

# Chair Professors

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Public Lecture Series

## **Components of Successful Emotional Education: Promoting Positive Behaviour, Emotional Competence and Educational Engagement in Schools**

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*Chair Professor of Special Education*

*The Hong Kong Institute of Education*



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# List of Abbreviations

AD/HD	Attention Deficit / Hyperactivity Disorder
ASD	Autism Spectrum Disorders
CB	Cognitive Behavioural
CBT	Cognitive Behavioural Therapy
CD	Conduct Disorder
CWPT	Class-Wide Peer Tutoring
DD	Depressive Disorder
FBA	Functional Behavioural Analysis
FRIENDS	a school-based anxiety prevention program for childhood, <a href="http://www.friendsinfo.net">www.friendsinfo.net</a>
GBG	Good Behavioural Game
IE	Inclusive Education
IT	Information Technology
LSU	Learning Support Unit
ODD	Oppositional Defiance Disorder
PATHS	Promoting Alternative Thinking Strategies, <a href="http://www.pathstraining.com">www.pathstraining.com</a>
PMT	Parent Management Training
PPR	Positive Peer Reporting
RCT	Random Controlled Trials
SEAL	Social and Emotional Aspects of Learning
SEBD	Social, Emotional and Behavioural Difficulties
SEN	Special Educational Needs
SES	Socio Economic Status
SUD	Substance Use Disorder
SWPBS	School-Wide Positive Behavioural Support





# About the Author

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Paul Cooper (BA, DipEd, MEd, PhD, MA, CPsychol, AsFBPS) is Chair Professor of Special Education at the Hong Kong Institute of Education and a member of the Department of Special Education and Counselling (SEC). He is a Co-Director of the Centre for Special Educational Needs and Inclusive Education with particular responsibility for research in Social-Emotional and Behavioural Difficulties and Vulnerability. He is also Co-ordinator of Doctoral Studies within SEC and a chair of the Emotional and Behavioural Difficulties Research Group. He was Acting Head of Department in SEC in the Spring Semester of 2012.

Paul took up his post at the Hong Kong Institute of Education in September 2011 after a prior career spent in the United Kingdom. His school education took place in Bedfordshire and the city of Leicester, England. He majored in English Studies (BA Hons.) at the University of Stirling, Scotland, where he was also trained as a secondary school teacher (Dip Ed). Whilst at Stirling he took a number of jobs in the summer vacations, including: warehouseman, maintenance painter in a bakery, and farm labourer (during which he learned sheep shearing). After graduation in 1979 he was employed as an English teacher in a comprehensive school in Dundee, Scotland. He also took an MEd (Hons.) degree in psychology and education at Dundee University, which qualified him for membership of the British Psychological Society. He then worked in a range of specialist provision for students with Emotional and Behavioural Difficulties in Scotland and England and an English mainstream junior school, before taking a PhD on the effects of residential schooling on students with emotional and behavioural difficulties at Birmingham University, England. Shortly before completing his doctorate Paul was appointed to the post of Research Fellow in Emotional and Behavioural Difficulties in the University of Birmingham School of Education, where he worked with Professor Graham Upton on ecosystemic theory. He then was appointed as

Research Officer in the Department of Educational Studies at Oxford University, England, where he worked with Donald McIntyre on students' and teachers' perceptions of effective teaching and learning. Towards the end of his time at Oxford Paul was appointed to a lectureship in education. He left Oxford for the post of University Lecturer in Emotional and Behavioural Difficulties in the University of Cambridge Institute of Education (later, School of Education), England. Here he was Director of Research and Director of Studies in Education at Selwyn College. During this period he qualified as a Chartered Psychologist (research and teaching) and was awarded the degree of Master of Arts by Selwyn College, University of Cambridge. After 7 years at Cambridge, Paul was appointed Professor of Education at the University of Leicester, England, where he was Sub Dean in the Faculty of Education and Lifelong Learning and Director of the School of Education. He held this post for just over 10 years until 2011, when he was appointed to his current post at HKIEd.

Throughout his time in English universities Paul spent extended periods of time outside of the UK. During this time, in addition to making conference presentations and research visits in many international locations, Paul spent extended periods as a visiting academic in the United States, Taiwan, Japan, Australia, Hong Kong as well as many European countries. He has developed especially strong connections with Islands of Malta, where he has carried out collaborative research and continues to be Visiting Professor in the University of Malta.

Paul has devoted his academic career, to date, to studying and writing about effective teaching and learning, with particular attention to some of the most challenging students, those with Social, Emotional and Behavioural Difficulties. Since the mid 90's this interest has increasingly moved into the field of mental health and psychological wellbeing, as well as the interaction between biological and psychological factors in human functioning. Paul sums up his academic mission in terms of seeking to make a contribution to improving the educational and life experience of vulnerable students in whatever settings they happen to find themselves.

# **Components of Successful Emotional Education: Promoting Positive Behaviour, Emotional Competence and Educational Engagement in Schools**

Paul Cooper

## *Abstract*

This lecture explores evidence based approaches to meeting the needs of students presenting with social, emotional and behavioural difficulties (SEBD) in mainstream schools. It is argued that the SEBD phenomenon, although omnipresent, comes to particular public prominence in education in times of change. It is not surprising, therefore, that in a world dominated by social, economic and sustainability concerns, and in the concomitant educational climate characterized by sometimes competing emphases on performativity and social inclusion, that SEBD is a topic of particular interest in Hong Kong and across the developed world.

After considering issues of definition and aetiology the focus of the lecture shifts to intervention. Particular attention is given to evidence on the qualities and skills of effective teachers and teaching in relation to SEBD, and the need for educators' understandings of SEBD to be located within a biopsychosocial paradigm. The fundamental significance of physiological issues is discussed and the value of various empirically validated psychologically based interventions (e.g. psychodynamic, humanistic, behavioural, cognitive-behavioural and ecosystemic) is explored. Consideration is given to the sometimes neglected needs of teachers and parents in relation to SEBD. Challenges and questions relating to the cultural assumptions underpinning some of the dominant thinking in this area are discussed are also explored. Finally, policy and practice implications are addressed.

Keywords: social-emotional behavioural difficulties; interventions; best practice

## **Introduction**

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Yueng (2010) described the problem of untreated mental health issues in Hong Kong as a 'silent bomb', evidence of the effects of which can be witnessed in the growing frequency of depressive and anxiety disorders among the population as well as suicide and suicidal behaviour. The growth in these problems is particularly notable among young people of school age. It is also important to note that from a developmental perspective there is strong evidence pointing to the worldwide onset of 80% lifelong major disruptive behavioural disorders, such as Attention Deficit/Hyperactivity Disorder (AD/HD) and Oppositional Defiant Disorder/Conduct Disorder, being between 4 and 11 and 5 and 15, respectively (Kessler et al, 2007).

This lecture examines this phenomenon from a psycho-educational perspective and offers some answers to the question: what can education systems, schools and educators contribute to the positive social-emotional and behavioural health of our societies?

## **Social, Emotional and Behavioural Difficulties (SEBD): Definition and Aetiology**

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Throughout the lecture the term Social, Emotional and Behavioural Difficulties (SEBD) will be used. SEBD is an educational term that can be defined as referring to:

‘Behaviours or emotions that deviate so much from the norm that they interfere with the child’s own growth and development and/or the lives of others’ (Woolfolk, Hughes and Walkup 2010:165).

In the school setting SEBD can manifest themselves in many different ways, including inattentiveness in lessons; non-compliant behaviour and oppositionality; anti-social behaviour including physical and verbal aggression; bullying, extreme shyness and social withdrawal; test and performance anxiety; stealing; school refusal and truancy, and general disaffection. It is important to note that SEBD may be the result of a mental health problem, including specific diagnosable disorders, but that this is not always the case. SEBD may be problem emanating from the relationship between the student and the educational environment which can be alleviated by adjustment to the educational environment or the student’s manner of engagement with it. In

such cases SEBD are not full blown mental health problems. However, if such problems are not dealt with in an appropriate manner they may well develop into mental health problems affecting students' lives in more pervasive ways. Where SEBD are related to diagnosable disorders, there is a great deal that schools can do, often in collaboration with psychologists and other mental health professionals, to accommodate the student's needs in ways which enable positive educational engagement and contribute to the alleviation of distress associated with the disorder. Therefore, it is important to stress the point that schools have a significant role to play in promoting the positive mental health and social-emotional engagement of their students, including those with mental health problems but not focusing on this group exclusively.

In various ways the school is a key setting for the expression of SEBD, as well as, in some cases, being a trigger or exacerbating influence. Disaffection from school and educational failure are strongly associated with SEBD. Furthermore, SEBD and educational failure are common in the life histories of adults presenting with a range of psycho-social disorders (Rutter & Smith, 1995) and adult criminals (Patterson et al., 1992). Conversely, positive adjustment to schooling is protective against the development of SEBD and delinquency (Smith, 2006) as well being associated with the resolution of SEBD in children of school age (Cooper & Tiknaz, 2006).

