



**Educational psychology practice within  
Children's Services: an exploration of working  
therapeutically now and in the future**

**Catherine Kitchen**

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## **ABSTRACT**

This thesis considers Educational Psychologists' (EPs) views of references to therapy in *A review of the functions and contribution of educational psychologists in England and Wales in light of "Every Child Matters: Change for Children"* (Farrell et al, 2006). A grounded theory methodological approach was undertaken, contributing three core categories to existing theoretical knowledge about EPs and therapeutic interventions: seeking demystification and clarity in relation to the language of therapy and therapeutic interventions and the appropriateness for EPs; a changing future for EPs; a frustrated conditional desire for therapeutic work. These core categories will be discussed in the context of existing literature. Associated recommendations have been made for the EP profession, Local Authorities, Educational Psychology Services (EPSs) and individual EPs.

## INTRODUCTION

*A review of the functions and contribution of educational psychologists in England and Wales in light of "Every Child Matters: Change for Children"* (Farrell et al, 2006) made reference to educational psychologists (EPs) and therapy. The report included a recommendation that EPs: "Should take advantage of the trend in the reduction of statutory work to expand and develop their activities in different areas where their skills and knowledge can be used to greater effect, e.g. in group and individual therapy, staff training and in systems work" (p. 11). The report also commented that, "Most respondent groups valued highly the contact that they had [with EPs], but would have welcomed more, particularly in the area of therapy and intervention" (p. 9). In the following year Educational and Child Psychology published a 'Therapy' (2007) special edition which included several examples of individual EPs employing different types of therapeutic interventions in their work. It was in this edition that MacKay (2007, p.7) stated "It is time for therapy to be rehabilitated in educational psychology."

As a student in the first cohort of the new three year doctorate training programme at Sheffield University, I have been fortunate enough to have experienced two block university weeks on 'therapeutics' where a wide range of therapeutic interventions were introduced. As a cohort of students, we also had the opportunity to reflect on these techniques and discuss how they could be implemented in our practice. As a consequence, I have thoroughly enjoyed having the opportunity to use some of these interventions in my on-going casework whilst employed as a trainee EP in a Local Authority.

It became evident during training, from my work experience in three different Educational Psychology Services (EPSs), that there is a wide variation in individual EP practice and as pointed out by Greig (2007) one should not assume that there is a universal desire for all EPs to take on a more therapeutic role. In this research I am keen to elicit the views of practicing EPs about the references made to therapy in the recent

review (Farrell et al, 2006) as there appears to be a clear gap in the research about EPs' perspectives on this area.

The discussion about the role of the EP has been ongoing for many years and it is hoped that the present research will contribute to this discussion in light of Children's Services and the Every Child Matters agenda. It is highly important to the profession that the voice of the EP in relation to therapeutic work is heard and it is hoped that the use of a grounded theory approach will facilitate this.

In writing this research, I have chosen a structure to reflect the stages I went through as a grounded theorist. By explaining this research in this way, it is hoped that the reader will be able to follow my journey enabling me to demonstrate the reflexive position I intended to take throughout the research process.

Within this study, I decided not to carry out a literature review in the traditional sense, prior to carrying out the research in order to develop specific research questions to channel the research. This is because I wanted the research to be truly grounded in the voice of the participants and I did not consider previous research to be necessarily relevant before I heard what the participants had to say on the subject. However, that is not to say that I ignored my previous knowledge and ideas, or attempted to put it to one side. Instead as a reflexive researcher, I viewed this knowledge as aiding the process of analysis and also attempted to view previous research critically (Henwood and Pidgeon, 2003). Throughout the research process, I continually developed what Strauss and Corbin (1998) described as 'theoretical sensitivity' to the research area. As pointed out by Strauss and Corbin (1998, p. 47) "Insights do not just occur haphazardly; rather they happen to prepared minds during interplay with the data." The literature review will therefore be guided by the data and incorporated into the results and discussion section at a later stage in this thesis.

It needs to be acknowledged that writing up a dynamic, evolving piece of qualitative research in a linear way was not a straightforward process. However, it is hoped that after reading the methodology section of the research, it will be clear how I arrived at my

results and discussion of these results. For this reason, the 'Methodology' section constitutes the next chapter of this research.

## METHODOLOGY

### Academic background and epistemology

During my undergraduate Psychology degree, the research methodologies taught were heavily quantitative and complemented by copious statistical analysis. In my final year, I was pleased to have chosen a module in Feminism and Psychology and felt enlightened when introduced to qualitative methodologies. Unfortunately this was a brief introduction in comparison to the large quantitative emphasis and I distinctly remember being informed that these were more appropriate for post-graduate research. As a consequence, my undergraduate research project was positivist and quantitative in nature and I felt constrained by this approach to research, as I was unable to get to what I felt to be the core of the research area.

When I started the Doctorate in Educational and Child Psychology, I was keen to find out more about different qualitative approaches to research. I knew that the research areas I was most interested in were more appropriate for qualitative methodologies as these were “concerned with the quality and texture of experience, rather than the identification of cause-effect relationships” (Willig, 2001, p.9). I wanted to be fully involved in the research process, and acknowledge this through reflexivity which “requires an awareness of the researcher’s contribution to the construction of meanings throughout the research process” (Willig, 2001, p.10), something that is impossible when employing the rigidity of a quantitative research design.

When I decided to research Educational Psychologists’ views of references to therapy in *A review of the functions and contribution of educational psychologists in England and Wales in light of “Every Child Matters: Change for Children”* (Farrell et al, 2006), I recognised that there was very little existing research into this area. The use of a quantitative methodology driven by positivism, empiricism or hypothetico-deductivism would be inappropriate as there was no existing research to confirm or refute and it would not lead to the addition of theoretical knowledge. I therefore decided that it would be

valuable to carry out an exploratory study using a qualitative approach in order to gather a rich, in-depth picture of EPs' views.

When considering the various qualitative approaches, it was important to me as a researcher that the data gathered was inductive and grounded in the participants' voice, aspects considered essential in Big Q methodologies (Kidder and Fine, 1987). This is also fundamental for generating theory. A key part of my practice as a trainee EP is ensuring that the child's voice is heard and represented, and in my position as a researcher, I wanted to similarly ensure that the theories generated from the data were grounded in the participants' voice. I did not want to impose any pre-conceived categories or hypotheses on the process of data gathering as I recognised that this would constrain the data gathered and would not be in keeping with an inductive methodology.

#### Grounded Theory as the chosen research approach

Having considered various qualitative approaches including discursive psychology, interpretative phenomenology and case study, I decided that grounded theory would be the most appropriate approach for this research. The main reason for this decision was that it would facilitate contextualised theory generation and, as already discussed in the introduction to the research, there was a clear context for carrying out this research and a theory generating approach would help explain the position of EPs. Discourse analysis "examines how language is used to accomplish personal, social, and political projects" (Starks and Brown-Trinidad 2007, p. 1372) which would not be appropriate for this research. I felt that it would be more beneficial for Educational Psychology as a profession to have some sort of explanatory framework in relation to therapy, a goal achieved by grounded theory. Although it shares some similarities with grounded theory (Willig, 2001), interpretative phenomenology places more of an emphasis on developing meaning from personal experiences instead of theory generation and it does not focus on opinions, an aspect which I consider to be important in this research. A case study approach was also considered but rejected on the basis that it would not enable such a broad view of the profession.



In talking about his use of grounded theory, Miller (1995, p.12) explained,

*Instead of always assuming a linear transmission from pure research to professional activity, the practice of educational psychology can form the starting point for theory building which can enhance and extend the scope of psychology.*

In addition, Willig (2001) acknowledges that for researchers like myself who have been trained primarily in quantitative methods, grounded theory is accessible as it works with categorising data, whereas discursive approaches would not. It also has the benefit of suggesting specific techniques and procedures for developing grounded theory (e.g. Strauss and Corbin 1998) and Charmaz (2006, p.15) states “With flexible guidelines, you direct your study but let your imagination flow.”

Another benefit of employing the full version of the grounded theory approach to research, as opposed to using the abbreviated version as a data analysis tool, is that “The researcher collects some data, explores the data through initial open coding, establishes tentative linkages between categories, and then returns to the field to collect further data” (Willig 2001, p.37). This cyclical approach of data collection and analysis appealed to me because it emphasises the creative role of the researcher in directing each stage of the research. Charmaz (2006, p.2) states that, “By adopting grounded theory methods you can direct, manage and streamline your data collection and, moreover, construct an original analysis of your data”.

The latter part of this chapter will consider the rationale behind “returning to the field to collect further data” and the subsequent methods employed. Once the initial data had been analysed, this informed the next step in data collection. “With grounded theory methods, you shape and reshape your data collection and therefore refine your collected data” (Charmaz, 2006, p.14).

Grounded theory was first developed by Glaser and Strauss in 1967 (Glaser and Strauss, 1967) and according to Charmaz (2006, p.6) they “aimed to move quantitative inquiry beyond descriptive studies into the realm of explanatory theoretical frameworks, thereby

providing abstract, conceptual understandings of the studied phenomena.” According to Thomas and James (2006, p.767), “There can be little doubt that it has been a major—perhaps *the* major—contributor to the acceptance of the legitimacy of qualitative methods in applied social research.”

Since Glaser and Strauss’ (1967) original publication there have been many adaptations of the approach and Glaser and Strauss have themselves both taken the approach in different directions (see Charmaz, 2000 for an overview). Mills et al (2006, p.1) suggest that

*Grounded theory can be seen as a methodological spiral that begins with Glaser and Strauss’ original text and continues today. The variety of epistemological positions that grounded theorists adopt are located at various points on this spiral and are reflective of their underlying ontology.*

However, the researchers also explained that each of the versions share key aspects including “theoretical sensitivity, theoretical sampling, treatment of the literature, constant comparative methods, coding, the meaning of verification, identifying the core category, memoing and diagramming, and the measure of rigor.” In considering the newer social constructivist version of grounded theory (e.g. Charmaz (1995, 2000, 2006), Willig (2001) questions whether this reflexive approach will require the researcher to employ elements of discourse analysis and consequently the methodology will cease to be that of grounded theory. Thomas and James (2006) also question why Charmaz wants to call her approach a version of grounded theory.

According to Willig (2001) the different versions of grounded theory differ in terms of the role of induction, the amount of discovery versus construction involved and the objectivist versus subjectivist perspectives and therefore each version is subject to differing critique (see Thomas and James, 2006).

## Critique of grounded theory and justifications for choice of version of grounded theory

One of the critiques typically associated with grounded theory as a research method for psychology is that it was designed for sociological research. Consequently, some people (see Willig, 2001) question its applicability to psychological research and state that it simply leads to elaborate description as opposed to explanation or theory development. However, Willig (2001) points out that grounded theory is covered in many different psychological research methods text books (e.g. Smith et al, 1995; Hayes, 1997; Murray and Chamberlain, 1999) and Willig herself has chosen to dedicate a complete chapter to the approach in her book entitled 'Introducing Qualitative Research Methods in Psychology' (2001).

Grounded theory is also said to be an extremely time consuming approach to research and Miller (1995) stated, "For these reasons, grounded theory methodology is unlikely to become the research technique most widely used by practitioner EPs" (p.13). In acknowledging that this may not be an approach I could use in my every day work as an EP, I was still keen to use it in this research as I am confident that I will be able to employ what I have learned and perhaps be able to implement the abbreviated version when practicing as an EP. In addition, when explaining the complex work of an EP, Miller conceded, "On those occasions where there is a need to pull together into a more coherent form, a set of data that is complex and phenomenological in nature, then grounded theory could well be the methodology of choice" (p.13).

One of the main critiques of grounded theory is that it is an inductive research method that, due to its positivist connections, does not adequately address reflexivity and the role of the researcher (Willig, 2001). For example in Selden's (2005, p.126) critique of grounded theory he states,

*A fundamental weakness in GT is connected to theoretical sensitivity. Conceptualisations do not emerge from data. Their source is within the researcher and is dependent on the extent to which he/she is widely read in scholarly matters.*

Pidgeon and Henwood (1997) suggest that to increase reflexivity the researcher should document all of the research process. This is something that I intended to do throughout the cycles of data collection and analysis. Charmaz's (1995, 2000, 2006) social constructivist version of grounded theory acknowledges the role of the researcher and is a more reflexive version of the approach. In advocating this more 'modern' version she states:

*I assume that neither the data nor theories are discovered. Rather we are part of the world we study and the data we collect. We construct our theories through our past and present involvements and interactions with people, perspectives and research practices.*

(Charmaz, 2006, p.10)

Mills et al (2006) suggest that roots in constructivism can also be found in the work of Strauss and Corbin (1998), although they did not explicitly state the paradigm they based it on. However, Strauss and Corbin (1998) did acknowledge that it is not possible for grounded theory to be "completely free of bias" (p. 97).

Madill et al (2000, p.17) suggest that:

*Qualitative researchers have a responsibility to make their epistemological position clear, conduct their research in a manner consistent with that position, and present their findings in a way that allows them to be evaluated appropriately. This may be particularly important with approaches such as grounded theory.*

The present study adopted a social constructivist version of grounded theory, being guided primarily by Charmaz's (2006) book entitled, "Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis." Strauss and Corbin's (1998) text was also consulted and techniques adopted flexibly. As pointed out by Mills et al (2006) several articles have cited a social constructivist version of grounded theory within the discipline of psychology (e.g. Corbet-Owen & Kruger, 2001; Dodson & Dickert, 2004) which serves to validate it as an approach to psychological research.

Whilst acknowledging the limitations of grounded theory, it needs to be pointed out that:

*There is, of course, no method that does not have its own limitations. An acknowledgment of such limitations, however, encourages a reflexive awareness of the boundaries of our own and others' claims to knowledge and understanding.*

(Willig, 2001, p.151)

It was therefore anticipated that having an understanding of these limitations would support me as a researcher in the use of grounded theory.

### Initial research question

Grounded theory can address a wide range of research questions (Willig, 2001). The first cycle of data collection and analysis in this research was based around the following initial broad research question:

- How do EPs view the references to therapy in the recent review (Farrell et al, 2006)?

In keeping with a grounded theory approach, this research question is open ended and makes no assumptions, other than perhaps assuming that EPs are familiar with the review, and have a view on these references.

### Ethical considerations

Researchers have an obligation to follow ethical guidelines in order to protect their participants. According to Willig (2001), qualitative research should follow the same ethical principles as quantitative research. In this research, each participant was provided with information about the research (see Appendix I for Participant Information Sheet) prior to the focus group discussion or individual interview, enabling them to give their written, informed consent about taking part in the research. In addition informed consent was ascertained for digitally recording the discussion. Participants were advised of their right to withdraw at any point during the research. At no point in the process were participants deceived about any aspect of the research. In terms of their protection and

well being, as all the participants were consenting well-educated adults it was assumed that they would be able to recognise if the discussion raised issues that were perhaps too uncomfortable for them as individuals and take appropriate steps.

Participants were assured of their anonymity and advised that no one would be identifiable in the focus group transcriptions and that once the discussion had been transcribed, the digital recording would be destroyed. Participants were also sent a transcription of the discussion for their own records and will be given the opportunity to read any research reports produced.

### Initial data collection method and sample of research participants

- Focus groups

Many data collection methods are appropriate to use within a grounded theory approach, including individual interviews, focus groups, textual analysis and participant observations. However, as the aim of this research was to ascertain views of EPs as a profession, I decided to use focus groups as the initial method of data collection. “There is a widespread consensus that focus groups are a valuable technique for collecting qualitative data” (Morgan, 1997, p.71). Focus groups are also said to be an efficient method for gathering data and according to Fern (1982) two focus groups consisting of eight research participants could produce as much information as ten individual interviews.

In this study, initial sampling led to three focus groups consisting of six to eight practicing EPs being carried out in three different Educational Psychology Services (EPSs). This was within the recommended range of participants in a focus group according to Morgan (1997). The duration of each focus group ranged from forty five minutes to one hour. The EPs in each of the focus groups were of various ages, had differing lengths of service and experiences; this was anticipated to lead to a rich picture of EPs’ views. However, each focus group represented the views of each EPS. The three EPSs were selected using elements of opportunity and purposive sampling. It was

opportunity sampling in that all three EPSs were all in the North of England and within an hour and a half drive from where I live and I also had contacts within each of these services. It was acknowledged that knowing some of the EPs taking part in the research may have had an impact. However, this may have actually increased the ecological validity as I was not a total stranger imposing on their focus group discussions. In terms of purposive sampling, it was known from discussions with EPs within these services that each EPS was at a slightly different stage in terms of their discussions about involvement in therapeutic work and consequently this would lead to a broad overview.

Another benefit of using focus groups is that they are higher in ecological validity than individual interviews because they resemble more naturalistic conversations (Mackey and Gass, 2005). These focus group participants formed part of a pre-existing group of work colleagues and the discussions were carried out in either a team meeting or part of a service day where EPs were used to having discussions about various topics, so this type of discussion would not be out of the ordinary. As advocated by Kitzinger (1994, p.105) "By using pre-existing groups we are sometimes able to tap into *fragments* of interactions which approximate to 'naturally occurring data'". However, a potential disadvantage is that EPs may have felt that they could not express any new or differing opinions for fear of offending members of their team. In addition, it was recognised that the focus groups were still set up for a purpose and, by definition, it was an artificial situation (Kitzinger, 1994).

The participants in each focus group were described as 'concerned' as opposed to 'naïve' (Willig, 2001) because the discussions were about references in a review of the EP profession. Prior to the focus group, each EP was provided with a discussion starter sheet (See Appendix II) which oriented them to the discussion task in advance. It could therefore be assumed that the EPs would have much to say on this subject area and consequently the discussion was kept fairly open ended with low facilitator involvement; Morgan (1997) suggested that this is certainly appropriate for interested participants. This also ensured that: "Priority is given to the respondents' hierarchy of importance, their language and concepts, their frameworks for understanding the world" (Kitzinger

1994, p.108), and as pointed out by Morgan (1997, p.46) “too often researchers inadvertently narrow the discussion by implicitly assuming which issues are important.”

