the study, the right to withdraw and confidentiality of data will be circulated to parents of participants before the commencement of the programme.

Parents or guardians of all pupils involved (in both the Intervention and Control groups) would be contacted to request their permission for their child to participate in this study.

If the parent and child consent to take part, they will be asked to complete some short questionnaires. The questionnaires will take a maximum of 30 minutes to complete, and I will come to the school to administer them. The pupils will be asked to complete the questionnaires at school, during the school day (or just before or after, depending on what is convenient for your school). They will need to complete the first four questionnaires before starting the story writing group, four once the story writing group has finished, and ten weeks later, I will ask them to complete the final four questionnaires (as a follow-up measure to see whether any effect lasts over time). Those pupils in the control group will be asked to complete the same questionnaires, also at 10 week intervals.

In order to establish whether any improvements in the pupils' resilience and emotional literacy are transferred back to the classroom, I will also ask the class teacher to complete two short questionnaires for each pupil (5 minutes each maximum), both before the commencement of the Therapeutic Storywriting group, and after it has finished.

Are there any benefits in my taking part?

As there have only been a few studies which have evaluated the impact of story writing groups to date, I hope that the data that I gather will help to illustrate the positive effect that these groups can have on pupils' resilience. In particular, I am interested in investigating the precise skills which Therapeutic Storywriting develops, for example, emotional literacy, sense of belonging and self-concept.

Are there any risks involved?

There is a small chance that reflecting on their experiences whilst completing the questionnaires might make the pupils feel a little uncomfortable or upset. Should this happen, they will have been made aware that they may stop completing the questionnaire immediately. They will also have been made aware that they may speak to an adult at school, such as the ELSA or their teacher, to let them know how they are feeling.

What will happen to the data that I gather? Will pupils' participation be confidential?

In order to ensure participant confidentiality, I will be unable to share any of the raw data that pupils provide through the questionnaire, with your school. The data from a number of Hampshire schools will be combined, in order to investigate whether there is a significant effect of Therapeutic Storywriting on the resiliency of pupils. I will not be able to provide an evaluation of the group specific to your school.

Any information that the pupils provide, which may enable them to be identified, will be removed from the report. Only the researcher (Laura) will be able to identify them.

Any information that pupils give (via the questionnaire) will be data coded and kept on a password protected computer. On completion of the study, the data will be stored in a secure location, on disk for ten years, before being destroyed, in compliance with the Data Protection Act 1998 and University of Southampton policy.

What happens if pupils or parents change their minds?

All parents and pupils will be made aware that they have the right to withdraw from the study at any time. Their responses will be removed from the information I have gathered and will be destroyed. However it will only be possible to remove any data included in the report if they declare their wish to withdraw before June 2013, as this is my deadline for submission to the university.

What happens if something goes wrong?

In the unlikely case of concern or complaint, pupils, parents or yourself may contact the chair of the Ethics Committee, Psychology, University of Southampton, SO17 1BJ, UK. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk

Where can I get more information?

Should you have any further questions regarding this research, please do not hesitate to contact me at the following email address: lh10g10@soton.ac.uk

E3. Parent letter, information sheet and opt-in consent form

34 Bassett Crescent East,
University of Southampton,
Southampton,
SO16 7PB
Email: lh10g10@soton.ac.uk
September 2012

Dear Parent/ Guardian,

Re. Involvement in Educational Psychologist research project

I am writing to invite your child to participate in some research that I am planning to do, to investigate the impact of story writing groups in XXXX schools. I am a third year trainee on the Doctorate of Educational Psychology programme at the University of Southampton, and I am conducting this research project as part of my degree.

I understand that your child is going to be involved in a story writing group at school with XXXX this term (*in the Summer term*), and so I was hoping that they might like to be involved in my project. The benefits of story writing for pupils' academic achievement and emotional well-being have been noted by numerous schools around the country, but as yet there have been only a small number of research studies which have objectively evaluated the beneficial outcomes of story writing groups for pupils. My aim is to add to the existing research by looking at the impact that story writing can have on pupils' ability to cope with their own and others' emotions.

I have enclosed an information sheet, providing more information about the study. It should also answer any questions that you or your child may have about what their participation in this research will involve. If you have any further questions please do not hesitate to contact me on the email address above.

If you are happy for your child to participate in this study, please complete the slip below, and **return to the school office by Wednesday 10th October**.

