**A reflective study of educational psychologists’ narratives regarding their experiences of working therapeutically**

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## Abstract

It is recognised that emotional and relational difficulties can have a negative influence on children’s wellbeing, academic performance and behaviour. These same issues can affect adults who care for and work with children. In this thesis, interventions that are designed to help a child or adult address such problems are considered to be therapeutic. Within educational psychology, there is much debate about whether educational psychologists (EPs) should work therapeutically. Those who choose to work in this way appear to face additional challenges. I wanted to explore this issue by using a reflective process to engage with the narratives that EPs told regarding their experiences of using therapeutic interventions within their role. The study is positioned within an approach to ontological and epistemological concerns that can be described as social constructionist. Two EPs were invited to tell their story within an unstructured interview. The narratives that emerged were a joint construction within a particular context. I analysed the narratives using a self-reflective process informed by my therapeutic training, and thematic analysis as suggested by Braun and Clarke (2006). The findings suggested that at the heart of therapeutic work were good relationships with children and adults. The EPs involved in this study reported that they found such work rewarding. However, they often faced challenges when building and sustaining these relationships. They identified that there was limited time to deliver such work and that training and supervision were often inadequate. The process of the study offered an alternative approach to research and practice within educational psychology, one that placed greater value upon personal narratives and experience. Key words: Therapeutic intervention, social constructionism, narrative, the dynamic nature of knowledge, self-reflection, and thematic analysis.

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 Table of Contents

Abstract 2

Acknowledgments 3

Abbreviations 7

Introduction 8

Research questions 10

Chapter one 12

Review of the literature 12

Introduction 12

Definitions 13

The role of the educational psychologist 17

Policy versus practice 24

Should therapy be a part of the school environment? 25

Evidence-based practice 26

Chapter two 29

Philosophical underpinnings: ontology and epistemology 29

Social constructionism 30

The nature of knowledge 32

Narrative 34

Defining self 35

Chapter three 40

Methodology 40

Research questions 40

Introduction 40

Learning from the initial pilot study 41

Method 42

Rationale for the design of this study 43

The method of analysis 50

Analysis 54

Trustworthiness (rigour) 58

Authenticity (validity) 59

Generalizability 61

Ethical considerations 61

Chapter four 64

Analysis 64

Introduction 64

The analysis of my conversation with Rachel 66

Summary of Rachel’s themes and codes 66

Theme 1: The Importance of relationships 66

Theme 2: Building a therapeutic relationship 69

Theme 3: Relationships which support therapeutic work 70

Theme 4: Her evidence base for working therapeutically 71

Theme 5: Challenges to working therapeutically 73

Miscellaneous points 77

The analysis of my conversation with Lisa 80

Summary of Lisa’s themes and codes 80

Theme 1: The enjoyment of working therapeutically 80

Theme 2: The challenges to working therapeutically 81

Theme 3: Reflections about her work as an EP 86

Theme 4: Anger 91

Conclusions 91

Chapter Five 93

Discussion 93

Evaluation of the research methodology 93

Ethics reconsidered 99

Learning from and reflections on the analysis 100

Personal reflections and learning 114

Summary and Conclusions 117

References 120

Appendices 127

Appendix 1 127

Information sheet and consent form 127

Appendix 2 132

Transcript of Rachel’s conversation, with codes 132

The context 132

Appendix 3 153

My narrative of my conversation with Rachel: including her feedback 153

Appendix 4 163

Codes and themes from Rachel’s transcript 163

Appendix 5 167

Transcript of Lisa’s conversation, with codes 167

The context 167

Appendix 6 185

My narrative of my conversation with Lisa 185

Appendix 7 192

Codes and themes from Lisa’s transcript 192

Appendix 8 195

Transcript of my follow-up conversation with Lisa 195

Appendix 9 203

Interpersonal process recall 203

Appendix 10 205

Pilot study 2 205

Trail analysis of my conversation with Helen 205

The context 205

Learning from the content 205

The issue of time 211

Learning from the process 216

Summary 218

Appendix 11 219

Letter confirming ethical approval of the study 219

## Abbreviations

BPS – British Psychological Society

CAMHS – Child and Adolescent Mental Health Services

DECP – Department of Education and Child Psychology

EBP – evidence-based practice

EP - Educational Psychologist

EPS – Education Psychology Service

IPR – Interpersonal process recall (Kagan, 1984)

RCT – Randomised controlled trials

TA - Teaching assistant

TaMHS – Targeted Mental Health Services

TEP – Trainee Educational Psychologist

UKCP – United Kingdom Council for Psychotherapy

## Introduction

I embarked on the training to become an educational psychologist relatively late in my life. Previously, I had worked as a Gestalt psychotherapist and latterly I also worked part-time as a teacher of psychology in a secondary school. As a teacher, I was aware that there were children, parents and teachers who appeared to struggle with emotional and relational issues within their work and life. Frequently, there seemed to be little psychological or practical support for them. These issues had an effect on the quality of their lives and their ability to function well within the education system. As a trainee educational psychologist (TEP), I have become even more engaged with such issues. Numerous writers within the field of educational psychology have also identified that therapeutic work (i.e. working with children’s and adult’s mental health, or emotional wellbeing) is an essential aspect of EP practice, for example, MacKay (2007), Randall (2010), Dowling & Osborne (1985), Pomerantz (2007), Greig (2007), to name just a few.

As I gained more experience of educational psychology, I noticed that some EPs referred to working therapeutically. My course also placed a strong emphasis on this approach. Yet it also seemed to me that very few EPs worked in this way. Farrell et al. (2006) identified that most EPs spent less than one per cent of their time delivering therapeutic intervention. Furthermore, within my own practice, I was aware that in spite of my therapeutic experience, I felt some ambivalence about offering therapeutic interventions, which I could not fully explain. I wanted therefore, to explore the experiences of EPs who had chosen to work therapeutically, to ask them about how they felt about this work and to explore the dissonance between what is thought by many to be good practice, and what actually happens.

My ideas about how to proceed with this research emerged from my experiences as a therapist and from a social constructionist understanding of ontology and epistemology. I believe that we should learn to trust our usual ways of being in the world; people are skilled social practitioners who are able to monitor and comment on their own activity (Burr, 2003, p. 14). Furthermore, wisdom and understanding do not only emerge from reductionist scientific endeavours. McLeod (2001) stated that: “the purpose of research is to enhance knowledge” (p. 2). There are many ways in which this can be achieved and at the heart of this study is a method that pays attention to personal experience:

In the overeager embrace of the rational, scientific, and technological, our concept of the learning process itself was distorted first by rationalism and later by behaviourism. We lost touch with our own experiences as the source of personal learning and development.

 (Kolb, 1984, p. 2)

These experiences are expressed through narratives, or stories. The neuroscientist, Damasio (2000) argued that story telling is a natural brain function. He called our capacity to tell stories a “brain obsession” (p. 189). He went further and suggested that “the entire construction of knowledge” (p. 189) is a story, and that “telling stories precedes language” (p. 189). In addition, telling narratives is a way in which we organise and construct meaning from our experiences (Bruner, 2002, p. 7). Narratives also allow for the study of “different and sometimes contradictory layers of meaning” (Andrews, Squires, & Tamboukou, 2008, p. 1).

Great narrative is an invitation to problem finding, not a lesson in problem solving. It is deeply about plight, about the road rather than about the inn to which it leads.

 (Bruner, 2002, p. 20)

In order to consider these narratives about experiences, I wanted to make use of a more meditative self-reflective process, that Claxton (1997) called our “tortoise brain” (with reference to the children’s story about the hare and the tortoise):

But when the hare of conscious comprehension ran out of ideas, tortoise mind just kept going. Simply by attending and responding to the situation, without thinking about it, people are able to extract complex patterns of useful information.

 (Claxton, 1997, p. 25)

Claxton (1997) went on to suggest that over time the mind is capable of finding new understandings and new meanings for existing information and knowledge, “registering these consciously as insights or intuitions” (p. 49). Taleb (2010) adds to this idea with a very human observation:

Your brain is most intelligent when you don’t instruct it on what to do – something people who take showers discover on occasion.

 (Taleb, 2010, p. 5)

I also offer a quote from Kant (1794). He would originally have proposed this challenge in support of rational science, as opposed to unthinking adherence to religion. Ironically, I think his words can now challenge us to look beyond rational science:

“Have courage to use one’s own understanding!” – that is the motto of enlightenment.

(Kant, 1784, p. 1)

Therefore, I have approached this study from a paradigm that values personal experience, expressed in narratives and considered through the personal reflections of the researcher.

Fallon, Woods, & Rooney, (2010) conclude their discussion of the role of the EP within children’s services, with a call for studies which look for a “more detailed understanding of EP role development”. This is in contrast to the broader surveys that had been carried out to date. I hope that this investigation will offer such an analysis, with the purpose of exploring the role of therapeutic interventions within educational psychology, and considering what might be required to support such work.

### Research questions

* What narratives do EPs tell about their personal and professional experiences of working therapeutically?
* What can we learn from reflection on these narratives?

My research questions arose from the ideas about narrative and reflection mentioned earlier. In addition, I feel that much reflection and analysis in psychology addresses technical questions about practice, or cognitive processes, without considering the person of the psychologist carrying out the work. I do not believe that it is ever possible to separate out the person of the psychologist from their work and the relationships with which they engage in the course of their work. This is true whether the work is applied psychology or research. As this idea is not the dominant paradigm within educational psychology at this time (Corcoran, 2009, p. 376), I made the words ‘personal’ and ‘professional’ explicit in my research question.

# Chapter one

## Review of the literature

### Introduction

The purpose of this study is to explore the narratives regarding two EPs’ experiences of working therapeutically. In preparation, I want to start by considering the relevant narratives and debates that are currently being told within the world of educational psychology.

 I want to begin by considering the narratives concerning the context of our work and of this research. Billington (1995, p. 36) stated, “The work of the educational psychologist is built upon human relationships”. These relationships “operate within social and historical contexts” (Billington, 2006, p. 6). What I will offer now is clearly my particular understanding and perspective on this narrative, I think it will be familiar to the reader.

Within the whole profession of educational psychology, there appears to me to be a great deal of anxiety and uncertainty about the sustainability of our work as it is presently practised. As I embarked on this study the Government had frozen training for new educational psychology trainees. In addition, hard-pressed local authorities were asking educational psychology services (EPSs) to cut back. This meant a reduction in the available jobs for those new to the profession and even greater demands being placed on those already working in the field. The training has now been reinstated, but uncertainty about jobs and anxiety about workloads continues. These lives and human relationships are under pressure.

It was within this troubled environment that I started considering what I would like to study for my thesis. The experiences of the working environment will have been be part of the “field” (Parlett, 1991, p. 70) from which I selected my research topic and participants, all practising EPs facing many of the same difficulties.

Alongside these concerns, there is also potential. In a recent article in the TES (Maddern, 2010), Sarah Teather, the Children’s Minister, was quoted as saying that she “would like educational psychologists to play a greater role in offering therapeutic advice rather than just being used by local authorities as a gatekeeper to services”. I wonder if the changes being proposed offer some exciting opportunities to shape our profession in a different way. During my short time within the profession, I am aware of high levels of discontent with the role as it stands. This has focussed mainly on the demands of statutory assessment. I also recognise that her statement is ambiguous “therapeutic advice” could mean a number of things from a consultation process to actual therapy. However, the ambiguity of the statement allows for a flexible interpretation.

In order to understand each other’s narratives and my exploration of them, I will consider first what I mean by some of the key words and phrases I have used. I will go on to discuss existing narratives regarding the role of the EP with reference to therapeutic practice. I will reflect on the debate about the role of therapy within school environments and finish with a consideration of the issues to do with evidence-based practice (EBP).

##

### Definitions

The Collins Dictionary (English Dictionary, 2003) defines therapy as “the treatment of physical, mental, or social disorders or diseases”. Therapeutic is defined as “relating to the treatment of disease; curative, serving, or performed to maintain health” (p. 1672). These definitions are not specific to mental health. They are clearly very much part of a medical model with words such as ‘disorder’, ‘disease’ and ‘cure’. To find a term that has more to do with mental health we can add the prefix ‘psycho’. ‘Psychotherapeutic’ is defined as “the treatment of nervous disorders by psychological methods” (p. 1309). This implies a more specific relation to mental health, but this term is seldom used in EP journals. Possibly this is a reflection of its association with psychodynamic approaches (MacKay & Grieg, 2007, p. 4).

MacKay and Grieg (2007) acknowledged that the term ‘therapy’ has come from the medical model, but argue that the “hegemony” (p. 4), or dominance, of the medical model has passed and that as a confident independent profession, psychology has adopted the word which is “universally understood in psychology and … serves its purpose well” (p. 4). Whether this is the case or not, a quick glace at a couple of articles illustrates the point. For example, Pomerantz (2007) used the term “therapeutic stories”, but was not precise about what the term meant. Greig (2007) only implied that her use of the word therapy had to do with mental health, as she started her article with some statistics about the prevalence of mental health issues amongst children. There does appear to be an unspoken understanding that the word ‘therapy’, or ‘therapeutic’, is used to imply a face to face intervention with a child or young person that has been deployed to address mental health and emotional wellbeing. Usually this involves a relationship between the therapist and client that happens over time. This is the understanding that will be used in this study.

The definition of therapy offered is broad and intended to cover a range of different models. However, the models explored in this study were those that placed great emphasis on the quality of the therapeutic relationship in determining successful outcomes. In acknowledging this, I identify that not all models of therapy would consider the relationship to have such an important role. Other models may place greater emphasis on the techniques used, as discussed in the meta-analysis regarding efficacy of different models conducted by Staines (2008).

I want to identify a further confusion that arises as a result of a common usage of the word ‘therapeutic’ to mean something that improves outcomes generally. All that an EP does should be therapeutic in the sense that it is ameliorative and has a positive impact on a child’s development (Division of Educational and Child Psychology, 2002, p. 4). This should be the case whether the intervention is academic, for example, addressing a learning difficulty with reading or writing (when emotional wellbeing may also be enhanced, but indirectly), or whether it is addressing a psychological issue, which is directly, to do with emotions and wellbeing. However, when an EP offers a therapeutic intervention, ‘therapeutic’ is used specifically to identify a positive impact on emotional wellbeing and mental health. Within the context of this study the words ‘therapy’ and ‘therapeutic’ will be used in this specific manner.

It follows that it is also important to define the term ‘mental health’. Mental health can be conceptualised or constructed is many ways. For example, a medical model would consider the pathogenesis of the disease, or the chemical and biological factors that have mal-functioned within the organism. Within this study I have used a non-medical definition of mental health that is proposed by the Mental Health Foundation (1999). They suggest that mental health is:

the ability to: develop psychologically, emotionally, intellectually and spiritually; have a sense of personal wellbeing; sustain satisfying personal relationships; develop a sense of right and wrong; and resolve problems as well as learning from them.

(p. 91)

eaHHMental ill health would therefore, be the opposite of this. MacKay & Grieg (2007), discuss the overlap between the term ‘mental health’ and ‘emotional and behavioural difficulties’. They argue that the terms are distinct. Interestingly, in their comparison they imply that ‘mental health’ equates to ‘difficulties’, without using the word ‘difficulties’. They seem to unconsciously identify the term as negative, rather than a neutral or even positive term as in the definition above. I think that this is a good example of our cultural ambivalence regarding this term. I experienced an example of this in my own work. Recently a school gave me some feedback regarding a report I had written. In the report I had, as I thought, discretely referred to the mental health difficulties of a parent. The school felt that this parent would be very unhappy about my use of the words ‘mental health’ and would prefer me to use the word ‘depression’!

The definition of mental health is descriptive of an individual. It is not attempting to identify causes or reasons for mental ill health. Nevertheless, I think it is important to understand mental ill health as a response to complex interacting factors that arise within the individual, their immediate environment and the wider social culture. A dichotomy between the biological and psychology models is increasingly looking ill advised. Mental health is not a biological dysfunction, neither is it a psychological issue. It is a complex interaction of the two, within a wider socio-cultural environment. Advances in our understanding of the interaction between an individual’s, social, psychological and neurological functioning supports us to understand that our biology and our psychology are inextricably linked (Prilleltensky & Nelson, 2000).

Before moving on, I want to add one more observation about a commonly used phrase within mental health. The word ‘healing’ is often spoken, when referring to outcomes; the use of this word is a natural extension of the medical model and the idea of mental health. However, in using this word we emphasise the idea that mental distress is a physical disease that can be cured by treatment. Instead, therapy can be viewed as an intervention, rather than a treatment. This idea is more consistent with social constructionist thinking. A therapeutic intervention is about building a relationship, raising awareness, offering choices and together creating a different construction of a person’s life. There may well be some curative function (physically and psychologically), and at its best, it is indeed felt to be healing to the distressed individual. However, using the words ‘development’ or ‘growth’, as opposed to healing, may be more appropriate. A person develops skills to reflect on their situation and make sense of their life. They mature and are able to understand a little more about experiences and events in their life that previously had been overwhelming. These events are not forgotten; they are not removed, mended or eliminated like a virus or broken bone. They become part of who the individual is becoming.

Having defined these key terms I want to start to consider narratives that are told about therapeutic practice within the role of the educational psychologist.

### The role of the educational psychologist

Local authorities employ educational psychologists to support children with special educational needs to achieve their potential within education. The DECP Professional Practice Guidelines (Division of Educational and Child Psychology, 2002) state clearly that:

Professional educational psychologists are concerned to support and promote the proper development of young people. In doing so, they work not just directly with young people, but also with their parents and families and with the adults who teach and care for them.

 (p. 4)

The document goes on to state that EPs are part of the “welfare network” around a child, working with all other professionals who may be involved; their “primary focus should always be on achieving positive outcomes for young people” (p. 4).

A report produced by the Scottish Executive, (2002) adds further clarity to this definition of the role of an EP, by asserting that this involves consultation, assessment, intervention, training and research. All of these activities are delivered at three levels: the child, the family and the school establishment. Direct work with children is implicit in both of these definitions. Therapeutic interventions would certainly be one possible way in which this work could be implemented.

There has been considerable debate about the role of the EP (Fallon, Woods, & Rooney, 2010, p. 1). This debate has been present in the literature over the last thirty years, initiated by the seminal text of Gillham (1978). It is intriguing that the profession does not seem to be able to resolve the question satisfactorily. Gestalt Therapy theory would suggest that this repeated behaviour, i.e. regularly returning to the debate about the role of an EP, suggests something unfinished:

The neurotic compulsion to repeat is a sign that a situation, unfinished in the past, is still unfinished in the present. Every time enough tension accumulates in the organism to make the task dominant, there is another try at a resolution.

 (Perls, Hefferline, & Goodman, 1951, p. 293)

Perhaps this research will offer some useful insights that will enable EPs to resolve some aspects of these questions regarding their role.

In 2007 the BPS Division of Educational and Child Psychology dedicated a whole volume of its journal to therapy. In the editorial Mackay and Greig (2007) identified that therapy was not a term that was used routinely within educational psychology. The stated that: “there has been no clear attempt to locate this area coherently within educational psychology practice” (p. 4). They also argued that in these changing times we should “rehabilitate” therapeutic interventions within educational psychology and that they “can play a crucial role in bringing about positive change in the lives of children and young people” (p. 4).

MacKay, (2007) presented his own debate concerning the role of therapy within the profession. He argued that in the past, therapeutic work was squeezed out of the repertoire of an EP’s practice for four reasons. Firstly, the profession had been reconstructed in order to promote more equitable provision of services. Earlier models of educational psychology were not equally available to all children. This reconstruction also represented a move away from a medical model, of which the dominant models of therapy were a part. Newer models saw the EP working in a more consultative manner, being seen as a colleague as opposed to expert (Wagner, 2000). Secondly, as applied psychology has developed and matured, roles have become increasingly demarcated and specialised. Therapy was seen as the province of clinical psychology. Thirdly, the political context of the last ten years had seen the Government increasingly focused on educational targets and achievements. Mackay (2007) argued that EPs became the means by which children could access the curriculum, with a corresponding emphasis on the cognitive, over the emotional aspects, of children’s lives. Roberts (2009) commented on how little attention had been paid to research into social and emotional aspects of learning compared to numeracy, literacy or class sizes (p. 78).

Finally, MacKay (2007) cited the impact of legislation regarding the funding of special educational needs and how EPs had been almost overwhelmed by the demands of statutory assessment. Fallon, Woods, & Rooney (2010, p. 2) echoed this view. Farrell et al. (2006) stated, as one of the key outcomes of their survey that:

There was a universally held view that EPs have been too heavily involved in statutory assessments and that this has prevented them from expanding their work so as to make more effective contributions.

 (p. 8)

On the other hand, MacKay (2007) also saw a more recent rehabilitation of therapy within the repertoire of an EP. He suggested this as an “historical inevitability” (p. 13). Based on arguments of organisational change, he proposed that trends and fashions within any professional organisation result in original methods being replaced and then reintroduced as their worth was again appreciated. He reasoned that this had happened within the profession, as EPs became aware that schools valued individual casework.

Secondly, and no doubt linked to this, was the increased awareness of mental health difficulties amongst children and young people. MacKay (2007) cited Meltzer et al. (2000) who surveyed children and young people in Great Britain and suggested “20 per cent may be described as having a mental health problem” (p. 14). MacKay (2007) added a further statistic offered by Davis et al. (2000), which suggested that between 10 and 21 per cent of this number did not receive any help. My own experience supported this view. More recent surveys (Green, McGinnity, Meltzer, Ford, & Goodman, 2005) suggested that there had been little change in the prevalence of what they defined as “clinically diagnosed mental disorder” since 1999 (p. xxi).

Thirdly, Mackay (2007) argued that renewed interest in therapy had come from evidence that therapeutic methods were effective (Greig, 2007). The efficacy debate regarding therapeutic interventions is vast and complex. Meta-analyses usually conclude that the outcomes of a therapeutic intervention have more to do with the qualities of the therapist than with the method, or model of therapy (Staines, 2008). This suggests an emphasis on the relationship created between the therapist and the person. I will return to this debate later in the chapter, when I consider evidence-based practice.

MacKay (2007) concluded with a warning. He stated that schools were asking for therapeutic interventions. If EPs did not provide this support, then schools would go to other providers. In a profession that was attempting to work in a collegial manner, he suggested that we should not ignore what schools were saying they needed.

Farrell et al. (2006) carried out an extensive review of opinions regarding educational psychology. In particular, the survey sought to explore the views of stakeholders as to the distinctive contribution of EPs. In particular, they explored the facilitators and barriers to this contribution. The survey offered some interesting insights into opinions about the role of EPs. It demonstrated that EPs were involved with a great variety of tasks and that school and parents valued their contribution. As already mentioned, most respondents identified that 1:1 therapeutic work accounted for only about one per cent of the EP’s time (p. 26). However, the report suggested that respondents indicated that this was an area that they felt had potential for further expansion (p. 29). Linked to this there was a startling conclusion that nearly half of respondents, including EPs, felt that much of the work currently carried out by EPs could be offered by someone else. This finding could be perceived as a threat to the profession, or as an opportunity. If some time-consuming tasks could be passed on to others, this could make way for EPs to offer more specialist applied psychological interventions. These could be both valuable to schools and rewarding employment for EPs, and in fact, this is one of the conclusions of the report (p. 89).

One of the key findings of the report by Farrell et al. (2006) was the importance of the relationship that the EP can build with schools, parents and other professionals (p. 82). Respondents were almost unanimous in stating that one of the barriers to effective EP work was a lack of contact time with parents, schools, other professionals, and though not stated, presumably, children (p. 84).

Any survey is vulnerable to bias as a consequence of non-returner’s views being excluded. This may have resulted in a bias towards more positive responses that is mentioned in the report by Farrell et al. (2006). In addition, the questionnaire itself was composed of tick boxes offering five choices to each answer. I do not feel that these limited options can ever truly represent the complexity of a person’s thoughts about their experience. Furthermore, some of the questions lead the respondent. For example, “Who else could carry out this activity with the same impact?” is followed by a restricted list of suggestions (p. 132). This question implied that someone else could do the task. A more open question could have asked: ‘Could anyone else carry out this work with the same impact? And if so who?’. A more open question may not have led to the ‘startling conclusion’ mentioned earlier. Nevertheless, their survey provides some challenging findings and support for the argument that EPs could be more involved with therapeutic casework.

Boyle and Lauchlan (2009) presented a further strong argument in support of EPs carrying out more individual casework. They argued: “the move away from casework had resulted in an under-achieving and under-confident profession in danger of becoming obsolete” (p. 72). They referred to Gillham (1978) who 30 years earlier had also called for this return to casework. They pointed out that what they called “out-dated and ill-judged” aspects of EP practice were still being used (p. 73), for example, IQ tests and the gate-keeping role of statutory assessment.

With reference to changes towards a consultative model of service delivery, Boyle & Lauchlan, (2009) stated that many valued casework. They listed parents, schools and others in children’s services. They suggested that it was perverse to move away from something valued and recognised as EP work, to something less tangible and less respected by others (p. 76). By contrast, within the profession, they argued that:

There is currently almost a feeling of shame induced in EPs if they express to fellow professionals their propensity towards individual case-work.

(p. 76)

It is important to maintain a stance that views children’s mental health within the context of their family and the wider social environment. Rait, Monsen, & Squires (2010) made the point, as already mentioned, that terminology such as ‘mental health’ can be stigmatising. Similarly, receiving a therapeutic intervention can shift responsibility and blame to the individual. Any therapeutic work needed to recognise the systemic nature of mental ill health. Nevertheless, they argued that mental health is “everyone’s business” (Department for Education and Skills, 2001) and that schools were very important organisations within which to recognise children’s needs and provide a therapeutic environment to promote wellbeing (Rait, Monsen, & Squires, 2010, p. 105).

In his review of EPs use of cognitive behavioural therapy, Pugh (2010) suggested:

.. failure to embrace a wider therapeutic role will increasingly result in the limited commissioning of only statutory and assessment services.

He went on to argue that we need to consider how to:

add value in existing systems … as highly skilled generalists, capable of applying therapeutic skills to a wide variety of situations and contexts.

(p. 397)

I have suggested that there is very little therapeutic work being delivered by EPs. However, Atkinson et al. (2011) presented the findings of a UK-wide online survey, which investigated EPs’ use therapeutic interventions. 92 per cent of 455 respondents indicated that they did use therapeutic interventions (p. 7) and that they thought that therapeutic interventions should be prioritised in the workload of the EP (p. 9). This survey appeared to contradict the findings of the report by Farrell at al (2006), and my experience. However, it is likely that the findings of the survey were biased in favour of those who had an interest in therapeutic interventions and were, therefore, more likely to respond. Furthermore, there was no indication of the proportion of time that each EP may have spent working therapeutically. Finally, their definition of therapeutic work included situations where the EP had supported others to carry out the work with children. This was a broader definition than the one used in my study, which was limited to direct intervention on the part of the EP. Nevertheless, it is encouraging that research regarding the use of therapeutic interventions is being carried out at two centres for the training of EPs, i.e. the University of Sheffield and the University of Manchester. This supports the views of MacKay (2007) that there is a growing interest in therapeutic work within educational psychology.

Atkinson et al. (2011) reported that EPs identified that access to training and a supportive service culture were the most important factors that enabled therapeutic work. By contrast, workload and the time-allocation model of service delivery were thought to be the most significant barriers to therapeutic work (p. 9). I will revisit these conclusions in the discussion to compare my findings with those of this survey.

### Policy versus practice

Prilleltensky & Nelson (2000) offered a radical point of view that opposed the use of interventions that focused on the individual. They proposed a narrative of social justice. They identified that we now have models of health and wellbeing that recognise the complex factors, which contribute to this state. They listed five key determinants: the social and economic environment, the physical environment, personal health, individual capacity and coping skills, and services needed for health. Even so they stated that:

Yet despite our sophisticated ecological notions of health, interventions typically focus on the person and his/her family and fail to change pernicious environments.

 (Prilleltensky & Nelson, 2000, p. 86)

They recommended an emphasis on preventive work in the area of applied psychology and sociology. They argued for social justice, which they defined as a fair distribution of resources within a community (p. 88).

According to Prilleltensky & Nelson (2000) the emphasis on the individual is an aspect of our aggressively individualistic culture. Focusing on the individual, implicitly lays the responsibility for change with the individual and their family. Instead, they suggested, we should be working for change in the environment, especially as we now understand that much of the mental ill health and unhappiness that we find in our children is a consequence of their environments. They argued that a move to more collectivist values would result in an “equalisation of access to valued societal resources and foster a sense of community that is missing from today’s society” (p. 90). They maintained that many of the needs in society relating to health and wellbeing are the result of our profoundly unequal society. There is a much evidence to support this view (Wilkinson & Pickett, 2010). Prilleltensky & Nelson (2000) went on to present data that suggested that individual interventions were less effective in the long term, compared to more universal strategies that tackled broader social issues. They argued that in offering such interventions, those seeking to support children and families could implicitly, if unconsciously, maintain the situation of social injustice (p. 99).

In an article considering the role of feminism in educational psychology, Kitzinger (1999), suggested that the individualism referred to by Prilleltensky & Nelson (2000) was a narrative created as a result of a white male dominance in psychology (Kitzinger, 1999, p. 12). She stated, “we’re quite good at advocating for the individual, but I think we are not so good at changing organisations or working systemically. We’re a conformist lot.” (p. 12). She advocated a more feminist approach that emphasised “consciousness raising, personal activism, lobbying and action directed towards social change.” (p. 12).

Mackay, (2000) commented on Prilleltensky & Nelson (2000). He agreed that individual casework was often reactive rather than preventative, and the scale of the issues around wellbeing and health made responses to the individual appear ineffectual. He praised the way in which the article brought the ideas of social justice to the attention of applied psychology. However, he suggested that the ideal that Prilleltensky & Nelson (2000) proposed should not necessarily negate or invalidate interventions offered to an individual. However, the suggestion still stands, that too few of us are involved in preventative work at the level of social policy.

### Should therapy be a part of the school environment?

Another powerful narrative within education identifies therapeutic interventions as a threat. Ecclestone (2007) offered arguments against their use within schools. I have written about this previously (Anderson, 2011). She was implacably opposed to such interventions. She wrote about a “therapeutic ethos rooted in diminished images of human potential and resilience” (p. 457). She went on to argue that what she termed “priviliging emotional needs” resulted in “intrusive assessment and diminished educational aspiriations” (p. 457). She used words such as “pathologise” (p. 461) and painted a frightening picture of social control exercised through intrusive assessment of emotional needs (p. 465). I believe that what she opposed was a therapeutic model rooted in the medical paradigm, rather than a relational model that is the one offered in this thesis. Nevertheless, this is not a distinction that Ecclestone (2007) has made.

