

**The Incredible Years 'Dinosaur school' programme: An interpretative  
phenomenological analysis of children's experiences**

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Tara M. Houlihan

B.A., M.Sc.

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Course director: Dr Patrick Ryan, BA. D.Clin.Psych

Academic Supervisor: Dr Barry Coughlan, BA, PhD, D.Psych.Sc (Clin. Psych)

## **Abstract**

The Incredible Years (IY) programme is an evidence-based preventative and early intervention programme designed to reduce behavioural problems and promote social and emotional competencies in children. There is a vast research base pertaining to the efficacy and effectiveness of the training programmes within IY, which are targeted at parents, teachers, and children. Nonetheless the majority of this research is quantitative in nature. Despite several qualitative studies outlining the experiences of parents and teachers following their involvement in the programme, there is a dearth of research exploring children's experiences of IY programmes. The aim of the present qualitative study is to explore children's experiences of the Dina Dinosaur (small group therapy) IY programme (DS), in a regeneration area of Limerick. The researcher interviewed 13 children (3 males, 10 females; aged 6-8 years), who had completed DS, using a semi-structured interview format and various methods of engagement. The interview transcripts were analysed using interpretative phenomenological analysis (IPA), as the researcher wished to understand how participants made sense of their experience of DS. Master themes emerging from the data centred on nurturing relationships; sense of security; secure environment; opportunity for calmness and self-reflection; play as a therapeutic medium; and empowerment for self-regulation. The findings are discussed in the context of the research evidence-base; and implications for clinical practice, future research; and policy, service development, and education, are outlined.

## **Declaration**

I declare that this thesis is my own work. It is submitted to the University of Limerick in fulfilment of the requirements for the degree of Doctor of Clinical Psychology. It has not hitherto been submitted to any other university.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

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## **List of abbreviations**

IY: Incredible Years

IYPTP: Incredible Years Parent Training Programme

IYTTP: Incredible Years Teacher Training Programme

IYCTP: Incredible Years Child Training Programme (otherwise known as 'Dinosaur school')

DS: Dinosaur School, IY (small group therapy) child training programme

SEB difficulties: Social emotional behavioural difficulties

WLC group: Waitlist control group

HSLC: Home school liaison co-ordinator

EBT: Evidence-based treatment

PMT: Parent management training

PMTO: Parent management training Oregon model

Triple P: Positive parenting programme

## Glossary of terms

**Descriptive Code:** is focused on describing the content of what the participant has said, and the subject of the talk within the transcript.

**Linguistic Code:** is focused upon exploring the specific use of language by the participant.

**Conceptual Code:** is focused on engaging at a more interrogative and conceptual level.

**Initial theme:** a descriptive phrase which speaks to the psychological essence of the piece.

**Minor theme:** a phrase which speaks to the psychological essence of the piece but contains enough particularity to be grounded, and enough abstraction to be conceptual.

**Master theme:** is a construct which usually applies to each participant within a corpus but which can be manifested in different ways within particular cases.

**Reflection:** involves thinking about experiences, noting thoughts of interest and/or planning for change

**Group analysis:** group master themes based on patterns across cases.

**Emotion regulation:** refers to those behaviours, skills, and strategies, whether conscious or unconscious, automatic or effortful, that serve to modulate, inhibit, and enhance emotional experiences and expressions (Gross & Thompson, 2009, p. 3).

**Attunement:** is how we focus our attention on others and take their essence into our own inner worlds (Siegel, 2010, p. 34).

**Empowerment:** is a self-perception that includes domain specific perceived control, self-efficacy, motivation to exert control and perceived competence (Zimmerman, Israel, Schulz, & Checkoway, 1992).

**Agency:** an individual's active involvement in the construction of their own social life, the lives of those around them and of the societies in which they live.

## **Chapter 1 : General introduction**

The Dina Dinosaur (small group therapy) programme<sup>1</sup> (DS) is one component within the Incredible Years (IY) series, which works directly with children with mental health difficulties ranging from social, emotional, and behavioural difficulties at the mild end of the continuum to mental health diagnoses. The IY programme endeavours to counteract risks and strengthen protective factors, with a view to fostering children's social and emotional competencies and reducing behaviour problems. Extensive research outlines the effectiveness of the IY programme at reducing children's behaviour problems and extending benefits to the child's wider social system. Furthermore, research findings indicate that the DS programme results in benefits to children not otherwise gained from parent or teacher programmes, namely increased problem-solving abilities and conflict management with peers (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004). While the IY literature consists of qualitative research exploring participants' experiences and perceptions, nonetheless this research has been limited to parents and teachers and there is a lack of qualitative research which listens to the voices of children who have lived through the programme. In view of children serving as the key beneficiaries of the programme, and the new conceptualisation of childhood, with increased emphasis on listening to the voice of the child, the primary aim of this research is to explore children's experiences of the IY DS programme.

### **Thesis overview**

The thesis is divided into four main parts:

1. Chapter 2- Literature Review
2. Chapter 3- Methodology

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<sup>1</sup> The Dina Dinosaur Programme will be referred to as 'Dinosaur School' in the methodology and results chapters of the current study, while the acronym 'IYCTP' will be used to refer to the DS programme when reviewing the literature. Terms were decided in accordance with the words of participants and international terms, respectively.

3. Chapter 4- Results

4. Chapter 5- Discussion

*Chapter Two* reviews the current literature in relation to children with SEB difficulties, and treatment programmes available. A theoretical overview of attachment theory and the empowerment concept is outlined, in addition to the increasing emphasis on eliciting the voice of the child in research. In addition, the rationale for conducting qualitative research with children is presented. The rationale for the current study with associated research questions concludes this chapter.

*Chapter three* provides a rationale for use of a qualitative methodology, and in particular interpretative phenomenological analysis (IPA). A description of how the study was conducted, with regard to quality issues, is discussed.

*Chapter four* presents the results of the analysis.

*Chapter five* integrates the findings of the current study with established research and outlines implications of the current findings for clinical practice; research; and policy, service development, and education.

## **Chapter 2 : Literature review**

### ***Introduction***

Social, emotional and behavioural (SEB) problems are common in childhood, and particularly for children living in disadvantaged areas (Humphreys, McCafferty, & Higgins, 2012; Webster-Stratton & Hammond, 1998). A vast array of evidence-based treatment programmes for SEB difficulties have been developed, which aim to intervene early to prevent children from progressing on a negative developmental trajectory. While considerable empirical evidence illustrates the effectiveness of the IY programme as a preventative and intervention programme, there is a dearth of qualitative research exploring children's experiences of the IY child training programme (IYCTP).

### ***Aims of the chapter***

This chapter will begin by exploring social, emotional, and behavioural (SEB) difficulties, and will examine definitions; prevalence rates; and risk and protective aetiological factors. An overview of Attachment Theory and Empowerment are outlined as frameworks for considering the protective functions of adequate social and emotional experiences and understanding therapeutic gains, respectively. Thereafter, evidence-based preventative and intervention programmes for children with SEB difficulties will be presented, with the merits of the IY programme given particular focus. Following this, IY interventions localised to the current study, will be described. The concept of children's 'voice' in research and the new conceptualisation of childhood are then outlined. The chapter will conclude with a summary of the rationale for the current study.

### ***Literature search***

For the purpose of the current study, relevant publications were identified via electronic searches of Psych Info and Medline databases, using multiple search terms related to 'children', 'SEB difficulties', and associated 'treatment programmes'. Papers were also located from inspection of reference lists from articles acquired.



## *Social emotional behavioural difficulties*

### *Definition*

The term 'social, emotional, and behavioural (SEB) difficulties' is widely used to describe a diverse range of difficulties experienced by children, which manifest in a variety of different forms (Cooper, 1999). Hall and Elliman (2006, p. 262) define SEB problems as:

*'behaviours or distressed emotions, which are common or normal in children at some stage of development, but become abnormal by virtue of their frequency or severity, or their inappropriateness for a particular child's age compared to the majority of ordinary children'*

Thus, the above conceptualisation considers the developmental appropriateness of SEB difficulties and positions them on a continuum in terms of frequency and severity. This continuum is described as ranging from developmentally appropriate or mild and transient difficulties, to difficulties which are significant and persistent (NEPS, 2010). The term 'SEB difficulties' covers a diverse range of externalising and internalising problems, including disruptive or violent behaviours; oppositional and uncooperative interpersonal behaviours and verbal aggression; difficulty sustaining attention to tasks, difficulty regulating impulses and physical movement; and emotional difficulties such as distress, fearfulness and hyper-arousal (Cooper & Jacobs, 2011, p. 10). Clinical diagnoses of mental health problems are also included in this category (NEPS, 2010). Within the range of SEB difficulties possible, disruptive behaviour problems (e.g. aggression, non-compliance) are cited as the most prevalent of children's psychological problems, or at least the most noticed (Feinfield & Baker, 2004). Nonetheless, this is by no means a claim to say that children with behaviour problems do not experience emotional difficulties, or represent a distinct group within themselves. As espoused by Bradley and Hayes (2007), often the behavioural problem is a manifestation of a deeper emotional or mental health problem, thus indicating the connection between social, emotional, and behavioural difficulties. In light of this finding, working with children with SEB difficulties entails addressing not only their expressed behaviours, but, in addition, attempting to understand their emotional worlds underneath.

Nonetheless, there is variability evident across health and education contexts about what constitutes a SEB difficulty. Indeed three classification approaches to viewing SEB difficulties are outlined in the literature, which include the psychiatric-based Diagnostic and Statistical Manual of Mental Disorders- fourth edition (DSM-IV) system; the educational perspective; and the behavioural dimensions method (Merrell, 2003). A common system for the classification of SEB difficulties adopted by mental health professionals is the DSM-IV approach. This classification system is based on a medical model of SEB problems, which views such difficulties as 'mental disease' residing within the individual. Nonetheless, this view has been challenged with increased recognition of influencing factors within an individual's environment. Educational staff view SEB problems in terms of their impact on a child's educational functioning (Cooper & Jacobs, 2011, p. 9). Finally, the behavioural dimensions approach relies on statistical procedures of identifying behavioural 'clusters', to classify SEB difficulties. For example, use of ratings scales such as the Child Behaviour Checklist (CBCL) (Achenbach, 1991) and Teacher Report Form (TRF) (Achenbach, 1991) with parents and teachers is used to identify 'broad band syndromes' of internalising and/or externalising behaviour problems, and 'narrow band syndromes' which indicate more specific types of SEB difficulties unique to an individual child (Merrell, 2003).

In terms of perspectives on children's mental health status, the behaviour dimensions approach reflects a dimensional perspective which assumes that the mental states of people are not distinctly different from those of the 'normal' population, as espoused by the categorical DSM-IV approach, but that mental health problems lie on a continuum of severity from mild to severe levels of difficulty (Bennett, 2006). Thus, from this perspective people who are diagnosed as having a mental disorder may better be considered to be at the extreme end of a distribution of normality, not categorically different from others. This dimensional perspective emerged from a number of problems cited with the categorical model, including co-morbidity of mental health problems, differing manifestations of the same difficulty, and the provision of a subcategory of 'not otherwise specified' in the DSM-IV (Bennett, 2006). Thus, this perspective suggests that it is the degree to which problems are experienced, and not merely their presence or absence, that determines whether or not an individual has a

mental health problem. For the purposes of the current study, SEB difficulties are viewed from this perspective as lying at the mild end of the continuum of mental health problems and requiring early intervention most appropriate to community settings in order to prevent the need for specialist services in the future.

It is reported that without intervention, children with SEB difficulties are at an increased risk of developing severe adjustment difficulties; school drop-out; violence and drug use in adolescence and adulthood (Costello, Foley, & Angold, 2006; Egger & Angold, 2006). Much research outlines the need to intervene with children at an early stage of development, with reports that behaviour is in its more malleable form prior to age eight (Webster-Stratton, et al., 2004). The current study focuses on SEB difficulties at the middle childhood stage of development, 6-12 years.

### ***Prevalence***

It is estimated that approximately 20% of the Irish child and adolescent population may suffer from psychological problems at any given time (Cummins & McMaster, 2007). Indeed there are numerous research studies which outline the prevalence of emotional and behavioural disorders in children (Egger & Angold, 2006; Elhamid, Howe, & Reading, 2009; Meltzer, 2007). 9.5% children (5-15 years) were found to have emotional and behavioural disorders in a methodologically rigorous study conducted in recent years (Meltzer, 2007). In particular, the authors found 5.5% of children to have clinically significant conduct disorders; 3.9% of children were assessed as having emotional disorders (anxiety and depression), and 1.5% of children were rated as hyperactive, with the overall rate combining more than one disorder.

Nonetheless, less common is literature pertaining to the prevalence of milder mental health difficulties of social, emotional, and behavioural problems in children, albeit that mental health problems are a common occurrence in children aged 6-12 years (Elhamid, et al., 2009). However, in the aforementioned study it is unclear whether the authors are referring to clinical diagnoses or milder mental health problems, with reference to the Strengths and Difficulties Questionnaire (SDQ) used to measure 'probable psychiatric diagnoses' in children, and some inconsistency in the use of psychiatric and non-psychiatric terms evident (Goodman, 1997). Thus, caution is warranted in the

interpretation of epidemiological data regarding the prevalence of SEB difficulties, given the lack of clarity regarding samples assessed. The lack of agreement in defining SEB difficulties is likely a further factor rendering findings from research studies as possible 'misrepresentations' of the actual occurrence of this range of difficulties.

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Externalising behaviour problems including oppositional defiant and conduct problems are reported as common in young children, with prevalence rates for early-onset conduct problems ranging from 4% to 6% in young preschool children (Egger & Angold, 2006). Indeed, conduct problems are regarded as a common childhood SEB

difficulty among clinicians, with this group comprising one of the most common referrals to mental health services (Burke, Loeber, & Birmaher, 2002; Carr, 2006). Research also contends that children can experience a range of co-morbid difficulties, with a common link reported between externalising disorders such as oppositional defiant disorder and internalising problems (Boylan, Vaillancourt, Boyle, & Szatmari, 2007). Children with non-psychiatric aggressive and oppositional defiant behaviours are also reported to experience co-morbid difficulties, such as internalising problems and difficulties relating to family adjustment difficulties (Webster-Stratton & Reid, 2005).

### ***Risk and protective factors***

Agreement within health policy and practice is that understanding the emergence and maintenance of SEB difficulties occurs within a broad bio-psycho-social conceptual framework, of multiple theoretical factors. For instance, a bio-psycho-social theory for conceptualising SEB difficulties considers theories such as biological; psychodynamic; behavioural; cognitive; social learning; humanistic; systemic; and ecological theories, to develop an adequate understanding and plan for treatment (NEPS, 2010). Several theories are outlined in the literature which offer explanations for the development and maintenance of SEB difficulties in the context of risk and protective factors, with theories particularly focused on conceptualising disruptive or aggressive behaviour problems. Drawing from the bio-psycho-social framework, a range of risk factors has been outlined for the emergence and maintenance of SEB difficulties. These include individual child biological & developmental risk factors, namely temperament, learning disabilities and language delays; family factors including coercive interaction patterns with parents, and inadequate emotional experiences to develop a secure parent-child attachment; school risk factors including teachers' use of poor anger management strategies; and peer and community risk factors (e.g., poverty and gangs) (Burke, et al., 2002; Cooper & Jacobs, 2011; Meltzer, 2007; Webster-Stratton, 2005b; Webster-Stratton, Gaspar, & Seabra-Santos, 2012). Children's exposure to adverse family experiences including marital conflict, parental mental health problems, parental substance misuse, and criminal behaviour in parents, is considered to put the child at additional risk (Katz & Gottman, 1993).

One theory which has considerable support in the literature to underpin child adjustment problems and the emergence of conduct problems in children, is coercive interaction patterns within the family (Eddy, Leve, & Fagot, 2001). Within this model, a negative interaction cycle in parent-child interactions is considered to occur, which stems from parents having few positive interactions with their children; parents punishing children frequently, inconsistently, and ineffectively; and parents negatively reinforcing anti-social behaviour by confronting and punishing the child briefly, and then withdrawing the confrontation or punishment when the child escalates the anti-social behaviour (Carr, 2006). From this behaviour, the child learns that escalating behaviour leads to parental withdrawal, and their behaviour is reinforced. Indeed, healthy experiences of warmth, nurturance, security, and safety, which are regarded as crucial to a child's development, are lacking within such patterns of interaction (Newton, 2008).

Nonetheless, as previously mentioned, there are also risk factors for SEB difficulties which occur outside of the family context. In fact, Scott, O'Connor, and Futh, (2006) maintain that living in disadvantaged neighbourhoods can result in difficulty ensuring that a child experiences warmth, love, and encouragement within safe boundaries. However, Scott, et al. (2006) further contends that if the emotional quality of a child's upbringing is favourable, children can counteract risks despite an early start in poor conditions. Webster-Stratton and Hammond (1998) explain that because parents are the primary socialisation agents for young children, they have the ability to buffer, through effective and positive parenting, the effects of poverty and the accompanying stresses. Thus, it would seem that adequate emotional experiences in early childhood, can buffer a child from adversity. Attachment theory is a useful framework for considering the protective function of parental emotional support to buffer a child from adversity, and is presently discussed.

### ***Attachment theory***

Attachment theory is a theory of child development first proposed by the English Psychiatrist John Bowlby and later elaborated upon by developmental psychologist Mary Ainsworth, and researchers including Mary Main (Golding, 2008). This theory focuses on the development of early relationships and the impact such early experiences have for a child's subsequent social and emotional development (Bowlby, 1969). John

Bowlby used the term 'attachment bond' to describe a warm, intimate and continuous relationship a child has with a parent (usually the mother) or preferred caregiver, in which both find satisfaction and enjoyment. Bowlby assumed that a child can form an attachment with a number of adults, including fathers, grandparents, day care providers and teachers, with the mother typically serving as the primary attachment figure. The relationship is viewed as an affectional bond which results in feelings of security and comfort for the child (Golding, 2008). Thus, when a child forms an affectional bond with an adult it indicates that the child is forming a relationship within which he/she feels safe and secure. Bowlby maintained that having a caregiver who provides consistent, responsive care helps a child to develop social competencies, empathy and emotional intelligence, and learn how to relate to other people and understand what to expect from them. Furthermore, when a caregiver is sensitive to a child's emotional needs and responds positively, it helps the child to develop a sense of being loved and lovable. In contrast, when an attachment figure is insensitive, neglecting, or rejecting an insecure attachment develops. Subsequently, the child finds it difficult to rely on the parent to help him feel safe and secure (Golding, 2008). The degree to which a parent is sensitive depends on the extent to which she/he monitors the child's needs and responds to these predictably and consistently. It is outlined that a sensitive parent will notice an infant's signals, interpret the signals correctly, and will respond promptly and appropriately (Newton, 2008). From this care-giving a secure attachment develops.

Through the development of secure affectional bonds in the early childhood years children learn that they will be able to rely on others for help in times of trouble later in life. Children are also better able to cope with traumatic experiences when their earlier experiences are of being safe and protected (Docs, 2006). The importance of attachment to developmental issues in middle childhood and adolescence, such as a child's independent involvement in life experiences beyond the home (at school, with peers and in the community), is also outlined (Cassidy & Shaver, 2002). As children go to school there are significant changes taking place in the degree to which they are autonomous and able to function in the world separate from attachment figures. Under normal circumstances, a child now only needs periodic assurance of the parent's presence for security. Thus, at this time attachment needs do not disappear but become weakened.

Nonetheless, parents continue to be important sources of emotional support to children in middle childhood years.

A child's confidence that a caregiver will be protective enables the child to explore the world and learn new skills, using the caregiver as a secure base for exploration, play or other social behaviours. The framework that best captures the links between the attachment and exploratory systems is that of an infant's use of an attachment figure as a 'secure base from which to explore'. For instance, when the infant experiences the environment as dangerous, exploration is unlikely. This could occur when the attachment system is activated, perhaps by separation from the attachment figure, fatigue, or unfamiliar people and surroundings. Conversely when the attachment system is not activated, e.g. when a healthy, well rested infant is in a comfortable setting with an attachment figure nearby, exploration is enhanced. In this way the child is using the parent as a way of increasing feelings of security in a situation that might arouse feelings of insecurity (Cassidy & Shaver, 2002). Thus, attachment, far from interfering with exploration, is viewed as fostering exploration. Bowlby described as important not only the physical presence of an attachment figure, but the infant's belief that the attachment figure will be available if needed. This occurs as children's development progresses and they have integrated positive experiences of consistent and predictable care from their primary caregiver. According to Bowlby the exploratory system gives survival advantage to the child by providing important information about the workings of the environment; how to use tools, build structures, obtain food, and negotiate physical obstacles. Indeed, exploration stemming from a secure attachment may be viewed as a child becoming empowered from the sense of security they feel to independently gain mastery over their lives.

### ***Empowerment***

There is universal acceptance that the concept of empowerment is especially important in mental health and social care, given the relative powerlessness of those experiencing poor mental health. In addition there is a social-wide disempowerment in the form of poverty and social exclusion which many mental health service users face in barriers accessing housing, employment, education and training, goods and services, and social networks (Masterson & Owen, 2006). The literature talks about two 'levels' of



empowerment, empowering individuals as well as the collective empowerment of groups.

With regard to conceptualising individual empowerment, the psychological model of Rogers (1961) is outlined in the literature, which advocates that the facilitation of personal growth is cultivated through relationships by the core conditions of genuineness, unconditional positive regard, and empathy. Thus the assumption is that personal growth encourages personal power and therefore empowerment. This may be seen as a process of altering the perception of power within individuals, and increasing self-confidence. Power may be generated within individuals through the facilitation of knowledge, skills and self-esteem (Masterson & Owen, 2006). To facilitate this, it is outlined that professionals need to engage in person-centred care founded upon relationships of trust, support, equality, respect, genuineness, empathy and positive regard (Rogers, 1961). For the purpose of the current study, empowerment of children is viewed as the increase in knowledge, skills, and self-confidence experienced through interpersonal relations with a figure providing adequate social and emotional experiences. From this it is considered that children are empowered to gain mastery and control over their lives (Zimmerman, et al., 1992).

### ***Treatment Programmes***

Indeed, there are numerous treatment programmes available which serve to prevent and intervene early with children with SEB difficulties. Eyberg, Nelson, and Boggs (2008) recently conducted a robust meta-analysis of evidence based treatment (EBT) programmes for children and adolescents, and concluded that treatments regarded as 'probable efficacious' for children include: helping the compliant child; IY parent training programme (IYPTP); IY child training programme (IYCTP); parent-child interaction therapy; parent management training Oregon model; problem-solving skills training, and Triple P standard and enhanced programmes.

The following section will consider various EBT programmes for SEB difficulties, with a particular focus on parent training programmes; parent-child relationship therapies; and multi-faceted programmes.

### *Parent Training Programmes*

Parent training (PT) is outlined in the literature as one of the most strongly supported preventative and treatment approaches for children with SEB difficulties. Indeed it has been recommended that PT be the first line of intervention for young children with disruptive behaviour problems (Brestan & Eyberg, 1998; Cooper & Jacobs, 2011; Eyberg, et al., 2008; Taylor & Biglan, 1998). The approach most typically adopted by PT programmes is social learning, during which parents are taught behavioural strategies to promote children's pro-social behaviour and refrain from inadvertently reinforcing misbehaviour.

Indeed, there is a range of evidence-based PT programmes available, many of which serve as both preventative and early intervention initiatives. Furthermore, the majority of programmes are adaptable for use with parents of children at various developmental stages. The Triple P positive parenting programme is a good example of a PT intervention that offers treatments varying in intensity from universal population-level campaigns, in which all parents are targeted to promote their child's development, to programs for children at risk for more severe behavioural problems (Sanders, 1999). Additional PT interventions found to be effective for school age children with SEB difficulties include parent management training Oregon model (PMTO), and the IY parent training programme (IYPTP), all of which demonstrate their effectiveness at reducing social and behavioural problems in children, and increasing parents' competency and practice (Leung, Sanders, Leung, Mak, & Lau, 2003; Ogden & Hagen, 2008; Sanders, 1999; Thomas & Zimmer-Gembeck, 2007; Webster-Stratton, et al., 2004). For the purpose of the current discussion, the PMTO programme is considered.

The PMTO refers to a set of parent-training interventions which are strongly grounded in the social interaction learning model. In particular, the assumption of the PMTO intervention is that a child's behaviour is directly affected by parenting, and that over time some children and parents enter into transactional patterns that become coercive and over-learned (Ogden & Hagen, 2008). Thus, PMTO considers its primary goal to break the cycle of coercion between parent and child, through promoting effective parenting skills, and replacing this dysfunctional pattern with positive strategies for promoting children's pro-social behaviour. Parents are trained to set limits and enforce

consequences, through the contingent use of mild negative consequences for deviant behaviour, by removal of privileges or the use of time-out (Carr, 2006). Thus, through intervening with parents, PMTO aims to reduce child behaviour problems and ongoing negative interaction patterns that perpetuate a child's difficulties.

There is support in the research literature for the efficacy of the PMTO in treating children (0-12 years) with externalising behaviour problems. For instance, Kjøbli, Hukkelberg, and Ogden (2013) evaluated children's (n=137; 3-12 years) outcomes following a 12 week PMT intervention in a child and family service. The findings of the study indicated that children's conduct problems and social competencies improved significantly post-intervention, as indicated by psychometric measures rated by teachers and parents, and parent reports at interview. Similarly, Ogden and Hagen (2008) conducted a randomised controlled trial examining the effectiveness of the PTMO programme and found that the intervention was effective at reducing child externalising problems (n=112); improving teacher-reported social competence; and enhancing parental discipline. In a further study, longer-term effects following the PMTO treatment were established from multiple measures across settings, following 12 months. Indeed the findings indicated that PMTO resulted in greater parental discipline and family cohesion at follow-up, with associated gains made in a number of child domains (Hagen, Ogden, & Bjørnebekk, 2011).

Thus, it would seem that the PMTO, as an EBT, results in considerable improvements in children's social and behavioural functioning; effective parenting practices; with gains maintained at 12 month follow-up. Nonetheless, there are a number of shortcomings evident in the aforementioned studies which may undermine the strength of these findings. In particular, the likelihood that the comparison groups used served as control groups is questionable. For instance, Hagen, et al (2011) acknowledged that professionals delivering the treatment to the comparison group were trained and well acquainted with the principles of PMTO, possibly contaminating this treatment. Furthermore, Ogden and Hagen (2008) administered an active and well-established treatment to the waitlist control group, which is likely to have resulted in benefits not controlled for in the current study. Thus, while both studies indicate that the PMTO was effective for parents and children (3-12 years), findings should be interpreted with

caution in light of the absence of adequate control groups from which to determine outcome.

In short, there are various PT programmes which serve as preventative and treatment initiatives for children with SEB problems and their families. Research appears to demonstrate the effectiveness of the PMTO approach, although contemporary evaluations within this field appear to be limited. Despite issues which appear to question the methodological robustness of the aforementioned findings, the theoretical basis of PMTO indicates its use as a common intervention for children with SEB difficulties, and particularly conduct problems, given its link with the risk factor previously mentioned.

In considering the potential for PT programmes as a first line of intervention for children with SEB difficulties, it is noteworthy that there is a limitation with this approach which is likely to directly influence the outcome for the child. Particularly, while parents can serve as agents of change with their children at home, PT alone is limited in producing generalised effects across settings, both at school and with children's peers (Taylor & Biglan, 1998). Although teacher-reports of children's enhanced social competence were evident in the above studies, it is unclear if these gains sustained in the longer term. Thus, it would seem that involving a larger number of people in the child's ecological system would offer the balance to address this shortcoming. Indeed, one approach to addressing the limitation of parents being the sole focus of intervention for their child is to involve the child themselves.

### ***Parent-child relationship therapies***

A range of therapies work from a parent-child relationship perspective, during which any change in a child's difficulties is attributed to the reparative experience occurring within the parent-child relationship. There are two such therapies which adhere to this theoretical position, namely Filial therapy (FT) and Theraplay. In light of the similarities between these approaches, it is valuable to consider what each approach offers to improve children's SEB difficulties. A brief review of FT and Theraplay treatment approaches follows.

Filial therapy (FT) is a child-parent relationship therapy which trains parents as therapeutic agents for children experiencing a broad range of social, emotional and behavioural difficulties (Baggerly, Ray, & Bratton, 2010). The therapy uses a 10-session play-based training model, to assist parents in becoming agents of change for their children (Watts & Broaddus, 2002). Accordingly, through an approach which is supportive, didactic, and experiential, FT therapists teach parents child-centred play therapy skills including responsive listening, recognising children's emotional needs, therapeutic limit-setting, and building children's self-esteem (Garza, Watts, & Kinsworthy, 2007). Unlike other therapeutic approaches, FT is not problem-focused, but instead directs attention on building the kind of relationship where the child feels safe enough to play out problems (Watts & Broaddus, 2002). The objective in FT is to change the child's perception of the parent rather than to correct the child's behaviour.

Similarly, the Theraplay treatment aims to help children with a wide range of difficulties, including problems within the parent-child relationship, using attachment theory as a guide. Theraplay endeavours to replicate the healthy parent-child relationship through the therapist becoming active, engaged, playful, and nurturing. Thus, Theraplay emphasises establishing attuned and supportive relationships with parents and children, and working directly with the child to change the child's internal working model. Theraplay is aimed at helping children raise their self-esteem, gain trust in themselves and others, regulate their affect, and adapt themselves to their caregiver and others (Wettig, Franke, & Fjordbak, 2006). It relies on four interactive principles: structure; engagement; nurture; and challenge. This approach differs from traditional play and talk therapies by emphasising parental involvement through structured attachment-based play, guided challenge, social engagement, playful regulation of affect, and high levels of nurture (Booth & Lindaman, 2009).

