Constructing a Flexible Model of Integrated Professional Practice

Part 2 - Process and Practice Issues

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Constructing A Flexible Model of Integrated Professional Practice

Part 2 - Process and Practice Issues

Abstract

This is the second in a series of three papers that addresses the links between theory and professional practice and introduces the Constructionist Model of Informed Reasoned Action (COMOIRA). Part 1 dealt with the application of psychology to professional practice and some complex theoretical and conceptual issues associated with the model. Part 3 will present some specific examples of the model in practice. This paper (Part 2) forms an important bridge between the model as a conceptual framework and the model in practice. It opens with a brief but necessary historical perspective in order to contextualise the development of COMOIRA in relation to other models. It then explores some important process issues arising from the model and begins to address the practical implications of these in preparation for the fieldwork examples to follow in Part 3. It also considers the main functions of each part of the model and some potential advantages for practitioners and service users who choose to use COMOIRA

Introduction

Part 1 (Gameson *et al*., 2003) dealt with the conceptual and theoretical issues relating to constructing a flexible model of integrated professional practice. Part 3 (in preparation) will focus on the model in practice and will include specific examples of COMOIRA based work with organisations, groups and individuals. This paper (Part 2) begins with a brief overview of the way in which educational psychologists have approached their work in the past. It then goes on to remind the reader of the central importance of the core principles, concepts and theories before addressing some important process and practice issues arising from COMOIRA, which were not considered in Part 1.

In terms of its influence on the practice of educational psychologists, it is likely that the seminal paper by Wedell (1970) has had the greatest impact and therefore deserves to be the starting point for the overview. His paper was on diagnosing cognitive and educational difficulties. The strategy which he described was based for the most part on a 'within-child' model of causation and one which assumed that component skills are hierarchically related. Diagnosis was *presented as an on-going process of hypothesis verification* (Wedell, 1970, p.23) which Wedell illustrated by means of a flow-chart. From a philosophy of science perspective Wedell's approach lay within the positivist tradition (Popper, 1968) and was very much of its time.

Such was the influence of Wedell's paper that sixteen years passed before the next article on assessment appeared in one of the educational psychology journals. The paper, by Roberts *et al.* (1986), represented the views of the tutors to the educational psychology training courses in England, N. Ireland and Wales and provided the basis for training on assessment. It had much in common with Wedell's model but was different in that:

- more attention was given to the environment, notably family circumstances;
- greater weight was placed on the views of key informants, i.e. the child's parents and teachers and the child her/himself; and
- intervention - direct or indirect - was considered an important part of the process.

Thirteen years later the British Psychological Society's Division of Educational Psychology (DECP) published in 1999 guidance on psychological assessment and intervention. In terms of process it differed from previous papers in that the DECP presented a model which was cyclical and owed much to the action research paradigm of Lewin (1946). Furthermore, it drew attention to the fact that the educational psychologist's own belief systems and attitudes have an effect on assessment practice. In so far as the publication regarded positivist, reductionist approaches to assessment as *passé* and given the other characteristics of the DECP's framework for assessment, it may be concluded that the scientific orientation of the framework was phenomenological.

The change from the positivist orientation of Wedell's article to the current phenomenological position of the DECP very much reflects the transition which has taken place in the way in which educational psychologists construe research. Thus the positivist approach presented by Carroll (1976) has been superseded by phenomenological approaches such as action research (Lindsay, 1981) and naturalistic research (Burden, 1997).

It could be argued that, by using the educational psychologist's approach to assessment/intervention as a vehicle for illustrating changes over time, the role of the educational psychologist has been too narrowly conceived. An alternative approach could have been that of examining changes in the educational psychologist's use of

problem-solving models which, as was suggested in Part 1, seems to have become the *modus operandi* of the educational psychologists' profession. However, in view of the perception

> *that the term 'problem solving' is so widely used as*
> *to mean almost all things to all people.* (Miller *et al.,* 1992, p. 227)

a perception which is reinforced by the way in which problem solving was presented in the report on educational psychology services in England (Department for Education and Employment, 2000), it would have been even more problematic to have adopted such an approach. It should be added that that perception did not deter either Miller *et al.* or Monsen *et al.* (1998) from describing the problem solving approach of applied/educational psychologists. Furthermore, both groups presented flow charts to illustrate their problem-solving model (Miller *et al.*)/problem analysis process (Monsen *et al.*). Not surprisingly there are similarities between those charts and that of Wedell (1970). What is surprising, however, is the absence of any pictorial contextualization of their respective models. It is surprising because the two groups were very aware of the importance of both the phenomenological aspects of the educational psychologist's approach and the application of psychological knowledge to problem solving. Certainly, the Division of Educational and Child Psychology (1999) took pictorial account of the former but, in the transition from draft (Division of Educational and Child Psychology, 1998) to final version, lost sight of the latter. More recently, members of the Educational Psychology Group at University College London have developed an approach to problem solving, the Interactive Factors Framework (Frederickson and Cline, 2002), which builds on Monsen *et al.'s* problem-analysis framework, takes account of biological, cognitive, behavioural and environmental factors and utilises pictorial representation. In presenting an example