This is not to say that schools cause SEBD in a simplistic way. The aetiology of SEBD is often complex, involving combinations of issues such as: family background; sub-cultural and peer influences; educational factors, and biological pre-dispositions and conditions.

It is also important to realize that SEBD are always related to contextual factors and are subject to human perceptions and judgments. That is to say: the decision to label an individual as being 'disruptive', 'disturbed' or 'disturbing' is always made by one or more human beings whose judgments may well be questioned by other human beings (Cooper and Upton, 1990).

As will be shown later, it is sometimes the case that interventions can be usefully informed by examining and adjusting the perceptions of those who determine a child's behavior to be deviant. This approach has been shown to be particularly useful in school settings, and marks one of the ways that schools can play a major role alleviating and preventing SEBD (see below).

## Prevalence

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Throughout the world it is estimated that between 12% and 29% of children who visit primary healthcare providers present with psychiatric disorders of various kinds (WHO, 2005; Collishaw et al, 2004). In the UK it has been indicated that between 10% and 20% of young people experience a mental health problem at some point in their development (BMA, 2006). US estimates suggest that at any one time 12% of children experience significant mental health problems, with up to 39% of young people experiencing such problems at some point in their development (Forness et al, 2012).

In Asian countries estimated prevalence rates tend to be significantly lower. More recently, it has been estimated in a substantial study of adults (n=63,004) in Mainland China (Qingdao [Shandong Province] and Zhejiang Province) that 17.5% of adults have psychiatric disorders, (including mood disorders [6.1%], anxiety disorders [5.6%], substance abuse disorders [5.9%] and psychotic disorders [1.0%]) (Phillips et al, 2009). Women, in this study, were found to have much higher levels of mood and anxiety disorders, whilst alcohol abuse disorders were 48 times higher in men. The overall prevalence rates were higher in those over 40 years of age. This is still a relatively low prevalence, when compared to international figures and must be treated with caution owing to the generally agreed relative lack of resources that are directed at this problem in both mainland China and Hong Kong (Yueng, 2010).

In Hong Kong, recent evidence provided by the government's General Household Survey indicates that the prevalence of a range of disabilities (including impaired functioning in physical movement, sight, hearing, speech and language, mental functioning, reading and writing, and attention and motor activity, but not including intellectual disability) was 1.5% in children under 15 and 1.0% for youth aged 15 to 29 (GHS, 2008). This is likely to be a gross under estimate of the true prevalence of these conditions (Young, 2010), partly due, at least, to the inherent unreliability of self-report surveys of this kind into sensitive topics that may be seen as sources of social stigma. The highest prevalence rate in children under 15, in this survey, were found to be in the areas of Specific Learning Difficulties (i.e. severe problems with reading, writing and associated skills) and Attention Deficit/Hyperactivity Disorder (a behavioural disorder characterized by difficulties in sustaining attention and/or impulse control and the regulation of motor activity): both of which conditions have highly significant educational implications.

A recent pilot community study of Chinese adolescents (n=541; mean age 13.8)

in Hong Kong, which employed individual detailed standardized clinical interview with adolescents and their parents (Leung et al, 2008), found a prevalence rate of 16.4%, with anxiety disorders being found to be most prevalent (6.9%), followed by Oppositional Defiance Disorder (ODD) (6.8%), AD/HD (3.9%), Conduct Disorder (CD) (1.7%), Depressive Disorder (DD) (1.7%) and Substance Use Disorder (SUD) (1.1%). Females were found to exhibit a higher rate of anxiety disorders than males (44.7% compared to 31.7%). These figures suggest that the prevalence of common mental disorders among Hong Kong adolescents fall within the lower bounds of what might be expected on the basis of the international literature. For example, international prevalence rates for AD/HD (the most common of all child and adolescent behavioral disorders) have been shown to range between 2.4% and 19.8% , with the higher prevalence rates tending to be between 10% and 12% (Faraone, et al, 2003). An earlier small scale Hong Kong study produced a prevalence rate of 6.1% (Leung, et al, 1996), which is still cited in recent clinical literature (Lam & Ho, 2010).

## **Some Observations on Culture and SEBD**

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There are important cultural reasons why current prevalence rates may under-estimate the true extent of mental health problems in Hong Kong and Mainland China where it has been observed that mental illness has been traditionally labeled as an untreatable ‘moral weakness and the product of faulty upbringing’ (Dennis, 2004: 697), leading to stigmatization and a tendency to recast mental health problems in alternative guises. These include the presentation of what would be diagnosed as depression in western countries often in the form of somatic symptoms, such as fatigue, headaches, chest and stomach pains. There is also the condition: ‘neurasthenia’, which translates as ‘weak nerves’ which is widely diagnosed in Mainland China, and is likely to cover a range of mental health problems (Dennis 2004).

This suggests that different patterns of socialization are likely to produce different social-emotional manifestations. For example, a study of Taiwanese families (Fung, 1999) found that shame was consistently used by parents (and other family members) to socialize young children, with particular emphasis being placed on the impact of a child’s behaviour on the public reputation of the child’s family. This can be contrasted with the emphasis on guilt in more westernized approaches to socialization. Shame is defined in terms of being a public experience which encourages a tendency to withdraw from public scrutiny in order to ‘save face’. Guilt on the other hand is a private experience

which is dependent on the individual's internalized set of values and moral standards which are consistent with more individualistic (as opposed to collectivist) cultural orientations (Hofstede et al., 2010) that, in turn, sometimes give rise to conflict relating to different moral interpretations and value positions. This suggests that, *in extremis*, collectivist orientations are more likely to be associated with the development of internalized responses to social-emotional problems, whilst individualistic orientations are more likely to be associated with acting out responses. Whilst examples of both individualistic and collectivist orientations can be observed in all cultures, there is a tendency for individualism to be more dominant in western (particularly US and UK) cultures and collectivism to be more dominant in Eastern (particularly Asian) cultures (Rutter & Smith, 1995).

## **The Problems of Youth Suicide, Suicidal Behaviour and Deliberate Self Harm**

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One of the reasons why issues of prevalence and identification are so important is the problem of youth suicide, suicidal behaviour and deliberate self-harm. Of all SEBD these are the most distressing, particularly suicide which represents a sense of distress so great that self-annihilation seems the only option for the achievement of relief. Internationally, suicide is the third leading cause of death among people aged 15 to 44, and the second most common cause of death in the 15-19 age group (Patton et al, 2009; WHO, 2012). Between 1999 and 2009 suicide rates across the population in HK increased from 13.2 to 14.6 (per 100,000). However, male suicide (15-24 age group) rose by approximately a 33% between 1995 and 2006, and by 2009 stood at 11 per 100,000, compared to 5.8 per 100,000 for girls in the same age group (Yip et al., 2004; Berman, 2011; WHO, 2010). This makes suicide the leading cause of death among Hong Kong males between the ages of 15 and 24 (Liu, 2009). Having said this, females, across the age range, are more likely than males to attempt suicide unsuccessfully (Patton et al, 2009), and one study found that 26.8% of an adolescent community sample in Hong Kong claimed to have contemplated suicide at some point in their lives, with 4.5% of the sample having engaged in suicidal ideation in the prior 12 months (Chan et al, 2009).

In a recent study of self-harm and suicidal behaviours among Hong Kong adolescents (n=3,328) (Shek & Yu, 2012) 32.7% of respondents claimed that they had committed self-harm (i.e. deliberately scratched or cut themselves, or prevented a wound from healing; bit themselves to draw blood; deliberately broke their own bones, or self-administered to their bodies abrasive/toxic



chemicals such as bleach, acid and powerful household cleaners) within the previous year.

The international literature identifies a range of protective factors in relation to suicidality, including:

- High self esteem
- Social competence
- Cognitive, behavioural and moral competence
- Coping skills
- Social problem solving skills
- Self determination and self efficacy
- Social involvement
- Spirituality
- Positive view of the future
- Positive family environment

(Shek & Yu, 2012)

These factors combine to create the impression of individuals who are confident and resilient in the face of social-emotional challenges as a result of having well developed internal resources, as well as a supportive social network. Negative influences, on the other hand include:

- Low family socio economic status (SES) (Nock et al, 2008)
- Unhappy family life (Yip et al, 2004)
- Poor child-parent communication (Kwok & Shek, 2010)
- Remarried parents (Shek & Yu, 2012)
- Use of illicit drugs (Yip et al, 2004)
- Adolescent sense of hopelessness (Kwok & Shek, 2010)
- Low cognitive and behavioural competence (Shek & Yu, 2012)

These factors tend to indicate a lack of internal resources and a possible sense of insecurity in terms of family relationships. Mental health problems and substance abuse are associated with 90% of suicides (Befrienders, n.d.). Both of these factors can also be associated with cognitive distortion, impaired judgment and negative effects on mood, as well as sometimes disrupted and poorly regulated lifestyles.