The effectiveness of FT and Theraplay as treatment approaches is demonstrated in several research studies (Baggerly, et al., 2010). For instance, Jones, Rhine, and Bratton (2002) demonstrated the effectiveness of filial therapy at reducing behaviour problems of young students with SEB difficulties, relative to a control group. In this study, students (n=16; mean age 16 years) received training in FT principles, and were subsequently assigned to meet with a child (n=26) for 20 weekly play sessions of 20 minutes duration. Children (n=30; 4-5 years) identified to receive play sessions

presented with a range of SEB difficulties including shyness; withdrawn behaviour; anxiety; depression; inattentiveness; aggressive behaviour; social problems, or somatic complaints. Findings which emerged post-intervention, as measured by parent and teacher reports on psychometric measures, indicated that the total behaviour problems of children in the intervention group significantly reduced, while the control group experienced a slight increase in their total behaviour problems. This indicates the effectiveness of FT for reducing children's behaviour problems, when implemented by student peers. Within the Theraplay literature, Wettig, et al (2006) evaluated the effectiveness of Theraplay with children (n=60; mean age 4 years 5 months) presenting with a range of SEB symptoms, including attention difficulties, hyperactivity, non-cooperativeness, oppositional defiant, aggressiveness, shyness, lack of self-confidence, performance, and who also had a diagnosis of a speech and language disorder and a behavioural disorder. Data was collected at baseline, during the treatment, and at 2 year follow up using observations of child-parent interactions, parent interviews, and psychometric measures to evaluate change. Findings indicated that Theraplay was effective at reducing externalising and internalising symptoms of children compared with a control group, which was maintained at 2 year follow-up. Nonetheless, a limitation of this study was the German psychometric measure used to evaluate change, which is not a common measure used to evaluate change in SEB difficulties internationally. Furthermore, improvements in parent-child interactions do not easily indicate changes in children's SEB difficulties.

Overall, a shortcoming in demonstrating the effectiveness of FT and Theraplay as treatment approaches for children with SEB difficulties, is the disproportionate focus in the literature of parent-child relationship outcomes, rather than specifically evaluating change in a child's SEB functioning. In line with the assumptions of both approaches, change in the parent-child relationship improves a child's SEB functioning; however for research to establish the effectiveness of these approaches for reducing child SEB problems, more attention should be given to child outcomes.

### ***Incredible Years Programme***

The Incredible Years (IY) programme is a prime example of an evidence-based preventative and intervention programme for children with SEB difficulties. The

programme was developed over 30 years ago at the University of Washington by clinical psychologist Dr. Carolyn Webster-Stratton, to reduce behaviour problems and promote social and emotional competencies in children (0-13 years). It was originally designed as a psychosocial treatment for children with early-onset oppositional defiant disorder (ODD) and conduct disorder (CD). Nonetheless, its use for children with a wide range of co-morbid symptoms or diagnoses, including attachment problems; difficulties related to parental divorce; internalising problems including fears and depression, attention deficit hyperactivity disorder (ADHD); academic and language delays; and mild autism, has since been outlined (Webster-Stratton, 2005a; Webster-Stratton & Reid, 2008).

The IY programme targets multiple risk and maintaining factors associated with children's SEB difficulties through interlocking parent, teacher, and child training programmes (Webster-Stratton, et al., 2012). Table 1. illustrates the interventions which comprise the IY training series.

**Table 1.**

*Incredible Years (IY) intervention programmes*

<b>IY Programmes</b>		
<b>Parent Training Programmes</b>	<b>Child Training Programmes</b>	<b>Teacher Training Programmes</b>
BASIC parent programme	Dina Dinosaur (small group therapy) programme	Teacher Classroom Management (TCM) programme
Advanced parent programme	Dina in the classroom programme	
School parent programme		
Infant and parent programme		
Toddler and parent programme		

The theoretical underpinnings of the IY programme include social learning and self-efficacy theories, behavioural theory, attachment theory and developmental theory (Webster-Stratton, et al., 2012). In line with this framework, IY interventions are delivered in group settings using video-based modelling as the primary mode of intervention, and using additional performance training methods such as role play; practice activities and live feedback from the therapist, as well as group discussions; modelling and encouragement (Webster-Stratton & Reid, 2010).



The focus of the current discussion is on IY interventions relevant to school-age children. An outline of three programmes pertinent to this age group is presented, which is followed by research attesting to the effectiveness of IY interventions. The reader is referred to appropriate literature for further reading on the full complement of IY programmes (Webster-Stratton, et al., 2012; Webster-Stratton & Reid, 2010) .

### ***IY BASIC parent training programme***

In line with the recommendation for PT as a first line of intervention for children with behaviour problems as previously mentioned, the IY BASIC parent training programme (IYPTP) works directly with parents to address children's SEB difficulties, offering separate age-appropriate programmes that address infant (0-1 years); toddler (1-3 years); preschool (3-6 years), and school age (6-13 years) developmental stages. The basic IYPTP focuses on enhancing parent-child relationships by teaching parents to use child-directed interactive play; promoting parents' competency in social and emotional coaching; and equipping parents with knowledge of praise and incentive programmes (Webster-Stratton, et al., 2012). Similar to PT programmes previously mentioned, the IYPTP also emphasises positive parenting practices and focuses on lessening harsh discipline techniques. It also enhances parents' problem-solving, encourages parents to establish predictable routines for their child, and support their child's academic success (O'Connor, Mahony, McGann, McCarthy, & Ryan, 2010; Webster-Stratton & Reid, 2010). The IYPTP is a group-based intervention and requires 18-20 two-hour weekly sessions for parents of school age children.

### ***IY Teacher Training (TT) Programmes***

Teachers are considered well placed to provide a secure environment that prevents and reduces aggressive behaviour, and fosters positive development and learning (NICE, 2008). Furthermore, integrating interventions across home and school settings is considered to create greater consistency in environments, and thereby enhance the sustainability of treatment outcomes (Webster-Stratton & Reid, 2010). The IYTTP consists of a 6-day group intervention for teachers, spanning 1 day training per month. Similar to IYPTP's, teacher training programmes endeavour to strengthen teachers' coaching skills, with social and emotional domains given particular focus; augment teachers' competencies in teaching social skills, anger management, and problem

solving skills in the classroom; and increase effective disciplinary techniques (Webster-Stratton, et al., 2012). This intervention also attempts to forge collaborative relationships with parents.

### ***IY Dina Dinosaur child training programme***

Despite the wide-ranging remit of the IYPTP and IYTTP in addressing children's SEB difficulties as previously mentioned, for some children a more intense approach is needed which requires working directly with the child. Indeed the Dina Dinosaur child training programme (IYCTP) is one such intervention which directly teaches children (4-8 years) social, cognitive, and emotional management skills, such as emotional literacy; empathy and perspective taking; friendship and communication skills; anger management and interpersonal problem-solving; and how to be successful in school (Hutchings, Bywater, Daley, & Lane, 2007; Webster-Stratton & Reid, 2003). The IYCTP endeavours to promote emotional, social and academic competencies by strengthening children's social skills and appropriate play skills; promoting children's use of self-control and self-regulation strategies; increasing emotional awareness of self and others; promoting and extending children's persistence to difficult tasks; boosting academic success through reading and school readiness; reducing behaviour difficulties including defiance, aggression, and bullying; decreasing negative attributions and conflict management approaches, and increasingly self-esteem and self-confidence (Webster-Stratton & Reid, 2004, 2010; Webster-Stratton, et al., 2004).

DS consists of 18-22 weekly 2-hour sessions delivered by therapists in a mental health-related field or by early childhood specialists. Developmentally appropriate materials are used to deliver the IYCTP with puppets playing an essential role, and additional teaching methods including structured play activities, visual imagery; and fantasy play. For information related to the philosophy and theoretical framework of DS, please refer to Appendix L.

### ***Empirical evidence of IY interventions***

The IY programme has a strong evidence-base, with numerous randomised controlled trials (RCT) demonstrating its efficacy as a treatment programme for SEB difficulties, and research also attesting to its effectiveness in real world settings (Webster-Stratton & Hammond, 1997; Webster-Stratton, et al., 2004; Webster-Stratton, Reid, & Beauchaine,

2011). The IY programme has international recognition and is now implemented in many countries outside of the United States (US) including Ireland; United Kingdom (UK); Norway; Sweden; Canada; and Jamaica; showing promising results (Axberg, Hansson, & Broberg, 2007; Baker-Henningham & Walker, 2009; Hutchings, et al., 2007; Larsson, et al., 2009; McGilloway, et al., 2009; McGilloway, et al., 2010).

In particular, findings from robust evaluations demonstrate the strength of this multi-faceted approach for treating children with behavioural difficulties. For instance, the majority of research studies demonstrate the effectiveness of the IYPTP, IYTTP, and IYCTP at reducing behaviour problems in children (3-8 years) with conduct problems, and producing stable and sustained treatment effects across home and school settings (Drugli & Larsson, 2006; Larsson, et al., 2009; Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2001; Webster-Stratton, et al., 2004). Evidence has also emerged which demonstrates the effectiveness of IY interventions for children with ADHD. For example, Jones, Daley, Hutchings, Bywater, and Eames (2007) examined the efficacy of the Incredible Years (IY) basic parent training (PT) programme for pre-school children displaying signs of both early-onset conduct problems and ADHD, and found that children had significantly lower levels of inattention and hyperactive/impulsive difficulties post-intervention. This finding was maintained even after controlling for changes in child deviance. In addition, at one year follow-up with the same sample, it emerged that post-intervention effects were maintained (Jones, Daley, Hutchings, Bywater, & Eames, 2008). In addition, IY interventions have been found to reduce parents' use of harsh and inconsistent disciplinary strategies; as well as increase their use of positive strategies, and reduce parental stress (Larsson, et al., 2009). Furthermore, in line with the philosophy of the PMTO approach as previously mentioned, parents and children assigned to IYPTP and IYCTP+IYPTP conditions have also been found to demonstrate significantly more positive interactions post-intervention, relative to IYCTP-only and waitlist control (WLC) group groups (Webster-Stratton & Hammond, 1997). Thus, the aforementioned findings demonstrate that the IY programme results in multiple benefits across child, parent, and the parent-child relationship. Nonetheless, while Webster-Stratton (2005a) contends that evaluations include children with co morbid diagnoses and symptoms including internalising behaviours, few studies demonstrate the effectiveness of IY

programmes for enhancing children's emotional competencies. Larsson, et al.(2009) found improvements in children's internalising behaviours following IY interventions; however a shortcoming of this finding is that it was based solely on mothers' reports, which could be biased following the success of the intervention for reducing behaviour problems. Furthermore, reports by children's fathers were insignificant. There appears to be a stronger emphasis on evaluating change in externalising problems in the IY literature. In light of children with behaviour problems commonly experiencing internalising difficulties as previously mentioned, further research determining emotional outcomes for children following IY interventions, is warranted.

Interestingly, research studies also demonstrate many social gains made by children following IY interventions. For example, increased improvements in children's pro-social skills with peers, use of positive solutions to social problems, and conflict management with peers, have been found in children in the IYCTP relative to the IYPTP-only and WLC conditions (Webster-Stratton & Hammond, 1997; Webster-Stratton, et al., 2004). Furthermore, Webster-Stratton, et al. (2004) found that benefits accrued to children in the IYCTP had knock-on effects to mothers' and teachers' behaviours, with reductions in harsh or negative parenting behaviours, and positive effects on teacher behaviour found when children participated in the IYCTP-only condition. Thus, findings suggest that improvements in children's social behaviours result in benefits to parents and teachers behaviours. What's more, Webster-Stratton, et al. (2004) found that the three conditions that included the IYCTP continued to improve over time whereas the conditions without IYCTP (IYPTP; IYPTP + IYTTP) showed deterioration (Webster-Stratton, et al., 2004). Indeed, the effectiveness of the IYCTP at increasing the problem-solving skills of young children (4-8 years), and reducing behaviour problems, has been further demonstrated in a pilot study by Hutchings, et al. (2007). Nonetheless, the IYCTP in this evaluation was delivered by an inexperienced group leader, and the children were of older ages than recommended. This cautions interpretation of the findings. The same authors propose to conduct a further evaluation of the effectiveness of the Dina programme using a robust RCT outlined in a published research protocol 2010-2013 (Bywater, Hutchings, Whitaker, Evans, & Parry, 2011). The findings of this evaluation will be available later this year.

Thus, it seems that working directly with children through the IYCTP is a powerful intervention which may result in additional gains not otherwise made by the IYPTP and IYTTP. Children's problem-solving and conflict management behaviours were found to improve significantly following the IYCTP, which was attributed to this intervention alone, and effects were found to be sustained following this intervention. Furthermore, children's involvement in the IYCTP was also found to extend benefits to parents and teachers (Webster-Stratton, et al., 2004). Nonetheless, research evaluations of the IY programme typically include all IY interventions as a multi-faceted approach to treatment, which limits examining improvements resulting from particular interventions. Thus, further research investigations of the IYCTP are warranted to support the aforementioned findings and investigate any additional benefits this programme results in.

Despite the methodological robustness of the aforementioned research studies, there appears to be a number of limitations regarding the long-term effects reported. For example, while Webster-Stratton and Hammond (1997) reported that all treatment effects post-intervention were maintained at one year follow-up, nonetheless, 40% of children in treatment conditions still exhibited various conduct problems in the clinical range. Furthermore, while some studies have found that effects were not maintained at follow-up, shortcomings relating to the number of sessions parents participated in and teachers' promotion of effects in schools, caution interpretation of the findings (Drugli & Larsson, 2006; Larsson, et al., 2009)

In summary, the aforementioned findings demonstrate the effectiveness of IY interventions for children with SEB difficulties, and people in their wider social systems including parents and teachers. Findings suggest that working directly with children has added benefits, which may not result from the IYTTP or IYPTP, however there is limited research to support this assertion. Overall the findings speak to the strength of the IY programme as a multi-faceted approach for reducing children's SEB difficulties.

### ***Incredible Years Ireland***

As previously mentioned, IY programmes now have international recognition, with Ireland one country implementing and evaluating the effectiveness of the programme with the Irish population. Indeed a large-scale community-based evaluation of IY

programmes in Ireland, entitled *The Incredible Years Ireland Study*, was commissioned by Archways in 2007 to investigate the transferability of IY interventions to Irish settings. To date, RCTs have emerged from these studies which have evaluated the effectiveness of the IYPTP and IYTTP. An evaluation of a combination of IY programmes, namely the IYPTP, IYTTP, and IYCTP, is complete but the findings are not yet publicly available.

McGilloway et al. (2009) investigated the short-term (six-month) effects of the IYPTP for parents (n=149) of children at preschool/early school ages (mean age 5 years), which was conducted with families who were mainly from disadvantaged areas. Similar to the findings of IY evaluations as previously discussed, significant improvements in children's behaviour, parenting competencies and well-being was found in the intervention group (n=149) relative to a waiting list control (WLC). In particular, children showed significantly fewer problem behaviours post intervention, with significant reductions in hyperactive behaviours, improvements in pro-social behaviours, and parents perceiving their child's problems to be less severe than children in the WLC group. Observations of parent-child interactions also revealed decreases in child problem behaviour and critical parenting styles post-intervention. Interestingly, relative improvements in peer problems and emotional symptoms were also found in children of parents from the IYPTP, however these findings did not reach statistical significance. Thus, the results of this study support well established research regarding the benefits of IYPTP interventions when working with families of children with conduct problems, particularly in improving child behaviour, parenting practices, and the parent-child relationship. The study also investigated emotional outcomes of children following the IYPTP, which represents a start at addressing the need for this research within IY.

This study also included an investigation of Irish parents' experiences of the IY programme, which found that all parents reported the IYPTP to produce positive changes in their child's behaviour, the parent-child relationship, and an enhancement in parents' mood. Findings also indicated that parents attributed changes to the positive parenting skills learned and increased confidence in coping with the child's behavioural difficulties. Challenges which impeded parent's capability of experiencing the full

benefits of the programme were also noted, which included cultural, personal and environmental factors. In particular, parents reported experiencing discomfort with learning to use praise and positive attention in parenting practices, conflict with their partner, and parenting within an anti-social environment to have impacted on their consistent implementation of practices acquired.

The second set of findings from the IY Ireland Study related to outcomes for teachers (n=22) and children (n=217; 4-7 years) following the IYTTP, with the majority of schools designated as 'disadvantaged' (n=7). Findings indicated a number of positive outcomes following this intervention, particularly significant improvements in teachers' competence and management of disruptive behaviour in the classroom; benefits to children's SEB difficulties; and a more positive social and academic environment for teachers and children. In particular, teachers used significantly fewer negative classroom management strategies, and their reported use of positive management strategies increased significantly. Furthermore improvements in children's emotional difficulties following intervention, reached statistical significance, relative to the control group. While there was a relative decrease in children's conduct problems and total behavioural difficulties post-intervention, these did not reach statistical significance. In addition, teachers' reports of children's hyperactivity, peer problems and pro-social behaviour showed no change pre-post intervention.

Findings of a qualitative investigation with teachers (n=11) similarly indicated that all of the teachers perceived the programme to be 'appropriate' or 'very appropriate'. Results highlighted the benefits of the IYTTP in helping teachers' classroom management practices, and children's SEB difficulties in the context of the difficulties experienced. Teachers considered the IYTTP to have led to an improvement in the classroom atmosphere and a reduction in disruptive behaviour in the classroom.

In sum, the aforementioned findings illustrate the utility and effectiveness of IY programmes for children with SEB difficulties in community-based settings in Ireland. This indicates cross-cultural effectiveness of the IY programme for Irish families. Nonetheless, these findings are based on a short-term intervention period, which cautions interpretation of the long-term effectiveness of the IY programmes for Irish

children, families, and school teachers in Ireland. The next section will consider IY programme implementation and evaluation findings in an area localised to the current study, namely Limerick city.

### *Incredible Years Limerick*

The IY programme was established in Limerick in 2007, and has programmes implemented in ten settings across seven communities within the City. The delivery of the IY programme in Limerick is co-ordinated by the organisation PAUL Partnership, which endeavours to achieve social inclusion and enhance the quality of life of marginalised people in Limerick City. This organisation co-ordinates the delivery, evaluation and management of IY in Limerick on behalf of a multi-agency steering group (O'Connor, et al., 2010). The various IY programmes implemented across locations in Limerick city include the Basic IYPTP; the IYCTP; the IY Infant & parent programme; the IY Toddler & parent programme; the IY School readiness programme; the IY Dina in the Classroom programme; and the IYTTP.

An evaluation of IY interventions for children (n=231; 4-10 years) in Limerick, was conducted in 2010. This evaluation focused on three interventions in particular: the Basic PT programme; the Dina in the Classroom Programme; and the IYCTP. Overall, findings from the Strengths and Difficulties questionnaire (SDQ) as completed by parents and teachers, indicated that there was a reduction in children's total difficulties; significant improvements in children's pro-social behaviour; improvements in conduct problems; hyperactivity, and emotional problems; and improvements in peer problems. In addition, teachers' reports indicated improvements in children's engagement and their classroom management pre to post programme involvement. Survey questionnaires completed by group leaders also revealed that the majority perceived IY programmes to prevent behavioural problems in 2-10 year old children, which in combination with the aforementioned findings, speaks to the effectiveness of IY interventions in addressing children's SEB difficulties in the Limerick region.

Nonetheless, the authors acknowledge that a control group is needed in further evaluations to support the finding that it was the IY intervention which resulted in the aforementioned changes. Furthermore, future evaluations should consider differential outcomes for children, as per the programme implemented.



In summary, there is a solid evidence base demonstrating the effectiveness of IY interventions to reduce children's behaviour difficulties and extend numerous benefits to parents' and teachers' practices and well-being, world-wide. Nonetheless, the qualitative findings relating to IY programmes are limited. The following section will consider the qualitative findings which have emerged in recent years.

### ***Qualitative research: IY programme***

Several qualitative investigations have explored the experiences of parents and teachers following their involvement in IY interventions (Baker-Henningham & Walker, 2009; Furlong & McGilloway, 2011; Levac, McCay, Merka, & Reddon-D'Arcy, 2008; Patterson, Mockford, & Stewart-Brown, 2005). Findings which have emerged from such studies consistently highlight parents' perceptions of improvements in parenting practices and children's behaviour, following participation in the IYPTP (Furlong & McGilloway, 2011; Levac, et al., 2008; Patterson, et al., 2005). Indeed, Furlong and McGilloway (2011) reported that some parents described their children perceiving a change in parents' behaviour following the IYPTP, which resulted in dramatic improvements in the parent-child relationship. An important component of change following the IYPTP, as reported by parents, seemed to be the acquisition of positive parenting strategies and a focus on communicating with their children more effectively. Parents further attributed key mechanisms of change to confidence gained from the non-judgemental support received from the professionals and group members (Furlong & McGilloway, 2011; Levac, et al., 2008; Patterson, et al., 2005). In particular, studies noted parents reports of feeling accepted, supported, and not blamed by healthcare professionals in the group, from which they were able to engage in self-reflection related to their parenting styles. In addition, parents have also reported their disagreement with aspects of the programme, including disagreement with a rule for no physical punishment of children, and not having all needs met, e.g. sibling rivalry, following interviews (Patterson, et al., 2005). Thus, rich information has been gleaned from parents regarding their experiences of the IY programmes.

Similarly, a qualitative study explored teachers' (n=15) experiences and perceptions of the utility of the IY programmes, and revealed that teachers reported improvements in their teaching practices; children's social-emotional and behavioural competence; and teacher-child relationships following the IYTTP. Furthermore, teachers considered the

intervention to achieve benefits by teachers gaining skills and knowledge in three main areas: A deeper understanding of children's needs and abilities, increased use of positive and proactive teaching strategies, and explicitly teaching social and emotional skills to children (Baker-Henningham & Walker, 2009). Nonetheless, in light of the low training of teachers in this study, findings may not be generalisable to trained teachers implementing the IYTTP.

Thus, while limited research exists which reveals parents' and teachers' experiences and perceptions of the IY programme, the aforementioned findings illuminate their experiences and highlight mechanisms of change from their perspective. This is valuable research as it allows clinicians and policy makers to further understand the underlying causes of change, and make changes accordingly. Nonetheless, there is limited research exploring children's experiences of involvement in IY programmes. As the key beneficiaries from IY interventions, it is important to explore what the experiences are for children. Furthermore, there is also a call for research exploring influences which account for intervention effects in children (Eyberg, et al., 2008). The following section will discuss the current study and the context in which it occurs.

### *Children's voice*

In the past it was believed that data obtained from children were unreliable and invalid because it was considered that children were too immature to understand their worlds and lacked the ability to convey their experiences (Docherty & Sandelowski, 1999). This belief is evident nowadays in children's views often being discounted by adults; and children having to accept consequential decisions adults make for them in families, in medical settings, and in places of education through a power structure taken by adults as the natural order of things (Clark, 2011). Similarly, qualitative research has typically used adults as proxies to report on children's experiences.

Nonetheless, it is now argued that children's competency is 'different' and not 'lesser' than that of adults (Punch, 2002). Therefore, relying on teachers or parents to give accounts of children's experiences is inadequate, as adult proxies lack a direct line to children's experienced meanings (Harwood, 2010). This argument has emerged with the new conceptualisation of children and childhood in recent decades, which recognises the value of eliciting the voices of children themselves. Several scholars increasingly

acknowledge that children play an active role in their own enculturation and contribute on their own to the shaping of cultural discourse (Clark, 2011). In particular, James, Jenks, and Prout (1998) maintained that children must be seen as having agency, in terms of being actively involved in the construction of their own social lives, the lives of those around them, and in the societies in which they live. Similarly Clark (2011) maintained that the socially situated, relational, and variable ways in which children exist in context, and the complex and dynamic connections children have with others, needs to be acknowledged. Thus, it is argued that children can no longer be regarded as 'passive subjects' but 'active agents' in their lives and subsequently in qualitative research. In view of this, children need to be first-hand sources of information in studies to fully understand them and their trajectory. Indeed with regard to childhood, in the sense of what it is like to be a child, it is children who have superior knowledge and they are now seen as the best source of information about themselves. It is outlined that qualitative research provides an opportunity to tap into the richness of children's thoughts and feelings about themselves, their environments, and the worlds in which they live (Mishna, Antle, & Regehr, 2004). Therefore, children's voices should be integral to research.

There are four perspectives on conducting child-focused research outlined in the literature: child as object; child as subject; child as social actor; and child as participant or co-participant (Harwood, 2010; Robinson & Kellet, 2007 ). For the purpose of the current study the third perspective which views children as 'social actors' who 'act, take part in, change and become changed by the social and cultural world they live in', is adopted (Harwood, 2010). This research perspective views children as having an autonomous status and possessing the capacity to understand what is being asked of them, and share their experiences in response (Freeman & Mathison, 2009). The following section will discuss the current study and the context in which it occurs

### ***Current study***

#### **GAPS**

The current study explores children's experiences of the IY DS programme. In the published literature there is a notable absence of research which listens to the voices of children regarding their experiences of DS. The aim of the study was to illuminate

children's experiences in order to examine what was meaningful for them. Subsequently this would provide implications on a number of levels, including clinical practice; research; and policy, education, and service development; which should further influence implementation of the IY DS programme and the quality of life for its participants.

The current study was conducted in a disadvantaged area of Limerick city, one for which a regeneration project was launched in 2008 (Hourigan, 2011). A recent study explored the experiences of children (7 years and older) and families living in designated regeneration areas of Limerick city, in comparison to an average control area and a disadvantaged control area (Humphreys, et al., 2012). Several findings regarding the quality of life of children and families residing in such disadvantaged areas emerged, which aids in further contextualising the current study.

In particular, findings indicated that less than one third of parents in disadvantaged areas of Limerick reported that there were safe places for young children to play, a finding which was corroborated by half of the child participants (Humphreys, et al., 2012). While parents noted positive elements of areas of residence, the challenges faced by children in growing up, which related to the prevalence of drugs, criminality and intimidation, was equally verbalised. Indeed a concerning finding was the report by service providers, who maintained that some children from these areas only '*get glimpses of childhood*'.

Overall Humphreys et al. (2012) illustrated a poor quality of life of children living in the most deprived areas of Limerick city, as compared with children from areas of the city that have an average profile in socio-economic terms. Furthermore, social, emotional and behavioural symptoms of children from disadvantaged areas were found to be four or five times the rates in the average area. While the depth of deprivation for children and families is illuminated by the findings of this study, nonetheless it is notable that the results of this study represent the situation for children and families in certain areas of Limerick city and at a single point in time, namely 2010.

### Principal research question

The primary aim of the present research was to explore children's experiences of the IY DS Programme.

### Specific research questions

Within this broad exploratory question were six specific research questions, which explored:

1. What helped participants in DS.
2. How this helped participants.
3. What were participants' experiences of this help?
4. Participants' perceptions regarding their relationships with IY Group Leaders.
5. Generalisation of DS learning to school or home.
6. Reminders prompting generalisation of skills and learning.

## **Chapter 3 : Methodology**

### ***Introduction***

In the preceding chapter, a review of treatment programmes for children with SEB difficulties was provided. The lack of research examining children's experiences of the IY programme, was noted. In accordance with this finding the aim of the present study was identified, which was to explore children's experiences of the Dinosaur school (DS; small group therapy) IY programme.

The current chapter outlines the methodological approach employed in the research study, and provides a rationale for the chosen methodology. This is followed by a description of: the research design; the participants; the timing of data collection; the development of interview schedule; the procedure; the data collection process; ethical considerations; issues pertaining to reflexivity; data management and analysis; and issues related to ensuring quality in the present research.

### ***Rationale for a qualitative methodology***

Research methods commonly adopted in the field of clinical psychology include qualitative and quantitative approaches, with researchers expanding their methodologies to include mixed methods in recent years. Quantitative methods, by definition, are those that use numbers, while the raw material for qualitative research is ordinary language (Barker, Pistrang, & Elliott, 2003, p. 72). A mixed method design includes the collection, analysis, and integration of quantitative and qualitative data in a single study. Nonetheless, a key difference between research methodologies relates to the epistemology, or theory of how we come to believe things to be true, which underpins each approach. Quantitative researchers adhere to the epistemological position of 'positivism', which suggests that there is a straight forward relationship between the world (objects, events, phenomena) and our perception and understanding of it (Willig, 2008). Within this epistemology, researchers believe that it is possible to describe what is 'out there' and to get it right. It suggests that phenomena directly determine our perception of them and that there is, therefore, a direct correspondence between things and their representation. A positivist epistemology implies that the goal of research is to produce objective knowledge, that is, understanding that is impartial and unbiased,

based on a view from 'the outside', without personal involvement or vested interests on the part of the researcher (Willig, 2008)

Nonetheless, people disagree about the extent to which our understanding of the world can approach objective knowledge, or even some kind of truth about the world. While many qualitative researchers do not reject positivism per se, they provide an alternative epistemological position based on developing 'understanding', which is based on the subjective experiences of participants in a way that reflects the diversity of their lived experience. This approach allows the researcher to get closer to the clinical phenomena under investigation and enables the individual to be studied in depth and detail (Barker, et al., 2003; Greig, Taylor, & MacKay, 2007; Silverman, 2006; Smith, 2008; Willig, 2008). While the different methodological approaches are useful in psychology, a qualitative approach was chosen for the current study.

The decision to adopt a qualitative approach in the current study is in line with the philosophy of 'methodological pluralism', which maintains that different research methods are appropriate for different types of research question (Barker, et al., 2003). This means that having formulated a research question, the researcher needs to make a decision about how to collect data that will answer that question. The researcher also needs to think about how the answer to the research question may be extracted from the data. That is, the researcher needs to select a method of data analysis (Willig, 2008).

A qualitative methodology, involving data collection and analysis, was considered appropriate to the current study as the research question aimed to explore children's experiences of a therapeutic programme with an attempt to reveal rich and in-depth descriptions of their experiences. The decision was further supported by research contending that a qualitative approach is suitable for conducting research with children (Docherty & Sandelowski, 1999; Fraser, Lewis, Ding, Kellett, & Robinson, 2004; Harwood, 2010; Kirk, 2007; Westcott & Littleton, 2005).

In particular, research outlines that a qualitative methodology is suitable for conducting research with children in view of their human rights, particularly in relation to their involvement in decision making as a result of the United Nations Convention on the Rights of the Child (Assembly, 1989). Furthermore, the new conceptualisation of

children as 'active agents' demonstrates that children can be competent participants in the research process as long as researchers recognise the ways in which children communicate and facilitate their participation (Kirk, 2007; Westcott & Littleton, 2005). Mishna, et al. (2004) contend that qualitative interviewing enables stepping outside the bounds of adult thinking and discovering unexpected differences in the perceptions of adults and children. Children are now seen as possessing different experiences and knowledge to adults, and as being competent social actors, actively involved in responding to and shaping their social worlds (Kellett & Ding, 2007). The culmination of this research indicates the appropriateness of conducting qualitative research with children to enable them to reveal their experiences.

