

The Incredible Years Teacher Programme

a public mental health intervention

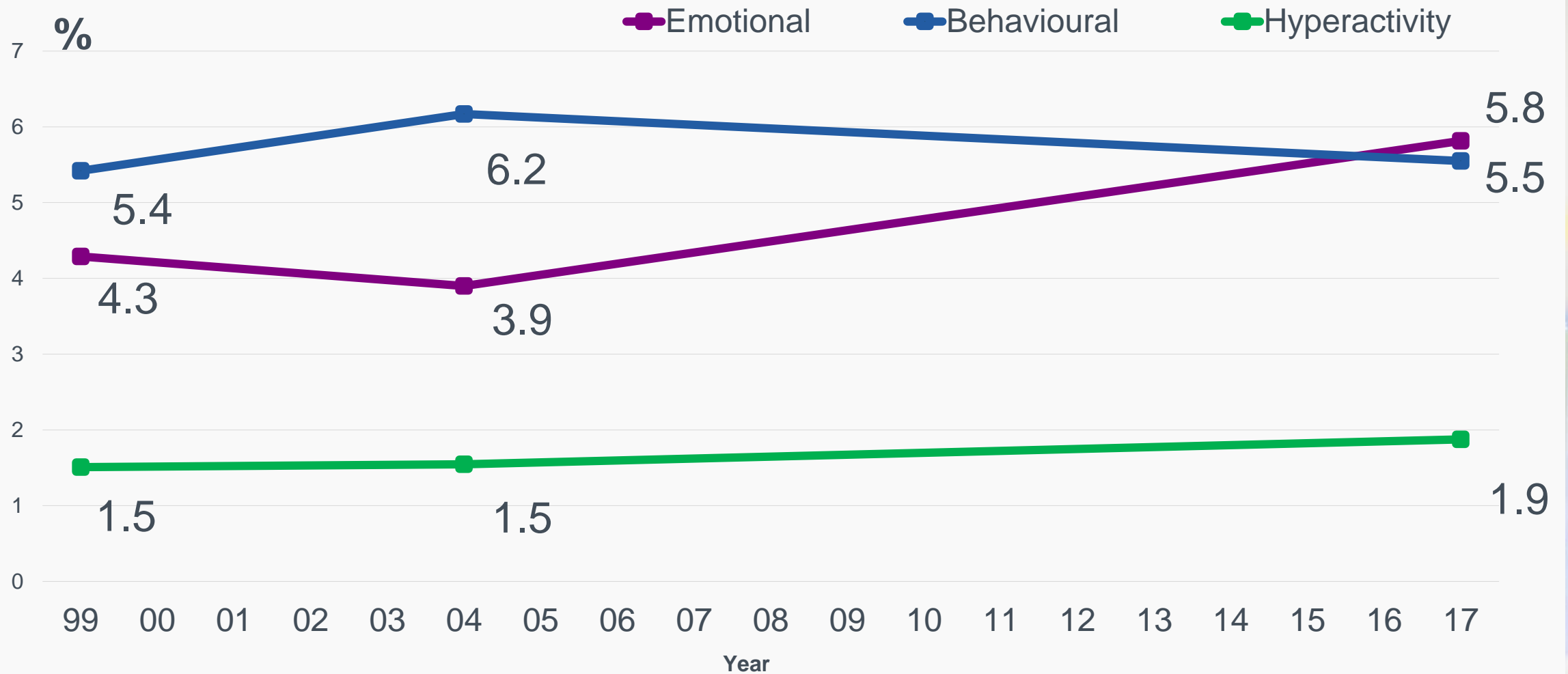
March 2019

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Point prevalence of impairing psychiatric disorder among British 5-15 year olds

	1999	2004	2017
Any psychiatric disorder	9.7	10.1	11.2
Conduct disorder	5.4	6.2	5.5
Emotional disorder	4.3	3.9	5.8
Hyperkinesis (~ADHD)	1.5	1.5	1.9
Autistic spectrum disorders	0.3	0.9	1.2
	n=10,438	n=7977	n=6219

Trends in Disorders, 1999 to 2017



Psychological Medicine

cambridge.org/psm

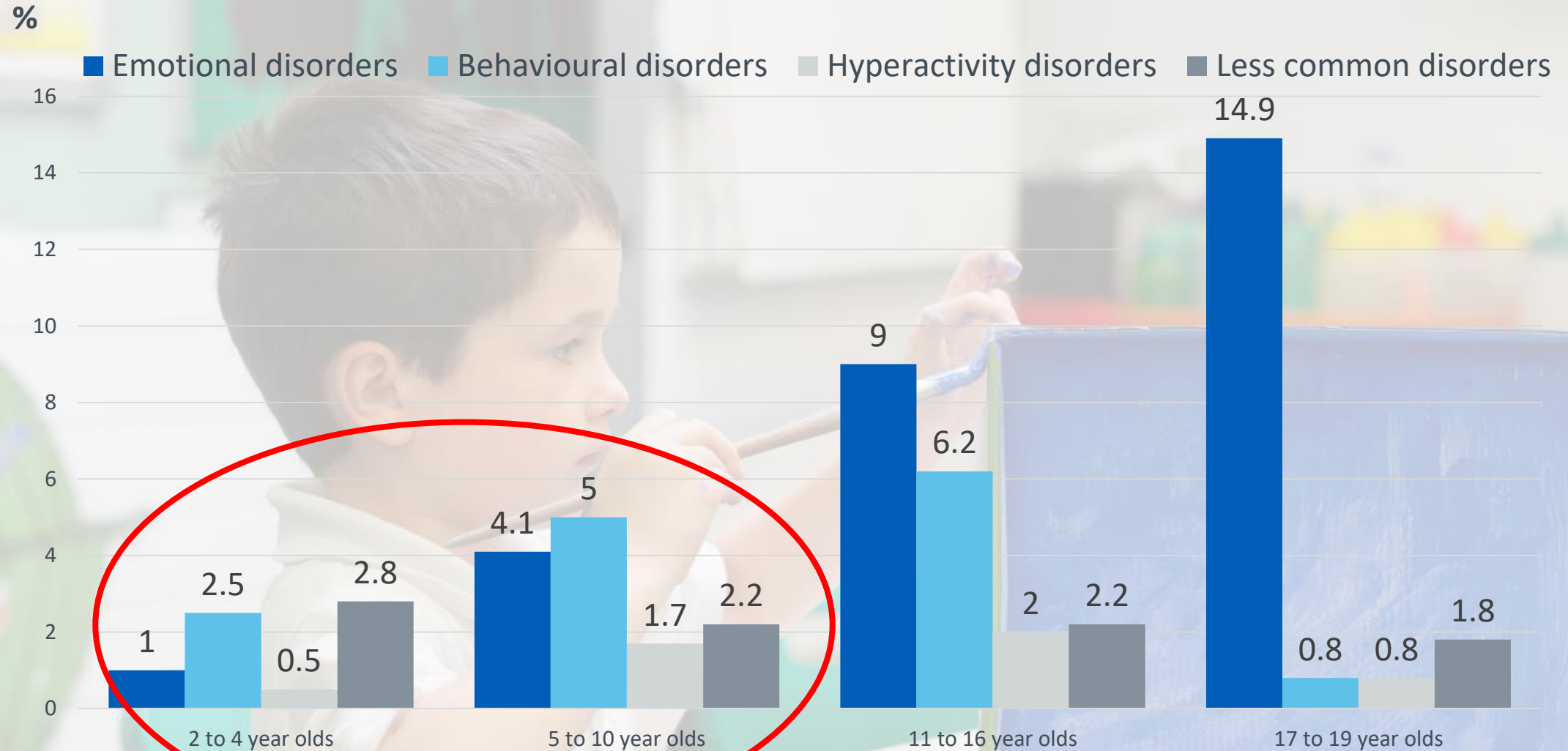
Original Article

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Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys

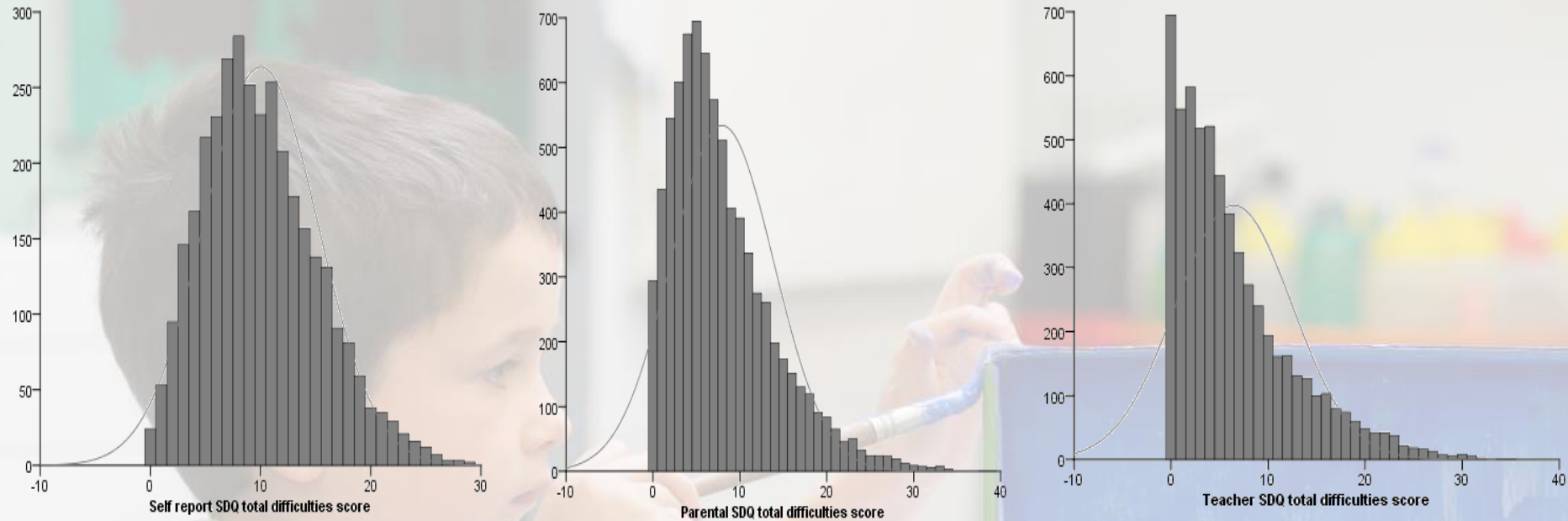
Increased reporting of mental health problems not consistently supported by scores on validated questionnaires among 4-24 year olds
But consistent increase in parents and young people reporting that they / their child had a mental health condition

Disorder types differed by age



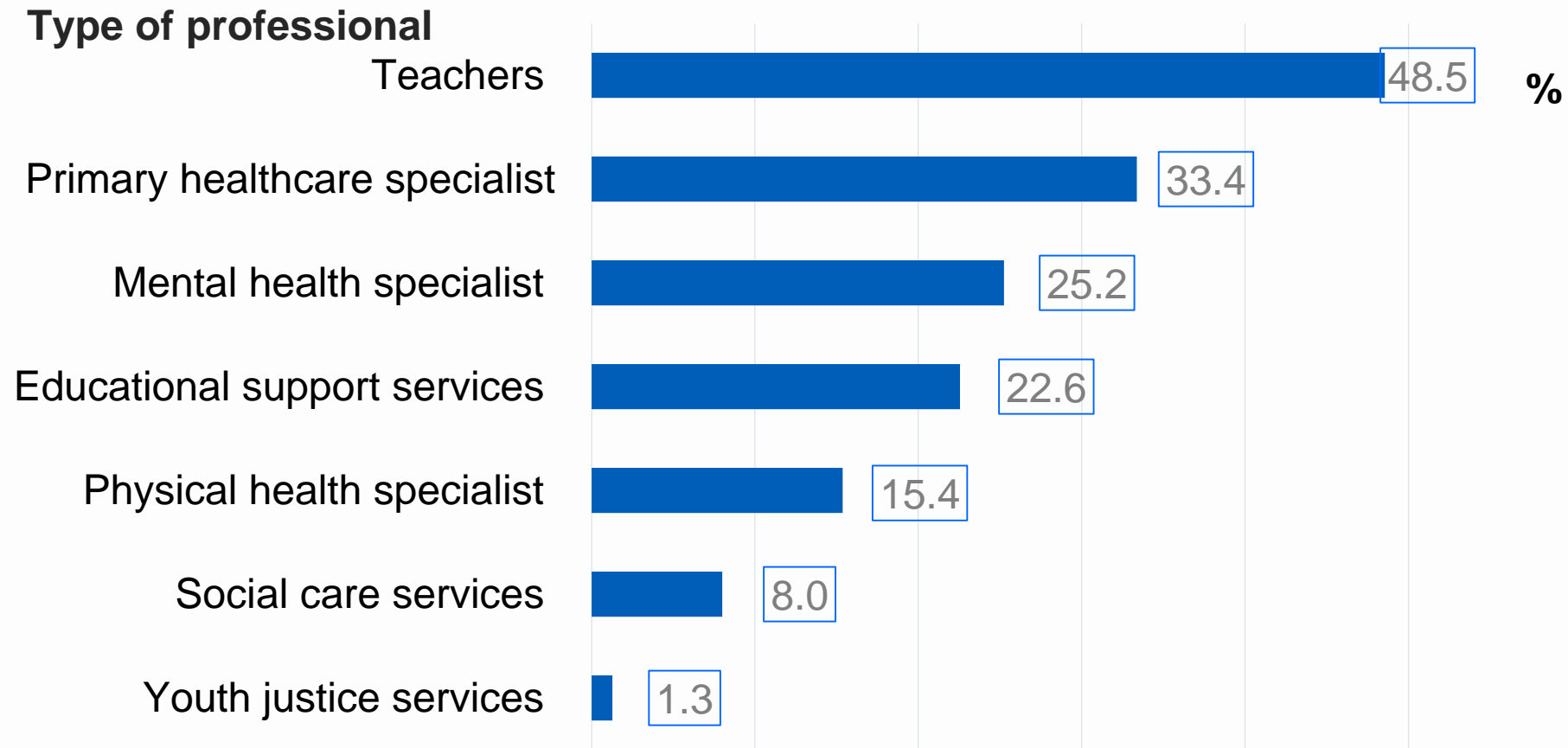
Source: NHS Digital. 2 to 19 year olds identified with a mental disorder, England.

British Child and Adolescent Mental Health Survey 2004



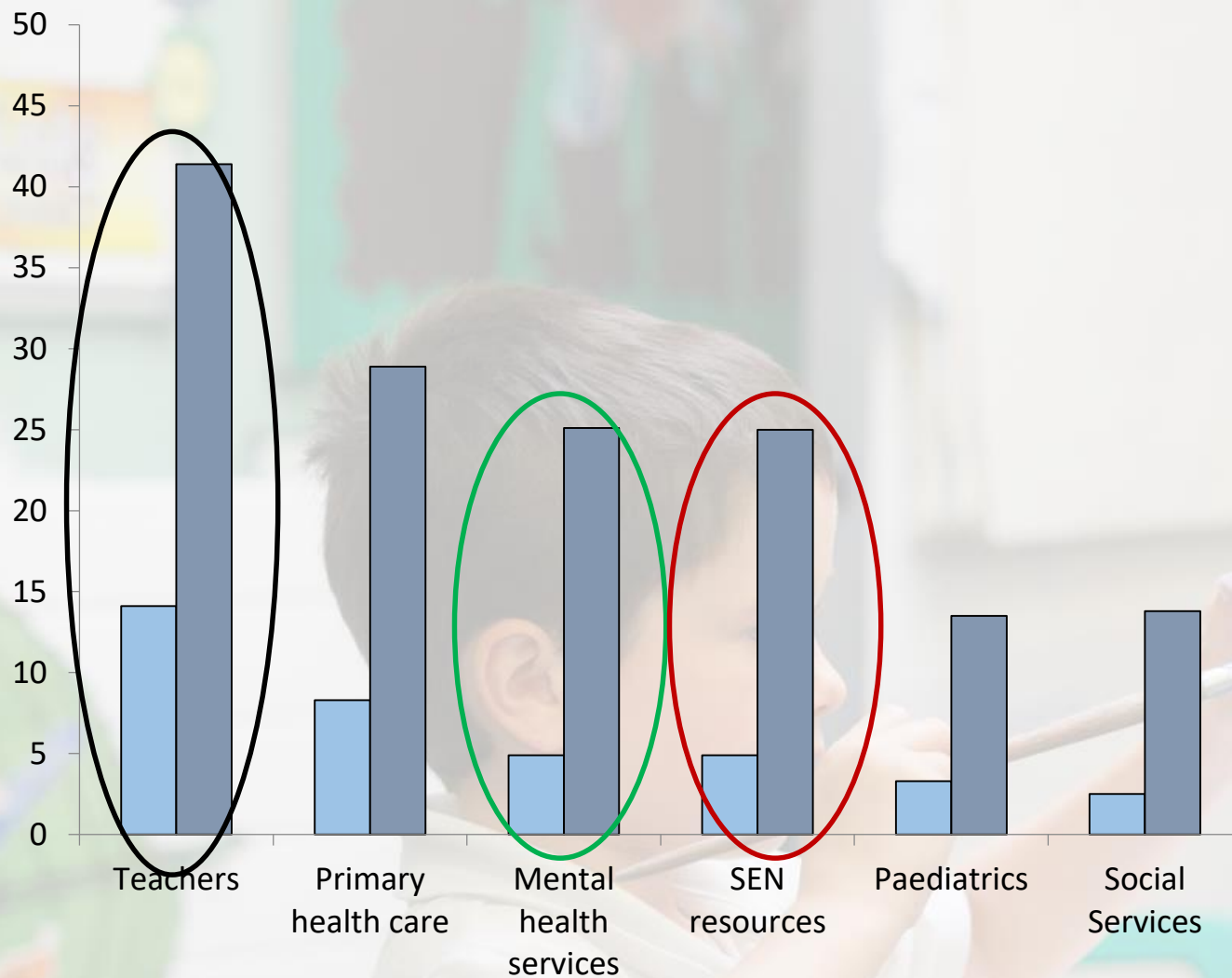
The potential benefits of universal interventions may be valuable for all children