A recent study in Hong Kong found a surprising positive association between Cognitive-Behavioural Competence and Deliberate Self Harm and Suicidal Behaviour (Shek & Yu, 2012). Cognitive-Behavioural Competence includes: cognitive competence, behavioural competence and a sense of self-determination. The authors suggest the following possible explanation for this surprising and unusual finding as being:

‘... if people believe that self-harm or suicide could be an effective way to cope with painful events and to relieve one’s sufferings, those with higher self-determination may be more likely to take real action, that is commit self-harming or suicidal behaviors.’

(Shek & Yu, 2012: 12)

It is important to stress that there is no simple relationship between practices in schools and the incidence of self-harm and suicidality among students. There are, however, public concerns about the ways in which stress associated with exam pressure may play a role in some student suicides. Recently, the popular magazine *Time Out Hong Kong* published a blog (Big Smog, 2011) in which it was claimed that:

‘... each year, from September to November, a dramatic spike in teen suicide will occur, “because September is the beginning of a new semester and students face sudden pressure – and at the end of October there are many exams that generate huge pressure.” ’

The article went on to suggest that this phenomenon is associated with a cultural tendency to over emphasize the importance of academic performance as a sign of achievement that is closely related to many students’ sense of self-worth:

‘Parents and teachers, the education system, the social system, everyone sees academic performance as the only baseline of a student’s success and failure ... So, once they fail, they’ll think themselves useless and want to escape through either uninhibited indulgence or death.’

Furthermore, it was suggested that teachers in schools experience pressures which inhibit opportunities for suicide prevention programmes to be delivered to students:

‘ “Most teachers want these [suicide prevention] programmes [within secondary schools] ... but they find it hard to squeeze them into their students’ schedules. They have too many lessons at school and, after school, they need to go to different cram schools.” ’

It should be emphasized that these claims are opinions reported by a journalist, based on interviews with three senior social work professionals who work in the field of suicide prevention. Having said this, they reflect a highly plausible cause for concern. This view is supported by a study of 13

developed and developing countries which found the single leading source of everyday life stress reported by adolescents in most countries, including China, was ‘related to schooling and grades’ (Gibson-Cline, 1996:265).

## **The Educational Context**

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A matter of more immediate concern in relation to the significance of the problem of SEBD is research evidence pointing to the fact that mainstream school teachers and parents in Hong Kong have voiced serious concerns about the practical feasibility of catering for students with SEBD and other disabilities in mainstream classrooms (Chen, Jin, & Lau, 2006). Teachers and other workers in schools appear sometimes to feel that they are charged by society with multiple and sometimes competing tasks. Not least of these are the twin requirements to promote social equality and the pursuit of academic excellence which is defined by performance in summative assessment practices. It has been suggested that Hong Kong’s adoption of an Inclusive Education (IE) agenda (Forlin, 2007; Forlin & Rose, 2010) may be placing a particular strain, in some schools, on issues of order and discipline. Teachers in Hong Kong, in common with their counterparts in other countries (e.g. MacBeath et al, 2006), have raised concerns about the practical feasibility of catering for students with disabilities in mainstream classrooms (Chen, Jin, & Lau, 2006) and the impact of this policy on order and discipline in schools. Results from a recent survey of Hong Kong schools (n=226) found that difficulties they experienced in dealing with emotional and behavioural problems in schools were cited by experienced teachers as making the implementation of a whole school approach to IE extremely difficult (Sin, Forlin, Au & Ho, 2011). The same study also noted concern among teachers about their lack of appropriate training in supporting learners presenting with the most challenging types of special educational needs (SEN), such as those associated with emotional, social and behavioural difficulties.

As has been already suggested, schools do not cause SEBD, mental health problems and suicide in a simplistic sense. Schools, however, can be part of the problem or part of the solution – there is no neutral ground. Schools can provide socially-emotionally supportive environments or socially-emotionally challenging environments (Liu, 2009). There are examples of schools in Hong Kong and in other parts of the world that are demonstrably successful in promoting positive mental health of their staff and students. Some of the practices associated with this success will now be explored.

## **A Note on Educational Provision**

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In common with many western countries Hong Kong maintains a range of 66 special schools catering for 1% of the school age population. Seven of these schools are designated for students with ‘social development’ needs (EDB, 2011). Then author of this paper takes the view that everything in this paper has implications for all educational settings whether mainstream or special. The educational task is to promote maximum social, emotional and educational engagement for all students, regardless of the type of provision where they happen to be placed (Cooper & Jacobs, 2011).

## **Approaches to SEBD Intervention**

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Historically, there are five key psychological ‘families’ of approaches to intervention for SEBD:

- (1) **Psychodynamic approaches** which focus on the ways in which early interpersonal relationships influence personality development and social-emotional engagement with others (e.g. Bowlby, 1975; Shaver & Mikulincer, 2004), provide important insights into the ways in which psychological health can be promoted through the development of relationships which enable individuals to overcome problems associated with foundational emotional needs which have been unmet, by providing experiences which meet these needs and thus enable interruptions to development to be overcome.
- (2) **Behaviourist approaches** which are based on the ways in which behaviour can be understood in terms of involuntary responses to external stimuli. Behavioural interventions exploit this theory by encouraging desired behaviours and extinguishing undesired behaviours through the manipulation of the stimuli which precede target behaviours and the consequences which follow from target behaviours.
- (3) **Humanistic approaches** which focus on ways in which self-concept is influenced by social and interpersonal relationships. Interventions based on this approach, such as Rogers’s (1951) person-centered approach, emphasize the value of affirming relationships characterized by unconditional positive regard, empathy and honesty.

- (4) **Cognitive and Cognitive-Behavioural approaches** are concerned with the ways in which the relationship between external stimuli and target behaviours can sometimes be mediated and moderated by thought processes (Meichenbaum, 1977). The aim of Cognitive Behavioural Therapy (CBT) is to encourage the development of functional ways of behaving by challenging and changing dysfunctional ways of thinking.
- (5) **Systemic approaches** focus on the ways in which an individual's functioning can be understood as a function of the social systems in which he or she is embedded (Bronfenbrenner, 1979). Systemic interventions combine features of the above approaches and are designed to seek ways of enabling individuals to continue to participate in key social systems (such as families, partnerships and work places) in ways which are functional in relation to their mental health (e.g. Selvini-Palazzoli et al, 1978).

These approaches are based on theories of social and emotional development and learning. Interventions exploit such theories to influence social and emotional learning.

Before looking into these approaches in a little more detail there will be a brief discussion of findings that have emerged from empirical studies of effective teaching and learning, many of which do not derive from but can be seen to relate to one or more of the psychological approaches just outlined.

## **Teacher-Student Relationships**

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

## **Teachers' personal warmth**

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

It is important to note that these qualities of personal warmth and supportiveness are also associated with positive academic outcomes. It has been shown that students tend to be most socially and academically engaged when they feel supported and respected by their teachers, and when they are able to express a sense of trust in their teachers (Cooper and McIntyre, 1996). These teacher qualities have also been found to be associated with effective language skill acquisition (McDonald-Connor et al., 2005). It has also been shown that teachers who are skilled communicators, ask meta-cognitive questions, and who mediate learning in a social-constructivist manner (such as through the use of scaffolding) are most successful in enabling students to achieve success in reflective thinking (Gillies and Boyle, 2008), a skill which is important in both higher level academic development and social-emotional problem solving. Other studies emphasize the importance of teacher reflexivity in classroom interaction, whereby they monitor and adjust their emotional responses to students and adjust their communications accordingly (Kremenitzer, 2005; Flem, Moen, and Gudmundsdottir 2004; Poulou 2005).

## **Teacher Management of Physical Conditions in the Classroom**

One of the ways in which teachers take account of their pupils' needs is through their management of the physical environment of the classroom. Teachers often make choices in relation to this that impact on the quality of students' experience and sense of self-worth (Weinstein 1992; Savage 1999; Cooper 1993; Cooper and Tiknaz, 2006). It should be acknowledged that teachers sometimes have limited control over such setting factors.

The spatial structure of the classroom, which involves patterns of student seating, the physical proximity of students to teachers, routes of physical

circulation, and the overall sense of atmosphere and order, can have a significant effect on student engagement (MacAuley 1990; Rinehart 1991; Shores, Gunter, and Jack 1993; Walker and Walker 1991; Walker, Colvin and Ramsey 1995; Wolfgang 1996; Stewart and Evans 1997; Bettenhausen 1998; Quinn et al. 2000; Wannarka and Ruhl 2008).

## **Teacher Utilisation of Student Peer Influence in Classrooms**

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

One of the most strongly evidenced behavioural interventions for academic progress in children with SEBD is peer-assisted learning, which in the main addresses academic outcomes for children at risk, through peer-assistance and increased opportunities to respond (Sutherland, Alder, and Gunter 2003; Damon 1984; Pigott, Fantuzzo, and Clement 1986; Topping 2005). One of the best known of these strategies is Class-Wide Peer Tutoring (CWPT) (DuPaul and Henningson 1993; Hall et al. 1982).