One of the main benefits of using a focus group is that the group interaction will be used as data (Morgan, 1988) and as he points out, “This process of sharing and comparing among participants is thus one of the most valuable aspects of self-contained focus groups” (Morgan, 1997, p.20). The group dynamics in a focus group are very important:

*When group dynamics worked well the co-participants acted as co-researchers taking the researchers into new and often unexpected directions and engaging in interaction which were both complimentary (such as sharing common experiences) and argumentative (questioning, challenging and disagreeing with each other).*

(Kitzinger, 1994, p.107)

It is understandable how focus groups can lead the discussion to new directions which had been unanticipated by the researcher (Morgan, 1997). Another benefit of participants being in a group situation is that they are encouraged by others to justify their position or comments, something that they would not have to do in the context of an individual interview. This often means that a lot of theorising can actually be done by the group instead of the researcher having to carryout what Kitzinger (1994) describes as “armchair theorising” (p.113).

In stark contrast, group dynamics can also lead to criticism of focus group methodology in that the interactions within the group will obviously influence what each individual will say (Janis, 1982). Individuals may conform to the group’s views and may not feel able to say something if they feel it deviates from the group norm, sometimes termed ‘group think’ or an individual may express polarised views which are more extreme than the views they may express in an individual interview (Morgan, 1997). However, Kitzinger argues that a certain amount of censorship is part of what goes on in everyday life as “People do not operate in a social vacuum” (1994, p.112). It is important for researchers to recognise when this occurs and be reflective about it.



Each of the three focus groups were digitally recorded and transcribed (see Appendices III to V for extracts from the transcripts). Although video recordings would have provided the researcher with more information such as body language and who was talking (Morgan, 1997), this was decided against as it was felt that this would infringe more on the discussion and consequently affect the ecological validity, whereas audio recording would be more discreet.

### Analysis of focus group transcripts

The transcripts of the focus group discussions were analysed using the coding principles of grounded theory as described in Charmaz (2006) and the guidelines provided by Strauss and Corbin (1998). In keeping with these approaches, it was essential that data was not forced into pre-conceived categories, as in content analysis, but instead “Codes fit the data you have rather than forcing the data to fit them” (Charmaz, 2006, p.49).

During the initial coding (Charmaz, 2006), or open coding (Strauss and Corbin, 1998) phase of analysis, each line in the first focus group transcript was given a label, a code (see Figure 1 on p. 17 - 18 for list of level 1 codes). Although this was a time-consuming approach to coding, Strauss and Corbin (1998) advocate it as being the most productive as it ensures that little is missed out from the data. The second two focus group transcripts were coded with the previous transcript(s) in mind. At this stage in the analysis the majority of the initial codes were descriptive in nature and tended to be at a low level of abstraction. To read direct quotations from the focus group transcripts corresponding to examples of level 1 codes and the initial interpretation see Appendix VII. ‘In vivo codes’ (Glaser and Strauss, 1967), where codes were the actual words of the participants, were used, as this helped to further ensure that the codes were grounded in the data.

By following Charmaz’s (2006) approach, the next stage of coding involved focused coding which is defined as:

*Using the most significant and/or frequent earlier codes to sift through large amounts of data. Focused coding requires decisions about which initial codes make the most analytic sense to categorize your data incisively and completely.*

(Charmaz, 2006, p. 57)

Throughout the focused coding process, the three focus group transcripts were constantly compared, re-read and questioned in order to produce concepts which reflected the merged data from the three focus group transcripts. Subsequently, this enabled each code to become more focused and grouped into concepts/level 2 codes (see table 1 below). From these concepts/level 2 codes, categories were then established. To aid this process, all extracts from the transcripts relating to a certain concept were grouped together in order to get a complete impression of data contributing to each of the categories.

**Figure 1: A table to show level 1 codes and the corresponding level 2 codes established from the data**

<b>Level 1 codes</b>	<b>Level 2 codes/concepts</b>
Definition	Language
Terminology	
Concerns/anxieties	Mystification and confusion
Approaches	Clarity and appropriateness
Wider context in Children's Services	Changing future
Role of CAMHS	
Changing role of EPs	
Distinctive contribution	
Levels of therapeutic work	
Models of service delivery	
Support systems	Systemic limitation or facilitation of therapeutic work
Opportunity	
Time	

Impact	Desire to work therapeutically and have impact from EPs and others
Desire	
Lost opportunities	Frustrations at lost opportunities
Skills	Opportunities to develop knowledge skills and experience
Knowledge	
Experience	
Training	
Client	Individual differences and preferences
Part of toolkit	

Strauss and Corbin (1998) advocate using ‘axial coding’: a set of procedures to put the data back together after it has been taken apart during open coding. However, several authors have questioned its value (e.g. Kelle, 2005; Robrecht, 1995) and Charmaz (2006) does not consider it to be necessary to develop categories, subcategories and the links between them. In fact, Charmaz (2006, p. 62) suggests that “relying on axial coding may limit what and how researchers learn about their studied worlds and, thus, restricts the codes they construct”. However, elements of Strauss and Corbin’s (1998) axial coding were used in this research in order to support the generation of links between categories in selective coding. As advocated by Strauss and Corbin (1998) and Charmaz (2006), memoing and diagramming were used throughout the coding process in order to record emerging analytical thoughts and track the thought process behind the emerging theory and inform subsequent data collection.

After the third focus group had been analysed, it was clear that little new data was being generated and consequently the first stage of data collection and analysis had been completed. Five categories, or level 3 codes, had been tentatively constructed from the data. At this stage in the research, these categories were:

- A changing future
- A frustrated/conditional desire to work therapeutically

- Need to develop self-efficacy and confidence
- Seeking demystification and clarity
- Systemic facilitation (flexibility within systems and structures)

It was at this stage in the research that I was able to employ an element of theoretical sampling in order to further develop the categories and theory. Charmaz (2006, p.103) explained that “Theoretical sampling ensures that you construct full and robust categories and leads you to clarify relationships between categories”, describing it as a “strategic, specific, and systematic” process.

#### Subsequent data collection method

- Individual ‘elite’ interview

After devising the tentative categories, it was clear that one of the main concepts related to the changing future for EPs and a frustrated desire for therapeutic work. However, I wanted to develop these categories further using an individual interview. Morgan (1997) advocates linking focus groups and individual interviews and states:

*Focus groups and individual interviews can be complementary techniques across a variety of different research designs. In particular, either of them can be used in either a preliminary or a follow-up capacity with the other.*  
(p.22)

It was anticipated that by employing both data collection methods, the benefits of both methods would be reaped. For example, with an individual interview, more in-depth data can be ascertained about an individual’s views whereas the focus group can gather information on the interaction about a topic. Kitzinger (1994) also advocates using both methods as she acknowledges that individuals behave very differently when in a group situation to when they are on their own.

I decided that an ideal way of developing the categories further would be to interview a professional who had a broad overview of EPs within Children’s Services and

commissioning of services and who would be able to offer a unique perspective. Consequently I carried out what Gillham (2000, p. 81) would describe as an 'elite' interview with a Director of Children's Services who had also previously worked as an Educational Psychologist. Gillham (2000) described an 'elite' interview as a different, special kind of interviewing technique and described how:

*Often in an institution or profession there is someone (or a small number of people) who is in a privileged position as far as knowledge is concerned; no doubt in other ways too. These are often people in positions of authority, with considerable personal power. But it may be that they are just particularly expert or authoritative and so are members of an 'elite' in that sense.*

(Gillham, 2000, p. 81)

Gillham (2000) explained that as the 'elite' interviewee is likely to be so knowledgeable in their field and used to being in control that, "They will not submit to being tamely 'interviewed', where you direct a series of questions at them" (p. 82). This fitted in well with the grounded theory approach and I saw the 'elite' interview as an ideal opportunity to benefit from the Children's Service Director's knowledge and was keen for the interview to be relatively unstructured with the lead taken by the interviewee. I decided to open the interview with a short initial explanation of my research (see Appendix VI for the introduction given to the Children's Services Director). After this short initial explanation, the Children's Services Director took the lead and explained in great detail her views in relation to EPs and therapeutic work. At relevant points in the interview, I brought in findings from the focus group discussions so that the Children's Services Director could expand on these points. It was clear from this interview that she was able to offer a completely unique perspective in relation to this area of research and certainly helped to clarify the earlier focus group discussions. It is for this reason that Gillham (2000, p. 83) suggests using "extensive direct quotation" from the interview in the research write up.

#### Analysis of 'elite' interview transcript

The 'elite' interview was transcribed (see Appendix VI for an extract of this transcript) and coded following grounded theory principles in the same way as the focus group

transcripts had been. Using constant comparative analysis, the focus group transcripts were then re-read with the codes from the elite interview in mind and vice versa. Additional constant comparisons were carried out which suggested that two of the initial categories: 'Need to develop self-efficacy and confidence' and 'Systemic facilitation (flexibility within systems and structures)' were not substantive enough and were more appropriately placed as sub-categories within the larger category of 'A frustrated conditional desire to work therapeutically'.

At the end of the coding stages, three core categories had been established:

- Seeking demystification and clarity in relation to the language of therapy and therapeutic interventions and the appropriateness for EPs
- A changing future for EPs
- A frustrated conditional desire for therapeutic work.

(See Appendix VIII for Figure 2 showing how the level 1 and 2 codes fed into the final core categories.)

It was from these core categories that the emerging theory was based. However, as pointed out by Charmaz (2006, p. 165) "The constant comparative method in grounded theory does not end with completion of your data analysis. The literature review and theoretical framework can serve as valuable sources of comparison and analysis." This will be described in the subsequent section of this research.

## **INTRODUCTION TO RESULTS, DISCUSSION AND LITERATURE REVIEW**

Where to place the literature review within a grounded theory study is a frequently debated topic among researchers (e.g. Glaser, 1992; Mills et al, 2006). However, as advocated by Charmaz (2006), in this study I have used grounded theory to guide the literature review and within this chapter have attempted to “weave” the literature throughout the presented theory and discussion. When carried out in this way, Charmaz (2006, p.165) described, “Completing a thorough, sharply focused literature review strengthens your argument – and your credibility.”

In writing up a thesis employing a grounded theory methodology, it is almost impossible to separate the research findings from the discussion as it would become far too repetitive for the reader and restrict the flow of writing. As pointed out by Charmaz (2006), when writing up a grounded theory study the researcher “moves back and forth between theoretical interpretations and empirical evidence” (p. 152 – 153) and this is certainly what is intended in this research. This chapter will present what Strauss and Corbin describe as the “main analytic story” (p. 250). Throughout the writing process, the analytic story was “qualified and, therefore, improved” (p.250) as analysis and writing are so closely linked (Strauss and Corbin, 1998). When writing this chapter, it was clear that many of my initial thoughts and ideas were strengthened and writing the story certainly did add to the analysis.

In writing up research, Strauss and Corbin (1998) advocate addressing “the main issues and problems with which these informants were grappling” (p.252), and this is what this section intends to do. This chapter will present the research findings in the form of the major categories that emerged and will describe the relationships between these categories and weave in relevant existing literature. The three core categories that will provide the main outline of this story are:

- Seeking demystification and clarity in relation to the language of therapy and therapeutic interventions and the appropriateness for EPs

- A changing future for EPs
- A frustrated conditional desire for therapeutic work

The core category of ‘Seeking demystification and clarity in relation to the language of therapy and therapeutic interventions and the appropriateness for EPs’ will be presented first as this chapter will discuss definitions and terminology. It is hoped that this chapter will provide context for subsequent chapters as it will provide the reader with definitions and justifications for choice in terminology.

*To help make this chapter easier to follow for the reader, long direct quotations from the focus groups or individual interview will be presented in both italic font and quotation marks and the brackets after the quote will show which transcript the quotation was lifted from, followed by the line numbers. Long quotations from the existing literature will follow traditional format and will be presented in italics.*



**SEEKING DEMYSTIFICATION AND CLARITY IN RELATION TO THE  
LANGUAGE OF THERAPY AND THERAPEUTIC INTERVENTIONS AND  
THE APPROPRIATENESS FOR EPs**

It was clear from the focus group discussions in this research that EPs had a number of unanswered questions and concerns about the language associated with therapy and therapeutics and consequently sought demystification and clarity. The lack of clarity and consensus with regards to EPs' role in general will be considered in the section entitled 'A changing future for EPs'. However, within this category specific consideration will be given to the confusion around definitions and terminology relating to therapeutics and therapy. The subheadings used in this chapter relate directly to the discussions within the focus groups.

**The terms 'mental health', 'therapy' and 'therapeutic'**

Within the focus groups, some EPs disliked the terms therapy and therapeutic because of the link with clinical psychology and the medical model. For example, one EP commented "Therapeutic seems like the wrong word because that sounds clinical" (2: 162) and another stated "I don't like the word therapeutic. I think it reinforces the 'within child' way of looking at things" (2: 266 – 267). EPs felt that the terms therapy and therapeutic reinforced the 'expert' model where the EP 'fixes' the child. References were made to the terms having 'negative connotations' and being 'about cure' and 'mending things that are broken'. In discussing these terms questions were also asked about what constitutes mental health and one EP asked "What is mental health? Is it the absence of some sort of difficulty or is it the presence of something more positive?" (2: 139 – 140). Relating this notion to therapeutic work, the same EP stated:

*"So is therapeutic work more about addressing a problem, or the promotion of more positive things? For me it doesn't necessarily have to be trying to fix something that's gone wrong."*

(2: 171 – 172)

Within the literature, the use of the term 'mental health' has been questioned. For example, Weare and Markham (2005, p.14) describe how "The term 'mental health' has tended to be synonymous with mental illness and to produce anxiety and denial in many people's minds."

*It is the concern of everyone to try to use language and terminology that is inclusive, normalising, and avoids stigma and discrimination. For example using a term such as 'emotional and social wellbeing' rather than 'mental health' has been used in Britain because of negative connotations around the word 'mental' in colloquial speech.*

(Weare and Markham, 2005, p.14)

The Child and Adolescent Mental Health Service (CAMHS) review found that older teenagers were more likely to view the term 'mental health' as positive whereas children were more likely to view it in a negative way (DCSF and DH, 2008).

The 'Therapy' edition of Educational and Child Psychology (2007) refers to the term 'mental health' throughout, whereas the recent CAMHS review refers to both 'mental health' and 'psychological wellbeing' and describes how young people use terms such as 'feeling balanced' or 'in control' (DCSF and DH, 2008, p.66). Although 'emotional health and wellbeing' is a term frequently referred to in schools and highlighted in the National Health Schools Programme (DH and DCSF, 2007), in a recent publication for head teachers and commissioners of services, the government defends its use of the term 'Mental Health' by stating that it is important "that schools are viewed as an access point for mental health services" (DCSF, 2008, p.8). In this publication it uses a positive definition from the Mental Health Foundation (1999) which:

*Defined children who are mentally healthy as able to:*

- *develop psychologically, emotionally, intellectually and spiritually;*
- *initiate, develop and sustain mutually satisfying personal relationships;*
- *use and enjoy solitude;*
- *become aware of others and empathise with them;*
- *play and learn;*
- *develop a sense of right and wrong; and*
- *resolve (face) problems and setbacks and learn from them.*

(Cited in DCSF, 2008, p. 8)

In discussing terminology, the recent CAMHS review stated:

*Mental health and psychological well-being are not about feeling happy all the time. They are about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with the setbacks that everyone faces from time to time. All of us have mental health needs, and from time to time these may become problems that require support from others.*

(DCSF and DH, 2008, p.14 – 15)

Considering the positive, reframed definition of children who are mentally healthy, and bearing in mind that schools are being encouraged to use the term 'mental health', perhaps EPs too should routinely and confidently use the term. On the other hand, perhaps the CAMHS service should adopt the terms 'emotional health and wellbeing' in order to promote a consistent approach to language and a shared understanding which would hopefully demystify the term. Despite acknowledging that, due to the various professional training and the different systems in which professionals operate, it is not surprising that there is no agreed terminology, one of the key recommendations in the most recent CAMHS review was:

*To improve consistency and promote greater cooperation and co-ordination, there should be a shared development of the language used to describe services, so that all services can understand that they are part of the comprehensive range of provision to address mental health and psychological well-being.*

(DCSF and DH, 2008, p.67)

It would be reasonable to presume that EPs would be included in references to "all services".

In the present study, it was clear from the focus group discussions that EPs do not always know how to describe their direct intervention work with children and in the focus groups often added 'stuff', 'bits', 'thing' when describing it. This could be because they are not

used to describing what their work is, or have not previously considered their work to be therapeutic in nature as there is no clear definition in use within the profession.

This could link in with the fact that in 1995, the editorial for the 'Therapeutic Interventions' special edition of Educational and Child Psychology, pointed out that, "In educational psychology the term "therapy" is seldom heard" (Indoe, 1995, p. 4) and he criticised this by stating:

*Serious questions need to be asked about the training and practice of educational psychologists. Do they ever consciously practise any therapeutic intervention, ever consciously plan to make people feel, or think better after seeing them? Ever consciously see problem solving as a therapeutic activity rather than a task to complete?*

(Indoe, 1995, p.4)

As pointed out by Rhodes and Ajmal (1995, p. 16), the word 'therapy' "carries with it many associations and interpretations." MacKay and Greig (2007) acknowledged the association with the medical model and also with psychodynamic approaches. However, as MacKay and Greig (2007) pointed out there are some children and young people who have 'hard wired' difficulties that cannot always be understood from within a social constructionist paradigm. In addition, the British Psychological Society (1998) document, 'The Professional Practice of Educational Psychologists' specifically mentions that EPs should be involved in therapeutic interventions thereby suggesting that this is certainly an appropriate term to use. In addition, the very recent Mental Health Foundation's booklet entitled, "Talking therapies explained" lists EPs as one of the many professionals qualified to offer talking therapies (Mental Health Foundation, 2009, p. 12).

