Exploring and challenging pupil disaffection: an evaluation of a motivational
interviewing-based intervention delivered by paraprofessionals

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Abstract

Research suggests motivational interviewing (MI) techniques can be useful in educational settings for improving motivation in disaffected pupils. This exploratory mixed methods study sought to investigate whether implementing an MI-based programme through school-based paraprofessionals would be effective in improving pupil motivation. Five pupils identified as disaffected took part in five sessions of a MI-based intervention delivered by paraprofessionals within one high school setting. All of the pupils completed pre and post intervention measures of school-based motivation. The paraprofessionals involved in programme delivery took part in pre intervention training; and post intervention were given an opportunity to express their views about the usefulness of the programme and practicalities of implementation during a focus group. Results showed that although the paraprofessionals expressed positive views about the effectiveness of the intervention, these observations were not necessarily supported by quantitative outcomes relating to pupils' self-reported school-based motivation. Implications for the delivery of MI-based interventions as an individual approach for school-based practice are discussed.

Keywords: *motivational interviewing, disaffection, intervention, paraprofessionals, young people*

Introduction

Disaffection among school pupils is a major concern for education practitioners and policy makers in the United Kingdom (UK) (Office for Standards in Education, Children's Services and Skills (Ofsted), 2008). Young people who experience disaffection are more likely to truant and engage in disruptive behaviour, and less likely to achieve academically than those engaged in education (Newburn & Shiner, 2005). One method advocated as a suitable intervention for disaffected pupils is Motivational Interviewing (MI) developed as a therapeutic intervention within the fields of healthcare and addictive behaviours (cf. Miller & Rollnick, 2002; 2012). MI is a potentially useful intervention for pupils ambivalent about changing their behaviour as it does not assume a readiness to change. This may be particularly important where the concern comes from a third party, such as a teacher or parent, rather than the pupil (Atkinson & Woods, 2003).

There are a number of published studies, which outline how MI might be used in educational settings. Channon, Marsh, Jenkins and Robling (2013) describe the use of a peer support programme implemented in a Welsh school that was based on MI principles. Pupil feedback on the programme was positive, although it is not clear precisely how MI informed the programme and what elements were incorporated. Blom-Hoffman and Rose (2007) found that MI could be successfully applied to school-based consultations and argued that school psychologists should be trained in MI techniques as a useful approach for engaging teachers and enhancing their motivation to change. In identifying the potential of MI in schools, Frey, Cloud, Lee, Small, Seeley, Feil, Walker and Golly (2011) suggested a number of ways in which the approach could be adapted and used in schools, for example, to increase parental involvement, improve links between home and school and address mental health problems.

Strait, Smith, McQuillin, Terry, Swan and Malone (2012) studied the effects of MI on academic achievement and used a randomised control trial to assign pupils to an MI condition or a waitlist control condition. The researchers found that taking part in a single session of MI had a positive effect on academic behaviour, as pupils showed improvements in class participation and achieved higher maths scores. Additionally, in a more recent study Strait, Terry, McQuillin and Smith (2014) found that when pupils received two sessions of MI, as opposed to one, their grades improved in science and history, as well as maths. This suggests that two sessions of MI are superior to one. However, the authors do recognise that the observed changes may not be due to dosage. During the second session of MI students completed a supplemental performance feedback/ goal progress worksheet and therefore it is difficult to determine whether the change occurred because of the manipulation of the dose or the addition of the feedback worksheet.

A recent study undertaken by Atkinson, Bragg, Squires, Muscutt and Wasilewski, (2011) found that MI was the fourth most commonly used therapeutic intervention by educational psychologists in the UK. Four UK studies have previously investigated the use of MI with school pupils described as disaffected or identified as having behavioural difficulties. Atkinson and Ames (2007) combined techniques from MI and solution-focused brief therapy (SFBT) to help a 12-year old boy, noting that after the intervention, the pupil's attendance improved, as did positive reports from teachers, although there are methodological weaknesses within the design, particularly relating to a lack of detail about the procedure used and the analysis of the findings. Kittles and Atkinson (2009) investigated the usefulness of MI as an initial consultation and assessment tool for supporting secondary-aged pupils, using a case study design. They found that two out of three participants were positive about the process and found the intervention to be useful in

allowing them to think about their behaviour. The MI sessions also provided useful information about the pupils, which could be used to guide further intervention.