of the Framework in practice Woolfson *et al.* (2003) draw attention to the role of different stakeholders and to the particular contributions of the educational psychologist, e.g., her/his formulation of *hypotheses based on psychological knowledge, theory and research* (Woolfson *et al.*, 2003, p. 292). Furthermore, in keeping with approaches which have preceded it, e.g. that of the DECP (*op. cit.*), Woolfson *et al.* describe the operation of the Framework as a cyclical process and one which includes evaluation.

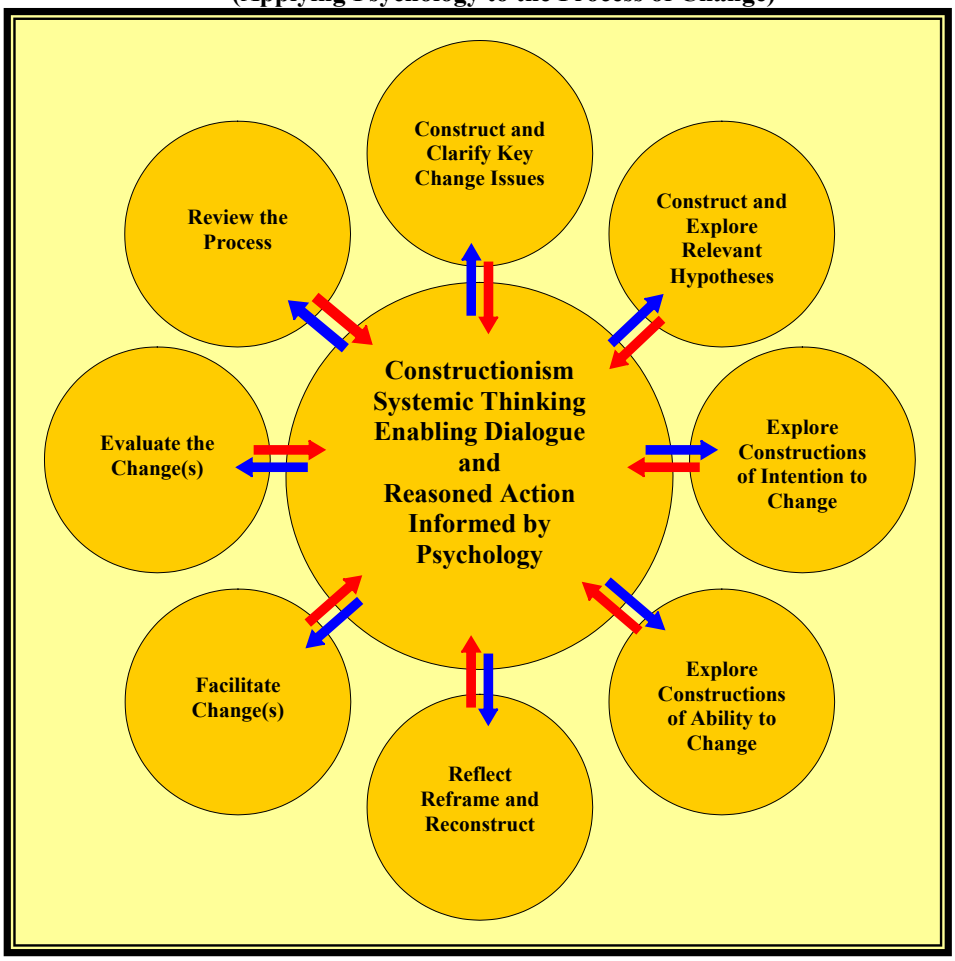
Of all the approaches considered the Interactive Factors Framework has the most in common with COMOIRA. However, as will have been evident from Part 1 and will become apparent from the following discussion of process and practice issues, COMOIRA differs from previous models in that phenomenological issues and the application of psychology are placed at its core and the sequential format which has characterised models from Wedell onwards is replaced by an infinitely more flexible approach.