In the present study, when discussions took place about alternative ways of describing this type of therapeutic work, other words such as 'intervention' or 'intensive work' were suggested, but these too appeared inadequate and EPs stressed the desire to avoid further mystification by giving it a different name. Discussions were held about avoiding a clinical definition of the terms and one EP acknowledged the differences between therapy within a child guidance context and as it would be defined now within an educational psychology context:

*"I think that what you were raising was about a different entity probably because therapy in the days of early 80s and early 90s perhaps was seen more as a child guidance technique as being something more clinically based. Whereas I think therapeutic intervention now as they are defined by EPs may not be seen in that way and are seen far more in an overlap with interactionist models."*

(2: 30 – 34)

The Targeted Mental Health in Schools (TaMHS) programme (DCSF, 2008) certainly advocates therapeutic interventions taking place within an 'ecological' model and states that it should never be carried out in isolation from other work with the school or family. The CAMHS review (DCSF and DH, 2008, p. 61) suggests that:

*The most effective approach is one that considers all aspects of need – in effect, a biopsychosocial approach. Where the biological, psychological or social needs are paramount, particular emphasis is given to addressing these aspects.*

This quote appears to fit in with the views expressed within the focus groups in the present study. Perhaps there is not such a division of views in relation to therapy between EPs and clinical psychology as there once was.

The recent special edition of Educational and Child Psychology entitled 'Therapy' presented the literal translation as 'healing' (MacKay and Greig, 2007, p.4) and used the term 'therapy' consistently throughout the journal. The editorial justified the choice and stated:

*The simple term 'therapy' is easy to understand, provides historical continuity with its long established use in educational psychology and conveys with economy of expression everything that we have planned to cover in this subject area.*

(MacKay and Greig, 2007, p.4)

Perhaps EPs need to take the advice of the authors and 'borrow' the terminology in order to facilitate a shared understanding? Perhaps the use of terms other than therapy and therapeutic would simply add to the mystification and lack of clarity? Perhaps what the

profession needs are clear definitions of the terms that adequately reflect EPs' work so that EPs feel comfortable and confident using them?

### Definitions of therapy and therapeutic

In 1995, Indoe (p.4) commented on the “magic and mystery cloaked in the term ‘therapy’ – and what did that mean anyhow?” The Oxford English Dictionary simply defines the noun therapy as “1: Treatment intended to relieve or heal a disorder” and “2: The treatment of mental or psychological disorders by psychological means” (Oxford English Dictionary, 2008a). Therapeutic as an adjective is defined as “1: Relating to the healing of disease” and “2: Having a good effect on the body or mind” (Oxford English Dictionary, 2008b).

In the present research, discussion took place in each of the focus groups about the definitions of therapy and therapeutics. For example, when examining the quote from the recent review of role and contributions of EPs (Farrell et al, 2006), one EP questioned, “Did they say what they meant by therapy and intervention? Cause I think it’s such a woolly term” (1: 259 – 260). A range of views were expressed about what constitutes therapeutic work and consequently, how much of it EPs are doing already:

*“I think one of the issues for me is really what is therapeutic work? Because in discussions I’ve had with colleagues outside our service, one of the issues we’re wrestling with is how to define it, what counts as therapeutic work and if you have a broad definition of it, then it means that more EPs are doing it already. So I suppose, that’s the first issue that springs to mind, is trying to think of for us as a profession, what it is that exactly means and how much we’re doing of it at the moment.”*

(2: 6 – 12)

Within the recent review of EP role and contributions, “One to one therapy” was defined as “Direct therapeutic work from the EP” (Farrell et al, 2006, p.25) which suggests that the two terms are synonymous and consequently does not add much clarity. Surely an EP can carry out therapeutic work directly with a child without it constituting actual ‘therapy’?

### The perceived difference between therapy and therapeutic

In the present study there was extensive discussion within the focus groups, and perhaps some confusion, about the distinction between the terms therapy and therapeutic. From the discussions it appeared that EPs considered there to be an important distinction between what could be described as general therapeutic techniques/therapeutic conversations and more specific therapeutic work/interventions. On the whole, EPs considered therapy to be something distinct again although this is not recognised in the literature (e.g. Greig and MacKay, 2007; Farrell et al, 2006).

Throughout the focus groups, EPs referred to generic therapeutic techniques as those employed on a daily basis with a range of clients. The skills and techniques employed when working in this way were described as eclectic, drawing on a variety of different therapeutic approaches. EPs specifically mentioned active listening, reflecting back, chatting, just talking, reframing, being non-judgmental, ensuring equivalence, respecting others' points of view, facilitating change, empowering clients and engaging in therapeutic conversations. When using these general approaches, EPs talked about how they are not always aware that they are employing therapeutic techniques, as they are used automatically.

The Children's Services Director interviewed in this research felt strongly that the basis of any therapeutic intervention is a conversation and that people want "To be able to sit down and talk and be listened to and have the space to develop solutions, and that in itself is just amazing" (4: 106 - 108). She also stated:

*"I think it's about conversation with people at the end of the day and I think it's bad isn't it that we have to label it a therapy in order to justify having conversations with somebody."*

(4: 107 - 109)

In the present study, to differing extents and dependent on preference, experience and training, individual EPs within the focus groups described using a wide range of what they described as more specific therapeutic interventions including:

- Cognitive behaviour therapy (CBT)
- Solution focused brief therapy
- Motivational interviewing
- Family therapy
- Narrative therapy
- Hypnotherapy
- Peer listening
- Peer mediation
- Anger management
- Behavioural approaches including de-sensitization

Some of the interventions mentioned above were not necessarily viewed as therapeutic interventions by all EPs in the focus groups, but they may produce a therapeutic effect. Within the focus groups, open discussions, and at times debate, took place about which approaches or interventions could be described as therapeutic. For example, one EP commented “I mean to what extent do those of us, which is all of us, who do group work, to what extent is that therapy?” (3: 426 – 428). Relating to this comment, Skinner (1999, p.190) used the term ‘group intervention’ instead of ‘group therapy’ because he considered the techniques used within the intervention to be eclectic in nature as he had drawn on several different theories and practices. However, perhaps he could still have described it as a therapeutic group intervention.

Through discussion with colleagues in the focus groups, there were a couple of occasions where EPs changed their minds about whether or not a particular intervention could be described as therapeutic:

*“I think if we asked for a show of hands about whether one on one work, adult with pupil using a solution focused approach was therapeutic work, I*



*think most people would say it was I'd guess. When it's applied to a classroom setting like the WOWW [working on what works] stuff, then it didn't strike me initially as being therapeutic, but actually I think it is."*

(2: 30 – 36)

In this study, in an attempt to further clarify the distinction between the terms therapy and therapeutic, one EP stated "I think what we already do is therapeutic conversations and interactions. But we don't necessarily do therapy" (3: 422 – 424). In elaborating further on therapeutic conversations another commented "They're more common, they're our bread and butter, whereas therapy as such is rarer" (3: 224). Discussions within the focus groups made it clear that therapy is something that is pre-planned with clear objectives, within a particular theoretical framework, where the aim is to empower the client to improve the current situation. An extract of conversation from one of the focus groups stated:

*"Are we saying that therapy is a planned thing within a particular framework over a certain number of sessions?"*

*"I think it is, otherwise, you end up claiming everything is. And it's the idea I guess that you've got to have a theoretical basis which underpins what you're doing."*

(3: 445 – 449)

One of the EPSs within the present study had actually started to write a draft 'Therapeutic Working' Policy which aimed to clarify terms and demystify this type of work. However, within the focus group discussion it was evident that additional thought and discussion was required within the team to ensure that the terms used did indeed provide clarity and adequately reflect practice across the team.

### Appropriate specific therapeutic interventions for EPs to be trained in and employ in their work

In the focus groups it was clear that EPs also sought clarity over which are appropriate therapeutic interventions for them to be trained in and consequently employ within their

work. By far the most widely cited specific therapeutic intervention in the present research was solution focused brief therapy and several EPs described using it. The second most commonly cited specific therapeutic intervention in this current study was cognitive behaviour therapy and several EPs described having already received training on it or wishing to receive it. However, within the discussion questions were also raised about whether it is an applicable intervention for EPs to be trained in. For example, one EP questioned, “Is it a usable technique for educational psychologists, particularly in its pure form which is six sessions per individual kid and it’s back again to my issue about time” (3: 117 – 119).

In 1996, solution focused brief therapy was also found to be the most common therapeutic intervention employed by EPs in Kurtz et al’s (1996) research and has been employed in English school settings (e.g. Rhodes and Ajmal, 1995; Young and Holdorf, 2003). Jones (2003) found that in EP practice, solution focused therapy was the most easily accepted form of therapy, perhaps because of its ‘brief’ form, it is seen as more practical to employ. However, it is worth acknowledging that solution focused practice is certainly not unique to EPs and is now included in teacher training courses in the behaviour and attendance strategy (e.g. DfES, 2004). Whatever the technique used, Greig and MacKay (2005, p.12) suggest that therapeutic interventions for EPs “should be: simple, flexible, sustainable, economical, ethical, generalisable, positive and effective.”

In the recent ‘Therapy’ (2007) edition of *Child and Educational Psychology*, the selected papers demonstrate a range of different therapies, including cognitive behaviour therapy, employed by EPs in their practice. The journal editors emphasise however that this “does not imply a commitment to any principle of eclecticism in relation to theory and practice in therapy, or indeed in relation to psychology in general” (MacKay and Greig, 2007, p.6) but acknowledge that different approaches are required for different situations. As acknowledged by Jennings (1995), EPs training and skills enable them to devise individualized, flexible therapeutic programmes for children drawing on “multiple theoretical frameworks” (1995, p.10). In describing different approaches to interviewing adolescents, Boyle (2007) quite rightly pointed out that:

*Various psychotherapeutic approaches are now being used in school settings by educational psychologists and the particular methodology should be applicable to the situation of the adolescent client – that is, the client should not be made to fit the approach.*

(Boyle, 2007, p.43)

The three year initial training programme for EPs should ensure that a range of therapeutic skills are being taught which will hopefully enable newly qualified EPs to draw on a range of differing approaches. However, it is likely that the amount of training received in different approaches will differ between universities. For already qualified EPs, one of the focus groups in the present study described how within the Yorkshire and Humberside region, a training group has been set up to look more closely at staff development training and the first topic they are looking at is therapeutic work.

### Conclusion

In order for EPs to feel confident using terminology such as ‘mental health’, ‘therapy’ and ‘therapeutic’, clear definitions are needed for the profession. The present study has discussed definitions in use in the CAMHS service and suggested that perhaps there is not so much of a difference as there once was between the clinical definitions and definitions EPs would feel comfortable working within. After considering various recent government documentation, along with previous research, there appears to be little doubt that these terms are appropriate for EPs to use, although it does need to be recognised that at the present time, not all EPs feel comfortable using them. A common language across all professions would certainly help to demystify the terms and thereby facilitate working within Children’s Services, and most importantly, make it easier for clients.

The appropriateness of different therapeutic interventions for EPs to employ in their practice requires additional consideration. There is a clear link between this and having appropriate opportunities to develop knowledge and skills and opportunities within the model of service delivery to employ them in practice.

The distinction drawn between general therapeutic techniques employed by EPs on a regular basis and more specific therapeutic work or interventions is important; as is the further distinction between these types of work and therapy. Perhaps the distinction between specific therapeutic interventions, which may be eclectic in nature, and therapy, is along a continuum. In addition, some direct interventions with children carried out by EPs may not necessarily be therapeutic interventions, but are intended to produce a therapeutic effect. The terms general therapeutic techniques and specific therapeutic interventions will be used throughout subsequent chapters in this study.

## A CHANGING FUTURE FOR EPs

Emerging from the focus group discussions and the interview with the Children's Services Director was a clear emphasis on change and a changing future for the EP profession, both in a general sense and more specifically in relation to therapeutic work. There was also discussion about what one EP considered to be the profession's 'raison d'être'. This will be described and discussed within this chapter.

### A changing profession

In the present study, EPs within all three focus groups talked extensively about their changing role, not just in relation to therapeutic work, but also in a general sense. The EPs discussed how the current situation of working within Children's Services is "leading to a reconsideration and perhaps a re-clarification of what EPs spend their time doing" (2: 293 – 304).

This discussion is understandable as the EP role and profession has changed substantially over the years and is likely to continue to change (Leadbetter, 2000). However, there have been many discussions over the years about the role of EPs and the precise nature of this. Eight years ago, a working group report on the Current Role, Good Practice and Future Directions of Educational Psychology Services in England (DfEE, 2000, p.7) concluded that there was "A considerable lack of clarity about the precise role of educational psychologists, both amongst educational psychologists themselves and those they work with." Two years later, Stobie (2002b) re-emphasised this lack of clarity in terms of "what educational psychology is, what it aims to do and how it is best practiced" (p. 227). In 2006, Stringer et al (p.59) professed

*In light of recent initiatives and legislation by central government in Britain and what appears to be a lack of clarity about the role and functions of professional educational psychologists, we set out an argument about why the need to reconstruct educational psychology practice has never been greater.*

Soon after, “A Review of the Functions and Contribution of Educational Psychologists in England and Wales in light of ‘*Every Child Matters: Change for Children*’” (Farrell et al, 2006) was published, which sought to provide clarity in terms of the present and future roles of the profession. The Children’s Workforce Development Council have recently been considering ways to build a sustainable initial training route for EPs and it is interesting to note that one of the steps towards this goal is to “Build on existing understanding of the Educational Psychologist’s job role” (CWDC, 2008, p.11).

### An urgent need for change

The Children’s Services Director in this research recognised that there is a drastic need for change within the educational psychology profession otherwise “It’s a lost profession” (4: 98 - 99). She considers there to be a clear opportunity for change, within the *Every Child Matters: Change for Children* (DfES, 2004) agenda.

*“I think nationally, educational psychologists have got to prove their worth and the opportunity is there for them to do it. They can be part of the solution or they can fade into the background and make a difference probably for a very small number of children but not really reach their full potential.”*

(4: 100 - 103)

This links in with Stringer et al’s (2006) comment that each individual EP needs to be actively involved in shaping the profession. Stobie (2002b) acknowledged that legislation has been a valuable precipitator of change within the EP profession. Baxter and Frederickson (2005) also emphasised the need for the profession to “widen its ambition for children’s futures” (p. 89). In discussing the *Every Child Matters* (DfES, 2004) agenda and the renewed government focus on outcomes for children, other than simply school achievement, Baxter and Frederickson (2005) consider EPs to be well placed because of the range of skills and activities they can offer.

The Children's Services Director in the present study talked positively about the range of skills EPs have, although acknowledged that they have not always responded to or seized the given opportunities:

*"I just think that psychology services have got the wherewithal because they've got the whole range of skills, those from the organisational, through to group, through to individual plus the knowledge of everything to do with the brain, social relationships, learning and all that kind of thing and that model of understanding applied is incredibly powerful.*

*So I want people to think and be bold. Rather than rabbits or hamsters just going round the wheel. I've always gone out on a limb and given the psychology services lots of opportunity to do things and then, well, sometimes they're brilliant and stepped up to the mark and other times they completely want to stay as technicians."*

(4: 71 - 78)

The fear of change and potential stagnation is well recognised across various professions (e.g. Gillham, 1999). Marris (1967) found that in some cases a changing of role can even be accompanied by feelings of loss. Jennings (1995, p.12) described how "There is always a resistance based on unwillingness to surrender what has become reassuring and familiar." In 2002 (a and b), Stobie described the process of change in relation to EP practice in detail and commented on the fear of being out of one's 'comfort zone'. He suggested that because Local Authorities do not enforce EPs to evaluate their practice, as a profession they have not had to make changes to their routine activities which consequently "Results in the routinised practices typical for *status quo* positions rather than change or reconstruction" (Stobie, 2002a, p.205). However, with the current emphasis on having to demonstrate impact in order to ensure commissioners of services use EPs, this is likely to change as they seek to evaluate effectiveness of practice, something advocated by Baxter and Frederickson in 2005.

### Changing role of EP in relation to therapeutic work

The special issue of Educational and Child Psychology entitled 'Therapy' (DECP, 2007) included several examples of individual EPs therapeutic interventions and suggests that therapeutic work is gaining prominence within the profession. In this issue, MacKay

(2007) presents a thorough historical overview of the 'fall and rise of therapy' within the EP profession.

The changing role of EPs in relation to therapeutic interventions was discussed extensively in the focus groups in the present study. EPs described how in the past, therapeutic interventions were an essential part of their role and individuals talked about being heavily involved in, for example, family therapy, play therapy and hypnosis.

After the Education Act (HMSO, 1981), which prescribed EPs a statutory role in relation to statutory special educational needs assessments, carrying out psychometric assessments linked to their statutory duty became a dominant part of the role and one EP in the focus groups in the present study commented:

*“That was what we were seen as, mega testers, consultants who would just be able to prescribe madness and badness, so with that, we weren't actually seen as therapeutic change initiators or anything like that at all.”*

(1: 45 – 48)

The Children's Services Director also expressed some confusion about EPs' role in assessment:

*“I'm bemused about where the profession has gone in that front actually. There was a point at which we'd left all that stuff behind and then it seems to have gone back towards it. It's all very safe though isn't it?”*

(4: 61 - 62)

Stobie (2002b) carried out research into what EPs themselves perceived to have contributed to change in the profession between 1970 and late 1990s. This research was qualitative in nature and he collated a list of factors that were both internal to the EPS and external to the EPS that either contributed to change or in contrast, continued the 'status quo'. Interestingly one of the factors internal to the EPS which appeared to be maintaining status quo was the routine use of psychometric tests.