Hyland (2009) presented an alternative point of view to Ecclestone (2007). He suggested that the evidence from schools did not support Eccelstone’s “dystopian vision” (p. 121). On the contrary he stated “that all that counts in education and training is providing bits of evidence to satisfy narrow, mechanistic performance criteria.” (p. 122). He went on to argue that education and therapy involved similar processes, which included “the development of knowledge, values, emotions, understanding, reason, skill, experience and insight” and that “both are equally necessary for accessing work, social relationships and the wider communities of practice that consititute the good life” (p. 125).

 Roberts (2009) offered comprehensive empirical support of Hyland’s (2009) view. She used the word “remarkable” (p. 78) to describe the volume of evidence that supported the notion of promoting social and emotional skills in children and young people. Though this is not specifically referring to therapeutic interventions, I would argue that therapeutic intervetions are an important tool in the work of promoting social and emotional skills.

### Evidence-based practice

There is one final issue I want to consider within the context of this review. Evidence-based practice (EBP) increasingly dominates psychology (Fox, 2011, p. 325). No study on any aspect of psychology practice should ignore this issue whatever our thoughts about it might be. At best it is an earnest attempt to improve our professional practice. At worst, it is about managerial control that diminishes professionalism and professional judgement.

Any evaluation of therapeutic practice within educational psychology needs to consider whether what we do has positive outcomes for the children and young people with whom we work. However, Pugh (2010) identified that the vast majority of research concerning evidence of efficacy has been carried out using randomised controlled trials (RCTs) (p. 392). Within the profession of psychotherapy and counselling, research studies frequently seek to establish efficacy in therapeutic methods (McLeod, 2001). Yet, McLeod (2001) suggested, that in spite of evidence in the form of controlled trials, that advocated one therapy over another, people remained unconvinced (p. 13). He argued that they recognise that usual methods of research using RCTs are not valid approaches to use when considering complex patterns of human experience. Pugh (2010) also identified that there was a growing debate regarding the appropriateness of RCTs for investigating EBP within the world of educational psychology.

Fox (2011) suggested that EBP had “become a politically astute way of managing scarce resources” (p. 326). He also criticised the use of RCTs. He acknowledged that this method is what is usually known as the ‘gold standard’ of EBP (p. 326), but argued that RCTs “destroy the key aspect of effectiveness – the relationship” (p. 327). Instead, he proposed an approach that recognised the psychologist as an expert and artist (p. 328). This was borrowing an idea from Schon (1987), who coined the term “professional artistry” (p. 22) when referring to expert competence. Fox (2011) used the term “practice-based evidence” (p. 328) as an alternative approach to establish efficacy. The psychologist learns how to act by experiencing unique situations and reflecting on them. I will return to this debate after considering the findings from my research.

To conclude, within educational psychology there is considerable debate about the use of therapeutic interventions and the role of the EP. Ongoing research is continuing to explore many aspects of this work. I hope that this study will add further rich data to the debate.

A number of my comments have implied the ontology and epistemology of this study. I want now to turn to the philosophical underpinnings and discuss them in detail.

# Chapter two

## Philosophical underpinnings: ontology and epistemology

At the heart of any research, is the ontological and epistemological understanding of the researcher. Ontology is the study of a theory concerning the first principles that underpin our way of being in the world (English Dictionary, 2003). The epistemology is inevitably linked to this theory. It considers how we know what we know, and how we judge the validity of what we know (English Dictionary, 2003). Using a social constructionist paradigm has implications for the ontology and epistemology of a study.

It is, therefore, essential for the integrity of this study that I explain my thinking on these issues. If we are to understand the experiences of people, I believe that we must explain what we mean by our sense of being in the world. We must understand the persons involved in the research and also explain the nature of the knowledge with which we claim to be engaging.

Corcoran (2009) suggested that within qualitative approaches to psychological research, epistemological thinking had raced ahead of an equivalent understanding of ontology (p. 383). I hope within this study, to offer an understanding of ontology and how that relates to the epistemology.

Burr (2003) stated that ontology “is the attempt to discover the fundamental categories of what exists in the world” (p. 92). She argued that the ontology within a social constructionist paradigm specified that it is the language that we share that shapes our experience of the world around us and of ourselves. She did not enter the debate about whether what we experience had a reality of its own or not, that was not the point. For her, the issue was rather, that we can only engage with, and know our world, through these linguistic constructions:

When used ontologically, social constructionism refers to the way that real phenomena, our perceptions and experiences, are brought into existence and take the particular form that they do because of the language that we share. This does not make these phenomena or things fictitious or illusory: they are no less real for being the products of social construction.

(Burr, 2003, p. 92)

Epistemology is, therefore, the study of these social conversations, which are representations of a particular construction of what the world is like (Burr, 2003, p. 92). Epistemology considers the nature of these constructs and how they arise.

I want to start my consideration of the ontology and epistemology of this study by defining the social constructionist paradigm and by discussing the nature of knowledge. I will then go on to consider ideas about the importance of narrative and also offer one way in which we can understand what we mean by a self.

### Social constructionism

In my definitions of ontology and epistemology I have pre-empted the foundation of this study. It is an approach that can be defined as social constructionism. I am aware of a debate about the difference between social constructionism and social constructivism. Rather than engage with a debate about the difference between the two, I offer an understanding of social constructionism, or at least, how I am using the terms within this study.

Burr, (2003) offered a useful understanding of this theoretical orientation, which, she argued, encompassed a number of different approaches in social psychology (p. 2). Rather than a clear definition, she suggested that it is more helpful to consider a number of commonalities that these different approaches had, and stated that a social constructionist approach must have one or more of these features (p. 2). The first of these is what she called “A critical stance towards taken-for-granted knowledge”. She argued that our observations of the world do not reveal a fixed or true nature to us (p. 3). Rather, we impose categories on what we see. These categories emerge from her second feature, which she titled “Historical and cultural specificity” (p. 3). In other words, we understand our observations by imposing categories and concepts that are specific to our particular culture and time. She went on to suggest that, “Knowledge is sustained by social processes” (p. 4). This is her third feature of a social constructionist orientation. These categories and concepts are constructed between people within the particular culture and then maintained by them as they are considered to be the truth:

It is through the daily interactions between people in the course of social life that our versions of knowledge become fabricated … Therefore, what we regard as truth, which of course varies historically and cross-culturally, may be thought of as our current accepted ways of understanding the world.

(pp. 4-5)

Her final point is that these “negotiated understandings” (p. 5) impact the way that we act. How we understand a situation, or person, inevitably determines how we respond. She stated: “Knowledge and social action go together” (p. 5).

Burr (2003) pointed out the importance of language within the orientation of social constructionism. She argued that language was a pre-condition of thought. Bergson (1910) supported this idea identifying that language can change our experience (p. 131). Burr (2003) also suggested “Language is a form of social action” (p. 8); the world is constructed in conversations between people. This point has particular implications for any research study using a social constructionist approach. Transcripts of conversations between people are fixed in time and are not dynamic. She cautioned, “that it may be a mistake to treat spoken or written texts as if they were nothing more than manifestations of discourses” (p. 174). Bergson (1910) considered text a lifeless imitation of thought (p. 133).

So if our being in the world (ontology) is given essence through a social interaction, which generates knowledge through language, what is the nature of this knowledge (epistemology)?

### The nature of knowledge

In English the word ‘knowledge’ is considered to be a noun (English Dictionary, 2003). Each of the different understandings of the word implies knowledge as something fixed and static, “facts, feelings, experiences…the state of knowing, awareness, consciousness, familiarity gained by experience or learning” (p. 902). In contrast to the dictionary understanding, and at the heart of this study is an understanding of knowledge as something that is dynamic and ever changing. James (2001), writing in 1892, stressed: “Consciousness is in constant change”…“no state once gone can recur and be identical with what it was before” (p. 21).

Bergson (1910) also considered this idea. He suggested that our perception has two natures. One is “clear, precise but impersonal” (p. 129), and given stability through words. He argued that this language “deceives” (p. 131) us into believing that our perception or sensation, are unchanging. Alternatively, the other aspect of our perception is:

.. confused, ever changing, and inexpressible, because language cannot get hold of it without arresting its mobility, or fit it into commonplace forms without making it into public property.

(Bergson, 1910, p. 129)

Bergson (1910) went on to state that when we investigate our perceptions, our language misleads us into thinking that what we name is real; rather he suggests it is not:

Hence, we are now standing before our own shadow: we believe that we have analysed our feeling, while we have really replaced it by a juxtaposition of lifeless states which can be translated into words and each of which constitutes the common element, the impersonal residue, of the impressions felt in a given case by the whole of society.

 (Bergson, 1910, p. 133)

Kolb, (1984) wrote about the “continuous modification” of concepts through experience (p. 26). He stated: “Learning is an emergent process whose outcomes represent only historical record not knowledge of the future” (p. 26).

Lyotard (1984) identified another debate within our understanding of knowledge. He addressed the nature of knowledge in our computerised age. He identified two types of knowledge. The more usual understanding of knowledge is what he called “scientific knowledge” (p. 3). Its purpose is research and transmission (p. 4) and is more in line with the dictionary definition mentioned above. He implied this scientific knowledge is fixed data, recorded and transmitted through many different media, but more recently and pervasively via the Internet. However, alongside this he suggested “narrative knowledge” (p. 4). This is the “quintessential form of customary knowledge” (p. 19). He argued that this narrative knowledge is a way in which a society defines its criteria of competence and evaluates actions within it (a social construction). He wrote about a “tightly woven… web… ordered by the unified viewpoint characteristic of this kind of knowledge” (p. 20).

Lyotard (1984) argued that the scientist does not trust this narrative knowledge seeing it as:

savage, primitive, underdeveloped, backward, alienated, composed of opinions, customs, authority, prejudice, ignorance, ideology. Narratives are fables, myths, legends, fit only for women and children.

(p. 27)

The paradox, according to Lyotard, is that scientific knowledge can only be communicated via narrative knowledge (p. 29). Narrative knowledge views scientific knowledge as merely another way of knowing about the world (p. 27). Within a social constructionist paradigm, narrative is part of our being (ontology). So-called scientific knowing (one kind of epistemology) is just one way in which we try to make sense and understand that being. Bolton (2010) suggested that after 300 years in which narrative knowledge had been denigrated, it was again being considered and respected alongside the scientific approach (p. 20).

I want to now consider narrative in a little more detail. I am aware that as yet I have not clearly defined what I mean by narrative.

### Narrative

Bruner (2002) argued that we are finally coming to realise how important is the process of narrative (p. 107). Narratives are how we construct an understanding of ourselves (Bruner, 2002, p. 64), and our sense of reality (Bruner, 2002, p. 7).

Our stories also impose a structure, a compelling reality, on what we experience.

(Bruner, 2002, p. 28)

As already mentioned, Lyotard (1984) used the term “narrative knowledge” (p. 7) to refer to one approach to knowing about our world. Lyotard (1984), argued that the simple process of being recounted, and listened to, legitimised narrative knowledge (p. 22). He also suggested that although a narrative may appear to be about the past, “it is always contemporaneous with the act of recitation” (p. 22).

There are many other ways in which ‘narrative’ has been defined. Riessman (1993) argued that many scholars identify narratives as “discrete units” detached from their context, rather than “situated events” (p. 17). These writers, for example Labov (1972), often propose identifying structures within the story and a linear process (Riessman, 1993, p. 18). Riessman (1993) suggested an alternative that concerned narratives as co-constructions that were forever changing:

Meaning is fluid and contextual, not fixed and universal. All we have is talk and text, which represent reality partially, selectively and imperfectly.

(Riessman, 1993, p. 15)

This definition is more compatible with the underlying philosophies of this study.

Further, Parker, (2005) suggested that narrative research is not about discovering empirical truth, but has more to do with the meaning-making of the narrator (p. 82). He also proposed that narrative psychology has emerged as an alternative to what he called “demeaning” and “dehumanising” (p. 71) processes of traditional experimental studies of more positivist approaches.

Cavarero (2000) wrote about women and story telling. She argued that women have “woven” stories through the ages that challenge the hierarchy of male professional and academic wisdom: “casually tear the metaphor of the textum of professional men of letters” (p. 54). She continued:

Whether ancient or modern, their art aspires to a wise repudiation of the abstract universal, and follows an everyday practice where the tale is existence, relation and attention.

 (p. 54)

Therefore, within this study, I shall use the word ‘narrative’ in its broadest and most fluid sense. It will be about stories we co-create to make sense of our experiences, and communicate to each other. Exploring narratives is understood as an appropriate way of discovering information about experience.

### Defining self

At the heart of this research is the reflecting self. I want to spend a little time considering what is meant by, ‘the self’. Burr (2003) described social constructionist psychology’s lack of engagement with what is meant by a ‘self’ as a “gaping hole” (p. 179).

James (original work 1892) (2001) wrote:

Thoughts connected as we feel them to be connected are what we mean by personal selves. The worst a psychology can do is so to interpret the nature of these selves as to rob them of their worth.

(pp. 20-21)

When I use the pronoun “I”, what is implied? When I ask my co-participants to share their experiences, how do I understand the “I” who is offering their narrative? It is very important that I do not “rob them of their worth”.

Perhaps not surprisingly, I like to think of myself as a being that has a personality which continues over time, who is unique, who is recognisable to those who know me, just as they are to me. My intuition is that I have a sense of a continuing me. However, Philippson (2009) argued that a:

.. continuing self is partly an illusion, partly a construct, and that we in fact have to work to stay the same in the face of all the different possibilities that the world offers us.

(p. 3)

He suggested that we unconsciously and consciously choose to stay the same to both sustain relationships and avoid anxiety.

These understandings of self have a profound impact on how we conduct research. If the self is an ever-changing process, then Corcoran (2009) argued against more traditional approaches in psychology. He referred to these as “first nature accounts” (p. 376), because:

..if personhood – not just yours or mine but humanity as it is known, is always in process, always under construction, the tendering of conclusive first nature accounts, not only limits availabilities for description in the here-and-now, but also restricts constitutive potential for future being.

(p. 377)

According to Martin and Sugarman (2000): “The psychology of any individual is constantly emergent” and the result of this was to “keep societies and cultures also in constant change” (p. 401). Any approach to research that focuses on a reflecting self must take account of this dynamism.

Butler (2005) addressed how the self emerged and how we can understand ourselves. She argued that the self is formed in relation to others, including the environment as other (p. 20). However, she suggested that much of this process is not known to us and is unknowable. She posed five problems of what she called “giving an account of oneself” (p. 39). Firstly, she suggested that our bodies establish our unique nature. However, it is not possible for us to fully know or speak of this dimension. Secondly, our relationships with parents or carers, have shaped us, but most of our memories of these relationships are very limited, at best. Thirdly, many later life experiences have influenced us, yet we are not able to fully recall them. Fourthly, the norms of the culture around us have a profound impact on our self, but again, are not within our control and often not in our awareness. Finally, she pointed out that the telling of our story, the recounting of our self, will also be influenced by the context of the telling, when and how we tell it and with whom we speak. She stated that:

 I am authored by what precedes and exceeds me.

 (Butler, 2005, p. 82)

She concluded that it is still possible to talk about our self and be responsible beings, but that we must offer these accounts of our self in a critical and reflective manner (p. 82), bearing in mind all the difficulties of this knowing.

In what she called a “masculine dominated philosophy”, Cavarero (2000) suggested that we should work against trying to articulate a universal and abstract “Man” (p. 54). She viewed each of us as having a “unique unrepeatability” (p. 52). Nevertheless, this uniqueness is “constitutively interwoven with many others” (p. 71). She stated that this story telling must involve another; “the necessary other” (p. 89):

Thus difference is absolute because each human being is different from all those who have lived, who live, and who will live. Not because she is free from any other, on the contrary, the relation with the other is necessary for her very self-designation as unique.

 (Cavarero, 2000, p. 89)

#### The Unconscious

I want to add a very brief consideration of the unconscious. Frosh (2010) proposed that the idea of the unconscious “undermines” (mocks and disperses) an understanding of selfhood (p. 8). The unconscious is considered to be a powerful unknowable force that determines who we are and therefore, discounts a sense of personal agency. Even though he acknowledged that the unconscious is a cultural construction (p. 21), he suggested that:

.. the unconscious exists even more than it did in Freud’s day: it is a routine way in which people understand themselves and others, a discourse they draw on to make sense of their experiences.

 (p. 19)

I do not disagree with his point of view. The unconscious is part of every day narratives about people. It is therefore, also a part of how EPs construct their world and create narratives about their experiences. However, although I will include ideas about the unconscious, in this study I am going to work with theories from Gestalt Therapy regarding the unconscious. I believe that this offers a different emphasis than that within psychoanalysis, and one in which the self is again respected and seen as having agency. Perls (1976) wrote that:

Rather than talking of the unconscious, we prefer to talk about the at-this-moment-unaware.

(p. 54)

Yontef (1993, p. 7) argued that Gestalt Therapy emphasises the process of awareness rather than ideas that are unknowable. The unconscious is that which an individual cannot contact because of disturbances in their relationships with the world around, which causes them to block certain stimuli (p. 52). There is an emphasis on understanding the function of this lack of awareness, rather than seeing it as consequence of the unconscious. There is respect for choices to block awareness, rather than constructing a competition between the id, ego and superego. Gestalt Therapy offers ideas of personal responsibility, rather than concepts of disease (Yontef, 1993, p. 85).

#### Conclusion

The thinking I have offered within this chapter lays the foundation for an understanding of the philosophy, which informs my study. For the purposes of this research I must own the often unknowable and changing nature of the “I” that presents her socially constructed narratives, and of myself as I reflect on them. These narratives are offered as one way of knowing about our experiences. The nature of the knowledge we offer must also be treated as something that is constantly emerging within those who engage with it. I move on now to consider the methodology of the study in more detail.

# Chapter three

## Methodology

### Research questions

* What narratives do EPs tell about their personal and professional experiences of working therapeutically?
* What can we learn from reflection on these narratives?

### Introduction

The purpose of this investigation was to consider the experiences of EPs who had chosen to work therapeutically (as defined earlier). I hoped to offer new insights into the ongoing debate about the use of therapeutic interventions within educational psychology practice. As already discussed, the methodology chosen for the study emerged out of a social constructionist understanding of ontology and epistemology. The starting place was a dynamic understanding of what was meant by knowledge. Knowledge was understood as something that arose through experiences, was constantly changing and was constructed between people in a particular context. This knowledge could be understood as a narrative. Narrative was the manner in which the knowledge was conveyed and also the way in which sense was constructed.

These ideas of dynamism and social constructionism, were used to understand what was meant by the person who knows, that is, a dynamic social construction of self. To advance our knowledge, we must engage with these narratives and the selves that create them and accept that what we know will always be provisional and ever changing. Nonetheless, it can enhance our understanding and direct our decisions.

I started my methodology with a description of my learning from the first part of the pilot study. I go on to describe the method of the research followed by an explanation of the rationale behind my choices for the research. Following the second stage of my pilot study, I clarify the choices made regarding the analysis. Finally, I consider the trustworthiness, authenticity, generalizability and the ethics of the study.

### Learning from the initial pilot study

In the initial stages of my investigation, I carried out a pilot study in which I explored two different approaches to gathering data and later I experimented with my method of analysis. I have divided the reporting of the pilot study into two phases. The initial pilot study focused on methods of data collection and is described below. The second stage of my pilot study concerned the method of analysis and is described prior to the section explaining the analysis.

Within the initial pilot study, I carried out a group discussion with colleagues from my EP training cohort (N10). I invited the participants to talk about their experiences of working therapeutically. I then transcribed twenty minutes of the discussion. In a second method of data collection, I considered using written material. I studied fellow students’ essays about a therapeutic intervention. From these experiences I decided that these trialled methods did not allow enough interaction between my participants and myself. I wanted a method that facilitated an ongoing social construction and one that allowed my participants to be able to tell their story. In addition, I wanted a method that enabled me to be part of the process. I therefore decided to use an unstructured interview in which I had a conversation with each participant. This situation was very familiar to me as a therapist and enabled me to use my therapeutic skills to engage in the conversations. Taking account of all the above points and the ontology and epistemology described earlier, the following was the method adopted in this study.

### Method

Participants were invited to contribute from a City Psychological Service and a large rural Educational Psychology Service. I am known in both services. The two services represent very different geographical and demographic areas. Three participants volunteered; all were qualified and practising EPs who had used therapeutic interventions in their work. They were all white British women in their 40s and 50s. Between them, they had over 80 years of experience within education and over 50 years experience in educational psychology. They were all senior practitioners.

Before engaging with the study, my co-participants were invited to read an information sheet about the study (See appendix 1) and to consider whether they wished to remain anonymous, or have their voice recognised. In addition, they were made aware of the method of analysis and informed that they would have an opportunity to question and comment on my interpretations of our conversation. Another layer of data was added when participants volunteered further comments. One participant offered these comments in a further conversation, which was transcribed (See appendix 8). The other participant added verbal responses to the narrative I had written about our first conversation. Her responses are included in red text within this narrative (See appendix 3). Their responses are not used in the main analysis, but are included in the discussion within Chapter five.

By reading the information sheet, participants were made aware of the questions, which directed the study. I did make one directive statement before engaging in the conversations about their experiences. I invited my co-participants to take part by explaining that my focus was their reflections on the process of the work, as opposed to the content of the therapeutic work. My opening request was:

Tell me about your experiences of working therapeutically as an EP. I am interested in your reflections on your work not on the work itself.

The information sheet also directed them to definitions of ‘therapeutic’ and ‘mental health’.

The process was as follows:

* An initial conversation between each participant and myself which lasted approximately 50 minutes
* After each conversation I created a transcription (See appendices 2 and 5)
* I used the transcription and the recording to create a narrative of the interview. Whilst mostly reflecting what was said, I included a few self-reflections and interpretations within this narrative (See appendices 3, and 6)
* I gave these narratives back to each participant, asking them to confirm if they felt that the narratives reflected their experience of the conversation
* Feedback from Lisa was transcribed and used in the discussion (See appendix 8). Feedback from Rachel was added in red text to the original narrative (See appendix 3)
* I carried out a self-reflective analysis of the data. I used ideas from Braun and Clarke’s (2006) article on thematic analysis to structure these reflections (See later comments about the pilot study and analysis). The transcripts served as prompts during the analysis as well as evidence to support interpretations and constructions. The final dynamic that informed the data analysis was my memories and reflections on the conversations over time.

### Rationale for the design of this study

Packer (2011) suggested that we should challenge traditional practice and explore alternatives, “in order to consider the costs we pay when we restrict our conception of what counts as scientific research” (p. 39). He suggested that science should continually explore new methods of investigation to find better ways to solve the problems we face (p. 40). With this in mind I will move now to consider the rationale for the decisions made about the process of this study.

#### The importance of relationships

At the heart of this research was the relationship between the participants and me, another co-participant. Reason (1994) argued “that we can only truly do research with persons if we engage with them as persons, as co-subjects and thus co-researchers” (p. 10).

Lincoln (1995) used the word “sacred” to refer to an approach to science that valued collaborative and egalitarian relationships created between the researcher and the participants:

Researchers who conceive of science in this way make a space for the life ways of others and create relationships that are based not on unequal power, but on mutual respect, granting of dignity, and deep appreciation of the human condition.

 (Lincoln Y. S., 1995, p. 284)

Burr (2003) also argued that to be theoretically coherent, social constructionist research must engage with a relational self (p. 190).

#### A conversational method of interviewing

An unstructured interview was chosen as the method of data collection. The interaction between my co-participants and myself was in the form of a conversation. It was important that the process of the research recognised the co-construction of a dynamic knowledge regarding the reporting of the experiences of working therapeutically. The initial request to the interviewee focused the conversation, but was open enough to allow this co-construction inter-personally. Parker (2005, p. 60) argued that facilitating a more flexible interaction between the interviewer and interviewee enabled the interviewee to offer a richer account that was not constrained by the interviewer’s pre-conceptions. Arendt (1958) also argued that conversation facilitated meaning-making:

Men in so far as they live and move and act in this world, can experience meaningfulness only because they can talk with and make sense to each other and themselves.

(Arendt, 1958, p. 4)

#### The embodied co-participant

As already discussed, in the introduction, it was important to identify ‘personal’ and ‘professional’. I included both terms to make clear that the study was about embodied research. The story is never separate from the individual who created it, or from the context within which it was told (Kinsella, 2007). This context includes the listener in the original interview. Furthermore, it also includes any subsequent reader, as they read and make sense of this study:

All narratives are in a fundamental sense, co-constructed

(Salmon & Riessman, 2008, p. 80)

This study explored individual reflections of the co-participants as they looked for ways to make sense of their experiences and communicate that sense to me. This meaning-making was a co-construction. Andrews at al. (2008) discussed the idea of agency and suggested that some argue that a social constructionist view is incompatible with the idea of individual agency (p. 4). I disagree with this conclusion and refer to Butler (2005, p. 18), Cavarero (2000, p. 74) and Arendt (1958, p. 11) who all argued for a reciprocal relationship between the self and the context. Within this idea, the self has agency as well as being influenced by the environment.

#### Rationale for self-reflection

It has been argued that more traditional approaches to research conceal much that exists between people in actual lived experiences (Corcoran, 2009, p. 382). Nevertheless, Corcoran (2009) pointed out “attempts to make room for reflections like these have met with determined resistance” (p. 377). In spite of this resistance, McLeod (2001) identified “reflexive knowing” (p. 4) as an approach to qualitative research that sought to pay attention to our own processes of constructing the world. The aim of this approach was, according to McLeod to, “to subvert everyday ways of seeing” (p. 4), in other words, to challenge our habitual assumptions and notice new details.

Initially, I wanted to use a process to collect and analyse my data that was not within any specific approach to qualitative research. At the heart of my method was self-reflection. I intended to use self-reflection to write a narrative that was a consideration of my participants’ stories. I will now spend a little time explaining my thinking.

My desire to work with self-reflection as my method of analysis came from an ideological position from which I felt that a person trained in self-reflection could carry out a qualitative study without the need for a prescribed method of research. Furthermore, a prescribed method could actually interfere with the analysis by fragmenting data, taking it out of its context and directing the researcher’s reflections.

Boyatzis (1998) suggested that qualitative research has had a hard time gaining acceptance in mainstream research. He argued that this had been because qualitative researchers did not have methods that could be understood (“bridging” or “translating”) by quantitative approaches (p. iv). He recommended a structured approach to qualitative analysis that he called ‘thematic analysis’. I suggest that in order to appear more acceptable to traditional science, many of the more formal methods of qualitative analysis such as IPA, Grounded Theory, Narrative Analysis and Thematic Analysis, have created more formal structures. At the heart of these structures was the process of coding transcripts (Packer, 2011, p. 58). These coded units of data were then removed from their context and placed in abstract themes (Packer, 2011, p. 59). In much the same way as a quantitative researcher may study an object in a laboratory, these structured approaches to qualitative research seemed to me to take the researcher away from their personal experiences of their research. The process involved reductionism and fragmentation. From an ontological and epistemological position these “coding practices embody contradictory notions about language and knowledge” (Packer, 2011, p. 59). It involves a study of text, which I have already argued is a lifeless imitation of experience (Bergson, 1910).

Billington (1995, p. 35) also suggested that separating ourselves from our experiences raised questions about the scientific validity of our research. Therefore, I sought to find a method that kept me closer to my experience and allowed me to hold more of the data in my mind and in my awareness of my own experience.

 When I trained as a psychotherapist, there was an often-repeated idea that every therapeutic encounter was a qualitative research study. The primary aim of therapy was to increase personal awareness of the client (Yontef, 1993, p. 225). Yontef (1993) stated:

The relationship is not curative in Gestalt therapy; learning to discover is curative.

 (p. 91)

I do not entirely agree with this statement. I think it is a false dichotomy to try and separate the relationship from learning or awareness. Nevertheless, I have quoted Yontef (1993) to illustrate the emphasis on learning within this, and I believe, all therapeutic models. Kvale (1996, p. 75) pointed out that Freud considered the psychotherapeutic interview a research method. I compare this idea of therapy with a statement regarding the aims of qualitative research:

The primary aim of qualitative research is to develop an understanding of how the world is constructed.

 (McLeod, 2001, p. 2)

My premise was that the skills of a therapist were very similar to those required of the researcher in a qualitative study. Kvale (1996, p. 26) identified this similarity, whilst also identifying that the aims of the two processes were different in emphasis: therapy is concerned with personal understanding that may also result in increased understanding regarding the human condition. Research, on the other hand, is concerned with intellectual understanding that may have the side-effect of increased personal understanding. This study was motivated by a desire to understand more about EP experiences of offering therapeutic interventions. I believe that the process of the study has also resulted personal understanding.

My psychotherapy training involved rigorous self-reflection focused on the present moment with another. There was an emphasis on the whole person, “intrapsychic, behavioural, physiological, affective, cognitive and spiritual” (Clarkson, 1989, p. 17). These same skills are I believe at the heart of many forms of qualitative research. Furthermore, in self-reflection the data is not reduced or fragmented, but held together within the mind of the therapist or researcher. Both therapy and research involve the ability to pay attention to details regarding what a person presents and how it is presented; to notice the dynamics between the people engaged in the encounter, and finally to pay attention to what is happening within yourself. The aims of both therapy and the research method within this study (though clearly not in all research methods), are to offer these observations back to the client, participant or reader, in a manner that allows for multiple interpretations and new understandings. Reflecting on, and articulating these experiences, creates a narrative that facilitates the therapeutic process, or, can add to a dynamic knowledge within any research study.

To use reflective skills in research is not a new idea: James (2001), writing in 1892, argued that an approach to psychology research that started with our own experiences was essential. With reference to more traditional approaches to scientific enquiry, he suggested that a method which is:

.. advancing from the simple to the compound exposes us to illusion… But a student who loves the fullness of human nature will prefer to follow the ‘analytic’ method and to begin with the most concrete facts, those with which he has daily acquaintance in his own inner life.

 (James, 2001, p. 18)

Schon, (1987) identified that practical professional knowledge is not learnt through academic tuition and the dissemination of propositional knowledge, but through reflections on actions. What he called “knowing-in-action” (p. 25):

We should not start by asking how to make better use of research-based knowledge, but by asking what we can learn from careful examination of artistry, that is, competence by which practitioners actually handle indeterminate zones of practice.

 (Schon, 1987, p. 15)

Flyvbjerg, (2006 ) argued that a person could only become a competent professional, or expert, by the experience of real life cases (p. 222). This engagement with what Schon (1987) called “the indeterminate zone of practice” (p. 15) is where the individual developed a practical and useful proficiency. Though these last two references are to do with professional competence, I suggest that the point they make is relevant to research as well. It is only when we engage with people reflectively, acknowledging our part in the engagement, that we can really know anything of value within the social sciences. To be coherent and consistent this engagement needed to continue, as far as possible, within the analysis stage of such research.

