UNCOVERING THE MOMENT-TO-MOMENT PROCESSES AND STRATEGIES OF STAFF IN SCHOOL-BASED DAY TREATMENT FOR CHILDREN WITH SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

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Abstract

The school-based day treatment program at the Child Development Institute (CDI) provides intensive mental health services for children in kindergarten and grade 1 with social, emotional and behavioural difficulties who are unable to manage in mainstream classrooms. Despite services such as this having been offered in Canada for several decades, research on day treatment is scarce with no standard models for program delivery. Using stimulated recall interviews with classroom staff, this study aimed to describe the moment-to-moment processes and strategies of classroom staff in the day treatment program at CDI and incorporate them into a preliminary program model. Several processes and strategies used by staff members emerged from thematic analysis of the interviews. These included a process of tailored intervention, characterized by a continual and cyclical process of attunement, responsiveness, assessment and evaluation, using a team-based approach, noticing positives about children, a climate of positive relationships, staff regulating their own emotions, being flexible while also being firm and consistent, and seeing children from a developmental perspective. More specific strategies used by staff members (e.g., token economy) also emerged from the interviews. School readiness was identified as being the major developmental goal for children in the day treatment program. Ultimately, the program was conceived as a milieu therapy. Implications for future research and preservice teacher training are discussed.

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Developing a Program Model for School-Based Day Treatment for Young Children with Social, Emotional and Behavioural Difficulties

School-based day treatment programs provide intensive mental health services for children and youth with social, emotional and behavioural difficulties who are unable to manage in mainstream classrooms. Their difficulties can include (but are not limited to) problems with hyperactivity, lack of concentration, immature social skills, anxiety, difficulty following routines or dealing with changes in routine, displaying disruptive or aggressive behaviour, or other behaviours that present challenges in the classroom. Children exhibiting these symptoms at a young age are at high risk for negative outcomes. They experience higher rates of peer problems, including bullying and victimization (Blake, Lund, Kwok & Benz, 2012; Campbell, 1995; Wolke, Woods, Bloomfield, Karstadt, 2000). They are more likely to be below grade level in both mathematics and reading when compared with their peers (Trout, Nordness, Pierce & Epstein, 2003). They have the poorest school and post-school outcomes (Wagner et al., 2006) with higher rates of arrest, substance use, unemployment, low income, dependence on social assistance and mental health service use (Mayer, Lochman & Van Acker, 2005). A review of longitudinal data from the United States revealed that youth with emotional and behavioural difficulties had an average GPA of 1.4 and a school dropout rate of 58% (Bradley, Doolittle, Bartlotta, 2008). Similarly, in the United Kingdom, 36% of youth with emotional and behavioural difficulties did not sit the final exams for secondary school graduation. This was true of only 10% of youth without emotional and behavioural difficulties (Barnardo, 2006). Given the abundance of research indicating the importance of early intervention (Hayes, Giallo, Richardson, 2010; McNeil, Capage, Bahl & Blanc, 1999), day treatment provides a critical window of opportunity to alter the developmental trajectories of these children.

Despite day treatment having been offered in Canada for several decades, recent reviews have revealed that although there is some evidence supporting the effectiveness of day treatment, research on this intervention is scarce (Kanine, Tunno, Jackson, O'Connor, 2015; Tse, 2006). In particular, little is known about what works in this treatment setting or how and why it is effective, as descriptions of program models are lacking and there are no standard protocols to guide service delivery (Clark & Jerrott, 2012). A working group commissioned in 2016 to evaluate day treatment classrooms in the Toronto region identified the absence of an established program model as a significant barrier to accountability, successful reintegration of students into mainstream schools, and consistency in service delivery (Section 23 Working Group, 2017). Although many programs incorporate elements from existing evidence-based interventions (e.g., MindUP (Maloney, Lawlor, Schonert-Reichl & Whitehead, 2016), Dina Dinosaur (Webster-Stratton & Reid, 2003)), children in day treatment are among the most socially, emotionally and academically vulnerable. They require flexible programming tailored to meet their complex needs and it is unclear whether such evidence-based interventions are being implemented in ways that are responsive to the complex needs of these children. This study aimed to address some of these knowledge gaps by identifying the moment-to-moment processes and strategies of classroom staff in school-based day treatment at the Child Development Institute (hereafter referred to as "CDI") in Toronto, Ontario, with the goal of incorporating them into a program model.

Child Development Institute's Day Treatment Program

The day treatment program at CDI provides two therapeutically-based classrooms for children in kindergarten and grade 1 (3.5 – 7 years of age). Children are referred to the program by parents, schools, and child-care centres, because they are exhibiting social, emotional, and

behavioural regulation challenges, and are unable to manage in mainstream kindergarten or grade 1 classrooms. The program has two components: a school-based component and a family counselling component. The classroom component with the children is delivered five days a week by a multi-disciplinary team consisting of two special education teachers, two child and youth workers, an educational assistant (hereafter referred to as "staff" or "classroom staff") and a psychologist who is available for consultation and to provide psychoeducational assessments. The family counselling component is delivered once every two weeks by a social worker who meets with caregivers for the duration of their child's participation in the program to support the transfer of skills learned in the classroom to the home environment. There are typically 12 children per year, divided between the two classrooms located on the same site. The average stay in the program is one to two years. The desired overall outcome is for children to be re-integrated into their community schools.

The school day is divided into two sections (morning and afternoon) separated by a one-hour period for lunch and outdoor recess. The day begins with snack and a "feelings check-in", during which staff lead children in a discussion aimed at developing emotional awareness, in which children and staff talk about how they are each feeling that day. The remainder of the morning is dedicated to academic instruction with children following the Ontario curriculum for kindergarten and grade 1. In the afternoon, the two classes come together for social skills instruction, followed by structured playtime in "centers." Although this is the general structure within which classroom staff at CDI work, descriptions or documentation (e.g., a program manual) of the specifics of their approach to intervention are lacking, as is the case with day treatment programs in general (Clark & Jerrott, 2012; Section 23 Working Group, 2017).

Research on Day Treatment

Day treatment (or "day schools" or "therapeutic classrooms) emerged as a popular treatment modality for children with social, emotional and behavioural problems in the 1960s and 70s. Early research suggested that day treatment was an equally effective alternative to residential treatment (Erker, Searight, Amanat & White, 1993; Grizenko, Papineau & Sayegh, 1993). Day treatment programs are less costly than residential treatment and are consistent with the philosophy of providing treatment in the least restrictive environment, resulting in fewer disruptions to the child and family (Milin, Coupland, Walker, & Fisher-Bloom, 2000). Day treatment programs are associated with improvements in children's social skills, behaviour, externalizing symptoms, and intensity of problems, as well as family functioning, at discharge and follow-up (Clarke & Jerrot, 2012; Erker et al., 1993; Grizenko, 1997; Grizenko, Papineau & Sayegh, 1993; Rey, Denshire, Wever, & Apollonov, 1998). Though these research findings are promising, they are also difficult to interpret as studies seldom report on the specific treatment strategies used by staff.

Some key components of day treatment programming emerged from the Section 23 Working Group (2017). In reviewing the literature on day treatment, they found that effective day treatment programs include specialized assessments to guide treatment planning, use of focussed treatment approaches (e.g., cognitive behavioural therapy, social skills training, collaborative problem solving, or trauma and attachment-informed therapies), engagement of parents in treatment, and positive relationships between staff, children and families. They also include adequate staff training and professional support, low student to teacher ratios, highly structured classrooms, coordination between service providers and cross-sectoral collaboration, and careful planning for re-integration and the transition of children to back to mainstream

classrooms. Identifying these components was an important step for understanding effective day treatment programming; however, these components do not identify what front-line day treatment staff do with children on a moment-to-moment, day-to-day basis in delivering this type of intervention.

Milieu Therapy

Many day treatment programs operate as milieu therapies (Section 23 Working Group, 2017). Milieu therapy is a commonly used approach within child and youth care, residential treatment and psychiatric nursing; however it is hard to define precisely as the term is used to describe a wide variety of therapeutic activities. The common thread running through milieu therapies, however, is a focus on delivering interventions within a naturalistic setting (Kaiser, 1993) such that the entire treatment environment (or "milieu"), including its physical, organizational, structural and relational components, is used as a therapeutic agent. Also referred to as life space interventions, milieu therapies work with children in the spaces in which their lives unfold in (e.g., school), meeting them where they are, and developing fluid interventions that are responsive to the needs of children (Gharabaghi & Stuart, 2013). The CDI day treatment program can be conceived of as a milieu treatment, with children attending a naturalistic school environment where staff deliver interventions as children's lives unfold in the classrooms. Staff work with children through moment-to-moment, day-to-day interactions and activities with peers in the classroom to help them develop skills to address their social, emotional and behavioural challenges. The milieu provides environmental experiences to support and accelerate children's social, emotional and behavioural development.

Theoretical and Empirical Foundations

In the absence of a program model outlining the types of treatment interactions and activities within the milieu of day treatment at CDI, clinical and developmental theory and research can offer insights on aspects of intervention that would likely be beneficial for children's skill development.

Tailoring interventions. Interventions need to be developmentally tailored to match the age and cognitive capacities of children. A mismatch between a child's capacities and a practitioner's perceptions of those capacities can jeopardize the effectiveness of the intervention process (Noam & Hermann, 2002). In the domain of social competence, researchers have adapted interventions to meet children's unique information processing strengths and needs, missing skills, as well as emotion regulation abilities (Cotugno 2009; Guli et al. 2013; Maag 2006; Milligan, Phillips & Morgan, 2016; Quinn, Kavale, Mathur, Rutherford & Forness, 1999; Stichter et al. 2012). Finally, research indicates that child characteristics (e.g., reactive vs. proactive aggression, presence of comorbidity, trauma history vs. no trauma history) can moderate therapeutic response (Bennett et al., 2008; Dorsey et al., 2017; Riosa, McArthur & Preyde, 2011; Fonagy et al., 2002) indicating that personalized approaches to treatment that take into consideration individual factors are likely to be more successful than one-size-fits all approaches.

Importance of relationships. Decades of research have demonstrated that healthy relationships are critical for healthy development (Cassidy, Jones & Shaver, 2013; Pepler, Craig & Haner, 2012; Meloni, 2014). Attachment theory (Bowlby, 1988) helps explain the importance of relationships for early development. Infants are genetically programmed to connect with caregivers (Cassidy & Shaver, 1999). This "attachment bond" is considered to be an innate,

biologically adaptive system that provides a relationship in which infants and young children will: 1) seek proximity to the primary caregiver(s); 2) be provided with a safe haven for comfort when in distress; and 3) develop and "internal working model" of relationships that forms the basis of what to expect in other relationships moving forward (Bowlby, 1988). When caregivers are able to adequately understand the internal states and needs of infants and young children and respond sensitively, children develop a *secure attachment,* and the caregiver-child relationship becomes one that helps young children manage stressful situations and physiological states. This eventually contributes to the development of self-regulatory abilities.

Although attachment theory has traditionally been applied to parent-child relationships, Pianta and colleagues (2003) have argued that an attachment framework can also be applied to the caregiving relationships that exist between teachers and young children. Child outcomes typically associated with secure attachments to parents are comparable to those associated with positive teacher-child relationships (e.g., emotion regulation, social competence; Bergin & Bergin, 2009). High-quality teacher-child relationships have been found to buffer the negative developmental outcomes related to adverse early caregiving experiences (Sabol & Pianta, 2012). For example, teacher-child relationships characterized by sensitivity, warmth, and connectivity have been found to protect against the development of aggressive behaviour for children who had insecure maternal-child attachments, characterized by low warmth and insensitivity (Buyse, Verschueren & Doumen, 2011).

Research on a teacher-child relationship-focused intervention for preschool children with disruptive behaviour called Banking Time **(**Pianta & Hamre, 2001) provides further support for this view. Banking is designed to foster sensitive and responsive relationships between teachers and students through one-on-one play. Teachers are given several guidelines for their behaviour

during this play, including that they must: follow the child's lead, carefully observe and narrate the child's behaviour, label his or her positive and negative emotions, and be available as an emotional resource to the child. Children who participated in Banking Time showed significant improvements in their ability to regulate emotions and significant decreases in their behaviour problems, compared to children who did not receive the specialized relationship-focused care (Driscoll & Pianta, 2010). Interestingly, children who participated in Banking Time also had significantly greater declines in morning cortisol (Hatfield & Williford, 2017).