In explaining the reasons behind the ‘fall’ of therapy in the 1980s MacKay (2007) highlighted four main contributory factors:

- *The reconstruction of educational psychology*
- *Increasingly demarcated professional boundaries*
- *The focus on education*
- *The impact of legislation*

(MacKay, 2007, p.9)

MacKay (2007) stated that it was during the 1990s when any direct work with children was in fact “devalued and marginalised” (p. 7), as statutory work gained prominence and Stobie (2002b) described how some EPs felt this was a genuine loss to the profession. Within the focus groups in the present study, several EPs expressed dissatisfaction with the testing role. For example, one EP stated:

*“When I first started working in \*[an EPS], it was assessment, assessment, assessment, that’s what we did, we assessed kids. You came in, you took a snapshot of where the kids at and then you left. You never made any difference to any child’s life.”*

(3: 383 – 386)

This narrow role was also criticised by Moore (2005) who felt that EPs should be working with “More meaningful issues regarding development and psychological wellbeing” (Moore, 2005, p 103 – 104). Many authors have written about EPs’ narrow practice (e.g. Stringer et al, 2006; MacKay, 2006; Baxter and Frederickson, 2005; Stringer and Powell, 2004) and criticised it for being “too often aligned with special needs processes” (Stringer et al, 2006, p. 66). As a consequence, other aspects of work have been overlooked. Interestingly, the recent CAMHS review (DCSF and DH, 2008) acknowledged this association and specifically mentioned therapeutic work as an area that EPs are involved in:

*Educational psychologists are traditionally seen as supporting schools and families in identifying and addressing SEN. However, their role is much wider than this and can include therapeutic work, consultation and advice, parent training, staff training, support to schools on organisational issues such as*

*behaviour management and specialist work with those in care and in contact with the youth justice system.*

(DCSF and DH, 2008, p.46)

Within the focus group discussions in this research, it was widely acknowledged that other than what could be described as general therapeutic techniques, specific therapeutic interventions are an “unusual thing” (1: 97) for EPs to do, and are more of an “accessory instead of a main constituent part” (1: 9 – 10) of the role. Analysis of questionnaire responses contributing to the recent review of the role and contribution of EPs (Farrell et al, 2006) also found that engagement in therapeutic work was limited. However, MacKay (2007, p.13) states that, “The context has begun to change and the place of therapy has been revisited” and highlights four main reasons for this:

- *A historically inevitable process*
- *The rise in mental health problems in childhood*
- *The establishment of an evidence base for psychological therapies*
- *A re-examination of roles and boundaries in applied psychology*

*(MacKay, 2007, p.13)*

The cyclical nature of changes in the profession, linking to what MacKay (2007, p.13) described as ‘a historically inevitable process’ was touched upon in the focus group discussions and one EP stated:

*“It maybe comes in phases and cycles to some extent. If you go back to child guidance days when it was all around therapy and individual treatment of children. I think there was a strong move within the profession to move outside of that way of thinking and operate in a much more of an interactive kind of model. But of course to some extent perhaps we might have actually have gone too far and denigrated the actual value of some therapeutic work but we need to get the balance right I think.”*

*(2: 13 – 19)*

MacKay (2007) points out that this is part of any change process, not just in relation to educational psychology.

In the present study, extensive discussion within the focus groups took place about how the profession will continue to change and whether this will include an increase in

working therapeutically as suggested in the recent review (Farrell et al, 2006). The Children's Services Director certainly thinks that it should and stated:

*"I've always said that my view, of how we should shape educational psychology, I would develop two arms to it really. One would be organisational change and the other would be therapeutic interventions. Because I think that's where the demand is."*

(4: 7 - 9)

In commenting on demand, MacKay (2007, p.16) points out that "If mental health issues in educational settings are not addressed by educational psychologists through a fresh commitment to therapeutic work then they will be bought in from other sources." The editorial of the 'Therapy' journal (Educational and Child Psychology, DECP, 2007) also advocated that

*It is time for therapeutic interventions to be rehabilitated in educational psychology as a significant feature of effective, appropriate and evidence-based professional practice that can play a crucial role in bringing about positive change in the lives of children and young people.*

(MacKay and Greig, 2007, p.4)

In considering ways forward for increasing therapeutic working, some EPs in the focus groups discussed the potential role for specialist EPs within the team to work on therapeutic interventions. However, other EPs in the discussions considered that it would be more important for therapeutic working to be part of everyone's toolkit as opposed to specialists within the team. A reason cited for this was the impact of the change in EP training and the inclusion of therapeutic work on some of courses' curriculum. One EP stated

*"I think there is a huge generation of EPs coming through who are going to have these things in their toolkit because it's now part of the three year training. So I think for us oldies in the profession, we're going to have to adapt to that."*

(2: 212 – 215)

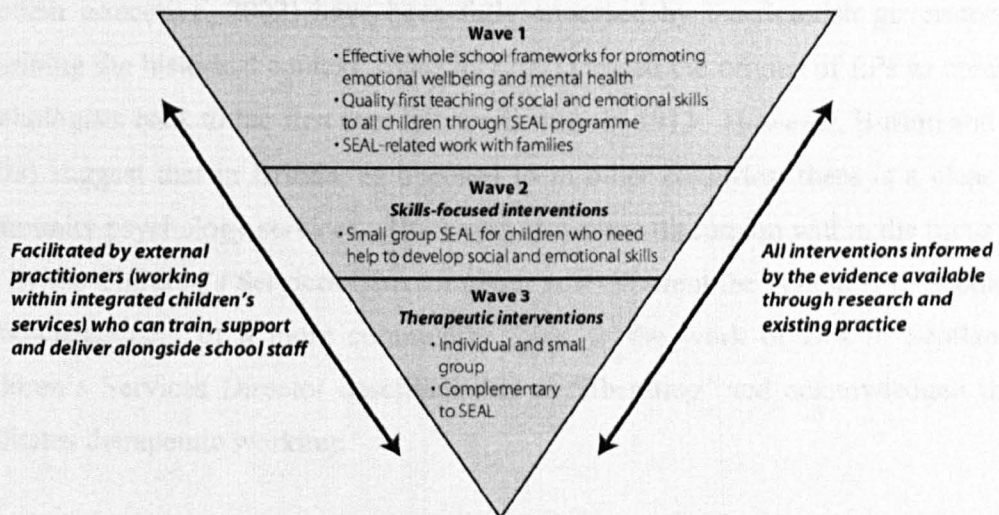
It is worth acknowledging that on several of the initial training courses, for example on the Sheffield University course, EPs will qualify as Educational and Child Psychologists.

On other courses 'Community' has also been added to the title. Therapeutic techniques have certainly had a raised profile on the initial Doctorate training at Sheffield University. Throughout the first year of the course a range of general therapeutic techniques were introduced and in the second year, two weeks were dedicated to developing specific therapeutic intervention skills such as cognitive behaviour therapy, solution focused work and narrative approaches. One of the course requirements was to research, implement and reflect upon a therapeutic technique used with a young person or adult, or a group, and write this up as a therapeutic assignment. Having looked at the online information available about the initial university training programmes for prospective trainee EPs, several references are made to developing therapeutic skills. The University of East London described how intervention and therapeutic skills are key themes throughout the programme. In a presentation for prospective trainees, presented at the open evening at the University of Manchester in October 2008, three slides were dedicated to therapeutic interventions and described the various therapeutic interventions that will be introduced to students throughout the three year course (University of Manchester, 2008, slides 20 – 21).

It is also interesting to note that within the University of Sheffield's list of placement competences, which highlights the required standards for completing initial training, under the 'Practice of Applied Educational Psychologists' section, by the end of the third year of training, trainee EPs are expected to be able to "Apply, review and evaluate a range of professionally appropriate counselling and therapeutic skills in work with children, their families and other professionals" (University of Sheffield, 2007, p.5). This competency is similar to one of the subject specific practical skills described in the programme specification for the initial training at the University of Southampton (2008, p.4). This present study hopes to help unpick what is meant by the terms 'professionally appropriate' as this appears to be where some of the controversy lies in relation to EPs working therapeutically. This has already been given consideration in the previous chapter.

The focus groups in this present study also discussed the different levels of working therapeutically when considering ways of "giving it out in a different way." (2: 213 –

215). For example, there was discussion about skilling up teaching assistants in schools to deliver interventions and supporting counsellors in schools. Jennings (1995) certainly advocated EPs working therapeutically at different levels such as reintroducing “supportive therapeutic group work” or contributing to “interprofessional support systems and training” (p. 8). In Squires’ (2001) work with a group of young people using cognitive behaviour therapy, he described another level of transmission of skills, what he termed as “spill over effects” (p. 324) whereby teaching staff involved in the group continued to use the techniques they had learned through observation and taking part and set up further groups to support other children. This fits in well with the recent government’s ‘Targeted Mental Health in Schools’ plan (DCSF, 2008) which highlights the different waves of support for promoting children’s mental health in schools. The model below shows how ‘external practitioners’ fit into the various waves of intervention by training, supporting and delivering interventions alongside school staff:



(DCSF, 2008, p.5)

Within the focus groups, other discussions of potential avenues for change in the future included the potential merging of the professions of child clinical and educational psychology and one EP exclaimed “Well let’s face it, if we all become child psychologists, we’ll all have the same hat on anyway” (1: 185 – 186) and discussed the need for EPs to be more engaged in therapeutic work. In considering this point, MacKay (2007, p.15) suggests that “Viewing therapy and mental health issues as the province of

another branch of psychology will not be helpful as applied psychology moves towards more integrated approaches.” The recent review of CAMHS (DCSF and DH, 2008) confirmed that the promotion of children’s mental health and psychological well being is indeed everyone’s responsibility and should not simply be viewed as the remit of CAMHS. However, it is interesting to note that the Association of Educational Psychologists (AEP) was not listed as contributors to the call for evidence although individual EP services were. Perhaps the relevance of this call was not brought to the AEP’s attention.

Stringer et al (2006) strongly advocated that EPSs should be more community focused. MacKay (2006) also argues for EPs being holistic child psychologists, “across home school and community” (p. 7) and advocates that “community psychology should be at the heart of the work of the EP.” (p. 14). In addition, he explained that the recommendations made by the Scottish Review, in relation to the community focus, (Scottish Executive, 2002) have been fully endorsed by the Scottish government. In describing the historical context, MacKay (2007) traced the origins of EPs as community psychologists back to the first ever EP, Cyril Burt, in 1913. However, Burton and Kagan (2003) suggest that in Britain, as opposed to in other countries, there is a clear gap in community psychology services. There was also some discussion within the focus groups and by the Children’s Services Director about how different the system is in Scotland and acknowledgement of a more community focus to the work of EPs in Scotland. The Children’s Services Director described this as ‘liberating’ and acknowledged that this facilitates therapeutic working:

*“It was really interesting, the Scottish psychologists were saying that they had positioned themselves much more as community psychologists so they are not school psychologists. They are educational and child psychologists but there is much more of a community base to their work which of course lends itself to that kind of stuff.”*

(4: 33 - 36)

However, MacKay (2006) also acknowledged that there are some examples of good community psychology within EP practice throughout the country, although this is not yet routine.

It was discussed in one of the focus group that even in England, some Local Authorities have started a process of merging the educational and child clinical psychology teams, and in some cases even a forensic psychologist, to develop an applied psychology service. The Children's Services Director talked about the potential benefits of this: "The CPD opportunities, the climate of psychology you know of being in a wall of psychology and then being able to apply that to various different settings and places" (4: 29 – 31). In describing examples of effective commissioning of services the CAMHS review described an example of:

*Bringing 'education' services such as educational psychology and behaviour support alongside CAMHS to deliver a more comprehensive service that improves mental health and psychological well-being across the board.*  
(DCSF and DH, 2008, p.69)

This review also described how, "In a number of areas, EPs are employed as members of multi-disciplinary teams" (p.46).

#### Finding a 'niche' or a 'raison-d'etre'

In terms of the changing future, EPs talked about finding a niche and acknowledged that the many changes to the profession over the years have left them with some confusion over what this is. Frustrations were expressed that at the present time, the statutory role is the only part of the role exclusively for EPs and as one EP stated, this is "probably the bit that was the least exciting for any of us (1: 88 – 90). In considering the exclusivity of the EP role one EP commented "I think I'm right in saying that we do far less work round basic literacy interventions. That used to be our sort of raison d'etre didn't it?" (2: 149 – 150) and another commented:

*"There might be primary mental health workers, there might be behaviour support teachers, there might be behaviour support consultants, people doing some of those things that I might previously be doing myself."*  
(2: 143 – 146)

However, instead of being disheartened, all EPs in one of the focus groups suggested that this may free EPs up to work more therapeutically. It is interesting to note that within the Farrell report, one of the main findings was that other providers are able to offer the same type of work carried out by EPs (Farrell et al, 2006). As has already been mentioned, the use of solution focused conversations and techniques are also being regularly employed by non-specialists. Perhaps EPs need to branch into specific therapeutic techniques not routinely offered by non-psychologists in order to offer a unique contribution.

The Children's Services Director suggested another way forward for the profession:

*“Well I think that if educational psychologists wanted to really really come into their own and find a niche, which is a huge gap at the moment, they would specialise in ways of working with looked after children and our most vulnerable youngsters. That would make a huge difference.”*

(4: 126 - 129)

This is the view of a professional who commissions EP services. The Farrell report recommends that:

*EPs need to liaise with the local commissioners of their services to ensure that there is clarity of purpose in their activities so that the local commissioners and users of EP services can be confident about the EPs' distinctive contribution.*

(Farrell et al, 2006, p.11)

This could however, raise the possibility of regional differences in terms of what role EPs are commissioned to provide.

## Conclusion

Working within Children's Services, EPs are working in an ever changing context, which is leading to further consideration about the nature of the role. The Children's Services Director in the present study sees urgent need for change within the EP profession to prevent it becoming 'a lost profession'. One of the ways in which the profession could change is by becoming increasingly involved in therapeutic interventions. The different



levels at which this could be achieved have been discussed. At the present time however, EPs report that it is unusual to be engaged in specific therapeutic interventions. However, perhaps with the inclusion of therapeutic interventions in the three year training courses, the patchy innovation of applied psychology services and the move towards becoming increasingly community focused, there will be a rise in EPs' direct involvement in therapeutic interventions.

## **A FRUSTRATED CONDITIONAL DESIRE FOR THERAPEUTIC WORK**

This chapter will discuss EPs' frustrated conditional desire to work therapeutically. Emanating from the focus group discussions was a clear sense of frustration about what EPs described as lost therapeutic opportunities for children and young people. Additional frustration was expressed by some at not being able to do more of this work themselves, due to a range of factors. Along with this frustration was an associated desire from the majority of EPs to work therapeutically. However, individual differences in this desire were reported. EPs also perceived a desire from others for them to work in this way, providing certain necessary conditions were in place. These conditions were that:

- therapeutic work constituted only part of the range of services on offer
- EPs had appropriate opportunities to develop knowledge and skills and thereby promote self-efficacy in relation to therapeutic work
- systems, including the model of service delivery, facilitate opportunities for working therapeutically.

### **Frustration with lost therapeutic opportunities for children and young people**

Statistics suggest that there is an increase in the prevalence of mental health difficulties in children and young people (Rutter and Smith, 1995). A recent European consensus paper stated that between 10 and 20% of young people in Europe have mental health problems (Jané-Llopis and Braddick, 2008, p.3). The Department of Health (2004, p.6) described how in the United Kingdom, "Ten percent of five to fifteen year olds have a diagnosable mental health disorder" which equates to approximately 1.1 million and a similar number of children have a less severe difficulty although the recent CAMHS review suggested that there is a lack of clarity about the level of mental health needs of children who do not fit a specified diagnostic criteria (DCSF & DH, 2008). In addition, well publicised research by Unicef (2007) into child wellbeing in rich countries found that the United Kingdom fell in the bottom third in five out of six measures of well being which included

material, educational, family and peer relationships, behaviours and risk and subjective wellbeing. This clearly demonstrates the need for an effective mental health service.

The Department of Health (2004) suggests that forty percent of children in the United Kingdom with a diagnosed mental health disorder are not currently receiving any specialist support. The recent CAMHS review (DCSF and DH, 2008) found that a number of agencies reported a shortage of staff able to work therapeutically in delivering specific approaches. Over ten years ago, Jennings (1995) described the frustration of EPs at “A generation of distressed and unhappy children who are not receiving adequate levels of support and care” (p.8).

In the present research there was a clear frustration expressed by EPs and the Children’s Services Director about children and young people missing out on therapeutic input when it is perceived to be required. There was extensive discussion within the focus groups about ‘lost opportunities’ for certain young people for whom CAMHS would not accept a referral and for whom EPs did not have the time to work with, or felt that they were insufficiently skilled to provide this input.

*“I’ve had referrals, I don’t know if other people have, but I’ve had referrals to CAMHS or wherever and CAMHS have you know, done an assessment and discharged the child and I’m kind of feeling, when I’ve referred to CAMHS that I’ve done something meaningful because this child’s definitely got a significant problem and then CAMHS do an assessment and they decide that they haven’t and I actually wonder if you’d get to that point of referring to CAMHS if you could be there yourself and do however many weeks with the child. And it’s a bit frustrating because you kind of think well, why isn’t it appropriate for CAMHS?”*

*(1: 140 – 148)*

This quote highlights the confusion about the role of CAMHS and the lack of understanding within two of the focus groups about why certain referrals are rejected.

As an interesting contrast, the CAMHS review (DCSF and DH, 2008) expressed a similar frustration about CAMHS referrals to social care not meeting certain thresholds or referrals to education being unable to affect educational placements. Jennings (1995)

described how these interagency referrals and lack of coordinated services can further add to children's and families' stress and frustration. However, the CAMHS review (DCSF and DH, 2008) reported that the use of Primary Mental Health Workers (PMHW) is currently helping to decrease the number of inappropriate referrals to CAMHS. Davis et al (2000, p.171) also stated that it is "impractical to expect current specialist child and adolescent mental health services to cope with significantly increased demand." As pointed out by MacKay (2007) EPs "are in fact the most plentiful group of child psychologists employed in public services" and should therefore have an important role to play in providing more of the support than they do currently.

With the current emphasis on multi-agency working, it is clear to see that there is a need for professionals to understand each others' roles in order to work together to best meet the needs of the child. It is also evident that there is a role for a lead professional, not necessarily an EP, to help ensure that children and families in need of therapeutic support, as part of a package of support, actually receive it. Perhaps the development of an applied psychology service would help to ensure that children did not miss out on a therapeutic service. The CAMHS review stated that:

*There are wide variations in the way that educational psychology services are deployed and linked in with other agencies, and particular discrepancies in the way some educational psychology services work with clinical psychologists. This again highlights the need for a joint strategic approach to deploying resources in the most coherent and effective way to meet identified needs.*

(DCSF and DH, 2008, p.46)

The Children's Services Director in the present research also expressed concerns about some particularly vulnerable children missing out:

*"I tell you where there is a real gap and where our health psychology service, the CAMHS service has let us down time and time again is that their therapeutic model of intervention is very much based on children in stable families so very often they will not work with children in unstable families. Now, myself, somebody at a strategic level who is commissioning if you were to say to me and said well \* [Name of Children's Services Director], I can only work with two children, there's this child in a nice stable family or*

*there's this child who's got no stability in their lives whatsoever who do you want me to work with? Well I want you to work with this child, the child with the unstable background.*

*I can understand it from a clinical perspective is that what the psychologists in CAMHS services are saying is yes that you need to work with the people around the child and if they're not stable then work is less effective and it is, it's harder, harder work. But actually, it's shocking really that they're saying well we're not going to work with those children."*

(4: 120 – 133)

This concern was also highlighted and shared in the recent CAMHS review (DCSF and DH, 2008) and it was acknowledged that this can often further exacerbate difficulties and can potentially contribute to placement breakdowns.