Nevertheless, I note a comment from McLeod (2001, p. 3). He suggested that it is only when we can “claim some kind of understanding of what is going on that is somehow better or more insightful than ordinary, everyday understanding”, that professional status is justified (p. 3). With this idea in mind, I intended to use my previous learning as a therapist to support my development as a researcher within educational psychology, using myself as a reflective tool. Following the pilot study I did not abandon these ideas, but I did amend them.

### The method of analysis

As I embarked on my analysis, I experimented with the self-reflective process. With her permission, I used Helen’s interview as part of the pilot study to explore my process of analysis. See later comments.

Initially, I used an unstructured self-reflective process that utilised my therapeutic skills in order to analyse the data. This involved listening to my recordings and re-reading the transcripts. I paid attention to the content of the conversations and my thinking, feeling and actions. In the same way as I had wanted to allow my participants to tell their stories with the least possible interference from my agenda, I also wanted to allow my reflections to be free of a structure that might limit where my “tortoise brain” (Claxton, 1997) would lead me.

In addition, I wanted a method that held the analysis close to the experience of the conversations and did not reduce or fragment the encounters, or portray text as the real experience. The analysis involved both my memory of what I had been doing at the time of the interview, and what was coming into my mind as I read the text of the transcript and listened to the recordings. Riessman (2008) suggested that we should be cautious about how much emphasis we put onto transcripts (p. 26), pointing out that we have an ongoing relationship over time with our participants. Transcripts serve as an object that represents only partially, a complex verbal exchange (p. 29).

#### The process of reflection

In order to be transparent in my method of analysis, I want to be as explicit as possible about how the self-reflection was informed. This analysis was influenced by the ideas presented by Kagan (1984, p. 234) regarding a process he called Interpersonal Process Recall (IPR). This is a way of inviting a trainee therapist to reflect on their thinking and feeling during their work. The trainee watches a video recording of an interaction between themselves and a client and then tries to answer a number of questions (See appendix 9). As a result of my training as a therapist this method is embedded in the way that I interact with others. I used a variation of these questions to prompt my attention to the different dynamics of the interview.

In addition to my therapeutic skills and IPR, I referred to the work of Etherington, (2004). She defined reflexive[[1]](#footnote-1) practice as:

An ability to notice our responses to the world around us, other people and events, and to use that knowledge to inform our actions, communications and understandings. To be reflexive we need to be aware of our personal responses and to be able to make a choice about how to use them. We also need to be aware of the personal, social and cultural context in which we live and work and to understand how these impact on the ways we interpret our world.

 (p. 19)

Johnson (2000, p. 78) identified the importance of recognising our biases and expectations:

To engage with interpreting meanings requires researchers to adopt an explicitly reflective role, recognising their own biases, interests and expectations as well as potential influences on the behaviour and expectations of others.

(p. 83)

Hollway & Jefferson (2000) also referred to the importance of paying attention to the feelings of the researcher. Their approach is rooted in a psychodynamic understanding of the inter-personal. They suggested that:

If we start from these theoretical principles, it follows that the information of our feelings in and around the interview are of value for understanding the dynamics of the research relationship.

 (Hollway & Jefferson, 2000, p. 45)

Gestalt theory goes even further in suggesting that all that we know is experienced through our bodies. Understanding is gained by paying attention to our physicality, including our feelings (Kepner, 1993).

#### A note on interpretation

The method of analysis is, unashamedly, interpretative. Hollway and Jefferson (2000) argued that this is the only way to deal with the “ambiguous representation” (p. 3) offered by our participants:

If we wish to do justice to the complexity of our subjects, an interpretative approach is unavoidable.

 (Hollway & Jefferson, 2000, p. 3)

Nevertheless, the process of interpretation is not straightforward. Parker, (2005) pointed out that “what we find and the sense we make of it are always a function of what we thought we would find and the position we try to make sense of it from” (p. 27). James (2001, p. 37), arguing for an approach that focused on our thoughts, warned that it is impossible to disperse attention impartially; our thinking will be directed by our own interests.

Butler (2005) added to the problem of these biases by suggesting that, “the account we give ourselves in discourse never fully expresses or carries the living self” (p. 36). The interpretations we make are always part of a wider context that “exceeds” (p. 36) the individual and is therefore often unknowable. She summed up the dilemma; “It is only in dispossession that I can and do give any account of myself” (p. 37). She was suggesting a paradox; in spite of not being able to fully know the context, it is only when we let go of this idea that we can know, that we are able to engage with our world and begin to understand it. Bolton (2010) argued that all stories were ambiguous and can be interpreted in many different ways (p. 205). However, this presents us with a richness and diversity to our knowledge, rather than a problem.

In the “swampy lowland” (Schon, 1987, p. 3) of human experience the best we can do is to acknowledge the difficulties and work to be clear and transparent (as far as this is possible) with regards to the origin of interpretations. Bolton (2010) stated:

To people willing to ‘not know’ all the time, all sorts of things are possible.

 (p. 71)

#### Learning from the pilot study

With my thinking about the analysis clear in my mind, I undertook the second stage of my pilot study that took place over several weeks. I returned regularly to the transcript and recording of Helen’s conversation. I wrote, reflected and rewrote what I felt I was learning, making use of my “tortoise brain” (Claxton, 1997). I focused my attention on data relevant to my research questions. The analysis became a narrative that I created, which identified the main themes in Helen’s interview. I justified the selection of these themes with examples from the text of the transcript. However, themes were chosen based on my engagement with the data and what seemed to me through my reflections, to be important.

The purpose of the pilot study was to trial my method of analysis, as I was not using a formal procedure. I believe that what I learnt from this method, in terms of the content of the conversation, was valid and useful as the findings are similar to the later analyses. This suggests that self-reflection was a valid/authentic (Lincoln & Guba, 2007, p. 20) method (See later comments). Helen’s narrative was informed and thoughtful and I have included the narrative of the analysis and a summary in the appendices (See appendix 10).

However, the experience of the pilot study prompted me to question the method of analysis in terms of its rigour/trustworthiness (Lincoln & Guba, 2007, p. 16). I learnt three things from the process of this pilot study. Firstly, it was difficult to articulate how I had decided on the themes within my analysis. Secondly, I was not confident that I had demonstrated that my method was thorough. Finally, I was also aware of anxiety when my colleagues or tutors asked me about my methodology, as I could not present them with an established method. As a result of these three issues, I decided to augment the process by also using a more conventional qualitative analysis, to structure my self-reflections. I applied Braun & Clarke’s thematic analysis (2006) that involved coding the data (See later comments).

It is important to note that though I did not officially use the data from my pilot study, the experiences of my encounters with Helen were a part of the whole study and were in my mind as I worked on the two transcripts that were used.

### Analysis

Braun and Clarke, (2006) identified thematic analysis as a method that was widely used (p. 77) and flexible in its approach (p. 78). However, they argued that it was often used without careful consideration of the underlying theory. They defined thematic analysis as:

.. a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set.

(p. 79)

They suggested a “recipe” (p. 78) that supported “people to undertake thematic analysis in a way that was theoretically and methodologically sound” (p. 78). Their approach enabled the researcher to be explicit about their underlying assumptions. The flexibility of their “recipe” provided me with a method of analysis that could be compatible with my underlying ontology and epistemology and support the self-reflective process. It would allow me to offer the narratives from my interviews in whole stories, yet offer some organisation that would facilitate my explanation of my interpretations. In this way, I hoped that the narratives would be more useful and accessible to the reader and demonstrate some rigour in the process of the analysis.

Braun and Clarke (2006) made a clear statement:

..it is important to recognize that qualitative analysis guidelines are exactly that – they are not rules.

(p. 86)

I am grateful to them for offering a loose structure that was consistent with social constructionist ideas. They suggested a number of questions to facilitate thought about an analysis.

#### How did the themes ‘emerge’?

I needed to consider how I had decided upon my themes. As Braun and Clarke (2006) stated, themes do not just “emerge” (p. 80). The researcher plays an active role in identifying and selecting what is of interest. Packer, (2011) argued that though every person will interpret meaning in different ways, it did not mean that each interpretation was “idiosyncratic or arbitrary” (p. 105). Rather he suggested that every interpretation was the effect of the interaction between the participants or the text used in the analysis. Therefore, it was important to try and uncover and express these factors in support of my own reflections and interpretations on the experience of the interviews. This thinking is woven into the analysis.

#### Will data sets be separate or not?

It was important for me that the method of analysis enabled me to keep the data sets, i.e. the transcripts of the different interviews, separate. I wanted each participant to have an identifiable voice. In this way I could respect their contribution and also consider the co-construction of meaning as a feature of our encounter.

#### Is the analysis inductive or deductive?

It was my intention that the analysis should be inductive, arising from the data. However, in some senses the study is also deductive. My participants and my analysis were addressing a research question, albeit one that was very open. In this way we were all directed to think about a particular topic, with a mutual understanding that this is an area of psychology that EPs find challenging.

#### Is the analysis concerned with semantic or latent themes?

I explored latent and semantic content. My reflections arose as an outcome of my engagement with each participant. These reflections were informed by my interpretations of the semantic content of our conversation. However, I believe I based these interpretations on my experience of the latent content. This is the “at this moment unaware” (Perls, 1976, p. 54) non-verbal dynamics of the conversation, or in other words the unconscious aspects of the conversation. As far as possible, I tried to make these aspects more conscious within the analysis.

#### The process of analysis

Braun and Clarke (2006) offered a step-by-step guide to planning one’s analysis (p. 86).

The process starts when the analyst begins to notice, and look for, patterns of meaning and issues of potential interest in the data.

 (Braun & Clarke, 2006, p. 86)

I found that the structure they offered was helpful. As a result of my learning from the pilot study I had made the decision to engage with the process of coding. I will discuss this further in Chapter five.

* Phase 1 – I familiarised myself with the data. I listened to the recordings, made my transcripts and reflected on what I was hearing. I fed back my reflections to my participants. Their feedback was added to my ongoing reflections. (See appendices 3 and 8)
* Phase 2 – using a self-reflective process described earlier, I identified codes in the original transcripts. Codes were short segments of data. Each code was given a short description. The codes were prompted by my interest and the research questions. Anything that was to do with narratives regarding therapeutic interventions was included. I worked systematically through the whole of both data sets (See appendices 2 and 5).
* Phase 3 – I considered my codes for each transcript and grouped them together in themes based on their content. The themes were abstract concepts that were generated from groups of codes; there were variations in the themes for each participant.
* Phase 4 – I considered my themes and refined them, checking back with the original recordings, transcripts and my memories of the interviews. This happened over a number of weeks.
* Phase 5 – I created the story of each theme and started to write about them using extracts from the transcript to support my points. Again these narratives emerged over several weeks.
* Phase 6 - I refined my writing, by revisiting what I had written and asking myself the following questions where relevant:
* Is this the most helpful title for a theme?
* What does a theme mean?
* What are the assumptions underpinning it?
* What are the implications of it?
* Why did this person talk in this way?
* What is the overall story that the different themes reveal?

I really struggled to start my analysis. I was nearly overwhelmed with self-doubt. A number of writers came to my rescue. Schon (1987) identified that though he could offer teaching to his students regarding reflective practice, he “cannot learn for them” (p. 264). In any process of reflection, ultimately, the person has to be willing to start, knowing that they will learn as they proceed. This encouraged me to step out and start my analysis, manage my anxiety and be willing to learn as I progressed through the process.

Bolton (2010) summed things up well:

The only way to get anywhere in reflective practice is to do it, trusting the journey will be interesting, useful, having faith in and respect for yourself and your ability to reflect as well as to practice, and generosity and positive regard for fellow travellers.

 (p. 252)

I want to turn now to a critical reflection regarding the method of the research. I do not believe that it would be appropriate to try and impose conventional criteria to evaluate this study. Lincoln and Guba (2007) offered an alternative structure to use as a way to establish the credibility of research that is relativist, interactive and value-bound (p. 20). I found these criteria very helpful and used them to support the decisions I made about the process of the research.

## Trustworthiness (rigour)

Lincoln and Guba (2007) suggested criteria regarding the “trustworthiness” of a study as an alternative to traditional principles of rigour (p. 16). Instead of internal validity, they suggested “credibility” (p. 18). They argued that this could be established through a consideration of the nature and persistence of the researcher’s engagement with the data. Triangulation of data findings is also an important process, along with evidence that the researcher has exposed themselves to alternative opinions from those involved in the study and disinterested others. I consequently spent several months engaging with the data. It was also an important dynamic of my study that my participants were able to read what I had written at various stages along the way, and offer their feedback. Further feedback from my supervisor and another tutor added some comments from those not directly involved in the study.

“Transferability” (p. 19) is the concept that Lincoln and Guba (2007) suggest in place of external validity. The study should offer sufficient information about the context to allow others to make judgements about the applicability of the findings. I paid careful attention to the context and where appropriate wrote about this (See appendices 2 and 5).

In place of reliability, Lincoln and Guba (2007) suggest “dependability” (p. 18), meaning the extent to which the process of the research can be identified. Following on from the pilot study, I decided that my process of analysis was not clear enough and instead used a more structured thematic analysis to ensure that I had studied all my data carefully. The thematic analysis also aided the presentation of my thinking.

Finally, Lincoln and Guba (2007) offer “confirmability” (p. 18) as an alternative for objectivity. This refers to the extent to which explanations are offered for how conclusions are reached. In my analysis I hoped to identify the different processes that I was aware of in the initial conversations and in my reflections as I analysed my data.

## Authenticity (validity)

Lincoln and Guba (2007) also proposed the term “authenticity” as opposed to validity. They offered five kinds of authenticity. The first they called “Fairness” (p. 20) that judges the extent to which a study had presented all views offered, explained underlying beliefs and negotiated interpretation between the participants. I sought to achieve this by feeding back my reflections to my participants. I later included their further comments in the discussion. I also kept the narratives of each of my participants separate, so that their views were identifiable.

Secondly, Lincoln & Guba (2007) suggest “Ontological Authenticity”. They argued that a study should result in raised awareness, so that a person “can achieve a more sophisticated and enriched construction” (p. 22). Linked to this is their third criterion of “Educative Authenticity”. As the result of a study, “stakeholders” should gain increased understanding of their own and others constructions, even if they do not agree with the constructions of others’ (p. 23). It is my hope that my participants’ engagement with the research did increase their understanding about their work and life. Lincoln and Guba (2007) acknowledged the difficulty of assessing whether this had occurred, but suggested that the study should be judged based on the potential for education that is offered.

“Catalytic Authenticity” is their fourth criterion. A study needed to “facilitate and stimulate action” (p. 23). I will assess this in the discussion. Linked to this idea is their final measure which they called “Tactical Authenticity”, “whether the evaluation is empowering or impoverishing, and to whom” (p. 24). A study should enable all those involved and concerned with the study to have a say in the actions that result. In addition, the study should mirror this process in allowing for a negotiation of constructions within the study itself. Within this study I negotiated meaning with my participants. I also discussed how they wanted to be identified and allowed them freedom to talk about what was important to them. It is more difficult to assess the wider impact of the study at this stage.

Johnson (2000) agreed that we need alternative criteria to evaluate qualitative research and added that: “Such a view of evaluation places responsibility for judging and assessing the worth of a piece of research on the reader and acknowledges that there may be diverse views about the research itself.” (p. 82).

Etherington (2004) added that qualitative research needed to offer adequate information about the context in which the reflections were located, make sure that alternative perspectives were represented and that the work contributed to the understanding of the area of study (Etherington, 2004, p. 82).

I will return to an evaluation of the “trustworthiness” and “authenticity” (Lincoln & Guba, 2007) of my study within Chapter five.

## Generalizability

I have previously written about the issue of generalizability (Anderson, 2010), making the key point that for the social constructionist, the value of a study is not measured by the degree to which the findings can be generalised. A researcher seeks to be a part of the process of dynamic knowledge. It is not assumed that any two situations will be the same. Therefore, the process of generalisation is not necessarily useful. There is no one truth to be sought. For this reason it is important that studies are carried out with sufficient rigour and reflectivity and also by paying careful attention to ethical considerations.

This research focused on a detailed contemplation of the views of two EPs. Their views and opinions were constructed between us in our interview, but were also and inevitably, a part of the wider social context of our profession. Their views were frozen at one point in time. They were kept alive in my reflections, until they too were frozen in my written presentation. Now they can come alive again in the reader’s reflections.

In conclusion, I quote James (2001): “There is no science, only the hope of a science” (p. 335). I do not think that this is a negative comment rather it acknowledges the ambiguities inherent in social science research.

## Ethical considerations

I applied for and received permission to proceed with my research from the Ethics Committee for the University of Sheffield (See appendix 11).

Many writers argue for a different approach to ethical considerations for qualitative research. Parker (2005) used words such as “morally questionable”, “useless, at best, or misleading at worst” (p. 14), to describe the application of the ethics of quantitative research within a qualitative study. In response to his challenges, I have turned to Parker (2005) and others to consider the ethical framework for this study. He suggested some alternative ideas. He argued that there is no such thing as confidentiality (p. 17), as the purpose of research is to let others see something about the person who is being studied. Although anonymity can be offered, he suggested that it is often not morally ethical as it denies the participant a voice within the research. He argued for an open discussion that allowed the participants a choice about whether to be identified and express their own opinions (p. 17). Consequently, at the beginning of my study and again at several points through the study, I asked my participants how they wanted to be referred to within the study. One of my participants elected to be identified in the analysis of our conversation. My other participant chose to have a pseudonym.

I have deliberately used the word ‘participant’ to refer to all those I engaged with in the course of this study. Parker (2005) suggested that the language used by researchers was significant. That calling those we work with ‘research participants’ or ‘co-researchers’ “accorded them agency in the research” (p. 20) which respected and empowered them in their role. It was certainly my intention to enable my participants to feel empowered and respected through their involvement.

Regarding issues of informed consent, Parker (2005) argued for transparency. We should aim for our theory to be accessible to those with whom we work. It is not possible to be able to explain fully what will be involved in a study, as this may well be an emerging process shaped in part by the participants. I gave my participants an outline of my thinking and intentions as far as I was aware of them at the time of the interviews (See appendices 1, 3 and 6).

Bolton (2010) suggested five ethical principles that can direct a process of self-reflection. Firstly, trust in the process, “it is in letting go that we find our direction” (p. 47). Secondly, she argued that we should have self-respect for our own writing. Thirdly, we should take responsibility for all our actions and choices. Fourthly, we should have an attitude of generosity of energy and time and finally, we should exhibit positive regard to self and others.

However, Butler (2005) challenged this idea of responsibility and called it a “conceit” to believe that we are fully transparent to ourselves and therefore able to be responsible (p. 83). She argued that to be truly responsible, we must acknowledge the limits of our self-understanding “as a predicament of the human condition” (p. 83):

 reason’s limit is the sign of our humanity.

 (p. 83)

I will reflect on these ideas within Chapter five.

Another important ethical principle was expressed by Corcoran (2009), who suggested that the ontology behind how we do research should prompt a moral and ethical responsibility to promote “preferred ways of being” for those with whom we work (p. 386). It is my hope that at the very least this research will have prompted my participants to think reflectively about their roles as educational psychologists. Perhaps they will be able to consider new and more satisfying ways of working.

I move on now to consider the narratives that I created from my reflections on the interviews with my participants.

# Chapter four

## Analysis

### Introduction

I am grateful to my participants for the detail and thoughtfulness with which they engaged with our conversations together. They provided the interesting and dynamic data that I have used in this analysis.

The full transcripts are available in the appendices (See appendices 2 and 5). In the appendices I have also included the initial narratives that I offered back to my participants, in which I asked them to check whether they agreed with my understanding of the conversation (See appendices 3 and 6).

For the sake of this analysis I chose to focus only on the transcripts and my thinking and memories of the original interviews, as opposed to the subsequent narratives, or feedback from my participants. However, I have used some comments from their further feedback to support points made in the discussion.

I am certain that if I revisited the recordings, transcripts and my memories of these conversations, other details would emerge that could also help answer my question. These analyses are offered as my best attempt to answer my research questions at the time of writing.

#### Referencing within the analysis and discussion

In presenting my analysis of the data from both of my participants I have referenced the transcripts with the code number followed by the line number e.g. Code 6/10. Within the discussion I referred to a second transcript of a second conversation with Lisa (See appendix 8). This is referenced with two numbers. Firstly “2” to denote the second conversation, followed by the page number. The text is highlighted in grey to identify the text referred to in the discussion.

Rachel’s feedback was added in red text to the narrative I wrote following our first conversation (See appendix 3) this is referenced with Rachel’s name, the appendix and the page number.

Within Chapter five I have abbreviated the word ‘appendix’ to ‘app.’.

## The analysis of my conversation with Rachel

The following analysis is offered as a narrative around the six themes that I identified from our conversation together. Some of the codes are used in different themes because I felt that there was more than one idea included in the extract.

### Summary of Rachel’s themes and codes

See appendix 2 for full table and details of the context

|  |  |
| --- | --- |
| **Themes** | **Codes** |
| **Theme 1: The Importance of relationships** | 1,3**Relationships with children**: 5,6,9,29,31,32,58,67**Relationships with schools**: 4,11,14,15,19,21,22,32,62 |
| **Theme 2: Building therapeutic relationships** | 2,6,7,15,19,20,29,59 |
| **Theme 3: Relationships which support therapeutic work** | 13,38,39,40,41,42,43,44,45,47,48,49,50,51,52,53 |
| **Theme 4: Her evidence base for working therapeutically** | 8,10,11,12,24,25,27,34 |
| **Theme 5: Challenges to working therapeutically** | **Being too successful**: 28,30,31**Engaging with strong emotion**: 33,35,43,44,48**Training issues**: 35,36,37**Unsupportive school environments**: 18,21,23,55,56,61,63,**Privileged agendas**: 66 |
| **Miscellaneous codes not incorporated into main themes** | 16,17,26,46,54,57,60,62,64,65 |

### Theme 1: The Importance of relationships

Rachel had come to educational psychology after having been a teacher and head teacher in primary schools. She clearly had experience and a passion for working therapeutically. She started her interview with me by making a very definite statement about how she had wanted to work therapeutically on her training placements to become an EP (Code 1/23). Throughout her interview she recounted stories of her therapeutic work and she ended the interview with another clear statement about educational psychology:

I think it is a shame that there isn’t more emphasis on the interpersonal side of being an EP (Code 67/8).

In all of her narrative she conveyed her understanding that relationships are at the heart of therapeutic work.

#### Relationships with children and young people

Rachel explained how she set up her work with one particular child. She told me how tentative she was about whether she could work in this way, given the time limitations of the role (Code 3/25). Implicit in this statement was her understanding that relationships require time and a regular commitment. She described how she managed her work by being creative and flexible in her methods, so that she could build a relationship with a young person within the limitation of her role. This included working with school staff as partners to further facilitate the relationship with the young person:

I was worried about the time factor and so I thought about that a lot beforehand and because I was new to the job I decided that I could commit to two sessions a half term. Now, I realised that that would give her three weeks in between, so my idea was that in between every session I would send her a letter so there was a sort of therapeutic relationship and at the end of each session, anything that she was happy for me to share with staff, I would share with staff and they would continue that therapeutic relationship (Code 5/13).

Rachel demonstrated an understanding of relational boundaries. She identified that the young person was happier to work with her than she might have been to do the same work with a teacher, or other school staff. Implicit in the construction between us was the idea that therapeutic work is facilitated by relationships that are safe. This means relationships that do not make other demands such as homework, observance of school rules, etc. No one would want to share their most personal feelings, of anxiety, sadness, shame, guilt, fear etc. and then have to meet the same person in the school playground, or be reprimanded by them for not wearing the correct uniform. An EP is well placed to have this role as someone who is not part of the day-to-day school system:

And it made a difference that I wasn’t from school and it made a difference that I wasn’t anybody that knew her and it made a difference that we had a different relationship and that I was special for her (Code 6/12).

Rachel went on to complete the story of this young woman by illustrating what she felt had been the impact of her relationship on the girl’s behaviour. Rachel described a young woman who was often violent and aggressive, yet who became polite and considerate towards her on a home visit. Later, in spite of eventually being permanently excluded, the young woman went on to get a job. Rachel told her story in full (Code 9/28). She was clearly very moved by the outcomes of the relationship she had built with the young woman.

Rachel considered the limitations of her role, but within her comments was an underlying belief that positive relationships were essential:

.. yes one good relationship is going to make a difference to that child’s life (Code 29/25).

She also identified that positive encounters with others can happen within a brief meeting, or within a longer planned intervention.

It doesn’t matter whether you have 6 sessions, or whether you have half an hour (Code 32/13).

#### Relationships with schools

Rachel’s creative ways of working modelled to school staff the importance of relationships with young people:

… it wasn’t just about the relationship between me and this young person, it was about how it changed expectations in the school about what was possible and what was okay and what they could do and what was useful and what wasn’t useful (Code 11/18).

She felt that her work with the young person “Changed the ethos in the school” (Code 15/16). However, even more than this, Rachel saw the power of her relationships with school staff as a further way to model positive and supportive interactions to young people (Code 19/22). Rachel developed this idea further when she suggested that it was also important for EPs to be visible and regular visitors to schools “as someone that it is desirable to spend time with” (Code 20/1). As I entered the second year of my training placement my experience supports Rachel’s comments. I am aware that as I have built relationships with schools, the quality of my work has deepened.

At the end of the interview, Rachel returned to the idea that therapeutic interventions had an impact on the whole school, because they reminded teachers about their motivation to teach:

But I think it is a shame when you don’t have that opportunity to work in a therapeutic way. Because it helps the school as well, and I think it changes how a school perceives itself and its role and I think it actually; I think reminds the majority of teachers and the majority of schools, why they came into teaching in the first place, and that was because they love children and they want to make a positive change for children (Code 57/6).

She continued this argument by stating clearly that she felt therapeutic work was a much better use of our time than more usual EP practices of testing and working towards statements (Code 58/14).

### Theme 2: Building a therapeutic relationship

Whilst talking about how important relationships were to her work as an EP, Rachel also identified ways to build these therapeutic relationships. I wanted to identify this as a separate theme, as I felt that she offered some very practical advice. The following bullet points recognise strategies Rachel offered for working therapeutically:

* The therapist needs to be separate from the school system (Code 6/12)
* Writing letters to young people can be a way to build relationships whilst managing time limitations (Code 7/16)
* Modelling is very important. Therapeutic relationships with young people model to school staff what is possible (Code 10/22). Modelling positive relationships between adults is an effective way to support the development of better relationships between young people (Code 19/22)
* Maintaining relationships is important. Making time to say hello to children with whom you have previously worked (Code 8/28)
* Visiting schools regularly is important, making sure that the EP has a high profile within the school (Code 20/1)
* Being confident to use schools’ wisdom and knowledge about children and young people (Code 59/16)

It is clear from Rachel’s language that she understood that therapeutic work was not a technique that could be learnt from a book. The outcomes cannot be calculated or subjected to statistical analysis. Therapeutic work was about being willing to engage with others, to build relationships which endured and in which the child or young person could feel that they were important to the therapist. She had taken the therapeutic encounter and found a way to offer this within school systems and the limitations of her EP role.

### Theme 3: Relationships which support therapeutic work

Rachel’s thinking was very coherent in the sense that what she identified as important for the children and young people that she worked with, was also important for her:

And it is just knowing that somebody knows that makes a big difference

(Code 38/13).

Rachel spent a lot of time talking about the support systems within her EPS. Again she mentioned how important it was that someone else in the service knew about her work (Code 39/32). She disclosed how working in her own separate office had been very bad for her mental health, compared to working in a shared space where she could talk to colleagues (Code 40/3). Her comments are important for those in management as they consider the organisation of working systems alongside budget cuts. Many services now seem to ask EPs to ‘hot desk’ and/or work from home. The implications of Rachel’s comments are that it is very important to pay attention to the relationships between EPs and facilitate situations where they can support each other.

She described herself as “blessed”(Code 41/23) and “lucky” (Code 49/24) in her relationships with her colleagues. I challenged her use of the word ‘lucky’. I was aware that I wanted her to honour how she and her colleagues had worked together. Rachel acknowledged that it was not luck, but that they had worked at their relationships (Code 49/27).

Rachel described how she viewed the way in which her service had practised in the past:

Umm and when I started there, there was very much an air of “oh we don’t do anything dirty, we don’t do anything messy, we don’t do consultation we just test children and we are the experts” and that philosophy has completely and utterly changed. (Code 51/31)

She implied that they now do get ‘dirty’ and ‘messy’. It is an interesting use of language; ‘dirty’ and ‘messy’ are usually pejorative descriptors, but Rachel used them to convey something she clearly believed to be positive, in a similar way to how Schon spoke about the “swampy lowland” (1987, p. 3). The words sounded to me like a defiant challenge to more ‘clean’, ‘clinical’ or ‘cognitive’ approaches to the delivery of educational psychology. I also note how different uses of the same language could lead to alternative constructions.

### Theme 4: Her evidence base for working therapeutically

Throughout the interview, Rachel offered evidence of successful outcomes that had resulted from therapeutic interventions she had made:

… and things went really, really well for her, she had a really successful year” (Code 8/26).

This was not evidence that had resulted from traditional scientific study, but evidence based on her own experience, mediated through her own reflective practice. Rachel offered her own felt reactions as further support; “I found the experience unbelievably moving” (Code 10/18). She also identified that the impact of the intervention had been far-reaching:

… the impact it had on her and the school was enormous”

(Code 11/26).

Within the profession, there appears to be growing awareness of the importance of valuing the experiences of mature practitioners as a valuable evidence base (Fox, 2011, Pugh, 2010).

Rachel implied that therapeutic work was an efficient use of time (Code 12/25). She offered another example of time efficiency when she told the story of some work she did with a bereaved family. Several years later, she was able to quickly suggest ongoing support for a young woman based on her previous relationship (Code 34/11).

Rachel also pointed out that ‘success breeds success’, in the sense that children and young people who had a good relationship with her would talk to others in the school and promote better interventions with them (Code 13/2). The narratives about the EP within the school were positive.

I did not ask Rachel about her evidence base for working therapeutically. She offered it within the context of the stories she told me about her work. I felt that she was proud of the work she had carried out and wanted me to know that it had been effective. I think that within the context of my research, she wanted to convey a positive message about therapeutic interventions. I realise that in identifying this as one of my themes I was also complicit with her motivation by prioritising her comments.

### Theme 5: Challenges to working therapeutically

In spite of Rachel’s positivity about therapeutic work, she also spoke of her difficulties with working in this way.