Atkinson and Woods (2003) adapted the 'Menu of Strategies' from Brief MI (Rollnick, Heather & Bell, 1992) within an educational setting. They found positive improvements in the attendance and punctuality of a 15 year-old pupil who participated in five sessions of MI and these results were maintained at follow-up. Furthermore, there was a self-reported positive shift in the pupil's attitudes towards school on the Pupils' Feelings about School and School Work (PFSSW) inventory (Entwistle & Kozéki, 1985). However, although the authors acknowledge that other life events (in this case a positive work-experience placement) may have influenced motivation, they do not consider the limitations of motivational measurement, including the idea that motivation is not stable and changes dynamically over time (Dörnyei, 2002).

In the first reported study to explore the individual use of MI within a primary school context, Cryer and Atkinson (2014) reported positive outcomes when working with a primary school child described as disengaged. Although there were reported improvements in the pupil's motivation to learn and classroom behaviour, it should be noted that this was a small-scale research study and that no quantitative outcome measures were taken. It is interesting to note that while the focus for intervention in this instance was the child, Cryer and Atkinson (2014) recognise the importance of 'extratherapeutic factors' as described by Asay and Lambert (1999) in influencing and supporting change for the pupil. Specifically here, familial factors surrounding a parental divorce seemed to have strongly influenced the onset of motivational difficulties, while interventions at an institutional level, including rewarding behaviour and improving the pupil's status appeared to have been instrumental in improving outcomes.

One limitation of all four studies was that the researchers were directly involved in the delivery of the intervention. Furthermore, the MI was delivered by professionals working in a peripatetic role. This study is the first to investigate the role of paraprofessional pastoral staff in delivering MI interventions to disaffected pupils, building on the recommendations of Atkinson and Ames (2007), who argued that MI techniques might be more successful when used by school staff with a pre-existing relationship with the young person.

A exploratory mixed methods design was selected to address the following research questions:

- (1)** To what extent can a MI programme, delivered by paraprofessionals, improve young people's reported school based motivation?
- (2)** To what extent do the paraprofessionals perceive the MI intervention to be practical and useful?

Methodology

Design

The study involved looking at the impact of a five week MI intervention delivered by five members of staff within a single mainstream high school in the North of England to pupils identified as disaffected. The school is smaller than average and located within an urban area, with the majority of its pupils being of White British heritage. The study used an exploratory mixed methods design incorporating two separate methods of data collection. The first used pre- and post-test motivational measures to detect changes in pupil motivation. The second involved a post intervention staff focus group to elicit views about the MI-based intervention.

Participants

The school involved in the study allocated five paraprofessionals to take part in the MI programme. Staff were selected opportunistically due to their roles within the pastoral team. Most implemented the MI intervention with one pupil, with one staff member completing the intervention with two. Six pupils were recommended for involvement on the basis that they were exhibiting school-related disaffection. The five paraprofessionals had a variety of roles in school: pupil inclusion manager, assistant special educational needs coordinator (SENCO), attendance officer and teaching assistants (TAs) specialising in autistic spectrum condition (ASC) and social, emotional and behavioral difficulties (SEBD). Staff selected the pupils that took part in the intervention and chose to work with pupils who were presenting concerns in their particular area of specialism. Full details of the paraprofessional and pupil participants can be found in Table 1 below. One paraprofessional, was unable to complete the intervention within the project timescale due to logistical problems, including cancelled sessions and room availability.

Table 1 – Participant details

Adult participant	Role	Pupil participant(s)	Intervention completed	Involvement in research
Diane	Social Emotional and Behavioural Difficulties (SEBD) Specialist Teaching Assistant (TA)	Shelley Leonie	Yes, with two pupils	Completed intervention and focus group
Mark	Pupil Inclusion Manager	Billy	Yes	Completed intervention and focus group
Louise	Autistic Spectrum Condition (ASC) Specialist TA	Daniel	Yes	Completed intervention and focus group
Peter	Attendance Officer	Jodie	Yes	Completed intervention and focus group
Catherine	Assistant Special Educational Needs Coordinator (SENCO)	Tyler	No – four out of the five sessions completed and only pre-intervention measures taken	Incomplete intervention and focus group