Research detailing various techniques to use in collecting data with children in qualitative research, were influential to the researcher's design of the study's methods (Kirk, 2007). Research literature outlines different methods available to engage and elicit the views of children in research (Fargas-Malet, McSherry, Larkin, & Robinson, 2010; Kirk, 2007). The researcher considered literature which outlined the use of interviews and focus groups with children, and techniques such as drawings, photography, puppets, mapping, photo-voice approach, visual cues, and task-based activities, as a means of revealing their experiences (Darbyshire, MacDougall, & Schiller, 2005; Epstein, Stevens, McKeever, Baruchel, & Jones, 2008; Lewis, 2002; White, Bushin, Carpena-Méndez, & Ní Laoire, 2010). The researcher endeavoured to use tools that enabled children to be active participants in the research process and which would offer them the maximum opportunity to put forward their views.

In particular, a research study by Docherty and Sandelowski (1999) relating to conducting individual interviews with children in research, influenced the researcher's decision regarding their appropriateness to elicit children's experiences. It was considered that individual interviews rather than focus groups would be most appropriate for this group of children, to reveal their individual and unique experiences. The use of drawings as a potential method to give children a voice in research was also considered in the design of the study. Nonetheless, this has the potential of diminishing the position of children as independent actors in assuming that they are not capable of ordinary conversation like adults or in engaging in the methods used by adults (Punch,



2002). It raises the question that if children are viewed as competent social actors in research then why is there a need for them to use special 'child-friendly' methods, such as drawings, to communicate their experiences to researchers? Limitations in drawing ability which may limit what children could 'say' in their pictorial representations, was also considered a potential shortcoming to revealing rich and in-depth descriptions of their DS experiences, that the researcher formulated as her research question from the outset.

Thus, as indicated above, the researcher critically interrogated the decision regarding the need for novel techniques to collect data from children in research, and balanced this against the researcher's conceptualisation of children as competent 'social actors' and capable of engaging with the researcher to co-construct the meaning of DS for them. It was also decided that individual interviews would be the most appropriate data collection method to use, and that drawing would be used as a stimulus to talk, rather than as evidence in its own right. This method would be implemented in combination with engagement techniques such as a child-sized puppet, drawing and colouring materials, finger puppets, and child-led activities, to 'warm the context' of the interview for children and maintain their engagement in conversation throughout. These methods were considered to be familiar to children as they were commonly used in DS, and were therefore included by the researcher for rapport building and engagement purposes. The researcher also planned on being flexible to child-led activities as a means of engagement during the course of the study

There are various qualitative research approaches, including grounded theory, content analysis, ethnography, and action research. Interpretative Phenomenological Analysis was the qualitative approach chosen for the current study, as is explained below.

### ***Interpretative Phenomenological Analysis (IPA)***

Phenomenology, as a qualitative approach, is interested in the world as it is experienced by human beings within particular contexts and at particular times. This approach recognises that perceptual phenomena vary depending on the perceiver's location and context, angle of perception and the perceiver's mental orientation, thus acknowledging

that different people can, and do, perceive and experience the 'same' environment in radically different ways (Willig, 2008). Phenomenology has proved to be of interest to researchers within the social sciences in general and in psychology particularly, with its focus on the content of consciousness and the individual's experience of the world (Willig, 2008, p. 54). This fits with the epistemological position adopted by qualitative researchers based on developing 'understanding' of the subjective experiences of participants, as previously mentioned.

There are two major approaches to phenomenological research in psychology- the descriptive and the interpretative. For descriptive phenomenologist's, description is 'primary' and the researcher attempts to be truly present to the phenomenon as it manifests itself in a particular instance in order to gain understanding of an individual's experience. While descriptive phenomenologist's acknowledge that interpretation plays an important role in the ways in which people perceive and experience the world, nonetheless they believe that it is possible to minimise interpretation and that description is primary. Interpretative phenomenologist's also aim to gain a better understanding of the nature and quality of phenomena as they present themselves, however description and interpretation are not separated from this perspective; and instead researchers working from an interpretative phenomenological position also draw on insights from the hermeneutic or 'interpretative' tradition.

Interpretative Phenomenological Analysis (IPA) is an interpretative phenomenological approach that aims to explore lived experiences and understand how people assign meaning to make sense of their experiences (Smith & Osborn, 2008). IPA has its theoretical roots in three main philosophical ideas, namely phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009). There are two complementary commitments of IPA: the phenomenological requirement to understand and 'give voice' to the experiences of participants; and the interpretative requirement to contextualise and 'make sense' of these claims and concerns from a psychological perspective (Larkin, Watts, & Clifton, 2006). IPA is phenomenological in that it focuses on getting as close as possible to the personal experience of the participant, however the approach recognises that this process inevitably involves a certain amount of interpretation on the part of the researcher. The IPA perspective aims to develop a more overtly interpretative analysis, which positions the initial 'description' in relation

to a wider social cultural, and perhaps even theoretical context (Larkin, et al., 2006). The interpretative analysis affords the researcher an opportunity to deal with the data in a more speculative fashion: to think about 'what it means' for the participants to have made these claims, to have expressed these feelings and concerns in this particular situation (Larkin, et al., 2006). Thus, IPA involves a two-stage interpretative process or 'double hermeneutic', whereby the researcher is trying to make sense of participants trying to make sense of their experiences. This production of an interpretative account is iterative, based on the concept of the hermeneutic circle. That is, during the process of analysis, one moves back and forth through a range of different ways of looking at the data, whereby to understand any given part one looks at the whole of the interview or data set, and to understand the whole one needs to look at the parts.

### ***IPA: Rationale for the current study***

IPA was considered a suitable approach to explore how participants' understood and made sense of DS. Its philosophy is embedded in symbolic interactionism, a concern for how meanings are constructed by individuals within both a social and personal world, which was fitting with the researcher's endeavour to facilitate children's capabilities as interviewees (Smith & Osborn, 2008). Furthermore, IPA views individuals as experts on their own experiences, who can offer researchers an understanding through telling their own stories. This is consistent with the conceptualisation of children as capable of reporting on their own experiences, as discussed further in this chapter. The use of the phenomenological method of IPA provides access to 'descriptions' of participants' experiences, and the hermeneutic tradition allows the researcher to interpret how participants understood or made sense of their experiences from a psychological perspective, whilst also 'bracketing' the researcher's own preconceptions or assumptions that could 'bias' analysis, to get to the essence of what the participant means. Thus, phenomenology and IPA intersected in a way that was relevant for the current study, in the interpretative aspects disclosing the experiential meanings implicit in descriptive, or narrative data of children's experiences (Danaher & Briod, 2005). This analytic approach was chosen as a helpful means to gain a better understanding of how children understood their experiences of DS, by extending their reports from description by adding the researcher's interpretation of how they made sense of this from a psychological perspective. Thus rather than using a solely phenomenological approach,

IPA was deemed appropriate for use with children of this age range, in view of the limitations in language articulation that are commonly experienced at this developmental stage.

### ***Research Design***

This was an exploratory qualitative study. Data was obtained through semi-structured interviews, using an interview schedule as a guide. Methods to enhance engagement were used throughout the interviews.

### ***Participants***

Thirteen participants (3 males, 10 females) ranging in age from six to eight years, took part in the study (Table 2.). Participants had completed the IY DS programme in a school setting for the duration of one academic year, between 2010 and 2012. Participants ranged in age from five to seven years at their time of involvement in DS. The sample represented the majority of children who comprised three out of a total of four cohorts participating in DS in this setting since 2009. The first cohort who completed DS in this setting was excluded from recruitment for the study due to difficulties of access.

Participants presented with various SEB difficulties identified by school teachers at their time of involvement in DS (Table 2). Participants demonstrated a repertoire of pro-social behaviours in addition to their individual needs. Children had originally been identified for participation in DS as part of the school's procedure of offering participation to all children. Children were selected as benefiting from participation based on identified needs when IY became more established in the school. Parents were subsequently approached individually with a choice for their child's participation.

**Table 2.** *Demographic characteristics of participants*

Participant	Gender	Age	SEB difficulty
Child 1	Male	8 years	Immature; acts young for age
Child 2	Female	8 years	Worry about school; help to express emotions
Child 3	Female	8 years	Unsettled and shy
Child 4	Male	7 years	Very hyperactive; temper, emotional difficulties; poor concentration
Child 5	Female	8 years	Low self-esteem; quiet shy; doesn't show feelings
Child 6	Female	7 years	Shy; takes time to mix with friends
Child 7	Female	7 years	Possible concentration difficulty
Child 8	Female	6 years	ADHD; sensory motor difficulties
Child 9	Female	7 years	Positive but shy; clingy
Child 10	Female	8 years	Loss
Child 11	Male	7 years	Need to build confidence in self
Child 12	Female	7 years	Angry at home
Child 13	Female	8 years	Stubborn at times; Loss

***Timing of data collection***

The anticipated start date of data collection was April 2012, which was subsequently rescheduled to May 2012 in light of activities in the community which children had to attend at short notice. Following two pilot interviews completed in May and June, urgency arose to conduct interviews before the end of the school term when it emerged that eight of the participants for whom parental consent was obtained, would be leaving

the school in June 2012. Four further interviews were conducted in June 2012, which represented six out of the eight children who would be leaving the school. In consultation with school staff it was arranged for two children to return for interviews in September. A further five interviews were conducted from September to October 2012, which represented thirteen in total. This timeline was due to the school's summer holidays.

### ***Interview schedule***

The researcher designed the interview schedule following observation of two DS sessions, familiarisation with the DS programme content and philosophy, and formation of research questions. The research questions were broadly formulated, exploring children's experiences of DS within their social, emotional, and cognitive worlds. Following two pilot interviews and feedback on subsequent interview transcripts by the field supervisor, research questions were reformulated by the researcher to reveal six research questions about children's experiences of DS (Appendix M). Specific research questions were developed in view of the multiple components to the DS programme, the novel nature of the study, and the need for the researcher to provide structure to support children's active participation in interviews (Westcott & Littleton, 2005). Children were positioned as active co-constructors of meaning and understanding in interviews, with their capabilities viewed as a function of the mutual abilities of the researcher and participant to relate and communicate with each other (Kirk, 2007; Westcott & Littleton, 2005). Thus, the researcher required structure in the form of the interview schedule to guide coverage of broad aspects of DS to support children's recall, as well as various methods of engagement that were available when needed.

Subsequently, the interview schedule contained more structure than typical of qualitative interview schedules with adults, which the researcher decided was a strategy to obtain reliable information from children in the comprehensive coverage of the DS programme to prompt their recall of meaningful experiences (Appendix B). Nonetheless, the researcher critically interrogated this decision, with consideration given to the potential for the interview schedule to lead participants' accounts. Subsequently a number of safeguards were put in place to prevent this occurrence. In particular the researcher was conscious not to lead participants' reports, by asking broad questions which were expansive, to encourage participants to talk at length. In keeping

with principles of qualitative research and IPA, and guidelines for interviewing children, the researcher viewed children as co-constructors of meaning in interviews, with the researcher serving a facilitating role to support them in recalling DS and subsequently constructing their experiences (Smith, et al., 2009; Westcott & Littleton, 2005; Willig, 2008). In this way, the interview context was viewed as creating understanding with children, which was lead by them and supported by the researcher in the use of a structured interview schedule as appropriate with each child (Westcott & Littleton, 2005). Therefore when participants opened up novel and interesting areas of enquiry these were pursued by the researcher, in keeping with the views of participants as experiential experts of the topic under investigation (Smith, Osborn, & Smith, 2003). Thus, while the interview schedule provided a broad structure for the interview the participants had a strong role with how the interview proceeded, and the prompts were used flexibly according to variability in the depth and richness of participants' reports. At times the prompts elicited enough information to negate the need to use further questions. The researcher followed this protocol consistently across interviews. Closed questions were required occasionally during interviews, in order to set up subsequent open questions, e.g. *Was anyone ever angry in DS? Can you tell me about a time someone was angry?* The researcher's training and experience in clinical therapeutic work with children supported her in being open and receptive to nuances, and to facilitate sense making. Thus, the aim was to facilitate the making of an account, recognising that the interviews constitute human to human relationships, with the interview schedule used as a guide rather than leading interactions.

The interview schedule also allowed for the consideration of difficulties which may be encountered in interviews e.g. with regard to wording, sensitive areas, and allowed consideration of how these difficulties could be handled. Particularly, the introduction of sensitive or emotive topics was approached with caution in the design of the interview schedule. It was decided at the planning stage that exploration of children's experiences of potentially emotive topics, e.g. talking about times when they shared their problems in DS, would proceed by firstly asking them about problems the puppets shared, problems other children shared, and eventually problems the participant shared. This was decided upon in an attempt to prevent children becoming sensitive to discussing personal experiences of DS with the researcher. The

interview schedule commenced with general questions, which were followed by questions about specific components of DS, and ended with general questions, to 'warm the context' for participants. This approach allowed them to share their experiences based on broad questions at the outset of the interview, from which more specific lines of enquiry they offered could be followed, and at the ending to support children in reveal experiences that may not have been reported.

### ***Procedure***

#### **Recruitment**

Parents of 14 children, who had completed DS in this setting between 2010 and 2012, were contacted for recruitment by the Home School Liaison Co-ordinator (HSLC). The researcher developed an information sheet (Appendix D) and parent consent form (Appendix E), which were given to parents by the HSLC. Parental consent was obtained for 14 participants. One child became unavailable to participate during the course of the data collection.

The researcher subsequently met with parents of seven children at two group meetings in the school, to respond to parents' queries and obtain written consent. Parents of five children were unavailable to attend group meetings; however they provided written consent to the HSLC and verbal consent to the researcher when subsequently contacted via telephone. Parents of two children provided the HSLC with verbal and written consent for their child to participate, and the researcher was advised not to make any further contact with them.

#### **Data collection**

Data was collected through individual semi-structured interviews with children (Docherty & Sandelowski, 1999). Children's assent to participate was firstly obtained via a child-friendly assent sheet presented at the beginning of the interview (Appendix F). Interviews were conducted in the 'Dinosaur School' classroom of the school setting, during school time. This location was chosen to contextualise the interview for participants and in view of visual cues that would be available to prompt the retrieval of their memory of experiences if needed (Docherty & Sandelowski, 1999). Two interviews were conducted with each child. This was decided upon in view of the time needed for establishing rapport with each child; introducing the rationale for the study;



obtaining the child's assent to participate; in addition to the interview questions. In general, both interviews were conducted on the same day with each child. Interviews lasted between 29 minutes and 79 minutes, with the average interview lasting 50 minutes. The duration of interviews varied according to the length of time children needed for rapport building; engagement activities; and each child's level of interest and enthusiasm in relaying their experience of DS. Each interview involved rapport building, interview questions, and engagement activities, with a 'follow-lead-follow' approach adopted throughout.

One child participated in three interviews due to a difficulty to engage adequately. In particular, considerable time was dedicated to establishing rapport with this participant in the initial interview due to the child's shyness and slowness to warm up to conversations. Thereafter, the participant's engagement improved considerably and based on the potential of collecting rich data which this child's presentation offered, and the child's agreement, it was deemed that a 3rd interview would be appropriate.

The interviewer entered the interviews with assumptions and expectations about the child's thinking, particularly that the child's thought is the product of a genuine attempt to make sense of the world and to create meaning (Ginsburg, 1997). Accordingly the researcher adopted a flexible role to facilitate the children's responses in interviews. The children's cognitive, social, and emotional development at this stage of 'middle childhood' was also considered in the interviewing approach, and development of the interview schedule (McConaughy, 2005). The researcher communicated in a developmentally appropriate manner, and attempted to ensure understanding of the questions posed (Kellett & Ding, 2007). Guidelines followed for interviewing children at this developmental stage of middle childhood included: taking time to establish rapport; listening with empathy; soliciting and restating feelings; following the child's lead in conversation; using open ended questions and probes; providing contextual cues; and re-phrasing/simplifying when misunderstood (McConaughy, 2005).

A child-size puppet was used by the researcher in all interviews as the main engagement tool, with each child given a choice to interact with the puppet or not (Appendix G.). The child-sized puppet was also used to introduce the rationale for the interview to each child, by describing the puppet's background and interest in hearing their experiences

(Table 3.). During interviews the puppet was put away when certain engagement and non-verbal cues, e.g. disinterest, disengagement, etc., were displayed by the children; these were monitored by the researcher throughout the interview. The use of a puppet as an engagement and 'co-researcher', was decided in light of the children's familiarity with this medium of communication in DS, and recommendation of its use to elicit children's narratives in research (Epstein, et al., 2008). In conjunction with the use of a puppet, the alien puppet interview (API) technique was used as it fitted well with the conceptualisation of children as 'social actors', by putting the child in the role of 'expert' who could teach the puppet and researcher about DS. Additional methods of maintaining the child's engagement in the interview included the use of developmentally appropriate materials from DS such as colouring, drawing, finger puppets, and child-led activities.

**Table 3.** *Interview Puppet Persona*

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**Puppet Persona\***

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*Script to provide rationale for study:*

"I come from Cork and in my school there is no Dinosaur School. But Dinosaur School might be coming to my school so I'm interested to know what it's like, 'cause I want to know if I should go or not. So, Tara told me that Dinosaur School is here..and guess what? she was talking to your Mammy/Daddy, and she/he said that you'd be a really good person to talk to about what Dinosaur School was like"

*Some additional information if needed for rapport building:*

Eric is 7 years old and has 3 sisters and 3 brothers. He hasn't made his communion yet. He likes to play football with friends, play the Xbox, and watch SpongeBob on Telly. His favourite animal is a dog and something special about Eric is that he is a good singer. He is caring to his friend Peter, but sometimes gets into fights with other children when they won't let him play. As well as that, sometimes he finds it hard to follow the rules in school.

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\* A persona for the puppet was recommended for use by the puppeteer trainer and field supervisor

Interviews were audio-recorded using the audio of a video-camera and the back-up of a digital Dictaphone recorder. Each child was given a sticker of their choice at the end of their interviews, to thank them for their participation.

### ***Data Collection Process***

#### ***Recruitment***

In particular the HSLC was a significant support in the recruitment of the sample via contact with the parents. This was instrumental in obtaining consent for the participants, and also ensured that the parents felt free to voluntarily consent to their child's participation. School staff was also very helpful in introducing participants to me and accommodating interview times with participants' school timetables, which aided data collection. The school principal ensured that opportunities were created to meet with participants for interviews, despite school activities that arose at short notice, and an urgent situation which arose with regards to the actual data collection.

#### ***Location***

The school setting appeared to greatly benefit data collection as participants appeared familiar with and comfortable in the DS room. In addition, visual cues prompted their memories of DS experiences. A DS leader based in the school collected children from classes and introduced them to the researcher on most occasions. This seemed to be an additional factor which put the children at ease.

#### ***Engagement***

There was variability in participant's engagement across interviews; indeed engaging participants emerged as a key factor facilitating the elicitation of data. The use of a puppet and developmentally appropriate materials appeared to greatly aid the children's engagement. Furthermore, the researcher's flexible approach adopted for interviewing appeared to maintain participants' engagement in interviews. Conducting multiple interviews with children ensured the richness of data collected, and allowed more time for actively engaging with the children. For three of the thirteen interviews conducted, difficulties establishing and maintaining engagement with participants appeared to be the main factor inhibiting the elicitation of their narratives. All data were used in developing the group analysis.

### ***Following the child's lead***

The researcher became aware of the volume of data presented by children in interviews, and the limits of the researcher's memory to follow all the leads given without having written cues. Following six interviews, the interview puppet was operated by the researcher's alternative hand, which allowed a child's leads to be recorded and followed in greater detail.

### ***Participants' recall of DS***

Overall, participants' recall of DS appeared to be good, with specific examples often recalled in a fluid manner. The DS visual cues in the room seemed to be beneficial in prompting their memories and recall. This was evident in the researcher's observation of participants glancing at posters and the structure of the room.

### ***Ethical Considerations***

Research with children in general and qualitative research with children in particular, has the potential to present unique ethical issues (Mishna, et al., 2004). Indeed, developing research procedures that are fair and respectful to children are also considered a challenge in light of adults typically not respecting children's views and opinions in everyday life. Thus, guiding principles related to research with children were adhered to, in order to ensure the protection of this vulnerable group (Mishna, et al., 2004). Guidelines followed focused on the consent procedure; protection of confidentiality; protection from harm, and managing a potential power differential. Ethical issues specific for children with SEB difficulties were also considered.

### ***Informed Consent***

Accessing this sample of children for participation in the research involved negotiation with various gatekeepers at the outset of the study. Firstly, the IY Limerick sub-committee for research was approached and subsequently approved of a proposal for the current study. Following this, the identified school was contacted. A follow-up meeting was held with the school principal and approval granted. Ethical approval for the study was subsequently granted by the Mid-West Regional Hospital Research Ethics Committee, Limerick (Appendix A.). Parents of participants were informed of the study by the Home School Liaison Co-ordinator (HSLC), and contact details were provided to the researcher for children whose participation was approved.

Parents of identified children were informed about the study by the HSLC and an information sheet (Appendix D.). The nature of the study was explained to parents by the researcher at two group meetings, and parents' questions responded to. Written consent from the majority of parents was obtained at these meetings (Appendix E.). For parents of five children who provided the HSLC with written consent for their child to participate, but were not in a position to attend parent meetings, a follow-up telephone call was made by the researcher to give parents an opportunity to ask questions and confirm their informed consent. For parents of two children who provided the HSLC with written and verbal consent, the researcher did not make further contact as advised.

At the outset of the first interview with each child, he/she was given an explanation of the purposes of the current research and what it would involve (Table 3.) and a choice about whether they wanted to get involved in the study via an assent sheet (Bray, 2007) (Appendix F.). The details on the assent sheet were described verbally to each child in understandable language, to ensure they understood the nature of the study and recognised their choice to participate or not. As no harm was envisaged to occur during the research process, the researcher did not list any potential harms or risks involved in children's participation. No pressure was put on any child to participate. The child-sized puppet and API technique was used to reduce pressure children may have perceived to agree to participate or continue participating if they wished to withdraw from interviews. The child assent form was designed in simple and understandable language. Both the use of the puppet and written assent form, along with use of developmentally appropriate language by the researcher, was deemed to be suitable to convey clear information to each child and to lessen any power differential, thereby enhancing the likelihood that children would be providing informed assent of their participation. As children may not have expressed their wish to withdraw from the interviews verbally, the researcher monitored their non-verbal behaviours, e.g. the tone of their voice, restless behaviours, etc, throughout the interviews for indications that they would like to, or needed to, withdraw. Children were offered a break and informed they were free to withdraw from the interview, if they were becoming disengaged or tired.

### ***Confidentiality***

After each interview, audio recordings were uploaded to the researcher's password protected computer and the files were erased from recording equipment. All transcripts

were subsequently stored and encrypted on the researcher's computer to prevent unauthorised access, and pseudonyms were used in place of the participants' names. In addition, all potentially identifying details were altered. It was outlined at the outset of the study that all information shared in interviews would remain confidential between the researcher and participant, with limits to confidentiality explained if concerns should arise for the child or other people.

### ***Protection from harm***

As with all research participants there is the potential that taking part in research may cause children distress and researchers have an ethical responsibility to be prepared to deal with any negative emotions that children may experience as a result of participating (Kirk, 2007). Furthermore, in light of the exploratory nature of the qualitative approach chosen, there is an increased possibility that a child may make a disclosure that would concern a researcher. Thus a number of safeguards were put in place in consideration of this possibility and to protect participants from harm.

Interviews were conducted in a room which was constantly observable to ensure the safety of the participant and child. The researcher planned to offer a child a break from the interview and informed him/her about their freedom to withdraw, if he/she appeared to experience negative emotions. During interviews children who appeared to become tired or bored and their engagement was declining, were offered a break from the interview, and participated in engagement activities and/or child-led activities. They were also informed of their freedom to withdraw, for which no child expressed a wish. Parents were informed of a procedure to follow if their child should become distressed following involvement (Appendix D.). This eventuality did not arise.

The researcher also considered issues of child protection and child-welfare that could emerge in interviews from the outset, which were discussed with the field supervisor. Issues of concern were identified as disclosures for which harm may occur or has already occurred, for the child or for another person. The safeguards put in place to manage disclosures of concern were that parents were aware of limitations of confidentiality, as outlined on the information sheet and reverberated verbally to them at the parent consent meetings/telephone calls. It was outlined to parents and agreed with

the field supervisor that the researcher would inform the field supervisor of any concerns, from whom follow-up (if necessary) would be completed, and parents would be contacted thereafter. The researcher became concerned for the welfare and protection of one child during interview, and the field supervisor was subsequently consulted. The school was informed and a parent meeting was convened, to address welfare and protection concerns for this child.

### ***Power***

Unequal adult-child power relations in society has led to concerns over how free children feel to refuse to participate in a study, to withdraw during the research or even to give their own views and experiences to adult researchers (Kirk, 2007). As previously mentioned, children were viewed as competent 'social actors' in the current study, which was pivotal to balancing power relations. The child was given a choice of seating in the room, and permitted to move around when desired in a further attempt to provide them with some sense of control over the interview. The researcher first attempted to establish rapport with participants. The rationale for the interview was explained, and the child was given a choice as to whether he/she would like to participate or not via an assent sheet. Children were also given the choice of interacting with the puppet or not, and the use of the API technique allowed the child to be in the role of 'expert' (Epstein, et al., 2008). The researcher communicated to the child in a playful, accepting, curious manner, whilst also being sensitive to material discussed and expressing empathy for children's experiences.

The aforementioned efforts to address a potential power imbalance were also considered to counteract the potential caveat of conducting interviews in a school location, which is cited as a context where the adult child imbalance is particularly acute (Robinson & Kellet, 2007 ). The researcher remained mindful of the potential for a power imbalance throughout interviews, in light of the amount of influence and power adults have over children who typically are compliant with adults.

### ***Ethical issues specific to children with SEB difficulties***

The researcher considered a number of ethical guidelines relating specifically to research with children with SEB difficulties. These included the potential for disclosures to be made in interviews regarding negative experiences within family and

community contexts, in line with research findings relating to aetiological factors for SEB difficulties; research reports by children which related to the context of the present study, i.e. a disadvantaged area of Limerick city; and supporting children who may present with SEB challenges in interviews.

In relation to the potential for disclosures regarding negative experiences within family and community contexts to be made, the researcher considered the need to remain fully mindful of the risk of harm to the child or others in interviews, and to intervene to protect the child or others from harm by informing a child of the concern and consulting with the field supervisor immediately, as necessary. The researcher also considered findings of a recent study which outlined that drugs, criminality, intimidation, and limited opportunities to play, etc, were common to disadvantaged areas of Limerick city, an area relevant to the current study. The potential for participants to speak about this in interviews was considered, and the need for the researcher to support the child and do no harm (Humphreys et al., 2012). For example, the researcher considered examples of reports such as a child reporting that he didn't sleep last night as there were joy-riders outside his home, or the guards were next door due to a murder, a violent incident, etc. The need for sensitivity to the context in which participants were resided was considered, and the need to empathise with any negative experiences that children may report, was planned. This eventuality did not arise.

Another ethical consideration by the researcher was in supporting a child who presented with SEB difficulties in interview, e.g., becoming very aggressive, particularly upset, or hyperactive. Safeguards that would support a child if he/she exhibited aggressive behaviours, were considered at the planning stage, and it was planned that the child would be supported by immediately enforcing a limit such as *'I'm not for hitting'* and giving him/her a choice of whether to continue participating or not. The researcher had prepared for the option of ending an interview prematurely if there was a potential for the health and/or well-being of the researcher or participant to be jeopardised at any time. For children who presented as hyperactive it was considered that the researcher could reflect the child's feeling and provide structure by redirecting their attention and keeping them on task, e.g. *'I can see you're really excited and you're doing really well. Do you think you can listen carefully for the next 2 questions and then we'll take a break*



*for our brains?'*. A movement break was also considered as a strategy to implement if a child was presenting with a need to release excess energy, to prevent possible feelings of frustration. It was planned to support a child who had become overly upset by empathising with the child, informing the child he/she could withdraw from interview and speaking with his/her teacher to support child's well-being on return to class. The researcher would consult with the field supervisor thereafter, and parents were informed on the information sheet that they could also contact the field supervisor if a child became upset following interviews.

### ***Issues pertaining to reflexivity***

With the renewed assumption that 'objectivity' and 'neutrality' in research are impossible, qualitative researchers endeavour to acknowledge the situated nature of their research, and reflect on the inter-subjective dynamics between the researcher and the researched, to demonstrate the trustworthiness of their findings (Finlay & Gough, 2003). With this in mind, the researcher critically reflected on her social background, assumptions, and positioning, and the ways these factors may impact on the research process.

### ***Researcher's position***

I am a 27 year old, white, middle class female originally from the Limerick area. Having attended school in Limerick city, I am familiar with disadvantaged areas of the city and attended school with some pupils who lived in these areas. In addition, I had worked previously in a clinical context with some children from these areas. Thus, my interest in this research area stemmed from both personal and professional experiences. On a personal level, I was curious about emotional and behavioural experiences of fellow pupils in school. This curiosity was further aroused when working with children from regeneration areas of Limerick, some of whom presented with social, emotional and behavioural problems. I was struck by the challenge of intervening when the time period for early intervention has passed and SEB problems are more entrenched. This directed me towards treatment programmes for SEB difficulties. Subsequently, children's experiences of treatment for SEB problems became a more refined area of interest.

### ***Bracketing assumptions***

In line with best practice guidelines for conducting qualitative research, I reflected on potential preconceptions of children's experience of DS that could have developed in light of aforementioned experiences (Yardley, 2000). It emerged that an assumption I held was that 'feeling accepted' would be a key construct pertaining to children's experiences of DS. This was acknowledged and 'bracketed' at the outset of the study by noting this in a research journal and frequently revisiting this throughout data collection and analysis, to ensure this possible bias would not influence the findings of the study.

Throughout the research process, I recorded field notes pertaining to groundwork and data collection, e.g. reflections on the interview process with each child, any significant observations, happenings, or comments made by the child that stood out for me following the interview (Appendix K.). Personal reflections arising for the researcher during data analysis were also recorded in a research journal. For example, during the process of analysis, the researcher recorded interpretations that arose as she moved back and forth through looking at the whole of the interview or data set, and looking at the individual parts, thus keeping a track of evidence to support such interpretations and to bracket any assumptions that did not fit with the data. Recordings of interview field notes were also incorporated in supporting evidence for the researcher's interpretations of participant's experiences.