#### Being too successful!

One of the biggest challenges that Rachel mentioned arose from the success of her work:

… they basically wanted me to see everybody, which is obviously impossible, um it was very difficult to do any sustained therapeutic work, unless the child was in extreme danger of exclusion and probably “looked after” as well (Code 18/12).

And the schools love it. The only problem is that they then want you to do it with everybody and that is a dilemma … And at the end of the meeting the teacher came to me and said “look Rachel, she can talk to you, she is about the only person I’ve seen her be able to talk to” and the SENCo said “look, Rachel cannot do that, we need her for other things” and that is quite heart breaking (Code 28/18).

Rachel identified that schools liked therapeutic work. However, therapeutic work was demanding and time consuming. The current time limitations on an EP, meant that choosing to work in this way was very difficult, if not impossible, as Rachel identified:

… and I think that is really, really hard, dealing with that feeling, “I could make a difference, if I had more time”. And not being able to do that sometimes… it is really hard (Code 30/4).

These comments suggested significant implications for any EP wanting to offer therapeutic interventions. The EP has somehow to offer this kind of work whilst at the same time managing unrealistic expectations. This is no easy task within public sector services.

#### Engaging with strong emotions

In other situations, working therapeutically had meant that Rachel had needed to be willing to engage with profound loss:

So when her mum died of cancer it was horrendous and that, that was difficult, because I worked with her and after each meeting I would work with dad. And dad’s grief was horrendous, and I found dealing with that really, I don’t think I have ever seen, felt, experienced, such a strong emotion. That loss and that desperation, not, not, not knowing what to do with an 8 year old girl and feeling completely useless (Code 33/26).

In this context of strong emotion, Rachel talked about the need to be aware of her own limitations and the need to give herself permission to choose not to engage with some situations. She supported this point of view with an illustration of a colleague who told Rachel that she could not have engaged with the situation of grief (Code 43/2):

well she could have done it, but it would have absolutely destroyed her. And I think that that recognition, that there are somethings that can push our buttons to a point that is unacceptable (Code 48/8).

Rachel told the story of some positive feedback from a mother who had emailed her. The feedback had left her in floods of tears, so much so that colleagues advised her to close the emails and return to them later. This narrative illustrated Rachel’s passion for her work and for her desire to have a positive impact on children, young people and their families. Alongside this, it also illustrated her healthy regard for herself. I believe that if we are to care for others, we must also be able to take care of ourselves. As Rachel suggested, we must give ourselves permission to let others support us and let them do some work that, for personal reasons, is too demanding for us at particular times in our lives (Code 48/18). I note that within the United Kingdom Council for Psychotherapy’s ethical guidelines there is also an instruction to work within our own limits (United Kingdom Council for Psychotherapy, 2009, p. 3) taking account of how issues in our personal life can impact our therapeutic relationships.

#### Training issues

Following Rachel’s comments about the strength of feeling she had encountered when working with grief and loss, I asked her if she felt that her training had prepared her adequately for the role. Her response was an emphatic “No, not at all” (Code 35/30). However, she then went on to say what had supported her in the work. She started by talking about her experience as a teacher and head teacher:

I think I was extremely lucky when I went into training. I had taught for almost 20 years, in some really, really difficult situations and during that time I had taught some incredibly needy young people and so I had had a lot of support from Behaviour Support teachers and all sorts of different professionals. And I had learnt that is was ok to say that I can’t cope, which I think is really hard. And I think, well for me was extremely hard, and I think that without having had those experiences I would have really, really struggled (Code 36/30).

There is an interesting emphasis in her reply. Rachel does not talk about how her experiences had given her techniques and knowledge, but how they had taught her how to look after herself. She expanded this point by adding that her experiences of personal psychotherapy had enabled her to support herself (Code 37/5), and also how important was the peer support system within her EPS (Code 38/18). Her reply to my question, focused on the opportunity for training to support the development of interpersonal skills as opposed to techniques or knowledge:

I think that if you are going to do this sort of work properly, I think you either need to have had that sort of experience so that you know yourself, or you have to have had access to some sort of therapy yourself to help you (Code 37/32).

My question regarding training provision is an example of the co-construction of our conversation. My question directed Rachel to her further comments. I want to admit my own agenda, as she spoke of the emotional challenges of her work. I had come to believe from my own experience that the current training did not prepare EPs to manage this kind of interaction. I did not know that Rachel would be so emphatic in her agreement.

Rachel’s comments about the need for personal therapy were unsurprising for me. In my previous role as a psychotherapist, registered with the United Kingdom Council for Psychotherapy (UKCP), I was guided by their Code of Conduct which recognises that it is vital to have developed good self-awareness and be able to carry on reflecting on your self in relationship (United Kingdom Council for Psychotherapy, 2009, pp. 4-5).

#### Unsupportive school environments

Rachel also identified that the environment within the school influenced her work. To build a relationship that would facilitate a therapeutic intervention, the therapist needed to be able to come into school regularly and have a safe place to work. A school that did not understand therapeutic work, or was unwilling or unable to provide the basic elements to support therapeutic work, made this kind of work very challenging:

… that classic about this school is that there isn’t even a room for me to work therapeutically with a young person (Code 63/32).

Rachel also talked about what she called “chaotic schools” (Code 21/3) and how these resulted in her “shooting from the hip” (Code 21/3). By this I understood her to mean that her work was reactive, rather than planned. Building a relationship and working therapeutically cannot happen in such circumstances. In another situation, she talked about the school being in “meltdown” (Code 61/20), where her role was to support staff before she could work with the students. She used words such as “fire-fighting” (Code 55/27) and “emergency” (Code 56/1) to describe how she had worked recently. However, she was also very clear that she found this way of working very dissatisfying:

But this doesn’t sit well with how I work. I don’t think it is very satisfying. I don’t think it is satisfying for the schools and I don’t think it is satisfying for me (Code 56/1).

On another occasion Rachel described a situation, where she was able to offer a therapeutic intervention, but had little effect because of the school’s attitude towards the young person:

I worked therapeutically with a child on the verge of exclusion and we worked together to let school know what she needed. I mean it wasn’t rocket science I have to say. And you knew that they were bent on her going. You could see it coming and that was incredibly demoralising to feel that you were working against, not with, the school (Code 23/14).

Implicit in this quote is an understanding that EPs cannot work efficiently unless they are working cooperatively with school staff. This is a two way process and demands more than the will of the EP; she must engage with the system around the child.

#### Privileged agendas

A final challenge to therapeutic work that I interpreted from Rachel’s comments, was implicit rather than explicit. She was talking about the motivation of EPs:

There are a lot of EPs desperate to make a difference and there are some EPs who, I think, want an easy life. And actually, it is very easy going and doing a BAS or a WISC and summing it up and looking all intelligent as you give your findings back, feeding back to parents and children (Code 66/3).

Outcomes of therapeutic work are not easily measured. It is difficult for a therapist to “look[ing] all intelligent” when feeding back to schools and parents. The more traditional interventions of an EP can appear, on paper, to look more professional and prestigious. They involve numbers within reports that purport to be scientific. Rachel believed that most EPs were “desperate” to make a difference and wanted to do more than cognitive assessments. Yet in the process we can risk our professional credibility, when such credibility is apparently based on formal academic norms.

### Miscellaneous points

#### The changing role of the educational psychologist

Rachel described one school where she felt she had been very effective in her work as an EP. In this school she had worked to develop SEN systems so that the school carried out most of the day-to-day work. This had left her with much more time to devote to the most complex situations, whether that meant time with children and young people or with the staff who worked directly with them:

So they dealt with all of that and the only young people that I got involved with were super-severe and complex. And it meant that I had more time to spend with each of those. Um or with the staff that were supporting those children (Code 17/1).

Within this comment Rachel told me of a remark made by the EP who took over her role in this school:

I know it made it very difficult as well in some ways for the following EP because she said “Rachel how did you work there?” because she felt that they were so capable that she didn’t have to do anything (Code 16/27).

I believe that within this comment, Rachel is alluding to a significant issue within educational psychology. Education systems are changing rapidly and there are many skilled staff in schools who are capable of taking over many of the activities currently carried out by EPs at less cost to the school. If we try and protect our roles by hanging onto activities that others could deliver, we will eventually become redundant, surplus to requirement. If we embrace this challenge to our professional roles, as Rachel appears to have done, we can expand into a role that really utilises our knowledge of psychology for the most difficult situations where children, young people, parents and staff could benefit from our support and expertise. In support of this conclusion is Rachel’s experience of the school’s disappointment when she had to leave:

And I know that they were absolutely gutted to the extent that the head teacher did actually write to me saying “Who has made this decision? Can I thump them?” when I had to leave (Code 16/24).

#### Conclusions

Within comments that I have grouped into the miscellaneous category, Rachel made a couple of statements that I want to use to conclude my narrative of our conversation. I note with sadness that in spite of Rachel’s passion for using therapeutic interventions, she commented on two occasions that she had not been able to do much therapeutic work recently (Code 46/28 and Code 54/17). This appeared to be to do with a repeated theme regarding the demands of the role and changes in the delivery of the EPS. Nevertheless, she made a bold statement:

I don’t believe there are schools that don’t want the EP to work therapeutically.

(Code 64/8)

In support of this statement Rachel offered a story from her own personal experience about an encounter with a stranger as she sat in her doctors surgery (Code 65/10). The grandmother of a little girl overheard Rachel telling an old friend that she was now working as an EP. When Rachel’s friend left, the grandmother took the opportunity to ask Rachel for advice about her granddaughter. Rachel felt that the woman’s desperation and anxiety had driven her to approach a complete stranger to ask for help. Rachel made two conclusions:

I thought yes there really is a need for this (Code 65/28).

And I think more and more, people are beginning to understand, talking to someone who is not in the family, somebody different, can actually make a difference. So I think it is really, really important and that we should be doing more not less (Code 65/31).

## The analysis of my conversation with Lisa

### Summary of Lisa’s themes and codes

See appendix 5 for full table and details of the context

|  |  |
| --- | --- |
| **Themes** | **Codes** |
| **Theme 1: Enjoyment of working therapeutically** | 2,3,7,14,41,52 |
| **Theme 2: The challenges to working therapeutically** | **Time allocation model**: 4,5,6**Lack of support**: 10,11,12,13**Confusion about the role of the EP**: 20,27,40**Lack of evidence**: 30,31**Resistance and needing to work together**: 36,48,49,50,51,61,62**Relationships with schools**: 53,54,55,56,57**Miscellaneous**: 60,63,64,65,66 |
| **Theme 3: Reflections on her role as an EP** | **The impact of trainees**: 24,25,26,28,37,38**Owning skill and maturity**: 1,9,17,18,21,22,23,29,32,33,34,35,39,67**Feeling unskilled and inferior**: 8,15,16,19 |
| **Theme 4: Anger** | 16,42,43,44,45,46,47,58,59 |

### Theme 1: The enjoyment of working therapeutically

One of Lisa’s first statements was to tell me that she had “really enjoyed” (Code 3/15) the therapeutic work she had done when she was training. Some other work she had done was “really good” (Code 3/16). She made another comment regarding her work with The Family Therapy team; “which I really enjoy” (Code 7/6). Later on she talked about a sense of wonder (Code 14/23), and feeling that she would have gained a sense of satisfaction from being able to offer therapeutic work (Code 41/32).

Lisa had an explicit agenda, which was to let me know that she felt that EPs should be working using therapeutic interventions as part of their role. I support my assumption about her motivation with another very clear statement that she made:

I’d love to think that there was like, a change where we could work more therapeutically (Code 52/31).

My opening question asked Lisa to tell me about her experiences of working therapeutically. She did not really go into any detail about these experiences, but instead gave me a very quick positive response indicating her support for therapeutic work. She then spent a large part of the interview explaining why she had not done as much as she would have liked. I speculate that she was resolving the dissonance between how she would like to practice and the reality of the demands of her role. She would like to be involved with more therapeutic work, but has been frustrated in this desire because of many challenges. By far the biggest theme in my analysis of Lisa’s interview had to do with her comments concerning the difficulties of working therapeutically as an EP.

### Theme 2: The challenges to working therapeutically

#### The time allocation model

Within her opening comments regarding her early experiences as a trainee, Lisa identified one of the biggest challenges for any EP wanting to work with a therapeutic intervention. She talked about having the opportunity to work with a case from beginning to end as opposed to how she worked when she qualified, which was within a time allocation model (Code 4/20). She continued, explaining that she had employed fewer and fewer therapeutic interventions because of the limited time and the demands of statutory assessment:

Time constraints, having more schools, just having statutory assessment to do and you know we’ve worked in a time allocation way so you get how many visits a year? It’s not like clinical psychologists, they have a clinic every week in a certain place and in that clinic, you know its weekly, so that they can put those appointments in and they’ll work with a case and they won’t pick up another case until that case is finished. Whereas, we can’t. You know we have three hours in a school and you won’t be going for another 5 or 6 weeks. You can’t expect, you can’t work therapeutically like that (Code 5/23).

Implicit in our conversation was an understanding that to work therapeutically required the building of relationships over time. This was an unchallenged assumption between us. I acknowledge that it is one of many ways in which EPs might seek to offer therapeutic interventions.

#### Lack of support

Another challenge to therapeutic work had to do with support. Lisa made a clear statement about the lack of support within her service in the past, regarding training, supervision and peer support:

So there was never anyone to help you with that work and manage the sort of clinical aspects of the job (Code 10/23).

She felt that her service had not been willing to invest in training to develop therapeutic work (Code 11/31 and Code 13/15). She speculated, in a whisper, (Code 13/19) that other services might invest more in training. I was struck by this method of vocalising her comment. My felt response to her whisper was to interpret it as sadness and weariness. I wondered if she also felt guilty for criticising her service and so gave less authority to her voice. Again there was an implicit shared understanding that to work therapeutically is demanding and that support, through training, supervision and from our peers, is essential. She did acknowledge that the situation was improving (Code 11/29).

#### Confusion about the role of the EP

Another barrier Lisa talked about concerned the confusion of service users regarding the role of the EP. On several occasions Lisa referred to others, whether it was agencies within the medical model (Code 20/19), or schools (Code 40/23), not understanding the role. In particular, she felt that these service users thought that CAMHS (Child and Adolescent Mental Health Services) were the ones who delivered therapeutic interventions (Code 27/26), rather than EPs. She emphasised her point with irony:

… and also I hear schools “oh we’ll buy in so and so” and I think well I could do that (laughs) [yes] you know all the time. “Oh CAMHS, we must refer them to CAMHS” you know “all right then if you think that is what’s going to help” (Code 27/1).

#### Lack of evidence

I asked Lisa a direct question about whether she had evidence to support her view that the relationship, the process between herself and a child or young person, was more important then techniques or even outcomes. Lisa was very sure of her answer, but acknowledged that she did not have any established evidence to support this opinion:

N – Okay, so in terms, so if you’re saying what you are really interested in is the process, presumably you are confident that if you get that process right, positive outcomes of some description, whether they can be measured or not, will follow [yes]

L – Yes definitely, absolutely, 100%

N – So I’m going to ask you a controversial question – Do you have an evidence base for that? Or does that bother you (both laugh)

L – No I don’t have an evidence base. [I won’t put your name on this –(laughs)] I wish I did, no I don’t (Code 29/1).

The laughter in the final sentence of this extract was in response to a controversy within the profession. The current cultural, political and professional emphasis is of course directed to establishing good practice. However, the decisions about what this means are often made using narrow measures from empirical research (Pugh, 2010). Lisa went on to explain her own strength of opinion regarding the value of the process between herself and a child, which she based on her own experience of therapy:

I mean things like I feel happier, or nothing’s changed but that doesn’t matter, that would be happy to me. Or someone listened to me or there was not judgement, those to me would be positive outcomes [yes] and you know it could be ages before any significant difference could be seen, but that wouldn’t worry me. ‘Cos that’s what it’s about really (Code 31/17).

I have argued that a professional’s life experience is valid, scientific and reliable evidence. In practice, Lisa also clearly valued her experience and used it to make a choice about how to intervene with a child. Nevertheless, there was an inconsistency in her responses. Lisa’s negative response to my question regarding evidence, suggested that in theory she did not value her own personal knowledge.

As I have reflected on this theme, I realised that my question regarding evidence was a good example of a co-construction within our conversation. Lisa had not mentioned the need for evidence. This was an issue that I introduced. As a trainee and new to the profession I believe that I feel more threatened by the emphasis within educational psychology, and our wider culture, to work using evidence-based practice. The sense of threat comes from feeling frustrated that the current ways in which evidence is established are not, in my opinion, valid and often discount many ways of working that I value.

#### Relationships with schools

Lisa spoke about her relationship with schools. She suggested that a further impediment to therapeutic work was schools, or the individuals who worked in them. She found that they were reluctant to change (Code 53/27), or take up her offers of therapeutic interventions. She wondered if this was because they did not have close relationships with their EP:

And I think sometimes it might be an issue of time. Not necessarily about the amount of time it would take. I think if you were much more based near by. If you say you were in a school and you had a lot of time just for that school, I think they would do it. I think they would perceive you as much more available, much more hands on, and I think they would, yes. But I think they think “right I’m only seeing Lisa for a bit so I’ll make sure it is all planned” (Code 54/9).

Yes I think it is something to do with having us fresh in their minds or near to reach and then I think…(Code 56/3).

However, she also suggested that sometimes schools preferred to use health services, as they liked the medical model:

I think when they send them to CAMHS, they don’t need to have a relationship with them, but I think they want them to come back cured, you know (Code 57/8).

Her careful consideration of this aspect of her work illustrated her systemic understanding of her role. There are many factors, which contribute to a successful therapeutic intervention with a child.

#### Resistance within the profession

Finally, Lisa suggested that there would be resistance from within the profession, as not everyone would want to work in this way:

I think you are right, but I think we’d have to plan it otherwise it won’t happen [yes]. I really do, you almost have to say it is a service directive now. The thing is some people wouldn’t like to be directed. I don’t know whether you can, but it would almost have to be like that you know “lets all do some”(Code 49/16).

But I think you’d have to take, I think there would be resistance (Code 61/23).

An important, and repeated idea in Lisa’s thinking was that we all needed to work together in any changes that were considered. This was especially the case when colleagues were resisting new approaches. In contrast, I felt it important to respect difference and that not everyone should be forced to work in one particular way. Whilst initially resistant to the idea, Lisa began to consider it as a possibility:

N - Or maybe in an area team one or two people in that team could be the people who deliver the therapeutic interventions, so not everybody had to do it [yes] but um

L – But yes I hadn’t thought of it like that – so use the locality time to do it, yes maybe that is a possibility to work it more flexibly. ‘Cos again some people will say I haven’t got those skills so count me out.

N – Or may just not like to work like that – it is too messy or …. (Code 50/22 & 51).

Lisa justified her thinking that we needed to work together with the analogy of a snowball rolling down a mountain:

It’s like the snowball going down the mountain and it gathers momentum. If enough people are doing it and there is enough change then you would get… but if you haven’t got enough people seeing and doing that change then it could potentially get stopped you know (Code 62/12).

I had felt a little baffled by Lisa’s suggestions that we all needed to work in the same way. It was also at odds with her respectful and relational approach to her work. Something happened within a staff meeting of our EPS, a few months later, which helped me to understand Lisa a little more. The incident enabled me to make sense of her comments. Lisa is relatively new to her managerial role. Within the meeting she expressed frustration with some members of our team. She then reflected on her reaction and realised that her usual response to anxiety resulted in a need to control situations. In this meeting she felt that this explained her frustration. I suggest that this might also explain her need to have everyone working in the same way. Her self-realisation seemed to help her relax about people’s differences. This was an example of how my understanding of the conversation with Lisa was dynamic and changing over time as our relationship continued.

This incident was also a good example of how our internal constructs could prompt the way a person responded and reacted. A self-reflective process was essential for Lisa to maintain a respectful practice that avoided unnecessary criticism of others.

### Theme 3: Reflections about her work as an EP

Lisa wove her reflections about her sense of herself as an EP around her sense of herself as a therapeutic practitioner.

#### The impact of trainees

Lisa expressed sadness when she thought about her state of mind previously. She described it as “burnout” (Code 25/25). She put this down to a lack of supervision and a re-structuring that I knew had resulted in a huge increase in her workload. However, she went on to describe the positive impact of having trainees within the service:

I think having people come into the service who are training, you know, we are back there again at the chalk face you know, which I thoroughly enjoy. It has made me think “yes yes I know I think maybe I’d like to do some more (therapeutic work)” (Code 26/27).

This statement fitted well with Lisa’s other comments about feeling unsupported in the past, and feeling that she needed the support of other people to enable her to work therapeutically:

 Well maybe I need a push (Code 28/20).

#### Owning skills and maturity

Lisa started our conversation by explaining that she had an eclectic approach to therapeutic work (Code 1/8). She expressed her self-assurance on several occasions. Whilst not acknowledging her Family Therapy work as an integral part of her work as an EP, she did realise that there was transference of skills from that work to her work as an EP:

… it has really helped my role as an EP when I am talking to parents. And I think running consultation type meetings and network type meetings, you know I think you can um… getting multiple perspectives is a lot easier for me since I’ve done that (Code 9/12).

Lisa also talked about her awareness of the fact that she had matured in her approach to her role. She seemed proud and self-assured:

I’d be much more likely to be sensitive to what I felt were the requirements of the child and the family and the situation than I would previously have been. ‘Less is more’ I think I’ve learnt as well over the years as well (Code 23/9).

I held on to her comment: “less is more” it seemed important even though it was only said once. She extended this point in a further statement:

I would worry less about the end product, you know, than when you are training and you are trying out a new approach you think right you are worried about the end product, the output bit and I wouldn’t. I’d be much more interested in the process. I’m not so worried about you know “do they get better” or are they feeling less anxious. You know I think I’d be much more interested in being just in that room in that moment with the child. I’d put far more significance on that than reporting back to the SENCo “oh yes their behaviour is going to be much better” and although the SENCo might say “oh yes since you’ve been in Lisa, they haven’t been excluded so much” and I’d think “that’s great”. That wouldn’t be what I would want… what would interest me [um] (Code 29/21)

Again the sentence that stayed with me long after the conversation had finished was “just being in that room in that moment with that child”. I reflect that I noticed these comments because of my training and experience as a Gestalt psychotherapist. My personal approach to this work was based on the thinking of Buber (1958) and other psychotherapists who identified themselves as Dialogic psychotherapists. The emphasis of this approach was on the immediate relationship between the client and the therapist. Healing was thought to originate “between” them (Hycner & Jacobs, 1995), (Heard, 1993). I have some concerns about using the word “healing” as discussed earlier. However, what I hold on to is that the work of addressing wellbeing is carried out between people. Outcomes may take years to emerge fully.

Lisa talked about what was needed to build an effective therapeutic relationship. She suggested that more important that any technique or theory, was self-awareness and personal growth on the part of the EP:

Well I think you have to … I think you have to have quite a lot of self-awareness. Umm I really do. And you had to have undergone some personal growth of your own. Now whether you have done that formally or whether you have, I don’t … through incredibly great relationships that you have had with people in your life, I don’t know maybe your mother and father or partner, or whoever is incredibly supportive. Cos I’ve seen people do that (laughs) they haven’t touched a therapist at all [no] (laughs) and um I don’t think you can have a lot of ego really…(Code 33/16 & 34/18).

Implicit in Lisa’s narrative was the knowledge that she had this self-awareness, though it was an ongoing process.

#### Feeling unskilled and inferior

From my perspective as a colleague of Lisa’s, one of the surprising things to come out of my conversation with her was her feeling that she lacked the necessary skills to work with therapeutic interventions (Code 8/10). This was in spite of her having worked in the Family Therapy Team for ten years and in sharp contrast to the opinions expressed above. She also feared being “found out” (Code 15/26) as someone who didn’t know what they were doing, and later she again worried:

I suppose its being found out that someone could do it better i.e. a clinical psychologist, or psychiatrist. (Code 19/10)

She traced some of these feeling back to her days as an under-graduate. She felt that those psychology students destined for clinical psychology, and therefore the health service and the medical model, were treated as “special” (Code 16/12). Schon (1987) writes about professional kudos being related to one’s philosophical proximity to traditional science (p. 9). Lisa was offering a similar understanding of her feelings.

She also suggested that the other professions do not know how to fit us into their models:

L – ‘Cos it is – you know I’ve been taught it is the medical model you know you’ve got the psychiatrist at the top, then it’s the Clinical Psychologist, then it’s the CPN. And somewhere we kind of fit in there some how, some how, sort of … I don’t know, we’re not obviously CAMHS workers.

N - We’re not in the medical model

L – No but that is how they see us, I don’t think they know how to view us really if you look at them (Code 20/14).

I interpret Lisa’s statement as suggesting that as educational psychology is not practiced from within the Health Service, it is one-step removed from the medical model. Therefore, it had less prestige than clinical psychology. What is interesting is that Lisa had internalised this position. It seemed that she sometimes felt less than a clinical psychologist.

I was intrigued by Lisa’s feelings for two reasons. Firstly, she was inconsistent in her statements. She expressed inferiority in relation to clinical psychologists. However, she challenged her own narrative of jealousy regarding the elitism of clinical psychologists, by recalling a conversation she had with a colleague who had expressed envy of EPs’ roles:

Although I did have, interestingly, a talk, pretty much in my early years days as a qualified EP I used to meet up with a clinical psychologist and she used to fanaticise about being an EP and said how fantastic it would be to just go into a school and just work with one child and never see them again (laughs). And how wonderful that would be because, and also she felt that, although we didn’t sort them out, there was like a goal, Thank God, you statemented them, you were doing some good. Whereas, she said half the time she could never get to, she felt she was getting nowhere with some of the families and children it was just so endemic. And I was like “Wow isn’t that interesting [it is!] that you envy us” (Code 17/18).

I think it is important to consider Lisa’s motivation for telling me this story. She was explicitly letting me know that she was aware of an alternative to her insecure and jealous point of view. She quoted her colleague as saying they (clinical psychologists) “were getting nowhere”. As her narrative continued, she was also implicitly making a claim for the value of EPs who, her colleague recognised, “were doing some good”. Finally, she used humour to emphasise her point “Wow, isn’t that interesting…that you envy us”.

Secondly, I came across this same insecurity when discussing therapeutic interventions with my fellow trainees. In addition, Helen mentioned it in the analysis that I used for my pilot study. I will explore this further in the discussion. At this stage it appears that there is a lack of self-belief within EPs regarding therapeutic interventions. However, I do not think that this is entirely a neurotic internalisation of a cultural privileging of one profession over another. I believe that it is also evidence of an honest self-reflective attitude amongst EPs towards their practice that demonstrates a lack of appropriate training and support as evidenced by Lisa’s earlier comments.

### Theme 4: Anger

I identified this as a separate theme as Lisa made a number of comments through the whole conversation. Lisa’s anger seemed to be with the establishment that privileged theory and practice that was closer to the medical model. She used sarcasm to describe people’s beliefs about CAMHS, suggesting that others see them as the “Holy Grail” (Code 42/1) and as having “magic dust” (Code 58/13). She felt that EPs needed to “debunk some of the myths around CAMHS” (Code 46/18). She was dismissive of their practices:

Although schools always complain that CAMHS, that, you know, if a child goes to CAMHS they never hear anything again, it is like the void “how are we supposed to know and yet they are always asking us to fill in SDQs”. Teachers spend a lot of time doing this and CAMHS just take it all and say “thank you very much” and don’t feedback. Which I think is poor practice myself [um] (Code 59/14).

Having earlier explored Lisa’s personal insecurities, her anger seems to me to be a healthy reaction to a cultural bias that attempted to denigrate her as an EP. I think her comments may also reflect a frustration with the CAMHS service which is over-stretched, time limited and often ineffective. These are criticisms that seem to echo comments also made about EP services.

### Conclusions

Lisa ended our conversation with an ambivalent statement:

I don’t know what the answer is, I really don’t. I think it is, we’ve come back to the same old problems again haven’t we (Code 67/8).

I hope that my analysis of Lisa’s wisdom will enable us to address this problem more effectively and find a way to facilitate what Lisa and I believe would be an improvement to educational psychology provision.

# Chapter Five

## Discussion

I want to start by expressing my thanks to Lisa and Rachel for their generosity and courage in being participants within this study. They have given me their time and their personal reflections. They have been willing to let another person reflect publically on their personal narratives.

I will begin this discussion by considering the process of the research in comparison to the intentions set out in the methodology and with reference to ‘trustworthiness”, “authenticity” (Lincoln & Guba, 2007) and ethical considerations. I will then draw out the themes that I felt were the key findings from my analysis, revisiting ideas mentioned in the literature review. I will conclude the discussion with a consideration of what I have learnt from the experience.

### Evaluation of the research methodology

#### Trustworthiness (rigour) and thematic analysis

My desire to work with self-reflection as my method of analysis grew out of an aspiration to find a method that was more compatible with the underlying ontology and epistemology. I argued that established methods of qualitative research analysis had the potential to take the researcher away from their personal experience. Therefore, I carried out a pilot study within which I trialled a method of analysis that used my own self-reflection, without a structure external to my own thinking. I have already suggested that my learning from the pilot study caused me to partially abandon this strategy and employ a more formal or established qualitative research approach of thematic analysis. This approach helped me to identify and report how my self-reflections resulted in the narratives I created regarding the data.

I believe that using thematic analysis did improve some aspects of the “credibility” (Lincoln & Guba, 2007, p. 18). It facilitated “prolonged engagement” and “persistent observation” (Lincoln & Guba, 2007, p. 18). It enabled me to demonstrate some “triangulation” (p. 18) between the text of the transcript, the participants’ thoughts and feelings and my reflections. The use of thematic analysis also improved my ability to demonstrate “dependability” and “confirmability” (Lincoln & Guba, 2007, p. 19), in the sense that the structure of thematic analysis allowed me to demonstrate how I had reached decisions about codes and themes.

However, I think that I was also influenced by a lack of self-belief. I feared criticism that my method lacked scientific credibility. A parallel strikes me between my feelings in relation to this study and those of my participants when they talked about offering therapeutic interventions. Both Rachel (App. 2, code 66/6) and Lisa (App. 5, code 30/8) identified a similar fear that their therapeutic work also lacked academic credibility or kudos within the profession. I will return to this question later in the discussion. At this stage I conclude, that to some extent I believe my decision to use thematic analysis improved the analysis and presentation of my findings. It may also have soothed my anxiety regarding academic credibility, but in the process I could have sacrificed some spontaneity and ontological coherence by using codes that in part fragmented the data.