Measures

In order to measure changes to the pupils' motivation towards school, participants completed the PFSSW inventory (Entwistle & Kozéki, 1985), which has been designed and standardised for use with secondary school aged pupils, before and after the intervention. The PFSSW was developed following a ten-year collaborative project between British and Hungarian researchers based on a large study sample (N=1193) and was designed for use with secondary aged pupils, with questionnaire/response groupings being confirmed by factor analysis. The questionnaire consists of 120 items that are rated on a five-point scale, however, only Part A, which assesses the pupil's motivational disposition was used in this

study. This allows composite scores to be calculated for three motivational domains: affective, cognitive and moral. It also considers to what extent pupils feel 'pressure and excessive demands from adults'.

Intervention

The five paraprofessionals were given a ninety-minute training session on the use of MI by the authors. At the training session, they were given information about the spirit and principles of MI (Miller & Rollnick, 2002). They were also provided with session outlines and resources for the five sessions based on a MI-based resource for use in educational settings (Atkinson, 2013), which mirrored the intervention used by Cryer and Atkinson (2014). To improve the potential for replicability, all facilitators delivered the same five sessions. These are shown in Table 2.

The MI intervention was delivered over a five-week period. It was agreed that each pupil would participate in five sessions of MI, with each session lasting approximately fifty minutes. Each session was conducted on an individual basis, with just the pupil and the trained member of staff present and these were checked for fidelity by the first author.

Table 2 - Outline of MI sessions

Session	Activities	Description
Session One – Opening strategy ¹	Skills profile	Allows the young person to look more closely at their strengths and skills.
	Opening discussion	Allows the facilitator to find out more about the young person.
Session Two – A typical day	A typical day	Allows the young person to explore what happens on days when problem behaviours do and do not occur.
	My lessons	Allows the facilitator to identify lessons that may be problematic for the young person.
Session Three – The good things and the less good things	The good things and less good things	Allows the young person to identify some of the pros and cons of the behaviours identified.
	Weighing things up	The young person can weigh up some of the pros and cons associated with the behaviour.
	Scaling – thinking about change	Allows the young person to think about their motivation and ability to change.
Session Four – The future and the present	Looking to the future	The young person can consider their future lifestyle e.g. job, health, hobbies.
	The future and the present	Pupils can map out how their life might look, with or without behaviour change.
	The Wheel of Change	Introduces the young person to the TTM and helps them consider their position.
Session Five – Helping with decision making	Goals	The young person will think about what they want to achieve and break this goal down into manageable steps.
	My strategy	Helps the young person to identify a strategy for achieving their goal.

Data analysis

Descriptive statistics were used to summarise the data collected from the PFSSW inventories. The focus group was audio-recorded and transcribed. These data were then analysed using Braun and Clarke's (2006) thematic analysis framework.

¹ Descriptors derived from the Menu of Strategies from Brief MI (Rollnick et al, 1992)

Ethical Considerations

A University Research Ethics Committee granted approval for the research. During the research process, the researcher also adhered to the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics (HCPC, 2012), as well as the British Psychological Society (BPS) Professional Practice Guidelines (BPS, 2002). Due to the therapeutic nature of the MI sessions, the researchers were aware that the sessions could cause some upset or distress for pupils. It was decided that if this did occur, the member of staff conducting the MI session would stop the sessions immediately and inform the child's parents. Paraprofessionals were also aware that they could contact the researchers and ask for advice at any point. Prior to the intervention and focus group, pupils and staff were made aware that all identifying features would be removed from the transcripts, in order to ensure anonymity. Pseudonyms have also been used throughout this report.

Results

Table 3 below shows pre and post scores on the PFSSW inventory for each of the five pupils. Improved scores are highlighted in bold text. The results indicate that three of the pupils demonstrated a modest increase in scores on the PFSSW inventory post-intervention. However, for two of the pupils there was a reduction in their scores on the post-test PFSSW inventory. There were no particular trends evident regarding improvements within the different motivational domains. These findings will be explored further in the *discussion* section.