Building on attachment theory, research over the past 30 years in the fields of biology and neuroscience has further highlighted the central importance of relationships for development. For example, it is now clear that attachment is strongly implicated in the development of the hormonal stress response system (Bernard & Dozier, 2010) and that the quality of children's early relationships directly relates to their cortisol levels (a hormone involved in the body's stress response). Higher cortisol levels in children have been shown to be significantly related to the level of their mother's depressive symptoms (Lupien, King, Meaney & McEwen, 2000) and to experiences of intrusive and overcontrolling care in daycare centers (Gunnar, Kryzer, Rysin & Phillips, 2010). The National Scientific Council on the Developing Child (2005) highlighted how sustained elevation of cortisol can have serious developmental consequences, altering the architecture of regions in the brain responsible for learning, memory, emotion, and behaviour regulation. They also emphasize how positive experiences, such as exposure to sensitive and responsive caregiving or opportunities for exploration and social play can contribute to adaptive changes in the architecture of the developing brain and stress response system.

Developmental systems theories have further illustrated how children's development is shaped in the context of relationships. Bronfenbrenner's (1986) ecological model of development

highlighted how children exist within a complex array of relational systems at the level of the individual child, family, peer group, school and community, which interact with each other to influence the course of development. Building on this, Sameroff (2010) emphasized how these relationships are transactional, with the developing child exerting influence on their relationships, just as these relationships exert influence on the child. Developmental cascade models (Dodge et al. 2009) further articulate this process, demonstrating how early experiences of risk (e.g., insecure attachment, neglect, abuse, difficult temperament) give rise to subsequent vulnerabilities, which then interact with the child's environment, either placing the child at greater risk for further experiences of adversity or altering their developmental trajectory towards a pathway of lower risk. For example, a child with a difficult temperament may introduce stress into the parent-child relationship, placing the parent at greater risk for depression. Parenting quality may subsequently decrease, placing the child at greater risk for social, emotional and behavioural challenges. The development of social, emotional and behavioural challenges may further stress the parent, increase symptoms of depression, and from there the cascade continues. Developmental pathways are shaped in the moment-to-moment interactions in the relationships between children and the individuals who make up their social world. Though not explicitly stated in the literature, this is likely the same assumption underlying milieu therapies, in which interventions take form in the moment-to-moment, day-to-day interactions between staff and children to support development of social skills and emotional and behavioural regulation.

Nurture groups. Nurture groups are an intervention similar in format to day treatment at CDI. In the United Kingdom, nurture groups have been operating since the early 1970s as a specialized intervention classroom for students with social, emotional and behavioural difficulties. They were established by Marjorie Boxall in Inner London in response to a high

prevalence of emotional problems and disruptive behaviour among primary school children (Cooper & Whitebread, 2007). Nurture groups are typically located within the child's home school and contain 2 staff members and up to 12 children. As a partial integration program, children who are identified as exhibiting social, emotional or behavioural problems attend the nurture group within in their school for 4.5 out of 5 days a week, spending the remaining half day in their mainstream classroom. Nurture group intervention practices draw upon attachment theory and Maslow's hierarchy of needs (Maslow, 1970) and are based on the assumption that children who are exhibiting developmentally inappropriate behaviour have unmet early learning needs and have missed the early nurturing experiences needed to enable them to function successfully at school (Boxall, 2002). The nurture group day consists of programmed activities including a communal breakfast, math and literacy instruction in accordance with the standard curriculum and structured as well as free play. Within this structure, social and developmental targets for children are determined based on a psychometric and educational assessment of their developmental needs and functioning, with interventions designed in relation to these profiles.

Research on the effectiveness of nurture groups is promising. An early study by Iszatt and Wasilewska (1997) found that of 308 children placed in nurture groups, the majority were able to return to mainstream classroom placements within one academic year. O'Connor and Colwell (2002) assessed the developmental outcomes of 68 five-year-old children placed in nurture groups and found significant improvements in cognitive and emotional development, social engagement and secure attachment behaviours. Similarly, Cooper and Whitebread (2007) explored the outcomes of 359 children enrolled in nurture groups compared to children with social, emotional and behavioural problems matched in terms of age, gender and perceived academic ability. They found evidence indicating greater improvements in social, emotional and

behavioural functioning for children enrolled in nurture groups relative to the comparison group. Reynolds and colleagues (2009) found similarly positive results showing that relative to a comparison groups of children in mainstream classrooms matched in terms of school size, socioeconomic status, and social, emotional and behavioural profiles, children in nurture groups made significant improvements in self-esteem, self-image, emotional maturity and attainment in literacy.

An observational study revealed that compared to mainstream classroom teachers, nurture group teachers make more self-esteem enhancing comments, use more positive non-verbal behaviour when making verbal comments, and make more comments aimed at supporting children's autonomy as opposed to exerting control (Colwell & O'Connor, 2003). Cubeddu and MacKay (2017) also used an observational design to compare practices of mainstream and nurture group teachers. They found that nurture group teachers demonstrated greater attunement to children, defined as how responsive the teachers were to children's emotional needs and how much their language and behaviour reflected an awareness of children's underlying emotional states. They operationalized this into principles drawn from Video-Interaction Guidance, a programme aimed at promoting attunement between parent and child (Kennedy, Landor and Todd, 2010; 2011). These principles centered around the degree to which teachers were attentive to children (e.g., looked interested with friendly posture, provided time and space for children to share, were curious about what children were doing, thinking or feeling), supported children's social and emotional initiatives (e.g., waiting one's turn, listening actively, making eye contact, verbally reflecting back children's thoughts and feelings, receiving and then responding, giving and taking turns), guided children in their learning (e.g., scaffolding and adjusting the level of support given, building on children's responses, offering choices and suggestions children can understand), and deepened discussions (e.g., supporting goal-setting, collaborative discussion

and problem-solving, naming difference of opinion, investigating the intentions behind words). Studies comparing the practices of nurture groups teachers to mainstream teachers offer insights to some of the strategies that may contribute to effective day treatment programming at CDI.

Current Study and Objectives

Research has shown interventions need to be tailored, relationships are a key target and mechanism for early childhood intervention and provided insight into possible effective teacher practices that can be drawn from research on nurture groups. Despite this research, however, the moment-to-moment processes and strategies of staff that make up the milieu of day treatment have yet to be explored. This knowledge gap poses a significant barrier to understanding what this type of intervention looks like in the interactions occurring between children and classroom staff. With a focus on the school-based component of the CDI day treatment program, this study aims to address this gap and describe the moment-to-moment processes and strategies of classroom staff in day treatment programming for young children in kindergarten and grade 1. Staff's descriptions of these processes and strategies may also support the development of a program model.

Methods

Participants

Participants were children aged 3.5 – 6, enrolled in the Kindergarten/Grade 1 Day Treatment program at the Child Development Institute in Toronto, Ontario during the 2019-2020 school year, and the classroom staff who deliver the program. A total of 11 of 12 children in the program participated, divided between two classrooms. All children were male and their time enrolled in the program ranged from 4 weeks to 2 years. All five classroom staff members consented to participate, including two female special education teachers, two female child and

youth workers and one male educational assistant. Staff members' experiences working in special education ranged from 2 – 22 years.

Procedure

The first step in developing this study was to meet with the day treatment classroom and management staff to discuss the project and obtain feedback on the goals for the research and proposed procedures. The research question and methods were mutually decided upon with the CDI day treatment and internal research staff. Throughout the research development process, I spent three to four days each month during the 2018-2019 school year, observing in the classrooms and attending team meetings. This time spent on the ground with staff in the program was an essential step in the project, as it allowed me to gain a deeper understanding of the program, tailor the research question and procedures to the needs of CDI and develop trusting relationships with the classroom staff. It also allowed children to become accustomed to the presence of an additional adult in the classroom.

Research ethics approval was obtained from York University, CDI, and the Toronto District School Board. Parents of children enrolled in the day treatment program were informed about the research project and provided written consent for children to participate. Only children with parental consent participated in this study and the children themselves assented to participate. Parents were informed that if they declined to participate in the study, it would not jeopardize their relationships with staff nor the services they received at CDI. Similarly, when consent was obtained from classroom staff members, they were informed that declining to participate would have no bearing on their employment status, performance reviews, or relationship with CDI. Conversely, staff were informed that if they consented to participate,

findings from the study would not impact their employment status, performance reviews or relationship with CDI.

Stimulated Recall Interviews

In early fall of 2019, classroom staff were interviewed using the technique of stimulated recall (Sève et al., 2007; Trudel, Haughian, & Gilbert, 1996; von Cranach & Harré, 1982). This technique is similar to the process used in Interpersonal Process Recall (Kagan, 1980), a method used in qualitative psychotherapy research, to gather therapists' insight on the moment-to-moment relational processes taking place in sessions with clients. During stimulated recall interviews, participants are shown video recordings of themselves engaged in interactions or events of interest to the researcher (e.g., psychotherapy session) and asked to recall and describe their thoughts and internal experiences as they occurred on a moment-to-moment basis during the interaction or event. This method was selected as a way to probe the covert, internal processes used by staff members on a moment-to-moment basis in delivering the day treatment program.

For this project, video recordings were collected of classroom members and children as they completed their day-to-day activities in the day treatment program. Video footage was collected using two iPads set up on tripods in the corners of the classrooms to allow for more than one vantage point. Prior to collecting the video footage to be used for the interviews, a 2-day period of acclimation to the presence of iPads was undertaken in each of the two classrooms. Following this period of acclimation, interviews times were scheduled for each of the classroom staff members. Filming for each staff member's interview took place on either the same day as his or her interview or the day immediately prior to ensure optimal recall conditions (e.g., Elliot, 1986; Rennie, 1990). Filming took place on separate days for each interview, meaning 5 days in

the classroom were filmed. The morning period, the time children enter the classroom at the beginning of the day until lunch (approximately 2.5 hours), was selected as the segment of the day to be filmed. This time frame was chosen due to concerns about being able to include children for whom consent was not obtained into classroom programming in the afternoon, when the two classes come together for lessons. Filming in the morning, when the two classes were in separate rooms, allowed for children for whom consent was not obtained to go to the classroom in which filming was not occurring.

After video footage was collected, several 5 to 10-minute excerpts were selected to be used for the stimulated recall interviews. I chose excerpts from each of the major activity periods in the classrooms. These varied slightly between classrooms and days; however, they typically consisted of a morning check-in and snack, during which staff and children share how they are feeling with each other, a lesson taught by the teacher with children sitting on the carpet, seatwork, structured playtime (play is constrained to set activities) and free playtime. Excerpts from within the activity periods were chosen based on quality of the video footage during that time. In particular, care was taken to select excerpts during which the focal staff member (i.e., the staff member being interviewed) remained within the frame of the video or was not obstructed by objects or people (e.g., child standing directly in front of the camera). On average, 35 – 40 minutes of video was selected for each stimulated recall interview. I watched the excerpts together with each staff member for the stimulated recall interviews. Five stimulated recall interviews were conducted (one with each participating staff member). Interviews ranged from 82 – 94 minutes and lasted 90 minutes on average.

At the beginning of each interview, I explained that the goal was for the staff member and I to be investigative partners, both curious about what was happening in the moments

captured on video. As we watched the video, staff members were instructed to think back to what was going on in their mind at the time of the recorded events, and to stop the video recording whenever they remembered something they were thinking or experiencing and share those thoughts or experiences with me. I also stopped the video at times when a distinct sequence of events or interactions had passed without any comment from the staff member to ask the staff members prompting questions about what they remembered thinking or experiencing during various events or interactions captured in the video. This was done to facilitate conversation and encourage curiosity at times. Prompts that I gave at these times included questions such as "What were you experiencing during that moment?", "What do you remember thinking when that was happening?" or "What was going on for you during that activity?" I asked staff members to focus on what they recalled thinking or experiencing as opposed to what they thought about the observed interactions or events in the present.

