# A Conversation with Lisa 14/7/11

N – So my opening question then is um, just tell me about your experiences of working therapeutically within your role as an educational psychologist. Now if you need a little bit more than that, or you want some prompts, please ask. Otherwise, I’ll just let the conversation go and I’ll pick up different things and respond to them and ask further questions.

L – I suppose it has been quite an eclectic mix I would say, of working therapeutically, um

N – What do you mean by eclectic? In terms of the ways that you work? Or…

L – What I have done. I did a lot initially. I think when you’re training it’s always, or just post training, you have read a lot of literature, you’ve seen things and heard people talking about it and you’ve put them into practice. You know, I did quite a lot of non-directive play-based kind of therapeutic work with a couple of kids. And I really enjoyed that and I did a um a story as well. I wrote a story with a metaphor in it for a young boy. And that was really good as well. I enjoyed doing that. And I think because I was on placement you had been given cases not school and you could see a case through from beginning to end and if that involved therapeutic work you would do that. And I think as I’ve kind of gone on a bit you tend to do less and less of that really.

N – Because of? What?

L – 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. [no] So – I suppose the most I have ever done is work in a Family Therapy team.

N – And you do that every week?

L – Yes and I’ve been doing that for years, over ten years [right]. I had a break for about a year. And then rejoined another team, but yes that has been ongoing consistently which I really enjoy.

N – So in terms of your experience of working therapeutically, you seem to be saying that you really enjoy the work when you do it [yes] but you haven’t felt a lot of time [no], that you’ve got a lot of time to do it. [No]

L – And skill base I think….

N – Well if you’ve worked in Family Therapy for ten years…

L – No that is and I can work in that way - 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. Um, but er umm other things, you know, things like Narrative Therapy, because you don’t have, you know I’ve been on courses, but because we’ve not had supervision until recently, even if you put it in place there is no one to talk to about it and go reflect with it and say you had to set up interest groups and I don’t think, for whatever reason, they ever came off. [right]. You’d have to set up a like minded group of people at work. Say Narrative Therapy met once a month and say “what have you done?”, but I don’t think that even that, happened. So there was never anybody to help you with that work and manage that sort of clinical aspect to the job. If clinical is not too strong a word!

N – Right! I don’t think it is by the way! I think if you are doing that kind of work… well it is terminology, but you are doing something therapeutic [um]. So do you think that is in place now? You say now there is supervision in place…

L – Yes I think there is supervision in place to help me if I had a difficulty with therapeutic work, or wanted some space to explore the issues. Yes, I could do that [um]. But actually, whether I feel supported by the organisation, the Service, in terms of developing my own skill base, “No” [right] and some of that is I think historical, because we have never really been encouraged to.. or you go an a.. I said a long time ago I would stop going on those one day courses where you learnt about, you know. Cos I just don’t know enough. If I was ever going to do it, I’d want to be on a course where you are supported on a course and paid for where you’d take a few months to learn.

N – Like you have been doing with the supervision.

L – Exactly yes. And that is not the way it usually works.. not in this Service, it hasn’t worked like that.

N – You’ve got quite a wide experience of other people in other services through your AEP role do you get the fe…

L – I do, I think other people have.. for instance I’m thinking about doctorates. A lot of services paid for people who had already qualified and got their masters, to do doctorates. Now, I think the old principal partly paid it for one person, partly funded, the EP paid the rest, I think one person and that has been it. This service has never really encouraged that and thought “right if we really want to work therapeutically, we’ll set someone up and get them trained and recognised. And then we can get them to maybe train someone else up”. I think other services might invest more [in that] but I don’t know. I’m speculating (whisper)

N – So if you think more in depth about your actual experience when you have worked therapeutically. Um you said you really enjoy it, are there any other emotions that you feel?

L – Wonder sometimes. You know I’ve seen children you know say things and I think ‘Wow’ you know engaging in, you know I’ve gone along and thought “this won’t work” (laughs) [um] I don’t know what I’m doing. You know fear of being found out.

N – That actually is a recurring theme [yes] that people, EPs feel [yes]. Yes trainees say it that they feel like they are going to be found out, that they don’t know what they are doing, um and think it is to do with them being trainees, but actually I think it is true of more experienced EPs as well. [yes]. Why do you think that is? Do you ever reflect on that?