Table 3: Pre- and Post-Intervention motivation scores

Pupil	Gender	Presenting Concern <i>(In addition to school-based motivation concerns)</i>	Pre-Intervention Affective Total	Pre-Intervention Cognitive Total	Pre-Intervention Moral Total	Pre-Intervention Total <i>(Affective + Cognitive + Moral)</i>	Pre-Intervention Pressure and Excessive Demands from adults	Post-Intervention Affective Total	Post-Intervention Cognitive Total	Post-Intervention Moral Total	Post-Intervention Total <i>(Affective + Cognitive + Moral)</i>	Post-Intervention Pressure and Excessive Demands from adults
Shelley	F	Social, emotional and behavioural difficulties (SEBD)	70	59	68	197	19	74	61	74	209	18
Leonie	F	Social, emotional and behavioural difficulties (SEBD)	62	46	55	163	18	59	60	48	167	22
Billy	M	Disruptive behaviour, Attention Deficit Hyperactivity Disorder (ADHD)	56	37	60	153	18	60	37	60	157	15
Daniel	M	Autistic Spectrum Condition (ASC)	76	58	76	210	20	68	63	73	204	23
Jodie	F	Poor attendance	50	47	48	145	17	48	42	52	142	23

Focus group

All five paraprofessionals involved in delivering the MI programme took part in the focus group. Data emerging generated a number of themes and subthemes, which are shown in Table 4 below.

Table 4: Themes and subthemes arising from thematic analysis of focus group data

Main Themes	Subthemes
Benefits of MI	<i>Enjoyment and engagement</i> <i>Thinking about their behaviour</i> <i>Behavioural change</i> <i>Focus on the future</i> <i>Pupil-teacher interactions</i> <i>Session resources</i>
Facilitators and barriers to implementation	<i>Training</i> <i>Ease of delivery</i> <i>Preparation time</i> <i>Room availability</i> <i>Cancelled sessions</i> <i>Session length</i> <i>Missed lessons</i> <i>Regression</i> <i>Pupil participation.</i>
Future Directions	<i>Continued use</i> <i>Pupil voice</i> <i>Potential uses.</i>

Themes and subthemes are discussed below in more detail. Within the text, emergent codes are italicised.

Benefits of MI

Staff reported benefits of MI for all of the pupils who took part in the intervention. In terms of *enjoyment and engagement*, three paraprofessionals mentioned that the pupils had enjoyed taking part, highlighting the session activities themselves; and having the opportunity to talk to an adult as contributory factors. Additionally, staff responses indicated that typically pupils engaged and were able to contribute and fully participate. Paraprofessionals felt that the intervention had helped pupils in terms of *thinking about their behaviour* and it was reported that one pupil who had difficulty controlling his temper had begun to discuss this further during the sessions. Diane felt that this was the first step towards behavioural change, stating, “*But it’s the recognising it isn’t it. It’s him recognising that that’s what it is and him knowing. That’s the first stage isn’t it?*”

Two members of staff said that the intervention had given them the opportunity to discuss scenarios with pupils and to think about how they might behave differently next time. Another paraprofessional reported that undertaking the sessions had enabled pupils to recognise the difference between wanting and implementing change and putting it into practice. She felt pupils had recognised that there may be obstacles to change and that it was potentially difficult.

In relation to *behavioural change*, Diane was clear that the intervention had helped Leonie, to become more independent and less reliant on adult support:

“Yeah that’s the biggest impact I think with Leonie, she certainly hasn’t been coming the same at all. It was a point when she was coming popping her head in the door every morning or coming sort of like at the end of the lesson asking if she could see me. And that completely stopped didn’t it? To be fair that just completely stopped.”

Another member of staff had noticed that throughout the intervention and since it had ceased, one pupil, had not spent any time in isolation, while another member of staff reported that another pupil had appeared calmer since taking part in the programme.

In terms of *focusing on the future* Louise, was confident that participating in the intervention had helped Daniel, who had an ASC diagnosis to begin to *focus on the future* and his career aspirations. She explained that he had struggled to complete his homework in the past, but the programme helped him to see its relevance:

“And he used to think that he didn’t need to get any grades because he could just sit at home all day and make lots of money on YouTube and the government will just pay for him to stay at home. But, what this has helped with, it has given him a focus for the future. So he can look to see where he wants to be in the future and he’s decided he wants to go and work at the Power Station.”