I look forward to hearing from you.
Kind Regards,

Laura Harris
Trainee Educational Psychologist

Participant Information Sheet [Version 1, 28/05/2012]

Study Title: Evaluating the impact of Storywriting on the resiliency of pupils in Key Stage 2

Researcher: Laura Harris **Ethics number**: 2243

Please read this information carefully before deciding to take part in this research. If you are happy for your child to participate, you will be asked to sign a consent form.

What is the research about?
I am a third year trainee on the Doctorate of Educational Psychology programme at the University of Southampton. I am required to conduct a research dissertation that explores a question of interest as a requirement of my degree. I am exploring the impact of story writing groups on pupils' ability to cope with their own and others' emotions. It is important to have a better understanding of the ways in which we can support pupils to cope with emotions, as difficulties with the skills involved in identifying and acting upon emotions, can be a barrier to learning.

Why have I been chosen?
All pupils who are taking part in a story writing group in school *(will be taking part in a storywriting group in the Summer term)* have been invited to participate.

What will happen to me if I take part?
If you consent to your child taking part in the study, they will be asked to complete 9 short questionnaires in total. The questionnaires will only take a maximum of 30 minutes to complete, and they will be asked to complete them at school, during the school day. Your child will be asked to complete the first three questionnaires before starting the story writing group. Once your story writing group has finished, they will be asked to complete the same three questionnaires again. Ten weeks later, I will ask them to complete three final questionnaires.

I will not need to speak with your child again after this, however, if you would like me to send you a copy of my research summary, please let me know.

I will also ask all parents to complete two short questionnaires for me (this should take a maximum of 15 minutes in total), which you can return to me by post. Again, I will ask parents to complete these questionnaires 3 times; once at the start of the story writing group, once at the end, and once 10 weeks later.

*Please note that if you do not wish for your child to take part in this research, they will still be able to take part in the story writing group as part of their curriculum at school.

Are there any benefits in my taking part?
As there have only been a few studies which have evaluated the impact of story writing groups to date, I hope that the data that I gather will help to illustrate the positive effect that these groups can have on pupils' ability to cope with their own and others' emotions. This will help schools like yours to find the best ways to support pupils who need some extra support at school.

Are there any risks involved?
There is a very small chance that reflecting on their experiences whilst completing the questionnaire may make your child feel a little uncomfortable or upset. Should this happen, please be assured that I will remind them that they may stop completing the questionnaire immediately. They may also speak to an adult at school, such as the ELSA or their class teacher, to let them know how they are feeling.

Will my participation be confidential?
Any information that you and your child give (via the questionnaires) will be data coded and kept on a password protected computer. On completion of the study, the data will be stored in a secure location, on disk for ten years, before being destroyed, in compliance with the Data Protection Act 1998 and University of Southampton policy.

None of the data that you and your child provide through the questionnaire will be shared with your school. As your child will be asked to complete the questionnaire whilst in school, and in the same room as the other pupils in your story writing group, some staff members and other pupils will be aware that your child is taking part in this study, however, the information you and your child provide will be strictly confidential. Any information that you provide, which may enable you to be identified, will be removed from the report. Only the researcher (Laura) will be able to identify you.

What happens if I change my mind?
Your child has the right to withdraw from the study at any time and their responses will be removed from the information I have gathered and will be destroyed. However it will only be possible to remove any data included in the report if they declare their wish to withdraw before the **31st May 2013**. To withdraw your child's data please contact the researcher by emailing lh10g10@soton.ac.uk, stating your child's name and that they wish to withdraw from the study. This does not affect your legal rights.

What happens if something goes wrong?
In the unlikely case of concern or complaint, please contact the chair of the Ethics Committee, Psychology, University of Southampton, SO17 1BJ, UK. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk

Where can I get more information?

Should you have any further questions regarding this research, please do not hesitate to contact me at the following email address; lh10g10@soton.ac.uk. Alternatively, please speak to XXXX (ELSA) or the head teacher.

CONSENT FORM

Study title: Evaluating the impact of Therapeutic Storywriting groups on the resiliency of pupils in Key Stage 2

Researcher name: Laura Harris
Ethics reference: 2243

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet and have had the opportunity to ask questions about the study.	☐
I agree that my child may take part in this research project and agree for their data to be used for the purpose of this study	☐
I understand that my child's participation is voluntary and that they may withdraw at any time without their legal rights being affected	☐
I am happy to be contacted regarding other unspecified research projects. I therefore consent to the University retaining my child's personal details on a database, kept separately from the research data detailed above. The 'validity' of my child's consent is conditional upon the University complying with the Data Protection Act and I understand that I can request my child's details be removed from this database at any time.	☐

Data Protection

I understand that information collected about my child during their participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

Name of participant (print name)……
Name of parent/ guardian (print name)**.....**
Signature of parent/ guardian…….....
Date……

E4. Participant information scripts for screening and participation in study, and assent form

Script 1
(read out to pupils prior to whole year-group screening with Emotional Literacy Checklist)

Version no. 1, 28th May 2012

Evaluating the impact of Therapeutic Storywriting on the resiliency of pupils in Key Stage 2

Ethics ID: 2243

My name is Laura and I am a Trainee Educational Psychologist. I am going to be doing a project in your school to look at whether story writing groups help pupils, like yourselves, to identify and express their feelings.