## **Interventions to Enhance Teachers’ Skills**

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

## **Behavioural programmes**

Behavioural interventions (see earlier) are primarily concerned with the manipulation of surface behaviour through the management of external stimuli. There is now a long history of their use in educational settings, where, when employed appropriately, they are often perceived to be cost effective and to combine minimal training requirements, ease of implementation and effectiveness (Walker, Colvin, and Ramsey 1995). Embry (2004) and Embry and Biglan (2008) have identified and described 52 strongly evidence-based behavioural strategies which they term ‘kernels’. These are specific strategies, such as response cost, verbal praise and ‘time out’, that are commonly embedded in more elaborate schemes and intervention approaches. There is strong evidence to suggest that if employed appropriately, competently and with sufficient frequency they can produce significant and lasting behavioural change. All of these kernels are supported by strong empirical evidence (Embry and Biglan, 2008).

One of the most powerful ‘packaged’ applications of behaviourist principles to problem behaviour in classrooms is the Good Behaviour Game (GBG) (Barrish, Saunders, and Wolf, 1969). European and North American studies, since the 1960s, have demonstrated its success for a wide range of social, emotional and behavioural difficulties and in a wide range of educational settings with students from 4 to 18 years of age (Tingstrom, Sterling-Turner, and Wilczynski 2006). Longitudinally studies (e.g. Kellam and Anthony 1998) indicate that its positive effects can endure over time.

The purpose of the GBG is to promote positive behaviour through compliance with selected behavioural rules. It is a team game in which participants are rewarded for the aggregate performance of their team, thus encouraging collective, as opposed to individualistic, orientations. The GBG has been found to have a significant impact in reducing aggression and preventing externalising aggressive behaviour and anxious internalising behaviours (Dolan et al. 1993; Kellam et al. 1994; Kellam and Anthony 1998; Poduska et al. 2008). It has also been found to decrease in classroom symptoms of ADHD.

Another empirically tested behavioural approach is functional behavioural analysis (FBA) (Baer, Wolf, and Risley 1968). This involves assessing the child’s relationship to the environment and makes note of rate and frequency of problem behaviours, as well as their ‘antecedents’ and ‘consequences’. In this way the approach eschews explanations of behaviour which appeal to the internal states of individuals (including psychomedical accounts which might invoke diagnostic categories such as ADHD, CD or ASD) in favour of a focus



on the search for the stimuli which reinforce behaviours in a specific setting. The purpose of FBA, therefore, is to determine the fitness for purpose of specific interventions and assist selection from the wide array of options. FBA has been shown to be highly effective in promoting behavioural change across a wide range of SEBD (Umbreit, Lane and Dejud 2004; Lewis and Sugai 1996; Kamps, Wendland, and Culpepper 2006; Sutherland, Wehby, and Copeland 2000). FBA is usually most effective when carried out by psychologists who have been formally trained in the method. There is evidence that teachers can be trained in the techniques and achieve positive effects (Chandler et al. 1999), but it has also been shown, even with training, teachers sometimes find it difficult to implement this complex and time consuming approach effectively (Scott et al. 2005; Acker and O'Leary, 1987; Blood and Neel 2007). A recent and welcome contribution to this debate is the 'Keystone' skills approach (Ducharme and Shecter, 2011), which recognizes the challenges classroom practitioners face in relation to FBA and offers instead a highly focused approach which involves the identification of a limited range of target areas for change which are then the focus for cognitive and behavioural 'compliance' strategies (e.g. reinforcement).

### **Cognitive Behavioural (CB) strategies for acting-out behaviour**

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

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

competently applied at the initial onset of ADHD symptoms, may reduce the need for medication (Young and Amarasinghe, 2010).

CB techniques have also been found to be highly effective in dealing with anger management problems (De Castro et al, 2003; Kellner, Bry, and Colletti (2001) and social skills development (Battistich et al, 1989), often through the use of self-instruction techniques.

### **CB strategies for internalising problems**

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

## **Applications of Mindfulness Training**

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Mindfulness is a relatively new form of cognitive therapy, with its roots in Bhuddist practice, in which individuals are trained to focus on their immediate situation and thoughts in an accepting and non-judgmental way. Its effect is to produce a heightened sense of wellbeing and reduced levels of stress associated with concerns about future or past events. The approach has been shown to be highly effective with adults experiencing internalizing problems, such as anxiety and depression (Baer, 2003). A recent successful application has been demonstrated in its use with the parents and teachers of students with SEN (Benn, Akiva, Arel & Roeser, 2012), leading to significant reductions in levels of stress and anxiety, as well as increases in their levels of self-compassion, and empathic concern and forgiveness – qualities which are noted for their impact on positive adult-child relationships (see above). A recent study in which mindfulness interventions were applied to adolescents with ADHD and their parents found significant improvements in adolescents' performance in sustaining attention and reductions in behavioural problems, as well as improvements in their executive functioning (a core deficit for many individuals with ADHD) . Parents also reported reduced parenting stress (van

de Weijer-Bergsma, Formsma, de Bruin & Susan M. Boëgels, 2012).

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

## **Whole School Approaches and Support Systems**

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‘Whole-school’ or ‘universal’ intervention programmes share many common features with interventions discussed already and in some cases incorporate identical strategies. In particular they rely on the same skill sets discussed previously.

Whole-school academic interventions address those strategies management teams can adopt which can enhance the academic potential of students with SEBD.

Success for All (Borman et al, 2005a, 2005b; 2007), for example, is a well-evidenced approach to raising attainment in literacy with specific elements addressing directly key barriers to educational engagement experienced by students with SEBD. Several whole-school interventions for social-emotional learning which can promote an increase in social-emotional literacy for SEBD students are worthy of note.

Circle Time (Ballard, 1982; Mosley, 1993), although used worldwide, is found to have little firm empirical support. The research literature points to serious concerns about the implementation and adequacy of training of staff employing the approach (Taylor, 2003; Wiltz and Klein, 2001).

Social and Emotional Aspects of Learning (SEAL) (Weare & Gray, 2003) is a social and emotional learning programme to enable students to develop self regulatory and social problem-solving skills. Although implemented on a large-scale in England and Wales, it has achieved relatively poor outcomes and appears to suffer from implementation problems (Hallam et al, 2006; Humphrey et al, 2008).

In principle, Second Step is very similar to SEAL in its emphasis on developing students’ self-management and social engagement skills. It differs in

important respects, particularly in its implementation design where the programme is embedded in the formal curriculum and delivered by teachers. As with SEAL evaluation evidence is disappointing (Holsen et al, 2008). Again, this may be due in part to implementation problems.

Whole-school behavioural management programmes can act as a universal programme for all students, but can also enhance the abilities of students with SEBD to engage with learning in a safe environment.

School-wide positive behavioural support (SWPBS) (Lewis et al, 1998) is a behaviourally-oriented programme involving development of a whole-school approach to devising and reinforcing rules for positive behaviour. Evidence is strong for its efficacy when implemented correctly (Lassen et al, 2006). Additionally, the research base supports the premise that school-based social-development interventions, such as SWPBS which address specific risk factors are likely to improve not only in-school behaviour, but school engagement and academic achievement as well (McIntosh et al, 2006).

Restorative practices represent a set of approaches to conflict resolution based on the principles of restorative justice (e.g. Cassella, 2003; Shaw, 2007). They actively engage students in problems within the context of the school community. This approach has many positive features, including a model of social engagement which emphasises mutual respect and tolerance of difference. To date, however, it has not undergone significant evaluation and so evidence of its efficacy with SEBD in schools is scant.

Cognitive behavioural programmes can be universal and whole-school in their approach in supporting all students, but may be particularly effective for students with SEBD.

FRIENDS (Barrett et al, 1999), which originated in Australia, is one of the most robustly-supported programmes for internalising disorders and has the backing of the World Health Organisation. A number of large-scale Random Controlled Trials (RCTs) have been carried out in several countries (Australia: Barrett et al, 2006; USA: Bernstein, et al, 2005; UK: Stallard et al, 2007) showing this ten-session cognitive behavioural programme (often delivered by teachers) is a highly effective curriculum-embedded intervention particularly successful in helping all students, regardless of risk status, to develop strategies for managing anxiety.

## **Small Scale On and Off Site Approaches**

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Small-scale provisions for students with SEBD are often created on the basis of evidence of a relationship between low levels of anti-social behaviour and small-scale settings (Raywid & Oshyama, 2000). Unfortunately, there is a dearth of evaluation of these interventions.

Outreach schools, prevalent in Canada, target students excluded from the mainstream. They operate on student-centred lines and emphasise student choice and voluntary attendance. Limited qualitative and quantitative evidence indicates that they are popular with students and contribute to improvements in educational engagement (Housego, 1999).

Career academies (Stern et al, 1992; 2000) are small-scale vocationally-oriented programmes in some US high schools, in which at risk students follow career themed courses in business, IT and healthcare. There is RCT evidence that they achieve positive social, academic and occupational outcomes for at-risk students (Kemple & Snipes, 2000; Kemple & Scott-Clayton, 2004; Kemple & Wilner, 2008).