Type of professional service contact in past year for mental health reason in 5 to 19 year olds with a disorder, 2017



Source: NHS Digital

Base: Parent report (5 to 16) and young person (17 to 19) in those with disorder

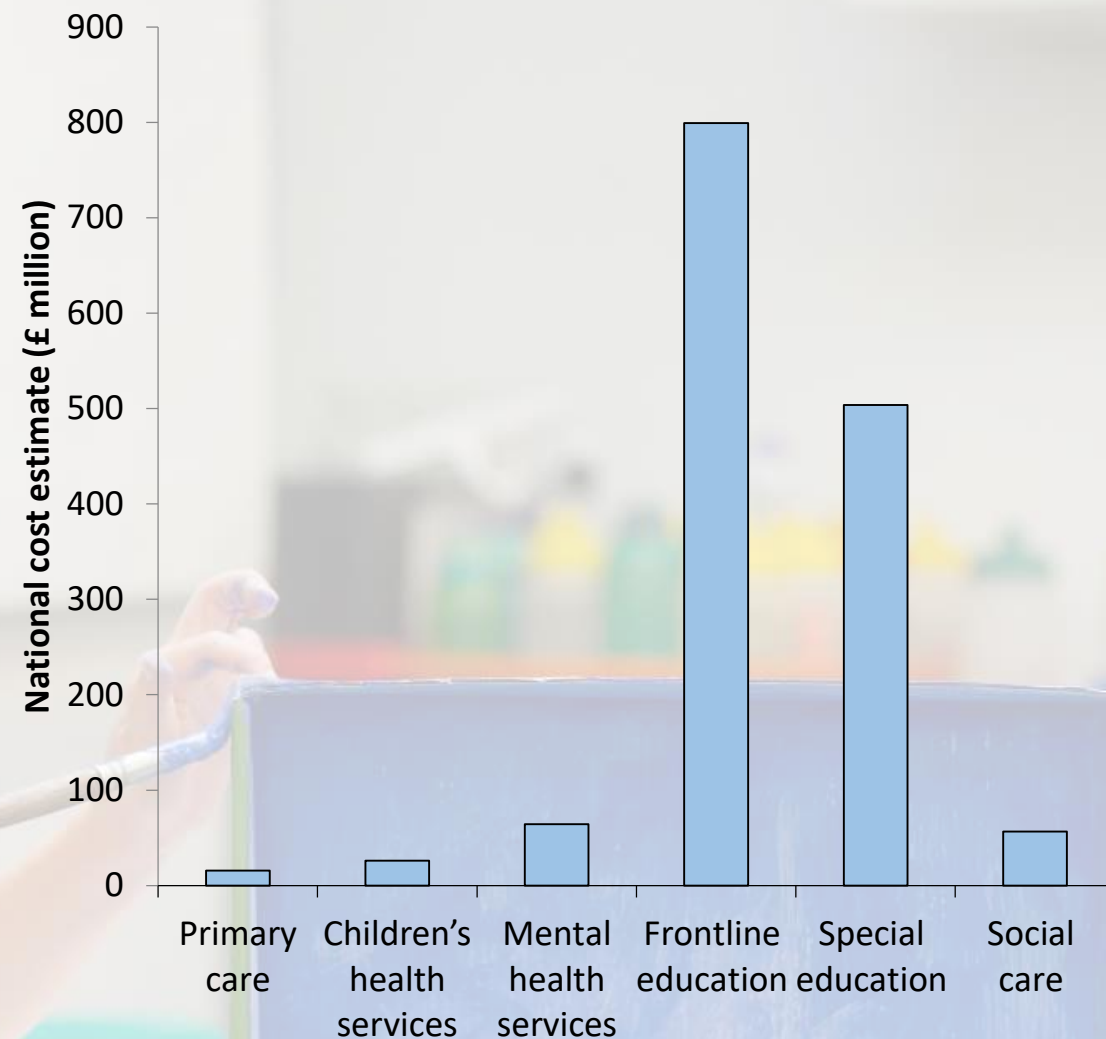


Proportion in contact with services 1999-2002

■ % in contact in total sample

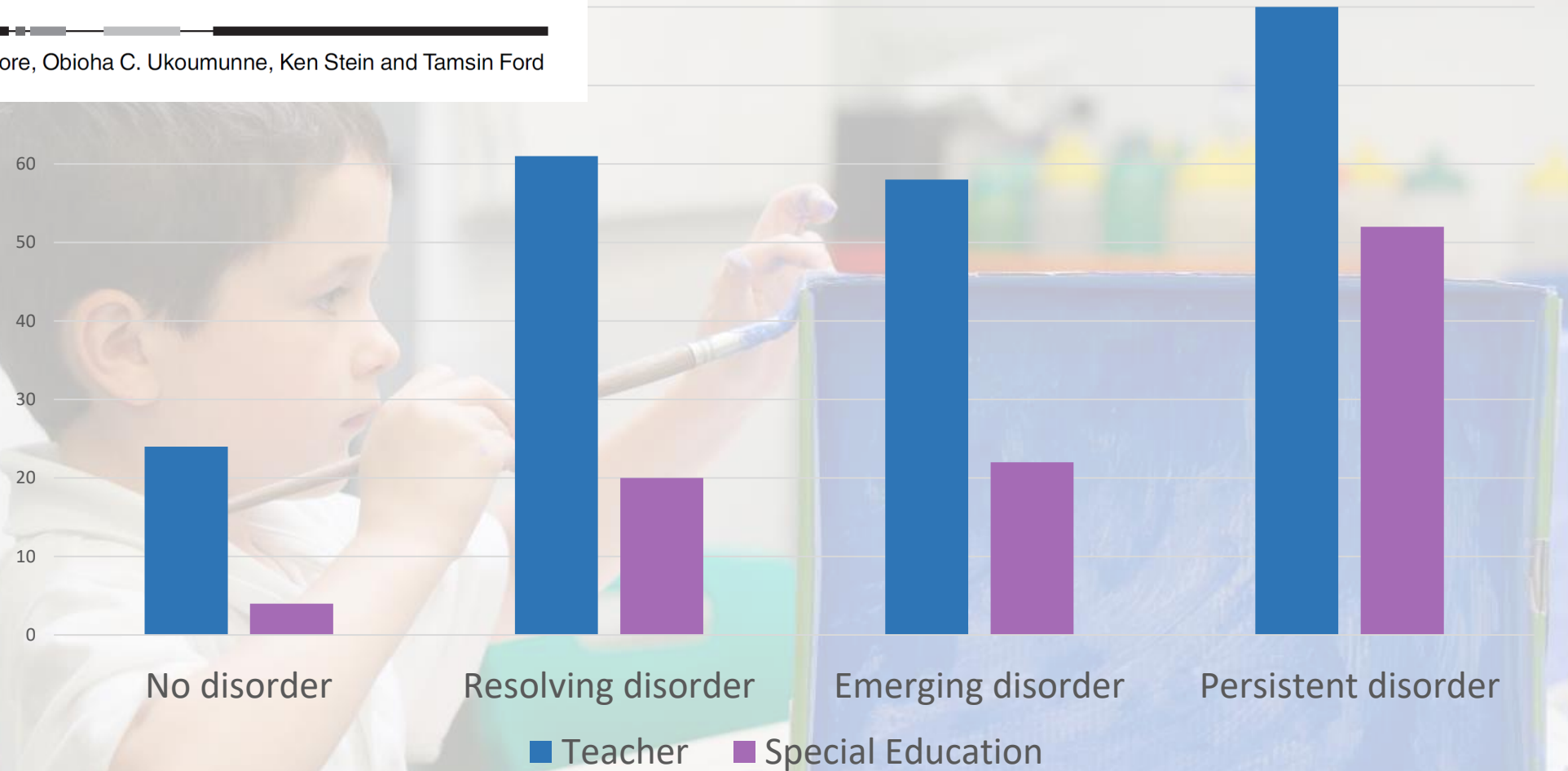
■ % in contact amongst those with a psychiatric disorder