Audio recordings of the interviews were transcribed by two undergraduate-level research assistants. As recommended by Braun and Clarke (2006), a randomly selected 10 percent of interviews were compared to the transcripts to check for accuracy. This check revealed a high level of consistency between the audio recordings and the transcriptions.

Approach to Analysis

Interview transcripts were analyzed using data-driven thematic analysis. The two coders in this study were the primary researcher and a research assistant. Both were female master's level graduate students in clinical developmental psychology. Thematic analysis is a flexible approach for identifying, analyzing and reporting patterns within data. It involves the close inspection of data to identify recurrent themes. Coders familiarize themselves with the interview data, identify elements of interest (i.e., codes), group codes into overarching and meaningful

themes, review and refine identified themes, reread the data to ensure themes are internally coherent, consistent, and distinctive and that no themes have been missed, name the themes, and present an analysis of the themes consistent with the data (Braun and Clarke, 2006).

In the first phase of the analysis, the transcripts for all five interviews were examined independently by the research assistant and me. We followed an open coding approach, with each of us assigning codes based on what we independently believed to be relevant to the moment-to-moment processes and strategies used by staff. We used NVivo software to organize the data. Codes were selected using a semantic approach, such that interview data were examined for their explicit or surface-level meanings (Braun & Clarke, 2006). Codes were determined primarily based on staff member's words and descriptions and integrated with the theoretical and empirical base for the study. The research assistant and I then met to compare and discuss the codes identified, resolve discrepancies, and collaboratively decide upon the codes and themes to be included in the coding scheme. In the second phase, I recoded the five interviews and the research assistant recoded a section of each interview to identify additional examples of existing categories, as well as to identify any codes or themes that may have been missed in the initial round of coding. In the third phase, each theme was examined for internal consistency, ensuring the properties within each category were conceptually similar. Themes were also examined to ensure categories were conceptually distinct from each other. Interrater reliability was not calculated, given that the codes were abstract, rather than dichotomously present or absent (Armstrong, Gosling, Weinman, & Marteau, 1997; MacPhail, Khoza, Abler, & Ranganathan, 2016). Instead, reliability was established by means of consensus, whereby the research assistant and I reached agreement on the themes and the structure of domains, categories, and subcategories.

Results

The main goal of this study was to describe the moment-to-moment processes and strategies of classroom staff in day treatment programming at CDI for young children in kindergarten and grade 1. Staff's descriptions of these processes and strategies may support the development of a program model. The stimulated recall interviews resulted in 247 distinct interactions or events that were discussed by classroom staff members. In other words, across all 5 interviews, the video was stopped a total of 247 times, with each staff member discussing on average 49.4 video-recorded interactions or events (*SD* = 14.69, range = 30 – 68). Discussion of the events or interactions was initiated by staff members 66.8% of the time (i.e., staff members stopped the video 66.8% of the time). I initiated discussion of the events or interactions the remaining 33.2% of the time. Based on the analysis, staff members' responses were grouped under three overarching domains related to the research question: 1) tailored intervention; 2) foundational components; and 3) specific strategies. A fourth domain that was not directly related to the research question but was nevertheless deemed to be pertinent to understanding the program, also arose pertaining to the developmental outcome goals of the program. These four domains and their categories and subcategories are discussed below.

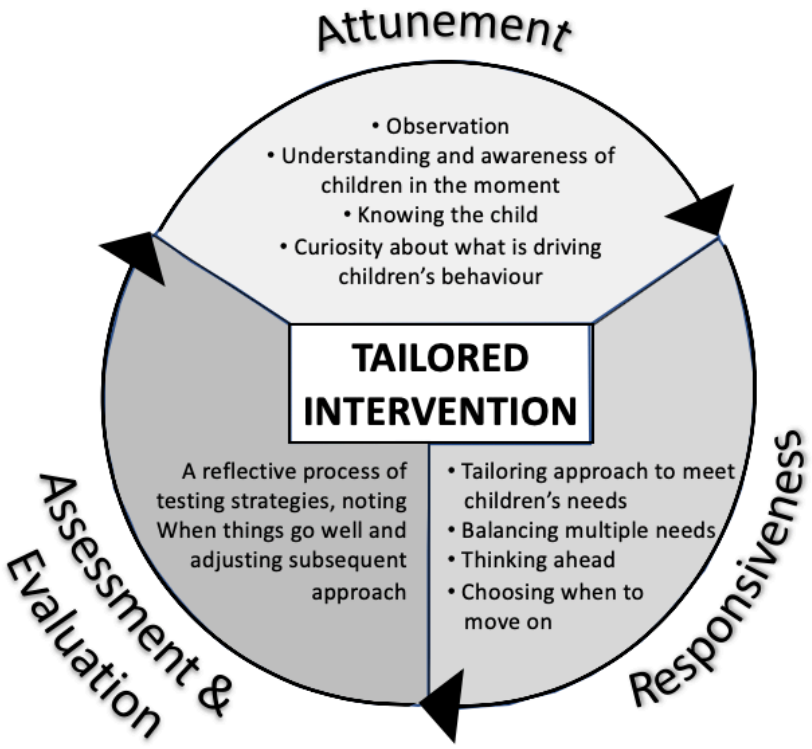
Tailored Intervention

Staff members described taking a highly individualized approach to intervention with children based on their unique social, emotional, and behavioural profiles and learning needs. This process was described as dynamic and cyclical, constantly evolving as staff members develop a deeper understanding of children, respond to children based on their understanding of them, test out strategies to help children meet treatment goals, adapt these strategies based on their success (or lack thereof), and update their understanding of children. The components of

this process are described by the three main categories within this domain: attunement, responsiveness, and assessment and evaluation. The dynamic and cyclical relationship between attunement, responsiveness, and assessment and evaluation is depicted in Figure 1. These three categories and their subcategories are discussed below.

Figure 1

Tailored Intervention



Note. The cyclical and dynamic relationship between attunement, responsiveness and assessment and evaluation

Attunement. Staff members spoke about having an understanding and awareness of the needs of children in the classroom and described being in tune with how children were doing in the moment and across time, both inside and outside the classroom. Five subcategories related to the process of attunement were identified: 1) observation, 2) understanding and awareness of

children in the moment, 3) understanding and awareness of multiple needs, 4) knowing the child and 5) curiosity about what is driving children's behaviour.

Observation. All five staff members described a process of continually observing or monitoring children as a way to learn about their skills and individual characteristics and become aware of their behavioural patterns. They also discussed observation as a way to gather information to inform their interventions to help children meet treatment goals.

> For right here, I was thinking, making sure [child][1] was looking, which I think my eyes are directly on [child] at that moment, so I'm kind of just observing like how he's doing with the chew necklace, and how his body language is, and the battles that I should pick and choose.
> So by sitting around them, we see how they are all interacting with the piece being taught. Those that are not paying attention quickly then we can get focus on them and prompt them…It's a good observational piece for collecting data to work [things with the kids]. So we have to work across the spectrum of whatever the [goals] for these kids are, so that is what we all try to do.

Understanding and Awareness of Children in the Moment. All five staff members discussed having an understanding and awareness of children's experiences or trying to figure out children's perspectives and what they were experiencing in a given moment. They made statements about their process in working with the children that demonstrated perspective taking or having an awareness or knowledge of children's state of mind in the moment. They described the experience of empathy, when in addition to taking in children's perspectives, staff members described connecting emotionally with or relating to the children's experiences in the moment.

> I was thinking "Wow, he's so lost right now. Aw, [child], how are we going to close your gaps?", and then I remember thinking when he was lost, I'm like "This doesn't mean anything for him because he's totally lost and I don't think doing this helped him at all."

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[1] To protect children's confidentiality, children's names have been replaced with [child]. When staff members spoke about than one child per quote, children are referred to as [child 1], [child 2], [child 3], etc., in the order in which the staff member mentioned them. It is important to note, therefore, that [child 2] in one quote is not necessarily the same individual as [child 2] in another quote. Similarly, staff members' names have been replaced with [staff member].

> It's realizing that in this moment what's happening right now and in 5 seconds is no longer [child's] reality and that things are fleeting. It's that moment of "oh okay, cool. You were happy, now you're sad, moving right along.

> I'm not exactly sure, just because I'm just learning about [child] myself, so part of it is like shyness, and the other part I think is like- it's scary, I think for him it's scary sharing feelings, A), it's scary sharing, just talking in front of a group, I totally get that, I am a very shy person myself and like that's something I struggled with for many years, so I get it. Talking in front of a big group, very hard.

In addition to describing having an understanding or awareness of a single child, four out of five staff members discussed having an understanding or awareness of the experiences of several children at once in a given moment.

> Yeah, I don't know. I think that was kind of it for that. It was like tuning in there, tuning in with [staff member 1], tuning in with [staff member 2], tuning in with [child 1], tuning in with [child 2], the other two are pretty much fine, like [child 3] is genuinely trying to listen to [child 4] and I think [child 5] was also trying to listen too.

> They were both seeking attention at that same time. [Child 1] had come close first and he wanted to sit close with me and read with me. But he was doing it nonverbally. He was making eye contact and looking and bringing a chair close to me. [Child 2] jumped right in and he's like, "I can read this book to you," and just started.

Knowing the Child. All five staff members discussed having knowledge about individual children. This included knowledge pertaining to children's individual patterns of behaviour, emotional landscape, social skills, developmental, cognitive or language abilities, likes or dislikes, home-life, and past experiences.

> I was thinking about his bussing stuff, like his situations on the bus and I was also thinking about how he constantly wants to be first on everything and sometimes that could put [child 1] in like, this gotta go mood, or this really aggressive mood; where he'll forget that his body has to be kind and calm to other people, and that he doesn't have to push his way to be first, or elbow his way to be first … I was also thinking about how his behaviour would be on the carpet because when he's with [child 2], or he sees what [child 2] is doing, you know sometimes; a lot of the times, [child 2] has a hard time regulating his own body, and sometimes [child 1] thinks that "Oh, my friend's doing that so I can be dysregulated"

> Yeah, what I was thinking was that knowing [child] as we know him, you know, his ups and down, right, you predict him at a particular time, right, and he's been having a lot of

> hard time so you have to study the individuals that you are working with, and you should know their seasons right, and you know how to interact with them. So, you know, you have to be very objective and know the individuals you are working with, it helps a lot, yeah, once you are able to know them, the work becomes a bit smooth, otherwise you'll always create problems.

Curiosity About What is Driving Children's Behaviour. All five staff members discussed being curious about children's behaviours and what may underlie them. They described a process of asking themselves questions or wondering about what is motivating or driving a child's behaviour, looking for deeper meaning in behaviours, or trying to figure out why a child is acting a certain way.

> I was like, "why isn't he standing? Is he trying to do something smart? Should I redirect him? And then, I waited a little bit … then realized in that moment, yes, that's what [child] does. He waits. I think I just reminded myself to pause. I think I just remind myself, "before you just bark at them, just try to figure out what they're trying to figure out." And so, I think in the middle of me trying to figure out what was motivating that, I realized that that's what [child] does.

> Honestly, to me he is a puzzle. What is driving this? I cannot figure it out. At the end of the day, I understand being in a big classroom is super aggravating…A lot of his stuff is the soft skill stuff, figuring out what drives that need and then figure out what we can do to find a different outlet for it.

Responsiveness. This theme was closely related to attunement. Staff members described being responsive to children based on the information they possessed about children through their observations, understanding and awareness of children, knowledge about children and hypotheses about what underlies their behaviours. In being responsive to children, staff members talked about tailoring their approach to meet the needs of individual children, thinking ahead about what might be challenging for children, balancing multiple needs at once, and having to choose when to let issues go and move on. These four components comprise the subcategories of this theme and are discussed below.

Tailoring Approach to Meet Children's Needs. All five staff members described adjusting their approach to intervention or their responses to children to meet individual needs or goals. They discussed tailoring their response to children based on what they know about the children, their abilities or developmental level, or understanding or awareness of children's social, emotional or cognitive experience in the moment. Staff members expressed that they try to match their teaching and interventions to match children's developmental level. They also described adjusting their expectations of individual children based on their knowledge about children, their understanding of children in-the moment, and what they determine is realistic to expect with regards to children's behaviour at a given moment.