Nurture groups (Bennathan & Boxall, 1996) are a form of transitional provision pioneered in the UK. Although no RCT evidence has yet been gathered correlational evidence from several sources supports their efficacy, especially for primary pupils with SEBD, in promoting significant social, emotional and academic improvement (Seth-Smith et al, 2010; Reynolds et al, 2009; Cooper & Whitebread, 2007).

Limited evidence supports the use of special units and classrooms/pupil referral units/ Learning Support Units (LSUs) though the nature and diversity of this provision makes it difficult to make meaningful generalizations on its overall effectiveness. Although useful case study evidence exists (Frankham et al., 2007; Hanafin & Lynch, 2002; Svedin & Wadsby, 2000), it has not been followed up by further type larger scale studies.

Residential provision for SEBD is a long-established feature of the educational landscape but it is under-researched. Limited small-scale evidence indicates its effectiveness in giving students respite from stress and helping them develop coping skills and improved social skills (Grimshaw & Berridge, 1994; Cooper, 1993). Maintenance effects are weak, however (Harriss et al, 2008; Hornby &

Witte, 2008).

## **Work with Parents**

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Successful parent training programmes often involve training in strategies to extinguish unwanted behaviour and reinforce desirable behaviour through the identification and management of contingencies (antecedents and consequences) directly related to the behaviour. In addition these programmes involve reflective and distinctively cognitive interventions such as reframing and behavioural contracting.

Parent Management Training (PMT) has a strong evidential base (Kazdin, 2008; Farrington & Welsh, 2003; Brestan & Eyberg, 1998). Most parent-management programmes take their lead from it. It is clinic-based, however, and usually delivered by therapists. The Incredible Years programme has built on the evidence produced by Parent Management Training to create a universal intervention which is now available in some formats as a home-based intervention. It has a strong evidential base in enabling parents to manage their children's behavioural problems (Eyberg et al, 2008; Reid et al, 2004). It has developed a community-based format directed at hard-to-reach, socially-deprived families. School-based parent training, involving parents and teachers as equal status trainees, is likely to be a promising model.

## **Systemic and Multi-Agency Interventions**

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Rigorously-evaluated multi agency programmes, involving RCT research studies, with health, social, and educational elements, and producing positive outcomes, often combine the following features:

- early identification through wide-scale screening
- support and training for parents delivered in the community
- in-school curriculum adjustments targeted at improving basic skills, particularly in language skills
- behavioural and cognitive behavioural training to enable at-risk students to improve emotional coping and self-regulation
- interventions directed at peer groups

Key projects found to produce significant positive outcomes in reducing high

risk behaviours and improving behaviour as well as social and emotional functioning and promoting general social/emotional resilience include Gatehouse (Bond et al, 2004a; 2004b) and Fast Track (Bierman et al, 2004; Sharp & Davids, 2003). Of these, Fast Track has the more impressive empirical support. An important feature of the Fast track approach is that it involves the PATHS (Promoting Alternative Thinking Strategies Program) (Kusche & Greenberg, 1994) Cognitive Behavioural classroom based programme.

## **Conclusion**

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In this lecture consideration has been given to the complex challenges posed by Social-Emotional and Behavioural Difficulties in educational context. The discussion has concluded with a brief review of research evidence on effective interventions for SEBD. A particular focus has been on teachers' qualities and skills and some of the intervention approaches that can be introduced to support and develop their skills. Attention has also been given to wider systemic factors including whole-school strategies and interventions, work with parents and multi-disciplinary approaches. The clear message from this is that there is a wealth of empirically supported intervention technology available that is likely to provide enormous support for children with or at risk of developing SEBD. It is suggested that the contribution that such interventions can make to the promotion of social and emotional competence for all students will not only lead to improvements in educational engagement, but will also contribute to the development of behaviours and attitudes that will benefit the wider society now and in the future.

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# Academic Publications

## A. Scholarly Books

### Authored and Co-authored Books

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19. Cefai, C., and Cooper, P. (2009). *Promoting Emotional Education: Engaging Children and Young People with Social, Emotional and Behavioural Difficulties*. London: Jessica Kingsley.
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21. Cooper, P. (1999) (Ed.). *Understanding and Supporting Children with Emotional and Behavioural Difficulties*. London: Jessica Kingsley.
22. Cooper, P., and Bilton, K. (1999) (Ed.). *Attention Deficit/Hyperactivity Disorder: Research, Practice, Theory and Opinion*. London: Whurr/John Wiley.
23. Cooper, P., and Ideus, K. (1997) (Eds.). *Attention Deficit/Hyperactivity Disorder: Medical, Educational and Cultural Issues*. East Sutton: The Association of Workers for Children with Emotional and Behavioural Difficulties (2nd revised edition).
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- (Eds.), *School Reform and Special Educational Needs: Anglo-American Perspectives*. Cambridge: University of Cambridge Institute of Education.
64. Cooper, P. (1995). Grounds for optimism about the future of special educational needs. *Oxford Review of Education*, 21(1), 113-120.
  65. Cooper, P. (1995). Improving access to the curriculum entitlement for children with EBD in a mainstream secondary school. In P. Cooper (Ed.), *Helping them to Learn: Curriculum Entitlement for Children with Emotional and Behavioural Difficulties*. London: NASEN.
  66. Cooper, P. (1995). The special curricula needs of children with emotional and behavioural difficulties. In P. Cooper (Ed.), *Helping them to Learn: Curriculum Entitlement for Children with Emotional and Behavioural Difficulties*. London: NASEN.
  67. Cooper, P. (1995). The importance of power sharing in classroom learning. In M. Hughes (Ed.), *Teaching and Learning in Changing Times*. Oxford: Blackwell.
  68. Cooper, P. (1995). Another world: experiences of residential special schooling. Now. In P. Potts, F. Armstrong and M. Masterton (Eds.), *Equality and Diversity in Education vol. 1: Learning, Teaching and Managing in Schools*. London: Routledge and Open University Press.
  69. Cooper, P., and McIntyre, D. (1994). Teachers' and pupils' perceptions of effective classroom learning: conflicts and commonalities. In M. Hughes (Ed.), *Perceptions of Teaching and Learning*. Clevedon: Multilingual Matters.
  70. Cooper, P., and McIntyre, D. (1994). Accessing and relating teachers' and pupils' perceptions of teaching and learning, In H. Constable *et al* (Eds.), *Changing Classroom Practice*. London: Falmer Press.
  71. Cooper, P., and Upton, G. (1991). An ecosystemic approach to behavioural problems in schools. In K. Wheldall (Ed.), *Discipline in Schools: Psychological Perspectives on the Elton Report*. London: Routledge.

## **B. Articles**

### **Articles in Peer Reviewed Journals**

72. Cefai, C., Camilleri, L., Cooper, P., and Said, L. (2012). The structure and use of the teacher and parent Maltese Strengths and Difficulties Questionnaire. *International Journal of Emotional Education*, 3(1), 20-29.
73. Camilleri, L., Cefai, C., and Cooper, P. (2011). SEBD in Malta: multilevel modelling. *Journal of Research in Educational Science*, 2(1) 3-15.
74. Cefai, C., and Cooper, P. (2011). The introduction of nurture groups in Maltese schools: a method of promoting inclusive education. *British Journal of Special Education*, 38(2), 66-72.



75. Cooper, P., and Jacobs, B. (2011). Pupils making a difference: enhancing the power of the pupil peer group to promote positive social, emotional and behavioural outcomes. *Emotional and Behavioural Difficulties*, 16(1), 5-13.
76. Cooper, P. (2011). Teacher Strategies for Effective Intervention with Students Presenting Social, Emotional and Behavioural Difficulties (SEBD): An International Review. *European Journal of Special Needs Education*, 26(1), 71-86.
77. Cooper, P. (2011). Teacher Strategies for Effective Intervention with Students Presenting Social, Emotional and Behavioural Difficulties (SEBD): Theoretical and Policy implications. *European Journal of Special Needs Education*, 26(1), 87-92.
78. Cefai, C., Camilleri, L., Cooper, P., and Said, L. (2011). The structure and use of the teacher and parent Maltese Strengths and Difficulties Questionnaire. *International Journal of Emotional Education*, 3(1), 4-19.
79. Couture, C., Cooper, P., and Royer, E. (2011). A Study of the Concurrent Validity between the Boxall Profile and the Strengths and Difficulties Questionnaire. *International Journal of Emotional Education*, 3(1), 20-29.
80. Cefai, C., and Cooper, P. (2010). Pupils Making a Difference: Enhancing the Power of the Student Peer Group to Promote Positive Social, Emotional and Behavioural Outcomes. *Emotional and Behavioural Difficulties*, 15, 4.
81. Cooper, P., and Cefai, C. (2009). Contemporary values and social context: implications for the emotional well being of children. *Emotional and Behavioural Difficulties*, 14(2), 91-100.
82. Cooper, P. (2008). Like alligators bobbing for poodles? A critical discussion of Education, ADHD and the biopsychosocial perspective. *Journal of Philosophy of Education*, Special Issue entitled New Philosophies of Learning, 42(3/4), 457-474.
83. Cooper, P. (2008). Nurturing attachment to school: contemporary perspectives on social, emotional and behavioural difficulties. *Pastoral Care in Education*, 26(1), 13-22.
84. Cooper, P., and Whitebread, D. (2007). The effectiveness of nurture groups. *Emotional and Behavioural Difficulties*, 12(3), 171-190.
85. Cefai, C., and Cooper, P. (2006). Social, emotional and behavioural difficulties in Malta: An educational perspective. *Journal of Maltese Education Research*, 4(1), 18-36.
86. Cooper, P. (2006). Supporting Minority Ethnic Children and Adolescents with Social, Emotional and Behavioural Difficulties in the United Kingdom. *Preventing School Failure*, 50 (2), 21-28.
87. Cooper, P., and Tiknaz, Y. (2005). Progress and challenge in Nurture Groups: evidence from three case studies. *British Journal of Special Education*, 32(4), 211-222.
88. Cooper, P. (2004). Learning from nurture groups. *Education 3-13*, 32(3), 59-64.