The Structure of COMOIRA and its Related Processes

At this point the interested reader may find it helpful to return to Part 1 (Gameson *et al.,* 2003) to review the structure of the model and its operational procedures. These are represented visually here in Figure 1 but, in order to avoid unnecessary repetition, will not be discussed again in detail. However, it is necessary to reinforce the central importance of the model's core principles, concepts and theories. These are placed at the core because they influence and inform all operational or practice based decisions at all parts of the process. It is crucial for practitioners and service users to remember that all practice based decisions will vary in relation to the many different theories and concepts that underpin their belief systems, even when these are not made explicit. For example, change issues and the perceived actions required to facilitate changes

will appear different when constructed using a behavioural psychology discourse than they do when constructed using cognitive therapy, transactional analysis, psychodynamic or solution oriented discourses. Choice is fundamental to this process, which inevitably starts at the core.

Figure 1 - A Constructionist Model of Informed, Reasoned Action (COMOIRA)
(Applying Psychology to the Process of Change)



COMOIRA is designed to help all relevant people make conscious, informed choices about the principles, concepts and theories they cannot avoid applying to their practice decisions. Table 1 provides some selected examples of the many different theories, models and belief systems that may influence people's practice decisions.

Table 1 - Some Constructions of Events and their Possible Underpinning Belief Systems

Constructions of Events	Possible Theories, Models or Belief Systems
"She's learned to be aggressive from her parents."	Social Learning (learnt from peers or other significant people)
"She was repressed during her preschool years."	Psychodynamic (the result of unresolved unconscious conflict)
"He acts the clown because he feels good when other kids laugh at him."	Operant Conditioning (reinforced by environmental factors)
"He's too anxious to go to school because he was teased and bullied in year 7."	Classical Conditioning (learnt and maintained by association)
"She challenges authority and gets into power struggles with her teachers."	Choice Theory (chosen to satisfy basic unmet needs)
"He always sees the worst in everything."	Cognitive (influenced by thought processes)
"There's a very negative/punitive ethos in that place."	Systemic (a product of the culture and relationships between aspects of systems and sub-systems)
"I think she's clinically depressed."	Medical - Psychiatric (the result of mental health problems)
"He's obviously brain damaged." or "He can't help it because he's got ADHD."	Medical - Physiological/Neurological (the result of brain dysfunction or a syndrome/condition)
"It definitely runs in the family."	Genetic (behaviour is genetically programmed and predetermined/inevitable)
"I think he's allergic to food additives."	Chemical/environmental (behaviour is influenced by these factors)
"The trouble is that hostility and swearing are normal in that group." or "What do you expect in this catchment area?"	Sociological/Cultural (behaviour is influenced by the values and expectations existing in different cultural contexts)
"The trouble is that the group is too competitive."	Group dynamics (behaviour is influenced by relationships and processes within groups)
The examples provided in this and subsequent tables are clearly selected from an extensive range of possibilities and imply that practitioners need to be both reflective and reflexive in order to apply psychology to themselves as well as their service users.	

It is this flexible and integrated approach to the skilful application of many complex and sophisticated psychological ideas that constitutes the main strength of COMOIRA. The model reinforces the idea that professionally trained applied psychologists need to be highly skilled practitioners who are able to draw upon and make practical use of many complex theories and conceptual frameworks. It is the understanding of process issues as well as the sophisticated, flexible and adaptable application of different aspects of psychology (as opposed to the application of easy, pragmatic quick fixes) that define the unique and important role of applied psychologists.

In addition to drawing upon many complex theories, it seems vital for the practitioner to share with the service user the theoretical position s/he chooses to use. For

example, Solution Focused Brief Therapy (SFBT) practitioners are encouraged to explain the positive, future-orientated philosophy underlying their approach (Selekman, 1993). The current authors have recently used the stages of change model described by Miller and Rollnick (2002) explicitly with students in comprehensive schools, so that they understand the process to be followed and construe themselves as change agents within it.

In order to look at ways of supporting and fostering resilience, one of the authors has used lists of the factors that foster resilience, taken directly from research into adolescent coping (Carr, 2004), to explore with students the areas in which change may be needed. Similar work has been done, looking at optimism and pessimism.

Wherever possible, it seems helpful for the practitioner to explain her/his chosen psychological theory or approach to service users, at an appropriate conceptual level and in appropriate language. An important practical skill of the applied psychologist may then lie in being able to engage service users in this dialogue, using simile, metaphor and real life examples that foster a shared understanding. When using the change model, for example, illustrations based on giving up smoking, losing weight or getting fit, have usually succeeded in engaging service users.