L – Umm, I think.. Well.. I think part of it is again, this notion that we are second to clinical psychologists, you know we are the poor cousin of clinical psychologists. Who have the, you know have always sort of held themselves in great esteem. For me it started when I was an under-graduate psychology student, because in XXXX they had a four year course and you became a clinical, well it started as clinical psychology, I know that it is longer than that. Or you did the under-graduate course and I just did the under-graduate course. I started with someone now who is a consultant clinical psychologist. But we started at the same level, but she just went off on to you know. But even then we were treated you know. You know our training was exactly you know for two of the three years was almost exactly the same you know, but even in the first year they were “*special”*, you know. And I think only having a one years masters, even though you had to be a teacher and do the two years, and then teach for two years, it has never had the same, I don’t think, recognition as, as a clinical psychologist who holds all the magic powers and tools to cure kids you know, with their wonderful therapeutic work (laughs). And we just go into schools and bash them with WISCs and [BAS’s which are even heavier (laugh)] yes, yes and IQ test and that you know. 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 no where 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”.

N – It would be really interesting to extend this research and talk to them as well about their experiences. But, anyway, I’m not doing that (laugh) just stay with this for now.

N – So you are saying that you really enjoy it and a sense of wonder [ for the children yes] some sense of fear that you don’t feel [yes] that you will be found out [yes] so you are feeling like you are not trained enough [yes].

L – I used to feel… I don’t feel now, that I would do some harm, you know. And I know that is a lot of people’s fear. “I’m not trained enough I could make this situation..” I don’t fear that ‘cos I think I could be enough in a situation with a child to know if that could be happening. If I was re-traumatising a child I think I would pick that up pretty quickly and I would be like “well maybe…” but I think even than, you know, I think I would be able to contain that as well. Because of all my experiences, yes. So it is not that that worries me, I suppose its being found out that someone could do it better i.e. a clinical psychologist, or psychiatrist.

N – That kind of hierarchy of..[ yes, yes]

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 somehow, somehow, sort of … I don’t know, we’re not obviously CAHMS 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.

N – So in terms of your therapeutic work, if you’re not in the medical model, what model do you think you are in?

L – Umm well it would be more Person Centred kind of thinking, putting that person first. A bit of Psychodynamic as well, you know, but it would be very much of.. I’m not very directive at all

N – You said at the beginning, quite eclectic [yes].

L – And a hell of a lot of Systemic kind of thinking you know I would think really. Those would be the way I would approach something therapeutically now, I think. And a bit of Narrative, some Narrative Therapy thrown in there as well.

N – Which of course, if you are working from a child-centred base you are going from what they need rather than having a model that you are going to impose on them.

L – See that - you know the worst thing I would hate to do with them, which I think I tended to do when I was newly qualified, was “right I’ve got this, I’ve just learnt how to do social stories I’ve just learnt how to do a metaphor and I’m going to do – you’ll do You’re going to do that yes you’ll do

N- “You can have this method” (laugh)

L – Exactly 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.

N – In terms of therapeutic interventions

L – Yes yes and me as well you know. Shoving the whole I don’t know you know nine week course down their throat when they think after five, I’d be less likely to, right I have to finish this “I’ve booked you for nine sessions and I must do nine s..” I’d be more to do “ yes you know that’s fine.”

N – And do you ever do periods of work where you might work like that and break out of the ..?

L – No I haven’t done for ages apart from when I did the Family Therapy.

N – So you sound… no I won’t tell you what you feel. What are you feeling telling me that and reflecting on that?

L – It’s a bit sad really, I mean. Until we got trainees in again I didn’t realise what I was missing. You know you kind of get into a rut don’t you, and erm, a bit of burnout. I think I was experiencing burnout, I really was. And that was from lack of supervision you know. And also the restructuring we’ve just had and needing probably a new challenge. 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”. Because, 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”

N – And of course CAMHS aren’t taking people on really ‘cos they’re so overloaded [yep]. So I think there is a real place for us in that gap between the really extreme cases that end up with CAMHS and nothing [yes]. So…. Yes…. any other experiences that you think, that as you reflect on it you think would be significant enough to mention about.. maybe something to do with your engagement or opinions of colleagues or your engagement with a child or opinions of colleagues or something like that

L – Not sure what you mean in terms…

N – Which one?

L – Engagement with.. well both really

N – Well I suppose what I mean, engagement with children when you are actually working with, using a therapeutic approach, are there any other emotions apart from wonder, enjoyment, some sense of fear within yourself umm…. I mean you have said now that you feel reasonably, not reasonably, you said you feel confident that you are not doing harm.. actually you have said loads, that ‘less is more’, umm I mean you actually sound quite skilled in using therapeutic approaches, in spite of your anxiety about it (L – laughs)

L – Well maybe I need a push, um, I mean when I first started - you are looking at the book, you know, the manual. 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]

N – Ok 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.