### ***Analysis & data management***

Participants' verbal reports recorded in interview transcripts, were the raw data in this study. As an initial step in data management and analysis, the tape recordings of verbatim accounts from interviews were transcribed. Transcripts were subsequently checked for accuracy by listening to the tape recordings and reading the transcripts at the same time.

In line with IPAs idiographic commitment, data were analysed firstly 'within' cases to understand the unique features of an individual case, and eventually 'across' cases, in order to identify common themes about children's experiences of DS. A framework for analysis of data presented by Smith, et al. (2009) was used as a guide to the analysis of

data in the current study. Minor changes were made to this approach (Figure 1). A description of the steps followed is presented below.

**1. Reading and re-reading**

This involves immersing oneself in the original data by reading and re-reading the written transcripts and listening to the tape recordings of the interviews. This gave the researcher an overall 'feel' for the scope for the data, and indications for some meanings. Listening also allowed the researcher to imagine the voice of the participant, which was useful in subsequent analysis. Recollections of the interview experience prompted during this time were recorded, and any observations about the transcript were noted.

**2. Initial coding**

This step examines semantic content and language use on a very exploratory level. In the current study, the researcher worked through each transcript independently and used differently coloured pens for descriptive; linguistic; and conceptual coding, in order to produce a comprehensive and detailed set of codes on the data (Appendix H.). The researcher first noted descriptive codes, followed by linguistic and conceptual codes, for each transcript. In addition, text which was deemed important to each individuals account was underlined in the transcript.

**3. Developing emergent themes**

This step involves turning notes into themes by attempting to produce a concise and pithy statement of what was important in the various codes and comments attached to a piece of transcript, which is influenced by the whole text. The researcher added a further procedure at this stage, of firstly developing 'initial themes and subsequently taking themes to a higher level of 'emergent themes' (Appendix H.). Following challenges experienced around language use in analysis of initial interviews, this allowed the researcher to remain true to the phenomenological description of each participant.

**4. Searching for connections across themes**

This stage involves the development of a map of how the researcher believes the themes fit together. Themes were typed out in chronological order and scanned to identify clusters of related themes. The researcher engaged in a process of grouping and re-grouping themes using paper and pencil methods, until a meaningful structure was found. This resulted in the development of master and minor themes for each case, which was accompanied by supported quotes from interview transcripts (Appendix I).

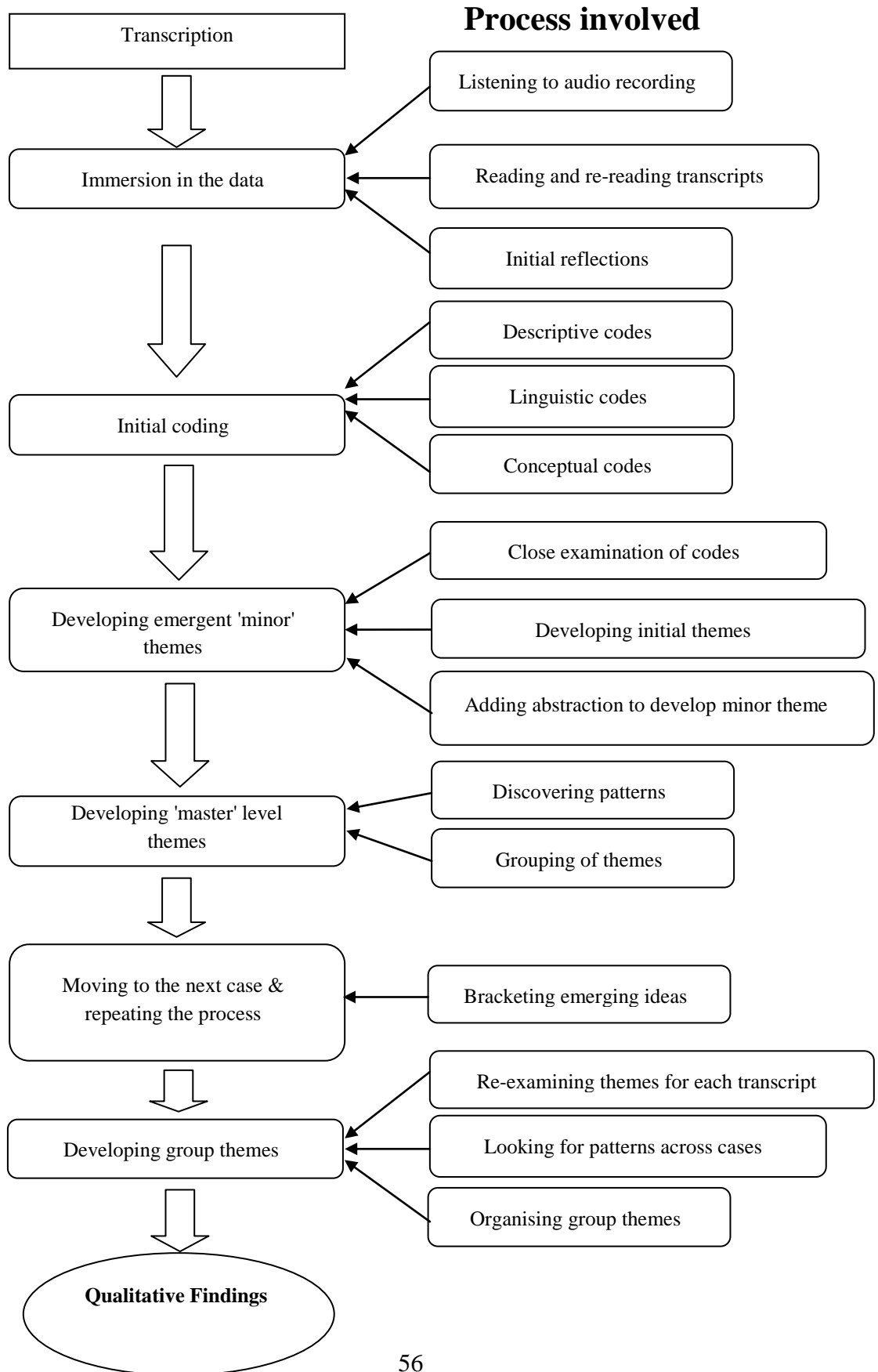
**5. Moving to the next case**

Steps 1-4 were repeated for the next transcript analysed. In line with IPAs idiographic commitment, ideas emerging from the preceding analysis were bracketed when working on the remainder. This process was repeated for the full set of transcripts allowing new themes to emerge with each subsequent case.

**6. Identifying group themes**

This step involves looking for patterns across cases. Master and minor themes, in addition to key words, for each individual case were written on slips of paper. Each case was assigned a particular colour so that their themes could be identified. All themes were placed on a large table, which allowed the researcher to identify patterns across cases. Group level themes were developed from these clusters (Appendix J). Each group theme was comprised of various subthemes which contributed to the overall essence of that group theme. A diagrammatic representation of the analysis process is represented in Figure 1. below.

**Figure 1: Stages of data analysis**



### *Quality in qualitative research*

The researcher maintained a commitment to assessing the validity of the research approach and analysis throughout the study, Criteria presented by Yardley (2000) for assessing the validity of qualitative research, were adhered to in the following ways:

- **Sensitivity to context.**

Sensitivity to context was demonstrated at the outset of the study by the conception of participants' capabilities adopted by the researcher, and the selection of IPA. The principle of sensitivity to context was also demonstrated during the data collection stage. It was important that the researcher was aware of the socio-economic and cultural context from which participants originated. It was also crucial that the researcher remained sensitive to the potential power imbalance that may have been perceived, and promoted an active role for participants. The researcher showed appropriate empathy to responses, which created a comfortable atmosphere, whilst also monitoring risk.

- **Commitment and rigour**

In planning the study, the researcher demonstrated commitment and rigor in ensuring a 'goodness of fit' between the research question, conceptual framework, and methodological approach chosen. The researcher was committed to developing skill in the use of puppetry, and ensuring interviewing skills were of an adequate standard. The researcher participated in an individual puppet-training workshop with a trained puppeteer, and integrated feedback given by the field supervisor following review of transcripts. Commitment was demonstrated by the researcher being fully engaged with each participant during the research process and to the detailed analysis of each particular case. A homogenous sample was recruited and the researcher followed the step-by-step guide to conducting IPA as outlined by Smith, et al.(2009). Regarding data analysis, there was a commitment to being as interpretative as possible rather than simply describing themes. Rigour was also shown in validating emergent themes with supporting extracts from each participant. Finally, triangulating the findings from reviews by research supervisors, helped to check the validity of the account being produced and strengthen support for emerging data.

- **Transparency and Coherence**

Transparency was demonstrated by clearly detailing the data collection process, and reporting all stages of the research process in the final report. Samples representing stages of data analysis were also included in the appendices section (Appendices H; I; J.). The study remained consistent with the underlying principles of IPA. The process of reflexivity also added to the transparency of the results.

- **Impact and Importance**

This is an important area of study. Whilst the ultimate aim of the IY programme is to address the multiple risk factors associated with SEB problems in children, at the time of writing this appeared to be the first study to listen to the views of children on their involvement. As a result, children's views on DS may have an impact on the implementation of the programme both in Ireland and internationally. It may also help inform the future design or implementation of therapeutic programmes for children with SEB difficulties, holding the voices of the participant at the centre.

### *Chapter Summary*

In summary, this chapter has provided a rationale for why a qualitative methodology, particularly IPA, was utilised. The chapter has described how the study was carried out and how the data were analysed. The final part of the chapter described how the researcher attempted to ensure the quality of the study was at the required standard so that the importance of the study was realised. The next chapter presents the results of the current study.

## **Chapter 4 : Results**

### ***Introduction***

In this chapter, the results of the interpretative phenomenological analysis (IPA) of the data will be presented. The chapter will begin with an overview of the data, illustrating the master themes that were identified. Each master theme will then be presented together with its respective minor themes. The research questions will be addressed within the concluding narrative for each master theme. In addition, memo boxes will be used in this chapter to highlight the researcher's reflections. The chapter will conclude with a summary of the findings.

### ***Data overview***

The analysis identified six master themes. Within each master theme were a number of minor themes, which were recurrent; that is, they occurred in at least half of the interviews. In view of the large sample size relative to IPA recommendations, measuring recurrence of themes across interview transcripts was considered important to the development of a group analysis, and to enhance the validity of the findings (Smith, et al., 2009). Nonetheless, the researcher recognised that different people can, and do, perceive and experience the 'same' environment in radically different ways (Willig, 2008). Therefore lone data which illustrates the unique 'voice' of individual participants are given due credence and are also presented. Each of the master themes in Figure 2. and their respective minor themes will be discussed and illustrated with direct extracts from the transcripts.



**Figure 2.** *Six master themes identified*



### ***Nurturing relationships***

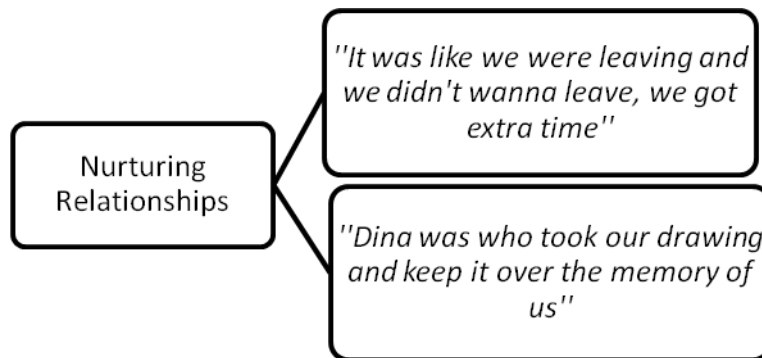
A strong theme which emerged from interview transcripts was one of nurturing relationships. All participants spoke with warmth and positivity regarding DS. Indeed Phillip<sup>2</sup> related "*Everyone was happy in DS*", which seemed to summarise the experience of the sample. Warmth was conveyed in interviews by the participants to varying degrees: from a sense of comfort experienced in the presence of the DS leaders<sup>3</sup> and children, to close emotional connections formed. It appeared that leaders', peers', or puppets' attunement and responsiveness to the needs of the participants was comforting for them. In addition several participants related experiences during which their self-worth seems to have been affirmed.

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<sup>2</sup> All participants' names have been converted to pseudonyms

<sup>3</sup> The term 'leaders' refers to the facilitators of the DS programme. The leaders in the current study comprised a school teacher and a clinical psychologist who delivered DS to all cohorts in this setting. They will be referred to as leaders throughout, with reference made to their pseudonyms as appropriate.

Figure 3. *Minor themes related to nurturing relationships*



**"It was like we were leaving and we didn't wanna leave, we got extra time"**

Participants' narratives revealed a sense of feeling understood and cared for in DS. In particular, participants related examples which indicated a shared experience of feeling that their emotional worlds were understood and cared for by leaders and/or peers. Leaders' responsiveness to their basic needs was also reported by some participants.

Aoife's narrative is a prime example of the above points. If one considers Aoife's description of her feelings around the leaders in the above theme title, the intensity of the comfort she experienced around them is appreciated. Her abstraction of not wanting to leave 'Tons of Fun'<sup>4</sup> and getting extra time in the metaphor offered indicates her feeling that leaders thoroughly understood and responded to their internal feeling states.

***Memo box 1: Nurturing relationships***

Although I noted the positive experiences participants related and communicated in the warmth of their descriptions, I struggled to make sense of this experience. What stayed with me and was an internal critic until the present theme was identified, was the warm feeling I was left with after the interviews and reports regarding relational aspects of DS. I was both surprised and happy for participants that this fundamental need for nurturance was met in DS. It was then not surprising to me that DS served as such a powerful experience for participants.

Aoife also referenced the understanding and responsiveness of her peer group, which was a unique report, and which is illustrated below:

<sup>4</sup> 'Tons of Fun' is a play activity centre for children

*"cause they didn't want-, cause they thought-, they knew I was left out without no lunch so, Ciaran didn't want his oranges so he gave 'em to me, Tiffany didn't want her apples, she gave 'em to me, Owen didn't want his... oranges, he gave 'em to me...(Carlson, 2001)....and...I ate them"*

Aside from the care she received, it seemed that Aoife's experience was of peers considering her need in a time of difficulty. Thus, there is a sense that Aoife experienced peers as attuned and responsive to her needs, which on this occasion was for food. Interpersonal connections emerged as a significant part of Aoife's experience of DS.

In addition to feeling understood, Aoife also perceived leaders to recognise and care for her needs, which was a theme corroborated by many participants. For example, Aoife noted:

*".....at Tons of Fun....{}... we...em, she-, em when I tried to climb up the slide, I lost my socks and she sent them all in to find them.....{}.. she sent in Joey, Lucy..she sent in Owen, Lena and Ciaran...and I had to stay outside"*

It appeared that Aoife felt protected by Ms. O'Brien trying to have her socks located, and Aoife having to stay outside the play area until they were found.

Leaders' attunement and responsiveness to participants' inner worlds was reflected by many participants. For example, Joey related:

*"oh yeah, I got a-, I had this bar and I didn't like it, and she gave me a chocolate bar"*

For Joey, it seemed that Ms. O'Brien's recognition of his food preference and her care without him identifying this, was nurturing.

Indeed, receiving food in DS was related by the majority of participants. For example, Katie described a sense of feeling cared for by being provided with food, as illustrated below:

*"they were nice when they..when they were....we were going on our last day to 'Tons of fun', and they bought us stuff... there and they give us nice lunches"*

While Katie did not indicate an expressed or felt need for food in 'Tons of Fun' or DS, there seemed to be a sense of comfort and warmth in her account. Comfort experienced from receiving food in DS was unique to Katie's account of her involvement.

A further example of nurturance felt in DS is sensed from Christina's perception of leaders' relatedness, as illustrated below:

*"...mmm...they're nice, they're friendly...and like, they're kind to you and st'.....{}.....like, if you like ask them can you do something nicely they say 'yeah' or something like that"*

Christina's account seemed to illustrate her perception of leaders' approachableness, and their kind and friendly manner were a source of comfort for her. She seemed to perceive leaders as non-judgemental of their readiness to respond, which the quote below illustrates:

*"...like, we...it didn't matter if we didn't have anything to say, but she just pressed play again....{}... they'd, she'd say 'very good' or something like that and then she'd say...she'd pick another person if they had their hand up but if they didn't have their hand up she'd just press play again"*

One could imagine that this non-pressurising approach created a sense of ease in Christina. Christina also seemed to feel comforted by the learning support provided by leaders:

*"mmmm....emmm....like they said.....like mmm if we, if we didn't like, if we didn't think of one like, they would have, like, they would have just thought of*

***Memo box 2: Nurturing Relationships.*** I was surprised by repeated reports of receiving food. This was something which was outside of my initial considerations of what DS might have been like for participants. I didn't perceive participants as being food deprived, but equally I wasn't aware of their background histories. I had difficulty making sense of this finding. Could it have been that the social aspect of eating as a group held significance? Or was it the provision of the material itself that was meaningful? There was learning for me in considering the significance it held for participants. Nonetheless due to insufficient data, it was difficult to discern the shared meaning of food.

*their own one, saying like, they would have just thought of one and given it to us to say"*

For some participants, deeper and closer emotional connections appeared to have been established in DS. Indeed, such connections appeared to challenge some participant's expectations of how others would behave. For instance, Aoife expressed her surprise at leaders' responses when she experienced negative emotions in DS, as she illustrates in the below extract:

*"it was like...they were like, gonna-, I thought they were gonna get cross but they-, they weren't, they were waiting for me to calm down"*

It seemed that Aoife's expectation was for leaders to become angry, however instead she experienced them as accepting and supportive, as she illustrates:

*"it was like, Ms. McNamara said, was like Ms. McNamara well...was like 'take her out and make sure she calms down'..that was nice"*

This challenge to Aoife's expectation is interesting. It is possible that such positive experiences were incongruent with Aoife's pre-existing expectations, or internal working model, of how others would react when she was angry. One could imagine that if such positive experiences were repeatedly experienced, it would offer the opportunity for an alternative working model of how others may react to be formed. For Aoife, it seems evident that such positive experiences were repeated, or consistent, so that an alternative template for how leaders would react to her anger became internalised for her. Aoife illustrates this in the quote below:

*"at....when I was em, when I got my red card, I felt like, they, they were gonna, say...'calm down'...{ }...and that was, made me feel like they loved me"*

It is evident that this was a powerful experience for Aoife. Her description relating to the development of an alternative cognitive template of how others would behave, was an individual report across transcripts.

Indeed Aoife's perception of an emotional connection with leaders was similar to a number of participants' accounts. For example, Joey noted his perception of leaders' acceptance, as illustrated in his quote:

*"they're different....{}...they're the same as my mam and dad but not to other parents...{}...other parents are mad if you get caught playing knockadolly"*

Joey's comparison of leaders with his parents is interesting. At a minimum level it indicates the strength of his perceived emotional connection with them. Nonetheless, the researcher is not certain of the validity of this example in light of the behaviour involved. As Joey describes, Knockadolly is a game in which:

*"you knock on people's doors and you run away"*

It would seem unlikely that this type of behaviour would be condoned by leaders in DS. Nonetheless, what is interesting is the sense from Joey's narrative that he experienced a felt sense of acceptance around the leaders.

An interesting report was reference made by a small number of participants to physical touch<sup>5</sup>, in the form of 'hugs', in DS. Different meanings seemed to be attached to participants' experiences of physical touch in DS. Indeed, following on from the aforementioned discussion, a small number of participants appeared to associated physical touch with nurturance. This is illustrated in Aoife's description of leaders below:

*"it was like they were two teachers we could hug everyday...everyday like"*

Thus, Aoife metaphorically referenced physical touch in her description of comfort she felt around the leaders. In a similar way, Joey described his experience of the leaders reactions to them departing DS:

*"they gave me a hug but not anyone else"*

Thus, Joey referred to leaders use of physical touch which appeared to accrue a sense of self-worth to him. Both participants associated physical touch with nurturing relationships.

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<sup>5</sup>This refers to appropriate physical touch

Physical touch with puppets was included within this unique account of DS. For example, for Owen and Jackie having the opportunity to touch puppets emerged as a meaningful component of their experiences. As reported by Owen:

*"you can give Wally and Molly a hug if you're good"*

Similarly Jackie commented:

*"you can rub Dina"*

While the underlying experience of this opportunity for physical touch was unclear in Owen and Jackie's accounts, i.e. whether this accrued to them a sense of nurturance, helped them to regulate their emotions, etc., nonetheless these were interesting and unique reports. Reports in relation to physical touch in DS were not reported by half of the sample to meet the criteria for recurrence of a theme, but nonetheless this was a unique experience for a few participants and given due regard.

To conclude, feeling nurtured in DS was evident in participants' accounts, which is considered to have occurred through leaders' attunement to their internal worlds and responsiveness to their basic needs. There was also a sense of feeling accepted by the leaders, which had a comforting effect on the participants. Reference to physical touch in DS was uniquely reported by a small number of participants, and appeared to have differing underlying meanings.

### **'Dina was who took our drawing and keep it over the memory of us'**

Participants' narratives also indicated feelings of self-worth engendered in DS. For instance, some participants perceived their departure from the DS programme to cause upset to leaders. This is illustrated by Aoife in the following extract:

#### **Memo box 3: Nurturing relationships**

Interestingly, while physical touch was not verbalised by the majority of participants, my reflections on the interviews with a few participants fitted with this unique report, in that some participants were eager to touch the interview puppet. For example, a few participants rubbed the puppet's hair during the interview and another wanted to shake Eric's hand. This is an interesting finding, and one which would be interesting for future research in order to uncover the underlying meaning of this for children in DS.

*"We felt like they were-, we felt that they were em-, they were kind, and they em-, they-, they loved us as well, and Wally and Molly were gonna miss us and they, and they do miss us now"*

This is a prime example of Aoife's perception of their importance to leaders. Her consideration that they were loved and missed by leaders and puppets, indicated the sense of self-worth experienced. One could imagine the self-esteem and self-concept enhancing effect, this affirmation was likely to have had. This sense is not surprising given the strength of the emotional connections Aoife seems to have experienced. Nonetheless, this sense of self-worth in DS was evident in many participants' accounts. For example, similar to Aoife's perception, Joey considered the leaders' negative reaction at their separation from them at the end of DS:

*"and d'you know when we left...Ms. O'Brien was crying...{}...I mean Ms. McNamara, she was crying cause she was missing us...{}...very sad cause we were leaving.....{}....."*

Like Aoife's perception, the above extract suggests Joey's sense of importance and a feeling that he is worthy of the healthy relationship with the leaders. Feeling worthy also resonated with Tina's account when she described relations with puppets regarding her upcoming birthday in the quote below:

*"I was happy, eh, it was my birthday the next day after he asked me, and I told Wally...{}.....he was like 'is it?', and he was excited..{}...because it was my birthday the next day"*

In addition, Tina related that Ms. McNamara had a similar reaction to her news:

*"it-, I eh told Ms. McNamara it was my birthday on that day, and she was like 'is it'?...{}...and she was happy"*

It seems that for Tina, puppets and leaders resonated with, and were in synchrony with the positive anticipation of her birthday, and validated her excitement by sharing this experience. Leaders' and puppets' sensitivity to Tina's emotional experience is clearly evident here. This resonated deeply with the researcher as an impression had been formed that Tina was lacking in self-confidence and was reluctant to assert herself.



Indeed for Tina, the equal opportunity to participate in DS seemed to further validate a sense of self-worth. As she related below, the puppets gave her a chance to participate as well as every other child:

*"em....that they em, gave us compliments and they em...they let us ask a question to them, they let us say a question, first the first person and then the second person...{}....he let-, she-, they let us, em ask a question...after another.. First Tiff-, first person and then the next person"*

One could imagine Tina's experience serving to encourage a positive view of self.

Interestingly for Katie, her experience was one of feeling competent in her abilities, rather than solely feeling worthy as a person. As indicated below, Katie described the leader's reactions to her problem-solving in DS:

*"they said it was a good solution and they said that it's a good solution that you come up with....{}...I think they were feeling proud.....{}...because their faces were happy and they were smiling..."*

Katie further described her subsequent experience of pride as a result of leader's reactions to her participation, as indicated in the following quote:

*I feel proud aswell of what I thought to do"*

Thus, Katie seemed to experience a sense of competence, or self-efficacy, in DS, which was a unique report by a small number of participants.

Given the feelings of nurturance, self-worth, and self-efficacy experienced by participants in DS, it seems understandable that leaving the DS programme would engender a sense of loss in them. Indeed all participants related experiences of sadness in leaving DS and the ending of relationships with leaders and puppets. A repetitive report across participants' accounts was the fun they reported experiencing with leaders, and their reluctance to lose contact with puppets and leaders. Katie, Tina and Jackie relate this sadness in the below extracts. For example, Katie described her experience of leaving DS:

*"Because I miss that I hardly see them and I miss, like...that like, we can't really, that we can't really do Dinosaur School again cause it was really fun"*

In a further example, Jackie related her consideration of having to leave DS:

*"a bit sad cause I don't see them anymore...{}...I don't think it's fair. {} Cause we always used to have fun times..."*

Finally Tina's quote illustrates her sadness at leaving DS:

*"sad...{}.... because we em, had to leave it, and we would never see Wally, or Molly, or Baby Dina no more because em, I just didn't want to leave it...{}..... because em, we wouldn't ever see 'em"*

It is not surprising that following the aforementioned positive experiences, including feeling nurtured, understood, cared for, and worthy, that a sense of loss would follow this. This loss was related by the majority of participants.

Nonetheless, for all participants a healthy sense of loss seemed to have been experienced following their departure from DS. Tina described reminders of DS which she keeps at home, as illustrated below:

*"but I have a picture of them at home so I....{}.... Wally and Molly,,{}....yeah and, I have that up in my room next to the-,and then my presses, it's on my locker and behind it is my top...{}... yeah, and a picture of me and my mother, and Ms. O'Brien and Yvonne"*

There was a sense that DS materials were stored very close to her for frequent contact. Many participants related maintaining contact with DS through their photos.

Christina's description of her experience of not seeing leaders any longer is in contrast to the above reports regarding the sense of loss experienced on leaving DS:

*"I don't really miss them"*

Christina further reported her perception on the group's experience of leaving DS:

*"they just didn't care it was ending"*

These comments are in contradiction to the reports by the remainder of the sample, regarding the sadness they experienced on leaving DS. Taking Christina's reports in the context of her whole interview, it seemed that Christina did seek the security and advice

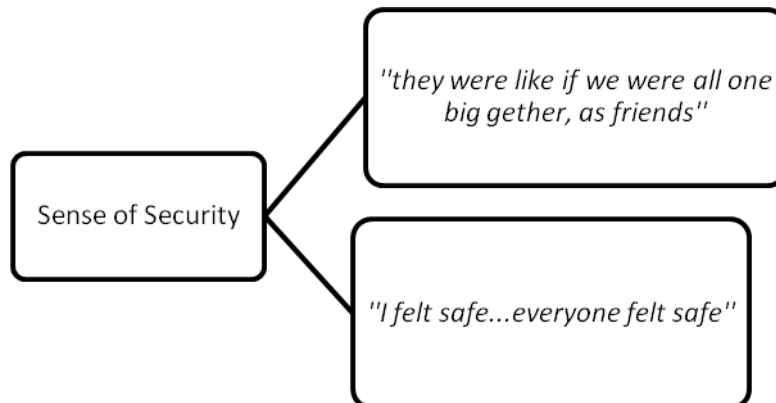
of the leaders when experiencing interpersonal challenges in normal school, however she did not seem to experience comfort or emotional connections to the degree of other participants. The researcher considers the possibility of Christina's attention being focused on connections with family members, rather than with leaders, as a likely factor to consider in the limited emotional connection she experienced in DS.

To conclude, participants related experiences which seemed to suggest they felt understood and cared for in DS, and experienced themselves as worthy to others. Both of these experiences seemed to engender a sense of nurturance through relationships with the leaders and peers. It seemed that relational experiences of attunement and responsiveness to internal and individual needs, served as a source of comfort for participants, and engendered a feeling that others understood and accepted them. The participants' perceptions about positive relations with leaders and puppets and the emotional impact of their departure from DS on puppets and leaders, seemed to engender and affirm a sense of self-worth.

### ***Sense of Security***

There was a strong sense of security indicated in participants' accounts of DS. Factors which accounted for this sense of security included their relationships with peers and the support shown in regard to emotional experiences. The security experienced by participants seemed to collectively accrue a sense of safety to them.

Figure 4. *Minor themes associated with a sense of security.*



**'they were like if we were all one big gether, as friends'**

The majority of participants related having close relationships with DS peers. For example, Katie referred to peers as *'my friends'*, and indicated participants' desire to return to the peer group following misbehaviour, as illustrated below:

*"we think about calming down and we think about like making the most of time-out, we want to really get into our shells so we can join the other people"*

This was a common report by participants, and suggested a motivating effect the peer group had on participants. Indeed for the majority of the sample, there was a sense of connectedness with the group. As related by Aoife at the outset of her interview:

*"the press where the Dino-, where we put all our colours.....has been moved from the room"*

This was similarly evident in Jackie's account:

*"well sometimes we do circle time and like Ms. McNamara tells us stories and we use to do puppets and we use to do like telly. And we do creative area. And sometimes if out of the five of us, whoever gets the most coins gets a prize"*

The above extracts suggest an awareness of the group during DS. It seems likely that the group had a cohesiveness to it which gave a sense they were experiencing DS together. This brought with it numerous benefits to Aoife and Jackie. With consideration to her above theme title quote, and taken in the context of Aoife's interview, it seemed she felt a sense of belonging to the larger group. For Jackie, a sense of comfort experienced in the presence of the group was dominant, as is indicated below. Overall, comfort and belonging in the group were common features across many participants' experiences.