Although this paper begins to address some practical aspects of COMOIRA, it has been deliberately constructed to maintain an integrated, holistic view of the model. It aims to avoid a reductionist approach to practical issues in isolation from the complex interrelated theoretical, conceptual and process issues to which they inevitably relate. This approach is based on the view that the quality of professional practice is diminished when applied psychologists choose to let the practical demands of their 'real worlds' dominate their practice because, for example, they feel that there is insufficient time for the reflective and reflexive processes promoted in this paper.

Rather than being a time consuming diversion from 'real work' with service users, employing COMOIRA leads the applied psychologist to choose to spend time highlighting key theories and research in the area. It is this reliance on, and valuing of, psychological theory that sets applied psychologists apart from many others working within, for example, educational systems and this ought to be the educational psychologist's distinctive contribution to professional practice.

Within the spirit of COMOIRA, it seems important to remember that perceptions of expensive, 'unaffordable costs' (for example, choosing to believe there is not enough time for certain activities or processes) can be reconstructed as investment opportunities that are too important to miss. If applied psychologists choose to focus on pragmatic, 'cook book' approaches that could easily be undertaken by others, there is a possibility that people will ask, "Why do we need highly trained, expensive psychologists?" In such a context, it may be difficult to provide satisfactory answers or explanations.

Main Functions of the Core

The core encourages the practitioner to work closely with service users to do all of the following.

- To explain the structure of the model and its operational procedures to all relevant people and to negotiate how to use it in relation to their specific change issues and their particular local context.
- To use the reflective/reflexive questions (Gameson, *et al.,* 2003) and concepts from social constructionism and systems theory to think about and explore how all relevant people are choosing to construct their views of events.

- To consider the practical impact of those different constructions on the current situation and also on the ways in which it will be best to select the pathway through the process. For example, choosing to use SFBT will almost certainly lead to interest in considering intentions and commitments to change as a starting point. Without a customer, the intervention chosen will be very different and it may be more helpful to focus on engaging a visitor in an enabling dialogue and leave the door open for a possible return visit as an information giver or customer (Turner *et al.,* 1996).
- To consider the wider range of alternative principles, concepts, theories and discourses that people could choose to inform their constructions of events; and the practical implications of these for the current situation and the change process. It seems important to be explicit with the service user about these implications; for example, the likely consequences of doing nothing, or of continuing to do the same as before.
- To think about and compare the different practical implications of alternative constructions and discourses, all of which apply to practitioners as well as service users. With respect to the examples provided in Appendices 1 and 2, it is interesting to reflect on the idea that some discourses may be more enabling and empowering than others in the process of facilitating change. For example, teachers may feel disabled and disempowered by medical model approaches that tend to pathologise children and imply the need for expert diagnosis and treatment. Such models may be implicit in discourses associated with conditions such as ADHD and Oppositional Defiant Disorder. It should be remembered, however, that it is also a choice (Glasser, 1999) to feel disempowered by a particular discourse and it is possible to interpret this behaviour through

conceptual models of self esteem, locus of control, attributions and learned helplessness. It may sometimes be more comfortable to choose to be helpless and to wait for the expert to step in. The construction may serve as a reason to believe that change is not possible.

- To construct jointly with service users agreed discourses (shared ways of thinking and talking) upon which to proceed. People are more likely to collaborate in ways that facilitate and maintain their chosen change issues when they base their actions on a shared view of events. Table 2 and Appendix 3 provide some examples of how the same information may have different meanings/implications within different frames of reference or constructions of events, depending on the way people choose to punctuate that information (Dowling and Osborne, 1994).

Table 2 – Examples of Punctuation Adapted from (Tice, 1998)

OPPORTUNITYISNOWHERE OPPORTUNITY IS NOWHERE OPPORTUNITY IS NOW HERE
In this case, the two different constructions of the same information have polarised, possibly opposite, meanings: one tends to be negative or pessimistic and the other positive or optimistic.

- To consider the wider range of relevant systems and sub-systems with which the practitioner might engage, the different levels at which s/he might do so and the practical implications of engaging with each (e.g. whole organisations, groups and/or individuals). Appendix 4 provides some examples of different levels of engagement.
- To plan and choose appropriate methods and levels of engagement that are likely to promote enabling dialogues and positive working relationships with all relevant people. It is important to remember that effective and lasting change often

depends on the quality of engagement, which needs to be empowering, harmonious or concordant rather than discordant or adversarial (Miller and Rollnick, 2002).