N – I do [do you] well in terms of adult psychotherapy there is a lot more evidence kind of fighting back after CBT took over the area [right] and said “We’re the only ones who do any good” . There is a lot more evidence now from more person centred approaches of positive outcomes. But you have to find a methodology that measures it in a way that is respectful of the process. If you look at studies which are implicitly sort of, which are not contradicting the process of the therapy, then you do find positive outcomes [right].

L – 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 what’s it’s about really.

N – Yes. One of the things I’ve been grappling with and only recently, not in the stuff that you have read, was.. I started off with a definition of therapeutic that I thought was quite broad and was not medical model [um], but I have since really challenged even using that word. Because I remembered when I was working as a therapist I really didn’t like the idea of healing as a metaphor of what went on in a therapy session ‘cos I didn’t think many people, it just didn’t fit what I saw, you know, healing you imagine someone to be better and I think in therapy people often still carry psychological wounds of whatever happened to them but they learn how to manage them better. And it was more about building awareness, coping strategies, self-confidence. Umm, so I preferred the idea of personal growth [yes] which is a horrible word too. We don’t have a good word for what happens [yes]. So if I move away from this idea of therapeutic to this idea that what we should do is encourage personal growth, or personal understanding, increase awareness. It really changes the frame in terms of what we do. You can do that with a BAS.. (laughs) so I am left thinking “oh (laughs) I’ve just knocked the stool from underneath me”. But I am not sure whether I am, because what you are saying is very similar to that. You feel like what you are doing when you are working therapeutically is about… you know… is about that, it is about that - this idea that there is something in the process between you and that child or you and that young person that is positive and life-enhancing.

L – Yes that would be what I would hope for from it and I think that would make more of a difference than any technique or new theory that you brought in and I think that takes, the therapist has to have the skills to do that.

N – So we’re not therapists, as EPs what do you think we need then to work [to work] to have that element within the service?

L – 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… they are all really psychodynamic things, but I do believe a lot of that… you know people are driven by power and authority you know, maybe that is why they want to be an EP because oh “I don’t want to be a teacher any more, I fancy that career structure” I don’t know I don’t think they would be the right people to do. I don’t think it would suit everybody, I really don’t.

N – No I agree.

L – Looking at people in this Service who certainly I wouldn’t talk to if I had a problem (laughs)and you know is that… they wouldn’t be very good for therapeutic work with children either. And that might be a bit harsh and judgemental on my part, but that’s how I perceive it.

N – But it is interesting - you may also say, you know, “ that person would be no good as plumber because they don’t like water” [yes] You need, we all have different skills and need to know where we can work and where we can’t. I… I mean as you are talking, what I am thinking is it kind of has an impact on what we see as our role and what the value of our role is, so I think it is really interesting what you were saying about the clinical psychologists saying “oh it would be so nice to be you, you write Statutory Assessments you get money for kids”. And I’ve never seen it like that (laughs), but that is true, but that is only one part of our job and I – it seems in my limited experience that a lot more of our job is much messier than that. And that even in the process of writing a psychological advice there are so many different stages where you’re engaging with people where you can have an impact that has no monetary value but could have a longer lasting effect than the money that they get in the Statement.

L – I think you are right. It is one of the areas, if every EP just had to do SAs, no one would last long as it is incredibly difficult working in the sense of – you need to be able to do the less serious cases, if you have to, if you do all quite high and complex cases, you know it takes a lot out of you. And any Service that just has that, people leave as they just can’t cope. But, at least you feel as if you are making a contribution. And I think as our role has changed, I mean this has been an ongoing debate since I joined and forever “What is the role of the EP and no one has come up with an answer. But certainly in XXXX where our role was less clearly defined, we got more marginalised, you know, pushed out. Loads of people came into schools saying “we can do what the EPs do”. You know, I think it would have been nice to have had therapeutic work we could have offered. [umm um]. Umm, because I think all of us say we can do it, but if we had had service backing, “This is what we are going to offer as a Service you know, we are all skilled you know, this is our skill base in these areas and we expect you almost to use us in that way you know, I would have got some satisfaction out of that”. Definitely, because that is what schools always want. They think CAMHS is the Holy Grail and I don’t know quite why.

N – Maybe it is because we have a cultural interest in mental health at the moment. And educational psychology practices haven’t traditionally offered that [no], in fact steered well clear of it, which I think is a real shame. So many EPs I talk to have an interest in this area and a recognition that lots of the kids they work with have more social and emotional issues that underlie their learning difficulties.