Annual national costs of
mental health service use for
population aged 5-15 with
emotional/behavioural
disorder

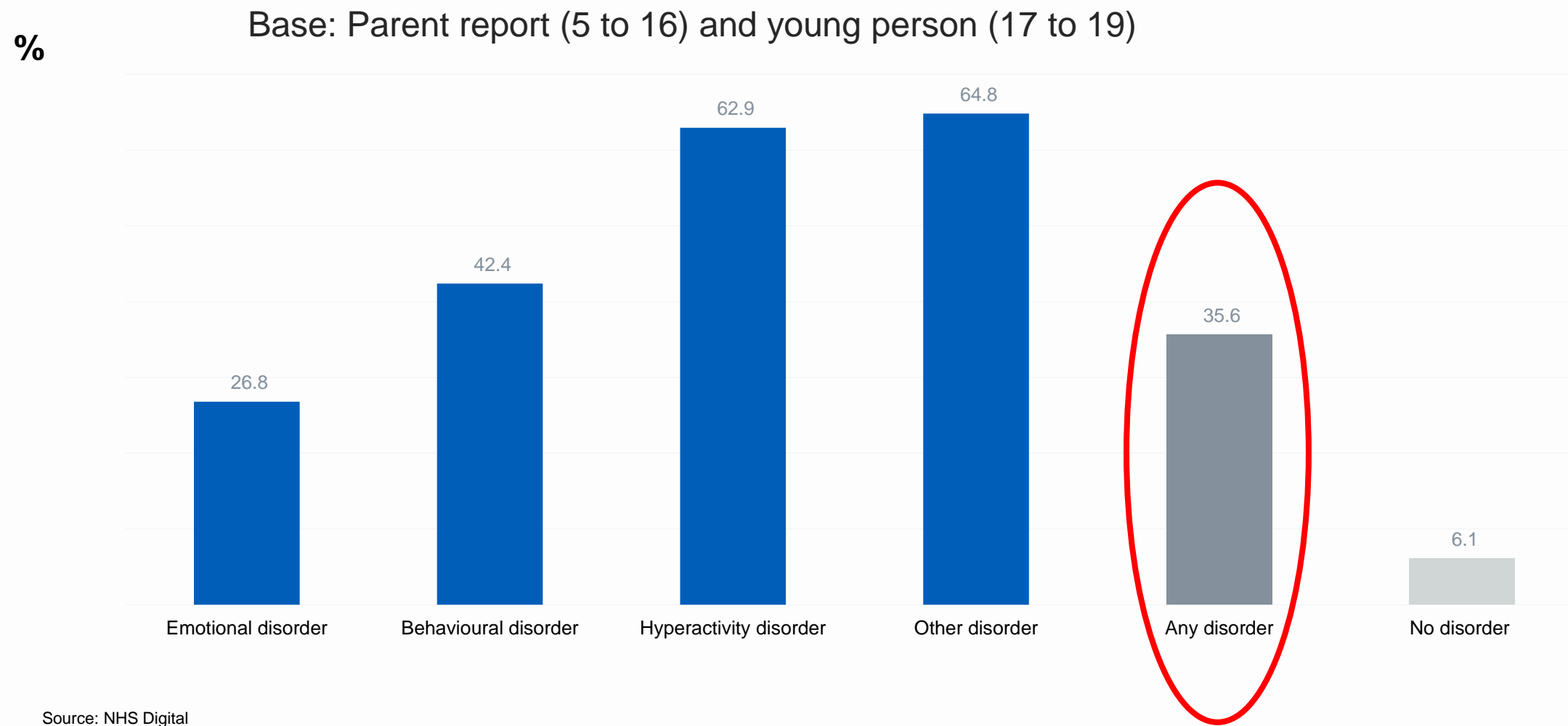


Mental health related contact with education professionals in the British Child and Adolescent Mental Health Survey 2004

Tamsin Newlove-Delgado, Darren Moore, Obioha C. Ukoumunne, Ken Stein and Tamsin Ford



Recognition of special educational needs in 5 to 19 year olds by disorder, 2017





...The thing is when a child gets excluded as a parent you feel as though you have failed, well I certainly did and I think a lot of people would think I've failed as a parent... I've brought up a child that can't go to school without being excluded so you don't necessarily want to talk to people about it and you don't necessarily want to talk to school about it because you feel they may judge you or whatever...

For us it was absolutely heartbreaking... it was um I think him being excluded felt as if we'd failed him as if school had failed him as if we'd let him down by not kind of either advocating for him enough in school or by not moving him really so he had a positive end to his primary schooling it was absolutely horrible really really horrible... exclusion as a word is quite negative um the connotations of it are quite negative... the fear as a parent is something of starting a journey of problems...

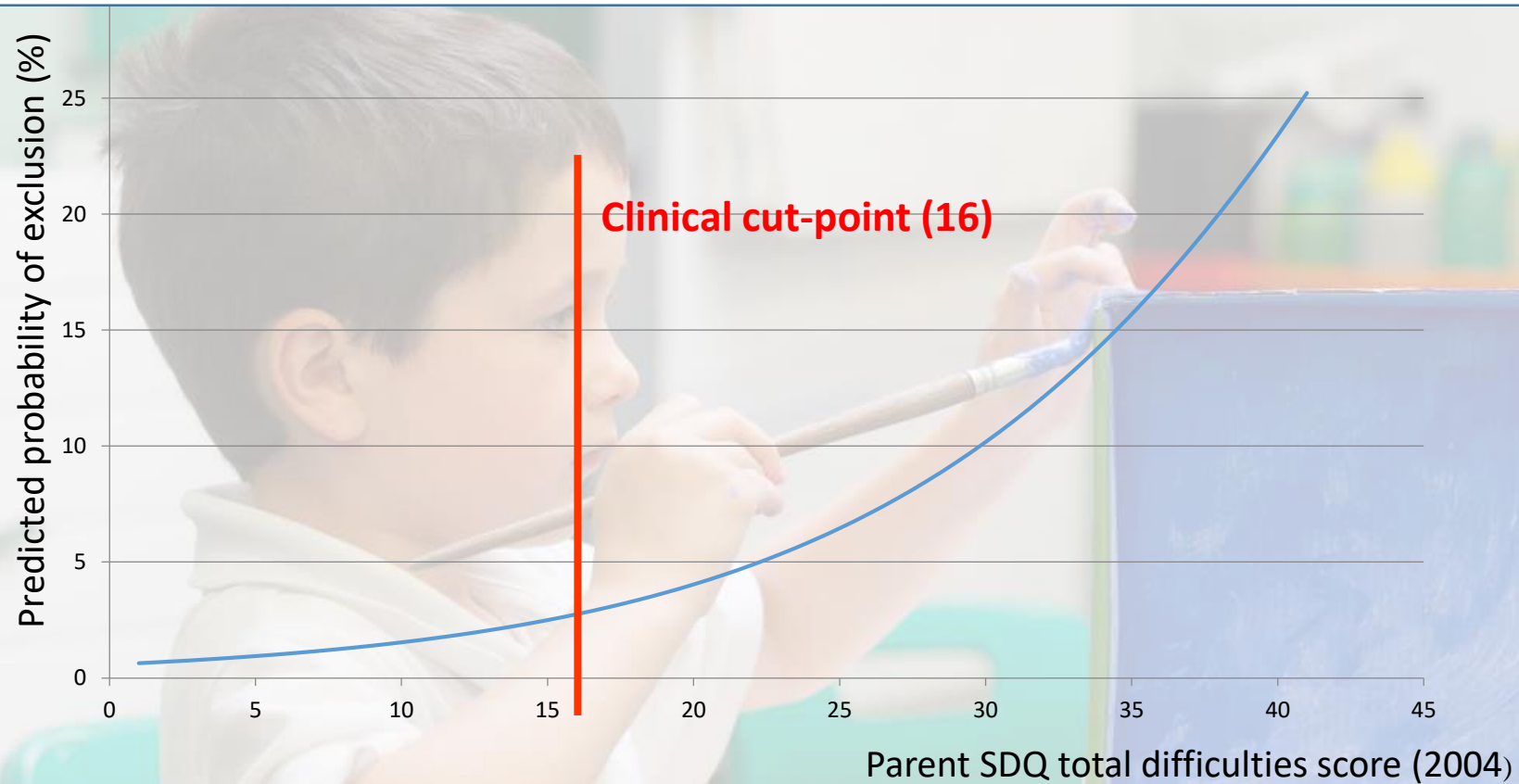
Exclusion from school

- One boy in ten with a disorder had been excluded from school



- One child in twenty with a hyperactivity or behavioural disorder had been excluded on three or more occasions.