- To remember and reinforce the idea that the constructions and practice decisions of all relevant people are chosen (not inevitable) and that people have the freedom and power to choose different constructions and practice decisions (Glasser, 1999).
- To plan and choose which key decision point to use to inform the next stage in the process.
- To move to the chosen key decision point.

Main Functions of the Key Decision Points

All key decision points presented in Figure 1 are designed to complement one another and also to be informed by the core. At the end of each visit to a key decision point the practitioner and service users are invited to return to the core and engage in the activities associated with the core before choosing what to do next (e.g. move to another key decision point or end the process).

The following key decision points are unavoidably presented in a linear sequence but it should be remembered that the flexible process informed by COMOIRA is not intended to follow a predetermined linear, cyclical or directional sequence (although it can if desired). The order of key decision points presented in the following list has been intentionally randomised to reinforce the flexible, non-linear nature of the process. Furthermore, it is worth pointing out that, although each key decision point is constructed as a discrete stage in the process, the points are not mutually exclusive and there is likely to be overlap between them. For example, a change issue may also

be constructed as a hypothesis and vice versa. The reflective/reflexive questions presented in Part 1 (Gameson *et al.,* 2003) provide further insights into the functions of each point.

- **Construct and Explore Relevant Hypotheses** provides a basis for the practitioner and the service user to explore the belief systems of all relevant people in relation to their chosen constructions of factors believed to be causing and maintaining the issues of concern as well as their beliefs about desired changes or outcomes. In relation to the issues surrounding concerns about the behaviour of a particular pupil, relevant people may choose to construct different hypotheses and belief systems. For example:
  - a teacher may believe that a child's inappropriate behaviour is caused and maintained by inappropriate or inadequate parenting and/or the social environment in which the child lives;
  - a parent may believe that the child has a pathological condition such as ADHD or emotional disturbance and therefore cannot help her/himself;
  - the pupil may believe that the teacher is being unfair or unkind or just picking on/provoking her/him; and
  - the practitioner may believe that the school is failing to deploy appropriate skills and resources to engage and motivate the pupil positively in the educational process.

  These examples, selected from a much wider range of possibilities, illustrate the likelihood that different hypotheses about causes and maintenance factors are likely to lead to different hypotheses about solutions (desired change issues). They also demonstrate the importance of this key decision point in the process of

engaging all relevant people in the collaborative process of understanding and managing change. Helpful practical activities at this point may be designed to:

- raise awareness of the different hypotheses constructed by all relevant people in the system by identifying and listing them;
- facilitate a shared understanding of the different hypotheses by discussing them with all concerned;
- explore the implications of accepting each of the hypotheses; and
- co-construct new or shared hypotheses.

- **Facilitate Change(s)** helps the practitioner and service user to explore what relevant people need to do in order to make the desired changes. The main function of activities at this point is to facilitate changes in ways that empower service users and enable them to maintain and manage the changes independently. A wide variety of approaches is relevant to this point, including motivational interviewing (Miller and Rollnick, 2002), cognitive therapy (Leahy, 2003) and solution-oriented work (Selekman, 1997). The concept of circular causation taken from systems theory also implies that interrupting the circle or system at any point may facilitate change. For example, it may be possible to facilitate changes in an individual child's behaviour at school by making changes at the level of organisational systems, group systems or individual systems and sub-systems. These may include any or all of the following.
  - The organisational/social context (for example, the school/class ethos and approaches used to motivate/engage children in activities; the school/class behaviour management plan; school/classroom rules/expectations; groupings; procedures for communicating and dealing with problems; procedures for

communicating with parents; the use of support services; teaching methods; or the curriculum).

- The adults' and other children's perceptions of the issue and the language/discourses they choose to use to think/talk about it.
- The knowledge and skills of the adults and other children and the way these are used.
- The child's own perceptions of the issue and the language/discourses s/he chooses to use to think/talk about it.
- The knowledge and skills of the child concerned and the way s/he uses these.

- **Construct and Clarify Key Change Issues** helps the practitioner and service user to explore how relevant people are choosing to construct:
  - what they would like to be different in some way (i.e. the key change issue(s));
  - their relative positions concerning those change issues (e.g. To whom is ownership of the change issue(s) attributed? Who needs to change/make the changes?); and
  - roles for all relevant people (e.g. What assumptions are service users making about the practitioner and others? What do they expect them to do?).