I am asking all Year x and x pupils in schools in your area to complete one of these questionnaires (hold up EL Checklist), so that I can see which pupils might benefit from taking part in a Storywriting group. All of your parents have said that they are happy for you to do this questionnaire.

Your answers will help me and your teachers to think about the best ways that we can help pupils to learn identify and express their feelings better in the future.

Do you have any questions?

If you would prefer not to complete this questionnaire, please put your hand up and let me or your teacher know before we begin. There won't be any consequences if you do not wish to complete it - you can read your reading book for a few minutes until the rest of the class has finished. If you start the questionnaire and you decide that you don't want to complete it, that is fine, please put your hand up and you can read your reading book for a few minutes until the rest of the class has finished.

Do you have any questions?

Ok, let's start by putting your name at the top of the form. I will read out each question, and then I will ask you to circle the answer that explains how you feel. It is really important that you answer as honestly as you can.

Once completed: Thank you again for taking part in my project. Does anyone have any questions they would like to ask me?

Script 2
(read out to pupils prior to administering assessments with Experimental and Waiting-List Control groups)

Version no. 1, 28th May 2012

Evaluating the impact of Therapeutic Storywriting on the resiliency of pupils in Key Stage 2

Ethics ID: 2243

My name is Laura and I am a Trainee Educational Psychologist. I am going to be doing a project in your school to look at whether story writing groups help pupils, like yourselves, to identify and express their feelings.

I am asking pupils who are **taking part in a story writing group/ going to take part in a story writing group in the Summer term** in school, to complete some questionnaires, so that I can see whether story writing helps you to learn new skills, such as recognising and talking about your feelings. All of your parents have said that they are happy for you to complete these questionnaires with me.

Your answers will help me and your teachers to think about the best ways that we can help pupils to learn identify and express their feelings better in the future.

Do you have any questions?

Today we are going to complete 4 questionnaires. If you would prefer not to complete these questionnaires, please put your hand up and let me or your teacher know before we begin. There won't be any consequences if you do not wish to complete them - you can read your reading book for a few minutes until the rest of the group has finished. If you start the questionnaires and you decide that you don't want to complete them, that is fine, please put your hand up and you can read your reading book for a few minutes until the rest of the group has finished.

Does anybody have any questions?

Ok, let's start by putting your name at the top of the form. I will read out each question, and then I will ask you to circle the answer that explains how you feel. It is really important that you answer as honestly as you can.

Once completed, I will read the De-briefing statement to the pupils. I will also say: "I will be coming back to your school to do some more questionnaires with you in

December, and then again in March. Again, if you do not wish you complete the questionnaires with me on these days, that is no problem, just let me know when I come in or let your teacher know, and we can arrange for you to do another activity."

ASSENT FORM (*Version number 1, 28th May 2012)*

Study title: Evaluating the impact of Therapeutic Storywriting groups on the resiliency of pupils in Key Stage 2

Researcher name: Laura Harris
Ethics reference: 2243

Please tick the box(es) if you agree with the statement(s):

I have been read and understood the information sheet (Version 1, 28/05/12) and have had the opportunity to ask questions about the study. ☐

I agree that I would like to take part in this project and agree for my results to be used for the purpose of this project. ☐

I understand that my participation is voluntary and that I may withdraw at any time. ☐

Data Protection
I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

Name……

Class.....

Date of birth…….....

Date…….....

E5. Debriefing statement – pupil version

Debriefing Statement (written and read out to pupils)
Version no. 1, 28th May 2012

Evaluating the impact of Therapeutic Storywriting on the resiliency of pupils in Key Stage 2

Ethics ID: 2243

Thank you for taking part in my project.

The aim of this research was to investigate whether your special story writing group helps you to identify and express your feelings. It is expected that there will be a relationship between whether you took part in a story writing group, and how much you think that you are able to identify how you are feeling, and solve problems when things aren't going very well.

Your answers will help me and your teachers to think about the best ways that we can help pupils to learn identify and express their feelings better in the future.

