

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

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Additional identifiers

Protocol serial number

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

Study type(s)

Quality of life

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(s)

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.

Key secondary outcome(s)

All trial outcomes are listed as primary outcomes.

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

Healthy volunteers allowed

No

Age group

Child

Sex

All

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

United Kingdom

England

United States of America

Study participating centre

Psychoanalysis Unit

London

United Kingdom

WC1E 6BT

Sponsor information

Organisation

The Menninger Clinic (USA)

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

Menninger Foundation

Results and Publications

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?
Results article	results	01/07/2005		Yes	No