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Adolescence is often described as a time of great change in a person's life. Young people during this time are expected to behave as adults in their relationships with their peers and adults. However, many adolescents experience frustration and stress in being independent, in some instances, and yet dependent on their parents and school/community authorities in others (Vickers, 2002). Most adolescents will occasionally exhibit difficult behaviour or occasional aggressive outbursts, but this behaviour becomes problematic when persistent.

Withers (1995) in a major review of programmes for vulnerable youth in the UK, Canada, Australia, and the USA, concluded that all adolescents feel anger and frustration, and exhibit a range of behaviour difficulties as a result of the many physical, emotional, and social stresses associated with this developmental stage. It is often appropriate to feel sad, angry, persecuted, or confused (Wilberg, 1998). During adolescence, young people seek greater control of their lives as they create and explore their own identity. If this is not adequately provided for by the significant adults in their lives, or if the adults do not offer other support that they value, they may seek their independence and relationships outside the approved value systems of the adults and may develop disruptive behaviour (Rose, 1998).

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Young people with frequent disruptive behaviour are usually classified as experiencing behavioural, emotional or social difficulties and may also be recognized as having special educational needs (Jones, 2003). A significant number of research studies have highlighted disruptive behaviour as a major challenge for teachers, where conflicts can arise between meeting individual needs and providing

(Farrington, 1991), early school leaving (James & Lawlor, 2001), and juvenile criminality (Nelson, Finch, & Ghee, 2006).

There is a vast body of literature examining the effectiveness of psychological interventions for adolescents with behavioural problems. It is considered that school-based interventions for pupils with disruptive behaviour are most effective, as they are already engaging in experiences within the school context that assist them in their social and cognitive development (Murphy & Christner, 2006). Young people who engage in disruptive behaviour often get involved in verbal and physical quarrels with their peers, throw tantrums, have poor social skills and show a lack of self-control (Kendall & Panichelli-Mindel, 1995). Given the correlation between problem behaviours in adolescence and poor cognitive and social problem-solving abilities, cognitive behavioural approaches have been described as an efficacious intervention for young people with behaviour difficulties (Erikson, 1998).

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Cognitive behavioural approaches are used for a range of problems in children, adolescents, and adults. The core principle of the cognitive behavioural approach is that people are not disturbed by things, but by the views they take of them (Greig, 2007). Drawing largely on the work of Beck, Rush, Shaw, and Emery (1979), the

development of cognitive behavioural interventions was based around the application of techniques to correct cognitive distortions through the application of logic and the search for evidence.

Cognitive distortions have been reported in young people with a range of di -culties. For example, aggressive children perceive more aggressive intent in ambiguous situations, and select fewer cues when making decisions about the intent of another person's behaviour (Dodge, 1985). Cognitive behavioural interventions that address cognitive distortions are primarily concerned with the teaching of new cognitive and behavioural skills. Programmes often involve psycho-education in the areas of social problem solving, attribution retraining, learning new cognitive strategies (e.g. positive self-talk), practice, and self-reinforcement (Stallard, 2002; Toland & Boyle, 2008). In order to demonstrate how changing thoughts may change feelings and behaviours, a diagram like the example in Figure 1 is often used to show the interaction.

Most research into the e cacy of cognitive behavioural approaches has been done with adults, but there is a growing body of evidence showing how they might

Group interventions can be delivered to multiple adolescents within a limited time-frame, thus maximizing efficiency while not compromising effectiveness (Pérusse, Goodhough, & Lee, 2009). While this is convenient in terms of time, space, staffing, and financial considerations, groups also allow professionals to begin work with young people sooner to prevent the escalation of disruptive behaviours, which could lead to eventual exclusion during a long wait period (Mennuti, Freeman, & Christner, 2006). The experience of being in a group is central to human existence given that a great proportion of people's lives is spent interacting with others in groups from the moment they are born. Action research undertaken by Larmar (2006) indicates that a group approach is an effective means of facilitating cognitive behavioural intervention for pupils exhibiting disruptive behaviours.

The current study aimed to address the following research questions: RQ1: Is a cognitive behavioural, group-based intervention e ective in reducing disruptive behaviour in adolescents? RQ2: To what extent are any reductions in disruptive behaviour achieved during the intervention maintained in the longer-term (i.e. at six-month follow-up)?

Design

This study used a repeated measures design. The main independent variable was time, with assessment occurring twice before the intervention (Time 1 and Time 2), immediately after the intervention (Time 3), and at 26 weeks follow-up (Time 4). The dependent variables included measures of behaviour, self-concept, and trait emotional intelligence gathered from teachers, parents, and participants.