Predicted probability of exclusion by 2007 from parent SDQ total difficulties scores in BCAMHS 2004



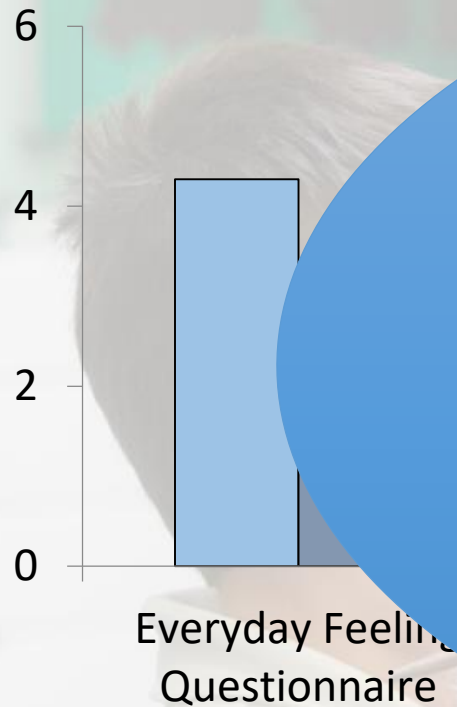
When you're talking about that level of mental health issues or things that we didn't understand ... it doesn't come within our normal realm of how children behave and it's at that point that I think the frustration is there is no one there to turn to, and well you know it's almost the case well you have to just get on with it... you're in school you do it.. that sort of thing.

We know that things aren't right; we know that things need to be better but there doesn't seem to be the support there for that to happen

I think people sit up and take note when you have done an exclusion

Having the support, timely support available and a network of people who can guide us...

Teacher depression



10% primary school teachers in STARS trial scores at all 4 time points over 30 months suggested moderate or severe depression on the EFQ

The Incredible Years® Teacher Classroom Management (TCM) Programme

Operant conditioning

- ★ (Children's) behaviour influenced by attention, rewards and incentives

Bandura's modelling and self-efficacy theories

- ★ live and video modelling
- ★ rehearsal
- ★ self-management
- ★ cognitive self-control and self reflection

Bowlby's attachment theory

- ★ importance of warm and nurturing relationships in children's development
- ★ building teacher-child relationships through social and emotional coaching, praise and incentives

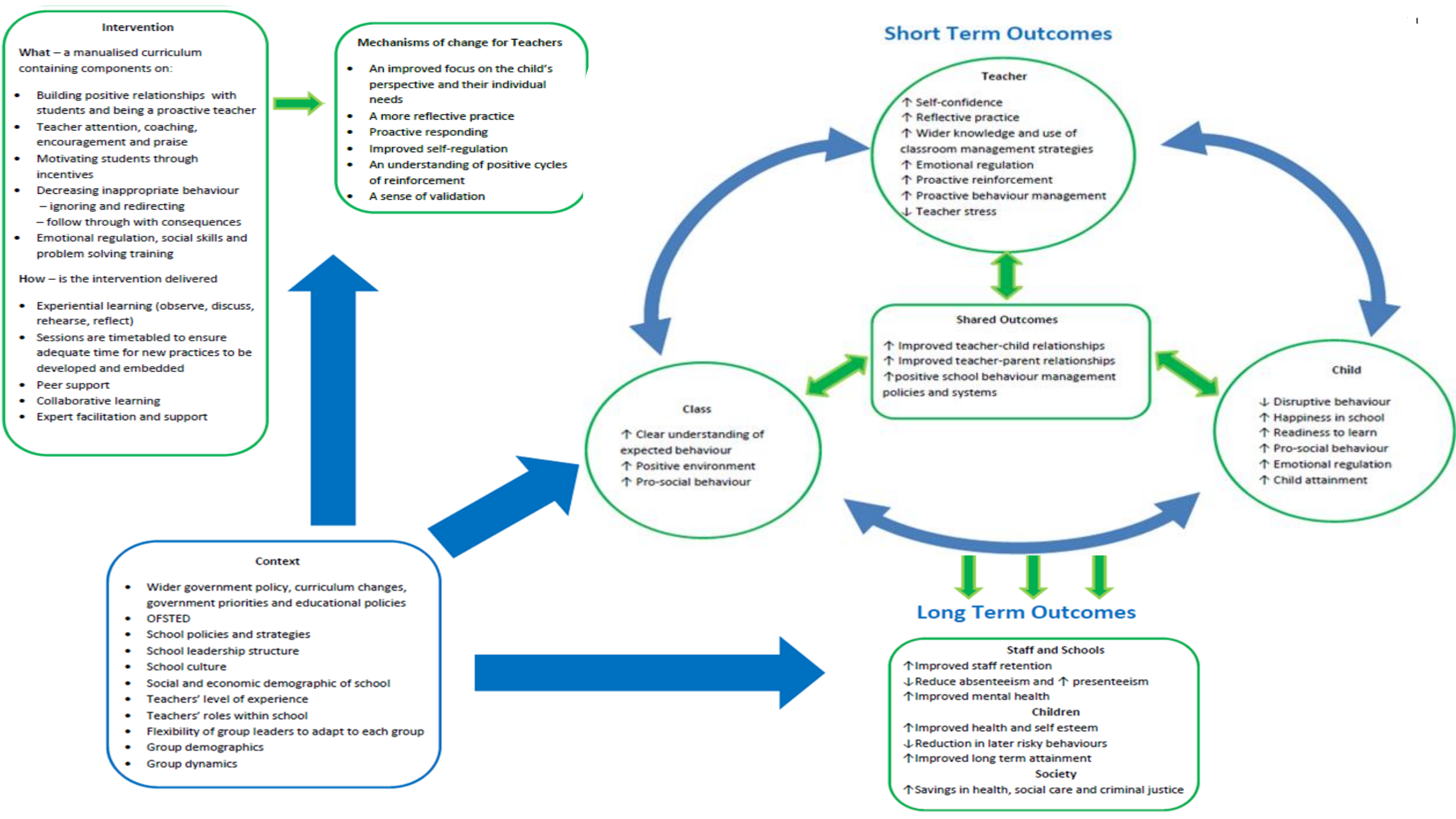


STARS trial – Qualitative data



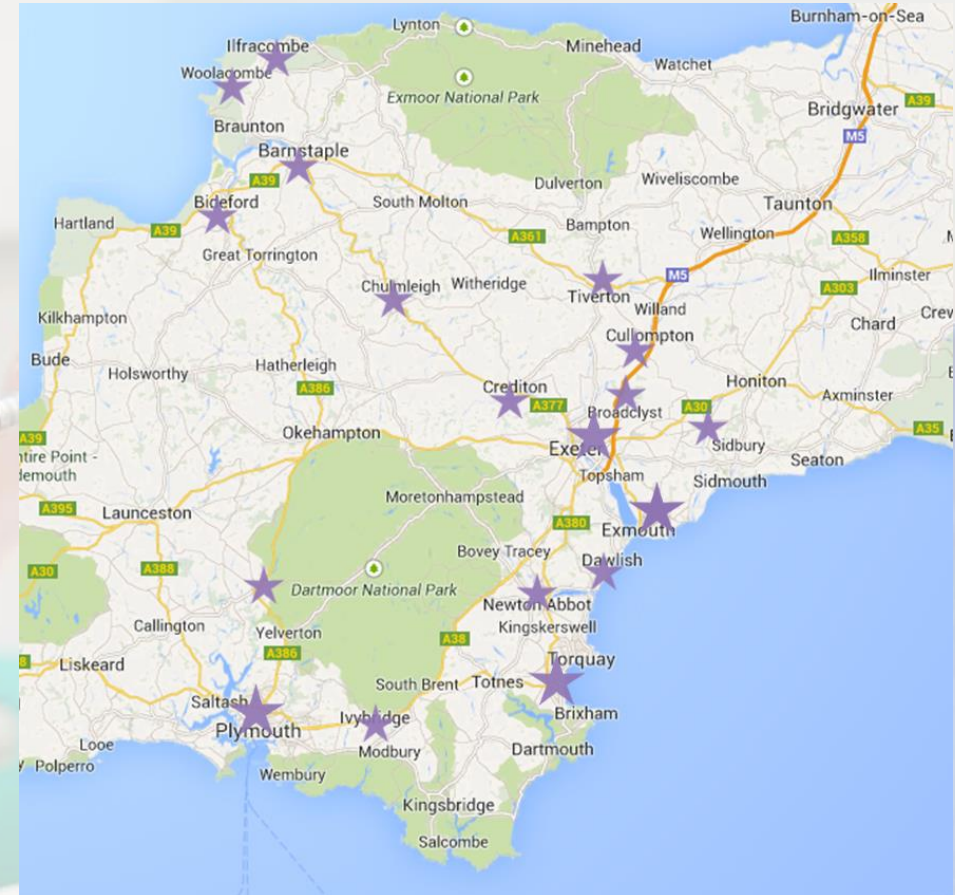
Content of the Incredible Years® Teacher Classroom Management (TCM) Programme