In the present study, EPs within all three focus groups expressed concerns about children and young people who appear to be the most in need of therapy not receiving it. Throughout the discussions, questions were posed about who actually is working therapeutically with children:

*"I don't really know who is doing that to be honest, I mean I don't really see that CAMHS are doing a huge amount so actually individual work with families and children, I'm not sure who's doing that"*

(1: 73 – 75)

This discussion led to considerations that EPs maybe the only ones who could support these children:

*"I think that there are groups of children for whom CAMHS would not accept a referral who've got long term difficulties either in school or out of school, usually secondary aged youngsters and if we're not going to be involved in supporting them therapeutically then nobody is."*

(3: 127 – 131)

The CAMHS review also found that young people in Pupil Referral Units (PRUs) and specialist schools for children with emotional and behavioural difficulties, who are more likely to have mental health difficulties than those in mainstream schools, have less access to specialist mental health support (DCSF and DH, 2008). Therefore one of the

recommendations of this review was to ensure “better access to and involvement of specialist mental health staff, given the complexity of the needs that they are working with and supporting” (DCSF and DH, 2008, p.55).

### A desire to work therapeutically

A clear sense of desire for increased therapeutic working permeated all of the focus group discussions in this research. This type of work was described as one of the more satisfying and rewarding aspects of the role that was talked about enthusiastically and examples cited. This was in stark contrast with how EPs described their testing and statutory role. For example, when talking about therapeutic work, one EP stated “I think personally, given a free rein, I’d much rather do more of this than the kind of stuff that I do now” (2: 135 – 136) and another stated “Actually as psychologists, as educational psychologists being intrinsically involved in therapy with children, we don’t actually do that as much as we would probably like you know” (1: 55 - 56).

The desire to work more therapeutically is also acknowledged in the literature (e.g. Greig, 2007) and reflects a recent Scottish review (Scottish Executive, 2002) where EPs talked about therapeutic interventions requiring more prominence. As pointed out by MacKay (2005), this was in response to an open ended question about the core duties of EPs as opposed to a closed forced choice question. However, Greig (2007) acknowledged that due to the differing practice of EPs across the country, a universal desire to work therapeutically cannot be assumed (p.20). Stobie’s (2002a, 2002b) research about EPs’ perspectives also emphasised the varied way in which individual EPs work and Leadbetter (2000) describes how this is perhaps “inevitable given the nature of applied psychology” (p. 459).

It needs to be acknowledged that within the focus group discussions in the present study, EPs talked about their individual differences in terms of their practice and preferences and described how differently they each work. For example, one EP commented that “Schools and families and kids can get a different service according to who they’re working with, which EP they’re working with” (2: 174 – 175). Discussion within all the

focus groups acknowledged that some EPs would not feel comfortable with certain aspects of therapeutic work. In discussing these individual differences, one EP commented to a colleague “You feel more comfortable with this [therapeutic work], than say with some of the consultation model stuff, and I feel exactly the opposite” (2: 184 – 185). Another EP commented “It’s like what you were saying about family therapy, if it’s prescribed and you like it, that’s great. If it’s prescribed and you don’t, well there’s got to be an alternative surely” (1: 537 – 539). Discussion also took place about preferences for working therapeutically with different age groups and different client groups.

In further describing the desire to work therapeutically, EPs in two of the focus groups talked about being “people people” and described how working therapeutically was originally what encouraged them to enter the profession in the first place. A desire for EPs to return to “real psychology” was also acknowledged by Greig (2007, p.31). EPs within the present study described how they wanted to make a difference and have a positive impact on children’s lives:

*“Well I guess that we all came into psychology to make a difference to children’s lives and my favourite phrase is, you don’t fatten a pig by weighing it. When I first started working in \* [an Educational Psychology Service], it was assessment, assessment, assessment, that’s what we did, we assessed kids. You came in, you took a snapshot of where the kids at and then you left. You never made any difference to any child’s life. I came into this job to fatten pigs really.”*

(3: 382 – 387)

However, this desire to work therapeutically was certainly conditional on other factors being in place to facilitate this way of working, including having opportunities to develop further skills.

#### Others’ desire for EPs to work therapeutically

The EPs in the present study perceived a desire from others, such as families and schools, for them to work therapeutically. One of the EPs in the focus groups stated:

*“A lot of the schools, a lot of staff have respect for therapeutic work so if you said to them, I want to see this lad, I want to work with him four times, that’s all you’ll get from me this term, I think most schools will say that’s absolutely alright.”*

*(3: 399 – 401)*

Another EP in one of the focus groups stated:

*“This week I’ve seen a little boy again who has a real aversion to balloons. I was backing off from this and saying I really don’t think this is my area. But the mum was really persuasive and really pleaded with me to see her son.”*

*(2: 99 – 101)*

These comments add further support to a comment in the review of functions and contribution of EPs (Farrell et al, 2006) which stated that “Most respondent groups valued highly the contact they had [with EPs], but would have welcomed more, particularly in the area of therapy and intervention” (p.9). Boyle and MacKay (in press, cited in MacKay, 2007) also found evidence in their research to support this claim and described the value placed on this type of service. In addition, as practising EPs describing their play therapy work, O’Dowd and Ryan (2007, p.84) described how “Teachers would welcome EPs facilitating or becoming actively involved in therapy within schools”. In a recent consultation report investigating the sustainability of different training options for EPs, the Children’s Workforce Development Committee (2008) stated that EPs are receiving requests for longer term therapeutic work with children from a variety of sources.

The perception of desire from others for EPs to work therapeutically was further validated by the Children’s Services Director in the present research as she expressed a desire for EPs within her local authority to work more therapeutically because that is where the need is. She stated: “Schools love it and families really appreciate it because in the health service, services are so rationed and actually what we need is an easily accessible really effective service” (4: 104 – 105). However, it needs to be acknowledged that in order for a service to be really effective therapeutically and have impact, EPs need to have the skills and feel confident about this way of working and providing this condition was met,



one could understand MacKay's (2007, p.13) comment that, "Service users are ready to receive therapeutic services, and the profession is well placed to provide them." Perhaps the proposed increase of CAMHS input to schools will help to address some of this need.

#### The conditional nature of the desire to work therapeutically

- Conditional on therapeutic work being only *part* of the service on offer

A recommendation for EPs to offer therapy as *part* of the service on offer has been made in the literature (e.g. MacKay, 2007). The CAMHS review (DCSF and DH, 2008) also emphasised that any therapeutic work should never take place in isolation. Within all three focus groups, a clear desire to maintain an appropriate balance with other types of work was expressed. In emphasising the need to maintain an appropriate balance with other types of work, on the whole EPs were of the opinion that therapeutic work should be "Part of a repertoire of things that are on offer but not to let it become dominant again so that people anticipate that what we're going to do is therapy with kids and send them back all sorted out" (2: 19 – 22). The majority of EPs in this research did not want to return to a referral based service where situations are viewed simplistically as 'within child' difficulties and consequently clients simply presume from the outset that EPs would be working therapeutically with children. One of the EPs in the focus groups commented, "If you base the whole thing too strongly in terms of 'we provide therapy' then I think that you could undo what we've been working to achieve over the last five or six years." (2: 251 – 253). For example, since the Gillham (1978) reconstruction of educational psychology, EPs are working increasingly systemically (DfEE, 2000) and this is an area of work that EPs within the focus groups did not want to lose. One comment in the focus groups summed up the concerns and conditional nature of the desire:

*"I'm not opposed to the idea of doing therapeutic work. I think we just have to be very clear about who's asking for it, why they're asking for it, what sort of reasons and that we don't just jump in to that when in fact it might be a management issue on behalf of the adults in the child's life and there's actually nothing that the child needs therapeutic work with, it's actually the situation that we should look at. So I think for me, we have to be very clear before we start doing more of it why we're doing it."*

In describing a way of working that incorporates therapeutic work, one EP stated:

*“So a therapeutic piece of work, a solution focused conversation or group therapy whatever it is, can arise from a discussion from all the adults, and the child hopefully, involved in the situation from sorting out what are the systemic elements of this and what elements there is for a psychologist to do some therapeutic work with the child so that it isn’t just an interactionist approach.”*

(2: 242 – 247)

- Conditional on EPs having appropriate opportunities to develop knowledge and skills and thereby promote self-efficacy

The lack of what could be described as self-efficacy, defined by Bandura (1977) in his social learning theory as “The conviction that one can successfully execute (a given) behavior” (p.193), has serious implications for EPs working therapeutically as this is an important mediator in affecting behavioural change. Bandura (1994) describes how self-efficacy is primarily developed by four sources of what he described as: ‘mastery experiences’, ‘vicarious experiences’, ‘social persuasion’ and a person’s own ‘somatic and emotional states’. All of these sources need to be considered when supporting EPs to develop a sense of self-efficacy in relation to therapeutic work. It was clear from the focus group discussions that the desire to work therapeutically was indeed conditional upon being provided with opportunities to develop knowledge, skills and experience, and consequently self-efficacy.

Greig and MacKay (2005, p.13) stated that at times “The specific, therapeutic skills of the psychologist will be required.” However, Greig (2007) suggests that for EPs “issues arise in relation to their skill base for therapeutic practices” ( p.20). In considering why there has been so little published research about therapeutic stories, Pomerantz (2007) questioned whether it could be “because Educational Psychologists have limited training in therapeutic approaches” (p. 46).

The reference to 'specific therapeutic skills' was certainly disputed within the EP profession represented in the focus groups in the present study where concerns and anxieties were expressed about limited experience in terms of working therapeutically and consequently feeling unskilled in this area. For example, one EP questioned: "Were we trained for it in the first place? I don't think we were. We did some, but not very much" (1: 82 – 83). Another stated "Whereas I feel I'd like to do that, because that's what I wanted to do in the first place, I haven't had the practise" (1: 15 – 17).

MacKay (2007) also described this process:

*The combination of factors becomes self-fulfilling. Educational psychologists find themselves with ever decreasing resources to provide therapeutic services. As a result, they spend ever decreasing time engaged in therapy. Therefore, their competence in therapeutic interventions becomes less and less. The old skills wither, confidence declines and it becomes increasingly obvious that we are not, and indeed could no longer reasonably claim to be, a 'therapeutic service'.*

(MacKay, 2007, p.11)

In relation to therapeutic practice, Indoe also stated, "If educational psychologists do not practise certain skills and others do, after a while they cannot legitimately claim to possess these skills" (Indoe, 1995, p.79).

In all three focus groups EPs discussed their personal strengths and limitations in relation to therapeutic work and expressed a clear desire for additional training in order to develop their knowledge base and skills. For example one EP stated "So it's something that I'd like to do, but I feel that to do more of it, I would actually want more in the way of training myself" (1: 18 – 19). A clear need for in-depth training on a particular therapeutic 'structure' or 'framework' was expressed in order to enable EPs to engage in more extended therapeutic work and take the involvement beyond general therapeutic conversations, otherwise this type of work could be described as 'high risk':

*"That's why we need to be trained. That's why we need the tools to do the job really because unless you've got those, the practical abilities to apply the techniques, that means specific training. I think if you don't have that training, it's high risk."*

In describing why a recent training course had been so useful, one of the EPs said, “Because basically it’s given me a framework to follow that I know well enough and that I feel I’ve been trained in adequately enough to actually put into practice” (3: 144 – 147). She also explained that the training is being followed up by a support group for narrative therapy which will help to encourage implementation and renewal of skills.

As would be expected, in the focus group discussions there appeared to be a clear link between training and self-efficacy in relation to therapeutic work and examples of increased therapeutic practice and feeling enthusiastic immediately following training was cited. For example, one EP stated, “After we’d done some solution focused training and then you get really geed up about it and think, I can really do this!” (1: 32 – 34).

Previous research has also described how self-efficacy is an important mediator between training and training outcomes (Gist, Stevens and Bavetta, 1991). Saks (1997, p.367) described how “Training inevitably leads to increases in trainee self-efficacy, and the effects of training on outcomes is largely a function of self-efficacy.” However, research has also demonstrated that the potential impact of different methods of training on self-efficacy can be dependent on a trainee’s initial self-efficacy. For example, Saks (1994) found that trainees with low self-efficacy in the first place benefited from a more formal training approach as this decreased feelings of anxiety whereas a tutorial training approach actually increased anxiety levels about the training area. Although Hesketh (1997) advocated individualised training programmes as the optimum way of promoting self-efficacy, this would not be practical in the context of training EPs as it would prove too costly and time consuming. However, previous research into training and transference of skills needs to be considered when planning training opportunities for EPs in relation to therapeutic work.

In the present study, within the focus groups there were slightly differing views in terms of how much training people had actually had in therapeutic working. Some EPs considered themselves highly trained in certain approaches such as family therapy or

hypnosis, whereas others felt that they had not been trained in any approaches adequately enough in order to practice in them. In fact, on initial training courses EPs cited having had a very brief overview of various therapeutic approaches, but this was not thorough enough to be able to implement any in their practice. One of the most common approaches EPs cited having received post qualification training on was solution focused approaches. Some of the EPs who felt they were well trained in certain approaches (e.g. family therapy or hypnosis) stated that although they were well trained, due to time constraints, they did not have the opportunity to use the skills in the context of their work. In terms of the training on various approaches, EPs questioned how much training on a given approach was sufficient to be able to go out and put it into practice. One of the focus groups mentioned a training group in one of the regions where representatives from different services are looking at staff development training in relation to therapeutic work and considering which approaches are most applicable to the work of an EP. The need for training to be followed up with practise and peer support was also discussed.

Linked very much to developing a sense of self-efficacy in relation to therapeutic work and a desire to get it right was discussion about the necessary systems of support required to facilitate therapeutic working. In describing this condition, at the end of the focus group discussion one EP stated:

*“I think we’ve all just showed that we are all interested in doing something but we are all very unsure about doing something but if we could have that peer support. I mean if we could do this sort of thing like have a three ‘til four session which is our therapeutics session, and share things there, we could take it forward.”*

(1: 564 – 568)

This view was similar to what the Children’s Services Director in this research described having happened in a Local Authority where she was previously employed as a senior EP. She described how some of the EPs had lost their confidence and needed to develop their skills in direct therapeutic intervention work with children. In order to support them to develop their skills she described how

*“We had to do a year, a very intensive year, where we had a weekly session where we learnt about this, we had seminars, we read papers, we had discussion groups, we had people in to talk to us, just to clear things up and then got people working in little groups together and it did take that investment.”*

(4: 142 - 146)

Within all three focus groups, regular opportunities for peer support to discuss case work, share ideas, work collaboratively and develop therapeutic skills was highlighted as being a necessary condition to increased confidence and self-efficacy in relation to therapeutic work: “You would have to have a really good support system otherwise I would just feel unconfident taking a case like that on” (1: 155 – 156). A clear emphasis in the focus groups was having a whole team approach to developing therapeutic working. One EP suggested:

*“Say we had a CBT fortnight and everyone was going to go out and try it, and then come back and discuss it because one of the things is that with a lot of these therapeutic approaches, you don’t really know if you’re doing it right. And actually by everyone going away, having a go and coming back, putting your cards on the table and saying what you did.”*

(1: 473 – 478)

EPs within the focus groups also discussed supervision systems and the necessity for supervision when engaged in therapy with children. In addition, the current systems of supervision were contrasted with what some EPs perceived to be more structured and more organised clinical psychology supervision. It was suggested in one of the focus groups that within their EPS, the entire peer support and supervision systems would need reviewing in order to facilitate this way of working.

The clear importance of supervision for therapeutic work was highlighted in the recent CAMHS review: “Effective supervision and consultation develops skills and ensures that there is a strong momentum for progress and improvement for individual children” (DCSF & DH, 2008, p.88). Lunt (1993) also suggests that supervision and support is a good indication of how a profession values its employees. In 2000, Leadbetter concluded that within the EP profession supervision arrangements were increasing with 79% of EPSs having systems in place. However, from her analysis it was also evident that across

EPSs there was a wide range of definitions as to what constitutes supervision and consequently it was highly variable across services. At the time of this research, many EPSs reported that supervision was an area for development. Nolan (1999) pointed out that EPs “Frequently face conflict in their work and significant emotional stress occasioned by the nature of the work. It is increasingly recognised that professionals dealing with such issues need support, ongoing training and guidance” (p. 98). In addition Leadbetter (2000) found that some EPSs cited peer supervision being already in place but this was not the norm. King and Kellock (2002) described how the co-worker supervision arrangements within their Solution Focused Brief Therapy Team was a vital component due to the complicated nature of the cases the EPs were involved in.

In suggesting a way forward for EPs to work more therapeutically, Greig (2007) recommended that “Educational psychologists and their services need to audit their current ethos on the provision of an effective psychotherapeutic service and to determine current levels and types of demands for such a service” (p.31). An extension of this would be to carry out a full audit of EPs’ skills and self-efficacy levels in terms of therapeutic work in order to establish a baseline and plan appropriate training provision and systems of support in order to facilitate this way of working.

- Conditional on systemic facilitation to provide opportunities for experience and practice.

It was clear from the focus group discussions that even if all of the other pre-requisite conditions were in place there would still be a need for opportunities to practice and implement these skills, which requires systemic facilitation. For example, one EP commented “So if we’d had training altogether and then we’re put into situations where we had the opportunities to use it, we would generate our skills that way as well as having the initial knowledge” (3: 356 – 360). It was the consensus that the amount of therapeutic work carried out within a service very much depends on how the service organises itself and also the views of the Principal EP.