> I remember thinking "He really needs the breaking down, I really need to slow it down for him."

> Leave the group looks a lot of different ways depending on the child and what the situation happens to be in the moment. It can be a tap on the shoulder, moving the clothes pin up (reinforcement system) or that when it comes to redirection, with [child 1] we use verbal prompts, with "[child 2] eyes looking" as quiet as we can.

> Because he is so little in so many ways, when I'm like "Oh my goodness!" he hears Snoopy Teacher (Charlie Brown reference). So it's always that next level of "Oh! Dear, but your friends are going to be so sad," whatever that overdramatizing thing is. It's not to be a tool. It really is for him, and especially for [child 1]. You'll notice I don't do that with [child 2], that would almost insult his intelligence. It's making sure that intentionality is very much tapered for that particular child.

Balancing Multiple Needs. In addition to tailoring their approach to meet the needs of individual children, four out of five staff members described having to balance the needs of several children at once and make decisions about how to manage or meet the needs of multiple children.

> So, I'm genuinely trying to listen to [child 1], and at the same time I'm trying to keep my eye on [child 2] because he needs so much and because he was still so stuck, so part of me was like, "Okay, we really need to make sure [child 2] is not taking over [child 1]'s space", while trying to give [child 2] what he's asking for.

> A lot of time, I'm trying to think in my brain how am I going to field their ideas but also keep it short but also validate them so they feel heard but also not make it so long that everybody is sitting for so long and whether or not what he's talking about has meaning now for [Child 9] who has been sitting for a very long time.

Thinking Ahead. This theme emerged in interviews with four out of five staff members. They described thinking ahead about what might be socially, emotionally, or behaviourally challenging for children and being proactive by doing things to give children the best chance at navigating these foreseen challenges successfully. Staff members also discussed predicting problem behaviours and putting supports in place to divert these behaviours.

> Well we rather guide ahead of time than correct after when it's going wrong. Things tend to go over more smoothly when we give that piece to them.

> So, that question was to prompt him to think about like, "How is my behaviour going to be today? How am I going to act today? Am I going to be able to get the jumps that I want? Am I going to be able to be picked first without trying to elbow other people? Or am I just going to do my job that I'm supposed to do as a kid in school, instead of worrying so much about what everyone else is doing?", because that's something that he does a lot is watching what everyone else is doing and then being like, "Oh, I'm not doing that!" or, "Look at me!", so that he can try and be first in a lot of things, so just prompting question to get him to think about how he wants his day to be.

> Oh, so the intentional comment. Being well aware of the fact that every kid has their favourite color and all capes are different. Last year, each kid had their own cape. I didn't have that much fabric at home so it was, "remember--" because I also know what five-year olds are like--"you might not get the pink one today, you might get the orange one tomorrow. You'll get a chance to have them all." Cause otherwise, I'm almost positive there would've been someone stomping their feet.

Choosing When to Move On. Two staff members talked about having to make decisions or judgment calls about when to move on. They described identifying an issue or need that could be addressed but choosing to let it go and move on instead.

> But yeah, I remember thinking "Let this one go so we can just move on and continue the flow", because the flow is good so far and none of the kids seem to really be upset over it, although I saw [child]; I know he wanted the calendar friend, he was waiting for it.

> Why isn't he walking properly? Why did he fall into the spot? Like that was very extra and like should I correct him? I'm like nope, let's just move on.

Assessment and Evaluation. All five staff members discussed engaging in a reflective process in which they assess and evaluate whether their approach to working with the children is effective in meeting their needs and helping them reach their treatment goals both in-the-moment and across time. Staff members talked about engaging in intentional strategy testing to determine whether they are effective, as well as taking note of when things are and are not going well and adjusting their approach accordingly. This theme seemed to build upon the foundation of attunement and responsiveness, whereby staff members described needing to be attuned and responsive, in order to engage in this process of strategy testing and evaluation.

> I was thinking to myself because I was experimenting with the music this time, we did one minute the first time, and it was too short, so then we went to two minutes, and then two minutes was pretty good but then I was like "Maybe let's try three minutes", maybe that's enough time for the settle down and then I remember thinking at the time while working with [child 1] that three minutes was way too long. Because I'm like "[child 2]'s not engaged, I keep hearing [child 3] and that he's bored, and [child 4] is just doing [child 4]", yeah It was like a mental note of "Three minutes is too long, I need to change this next time".

> [Staff member] and I are playing around with what kind of calms [child] down enough to get him to focus on the lesson that's being taught in the moment. So, before it was like the fidget tool, and the green balls that you see there, or the weighted black thing, and those just tend to distract him a lot, and one day I think he was like chewing a piece of paper, and we kind of just looked at each other like, "This works.", because he's listening, so like let's try the chew necklace.

> I'm thinking, "No, this is a reinforcement, but it's not really working with him I was thinking this gentleman needs something else, right, this thing doesn't really change it."

Foundational Approaches

Staff members described a number of processes and strategies that were grouped together under the domain of foundational approaches because they all believed to play a critical background role in supporting the delivery of the program both overall and on a moment-to-moment basis. These processes and strategies are believed to cut across all activities and

interactions between staff and students, supporting staff members' ability to deliver tailored interventions to students. There are 9 categories included within this domain: team-based approach, noticing positives, a focus on relationships, being goal-oriented, learning through experience, flexibility, staff regulating their own emotions, being firm and consistent, and seeing children as missing skills.

Team-Based Approach. All five staff members discussed the importance of the team-based approach to program delivery. They described working together with other staff members to effectively serve the children. They spoke about being in tune with or on the same page as other staff members and having a coordinated response to children. They expressed feeling supported by other staff members, providing support to other staff members, or wanting other staff members to feel supported. In addition, staff members discussed trusting other staff members or being able to rely or count on them, and they talked about how they communicate with other staff members regularly throughout the day about what is going on in the classroom and with the children.

> This happens a lot, where I'm thinking about something and [staff member] is thinking the same thing and she will address it. That was nice, it was one of those moments where you're like "Yes, this is why we're a team."

> So this small thing we are seeing is telling us a lot of things, from which we all can help the teachers to come up with solutions for them. It's not about the teacher alone, all of us involved have to come up like, you know, I should be able to contact [staff member] that, "Oh, what do you think of this individual?

> So, [staff member] corrected him and told him to take it back. I wasn't expected that. I wasn't expecting her to do that. I was piggy backing off of her. In my head, I wasn't going to correct him. I didn't even see that, I had told the kids to throw it in and they had all thrown it in. I didn't agree in that moment but I'm like, "let's fix this," cause we just piggy-back off each other. If someone had said something I'm not gonna go against it and change it. I'm going with it. So when she said, "pick it up and try it again," I think I was just like oh what do I do? I think I just shifted my brain, I'm like oh now I'm in a thing. I'm in a moment where we're trying to correct his behavior so I had to a tune to that and so I was trying to match [staff member].

Noticing Positives. All five staff members described noticing positive things about children throughout the day. They remarked upon noticing when children have done something well, have learned new skills, or have improved their behaviour or ability to function in the classroom over time. Staff members often spoke about feelings of happiness, excitement or pride about children doing well in the moment or taking delight in the changes they have noticed across time. They also discussed noticing children's strengths or positive qualities.

> I was thinking "Wow, they're doing such a great job", like all I was thinking of was that "They're doing such an amazing job, I'm so proud of them", we had such a great time, this is exactly how I would want to start the morning every morning because they're all smiling, they're engaged, their bodies are moving, like I had no doubts that they were just going to settle down and we're going to move on.

> Seeing this is actually interesting because just thinking back to where we were the first couple weeks of school, not being able to enter a room and not with an adult standing there to greet them saying "come here, come do this." It's neat to see that improvement because I don't think I've noticed that specifically.

A Focus on Relationships. Staff members described student-teacher relationships, peer relationships, and building a sense of community in the classroom as being important components of the program. These three subcategories are discussed below.

Student-Teacher Relationships. Three staff members described being focused on building relationships with children. They expressed that their relationships with children are important to them and discussed putting effort towards strengthening their relationships with children. They also talked about engaging in actions to repair their relationship with children when they had not been attuned or sensitive to what the child needed. Finally, they described being mindful of how their actions may affect children's perceptions of the student-teacher relationship.

> I was thinking "Oh my gosh, I really need to get with the times with these kids and what's the newest thing", because I feel like I was acknowledging "Wow, that's really exciting!",

> but I have no idea and maybe part of him can feel that I have no idea about what he's talking about and that's a piece that I can do better to kind of further that relationship, because maybe I could've asked him meaningful questions about what he was talking about, maybe it's a toy…I feel like it just deepens the relationship, the connection.
>
> I'm also trying to connect a little more with [child]. I'm trying to talk more with him, have that longer interaction time. know he's been having a hard time settling in. It's a new class and there's been difficulties at home and he talks about not wanting to go to school, not liking his classroom, it's too hard. That was last week, so I'm trying to make meaningful interactions every time we have an interaction so it's a little bit personal.
>
> The way I'm calling him over is also with thought behind it. Whether it's for good things or bad things, I try to make sure it's always the same way. Because what happens is if "[Child] come here please!" [angry tone] What kid is coming to the angry teacher? "Come over here, please." [polite voice]. It's just a way to invite a conversation as opposed to the "you did that, and you did wrong--"

Peer Relationships. Four staff members described peer relationships as being an important component of children's experience in the classroom and identified friendship as being something that children want to have. They also discussed how peers are important role models for children and are powerful motivators for behaviour.

> At the end of the day these little guys want to have friends, and they all want to make a connection and they just really don't know how.
>
> They are our most capable kids, there's no reason that they can't. To be honest having them as part of the group is a great thing because they model for [child 1] and [child 2]. It's so much more powerful when the friends are doing it versus the teacher's telling them to do it.

Building a Sense of Community. One staff member described wanting to build a sense of community in the classroom. Though only one staff member mentioned this theme, it was included because it fit with the overall theme of a focus on relationships.

> Yeah and then I wanted them to hear me think out loud of how I miss him, and how we'll all miss him, to kind of build that sense of community.

Learning Through Experience. Four staff members discussed the importance of children being able to learn through experience. They talked about wanting to provide children

with the opportunity to practice skills and learn through doing. Staff members described repetition and practice as being part of the learning process. They spoke about how it is important to give children the chance to learn through experience even when it may go badly, because they believe taking risks is critical for development. Staff members expressed that it is okay and important for children to make mistakes and that they need to be able to accept mistakes and learn from them. Finally, they discussed letting children arrive at their own solutions and figure things out for themselves instead of having adults tell them what to do.

> Dignity of risk. That you are allowed to have the dignity to do as you want and find out that it didn't work and that its okay it didn't work and it was your choice to have that but it's also your choice to move on and do something different. I think that's so important for kids. I mean you see even on the playground parents say, "don't run too fast." It's a playground—run. Find out how to run, find out where the tripping hazard might be. But nothing is more sad than when you here "no, don't" for that fear of what happens if they're not successful. They shouldn't be successful.

> I was thinking "Oh, I hope you got it, I hope there's like a little seed plant in there.", but I mean, we're going to have more teachable moments like that, but yeah, it was good, and I think I was also having more fun with the book than he was [laughs].

> Okay, and what they challenge we want to share with them is allow them to make the mistake, first, right. And then when you see that they attempted it and it's not the way, then you begin to help you, so if you watch, I made them to do whatever they did, and when I look at it, and it's not the way, then I try to come in to say, "Fix it. This, that, that." Let them attempt first, right. Let them make the mistake and let them see their mistake and then you begin to direct them.

Flexibility. Three staff members discussed having the ability to be flexible and adapt to unexpected changes in the day or lesson, interruptions to lesson plans, unanticipated challenges, or things that come up that require them to change expectations of how things will unfold.

> This was just me thinking on the fly, that wasn't planned. I looked at the clock and now we have 5 minutes until recess and I won't be able to start my writing activity with any real meaning. It would be rushed so I said, "get a book! Read a book!" It worked out nicely.