Two staff felt that the MI sessions had improved *pupil-teacher interactions*, that pupils had opened up to them more and that they were willing to share some personal information. Other paraprofessionals felt that they had developed a better insight into the needs of the pupils. For example, pupils talked about their parents, their relationships and interests out of school during the sessions. Mark felt that he had developed a better understanding of the factors that caused Billy to misbehave at school:

“There were different points like that; that we’ve never had an insight before and different trigger points in lessons. So whereas it’s helped us keep him focused as well, it’s also helped me identify the triggers for him. So it was good in that respect.”

Peter also explained that his relationship with Jodie had improved as a result of implementing the programme:

“Whereas she’s probably seen me in the past as someone who’s quite officious and always on her case about her attendance and being late to school. I think she’s, I’ve got a better, I’ve got not like a pupil teacher relationship, I know her a bit more on a personal level. So my relationship with her has improved a bit.”

A number of paraprofessionals referred to *session resources* that they had found to be particularly helpful. This included a young-person friendly representation of the transtheoretical model (TTM) of readiness for change (Prochaska & DiClemente, 1982) which has been closely linked to MI (Miller & Rollnick, 1991) and which helps pupils to consider their own readiness for change. One member of staff adapted the TTM for individual pupils and talked them through the cycle using an area that they wanted to change. Another liked the fact that the TTM allowed pupils to visualise behaviour at different stages of change. Louise said that the resources helped Daniel to consider the changes that *he* wanted to make, consistent with the MI philosophy of the client maintaining autonomy (Miller & Rollnick, 2002). She felt that because Daniel had decided on his own targets for change, it was more likely that he would be able to make a positive change as he was taking ownership:

“Yeah I think the fact that it’s like they’re taking ownership of their choices. You’re not telling them. It’s like them coming to a decision isn’t it? You might be assisting them along with their thinking. But they’re coming up with it themselves, which

makes them think that they are going to stick to it more, more likely to stick to it; more I think rather than being told what to do.”

Activities linked to the ‘Future and the Present’ strategy from the Brief MI menu (Rollnick et al, 1992) had helped pupils to consider their aspirations with Louise commenting that it had been helpful for Daniel to imagine where he wanted to be and what things would be like in the future. Catherine also found this session helpful:

“You know, I have to say I think [the Future and the Present session] is particularly good. The whole idea of looking forward and trying to imagine yourself, you know what do you want? Where do you want to be? How do you want things to be? What might happen if you don’t?”

Facilitators and barriers to implementation

Staff talked about factors that enabled them to implement the MI programme more successfully; these included the fact that the MI *training* had been helpful, enjoyable and easy to follow. Four paraprofessionals also commented on the *ease of delivery*. However, members of staff could name a number of difficulties that they faced during implementation. Three commented that they found it difficult to allocate *preparation time* for sessions, while others highlighted issues related to *room availability*, including accessibility and privacy.

Two members of staff spoke about problems with *cancelled sessions*. Some paraprofessionals reported times when they had planned to deliver a session, but due to the nature of their role, they had to cancel it. Catherine mentioned that *“You plan to do it and then something else happens and you just can’t”*, while Mark commented that:

“I think the difficulty was as well, for most of us, because we are all in roles that can change quite rapidly, so depending on how the days go, depends on whether you can fit the session in on the day you organised it.”

Two paraprofessionals commented that it had been helpful that they had allocated time on their timetables for intervention work, as this meant that they had been able to complete the programme consistently. Peter thought the programme would work best if one member of staff was trained in MI and was responsible for delivering the sessions as part of their role:

“I think for it to be most effective, you probably need if you are going to roll it out across different schools you need one person designated to do it within their role. And obviously this just wouldn’t be their role they’d have different hats and stuff like that. Then they can structure, you know times and when they’re going to do it.”