Nevertheless, I also identify that any method of analysis will influence outcomes. For example, my understanding of self-reflection was a construct within my cultural background (Western, female, middle-class, educated, white). This self-reflection was also based on my therapeutic experience, which will have added a particular shape to what I noticed and how I reported it. I speculate that my current understanding may be a case of something that Butler (2005, p. 39) identified as an aspect of myself that I cannot fully see without a very different ‘other’ to bring it into focus. Other more established approaches to qualitative research analysis could similarly have influenced the data and the outcomes, but in a different manner. With the benefit of my experience of this study, I reflect now that what is important is to own these influences, whatever method is used.

#### Authenticity (validity)

Lincoln & Guba (2007) argued that good quality qualitative research should be fair (p. 20). It should reflect the views of all the participants. Fairness results from each participant feeling empowered. It is an interesting dynamic in this research that both of my participants were in positions of authority over me within my training and work as a TEP. Alongside this was my role within the study as the researcher and the person in charge of the analysis. This gave me power. Another dynamic was my age and experience, which Lisa mentioned as a possible factor that had contributed to her feelings of insecurity (Lisa, app. 8, 2/p.195). As I reflect on these competing positions of power, I am aware that I was careful to make sure that the processes of the research facilitated an environment that was respectful and empowering to all. I believe that my participants’ responses to me confirmed that this had been their experience. Similarly, at no point did I feel uncomfortable within my position as both a TEP and co-researcher.

Ontological Authenticity (Lincoln & Guba, 2007, p. 22) considers the extent to which a study has raised awareness of the issues that were being investigated. I know that I have gained greater understanding of therapeutic practice within educational psychology (See later comments). My awareness has been raised as a consequence of the process of the research and from engaging with the analysis of my participant’s conversations. In addition, both Lisa and Rachel commented on how the interviews and reading the narratives of my reflections had influenced them. Lisa (See appendix 8 2/p.195) suggested that she had found it interesting. In her feedback, Rachel also said that she had found the process “incredibly powerful”, and that talking to me and reading the narrative had reminded her about how potent therapeutic work could be (Rachel app. 3, p.162).

McLeod (2001) confirmed that a measure of good research is the extent to which it enabled participants to gain new insights:

One of the effects of a well-conducted qualitative interview is to give the informant new insights into the topic being explored.

(McLeod, 2001, p. 197)

I feel that “educative authenticity” (Lincoln & Guba, 2007, p. 22) was a criterion that was only partially achieved. I think that we have all understood more about the difficulties of delivering therapeutic interventions within EPSs. However, all of the co-participants were of a similar opinion; the ways in which we constructed our understanding of therapeutic practice was alike. I believe it would be a valuable extension of this study to engage with the narratives of participants from a different demographic or, who held different views regarding therapeutic practice.

“Catalytic authenticity” (Lincoln & Guba, 2007, p. 23) considers the extent to which a study results in action or empowerment. At an individual level my participants mentioned their excitement regarding the use of therapeutic interventions. The processes of the study can be judged to have offered an environment in which participants were challenged to consider their practice. Lincoln and Guba (2007) suggest this as a valid alternative when more time is required to assess the longer-term impact of a study (p. 24). In addition, both Lisa and Rachel expressed the hope that this study may have a wider impact that would generate change within educational psychology (Rachel, app. 3, p.162, Lisa, app 5, code 60/22).

Finally, Lincoln and Guba (2007) invite a consideration of “tactical authenticity” (p. 24). Does the stimulation for action that is “catalytic authenticity” actually result in desired change? Do those involved in the research have any power to make the desired changes? I believe that to some extent Lisa, Rachel and I, have enough autonomy in our roles to make some adjustments to how we work. However, our possible impact on how our EPSs are organised, or on our workloads, is dependent on a number of other factors that we may influence, but over which we have no direct control. Beyond the EPS, within the wider social and cultural context, our influence is much less. I can only hope that this study can add to a greater understanding of the importance of therapeutic interventions, and the structures needed to support effective delivery of this kind of work.

#### The participants

I acknowledge that the information gained for this study came from a very small sample of experienced EPs who were both women from a very similar demographic and with similar views regarding therapeutic interventions. Lincoln and Guba (2007, p. 17) identify that qualitative research is not concerned with establishing generalizable, context-free “truths” that can be used to generate theory, but rather context-dependent understandings of an issue. Within the remit of this thesis a larger sample would have been unmanageable. However, an interesting extension of this study could use a similar method to explore the narratives and experiences of those from a different demographic, or those who are opposed to the use of therapeutic interventions within educational psychology.

#### A conversational method

In designing my methodology as a conversation between my participants and myself, I had hoped to allow them greater freedom to contribute to the construction of meaning and guard against the dominance of my agenda. I believe that the differences in the two conversations and the narratives that were created are evidence that I achieved this. My participants were able to tell their own story about their experiences of working therapeutically. Accordingly, although there is considerable overlap in the issues that were narrated, they brought these issues to the conversation in very different ways.

The overlap in their views, suggested to me that what they discussed represented themes within the wider profession, as opposed to only distinctive or personal views. Though unique individuals, they also share a common culture and working environment. Exploring our conversations increased awareness of the familiar narratives within our profession.

As I consider my contribution to the conversations, I am aware that the extent of the interaction between my participants and myself varied. In my conversation with Rachel I asked questions and then she responded with extended narratives regarding the points she wanted to make. I had no set agenda, but followed the leads in Rachel’s responses. However, Lisa and I engaged in a more conversational style. Though there are many dynamics that will have contributed to this difference, I believe that the most significant factor was my self-confidence as a researcher. Lisa’s was my final conversation and by then I had grown in confidence. I note this variable, but also accept that it is an inevitable factor in my ongoing development.

#### A co-construction

In spite of promoting my participants independence through the conversational method, I was clear that I acknowledged and valued my part in our creation of meanings. As I reflected on my contribution to the conversations, I noticed the nature of the co-construction. What and how I responded to their comments had an influence on my participants. I think that this was true with reference to the issue of evidence-based practice. In my conversation with Lisa, it was me who asked the question that opened up this debate (Lisa, app. 5, code 29/1). This was also true within my conversation with Rachel when we spoke about the issue of training (Rachel, app. 2, code 35/27). I wonder if my participants would have mentioned these issues if I had not asked the questions.

However, in both cases, as Packer (2011) suggested, I do not believe that my questions were either “idiosyncratic” or “arbitrary” (p. 105). Instead, my questioning was a reaction to the inter-subjective meaning-making of the narrative created between us. In my conversation with Lisa, she had made a confident statement about positive outcomes. As a TEP feeling anxious about evidence-based practice, her confidence was curious to me and invited my challenge. In my conversation with Rachel, she had talked about the emotional challenges of her work regarding a situation of grief and loss. She knew of my background as a psychotherapist. I speculate that consciously, or unconsciously, she may have prompted my question regarding levels of support within the profession and in training. I speculate, that she would have known that psychotherapy training generally pays more attention to such issues.

#### Narratives

It was a characteristic of Rachel’s interview that she conveyed her experiences through extended narratives about her work. In addition, both Lisa and Rachel started their conversations with story telling devices. Intriguingly they both positioned their narrative within a time frame (Rachel, app. 3, p.132/11, Lisa, app. 5, code 2/11), when referring to their training experiences as EPs. I mention this as I think it validates the ideas about narrative that I mentioned earlier. We all use narratives to communicate with each other, explain our points of view, and make sense of our lives.

### Ethics reconsidered

#### Confidentiality

Parker (2005, p. 17) suggested that confidentiality and anonymity should be discussed with participants within a qualitative study. I was careful, throughout the study, to give my participants a choice about whether they wanted their voices to be identified. In addition, to the original consent form (App. 1). I fed back my reflections and analyses to each of them at each stage of the process (App. 3 and 6).

Initially, both of them wanted their own names on their narratives. However, as the research progressed, one of my participants asked that her name be changed because of concerns about the confidentiality of those she had spoken about. I of course respected this, their actions confirmed to me that they were being reflective and felt empowered to be co-participants with me in this research (Parker, 2005).

#### The ethics of reflection

I began by expressing my gratitude for the generosity and courage of Lisa and Rachel. In keeping with Bolton’s ethical principles we leapt into the unknown by being willing to engage with this study. We acted with personal responsibility, respect and generosity. To reiterate Corcoran’s (2009) ideas about ethical practice, I believe that each of us has gained from the experience by having the space to reflect on “preferred ways of being” (p. 386).

In the next section I have highlighted some key points that at this moment seem important. I know that at another time I may well have identified other issues. If another person were to engage with this data I am certain that they would identify different narratives. Nevertheless, I believe that the following points are still useful and informative, adding to our knowledge regarding the use of therapeutic interventions within educational psychology.

### Learning from and reflections on the analysis

#### The context: A growing interest in mental health

In agreement with MacKay (2007), I identify that there is a growing interest in mental health. A recent report from The Department of Health (2011a) is titled “No Health without Mental Health” and recognised that mental health was everyone’s business (p. 5); that improved mental health is associated with a range of positive outcomes (p. 7) and as such they recommend early intervention (p. 7). In a related paper (Department of Health, 2011b), the Government proposed plans to deliver interventions for all ages and explicitly referred to interventions within schools (Department of Health, 2011b, p. 14). It would seem logical that EPs should be instrumental in implementing such interventions.

In the recent Green Paper (Department of Education, 2011) the report used an illustration of educational psychologists working with Targeted Mental Health Services (TaMHS), to deliver interventions to children and families where there were mental health concerns (p. 105). It is interesting that one of Lisa’s complaints about her Local Authority was that in the past, EPs had not been included in TaMHS work (Lisa, app. 5, code 45/15). Nevertheless, this example suggests that there is an existing precedent for EPs to be involved with mental health.

However, at a national level there does not seem to be “joined-up” thinking between the Departments of Health and Education. A further report from the Department of Health (2011c) identified the value of ‘talking therapies’. It referred to the need to work with children and young people and recognised that many children were not able to access support through CAMHS, because the service was overwhelmed and lacked the necessary skills. (Department of Health, 2011c, p. 17). However, at no point does the report suggest that there are psychologists within education who could deliver this work.

Within this context I shall consider my analyses of Lisa and Rachel’s conversations. I will explore what they can tell us about promoting educational psychology as a key service to deliver therapeutic interventions to needy and vulnerable children, and to the adults who care for them.

#### The importance of relationships

I started my literature review with a quote from Billington (1995) regarding the importance of relationships within educational psychology practice. As I consider the analyses of Rachel and Lisa’s conversations, the point that stands out above all others, is their understanding that relationships are at the heart of all EP work, but especially therapeutic practice.

Rachel and Lisa both argued that therapeutic practice was much more than a technique or theory. It was a relationship built up over time with an individual. It was an art and a dynamic creative process that involved the person of the EP/therapist engaging with the child or young person in their distress. Rachel identified the importance of creating an environment in which relationships could grow. In the first example of her work with a young woman, she made time for contact between them, she wrote letters, she visited her at home and they treated each other with mutual respect (Rachel, app. 2, code 9/32). Lisa supported this view; she explained why she was not able to work therapeutically because the demands of her workload had not allowed her to build such relationships (Lisa, app. 5, code 5/23). Yet nevertheless, she argued for a stance that emphasised such relationships, instead of technique (“less is more”: Lisa, app. 5, code 23/11 and the importance of paying attention to the moment of meeting: Lisa, app. 5, code 29/27).

Both Lisa and Rachel had allowed themselves to be engaged with children and young people and had experienced strong emotional reactions within their relationships (Rachel, app. 2, code 10/18, Lisa, app. 5, code 14/23). They had not taken a “traditional objective stance” (Billington, 2006, p. 60). Their experience had led them to make an informed choice arising from their “practice-based evidence” (Fox, 2011, p. 328). They both appreciated that these relationships were the most important dynamic in their work when addressing the emotional wellbeing of the child or young person. They both talked about their enthusiasm for therapeutic interventions. They spoke of enjoyment, wonder and satisfaction. Both of them expressed the desire to be able to offer more of this type of work. It seemed, from their reports, that schools and parents were also requesting this type of intervention. In view of all these positive responses to therapeutic work, I want now to consider the reasons they offered to explain why they were so limited in the amount of time that they could dedicate to these ways of working. I realise that the next three points all refer to this underlying issue of relationships: time allocation models limit relationships; self-awareness is crucial for effective relationships, and supervision supports relationships.

#### The time allocation model of service delivery

Lisa and Rachel both identified that in order to build effective relationships, the EP needed time to spend with school staff, parents and most importantly, children and young people.

Farrell et al. (2006) stated as one of their conclusions, that respondents were almost unanimous in stating that they wanted more time with their educational psychologist (p. 84). Rachel had developed some creative strategies to build relationships within the time limitations of her role. However, she acknowledged that more recently she had not been able to offer therapeutic interventions of any sort because of her workload (Rachel, app. 2, code 46/28). Lisa also suggested that the time allocation model had effectively ruled out therapeutic work, because it did not allow for ongoing relationships to be built with staff or children (Lisa, app. 5, code 5/23).

The time allocation model of service delivery was no doubt introduced to facilitate equitable provision of services to all schools. As such it can be seen as an attempt to work ethically and morally. However, it is a quantitative solution to a qualitative human problem. In acknowledging limits, this model seeks to share out what is available in an attempt to be fair. It is a utilitarian argument, trying to seek the greatest good for the greatest number (Magee, 1998, p. 183). However, this attempt at fairness strikes me as implicitly unfair, as it denies difference in need and takes away autonomy and professional judgment from the EP.

Atkinson et al. (2011) also identified the time allocation model of service delivery and workloads as the two main factors that limited the delivery of therapeutic interventions. Other writers have identified the importance of time. Haddon et al. (2005) identified that individuals “connectedness and emotional health was a reflection of the quality of all the relationships within the school” (p. 12) and that these relationships required *time* (p. 13). Tew (2010) identified that hearing peoples’ views and giving them *time* was more important than finding solutions (p. 141).

We need some creative thinking to address the problem of limited time. Effective practice with people cannot be rushed. Any new strategies need to take account of difference and allow for relationships to be built. They need to facilitate thorough interventions that can have lasting benefits. Instead we have interventions that are parsimonious and often superficial and short-term in delivery and outcomes. I wonder how much time and money is currently invested in interventions that, though well intentioned, do not have lasting benefit, because they are too short and do not take account of the important relationships that we need to build and sustain with children, young people and adults. We need bold and courageous ideas that challenge the status quo, that seek to consider individuals and their contexts and the relationships that sustain them.

My participants offered some solutions. Rachel’s approach to her work at one school was a very clear example (Rachel, app. 2, code 17/30). However, her experiences demonstrated that her strategies were only effective in well-organised co-operative schools. Lisa’s experience suggested that she needed to attend to the relationships with school staff in order to develop the structures that would enable therapeutic work (Lisa, app. 5, code 54/10). The time allocation model hindered both. Another interesting idea for an extension of this study could involve an Action Research approach with a group of interested EPs, to consider new ways of delivering educational psychology services.

#### Training issues: The need for self awareness

Lisa and Rachel talked about the need for personal development that enabled self-aware reflection. Both of them talked about the need for training that facilitated personal development as opposed to more input on techniques or methods. Both identified deficiencies in their training experiences regarding support for working therapeutically. They were clear that their training had not prepared them for carrying out therapeutic work (Lisa, app. 5, code 8/10). Rachel was emphatic about this (Rachel, app. 2, code 35/30). She also emphasised this point in her feedback to me (See app. 3 p.161). I think that this is a very important point. Within my own training, fellow trainees had expressed their insecurities about working therapeutically and asked for more specific training on interventions. I believe that their request represented a misunderstanding about what had caused their anxiety. They had reacted to their insecurity with an appeal for academic knowledge, rather than personal knowledge. Dessent (1978) interviewed Loxley, the Principal Educational Psychologist for Sheffield who also identified that:

To do it [therapy] properly you may need a great deal of personal insight and psychologists often don’t possess this.

 (Dessent, 1978, p. 38)

This quote appears in Gillham’s (1978) book, “Reconstructing Educational Psychology”. It seems that thirty years on, this point has still not been addressed satisfactorily.

Processes and techniques are secondary to the relationship. I believe that most applied psychology training does not emphasize the personal development of the psychologist in the same way as psychotherapy and counselling training. If educational psychologists wish to become more involved in the delivery of therapeutic interventions, I suggest that they could benefit from liaising with their cousins in the counselling and psychotherapy world regarding training strategies to develop self-awareness and reflective practice.

 Squires (2010) stated that he felt that EPs were sufficiently trained to deliver cognitive behavioural therapy in schools. His argument centred on EPs’ knowledge of theory and skills (p. 281), understanding of school systems (p. 285) and existing supervision arrangements (p. 288). At no point did he consider the arguments put forward by Lisa and Rachel, that engagement with children and young people who are struggling with emotional wellbeing, required self-awareness on the part of the practitioner, whatever the therapeutic approach used. The Humanistic and Integrative section of the UKCP identified that it is crucial for trainees to develop “a critical awareness of the multiple layers of human experience and the multi-dimensional nature of the therapeutic relationship” (HIPs, 2011, p. 2.1). Squires (2010) approached the issue of competence with an academic model. In the context of therapeutic work, I believe that this is an inadequate paradigm. It would not address the unique needs of each child, or the unique needs of the EP offering the intervention and engaging with, these often difficult and emotional, situations.

Billington (2006) suggested that training curricula for educational psychologists should “demand first and foremost that from the start we place ourselves in relationship to the young person with whom we are working” (Billington, 2006, p. 61). One conclusion that can be drawn from this study is that training bodies pay particular attention to considering how best to support TEPs to develop self-awareness and reflective skills. Learning such skills should be a high priority. It is my opinion, based on my experience, that having such skills would have an impact on all interventions, whether therapeutic or cognitive.

Currently, it seems that it is often the case that complex relational work is delegated to the least qualified and lowest paid workers within the children’s workforce i.e. the teaching assistant (TA). I do not want to criticise TAs: I have observed and supported some excellent TAs working with very difficult children and young people. Heartbreakingly, I have also witnessed the opposite. It should not be left to chance as to whether a child can work with a skilled professional. I would argue that any civilised society should ensure that a vulnerable and often damaged child has access to a therapeutic relationship with a skilled and experienced professional, for as long as they need. EPs are well placed to develop these skills and deliver such interventions.

#### The need for supervision

Following on from the need for self-awareness, is the issue of supervision. Whilst being rewarding and satisfying, both Lisa and Rachel identified that therapeutic work was demanding and EPs who choose to work in this way required support and supervision. Lisa, spoke about how this lack of support had, in the past prevented her from getting more involved with therapeutic practices (Lisa, app. 5, code 10/17). Rachel supported this point by identifying the excellent care she received from her service and how important that had been for her (Rachel, app. 2, code 41/24). Overall they both implied that their current supervision arrangements were adequate.

Other EPs also argued that existing supervision was adequate. Atkinson et al. (2011) reported that the responses to her survey suggested that supervision arrangements within educational psychology were satisfactory (p. 9). Squires (2010) agreed (p. 288). However, as a co-participant I want to challenge this belief.

Much of the supervision that I have observed has occurred between colleagues, sometimes on a formal basis, but often it has been informal. Whilst this is useful, I believe that more formal arrangements are required to safeguard supervisees and supervisors: this is particularly the case within the context of therapeutic work.

Hawkins & Shohet, (1989) recognised the need for supervision:

We have often seen very competent workers reduced to severe doubt about themselves and their ability to function in the work through absorbing disturbances from clients.

 (Hawkins & Shohet, 1989, p. 3)

It is important to be clear about what is meant by supervision. Loganbill, Hardy, & Delworth (1982) offer a useful definition within the context of therapy:

An intensive, interpersonally focussed, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person.

(p. 4)

Hawkins and Shohet (1989) wrote about “helicopter ability” (p. 37) within the supervisor. This referred to the meta-cognition that was required; she must hover over the issues and be aware of the different dynamics that may need attention. In offering this understanding of supervision, I seek to demonstrate that it is a complex process. It takes training and experience to be both a competent supervisor and supervisee. Attention to appropriate boundaries regarding place, time and roles is also necessary to foster and protect this “intensive, interpersonal one-to-one relationship” (Loganbill, Hardy, & Delworth, 1982, p. 4). Informal arrangements, over a cup of coffee do not facilitate or protect this intricate process.

I suggest that if we do not address this issue satisfactorily within educational psychology and therapeutic practice, then children and young people are likely to be harmed, by well meaning, but unaware EPs. EPs are also likely to suffer within complex emotional situations that overwhelm them:

Our experience has been that supervision can be a very important part of taking care of oneself, staying open to new learning, and an indispensible part of the helper’s ongoing self-development, self awareness and commitment to learning. In some professions, however supervision is virtually ignored after qualifying. We think that lack of supervision can contribute to feelings of staleness, rigidity and defensiveness, which can very easily occur in professions that require so much of ourselves.

 (Hawkins & Shohet, 1989, p. 5)

Counselling and psychotherapy bodies recognise the importance of supervision and have established codes of conduct (United Kingdom Council for Psychotherapy, 2009). The Division of Educational and Child Psychology also has its own Code of Practice, which identifies a commitment to supervision (Division of Educational and Child Psychology, 2002). Supervision is an “entitlement” (p. 19) and “essential” (p. 19). It goes on to identify that our work should be open to judgment and inspection and that the supervisee is responsible for making sure that difficult issues are presented to the supervisor (pp. 19-20). The DECP (2002) guidelines recognise the need for a respectful relationship between supervisor and supervisee (p. 20), but at the same time state that there will need to be a hierarchy within the supervision in order for it to function as such. In spite of literature about the subject and the guidelines provided by the DECP (2002), I have not been convinced that educational psychology has really addressed that which is required for “good enough” (Winnicott, 1990, p. 145) supervision.

#### Lack of self-belief: the embodied practitioner

A lack of self-confidence was a theme in Lisa’s experience. I want to consider her experience of insecurity as an example of how self-awareness can play an important role in therapeutic practice. We are all indivisible from the context which includes the individual, the wider culture, our past relationships and current situation.

Lisa identified one reason for her insecurity as the hierarchy within psychology, which placed clinical psychology above educational psychology. I am not suggesting that this is an acknowledged state within professional bodies, but rather that it is a hidden dynamic within the world of psychology. I recognised her narrative within my own experiences. These unspoken undercurrents are around us all the time and I am grateful to Lisa for her honest reflection. In her later feedback to me (See app. 8, p.195) she also identified other factors that could have contributed to her insecurity and she was surprised by the strength of her own comments:

Um when I first read it, I felt “Crickey I sounded quite unconfident, [right] in my skills, in therapeutic work”. But that is reading it and at the time I didn’t feel like that was how I felt about it. So it is interesting between my internal thinking and how I feel and maybe how it comes across – I don’t know (Lisa, app. 8, 2/p.195).

I asked Lisa if she felt that the context of our immediate relationship had contributed to her expressions of insecurity. She acknowledged that she might have felt some insecurity as a result of her awareness that I was more qualified as a therapist (Lisa, app. 8 2/p.195).

She also offered that her lack of self-belief might, have had something to do with her personal life on the day of the interview:

And it flares up every now and again when personal things usually hit me [yes] and I think you know that time was particularly difficult personally when I was…(Lisa, app. 8, 2/p.196).

Lisa demonstrated her own self-awareness and reflective practice. In understanding her own context and reflecting on it, she was able to appreciate that the opinions she expressed were an outcome of the context at that time. She was an embodied practitioner. She was aware of the wider cultural impact of the privileging of those closer to the medical model (clinical psychology). She was aware of the immediate context of her relationship with me and how that influenced her, she was also aware of an internal personal context that concerned her feelings on that day.

I want to draw out two conclusions from Lisa’s self-reflection. Her awareness enabled her to understand and be responsible for her felt reactions to a situation. I would argue that it is vital for us to develop more self-awareness through reflective practice and supervision, to be able to manage our emotional reactions to our work and to those we engage with. This is especially true of work that involves therapeutic interventions.

Secondly, it is important for us to recognise how influential cultural agendas can be. When we identify these influences, as Lisa did, we can choose whether to allow other people’s opinions to define us. Educational psychology is usually practised outside the Health Service. As a result, I think it has been able to develop an approach to psychology that is less dominated by the medical or academic model. However, Fallon, Woods, & Rooney (2010) referred to a split in the profession between a humanistic pragmatic approach and one that had a scientific epistemology (p. 3). They suggested that this had resulted in “role confusion and diminished confidence” (p. 3). They argued that more recently a move towards “scientist-practitioners” (p. 3) had reconciled this split. I feel that this is a very powerful narrative, but one that leads to inconsistencies in ontology and epistemology. I want to suggest that this move towards scientist-practitioners could be viewed as an attempt to draw ‘rogue’ psychologists back into the dominant paradigm of the scientific, academic, medical, masculine model. One of the conclusions that I want to draw from this research is that EPs could lay claim to a different way of working and undertaking research and practice that is more humanist, social constructionist, narrative and feminine. Nowhere is this polarity more clearly illustrated than in the issue of evidence-based practice (EBP).

#### The need for evidence

Lisa identified the lack of immediate measurable evidence of positive outcomes as a difficulty in the current political climate (Lisa, app. 5, code 30/8). Rachel referred to privileged agendas in terms of reporting outcomes (Rachel, app. 2, code 66/5). Both were expressing an awareness of the debate regarding EBP. They both seemed in conflict with the dominant point of view concerning the need for evidence to establish efficacy and guide decisions about choices regarding interventions. However, both were confident that what they were doing was valuable and appropriate. They were confident in their “practice-based evidence” (Fox, 2011, p. 328). My experience of both of them is that they are competent professionals who deliver a variety educational psychology services.

Fallon et al. (2010) proposed one solution to the need for EBP when they wrote about scientist-practitioners “making use of scientific principles and methods such as hypothesis testing and validity checking … in order to extend the generalizable knowledge base of the profession” (p. 3). Fox (2011) appeared to be challenging this view and offered an alternative approach to establishing good practice. He proposed the idea of practice-based evidence and that the EP was an artist (p. 328).

However, having made such a bold statement, Fox (2011) then seemed to undermine the premise of the EP as an artist. He argued that the artistry of the EP gave theories their validity (p. 328). Nevertheless, he then suggested this was only the case if others understood the basis of an intervention (p. 328). He also criticised the EP who repeatedly used the same intervention, suggesting that they only had one way of addressing their work (p. 329). Whilst I am not wishing to justify poor practice, I feel that these two criticisms of EPs seem to have misunderstood the idea of artistry. He intimated that many EPs were guided by personal biases that negated their professionalism; they had experience, but not expertise. Fox (2011) argued that there was a “right” (p. 332) intervention for a particular difficulty and those professionals, who had habitual ways of working, should seek evidence to falsify their usual practice and beliefs in order to find that ‘right’ way (p. 332). These arguments sound remarkably like traditional science. He seems to have succumbed to a familiar pattern. He has suggested something new and then used the old paradigm to measure its worth.

I would argue that great art is about a relationship between the artist and the person experiencing the art. There is no one right way to do this; there is not one correct outcome. There is good art and poor art, but it does not concern the medium of the art. Similarly with the art of educational psychology, the theories of psychology are merely a structure, through which we build relationships with those with whom we work. Good practice and desired outcomes are about the quality of those relationships, not which theory is used, and not necessarily even whether the people involved understand the ‘art’ in the same way. In the context of this study this is a very important notion. If we are considering the evidence to support, or criticise, the use of therapeutic interventions, there is an incompatibility between the paradigm of many of the practitioners using such relational approaches and the governing bodies who insist on traditional approaches and scientific rigour to establish ‘facts’ regarding efficacy.

This is a complex area. It is vital that those of us, who identify therapeutic methods as a powerful way in which to work, find mature, philosophically sound and rigorous research methods to demonstrate this. I think it is also important that the professionals involved in therapeutic practice carry out this research in order that their experiences are valued and presented as part of the research. EPs should be confident to work with “practice-based evidence” (Fox, 2011, p. 328). Rachel was sure of her evidence. It is interesting that Lisa seemed to feel that she did not have evidence (Lisa, app. 5, code 30/9), thereby denying her own experience, although, she was nonetheless confident that what she was doing was useful.

#### The policy debate

Within my consideration of the literature, I referred to an article by Prilleltensky & Nelson (2000). They suggested that EPs should pay more attention to social policy. They argued that many of the difficulties that we have to work with are the result of our profoundly unjust society and that our current strategies within the caring professions are actually about trying to help those in difficulty to accept and adjust to this injustice (p. 99).

As I considered my conversations with Lisa and Rachel I was not happy to level this criticism at them. Were they really wielding the power of the State to get individual children to adjust to the injustices of our society? The content of their conversations with me suggested that they both had a profound desire to address injustice.

In arguing that EPs be more involved with social policy, Prilleltensky and Nelson (2000) suggest a top-down approach to change. Gameson, Rhydderch, Ellis, & Carroll (2003) argue that systemic thinking can “promote ‘deep’ strategic change” (p. 102). EPs can promote change in our wider culture in a ‘bottom-up’ process. Gameson et al. (2003) identified what they called an “enabling dialogue” through which people were empowered to develop self-efficacy and independence. They argued that this was more likely to promote “real and lasting change” (p. 102). As I considered the examples of therapeutic work that Lisa and Rachel described, I was struck by their respect for those with whom they worked, and how they offered an empowering relationship to children and young people. Rachel was also aware of her individual work with a child having an impact on the whole school system (Rachel, app. 2, code 11/26). Of course, the argument does not need to be polarised into one or the other. We of course need those who work with children, families and schools and those who influence policy. I would argue that both are important. Nevertheless, I feel challenged by the argument presented by Prilleltensky and Nelson (2000). In the rush of my day-to-day work it is easy to lose sight of the bigger picture. It is important to reflect on the every day choices we make and confront practices that are unjust or unhelpful.

### Personal reflections and learning

I want to close my discussion with some thoughts about my learning from this research. Again what I offer are my thoughts at the time of writing.

I can divide my reflections into two sections, my learning about the process of the research and my learning about the use of therapeutic interventions within educational psychology. Learning from the process of the thesis has caused me to reflect deeply on the nature of knowledge, the self, and the ways in which we can learn about our world. My awareness of these issues has deepened and is more informed. I am aware of an increased respect for difference. I feel that I understand more about the dynamic nature of our encounters with each other and how vital it is to pay attention to the context of any meeting. I am conscious of the dynamic selves of the children and adults that I meet and my part in the constantly changing nature of us all. I am more aware of how my assessments are only one possible interpretation of a situation. It is vital to take respectful account of alternative narratives. All of these factors have and will inform the ongoing development of my practice as an EP.

