

# Creating A Peaceful School Learning Environment

**Submission date**

03/07/2006

**Recruitment status**

No longer recruiting

☐ Prospectively registered

☐ Protocol

**Registration date**

17/08/2006

**Overall study status**

Completed

☐ Statistical analysis plan

☒ Results

**Last Edited**

25/09/2009

**Condition category**

Mental and Behavioural Disorders

☐ Individual participant data

**Plain English summary of protocol**

Not provided at time of registration

## Contact information

**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

# Study information

## Scientific Title

## Acronym

CAPSLE

## Study objectives

The overriding objective of the trial was to evaluate the effectiveness of two systematic approaches to enhancing the educational environment in elementary schools. Both approaches were expected to reduce the frequency and intensity of disruptive and aggressive behaviours among elementary school children - these decreases were expected to produce increases in engaged instructional time and improvements in academic performance.

We expected to find decreases in a number of indicators of disruptive behaviour, including the amount of class time spent on discipline, aggressive behaviour among students, suspensions and expulsions, and disciplinary referrals to the principals office. We also anticipated increases in indicators of a positive school learning environment, including increased time spent in academic instruction, increased student performance on school-wide, standardised achievement tests, and more positive perceptions of the school environment by students and staff.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approval granted by The Menninger Institutional Review Board (IRB) on 01/09/1999.

## Study design

Cluster-level randomised controlled trial with stratified restricted allocation.

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Quality of life

## Participant information sheet

## Health condition(s) or problem(s) studied

Childhood aggression and disruptive behaviour in the school setting

## Interventions

Nine elementary schools that volunteered to participate in this study were randomly assigned to one of three conditions: Intervention A, Intervention B, and Intervention C.

The three schools receiving Intervention A participated in a school-wide program focusing on bully-victim relationships among children. This program provides specific nonhostile, yet effective, approaches for school faculty and staff to use when aggressive incidents occur and uses multiple techniques to promote self-control, personal responsibility, and a commitment to solve interpersonal problems peacefully. Increased monitoring and positive attention to children are provided through high school age mentors and adult volunteers (known as Brunos) who provide support to children and teachers during recess and transition periods during the school day. The Gentle Warrior Training program offers instruction in personal skills, including relaxation, body conditioning, role playing of conflict management skills, learning methods of handling physical violence without getting injured or injuring others, and developing communication skills with others.

The three schools receiving Intervention B each had a doctoral-level (M.D. or Ph.D.) Mental Health Consultant on school grounds four hours a week, provided by the Menninger Clinic. This consultant participated in weekly Student Resource Team (SRT) meetings (approximately one hour per week), and spent three hours weekly consulting with school staff. The consultant aimed to become an integral part of the SRT, using specialised expertise in child psychiatry/psychology to assist in data gathering, intervention and assessment planning, and (when indicated) liaisons with mental health service providers in the community. The overriding goal of this consultation is to address more comprehensively the mental health needs of children exhibiting significant emotional or behavioural problems at school. Effective intervention with these high risk children was expected to reduce school failure and disruptive behaviour, thus enhancing outcomes for the high risk children and their classmates, whose own learning is hindered by the disruptive behaviour of high risk children.

The three schools assigned to Intervention C were in the treatment-as-usual control condition. Data were collected as in Intervention A and Intervention B schools, and results of this data collection were provided to principals to aid in planning and decision-making.

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome measure**

Primary outcomes for the trial included:

1. Child self-report of experiences with aggression at school (i.e., aggression, victimisation, helping behaviour, and aggression-related attitudes)
2. Peer nominations of aggression, victimisation, and helping behaviour among classmates
3. Childrens ratings on the Positive Learning Climate survey.

These outcome measures were obtained from children in grades three to five twice each year of the three year study (i.e., every Fall and Spring semester), with the exception of the Positive Learning Climate survey (completed only in the Fall, first and second graders completed a picture version of this survey).

Additionally, teachers in grades one to five completed two rating forms on children in their classroom (i.e., teacher nominations of aggression, victimisation, and helping behaviour, and

ratings of problem behaviours and competencies each Fall and Spring). Teachers also completed the teacher-report version of the Positive Learning Climate survey.

Further, observational measures of engaged instructional time and disruptive behaviour were gathered on a subset of the third to fifth graders in the sample (approximately 180 children) in the classroom and during recess each Fall and Spring. Finally, indicators of disruptive behaviour (i.e., suspensions/expulsions, disciplinary referrals, attendance data, and injuries treated by a school nurse) and achievement test data were gathered from records already maintained by the school system.

### **Secondary outcome measures**

All trial outcomes are listed as primary outcomes.

### **Overall study start date**

15/09/1999

### **Completion date**

30/06/2002

## **Eligibility**

### **Key inclusion criteria**

1. Participants were students (grades one to five) in those elementary schools that volunteered to participate.
2. All students in these grades in the nine participating schools received those aspects of the intervention condition assigned to their school that did not require parent consent (i.e., the majority of intervention components were delivered as part of school curriculum).
3. All students were also invited to participate in the research components of the project.
4. In addition, parents of children in schools receiving Intervention A were asked to give permission for their child to participate in a specialised conflict management program referred to as Gentle Warrior Training. Those students participated in research components and Gentle Warrior Training (if in Intervention A schools) who provided child assent and whose parents gave permission for them to participate.

### **Participant type(s)**

Patient

### **Age group**

Child

### **Sex**

Both

### **Target number of participants**

3,000

### **Key exclusion criteria**

There were no exclusion criteria, with the exception of not allowing those children to participate in research components or Gentle Warrior Training (if in Intervention A schools) who did not provide assent or whose parents declined informed consent to participate.

**Date of first enrolment**

15/09/1999

**Date of final enrolment**

30/06/2002

## **Locations**

**Countries of recruitment**

England

United Kingdom

United States of America

**Study participating centre****Psychoanalysis Unit**

London

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## **Sponsor information**

**Organisation**

The Menninger Clinic (USA)

**Sponsor details**

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**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.menningerclinic.com/>

**ROR**

<https://ror.org/01xpt7p88>

# **Funder(s)**

## **Funder type**

Charity

## **Funder Name**

Forrest C. Lattner Foundation

## **Funder Name**

AmVestors Financial Corporation

## **Funder Name**

Hills Pet Nutrition

## **Funder Name**

Western Resources

## **Funder Name**

Security Benefit Group

## **Funder Name**

Southwestern Bell

## **Funder Name**

Capitol Federal Savings

## **Funder Name**

Kansas Health Foundation

## **Funder Name**

Stauffer Foundation

**Funder Name**

Topeka Capital-Journal

**Funder Name**

Burlington Northern Santa Fe Foundation

**Funder Name**

John & Gene Hayes

**Funder Name**

Anderson Chandler

**Funder Name**

Blanche Bryden Foundation

**Funder Name**

Trull Foundation

**Funder Name**

Jessie Ball duPont Fund (grant number: 2002-194)

**Alternative Name(s)**

JESSIE BALL DUPONT RELIGIOUS CHARITABLE & EDUCATIONAL FUND, duPont Fund, Jessie Ball DU PONT Fund, JBDF

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**Location**

United States of America

**Funder Name**

# Results and Publications

**Publication and dissemination plan**  
Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/07/2005		Yes	No