Despite some desire to work more therapeutically, EPs within the focus groups described the lack of time and opportunity for this work:

*“I don’t think we really get the time or the opportunity to spend, to say right ok we’re going to research this particular area that we’ve come up against and we’re going to write a programme for this child and we’ll help input the programme and review it.”*

(1:113 – 117)

It is also important to acknowledge that it takes time to actually develop therapeutic skills (e.g. Rhodes and Ajmal 1995). Most EPs felt that working therapeutically required a large time commitment with regular visits which they do not feel they have the opportunity for within an already busy work life. For example, one EP commented:

*“I find it hard to carve out blocks of time like that though I have to say in terms of managing my time. I find it really difficult to do that to say I’m going to see you every week for like ten weeks or eight weeks or whatever. I find it incredibly difficult to do. But that might just be me.”*

(2: 87 – 90)

EPs also described how time constraints meant that they felt like they were ‘dipping in’ to therapeutic work and consequently having to refer onto CAMHS as there simply was not the time to continue with the intervention. When describing the possibility of working therapeutically with a child to the school, one EP stated “I’m quite open with the school that it’s going to take a lot of time not just to deliver but to plan for and that it’s a big investment of their time and it just depends what their priorities are” (2: 92 – 94). Despite this allocation, schools still cite limited contact with EPs as a barrier to working effectively (Farrell et al, 2006). EPs described how the therapeutic intervention needs to be effective and have impact in order to justify the necessary time commitment. They described how they would need to have reassurance that they were taking it in the right direction and wanted to “do it justice” and this has implications for support systems for EPs.

EPs in the focus groups working within a time allocation model of service delivery described how this restricted the opportunities for therapeutic work and linked any



opportunity found with schools with a large time allocation. For example, one EP described:

*“I think you’ve got more scope in the secondaries because you do have bigger time allocations and it is a big time allocation so you can do things every fortnight, and if it’s just going to be a half hour, forty five minute session, that’s the only way I’ve sort of done it here because there’s been a big allocation to school and there hasn’t been much else going on that I’ve had to pick up.”*

(1: 216 – 222)

Consideration was given to working therapeutically where the time commitment to schools is more than simply delivering an intervention as the additional driving time to get to schools has also got to be taken into account, especially in more rural authorities. However, despite these concerns, research suggests that time-allocation linked to consultation was the most common model of service delivery (Leadbetter, 2000) and therefore impacts on opportunities to work therapeutically.

The inequality of opportunities for children and young people when therapeutic interventions are tied to a time allocation model was also discussed. To exemplify this difficulty one EP described a potential contrasting conversation with two schools:

*“You can’t have it, [a therapeutic intervention] because there isn’t enough time in your school. But your school’s got generous allocation of additional time so I can find a kid in your school to work with. So I think there’s a problem I think about equity.”*

(3: 391 – 397)

Inequality was also acknowledged by Leadbetter (2000) who questioned the necessity of a time allocation model where the provision of service is not needs led and instead suggested that

*We would be better advised to consider time-management systems which have clear purposes governing them and which are linked to well thought-out principles governing practice rather than sterile time allocation systems where the currency is how long we spend rather than what impact we have.*

(Leadbetter, 2000, p. 458)

As further criticism, Stringer (1998) stated that time-allocation systems could potentially lead to sacrificing “quality for quantity” (p.15) in terms of EP work.

EPs involved in the present research who were not working within a time allocation model described the benefits of this in relation to therapeutic work: “It maybe that our service is in a better position to be able to apply it [therapeutic interventions] than many other services because we’re not as heavily time allocated and time restricted” (3: 104 – 105). Leadbetter (2000) also found that services operating within a non-time allocation based model of service delivery reported opportunities for more flexibility which is not always possible with a time allocation model, where Imich (1999) found it was difficult to respond to changes in situations.

The two focus groups involved in this study who worked within a time allocation model hypothesised about the potential opportunities if the time allocation model was withdrawn:

*“What I find interesting, the way the conversation is taking us now is wondering whether, if we didn’t have a time allocation system and a way of allocating time to various pieces of work, whether we might choose to negotiate with whoever would be our time masters whether we’d choose to do more pieces of work like this?”*

(2: 127 – 130)

EPs also commented that the reason they are not involved more directly in community work is because they are tied to a time allocation to schools and this consequently restricts them and makes community work a challenge. In discussing systems which would facilitate opportunities for an increase in therapeutic work, EPs described how having an allocated therapeutic time built into the service delivery plan would help.

King and Kellock’s (2002) research described how, with a reallocation of a set amount of EPS time, an effective Solution Focused Brief Therapy Team was set up within their authority which enabled EPs to work weekly with a family in need. On average 6.8

sessions were required with each family in order to facilitate change and in an evaluation, 67% of the clients “felt ‘the problem had improved a lot’ or ‘had ended’” (p. 109) by the end of the sessions.

Despite the criticisms associated with the time allocation model of service delivery in terms of facilitating therapeutic work, as pointed out by Imich (1999) one of the benefits of the model is that it helps to control EP workload and given that 58% of EPs feel that their work is “moderately stressful or more” (Gersch and Teuma, 2005, p. 219) and that Devereau (1997) found workload to be the biggest stressor, this is an important factor to consider. For example, Gersch and Teuma (2005) also found: “The top three most frequently cited sources of stress were: amount of work, unpredictability of work load and having to compromise on quality due to time demands” (p. 224).

Despite the hindrances associated with the time allocation model of service delivery, the EPs within the focus groups did not feel that the same constraints applied to operating within a purely consultation based model of service delivery. In contrast, many EPs felt that the flexibility offered by the consultation model in fact facilitated therapeutic work opportunities: “In many ways consultation lends itself to directing some of your work in some of these more creative ways doesn’t it, using your negotiation process” (1: 176 - 177). Another talked about when the consultation model was being set up within their service and described how there was clear potential to build into the model opportunities to work directly with the child when this was considered to be appropriate. However, one of the focus groups felt that within their consultation framework “We could possibly strengthen the element of individual or group work that might be described as therapeutic” (2: 260 – 262).

## Conclusion

There was clear frustration from both the focus group discussions and the Children’s Services Director about children missing out on receiving therapeutic support. This frustration is perhaps exacerbated by the increase in prevalence of mental health difficulties in children and young people (Rutter and Smith, 1995). Associated with this

frustration was a desire for EPs to spend more time working in this way providing certain conditions were met, including necessary systemic facilitation being in place; having the opportunity to develop self-efficacy in relation to therapeutic work; and maintaining a balance with other types of work. Relevant literature relating to these findings has been discussed.

## **OVERALL CONCLUSION TO THE RESULTS, DISCUSSION AND LITERATURE REVIEW**

In relation to EPs and therapeutic interventions, this grounded theory study has contributed three core categories to existing theoretical knowledge:

- Seeking demystification and clarity in relation to the language of therapy and therapeutic interventions and the appropriateness for EPs
- A changing future for EPs
- A frustrated conditional desire for therapeutic work

As well as being presented as distinct categories, throughout the writing up process, it was evident that there are well established links between them.

The terminology associated with mental health, therapy and therapeutic is not clearly defined, which leads to mystification of the terms and consequently confusion and lack of clarity about what constitutes therapy and therapeutic interventions. Without establishing this clarity, it is difficult for EPs to see how therapeutic work could potentially fit into their changing future, despite there being a reported desire to be more involved in it. The frustrations expressed along with this desire about lost therapeutic opportunities for children and young people may also be compounded by a frustration about the lack of clarity of therapeutic related terminology. It seems reasonable to draw a distinction between everyday general therapeutic techniques, more specific therapeutic interventions and therapy.

When considering which specific therapeutic interventions are appropriate for EPs to be employing in their practice in the foreseeable and changing future, EPs feel they need opportunities to develop knowledge and skills in order to promote a sense of self-efficacy in the techniques. Systemic facilitation within the models of service delivery, such as an allocated time for therapeutic work, is also required. Perhaps in the future, working within an evolving Children's Services, along with the inclusion of therapeutic

interventions on the three year training course, the innovation of applied psychology services and the move towards becoming increasingly community focused, there will be a rise in EPs' direct involvement in therapeutic interventions and consequently a decrease in a sense of frustration about lost therapeutic opportunities for children and young people.

## **RECOMMENDATIONS**

The recommendations presented in this chapter arise from the three core categories that contribute to existing theoretical knowledge, and consequently have already been explored within the discussion of the core categories. However, the purpose of this chapter is to summarise these recommendations. It will start with the recommendations for the EP profession as a whole and will be followed by some brief recommendations for Local Authorities. The most detailed section of this chapter will consider recommendations for EPSs to:

- determine a team ethos and skill base in relation to therapeutic work
- develop EPs' knowledge, skills and experience and consequently self-efficacy in relation to therapeutic work
- consider reviewing models of service delivery, supervision and support systems in order to facilitate therapeutic work
- develop a therapeutic working policy

These recommendations will also be applicable to individual EPs however, some additional suggestions will be made.

### **Recommendations for the EP profession**

The main recommendation from the Children's Services Director in this research was for the EP profession to urgently change and seize the opportunities available to them arising from working within Children's Services, and further develop their therapeutic working practices. Perhaps the profession needs to adopt the stance of MacKay and Greig (2007) and rehabilitate therapeutic interventions in EP practice and more thoroughly embrace a role that is not simply prescribed by special educational needs policies and procedures.

Primarily the profession needs to establish further clarity, in terms of both the EP role in general, and more specifically in relation to therapeutic work. This clarity needs to be

publicised so that the wider population, and indeed commissioners of services, are aware that the range of services EPs can offer includes therapeutic work.

In addition, the EP profession needs to decide which are the most professionally appropriate therapeutic interventions for EPs to be trained in, both during initial training and post-qualification whilst practicing as EPs. Further research into the impact of training in different therapeutic interventions could help to establish this. It would then be beneficial for there to be some form of core curriculum for therapeutic interventions on initial training programmes so that newly qualified EPs leave training with a similar range of skills from which they can further develop and specialise.

As advocated in the Farrell report (2006), closer working relationships and training opportunities with clinical child psychologists need to be established in order to promote the development of a shared language and understanding and perhaps aspects of shared roles. This would facilitate a more joined up approach to supporting children and young people and prevent missed opportunities. As discussed in this thesis, perhaps increased opportunities for shadowing or secondments between EPSs and CAMHS would help develop this way of working.

#### For the Local Authority

The Local Authority needs to consider the different ways in which EP services can work more closely with CAMHS in order to provide a comprehensive psychological service and prevent lost therapeutic opportunities for children and young people.

What do Children's Services Directors see the EP's role as in relation to therapeutic work? Is there a gap in therapeutic service within the Local Authority that EPs could fill given the appropriate opportunities? Further research may help to address these questions. Perhaps the role of the Local Authority is to facilitate opportunities for EPs to be increasingly engaged in therapeutic work and be given the chance to promote positive change for children and young people.



## Recommendations for EPSs

- Determine the team ethos and skill base in relation to therapeutic work

First and foremost, if not already completed, EPSs need to have an open discussion about their ethos (Greig, 2007), strengths and concerns in relation to therapeutic work. It is important to establish the type of therapeutic work EPs consider they are doing already, and how it may gain prominence within the service whilst maintaining an appropriate balance with other types of work. If an EPS is going to consider increasing the amount of therapeutic intervention work EPs are involved in, it is imperative that a thorough audit of EPs' skills, interests and self-efficacy in relation to therapeutic work is carried out in order to determine areas for development within the service.

- Develop EPs' knowledge, skills and experience and consequently self-efficacy in relation to therapeutic work

A whole team approach to developing therapeutic interventions is recommended. As solution focused brief therapy was the most widely cited therapeutic intervention by EPs in this research, it may be advantageous to build on these existing skills as a starting point in order to promote self-efficacy. EPs could share experiences of and further practise the key skills. However, it is worth once again acknowledging that this would not enable EPs to offer a distinctive contribution as many other non EP services offer solution focused approaches. Perhaps EPs need to focus on developing different therapeutic interventions, one at a time and really putting in time and investment as a team to research each different approach and set up regular opportunities for group discussion, peer support and perhaps joint working following on from any training.

As pointed out in this research additional training, perhaps on a particular therapeutic framework (e.g. narrative therapy or cognitive behaviour therapy), is an essential component for developing specific longer term therapeutic interventions. It is certainly advantageous that in at least one region of the country, Yorkshire and Humberside, a

training group is beginning to look at staff development training for therapeutic work in order to facilitate opportunities. Perhaps other regions need to consider this. In order to promote renewal of skills, it is recommended that training in specific therapeutic interventions is followed up by support groups and perhaps 'online' web based support and discussion groups.

- Consider reviewing models of service delivery, supervision and support systems

When working within a consultation model of service delivery, perhaps EPSs should look at reviewing and strengthening the therapeutic element at all levels of their work, from individual child and group work, to training delivery. However, in the present research, discussions in focus groups suggested that if the consultation model is tied into a time-allocation to schools model of service delivery, EPs would find it very difficult to incorporate an increased amount of therapeutic intervention work. Consequently EPSs need to consider reviewing the time allocation aspect of service delivery and consider changing quantity for quality (Leadbetter, 2000) in order to ensure an equality of service for all children and young people. Whatever the model of service delivery, there should be flexibility to incorporate and direct therapeutic work to the area of need and this should not be determined by the size of the school.

Alongside reviewing the model of service delivery, EPSs also need to consider reviewing peer support and supervision systems in order to ensure that EPs feel appropriately supported in this work.

- Develop a therapeutic working policy

It is also advisable that every EPS has a therapeutic work policy which clearly defines the key terminology and reflects the EPS's position in relation to these terms, so that each individual EP within a service feels comfortable and confident referring to them. Using suggestions arising from this grounded theory study, distinctions could be drawn between generic therapeutic techniques, more specific therapeutic interventions and therapy. It is also important that any definitions adequately address any associated misconceptions and

make it clear that therapeutic interventions are never offered in isolation as an ecological/biopsychosocial approach is adopted.

Within the policy, it is also advisable to include a definition of positive mental health, whether or not this is the term adopted throughout the remainder of the policy. This is recommended because mental health is the term routinely used by CAMHS professionals and therefore it is important for the policy to explain how EPs' work fits in or compliments the work of other agencies such as CAMHS and therefore a shared language is also required in order to avoid misconceptions for clients. On the other hand, it may be more advantageous for CAMHS to reconsider routinely using the term mental health.

It would be beneficial for the policy to be shared with the local CAMHS service so that they too have a shared understanding of EPs therapeutic intervention work. It would be useful for the policy to refer to recent government documentation (e.g. the TaMHS Programme, DCSF, 2008) to ensure a continuity of messages for schools. Any definitions contained within the policy need to accurately reflect EPs' working practices and detail specifically what the EPS considers to constitute therapeutic work as well as describing the different levels of therapeutic work undertaken. It should also detail the support systems in place to facilitate this work.

Once a therapeutic work policy has been established, it would be ideal to disseminate information to schools, parents and young people when necessary and clearly define the role to service users. This information could be included as part of the service information booklets available.

### Recommendations for individual EPs

The majority of recommendations for EPSs are obviously also relevant to individual EPs and it is worth reiterating Stringer et al's (2006) comment that each individual EP needs to be actively involved in shaping the profession. It is therefore important for EPs to seek out and take advantage of opportunities available to them to develop therapeutic intervention work. It is also vital for all to take an active role in discussions about

therapeutic work within services so that a collective viewpoint is reflected in any decisions and policies. EPs need to be confident and consistent in their use of terminology to promote clarity and avoid mystification of terms. It is worth each EP considering what made them enter into the profession in the first place and reignite the desire to work therapeutically.

## **LIMITATIONS OF RESEARCH AND REFLEXIVITY**

It is hoped that this research will contribute to the ongoing discussion about the role of the EP, especially in relation to therapeutic work. However, although this research will contribute to theoretical knowledge in the area, it needs to be recognised that there are also limitations inherent in this research and these will be discussed in this chapter. In addition, the journey I have taken as a researcher using grounded theory needs consideration.

### **Limitations of research**

Three EPSs and one Children's Service Director were involved in generating the data for this research and the grounded theory produced relates specifically to the context from which it has evolved; consequently the findings cannot be generalised to all EPSs or Local Authorities. The time limited nature of this research meant that I was unable to take full advantage of the cyclical nature of data collection and analysis afforded by employing a grounded theory approach. However, theoretical saturation was never an aim of this research. Withstanding these limitations it is hoped that EPs will still be able to consider the implications of these findings for their own services and open up discussions in this area.

It was also interesting to note that there was not a great deal of polarisation of thought within each focus group discussion; this could be suggestive of the notion of 'group think' (Morgan, 1997) or 'social desirability' (Crowne and Marlowe, 1964). However, as each group of EPs were a pre-existing team prior to the focus group discussions, who met regularly for team meetings, this could equate to an almost naturally occurring team discussion which adds to the ecological validity of the research. Every effort was made to ensure that the findings and core categories were grounded in the participants' voice and it is hoped that the reader can see the data from which the categories were grounded in the supporting quotations. However, it was also recognised that I played an active role in

constructing this grounded theory and that another researcher may have interpreted the data differently and arrived at alternative conclusions.

### Reflexivity: myself as a researcher

This research process was very different from previous research experiences I have had, and this consequently affected me in different ways. On the one hand I felt liberated as I was able to 'go with the flow' which enabled me to develop a thorough understanding of my research area and, on the whole, enjoy the process. I was not constrained by tight research questions derived from previous research; instead I was able to investigate a general research area and consequently what mattered to the participants taking part in the research. This meant that my research took me in directions I had not previously anticipated. I was also relieved at not having to write a literature review in order to justify a research specific question because in the past I found this constrained the research and a lot of the literature review became apparently redundant depending on the data gathered. However, on the other hand this liberation was at times accompanied by anxiety and uncertainty. There were no right answers or clear research questions I was attempting to answer. Instead I had no clear sense of what I was hoping to find out which at times was anxiety-provoking, especially in the early stages of the research.

The analysis of the transcripts from the focus group discussions using grounded theory coding was very time consuming. At times I felt a bit in limbo, like I was getting nowhere apart from amassing a large number of codes. For me, it was only when I started collating my memos and categorising my data that, all of sudden, it began to make sense. I was relieved to have made memos from the very early stages of data analysis as this certainly aided the writing up process. Having flexible guidelines to guide me through the analysis of data and categorising really helped me and fitted well into how I like to work. The process of writing also helped to qualify my ideas and made me more secure in my application of the grounded theory process.