> I remember thinking to myself "You know sometimes you just have to let the kids be and do." You might as a teacher have envisions of how you want this to play out because we

> have to move on to calendar next, that's what I'm thinking like "Ok, we got to do snacks," but these are the moments that you can see by how happy he was and I'm glad it played out that way because he was all smiles and I think yesterday morning was probably his best morning.

Staff Regulating Their Own Emotions. Three staff members described regulating or being in control of their own emotions while working with the children. In particular, staff members discussed appearing calm despite feeling frustrated or tense at times.

> That was me trying to be really nice because I was getting frustrated that it was taking too long…"Okay, this is all taking really so, like so long", and like that's my frustrated like- I could sound really like, angry but I'm know that's not the right emotion to convey here because they're all just trying to just express. So, I'm like, [In a quiet voice] "Let's just kindly move on to [Child 10] now like, everybody get what I'm trying to push over here?", and I've noticed that it's something that works better for them when we're doing feelings check-in, versus me going louder, because then they're just going to tune me out

> Hmm…I think it feels kind of rollercoastery, it's like tight and loose and tight and loose. I can tell here when I'm feeling that but it seems so subtle, inside it feels much bigger. I'm like I'm surprised I don't let it show as much as I thought it did. I thought on my face you can probably tell that I'm watching you or not happy with what is going on here.

Being Firm and Consistent. Three staff members discussed trying to be firm and consistent in their approach to working with the children. They talked about wanting to set clear expectations and be able to stick to them.

> We want consistence like, we don't want to let go, you try to exert some particular action, and the individual sort of refuses and he does whatever he wants, we don't let it go like that. We have to make sure everything is firm and consistent, we don't want a deviation from the classroom rules otherwise it spoils everything, you know, and other children will look on it and in future, they will do the same thing, so we don't want to let go stuff like that.

> With [child 1] and [child 2], they tend to do that a lot. Where it'll be like, "I want to draw something else. I'm going to start drawing something else", and we're like, "No... we gave you two options, draw this option or the other option that we gave you."

Seeing Children as Missing Skills. Two staff members spoke about how the children in the program are not “bad kids,” they are just missing skills and developmentally behind (at the

level of a younger child behaviourally and needing to catch up). Staff members discussed believing that children are doing the best they can with the skills they have.

> The kids are lost on so many levels, especially when it comes to social stuff, but this is where you see that they're really cool little human beings with a lot going on. A lot of these kids could be passed off, I mean you look at our kids like [child 1] and [child 2], they were the "bad kids" at their school, they were always at the office. You put them here and the stuff that they were reported to have done last year, we've never seen them ever do like trashing rooms. They want to do well, they just don't have the tools yet.

> I remember thinking there that's another example of how young he is and how behind he is, the fact that I had to go through all the pouches, and it was like another reminder for myself, I remember thinking "He really needs the breaking down, I really need to slow it down for him"

Specific Strategies

Throughout the interviews, all five staff members referred to numerous specific skills and strategies they draw upon in being responsive and tailoring interventions to children. One staff member talked about having these strategies as having a repertoire of tools to choose from in adapting their approach to working with children.

> You look at your group and you're never going to have all the answers, we super don't. Day to day, what we do can completely change at the drop of a hat but knowing that we've got 12 tools still in our back pockets cause we've done this for a couple years helps.

The strategies staff referred to in the interviews are listed in Appendix. The most commonly referred to strategies included: providing verbal prompts or reminders, providing nonverbal prompts or reminders (e.g., tap on the shoulder to remind child to sit still), giving praise and encouragement, talking about feelings, using both individual and group-based token economies within the classroom, asking guiding questions to lead children to solutions to problems, breaking tasks or instructions down and scaffolding, modelling social skills, thinking out loud, setting limits and expectations ahead of time, praising one child to make them a role model and encourage the same desired behaviour in another child, taking away activities as a

consequence for not following the rules, using facial and emotional expressions to communicate meaning to children, and validating children's thoughts, feelings and experiences.

Developmental Goals of the Program

Though staff members were not asked explicitly to speak about the goals of the day treatment program, themes pertaining to the skills staff members were working on with children were evident in the interviews. I decided to include them in the analysis as they provide context for the other themes about the processes and strategies of classroom staff, as they reflect the developmental goals staff members have in mind as they approach their work with the children. These goals identified fell under six categories: 1) behavioural regulation, 2) independence, 3) social competence, 4) emotional awareness, 5) academic skills, and 6) transition to mainstream.

Behavioural Regulation. Five staff members described working towards the goal of children being able to regulate their behaviour in the classroom. They spoke about children needing to learn to sit still, keep their bodies calm, their hands to themselves, their voices at an appropriate volume, and pay attention and remain focused on lessons or activities.

> One of [child]'s goals is to not yell out at the carpet …That's why I was like, "nope, nope, don't let it out!" It was an impulse control thing that I was trying to do. I'm like, "just try to keep it in your head." Then, he closes his eyes so that he can remember it in his head. He wasn't able to stop when I was like, "no, stop, stop, stop." Then, he finally stopped when I said, "keep it in your head."
>
> Here I'm getting frustrated that they're not putting up their hands, because that's what we're working on so much.
>
> So, what we want them to do is whole body listening, with is like hands in lap, crossed legs, eyes looking

Independence. Five staff members discussed autonomy and self-sufficiency as being a goal for children. They talked about how children need to be able to do things by themselves without an adult to help them at every step. They described wanting children to develop a sense

of personal agency, such that they feel they have the ability to do things by themselves and are also able to take responsibility and be accountable for their actions.

> I can tell them what to do but at the end of the day, if I'm not there every waking moment I want them to start developing that 1) it's not the end of the world cause often there are tears when a grape drops [laughs], and 2) that you can figure this out and if you don't know how then you can ask for options and sort of really pushing that independent thinking because that's where a lot of our kids are used to being told what to do all the time and there's never that ability to rely on yourself.
>
> And you see we try to just establish independent learning a lot. So sometimes you give them the chance to be able to explore whatever they are looking for and then get it first before you know, you jump in to assist.
>
> I wanted [child 1] to be accountable for his own behaviour too, and then address [child 2].

Social Competence. Five staff members described developing social competence (the abilities and skills required to make and keep friends and navigate interpersonal interactions) as a goal they were working towards for children. They described designing activities or tailoring their responses to children with the goal of teaching social competence in mind.

> So, I remember it was one of those in the moment thoughts of just "Oh, the kids in this class don't really know how to make other people feel better yet" because a lot times when they accidentally hit somebody, I say "How are you going to fix this problem?" and they'll go and say "Sorry!" and then they'll just walk off. So, I was thinking in the moment "Oh maybe we should start modelling how to make people feel better."
>
> So, we were reading the book, and one of the characters was called Sneeze-a-lot or sneeze-something, and I was just like, "Oh, he's like you! Sneeze-y!", because he's Mr. Jokes-a-lot, and he was just like, [Softer voice] "Hey, I didn't like that joke.", so we had a little bit of a moment where, I was just like, "Oh.", trying to mirror the- show him what to do when he makes a joke that somebody doesn't like, so I was like, "Oh, I'm really sorry that joke, you didn't like that joke?", kind of like asking him that questions like that, and he was like, "No, it made me sad.", and I was like, "I'm really sorry, it made you sad. I was just trying to be funny.", to kind of give him a little seed there, so the next time he makes a joke that someone doesn't find it funny, instead of him getting mad, for him to be apologetic and understanding

Emotional Awareness. Two staff members spoke about wanting children to gain knowledge about emotions (either their own or those of others). They described teaching children to be able to identify, label, understand and talk about emotions.

> Sometimes the emotions are really hard for him. Last year the only one he could really understand was angry. He then generalized everything as angry—everything made him angry. “I am wearing socks, I am angry,” “do you like your socks?” “yeah.” So it was sort of teaching those things but he’s a little guy that everything kind just goes like this with all of them.

> We want them to be able to share feelings, bring different ideas, let us know what is going on. It's another learning process for them to help them develop in all aspects of life.

Academic Skills. Three staff members described academic skill development as a goal of the program. They discussed children needing to develop basic academic skills (reading, writing, numeracy, age-appropriate common knowledge) and spoke about designing activities with the goal of teaching academic skills in mind.

> The whole point of them signing in their names is to practice writing their names, but in a way that makes sense in terms of the order of the strokes and such.

> There was so many pieces to that, like that was also math. I was like, "I gotta slip some data management in there

Transition to Mainstream. Two staff member identified transitioning back to mainstream school programming as being a goal of the program. They discussed thinking about what they need to do to prepare children for the transition and spoke about the skills children would need to develop to be able to make this transition successfully.

> We pay attention to all the kids, but I think with [child 1] and [child 8], especially with [child 1] because this is our second year with [child 1], it's really just we're super focused on trying to get him ready for not being here. So, we're finding all of these little things that may be acceptable when he goes back to mainstream, and just trying to think ahead for him, so that if he does get stuck, there's a tool there, or there's strategies there, so far, hit and miss, hit and miss, but it's pretty much that.

Discussion

The purpose of this study was to describe the moment-to-moment processes and strategies of classroom staff that make up the milieu of day treatment programming for children with social, emotional and behavioural difficulties in kindergarten and grade 1, with the goal of incorporating these into a program model. The findings from stimulated recall interviews with staff members are summarized below and integrated with previous theory and research on child development and day treatment. A preliminary program model for the school-based component of day treatment at CDI is proposed.

Staff members described taking a highly individualized and tailored approach to intervention in which they engaged in a dynamic and cyclical processes of attunement, responsiveness and assessment and evaluation. Observing children closely, having an understanding and awareness of children's needs in the moment, knowing their patterns of behaviour, and being curious about what is driving their behaviours allows staff members to respond to children in a way that is tailored to their individual needs and goals. It allows them to make informed decisions about how to balance the needs of multiple children and decide when to address issues that arise in the classroom and when to move on. It also helps staff members to think ahead and predict challenges that are likely to arise for children during classroom activities and pre-emptively establish supports to increase children's chances at navigating those challenges successfully. In tailoring their responses to children, staff members described having a wide array of tools they could draw upon. These included (but were not limited to) many empirically-supported behaviour management strategies such as the use of individual and group-based token economies (e.g., O'Leary, Becker, Evans, & Saudargas, 1969), using verbal prompts to describe appropriate behaviour, and providing praise for good behaviours (McIntosh et al.,

2000). They also included empirically supported strategies to support children's development and learning such as scaffolding (e.g., van de Pol & Elbers, 2013), thinking out loud (Ness, 2016), and talking about feelings and validating children's thoughts and emotional experiences (Sorin, 2003). Assessment and evaluation of the effectiveness of intervention strategies both in the moment and across time further aids in the process of being attuned and responsive to children, as staff members are able to adjust their approach as needed according to children's responses to it. This creates an ongoing feedback loop in which staff members attune to children based on the best available information, formulate a response or intervention strategy based on their understanding of children garnered from being attuned, reflect on how well their approach is working, and update their understanding of the child and what the child needs in order to formulate their subsequent responses of intervention strategies.

In addition to describing this core process of attunement, responsiveness, and assessment and evaluation, staff members described a number of other components of their work that support and contribute to the delivery of individualized and tailored intervention. They discussed the importance of taking a team-based approach in which staff members support and are in synchrony with each other. They described noticing positive things about children throughout the day and having a focus on the relationships within the classroom. Learning through experience and being able to make mistakes were discussed as critical processes for supporting children's development. Staff members spoke about having the ability to be flexible and adapt their expectations in response to unexpected changes or challenges that occur in the classroom. At the same time, they spoke about the need to be firm and consistent and set clear expectations for children to adhere to. They described regulating their own emotions in response to frustrations or anxieties that arise throughout their work with children. A developmental perspective of children

was discussed in which children are viewed as being developmentally behind and missing the skills expected for their age (as opposed to being "bad" children). Finally, staff members discussed the development of behavioural regulation, social competence, emotional awareness, independence and academic skills as being the primary goals for children in the program, with the ultimate goal of making a successful transition to their mainstream community schools.