Participants

The participants were drawn from three secondary schools in Ireland. It was decided to o er the intervention to 2nd year students (Year 9 is the UK equivalent) aged between 13- and 14-years-old. In total, 25 young people (19 boys and 6 girls) were identified to take part in the intervention. All of the students were of white-Irish origin, reflecting the ethnic profile of the schools; the primary language of all participants was English. Five of the students had special educational needs such as Dyslexia and Autistic Spectrum Disorder and were availing of extra resource support (e.g. 1:1 teaching time).

Of the 25 participants starting the intervention, three pupils (12% of sample) did not complete the course for various reasons, such as illness. Pre- and post-data were, therefore, available for 22 participants (88% of sample). It was not possible to examine the e ect of gender due to the fact that only 27% of the final sample was female.

Procedure

Teachers in the three schools were asked to identify students to be involved in the groups based on Cameron's (1998) description of the di erent types of disruptive behaviour in classrooms (see Table 1). Teacher descriptions of the pupils included: 'di culties following class routines', 'persistent talking in class', 'bullying', 'di -culties interacting with peers', 'socially excluded', 'refuses to do class work', 'neg-ative self-concept', 'verbally insults other students', 'frequent late arrival to class', 'di cult home background', and 'fights with others'. Similar to Squires (2001),

students who were in acute crisis in their personal lives (e.g. death of a family member), or who were at risk of permanent exclusion were not included in the groups.

Consent was obtained from the students and from their parents/carers and the right of the student to withdraw at any time was emphasized. Following Squires (2001), it was decided to involve a member of the school sta in implementing the intervention, in order to have continuity of approach and to facilitate work being carried out by the participants outside of the group sessions. This provision also enabled participants to access support readily if they needed to discuss a particular issue between meetings.

Each group met for six one-hour sessions, with the researcher and a teacher from the school, to go through materials based on Squires (2001). Materials were developed using resources from Think good, feel good (Stallard, 2002) and Anger management. A practical guide (Faupel, Herrick, & Sharp, 1998). Typically, the sessions followed a set format of: 1 welcome; 2 revision of group rules; 3 warm-up game; 4 discussion of homework activity; 5 cognitive behavioural teaching point (e.g. situation sheets); 6 explanation of new homework activity; 7 warm-down activity (e.g. positives about session); 8 thanks to all for their attendance and contributions.

Measures

participants. It yields a score in the range 20–80 indicating the extent to which an adolescent causes difficulty in the classroom.

Beck Youth Inventories

Initial analysis focused on change over time using a series of one-way repeated ANOVAs. No significant differences were found for anxiety (Wilks' Lambda $= 0.91$, $F(3,19) = 0.636$, $p > 0.05$) or depression (Wilks' Lambda $= 0.73$, $F(3,19) = 2.315$, $p > 0.05$).

A significant difference over time was found for self-concept (Wilks' Lambda $= 0.47$, $F(3,19) = 7.280$, $p < 0.05$, multivariate partial eta squared $= 0.54$), anger (Wilks' Lambda $= 0.50$, $F(3,19) = 6.404$, $p < 0.05$, multivariate partial eta squared $= 0.50$) and disruptive behaviour (Wilks' Lambda $= 0.44$, $F(3,19) = 8.112$, $p < 0.05$, multivariate partial eta squared $= 0.56$). Post-hoc comparisons using Tukey tests revealed no significant change in self-concept, anger, or disruptive behaviour over the two pre-intervention assessments (Time 1–Time 2). A significant improvement was found from pre-intervention (Time 1 and Time 2) to post-intervention (Time 3) and at the six-month follow-up (Time 4) for all three
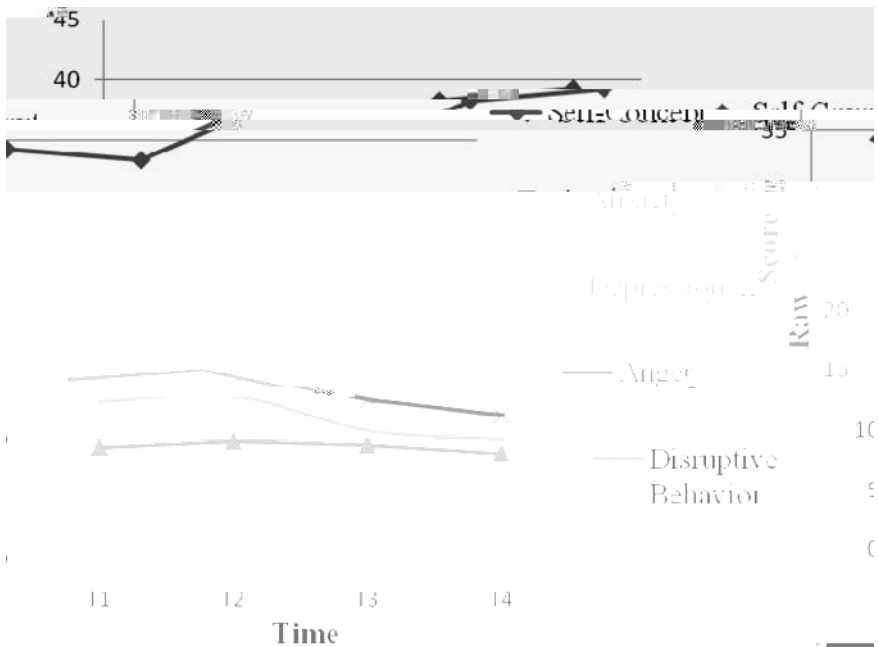
variables. This indicates a stable baseline period followed by a reduction in problem behaviours after the intervention, which was maintained at six-month follow-up (see Figure 2).