I softened my idealistic position on the process of the analysis. I believe that good qualitative research should be experience-based and it is important that we do not lose sight of this when we start to analyse our data. We should return regularly to our own experiences. Nevertheless, it is helpful to have some structure to support our work and facilitate a rigorous engagement with the data.

With regard to my learning about therapeutic practice, I refer back to my introduction, where I noted that I was aware of my own ambivalence about offering therapeutic interventions as an EP. There are often situations when, following assessment, I consider that a therapeutic intervention would be the appropriate strategy. However, I am reluctant to offer this myself and will often suggest that schools refer to CAMHS, even though I have the skills and enthusiasm to deliver the interventions myself. I think that I now understand these decisions a little more. My work with Rachel and Lisa has helped me to make sense of this apparent paradox. They identified the factors that limited their ability to offer therapeutic interventions; they listed insufficient time, lack of supervision and workloads. These are my experiences as well. In addition, school often do not support therapeutic interventions, even when they have asked for them. I have often delivered therapeutic interventions in an empty classroom, or the corner of a library and once in a broom cupboard. I do not have a dedicated therapy room. I believe that therapeutic work can and should be a part of educational psychology practice, but if we are going to do this work well, then I believe that usual practices regarding training, supervision and service delivery need to be addressed.

# Summary and Conclusions

In this study I set out to explore educational psychologists’ experiences of working therapeutically. I suggested that there was a contradiction within the profession regarding thinking about this type of intervention. Whilst many expressed the opinion that it was a valuable approach, surveys suggested that few EPs worked in this way. I wanted to investigate this discrepancy.

I also set out to demonstrate how much we can learn from a careful consideration of the thoughtful conversations of individuals, especially when the narratives created were voiced by experienced professionals embedded within their role as EPs. The unique experiences of my two participants can add to our understanding. The reader may recognise the co-construction as something with which they are familiar. Alternatively, these narratives may seem foreign, in which case the learning has to do with increased awareness and understanding of difference within the profession.

As I reflected on my learning from this study, I was aware that every time I considered the transcripts of my participants’ conversations, I noticed something new. I offer the following recommendations as a small portion of the practice-based wisdom of my participants and myself, acknowledging that these are the views of three women, offered within a specific context:

* We all agreed that good relationships are at the heart of educational psychology and especially when delivering therapeutic interventions
* EPSs can play a part in establishing therapeutic practice within the role of the EP, by relaxing rigid time allocation models. There are no easy answers to this problem of limited resources and further Action Research could be employed in order to explore this issue further. However, I suggested that EPs are very well qualified professionals, whose judgements regarding their time could perhaps be trusted a little more.
* We all suggested that changes to training programmes that facilitated the self-awareness and reflective practice of the EP could support EPs to build effective relationships with children, parents and schools. Such skills would also promote professional development and self-care for the EP in their demanding and challenging roles
* Supervision is a complex process. I suggested that attention is required to encourage the development of effective supervision. It should be an essential aspect of ongoing professional development, especially for those wishing to offer therapeutic interventions
* We need fresh thinking regarding how interventions are evaluated and how each EP is encouraged to develop a self-confident and effective practice. This evaluation needs to pay attention to the relationships that EPs build over time with those with whom they work.

In the methodology, I returned to some of the earliest thinking within psychology. James, writing in 1892 (2001) and Bergson (1910) both identified an approach to psychology that was what we would now call qualitative and social constructionist. More recently, many writers have re-engaged with these ideas and philosophies. My study embraced one paradigm within psychology. It is not the dominant narrative, but there are many practicing EPs who value this approach. In agreement with Fallon et al. (2010), I believe that some of the insecurities, which seem to plague the profession, arise within the conflict between theory (academia) and practice. In contrast to Fallon et al. (2010), I suggest that there is a place within the profession for an alternative approach. A different approach could take us back to the earliest thinking in psychology. Flyvbjerg (2001) pointed out that the social sciences could never win what he called the “science war”, because the terms that have been accepted were “self-defeating” (p. 3). Within a scientific paradigm the social sciences will usually struggle to be perceived as legitimate. For this reason, I propose that educational psychology could whole-heartedly embrace a qualitative and relational paradigm. This would have implications for how we work, train, develop (professionally and personally), establish expertise and evaluate our work. From such a ‘secure base’ (Bowlby, 1988, p. 12) and (Fox, 2011), we could seek to establish ways of delivering our work, which pay attention to relationships with children, parents, schools and EPs themselves. This network of connected individuals could address difficulties and co-create environments that could facilitate positive outcomes. Within such a model, there is more potential for building the relationships within which therapeutic interventions could be delivered and thrive. I believe that such a model could be more respectful and powerful than many current systems and practices.

# References

Anderson, N. (2010, July). How might the 'case' be defined when doing case study research? Discuss the advantages and disadvantages of case study methodologies for the working professional educational psychologist. How can generalisation problems be minimised? *Research methods essay* . DEdCPsy, University of Sheffield: Unpublished.

Anderson, N. (2011 March). Therapeutic assignment. DEdCPsy University of Sheffield: Unpublished.

Andrews, M., Squires, C., & Tamboukou, M. (Eds.). (2008). *Doing Narrative Research.* London: Sage Publications Ltd.

Arendt, H. (1958). *The Human Condition.* Chicago: The University of Chicago Press.

Atkinson, C., Bragg, J., Squires, G., Muscutt, J., & Wasilewski, D. (2011). Educational psychologists and therapeutic interventions: Preliminary findings from a UK-wide survey. *Debate* *, 140*, 6-12.

Bergson, H. (1910). *Time and Free Will: An Essay on the Immediate Data of Consciousness.* (F. L. Pogson, Trans.) London: Swan Sonnenschein & CO., LIM.

Billington, T. (1995). Discourse Analysis: Acknowledging Interpretation in Everyday Practice. *Eductational Psychology in Practice* *, 11* (3), 36-45.

Billington, T. (2006). *Working With Children.* London: Sage Publications Ltd.

Bolton, G. (2010). *Reflective Practice: Writing and professional development. Third Edition.* London: Sage Publications Ltd.

Bowlby, J. (1988). *A Secure Base.* Abingdon, Oxon: Routledge.

Boyatzis, R. E. (1998). *Transforming Qualitataive Information: Thematic Analysis and Code Development.* Thousand oaks, California: Sage publications Inc.

Boyle, C., & Lauchlan, F. (2009). Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice* *, 25* (1), 71-84.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* *, 3*, 77-101.

Bruner, J. (2002). *Making Stories: Law, Literature, Life.* Cambridge, Massachusetts: Harvard University Press.

Buber, M. (1958). *I and Thou.* (R. G. Smith, Trans.) Edinburgh, Scotland: T & T Clark Ltd.

Burr, V. (2003). *Social Constructionism. Second Edition.* Hove, East Sussex: Routledge.

Butler, J. (2005). *Giving an Account of Oneself.* New York: Fordham University Press.

Cavarero, A. (2000). *Relating Narratives: Storytelling and selfhood.* (P. A. Kottman, Trans.) London: Routledge.

Clarkson, P. (1989). *Gestalt Counselling in Action.* London: SAGE Publications Ltd.

Claxton, G. (1997). *Hare Brain Tortoise Mind.* London: Fourth Estate Limited.

Corcoran, T. (2009). Second nature. *The British Journal of Social Psychology, 48* , 375-388.

Damasio, A. (2000). *The Feeling of What Happens.* London: Vintage.

Davis, H., Day, C., Cox, A., & Cutler, L. (2000). Child and adolescent mental health needs: Assessment and service implications in an inner city area. *Clinical Child Psychology and Psychiatry 5(2)* , 169-188.

Department for Education and Skills. (2001). Promoting children's mental health within early years and school settings.

Department of Education. (2011). *Support and Aspiration: A new approach to special educational needs and disability. A consultation.* Government, Department of Education. London: The Stationary office Limited.

Department of Health. (2011a). *No Health Without Mental Health: A cross government mental health outcomes strategy for people of all ages.* Government, Department of Health. London: CO1.

Department of Health. (2011b). *No health without mental health: Delivering better mental health outcomes for people of all ages.* The Government, Department of Health. London: CO1.

Department of Health. (2011c). *Talking therapies: A four year plan of action.* Government, Department of Health. London: Government publications.

Dessent, T. (1978). Personal Views: Three Interviews. In B. Gillham (Ed.), *Reconstructing Educational Psychology.* London: Croom Helm.

Division of Educational and Child Psychology. (2002). *Professional Practice Guidelines.* Leicester: The British Psychological Society.

Dowling, E., & Osborne, E. (1985). *The Family and the School: A Joint Systems Approach to Problems with Children.* Abingdon, Oxon: Routledge.

Ecclestone, K. (2007). Resisting images of the 'diminished self': The implications of emotional well-being and emotional engagement in education policy. *Journal of Education Policy* *, 22* (4), 455-470.

*English Dictionary.* (2003). Glasgow: HarperCollins Publishers.

Etherington, K. (2004). *Becoming a Reflexive Researcher: Using Ourselves in Research.* London: Jessica Kingsley Publishers.

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychology within Children's Services. *Educational Psychology in Practice 26(1)* , 1-23.

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Connor, M. (2006). *A review of the functions and contributions of educational psychology in England and Wales in the light of Every Child Matters: Change for children.* Nottingham: Department of Education and Employment.

Flyvbjerg, B. (2006 ). Five Misunderstandings About Case-Study Research. *Qualitative Inquiry 12(2)* , 219-245.

Flyvbjerg, B. (2001). *Making Social Science Matter.* Cambridge: Cambridge University Press.

Fox, M. (2011). Practice-based evidence - overcoming insecure attachment. *Educational Psychology in Practice* *, 27* (4), 325-335.

Frosh, S. (2010). *Psychoanalysis Outside the Clinic: Interventions in Psychosocial Studies.* Basingstoke: Palgrave Macmillan.

Gameson, J., Rhydderch, G., Ellis, D., & Carroll, T. (2003). Constructing a flexible model of integrated professional practice: part 1 - Conceptual and theoretical issues. *Educational and Child Psychology* *, 20* (4), 96-115.

Gillham, B. (. (1978). *Reconstructing Educational Psychology.* London: Croom Helm.

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). Mental Health of Children and Young People in Great Britain: A survey by the Office for National Statistics. UK: Palgrove McMillan.

Greig, A. (2007). A framework for the delivery of cognitive behaviour therapy in the educational psychology context. *Educational & Child Psychology Vol 24 (1)* *, 24* (1), 19-44.

Haddon, A., Goodman, H., Park, J., & Deakin Crick, R. (2005). Evaluating emotional literacy in schools: The Development of the School Emotional Environment for Learning Survey. *Pastoral Care in Education* *, 4*, 5-16.

Hawkins, P., & Shohet, R. (1989). *Supervision in the Helping Professions.* Milton keynes: Open University Press.

Heard, W. (1993). *The Healing Between: A Clincal Guide to Dialogic Psychotherapy.* San Francisco, California: Jossy-Bass Inc.

HIPs. (2011). *Humanistic and Integrative Psychotherapy College: A College within the UKCP*. Retrieved January 31, 2012 from UKCP: www.hipcollege.co.uk/page/training+standard

Hollway, W., & Jefferson, T. (2000). *Doing Qualitative Research Differently: free association, narrative and the interview method.* London: Sage Publications Ltd.

Hycner, R., & Jacobs, L. (1995). *The Healing Relationship in Gestalt Therapy: A Dialogic/Self Psychology Approach.* Highland, New York: Gestalt Journal Press.

Hyland, T. (2009). Mindfulness and the Therapeutic Function of Education. *Journal of Philosophy of Education* *, 43* (1), 119-131.

James, W. (2001). *Psychology: The Briefer Course (Original publication 1892).* New York: Dover Publications Inc.

Johnson, K. (2000). Interpreting meanings. In R. Gorum, & C. Davies, *Using Evidence in Health and Social Care* (pp. 65-85). London: Sage Publications in association with The Open University.

Kagan, N. (1984). Interpersonal Process Recall: Basic Methods and Recent Research. In D. Larson (Ed.), *Teaching Psychological Skills: Models for giving psychology away* (pp. 229-244). Belmont California: Wadsworth Inc.

Kant, I. (1784, September 30th). Retrieved February 13th, 2011 from http://www.english.upenn.edu/~mgamer/Etexts/kant.html

Kepner, J. I. (1993). *Body Process: Working with the body in psychotherapy.* San Francisco, California: Jossey-Bass Publishers.

Kinsella, E. (2007). Embodied Reflections and the Epistomology of Reflective Practice. *Journal of Philosophy of Education 41(3)* , 395-409.

Kitzinger, C. (1999). Feminist psychology: what's in it for educational psychology. *Educational and Child Psychology , 16* (2), 6-16.

Kolb, D. A. (1984). *Experiential Learning: Experience as the source of learning and development.* New Jersey: Prentice-Hall, Inc.

Kvale, S. (1996). *Interviews: An Introduction to Qualitative Research Interviewing.* Thousand Oaks, California: Sage Publications.

Labov, W. (1972). The transformation of experience in narrative syntax. In W. Labov (Ed.), *Language in the inner city: Studies in the Black English vernacular* (pp. 354-396). Philadelphia: University of Pennsylvania Press.

Lincoln, Y. S. (1995). Emerging Criteria for Quality in Qualitative Interpretive Research. *Qualitative Inquiry. 1(3)* , 275-289.

Lincoln, Y., & Guba, E. (2007, 29-May). *New Directions For Evaluation, no.114. Judging Interpretations: But is it rigorous? trustworthiness and authenticity in naturalistic evaluation*. (Wiley, Producer) Retrieved 2011, 21-September from Interscience: Discover Something Great: http://onlinelibrary.wiley.com/doi:10.1002/ev.223

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision, a conceptual model. *The Counselling Psychologist* *, 10* (1), 3-42.

Lyotard, J.-F. (1984). *The Postmodern Condition: A Report on Knowledge.* (G. Bennington, & B. Massumi, Trans.) Manchester: Manchester University Press.

MacKay, T. (2000). Commentries on Prilleltensky and Nelson. *Journal of Applied Social Psychology , 10*, 113-116.

MacKay, T. (2007). Educational Psychology: The fall and rise of therapy. *Educational & Child Psychology* *, 24* (1), 7-18.

MacKay, T., & Grieg, A. (2007). Editorial. (T. MacKay, & A. Grieg, Eds.) *Educational and Child Psychology* *, 24* (1), 4-6.

Maddern, K. (2010, October 29). Psychologists say training freeze puts service at risk. *Times Educational Supplement* , p. 12.

Magee, B. (1998). *The Story of Philosophy.* London: Dorling Kindersley Limited.

Martin, J., & Sugarman, J. (2000). Between the Modern and the Postmodern: The Possibility of Self and Progressive Understanding in Psychology. *American Psychologist* *, 55* (4), 397-406.

McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy.* London : Sage Publications Limited.

Meltzer, H., Gartward, R., Goodman, R., & Ford, T. (2000). *Mental Health of Children and adolescents in Great Britain.* London: The Stationary Office.

Mental Health Foundation. (1999). *Bright future: Promoting children and young people's mental health.* London: Mental Health Foundation.

Packer, M. (2011). *The Science of Qualitative Research.* New York: Cambridge University Press.

Parker, I. (2005). *Qualitative Psychology: Introducing Radical Research.* Maidenhead, Berkshire: Open University Press.

Parlett, M. (1991). Reflections of Field Theory. *British Gestalt Journal* *, 1* (2), 69-81.

Perls, F. (1976). *The Gestalt Approach & Eye Witness to Therapy.* New York: Bantam Books.

Perls, F., Hefferline, R., & Goodman, P. (1951). *Gestalt Therapy: Excitement and Growth in the Human Personality.* Guernsey Channel Islands: Souvenir Press.

Philippson, P. (2009). *The Emergent Self: An Existential-Gestalt Approach.* London: Karnac Books.

Pomerantz, K. (2007). Helping children explore their emotional and social worlds through therapeutic stories. *Educational & Child Psychology , 24* (1), 46-55.

Prilleltensky, I., & Nelson, G. (2000). Promoting Child and Family Wellness: Priorities and psychological and social interventions. *Journal of Community Applied Social Psychology 10* , 85-105.

Pugh, J. (2010). Cognitive behavioural therapy in schools: the role of educational psychology in the dissemination of empirically supported interventions. *Educational Psychology in Practice* *, 26* (4), 391-399.

Rait, S., Monsen, J., & Squires, G. (2010). Cognitive Behaviour Therapies and their implications for applied educational psychology practice. *Educational Psychology in Practice 26(2)* , 105-122.

Randall, L. (2010). Secure attachment in the future: The role of educational psychology in making it happen. *Educational and Child Psychology 27(3)* , 87-99.

Reason, P. (1994). Inquiry and Alienation. In P. Reason, *Participation in Human Inquiry.* London: Sage Publications Ltd.

Riessman, C. K. (1993). *Narratice Analysis.* Newbury Park California: Sage Publications, Inc.

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences.* Thousand Oaks, California: Sage Publications, Inc.

Roberts, Y. (2009). *Grit: The skills for success and how they are grown.* London: The Young Foundation.

Salmon, P., & Riessman, C. K. (2008). Looking back on narrative research: An exchange. In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing Narrative Research.* London: SAGE Publications Ltd.

Schon, D. A. (1987). *Educating the Reflective Practitioner.* San Francisco: Jossey-Bass Inc., Publishers.

Scottish Executive. (2002). *Review of the Provision of Educational Psychology Services in Scotland.* Edinburgh: The Stationary Office.

Squires, G. (2010). Countering the arguement that educational psychologists need specific training to use cognitive behavioural therapy. *Emotional and Behavioural Difficulties* *, 15* (4), 279-294.

Staines, G. (2008). The Relative Efficacy of Psychotherapy: Reassessing The Method-Based Paradigm. *Review of General Psychology 12(4)* , 330-343.

Taleb, N. N. (2010). *The Bed of Procrustes.* London: Penguin Group.

Tew, M. (2010). Emotional connections: An exploration of the relational dynamics between staff and students in schools. *Educational and Child Psychology* *, 27* (1), 129-141.

United Kingdom Council for Psychotherapy. (2009). *UKCP ethical principles and code of professional conduct.* United Kingdom Council for Psychotherapy, Board of Trustees. London: UKCP.

Wagner, P. (2000). Consultation: developing a comprehensive approach to service delivery, ,. *Educational Psychology in Practice* *, 16* (1), 9-18.

Wilkinson, R., & Pickett, K. (2010, November 8). Yes, we are all in this together. *New Statesman* , pp. 33-35.

Willis, P. (1977). *Learning to Labour: How working class kids get working class jobs.* Farnborough: Saxon House.

Winnicott, D. W. (1990). *The Maturational Processes and The facilitating Environment.* London: H Karnac Books Ltd.

Yontef, G. (1993). *Awareness Dialogue and Process: Essays on Gestalt Therapy.* Highland NY: The Gestalt Journal Press Inc.

# Appendices

## Appendix 1

## Information sheet and consent form

**Information sheet**

**The invitation to participant**

I would like to invite you to take part in my study

**The aims and objectives of the study**

* This study seeks to explore therapeutic practice within EP work and to explore the difference between rhetoric regarding good practice and choices made by EPs day to day. The study seeks to do this by exploring the experiences of EPs who have chosen to work therapeutically. I want to investigate their experiences in order to inform other EPs, Local Authorities and training bodies. I hope to provoke more thoughtful exploration of this issue with a view to considering what changes, if any, might be needed at an organisational level within the Local Authorities or training bodies, or to challenge professional choices made by EPs in the course of their daily practice.
* For the sake of this research, ‘therapeutic’ refers to any intervention that is, used to improve mental health and wellbeing as defined below.
* The Mental Health Foundation (1999) offers a useful and non-medical definition of mental health; “the ability to: develop psychologically, emotionally, intellectually and spiritually; have a sense of personal wellbeing; sustain satisfying personal relationships; develop a sense of right and wrong; and resolve problems as well as learning from them.” (p. 91).
* The method of study will be through self-reflection on narratives created through interview or written by participants. My self-reflections will be written-up in a further narrative. Participants will have an opportunity to add another layer of detail to these stories with their own reflections on these narratives. Once my reflections on a narrative have been written, a participant will not be able to withdraw their data. However, they will have the right to comment on my reflections with further reflections of their own.
* By considering individual’s experiences, I hope to address the reality of the lived experience of EPs working within real settings and facing all the limitations and challenges of the current political situation.
* Fallon, Woods, & Rooney, (2010) conclude their discussion of the role of the EP within children’s services with a call for studies which look for a “more detailed understanding of EP role development” as opposed to the broader surveys which have been carried out so far. I hope that this investigation will offer such an analysis.

**Research questions**

1. What narratives do EPs tell about their personal and professional experiences of working therapeutically?
2. What can we learn from reflection on these narratives?

If you are interested in becoming involved or would like to ask further questions please call or email Naomi Anderson for further details. As part of this discussion detailed definitions of what is meant by therapeutic will be offered in order to ensure that your experience is relevant to this study.

Email – edp09nma@sheffield.ac.uk

Telephone - 07931557939

**Consent Form**

If you are interested in the aims and objectives of this study, your participation would be greatly appreciated.

**What is involved?**

You will be required to take part in an interview of approximately one hour, in which you will be invited to talk about your experiences of working with therapeutic interventions within your work as an EP. It is intended that this interview will be a dialogue rather than question and answer session. If you have written a report, or have created other mediums (pictures, poems etc.) for your personal reflections on a therapeutic intervention, you may prefer to offer this as your data, or include it with your interview.

I will write my own reflections on your data and if you would like to consider these and add further thoughts of your own that would be very welcome.

**Personal Safety**

As the reflective process can trigger strong emotional reactions, it is a requirement of your consent that you confirm that you have access to personal, supportive and safe supervision where you would feel able to talk about your reactions if necessary.

**Confidentiality**

* If you would prefer, every effort will be made, to ensure that you cannot be identified in your contribution.
* Please note that the number of potential participants is small and even with care in making data anonymous, your colleagues may be able to identify some of your comments.
* An alternative strategy is to allow yourself to be named, so that your voice can be heard as part of the study. You will of course, still have the right to change your mind and have your contribution made as confidential as possible. The final date for changing your mind will be December 1st 2011.
* Your data will be stored safely either on a password-protected computer and/or in a lockable filing cabinet.

**As an informed participant of this study:**

1. I am aware of what participation involves and I am happy to contribute my experiences and my self-reflections.
2. I have a supervisor who I can approach if I feel the need to discuss any strong emotional reactions I experience as a result of participation.
3. I can approach Prof. Tom Billington if I have any concerns about Naomi Anderson’s work.

Contact Details: Prof.Tom Billington - Department of Educational Studies, University of Sheffield, 388 Glossop Road, Sheffiled. S10 2JA

* + - Email - T.Billington@sheffield.ac.uk
		- Telephone – 0114 2228113 (university)

 0151 2910369 (office)

1. I am volunteering to take part in this study. I will have the right to withdraw my data up to two weeks after the initial interview. After this point a narrative will have been created, which will consist of a reflection by Naomi Anderson on our interview. I will have the right to add further reflection of my own in response to her analysis.
2. Following submission of the thesis, my data will be retained, to enable further study or publication.

**Please tick the appropriate box**

* I would like all my data to be anonymous and I understand that I will have access to the presentation, to ensure that I am happy with how this has been carried out.
* I am happy to be identified and for my contribution to be named as mine, where possible. I understand that I can change my mind about anonymity up to December 1st 2011.

**I have read and understood the above, and give consent to participate:**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_**

**I have explained the above and answered all questions asked by the participant:**

**Researcher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_**

# Appendix 2

## Transcript of Rachel’s conversation, with codes

### The context

I met with Rachel at her home. I think it is important to note that we had an existing relationship; she had previously been my personal tutor in the first and second year of my training. She had also been an EP in the EPS where I had my first placement. She is a married white British woman in her 40’s. Before becoming an EP, she had worked as a teacher and head teacher during a 20-year career in primary school education. I knew that she was passionate about working in a therapeutic manner. I also knew that she was very interested in psychodynamic ideas and had had several periods in her life when she had undertaken personal therapy. Although she had been my tutor, we had a collegiate relationship and got on well personally. We had chatted together about many matters other than educational psychology.

# Appendix 3

## My narrative of my conversation with Rachel: including her feedback

As part of this narrative, I have included Rachel’s feedback to me in the form of red text. We sat down together and read through my narrative and she expressed her comment, which I wrote onto the original text. The blue text below is my reflections as I wrote the narrative and reflected on the original transcript.

Rachel started by looking back to her training to become an EP and her early work as a newly qualified educational psychologist (EP). She explained that working therapeutically was important to her and in her placements, as a trainee, she had been very specific that she wanted an opportunity to work therapeutically. She used the word “brilliant” to describe her experiences as a trainee. As a newly qualified EP, she had been more tentative about how therapeutic work would fit into her day-to-day work. However, she was fortunate that one of her schools was in a process of change, as she became their EP. She felt that this had meant that as she discussed her role with the school, they were happy to consider her suggestions about how she wanted to work. Rachel was further supported in this process by changes in the Education Psychology Service that she worked for. The service had decided that EPs would no longer do testing for exam concessions. Instead, Rachel was able to offer, training to staff, work with individual children and work supporting teachers or groups of teachers.

In support of her statements about how she worked, Rachel described a case of a girl in Year 8. (Because my focus in this work is Rachel’s experiences, I will not describe the details of the case but focus on what Rachel told me about her experiences of doing the work). Before she started the work, she said she was very concerned about time and the amount of time she had to give to this particular case. She explained that as she was new to the job, she needed to be careful about how much time she committed to this work. She set up a support system around the young person. These supports facilitated the therapeutic relationship, allowing Rachel to be realistic about own time commitment. She decided to visit the girl every two to three weeks and write a letter to her in between the sessions. In addition, she negotiated with the girl that she would share agreed parts of her story with one member of staff who would support her as well. Rachel described the girl as “fantastic” “unbelievable” and “phenomenal”. Of her first encounter with the girl she said it was “one of those moments in your life when you think ‘oh god, I really made a difference’. Rachel felt that they had had a really good discussion and built up a relationship quickly. She described the girl’s respect for Rachel. Rachel felt that it made a difference to the girl that Rachel was not from school and that she had not known the girl previously. The letters made the girl feel special. This was confirmed to Rachel, by observations from the TA about how the girl talked about the letters in between sessions.

Rachel summed up her encounter with this girl: “we had a therapeutic relationship…[and following on from this]…She had a really successful year”. Rachel went on the finish the story. The next year the girl’s behaviour again deteriorated and she was, eventually permanently excluded. However, Rachel maintained her good relationship with her. She visited her at home and described using a BAS at the young person’s request, to encourage the girl to believe that she was intelligent. The girl went on to a special college where she was able to work more practically and achieve some qualifications. Rachel bumped into her after she had left school. She now had a job. Rachel was impressed by the girl’s self-insight and awareness of what she could and could not do within her working life. Rachel said that: “I found the experience unbelievably moving”.

Rachel also felt that her relationship between herself and this particular young person had changed expectations in the school about what was possible and what was ok, what was useful and what was not. In addition, it influenced her relationship with the school. She considered that the total amount of time spent was negligible compared to the impact on the school. I asked if she felt that other children in the school had also been influenced by the work. Rachel felt that they had. Because the girl she had seen originally had been very street-wise, other children listened to her and she was able to encourage more reluctant children to talk to Rachel.

Rachel restated how important she felt it was for children to have someone to talk to who was not from their school. This outside person could keep things confidential and facilitate the relationships between the young person and the staff in the school. Rachel went back to the process of the work she had done with the girl and how the school could see that something as simple as a letter could make such a difference to a young person. It was the importance of a two-way relationship. It changed the ethos in the school.

I asked another question about Rachel’s ongoing relationship with this particular school. I was interested to know if the EPS she worked for also valued the relationships between the EP and their school. Rachel called it a ‘real shame’, but because of other commitments, she had had to give up this particular school. However, she again confirmed the value of her work and her early commitments to the school, by telling the story of a conversation she had with the school’s next EP. The new EP had expressed to Rachel that she found it difficult to know how to work in the school, as they were so capable. Rachel added that in her later years in this school she had only worked with children who had severe and complex difficulties, or with staff. Her early work with the school enabled them to take on many of her roles and freed her to have more time for the most demanding situations.

I asked Rachel about her experience with other schools. Rachel went on to describe another school that was very different. The school was very chaotic and demanding so she had had very little time to do any sustained therapeutic work, with the exception of extreme cases where a child would be in danger of permanent exclusion and was looked-after. Instead, Rachel talked about her relationship with a staff member who ran the learning support centre in the school. She described saying hello, chatting and giving this woman a hug when she visited. She felt that this modelling of a positive relationship was important for the children to see. She felt that her regular visits to the school gave her a high profile, which had supported her work with some very challenging young people.

Rachel had attempted to improve the SEN (Special educational needs) systems in this school, by calling a meeting with the senior management team. She felt that it was a case of “whoever shouts loudest would get her time”. Nevertheless, she went on to talk about the situation being “incredibly demoralising” when working to try and keep a child in the school, only to realise that the school wanted to get rid of her. Rachel went on to describe the value of brief therapeutic interventions. (I reflect that Rachel may have been trying to encourage herself with this reflection, as this is all she was able to offer in this difficult situation) Rachel agreed that this was the case.

As Rachel had mentioned these brief therapeutic encounters, I wondered if she could describe what she meant by therapeutic. She started by referring to the BAS test she had done with the girl she mentioned earlier. She felt that that had been therapeutic as it was what was needed by that girl, at that time. But, she then stated that when she used the word therapeutic “I would be talking about somebody that I’ve seen, probably more than two or three times and that the aim was to help them feel better about themselves and cope in a difficult situation”. Rachel went on to tell me another story about a school-refuser that she had worked with who had gone on to achieve GCSE’s and A’ levels. She concluded this story with a statement; “The problem is that they then want you to do it with everybody and that is a dilemma”. She used the word “heart-breaking” to describe her feeling when she was not able to offer the same amount of work to each child. She realised that often it is just one good relationship can make a difference in a child’s life.

I asked Rachel how she dealt with that feeling of heart-break. She said it was very difficult and that she did not feel that she always dealt with it very well. She felt that she was good at giving herself cognitive justifications, but that it was “really really hard dealing with the feeling that I could make a difference if I had more time”. She then offered me a coping strategy and described how she felt that one act could make a difference. “Yes I couldn’t work with her, but I made a difference for her in that meeting. And I stood up for her and I was an advocate for her”. She also explained that she felt it was important to facilitate other people in the school, family or friends to offer support to these young people.