L – And they kind of, CAMHS have kind of certainly in XXXX, they have got a kind of monopoly on that sort of like you know area. We have got a claw in it, you know we have got the ADHD clinic here and we are very influential in that, but no-one, other people know that (laughs) I think it is only CAMHS who know that. And TAMHS should of… in other authorities I know that in other Services EPs ran TAMHS. We had to crawl our way, sorry, claw our way into that because we were just kept out of it. And it was bizarre really and although I tried at the steering group level to influence it, it wasn’t easy at all and [now it has gone] and now it has gone. I kind of knew it as an initiative, you know but we could of de-bunked some of the myths around CAMHS a bit more. Head teachers in Hull are very powerful and they just wanted to set up a system that suited them and serve them and not necessarily help the children I don’t think. They wanted quicker access to CAMHS and they thought that TAMHS would do that and that was it. They weren’t interested in using TAMHS therapeutically. The only aspect we have done is with the social skills, to use the money to do that we did, the group work. But then it was replicated by TAMHS as well in some cases, so they didn’t work with us again so we have done 11 schools and about 6 children in each school so we have reached quite a broad, you know..

N – And is that stopping, or is that carrying on?

L – No that is going to stop unless schools buy us in [right], no it is finished. (Silence…..)

N – It will be interesting I think, to see what they want from us with these extra hours they have bought, the school that have bought extra hours. I’m looking forward to September, I think I am looking forward to finding out… (laughs) unless they just want some extra time for Statutory Assessments.

L – I know I was just wondering. I’ve got one school and I’ve got a new SENCo and it will be interesting to see, you know to see what they want, I don’t think it will be therapeutic work (laughs), but we’ll see.

N – Yes – do you think sometimes that it is about educating schools because when I first came in and was going into planning meetings at school and said “oh you know I can do this and I can do that” and because I was a trainee I had a bit more permission to be different and they looked at me very strangely and as if they didn’t appreciate that this is what educational psychologists can do. But, actually, we can’t easily do that as we don’t have a lot of hours. But you know the therapeutic assignment I did, that should be possible within the hours structure [yes] if you add it in or use some of your specialist hours [yes] to do maybe one or two interventions a year that would be more…

L – 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”.

N – But why do we all have to do it?

L – Because I don’t think it will happen… you mean..

N – Yes individuals choose to do it. 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 ….

N – So any other reflections that you think would be helpful for me to know about?

L – I’m trying to think, um… I’d love to think that there was like, a change where we could work more therapeutically. I don’t think it is just about education with the SENCos . You know, did they know what the role?, you know . I’ve just had talks before, you know about working therapeutically. You know say parenting, I could do a parenting course, and you know they just sort of look at you and they’ve never come back to me and I’m thinking - OK why is that then? And I think it might be as you are saying about of them using us. They get set in their ways, they would have to change, and people can get quite comfortable in their role, and you have this, like, kind of dynamic and it is always the same. And then if I came in doing therapeutics, that might have to change. 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”. I would never be just, have, the one school, but I think they yes, might do that.

N – If you had more time..

L – Yes, its not just about, I think its about actually being on the site, you know, nearby that kind of thing, close to them as well. I think then they might.

N – It is interesting that the area teams are moving towards that, and whether area teams could then break down into clusters. Working with a cluster of schools. A secondary school and its feeder primary. I know it doesn’t work automatically like that, but ….

L – The next thing, I don’t know if you would call group consultation therapeutic, but I think it has elements of it [definitely] and A. has that commitment and I’ve just talked to one of my SENCos, they have cluster groups meetings in their area North. And I am going to see if we can get invited along and see if we can explain it. And I think maybe at that. If they see that the four faces in their cluster are these, and we will come along and meet you in your area and we are much more available and we don’t just come into one school. And I think then they might think to use us more therapeutically. But that’s my view you know having us on tap, you know, in the community. Again at W. I think they’ve got a café or area and we said we could perhaps run a clinic in there, you know sort of tongue-in-cheek, you know, but I think that might work better [close]. Yes I think it is something to do with having us fresh in they minds or near to reach and then I think…

N – Maybe it is also about building relationships with these SENCos so that they feel more contained by their relationship with us [yes] and so can believe that we might be able to do the same for kids in their schools.

L – 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.

N – And that’s the problem because CAMHS can’t do that either really [no]

L – But it is very much giving the problem away you’ll be able to sort them out you’ve got this magic dust and I don’t know, they’ll come back sorted really. 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 SDQ’s. 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]

N – It would be interesting to see what their outcomes are really and what methods they use, if any, what therapeutic methods.