In addition, most participants related their enjoyment of time spent with DS peers, as Aoife illustrates in the below extract:

*"the boys and the girls...{}..... they were throwing balls at us..{}.. we'd to run around and HIDE em...{} it was fun!"*

Indeed playing games as a group, or with members of the group, was endorsed by all participants. For Aoife this enjoyment was coupled with a 'felt' comfort in the presence of peers. For example, she described her feeling around peers metaphorically as follows:

*"happy...{}.....it was like if we were in Tons of F-, that was like if we were hanging out on monkey bars and all that"*

This quote seems to indicate the consistency of enjoyable experiences Aoife had with her peers. One could imagine that the predictability of enjoyment with her peers, which was based on experience, would result in an expectation for similar experiences to re-occur, and a subsequent feeling of security in the group's presence. Similarly, Jackie related:

*"because....then you know then, that you're not just by yourself, you're with other people.....{} cause then....that will, well it is relaxing when no-one is there but then if there was no-one actually there..it wouldn't. It would be a bit too lonely"*

For Jackie, the familiarity and security of knowing she was not alone during relaxation exercises appeared to accrue a sense of comfort to her. It was interesting that close connections with peers were not related by Jackie, yet she still felt soothed by the group's presence. Being part of the wider group seemed to assure Jackie that she was not alone, and therefore secure. In addition, the caring nature of the group was evident from Jackie's account:

*"we always used to share with each other and we never left anyone out"*

From this experience, a sense of trust in the group is likely to have been present for Jackie. Her use of words 'always' and 'never', is interesting. They seem to reflect absolute terms, which taken in context could be viewed as indicative of the predictability of support that was availability, and an associated security felt by Jackie. The benefits of the group-based approach to DS seemed to be significant in her experience.

However, while it was the whole group which held meaning for most participants, interestingly Joey uniquely spoke about the care he received from one peer when rejected by the peer group in DS. It seemed that the security of this individual peer alone, was significant to Joey's experience.

*"they were givin' cheek....{}....they were roaring at me like, and doing naughty things...{}...very very sad... {}.. well Ciaran he was playing with me with the toys and then he just went away...{}...he said 'I'm not playing with you no-more.....{} ...very sad of course...{} cause he wouldn't play with me and I was lonely, and then Owen came over and played with me.....{}...that's all, he was my best friend cause all of em were mean to me and Owen wasn't"*

There is a sense of being rescued from a hurtful experience in Joey's account, and a close connection formed with Owen. Indeed Joey frequently referred to Owen in the interview and noted their close friendship, as demonstrated below:

*"yeah Owen was. He was my best friend....{}.....{}....mm hmmm that's how we-, that's how we made friends"*

He noted examples of additional support from Owen, as illustrated in the following extract:

*"I couldn't put the man up on the horse and then Owen came over and moved his legs like that and then I could put him up and race off"*

The fact that he felt the need to give these examples indicates that the support he received from Owen held significance for Joey. There is a sense in the above extracts that what

Joey was really communicating was that Owen ensured that he was supported in DS. Accordingly, one can imagine Joey building an expectation that should he be rejected by peers again or experience difficulty, he would be safe. This friendship seemed to serve as a source of security for Joey.

In the context of this healthy friendship, it is understandable that Joey reported missing Owen on leaving DS, as described below:

*"playing with horses and with Owen. He moved and I couldn't see him anymore...{}.....I met him yesterday but he didn't remember me...{}...I said 'Owen do you remember me?' and he said 'where?'"*

#### **Memo Box 4: Sense of security**

What struck me was Joey's bravery in sharing such an emotive experience, of being rejected by peers, with me in interview. Nonetheless, Joey seemed to have a coherent narrative, freely speaking about this in a manner which would seem to me that the experience was processed by him. I was surprised with how quickly Joey seemed to share his experience in describing how Owen came over to play when Ciaran rejected him. I felt a sense of Joey being rescued and feeling contained by Owen. This feeling about Owen and their friendship was maintained throughout Joey's narrative of DS experiences, with Owen being his security in the peer group. Joey presented as slightly sad in the interview when talking about not having much contact with Owen anymore, and his perception that Owen didn't remember him when they recently met. Joey's sadness at this was evident for me, but was nonetheless managed.

It seems that Joey is longing to maintain his friendship with Owen. Their friendship appears to have been internalised by Joey, which is likely to build positive expectations in his internal world for relationships with other peers in the future. Joey's reference to one specific friendship made with a DS peer, was a unique report across interviews. Anticipation of positive relationships in DS was related by several participants. Katie describes her thoughts about attending DS:

*"I look forward to seeing my friends and Molly and Ms. McNamara and Ms. O'Brien...of... I look forward to meeting them because they're my friends"*

It seems very likely that these expectations were based on past experiences of a positive nature with peers, puppets, and leaders, which were laid down in Katie's internal world, and were anticipated to re-occur in future meetings with them, in a similar way to Joey's.

To conclude, peers and a positive experience of the group held a strong presence in the participants' accounts of DS. They related enjoyable experiences with peers and a sense of comfort in their presence, which seemed one factor in rendering DS predictable and secure. The peer group seemed to have a strong influence on participants, with a motivation to return to them after misbehaviour, evident. The support participants experienced from peers, as well as positive relations with puppets and leaders, seemed to build positive anticipation for DS and a feeling of safety in the experience.

### **"I felt safe...everyone felt safe"**

Emotional safety was a common theme across interview transcripts. All participants recounted experiences when they were supported to regulate, or cope with, their negative emotions and/or when they witnessed support given to other children when angry or sad. Indeed, there was a sense that participants experienced leaders or puppets as co-regulating emotional experiences with them in DS, as illustrated below by Aoife:

*"they helped me through my angry, they were helping me through...{}... Wally helped me through my angry cause I was cross..{}... and he said 'I can do this, I can calm down'...and then I stopped"*



This seemed to represent the process of co-regulation of emotions, when leaders were attuned to Aoife's emotional experience and moved in synchrony with her to regulate her feeling with her. This support to regulate emotions was reported by most participants. For example, Penny illustrates this support in the below extract:

*I: what happens if someone is angry in Dinosaur School?*

*Penny: "as I was saying like, em Ms, McNamara says 'go into your shell now and take three deep breaths and when you're done come out' and see if they feel better and if they don't they go in again"*

In Penny's description, support seemed to have been consistently available to help participants cope with emotions. There also seemed to be an assurance that leaders would make sure that children had processed their negative emotions by ensuring satisfactory outcomes following emotion regulation strategies. The sense of security evident in Penny's account was consistent across most interviews. For example, Phillip gives an example of support available from puppets to help regulate emotions in DS in the following extracts:

*I: did Tiny Turtle help ye?*

*Phillip: "yeah he told us to go into our shell when we're angry and take 3 deep breaths"*

*I: how do you think they helped you?*

*Phillip: "they told me to take deep breaths...{}..and they told me to calm down...{} he said 'take 3 deep breaths'....{}....{}....{}...{}...you have to calm down when you're sad...{}...and angry"*

Phillip also describes support available from leaders to ensure regulation of negative emotions:

*" yea, Ms. McNamara and Ms. O'Brien and Molly and Wally and Tiny Turtle and Dina will help you....{}...like if you don't go into your shell they just put*

*you head down and you can go into your shell and they'll tell you to take 3 deep breaths and then it'll work"*

Similar to Penny's account, Phillip's narrative conveys a security of support in coping with emotional experiences. Nonetheless, how the above quotes describe this emotional support is interesting. Indeed one could perceive the wording of the quotes to indicate that leaders took a controlling approach in helping participants to regulate emotions, e.g. by instructing them what strategies to use rather than 'being with' and supporting them through the process. This perception would indicate that participants were alone in regulating their own emotions. It is notable that the same wording is used by the majority of participants. The difference in language in Aoife's extract and those of the remainder of participants, in how leaders and puppets helped to regulate their emotions is interesting. The 'felt' nature of emotion co-regulation processes is noted by the researcher, and a few considerations in trying to understand the aforementioned differences are given.

The first consideration is that perhaps due to the 'felt' experience in the process of co-regulating emotional experiences, it is not something that is easily put into words for participants. Furthermore, it would seem likely that when children are experiencing intense emotion, the process of co-regulation is not fully evident to them, and therefore not possible to express. A further consideration is the demands this process puts on language to adequately describe such a process. Aoife addressed this by using an eloquent description of being helped 'through' her anger. In considering Aoife's interview as a whole, she offered a considerable number of articulate and insightful experiences, with the use of several metaphors within her narrative. Overall, the use of such articulate descriptions was rarely used by participants. A final possibility is that the majority of children are using the correct wording and accurately reflecting their experiences of leaders instructing them to regulate their emotions rather than supporting them through the process. If this consideration is taken in the context of individual and group analyses, it would seem that such a didactic approach to emotional regulation was adopted in the context of clearly nurturing relationships and accepted by participants, e.g. accompanied by empathy and attunement to their emotional experiences. Accompanying reflections in field notes do not suggest that participants were

intimidated or otherwise during this process, and instead there was a sense of relief that this support was available. There is insufficient data to fully understand what this experience was like for participants.

While support to cope with emotions appeared to collectively accrue a sense of security to participants, an additional report indicated an experience of security of DS with regards to the confidentiality present in discussing emotional experiences. In particular, the following quote illustrates Owens's experience of the confidential nature of DS:

*"because no-one will know what you're feeling...{}...no-one will know your secrets.....{}..Ms. McNamara or Ms. O'Brien won't let anyone in whose not in DS.."*

There is a sense from his comment that he felt safe in the protection available to talk about his feelings in DS without those outside of DS knowing. He seemed to sum up this security in the following extract:

*"whatever happens in DS stays in there...{}...you're not allowed to tell...{}...that's the rule....{}...it's a good rule.."*

Owen's reports regarding confidentiality in DS were a unique account. While the above accounts indicate a sense of security in DS, both in the presence of peers and in coping with emotional responses, it is noteworthy that participants also related perceptions which would seem to contradict a sense of security. For instance, a large proportion of participants perceived leaders to react negatively to displays of misbehaviour by children in DS. Participants' perceptions of leaders relating angrily to misbehaving individuals in DS are illustrated in the following extracts. For instance, Tiffany described her perception of leaders' reactions to misbehaviour in the below extract:

*"they were roaring cause we were out of control and they told us to stop....{}....angry...{}..."*

Similarly, Penny offered her perception of leaders' behaviour following peer's misbehaviour:

*"they were so angry like, OWEN GET TO TIME-OUT..cause they wouldn't do what they said..{}...like shouting"*

This was an interesting finding, one which if true would be a concerning report, and if not true would also indicate implications for further DS practice. The above quotes represent children's perceptions, and they are given due consideration to try and understand the meanings they held for them. In making sense of the above extracts, the researcher considered several possibilities. Firstly, it is useful to consider participants' perceptions with a view to their expectations for how adults will act when angry. Interestingly, in Penny's case, her perception of leaders' anger was consistent with her view of her parent's and teacher's reaction to misbehaviour, as related in the extracts below. For instance, in relation to her teacher's reactions, Penny related:

*"the first day, one day we were in our class and then my teacher said 'GO TO TIME-OUT' to a boy...{}...so cross like,,{}...she was actually roaring"*

Penny related a similar reaction of her mother to misbehaviour:

*I: And how is your mother when ye have to go to time-out?*

*Penny: "she would be cross... like the teacher"*

Thus, for Penny her perception of leaders' anger was congruent with her perceptions of both her teacher and parent's anger at misbehaviour. As a further example, Owen related his explanation his perception of the leaders' anger:

#### ***Memo box 5: Sense of security***

I was surprised at the recurrence of perceptions regarding leaders' negative reactions towards children's misbehaviour in DS. This contradicted my expectations for leaders' calm reactions following my two observations of DS. Furthermore it did not match my sense of participants' accompanying affect when describing such perceptions in interviews. Participants did not seem to present as upset or worried when detailing this, which was reflected in my field notes. I spoke with leaders individually to try and make sense of this narrative. Both leaders expressed their surprise by such reports. They reported that the leaders adopt an approach of openness, acceptance, empathy and patience. When children misbehave, an 'empathy before discipline' strategy is commonly employed. This finding required further consideration to interpret.

*"if you're being bold your teacher is going to be angry anyway"*

Similar to Penny, it appeared that Owen assumed that adults get angry at misbehaviour. It would seem that with this consideration might be the result of pre-existing expectations which could have served as a 'bias' for how children perceived leaders to react when someone misbehaves in DS. As a further consideration, participants' use of language throughout the interviews deserves attention in the context of describing angry reactions of leaders 'roaring' and 'shouting' when someone misbehaved. It is noteworthy that another phrase which was part of participants' dialogue in relating their experiences included "I was gonna kill him". Perhaps their perceptions represent the limited vocabulary they possess to adequately and validly express their experiences of leader's reactions when someone is angry, which potentially changed from positive to neutral.

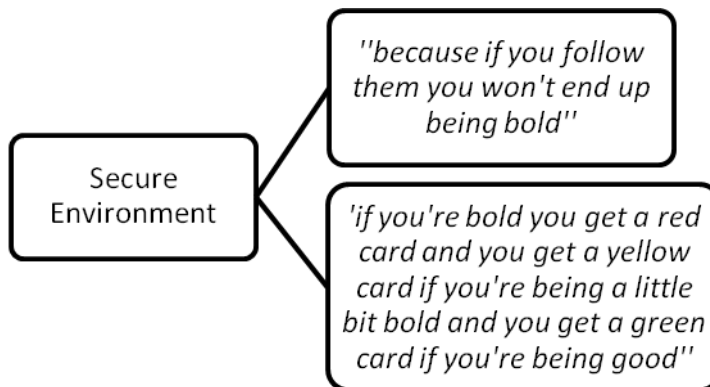
In summary, consistent and adequate emotional support during DS appeared to accrue a sense of security and subsequent safety to participants, in that they would be supported through negative emotional experiences. Leaders and puppets emerged as sources of security in participants' accounts, with indications of a co-regulatory process experienced by some participants, and the likelihood that this was experienced by all. Consideration was given to the particular wording in several extracts regarding emotional support, and potential understandings of this were offered. An interesting finding was recurrent reports of leaders' anger at misbehaviour in DS. However, it seems that overall participants experienced a 'felt' security in DS, both in support and comfort from peers, and in support from leaders to make DS emotionally safe for them.

### ***Secure environment***

There was a sense of order and predictability in all participants' accounts of DS. Indeed every participant seemed to have clear awareness of what was expected of them in DS in terms of rules for behaviour, and recalled what seemed like a routine and predictable day of DS activities. Furthermore, a consistent behavioural system of rewards and consequences for behaviour became evident in participants' narratives, with what seemed like automatic responses to positive and negative behaviour. Examples of responses were largely based on tangible rewards and punishments including: chips; prizes; time-out; loss of chips. Interestingly, it emerged from interview transcripts that in DS, participants seemed to be intrinsically or internally motivated to behave to

prevent negative consequences and gain positive rewards. Thus, they did not rely on praise from leaders or anyone else to guide their behaviour, and their behaviour seemed to be motivated internally. Generalisation of learning will be discussed within a further theme. One can imagine that this secure environment of order and predictability created familiarity for participants, which created a foundation from which children felt safe to explore and experience DS through relational aspects. This theme is differentiated from the previous theme related to a sense of security experienced in DS, in view of the ties to relational connections with peers and leaders in the previous theme, and the current theme focusing on security of the familiar structure in DS.

Figure 5. *Minor themes associated with secure environment*



**"because if you follow them you won't end up being bold"**

There was a sense that participants were aware of expectations for behaviour in DS, which was facilitated through a clear outline of rules and a predictable order to the DS day. Over half of the participants recalled a routine of activities. There seemed to have been predictability in this for participants. This is illustrated by Tina:

*"'cause first we do circle time, and then we see what happens on the telly, and after that we do picnic time, we get food, em creative time we do art and then after that we just, there's pillows on the ground and we have to close our eyes and after that we do count our chips and to see how many we get and we get a prize"*

This order seemed to be very clear to Tina, and it appeared this was a common experience for half of participants. Interestingly, this order was expected by Tina at DS entry, which was a unique report and taken in the context of her interview reflects her motivation to learn in DS. This is illustrated in the below comment:

*"Cause it's just like school, we just do different things"*

Thus, it seems from Tina her motivation to learn was connected with her expectation for an ordered environment, which offered her an optimal environment for learning to occur.

A further aspect related by participants, which seemed to bring order to their DS experiences, was the rules with which they were required to adhere to. Indeed, for half of participants, rules seemed to serve as security for managing their behaviour. This was illustrated by Tiffany:

*I: {why did ye need rules?}*

*Tiffany: cause otherwise we would always be fighting, I think they were helpful".*

Therefore, for Tiffany, rules were guidance for positive behaviour and for positive social interactions. It seems that for Tiffany, limits or boundaries were essential to help contain their behaviour. This is similarly illustrated by Joey in the below quote:

*I: {why do you need rules?}*

*Joey: "just in case you do something bold, or em, if you fall and no-one helps you to, pick you up"*

Thus similarly for Joey, it seems rules were a source of security for maintaining positive relations. In light of the rejection he related experiencing by all peers except Owen in DS, there was a sense that rules were a means of assuring him that he would be looked after if needed. Subsequently, Joey would not have to depend on social connections

with peers, which were not plentiful for him in DS. In view of this, one can imagine the sense of security and safety having rules would have resulted in for Joey.

**"if you're bold {you get a red card} and you get a yellow card if you're being a little bit bold and you get a green card if you're being good"**

Every participant spoke about responses which were contingent on behaviour. Responses which resulted in positive rewards included a green card, chips, prizes; and the negative consequences of a red card were the removal of chips and time-out. For instance, Tiffany described the system of visual reminders of behaviour, depicted by coloured cards:

*"if you're bold {you get a red card} and you get a yellow card if you're being a little bit bold and you get a green card if you're being good"*

For Tiffany, rewards or negative consequences appeared to be assigned depending on the behaviour exhibited, creating a clear awareness and subsequently predictable expectations for children. Indeed, the majority of participants seemed to have a heightened awareness of consequences assigned in response to certain behaviours. As Phillip informed:

*"and am, if you're good, if you're good you get am...the, d'you know the chips...the circles?...{}...yeah you am get them...then they have your name on cups and they put the chips into the thing and at the end of it if you get chips you get a prize..{}...if you're bold you sit at the back of the room and you do nothing..it's time-out"*

This awareness seemed to focus Tina towards consequences for positive behaviour:

*"if bold you get time-out for three minutes...{}.. but whoever gets the second, cause EVERYONE gets a prize; you get an extra chip....{}.... because then if we don't get any coins we don't get a prize; but it goes 1st 2nd 3rd 4th 5th"*



Similar to Tina's motivation in DS as previously mentioned, Phillip seemed eager to use his time to learn in DS:

*"the...am whoever wants to go to Dinosaur school, they can...so..am....and you just have to learn keep your hands to yourself and walk with a line and use your inside voice, and eyes on teacher, and walk and listen.."*

While there was a clear expectation regarding consequences which applied to behaviour, as can be seen from the examples given by participants, there also seemed to be a sense of consistent reinforcement of consequences by leaders, which added to, and confirmed this predictability. For instance, one example from many examples given by each participant is illustrated by Tiffany:

*"well there was this one time when the boy Ciaran he hit me and I got angry so then I hit him back...and then I got a red card"*

Emotional experiences of sadness and anger at the receipt of negative consequences, and happiness on receiving positive consequences for behaviour, were consistently reported across participants. Phillip contended that time-out was the worst part of DS:

*I: and what do you think was the worst part of Dinosaur School?*

*Phillip: going to time-out...{}...it was sad...{}.... you sit at the back of the room and do nothin"*

Despite emotional reactions to consequences, a subsample of participants recognised an improvement in behaviour that followed experience of a negative consequence. Tiffany describes:

**Memo box 6: Secure environment**

What struck me when interviewing participants was the consensus in predictability and structure in DS. It was interesting to hear participants speak of their reactions to this. Some were negative with one child informing that it resulted in increased anger. However, other children could see the constructive benefits of this.

*"yeah and when you're ready to get up you just walk"*

Indeed, it emerged from interview transcripts that the predictability and effects of positive and negative consequences served as a motivation for good behaviour. As Phillip related, he followed the rules as:

*"I just know that I'd have to go to time-out"*

Thus, for Phillip this behaviour seems to have been motivated by an internal desire of his not to receive consequences. This was similar to Jackie's reasoning, which is illustrated by the following extract:

*"because if we never try our best then, if we didn't try our best then we got three warnings and we got put outside the door"*

Sarah similarly relates a motivation for her behaviour based on predictable consequences:

*"because if you put up your hand you get a chip"*

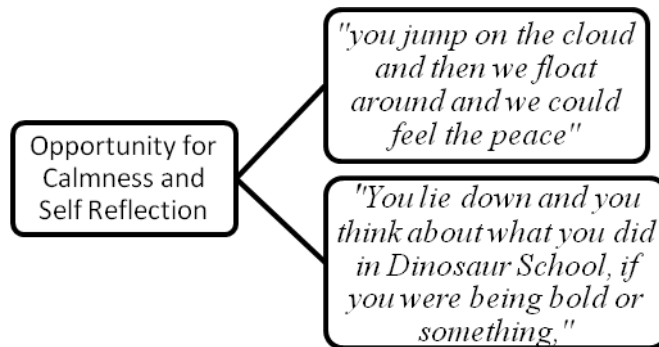
To conclude, participants' reports regarding DS indicate that it was an ordered and predictable environment, where there was heightened awareness regarding responses to behaviour, which seems to have served a facilitating role for motivating behaviour of half of participants. Responses to behaviour, positive or negative, were highly predictable which seemed to immediately evoke emotional responses in participants. Nonetheless, the predictability of tangible responses to behaviour seemed to motivate participants to 'try their best' and behave as well as they could.

### ***Opportunity for calmness and self-reflection***

Opportunities for calmness emerged as a recurrent theme across interview transcripts. Participants described experiencing physical relaxation in DS and using deep breathing and guided imagery strategies to cope with emotional arousal and promote positive well-being, which seemed to have an additional calming effect. Participants related their

use of calmness for self-reflection on emotional, behavioural, and positive well-being. It seemed to give an opportunity for clear problem-solving and decision-making.

Figure 6. *Minor themes associated with opportunities for calmness and self-reflection*



**"you jump on the cloud and then we float around and we could feel the peace"**

The majority of participants related experiences of calmness and relaxation in DS through use of deep breathing and visual imagery techniques. For most children, deep breathing seemed to serve the function of reducing elevated arousal levels, as illustrated by Laura below:

*"it calms you down..{}...you breathe and you let it all out"*

There is a sense from Laura's description that deep breathing was an effective means of releasing built-up arousal. Interestingly, for Laura the experience of calmness seemed to hold most meaning in her DS experience. She illustrates this experience in the following extract:

*I: where did you feel calm?*

*Laura: "when you come in here...{}...with all the puppets, even him"*

Thus, in addition to relaxation strategies Laura's attendance at DS was calming. This was an interesting and unique report. If one considers Laura's assertion in the context of nurturing relationships, felt security, and a secure environment, it is not surprising that

DS was calming for Laura. It seems likely that these factors served as a foundation from which participants could experience the full benefits of relaxation techniques as currently described.

Joey's narrative relating to the effects of deep breathing echoed Laura's previous description. As Joey illustrated:

*"it calms you down like"*

Similar to Laura, Joey appeared to experience the physiological benefits of the deep breathing strategy, with reference made to its calming effects on his heart. A similar description of the effects of deep breathing on this bodily organ was offered by Aoife, who explained the effects of her use of this technique when angry in DS:

*"it was calm, I was calm.....{}... I was calm in my heart"*

However, for Aoife this occasion of deep breathing seemed to highlight effects of deep breathing beyond physical calming, and instead appeared to prompt her emotional connection with the leaders. Her use of deep breathing on this occasion followed her experiencing anger which resulted in her kicking Dr. O'Brien. Reducing her arousal with deep breathing seemed to result in regret and subsequently working to repair the situation.

Participants also related becoming relaxed in DS using alternative strategies. For instance, Katie related a peaceful feeling following use of a guided imagery technique, as noted in the below extract:

*"we can dream it in our heads.....{}... like whatever the tape says we have to dream it in our heads...{}... we dreamed that em...a beanstalk and we climbed to the beanstalk and we had to jump on the cloud and then we like...floated around and we could feel the peace"*

This is a vivid description of a process of attaining calmness for Katie. It is evident that Katie was fully present during this exercise, and followed the guidance with focused attention, which allowed her to experience relaxing and calming effects. Her use of the word 'peaceful' is interesting. It would seem that this description indicates more than a physical 'peace', but also an inner 'peace'. A mental calmness is likely to have resulted for Katie. Like Katie almost half of the participants appeared to be focused during positive imagery to feel relaxed in DS.

Jackie noted the process of creating physical comfort for relaxation, as illustrated below:

*"and then after we do art we used to do a relaxation thing, we use to sit on a pillow and she used to turn on the music and you see all the actions lying on the ground...to the story...{}... we'd just relax; cause you feel like you're in bed...{}... see we have a pillow behind you and a small quilt; I dunno, I guess it was just a little treat for us to relax"*

While Aoife reported benefits from use of the 'happy place' imagery strategy in DS, she reasoned that she does not use it in normal school, as illustrated in the following extract:

*"because if I do it here I'll be-, I'll get in trouble by my teacher...{}...cause we would be DREAMIN"*

It seemed that Aoife recognised that this relaxation activity would not fit it with their need for focused attention to academic tasks in school.

A sense of physical comfort in DS was a common feature of participants' reports. Perhaps this was a 'little treat' which is not something Jackie or other participants get a regular opportunity to experience outside of DS. Nonetheless, opportunities for relaxation in DS appeared to result in lowered arousal levels and a feeling of overall calmness.

**"You lie down and you think about what you did in Dinosaur School, if you were being bold or something"**

An additional benefit of physical and mental calmness accrued from various relaxation techniques, was the opportunity for self-reflection this seemed to create. For example, in Katie's narrative, it seemed that once arousal levels were reduced, her problem-solving was enhanced:

*"well sometimes...one time...am...I had no-one to play with and then I got a bit sad and then I asked some people could they play with me and then they said 'no' so I got a bit angry...{}...amm..I went into my shell, said that I could calm down three or four times...and then I took three slow deep breaths...{}...and then I felt better..and I just went and played with my brother and sister"*

This ability to reflect when emotional arousal was lowered was related by several other participants. For instance, Penny seemed to take many opportunities to reflect on her and others' behaviour during her DS experience. As noted below, Penny viewed deep breathing and relaxation time as opportunities to reflect on misbehaviour and make positive changes. For instance, deep breathing seemed to enhance Penny's problem-solving like Katie:

*"it helps you feel better like...{}...ONE....TWO...THREE.... it helps you to solve your problems...{}...if someone was at you ,you go to DS and take three deep breaths and then the next day you go to school and say sorry..."*

She also viewed relaxation time in DS as giving an opportunity for reflection and problem-solving, as she illustrates below:

*"that's when you lie down and think about what you did in DS, if you were being bold or something...{}.... think about what you were doing and then the next day you won't do it, or in time-out in DS...{}...say now if someone was lying down, 'oh what have I done in DS', 'I've really made a bad mistake, and I*

*can't do it again the next day' they're feeling a little bit happy; yeah you think about what you did and you won't be bold the next day then"*

Similar to Penny, relaxation seemed to allow Aoife time to consider anxiety-arousing situations and plan for her behaviour:

*"just thinking I was in the breakfast club....[}]...they were slapping and I was sitting down and colouring...{ }...I was thinking that...{ }...I felt, I felt like I have to go now so, I just walked out..{ }..mmm emm I felt the other children were going to get more noisy and noisier and noisier and I would have to leave"*

It seems that Aoife had considered an increase in arousal present in Breakfast Club and was able to foresee her need to leave. Perhaps she could foresee the need to inhibit her behaviour, and instead prevented this from occurring. Thus for some participants, relaxation offered an opportunity for reflection and problem-solving, to repair or plan for changes to behavioural responses. For other participants, relaxation offered an opportunity to reflect on happy thoughts and enhance emotional well-being. As Tiffany describes below, she used relaxation for positive well-being:

*"you just lie down on the ground and you think of stuff that makes you feel happy...{ }.... like I think about am that I'm gonna have a baby sister and my brother and my mother and father and stepdad and all my family...{ }... it feels happy"*

There is a sense of happiness of happiness from Tiffany's description of reflecting on important people in her life. Finally, relaxation time seemed to offer Phillip a time to reflect and consider ways of enhancing his emotional well-being, as he illustrates below:

*" you ...you...sometimes you get to lie down on the fl-...floor...and then eh..what a call it...lie down on the floor and close your eyes....{ }...you think about sharing your feelings with Ms. O'Brien and Ms. McNamara and everyone at the end"*

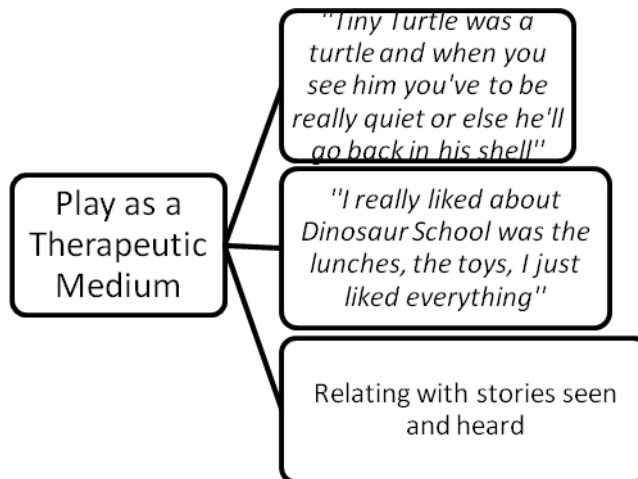
In summary, the sense of 'peace' accrued to participants through relaxation and calmness-enhancing strategies in DS gave them an opportunity to self-reflect and problem-solve in relation to their behaviour and emotional well-being. It also gave them a chance to promote their positive well-being. It seems that this occurred through physical and mental calmness, and through use of strategies to lower arousal levels. Strategies to enhance physical and mental well-being, including deep breathing and visual imagery, appeared to facilitate the ability to reflect and problem-solve

### ***Play as a therapeutic Medium***

Several play mediums seemed to have engaging and therapeutic effects on the participants. Indeed, puppets were a common feature of their narratives. Furthermore all participants recounted the enjoyment they experienced in DS, with the opportunity for play and enjoyable activities being memorable for all of them. Finally, stories seen and heard appeared to resonate with participants and was reflected in the similar language related to their own and others' problems shared in DS. Engagement and therapeutic effects appeared to emerge from the aforementioned play mediums.