Workshop	Content
Workshop 1	Building positive relationships with students and the proactive teacher
Workshop 2	Teacher attention, coaching, encouragement and praise
Workshop 3	Motivating students through incentives
Workshop 4	Decreasing inappropriate behaviour – ignoring and redirecting
Workshop 5	Decreasing inappropriate behaviour – follow through with consequences
Workshop 6	Emotional regulation, social skills and problem solving training



STARS main trial

- ★ Large cluster randomised controlled trial
- ★ 80 primary schools across Devon, Plymouth & Torbay
 - ★ Cohort 1 – 15 schools (Sep 2012)
 - ★ Cohort 2 – 30 schools (Sep 2013)
 - ★ Cohort 3 – 35 schools (Sep 2014)
- ★ 1 teacher per school
- ★ Foundation to Year 4 (children aged 4-9 years)



How I Feel About My School (HIFAMS)

On the way to school I feel...

When I am in the classroom I feel

When I am doing my work I feel

When I am in the playground I feel

When I think about the other children I feel

When I think about my teacher I feel

When I think about school I feel

Happy



OK



Sad



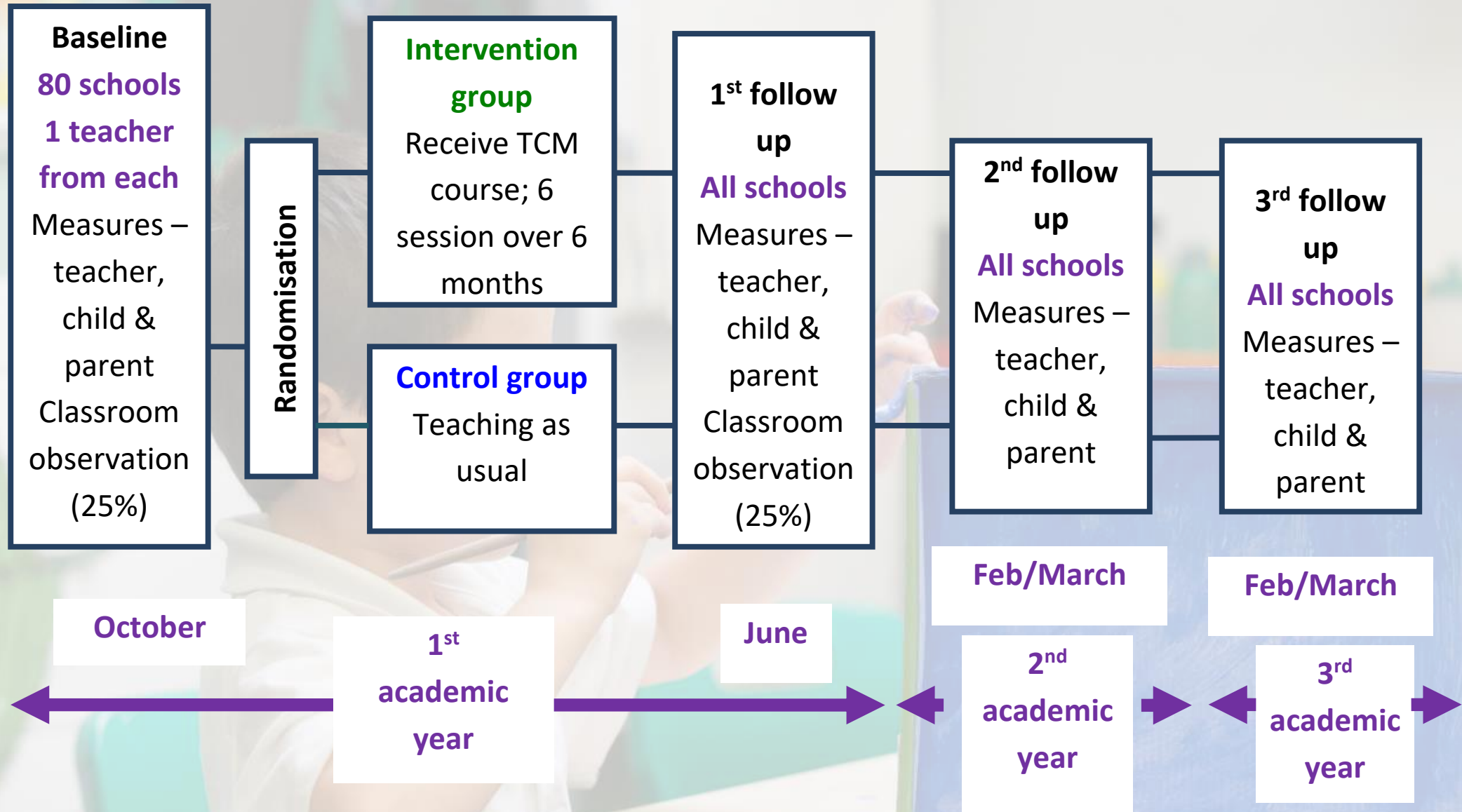
<http://medicine.exeter.ac.uk/hifams/>

Pupil Behaviour Questionnaire

	Never	Occasionally	Frequently
Talking out of turn (e.g. by making remarks, calling out, chattering)			
Interrupting other pupils (e.g. by distracting them from work)			
Making unnecessary (non-verbal) noise (e.g. by scraping chairs, banging objects)			
Verbal abuse towards other pupils (e.g. offensive or insulting remarks)			
Physical aggression towards other pupils (e.g. by pushing, punching, striking)			
Cheeky or rude remarks to the teacher			



<http://medicine.exeter.ac.uk/research/healthresearch/childhealthresearch/child-mental-health/pbq/>



STARS trial – What teachers say ...

"I think one thing I grasped is the idea that we are important, teachers, and how much we do mean to the children and how we can actually make a difference [...] it's changed me I think and my relationship towards the children, I take far more interest in them as individuals and far more interested in their personal lives as well" [C1, 05]

"It definitely has more impact and it leads to you know a happier classroom, the kids' self-confidence is up, they are more willing to do things and try really hard because they know if they're doing what you've asked them to do they're going to get the praise, they're going to get the rewards" [C2,23]