Being able to write the literature review interwoven with the results and discussion was a completely novel experience for me and something of a challenge. Never before had I

had the opportunity to break away from a traditional write-up of research. It was a challenge to make this section easily accessible for the reader and because of this I had to make a conscious effort to be very explicit about which data was gathered from the grounded theory, and which was information from existing literature. However, I believe I have achieved the benefits of being able to read a section which flows back and forth from data to literature adds weight to the grounded theory.

Although I acknowledge that it would be time consuming to adopt a grounded theory approach to research in everyday work as an EP, I am confident that I will be able to draw on this experience and use elements of grounded theory again, perhaps in the form of the abbreviated version.

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## **APPENDICES**

- Appendix I: Participant information sheet
- Appendix II: Focus group discussion starter sheet
- Appendices III – V: Extracts from the focus group transcripts
- Appendix VI: Extract from elite interview transcript
- Appendix VII: Examples of direct quotations corresponding to level 1 codes and initial interpretation
- Appendix VIII: Figure 2: Level 1 and 2 codes and the resulting core categories

## **APPENDIX I: PARTICIPANT INFORMATION SHEET**

### **Educational Psychologists and therapeutic approaches**

#### **Information Sheet**

Please take time to read the following information carefully and please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

#### **The project's purpose**

*A review of the functions and contribution of educational psychologists in England and Wales in light of "Every Child Matters: Change for Children" (Farrell et al, 2006) was published in August 2006.*

This accumulated in a series of recommendations for the profession. One of them being that EPs:

*"Should take advantage of the trend in the reduction of statutory work to expand and develop their activities in different areas where their skills and knowledge can be used to greater effect, e.g. in group and individual therapy, staff training and in systems work"*

The report commented that *"Most respondent groups valued highly the contact that they had [with EPs], but would have welcomed more, particularly in the area of therapy and intervention."*

This project seeks to ascertain the views of EPs about this.

#### **Why have I been chosen?**

You have been chosen to take part in this research because you are, or have previously been, a practicing EP and it would be beneficial to hear your views as this review has

implications for all EPs working within children's services. In latter stages of the research, it is likely that professionals with a broader view will also be asked to take part in this research as it will be important to discuss some of the key information emerging from the earlier focus groups.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to and you can still withdraw at any time without it affecting any benefits that you are entitled to in any way. You do not have to give a reason.

**What will happen to me if I take part?**

You will be asked to take part in either an hour long focus group with colleagues in your service/university or a shorter individual interview. This will be a one off discussion.

The focus group discussion or individual interview will be audio taped. This will be for transcription purposes only and no one else will have access to this recording. After the transcription has been made, the recording will be destroyed.

**What are the possible benefits and disadvantages and risks of taking part?**

Hopefully this research will provide you will the opportunity to discuss an area of potential interest. However, it is acknowledged that you will have to give up some time from your busy schedule to take part which is appreciated.

**Will my taking part in this project be kept confidential?**

All the information that I collect during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications. When transcripts are made of the focus group discussion or individual interview each individual will be allocated a number and will never be referred to by name.

**What will happen to the results of the research project?**

The results of the research project are likely to be published in May 2009.

**Who is organising this research?**

I am the sole researcher in this research project and am currently a student on the Educational and Child Psychology Doctorate at Sheffield University. My supervisor at Sheffield University, Jackie Lown, will be overseeing the research.

**Who has ethically reviewed the project?**

This project has been ethically approved via the University of Sheffield, School of Education's ethics review procedure.

**Contact for further information**

If you would like to discuss this project further or have any questions about it, please contact:

Catherine Kitchen

Educational Psychologist (Doctoral Training)

Telephone: 01482 392254

Email: [catherine.mckenna@eastriding.gov.uk](mailto:catherine.mckenna@eastriding.gov.uk)

Supervisor: Jackie Lown

University of Sheffield

[j.lown@sheffield.ac.uk](mailto:j.lown@sheffield.ac.uk)

**Thank you very much for taking part in this project**

## APPENDIX II: FOCUS GROUP DISCUSSION STARTER

### Focus Group Discussion

*A review of the functions and contribution of educational psychologists in England and Wales in light of "Every Child Matters: Change for Children" (Farrell et al, 2006) was published in August 2006.*

This accumulated in a series of recommendations for the profession. One of them being that EPs:

*"Should take advantage of the trend in the reduction of statutory work to expand and develop their activities in different areas where their skills and knowledge can be used to greater effect, e.g. **in group and individual therapy, staff training and in systems work.**"*

The report commented that *"Most respondent groups valued highly the contact that they had [with EPs], but would have welcomed more, **particularly in the area of therapy and intervention.**"*

(NB: the bold type is for the purpose of this focus group discussion, it was not in the original documentation)

**What are your views on this?**

### **APPENDIX III: EXTRACT FROM FOCUS GROUP TRANSCRIPT 1**

*Lines 61 - 88*

I suppose one of the things when I first went to \* [an EPS] one of the things, and that service was moving on like we are here, but perhaps wasn't as far on perhaps as we are now and there was a kind of move towards reducing you know statutory work because the criteria for statutory assessments were changing really. They tried to get EPs in schools to do more, you know, more circle of friends, more hands on stuff, but the problem was because it had gone on for years and years that EPs only did statutory stuff or worked with the kids that had significant needs, other people were dipping into doing more of the therapeutic work and the group stuff and actually it became a case of erm, well they can offer that so what can you offer, then there was a funny. The irony was that the statutory stuff was the only thing that was exclusively to us and it was probably the bit that was the least exciting for any of us. But there were other people offering training on this that and the other and there were other people prepared to do circle of friends and social skills groups and those sorts of things and actually they're the bits, I don't know about other people, but they're the bits I prefer doing than the statutory stuff.

But also I think quite a lot of people would be wondering about, not necessarily being trained, whereas a psychologist has always had a high status in a way because we're well trained and everything but in fact we probably don't offer as much as we can actually offer in terms of what we're been trained to do. And you're right, I mean I've seen a big change, I mean now, everyone does anger management type work so I mean anyone can do it really.

But there's no consistency there. I mean everyone was doing anger management, you didn't quite know what they were doing. It was probably very similar in many ways to what you were doing but in other areas it wasn't.

But there's also were we trained for it in the first place?

Mmm. I don't think we were.

We did do some, but not very much.

But also with therapeutics you need to be supervised because with therapy you often delving into deep stuff and that can be long term. So as a professional we need to obviously have somebody objective to say when's the time to stop or to refer on and where to from here because you need that support.

## **APPENDIX IV: EXTRACT FROM FOCUS GROUP TRANSCRIPT 2**

*Lines 65 – 87*

No but, even though I'm not doing casework of this type anymore, but when I was doing work on anger management for instance you might see a child individually three or four times in a row to do work about changing the way they construe their own emotions. And at the time, I probably would never have thought that was therapeutic but clearly in terms of what might happen in the clinical psychology setting, it's probably not that different except that I'd be in a school.

And I guess we all get involved don't we in those pieces of work sometimes, even though we've got a consultation based service, there might still be individual work that might edge into.

Yes. I find it hard to carve out blocks of time like that though I have to say in terms of managing my time. I find it really difficult to do that to say I'm going to see you every week for like ten weeks or eight weeks or whatever. I find it incredibly difficult to do. But that might just be me.

It does come down to capacity and I always try and, if it's on the table as a possibility, I'm quite open with the school that it's going to take a lot of time not just to deliver but to plan for and that it's a big investment of their time and it just depends what their priorities are.

But something like the three session change that Iwan Reese, I don't know if anyone has ever used that in the three session format?

I have done, yes. But it's an unusual thing for me to do, not a standard thing.

This week I've seen a little boy again who has a real aversion to balloons. I was backing off from this and saying I really don't think this is my area. But the mum was really persuasive and really pleaded with me to see her son as she said she'd tried CAMHS and it didn't work.

No pressure there then!

Well actually I've seen him five times now and actually it's quite exciting. I've got another two sessions planned and he's gone from being completely terrified about even saying the word to now sitting there reading a story about balloons and having two half blow up balloons near us.



## APPENDIX V: EXTRACT FROM FOCUS GROUP TRANSCRIPT 3

*Lines 343 - 368*

Well I guess that we all came into psychology to make a difference to children's lives and my favourite phrase is, you don't fatten a pig by weighing it. When I first started working in \*, it was assessment, assessment, assessment, that's what we did, we assessed kids. You came in, you took a snapshot of where the kids at and then you left. You never made any difference to any child's life. I came into this job to fatten pigs really.

Measuring and assessing isn't making a difference and eventually you think this is sole destroying, I don't want to do this work. I might do a bit of it now and then but I don't do it all the time.

One of the problems I think that other services felt about therapeutic work is if it's tied to time allocation. You know the set up here would be, you've got four sessions for your school and there's a kid in the school like \* described who needs additional intervention. You can't have it, because there isn't enough time in your school. But your schools got generous allocation of additional time and I can find a kid in your school to work with. So I think there's a problem I think they have about equity.

We're not tied, we don't have time allocation at all.

A lot of the schools, a lot of staff have respect for therapeutic work so if you said to them, I want to see this lad, I want to work with him four times, that's all you'll get from me this term, I think most schools will say that's absolutely alright. You know and they're not happy by that system where the family doesn't take them and the family doesn't turn up, they want the work to go on and they're more than happy to support it I think.

I agree with \*'s point. There are always, there always have been a group of kids who, I mean certainly in my independent work we used to find these kids later on at eighteen, twenty in prison and son on and you look back and nobody's done anything. There's a whole series of stuff looking at sort of in the north west and three psychologists will have seen a child and done just what \* said, they'd do a WISC or whatever and make general recommendations and in there there'd be an elusion to the fact that this is an angry little boy and nobody asked the *why* question and nobody's actually gone and investigated that. I think there's been a lost opportunity.

## **APPENDIX VI: EXTRACT FROM THE ELITE INTERVIEW TRANSCRIPT**

### *Introduction to interview with Children's Services Director*

I decided to focus on for my thesis educational psychologists and therapeutic work because of the Farrell report, because it specifically mentioned therapy in there and I think from my experience, a lot of educational psychologists were like well what are they talking about and what sort of therapy and that sort thing. So it's quite an open ended research topic really but I wanted to hear the voice of EPs in relation to it. I've run three focus groups in local authorities and I'd really appreciate your view from a more strategic position.

### *Lines 97 - 115*

I also think there's a huge opportunity with the changing future. Every child matters gives psychologists the door to push on now and you've got to do it because otherwise it's a lost profession I think.

I think nationally, psychologists have got to prove their worth and the opportunity is there for them to do it. They can be part of the solution or they can fade into the background and make a difference probably for a very small number of children but not really reach their full potential.

On our course at the moment, we had therapeutic block weeks and it was brilliant. And schools love it and families really appreciate it because in the health service services are so rationed and actually what we need is an easily accessible really effective service.

It's also very much as well, you know we talk about therapeutic interventions, but actually the basis is of it very often is a conversation and actually what people want is to be able to sit down and talk and be listened to and have the space to develop solutions. And that in itself is just amazing.

There's a psychologist, a Sheffield psychologist, she's now gone independent. And she had a pocket full of buttons and the schools loved her, absolutely loved her and she would just have conversations with children and use buttons to illustrate their families and talk about social relationships and she was a remarkable woman who had great impact. In fact, her thesis you'll find it in the library somewhere about her button therapy. But you know, how simple and how effective. And the schools really really valued her.

**APPENDIX VII: EXAMPLES OF DIRECT QUOTATIONS FROM  
TRANSCRIPTS CORRESPONDING TO LEVEL 1 CODES AND INITIAL  
INTERPRETATION**

**Terminology**

- I have done a couple of brief solution focused therapeutic type work (34 – 35)
- Kind of therapeutic impact (342)
- Therapeutic bits (456)
- Therapeutic stuff (551, 554)
- The sort of therapeutic intervention (297)
- Counselling type thing (367)
  
- Sort of therapeutic type work (5).
- There might still be individual work that might edge into. (86)
- Therapeutic seems like the wrong word because that sounds clinical Intensive work or whatever you want to call it. (162 – 163)
- Therapeutic I know, it sounds like you mend things that are broken (164).
- For me it pipes back to mental health and what is mental health? Is it the absence of some sort of difficulty or is it the presence of something more positive. (165 – 166)
- Which is thinking about it as emotional wellbeing feels more positive to me than mental health (167).
- So is therapeutic work more about addressing a problem or the promotion of more positive things. For me it doesn't necessarily have to be trying to fix something that's gone wrong (171 – 172).
- with the therapeutic stuff (187).
- Is it a question of definition then whether you put that with, under that umbrella of being a therapeutic type of intervention (194).
- So a therapeutic piece of work, a solution focused conversation or group therapy whatever it is (242 – 243).
- element of individual or group work that might be described as therapeutic. We've got to think of a better word I think, it's got negative connotations (261 – 262).
- It makes a big difference to how people think about it (264)
- I don't like the word therapeutic. I think it reinforces the within child way of looking at things (266 – 267).
- We could call it intervention (268)
- Not even that really because 'I'm going to intervene because everybody else is wrong' (269)
- We could call it psychology with the child (271).
- Doesn't that sound a bit mystical (272).
- I think there is a huge problem with the word (273).
- For those of us who have been in the profession a little while it does sound like the clinical but between us we don't seem to have come up with a better way of describing it. Perhaps that's what the profession needs. We need some other way of labelling those things that we might do in individual work or group work with children that aren't called 'therapy'. Answers on a postcard I suppose, take a vote on it! (275 – 280).
- Individual work? (281)

- Personalised? (282).
- It's about cure isn't it (23)
- I think that sometimes its easy to get sucked into a radical or a clinical definition of what therapy is and that it has to be on a one to one sort of thing (69 – 71)
- Because that sounds clinical (162)
- For me it pipes back to mental health and what is mental health (165)
- for me there's a bit of a concern about going back to a medical model that there's something wrong with the child that needs fixing because you need to do therapy with the child (219 – 221)
- because we wanted to get rid of that view of here comes the expert to do something to the child and then it'll all be ok again afterwards (239 – 240)
- I think it reinforces the within child way of looking at things (266)

*links with:*

- *definition*
- *models of service delivery (in terms of how they describe the input)*
- *changing EP role (new title of Child and EP)*
- but that whole specialist, 'I'm a therapist' voodoo stuff, to me, he wanted to make it something it wasn't (42 – 43)
- I think there is a bit about therapy which is something to do with planned treatment (70)
- hopefully everything we do is therapeutic or psychotherapeutic as opposed to psycho-obnoxious and if it's not, then we shouldn't be doing it really (93 – 94)
- there's this mystique about therapy (141)
- I'm actually doing a third and final session, for the want of a better word (142 – 143)
- That one off conversation, which you might say was a therapeutic conversation (180 – 181)
- we'll write a letter to the GP to ask for a referral for her to go and seek further therapy, if you like (191 – 192)
- That's the other thing, I mean obviously this narrative practice thing (270)
- in order to allow therapeutic opportunities for people (318 – 319)
- I think it's that thing about therapeutic versus therapy (422)
- It's a therapeutic intervention but it's not therapy (443)
- Is making someone feel better, making them feel better for that time that they're in a room with you? Or is it making them feel better afterwards (467 – 468)

### **Initial interpretation**

*It's clear from discussions that EPs don't always know how to describe their work and often add 'stuff' 'bits' 'thing' when describing it, especially in relation to therapeutic work. This could be because they are not used to describing their work in this way, or haven't previously considered their work to be therapeutic in nature. The terminology used links specifically with definitions. Maybe once there are clear definitions about therapy and therapeutic, they will feel more confident about using this terminology when talking about their work.*

*Some EPs appear to dislike the terminology therapy and therapeutic because of its link with the medical model - too clinical and within child. They also felt it reinforced the 'expert' model of the EP going in to 'fix' the child. References were made to it*

*having 'negative connotations' and being 'about cure' and 'mending things that are broken' and the link to mental health.*

*Another concern was that the terms used have very clear implications for what people think about it. Another reason therefore to have these terms clearly defined.*

*Do we need to have different terms for this way of working that the profession feels more comfortable with OR will this increase the mystification of it? Maybe it is simply a clear definition in relation to the work of the EP that is required.*

*Maybe the definition needs to make it clear that it is not always about fixing what is broken but working together to promote the emotional wellbeing of children. This would fit in with terminology already used within the profession.*

*However, it could be that once EPs have a definition of therapeutic work etc that they are happy with as a profession, that makes it clear that this is just part of an EP's 'toolkit' it may be easier. Other ideas for terminology were discussed such as individual work*

#### **Changing role of EP**

- I mean when I first went into the job there was a big emphasis on family therapy (21 – 22).
- I think it's all wrapped up in the role of the educational psychologist because we're not seen necessarily in a therapeutic way (42)
- I think certainly in this authority in the past with our previous principal, there was definitely a push for testing (44 – 45)
- because when I was first employed as a psychologist, I mean I was highly trained in family therapy (50).
- so we're prescribed by the role that people are seeing which has also been prescribed by things like statutory things (212 – 214).
- I mean I was highly trained in family therapy I have to say, when I worked in child guidance and then I did play therapy for a long number of years as well which I really enjoyed very much. Originally I did see it as very much working within a multi-agency model, the very model that we're all talking about that's what we should be aiming for, we actually had it. (50 – 55).
- I would be involved maybe with play therapy maybe doing family therapy so very much working as multi-agency (62 – 64).
- We also had remedial reading teachers as they were in those days so it was amazingly different than what it is. So it's ironic really, when we actually had a very good system, which was then taken apart, and then actually has never been as good as that particular system I don't think. And that that's where we're wanting to get to. (65 – 69).
- I think we've gone back, from my heyday was actually those early years in the job. I think thinking back, it never got any better than that. (76).
- whereas a psychologist has always had a high status in a way because we're well trained and everything but in fact we probably don't offer as much as we can actually offer in terms of what we're been trained to do (95 – 97).
- And, well let's face it, if we all become child psychologists, we'll all be under the same, we'll all have the same hat on anyway (185 – 186).