89. Geake, J., and Cooper, P. (2003). The educated brain: the relevance of cognitive neuroscience to educational theory and practice. *Westminster Review of Educational Studies*, 26(1), 7-20.
90. Norwich, B., Cooper, P.W., and Maras, P. (2002). Attentional and activity problems: implications of a national study. *Support for Learning*, 17(4), 182-186.
91. Cooper, P., and O'Regan, F. (2001), Ruby Tuesday: Case study of student with AD/HD. *Emotional and Behavioural Difficulties*, 6(4), 265-269.
92. Cooper, P.W., Arnold, R., and Boyd, E. (2001). The Effectiveness of Nurture Groups: preliminary research findings. *British Journal of Special Educational Needs*, 28(4), 160-166.
93. Cooper, P. (2001). Understanding AD/HD: A brief critical review of literature. *Children and Society*, 15, 387-395.
94. Cooper, P., and Lovey, J. (1999). Early intervention in emotional and behavioural difficulties: the role of Nurture Groups. *European Journal of Special Needs Education*, 14(20), 122-131.
95. Cooper, P., and Shea, T. (1998). Pupils' perceptions of AD/HD. *Emotional and Behavioural Difficulties*, 3(3), 36-48.
96. Cooper, P., and Lovey, J. (1998). Early intervention in Emotional and Behavioural Difficulties: the nature and value of nurture groups. *European Journal of Special Needs Education*, 14(2), 122-131.
97. Lovey, J., and Cooper, P. (1997). Positive alternatives to school exclusion. *Emotional and Behavioural Difficulties*, 2(3), 34-45.
98. Cooper, P. (1997). Biology, behaviour and education: coming to terms with the challenge of Attention Deficit/Hyperactivity Disorder. *Education and Child Psychology*, 14(1), 31-38.
99. Cooper, P. (1997). The myth of the myth of attention deficit/hyperactivity disorder: towards a constructive perspective. *British Psychological Society Education Section Review*, 21(1), 3-14.
100. McIntyre, D., and Cooper, P. (1996). The classroom expertise of year 7 teachers and pupils. *Education: 3-13*, 24(1), 59-66.
101. Cooper, P. (1996). Giving it a name: the value of descriptive categories in educational approaches to emotional and behavioural difficulties. *Support for Learning*, 11(4), 146-150.
102. Cooper, P. (1996). Are Individual Education Plans just a waste of paper? *British Journal of Special Education*, 23(3), 115-119.
103. Cooper, P., and McIntyre, D. (1995). The crafts of the classroom: teachers' and students' accounts of the knowledge underpinning effective teaching and learning in classrooms. *Research Papers in Education*, 10(2), 181-216.
104. Cooper, P., and Ideus, K. (1995). Responding to attention problems through teaching and effective school organisation. *ADD-vice*, 2(4), 25-28.

105. Cooper, P., and Ideus, K. (1995). Is Attention Deficit Hyperactivity Disorder a Trojan Horse? *Support for Learning*, 10(1), 29-34.
106. Cooper, P. (1995). To parents of a child with AD/HD: Helping you to deal with problem behaviour. *Sussex Area AD/HD Support Group Newsletter*; November.
107. Cooper, P. (1995). Grounds for optimism about the future of special educational needs. *Oxford Review of Education*, 21(1), 123-120.
108. Ideus, K., and Cooper, P. (1995). Chemical cosh or therapeutic tool? Towards a balanced view of the use of stimulant medication with children diagnosed with AD/HD. *Therapeutic Care and Education*, 4(3), 52-63.
109. Cooper, P., and McIntyre, D. (1994). Patterns of interaction between teachers' and students' classroom thinking, and their implications for classroom learning. *Teaching and Teacher Education*, 10(6), 633-646.
110. Cooper, P. (1994). Attention Deficit Hyperactivity Disorder and the strange case of Vincent Van Gogh. *Therapeutic Care and Education*, 3(2), 1-3.
111. Cooper, P., and McIntyre, D. (1993). Commonality in teachers' and pupils' perceptions of effective learning. *British Journal of Educational Psychology*, 63(4), 381-399.
112. Cooper, P., and Davies, C. (1993). The impact of national curriculum assessment arrangements on English teachers' thinking and classroom practice in English secondary schools. *Teaching and Teacher Education*, 9(5/6).
113. Cooper, P. (1993). Learning from pupil' perspectives, *The British Journal of Special Education*, 20(4), 129-133.
114. Cooper, P. (1993). Improving the behaviour and academic performance of pupils through the curriculum. *Therapeutic Care and Education*, 2(1), 252-260.
115. Cooper, P. (1993). Exploring pupils' perceptions of the effects of residential schooling on students with emotional and behavioural difficulties in England. *Child and Youth Care Forum (USA)*, 22(2), 125-141.
116. Cooper, P. (1993). Field relations and the problem of authenticity in researching participants' perceptions of teaching and learning in classrooms. *British Educational Research Journal*, 19(4), 323-338.
117. Cooper, P. (1992). Pupils' perceptions of the effects of residential schooling on children with emotional and behavioural difficulties. *Therapeutic Care and Education*, 1(1), 22-36.
118. Cooper, P., and Upton, G. (1991). Putting pupils' needs first. *British Journal of Special Education*, 18(3), 111-112.
119. Cooper, P.W., Upton, G., and Smith, C. (1991). Ethnic minority and gender distribution among staff and students in facilities for school students with emotional and behavioural difficulties. *The British Journal of Sociology of Education*, 12(1), 77-94.
120. Cooper, P., and Upton, G. (1991). Controlling the urge to control: an ecosystemic approach to problem behaviour in schools. *Support for Learning*, 6(1), 22-26.

121. Cooper, P. (1991). The qualifications and training of workers for pupils with emotional and behavioural difficulties. *Maladjustment and Therapeutic Education*, 8(2), 83-87.
122. Upton, G., and Cooper, P. (1990). A new perspective on behaviour problems in schools: the ecosystemic approach. *Maladjustment and Therapeutic Education*, 8(1), 3-18.
123. Cooper, P.W., Smith, C., and Upton, G. (1990). Training for Special Educational Needs: the qualifications and training requirements of teachers in schools for EBD pupils in England and Wales. *The British Journal of In-Service Education*, 16(3), 188-159.
124. Cooper, P., and Upton, G. (1990). The Elton Report: So What and What Next? *Links*, 16(1), 19-22.
125. Cooper, P., and Upton, G. (1990). Turning conflict into co-operation: the relevance of an ecosystemic approach to pastoral care in schools. *Pastoral Care in Education*, 8(4), 10-15.
126. Cooper, P. (1990). Turn-on, tune-in and co-operate: an interpersonal skills approach to emotional and behavioural difficulties in schools. *Maladjustment and Therapeutic Education*, 8(2), 83-95.
127. Cooper, P., and Upton, G. (1990). An ecosystemic approach to emotional and behavioural difficulties in schools. *Educational Psychology*, 10(4), 301-321.
128. Cooper, P. (1989). Emotional and behavioural difficulties in the real world: a strategy for helping junior school teachers cope with behaviour problems. *Maladjustment and Therapeutic Education*, 7(3), 178-185.
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#### **Articles in Non Peer Reviewed Journals**

130. Maras, P., Cooper, P., and Norwich, B. (2002). EBDs and hyperactivity: effects of labelling. *Special*, 3, 28-31.
131. Cooper, P. (1999). Nurture groups: a whole child approach in an educational setting. *Quarterly Newsletter of the British Association for Community Child Health*, Spring, 20-22.
132. Cooper, P., and Ideus, K. (1996). Attention Deficit/Hyperactivity Disorder: what is it? What can we do about it? And what has it got to do with Emotional and Behavioural Difficulties? *Special!* Spring, 43-45.
133. Cooper, P. (1996). Flight or fight? Are there too few positive images of masculinity in the media? *Special!* Autumn, 12-13.
134. Cooper, P., and Ideus, K. (1995). Responding to attention problems through teaching and effective school organisation. *The ADD/ADHD Family Support Group*, 1-6.