These are important issues and need to be addressed in practical ways that ensure all relevant people have appropriate expectations and a commitment to make appropriate contributions to the process. It is possible (perhaps likely) that the pupil(s), parent(s), teacher(s), practitioner(s) and other key people involved in the system have constructed significantly different change issues and also have different expectations about how the changes should be made and who should take

responsibility for making those changes. Unless key people can jointly construct, clarify and agree relevant change issues, they may continue to pull in different directions with little understanding of one another's perspectives. In such a situation it may be difficult to facilitate appropriate changes. Table 3 provides some examples of conflicting change issues and expectations.

Table 3 – Examples of Conflicting Change Issues and Expectations

Key People	Constructed Change Issues and Expectations
Pupil	The headteacher should change the school rule(s) about behaviour and uniform.
Parent	The teacher should be more punitive whenever the pupil does not conform to expected standards and the issue is nothing to do with the family.
Teacher	The pupil is far too difficult to remain at this school and the headteacher should exclude her/him.
Head teacher	The pupil has special needs that cannot be met within the current context at school. The LEA should provide additional resources or the child should go to a special unit/school.
Advisory teacher	The timetable/curriculum should be more flexible to meet the pupil's needs.
Educational psychologist	The school needs to develop and implement a whole school approach to positive behaviour management and staff need training to improve and apply appropriate skills.

- **Review the Process** helps the practitioner and service user to stop and think in order to:
  - reflect on relevant people's roles in the process so far;
  - reflect on how the process has been used so far;
  - reflect on the impact and effectiveness of the process so far;
  - consider what other options and choices are relevant at this point; and
  - consider what needs to be done next to maintain the change process (for example, to decide whether to continue with the process or to disengage).
- **Explore Constructions of Ability to Change** helps the practitioner and service user to explore how far relevant people:
  - believe they have the power and skills to make relevant changes;

- feel they have the strength to make effective changes; and
- are confident in their ability to make and maintain the desired changes.

- **Evaluate the Change(s)** helps the practitioner and service user to explore:
  - how relevant people are choosing to construct success;
  - how far relevant people perceive that the desired changes have been achieved at their local and specific level in relation to the original request for help/constructed change issues (desired outcomes); and
  - how successfully the service user has engaged in the process and whether s/he feels empowered to maintain and manage the desired changes without over dependence on the practitioner.
- **Reflect, Reframe and Reconstruct** also helps the practitioner and service user to stop and think in order to:
  - explore what relevant people think about the levels of engagement so far;
  - explore what relevant people think and feel about the change process so far;
  - consider alternative ways to frame or construct aspects of the process and change issues that seem to be stuck (for example, reconstructing expectations of a quick fix as the need for some long term, in-depth work or reframing problems and negative feelings/cognitions as positive achievements/exceptions);
  - reframe or reconstruct relevant people's positions or roles in relation to the change issues and the process, especially with regard to the issues of ownership and empowerment; and
  - consider what needs to be done next to maintain the change process.

Appendix 3 provides some examples of important issues relating to reframing or reconstructing.

- **Explore Constructions of Intention to Change** helps the practitioner and service user to explore how far relevant people:
  - own relevant change issues as opposed to expecting someone else to bring about and maintain the changes;
  - are aware of their respective needs to do something different in order to promote the chosen changes;
  - are ready and willing to change; and
  - intend to invest time and energy in making the change(s).

Some Advantages for Practitioners and Service Users

Practitioners and service users who apply COMOIRA appropriately will benefit in the following ways. They will:

- integrate theory and practice by making strong and explicit links between what they choose to do and the theories and concepts underpinning and guiding their choices;
- remain open-minded and alert to the value of alternative constructions and the wide range of possible theories and concepts that they could choose to inform their actions;
- avoid deluding themselves (and others) into thinking that their own constructions of the issues, concerns and desired changes are necessarily better or more appropriate than other people's or that their own constructions are established 'truths' that will not change over time or in response to specific circumstances;

- apply the same psychology explicitly to:
  - themselves, by being both reflexive and reflective practitioners;
  - the service user(s); and
  - the processes that underpin and guide professional practice (their own and their colleagues');
- accept that they cannot be objective observers of 'facts' or 'truths' **and** maintain an interactive perspective in order to monitor and evaluate the impact of themselves and their own choices on the situation;
- in response to the immediate demands of the situation, avoid inappropriate knee jerk reactions and repetitive responses guided by habit or fashionable trends;
- accept and make positive use of the idea that all behaviours are chosen and that they can choose to change their own selected behaviours in order to change outcomes and consequences (Glasser, 1999);
- recognise and change constructions or attributions that appear to be unhelpful and counter-productive regarding their co-constructed change issues;
- maintain a strong focus on the process of change (in relation to the specific, local situation) as the main reason for collaboration and also as the basis for evaluating outcomes;
- negotiate, maintain and monitor appropriate roles and boundaries for themselves and others involved in the process;
- maintain strong conceptual links between the core of COMOIRA, the different decision points and their underlying processes (including the reflective and reflexive questions) in order to ensure that choices and actions at any one point are

always viewed in relation to the wider conceptual framework and its other possibilities/options; and

- employ the model to:
  - make sense of what people (including the practitioner) choose to do at any given time and why they make those choices in relation to the wider range of options or possibilities offered by the key decision points;
  - plan or guide future choices and actions; and
  - resist the temptation to engage in activities that have no clear purpose in relation to facilitating the desired change(s).