The results of this study will not include your name, your birth date or your class, so no one will be able to tell which answers are yours. If you would like a copy of my project once it is completed, please let me know.

If you have any further questions please contact me (Laura Harris). I can be contacted through your school office.

Thank you again for taking part in my project.

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, School of Psychology, University of Southampton, Southampton, SO17 1BJ. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk.

E6. Debriefing statement – parent version

Version no. 1, 28th May 2012

Evaluating the impact of Therapeutic Storywriting on the resiliency of pupils in Key Stage 2

Ethics ID: 2243

Debriefing Statement (written)

Thank you for allowing your child to take part in my research project.

The aim of this research was to investigate whether story writing helps pupils to identify and express their feelings. It is expected that there will be a relationship between whether pupils took part in a story writing group, and whether they feel that they are able to identify how they are feeling, and solve problems when things aren't going very well.

Your child's questionnaire answers will help me and the school to think about the best ways that we can develop emotional literacy skills in pupils; with the aim of increasing the resilience of pupils in your school in the future.

Once again, the results of this study will not include your child's name or any other identifying characteristics. If you would like a copy of the research summary once it is completed, please let me know by contacting the school office.

If you have any further questions please contact me (Laura Harris). I can be contacted through your school office.

Thank you again for allowing your child to take part in my project.

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, School of Psychology, University of Southampton, Southampton, SO17 1BJ. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk.

Appendix F. Checklist for Therapeutic Storywriting groups

Action	Comments	Completed? Y/N
Introducing children to the group.	'Special storywriting group': where we explore feelings through story characters.	
Making clear expectations about behaviour (i.e. turn-taking, listening, confidentiality) and what the structure of each session will be.	Maybe use a visual timetable. Agree and display group rules/ 'working agreement'.	
Agree with the children to: either not allow any causal visitors to the group or, children must be consulted and the visitor must also write a story.		
Sessions: 1 hour per week for 10 weeks.	- Important that the sessions take place in the same, quiet location every week. - There must be no interruptions (perhaps put a sign on the door). - Sessions should finish either at a break time, or so that they lead into a new lesson (rather than the child having to join a lesson part way through).	
5 minutes: Feelings check-in.	- Teacher actively listens to how each child is feeling today. - Can create and add to a 'feelings ladder' each week.	
5-10 minutes: Review	- Teacher hands back	

previous week's stories.	pupils' stories with comments attached. - Teacher will have typed up at least one child's story, which can be handed around, read and discussed together (reflecting on feelings).	
1-2 minutes: Teacher suggests a new theme for the story/ child chooses to continue with story from previous week.	May be: a) A pertinent issue for the group/ an individual (picked up during the feelings check-in), b) A title, c) An opening line, d) Including 2-3 specific items in the story.	
15 minutes: Writing (or typing, recording, dictating, drawing).	Teacher and children write, in silence. Children should not be made to plan or correct spellings/ punctuation! Teacher uses suggested theme, but children may choose what they write about. Teacher models appropriate behaviour (i.e. crossing things out if makes mistakes).	
20 minutes: Read out stories.	- Other children can draw whilst listening to the reader. - The reader can ask for feedback or ideas from peers. - Teacher reflects on the feelings expressed in the reader's story	

	(KEPT WITHIN THE STORY METAPHOR!)	
5 minutes: Game.	This must be a game that encourages the pupils to focus their attention and listening whilst the other children are reading out their stories, e.g. may have to mime a story that they have heard.	
5 minutes: Drink and snack together.		
Ending the group.	Children should be warned that the group will be finishing, around 3 weeks before the final session.	

Appendix G. Letter to teachers

34 Bassett Crescent East,
University of Southampton,
Southampton,
SO16 7PB
Email: lh10g10@soton.ac.uk

December 2012

Dear xxxx,

Re. Involvement in Educational Psychologist research project

Thanks again for supporting me, in gathering data for the research that I am doing, to investigate the impact of story writing groups in xxxxx schools.

Now that the children have completed the first term of this academic year, I am asking all class teachers whose children are taking part in my research project to fill in some short questionnaires for me. These are the same questionnaires which I asked you to complete in September, as I would like to see whether you feel that the children's needs and skills have changed at all over the course of the term.

I would be very grateful if you could complete the enclosed questionnaires and return them to the school office by **Tuesday 18th December 2012**, as I will be collecting them from school for analysis on the 19th December.

If you have any further questions please do not hesitate to contact me on the email address above.

Kind Regards,

Laura Harris

Trainee Educational Psychologist

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