Rachel went on to describe another aspect of the work that she had found difficult. She recalled a situation when she had worked with a bereaved father and his daughter and how difficult it had been to stop her work with them. She said: “I have never seen, felt, experienced such a strong emotion. That loss that desperation.” She knew that she had been containing the emotion of the family and the school and that she had to put this down and guide the school and the family in picking up the responsibility. “I was handing that grief back to the head teacher and to Dad… that was probably the hardest”. However, she reflected that her investment of time at this early stage of the families’ difficulties had enabled her to support the girl more efficiently as she transferred to secondary school. Although she did not do any further work with her, Rachel was able to facilitate a key worker in the secondary school, who provided the support needed. The girl knew that somebody cared for her and was there for her.

At this point, I wondered if Rachel had felt that her EP training had prepared her to work with this level of emotion and need. Whether she had had enough support. I offered some thoughts from my psychotherapy training about working with loss. Rachel’s response was decisive “No not at all”. Nevertheless, she felt that she had been “extremely lucky” that she had taught for 20 years before training to become an EP. She had worked with behaviour support teachers and other professionals from whom she had learnt how to cope with these kinds of situations; “Without having had those experiences, I would have really really struggled”. In addition, Rachel said that she had had several bouts of psychotherapy. She felt that these experiences had helped her to know herself. She stated clearly that if we are going to work in this way it is important to have access to some sort of therapy or support. She also praised the peer support systems that operate in her EPS “It is just knowing that somebody knows that makes a big difference”. In her first year of working as an EP, she said that she had not had this formalised peer support, but then it had been her office colleagues who had informally supported her. Within her service, she also praised some members of the admin team. She described how they would check things out with her and field difficult phone calls at appropriate times. I mentioned the parallels between what she was describing about her own support systems and what she had been describing about good practice in schools. Rachel agreed and added “and they don’t have to know everything either. They just have to know that this is a tough situation”.

Earlier in the year, Rachel had moved to an office of her own. She said that this had been “horrendous” and really influenced her mental health. She offered the story of a colleague who had experienced the same difficulties when she had been isolated in her own office. I asked whether it was only EPs whom she had experienced as supportive. Rachel said that she had also felt support for other professionals from multi-agency teams. She described herself as “blessed that I just have such a wonderful group of people that I work with”.

Rachel then moved on to consider that it was important to know our limitations and that some situations would affect us more than others. She referred back to the situation of loss and bereavement that she had mentioned earlier. At the time, she had shared an office with a colleague who had a daughter of the same age. The EP had stated clearly that she could not have done the work that Rachel had done because it would have upset her too much. I asked Rachel if she had ever turned down work that had been too close to her own issues. She considered this and then realised that there was one example. She said that she had once made a decision to support the school staff rather than work directly with the young person. This was because she felt that her personal history was too close to the problems that the young person was experiencing. She told me that she did not usually exchange mobile phone numbers, but on this occasion, she had given her mobile phone number to the member of staff. (I wondered if this might have been an over-compensation, prompted by guilt?). Rachel was happy for this comment to remain and added, with laughter, that guilt motivated her more than anything else.

Rachel continued, explaining that she had done very little therapeutic work in the last year. Rachel was happy for me to explain that she had only worked in her EP practice three days a week and this had meant that she was not able to offer therapeutic interventions because of the demands on her time were greater.

She told the story of being in floods of tears after reading emails from one parents of a child she had successfully worked with. Her colleagues had gently suggested that she close the emails. Rachel suggested that it was important for EPs to have reciprocal arrangements with a colleague that would allow an EP to hand over personally difficult cases and vice versa. This permission needs to be within the EPS systems, but more importantly, Rachel pointed out, that we also need to be able to give ourselves permission to pass work on to someone else. In the original interview Rachel had mentioned a disagreement she had had with a senior colleague who was insisting that all EPs should be available for Critical Incidents (CI). She had argued that it was important to take into account the personal circumstances of the EP. Not everyone will be able to deal with every CI.

Rachel’s Service appears to be very supportive. I asked her if, in her experience, other EPS’s were also supportive in this way. She said that she did not think this was always the case. She described herself and her colleagues as “lucky”. I asked her if she really felt it was luck, or did she think that they had worked for the level of support that they experienced. She acknowledged that they had worked hard to build the relationships within the team. She described a situation when she had been very touched by a colleague’s care for her.

Following Rachel’s comment that she had not done much therapeutic work in the past year, I asked her about what she had been doing instead. I was interested in exploring her understanding of the word ‘therapeutic’ a little more. She went on to talk about the circumstances that had resulted in her change of focus. She described a number of factors that had contributed. She had only been working three days a week. In addition, there had been changes in service delivery for the whole EPS. Instead of therapeutic work, Rachel had been commissioned to spend a lot of her time offering supervision for family interventions. She had also been “fire-fighting”. She described this work as dissatisfying. She said “But I think it is a shame when you don’t have the opportunity to work in a therapeutic way, because it helps the schools as well and I think it changes how a school perceives itself and it’s role … I think it reminds the majority of teachers … why they came into teaching in the first place”. She felt that generally schools were better than previously, at identifying therapeutic needs.

Rachel mentioned again her secondary school that was in “melt-down” and how she was supporting the adults in the situation rather than children. She said that in this particular school one person was containing the anxieties of one and half thousand children. We both agreed that this was ridiculous. She went on to recall how good her first secondary school had been, mentioning how they had created a special room for therapeutic work. She pointed out that therapeutic work was very dependent on the school environment, perhaps more so than the ethos of the local education authority.

Rachel then told me an anecdote about an encounter she had had with a grandparent, when she was sitting in her doctor’s surgery. The woman had over-heard Rachel talking to an old friend about her work as an EP. When the friend left, the woman came to speak to Rachel to ask her if she could help her granddaughter. Rachel was able to resist the temptation to invite the woman to her home and offer to work with the girl! She realised that the girl would be very unlikely to be referred to her school’s EP, but she made a few brief suggestions and left it at that. She explained that she was telling me this story to illustrate the need that is around and that she considered it was really important that we should be doing more of this kind of work, not less.

I asked a question about what Rachel felt were the motivations that directed people into teaching and educational psychology (I’m not sure why I asked this question and as it is not directly relevant to my research I have summarised this section rather than give full details). Rachel disagreed with me and felt that this was an appropriate and relevant question to ask. She wondered why anyone would want to be an EP if they were not interested in therapeutics.

She felt overwhelmingly that people came into both areas of work because they wanted to make children happy and make a difference in their lives. Rachel also felt that is was a shame that there was not more emphasis on the interpersonal side of being an EP. She recognised that whether we call it therapeutic work or not, all that we do with children and their families has an impact and makes a difference, one way or another. Rachel wanted to emphasise this point. She felt that EP training should be about developing interpersonal skills and self-reflexivity. This discussion went on to consider the current pressure for evidence-based work within EP practice. She suggested that this was sometimes a crutch for EPs who found the inter-personal demands of the job difficult. She stated however, that she would usually work from an evidence base. I added, that her evidence base was also informed by a lifetime of experience.

I asked one final question about the inference of healing from the word ‘therapeutic’ and therefore, by implication, sickness or deficit. I stated clearly that I did not think that the work that Rachel had described was implying this sickness or deficit. Rachel agreed that she preferred the idea of personal growth and increasing a person’s awareness. She felt that we all needed this process in our lives.

Thank you very much!

Rachel’s closing comments were that she had found the process “incredibly powerful”. Talking to me and reading the narrative, had reminded her about how powerful therapeutic work was. She hoped that I would write up my research for publication as she felt that the more it is said that “this is a powerful way of working” the more likely it is that EPs will make choices to work in this way rather than ‘fire-fighting’.

# Appendix 4

## Codes and themes from Rachel’s transcript

|  |  |
| --- | --- |
| Table 2 |  |
| Theme | Codes |
| 1. The importance of relationships | Code 1 She really wanted to deliver therapeutic work whilst trainingCode 3 – Initial uncertainty about whether she could have a therapeutic relationship in day-to-day EP work**Relationships with children and young people**Code 4 – Changes in the school and the EPS enabled alternative ways of workingCode 5 – Finding a way to build a therapeutic relationship within time limitationsCode 6 – Being outside school systems is important for building the therapeutic relationshipCode 9 – The power of the therapeutic relationship; an alternative view of a violent and aggressive young womanCode 14 – Schools can benefit from a less formal approachCode 29 – Children and young people need at least one good relationship in their lives Code 31 – Managing the over-whelming needs in children and young people. Making a difference with every small encounter we have with each personCode 32 – Working to support all those who have a relationship with a child or young personCode 58 – It is far better to offer therapeutic interventions than tests and advice about statutory assessmentsCode 67 – The interpersonal side of being an EP needs more emphasis**Relationships with schools**Code 11 – Therapeutic work has an influence on the whole schoolCode 15 – Modelling to staff the importance of therapeutic relationships with children and young peopleCode 19 – If children and young people see good relationships between the EP and staff, this models good relationships for themCode 20 – Going into schools regularly gives the EP a high profile as someone it is good to spend time with |
| 2. Building therapeutic relationships | Code 2 – Available time during training placements facilitates therapeutic workCode 6 – Being outside school systems is important for building the therapeutic relationshipCode 7 – Building the therapeutic relationship; a letter can make a young person feel specialCode 15 – Modelling to staff the importance of therapeutic relationships with children and young peopleCode 19 – If children and young people see good relationships between the EP and staff, this models good relationships for themCode 20 – Going into schools regularly gives the EP a high profile as someone it is good to spend time withCode 29 – Children and young people need at least one good relationship in their lives Code 59 - Schools are good at identifying children who need support |
| 3. Relationships which support therapeutic work | Code 38 – The importance of peer supportCode 39 – Just knowing that someone else knows and cares is vitalCode 40 – Communal offices facilitate peer support; working alone is bad for our mental healthCode 41 – Feeling supported by colleaguesCode 42 – Letting colleagues challenge youCode 43 – We need to know our limitations where therapeutic work is concernedCode 44 – There are some situations that are too close to our experiences for us to be able to do any therapeutic workCode 45 – Supporting others to do therapeutic workCode 47 – The emotional impact of positive feedbackCode 48 – It is important to give ourselves permission not to engage with certain pieces of work if they are too close to our own issuesCode 49 – Feeling lucky that she has such good peer supportCode 50 – Realising that it is not luck but hard work that has resulted in such good relationshipsCode 51 – Her service has changed to one which was more willing to get “dirty” and “messy”Code 52 – Improving relationships within the EPS teamCode 53 – Sharing is hard, but it is easier with age and if you all contribute |
| 4. Her evidence base for working therapeutically | Code 8 – Successful outcomesCode 10 – The experience was unbelievably movingCode 11 – Therapeutic work has an influence on the whole schoolCode 12 – Therapeutic work is an efficient use of timeCode 24 – Brief therapeutic encounters can have a long lasting effectCode 25 – Evidence in support of therapeutic encounters: they say they feel betterCode 27 – Therapeutic encounters are a useful and effectiveCode 34 – Building therapeutic relationships has long-term benefits and makes ongoing interventions more efficient |
| 5. Challenges to working therapeutically | **Being too successful**Code 28 – Success results in a dilemma as it leaves schools wanting moreCode 30 - It is really hard dealing with not being able to help everyoneCode 31 – Managing the over-whelming needs in children and young people. Making a difference with every small encounter we have with each person**Engaging with strong emotion**Code 33 – Working therapeutically involves engaging with strong emotion in others and ourselves. It will be hardCode 35 – Feeling that her training had not really supported her to work therapeuticallyCode 43 – We need to know our limitations where therapeutic work is concernedCode 44 – There are some situations that are too close to our own experiences for us to be able to engage with the young personCode 48 – It is important to give ourselves permission not to do certain pieces of work if they are too close to our own issues**Training issues**Code 35 – Feeling that her training had not really supported her to work therapeuticallyCode 36 – Experiences from teaching had given her valuable experience to understand the demands of therapeutic workCode 37 – Personal psychotherapy is also important in supporting you to work therapeutically**Unsupportive school environments**Code 18 – It is very difficult to do therapeutic work in chaotic schoolsCode 21 – Chaotic schools make therapeutic work very difficultCode 23 – It is very de-moralising when your efforts to support a child and keep them in school are not reciprocated by the schoolCode 55 – Fire-fighting and statutory assessments get in the way of therapeutic workCode 56 – Reactive emergency work is dissatisfying for schools and EPsCode 61 – In chaotic schools it is important to work with staffCode 63 – The school culture and environment is very important in therapeutic work**Privileged agendas**Code 66 – Some EPs want to make a difference and some want an easy life |
| 6. Miscellaneous | Code 16 – EPs can feel that they have no role in schools that work well with children with SENCode 17 - Training schools to work with students with SEN allows the EP to have more time to get involved with the more complex casesCode 26 – Rachel’s definition of a therapeutic encounterCode 46 – Sometimes she has done very little therapeutic workCode 54 – Doing less therapeutic work because of commissioned work to do supervision for family interventionsCode 60 – Most of her therapeutic work has been with secondary age childrenCode 62 – There is so much need for therapeutic support in schoolsCode 64 – A bold statement – all schools want EPs to work therapeuticallyCode 65 – There is such need for therapeutic interventions, more and more people are realising this |

# Appendix 5

## Transcript of Lisa’s conversation, with codes

### The context

Lisa is a senior EP in a service where I am employed as a trainee. She is white British woman in her 40s. We are both part of a small city EP service, so although she is not my supervisor we see each other regularly for group supervision and staff meetings. I consider that we have a good and friendly working relationship. She had told me several months previously that she had undertaken her own therapy with a Gestalt psychotherapist. She had recently also undertaken a supervision training at The Tavistock, where there was a psychodynamic emphasis.

I identified four over arching themes from Lisa’s interview that tell the story of the conversation between us, regarding her experiences of working therapeutically as an EP. Occasionally a code was used in two themes as I felt that it contained two ideas.

# Appendix 6

## My narrative of my conversation with Lisa

I started the interview by asking Lisa to tell me about her experiences of working therapeutically within her role as an EP.

Lisa began with a statement: “I suppose it has been quite an eclectic mix”. She went on to summarise her early training and post-training experiences, making these the beginning of her story. She mentioned doing non-directive play-based work and narrative work. However, she seemed sad as she explained that she has done less and less of this kind of work, because of time pressures and the time-allocation model of service delivery. She contrasted her way of working with her perception of the work of clinical psychologists. She stated that they were based in clinics with weekly contact with clients and the ability to work with a client until a situation was resolved. Whereas, she would spend three hours in a school and then not visit again for five or six weeks.

On the other hand, Lisa told me about her work with The Family Therapy team for over ten years and said that she really enjoyed this work. [I am curious that as far as I am aware Lisa did not refer to this work when commenting on her experiences of working therapeutically as an educational psychologist (EP). I also did not ask her any more about this work].

In addition to feeling that she had limited time to do therapeutic work, Lisa also expressed misgivings about her skill base as far as therapeutic work was concerned. When I challenged this, with reference to her 10 years in The Family Therapy team, she agreed that this work had really helped her in her role as an EP, particularly in relation to her ability to talk to parents and to run meetings. She felt she was much better at holding multiple perspectives. She explained that she felt unconfident with reference to doing things like Narrative Therapy. Moreover, in the past she had not had access to supervision, or professional and relevant support from colleagues for this kind of work. She used the word “clinical” to refer to her previous work, but then hesitated and seemed to speculate that this was presumptuous. [I am interested in the kudos around the word “clinical” and how this fits in with her later comments to do with the professional jealousies and models of working]

However, Lisa felt that her situation had changed, concerning supervision. She said that she would feel able to ask for supervision from some of her colleagues now. She also felt that her Education Psychology Service (EPS) had historically not supported or encouraged this kind of skill development. She made another clear statement that she had decided many years ago not to go on one-day courses, as she did not feel that this offered an adequate training in the use of therapeutic interventions. She speculated that other EPSs were more supportive of their EPs’ skill development.

I wanted to take her back to her own experiences of working therapeutically, so I refocused the conversation asking Lisa to reflect on her actual experience of being in a therapeutic situation with a child. She had already mentioned the feeling of enjoyment and the feeling of fear with reference to her skills. She added to this a sense of wonder when a child responded positively to an intervention. She juxtaposed this with her internal experience of panic that “she will get found out” as being someone who did not know what they are doing. I am intrigued by EP’s lack of self-belief and reported to her what trainee EPs had also expressed to me, using almost identical words. [It is even more intriguing given her ten years of experience in Family Therapy].

Lisa offered a possible explanation for this lack of self-belief within the profession. She felt that EPs were often treated like the “poor cousins of clinical psychologists”. She supported this statement by telling me about her experiences as an undergraduate, when she felt those destined for clinical psychology were treated as “special”. This was in spite of EPs having an equally arduous training route. She used irony to express her resentment, referring to peoples’ beliefs that clinical psychologists had “magic powers and tools to cure kids”. Compared to EPs who go into school and “bash kids with WISCs… and IQ tests”.

However, she contrasted this opinion with a story about a clinical psychologist who she used to meet. This clinical psychologist had said to Lisa that she fantasised about being an EP, which she perceived as going into schools and working with a child who you would never have to see again, yet getting the child a statement and doing some observable good. Alternatively, as a clinical psychologist, this colleague felt that she got nowhere with families who had endemic problems. Lisa laughed at the irony of their envy about each other’s roles.

On a more positive note, Lisa expressed her confidence that she no longer feared that she would do harm to a child. She felt experienced enough to contain a child’s emotions. She was confident that she would recognise, and stop her intervention, if something she was doing was re-traumatising the child. However, she then restated her concerns about being “found out”. Not that she would do harm, but that someone else might have done a better job; e.g. a clinical psychologist, or a psychiatrist. She talked then about the medical model and how EPs did not really fit in with this and how “they” (those within the medical model) did not know how to view EPs.

I picked up her reference to the medical model and asked her about her model. After a little reflection, she listed four approaches, which informed her work. These were Person-Centred thinking, Psychodynamic ideas, Systemic theories and Narrative Therapy. She went on to explain more about her underlying philosophies about her work. She felt that the worst thing you could do was impose a method on a child. She felt it was important to be sensitive to the child, the family and the situation and offer interventions that suited their requirements. She felt that she was better at being aware of this than in the past. Another important idea was that “less is more”. She explained that she meant this in terms of interventions and sometimes in terms of the amount of time spent on an intervention. [This comment seemed important – I am not sure I appreciated the full meaning of what Lisa was saying]

However, apart from her work in Family Therapy, Lisa said that she felt sad that she no longer carried out this kind of work. She said that she felt she had been in a rut and experiencing burnout until the arrival of trainees. She felt that having trainees come into the Service had re-energised her and challenged her to think about working in this way again. In addition, she was aware that schools were often making referrals to Child and Adolescent Mental Health Services (CAMHS) for work that she knew she was capable of doing. I expressed my belief that there was a role for EPs to work with less severe mental health issues within schools. This is especially the case given how over-stretched CAMHS workers have seemed to be.

I refocused the conversation again, asking a further question about Lisa’s experiences in relation to children and colleagues. I summarised what she had said so far. I stated that I felt, in spite of her fears, she was actually very skilled. She responded by suggesting that “maybe she needed a push”. Then she expressed another core belief about her work, that the process of her engagement with a child was much more important than the outcome. “I’d be much more interested in being just in that room in that moment with the child”. I checked out her belief about the process by asking; “presumably you are confident that if you get that process right, positive outcomes of some description, whether they are measureable or not, will follow”. She answered, “Yes definitely, absolutely, 100%”. I asked her about her evidence base for this belief [I am aware that this was a little ironical]. Lisa said she did not have any, but wished she had. I offered some research from adult psychotherapy. Lisa added her own experience; that having someone listen and accept her, without judgement had lead to positive outcomes in her own life. She added that sometimes it was not possible to see any changes in a child as these may take years to emerge, but that this did not worry her.

I talked about the use of the word “healing”, and how I preferred the words “personal growth” as a way of referring to the outcome of therapy. I suggested that personal growth could be achieved via many different interventions, even a test as part of a statutory assessment. Lisa agreed with this, but added that she felt that the therapist still had to have the skills to deliver the intervention. She felt that the heart of these skills was self-awareness and having under-gone ones own personal growth. She felt that this did not necessarily have to happen through therapy and that she had seen people who had achieved personal growth through supportive interpersonal relationships with family and friends. She felt that there were those in the profession who were driven by the desire for power and authority and who were, by implication, not self-aware.

Lisa said that she did not think that therapeutic work would suit all EPs. I agreed and suggested that we needed many different skills within the profession. I wondered if many EPs did not like therapeutic work, as it was messier. However, I restated my idea that even working with the process of statutory assessment could have lasting benefits through our interactions with children and their families. I added that it had more to do with the process and less to do with achieving the statement of addition needs. Lisa agreed, but then expressed concern that EPs would not cope with a workload that included only statutory assessments, even if the EP could feel that they were contributing to the support of a child.

This led the conversation down another avenue. Lisa talked about the past situation in her service. She felt that EPs had previously been marginalised. Other services had offered to do work that had formerly been carried out by the EPS. She felt that it would have been good if, at that stage, EPs could have gone back to their schools and offered therapeutic work. She felt that it was important that the EPS, as a whole, should have made clear that therapeutic interventions were a part of the EPs skill base. She stated that she would have got satisfaction out of working in that way. Instead, she suggested that schools referred to CAMHS seeing them as “the holy grail”. She used the word “claws” to refer to the small influences that the EPS had within mental health within the authority. She also used the word “bizarre” to refer to how the EPS was excluded from the Targeted adult Mental Health Services (TAMHS) initiative. We speculated together about how the traded services might change our work and whether schools would want therapeutic interventions, or more statutory assessments.

I then asked Lisa if she felt that schools did not ask for therapeutic interventions because they did not appreciate that it was something that we could do. She felt that the problem was more complex than this. She also felt that the EPS as a whole needed to plan for therapeutic work and that it needed to be a whole service initiative. However, she felt that this would meet with resistance, as not everyone would want to work in this way. She suggested an impasse; unless it was a whole service initiative, it would not succeed and yet a whole service initiative would not be possible, as not everyone would want to work in this way. I challenged this with the idea that it might work within Locality Teams (a term for area teams within the EPS), with some members of the team picking up a therapeutic role, but not all.

I was aware that we were off-track, so refocused the conversation by asking if Lisa had any other reflections that she thought would be useful for me. She suggested several further difficulties with therapeutic work. She felt that schools and SENCo’s were often comfortable in their roles and did not want to change their way of interacting with EPs. She also felt that schools were reluctant to refer to EPs for therapeutic interventions, as EPs were not available enough, or close enough to the school. She speculated that if EPs were based on the school sites, or physically closer to the schools, they would be more likely to trust them with mental health issues. I suggested that this was about building relationships with schools in a different way to the way we had worked previously. She agreed and also criticised CAMHS who were seen as having “magic dust”, but had very poor relationships with schools and did not communicate well with them.

Lisa concluded with reference to my research, hoping that I might be able to offer some insight into the issue. However, she feared that the resistance would be great and that this resistance would stop the momentum for change. She felt that change had to be driven by Government initiatives. She rightly pointed out that it was important that EPs be given a choice about working therapeutically. However, she then suggested a further problem that this could pose. A school might want an EP who could offer therapeutic interventions, but their allocated EP did not want to work in this way.

Lisa referred to the ongoing debate about the role of the EP. In response to this, I referred to the Gestalt idea of the need to return to unfinished business and how the issue of working in a therapeutic manner was a recurring theme in debates within the profession. She suggested that there needed to be changes in training courses and in the demographic of the profession in order for lasting change to take place. However, I disagreed with her suggestion that a younger demographic would be more interested in therapeutic interventions, citing my experience on my own training. We laughed together about the lack of self-awareness of adults in their 20’s and in our own levels of self-awareness at that stage in our lives.

# Appendix 7

## Codes and themes from Lisa’s transcript

|  |  |
| --- | --- |
| Table 3 |  |
| Theme | Codes |
| 1. Enjoyment of working therapeutically | Code 2- Initial enthusiasmCode 3 - Enjoyment of play-based therapeutic and narrative workCode 7 - Enjoyment of Family Therapy workCode 14 - Feeling a sense of wonder when she works therapeuticallyCode 41 - Offering therapeutic work as a whole service would have given her some sense of satisfaction in her roleCode 52 - Wanting a change that would result in more therapeutic work |
| 2. The challenges to working therapeutically | **Time allocation model**Code 4 - Case work suits therapeutic interventions as opposed to the time allocation model of service deliveryCode 5 - Time allocation model does not facilitate therapeutic interventionsCode 6 – Weekly commitment of a therapeutic intervention**Lack of support**Code 10 - Feeling unsupported; no training, no supervision and no peer support to practice therapeutic workCode 11 - Situation improving re supportCode 12 - One day courses are inadequateCode 13 - Feeling unsupported by the local authority in terms of training**Confusion about the role of the EP**Code 20 - Those within the medical model are unsure about how to view usCode 27 - Not being seen as a service that can provide therapeutic inputCode 40 - The lack of clarity about EP roles resulted in them being pushed out**Lack of evidence**Code 30 - She doesn’t have an evidence base to support her opinionsCode 31 - Identifying what evidence she does have to support the importance of the process; her own experience of therapy**Resistance and needing to work together**Code 36 – Not everyone can work therapeuticallyCode 48 - We need a service directive to work therapeutically or it won’t happenCode 49 – Some people won’t want to be told to work therapeuticallyCode 50 - Change won’t happen unless we all do it togetherCode 51 - A consideration of allowing flexibility and choice within EP teams to enable therapeutic workCode 61 - Feeling that there would be resistance within the professionCode 62 - Needing a ‘snowball effect’ so that resistance is overcome Implicit in this is a whole profession change rather than individual EPs**Relationships with schools**Code 53 - SENCos get stuck in their ways and don’t like changeCode 54 - Needing more time to spend with each school to facilitate change in how we work and reduce the school’s anxietyCode 55 – Needing good relationships with school staffCode 56 - Speculations about how to build closer relationships with schools by spending more time with themCode 57 - The school wants the medical model and wants the child to go away and come back cured**Miscellaneous**Code 60 – Hoping my research will result in change that would enable therapeutic workCode 63 - So far no one has come up with a solutionCode 64 - Suggests that the training courses need to lead this change towards therapeutic workingCode 65 - Speculations that the demographic of the profession may hinder the development of therapeutic working Code 66 - Maybe we need a change in the gender and age of the EP population |
| 3. Reflections on her role as an EP | **The impact of trainees**Code 24 - Getting into a rut of not doing therapeutic workCode 25 - Burnout from lack of supervision and restructuringCode 26 - Needing and enjoying the challengeCode 28 - Needing a pushCode 37 - All our work can have a therapeutic impactCode 38 - If all they have to do is statutory work EPs will find this very difficultCode 39 - But statutory work is better than not making a contribution**Owning her skill and maturity**Code 1 - Using many methods to practice therapeuticallyCode 9 - Feeling skilled in relating to peopleCode 17 – Acknowledging her jealousy, but realising the irony of her CP friend’s perspectiveCode 18 - Owning her experience and self confidenceCode 22 – She is aware of her maturing skills over the yearsCode 23 - A child centred approach; less is moreCode 29 - The process is more important than the outcomesCode 32 - The therapist needs to be skilled to build a relationshipCode 33 - The importance of self awareness – the main skill required for therapeutic workCode 34 - Self awareness can be achieved informally and formallyCode 35 - The person who can deliver therapeutic interventions must not have too much ego. It does not suit everyoneCode 67 – Self-awareness comes with age. Therapeutic work requires self awareness**Feeling unskilled and inferior in comparison to clinical psychologists**Code 8 - Feeling unskilled in therapeutic interventionsCode 15 - Fear that she will be found out as incompetentCode 16 - Feeling that others treat her as inferior to clinical psychologistsCode 19 - Giving away her competence |
| 4. Anger  | Code 16 - Feeling that others treat her as inferior to clinical psychologistsCode 42 – Resentment of CAMHS who are thought of as the Holy GrailCode 43 - CAMHS have a monopoly on therapeutic interventionsCode 44 - EPs had to claw there way into CAMHS workCode 45 - EPs were kept out of TAMHSCode 46 - EPs should de-bunk the myths around CAMHSCode 47 - Head teachers manipulated systems to get quicker access to CAMHSCode 58 - CAMHS is thought to have “magic dust”Code 59 - Criticism of CAMHS as they don’t feedback to schools |

# Appendix 8

## Transcript of my follow-up conversation with Lisa

N – I have given you a copy of what I had written so that you get a chance to read it, say if there are any inaccuracies and anything you wanted me to take out and to comment.

L – Umm it was interesting, I agree with you. You said you thought it was a true reflection of what was said and I agree with you. It reflects my memory of what was discussed. It is not different at all.

N – Ok good thank you – so you do feel that that is what you said?

L – Yes. But it is interesting when you read it in a narrative than what you think you’ve said. Where you feel like you think you put an emphasis and where it isn’t [ah] it doesn’t read like that.

N – So I guess I want to know that, where your emphasis was, especially if I missed it and there were one or two points where I put a comment in the text where I though maybe I’d missed something important. I had a vague feeling that it might be more than.

L – Um well I don’t know in particular. Um when I first read it I felt “Crickey I sounded quite unconfident, [right]in my skills, in therapeutic work”. But that is reading it and at the time I didn’t feel like that was how I felt about it. So it is interesting between my internal thinking and how I feel and maybe how it comes across – I don’t know

N – Do you think there was anything in there that was what was created between you and I?

L – Possibly

N – In what sense?

L – Um, well we were talking about having a relationship weren’t we and I think um and maybe some of it for me was. I was conscious this was going to be in your dissertation and maybe other people are going to read it so may be I was, came across as more hesitant and obviously, your background as a psychotherapist so your therapeutically, I would say, better qualified than me.

Pause

N – and then I then undermine myself (both laugh)

L – So there, my, so I think maybe um maybe I sounded more tentative on that day than perhaps I really feel. Cos it is not really an issue for me a lot of the time you know. I don’t think about it when I’m doing it I don’t think: “Oh gosh I’m really unconfident”. I mean I used to, especially in the Family Therapy. One of the people is very experienced and she has done the super… she is a trained Family Therapist and she has also done the supervisory as well, qualification, supervisor for Family Therapy. And she used to intimidate me, and now when she is yakking on; and I will say yakking, I just get bored and I think “for Gods sake shut up” and I’m not worrying about my style compared to hers anymore.

N – That come over as well. ‘Cos there was an interesting paradox as I was writing it up. I speculate that you have an underpinning self-confidence and the hesitancy is kind of like an old coat that you haven’t quite shrugged off.

L – I think you’re right yes. And it flares up every now and again when personal things usually hit me [yes] and I think you know that time was particularly difficult personally when I was

N – you mean the day, when I was talking to you?