L – But if you can help us do more, I mean the whole profession, I think it would be great, but I’m not sure what, you know it might take the Government, you know Sarah Tether saying that’s what she wants. But I think you’d have to take, I think there would be resistance.

N – Yes and rightly so in a way. If you’re wanting to offer something more respectful, more person centred, you’ve got to be respectful of the person who will be offering the intervention. And it can’t be something that you just force onto anybody, whether it be the EP or the school, or the child. It has to be something that people volunteer for, or request, um.

L – And that is where, because of the nature of that that it is always going to be difficult to implement it. I think the very fact that it needs to be presented in that way might be it’s downfall in a way as well

N – Why?

L – Because I just think it’s a bit um, what I said about resistance, I think you might have some people, like EPs saying “I don’t want to work like that” well that’s fair enough , like I said, but then you can’t force people to work in that way but then why would one school – say “Well I want a therapeutic EP, why have I got an EP who doesn’t want to do it?” and how are you going to decide all that if it’s a choice? You know

N – So the system prevents therapeutic work even though lots of EPs would like to do it probably.

L – Because unless… you can’t force people to work therapeutically (laughs) and schools say well I don’t want to work like that and you can’t insist that some of time is used like that either. 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. Its not that I’ve heard this conversation, but people have said it all the time.

N – I’ve read loads of articles – this has been going on for 30 years.

L – And no one seems to have come up with a solution.

N – Cos that is one of my, the Gestalt idea that we keep returning to this, suggesting something unfinished [right] there is something that is blocking a movement on to change and yet people don’t put it down either. The idea keeps being re-presented to the profession and I’m really curious about that process. So maybe you are right it can’t move on because, enough people want to do it, but the systems don’t allow it to happen, so they give up in frustration, but then 10 years later they think “no I do want to do this” and try again

L – Yes its like that – it like a circle, cyclical that’s it [yes]. But um, I was going to say something else then but I can’t remember.., but. Some of it is about, say if you waved a magic wand and all the courses put it on – you know it was a course requirement then maybe you know, you’d have a lot more people coming out. I think Axxx said he might be CBT trained, but he has not used it, I don’t think at all. I don’t know how much you’ve used on your course.

N – We have a lot on the course, two blocks of therapeutic and then I know Newcastle does some therapeutics and I think Birmingham does. I wouldn’t imagine Manchester does, but it might do.

L – And is it recognised as a separate qualification?

N – No, not in Sheffield though some of the people on the course say why can’t we do, but then as you say, the most they can offer you is a two or three day unit, that’s not a qualification for therapeutics. If we are going to do therapeutics then we need to start looking at personal awareness and getting trainees to start doing personal therapy. Or have a specialism, where for those who absolutely think that is a terrible idea, they don’t have to go down that route in order to get qualified, but those who want to do it could umm

L – And I don’t know whether it is to do with the age profile as well. I don’t know with, it might change with more women. The AEP says most of its members now and AEP members make up that and most of 96% of potential EPs are women who work part-time. So more.. [the demographic] yes. So maybe, cos I think we’ve had a lot of old fogeys (laughs) and that is reflected in the NEC who probably I reckon, don’t know, maybe this is my fantasy, who don’t want to do therapeutic work, and haven’t been, would have been very helpful.

N – Well they would go down the clinical route if you were interested in that rather than educational psychology [yes].

L – So maybe need to have a change in gender and age as well in the EP population.

N – Well I think the age is changing [yes it is getting younger] cos the course nature means that only young people can afford to do the training.

L - So that might be another potential as well. Let’s say, I was one of the youngest when I qualified on my course. Lets say if I was 45 and I had just qualified, would I want to start learning, working therapeutically if I hadn’t done?.. I’m not sure that I would either

N – Interestingly, I would say on our course though, it is the older people who are interested in the therapeutics and it is the younger ones who are resistant (laughs).

L – Do you think that is about personal awareness do you think?

N – Yes it might be cos I think if you are in your 20s you haven’t got a lot (laughs).

L – I didn’t (laughs)

N – I didn’t definitely (laughs)

L – I don’t think I could have offered anything to anyone (laughs)

N – Definitely into my 30’s and it is still an on going process

L – I agree yes I know what you mean. 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 [um] and hopefully your research will highlight some..

N – (laughs) just say “Well these are the problems” (laughed together). I’ll make some suggestions [yes]. So thank you. Anything else that we’ve missed

L – No I don’t think so

N – Brilliant.