Figure 7. *Minor themes associated with play as a therapeutic medium*



**Tiny Turtle was a turtle and when you see him you've to be really quiet or else he'll go back in his shell"**

All participants spoke enthusiastically about DS puppets, with Wally, Molly, and Tiny Turtle the most common feature in discussions. It seemed that the puppets' physical appearances were stimulating to participants, as were their' personalities and family situations. This all suggested that they were stimulating and highly engaging for participants.

Indeed there were many descriptions of puppets' physical characteristics across interviews. For example, Lucy and Joey described Tiny Turtle's colour and shape in the following extracts. For example, Lucy noted:

**Memo box 7: Play as a therapeutic medium**

I was struck by how 'alive' puppets were to participants. To me, it seemed these were discussions about additional children; Wally, Molly and Tiny Turtle, rather than puppets. Eric also seemed to come alive to puppets. They immediately related with Eric and seemed at ease in conversing with him. On reflecting on the use of 'Eric' in interviews, I considered him to serve a comforting and enjoyable presence for participants. This matched my sense of the meaning of DS puppets for participants. They seemed interested in his rationale for the research, and most were eager to inform him of their DS experiences. The use of the API technique was an additional benefit to elicit participants' narratives.

*"em...he has four legs... and em his shell is all green and he can duck inside to his shell"*

Joey similarly explained:

*"he was walking slow...{}...cause turtles have big legs...heavy legs...and they have a big shell at the back that makes them all heavy"*

What seems evident in both Lucy and Joey's descriptions is not just the stimulating effects of puppets but also a sense that they were real or 'alive' to them. Both participants referred to behaviours that would seem human-like, e.g. retreating if shy and walking slow as his legs are heavy. At the same time both descriptions were close to the animal characteristics of a turtle, with Lucy referring to his shell and Joey indicating that he moves slowly. While participants recognised that puppets were animals, there was a sense that puppets were nonetheless considered alive to them. This was common for most participants. Indeed, Dina's species was endearing for Jackie :

*I: who was your favourite?*

*Jackie: "mm, Dina...{}..because..she was lovely and colourful and she was a dinosaur, and I love dinosaurs..{}..no she didn't wear clothes, it was her skin! It was lovely and colourful...{}..it was like blue and yellow and green, all like in circles"*

Puppets' personalities were also recounted by participants. In particular there was a fondness for Tiny Turtle especially, in the shyness he experienced. Jackie illustrates what was a common feature of half of participants' narratives:

*"Tiny Turtle is so cute!..{}... he's really shy Ms McNamara had him and he wouldn't put out his head"*

It certainly seemed to bring Tiny Turtle alive to participants in his human-like experience of feeling shy and fearful of joining the group.

There was a genuineness in participants' relations regarding puppets' aliveness. For example, when asked by the Eric where she had gotten advice to manage her anger, Lucy explained:

*"off your brother"*

When Eric further informed Lucy that he wasn't Wally's brother, Lucy reasoned:

*"he just looks like you"*

So for Lucy, Eric resembled Wally and it was likely to her that they were brothers. This indicates her belief in their aliveness. This perception was also related by Laura who noted:

*"he just talks like you"*

Both were conveyed with a sense of honesty. Interestingly, in a further comment Laura revealed her awareness of the inanimate nature of puppets. She was the only participant to speak of this. As she illustrated:

*"he's with Ms. McNamara and he's over there in Ms. McNamara's room. they have them...{}.... you know how you put your hand up their back? Can I hold him?"*

Nonetheless, while she realised puppets were not real, they still seemed alive and engaging for Laura. Central to Laura's account was an engagement with puppets' family background information, as illustrated by this extract:

*"and Wally has a sister called Molly. These are brother and sister"*

She also noted Wally's activities:

*"and he wears a uniform, he goes to our school"*

For Laura and many other participants, puppets' personas were engaging. For example, Phillip and Joey reported further information about a puppet's life story. For example Phillip related:

*"Dina is the oldest dinosaur in the world"*

Similarly Joey noted:

*" he just remembers cause he was around a long long time ago, he just remembers from a long long time ago"*

There is a sense of trust in Phillip and Joey's accounts, which one can imagine would lend itself well to being receptive to social learning and advice from the puppets. Indeed it seems likely that Tiffany connected with the puppets, as illustrated below:

*"I was shy at the start of DS...{}... he was scared to tell anyone at first but then he told us....{}....'they were telling us about their secrets"*

One could imagine the significance puppets' reticence would have had for Tiffany, as sharing problems was something she experienced as challenging in DS. This difficulty was unique report. Tiffany's challenge is illustrated in the following extract:

**Memo box 8: Play as a therapeutic medium**

Tiffany's interview impacted on me, as researcher. I felt for her reported sadness and embarrassment in not being able to share her problems in DS. It seemed she recognised it would be helpful and wanted to share her problems, but was unable. As evident in her narrative, the use of the word 'secrets' was introduced by Tiffany for the term 'problems', which followed from a discussion of Wally's 'secrets' to calm down prior to this. The use of this word, and negative connotations that can be implied, was a concern for me as researcher. The field supervisor was consulted about this concern. While the researcher did not have reason for concern for Tiffany's welfare or protection, it was agreed that the use of the word 'secret' would need to be changed in further interviews, and replaced with the word 'ideas'. Both I as researcher and the field supervisor recognised the need for clear and open communication with participants, in line with my duty of care to them

*"I felt sad...{}...yeah cause I was too embarrassed to tell em mine....{}..I was just sad, and all that I couldn't tell em cause I was embarrassed"*

This seems to have been a difficult experience for Tiffany. She recognised that sharing problems was helpful for other children, as the below extract indicates:

*"other children were sharing their problems....it helped them"*

However, her reluctance was too strong to overcome. There is insufficient evidence to consider why this could be the case.

Tiffany's fondness for puppets was consistent with many other participants' reports, with several referring to puppets as 'friends'. For example, Aoife illustrated this when excited at seeing a colouring page of puppets:

*"they're my friends! Wally, Molly, Dina!"*

Indeed for Aoife there is a sense of a personal connection with puppets. Similarly this connection was related by Sarah:

*I: What was she like as a person?*

*Sarah: "friend"*

This report emerged in an initial whisper, which was fitting with Sarah's reluctance in interviews to reveal any depth of information about her experience of DS. Nonetheless she later revealed more about this perceived friendship with Molly:

*"she's my friend cause she brought us to Delta....{}.....and she's acting out plays with us...{}...she acts out something like I hit her and she started crying and the teacher put me in time-out"*

It appears that Sarah felt cared for by Molly, in her bringing them to Delta and helping her learn about repercussions for misbehaviour. While she was not forthcoming in

revealing the qualities of her relationships with puppets, they seemed to have served as an emotional connection for Sarah.

Katie uniquely reported feeling empathy for Tiny Turtle in DS:

*"like we try to give him solutions cause we don't want him to get sad...{}...  
cause everyone calls him the slow coach so we always try to help him"*

While Katie suggested the group collectively empathised with Tiny Turtle, this was not reported by other participants. Nonetheless, it was the researcher's impression that children felt empathy for Tiny Turtle and other puppets by the tone they used in relating stories.

To conclude, it appeared that the puppets were engaging for participants during their experience of DS. Puppets' physical characteristics, personality style, and life stories, seemed to stimulate participants' interest and were endearing to them. This was likely to serve as a pre-requisite for subsequent learning and/or therapeutic benefits.

**"I really liked about Dinosaur School was the lunches, the toys, I just liked everything"**

Every participant recounted fun and enjoyable experiences in DS. It seemed that the opportunity for play and the variety of activities, was enjoyable for them. Joey and Tiffany appeared to enjoy the variety of activities in DS. As illustrated by Joey below:

*"you do things...peace and quiet, circle time, and you count your chips. And you get to play with toys...you play with toys at picnic...playing horses and tractors like"*

Similarly Tiffany seemed to enjoy the variety of activities in DS:

*"you have a choice to play with toys or make stuff....{}...and sometimes I play with toys and sometimes I make stuff.....{}....you have fun"*

For some participants, there was also a sense of enjoyment in creating strategies for learning to regulate emotions and solve problems. For example Katie described the process of learning to solve problems in DS:

*"yeah we were detectives...{}...we had to wear these hats and we had to solve what was going on and we had to make a solution and then we had to make, make friends again and what happens like"*

Similar to a small group of participants there seemed to be an enjoyment of this process for Katie. Interestingly, the absence of learning is notable in the variety of aforementioned activities. Perhaps it was also an opportunity for a break from learning that participants enjoyed the most. The recurrence of this theme across interviews suggested that it held significance for participants. It seemed an opportunity for developmentally-appropriate play and activities enhanced participant's enjoyment in DS.

#### **Relating with stories seen or heard**

All participants described stories either seen or heard in DS. Participants were exposed to stories through DVD footage of puppets' and other children's problems; and hearing stories of puppets' and peers' problems being shared in DS. As illustrated below by Penny:

#### **Memo box 9: Play as a therapeutic medium**

This is a very interesting theme, and one that I have struggled with and experienced several frustrations with during analysis. Recalling stories shared or seen in DS was a strong theme across interviews. Indeed, I recall feeling overwhelmed with the detail and fragmented delivery of accounts of others' problems and participants' own difficulties shared in DS, during interviews. In particular I found it difficult to make sense of this, and hoped that analysis would offer the key to piece together the information and make sense of it. However, my frustrations at analysis revolved around a link that seemed to be missing in every participants' narrative between their problems and those of others, seen or heard. What did it mean for participants that they had the same problem or solution? Was this normalising for them? Did others' stories teach them how to solve their own? Why is no child telling me?

*"he wouldn't let him play...he went in home{}. Phillip called to ask him to play and he said 'no' that he didn't like him. Then PHILLIP went in. Then Jack came*

*called for him but he wouldn't go out.....{}...Wally said 'if they're at you, just say 'can you please say sorry?...then you just say sorry and become friends''*

Penny seemed to have been receptive to the sharing of Phillip's problem and the advice regarding resolution given by Wally. Indeed Penny's own problem had a considerable resemblance with this, as illustrated below:

*"One day I was playing with my friend in my room and then her friend called in for...then she said 'oh I have to go away with my friend' but she didn't, so I had no-one to play with...{}.....and then the next day she said 'are you coming out? and I said 'no' "*

For Penny, there seemed to be a similar reluctance to forgive as in the situation with Phillip, and subsequent support from Wally to solve this problem:

*"he said if they call in for you just say 'please say sorry' and then they say sorry"*

It would be likely that hearing peers share similar problems to her, with comparable solutions offered by Wally, would hold meaning for Penny. Nonetheless, no links are evident in the transcript to fully understand her experience of this. The fact that the only stories Penny recalled resembled her own story or problem shared, suggests that she related with the stories and it held significance for her.

A similar process was evident for Aoife, as illustrated below in Tiny Turtle's problem shared:

*"One came over and said 'ha ha you're tiny, you can't play football...{}...and they said you're too slow for us, you walk too slow you are the slowest reader and the slowest writer...{}.... Tiny Turtle he felt cross and he went over and gave the two boys a dig...{}.....he went into his shell and ' I can calm down, I can calm down"*



This seemed to closely resemble a story of Aoife's problem:

*"they were like 'HA YOU'RE FAT, YOU'RE THIS", and they were calling my mother names aswell....{}...I just put up my ignore muscle, I ignored 'em...{}....I said 'I can calm down, I can calm down'".*

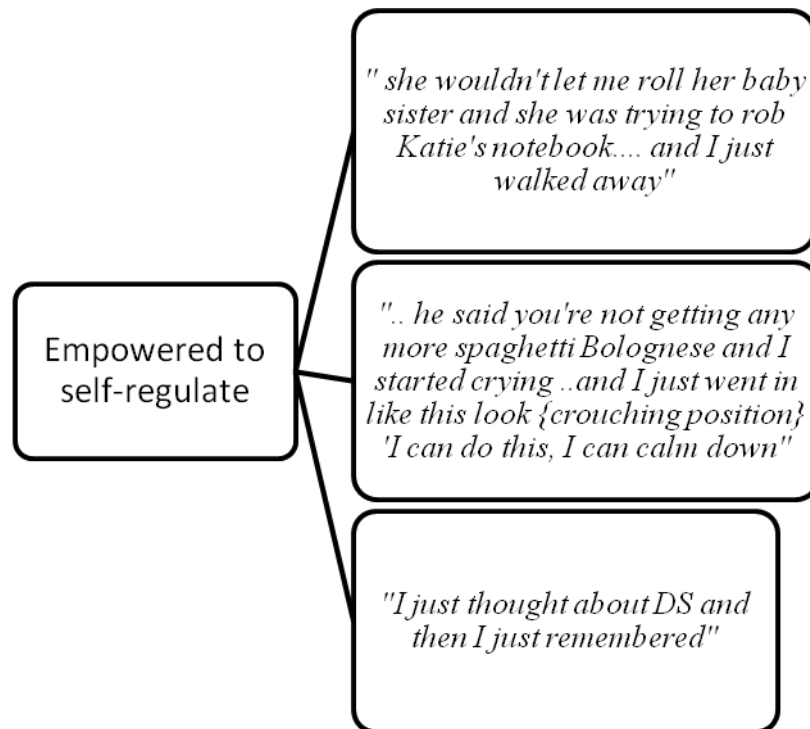
Thus, similar to Penny's example, it seems likely that Aoife's exposure to a similar story of being teased and self-regulating emotions, held significance for Aoife. Nonetheless similar to Penny's extract above, no link was evident to Aoife. The timing of hearing and sharing stories is also unclear, which may give a clearer interpretation of its meaning for participants. At a minimum, the researcher regards this social learning as group therapy which allows others to share similar problems to their own, and results in some benefit for the participants.

In summary, the aforementioned theme of play as a therapeutic medium, was a strong feature across the interview transcripts. Puppets appeared to have been a medium of engagement for participants, and they seemed alive to the participants in regards to their physical characteristics, personality, and family story. Developmentally-appropriate opportunities including play and enjoyable activities were endorsed by participants, and enhanced their enjoyment in the programme. Finally while participants were highly receptive to the social learning effects of hearing and seeing others share problems similar to their own, it was unclear if the meaning of this extended beyond relating with stories shared.

### ***Empowered to self-regulate***

The majority of participants related examples of generalising their learning outside of DS. Most accounts described participants' use of strategies to regulate emotions and assert control of themselves in situations. Examples of situations participants faced which prompted use of skills, included those related to interpersonal conflict with peers and siblings. There was a sense of confidence in the participants' use of learning outside of DS.

Figure 8. *Minor themes associated with empowered to self-regulate*



**"she wouldn't let me roll her baby sister and she was trying to rob Katie's notebook.... and I just walked away"**

The majority of participants related examples of self-control following DS. Examples included asserting oneself and dealing with interpersonal conflict; inhibiting behaviour; and enhanced care and attention in regards to schoolwork. This was related by the majority of participants. For example, Joey described how he coped when people ignoring him:

*"like when people are ignoring me and they're still talking, like mean things to me, I just put up my ignore muscle...{}.. he just started saying names to me and I put up my ignore muscle...{}..... "*

As related earlier, Joey developed a means of defending himself from others' behaviour, however, and therefore showed that he was able to generalise his learning outside of DS. It also appeared that Joey had a range of strategies in his repertoire, and problem-solved to ensure he could reach an optimal level of self control. This is illustrated in his following quote:

*"when people are annoying me too much and I can't put my ignore muscle...{} cause they're annoying me too much..{}... everyone in my class was annoying me and I still couldn't hold up my arm, I tried, and then I tried to take three deep breaths and it worked, and then I passed them again and they started annoying me again but I remembered to ignore them that time"*

Joey also related numerous examples of caring for friends outside of DS, with one example also demonstrating his assertiveness. Joey related:

*"I was feeling sad because it were my friend and Jason wouldn't let Owen play, I just said 'come in Owen' and he came in and I said 'I don't care anyway, let him play'.....{}.... was feeling very happy when Owen joined in"*

Joey was also able to manage his anger in this situation, describing:

*"I was mad I was gonna kill him but I took three deep breaths, I wouldn't like to kill my friend"*

It seemed his learning of how to regulate emotions, assert himself and inhibit behaviour in DS, in the context of a supportive experience from Owen and leaders when rejected in DS (as previously mentioned), had an empowering effect on Joey that allowed him to be in control of himself and manage situations. Tina similarly described this new-found self-control, in her assertiveness in dealing with interpersonal conflict. As Tina explains in the following extract:

*"Molly...{}.... she was just like 'ignore people who's giving, who's being mean to you and just walk away from them', that's what I did with my cousin cause we were fighting..{}... 'cause em she wouldn't let me roll her baby sister and I was like 'can I?' and she was like 'no' and I was like 'I'm going in telling your mother', and she was trying to rob Katie's notebook...{}... and I just walked away"*

It seems that Tina was able to assert control over herself and respond to a frustrating experience of not being allowed an opportunity to roll her cousin, by ignoring her. She seemed to be receptive to further advice from Molly in other experiences of DS. For example, Tina related:

*"Up in soccer em I didn't know this girl and she was like 'd'you wanna go in front of me?' and I was like 'okay' and she wanted to play soccer with me and I said 'you can', she could play with me, am she just wanted to be my friend"*

Thus it seems that Tina allowed herself to be open to friendship-seeking behaviours of others, and accepted an invitation to play. Tina seemed a relatively shy and reticent character with unfamiliar people during the researcher's observation of DS. Thus one can imagine this was a significant stride for her following her experience of DS. It seemed that advice and guidance from Molly was enough to empower her to generalise her learning outside of DS.

For Aoife, this self-control seems to have been integrated into her sense of self, considering that she was now in a position to show responsibility in school:

*"we're the oldest now in the school and we have to show responsibility to seniors... 1st, 1st and Juniors; like the way we line up...{}.... it's kind of, I'm kind of like a teacher myself cause it's how and you tell people to be good and that and I tell them I'm gonna tell teacher and if they're fighting I'll tell teacher or else Ill call the principal"*

Her comparison with a teacher is interesting, and indicative of the sense of self-control she feels she had. She seemed to attribute this to her DS learning:

*I: and what did you learn in DS that helps you with that?*

*Aoife: "be good, ignore muscle, calm down, don't hit your friend, be friends, and take- and leave the other person take a turn...and be nice"*

It is also likely that in addition to this learning, Aoife's experiences of nurturance and security through emotional bonds formed in DS, helped her achieve this sense of self. Aoife illustrates her use of skills to control herself outside of DS in the following extract:

*Aoife: "they were saying 'oh, you're fat' and they were calling my mother names saying 'your mother is fat, you're a traveller'; I just ignored"*

*I: and how did you remember to ignore them?*

*Aoife: "I just 'I can ignore, I can ignore"*

Finally, Phillip appeared to become empowered to assert himself using a strategy designed by himself to cope with nerves talking in front of a group, as illustrated below:

*" you just pretend there's no-one there....{}...you just pretend its teddies...{}...I pretended they were all teddies...{}... I was happy".*

In brief, the majority of participants offered examples of their generalised use of DS learning at home, which were conveyed to the researcher with confidence. It seems that learning in DS and experiences of advice and care received from puppets, leaders, and peers in DS seems to have engendered a degree of self-confidence which has encouraged participants to be in control of themselves outside of DS. It is also possible that the aforementioned themes relating to nurturance and security experiences in DS, may have been internalised by participants as a foundation for this self-control.

**'.. he said you're not getting any more spaghetti Bolognese and I started crying ..and I just went in like this look {crouching position} 'I can do this, I can calm down'**

Participants similarly related active use of strategies to self-regulate their emotions outside of DS. Example of emotions which participants related self-regulating included fear, sadness and anger. For instance, Tiffany related actively using a deep breathing strategy to cope with fear experienced outside DS, as she illustrates below:

*Tiffany: "I was doing a reading...{}....it was scared!...and I felt butterflies in my stomach...{}..I just chin up and told myself-, and took deep breaths"*

*I: what do you think about when you're angry?*

*Tiffany: "I just take deep breaths...{}....when I was in DS we were learning about taking deep breaths"*

Similar experiences of self-regulating emotions were related by other participants. For instance, Jackie described using a positive imagery strategy to help cope with pain outside DS:

*"and I got wood, a what a call it, a splinter in through my finger, it went in that way and it came out that way...{}..SAD, really sore!...{}..I thought about something different. I tried to pull it out like this, UGHHH.....{} I was thinking about that if I had a Chihuahua!...{} they're so cute!...{}..happy, but still it was still sore"*

Furthermore, Katie informed of using her shell and self talk and taking deep breaths at home when angry:

*I: do you ever use deep breaths or 'I can calm down' outside of DS?*

*Katie: "Yeah when I need to am...sometimes...I use it when I get mad...{}....when I got angry I lost my chain I got a bit angry but I went into my shell so I don't get stiff"*

Finally, Sarah described her recent use of strategies to self-regulate her emotions following conflict with a peer in school:

*I: what kind of things make you feel angry?*

*Sarah: "and when they win the trophy and they say 'ha ha I won and you didn't'...{}...whoever gets all their maths right.....{}...it happened today...{}...angry.....{}... and I said I was gonna kill him out on the yard..{}.. and they were scared but I hit him...{} he told the teacher..no he didn't tell the teacher he hitted me back' and I was gonna kick him-,...{}.... keep on hit hi-, and he was*

*hitting me back so I have him a kick...{}....I was very very angry and I couldn't tell the teacher cause I wanted to kill him..{}...and I learn-, I thought about dinosaur school, em like to-, I thought about Tiny Turtle saying that go into your shell whenever you're angry...{} I forget sometimes. But I did it today..{}..no cause I heard last night that I was coming here...{} eh I wit in case everyone laughed at me...so I went into the bathroom and did it. ...{}...I did that question there...stop, take three deep breaths and I can calm down...I calmed down"*

Thus it seems that for Sarah, while she acknowledged that sometimes she forgets to generalise DS learning, on this occasion the upcoming DS refresher session prompted her memory of DS, which further reminded her of strategies Tiny Turtle advised using when angry. It seems that Sarah had internalised Tiny Turtle's advice regarding self-regulating emotions. However, she needed something to prompt her memory when she experienced a high intensity of anger.

In sum, participants related using a range of strategies to self-regulate emotions outside of DS. Common examples included use of their shell, deep breathing and self-talk, and the use of positive imagery technique. This learning was generalised in conjunction with confidence accrued to participants from DS experiences.

### **"I just thought about DS and then I just remembered"**

Participants seemed to access various sources to prompt generalisation of DS learning. Examples of reminders to generalise learning included from memory; social supports; and visual prompts.

For over half of participants, DS seems to have been internalised by them and they related generalising skills or learning from memory. Memories comprised advice from leaders and puppets; and of DS overall. For instance, Owen recalled a memory of learning to regulate emotions in DS, which prompted him to use it outside DS:

*"I just thought about DS and then I remembered...{}... I thought of us creating our happy places"*

This seems to have been internalised and to have been associated by him with the experience of anger, and an automatic reaction followed:

*"cause if you were angry you could just know"*

Some participants also related help from social supports as prompting their memories of DS to generalise learning. Tina illustrates this point below:

*I forgot it and then my cousin was reminding me cause she knows Dina. She was like 'd'you know Dina?' and I was like 'yeah' and then I just thought"*

For Tina, this reminder of DS prompted generalisation of strategies to help regulate her anger. In addition there was a sense that DS visual prompts served as a source of security for Tina for self-control outside DS. Examples of visual prompts used by Tina include her shell, posters, folder, and the DS photo taken at graduation. She illustrates the importance of visual prompts of DS below:

*"I still have, I took half of the pages out of my folder and I stuck em up on my wall and there's one of me when I'm angry ..{}...no I only drew fire ...and then I drew in two eyes and coloured it in red...{}...yeah I looked at it...{}....But then my mother said 'will I throw it out?' and I said 'no' and then she didn't throw it out'*

Tina seemed to desire self-reliance in regulating her emotions and being in control of herself. While she related not experiencing anger or receiving any negative consequences during her DS experience, it seemed that for Tina she wanted to be able to transfer materials and learning to be able to self-regulate her emotions at home. As illustrated below, Tina uses strategies following conflict with siblings:

*" last time when Eoin, em, yesterday when Eoin thrown a stone at me, I went in and told my mother...{}....so I went up to my room and got it....{}..angry, cause em I was using his chalk for a minute and then...{}...I gave him half of it, it came out like that, {}...and then he thrown stones...it didn't hit me cause I ducked down"*



It is interesting that Tina kept secure DS materials for generalising learning. While the DS photo was retained by the majority of participants, use of DS materials was not a common feature in the majority of narratives.

Overall, participants accessed DS learning for generalising outside of DS: from their memories; help from social supports; and visual prompts. There was varying emphasis put on the importance of the availability of the aforementioned supports. It seems that children used various mechanisms to generalise their learning, which was potentially influenced by individual learning styles and coping mechanisms.

Fortunately, this link between behaviour and tangible rewards which developed in DS, did not serve as a rigid association for participants to rely on outside of DS, with generalisation occurring without any tangible rewards gained.

### ***Chapter conclusion***

The aforementioned results reflect the voices of thirteen children who participated in the IY DS programme. Six master themes emerged from the IPA of the data. Figure 9. presents a summary of the findings of this study.

**Figure 9.** Summary of interpretative phenomenological analysis

<p style="text-align: center;"><b>Nurturing relationships</b></p> <ul style="list-style-type: none"> <li>• <i>"it was like we were leaving and we didn't wana leave, we got extra time"</i></li> <li>• <i>"Dina was who took our drawing and keep it over the memory of us"</i></li> </ul>	<p style="text-align: center;"><b>Sense of security</b></p> <ul style="list-style-type: none"> <li>• <i>"they were like if we were all one big gether, as friends"</i></li> <li>• <i>"I felt safe...everyone felt safe"</i></li> </ul>	<p style="text-align: center;"><b>Secure environment</b></p> <ul style="list-style-type: none"> <li>• <i>"because if you don't follow them you won't end up being bold"</i></li> <li>• <i>"if you're bold {you get a red card} and you get a yellow card if you're being a little bit bold and you get a green card if you're being good"</i></li> </ul>
<p style="text-align: center;"><b>Opportunity for calmness and self-reflection</b></p> <ul style="list-style-type: none"> <li>• <i>"you jump on the cloud and then we float around and we could feel the peace"</i></li> <li>• <i>"You lie down and you think about what you did in Dinosaur School, if you were being bold or something"</i></li> </ul>	<p style="text-align: center;"><b>Play as a therapeutic medium</b></p> <ul style="list-style-type: none"> <li>• <i>"Tiny Turtle was a turtle and when you see him you've to be really quiet or else he'll go back in his shell"</i></li> <li>• <i>"I really liked about Dinosaur School was the lunches, the toys, I just liked everything"</i></li> <li>• <i>Relating with stories seen and heard</i></li> </ul>	<p style="text-align: center;"><b>Empowered to self-regulate</b></p> <ul style="list-style-type: none"> <li>• <i>" she wouldn't let me roll her baby sister and she was trying to rob Katie's notebook.... and I just walked away"</i></li> <li>• <i>"..he said you're not getting any spaghetti Bolognese and I started crying ..and I just went in like this look {crouching position} 'I can do this, I can calm down"</i></li> <li>• <i>"I just thought about DS and then I just remembered"</i></li> </ul>

In the next chapter, the above findings will be discussed in relation to the current literature. In addition, the implications of these findings and the strengths and limitations of the current study will be discussed.

## **Chapter 5 Discussion**

### ***Introduction***

The primary aim of the present study was to explore children's experiences of the IY DS programme. Six master themes emerged from the data analysis: nurturing relationships; sense of security; secure environment; opportunity for calmness and self-reflection; play as a therapeutic medium; and empowered to self-regulate (Figure 9.). Recurrent minor themes were also presented. Master and minor themes were based on the researcher's interpretation of the data using interpretative phenomenological analysis (IPA) as the qualitative approach. Unique accounts of DS experiences also emerged.

This chapter will discuss the aforementioned themes individually, in the context of existing research. The implications of these findings will be discussed and the strengths and limitations of this study will be highlighted.

### ***Theme 1: Nurturing relationships***

Nurturing relationships emerged as a strong theme in the current study. Participants' relationships with the leaders seemed to range in intensity from warmth to emotional connectedness, and there was a sense that these relationships were important to them. Participants described experiences which indicated that they felt thoroughly understood and cared for in DS. It seemed that leaders' attunement and responsiveness to participants' emotional experiences and basic needs were the mechanisms through which this occurred.

The importance that participants attached to nurturing relationships is reflective of the developmental literature, which details the infant's experiences with sensitive and responsive parents in the formation of the parent-child attachment. Indeed, as previously mentioned a baby's secure attachment to his or her primary caregiver (PCG) emerges from the parent's ability to interpret the baby's feeling states, to understand what the baby is communicating, and respond with sensitivity to the baby's communications and needs (Newton, 2008). It is through these experiences that the quality of the parent-child relationship is enhanced, and the child experiences feelings of security. This literature echoes participants' experiences in the current study, in particular of experiencing leaders as attuned to their emotional experiences, both positive and negative, and leaders responding by resonating with their feeling states and sensitively supporting

children to regulate their emotions. Leader's attunement and responsiveness to children's emotional experiences emerged as mechanisms which appeared to strengthen their relationships with leaders as in accordance with developmental literature it is through attunement that the infant feels receptive to and connected to his parent, and sensitive responses result in a child feeling nurtured (Hughes, 2006). Participants indications of feeling thoroughly understood, accepted, and cared for by leaders are considered to reflect this process. In line with attachment theory, participants experiences with the leaders appeared to reflect the emotional processes involved in the formation of typical parent-child affectional bonds.

In relation to additional attachment figures formed in children's lives as previously mentioned, a recent study evaluated the impact of relationships on school-age children with SEB difficulties, with specific reference to teachers attunement to their emotions and the impact of this on SEB functioning. Nash (2012) implemented teacher training sessions in two primary schools, and found that children in the intervention schools (n=2) showed greater improvements in the degree of SEB difficulties as measured by the SDQ, than children from the control school (n=1). Drawing on this finding and literature pertaining to early childhood development, it seems that the children's experiences of attunement and responsiveness from teachers enhanced their SEB functioning. In line with this research, relationships comprising attunement appeared to serve a reparative experience for children with SEB difficulties, which seems to corroborate participants' experiences in the present study. This consideration is also consistent with the Theraplay treatment, which endeavours to provide reparative experiences to change struggling parent-child relationships (Booth & Lindaman, 2009).