School Readiness as the Goal

The six developmental goals staff members described having for children – behavioural regulation, independence, social competence, emotional awareness, basic academic skills, and transition to mainstream – align well with the concept of school readiness, particularly behavioural school readiness. Behavioural school readiness refers to the fundamental set of social and self-regulatory skills that enable children to control their attention, emotions and interpersonal behaviour to successfully function in the school environment in the early years (Campbell & Stauffenberg, 2008; La Paro & Pianta, 2000). Children referred to the CDI day treatment program are referred because they are exhibiting social, emotional, and behavioural regulation challenges that make it difficult for them to manage in mainstream kindergarten or grade 1 classrooms. With these developmental lags, these children are not ready for the demands of school at the time of referral. The goal of treatment is for them to gain school readiness skills so they can make a successful transition into a mainstream classroom. A developmentally attuned day treatment milieu would thus serve to accelerate the development of children, bringing them to the level expected for children in kindergarten or grade 1.

Program Model

Figure 2 depicts the proposed program model. The domains of tailored intervention, foundational components and specific strategies comprise the therapeutic milieu. The therapeutic

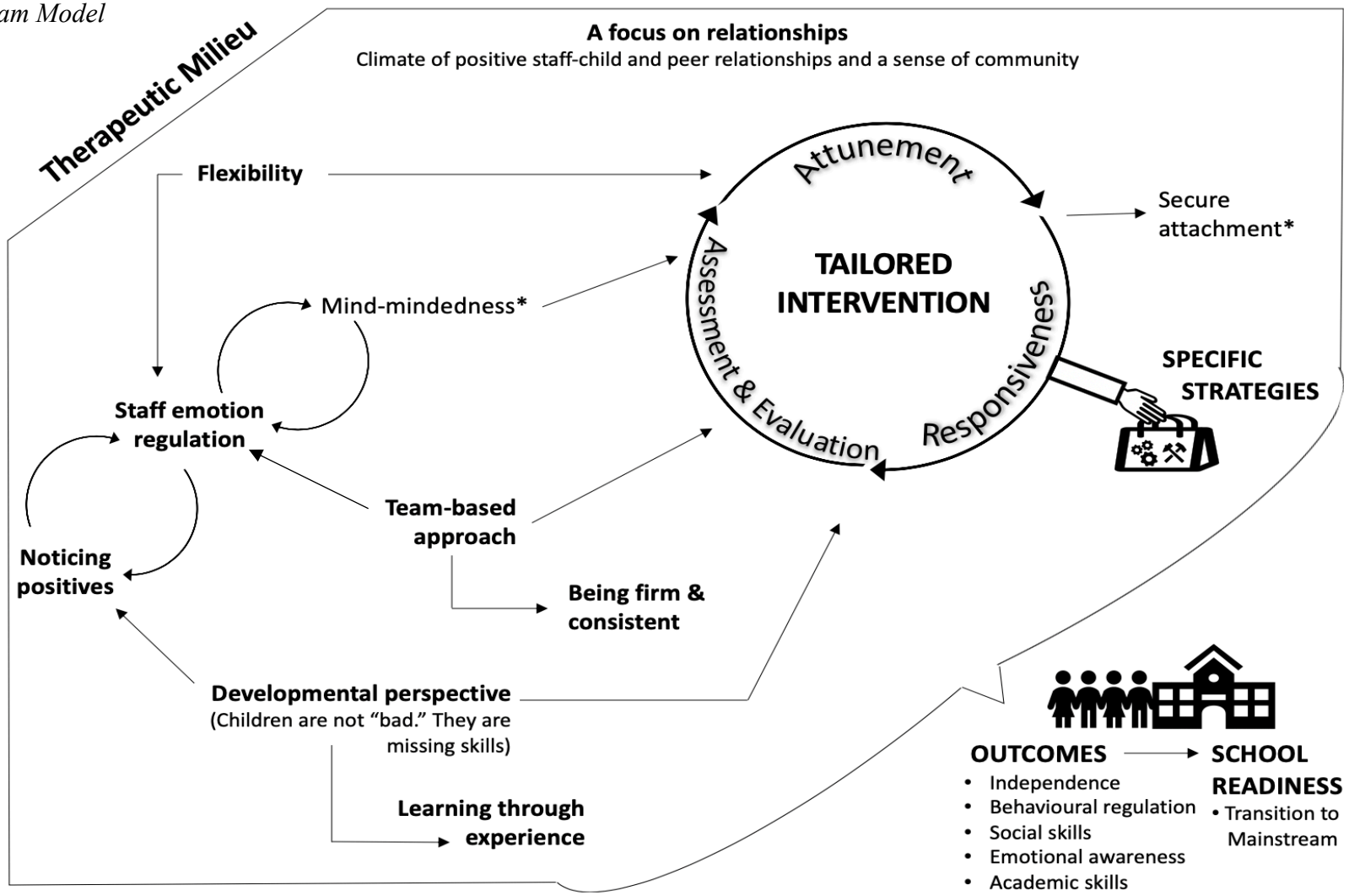
milieu provides environmental experiences to support and accelerate children's social, emotional and behavioural development, with the ultimate goal of developing school readiness and transitioning to mainstream. The relationship between each of the components in the program model is discussed below.

Tailored Intervention

The use of a highly individualized and tailored approach is consistent with research indicating that interventions need to be tailored to children's needs (Noam & Hermann, 2002). The findings from this study, provide an example of how the process of tailoring interventions can unfold on a moment-to-moment basis in a milieu therapy. The cyclical process of attunement, responsiveness and assessment and evaluation described by staff members can be likened to case-formulation driven intervention (e.g., Persons, 2005; 2006). In case-formulation driven interventions, therapists use information obtained during assessment to develop a formulation, a hypothesis about the factors underlying the client's difficulties (attunement). The formulation is then used as the basis for selecting intervention strategies (responsiveness). The therapist then typically returns repeatedly to the assessment phase, gathering data to track the progress of therapy and revising the formulation and intervention as needed based on those data (assessment and evaluation). Case-formulation driven approaches to intervention have been proposed as a way to address the difficulties clinicians experience when applying empirically supported treatments to complex cases (e.g., Ruscio & Holohan, 2006). Case-formulation driven interventions offer clinicians the flexibility needed to make intervention decisions guided by theory and continuous assessment, instead of relying on the activities listed in treatment protocols (Persons, 2006). The staff members interviewed for this study have described how this

Figure 2

Program Model



Note. * indicates components proposed based on developmental theory and research

type of approach can be adapted to a milieu therapy to facilitate the delivery of individualized and tailored interventions for children with social, emotional and behavioural difficulties.

Attunement and Responsiveness

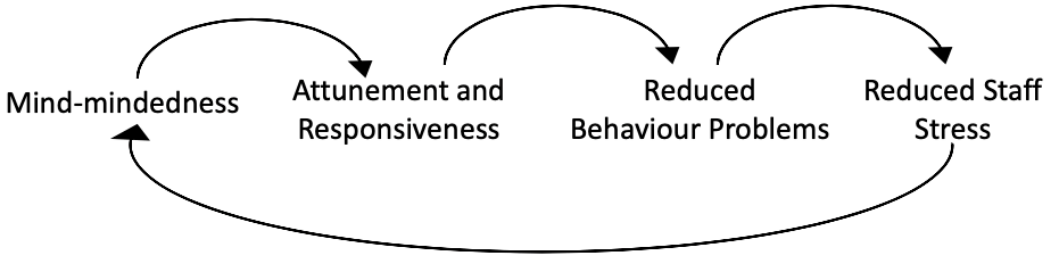
The degree of attunement present in daily interactions with children differs between nurture group and mainstream teachers, with nurture group teachers demonstrating greater use of attunement principles (Cubeddu & MacKay, 2017). In the present study, the operational definition of attunement was constructed differently than that in Cubeddu and MacKay's study, which was based on behavioural observations. In the present study, the category of attunement emerged through inductive thematic analysis and encompassed both attunement and responsiveness. The concept of attunement in both studies refers to teachers (or classroom staff members) having an understanding and awareness of what is going on inside the minds of children and responding sensitively based on this understanding and awareness. Attachment theory offers insight as to how attunement and responsiveness in child-staff member interactions may support children's social, emotional and behavioural development. When children experience attuned and responsive caregiving, they are more likely to develop secure attachments with caregivers (Ahnert, Pinquart, & Lamb, 2006). There is substantial evidence that attachment security in early childhood is associated with better emotion regulation capacities and greater social competence (e.g., Cassidy, 1994; Sroufe, Egeland, Carlson & Collins, 2005; Thompson, 2008). This is also consistent with the finding that children who participated in Banking Time (an intervention designed to foster sensitive and responsive student-teacher relationships through one-on-one play) had improved emotion regulation abilities and reductions in behaviour problems (Driscoll & Pianta, 2010).

Closely related to attachment theory and research is mind-mindedness, the propensity for caregivers to view children as an independent agent with a mind of their own, with their own thoughts, feelings, desires and intentions (Meins et al., 2003). Caregivers who describe children more in terms of mental characteristics, rather than physical or behavioral attributes, are considered to be more mind-minded. With infants, parents who comment more on their child's mental processes during interactions, have been found to demonstrate greater interactional synchrony, which predicted attachment security (Lundy, 2003). Mind-mindedness has been proposed to be a precursor to the sensitive responding demonstrated by caregivers of children who form secure attachments (Laranjo, Bernier & Meins, 2008; Meins, 1999). Though mind-mindedness was not measured in this study, staff members were likely reflecting processes of mind-mindedness when discussing their process of becoming attuned to children and responding accordingly. Interestingly, mind-mindedness has been associated with lower levels of stress in parents (McMahon & Meins, 2012) and more positive behaviour in children (Meins, Centifanti, Fernyhough & Fishburn., 2013). Lower levels of parenting stress are thought to arise from parents having greater access to the thoughts and feelings that underlie children's difficult behaviours, thus reducing the likelihood that parents perceive the behaviours as irrational or irritating (McMahon & Meins, 2012). This awareness may also increase adults' capacity for to notice positive things about children. This link may also work in reverse, however, with greater stress reducing adults' capacity to be mind-minded. Staff members in this study described regulating their own emotions (thus managing their stress) in working with the children, and it is possible their efforts to be attuned and responsive to children facilitate their ability to do this, in the same manner described by McMahon and Meins (2012). Conversely, being able to regulate emotions like frustration and anxiety, may facilitate staff members' ability to be mind-minded,

attuned and responsive. It is likely that bidirectional relationship exists, in which having attuned and responsive staff members leads to more positive behaviour from children, which results in reduced stress, frustration and anxiety in staff members (Dodge et al., 2009; Sameroff, 2010). This process in turn likely promotes further mind-mindedness, attunement and responsiveness, and positive behaviour from children (see Figure 3). Just as negative developmental cascades can unfold (in which, for example, a difficult temperament introduces unmanaged stress into the caregiver-child relationship, decreasing caregiving quality and placing children at greater subsequent risk for social, emotional and behavioural challenges), positive developmental cascades can unfold in the moment-to-moment interactions between children and caregivers as well.

Figure 3

Developmental Cascade



Note. An example of a positive developmental cascade in which reduced staff stress promotes increased staff mind-mindedness, attunement and responsiveness, which in turn facilitates a reduction in children's behaviour problems. Reduced behaviour problems result in reduced staff stress and the cascade continues.

A Therapeutic Milieu of Positive Relationships

The continual process of attunement, responsiveness, and assessment and evaluation that staff members described engaging in sheds light on how the therapeutic milieu within the day

treatment program at CDI begins to take shape. Staff members discussed additional components that are likely important for the creation of the therapeutic milieu. For one, staff members described having a focus on building strong relationships between staff and children, developing friendships between children and using peers as role models, and having a sense of community in the classroom. Given that development unfolds in the context of relationships and that healthy development depends on healthy relationships (Pepler, Craig & Haner, 2012), this focus on relationships likely underlies the therapeutic milieu promoting children's development. Relationships between children and adults are typically the focus of developmental psychology research on how positive relationships support development (e.g., Bowlby, 1988; Sabol & Pianta, 2012; Driscoll & Pianta, 2010). Psychological intervention theory and research also tend to focus on the relationships between clinicians and clients (children and their parents) or parents and children as a target for intervention and mechanism for change (e.g., Green, 2006; Bell & Eyberg, 2002). Interestingly, staff members described being focused not only on the relationships between children and adults, but also on peer relationships and the overall sense of community. This suggests that there is a focus on the overall climate of relationships, and that it is the sum of all relationships within the classroom (student-teacher and peer) that contributes to the therapeutic milieu.