135. Cooper, P. (1992). All gas and soap box. *The British Journal of Special Education*.
136. Cooper, P. (1990). Ten Commandments for the true teacher. *Viewpoint*, 3.

## C. Reports

### For Public Distribution

137. Cooper, P., and Jacobs, B. (2011). *An International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance / Behavioural Difficulties*. Dublin: National Council for Special Education.
138. Maras, P., and Cooper, P. (2000). *AD/HD: Guidelines and Principles for Successful Multi-Agency Working*. Leicester: British Psychological Society.
139. Cooper, P., Mara, P., and Norwich, B. (2000). *Adults' attributions of children with attentional and activity difficulties*. Final report to the ESRC.
140. Cooper, P., Arnold, R., and Boyd, E. (1999). *The Nature and Distribution of Nurture Groups in England and Wales*. Cambridge University School of Education.
141. Cooper, P. (1983). *The needs and Circumstances of Unemployed Persons between the Ages of 16 and 21, Living in the Blairgowrie Area*. Blairgowrie: The Blairgowrie Youth Project.

## D. Selected Conference Presentations

### Invited Keynote Presentations

142. Cooper, P. (2012). *From Inclusion to Engagement: Helping Students Engage with Schooling Through Policy and Practice*, **invited keynote address**, Hong Education Bureau Teaching and Learning Expo, 22 November 2012.
143. Cooper, P. (2012). *Sleep Disturbance and Educational Engagement in Hong Kong and England*, **invited address**, 10<sup>th</sup> Anniversary ART Conference, Sandnes, Norway, 7 September 2012.
144. Cooper, P. and Couture, C. (2012). *Discussion avec un expert de l'approche Nurture (discussion with an expert of Nurturing Approaches)*, **invited keynote address** 4<sup>th</sup> Biennial Conference du comite quebecoise pour les jeunes en difficulte de comportement, University of Laval, Quebec, Canada, 2 May 2012.

145. Cooper, P. (2011). *Promoting Emotional Education*, **invited keynote address** to Australian Psychological Society Public Meeting, Brisbane, Australia, 27 April 2011.
146. Cooper, P. (2008). *Whole School Approach to Positive Behaviour*, **invited keynote address** Maltese Journal of Educational Studies Annual Lecture, Malta, 30 May 2008.
147. Cooper, P. (2007). *Promoting positive pupil engagement*, **invited keynote address** to the 32nd Annual Conference of the Learning Difficulties Association, Quebec, March 2007.
148. Cooper, P. (2006). *The essential 3 R's of SEBD*, **invited keynote address** SEBDA Annual Conference, The Royal Agricultural College, Cirencester.
149. Cooper, P. (2005). *Enhancing children's engagement with teaching and learning*, **invited keynote address** to The Global Education of the Child Conference, Lebanese American University, Beirut.
150. Cooper, P. (2005). *SEBD: aspirations and fault lines*, **invited keynote address** SEBDA Annual Conference, The Royal Agricultural College, Cirencester.
151. Cooper, P. (2004). *Nurture Groups – the Evidence*, **invited keynote address** SEBDA Annual Conference, The Royal Agricultural College, Cirencester, 3-5 September 2004.
152. Cooper, P. (2004). *Nurturing Children with AD/HD*, **invited keynote address** 5th World Congress on Dyslexia, The Aristotelian University, Thessaloniki, Greece, 23-27 August 2004.
153. Cooper, P. (2004). *Teachers' professional craft, AD/HD, SEBD and inclusion*, **invited keynote address** Scottish Conference of the Social, Emotional and Behavioural Difficulties Association (SEBDA), Heriot Watt University, Edinburgh, Scotland, 2-3 April 2004.
154. Cooper, P. (2004). *AD/HD: from theory to practice*, **invited keynote address** Irish National Council for AD/HD Support Groups, National Conference on AD/HD, National University of Ireland, Galway, Eire, 26 March 2004.
155. Cooper, P. (2003). *Education in the Age of Ritalin: The Challenge for educational Psychology*, **Invited Keynote address** to the Annual Conference of the Association of Educational Psychologists, Belfast.
156. Cooper, P., and Maras, P. (2003). *Competing Perceptions of AD/HD, AD/HD: Widely Diagnosed Yet Still Controversial*, **Invited Keynote address**, University of Edinburgh
157. Cooper, P. (2003). *Living with AD/HD, AD/HD: An Educational Response*, **Invited Keynote address**, Glasgow.
158. Cooper, P., and Henry, S. (2003). *Understanding SEBD from the Inside*, International Conference entitled *Communication, Emotion and Behaviour*, **Invited Keynote address**, University of Leicester.

### **American Educational Research Association Annual Conferences**

159. Cooper, P., and Bilton, K. (2005). *Teachers' orientations to ADHD: implications of culture for teacher training*, American Educational Research Association Annual Conference, Montreal.
160. Cooper, P., and Tiknaz, Y. (2004). *The effectiveness of Nurture Groups*, American Educational Research Association Annual Conference, San Diego, USA.
161. Cooper, P., and Ideus, K. (1995). *Social and cultural aspects of ADHD*, American Educational Research Association Annual Conference, San Francisco.
162. Cooper, P. (1994). *Effective teaching and learning: teachers' and pupils' perspectives*, AERA Annual Conference, New Orleans.

### **British Educational Research Association Annual Conferences**

163. Geake, G., Lyndsey, R., Cooper, P., Sage, R., Whitebread, D., and Wilson, R. (2002). **Co-convenors of Symposium** on 'the Brain and Education: Interdisciplinary Perspectives', BERA Annual Conference, Exeter University.
164. Cooper, P. (2002). *Nurture groups, ADHD and the brain: a possible neuro-cognitive explanation for differences in pupil performance across different settings*, BERA Annual Conference, Exeter University.
165. Cooper, P., Whitebread, D., Arnold, R., and Boyd, E. (2001). *The nature and impact of Nurture Groups*, BERA Annual Conference, Leeds University.
166. Cooper, P. (1999). **Symposium convener of Symposium** on 'Empirically based theorising about emotional and behavioural difficulties affecting children and young people', BERA Annual Conference, Sussex University.
167. Cooper, P., Maras, P., and Norwich, B. (1999). *Attributions of attentional and activity problems*, BERA Annual Conference, Sussex University.
168. Cooper, P., Arnold, R., and Boyd, E. (1999). *The nature and distribution of Nurture Groups in England and Wales*, BERA Annual Conference, Sussex University.
169. Hart, S., Cooper, P., and Lovey, J. (1997). *Positive alternatives to exclusion*, BERA Annual Conference, York University.
170. Cooper, P., MARAS, P., Norwich, B., Lovey, J., Rollock, N., and Szpakowski, J. (1999). *Attributions of attentional and activity problems*. British Educational Research Association. [http://brs.leeds.ac.uk/cgi-bin/brs\\_eng](http://brs.leeds.ac.uk/cgi-bin/brs_eng)

### **Other Recent Presentations at International Conferences**

171. Cooper, P., and Kakos, M. (2011). *When is it cool to be depressed?* ENSEC International Conference University of Manchester.
172. Kakos, M., and Cooper, P. (2011). *Negative affect and identity*, EERA Annual Conference: Berlin.

173. Joint Chair for Symposium: *Social, Emotional and Behavioural Difficulties in Pupils: Prevalence, Prevention and Intervention*, Annual Conference of the European Educational Research Association, Gothenburg, Sweden, 10 September 2008.
174. *Social, Emotional and Behavioural Difficulties in Pupils: Prevalence, Prevention and Intervention*, (P. Cooper, C. Cefai, T. Mooij, T. Ogden, E. Smeets and M. Sorlie) Annual Conference of the European Educational Research Association, Gothenburg, Sweden, 10 September 2008.
175. *SEBD in Maltese Schools: Findings from a National Epidemiological Study*, (P. Cooper and C. Cefai) Annual Conference of the European Educational Research Association, Gothenburg, Sweden, 10 September 2008.
176. *The Effectiveness of Nurture Groups*, Annual Conference of the European Educational Research Association, Gothenburg, Sweden, 10 September 2008.
177. Cooper, P. (2003). *Nurture Groups: 1970-2003*, paper given at the International Conference entitled *Communication, Emotion and Behaviour*, University of Leicester.

#### **Other Recent, Selected Invited Key Note Addresses**

178. *An International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance / Behavioural Difficulties*, Dublin: National Council for Special Education, National Council for Special Education, Dublin, Ireland, 23 November 2010.
179. *Understanding and supporting students with SEBD*, National Special Needs Coordinators' Conference, Portlaoise., Ireland, 22 October 2010.
180. *From Inclusive Education to Educational Engagement: Putting Reality before Rhetoric*, SEBDA International Conference, Keble College, Oxford, 15 September 2010.
181. Cooper, P. (2010). *Education through the Lens of Attention Deficit Hyperactivity Disorder and Autistic Spectrum Conditions*, International Autism Conference, University of Leicester, 15 June 2010.
182. Cooper, P. (2010). *Attention Deficit Hyperactivity Disorder*, Isle of Man Education Department Day Conference on ADHD, 18 May 2010.
183. *Promoting Emotional Education*, Teaching and Learning in Modern Times Conference, Ennis, Ireland, 1 May 2010.
184. Cooper, P. (2009). *An International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Children with Emotional Disturbance / Behavioural Difficulties*, presentation to the National Council for Special Education, Ireland, Dublin, 10 December 2009.
185. Cooper, P. (2009). *The Educational Needs of Children with Attention Deficit Hyperactivity Disorder*, The Health and Well-Being Conference, Birmingham, NEC, 10 November 2009.