Research is increasingly examining the child-therapist therapeutic alliance; indeed it is situated as a central component of clinical work with children (Baylis, Collins, & Coleman, 2011; Campbell & Simmonds, 2011; Kazdin, Whitley, & Marciano, 2006; Nash, 2012). For example, Kazdin, Whitley, and Marciano (2006) examined the therapeutic alliance formed between therapists and children (N= 77, 6–14 years) with diagnoses of ODD, CD, ADHD and major depressive disorder, who participated in an evidence-based problem-solving skills training programme, and found that therapeutic alliance was associated with therapeutic change. It seems that the children's relationships with the therapists served as a mediator of therapeutic change in this study.

Mechanisms in the child-therapist therapeutic relationship is examined by qualitative studies, which maintain that the therapists' attention to the emotional experiences of children; through warmth; patience, empathy; care, sincerity; trust; and respect, facilitate the development of this relationship (Baylis, et al., 2011; Campbell & Simmonds, 2011). Similar to the findings of the current study, the authors also emphasised the importance of the therapist being present for the client, empathic, genuine and understanding. It seems that the present findings add to this literature base, in terms of mechanisms in the therapeutic relationship between participants and the DS leaders.

A unique report of one participant's incongruent experiences with her expectations for how leaders would react to negative emotions, and her subsequent experience of leaders' positive behaviours, is consistent with attachment theory and the Theraplay treatment framework. From the perspective of attachment theory, the aforementioned experience can be understood in view of the influence that attachment relationships have on the formation of cognitive templates, or internal working models, of how others behave. For this participant it seems that an alternative, and positive working model, for how others would behave was developed. Similarly, the assumption of the Theraplay approach is that the positivity and acceptance inherent in this treatment approach serves to challenge a child's negative view of what to expect when interacting with other people. Indeed, Theraplay works to assist the child in developing a new and healthier experience of what to expect in a therapeutic relationship (Booth & Lindaman, 2009). Similarly, Theraplay works to change the child's view of himself/herself, from the positive and responsive manner of therapists. Similar to this approach, participants appeared to experience themselves as valued and worthy in DS, through the attunement, responsiveness, and positivity of the leaders.

### ***Theme 2: Sense of security***

There was a strong sense of security evident in participants' experiences of DS. Predominant within this finding were participants' accounts of being supported to regulate emotions. Indeed this seemed to occur through a co-regulatory process between leaders or puppets, and children. In addition, there was a strong sense of connectedness with the peer group, and peers rendered the group secure for participants. There was sense of safety experienced by children through connections with peers and emotional

support provided by leaders. Participants' perceptions regarding leaders' reactions to misbehaviour, which seemed inconsistent with this security, were also illustrated.

Drawing on previous themes of attunement and responsiveness within a nurturing relationship, participants' descriptions of emotional support is fitting with literature emphasising the importance of emotional processes in development (Newton, 2008). Indeed, developmental literature illustrates that the ability to regulate emotions begins from the child's early years, within the context of an affectional bond with their PCGs. In line with the processes of attunement and responsiveness as previously mentioned, the PCG appropriately reads the infant's signals and responds in ways that minimise distress. Gradually the infant will integrate these experiences into their behavioural repertoire, from which he/she begins to self-regulate emotions (Mullin & Hinshaw, 2009). Dramatic developments in emotional competence occur across childhood, in terms of the child's acquisition and display of emotion regulation skills and abilities, however this progresses from the infant being almost completely reliant on caregivers for regulation, through soothing and modulation of the baby's arousal levels provided, to the beginnings of independent emotion regulation in preschool years (Calkins & Hill, 2009; Denham, 2007; Eisenberg & Sulik, 2012). Thus, in order to be well-regulated, children require sensitive, responsive caregivers from their early years (Sroufe, 2000). This finding resonates with the findings emerging from the present study. Particularly, participants' experience of emotional support was set within sensitive and responsive relationships with the leaders. Drawing from an attachment theory perspective, this experience seems to reflect the affectional processes of co-regulation involved in parent-child attachment relationships. The findings of the current study in relation to the emotional support provided in DS, also resemble Theraplay treatment, which emphasises the central role of affect regulation. Similar to the findings of the present study, Theraplay co-regulates emotions with the child, developing a greater capacity for self-soothing in children. Through support to regulate their emotions and the comfort and security of the peer group, this seemed to fulfil a need for safety in accordance with Maslow's hierarchy of needs (Gleitman, Reisberg, & Gross, 2007).

The current study's finding related to the security of the DS peer group for participants, is also consistent with the normative developmental literature. In particular, it is argued

that at this stage of middle childhood, relationships with peers are of utmost importance to children and children are beginning to form groups of friends. Peers are viewed as a support in times of sadness, and information in times of uncertainty, which is fitting with the security of peers in present study (Gleitman, et al., 2007). Indeed, it has also been shown in the filial therapy literature that peers can serve as powerful agents of therapeutic change (Jones, et al., 2002). Furthermore, King, Vidourek, Davis, and McClellan (2002) reported improvements in children's self-esteem and connectedness to school, peers, and family, following participation in a peer mentoring programme. The present study appears to add to this body of literature, by illustrating the security felt by children with SEB difficulties, in the presence of the DS peer group.

Participants' perceptions of leaders' anger in relation to misbehaviour, is evidenced in literature relating to the development of internal working models. In particular, this model contends that positive experiences with parents are laid down in internal worlds in the first years of life, which subsequently influence the child's expectations for relationships in the future. It seems that this consideration underpins the finding in the current study. As previously mentioned in the context of the Theraplay approach, children may enter therapy with negative expectations for how leaders behave, based on their internal working model of others.

### ***Theme 3: Secure Environment***

Perceptions of order and predictability in DS were a common feature of interview transcripts. The routine of activities and contingent responses to behaviour as related by participants, were factors resulting in a sense of order in DS. Interestingly, participants' motivation to behave well became apparent in their interview transcripts, which seemed to be associated with awareness of the rewards and consequences.

The order and predictability of DS, as evident in interview transcripts, is consistent with the underpinnings of the DS programme, which aims to promote and increase positive behaviour through attention and rewards, and reduce inappropriate behaviours by ignoring and imposing negative consequences (Appendix L.). The similarity of the IY framework across IY intervention approaches indicates that children availing of multiple IY programmes experience consistency of behavioural approaches across



settings, resulting in increased behaviour change. Indeed there is a large volume of IY literature which demonstrates the effectiveness of the programme in reducing behaviour problems of children with externalising disorders. As the literature review illustrates, numerous robust studies demonstrate the effectiveness of the IYPTP, IYTTP and IYCTP at reducing the behaviour problems of children with diagnoses including CD; ODD; and ADHD (McGilloway, et al., 2009; McGilloway, et al., 2010; Webster-Stratton & Hammond, 1997; Webster-Stratton, et al., 2004). The need for behavioural programmes and structured teaching environments for children with SEB difficulties is also outlined in the literature (NEPS, 2010).

Research examining the motivating effect of behavioural interventions reveals an unclear picture (Cameron, Banko, & Pierce, 2001; Cameron & Pierce, 1994; Deci, Koestner, & Ryan, 1999). In particular, a controversy exists which rests on the claim that external rewards can undermine intrinsic motivation, thus making it less likely that the person will perform the behaviour because he/she wants to, or because it is 'the right thing to do', but instead due to his/her reliance on receiving rewards. While the current study cannot claim outright that it is in support of, or fails to support this finding, as will become evident further in the discussion chapter, this concern regarding the impact of tangible rewards on participants' intrinsic motivation loses its impact when the remainder of findings are presented.

#### ***Theme 4: Opportunity for Calmness and self-reflection***

All participants described experiences which resulted in physiological relaxation and/or mental calmness during DS. Furthermore, deep breathing and guided imagery emerged as the dominant relaxation strategies used by them. Interestingly, the physiological and mental relaxation experienced by participants appeared to facilitate self-reflection and problem-solving abilities.

The current findings are consistent with empirical studies which demonstrate the psychological and physiological effects of relaxation techniques on children (Lohaus & Klein-heßling, 2000; Lohaus, Klein-Heßling, Vögele, & Kuhn-Hennighausen, 2001). For example, Lohaus and Klein-heßling (2000) found that imagery based relaxation resulted in increased physiological effects on blood pressure, heart rate and skin temperature, as well as the subjective well-being among children (n=826; 7-14 years ),

when compared to a progressive muscle relaxation approach; a combined approach; and two control groups. In a similar study, Lohaus, Klein-Heßling, Vögele, and Kuhn-Hennighausen (2001) found immediate physiological effects and an induced calmness following an imagery-based relaxation strategy. These findings appear to be consistent with the current study, which found that participants used visual imagery as one relaxation technique in their behavioural repertoires, to induce a relaxed a calm feeling. Furthermore, some participants reported thinking positive thoughts, which is fitting with the findings of Lohaus and Klein-heßling (2000). Nonetheless, the authors indicated the effects for imagery-based relaxation was similar to control conditions, wherein children were required to read neutral stories. It seems that a range of techniques have potential to induce a relaxed and calm feeling in children. This consideration is supported by the current study, which found that children used both deep breathing and visual imagery to induce a state of calmness.

Deep breathing emerged as a strong strategy in participants' repertoires to both regulate emotions and induce calmness. Research has examined the effects of deep breathing on children, however mainly as an intervention for illness related difficulties and as one component of a multi-layered intervention. Chiang, Ma, Huang, Tseng, and Hsueh (2009) examined the effectiveness of breathing training in combination with a self-management programme, for children (n=48 children, 6–14 years) with moderate-to-severe asthma, and found that anxiety was significantly lower for children in the experimental group than in the comparison group. Furthermore, qualitative findings attached to this study indicate that children perceived deep breathing to have a calm and relaxing effect on them, and as an aid to fall asleep. These findings are supportive of those of the current study. Nonetheless, the effects of relaxation-breathing techniques on the emotional and physiological well-being of children with emotional and behaviour problems require further research and clarification. Furthermore, research examining the enhanced self-reflective and problem-solving abilities of children following relaxation exercises is warranted.

#### ***Theme 5: Play as a therapeutic medium***

Play mediums, including puppets, stories and opportunities for play, was a strong theme related by participants. Puppets were a common feature of interview transcripts, with

indications that they were considerably engaging for participants. Participants also described their enjoyment of opportunities to play in DS. Finally, participants' narratives suggested they strongly related to stories seen and heard. This finding emerged from the close resemblance between participants' problems shared and stories recalled. While participants did not make this association themselves, it was likely that the social learning experience of hearing puppets and peers share similar problems, held meaning for participants.

Play as a therapeutic medium is corroborated by extensive research in the literature (Bratton, Ray, Rhine, & Jones, 2005; Schaefer & Drewes, 2010). Indeed, Schaefer and Drewes (2010) asserted that play is as natural to children as breathing. It is outlined that the presence of toys and play materials in the room sends a message to the child that this space and time is different from all others, and that they are fully free to be themselves. It seems likely that the opportunity for play was meaningful for participants.

The finding relating to the engaging quality of DS puppets is consistent with several research studies indicating the effective use of puppets as a communication tool with children in a variety of settings (Butler, Guterman, & Rudes, 2009; Carter & Mason, 1998; Epstein, et al., 2008; Naylor, Keogh, Downing, Maloney, & Simon, 2007). A number of studies maintain that puppets are useful to engage children in learning in school settings, while less common is research examining the use of puppets as engagement tools in therapy. For instance, interviews with 13 school teachers indicated that puppets are effective at promoting an interactive narrative. Findings indicated that all children (4-11 years) showed high levels of engagement and motivation in response to puppets used in a science class (Naylor, et al., 2007). In particular, puppets were found to promote conversation regarding reasoning in science; encouraging reluctant speakers, including shy children, to speak; and they facilitated change in teacher's practice with more reasoning questions asked with the way that puppets presented problems to the class. Butler, et al (2009) further contended that puppets are an effective tool for helping to externalise a child's problem in narrative therapy. For example, in using a narrative therapy approach with an 8 year old boy with anger problems, Butler, et al. (2009) described how the puppet gave voice to the child's problem and helped give meaning to it, from which subsequently the boys anger

dissipated, his social skills improved and his coping skills increased. It seems possible that this finding supports the theme of children relating with stories seen or heard in the current study. As previously noted, children did not associate their own problem with that of puppets or peers seen or heard, despite the resemblance between the child's own problem and that of other puppets or peers, as shared in interviews. One consideration is that the social learning on hearing others share their problems, allowed children a non-threatening medium of communicating and subsequently having their needs met. This consideration is outlined in more detail by Butler, Guterman, and Rudes (2009). Indeed, children with SEB difficulties often cannot express their problems verbally (Carlson, 2001). Nonetheless, it is argued that they are naturally receptive to and affected by metaphor and stories to help them deal with emotional struggles. Treating children in a therapeutic setting requires a medium that is both comfortable and meaningful to the child. Story is regarded as one such medium. Some suggest that stories are particularly helpful because they are a naturally enjoyable part of a child's life. Thus, it is not necessary for the child to own their problems. In the story, children can see the main character struggle with a problem, explore various solutions, and arrive at a resolution. They react and experience feelings while thinking about what they would do in the same situation. This experience validates the child's feelings, illustrating that other children share the same feelings. It is considered that troubled children will feel less isolated by reading or hearing about children who struggle with similar issues. The therapeutic use of story is considered from various theoretical frameworks including psychodynamic theory, cognitive behavioural therapy, and narrative therapy (Carlson, 2001; Cook, Taylor, & Silverman, 2004). Carlson (2001) outlines that according to the psychodynamic perspective, therapeutic stories make the ideas present in a story more memorable. At the same time, they can stimulate the ability to find solutions to difficult situations and to access the powerful resources within the unconscious to find healing, peace and strength. From a narrative therapy perspective, therapeutic stories provide children with opportunities to experience themselves as capable, creative and effective agents, thereby supporting them in developing life stories that are more positive and empowering. Another important tenet of narrative therapy is viewing people as being separate from their problems—understanding that the person is not the problem but the problem is the problem. The use of story is theoretically based on many of the same basic tenets as play therapy. By

providing an indicate method storytelling helps children to communicate about therapeutic issues, Central to the therapeutic use of story is the establishment of rapport and trusting relationship. Nonetheless, there is limited evidence which demonstrates the effectiveness of storytelling for children with SEB difficulties. One of the main problems in assessing the effectiveness of therapeutic story is the difficulty separating the effects of the therapeutic relationships from those of the therapeutic approach.

Themes of having an opportunity for calmness and self-reflection and experiencing play as a therapeutic medium, from an attachment perspective, can be seen as children's exploration of the environment once a foundation of security was experienced and available from the leaders.

### ***Theme 6: Empowered to self-regulate***

Findings emerging from the current study also indicated that the majority of participants generalised learning outside of DS. Indeed, participants related examples during which they used behavioural strategies learned to self regulate behaviour. Participants spoke with confidence regarding their use of learning outside of DS. Of note, at the heart of this process of self-regulation, seemed to be the regulation of emotions.

Participants' generalisation of learning from DS is fitting with the theory of Attachment. From an Attachment theory perspective, drawing on the secure and nurturing experiences participants had with leaders in DS as previously mentioned, they appeared to have integrated these experiences to feel secure in exploring outside of DS by using skills learned to gain mastery over their lives. Similarly, in view of the concept of Empowerment as previously discussed, participants' gain of skills and knowledge in DS, in addition to feelings of security around leaders, seemed to facilitate the development of personal growth in participants to independently self-regulate their behaviours outside of DS. From this perspective it would seem that participants' perception of power within themselves following DS, increased their confidence to self-regulate.

The link between emotion-regulation process and subsequent self-regulation, as outlined in the developmental literature, is an interesting consideration for participants' self-regulation outside of DS (Calkins & Hill, 2009). Indeed, emotion-related processes are considered by some researchers to be embedded within the larger construct of self-regulation (Baumeister, Zell, & Tice, 2009). Drawing from this finding and the

aforementioned experiences of participants; including nurturing relationships, comprised of therapeutic attunement and responsiveness; and consistent support to co-regulate their emotional experiences, it seems that just like what happens in a health parent-child relationship, following such experiences participants are likely to have integrated and internalised all which they experienced in DS, to no longer depend on leaders for adequate emotion-related process, but instead move towards their independent self-regulation outside of DS. From an attachment perspective, children are now autonomous and able to function in the world separate from attachment figures.

### *Implications for clinical practice*

Several implications for clinical practice have emerged from the current research findings. In particular, drawing on the importance that participants attached to the nature and quality of their relationships with the leaders, there are a number of clinical implications that DS leaders could consider. Drawing on these findings, DS leaders should consider remaining fully present in order to attune to the 'critical micro moments of interaction' with the child, including tone of voice, facial expression, posture, motion, eye gaze that reveal otherwise hidden states of mind (Siegel, 2010). Siegel (2010) contends that has implications for therapists working with a wide range of clients. In essence, DS leaders should pay careful attention not just to children's words, but also to the subtleties of non-verbal behaviours in order to look beyond the symptoms to the underlying reasons, or hidden need, for the behaviour (Webster-Stratton & Reid, 2008). An understanding of the child's inner world should result in children "feeling felt" by DS leaders, and indicate to the DS leaders what they need to respond to with sensitivity and care. This process is likely to enhance the nurturing relationship (Siegel, 2010). Applying attunement principles in DS requires that the leaders fully experience children's feelings, are open to incoming information from the child, and put aside any bias from similar experiences in the past. Thus, it seems evident that DS leaders should be given adequate time to process their reactions to DS sessions, and manage their self-care accordingly. It is also important that in leaders attuning to children's emotional experiences; they remain rational and are in a position to enforce limits and consequences if needed. An example of this would include a child misbehaving in DS, following which a consequence needs to be enforced.

In being fully attuned to children's psychological needs, DS leaders should be in a better position to sensitively support children in regulating their emotions. The current findings indicate that DS leaders should be available to co-regulate and 'be with' children through their emotional experiences, which was a key ingredient enabling the current participants to feel secure in DS. Drawing from the words of Wylie and Lynn (2011), there is a need for DS leaders not be observers of children's emotional journey, but fellow travellers, resonating with children's emotions and supporting him or her to cope. The importance of equipping children with skills to self-regulate their emotions in order to facilitate self-regulation of behaviour should also not be underestimated. From the current findings, techniques such as deep breathing and self-talk appeared to assist children to regulate their emotions.

Interestingly, a further clinical implication is the importance of taking photography of the child together with the leaders and puppets on leaving DS. This implication is in view of participants' reported sadness at leaving DS and the subsequent comfort accrued to them from looking at their DS photograph. Photographs emerged as a cue for children's memories of this positive experience outside of DS, and to provide comfort.

The composition of the DS group is also important to consider in the context of the security the peer group seemed to have for the current participants. In light of this finding and published research recommending that DS groups should comprise children with a range of SEB difficulties and pro-social behaviours, DS leaders should carefully select children for the group based on their individual characteristics and with consideration to the functioning of the group as a whole unit (Webster-Stratton & Reid, 2008). Adequate group formation should enhance connections formed in the group and foster a sense of security and/or safety in their presence.

Based on the current findings it is also recommended that DS leaders adhere to behavioural guidelines consistently, to help children contain their behaviour in DS (Webster-Stratton & Reid, 2003). On the basis of the current findings, rules and predictable rewards and consequences should provide a safe and secure environment for participants, from which they would be more receptive to DS learning. Nonetheless, while rules and consequences are effective at managing children's behaviour, the importance of nurturing and secure relationships is emphasised as a foundation from

which behavioural strategies will be effective. Furthermore, the current findings seem to indicate that while containing children's behaviour has importance, staying with these children through their emotional experiences appears to be of greater importance to them.

In consideration of children's perceptions of the leaders' anger at misbehaviour, the leaders should consider approaches which would challenge this expectation. As one consideration, it is recommended that the DS leaders fully share with children their experience of implementing a consequence. For example, on enforcing a predictable consequence the DS leaders might outline their feelings of worry at the child's experience and indicate their bodily signals, such as facial expression, which demonstrates this.

A further clinical implication is that children should continue to be offered opportunities for relaxation and reflection in DS. In light of participants' reports of the physiological and reflective benefits accrued to them following the use of deep breathing and visual imagery strategies, these techniques were effective for them. As indicated in some participants' narratives, time-out was another opportunity during which they took an opportunity to self-reflect, thus this behaviour should continue to be promoted.

As indicated by the strength of puppets as a theme emerging from the current findings, puppets should continue to play an integral role in DS. Puppets appeared to allow children in the current study to connect and to engage in DS. Given the connection between themes in the current study, implementation of clinical implications is considered to be effective if they are taken as the full complement.

It is also recommended that children's schools implement implications emerging from the findings of the current study. In particular it is recommended that teachers continue to cultivate positive relationships with children and build a sense of community for these children. Furthermore, beyond creating learning environments and maintaining an orderly, predictable classroom, based on the experiences of the current sample, teachers should include issues of emotional safety and security as an integral part of the curriculum. Drawing from the current findings and research outlined by Nash (2012) it



is recommended that schools apply attunement principles into their practice. This would require school staff setting aside time for training and professional development in the effective application of such principles. In light of the influence of the peer group for participants in the current study, schools may consider interventions such as using a mentoring peer group approach for children presenting with SEB difficulties who experience difficulty integrating into the peer group (King, et al., 2002). This could take the form of matching a child with a group of approximately one-two pro-social peers including those with pro-social behaviours, to enhance the child's social connections. Opportunities for relaxation activities is also something schools should consider to implement for children with SEB difficulties. In the current study, this seemed to induce a sense of calmness in children and gave them an opportunity to self-reflect.

### ***Implications for research***

This study has advanced the field of research by giving children an opportunity to share their experiences of the IY DS programme. From published research reviewed to date, this study is the first to explore children's experiences of DS, both from an international and from an Irish perspective. Nonetheless, in light of the small sample size and one geographical location and setting explored in the current study, future research in another setting is warranted to provide support for the findings.

Research which considers longitudinal implications of children's participation in the DS programme is also needed. In particular, follow-up studies with samples who participated in middle childhood years should investigate the impact their DS experience had on participants' social and emotional functioning in adolescence. This could involve both quantitative and qualitative methodologies.

In view of children's experiences of DS as illustrated in the current study, it would be valuable to listen to the voices of the DS leaders regarding their perceptions of their therapeutic relationships with children. This would further add to the literature base in regards to child-therapist therapeutic relationships, and lend insight into therapeutic mechanisms which are effective at establishing relationships with children in DS. In light of the scarcity of qualitative research exploring DS leaders' experiences of the programme, this should also be explored.

In addition, further research is required which examines the effects of relaxation on children, particularly focusing on self-reflective and problem-solving abilities which it facilitated for participants in the current study. Deep breathing as a relaxation technique for children also requires further research to demonstrate its effectiveness. Finally, despite the small scale nature of this study, findings suggest that puppets are an effective medium of engagement for children. Further research is required to support this finding.

### ***Implications for policy, service development, and education***

The current findings indicate the effectiveness of the DS programme in addressing the social and emotional needs of children in middle childhood. In light of this, the IY DS programme should continue to be delivered to build social, emotional, and behavioural competence in children and prevent them progressing on negative developmental trajectories. In particular, DS programme implementation should be considered for children 'at risk' and living in disadvantaged areas in light of the prevalence of SEB difficulties and risk factors for their development, as previously mentioned. Furthermore, integrated service delivery amongst health and education agencies appears to be effective at delivering DS in the setting of the current study, as evidenced by themes relating to the strength of relationships children developed with the leaders and their positive experiences of the programme. Thus integrated service provision in the delivery of preventative and intervention programmes to children at risk in community settings, should continue.

Nonetheless, despite the social and emotional experiences of DS as indicated by the current sample's reports, it is recommended that preventative initiatives should be delivered at earlier developmental stages, from pregnancy and infant stages of child development, to work to prevent the occurrence of SEB difficulties in children (Youngballymun, 2012). It is recommended that a multi-agency approach be adopted, which would comprise multi-disciplinary teams providing children and their parents with support to strengthen early parent-child relationships, foster the health and development of infants and preschool-age children, and actively build child and family strengths. An infant mental health approach to healthy social and emotional development should be adopted to develop the capacity of children from 0-3 years to

experience, regulate, and express emotions, from close and secure interpersonal relationships, and explore their environments and learn. Specialists who practice in infant-parent psychotherapy should also be accessible in order to provide treatment for at-risk or already troubled infants, toddlers, and their families, to support them in the complexities some parents may encounter in nurturing, protecting, and responding to the emotional needs of their young child (Weston, 2005). Furthermore, this pro-active approach should change the present focus on remedial, crisis, and costly interventions and proactively promote evidence-based prevention and early intervention in public health.

In order for an IMH preventative practice to be implemented effectively, personnel should be appropriately and adequately trained (Weston, 2005). Therapists should be provided with further professional training and/or ongoing continuing professional development related to infant mental health services, to adequately address the needs of infants and families from this preventative and early intervention model of service provision. A broad range of primary care and community professionals should be up-skilled in understanding infant mental health needs and the application of these approaches across the years of childhood, to enable the delivery of effective prevention and early intervention for children.

In relation to DS, the findings of the current study suggest that all DS leaders should be given training, if required, in applying attunement principles in DS, to strengthen their nurturing relationships with children and as a means of supporting them through use of this skill. Furthermore, teachers should be provided with training in attachment theory, and particularly in the incorporation of attunement to their clinical practice. This may involve teachers using time for continued professional development on attuned interaction skills. There should be protected time for teachers to reflect and discuss their relationships with school children to provide opportunity for discussion, facilitating thinking, and to support staff.

## *Strengths & Limitations*

### *Strengths of study*

There are a number of notable strengths inherent in the present study. This research offered children an opportunity to share their experiences of DS, which simultaneously addressed a gap in the literature base pertaining to children's experiences of DS from an Irish perspective. There was a good fit between the conceptual framework, methodological approach, and qualitative technique chosen. In addition, the methodology for the study was carefully developed in consultation with the field and research supervisors and a practising clinical psychologist working with the population sampled. Furthermore, support from the clinicians was regularly available throughout the research, in terms of tailoring the interview approach; discussing the DS delivery; and research skills and competencies. Literature outlining challenges in interviewing children at this developmental stage was reviewed at the groundwork stage and a range of developmentally appropriate methods were chosen to enhance participants' engagement. A puppet was a key strength in engaging and eliciting participants' experiences, which was chosen as a developmentally appropriate engagement tool and drawing on literature outlining its effectiveness for use in research (Epstein, et al., 2008). The location and number of interviews was deemed a key strength to engage participants and subsequently enhance the richness of data collected.

Regarding data analysis, IPA was an appropriate approach in view of the primary research question of exploring participants' experiences of DS. The quality of the research was assessed by adhering to established guidelines, and considerable commitment and rigor was demonstrated in the lengthy time dedicated to data analysis. This allowed considerable time to remain true to the phenomenology of each participant, before searching for connections across cases to develop the group analysis. The researcher was very conscious of preconceptions which could influence the collection and analysis of data, and made an ongoing effort to put aside her own bias to reflect on the phenomenology of each individual participant. This is considered a novel study, with implications for numerous avenues of further research offered.

### ***Limitations of study***

A number of caveats need to be mentioned in relation to this study. One of the limitations of the study was the relatively small sample size, which in addition to sampling from one setting, ushers caution in generalising the results to other samples in different settings. Nonetheless, qualitative research endeavours to explore subjective experiences rather than demonstrate the ecological validity of the findings, which was the focus of the current study.

From an IPA perspective the study was considered to use a larger sample size, which has the potential to lose the idiographic focus for each participant (Smith, et al., 2009). Nonetheless, the study retained an idiographic focus by dedicating considerable time to completing a detailed analysis of each participant's interview, and subsequently making claims for the larger group. In addition to the claims made by the group, the researcher recognised the importance of reporting the unique and individual voices of children, and therefore also presented lone data collected across interviews.

Engaging some children in interviews was challenging, which rendered the collection of rich data unsuccessful in the case of three participants. The researcher is cognisant of the fact that participants may not have been prepared for the interview as they were selected from those who had parental consent and were available in the school setting on a given day. While the researcher made extensive efforts to establish rapport and engage participants in interviews, nonetheless there is a potential that participants were not prepared for interviews and thus did not feel adequately comfortable to share their experiences. For future research, the researcher considers sending postcard invitations to invite children with parental consent, for interview on a specified date, to overcome this shortcoming. Nonetheless, this did not present a difficulty for the majority of participants.

### ***Conclusion***

The aim of this study was to explore children's experiences of the IY DS programme. In chapter 2, a gap in the literature was identified, indicating that the voices of children in regards to their participation in IY programmes had been relatively neglected. Research in this area is particularly interesting in view of research findings pertaining to the DS

programme and children being the key beneficiaries of the IY programmes. Furthermore, this sample of children who completed DS represented children with difficulties at the mild end of the mental health continuum, who are a population worthy of research. The current study has made a significant contribution to addressing this gap in the literature, by eliciting the narratives of the children themselves. Children who participated in DS were given an opportunity to share their experiences, with their narratives given due credence. Within the published literature, this appears to be the first study to explore children's experiences of the IY DS programme. This research lends insight into what was meaningful for this sample of children in DS, with nurturing and secure relational experiences; environmental security; calmness; play; and empowerment, emerging as central components of their experiences. Furthermore, while published literature commonly emphasise the effectiveness of intervention programmes at reducing the behavioural problems of children with SEB difficulties, the findings of the current study indicate that addressing the social and emotional needs of children is equally, if not more important to them, from their perspectives. Drawing from these findings, the research outlines various implications for clinical practice both within health and education settings, and future research. In addition, the research findings point to a need for preventative and early intervention programmes targeted at early years of infancy and toddlerhood to prevent the occurrence of SEB difficulties.