Concluding Comments

This paper has set COMOIRA in context and explored some important process and practice issues associated with the model. It is hoped that consideration of these issues will help to bridge the gap between the many complex theoretical ideas underpinning COMOIRA as a conceptual framework (dealt with in Part 1) and the model in practice, including some of its perceived limitations, which will be presented in Part 3**.** It could be argued that many of the functions, processes, practice issues and potential advantages presented in this paper might also be realised by using other models and/or subsets of the principles contained in COMOIRA. The overarching advantage of COMOIRA, however, is that the whole is greater than the sum of its parts. It has been intentionally designed to bring these functions, processes and practical implications together within one conceptual framework. It is likely that practitioners and service users who opt to employ COMOIRA will be choosing to recognise and implement all of these functions, processes and practice issues.

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Appendix 1 – Some Examples of Discourses Based on a Medical Model and Symptoms

- Conduct Disorder
- Oppositional Defiant Disorder
- Attention Deficit Hyperactivity Disorder
- Hyperkinetic Disorder
- Psychiatric Problems
- Psychological Problems
- Mental Health Problems
- Personality Disorder
- Emotional and Behavioural Difficulties

- These tend to imply within-person problems and solutions.
- They pathologise, 'psychologise' or 'psychiatrise' children.
- They tend to focus people's attention on symptoms and the need for treatment or cure.
- They are likely to disempower teachers, parents, children and other service users.
- They are based on the idea of linear cause and effect.
- They tend to imply the need for a specialist or an expert.
- They make change less likely or possible.

Appendix 2 - Some Theories, Discourses or Belief Systems, their Assumptions about People and their Implications for Change

Theories/Discourses/Belief Systems	Assumptions about People	Implications for Change
Cognitive Therapy	Behaviour is mediated by the way people think	Change issues focus on people's thoughts, beliefs, perceptions and attributions in order to influence their behaviours
Behavioural Psychology (operant conditioning)	All behaviours are learned and maintained through contingency reinforcement	Change issues focus directly on identifying and manipulating observable, clearly defined antecedents, behaviours and consequences.
Behavioural psychology (classical conditioning)	All behaviours are learned and maintained through association with environmental stimuli	Change issues focus on desensitisation, i.e. gradually changing the association between the behaviour and relevant stimuli.
Choice Theory	All behaviours are chosen consciously or unconsciously) in order to satisfy unmet basic needs (e.g. love, power, freedom, fun)	Change issues focus on enabling people to understand and manage their choices in relation to desired consequences.
Medical Models (physiological)	Behaviours result from within person conditions or syndromes	Change issues usually focus on diagnosing and treating the conditions or syndromes.
Medical Models (psychiatric)	Behaviours result from within person mental health problems, disorders or illnesses.	Change issues usually focus on diagnosing and treating the problems, disorders or illnesses.
Systems Theory	Behaviours are a product of circular patterns of relationships between systems and sub-systems within a holistic context.	Change issues usually focus on the idea that changes in any part of a system/sub-system will have a ripple effect throughout the system (e.g. it may be possible to change behaviour by changing policies and procedures within organisations).
Existentialism	Behaviours result from the internal confrontation with the 'givens' of human existence – death, isolation, meaning in life and freedom (Yalom, 2001)	Individuals have an innate propensity to growth and self-actualisation. The change process may focus on removing obstacles that hinder this process.