Findings from a study on nurture groups highlight the potential benefits of a climate of positive relationships. Even though they are not enrolled in nurture groups, students with social, emotional and behavioural difficulties tend to have fewer problems that similar children in schools without nurture groups (Cooper & Whitebread, 2007). This finding suggests that nurture groups may have an effect on the climate of relationships in the whole school. Staff members' focus on creating a climate of positive relationships within the day treatment classroom may

have a similar effect, albeit on a smaller scale. Studies on school climate and bullying also point to some of the underlying relationship processes that may be happening within the CDI day treatment program. There is a reliable association between a positive school climate characterized by warm relationships and consistently applied high standards for behavior and low levels of bullying (Orpinas & Horne, 2006; Smith et al., 2008). A key component to improving school climate involves increasing adults' role modeling of appropriate prosocial behaviour (Wang, Berry & Swearer, 2013). Thus, there may be contagious effect of positive relationship behaviour within the day treatment classroom, such that staff members' efforts to cultivate strong relationships with children (in which they are attuned and responsive to children's needs), models for children the formation of appropriate prosocial relationships with peers. Staff members recognized that peers are important role models for children and are powerful motivators for behaviour. This perspective is consistent with research demonstrating the strong effect of peer relations on children's development (Harris, 1995), and also illustrates how a focus on cultivating positive relationships within the classroom is especially important, as peers can have both a positive and a negative influence on development (e.g., Ladd, Kochenderfer & Coleman, 1996; Ladd & Troop-Gordon, 2003; van Lier & Koot, 2010).

Team-Based Approach

Staff members described working together, being on the same page, supporting and trusting each other, and communicating regularly throughout the day. This team-based approach to program delivery likely also has significant contributions to the therapeutic milieu. In a meta-analysis Pfeiffer and Strzelecki (1990) found that a coherent therapeutic culture amongst staff members – "like a well-conducted orchestra" – is related to therapeutic outcomes in child and adolescent residential milieu therapies. A coherent therapeutic culture (i.e., having all staff on the

same page) likely supports the delivery of effective milieu treatment with coordinated and consistent intervention efforts. Given that milieu therapies unfold in the moment-to-moment and day-to-day interactions between multiple staff members and children, consistency and coordination is important so that all staff members are working towards common therapeutic goals for children. Firmness and consistency were identified by staff members as an important component for teaching children and getting them to abide by the rules and expectations of the classroom.

As one of the staff members remarked in the interviews, working together as a team provides the opportunity for staff members to share their thoughts, hypotheses, and possible solutions for the difficulties experienced by children. In this way, the team-based approach supports the process of attunement, responsiveness, and assessment and evaluation because staff members can share ideas, gain new perspectives on children, and fine-tune their approach. The team approach may also be linked with lowered stress while working with dysregulated children (Eisenberger et al., 2007). Cohen and Wills (1985) proposed that social support modulates stress reactivity by altering the appraisal or perception of potentially negative (or threatening) events so they are no longer perceived as stressful. Staff members discussed noticing many positive things about children (despite the many challenging behaviours they present with). Thus, a supportive, team-based approach to intervention may support both the lowering of staff members' stress (which is likely related to increased mind-mindedness and attunement) and the ability of staff members to notice positive things about children. In addition, positive working relationships between staff members likely facilitate and contribute to the overall relational climate discussed above. This link has been noted to be the case in other programs where the relational milieu of the agency is a focal point for intervention to support development (e.g., Pepler et al., 2014).

Developmental Perspective

The staff's perspective that children in day treatment are developmentally behind and missing age-appropriate skills is consistent with a developmental perspective. A developmental perspective means that children are seen as continually growing and maturing, undergoing both quantitative and qualitative changes as they adapt to the new challenges and tasks they face (Garber, 1984). It is only by understanding normal developmental processes that deviations in development can be understood. Deviations are seen as disruptions to normal development or the unsuccessful completion of expected developmental tasks (Sroufe & Rutter, 1984). Holding the belief that children are developmentally behind and functioning at the level of a younger child likely helps staff in tailoring interventions appropriately, as they can match them to children's current developmental level and adjust as children progress through various developmental stages. This process was reflected in one staff members' comment that breaking down instructions into very simply steps is required for some children's understanding, while for others such an approach would be inappropriate as it would not be consistent with their more advanced developmental stage. A developmental perspective may also help staff in identifying the focus of intervention for each child. For example, some children may have difficulty joining in on play because they have not yet learned to share or developed a theory of mind to understand that that they have different interests than other children (e.g., knocking over a tower of blocks may be fun for one child but frustrating for the other who has built it). Both situations may manifest similarly with a tower of blocks being knocked over (in one case due to frustration about sharing, the other due to lack of understanding); however the underlying developmental tasks needing to be achieved are different.

The importance that staff place on children being able to make mistakes and learn through experience may also be related to a developmental perspective. It reflects staff members' view that children are still learning and need to be given the opportunity to test new skills to facilitate their development. Taken together with the focus on attunement, responsiveness, positive relationships, and the overall milieu therapy approach, this view could be related to that espoused in the philosophy of nurture groups: that children who are exhibiting developmentally inappropriate behaviour have unmet early learning needs and require opportunities for early nurturing experiences. Though this would need to be explored more in the context of the CDI day treatment program, staff members may conceive of the program as providing an opportunity to accelerate children's development by supporting critical early learning experiences (similar to a corrective environmental experience). Although the nature of missing experiences varies depending on the unique challenges and developmental needs of children, the staff members emphasized providing opportunities to learn through experience in the treatment process.

Noticing Positives

From a cognitive behavioural perspective, in which people's emotions and behaviours are influenced by their perception of events (Beck, 1964), noticing positives about children likely allows staff members to feel less stress and act more positively towards children. Lowered stress is in turn associated with greater capacity to notice positives (Cohen & Wills, 1985). This bidirectional process likely further supports a positive therapeutic milieu. Staff's developmental perspective on children's behaviours may promote identification of children's positive qualities because, as one staff member noted, it means that children are not seen as fundamentally "bad." In the parenting domain, research has shown that parents who attribute hostile intent to their children's behaviour tend to engage in overreactive and coercive parenting behaviours (Bugental,

2000) and have more feelings of anger (Slep & O'Leary, 1998). Moreover, children of such parents exhibit more behaviour problems (Slep & O'Leary, 1998). Staff members' capacity to see children as being in a process of development allow them to both avoid making hostile attributions about the intent behind children's behaviour and notice positive things about children. Finally, given that the development of children's self-concept is related to the messages they receive from others in their lives (Coopersmith, 1967; Sprigle, 1980), having relationships with adults who view them through a positive lens is likely beneficial for their development.

Flexible Yet Firm and Consistent

Staff members spoke about being flexible as well as firm and consistent in their approach to working with children. Though these two strategies appear to be incompatible, research suggests they are both important in supporting children's development. Parental dyadic flexibility, or the ability to adapt emotional and behavioural responding in response to contextual demands, has been found to be related to improvements in children's behaviour problems following treatment (Granic, O'Hara, Pepler, & Lewis, 2007). Its converse, parental rigidity, or the inability to adapt to contextual demands in interacting with children, has been associated with increases in behaviour problems across time (Hollenstein, Granic, Stoolmiller & Snyder, 2004). Rigidity may interfere with an individual's ability perceive situations and adjust behaviour to changing behaviours of interactional partners. Thus, staff members' ability to be flexible, is likely related (and perhaps a prerequisite function) to their ability to attune to children and adapt their responses to meet children's needs. Adults who can exercise flexibility are likely better equipped to provide sensitive, attuned and responsive caregiving, which promotes improvements in behaviour problems. This link was tested in an intervention designed to increase early childhood educators' psychological flexibility, which was found to improve factors related to

stress and burnout (Biglan et al., 2013) The authors surmised that this may be because educators faced with difficult child behaviour are likely prone to having negative thoughts and feelings. Psychological flexibility allows them to be better able to defuse these thoughts and feelings and focus on their values (such as making a difference in children's lives) and the present moment, increasing their likelihood of acting in ways that will help them support positive outcomes for children. Thus, staff members' flexibility may foster children's development in the day treatment program in two ways: by supporting staff members' ability to be attuned and responsive and by reducing staff members' stress.

Baumrind (1967, 1971) identified that children require adults to provide high levels of warmth and control to optimally support their development. The combination of these two attributes comprises what Baumrind called an "authoritative" parenting style, characterized by warmth and affection, clear and firm and expectations and limit-setting, yet not too rigid. This type of parenting has been found to promote positive child outcomes, including perseverance, better school outcomes, and the development of resilience into adulthood (Conger & Conger, 2002; Luthar, 1999; Masten, 2001). In toddlers, maternal limit-setting behavior is thought to have important implications for how a child develops and internalizes self-regulatory capacities (Crockenberg & Litman, 1990; LeCuyer-Maus & Houck, 2002). The need to be firm and consistent yet not too rigid was noted by staff members in the present study who described being both flexible and firm and consistent at the same time. Through supporting sensitive, attuned and responsive behaviour in staff members, flexibility may reflect the warmth dimension of Baumrind's model. Firmness and consistency likely reflect the control dimension. Staff members may exercise firmness and consistency in expectations and limit-setting, but flexibility in how

expectations and limits are enforced depending on situational or contextual factors. In other words, they may be firm and consistent while still being attuned and responsive.

Limitations

This study has a number of limitations. First, it is exploratory and descriptive in nature. This approach allowed for an in depth look at the processes of staff members working in day treatment; however, conclusions about the efficacy of the approach described by staff members cannot be drawn from these data. Second, though stimulated-recall interviews (with video recorded events) were used to prompt staff members' discussion of their processes and strategies, it was not possible to verify whether staff actually employ the processes and strategies they discussed. Some processes and strategies discussed by staff members were internal (e.g., being curious about what is driving children's behaviour) and cannot be assessed by objective means; however, other processes and strategies (e.g., staff members communicating with each other, attunement and responsiveness) could be assessed using behavioural observations. A final limitation of this study is that I was only able to investigate the morning portion of the program and was not able to include the parent component of day treatment, delivered through biweekly sessions with a social worker. As a result, the proposed program model for day treatment at CDI is incomplete, and further investigation is needed to expand the model to include all components of this intensive intervention. Parental involvement has been identified as a critical factor in the outcome of interventions for children with social, emotional and behavioural difficulties (e.g., Lakin, Brambila & Sigda, 2004; Pereira et al., 2016), thus it is likely especially important to have an understanding of how the parental component of day treatment at CDI contributes to the overall treatment.

Future Directions

Future studies may examine the program models of additional day treatment programs and comparing the outcomes of children in various day treatment programs. It would be beneficial to compare (controlling for children's baseline level of difficulties) how many children make a successful transition to mainstream schools from different day treatment programs. Some of the pathways between the program components and the developmental outcomes goals are supported by previous theory and research, as discussed. However, the mechanisms by which the moment-to-moment processes and strategies identified support children's development, and whether these development changes are seen over the course of treatment need to be explored further. The process of attunement, responsiveness, and assessment and evaluation that staff members engage in likely supports the development of a secure attachment relationship between children and staff. Future work could assess attachment relationships between staff and children in day treatment to explore this hypothesis. Future research might consider using behavioural observations to explore interactions between children and staff members in day treatment at CDI and other agencies to verify the processes and strategies classroom staff use. Finally, it would be beneficial to explore how the parental component of day treatment at CDI overlaps with the classroom component in terms of theoretical orientation, processes and strategies.