The *session length* was found to be problematic, staff noting that some sessions needed to be extended or split into two parts. Three paraprofessionals acknowledged that teachers did not always support taking pupils out of their lessons to complete intervention work, resulting in *missed lessons*. One argued that this was particularly the case if a pupil was studying for their GCSEs, as it could be perceived as impacting on their exam results, although another reported purposefully avoiding key lessons such as Maths and English. One paraprofessional highlighted how a preliminary conversation with a teacher about the purpose of the intervention had led to a more positive reaction to the pupil missing lessons. Two others also felt that the pupils that they were working with saw the MI sessions as an opportunity to miss lessons, rather than appreciating its real value, Mark explained: *“But then occasionally it would be ‘I’ve got English after this, I’ll try and drag it out’. I had to make sure that the lesson stopped and he had to come back another time and do it.”*

On the theme of *regression*, one member of staff noted that Daniel, whose motivation for homework completion had improved during the intervention, had reverted back to his old behaviour a couple of weeks after the intervention had ended. Other members of staff thought it would be useful for pupils to revisit the materials, in situations where pupils seem to have lost motivation after the sessions have ended. Concerns were raised about two pupils, in terms of *pupil participation*. Diane questioned whether one pupil was truly engaged in the intervention, suggesting, *"I'll be honest it was a bit like lip service with Shelley. She was doing what I wanted her to do and answering how she thought I wanted her to answer."* Daniel was unable to focus during one of the sessions, because he was preoccupied with his next lesson for which he had not done his homework. Louise proposed that *"... this shows someone on the spectrum, if they're focused on something else already trying to get their mind off that onto something else can be difficult."*

Future directions

Most members of staff expressed some interest in *continued use* of the MI resources. Some were keen to use the programme in its complete form, whilst others suggested other ways in which they might use it, for example by linking it to other interventions or using it with groups. Two paraprofessionals found the programme particularly useful, Mark commenting that *"I just think it's something that we'll all be using again definitely.... out of all the things that we've used before this is the most beneficial."* In terms of *pupil voice* there were indications of positive feedback from pupils about the intervention, for example, Mark commented: *"And he did actually comment at one point how much he was enjoying the sessions and how much he was benefiting from it."*

Staff were able to suggest other *potential uses* of the MI programme. One felt some sessions could be used with groups of pupils, while two others said that they would be keen to use some of the resources to help them to get to know pupils. It was also mentioned that it might be useful to start using the programme with a pupil in Year 7 and then continue to use it as the pupil progresses through the school.

Discussion

Findings suggest that positive indications about pupil progress reported by staff were not supported by data from the PFSSW scores. Reasons for this will now be explored and implications for practice discussed in more detail.

Overall, staff reported a number of benefits as a result of pupils taking part in the programme, for example, the teacher-pupil relationship was strengthened and paraprofessionals developed a better insight into pupil's interests. It was reported that pupils enjoyed participating in the sessions; it enabled them to think about their behaviour; and for some pupils there were tangible examples of behavioural change. These findings are consistent with previous research, which suggests benefits for disaffected pupils from participating in MI (Atkinson and Ames, 2007; Atkinson and Woods, 2003; Cryer & Atkinson, 2014; Kittles and Atkinson, 2009). Paraprofessionals also reported that the intervention enabled them to develop a better insight into pupils' home life and interests outside of school, as well as the potential triggers that could lead to behaviour incidents. This is consistent with findings reported by Kittles and Atkinson (2009) who found that MI yielded useful information when MI was used as an assessment tool.

In contrast, there were improvements in overall motivation for only three of the five pupils and these were modest and potentially attributable to other factors, such as

increased adult attention or the Hawthorne effect (Franke & Kaul, 1978). Therefore, the results of the quantitative strand of the study suggest that the MI intervention had a minimal impact on pupils' school-based motivation. Dörnyei (2002) notes that there are inherent problems with measurement, because motivation is an abstract concept and not directly observable. Furthermore, it is multidimensional and cannot be represented by simple measures, such as questionnaire items. However, it should be noted that the PFSSW inventory was also used in Atkinson and Woods' (2003) case study and in that study there was a notable difference in the pupil's motivation score between pre-test and post-test. Interestingly, the *Adult pressure* score on the PFSSW inventory increased for three of the pupils. This subscale examines pressure and excessive demands from adults. If the MI sessions were conducted in a way that was true to the spirit of MI in terms of involving collaboration and evocation and supporting the client's autonomy (Miller & Rollnick, 2002), it might be expected that the *Adult Pressure* score would reduce. This suggests that the MI sessions may not have been carried out in a way that was true to the ethos of MI. It is also possible that the manualised approach, designed to improve replicability, may have reduced the extent to which the intervention was consistent with the principles and spirit of MI.