Trait Emotional Intelligence Questionnaire-Adolescent Short Form

A one-way repeated measures ANOVA revealed a significant difference over time for scores on the TEIQue-ASF (Wilks' Lambda $= 0.44$, $F(3,19) = 8.027$, p
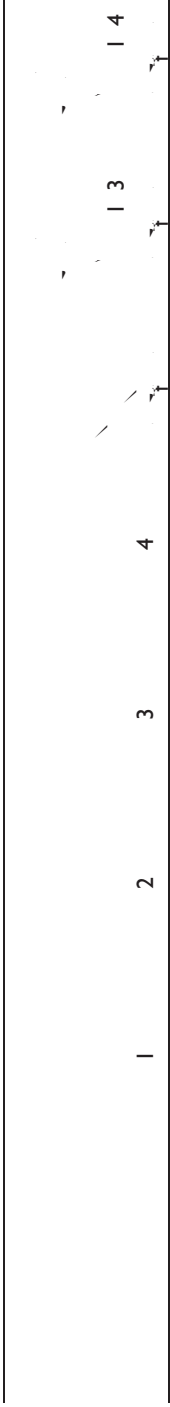
Parent ratings on the Strengths and Difficulties Questionnaire

One-way repeated measures ANOVAs of parent SDQ ratings revealed no significant change across time for emotional symptoms (Wilks' Lambda $=0.79$, $F(3,19) = 1.725$, $p > 0.05$), peer problems (Wilks' Lambda $=0.90$, $F(3,19) = 0.685$, $p > 0.05$) or prosocial behaviour (Wilks' Lambda $=0.91$, $F(3,19) = 0.619$, $p > 0.05$).

A significant di erence over time was found for total di culties (Wilks' Lambda $=0.66$, $F(3,19) = 3.203$, $p <$

Sevdalis, Petrides, & Harvey, 2007). In this case, the nature of the current sample was such that optimization entailed an increase in scores.

Limitations

While the results of this study are encouraging, a number of limitations have been identified in relation to the methodologies used in the research design. First, there is no control group with which to compare the observed intervention effects. Many of the positive changes reported by participants, parents and teachers could have been achieved over a similar time period without a cognitive behavioural group intervention. In order to draw firm conclusions about the positive effects of the intervention, the results would have to be compared to a matched group of adolescents who received no intervention. Second, the relatively small sample size makes it difficult to generalize the findings to other adolescents, and to answer questions such as whether the intervention outcomes are the same for boys and girls. Third, the study's focus on a specific age group and a wholly white-Irish population places a caveat on applying the results to other age groups and populations. Fourth, self-report measures can underrate the presence of difficulties if adolescents are unwilling to divulge that their behaviour causes a problem in school (Ybrandt & Armelius, 2010). Fifth, the researcher not only implemented, but also evaluated the intervention. Efforts were made to reduce researcher bias through the use of standardized measures.

Implications for educational psychologists

Cognitive behavioural interventions have enormous potential to change young people's lives and can be an exciting and worthwhile aspect of an educational psychologist's practice (Dunsmuir & Iyadurai, 2007). Schools are under increased pressure from national legislation (e.g. 'Every child matters', Department for Education and Skills, 2004; 'No child left behind', United States Department of Education, 2001) to improve outcomes for students. Cognitive behavioural group approaches can offer time-efficient, but none the less effective ways of working with pupils who engage in disruptive behaviour. Such an approach can provide a compromise for schools and psychologists in meeting their obligations to 'build services around the needs of children and young people and to deliver their outcomes most efficiently and effectively' (Department for Education and Skills and Department of Health, 2006, p. 2).

   This study adds support to the body of literature on cognitive behavioural group interventions for adolescents with disruptive behaviour. The results presented provide further empirical evidence for professionals such as educational psychologists working with young people using cognitive behavioural approaches in a group modality. Further research, with different age groups and demographic populations along with concurrent parent programmes is indicated.

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