Implications for Teacher Training

The staff interviewed for this study have provided a glimpse into how teachers can work effectively with students experiencing social, emotional and behavioural difficulties. The children in this study attend a specialized program with a low student-to-staff ratio meaning staff are able to provide a high level of support to promote children's skill development. These types of programs are rare, however, and more commonly children with social, emotional and

behavioural difficulties attend mainstream classrooms where there are not the same opportunities for support. For mainstream teachers, it can be difficult to know how to support the needs of students with social, emotional and behavioural, when there are 20 - 30 other children in class. Though not all components identified by staff in this study are feasible to implement in larger classrooms, some are. For one, teachers need to find a balance between flexibility and firmness and consistency in classroom management. Second, teachers should be able to manage their stress and regulate their own emotions in dealing with students with social, emotional and behavioural difficulties. Teachers who struggle with their own stress and emotion regulation in the classroom should be provided with extra support to decrease their stress and develop emotion regulation skills. School administrators should foster a collegial environment amongst staff, and may consider encouraging team-teaching arrangements when possible, given the benefits of the team-based approach described by staff in this study. When dealing with social, emotional and behavioural problems, it may be helpful for teachers to adopt the spirit of curiosity exhibited by day treatment staff and ask themselves what may be driving children's troublesome behaviours. Teachers should be encouraged to notice and recognize positive things about all children, but especially those with social, emotional and behavioural difficulties, for whom it may be more challenging to do at times. Finally, continual emphasis on a developmental perspective, from which students who are struggling are seen as missing skills and being developmentally behind, and teachers are focused primarily on supporting skill development as opposed to disciplining students, would likely be helpful for teachers trying to support children with social, emotional and behavioural issues. Pre-service teacher training programs should consider integrating each of the above components into their curricula.

Conclusion

This study highlights classroom staff members' perspectives of the moment-to-moment teaching processes a school-based day treatment program for children in kindergarten and grade 1. It provides insight into the processes they use to form a therapeutic. Based on staff's perspectives, a program model is proposed to address the lack of program model for this type treatment as identified by the day treatment working group (Section 23 Working Group, 2017). The proposed program model illustrates the relationship among the numerous processes that adults engage in to support children's development. Finally, it paves the way for further research on day treatment at CDI by providing an initial framework of the program. The care, attention, and commitment of the staff in day treatment programs appears to be critical to accelerating the development of dysregulated children so they can enter regular stream classes and benefit from learning with many peers.

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Appendix

Table 1

List of Specific Strategies Staff Members Discussed in the Interviews

Strategy	Brief Description	Example
Asking guiding questions	Posing questions to children to help lead them to a solution.	When a child says] "I don't know where this goes." I almost—and I'm pretty sure it almost never happens—"oh it just does there." It's "where do you think that belongs?"…It's really meant as a "look around the room, become aware of your environment and you got this."
Being present	Trying to be both physically and mentally present and engaged with children.	"There's sometimes when I full stop, where there's a reminder that the kids are more important and they're trying to talk to you…When I catch those, it's like full let go of the computer and my body turns completely around so that [the kids] have my full attention."
Breakings things down	Breaking tasks or instructions into simpler steps to help children understand and learn	"So now we've broken the task down--as opposed to "everybody go there"—now we're doing it one at a time" "I remember thinking "He really needs the breaking down, I really need to slow it down for him"
Consequence – leave the group or take away activity	Consequence for not following rules or being safe is leaving the group or removal of desired activity or an element of desired activity	"I told him "If [staff member] sees you doing that again you can't play this game". "It's "the cape stays on if you're being a superhero. Oh you're not being a superhero. Put your cape away." He's still expected to engage in that but you just sort of take one element away as opposed to huge consequences or no more playtime."
Coregulation	Actions that have the intention of regulating children's behaviour or emotional experience	"I was trying to genuinely listen to [child 1] and making it more of a lighter-hearted feeling for [child 1] because sharing for [child 1] is actually very difficult."
Creating moments for children to settle down (similar to co-regulation)	Pausing or creating moments of stillness to help children settle down.	[We pause before going out the door] because it also allows this group to stop and not move for 15 secs before we go out to the hallway like a bunch of ping pong balls.

Table 1 (continued)

Cross talk	Speaking out loud to another staff member about what children are doing or should be doing in order to provide a cue to children about their behaviour.	“You'll notice [staff member] and I do a lot of the cross talk. It's a lot more effective to guide behavior than directly addressing kids sometimes, depends on the child.”
Encouraging smile	A way of supporting children looking for attention or reassurance without disengaging them from the activity.	“I remember just smiling at him, giving him acknowledgement that I see him and he's doing a great job, but I didn't want to say anything so he that he wouldn’t continue to engage with me [and instead engage with the group activity]”
Expressing confidence in children	Staff member letting child know that they have confidence in them and their abilities.	“The intentionality of "see your friend can do that. I want to see you do that. I know you can do that." Telling [child] that you have the confidence in them.”
Giving children agency	Letting children know that they ultimately have the power to make choices about their behaviour.	"That constant putting back on [child] the, "oh you're making a choice to stop yourself because remember, [staff member] said XYZ is expected. But oh, you're doing something different. We'll just wait until you're ready. I can't make anybody listen; I can only wait until you're ready to."”
Hugging child	Providing physical comfort or connection with children through hugging.	“I was like…he looks really sad. I didn't know if this was hitting him super hard so I just went like, "Uh, do you want a hug? Is this starting to make you feel really sad?", and so I just went directly to that.”
Letting children explain themselves instead of jumping to reprimand them	When child has done something wrong, allowing the child to talk about what happened from their perspective.	“I never just say "I told you not to do that." I always ask because it really helps clarify. There are times where I’ve asked [child 1] why are you over here. He says "I’ve got pants on." "Okay...let's talk about why you're here." Whereas with [child 2], I want to know what he's actually thinking as opposed to just saying "you did it wrong. You were bad," which I don't use, but that conveying that it's "why do you think you're here?" That dignity to give him the chance to explain himself.”
Letting child take the lead	Allowing children to explore and direct their own learning	“Sometimes you give them the chance to be able to explore whatever they are looking for and then get it first before you know, you jump in to assist.”

Table 1 (continued)

"Look at my glasses"	A strategy to support children in making eye contact by directing them to look at a person's glasses or other nearby facial feature (if not the eyes).	"[Child 1] is a kid that doesn't always make eye contact and I always say "Look up here, look at my glasses." In past I've said to kids, "Sometimes it's important. People want you to look in their eyes but it's hard for you so you can look at their eyebrows, you can look at their nose or their glasses."
Modelling (general)	Staff members model skills they desire for children to learn by demonstrating the skill through actions, behaviours or words	[Staff member pauses before sharing idea with children] "It's showing them pause like I don't have to grab it and be like "Oh! This is what I am." I can think about it and have thinking time. We don't use the words yet with this group, like "I'm taking time to think about it, I don't need to know now—hmm" instead we show them that pause is okay through that modeling."
Modelling social skills	Modelling or demonstrating to children how to act in social situations.	"So it's "you could say…", you know giving [the kids] that constant social scripting because at the end of the day these little guys want to have friends, and they all want to make a connection and they just really don't know how."
Pacing the lesson/day	Being intentional about how lessons or the day is structured and the pace that activities occur at	"Maybe let's try three minutes", maybe that's enough time for the settle down and then I remember thinking at the time while working with [child] that three minutes was way too long…I need to change this next time"
Physical prompt	Providing child with physical prompt or cue (e.g., tap on shoulder) to direct them to do something	"I'll tap an arm, rub an arm, or like tap a body part that will get their attention to refocus or regulate how their sitting."
Positioning of children in classroom	Being intentional about where children sit during lessons to reduce distraction and optimize staff members' ability to provide support based on need.	"The back row is usually [child 1], [child 2], and normally [child 3]'s at the back and [Child 4] is at the front because those are the three kids we are cueing more constantly so we've kept them closer to me so the three most attentive kids are not being disrupted."

Table 1 (continued)

Praise	Expressing approval of children's behaviour or telling them that they are doing good job.	“Give them the chance, and then be like "oh great! You are so smart." Just constantly hearing that they're capable because I think for most of these kids they've heard the exactly the opposite.”
Praising children to make them role models for others	Praising a child who is doing something well as a strategy for getting other children to do the same.	“I found that over the years, I can say no to a lot of things but it’s so much easier to get them to do listen by going, "Wow look what a great job [Child 1] did!" Now all of a sudden all the other kids do the same thing.”
Moderating volume of voice to get children’s attention	Trying different voice volumes to get children to pay attention	“So, I'm like, [In a quiet voice] "Let's just kindly move on to [Child 1] now like, everybody get what I'm trying to push over here?", and I've noticed that it's something that works better for them when we're doing feelings check-in, versus me going louder, because then they're just going to tune me out.”
Repetition	Getting children to repeat tasks to strengthen learning and understanding; getting children to repeat instructions to ensure they have understood	“So, the reason I got him to repeat was because I'm thinking “Maybe the more he repeats, the more it will help him retain things a little bit." “Often, the first thought is "here we go again, alright let's keep practicing." It's just where they all are.”
Scaffolding	Providing support to help children bridge the gap between their ability level and the ability level required to complete a task, activity or skill	Supporting sometimes that, where [child] has the idea about “yes now he wants the new grape.” [child] is always the kids that’s like “great, I got the grape thing figured out,” his hands are still full, now he’s dropping all of the grapes. You sometimes have to say “okay, so now you’re going to do this,” because he needs that bridging piece. He doesn’t jump there on his own very much.
Sensory toys	Using objects that provide sensory stimulation to support children’s participation in the classroom.	“I was trying to give [Child 9] his chew necklace, it helps him focus.”

Table 1 (continued)

Setting expectations and limits	Indicating to children what is expected of them and the limits on their behaviour.	“Having him actually, in that moment, relive that and like, "oh okay, so your cape is gone cause you weren't listening? Well do you have your listening ears back now?" And kind of going through the expectations of having him reengaged.” “I do have a rule where I'm like "Your feet stay on the ground", cause sometimes he'll start doing his break dance move and then his feet are just kicking up in the air everywhere.”
Showing emotion	Using emotional expressions to convey meaning, emphasize something or more effectively communicate with children.	“Because he is so little in so many ways, when I'm like "Oh my goodness," [in plain voice] he hears Snoopy teacher. So it's always that next level of "Oh! Dear, but your friends are going to be so sad," whatever that over overdramatizing thing is.”
Simplifying language	Using simple, clear language in order to convey instructions, make requests, provide directions, etc.	More specifically in this moment, I'm really trying to figure out how I can say this in words that [child] understands.
Talking about feelings and labelling emotions	Having conversations with children about emotions and providing a name for emotions or a reason for that emotion (e.g., I feel because)	“We want them to be able to share feelings, bring different ideas, let us know what is going on. So, it's another learning process for them to help them develop in all aspects of life.” "Sometimes the emotions are really hard for him. Last year the only one he could really understand was angry. He then generalized everything as angry…So it was sort of teaching those things [other emotions].”
Thinking out loud	Describing one’s thought process out loud to support children’s learning	And then, I remember thinking "the think out-loud", and it's because I've been watching a lot of effective kindergarten classrooms, and I was reading on one of the most effective ways of learning for them is when the teacher thinks out loud.
Individual token economy	A reward system in which “points” are awarded to children to be exchanged for a prize	“Just remembering that this helps him and like, I just really wanted him to have a good day and get some jumps [individual token economy system], and catch up to other kids.”

Table 1 (continued)

Group token economy	Same as above, except the entire class is working together towards earning “points.”	“I wanted to see if she could add a birdie for us [group token economy system].”
Using same tone of voice to call children	Using the same tone of voice to call children over to speak to a staff member regardless of if it is to talk about something they have done well or behaviour that needs to be corrected.	“The way I'm calling him over is also with thought behind it. Whether it’s for good things or bad things, I try to make sure it’s always the same way. Because what happens is if "[Child] come here please!" [angry tone] What kid is coming to the angry teacher? "Come over here, please." [polite voice]. It's just a way to invite a conversation as opposed to the "you did that, and you did wrong--"
Validation	Acknowledging or affirming that a child's feelings or thoughts are valid or make sense.	“I didn't get to give him my full attention so I need to extra validate and let him know that was not just kind of a good idea, it was a really really good idea.” “I was trying to validate how he was feeling”
Verbal prompt	Providing children with verbal prompt or cue to direct them to do something	So, here I'm getting like- you'll see me be like, [Soft voice] "Raise your hand, raise your hand, raise your hand.”