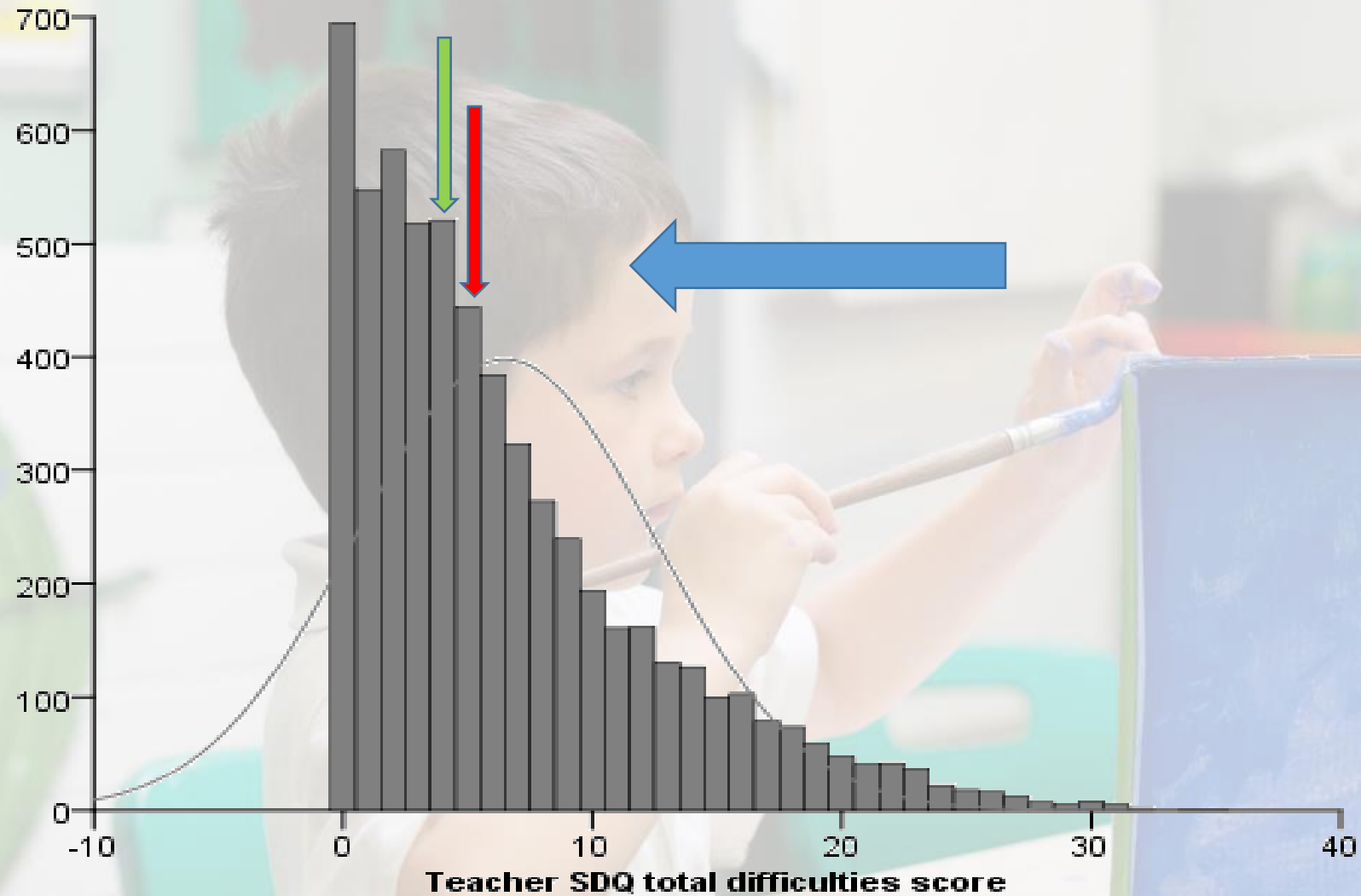
"my whole mindset has changed. Everything I've learnt at uni, it's not gone out the window but I think my mindset and my practice and the way I deliver and my lessons and my behaviour management has completely changed because of the things we've discussed, the way I've learnt from others here. And the Ed Psych said 'There's no way I would have said you were an NQT watching your behaviour management'" [C3, FGP]

STARS trial – What did we find?

- Primary outcome: teacher reported SDQ

Follow-up	Intervention	Control	Adjusted mean diff.			
	mean (SD)	mean (SD)	N	est.	95% CI	p
9-months	5.5 (5.4)	6.2 (6.2)	2001	-1.0	-1.9 to -0.1	0.03
18-months	6.7 (6.9)	6.5 (6.3)	1848	-0.1	-1.5 to 1.2	0.85
30-months	6.1 (6.0)	6.5 (6.6)	1756	-0.7	-1.9 to 0.4	0.23

British Child and Adolescent Mental Health Survey 2004



STARS trial – What did we find?

- Planned sub-group analysis comparing children who were struggling at baseline, scoring > 11 on SDQ

	Intervention	Control	Adjusted odds ratio		
	%	%	Estimate	95% CI	p
Baseline	19.9%	19.3%			
Estimate across all three timepoints	16.7%	19.2%	0.70	0.48 to 0.99	0.05

STARS trial – What did we find?

- Secondary outcomes with **short term impact only**

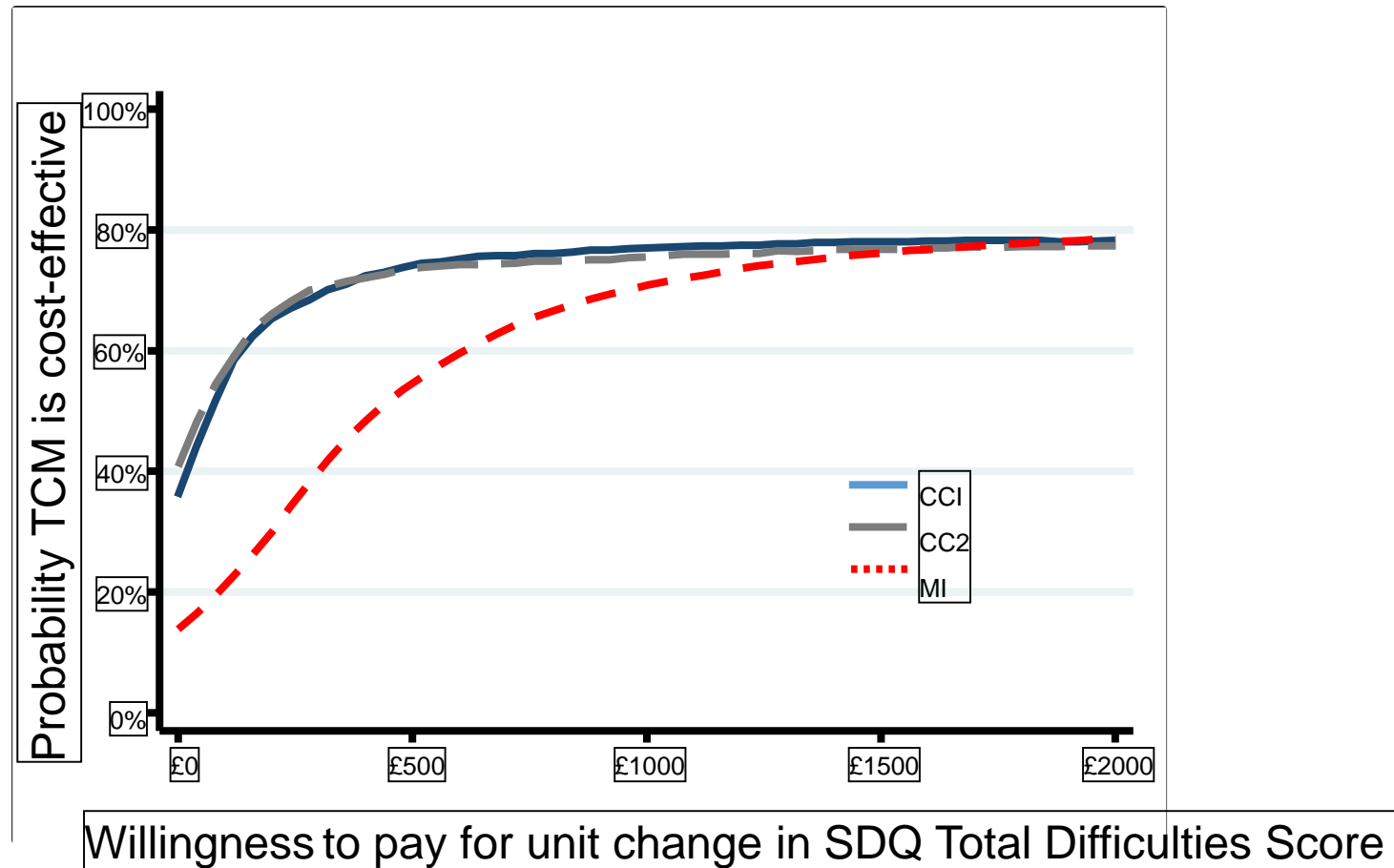
	Intervention	Control	Adjusted mean diff. (I – C)		
	mean (SD)	mean (SD)	Estimate	95% CI	p
SDQ Peer Relationships score					
9-months	0.8 (1.4)	1.0 (1.7)	-0.2	-0.4 to -0.03	0.02
18-months	1.1 (1.7)	1.0 (1.6)	0.1	-0.2 to 0.4	0.62
30-months	1.1 (1.6)	1.1 (1.7)	-0.07	-0.4 to 0.2	0.60
SDQ Pro-social score					
9-months	8.2 (2.3)	8.0 (2.3)	0.4	0.1 to 0.8	0.02
18-months	7.8 (2.4)	8.0 (2.3)	-0.1	-0.6 to 0.4	0.67
30-months	8.1 (2.2)	7.6 (2.3)	0.5	-0.03 to 1.0	0.06

STARS trial – What did we find?

- Secondary outcomes with **impact across the full 30 months follow-up**

	Intervention	Control	Adjusted mean diff		
	mean (SD)	mean (SD)	Estimate	95% CI	p
SDQ Overactivity score	2.7 (2.9)	2.8 (3.0)	-0.4	-0.7 to -0.1	0.02
Pupil Behaviour Questionnaire	1.8 (2.4)	1.9 (2.6)	-0.3	-0.5 to -0.01	0.04

STARS trial – Is it cost-effective?