L – Yes, well that week. And I think it was you know my old coat on my shoulders if that’s how you want to put it

N – Well if you’re happy with that analogy [yes] cos that is one I use for myself and I have an old coat that hangs around (laughs)

L – I don’t like it, it doesn’t suit me any more

N – No go away! (both laugh)

L – So I think that was my thinking on it … the bit that , the emphasis that you put on it was nice, it is interesting that I don’t feel that I’ve got, that I am therapeutically very good and you’re wondering why not cos I’ve been in the Family Therapy team for 10 years and why don’t I count that.

N – Yes – I’m glad you are answering that question

L – and I was shocked in a way cos I didn’t realise that I didn’t see it that way and maybe it wasn’t that I’d not seen it I think possibly I hadn’t put the two together

N – Right – you hadn’t put working in the Family Therapy team with you being an EP who works therapeutically

L – No

N – And now?

L – Well the reason I was, was that we were very discouraged to lose our EP-ness when we were in the team

N – We? [the team yes] so you were all encouraged to lose your professional identity

L – Yes to become a Family Therapist, so because I’ve done that I’ve become a complete separate self, so when I go there on a Friday morning I’m not an EP um and I don’t think like an EP

N – Really?

L – No I don’t. It was really hard, because I used to do the “Well what school do you go to?” “What stage of the code of practice…?” which was… which I just don’t do that now [right] ‘cos a lot more about being an EP initially can be about looking about the within-child factors, whereas Family Therapy is much more systemic so you are far less interested in just that. Cos that’s what parents come. What they say all the time, “there is something wrong with my child [um] what is it I want you to diagnose it” and I think the EP can be quite traditional in that medical model of that stuff. So that is interesting. But reading this again you have re-referred me to think well actually yes you know I do use my skills from my Family Therapy in my EP role. And another thing I thought about was how many other ways I work therapeutically and I’m doing that now through supervision of the trainees [yes] which I had not thought about either [wow] so I was re-reading it

N – Which we hadn’t put in that first bit at all

L – It was the section about feeling burnt out and not have a challenge until I started doing the trainees and how that had reinvigorated me and I thought yes also how I had used a lot of the things I had learnt and going on that course again. And when I was doing the CPD slot again I was reading through my notes from the five day supervision course and I remembered a lot of it so it was good and I used some of it on that morning so you know I remembered again which I hadn’t before.

N – Brilliant. So um, did I have any other questions? I have asked you the one about the Family Therapy and how that, how you hadn’t referred to that. Oh! the “less is more” comment. I just had a sense that there was something important in that that I had not fully articulated from what you had said. I could have imagined what you were meaning by that, but I didn’t want to say more that you were meaning in the interview. So my imagination about that was that “less is more” – I mean you used it in terms of – you know if you have booked in 9 sessions and you had done by 5 you’d stop. But I also felt that you were saying “less is more” in terms of what you do in the intervention so actually something really simple like if you just sit quietly with a child, smile and sit quietly rather than talking - that can be more than doing a big… like you were saying about the Family Therapy colleague who just yaks on. That, that would be the “more” that you are trying to avoid. Sometimes just saying nothing, smiling, just being with the child in that room was another reference you used

L – Yes and it is interesting , some of the difficult cases they get in CAMHS where the Family therapy team hasn’t worked they usually ask me to do it. Because I’m not a CAMHS person I don’t have that agenda. Someone said something nice to me, oh Axx said oh Lisa’s done another one of her really good oh ‘engaging with a difficult family’ tricks’. Where I have, you know it is not particularly saying lots of wonderful things, its just being completely, as you say in the room with them, honest and joining in with them not coming apart from the system, but just engaging with them really [um] So I think yes that is the “less” that I mean and someone trying to do more would be someone trying to be over-enthusiastic about saying the right thing. Worrying about what we are going to do next kind of thing

N - and I think that is another indicator of your level of self-confidence that you can sit with the ‘less’ knowing that that is achieving more rather than having to put more of yourself out there because you’re not confident that the less is enough. If that makes sense [yes, no]

N – Thank you

L – So I think you are right there were two aspects to it

N – Um so … I think that was it, actually… a lot at the end we sort of lost the focus and started talking about how you could achieve more therapeutic working. And then I decided it wasn’t losing the focus, because implicit in that was that the systems we’ve got at the moment make it very difficult to work therapeutically

L – I agree and again you know even the trainees say, what was I saying? I said something about not having confidence… they say about not having the skills that’s exactly what the trainees said you said

N – And trainees you kind of think well oh well they are trainees, but it was interesting when it came from you as well, as if it’s something within the profession.

L – No I think it is not within me, I think it is within the profession and you know they are picking it up and they are on a training course, but where did they get that from? They have hardly been exposed to, but I think to me it says it is so endemic or…

N – EPs lack belief in therapeutic skills

L – Yes and how we challenge that I just don’t know [and maybe…] – it is like asking a penguin to fly [yes] you know they have got wings but can they fly – I don’t think they can - can they?

N – No they can’t I mean they can swim but …

L – Beautifully

N – That is an interesting analogy ‘cos that means… I have wondered if this is just a sort of neurosis, everybody could do it but they fear that they can’t. But what you are saying is that they can’t. That our training at the moment does not skill people up sufficiently and it is not about giving them techniques, looking at what else you said, it is about building that self assurance in terms of yourself as a tool to work with people therapeutically and that isn’t done on the Sheffield course in my opinion. It is about giving them the information about different techniques it is not about saying: “well actually go and do 20 sessions of therapy and learn about yourself”.

L – Yes so this is about self-growth – it is knowledge of yourself. You know I learnt so much, one of the things I did learn was not to hide from yourself, including your bad bits ‘cos if you hide from them - God they’ll get you [they get you] (both laughed). You have to accept them

N – And they will get other people as well more significantly probably in our line of work.

L – So I think you have to, you know, do some element of that really [Yes]

L – And another thing I’d learnt at the Tavistock, which I’d forgotten about, is that shadow self. A lot of people going into the health professions do it for reasons about, to feel better about themselves – that ego

N – I loved that comment actually

L – That ego can really you know… LK she did it to me on the … I was trying to show off to her “look how good I am” she was watching me, observing me supervise somebody. She just stopped in the session and said “Lisa what are you doing?” (posh voice). And I knew what she meant straight away. That ego of mine was counselling or trying to supervise this person, not … I wasn’t being helpful. And as soon as I said, as I stopped doing it, I was then helpful. And it is all those kind of things - if you want to be useful and helpful in therapeutic ways. And I think that our course just doesn’t

N – But do you think that is true in all ways that we work?

L – Oh probably yes. But I think especially in therapeutic work, more so. ‘Cos you know we all like to show off we all like to shine

N – Have other people think that we are good [good and stuff]

L – And if that is your ‘be all and end all’ for doing the work then you’re in… it is not going to happen

N – That is another sort of … we do need that affirmation, but it needs to come from the right place like a supervisor [of course yes, yes]

L – Of course, if you thought you would make no difference, or your clients weren’t getting better then you would give up you wouldn’t do it anymore and mean you have got to have job satisfaction if you want to call it that [yes]. You have got to think… you know otherwise you just burn out, it would be horrible, I wouldn’t want to go to work. Especially if you don’t want to re-traumatise people or you don’t want them to keep on being in an abusive situation you and all the rest of it if working with you didn’t answer those things. [um] ... So what this profession will do to address those concerns of people I just don’t know.

N – I sometimes fear that the knock on effect of this is too big because it is actually saying “all psychologists should have more self awareness training rather than…”

L – And you would put that in the training at some point?

N – Umm I would. I am pre-empting what I am going to put in the discussion, but it is interesting that this has come out of our discussion it has come out of one other of my interviews as well. That self-awareness is crucial and that without it we are likely to do a lot of damage to others, but also to ourselves.

L – And it is highly skilled that bit – I don’t think some of the techniques and learning, those aren’t highly skilled, to me that isn’t, that is just like a manual, like a car manual and you have a different manual for each type of car – that is a bit of a simplistic model you know. It is not that kind of thing. It is that meta-awareness you have of what it happening [yes] in that moment with you and that person.

N – However you structure that – that awareness can be structured through a psychodynamic approach [yes yes of course] relational [yes yes] but it is having some way in which you explore your position and your impact on the relationship that you are working with. And be responsible about that.

L – Otherwise you get sucked into usually what’s happening in the room. Whatever they have brought to you, you know you get sucked into that

N – Yes – and I am sure that that is a model as well, and that not all psychologists agree with that.

L – Yes but I have rarely found it helpful for me to get really sucked in [no] and the parents going and I’m going “yes you’re right I wouldn’t like that either if my child came home and did that” or whatever it is you know it is rarely..

N – That kind of self-disclosure is rarely helpful

L – No - I … I mean I do talk about self- disclosure, it is probably agreeing with the parent about the child you know in that sense of … [confluence] yes, yes you know if the child is badly behaved you say yes, yes you know – “it is all the child’s fault” kind of thing, “it is nothing to do with how I parent, or that fact that we have no money and no food in the house and he sleeps on a mattress”, whatever and all the other things which could possible [explain], yes explain it.

N – No I agree, yes that would be… I can’t imagine anybody would do that actually “yes I agree with you, you are not terrible parents” (both laugh)

L – Again that is simplistic

N – Yes making people feel good, by agreeing with them.

L – Oh you’ve got it hard and all that kind of thing … you know you can empathise, but without actually agreeing with them or thinking that the only way to look at it is to see it from their view point – the parents

N – You’re saying don’t do that

L – No ok I’ll shut up!!

# Appendix 9

### Interpersonal process recall

As a trainee psychotherapist, I was introduced to the work of Kagan (1984). He devised a process to support the training of counsellors. He called the process Interpersonal Process Recall (IPR). Trainees are invited to observe a filmed or recorded interaction between themselves and a client. They are asked to stop the playback at any point when they remember something of significance. At that point and interviewer will ask them to consider the following questions:

* What were you thinking?
* What were you feeling?
* What pictures or memories went through your mind?
* What did you think the other person was feeling?
* What did you want to other person to think or feel?
* How did you think the other person felt about you?
* Was there anything you wanted to say but couldn’t find the appropriate words for?
* Do you recall how your body felt – can you recall any specific parts of your body reacting more than any other part?
* What did the sex or other physical appearance of the other do to you?
* What had you hoped would happen next?
* Did you have any goals at this point in the interview?
* Were you satisfied with your own behaviour?
* Were you satisfied with the reactions of the other person?

One of the primary assumptions underlying (…) is that people perceive much more of each other’s messages than they acknowledge to themselves or to the other person.

 (Kagan, 1984, pp. 234-235)

# Appendix 10

## Pilot study 2

### Trail analysis of my conversation with Helen

### The context

Helen is a Senior EP in a service where I experienced one of my training placements. Before meeting to take part in my research, we already had a professional and friendly relationship. She is a married middle-aged white woman who has worked in education for nearly 30 years as a teacher, special needs specialist and as an EP. We met in her office.

#### Introduction

Helen wanted to tell her story and started with an established story telling technique – she positioned her story in time:

* “I think I would have to go back in time really” (1/4).

As I noticed this device, I found myself smiling to myself. People love to tell their stories. I love to tell my story. This feels a good place to start my reflections. What is my story about what I experienced and learnt from my encounter with Helen?

I have picked out themes that I noticed from our conversation. I will illustrate these with quotes from Helen and my reflections.

### Learning from the content

#### The importance of reflection

To start, Helen made a statement

* I’ve never had an opportunity like this to perhaps tell my story about how therapeutic work had impacted on my practice (1/5)

Later on in our conversation she again reiterated this idea:

* I don’t think I’ve ever sat down and written a reflective log or had a conversation where I’ve really thought across the whole of my practice, until now so I think this is a very interesting thing to do (16/14).

Helen also referred to a question I had asked in preparation for the interview. I had asked her to bring along any reflective writing she may have done to do with her work. She responded to this request by telling me about a letter she had written to her son in which she reflected on some therapeutic work she had carried out (1/11). In telling me about this, and in making the above statements, I think, she was reporting her own personal growth. I note this now and reflect that this is a key point of learning for me too; that the process of reflection is pivotal to the development of our work and practice.

#### The power of therapeutic work

One of Helens’ first comments was to declare that she believed therapeutic work to be vital in EP practice:

* So I never had any formal training other than my EP training and many, many years of working in special needs and doing different jobs umm and encountering children who live in poverty and oppression you know children who have been abused. So I think over a long period of time through my own practice, I began to feel that the need to work therapeutically is really vital and the more I thought about it, I felt I had always been doing that really. (1/16)

Helen spoke of how rewarding therapeutic work is for her:

* I remember using some PCP with her and what came out of it felt very deep – it felt very profound (4/3)
* I went to see her at Christmas and I showed her a still of him sitting on her lap, being cuddled by her, reading a story by the fire and it was Christmas and it was snowing outside. You know this magical moment and I showed her the still of that and we both cried, it was so deep and I thought this is why I am doing this work. Nothing else matters [no] apart from that moment (18/27).
* if I look back across many years and I have been working since 1982 (laughs) it is a long time. That’s where I get the most joy feeling that I have made the most impact. It’s that containment, that relational experience.(19/17)

Helen used powerful language to illustrate her passion for therapeutic interventions. I do not want to miss the significance of what she was saying to me. As a psychotherapist, I often felt privileged to have been allowed to journey with a client and work with them to find a way through their difficulties. I think most people in the helping professions are similarly motivated, whatever their preferred method of working. Systems that force professionals to work in prescribed ways and that do not allow them to use their own judgements are likely to leave people feeling at best very dissatisfied. Helen’s experience supported her clear statement regarding the importance of therapeutic work in her practice.

Another important theme in Helen’s interview had to do with training issues.

#### Training issues

Helen commented about not having trained as a therapist (1/16). At other points throughout her interview, she mentioned training issues:

* And wanting to get more trained up myself in using legitimate therapeutic tools and know it sounds a bit of a daft thing to say really ‘cos I had the tools as an EP, but they didn’t necessarily have a label – they weren’t therapy as such [no] but gradually I’ve tried to expand on that many, many times over. (4/8)
* I also got into therapeutic stories but as you know I was self-taught (4/19)
* Because I’m trained as a level one narrative therapist (7/9)
* VIG work that is another area of therapeutic work that I am doing you know I am on my level two now (8/19)
* Where I think we limit ourselves is because people say “oh no you’ve got to be level one trained, you’ve got to be level two trained. You can’t use this technique unless…. I think there has got to be some middle ground where we can use the principles of a technique in a safe way. I think as EPs we ought to be able to know how to work safely (10/2).

As a former psychotherapist, I speculate that my presence in the interview may have been a trigger for these comments as well. Helen offered justification for her practice in saying how much training she has done and then added that she felt the restrictions imposed by different trainings are unnecessarily limiting. I interpret the comments as growing out of frustration with professional protectionism and possibly professional jealousies and/or insecurities lurking in the background of our professional unconscious (if such a thing exists). Helen is clear that existing training for EPs gives them the skill base to work safely with self-taught techniques. However, I am still left with a question about whether that is all that underlies these comments and whether there may be something more substantial to consider. Another theme in Helen’s interview had to do with the fear of therapy.

#### The fear of therapy

Based on her experience Helen stated:

* I think when you use the word therapy it can worry people (1/27)

Helen reported the words of someone she had trained:

* “I am really worried about some of the things you are encouraging us to do with children that it opens things up too much and where are the boundaries and how can we work safely using this technique?” (2/2)
* And there is really a kind of lack of confidence: “can we really do this is a safe way?” (4/17)

Helen appears to be arguing that this fear is unnecessary and that EPs have enough professional training and expertise to be able to work safely with therapeutic techniques. I have huge concerns about these comments. As an EP, I want to encourage others to work therapeutically. However, I am very aware of the dangers from my perspective as a psychotherapist. I want to hear the fears and concerns of EPs, to listen to what they are saying and consider what it is that causes their fear. These comments have been repeated within my initial pilot study. I am not ready to dismiss them as easily as Helen does, as a lack of self-confidence.

Helen gave me evidence of the risks in examples from her own work. In response to a question from me, she spoke about some interventions that had not gone well:

* I tried to do some therapeutic story work with him and he became very very aggressive and he ran out of school (15/6)
* I did some experiential work with a child where I tried to get him to go into role as his mum and he couldn’t, he just couldn’t handle that at all and became angry and threw furniture around the room (15/11)

She told me how it had left her feeling:

* And then you can loose your confidence with that because you have the staff saying “what are you doing?” “Why is this child behaving like this?”(15/14)

 I have respect for Helen’s professionalism and for her honesty in telling me about these events. I reflect that she did not comment on any risk to herself in these potentially dangerous situations. The issue here has to do with safety and appropriate boundaries within therapeutic work. Helen had learnt from her experiences. I wonder if a more adequate training may have avoided these situations, which were dangerous for her and the child. In light of these experiences, I think it is understandable that some EPs express fear about therapeutic techniques. As Helen identifies these methods are powerful and profound (4/4).

#### The potential for misunderstanding

Helen also recounted a story of a piece of therapeutic work where she was confident that what she was doing was good for the child, but his level of anger in being given a voice, was upsetting for the staff in the school.

actually I felt that the work we were doing was enabling that child to have a voice… and yes he was very angry… his anger started to come out because of the work I was doing it was very hard to encourage the Head of Centre to realise that (15/19)

 This issue has to do with expectations. As Helen said, schools expect us to make things better.

I know it was very hard it was really difficult well you are there to fix things, you know, you are there to sort things out. It is hard to then explain to people a) the length of time it takes and the skill.(15/25)

Different professionals do not always understand what “sort things out” should look like. As I reflect on this, I can recall many instances when I was working as a therapist and have spoken with clients about the process of therapy and how things often feel worse before the individual feels better. I am sure that this point stands out for me because of my previous experiences. It was a common narrative within my psychotherapy training. I do not know how much this is true within educational psychology. It is certainly an issue when an EP is working with children who are cared for by other adults or professionals who may not share the same understanding.

#### Being empathetic

Helen recalled encountering the ideas of Carl Rogers as one of her earliest reflections as a trainee EP.

* we had a session on Carl Rogers and though I’d come across him before I’d never really thought reflexively about the kind of conversations I might be having (3/2)
* I think that myself and lots of other professionals that I see, talk too much. We talk at people or we ask too many questions. I am constantly mindful of that in my own work (3/10).

I agree, and her comment reminds me to be mindful of this. Therapeutic work is about building a relationship with a child or parent and promoting dialogue.

Helen spoke of the importance of empathy and acknowledging pain when hearing parents and carers stories:

* But very importantly I always hear the pain. And it makes me very cross when people use Solution Focused ways of questioning, but they don’t hear the pain. Because Ioan Rees said you keep one foot in the pain and one foot in the solution. And my starting place really I think what I have learnt over the years, is that you have to acknowledge the pain and the hurt (16/5)
* I think I always try to have empathetic conversations with parents because I think you shoot yourself in the foot you are never going to get that rapport or trust that you need within an instant (17/1)
* People are holding on to their behaviour and their anger for a reason. Because it is a strategy, it is a survival strategy (17/29).

In talking to me about these issues, I think Helen was indicating her own thinking about therapeutic work. I have included it in my analysis as I think it is an important issue. I want her thoughts to be part of my construction of a narrative about how educational psychologists become more involved with therapeutic interventions.

#### Practice issues

Helen reflected on what was needed within EP Services to promote therapeutic work. She spoke about the need for EPs to have some autonomy within their practice in order to develop professionally:

* I really believe that to grow and develop we need autonomy. So as a manager I try and enable that with the people I manage (8/5)

She spoke about the need for training and support:

* A lot of training falls on rocky ground, the seeds don’t grow if you don’t nurture it and you nurture it through having a management systems which supports it and I think that doesn’t happen everywhere. (9/3)

However, she also reminded me of co-responsibility amongst EPs:

* We need trainees who are coming out of training to be more assertive about the importance of this (9/17)

The need for management systems to support EPs who wish to work therapeutically was a recurring theme. As a trainee with even less autonomy than a qualified EP, I am aware of some powerlessness in how I organise my work life and choices I have about possible interventions. If therapeutic work is to develop, the systems within EPSs will need to be addressed.

### The issue of time

Helen commented on how time consuming it can be to have an empathetic Rogerian conversation:

* things like PCP and Rogerian ways of talking where you can be empathetic and have a therapeutic relationship with somebody, is extremely time consuming.(4/27)

Helen was passionate about making time for therapeutic work and how we waste time doing other things:

* I made a choice that if I wanted to grow and develop that I would run with things that really excited me and I would make time for them. Because I’m tired of people saying to me ‘I haven’t got time’… I make time for it and yes that means not doing something else. But actually, I think we ought to challenge some of the things we do. We sit in meetings, countless meetings, sometimes they don’t go anywhere. We waste so much time. We sometimes write far too long elaborate reports that people don’t have the time to read - you know we ought to be challenging the things that we are doing to make more time to work in ways that I would say are profound and they really do have impact. (10/13)

As a trainee working within my first job as an EP, I have plunged into the job and not had time to sit back and consider the issues of how I use my time. Nevertheless, my conversation with Helen prompted me to think more reflectively about this.

Helen reiterated the problem of time:

* So I think time is a huge factor here because if you are going to do this well and do proper beginnings and endings you really have to give it time. Which is why I only do, what I call really deep work, with a very, very small number of young people. You know maybe two (15/27)
* Behaviour change takes such a long time. We underestimate that all the time for quick fix, quick impact measures. (17/20)
* I think what interferes with it is this pressure for evidence based practice and targets and time monitoring evaluation which I detest using. Because, the most rewarding work for me has been when I have really been really able to get stuck in. I think what interferes with it (time to change) is this pressure for evidence based practice and targets and time monitoring evaluation which I detest using (18/6).

Two points stand out for me in these extracts. Firstly, that although Helen stated that she considered therapeutic work was ‘vital’, she was only able to work in this way with two children a year. I appreciate why she makes this decision, but feel sad that this is the situation. The second issue had to do with the time required for behaviour change. It is not a ‘quick fix’ intervention. Alongside this is pressure to provide evidence that therapeutic interventions are effective (I had asked Helen about this early on in our conversation.)

#### Evidence issues

I had asked Helen about the evidence base for her thinking that this work was “profound” (10/25).

* They were fantastically behaved, some of the hardest kids in the school and they, they worked with me in a very relaxed way and just the comments they made in the end were how much they loved being in the group and it was just so very different from anything else they had ever experienced, because they had an interactional space. And it was the quality of the relationships and the interactions that enabled them to reflect on their own lives (12/5)
* At the end of the day and it’s not about, and it’s that measure we should be looking at. The closeness and the quality of the relationships that they have with key people in their lives. And to me we are missing the point measuring all these other things, ‘cos they will come (12/23).

I am encouraged and heartened by Helen’s attitude towards “evidence”. Within a culture that demands evidence, I feel acute frustration that my experience is discounted because it is not presentable in a traditional scientific format.

#### The issue of supervision

I was aware that in Helen’s narratives she mentioned on several occasions that the work had been emotionally demanding.

* I am very selective I won’t do that level of depth of work with too many clients because I know I can’t do it well enough but when I’m in the moment with him I am absolutely absorbed and Yes it is very tiring.(7/16)
* Well I felt very sad, very sad (13/25).

I asked Helen whether she felt supported in her work and especially in the work she did with children who had been permanently excluded (5/23)

* Interestingly, I didn’t find it difficult from that perspective. I think one of the reasons for that is that I was working as a psychologist for a multi-agency team … we met every week for three hours and processed work we were doing (6/6).

However, Helen recognised that in her more usual work she did not have this level of support:

* Whereas as an Ed Psych not working in those teams you are for more isolated (6/18)
* If I have an emotional issue in my head, I can’t necessarily take it incidentally… or just pick up the phone and get supervision, but I use colleagues. I have very experienced colleagues I will talk to and the way I get round it is ask if they have time for a coffee and you know we will go off and find some space and they will do that with me (6/27).

I think she is recognising an important issue. Given the realisation that all we do is therapeutic, I wonder whether existing supervision provision is really adequate. This is an interesting conclusion and in opposition to a recent conclusion of research carried out at Manchester University (Atkinson, Bragg, Squires, Muscutt, & Wasilewski, 2011).

I know that I come to this issue with an extensive experience of supervision within psychotherapy. I am also a trained and experienced supervisor of other psychotherapists. Constructs about supervision within the two professions are very different. I am critical of much that goes under the name of ‘supervision’ within educational psychology. If EPs are going to work with people in a more therapeutic way, then supervision needs to be a higher priority. Boundaries and safe practice need to be addressed.

#### The problem of defining what we mean by therapeutic

How do we define therapeutic work and is there is a meaningful distinction between therapeutic work and non-therapeutic work within EP practice? Helen made a number of comments about this subject, illustrating how difficult it is to separate out therapeutic work from non-therapeutic work:

* I don’t think I consciously as an EP ever thought ‘I’m moving from working as an EP with different tools to working therapeutically’. I think it has always been part of what I have done (1/13).

I have returned repeatedly to this issue as I have reflected on my research. As I reflect on the whole of Helen’s interview, I am aware of some inconsistencies in her language about therapeutic practice, or at least some ways in which her narrative requires some further explanation. She says:

* the more I thought about it I realised I had always been doing that really (1/18).

She identifies the need for a therapeutic approach, implying that there is another approach, but then states that she realises that she has always worked like this i.e. therapeutically. It is important to remember that Helen had read my information sheet in which there is a definition of therapeutic – see appendix 1 P. 124 – so we were hopefully working with an assumed understanding of what we meant by the word. Nevertheless, there is some confusion about what is meant. I mention this not as any criticism of Helen, but because she is articulating a problem with any discussion about this subject. She also stated that:

* it sounds a bit of a daft thing to say really because I had tools as an EP, but they didn’t necessarily have a label – they weren’t therapy as such (4/8).

Other comments that also illustrate this ambiguity:

* then you start to see, to see the sense of it really because there is no cut off point you know to me there is no sense that I’m doing something that’s therapeutic now as opposed to something over here. Even writing a psychological advice there is an aspect to me, I’m actually reflecting on my thinking and whether I’m really doing justice to that child or young person in the advice and I think there is still a therapeutic element in there for me as well as a professional (laughs). So I don’t think it’s neat and tidy (5/9)
* It irks me when PEPs or senior EPs say we don’t do therapeutic work because it is kind of missing the point … You know… about the principles by which we train the skills which we have there is no distinction really. (5/18)
* But if I was to think about the hour or hour and a half session that I protected for a child to do therapeutic work that is very intense therapeutic work, and yes it is tiring to so because you are concentrating very very hard giving all your attention to that and so yes I do think there is a difference (7/26).

The more I have thought about this study, the more I have been faced with a dilemma about identifying the difference between what we call therapeutic and non-therapeutic work. At this stage, I wonder if the difference has more to do with the focus of the EP, rather than outcomes. Maybe it is helpful to think about a continuum.

### Learning from the process

#### My Agenda

I believed that I was offering an open opportunity to each participant to talk about what they wanted. As I listened back to the recordings of the interview with Helen, I realised that I had asked a number of leading questions.

I asked her about support, directing her to ideas about supervision:

* Did you feel supported in that work, was there more that you would have liked? (5/27)

I asked her about what evidence she had to support her statement that therapeutic work had a profound impact. The nature of my question also implied a presumption regarding ‘scientific evidence’ that I valued her experience more highly:

* What kind of evidence do you have when you say that they are profound and I don’t mean scientific numbers you know. Yes if you’ve got that, but more in terms of what’s your observation and feedback that you get from the work that you do (10/25).

I asked about her feelings in relation to endings in her therapeutic work, again directing her to something that I identify as important from my perspective as a former therapist:

* How did you manage that (ending) with those boys you worked with? What did you experience? (13/10).

And when Helen gave me a procedural answer I asked again, directing her to her feelings

* But how did you feel having built the relationship with them? (13/24).

I asked her about bad experiences. I had not planned to ask her about this, I was surprised when it emerged in my mind, out of our conversation. I think as already mentioned, that this was in response to her comments about people (Willis, 1977)s’ fear of therapy:

* Is there anything that you, that I, haven’t asked an appropriate question, you know, thinking about, particularly your experience of working therapeutically as an EP? Is there any really bad experiences? (15/2).

I want to own my agenda in asking these questions. They will have influenced Helen’s responses. Nevertheless, this is no more than the co-construction of our narrative. What is important for the validity of this study is transparency about such issues.

#### Helen’s agenda

I reflected that Helen also had an influence on me. I wondered about her reference to the work of Willis (1977) “Learning to Labour”

I was doing research, um, there is a book by Willis called “Learning to Labour”, a very seminal book from the 70’s, I don’t know if you have read it (14/12).

She went on to explain that he had fed back his findings to his participants who were very angry with him for what he had said. She said that she had decided not to feedback her findings to her participants. I reflect that consciously or otherwise Helen was saying something to me about my research and my analysis of our interview. I responded in the moment with what I hoped was a reassuring comment:

 In a sense that is your story not theirs (14/29).

I think I was implying that my interpretation of our interview will be my story not hers. I think it is important to notice these dynamics in our conversations. I believe it is usual that we hear such comments and alter our behaviour without noticing the process. When we research and when we conduct a therapeutic intervention, it is very important that we pay attention to these processes, to monitor our influence on our clients and theirs on us.

### Summary

1. Story telling process is ubiquitous
2. The process of reflection is a powerful process in professional development
3. The need to work therapeutically is vital
4. EPs find therapeutic work rewarding
5. EPs have the skill base to teach themselves therapeutic techniques
6. Some EPs are afraid of therapy
7. Therapy can be demanding, difficult and dangerous
8. Therapeutic methods can be misunderstood
9. We all talk too much
10. Empathy is at the heart of all our work but especially when working with therapeutic interventions
11. EPs need autonomy and support within their EP Services
12. EPs need to be responsible for their own practice and be assertive about how they want to work
13. Therapeutic work is time-consuming. To work like this we need to address time wasted in less productive activities
14. Helen offered the evidence of relational changes over time as evidence of the outcomes of therapeutic interventions
15. EPs need supervision especially when working with therapeutic interventions
16. The distinction between therapy and therapeutic is messy
17. Our conversations are co-constructed
18. We influence each other in subtle ways

# Appendix 11

## Letter confirming ethical approval of the study

1. Etherington (2004) used the word ‘reflexive’ meaning to think about oneself. ‘Reflective’ is defined as ‘quiet thought or contemplation’ (English Dictionary, 2003). In the context of this study, the word ‘reflective’ is used to refer to thought about oneself and one’s context. I am therefore using the words interchangeably. [↑](#footnote-ref-1)