Appendix 3 – Some Examples of Different Reframes or Reconstructions

Negative Emphasis	Positive Emphasis
S/he has failed to meet half the agreed targets (the bottle is half empty)	S/he has successfully completed half the agreed targets (the bottle is half full)
S/he is autistic (or other label)	S/he has difficulties with …….
S/he is a drama queen/king	S/he is a very sensitive person
S/he is a very difficult or disturbed person	The teacher/adult finds it difficult to manage the behaviour
This class/group is a very disruptive and inattentive	The teacher is having difficulty managing/motivating this class/group
S/he is very stubborn	S/he is very determined
S/he is distractible/off task	S/he is interested in other things
S/he is deliberately disruptive, uncooperative and challenging	S/he is choosing to communicating her/his unmet need for power
S/he is a demanding, attention seeking person	S/he needs a lot of attention and s/he is choosing to communicate her/his unmet need for love
S/he has learning difficulties	Teachers find it difficult to teach this child at an appropriate level
We have problems because many of our pupils/team deviate from our expected and accepted norms	We are lucky to have such a rich diversity of approaches in our pupils/team
Many of our pupils/staff/service users are disaffected, disillusioned and unwilling to join in our activities/approaches	We find it difficult to engage our pupils/staff/service users positively in our activities/approaches (Motivation Issue)
Some people's problems/needs are too complex/severe to be met here	We not accepting, valuing and providing for the full range of diverse needs (Inclusion Issue)
Some pupil's are too slow/too bright to remain in this school	We find it difficult to meet the individual needs of all our pupils– (Differentiation Issue)
We have large numbers of difficult, uncooperative and confrontational pupils	We are not providing a positive climate/ethos or using positive approaches to managing behaviour
There are many children who need to be formally assessed in order to have special provision	We are not using structured problem-solving strategies effectively
Many pupils in this school are presenting significant behaviour problems that are too difficult for us too manage	We do not have an effective whole school positive behaviour management policy or people are not using appropriate skills.

Appendix 4 – Examples of Actions at the Different Levels of Engagement

Work with the Whole Organisation/System

- Carrying out research (selected from a variety of appropriate methods) for a school, the LEA or other service (e.g. disaffected pupils' perceptions of their school experiences; feedback on PRUs from pupils, parents, teachers and others; or people's perceptions of multi-agency arrangements for looked after children).
- Providing INSET for whole staff/governors, LEA officers or colleagues in other services (e.g. behaviour management; emotional intelligence; or the role of the EP/EPS).
- Leading or participating in projects and task groups for a school, the LEA or other service (e.g. developing a school's policy on bullying; coordinating multi agency mental health services for children and adolescents; or improving communication between schools, parents, EPs and social workers).
- Assessing systems using structured techniques informed by systems theory (e.g. SSM or SWOT analysis).

Work with Sub-Systems

- Carrying out research (selected from a variety of appropriate methods) for a faculty, team or other group (e.g. pupils' perceptions of their classroom environments; parents' perceptions of the EP/EPS; or the needs of classroom support assistants).
- Providing INSET for a group of staff, team or other group (e.g. consultation skills for SENCos; systemic thinking for the EPS; or solution-focused thinking for social workers).
- Leading or participating in projects and task groups for a faculty, team or other group (e.g. developing procedures and materials for increasing personal effectiveness skills for pupils with SEN; developing procedures and materials for EPs to monitor and record their work with different service user groups; or developing materials and information packs for parents on behaviour management and other topics).
- Assessing sub-systems using structured techniques informed by systems theory (e.g. SSM or SWOT analysis).

Indirect Work with Groups and/or Individuals

- Providing consultation for families, groups of parents, teachers or other professionals.
- Providing consultation for individual parents, teachers or other professionals.
- Providing recommendations and advice to families, groups of parents, teachers, or other professionals.
- Providing recommendations and advice to individual parents, teachers or other professionals.
- Training and facilitating other people to work with groups (e.g. circle time, social skills training or circle of friends).

Direct Work with Groups and/or Individuals

- Assessing the needs of groups using a variety of techniques (e.g. a SWOT analysis, structured observation of task and maintenance skills or sociometric techniques).
- Facilitating problem-solving, solution-focused, team building or support groups.
- Leading active group work with children, parents, teachers or other professionals (e.g. simulations, psychodrama, social skills training or circle time).
- Leading meetings using structured techniques (e.g. synectics agenda or nominal group technique).
- Assessing the needs of individuals using a variety of techniques (e.g. repertory grid techniques, interviews, direct observation, checklists, dynamic assessment, and curriculum-based assessment).
- Strategic intervention with groups (e.g. circle time, social skills training or circle of friends).
- Strategic work with individuals (e.g. cognitive therapy, solution-focused therapy, assertiveness training or counselling).
- Carrying out research with individuals? e.g. action research, collaborative inquiry

It is important to remember that the ways in which EPs choose to construct their work and the discourses they choose to use will influence the way people think and produce different outcomes/expectations etc. For example, EPs often say they have little to to conduct research but they could choose to reframe assessment and intervention or casework as case study research.