- It maybe comes in phases and cycles to some extent. If you go back to child guidance days when it was all around therapy and individual treatment of children. I think there was a strong move within the profession to move outside of that way of thinking and operate in a much more of an interactive kind of model. But of course to some extent perhaps we might have actually have gone too far and denigrated the actual value of some therapeutic work but we need to get the balance right I think (13 – 19).
- because therapy in the days of early 80s and early 90s perhaps was seen more as a child guidance technique as being something more clinically based. (37 – 39).
- And part of that feeling, I don't know whether this is what you feel Claire, part of that feeling for me is coming from there are more people who do more of those other things that I used to generally do (137 – 139)
- Those sorts of areas where there might be primary mental health workers, there might be behaviour support teachers, there might be behaviour support consultants people, doing some of those things that I might previously be doing myself (143 – 146)
- I think I'm right in saying that we do far less work round basic literacy interventions. That used to be our sort of reson detre didn't it? How do kids learn to read and how can we develop programmes to teach reading and I think that's shifted. (149 – 152).
- That's quite right, and I think I should have included that, learning support, in the groups that have taken over some of the work we might traditionally have done. It might become so again interestingly as learning support vacate their role. (153 – 156)
- because it's now part of the three year training (212)
- Catherine will be an Educational and Child Psychologist rather than an educational psychologist and I think that will reflect the change too (285 – 285)
- I'm just going to say, thinking back to the referrals though (218)
- I think in some authorities it's moving towards more of a referral based EPs doing something to children. I think it's in danger of pushing EPs into taking on referrals and doing work that they might not choose to do themselves (304 – 306).
- And over the years, we've tried to move to stop taking it as a within child problem to looking at what's the situation causing the child's problem. 9221- 223)
- But I do think that \* is right though, that if you base the whole thing too strongly in terms of we provide therapy then I think that you could undo what we've been working to achieve over the last you know five or six years (251 – 253)
- we've tried to move to stop taking it as a within child problem to looking at what's the situation causing the child's problem (222 – 223)

*links with:*

- *models of service delivery*
- *distinctive contribution*
- *time*
- Part of the issue that comes in here is I introduced this idea of, in other words, there was a traditional role of educational psychologists where you came in, you did an assessment and it was neat and time limited (57 – 59)
- When I first started working in \*, it was assessment, assessment, assessment, that's what we did, we assessed kids. You came in, you took a snapshot of where the kids at and then you left. You never made any difference to any child's life

(383 – 386)

- In the past I've done some sort of hypnotherapy (78)
- I haven't done this for quite a while but it is something that perhaps in the future we probably could consider looking at again (90 – 91)
- I mean many years ago I did hypnotherapy training and now were looking at CBT training or it maybe narrative therapy training (218 – 219)

### **Initial interpretation**

*The changing role of the EP was highlighted in all discussions. "It maybe comes in phases and cycles to some extent. If you go back to child guidance days when it was all around therapy and individual treatment of children. I think there was a strong move within the profession to move outside of that way of thinking and operate in a much more of an interactive kind of model. But of course to some extent perhaps we might have actually have gone too far and denigrated the actual value of some therapeutic work but we need to get the balance right I think." (2: 13 – 19).*

*Some EPs have been trained in family therapy, play therapy or hypnotherapy with it very much being part of their role, and there appears to have been different emphasizes for training at different times in history.*

*Acknowledgment of the role being somewhat prescribed by statutory work.*

*A 'Push for testing' was also acknowledged for when some EPs first entered the profession.*

*Discussion about other professional groups offering the type of work EPs traditionally offered (e.g. behaviour management, literacy interventions) could offer EPs more scope to branch out into therapeutic type work.*

*Keen not to return to only therapeutic work. Want to maintain a balance. (NB LINK TO TOOLKIT) Don't want to undo what's happened in last five to six years in term of consultation model.*

*Acknowledgement was given to the change in EP training to a three year doctorate and talk about the merging of clinical and educational psychologists to become generic child psychologists changing title of EPs as Educational and Child Psychologists mentioned.*

### **Model of service delivery**

- But I think you can maybe start to ask some things when you're actually in the school and building up relationships and you can try and discuss you know what you might want us to do. I think you've got more scope in the secondaries because you do have bigger time allocations and it is a big time allocation so you can do things every fortnight, and if it's just going to a sort of half hour, forty five minute session, that's the only way I've sort of done it here because there's been a big allocation to school and there hasn't been much else going on that I've had to pick up with. (216 – 222).
- So you've put your priorities. I was talking about that the yesterday to \* [another

EP] and we were talking about consultation and actually in many ways consultation lends itself to directing some of your work in some of these more creative ways doesn't it, using your negotiation process. But for a little school that gets two visits a year, you're really limited, you can't do that. You know. And especially one of the constraints I find here of doing that sort of work with a small school because you could in theory say, ok I'm going to over deliver to that particular small school to run this group it's geographical because sometimes these little schools are absolutely miles away and actually the time commitment to run a group like that for six weeks is a lot bigger than just the time that you're in school delivering. (225 – 235).

- They asked the general question why aren't we working as practitioners more out in the community and one of the biggest responses was because we operate a time allocation system and it's very difficult (323 – 327)
- I think if you were a principal and you were with a team of people who wanted to develop it then what you could do is you could allocate some time to people doing therapy and it would be expected (445 – 448).
- That's what I was saying at the beginning, there has to be a recognition, presumably by the principal, that actually is the way that they want the service to go and then they can actually build that into our time. Because if you think about it there's a huge difference in the service. I've had three or four different principals now and each has had a totally different view of the way we work as a team and they have a huge influence, a bit like being a head of a school, and some people are better than others. (510 – 516)
- That goes back to this quote really, it's nothing to do with a reduction in statutory work, it's to do with the service and how the service organises itself to do things like that (531 – 533)
  
- I also if you think that's what it is, then our structures and our way of working wouldn't allow us to do that (72 – 73)
- Our work is out in schools. We don't have regular. We're not allowed to work in a different place where people could come to us (75 – 77)
- I'm quite open with the school that it's going to take a lot of time not just to deliver but to plan for and that it's a big investment of their time and it just depends what their priorities are (92 – 94).
- And I guess we all get involved don't we in those pieces of work sometimes, even though we've got a consultation based service, there might still be individual work that might edge into. (84 – 86).
- we have those conversations around a switch to a consultation model of service delivery and part of the reasons why we didn't want referrals was because we wanted to get rid of that view of here comes the expert to do something to the child and then it'll all be ok again afterwards (237 – 240)
- I think when we were trying to articulate what we meant by the consultation model, we did actually very explicitly build into that the potential on occasion when appropriate to do direct work with the child. It wasn't so radical that we didn't think of it at all (248 – 250).
- Yes so you could still start with the consultation framework but we could possibly strengthen the element of individual or group work that might be described as therapeutic. (260 – 262).
- we've got the advantages that the kids don't have to come out of school to come and see us (122)
- I think one of the good things was that I went to see him at home with his mum



- and dad and outside in the garden so it was a really nice way of meeting. (125 – 126).
- What I find interesting, the way the conversation is taking us now is wondering whether, if we didn't have a time allocation system and a way of allocating time to various pieces of work, whether we might choose to negotiate with whoever would be our time masters whether we'd choose to do more pieces of work like this (127 – 130).
  - but those areas of strength and less confidence stay within a patch of schools so I bring certain things to my patch but there are other things that \* could add to that patch that she does far better than me. (203 – 205)
  - Here's another problem that comes to me which is that schools and families and kids can get a different service according to who they're working with, which EP they're working with (174 – 175)
  - So a therapeutic piece of work, a solution focused conversation or group therapy whatever it is, can arise from a discussion from all the adults and the child hopefully involved in the situation from sourcing out what are the systemic elements of this and what elements there is for a psychologist to do some therapeutic work with the child so that it isn't just an interactionist approach. (242 – 247)
  - what elements there is for a psychologist to do some therapeutic work with the child so that it isn't just an interactionist approach (245 – 246)
  - I wouldn't want to reinforce the within child medical model of there's something wrong with the child and therefore the psychologist should be doing something with the child to make them better. Do you know what I mean? (225 – 227)
  - I think we just have to be very clear about who's asking for it, why they're asking for it, what sort of reasons and that we don't just jump in to that when in fact it might be a management issue on behalf of the adults in the child's life and there's actually nothing that the child needs therapeutic work with, it's actually the situation that we should look at. So I think for me, we have to be very clear before we start doing more of it *why* we're doing it (230 – 235).
- 
- The other thing that comes to me is what we generally do on a week to week basis, particularly through our local consultation sessions (9 - 10)
  - It sounds like what you're saying is that perhaps through the local consultation sessions we do get into a lot of therapeutic conversations (211 – 212)
  - One of the things in the history here was \* and her colleague \* developed local consultation in this area actually in this part of the authority and rolled these out as a form of community psychology (276 – 278)
  - what was emerging was that we were picking up different client groups (279)
  - The other thing just reflecting back on what people have said that getting involved in the local consultation sessions, the most important thing wasn't that you'd read a lot but was that you were sitting and working with people who were doing it and developing your techniques (355 – 358)
  - Whereas our opportunities through local consultation may be that we are together and we can explore together how to use it through those sessions (362 – 364)
  - It maybe that our service is in a better position to be able to apply it than many other services because we're not as heavily time allocated and time restricted (104 – 105)
  - We do have openings through things like local consultation which would allow us to get involved through that mechanism (106 – 107)
  - think the classic child guidance model was you know, some of these families have

a dependency on the support system and it went on forever and we're not resourced to do that (197 – 199) NEED TO BE IN CHANGES TO EP ROLE?

- One of the problems I think that other services felt about therapeutic work is if it's tied to time allocation. You know the set up here would be, you've got four sessions for your school and there's a kid in the school like \* described who needs additional intervention. You can't have it, because there isn't enough time in your school. But your schools got generous allocation of additional time and I can find a kid in your school to work with. So I think there's a problem I think they have about equity. We're not tied, we don't have time allocation at all (391 – 397)
- There's a capacity issue about it, which is how much any one individual kid is it legitimate to work on over a period of time and secondly how many of those cases should any one psychologist carry at any given time. In other words, if within this service say the equivalent of one EP was devoted to therapeutic work, is that a right balance considering the other work that needs to take place (121 – 125)

### **Initial interpretation**

*NB – LINK TO CLIENT GROUP  
LINK TO SUPPORT SYSTEMS?*

*The amount of therapeutic work depends on how the service organizes itself. Depends on the view of the principal too.*

*More scope to work therapeutically in schools with a bigger allocation of time (LINK TO TIME AND OPPORTUNITY). Consultation model lends itself to directing work and incorporating therapeutic work. Flexibility within the consultation model to work therapeutically.*

*Within the consultation model it was felt that the element of individual work/therapeutic work could be strengthened as the other elements/levels of work are stronger (e.g. training etc)*

*Time allocation model with time allocated to certain schools does not lend itself to therapeutic working in a fair equitable way. Local consultation sessions where a wider client group can be picked up, facilitate this way of working.*

*"It maybe that our service is in a better position to be able to apply it than many other services because we're not as heavily time allocated and time restricted" (3: 104 – 105)*

*"One of the problems I think that other services felt about therapeutic work is if it's tied to time allocation. You know the set up here would be, you've got four sessions for your school and there's a kid in the school like \* described who needs additional intervention. You can't have it, because there isn't enough time in your school. But your schools got generous allocation of additional time and I can find a kid in your school to work with. So I think there's a problem I think they have about equity. We're not tied, we don't have time allocation at all" (3: 391 – 397)*

*"And especially one of the constraints I find here of doing that sort of work with a small school because you could in theory say, ok I'm going to over deliver to that particular small school to run this group it's geographical because sometimes these little schools are absolutely miles away and actually the time commitment to run a group like that for six weeks is a lot bigger than just the time that you're in school delivering." (1: 225 – 235).*

*A desire not to return to the classic child guidance model where families became*

*dependent.*

*Time allocation model also makes working in the community difficult.*

*Part of the model of service delivery needs to include allocated time to people doing therapy. Needs to be an expectation too.*

*The existing structures and models of service delivery in terms of time allocation system to schools does not facilitate therapeutic working.*

### **Desire**

- So, whereas I feel I'd like to do that, because that's what I wanted to do in the first place, I haven't had the practice (15 – 17).
- So it's something that I'd like to do but I feel that to do more of it, I would actually want more in the way of training myself (18 – 19).
- I mean I would be very very keen to be seen to be doing like group work with parents or parenting (293 – 294).
- I think we've all just showed that we are all interested in doing something but we are all very unsure (564)
- It's having the inclination and the will to take it forward. It would be exciting for us. (571).
- so their tendency to want me to do therapeutic type work is less because they want to make sure that they get everything to do with the statutory side (38).
- I think that it's a side of the work that when you go into Educational Psychology most people think that that's what educational psychologists do, because they do counselling and therapy (11 – 13)
- It was really what I thought was psychology (400).
- This is originally what we all wanted. We didn't want to become testers, we're people people and we want to be involved with people and not just someone to tick a box. (452 – 454)
- I've just backed up the recommendation for an increase in funding, so what? Is that actually what I became a psychologist for (468 – 469).
- I think that it's one of the more satisfying aspects of the work I would say because you can develop a relationship with a particular pupil, school or group of teachers or whatever and it's actually a really nice thing to be able to do (5 – 8).
- Which in one way would be nice to do (155).
- As educational psychologists being intrinsically involved in therapy with children and we don't actually do that as much as we would probably like you know (70 – 73).
- I don't know about other people, but they're the bits I prefer doing than the statutory stuff (93).
- Because it would be so novel wouldn't it doing it. (163).
- I think we've all just showed that we are all interested in doing something (464).
- I would certainly feel more comfortable doing therapeutic work in a primary than a secondary, I would much prefer that as well (290 – 291).
- I think that could be quite rewarding (313 – 314).
- really do something stimulating and rewarding for us and also innovative and also something which we could research it and have an interest in it (463 - 466)
- It's also personalities isn't it? Because I've been working very differently than perhaps previous people and so forth (214 – 215).
- It's like what you were saying about family therapy, if it's prescribed and you like it, that's great. If it's prescribed and you don't, well there's got to be an alternative

surely. (537 – 539)

- whether we might choose to negotiate with whoever would be our time masters whether we'd choose to do more pieces of work like this and like the anger management or the three step change and so on (129 – 131)
- I think personally, given a free rein, I'd much rather do more of this than the kind of stuff that I do now (135 – 136).
- But that does raise an interesting point doesn't it about whether it would free us up to go back, if that's the right word, to something we might rather do. Or whether it's something that we don't see as our role anyway, working in those therapeutic ways. (158 – 161).
- If you know you feel more comfortable with this, than say with some of the consultation model stuff, and I feel exactly the opposite (184 – 185) GO WITH INDIVIDUALITIES?
- And when you told me about the content of the doctoral course as it stands now, it's those bits that I think 'Blimey, I wish I'd done that' (216 – 217)
- I think it's in danger of pushing EPs into taking on referrals and doing work that they might not choose to do themselves (306)

#### *Links with*

- *confidence*
  - *individualities*
  - *training*
- 
- In practice, yes I think educational psychologists should be involved in therapeutic work, there are a variety of ways in which that can happen (119 – 121)
  - Well I guess that we all came into psychology to make a difference to children's lives and my favourite phrase is, you don't fatten a pig by weighing it. When I first started working in \*, it was assessment, assessment, assessment, that's what we did, we assessed kids. You came in, you took a snapshot of where the kids at and then you left. You never made any difference to any child's life. I came into this job to fatten pigs really. (382 – 387)
  - A lot of the schools, a lot of staff have respect for therapeutic work so if you said to them, I want to see this lad, I want to work with him four times, that's all you'll get from me this term, I think most schools will say that's absolutely alright. You know and they're not happy by that system where the family doesn't take them and the family doesn't turn up, they want the work to go on and they're more than happy to support it I think. (399 – 404)

#### **Initial interpretation**

*Each of the focus groups talked about a desire to work more therapeutically and described it as one of the more satisfying and rewarding aspects of the role. For example, one EP stated, "I think personally, given a free rein, I'd much rather do more of this than the kind of stuff that I do now." (2: 135 – 136).*

*They talked about being 'people people' who did not become psychologists to become testers and how working therapeutically would actually bring them closer to what they thought the job would be when they decided to go into it.*

*"Well I guess that we all came into psychology to make a difference to children's lives*

*and my favourite phrase is, you don't fatten a pig by weighing it. When I first started working in \*, it was assessment, assessment, assessment, that's what we did, we assessed kids. You came in, you took a snapshot of where the kids at and then you left. You never made any difference to any child's life. I came into this job to fatten pigs really." (3: 382 – 387)*

*However, on the flipside to this was that they had uncertainties about working in this way and would definitely want more in the way of training if this was to increase. The differences between individual psychologists were recognized and the fact that different EPs work in very different ways and some would not feel comfortable working like this. "If you know you feel more comfortable with this, than say with some of the consultation model stuff, and I feel exactly the opposite." (184 – 185)*

**APPENDIX VIII: FIGURE 2: LEVEL 1 AND 2 CODES AND THE RESULTING CORE CATEGORIES**

<b>Level 1 codes</b>	<b>Level 2 codes/concepts</b>	<b>Final core categories</b>
Definition	Language	<b>Seeking demystification and clarity in relation to the language of therapy and therapeutic interventions and the appropriateness for EPs</b>
Terminology		
Concerns/anxieties	Mystification and confusion	
Approaches	Clarity and appropriateness	
Wider context in Children's Services	Changing future	<b>A changing future for EPs</b>
Role of CAMHS		
Changing role of EPs		
Distinctive contribution		
Levels of therapeutic work		
Models of service delivery	Systemic limitation or facilitation of therapeutic work	<b>A frustrated conditional desire for therapeutic work</b>
Support systems		
Opportunity		
Time		
Impact	Desire to work therapeutically and have impact from EPs and others	
Desire		
Lost opportunities	Frustrations at lost opportunities	
Skills	Opportunities to develop knowledge skills and experience	
Knowledge		
Experience		
Training		
Client	Individual differences and preferences	
Part of toolkit		