There were a number of implementation issues that were raised during the focus group. For example, staff reported that they had little preparation time, problems finding accommodation, and perhaps most significantly finding time to complete the MI intervention regularly and consistently each week, with some members of staff reporting having to cancel sessions. This lack of consistency could perhaps begin to explain why the pupils' school based motivation did not improve to the same extent seen in previous studies (e.g. Atkinson & Woods, 2003). Additionally, while there is evidence that the materials were adapted to make these more bespoke for pupils (for example, participants reported using

different versions of the TTM focused on pupil priorities) this in turn raises issues about the fidelity of the intervention, particularly given the limited training time for participants on the central tenets of MI. In a recent article Lendrum and Humphrey (2012) state that interventions are rarely implemented as designed and that this variability can be related to variability in the achievement of expected outcomes. This has implications for future research and leads to questions about the importance of contextual factors in delivering effective MI interventions.

Another potential question centres on whether or not the training was sufficient in preparing the paraprofessionals to deliver MI. Evidence suggests that paraprofessionals, without previous mental health training can successfully deliver cognitive behavioural therapy (CBT) to older adults with generalised anxiety disorders (Stanley, Wilson, Amspoker, Kraus-Schuman, Wagener, Calleo, Cully, Teng, Rhoades, Williams, Masozera, Horsfield, & Kunik, 2014). However, in that case, the paraprofessionals did receive considerable training and supervision from experts and each had a bachelor's degree in a relevant field, such as psychology or sociology. Resnicow, Dilorio, Soet, Borrelli, Ernst, Hecht and Thevos (2002) argue that facilitators who are trained in MI but do not have a background in counselling or psychology, may struggle to adopt the more facilitative and collaborative spirit of MI because they are typically used to being more directive and prescriptive in their roles. Interestingly in the present study, the paraprofessional specialising in SEBD had previously completed some training in counselling, which could explain why the two pupils that she worked with displayed larger increases in motivation compared to the other pupils. This leads to questions about how best to prepare and train pastoral staff delivering MI. While paraprofessionals in the present study attended a ninety-minute MI training course, Rollnick et al. (1992) argue that one-off training is not sufficient and for facilitators to be suitably

trained in MI they would be required to attend two-three hour sessions over a number of weeks. Although this level of training may not be feasible in most school settings, it suggests that opportunities for on-going training and supervision might be advantageous.

There are also possible training implications related to the identification of pupils, who were selected by the paraprofessionals themselves, without direct guidance or support from the authors. While all pupils in the study were identified as disaffected, it should be noted that this was not necessarily the primary presenting concern. It is interesting to note that the pupils for whom the focus appeared to be learning, ASC or attendance, did not improve on self-report measures. However, there were greater improvements for pupils when the presenting concern was related to behaviour. This may have implications for selecting which pupils may benefit most from the intervention. In the case of Daniel, findings are consistent with those of Kittles and Atkinson (2009) who noted fewer observable positive outcomes for a young person with communication and language difficulties. It also suggests that paraprofessionals may benefit from additional support and supervision in selecting pupils, as well as in preparing for and delivering the intervention.

The present study has a number of limitations that must be considered. In addition to the fact that the study was small scale and implemented within a single context, the paraprofessionals received limited training on MI and there was a lack of consistency in how the intervention was delivered. Furthermore, staff did not have the opportunity to access supervision and most of the paraprofessionals did not have a background in a relevant field such as, psychology or counseling. Although all of the participants could be described as disaffected, in some cases the pupils were exhibiting concerns in other areas, which may have impacted on the findings. In addition, the researchers were unable to monitor the longer-term impact of the programme and on this occasion it was not possible to ascertain

the pupils' views on the MI-based intervention. Further research is necessary on the application of MI in education and the current study has highlighted a number of other areas that would be worthy of further study. These include repeating the study with closer attention to training and implementation with the paraprofessionals involved; ascertaining the experiences of pupils that take part in MI interventions in terms of the process and outcomes and thinking about how MI might be adapted for use with certain groups of pupils, such as those with a diagnosis of ASC.

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