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## **Chapter 6 Appendices:**

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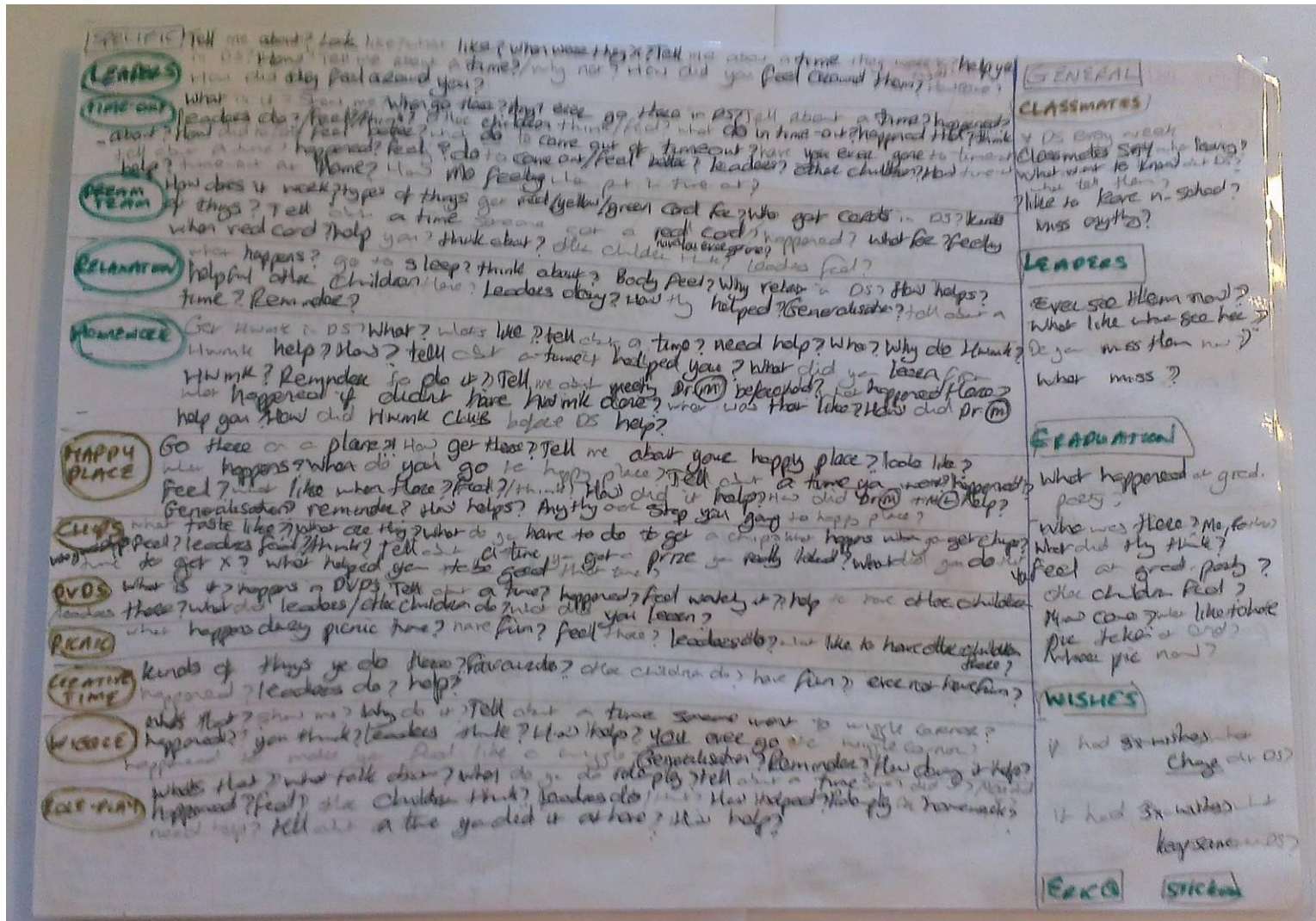


**Appendix A: Ethical approval**





Interview schedule, side 2



## ***Appendix C: Typed interview schedule***

### **General Questions:**

1. What happens in Dinosaur School?

*\* Prompt: What do ye do there?*

2. Who was in Dinosaur school when you were there?

*\*Prompt: Tell me about the other children who were in Dinosaur School? What were they like?*

3. What were Ms. O'Brien and Ms. McNamara like?

*\*Prompt: What do they do in Dinosaur school? Are they different to other adults? How?*

4. What were Wally/ Molly/ Tiny Turtle/ Dina Dinosaur/ Baby Dinosaur like?

*\*Prompt: Who was your favourite? What did you like about him/her?*

5. What were the rules in Dinosaur School?

*\*Prompt: What happens when you follow the rules in Dinosaur school? Did anyone ever break the rules? Tell me about a time someone broke the rules?*

6. Did ye get help with problems in Dinosaur School?

*\*Prompt: I'd like you to think really hard, cause I'm going to ask you to think of the problems others shared. Did Wally/Molly/Tiny Turtle/Dina share problems in Dinosaur school? Tell me about a problem he/she shared? What problems did the other children share in Dinosaur School? Can you think really hard and tell me about a problem you shared in Dinosaur school?*

### **Specific Questions: Puppets**

7. Wally Problem-solver: What's Wally like?

*\* Prompts: What did Wally do? Did Wally have any ideas about how to calm down? Tell me about a time you used that solution in Dinosaur School? What happened when you used that idea? Do you ever use that now in normal school/at home?*

8. Tiny Turtle: What's Tiny Turtle Like?

*\*Prompt: What did he do? What happens when someone is angry in Dinosaur school? How did Ms. McNamara and Ms. O'Brien feel? What did ye think? What kind of things make you feel angry? Tell me about a time you were angry? What did you learn in Dinosaur school that helped? How did you remember that?*

9. Molly Manners: What's Molly like?

*\* Prompt: I heard she talked about feelings. What kind of feelings did she talk about in Dinosaur school? What did you learn about feelings? Did anyone ever feel {EMOTION} in Dinosaur school? What happened? What ideas did Molly have to be a good friend? Do you use any of molly's solutions to be a good friend? How do you remember?*

10. Dina Dinosaur: What's she like?

*\* Prompt: What did she do? I heard she was the principal of Dinosaur School. Did she have rules to follow? Did she ever help you? Tell me about a time?*

11. Baby Dina: What's she like?

*\* Prompt: What did she do? What did you tell her about Dinosaur school?*

**Specific questions: Dinosaur School<sup>6</sup>**

12. Time-out: What is time-out?

*\*Prompt: When do you go there? Did anyone ever go to time-out in Dinosaur school? Have you ever gone to time-out in Dinosaur School? Tell me about a*

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<sup>6</sup> Specific questions related to dream team, homework, and picnic time were not included in the interview schedule for participants from DS cohort 2 as the researcher was informed these activities were not part of DS at this time.

*time? How did you feel in time-out? What helped you to feel better? How did time-out help?*

13. *Dream Team*: What types of things do you get a red/yellow/green card for?

*\* Prompt: Who got cards in Dinosaur School? Tell me about a time somebody got a red card? What for? Have you ever gotten a red/yellow card? Tell me about a time? How did you feel? How did Ms. O'Brien and Ms. McNamara feel? How did the red card help?*

14. *Relaxation*: Tell me about relaxing in Dinosaur school?

*\* Prompt: do you go to sleep? What do you think about? How does your body feel? What was it like to have the other children there when you are relaxing? Why do ye relax in Dinosaur School? How does it help? Do you ever relax at home or in normal school now? Tell me about a time? How do you remember?*

15. *Homework*: Do you get homework in Dinosaur School?

*\* Prompt: What's the homework like? What kinds of things do ye have to do for homework? Do you need help with the homework? Who helps you? What's that like? What was it like meeting with Ms. O'Brien before Dinosaur School? What happened if you didn't have your homework done? What was that like?*

16. *Happy Place*: Tell me about your Happy place?

*\*Prompt: How do you get there? What does your happy place look like? Tell me about a time you went to your happy place? How did you feel? What did you think/how did you feel? How did Ms. O'Brien or Ms. McNamara help? Do you ever go to your happy place now? Tell me about a time? How did you remember?*

17. *Dinosaur Chips*: What are chips?

*\*Prompt: What do you have to do to get a chip? How do you feel when you get a chip? How do Ms. O'Brien and Ms. McNamara feel? Tell me about a prize you got that you really liked? What did you do that time to get it? What helped you to be good that time?*

18. DVD's: What happens on the DVD's?

*\* Prompt: Tell me about a time ye watched a DVD in Dinosaur School? What happened? How did ye feel watching it? Did it help to have the other children/Ms. O'Brien and Ms. McNamara there?*

19. Picnic: What happens during picnic time?

*\* Prompt: Do you have fun during picnic time? Tell me about a time? How do you feel during picnic time? What's it like to have the other children there during picnic time? What do Ms. O'Brien and Ms. McNamara do? How do they help?*

20. Creative Time: What kinds of things do ye do in creative time?

*\* Prompt: what was your favourite thing to do in creative time? What did the other children do? Did ye have fun? Did ye ever not have fun in picnic time? What happened? What did Ms. O'Brien and Ms. McNamara do?*

21. Wiggle: What's a wiggle?

*\* Prompt: Why do you do a wiggle? Tell me about a time someone went to the wiggle corner? Have you ever gone to the wiggle corner? What happened to make you feel like going for a wiggle? Do you ever go for a wiggle at home or in normal school now? How do you remember?*

22. Role-play: What's role-play?

*\*Prompt: When do you role-play in Dinosaur School? Tell me about a time someone did a role-play? How did they feel? What did Ms. O'Brien and Ms. McNamara do? Have you ever done a role-play in Dinosaur School? Tell me about a time? Do you ever role-play now at home or in normal school? How do you remember?*

### **General Questions:**

23. Leaders: Do you ever see Ms. O'Brien or Ms. McNamara now?

*\* Prompt: What is it like when you see them? Do you miss them now? What do you miss? How did you feel around Ms. O'Brien and Ms. McNamara? How did they feel around you?*

24. Graduation: What happened at the graduation?

\*Prompt: Who was there? Were your mammy and daddy there? What was it like that they were there? What did they think? How did you feel at the graduation party? What was it like to have your picture taken at the end? Where's your picture now?

25. Wishes: If I gave you 3 wishes what would you change in Dinosaur School? If I gave you another 3 wishes what would you keep the same in Dinosaur School?

\* Prompt: What would you like to be different/the same in Dinosaur School?



*Appendix D: Information sheet*



Dear \_\_\_\_\_

My name is Tara Houlihan and I am a Clinical Psychologist in Training at the University of Limerick. I am doing a research study on 'Children's experiences of the Dina Dinosaur Programme'.

Name will have introduced you to my study. After reading this information sheet, if you agree for \_\_\_\_\_ to take part, {Name} will organise for you to meet with me in {name} **school** to **sign a consent form and ask me any questions** you might have



about the study. I will be available to meet with you on **Thursday 17th of May or Thursday 24th of May** and give information about the study during this time.

**WHAT IS THE RESEARCH ABOUT?**

This study is trying to find out what Dinosaur school was like for children.

**WHAT IS INVOLVED?**

- Each child will meet with me in 'Dinosaur School', {name} School, **3-4 times for 30 minutes each**, to talk with me about Dinosaur School. My meetings with children will begin in May & June 2012 or after the school summer holidays in September.
- If you consent for your child to meet with me, he/she will first be **randomly chosen from children who have gone to Dinosaur School** and whose parents have given consent to meet with me.

- Questions will be asked in a child-friendly way. **Puppets and play materials will be used** to help the child feel comfortable and for it to be a fun experience for them.
- I **will use a tape-recorder to record what your child says**. This is only for the purpose of writing down what the child says after the interviews. The **tapes will only be heard by me, and will be stored securely throughout the research.** Tapes will be destroyed after the research.

#### **WHAT WILL HAPPEN TO THE INFORMATION MY CHILD GIVES?**

- Everything that is spoken about will be kept **confidential**, with only my **field supervisor Dr. {Name}**, group leader in Dinosaur School, and my **course supervisor, Dr. Barry Coughlan**, University of Limerick, and **I**, having access to information from your child. Your child's name will be changed to a code to ensure confidentiality.
- **If I became worried about your child, confidentiality will not be maintained** and I will have to speak with {name}. We would share this information with you if this happened.

#### **ARE THERE BENEFITS OR RISKS INVOLVED?**

##### **Benefits**

Children's views on Dinosaur school are very important. This study might tell us what is good for them and what might need to be changed in Dinosaur School in the future.

##### **Risks**

- We do not see any risks to children in the study. Your child will be asked if they wish to continue taking-part and they will be free to end the interviews if they wish.



- **If for an unlikely reason your child might become upset during the research or afterwards**, you can contact **Dr. {name}**, Group Leader in Dinosaur school, and talk about this.

### **DOES MY CHILD HAVE TO TAKE PART IN THIS STUDY?**

- No, this **study is voluntary**. You or your child may discontinue his/her participation in this study at any time without prejudice. This will not affect the services normally provided to your child by {name}School or any other service he/she may be involved with.

### **WHAT IF I HAVE MORE QUESTIONS?**

If you should you have any questions or would like further information, please feel free to **ask me at our meeting**. Alternatively, you can contact my **academic supervisor Dr. Barry Coughlan** at the contact details below.

Looking forward to meeting with you,

***Tara Houlihan***

Dr. Barry Coughlan  
Assistant Director  
Doctoral Programme in Clinical Psychology  
Department of Education & Professional  
Studies  
University Of Limerick  
Tel: 061 234345



*Appendix E: Parent consent form*

**RESEARCH STUDY**

{Name} SCHOOL

*"Children's experiences of Dinosaur school"*

**Researcher:** Tara Houlihan, University of Limerick

**Child:** \_\_\_\_\_

**Parent:** \_\_\_\_\_

• I understand what this research is about and what will be involved for my child

• I have had time to consider the information and ask questions

• I understand that what my child says will be recorded by a tape recorder in order to write down what he/she says.

• I understand that all of the information my child gives will be treated in confidence and his/her name will be converted to a code. The only exception would be that if the researcher was worried about my child confidentiality will not be maintained and she will have to talk with Dr. {name}.

• I understand that if my child should become upset about the study, I can contact Dr. {name} to discuss this.

• I understand that my child's involvement in this research is voluntary and he/she is free to stop participating at any time. Also, this decision would not affect his/her access to health care or any other services

- I understand that information gathered will be used for a research project being carried out by Tara Houlihan, Clinical Psychologist in Training, University of Limerick.

**Signature of Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_




Child assent form



*Appendix F: Child assent form*

**Your Permission**

**Please tick if you agree**

	<p>This project is about my time in Dinosaur school.</p>	
	<p>I am happy to talk to Tara about Dinosaur school</p>	
	<p>I don't want to talk about Dinosaur school</p>	
<p>Code: _____</p> <p>Researcher: _____</p> <p>Date: _____</p>		

*Appendix G: Child-sized interview puppet*



Appendix H: Sample coding and minor themes

Emergent themes	Initial Themes	Transcript	Initial reflections	Coding
		<p>P: can you think REALLY hard, and tell me about a time somebody was mean to you in Dinosaur School</p> <p>Child: well, Ciaran</p> <p>P: Ciaran...what happened that time?</p> <p>Child: .....he was playing with me with the toys and then, he just went away</p> <p>P: he was playing with you with toys and then he just went away?</p> <p>Child: he said 'I'm not playing with you no-more'</p> <p>P: OH....so ye were playin', what were ye playin'?</p> <p>Child: horses</p> <p>P: ye were playing horses, okay. Was this is in Dinosaur School?</p> <p>Child: mmm hmmm</p> <p>P: okay, am ye were playing horses and then what happened... Ciaran said</p> <p>Child: Ciaran am, .....said 'I'm not playing with you anymore'</p> <p>P: he said 'I'm not playing with you anymore'? ...OH....and then, how did you feel?</p> <p>Child: very sad of course</p> <p>P: Oh, that sounds really sad.....and THEN what happened?</p> <p>Child: ....(sigh) nothing else</p> <p>P: how did you know that you were feeling sad Joey?</p> <p>Child: cause he wouldn't play with me and I was lonely, and then Owen came over and played with me</p>		
<p>rejection by Dinosaur school peers.</p> <p>Rejection by DS peers</p> <p>Feeling sad because peer would play with him.</p> <p>Feeling sad because he was rejected by peer who rejected</p>	<p>rejected by peer refused to play</p> <p>Feeling sad and lonely because peer would play with him.</p> <p>Owen played with me rejected by peer.</p>		<p>honesty/bravery in sharing this.</p> <p>feeling sad (sad to hear voice)</p> <p>Feeling lonely (Sigh)</p> <p>Owen came over and played with me</p> <p>What was this like for him? security of peer? reliability valued?</p>	<p>peer refused to play on large</p> <p>when peer would play.</p>

pencil = descriptive codes  
 blue = linguistic codes  
 red = conceptual codes



<p>Memory of DS prompted us or</p>	<p>Remembering ignore muscle strategy from</p>	<p>Child: <u>he was annoying me</u>  P: Okay. And, he was annoying you, he said 'I don't want to play anymore'...and then you thought, 'I'm going to ignore him'. And, how did you ignore him, what did you do?  Child: <u>just went like that</u> (demonstrating 'ignore muscle' movement)  P: Oh, Tara, just went like that (Interviewer demonstrating 'ignore muscle' movement)?  Child: yeah, that's how we ignore  P: OH...so you put up your arm, like that?  Child: (nodded)  P: Oh...huh, wow. Where did you learn that?  Child: In Dina School  I: Oh wow, so you learned in Dina School, that if somebody is being mean to you, put up your arm and ignore them?  P: WOW...so, wow. That time, like.. okay. So that time that Ciaran said 'I don't', I don't wanna play anymore', you did that...and then Owen came over  Child: <u>yeah..and played</u>  P: Oh wow. And, how did you remember, about the 'ignore muscle'?.....put up the ignore arm?  Child:.....  I: how did you remember to do that?  Child: I've a good memory  P: oh you've a good memory! And, what did you remember in your memory?  Child: <u>Dina School</u>  P: Oh and.... you remembered Dina school, and you remembered 'ignore'. And, what did you remember learning in Dina school about 'ignore'?  Child:.....what?</p>	<p>learned from where?  ↓  Ms. McQuinn</p>	<p>he was annoying me  Just put up ignore muscle  that's how we ignore  and then Owen came and played [like rejected]  I've a good memory  Dina school [memory]</p>
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Strategy to assess self

DS.

<p>Genuine friendship formed</p>	<p>Friendship formed when Owen came over to play</p>	<p>P: Oh, so, because Ciaran wouldn't play with you, you were feeling sad, and you were feeling a bit lonely. But then Owen came over, your best friend came over and was playing with you          Child: mm hmm..that's how we-, that's how we made friends          I: Oh that's how ye made friends.. oh! And d'you know when you were feeling sad and lonely, how could you tell you were feeling sad?          Child: .....I dunno          P: like, did your body give you clues to tell you that you were feeling sad?          Child: .....yeah I think so          P: yeah, what kind of clues?          Child: IGNORE          P: IG-, ignore.....what d'you mean?          Child: like if they're saying naughty things to me, just put your head away and don't listen.          P: OH          I:.....oh, so, is this what you did?          Child: mm hmm          I: oh. so, that time when Ciaran said, 'I'm not playing with you anymore'..what did you do then?          Child: .....Owen just came over          I: Owen just came over, yeah you were saying that! Okay, but tell us about 'ignore'?          Child:.....          I: what were you saying about 'ignore' then, if they won't play with you, just ignore?          Child: yeah that's what I did          P: you just ignore them. Oh...and, how did you do that?          Child:.....          P: how did you ignore him?</p>	<p>sense of warmth/joy delight?</p>	<p>(w/ Owen too)          that's how he made friends          Does he like this in a friend? → sense of feeling respect, what did the man do for him?          IGNORE          (Amplification; confidence)          what did it mean that he could do it himself, protect himself from others?          strength/confidence?          why are saying naughty things? just put your head away and don't listen.          Owen just came over [when Ciara wouldn't play]</p>
<p>Confidence to achieve protect self from others.</p>	<p>Confidence to ignore others if says naughty things</p>		<p>How did he learn to do this?</p>	
<p>Could be by peer who rejected.</p>	<p>Owen came over to play when rejected</p>			

<p>Supported in leaving to ignore others</p>	<p>learn from leaders to put up ignore muscle</p>	<p>P: like I: like, d'you know that time, how did you know to put up your 'ignore'? Child: 'cause.. <u>she learned me it, you just put up your arm</u> P: Who, who's she? Child: Ms. McNamara P: Oh yeah! I can't wait, so, I'm going to ask you about her in a minute, but, so that time you remembered Ms. McNamara said to put up your 'ignore'? Child: (nodded) P: Oh, right. And, how did Ms. McNamara help you with the 'ignore' when you were in Dinosaur School? Child:.....what? I: d'you know when you were learning, when Ms. McNamara was teaching you about the 'ignore'... Child: how did I learn it? I: yeah Child: she just said '<u>put up your arm and that's ignoring</u>' I: Okay, okay, right. And, did she ever help you to do the 'ignore'? Child: mmm hmm I: when, tell me about a time? Child: I told her and she said, '<u>just ignore him</u>'</p>	<p>remembered Ms. Mc from DS?</p>	<p>Ms. Mc learned me ignore muscle, just put up your arm</p>
<p>Security of leader who rejected by peer</p>	<p>Security of leader who others being mean</p>	<p>I: Oh, so you told her that time, Ciaran said he didn't want to-, and she said '<u>just ignore him</u>'? Child: mmm hmm I: wow. Okay....that was a really good solution Joey P: Yeah! I: Joey d'you want to do some colouring while we're talking? Child: yeah! I: yeah, I have some colouring sheets here</p>	<p>Joey really engaged in interview + in telling me this</p>	<p>She just said 'put up your arm and that's ignoring'. I told her and she said 'just ignore him'</p>
<p>Supported in dealing with peers DS</p>	<p>leader advised to ignore peer</p>	<p>I: Oh, so you told her that time, Ciaran said he didn't want to-, and she said '<u>just ignore him</u>'? Child: mmm hmm I: wow. Okay....that was a really good solution Joey P: Yeah! I: Joey d'you want to do some colouring while we're talking? Child: yeah! I: yeah, I have some colouring sheets here</p>		<p>Was was this like for Joey? ↳ Confident? ↳ Security?</p>

<p>Actively using ignore muscle strategy to deal with rejection outside of PS</p>	<p>generalizing use of strategy to deal with other ignoring him at home</p>	<p>P: yeah, there's some sheets there if you want to choose! And look, we have some colours (<i>organising colouring sheets and pencils for child</i>). So, and Joey?          Child: yeah?          P: so you used the 'ignore' that time....and, Joey, do you ever use the 'ignore' outside of Dinosaur School, like at home or in normal school?          Child: <u>yeah I use it, at home</u>          P: Oh... at home?          Child: yeah          P: ....when d'you use it at home?          Child:...(sigh).....like, <u>when people are ignoring ME and, they're still talking...like mean things to me..and em, I just put up my 'ignore muscle'</u>          P: Oh, so you use it when people are ignoring you, but they're still talking, but they're ignoring you          Child: yeah</p>		<p>using ignore muscle when people are ignoring (serious, frown face)</p>
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*Appendix I: Sample master themes: Joey*

Master and Minor themes	Key words
<p><b>The experience of rejection &amp; friendship: Empowered to deal with rejection and care for others</b></p> <p>rejected by dinosaur school peers</p> <p>Support when rejected</p> <p>Actively using ignore muscle strategy to deal with rejection outside DS</p>	<ul style="list-style-type: none"> <li>• <i>All of them were mean to me and Owen wasn't; they were giving cheek; they were roaring at me like doing naughty things; Ciaran said "I'm not playing with you no-more".</i></li> <li>• <i>Very sad cause he wouldn't play with me, I was lonely; I went down to him and he said 'no get away, I want to play with someone else cause you're bored'; very very sad.</i></li> <li>• <i>and then Owen just came over; Ms. McNamara said 'just ignore him'; she learned me it, you just put up your arm; I told her and she just said 'ignore'; that was really friendly to do; then I felt happy; Tiffany supported by Owen when rejected.</i></li> <li>• <i>Like when people are ignoring me and they're still talking, like mean things to me, I just put up my ignore muscle; he just started saying names to me and I put up</i></li> </ul>

<p>Empowered to care for peers outside Dinosaur School</p> <p>Memory of Leaders' advice helped assert self outside Dinosaur School</p>	<p><i>my ignore muscle.</i></p> <ul style="list-style-type: none"> <li><i>Molly said if your friends have no one to play with you should always play with them; I was feeling sad because it were my friend and Jason wouldn't let Owen play; I took 3 Deep Breaths to calm down; I just said 'come in Owen' and he came in and I said 'I don't care anyway, 'let him play'; was feeling very happy when Owen joined in.</i></li> <li><i><u>Descriptive</u>: cause I've a good memory; Dinosaur School; it was just the other day of Dinosaur School that Ms. McNamara told me to do it; ignore muscle.</i></li> </ul>
<p><b>The experience and loss of nurturing relationships</b></p> <p>Mutual comfort with Leaders</p>	<ul style="list-style-type: none"> <li><i>Ms. McNamara and Ms. O'Brien very kind; they're different; they're the same as my mam and dad but not to other parents; other parents are mad if you get caught playing knockadolly; {how Ms. McNamara and Ms. O'Brien feel around you?} happy; {What was it like meeting them before Dinosaur School?} great; excited to meet them.</i></li> </ul>

<p>Feeling valued by Leaders</p>	<ul style="list-style-type: none"> <li>• <i>They gave me a hug but not anyone else; and d'you know when we left, leaders were crying.</i></li> </ul>
<p>Understood and cared for by Leaders</p>	<ul style="list-style-type: none"> <li>• I had this bar I didn't like and she gave me another chocolate bar; I didn't have a sheet and was looking for one and she found one for me, well it was very kind.</li> </ul>
<p>Security of help in Dinosaur School</p>	<ul style="list-style-type: none"> <li>• <i>{How did you know to tell the teacher?} Cause probably he was in Dinosaur School and Leaders told him; she helped me with my work and if I was stuck on a word she told me what it was she was very kind.</i></li> </ul>
<p>Felt loss of relationships</p>	<ul style="list-style-type: none"> <li>• <i>Very sad cause we were leaving; happy (to see leaders now) cause I miss them too; (Owen) he moved and I couldn't see him anymore.</i></li> </ul>

*Appendix J: Group analysis*





*Appendix K: Extract from research journal*

- Joey engaged easily and seemed at ease in interview. I met with Joey for two interviews.
- I felt a sense of warmth in Joey's descriptions of care received from Owen and leaders when DS peers were being mean to him. This warmth was also evident in his tone when speaking about relations with Owen and leaders.
- Joey initially needed prompts to remember some details of DS, for example Molly's name, and some activities. He seemed to consider himself young when attended DS! Joey doesn't seem to be using a wide range of strategies now, but was very clear about the strategies he does use frequently now. E.g. deep breathing; ignore muscle. He seemed to speak with confidence when describing his use of strategies outside of DS, and there was a sense that he is confident to use them. Was he empowered from DS?
- Joey seemed to hold very clear memories of relations with peers and Owen in DS. He seemed to fluidly recall being rejected by peers in DS. He warmly described Owen coming over to him when Ciaran left play and said he didn't want to play anymore. For Joey, there was a sense that he felt that his needs/desires were understood and cared for by leaders and Owen
  - Getting a bar at picnic time that he didn't like and leader giving him a preferred chocolate bar
  - Leader helping him when he had difficulty with academic task in DS
  - Owen coming over when rejected by peer and playing
- Sense of warmth in how he described experiences with leaders and peers. Feeling nurtured? Were they his source of security?
- Feeling personally valued by leaders. Sense of self-worth?

## ***Appendix L: DS philosophy and framework***

DS aims to intervene in the early school years to prevent or reduce aggressive behaviour problems (Webster-Stratton, 2005b). In addition, the programme endeavours to increase social and emotional competencies, to lay a positive foundation and put children on a trajectory for future success. Theoretical frameworks underlying the DS programme includes behavioural theory; social learning theory; attachment theory; and developmental theory.

### ***Behavioural Theory:***

The DS programme uses praise and incentives to promote and increase positive behaviour, and motivate children. Pro-social behaviours are reinforced with attention and rewards, and inappropriate behaviours are ignored. Ignoring and re-directing are initial strategies used to manage behaviour. Persistent misbehaviour is dealt with by imposing a negative consequence.

### ***Social learning theory:***

The programme incorporates modelling theory by emphasising the importance of therapists modelling appropriate social interactions, emotional regulation, and appropriate expression of emotions for children. In accordance with modelling and self-efficacy theories of learning, teaching occurs through use of video-tape modelling, role-play practice and rehearsal, and puppets.

### ***Use of puppets:***

DS leaders use child-size boy and girl puppets to model appropriate child behaviour. A DS puppet, Dina Dinosaur, is the director of DS and teaches school rules and rewards. The puppets Wally and Molly help narrate video vignettes and ask the children to help with common conflict situations they have encountered (based on the problems of the children in the group).

### ***Video-vignettes:***

In accordance with modelling and self-efficacy theories of learning, children develop their skills by watching (and modelling) videotape examples of key

problem-solving and interpersonal skills. Video-tape modelling is considered to result in better generalisation of the training content and therefore long-term maintenance. Furthermore, it is considered an engaging method of learning for young children.

***Role Play:***

The use of role play provides children with an opportunity to try out new strategies in a nonthreatening situation. A variety of common problem situations are put in a hat, which is passed around the circle. When the music stops the child holding the hat picks out the problems and suggests a solution. Then someone else will try to act out that solution for all to see.

***Attachment theory:***

DS builds a foundation of positive adult-child relationships through positive and playful interactions. There is a focus on child-directed play interactions using academic persistence, social and emotional coaching skills, which form the foundation for building children's relationships with their parents, teachers and peers. Leaders label, encourage and respond to children's expression of emotions, including a focus on teaching adults and children to process and manage strong emotions. Therapists use emotion coaching to help children learn to self-regulate when they are getting overly excited. They model and prompt ways to calm down such as taking deep breaths, practicing positive self-talk, and thinking about happy and calm images in their minds.

***Promoting generalisation:***

DS leaders look for opportunities to praise and coach pro-social behaviour even during less structured times. Parents' involvement is promoted by sending letters home to inform parents about what is being taught in DS. Parents are also encouraged to assist children with DS homework, as another way to promote their involvement.

## *Appendix M: Research questions*

### Principal research question

The primary aim of the present research was to explore children's experiences of the IY DS Programme.

### Specific research questions

Within this broad exploratory question were six specific research questions, which explored:

1. What helped participants in DS.
2. How this helped participants.
3. What was participants' experience of this help?
4. Participants' perceptions regarding their relationships with IY Group Leaders.
5. Generalisation of DS learning to school or home.
6. Reminders prompting generalisation of skills and learning.