186. Cooper, P. (2009). *Nurture Groups: Principles, Practices and Effectiveness*, Nurture Groups in Malta Conference, Malta, 23 October 2009.
187. *Educational Approaches to ADHD*, Birmingham Child and Adolescent Mental Health Service, Birmingham, 17 April 2008.
188. *Nurturing Approaches in Classrooms*, Conference organised by Sligo Behaviour Support Service, Sligo, 17 November 2007.
189. Dealing with ADHD, Conference organised by Sligo Behaviour Support Service, Sligo, 16 November 2007.

# Editorship and Services on Editorial Boards

## Editorship

1. Associate Editor for *The Maltese Journal of Educational Research* (published by the University of Malta) (since 2010)
2. Joint Editor of the twice yearly, refereed *International Journal of Emotional Education* (published by the University of Malta) (since 2009)
3. Book series Editor for *Innovative Learning for All* (published by Jessica Kingsley) (since 2006)
4. Consultant Editor for *Behavioral Disorders* (USA) (1999-2010)
5. Editor of the international, quarterly, refereed Journal *Emotional and Behavioural Difficulties* (Sage and then Routledge) (1994-2008)

## Membership of Editorial Boards

1. *The Australian Educational and Developmental Psychologist* (since 2011)
2. *Educational Sciences* (since 2010)

# Funded Research and Development Projects

## 1. **Sleep Duration, Sleep Quality and Educational Engagement in Schools in Hong Kong and England**

*Funder:* Hong Kong Institute of Education

*Principal Investigator:* Prof Paul Cooper (HKIEd)

*Co-researcher(s):* Prudy Chik (HKIEd)

*Duration:* 20 months (1/12-8/13)

## 2. **The effects of professional training on teachers' confidence and self perceived competence in managing challenging behaviour**

*Funder:* Hong Kong Institute of Education

*Principal Investigator:* Prof Paul Cooper (HKIEd)

*Co-researcher(s):* Dr Zi Yan (HKIEd)

*Duration:* 6 months (6/12-12/12)

## 3. **The Asia Pacific Partnership for Learning Behaviour for Early Years**

*Funder:* Fu Tak Iam Foundation Ltd, Hong Kong

*Principal Investigator:* Prof Paul Cooper (HKIEd)

*Co-researcher(s):* Prof C Forlin (HKIEd)  
Prof P Garner (Northampton U, UK)

*Duration:* 18 months (9/12-3/14)

## 4. **International Research Staff Exchange Scheme PF7- PEOPLE-2009-IRSES Grant no. 247273: Promoting mental health in schools**

*Funder:* European Union

*Principal Investigator:* Dr Carmel Cefai (Malta U)

*Co-researcher(s):* Prof Paul Cooper (Leicester U, UK),  
Dr H Askill-Williams (Flinders U, AU)  
Dr R Grandin (Sunshine Coast U, AU)  
Dr L Hughes (Hull U, UK)

*Duration:* 12 months (2011-2013)

5. **An international literature review of evidence of best practice models and outcomes in the education of children with emotional disturbance/behavioural difficulties**  
*Funder:* National Council for Special Education (Republic of Ireland)  
*Principal Investigator:* Prof Paul Cooper (Leicester U, UK)  
*Co-researcher(s):* B Jacobs (Leicester U, UK)  
*Duration:* 12 months (2008)
  
6. **Social, emotional and behaviour problems in Maltese schools: a national epidemiological study**  
*Funder:* Education Division, Government of Malta, and the University of Malta  
*Principal Investigators:* Prof Paul Cooper (Leicester U, UK)  
Dr Carmel Cefai (Malta U)  
*Co-researcher(s):* Dr L Camilleri (Malta U)  
*Duration:* 12 months (2006-2009)
  
7. **Evaluation of the effectiveness of Nurture Group Provision in the city of Leicester**  
*Funder:* Braunstone Community Action Project  
*Principal Investigator:* Professor Paul Cooper (Leicester U, UK)  
*Co-researcher(s):* Dr Y Tiknaz (Leicester U, UK)  
B Jacobs (Leicester U, UK)  
*Duration:* 16 months (2004-2008)
  
8. **Systematic Literature Review (EPPI) on the deployment of non teaching staff in schools**  
*Funder:* Teacher Development Agency  
*Principal Investigator:* W Cajkler (Leicester U, UK)  
*Co-researcher(s):* Prof Paul Cooper (Leicester U, UK)  
Dr Y Tiknaz (Leicester U, UK)  
Dr G Tennant (Leicester U, UK)  
Dr R Sage (Leicester U, UK)  
*Duration:* 6 months (2003-2004)
  
9. **Evaluation of Nurture Group Provision**  
*Funder:* Leicester City LEA  
*Principal Investigator:* Prof Paul Cooper (Leicester U, UK)  
*Co-researcher(s):* J Lovey (Leicester U, UK)  
*Duration:* 2 months (2001-2002)

#### **10. Evaluation of ‘Choose Life’ initiative**

*Funder:* Her Majesty’s Prison Liverpool

*Principal Investigator:* Prof Paul Cooper (Leicester U, UK)

*Co-researcher(s):* J Lovey (Leicester U, UK)  
Dr Y Tiknaz (Leicester U, UK)

*Duration:* 3 months 2002

#### **11. Evaluation of Nurture Group Provision**

*Funder:* Gateshead Metropolitan Borough Council

*Principal Investigator:* Dr Paul Cooper (Cambridge U, UK)

*Co-researcher(s):* R Arnold (Cambridge U, UK)  
E Boyd (Cambridge U, UK)

*Duration:* 3 months (2001)

#### **12. Activity/Attention problems, and attribution in school children in three regions of the UK**

*Funder:* Economic and Social Research Council

*Principal Investigator:* Dr Paul Cooper (Cambridge U, UK)

*Co-researcher(s):* Prof B Norwich (Exeter U)  
Prof P Maras (Greenwich U)  
J Lovey (Cambridge U, UK)  
N Rollock (Exeter U, UK)  
J Spakowski (Greenwich U, UK)

*Duration:* 2 years (1999-2001)

#### **13. The Effectiveness of Nurture Groups in the UK: A two phase quantitative and qualitative national study**

*Funder:* Department For Education and Science (UK Govt.)  
Nuffield Foundation  
Calouste Gulbenkian Foundation

*Principal Investigator:* Dr Paul Cooper (Cambridge U, UK)

*Co-researcher(s):* Dr D Whitebread (Cambridge U, UK)  
R Arnold (Cambridge U, UK)  
E Boyd (Cambridge U, UK)

*Duration:* 4 years (1998-2001)

#### **14. Positive alternatives to exclusion from schools**

*Funder:* University of Cambridge School of Education Research and Development Fund

*Principal Investigator:* Dr Paul Cooper (Cambridge U, UK)

*Co-researcher(s):* M Drummond (Cambridge U, UK)

Dr S Hart (Cambridge U, UK)

J Lovey (Cambridge U, UK)

C McLaughlan (Cambridge U, UK)

*Duration:* 6 months (1997-1999)

#### **15. Teachers' and students' perceptions of effective teaching and learning, Phase 2**

*Funder:* Economic and Social Research Council

*Principal Investigator:* Donald McIntyre (Oxford U, UK)

*Co-researcher(s):* Dr Paul Cooper (Oxford U, UK)

*Duration:* 1 year (1992-1994)

#### **16. Teachers' and students' perceptions of effective teaching and learning, Phase 1 – Qualitative, linked case studies in 5 secondary schools.**

*Funder:* Economic and Social Research Council

*Principal Investigator:* Donald McIntyre (Oxford U, UK)

*Co-researcher(s):* Dr Paul Cooper (Oxford U, UK)

*Duration:* 24 months (1990-1992)

#### **17. Qualitative study of ITT students' approaches to behaviour management**

*Funder:* Standing Conference on Educational Studies

*Principal Investigator:* Dr Paul Cooper (Oxford U, UK)

*Co-researcher(s):* none

*Duration:* 6 months (1993)



Research excellence is characterised by systematic inquiry, scholarship, and knowledge transfer that supports innovation and development. With this philosophy, The Hong Kong Institute of Education endeavors to create space for dialogue and exchange to promote research in key areas relating to education and human development. This Lecture Series aims to share with the community together research issues that are relevant for the future. It will also identify areas where further effort is needed to strengthen the evidence base that informs policy and practice.