STARS trial Summary:

- **Small** but statistically significant improvement on **teacher reports of child mental health** at 9 months, also **peer relationships** and **prosocial behaviour**
- Those with **poorer mental health** improve **more** on teacher reported mental health
- Better **classroom behaviour** and **concentration** across all three time points
- **Cost-effective** in the short to medium term?
- Interaction between **baseline mental health** and **academic progress** but no impact overall






STARS trial Summary:

- Observations (only on 25%) suggest **changed teacher behaviour** and **improved child compliance**
- **No impact on teachers'** mental health, professional self-efficacy and burn out
- **No impact on parental reports** of child mental health or child reported **happiness** at school
- Process evaluation suggest main impact on **teacher pupil relationships** and effects might be amplified in **subsequent years** & by **training more staff, including TAs & SLT**

- 9 studies from England, Ireland, Jamaica, USA and Wales
- Significantly reduced behaviour problems among high risk children
- No improvement in children's prosocial behaviour
- Reduced teacher's negative behaviour management strategies

Mixed methods systematic review on effectiveness and experiences of the Incredible Years Teacher Classroom Management programme

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We are recruiting schools for this study from the following areas

- Liverpool
- Bristol
- Southampton
- Dorset
- Cornwall

Please contact us at STARS@exeter.ac.uk if you would like more information



STARS 2

- 140 schools
- Year 1 and Year 2 teachers
- Children exposed to TCM for 2 years
- Year 2 SATS as well as TPRs

Universal Interventions: Fully Exploring Their Impacts and Potential to Produce Population-Level Impacts

Mark T. Greenberg^a and Rachel Abenavoli^a

ABSTRACT

In this article we seek to promote a deeper understanding of the value of universal intervention research in education as well as other fields and to call for greater interdisciplinary learning and discourse. Our goal is to deepen the conversation regarding how to build a stronger research orientation toward longitudinal, population-level outcomes in education and mental health. After highlighting the value of universal approaches targeting entire populations and their relevance to education, we raise issues regarding the traditional benchmarks of efficacy when applied to universal intervention trials and suggest alternative metrics for judging the impact of universal approaches. We conclude with lessons based on exemplar studies to help shape future research and policy regarding universal interventions.

KEYWORDS
universal prevention
education
mental health promotion
methods of analysis

Trials of educational interventions have increased in number dramatically during the past two decades, driven in part by a push for greater accountability for funding across the federal and state governments (Cook, 2002). The establishment of the Institute of Education Sciences (IES) and the What Works Clearinghouse in 2002 brought a new focus on conducting experimental evaluations, applying rigorous criteria to classify programs as evidence-based (Slavin, 2002; Whitehurst, 2012), and training a new generation of educational researchers to learn and develop methods to study the impacts of educational interventions. During the Obama administration, there has been a greater policy priority on improving our knowledge of "what works," and the Investing in Innovation (I3) funding mechanism is a powerful example of government's attempt to identify and expand the reach of programs and practices that show promise in improving educational outcomes and reducing the inequities in academic outcomes. Further, the use of evidence-based interventions increased as encoded in legislation (Haskins & Margolin, 2014), as new federal initiatives for low-resource families (Avellar et al., 2015) and the reauthorized Elementary and Secondary Education Act as the Every Student Succeeds Act (ESSA) have provided increased funding to states for evidence-based programs. Given this new emphasis on empirical evidence in education, the need for rigorous outcome trials in the field of education is clear. This article reviews standards of evidence are used to identify

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Color versions of one or more of the figures in this article can be found at <http://www.tandfonline.com>
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Special Schools/PRUs

Vulnerable group

General school population

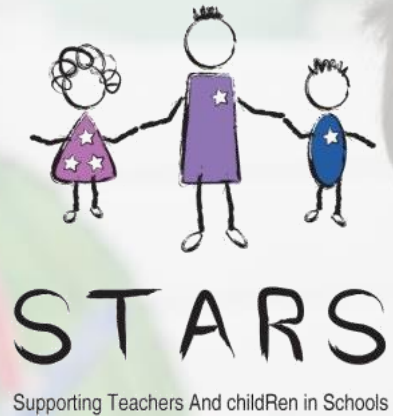
STARS trial – What teachers say (this teacher has not been to TCM....)





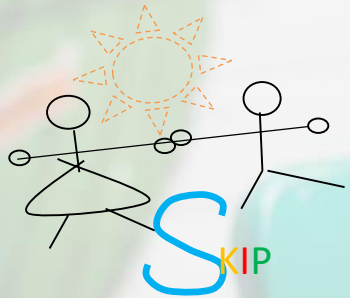
This project was funded by the National Institute for Health Research Health Technology Assessment (NIHR HTA) programme (project number 10/140/02) and supported by the NIHR Collaboration for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC). Review findings will be published in full in Health Technology Assessment. Visit the HTA programme website for further project information.

The views and opinions expressed are our own and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.



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References

- CYP mental health survey 2017 <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing-children-and-young-people>
- Ford, T., Hayes, R., Byford, S., Edwards, V., Fletcher, M., Logan, S., Norwich, B., Pritchard, W., Allen, K., Allwood, M., Ganguli, P., Grimes, K., Hansford, L., Longdon, B., Norman, S., Price, A. & Ukoumunne O. C. (2018). The effectiveness and cost-effectiveness of the Incredible Years® Teacher Classroom Management programme in primary school children: results of the STARS cluster randomised controlled trial. *Psychological Medicine, On-line first*, 1-15. doi:10.1017/S0033291718001484
- Parker, C., Paget, A., Ford, T., & Gwernan-Jones, R. (2016). 'he was excluded for the kind of behaviour that we thought he needed support with...' A qualitative analysis of the experiences and perspectives of parents whose children have been excluded from school. *Emotional and Behavioural Difficulties*, 21(1), 133-151.
- Ford, T., Parker, C., Salim, J., Goodman, R., Logan, S., & Henley, W. (2018). The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Psychological Medicine*, 48(4), 629-641
- Lang, I. A., Marlow, R., Goodman, R., Meltzer, H., & Ford, T. (2013). Influence of problematic child-teacher relationships on future psychiatric disorder: population survey with 3-year follow-up. *The British Journal of Psychiatry*, 202(5), 336-341
- Snell, T., Knapp, M., Healey, A., Guglani, S., Evans-Lacko, S., Fernandez, J. L., Meltzer H., & Ford, T. (2013). Economic impact of childhood psychiatric disorder on public sector services in Britain: estimates from national survey data. *Journal of Child Psychology and Psychiatry*, 54(9), 977-985
- Ford, T., Hamilton, H., Meltzer, H., & Goodman, R. (2007). Child Mental Health is Everybody's Business: The Prevalence of Contact with Public Sector Services by Type of Disorder Among British School Children in a Three-Year Period. *Child and Adolescent Mental Health*, 12(1), 13-20.
- Newlove-Delgado, T., Ukoumunne, O., Stein, K., & Ford, T. (2015). Trajectories of psychopathology in relation to mental health related service contacts over three years in the British child and adolescent mental health survey 2004. *European Psychiatry*, 30, 418.

References

- Moore, D, Ford T & Thompson-Coon J. (2018) optimising support for children with ADHD in schools <https://www.bera.ac.uk/blog/optimising-support-for-children-with-adhd-in-schools>
- Moore, D., Russell, A., Matthews, J., Ford, T., Rogers, M., Ukoumunne, O., Kneale, D., Thompson-Coon, J., Sutcliffe K., Nunns M., Shaw L. & Gwernan-Jones, R. (2018). Context and Implications Document for: School-based interventions for attention-deficit/hyperactivity disorder: a systematic review with multiple synthesis methods. *Review of Education*, 6. doi:[10.1002/rev3.3154](https://doi.org/10.1002/rev3.3154)
- Moore, D. A., Gwernan-Jones, R., Richardson, M., Racey, D., Rogers, M., Thompson-Coon, J., Stein, K., Ford, T.J. & Garside, R. (2016). The experiences of and attitudes toward non-pharmacological interventions for attention-deficit/hyperactivity disorder used in school settings: a systematic review and synthesis of qualitative research. *Emotional and Behavioural Difficulties*, 21(1), 61-82.
- Moore, D. A., Whittaker, S., & Ford, T. J. (2016). Daily report cards as a school-based intervention for children with attention-deficit/hyperactivity disorder. *Support for Learning*, 31(1), 71-83.
- Gwernan-Jones, R., Moore, D. A., Garside, R., Richardson, M., Thompson-Coon, J., Rogers, M., Cooper, P., Stein, K. & Ford, T. & Garside, R. (2015). ADHD, parent perspectives and parent–teacher relationships: grounds for conflict. *British Journal of Special Education*, 42(3), 279-300.